

169/par. Worcester 30/1/94
checked
unseen
22/1/94

height \rightarrow 5.2.

WT \rightarrow 51.0 kg.

D.O. B \rightarrow 22/10/91 1994.

PATIENT'S NAME : MRS. VERSHA SHAKYA

AGE/SEX : 30 Y/F

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

DATE : 26/11/2025

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

LMP: 29/08/2025

GA (LMP) : 12 wk 5d

EDD : 05/06/2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 158 beats /min.
- PLACENTA: is grade I, posterior & 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 1.9mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.08) .

FETAL GROWTH PARAMETERS

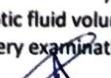
CRL	64.4	mm	~	12	wks	6	days of gestation.
Estimated gestational age is 12 weeks 6 days (+/- 1 week). EDD by USG : 04.06.2026							
Internal os closed. Cervical length is WNL (30.3 mm).							
Baseline screening of both uterine arteries was done & reveals mean PI of ~ 2.42 (WNL for gestation).							

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 6 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 ecogenicity. 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

SHAKYA VERSHA

Date of birth : 27 September 1994, Examination date: 26 November 2025

Address: WARD NO. 23 MANDIDEEP
RAILWAY STATION DISTRICT
RAISEN

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: H/o first trimester miscarriage , one .

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

Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.

Maternal weight: 50.0 kg; Height: 152.4 cm.

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

Method of conception: Spontaneous;

Last period: 29 August 2025

EDD by dates: 05 June 2026

First Trimester Ultrasound:

US machine: phillips affinity 50. Visualisation: good.

Gestational age: 12 weeks + 5 days from dates

EDD by scan: 05 June 2026

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	158 bpm	
Crown-rump length (CRL)	64.4 mm	
Nuchal translucency (NT)	1.9 mm	
Ductus Venosus PI	1.080	
Placenta	posterior 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: 2.42 equivalent to 1.470 MoM

Mean Arterial Pressure: 78.2 mmHg equivalent to 0.970 MoM

Endocervical length: 30.3 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 558	1: 11158

First Trimester Screening Report

Trisomy 18	1: 1366	<1: 20000
Trisomy 13	1: 4284	<1: 20000
Preeclampsia before 34 weeks		1: 262
Preeclampsia before 37 weeks		1: 80
Preeclampsia before 42 weeks		1: 19
Fetal growth restriction before 37 weeks		1: 54
Spontaneous delivery before 34 weeks		1: 55

The background risk for aneuploidies is based on maternal age (31 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).

