

# Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Consultation fee valid for 3 visits/15 days whichever is earlier in routine  
Opd hours only (Monday to Saturday)



Name : MRS. BHARTI MEENA

Age/Sex : 25 Years / Female

LH-A-012092

Address : H No 99 Akbarpur Nayapura Kolar

Mobile No.: 7999699228

Date : 20-Jun-2025

BP 93/59

Pulse 96/m

Spo2 98%

WT 42.1K

~~BP 93/59~~  
Rajharsh  
Nayapura Kolar

✓

23 JUN 2025

R

BP 101/58

Pulse 94/m  
SpO2 99%

42.3Kg

~~BP 93/59~~  
Rajharsh  
Nayapura Kolar  
42.3Kg

BP 93/59

Tabs Naismi 201  
Sys 100mm Hg 101  
Dys Celscius 101  
Tabs Marfan 101  
101 mm Hg 101

101

Email id : poojadr2003@gmail.com

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal  
Ph.: 0755-4093322, 8085441332

Signature

In Emergency Call : 9425005377



# अंकिता विजयवर्गीय

ट. बी. एस., डॉ. एम. आर डी

पार आई. फैलोशिप :

टी हॉस्पिटल, मुंबई

हॉस्पिटल, मुंबई

डियालजिस्ट :

हॉस्पिटल, नोएडा

टी. बी. हॉस्पिटल, दिल्ली

हॉस्पिटल लिमिटेड, कानपुर

रताल नेहरू कैंसर हॉस्पिटल, भोपाल

# DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

• HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

• FORTIS HOSPITAL, NOIDA

• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from  
Fetal Medicine Foundation

Reg. No. MP-8932

PATIENT'S NAME : MRS. BHARTI

AGE/SEX : 26Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS )

DATE : 21.06.2025

## OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 28.03.2025

GA(LMP):12wk 1d

EDD : 02.01.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 153 beats /min.
- PLACENTA: is grade I, posterior with lower edge covering the os .
- LIQUOR: is adequate for the period of gestation.

### Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- Both orbits & lens seen. No intrathoracic mass seen. No TR .
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. Umbilical cord could not be assessed .
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.6 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 0.73 )

### FETAL GROWTH PARAMETERS

CRL	63.0	mm	~	12	wks	5 days of gestation.
-----	------	----	---	----	-----	----------------------

- Estimated gestational age is 12 weeks 5 days (+/- 1 week). EDD by USG : 29.12.2025
- Internal os closed. Cervical length is WNL ( 35.4 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.44 ( WNL for gestation ).

### IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 5 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge covering the os .

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination. )

( DR. ANKITA VIJAYVARGIYA )

# First Trimester Screening Report

Meena Bharti

Date of birth : 15 June 2000, Examination date: 21 June 2025

Address: hno. 10, akbarpur kolar road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 0.

Maternal weight: 42.0 kg; Height: 160.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

EDD by dates: 02 January 2026

Last period: 28 March 2025

## First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 12 weeks + 1 days from dates

EDD by scan: 02 January 2026

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	153 bpm	
Crown-rump length (CRL)	63.0 mm	
Nuchal translucency (NT)	1.6 mm	
Ductus Venosus PI	0.730	
Placenta	posterior low	
Amniotic fluid	normal	
Cord	could not be assessed	

## Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

## Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; Both orbits & lens seen..

Uterine artery PI:	1.44	equivalent to 0.850 MoM
Mean Arterial Pressure:	66.2 mmHg	equivalent to 0.840 MoM
Endocervical length:	35.4 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 967	1: 19342
Trisomy 18	1: 2352	<1: 20000
Trisomy 13	1: 7381	<1: 20000

# First Trimester Screening Report

Preeclampsia before 34 weeks

1: 9986

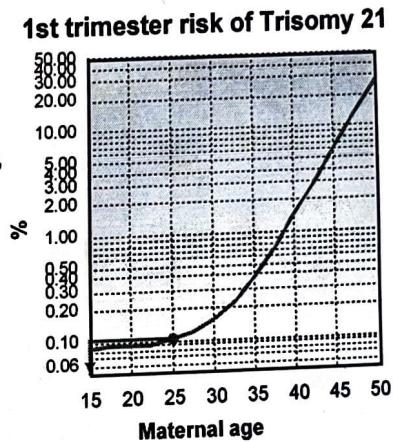
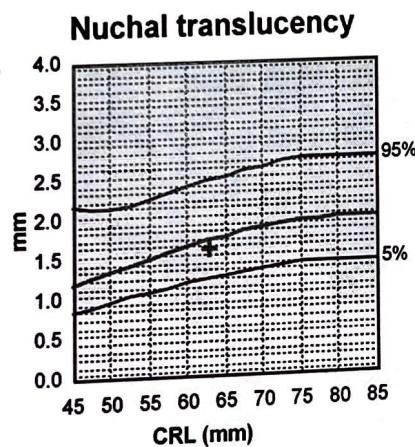
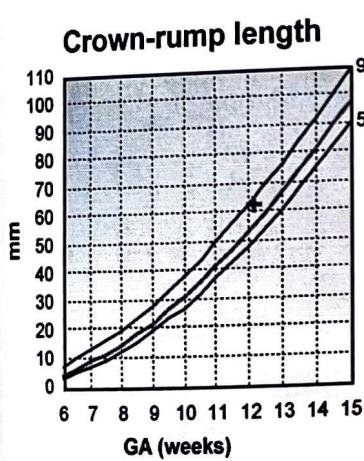
Fetal growth restriction before 37 weeks

1: 144

The background risk for aneuploidies is based on maternal age (25 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin. All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see [www.fetalmedicine.com](http://www.fetalmedicine.com)).



(133)

Mrs-Bhaathi meene

25/F

Double marker  
Test

WT. 42.3 kg.

HT. - 5.0 dm.

DOB - 15-June-1997.