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ATTN: NAME : MRS. RAINI
SINGH (MBD)

DATE : 17.11.2025

IMP: 13.08.2025

GA(LMP):13wk 5d

EDD : 20.05.2026

single live fetus seen in the intrauterine cavity in variable presentation, fetal movements are seen. Fetal cardiac activity is

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 156 beats/min.

PLACENTA is grade 1, anterior or 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 are 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 1.7 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.69)

CRL 78.6 mm ~ 13 wks 6 days of gestation.

Internal os closed. Cervical length is WNL (36.1 mm).

Date of last delivery 02.01.2021 .

Gestation at delivery of last pregnancy 41 weeks 2 days.

- Single, live, intrauterine fetus of 13 weeks 6 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 fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal uterine wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the abilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
FIMF Certified from
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Reg. No. MP-6932

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PATIENT'S NAME: MRS. RAJNI
BY: DR. PUJA SINGH (MBBS, DGO)

AGE/SEX: 25Y/F
DATE: 17.11.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 13.08.2025 GA(LMP): 13wk 5d EDD: 20.05.2026

Single live fetus seen in the intrauterine cavity in variable presentation.
Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 156 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.
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- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.69)

FETAL GROWTH PARAMETERS				
CRL	78.6 mm	~	13 wks	6 days of gestation.

Estimated gestational age is 13 weeks 6 days (+/- 1 week). EDD by USG: 19.05.2026
Internal os closed. Cervical length is WNL (36.1 mm).
Baseline screening of both uterine arteries was done with mean PI ~ 2.00 (WNL for gestation).
Date of last delivery 02.01.2021.
Gestation at delivery of last pregnancy 41 weeks 2 days.

SSION:

- Single, live, intrauterine fetus of 13 weeks 6 days +/- 1 week.
- Gross fetal morphology is within normal limits.

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Disclaimer: I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that 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 the abilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Solanki Rajni

Date of birth : 20 July 2000, Examination date: 17 November 2025

Address: hno. AM- 206, gourav nagar
kolar road bhopal
Bhopal
INDIA

Referring doctor: Dr. PUJA SINGH (MBBS , DGO)

Maternal / Pregnancy Characteristics:

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

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

Maternal weight: 68.0 kg; Height: 167.6 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: 13 August 2025

EDD by dates: 20 May 2026

First Trimester Ultrasound:

US machine: GE Voluson S8. Visualisation: good.

Gestational age: 13 weeks + 5 days from dates

EDD by scan: 20 May 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	156 bpm
Crown-rump length (CRL)	78.6 mm
Nuchal translucency (NT)	1.7 mm
Ductus Venosus PI	0.690
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; Hands: both visible; Feet: both visible.

Uterine artery PI:	2.00	equivalent to 1.360 MoM
Mean Arterial Pressure:	84.6 mmHg	equivalent to 0.990 MoM
Endocervical length:	36.1 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 987	1: 19747
Trisomy 18	1: 2575	<1: 20000
Trisomy 13	1: 8030	<1: 20000
Preeclampsia before 34 weeks		1: 1336

