First Trimester Screening Report

MRS. YOGITA NAWANGE

Date of birth : 11 February 1999, Examination date: 11 October 2025

Address: 50/3, gram masod post
majarwani
Betul 460220
India

Private Tel.: 8989426264

Referring doctor: DR. POOJA SINGH OBS & GYNAECOLOGY

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Maternal weight: 49.0 kg; Height: 145.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 04 July 2025 EDD by dates: 10 April 2026

First Trimester Ultrasound:

US machine: s-10 GE VOLUSIN. Visualisation: good.
Gestational age: **13 weeks + 6 days** from CRL EDD by scan: 12 April 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	156 bpm
Crown-rump length (CRL)	78.9 mm
Nuchal translucency (NT)	1.2 mm
Biparietal diameter (BPD)	23.4 mm
Ductus Venosus PI	0.930
Placenta	RT POSTEROLATERAL
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.
Fetal anatomy:

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Medical College ☎ : 0755-4049600, Web : www.Lnctu.ac.in, email : hospital@Lnctu.ac.in

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Skull/brain: appears normal; Spine: appears normal; Heart: APPEARS NORMAL; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI: 3.09
Endocervical length: 38.0 mm

Risks / Counselling:

Patient counselled and consent given.

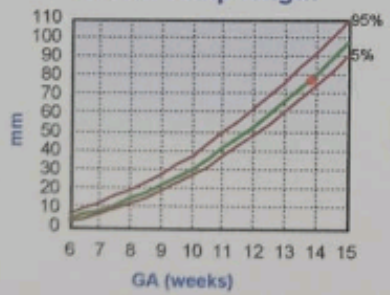
Operator: Sonam Verma, FMF Id: 277360

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 917	1: 18348
Trisomy 18	1: 2395	<1: 20000
Trisomy 13	1: 7469	<1: 20000

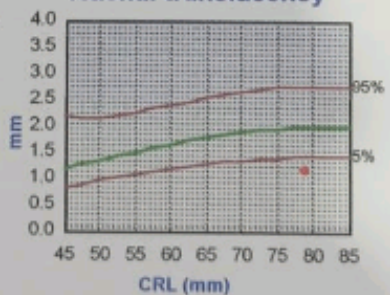
The background risk for aneuploidies is based on maternal age (26 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

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).

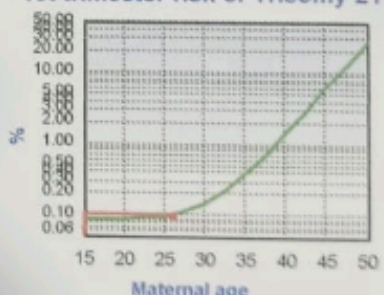
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



Comments

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Please note:

****** Attention Pregnant patients****

Kindly bring the below said documents each & everytime coming for scans it is mandatory By GOI

1) Doctors prescription with indication for the scan & her/his seal & signature.
2) AAdhar Proof photocopies/ Xerox Copies in the name of patient
3) All available scan reports Of the present pregnancy
4) Kindly bring valid doctors Prescription everytime coming for scanning , other procedure & also available previous test reports.Also, please keep extra time to fill the detailed GOI –mandated "F-Form " before the scan.

Disclaimer: All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalites evolve as the gestation advances. The detection rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, amniotic fluid volume,fetal movements and patients body habitus.Patient has been counseled about the capability & limitation of the examination.

Declaration: I, Dr.Sonam Verma declare that while conducting ultrasonography /image scanning on Mrs. Yogita Nawange, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Best Wishes

Dr SonamVerma
M.D. RADIODIAGNOSIS
FETAL MEDICINE CONSULTANT
Reg NO: 18797,FMF ID: 277360

Sonam

Dr. Sonam Verma
MBBS, MD Fetal Medicine Specialist
Reg. No. : MP-18797
Assistant Professor
Department of Radiodiagnosis
L.N. Medical College & J.K. Hospital
Bhopal (M.P.)

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IMPRESSION:

- **SINGLE LIVE INTRAUTERINE GESTATION**
- GESTATIONAL AGE BY FETAL BIOMETRY:13 Weeks 06Days +/- 1 Week
- AGREED EDD (BASED ON LMP):10/04/2026
- Nuchal Translucency, Nasal Bone, Tricuspid flow& Ductus Venosus Doppler : within normal limit.
- NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THIS GESTATION.
- PLACENTA : RT POSTEROLATERAL: 27 mm away from the internal-os.
- ENDOCERVICAL LENGTH: 38mm: NORMAL(on TAS)
- **MEAN UTERINE ARTERY PI; 3.09– SCREEN POSITIVE FOR PET**

COUNSELLING NOTES:

- After a detailed NT scan, the risk of Downs syndrome has reduced from 1:917 (Background risk based on maternal age) to 1:18348 (Based on NT + NB + TF + DV + FHR)
- I have explained the different screening tests, their detection rates and limitations of screening to couple. The detections rates for chromosomal abnormalities with various screening test are as follows-
1)First Trimester NT only – 75%
2)First Trimester Combined (NT+ Maternal Blood Test)- 80- 85%
3) Maternal Blood test For Cell free Fetal DNA - 99%
4) Invasive Testing (CVS/ Amniocentesis), Confirmatory test with related miscarriage risk of about 1:200 .
- I have offered the option of risk assesement with First Trimester biochemistry to the mother .Couple understand that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test on their own.
- Please Correlate With Dual MARKER TEST for First Trimester Combined screening(FTS).
- **Suggested;** ** IF FTS POSITIVE, REVIEW WITH THE REPORT AT THE EARLIEST
**IF FTS NEGATIVE, REPEAT ANOMALY SCAN AT 19-22 WEEKS TO RULE OUT ANOMALY.

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