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भारतीय विशिष्ट पहचान प्राधिकरण

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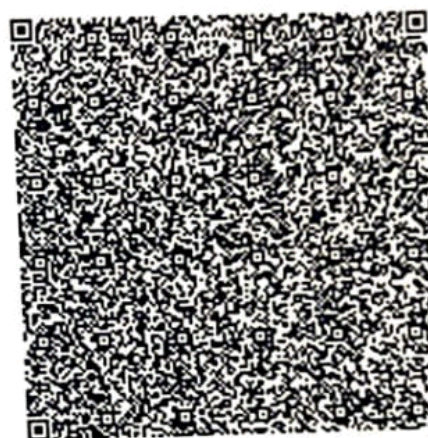


पता:

द्वारा: चन्द्रिका प्रसाद चन्द्राकर, वॉर्ड न 36, सिरसाकला,
भिलाई 3, भिलाई चरोदा, दुर्ग,
छत्तीसगढ़ - 490021

Address:

C/O: Chandrika Prasad Chandrakar, Ward No
36, Sirsakala, Bhilai 3, Bhilai Charoda, Durg,
Chhattisgarh - 490021



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भारत सरकार

Government of India



Download Date: 19/01/2021



सीमा चन्द्राकर

Seema Chandrakar

जन्म तिथि/DOB: 10/12/1994

महिला/ FEMALE

Issue Date: 01/12/2020

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VID : 9155 7812 8088 2320

मेरा आधार, मेरी पहचान

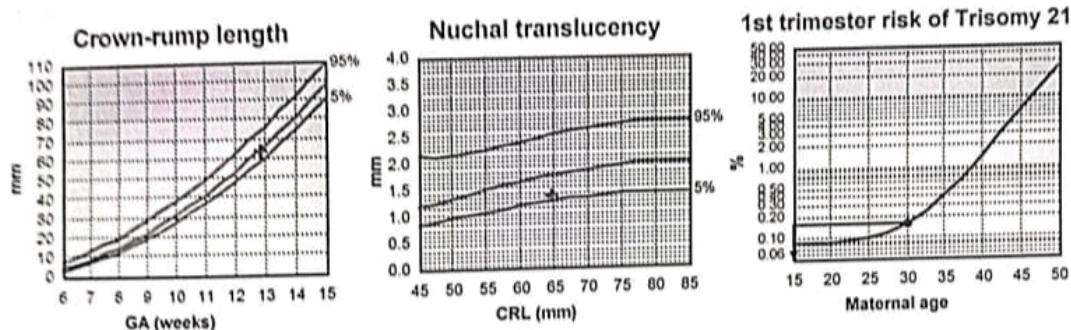
1st Trimester Screening Report

Condition	Background risk	Adjusted risk
Trisomy 21	1: 602	1: 12040
Trisomy 18	1: 1475	1: 9141
Trisomy 13	1: 4627	<1: 20000
Preeclampsia before 34 weeks		1: 10677
Fetal growth restriction before 37 weeks		1: 617
Spontaneous delivery before 34 weeks		1: 1268

The background risk for aneuploidies is based on maternal age (30 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, 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). 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).



Comments

- *SINGLE LIVE INTRA UTERINE GESTATION.
- *ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY: 12 Week 06 Days +/-1 Week.
- *NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THE GESTATION
- *NT, NB AND TRICUSPID FLOW WITH IN NORMAL LIMITS
- *NORMAL ENDOCERVICAL LENGTH: 3.8 cm
- *UTERINE ARTERY DOPPLERS: SCREEN NEGATIVE FOR PET
- * AGREED EDD (AS PER USG):03/02/2026
- **COMMENTS:

DR. PURVI AGRAWAL

MBBS, DGO, DNB, FETAL MEDICINE

CG 6950/2016

1st Trimester Screening Report

I have explained that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test.

The only way to know the chromosomal make up of the fetuses is by Invasive tests. I have explained different screening tests and their limitation.

1. GESTED DUAL MARKER TEST.

Case note:

Chromosomal abnormalities and genetics syndromes cannot be ruled out by ultrasound examination.

Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The pick up rate of abnormality depends on

Gestational age of the fetus, fetal position, tissue penetration of sound waves, and patients body habitus.

Declaration

I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs., I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. PURVI AGRAWAL
MBBS, DGO, DNB, FETAL MEDICINE
CG Reg No: 6950/2016



Thank you for the courtesy of this referral.
The report expressed is subject to the inherent limitations of the modality. Always correlate clinically and with other investigations to arrive at the final diagnosis. The report and films are not valid for medicolegal purpose.

DR. PURVI AGRAWAL

MBBS, DGO, DNB, FETAL MEDICINE
CG 6950/2016

First Trimester Screening Report

CHANDRAKAR SEEMA

Date of birth : 10 December 1994, Examination date: 28 July 2025

Hospital no.: J 00006010

Maternal / Pregnancy Characteristics:

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

Parity: 1; Spontaneous deliveries between 16-30 weeks: 0; 31-36 weeks: 0; Deliveries at or after 37 weeks: 1.

Maternal weight: 67.1 kg; Height: 160.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 02 May 2025

EDD by dates: 06 February 2026

First Trimester Ultrasound:

US machine: VOLUSON E8. Visualisation: good.

Gestational age: 12 weeks + 6 days from CRL

EDD by scan: 03 February 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	159 bpm
Crown-rump length (CRL)	64.6 mm
Nuchal translucency (NT)	1.4 mm
Biparietal diameter (BPD)	21.4 mm
Ductus Venosus PI	0.950
Placenta	anterior low
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: FETAL ECHO NORMAL, 4 CHAMBER NORMAL, 3VV NORMAL, LVOT NORMAL, SITUS NORMAL.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	0.86	equivalent to 0.540 MoM
Mean Arterial Pressure:	84.8 mmHg	equivalent to 0.990 MoM
Endocervical length:	38.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Purvi Agrawal, FMF Id: 214359

FORM

Patient Name :

Mrs. Seema chandniakar

Age/Gander:

30y/f

Height:

155

Weight:

68

Phone No.:

Email ID:

Address:

Bhigao

Referring Doctor:

Client Code

Collection Date

28/07/2025

Collection Time

01

40

Collected by :

Blood Tests:

Dual Marker

Histopathological Tests: