



Referring Dr :- Dr. Mrs. Shubhangi Wasade , MBBS DGO

Patient ID: E52563-25-08-02-1

Date 02-08-2025

First Trimester Screening

Patient: BANARJEE BABITA DOB: 07-05-1999

Exam date: 02-08-2025

Indication History: First trimester screening.

General History Blood group: B, Rh positive. Smoking: no
Allergies No allergies identified
Prev. diseases No previous diseases identified
Prev. surgeries No previous surgeries performed
Infections No infections identified
OB History Gravida 1

Maternal Assessment **Physical Exam** Height 145 cm, 4 ft 9 in. Weight 55 kg, 121 lb. Pre-pregnancy weight 54 kg, 119 lb. BMI 26.24 kg/m². Pre-pregnancy BMI 25.76 kg/m². Weight gain 1 kg, 2 lb

Fetal Growth Overview	Exam date	GA	BPD (mm)	HC (mm)	AC (mm)	FL (mm)	HL (mm)	EFW (g)
	02-08-2025	12w 6d	21.3	59%	80.7	51%	61	60% 9.4 40%

Pregnancy Dating: Singleton pregnancy. Number of fetuses: 1

	Date	Details	Gest. age	EDD
LMP	04-05-2025		12 w + 6 d	08-02-2026
U/S	02-08-2025	based upon CRL	13 w + 1 d	06-02-2026
Agreed dating	based on the LMP			12 w + 6 d 08-02-2026

General Evaluation: **Cardiac activity** present
Placenta: Posterior upper segment grade I maturity
Cord vessels: 3 vessel cord
Amniotic fluid: normal amount

FHR	150 bpm	79%	OFD	28.8 mm	51%
CRL	70.0 mm	69%	HC	80.7 mm	
NT	1.31 mm		IT	1.5 mm	
Nasal bone	2.9 mm		AC	61.0 mm	60%
BPD	21.3 mm	59%	Femur	9.4 mm	40%

Fetal Anatomy: Cranium: Foetal head showed midline falx and normal choroid plexus. Normal ossification of skull bone



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SONOGRAPHY + ADVANCED 3D 4D SONOGRAPHY + COLOUR DOPPER + USC GUIDED PROCEDURES + DIGITAL X-RAY

Face: Premaxillary triangle seen, Maxillary and mandibular echoes are normal. Orbit with lenses visualized

Heart: Cardiac regular activity, Four symmetrical chambers on Colour – Two ventricle inflows. Two outflow tracts (tick sign, V sign)

Thorax: Symmetrical lung fields, No Effusion or masses

Stomach: Normal cord insertion, Stomach in left upper quadrant

Kidneys: Both kidney appears normal

Bladder: bladder Gastric bubble visualized.

Spine: Foetal spine normal

The following structures appear normal:

Neck. Great vessels. Arms. Legs. Skeleton.

Fetal Doppler

Ductus Venosus:

S-wave	-31.13 cm/s	PLI	0.70
D-wave	-12.84 cm/s	S/a	3.28
A-wave	-9.49 cm/s	a/S	0.30
TMax	-22.97 cm/s	D/a	1.35
PIV	0.94	HR	153 bpm
PVIV	1.69		

Impression: normal

Maternal Doppler

Right uterine artery:

HR	83 bpm	ED	-16.10 cm/s
PI	1.41	TMax	-26.40 cm/s
RI	0.70	MD	-15.57 cm/s
PS	-53.30 cm/s	S/D	3.31

Left uterine artery:

HR	79 bpm	ED	-18.84 cm/s
PI	1.95	TMax	-35.62 cm/s
RI	0.79	MD	-17.28 cm/s
PS	-88.25 cm/s	S/D	4.68
Mean HR	81.00 bpm	Mean PI	1.68

57%

Impression: normal uteroplacental resistance

Maternal Structures

Cervix Cervical length 36.1 mm
Funnelling absent

Internal OS is closed

Chance Parameters

Maternal Characteristics and History Age: 26 yrs. Height 145 cm, 4 ft 9 in. Weight 55 kg, 121 lb. Smoking currently: no
Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no. Maternal family history of preeclampsia: no
Parity (pregnancies after 23 weeks): nulliparous. Previous pregnancy with chromosomal abnormality: Trisomy 21, Trisomy 18, Trisomy 13
Previous pregnancy with preeclampsia: no. Previous pregnancy with fetal growth restriction: no

Risks can be derived from maternal history and any combinations of biomarkers. Useful biomarkers at 11+0 to 13+6 weeks are mean arterial pressure (MAP), uterine artery PI (UTPI) or ophthalmic artery PSV ratio (OA-PSV) and serum PLGF (placental growth factor). Useful biomarkers at 19+0 to 23+6 weeks are MAP, UTPI or OA-PSV, estimated fetal weight, PLGF and sFLT-1. Useful markers at 35+0 to 36+6 weeks are therefore need to be converted into MoMs. In the application below you can either use the MoM values reported by the laboratory or the raw data and the MoM values will be calculated.

