

Date: _____

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68 Mrs. Antima
Sharma

34/F

Double marker
Test

WT - 67 kg

HT - 5.4 inch

DOB - 16.12.1990



First Trimester Screening Report

Sharma Antima

Date of birth : 16 December 1990, Examination date: 11 October 2025

Address: flat no. 201, singapur city
kolar road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 67.0 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;

Last period: 12 July 2025

EDD by dates: 18 April 2026

First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 13 weeks + 0 days from dates

EDD by scan: 18 April 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	161 bpm
Crown-rump length (CRL)	79.6 mm
Nuchal translucency (NT)	2.1 mm
Ductus Venosus PI	0.980
Placenta	anterior high
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:	1.70	equivalent to 1.160 MoM
Mean Arterial Pressure:	88.0 mmHg	equivalent to 1.030 MoM
Endocervical length:	32.2 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMP Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 297	1: 5945
Trisomy 18	1: 778	1: 15569
Trisomy 13	1: 2427	<1: 20000
Preeclampsia before 34 weeks		1: 272

First Trimester Screening Report

Fetal growth restriction before 37 weeks

1: 125

The background risk for aneuploidies is based on maternal age (34 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).

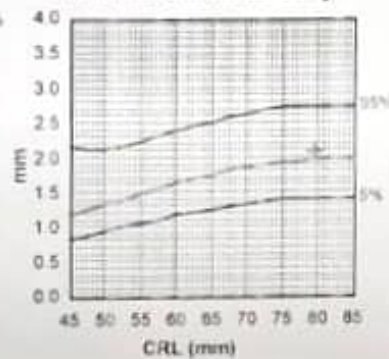
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population.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

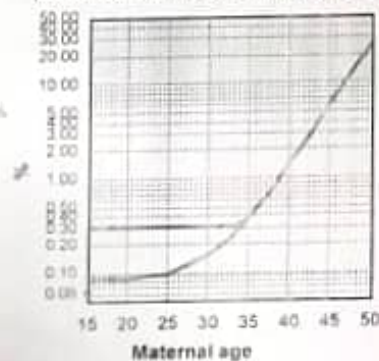
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस., डी. एम. आर डी
एम. आर. आई. फेलोशिप :
नानावटी हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलॉजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी. बी. हॉस्पिटल, दिल्ली
रेजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, 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. ANTIMA

AGE/SEX : 35Y/F

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

DATE : 11.10.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 12.07.2025

GA(LMP):13wk0d

EDD : 18.04.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 161 beats /min.
- PLACENTA: is grade I, anterior & 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.
- 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 2.1 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.98)

FETAL GROWTH PARAMETERS

- | | | | | | | | |
|-------|------|----|---|----|-----|---|--------------------|
| • CRL | 79.6 | mm | ~ | 14 | wks | 0 | days of gestation. |
|-------|------|----|---|----|-----|---|--------------------|

- Estimated gestational age is 14 weeks 0 days (+/- 1 week). EDD by USG : 11.04.2026
- Internal os closed. Cervical length is WNL (32.2 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.70 (WNL for gestation).

PRESSION:

- ↓ Single, live, intrauterine fetus of 14 weeks 0 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 echogenicity. 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)

LOTUS HOSPITAL & MATERNITY HOME

M-351, Rajharsh Colony, Nayapura, Kolar Main Road, Bhopal

REPORT

Regn.:

Name: Anine Sharma

By: Dr Pooja Shrivastava

Age: 34y

Sex: F

Date: 1/9/25

LMP 12/8/25

EOP 17/4/26

FW2y

USG OBSTETRIC

single live foetus seen in intrauterine cavity with presentation at the time of scan

Placenta

total Parameters

PD	-	mm	wks	days	+/-	w	d
C	-	mm	wks	days	+/-	w	d
C	-	mm	wks	days	+/-	w	d
L	-	mm	wks	days	+/-	w	d

Mean Gestational Age Weeks

Liquor-Adequato

HR- beats/min regular

Active foetal movement noted.

EDD-

EFW

IMPRESSION: REAL TIME OBSTETRIC USG STUDY REVEALS:

SINGLE LIVE INTRAUTERINE FOETUS IN PRESENTATION AT THE TIME OF SCAN
CORRESPONDING TO A MEAN GESTATIONAL AGE 7 WEEKS 0 DAYS

HR 146 bpm EOP by wk 29/4/26
(1) Detailed foetal anatomy may not always be visible due to technical difficulties related to foetal movements, foetal position and amniotic fluid volume. Hence all foetal anomalies may not necessarily be detected at every examination.

(2) DECLARATION-I POOJA SHRIVASTAVA DECLARE THAT WHILE CONDUCTING ULTRA
SONOGRAPHY ON Anine Sharma HAVE NEITHER DETECTED NOR DISCLOSED
THE SEX OF HER FETUS TO ANY BODY IN ANY MANNER.

Radiological investigations have their own and limitation. The above report is an opinion and not the final diagnosis.
This to be co-related with clinical profile investigations. In case of any discrepancy a review may be asked

for: NT, NB scan Anine Sharma 11/10/25

Dr. Pooja Shrivastava
MBBS, MS (Obst. & Gynae)
MP 4298

11 OCT 2025

BP-1141
Pulh-12
SPOR-98
TWT-67

Ado en o Dal Namsam m 10/10
Double under o Dal Keville 10 m
turn o Dal Korpini 10 m m
o Dal Kamek + 10 m
2/2 Long Namsam 10 m m
3/3 Dal Korpini 10 m m
o o

Rem
up 2