

06.

ms. Kiran

29/1f

Dr. Kavita

Deshpande

~~100~~ Vishnukarne

crypta

marker

(Report 18th Dec 11)

8319245994 (WT)

DOB - 10/03/1995

HT - 5.3 Inch

WT - 58.0

90

## First Trimester Screening Report

Fetal growth restriction before 37 weeks

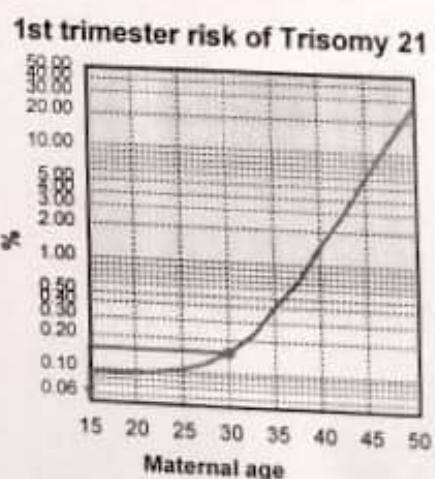
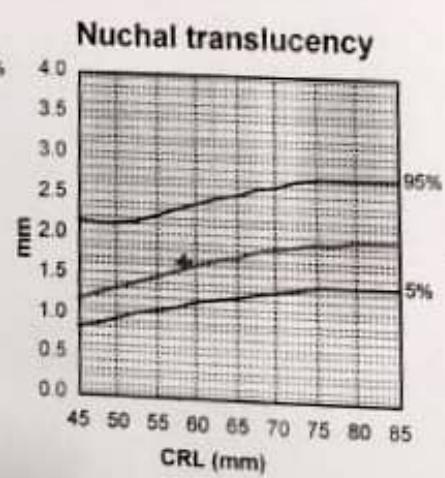
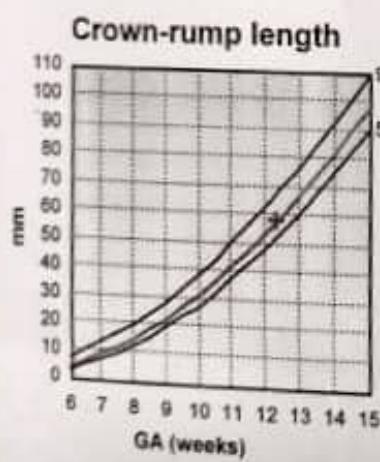
1: 232

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, 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).

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)).



Dr ANKITA SONOGRAPHY CENTRE

01 Oct 2023

Name : KIRAN, 30Y/F



# First Trimester Screening Report

Vishwakarma Kiran

Date of birth : 10 March 1995, Examination date: 01 October 2025

Address: hno. 31, railway colony  
dwarika nagar  
Bhopal  
INDIA

Referring doctor: Dr. kavita gupta

## Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 59.0 kg; Height: 162.0 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: 13 April 2026

Last period: 07 July 2025

EDD by scan: 13 April 2026

## First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 12 weeks + 2 days from dates

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	162 bpm
Crown-rump length (CRL)	58.7 mm
Nuchal translucency (NT)	1.7 mm
Ductus Venosus PI	1.100
Placenta	posterior 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: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.27	equivalent to 0.760 MoM
Mean Arterial Pressure:	71.0 mmHg	equivalent to 0.850 MoM
Endocervical length:	34.8 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 598	1: 11959
Trisomy 18	1: 1424	<1: 20000
Trisomy 13	1: 4477	<1: 20000
Preeclampsia before 34 weeks		1: 7563

Page 1 of 2 printed on 01 October 2025 - Vishwakarma Kiran examined on 01 October 2025.

# डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एम., डॉ. एम. आर. डी.  
एम. आर. आर्ट. फैलोशिप :  
नवाचकी हास्पिटल, मुंबई  
विंजा हास्पिटल, मुंबई  
पूर्व फैलोशिप :  
फॉर्टिस हास्पिटल, नोएडा  
जी. टी. बी. हास्पिटल, लिल्ली  
वीजेसी हास्पिटल लिमिटेड, कानपुर  
जवाहर लाल नेहरू कैंसर हास्पिटल, भोपाल

# DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

## MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

## FORMER RADIOLOGIST AT:

- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

PATIENT'S NAME : MRS. KIRAN

AGE/SEX : 30Y/F

REF. BY : DR. KAVITA GUPTA

DATE : 01.10.2025

## OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 07.07.2025 (Corrected according to dating scan) GA(LMP):12wk 2d EDD : 13.04.2026

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 162 beats /min.
- PLACENTA: is **grade I**, **posterior** with lower edge just reaching upto internal 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.
- 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 1.7 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 1.10 )

### FETAL GROWTH PARAMETERS

CRL	58.7	mm	~	12	wks	3 days of gestation.
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- Estimated gestational age is **12 weeks 3 days** (+/- 1 week). EDD by USG : 12.04.2026
- Internal os closed. Cervical length is WNL ( 34.8 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.27 ( WNL for gestation ).

### PRESSION:

- Single, live, intrauterine fetus of 12 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge just reaching upto internal 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 )



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