Please record the following information and then press Calculate.

Maternal characteristics

Date of birth	07/05/1999	
Height	145.0	cm
Weight	55.0	kg
Ethnicity	South Asian	
Currently smoking	<input type="radio"/> Yes	<input type="radio"/> No
Current pregnancy	04/05/2025	
Last menstrual period	04/05/2025	
Vanishing twin	<input type="radio"/> Yes	<input type="radio"/> No
Conception method	Spontaneous	
Pregnancy dating	LMP	
Method	12 weeks 6 days	
Gestational age	12 weeks 6 days	
EDD	08/02/2026	
Examination date	02/08/2025	

Medical history

Chronic hypertension	<input type="radio"/> Yes	<input type="radio"/> No
Diabetes type I	<input type="radio"/> Yes	<input type="radio"/> No
Diabetes type II	<input type="radio"/> Yes	<input type="radio"/> No
Mother of the patient had PE	<input type="radio"/> Yes	<input type="radio"/> No
Systemic lupus erythematosus	<input type="radio"/> Yes	<input type="radio"/> No
Anti-phospholipid syndrome	<input type="radio"/> Yes	<input type="radio"/> No

Obstetric history

- Nulliparous (no previous pregnancies at ≥ 24 wks.)
- Parous (at least one pregnancy at ≥ 24 weeks)

Ultrasound assessment

Fetal heart activity	<input type="radio"/> Present	<input type="radio"/> Absent						
Crown-rump length	70.0	mm						
Biparietal diameter	21.3	mm	-0.46	z	32	%		

Biophysical measurements

Mean arterial pressure

Measurement 1	SBP	DBP
Right	112	56
Left	116	50
Measurement 2	SBP	DBP
Right	114	58
Left	118	52
MAP	74.3	0.89 MoM



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U/S Markers Fetal cardiac activity: present. FHR 150 bpm. Ductus ven. PIV 0.94.

Biophysical Markers A. uterine mean PI 1.68.

Chosen trisomy screening option: Tr21, Tr18 and Tr13.

Chance at time of screening	Trisomy 21	Trisomy 18	Trisomy 13
Background chance	1 in 146	1 in 173	1 in 182
Adjusted chance	1 in 653	1 in 566	1 in 2,642

The background chance is based on maternal age and history of chromosomal anomaly.

The adjusted chance (chance at time of screening) is calculated on the basis of the background chance, ultrasound markers (nuchal translucency and fetal heart rate).

The chance assessment was performed by Abhay Borkar. The estimated chance is calculated by the FMF-01-04-2016 software and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The chance 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).

SINGLE, LIVE, INTRAUTERINE FOETUS OF AVERAGE GESTATION AGE OF 13 WKS AND 1 DAYS IN VARIABLE PRESENTATION, CORRESPONDING TO THE PERIOD OF AMENORRHEA.

ASSIGNED DATE OF EDD BY LMP IS 08/02/2026

PLACENTA POSTERIOR AND UPPER SEGMENT WITH GRADE 0 MATURITY

AMNIOTIC FLUID IS ADEQUATE FOR GESTATIONAL AGE.

BOTH UTERINE ARTERIES SHOWS NORMAL FLOW MEAN PI OF 1.68 (57 %ILE) (WITHIN NORMAL LIMITS)

RISK OF PREECLAMPSIA BEFORE 37 WEEKS
HISTORY, MAP, UTA-PI: 1 IN 320

THE RISK OF PREECLAMPSIA WAS ASSESSED BY A COMBINATION OF MATERNAL CHARACTERISTICS AND MEDICAL HISTORY WITH MEASUREMENTS OF BLOOD PRESSURE AND BLOOD FLOW TO THE UTERUS.

THE RISK OF DEVELOPING PREECLAMPSIA BEFORE 37 WEEKS IS LOW. NEVERTHELESS, IT IS RECOMMENDED THAT THE RISK IS REASSESSED AT 20 AND 36 WEEKS.

