

28 OCT 2025

BP 101/59

Pulse 84/min

Spo2 98.1%

20T 46.9 kg

Mr  
Sander  
Nansen  
MD

Dr  
1<sup>st</sup> - Tal Nansen MD

2 - 2<sup>nd</sup> Dr Kumpfer MD

2 - 2<sup>nd</sup> Dr Caldwell MD

2 - 2<sup>nd</sup> Dr Harpott MD

swipe  
↓

iron

Run  
C  
more



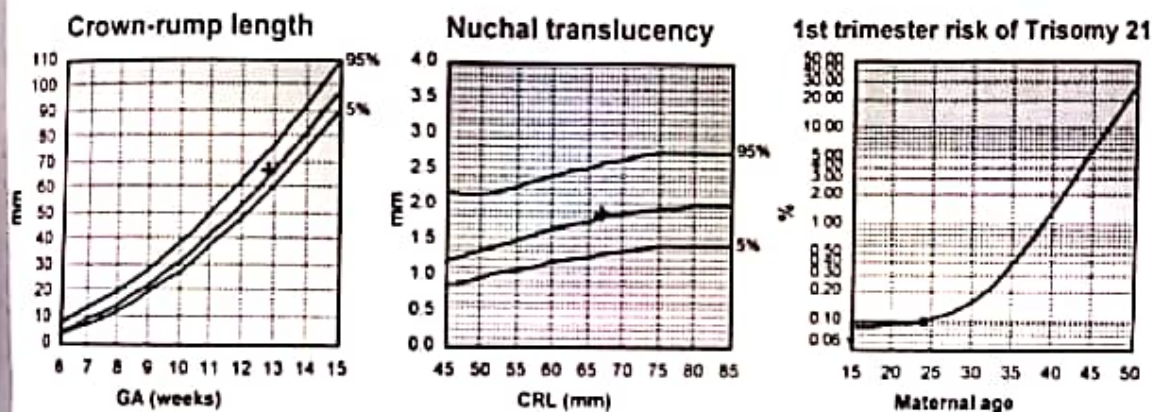
# First Trimester Screening Report

Preeclampsia before 34 weeks	1: 350
Preeclampsia before 37 weeks	1: 96
Preeclampsia before 42 weeks	1: 19
Fetal growth restriction before 37 weeks	1: 77
Spontaneous delivery before 34 weeks	1: 93

The background risk for aneuploidies is based on maternal age (24 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](http://www.fetalmedicine.com)).



PATIENT'S NAME : MRS. RUCHI

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

AGE/SEX : 24 Y/F

DATE : 28/10/2025

**OBSTETRIC USG ( EARLY ANOMALY SCAN ) WITH PRE-ECLAMPSIA SCREENING**

LMP: 30/07/2025

GA (LMP) : 12 wk 6 d

EDD : 06/05/2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 169 beats /min.
- PLACENTA: is grade I, anterior & not low lying.
- LIQUOR: is adequate for the period of gestation.

**Fetal morphology for gestation as described .**

- 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 1.9 mm ( WNL ).
- Ductus venosus shows normal spectrum with positive "a" wave ( PI ~ 1.18 ) .

**FETAL GROWTH PARAMETERS**

- |     |      |    |   |    |     |                      |
|-----|------|----|---|----|-----|----------------------|
| CRL | 67.1 | mm | ~ | 13 | wks | 0 days of gestation. |
|-----|------|----|---|----|-----|----------------------|
- Estimated gestational age is 13 weeks 0 days (+/- 1 week). EDD by USG : 05/05/2026
  - Internal os closed. Cervical length is WNL ( 31.2 mm ).
  - Baseline screening of both uterine arteries was done & reveals mean PI of ~ 2.02 ( WNL for gestation )

**SESSION:**

- Single, live, intrauterine fetus of 13 weeks 0 days +/- 1 week.
- Gross fetal morphology is within normal limits.

**Suggest : Clinical correlation & follow up at 19-20 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 )



# First Trimester Screening Report

AHIRWAR RUCHI

Date of birth : 22 December 2000, Examination date: 28 October 2025

Address: H.NO. 38 BHADROPUR  
MISROD BHOPAL  
BHOPAL

Referring doctor: DR. ANITA SHrivastava (MBS, MS)

## Maternal / Pregnancy Characteristics:

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

Parity: 0; Spontaneous deliveries between 16-32 weeks: 0.

Maternal weight: 48.0 kg; Height: 157.5 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 30 July 2025

ECG by dates: 08 May 2026

## First Trimester Ultrasound:

US machine: phillips affinity S3, Visualisation: good.

Gestational age: 12 weeks + 6 days from dates

ECG by scan: 08 May 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	169 bpm
Crown-rump length (CRL)	67.1 mm
Nuchal translucency (NT)	1.9 mm
Ductus Venosus PI	1.180
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:	2.02	equivalent to 1.250 MM
Mean Arterial Pressure:	82.9 mmHg	equivalent to 1.060 MM
Endocervical length:	31.1 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMC ID: 204684

Condition	Background risk	Adjusted risk
Trisomy 21	1: 994	1: 100.77
Trisomy 18	1: 2430	<1: 2000
Trisomy 13	1: 7643	<1: 2000