

Dr. Pooja Shrivastava

MBBS
MS (Obstetrics & Gynaecology)
Reg No. MP-4298



- 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

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

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



Name : MRS. PINKI DAKSHE

Age/Sex : 25 Years / Female

LH-A-010578

Address : Bairagarh Chicli Bhopal

Mobile No.: 9669609722

Date : 21-Jun-2025

Wany - 23
Mm ucuu 1/2

BP 114/74

Pulse 104/min

SpO2 99%

WT 52.8 kg

Adm

Adm

Thyroid on 50 mg
NB - 100 mg
Cap 100 mg

analgesic
Cap 100 mg
analgesic 100 mg

analgesic

analgesic 100 mg
Cap 100 mg

analgesic

analgesic

01 JUL 2025

BP 128/73

Pulse 114/.

20T 53.56

SpO2 98.4

Adm

Double
marker
turn

R

TBR

- 0 ^{the} ~~can~~ ^{can} TAI Thyrocan 50 mg 20 up
- 0 TAI Endogel 8K 20 mg 20
- 0 TAI Eserpin 25 mg 20
- 0 TAI Yervelle 4 100
- 0 TAI Aquasent 100

2-2 ³⁴ ₃₄ Pans Goutrol 160 mg 20
↓
10 }

Run
↑
upen

R

डॉ. अंकिता विजयवर्गीय

डी. बी. एस., डी. एम. आर डी
आर आई फेलोशिप :
नावाटी हॉस्पिटल, मुंबई
पूजा हॉस्पिटल, मुंबई
रेडियोलॉजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
टी. बी. हॉस्पिटल, दिल्ली
मैसी हॉस्पिटल लिमिटेड, कानपुर
आहर लाल 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-9932

PATIENT'S NAME : MRS. PINKY

AGE/SEX : 25Y/F

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

DATE : 01.07.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 03.04.2025 (Corrected according to dating scan) GA(LMP):12wk5d EDD : 08.01.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 181 beats /min.
- PLACENTA: is grade I, left lateral & not low lying.
- 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. PMT is intact. 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. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.8 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 1.16)

FETAL GROWTH PARAMETERS

▪ CRL 65.3 mm	~	12	wks	6	days of gestation.
---------------	---	----	-----	---	--------------------

- Estimated gestational age is 12 weeks 6 days (+/- 1 week). EDD by USG : 07.01.2026
- Internal os closed. Cervical length is WNL (31.6 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 2.99 (High for gestation) Suggests increased chances for PIH / Pre-eclampsia.

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 6 days +/- 1 week.
- Gross fetal morphology is within normal limits.

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)

Dakshe Pinky

Date of birth : 24 August 1999, Examination date: 01 July 2025

Address: hno. 27, bairagarh chchli kolar
road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 53.0 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;

Last period: 03 April 2025




EDD by dates: 08 January 2026

First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 12 weeks + 5 days from dates

EDD by scan: 08 January 2026

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	181 bpm	
Crown-rump length (CRL)	65.3 mm	
Nuchal translucency (NT)	1.8 mm	
Ductus Venosus PI	1.160	
Placenta	high, left-lateral	
Amniotic fluid	normal	
Cord	3 vessels	

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; Hands: both visible; Feet: both visible; Both orbits & lens seen. PMT is intact. No intrathoracic mass seen. 4 chamber heart seen. No TR.

Uterine artery PI:	2.99	equivalent to 1.840 MoM
Mean Arterial Pressure:	86.7 mmHg	equivalent to 1.060 MoM
Endocervical length:	31.6 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 934	1: 18674
Trisomy 18	1: 2296	<1: 20000
Trisomy 13	1: 7198	1: 2175

First Trimester Screening Report

1: 41

1: 27

Preeclampsia before 34 weeks

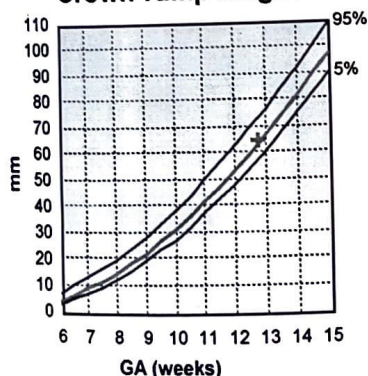
Fetal growth restriction before 37 weeks

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).

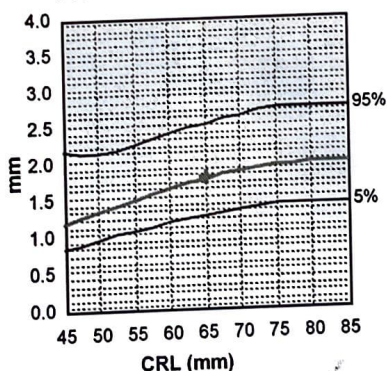
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. 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).

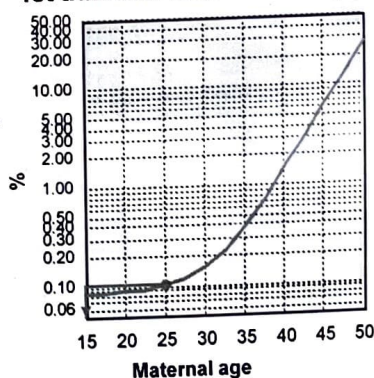
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



(07)

mas. Pinki Dakshe

25/11

1 Double marker

2. TSH