

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

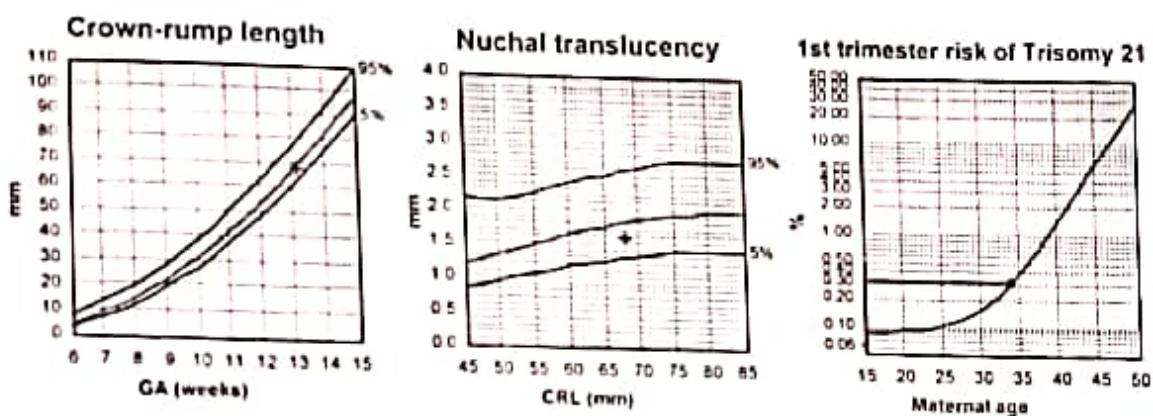
1: 326

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).



29 OCT 2025

BP - 124/81
Pulse - 113 p/s/min
SpO₂ - 98%.
wt - 63 -

TSN
Dawda
Wade
JNR

4th P.D. Raynor 25 May 1944
and Nauvoo on the

~~2-2~~ September 14th Day

22 days Cal 2 cond 1 key 80

Peru 22 Nov 1981 (Top by
J. Miller)

17

8

डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एम., डॉ. एम. आर. डॉ.
एम. आर. आर्टी. फैलोशिप :
मानाकर्ता हाईस्पेल, मुंबई
हिंदुजा हाईस्पेल, मुंबई
पूर्व रेडियालारिट्टरी :
फॉर्टिस हाईस्पेल, मांगडा
डॉ. टी. बी. हाईस्पेल, दिल्ली
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गवाहा साल चंहां गौमा हाईस्पेल, खांगाल

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

• HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT

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• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

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.
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- 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 ecogenicity. 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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