★ CHANCE OF DEVELOPING FGR BEFORE 37 WEEKS :- 0.9 % (1 IN 115)
TAB ASPIRIN 150 MG OD (AT NIGHT) UP TO 36 WKS SUGGESTED

I DR ABHAY BORKAR, declare that while undergoing ultrasonography on BABITA BANARJEE neither detected nor disclosed the sex of the foetus to patient /her relative or any other person, by words, sign or in any other manner. All measurements including estimated fetal weight are subject to statistical variations. Not all anomalies can be detected on sonography.

BABITA BANARJEE, DOB 07-05-1999

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is are
useful
weeks are
analysis and
laboratory

AMEYA

DIAGNOSTIC CENTER

PCPNDT Reg. No. 68/2011

DR. ABHAY BORKAR

Consultant Radiologist

M.B.B.S., D.M.R.E.

Regd. No. 2001/09/3136

Scholar MD Training in Fetal Medicine

Scholar MD Training in Pelvic Ultrasound

Scholar MD Training in Small Part USG

FMF ID 293775

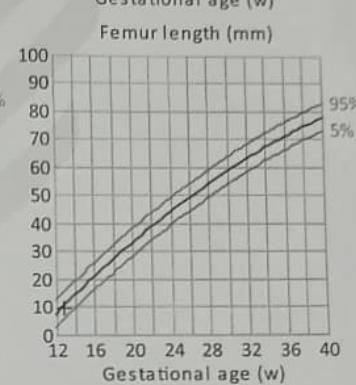
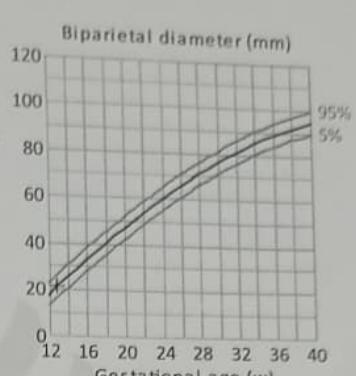
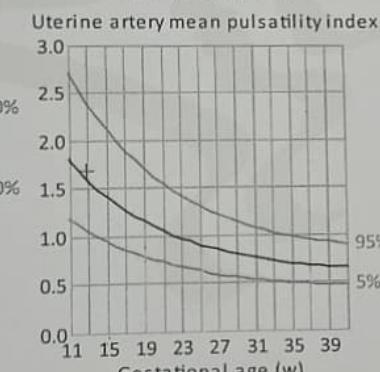
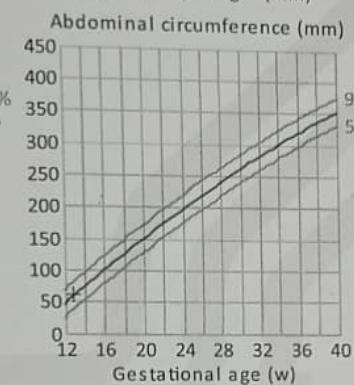
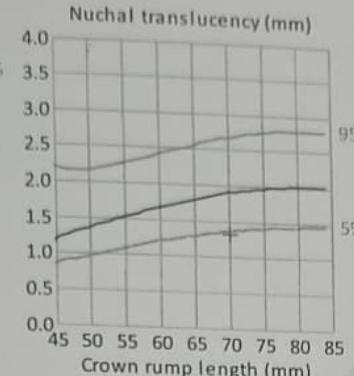
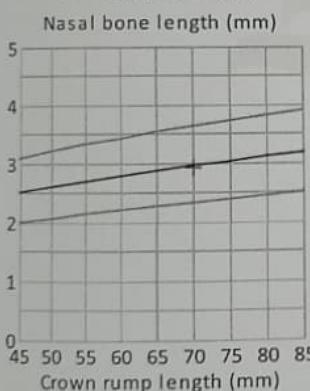
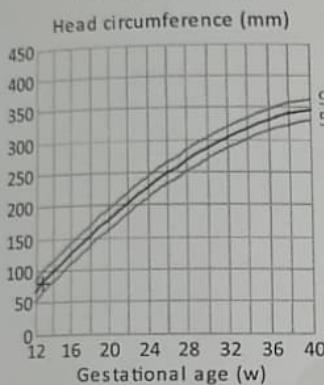
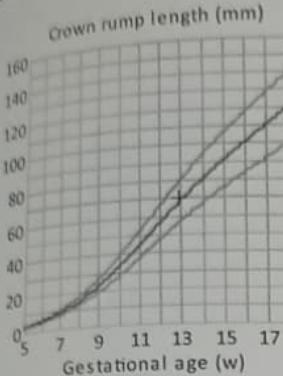


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Thank you Dr. Mrs. Shubhangi Wasade , MBBS DGO for the referral

Dr. Abhay V. Borkar
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