

# First Trimester Screening Report

Singh Pratiksha

Date of birth : 27 December 1990, Examination date: 29 October 2025

Address: hno. 54/ 1 , banjari d - sector  
kolar road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 67.0 kg; Height: 165.1 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 29 July 2025

EDD by dates: 05 May 2026

## First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 13 weeks + 1 days from dates

EDD by scan: 05 May 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	157 bpm
Crown-rump length (CRL)	68.3 mm
Nuchal translucency (NT)	1.6 mm
Ductus Venosus PI	0.540
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:	1.86	equivalent to 1.200 MoM
Mean Arterial Pressure:	71.0 mmHg	equivalent to 0.830 MoM
Endocervical length:	30.0 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 288	1: 5765
Trisomy 18	1: 719	1: 14374
Trisomy 13	1: 2251	<1: 20000
Preeclampsia before 34 weeks		1: 7825



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Fetal growth restriction before 37 weeks

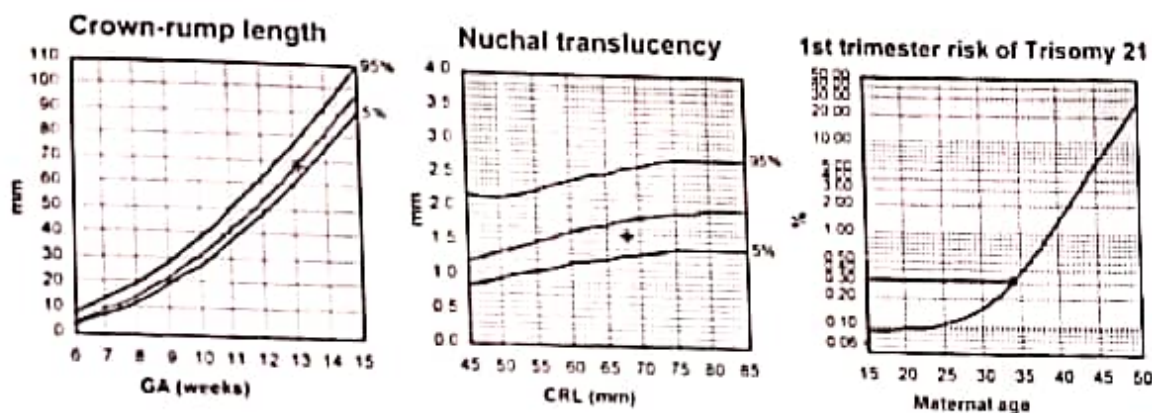
1: 326

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).

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)).



29 OCT 2025

BP - 124/82  
Pulse - 113 bpm  
SpO2 - 98%  
WT - 67.7 kg

122

PSN  
Dental  
Washer  
Full

4x 120 Thyroxine 25 mg 20 cap  
1x 120 Naloxone 20 mg

2x 120 Spent 1 kg 20

2x 120 Cold 1 kg 20

2x 120 2x 120 1 kg 20  
Lipid 20

2

101





## डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस., डी. एच. आर. बी  
एम. आर. आई. फेलोशिप :  
नानावटी हॉस्पिटल, मुंबई  
हिंदुजा हॉस्पिटल, मुंबई  
एच. गिरीधरलाल हॉस्पिटल :  
फोर्टिस हॉस्पिटल, कोयंबूर  
जी. टी. बी. हॉस्पिटल, दिल्ली  
सिनेसी हॉस्पिटल लिमिटेड, कानपुर  
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

## DR. ANKITA VIJAYVARGIYA MBBS, DMRD

### MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI
- FORMER RADIOLOGIST AT
- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

### FMF Certified from

Fetal Medicine Foundation  
Reg. No. MP-8932

PATIENT'S NAME : MRS. PRATIKSHA

AGE/SEX : 34Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MS)

DATE : 29.10.2025

### OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 29.07.2025

GA(LMP):13wk 1d

EDD : 05.05.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 157 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 1.6 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.54)

#### FETAL GROWTH PARAMETERS

- |               |          |                      |
|---------------|----------|----------------------|
| • CRL 68.3 mm | ~ 13 wks | 1 days of gestation. |
|---------------|----------|----------------------|

- Estimated gestational age is 13 weeks 1 days (+/- 1 week). EDD by USG : 05.05.2026
- Internal os closed. Cervical length is WNL (30.0 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.86 (WNL for gestation).
- Date of last delivery 22.10.2019.
- Gestation at delivery of last pregnancy 39 weeks 4 days.

#### IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 1 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 capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

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