

1st Mrs. Aarti
Dawatlay

33
Fi

Double
marker

Dob - 24/04/1993

Weight - 53 kg

Height - 5'6"

First Trimester Screening Report

Sarathkar Aarti

Date of birth: 24 April 1993, Examination date: 25 November 2025

Address: Flat no. 8-5, 4th floor, Ashwina
Height, Acharya road
Bhopal
INDIA

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

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus first trimester miscarriage
Maternal origin: South Asian (Indian, Pakistani, Bangladeshi)
Parity: 1. Deliveries at or after 37 weeks: 1
Maternal weight: 53.0 kg; Height: 160.0 cm
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous.
Last period: 02 September 2025

EDD by date: 09 June 2026

First Trimester Ultrasound:

US machine: GE Voluson S8, Visualisation: good.
Gestational age: 12 weeks + 4 days from dates

EDD by scan: 09 June 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	161 bpm
Crown-rump length (CRL)	71.1 mm
Nuchal translucency (NT)	1.8 mm
Ductus Venosus PI	0.860
Placenta	posterior high
Amblyotic fluid	normal
Cord	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/bone: appears normal; Spine: appears normal; Heart: No TR; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; Testis/ovary & tons seen; PNT is intact.

Uterine artery PI:	1.19	equivalent to 0.760 MoM
Mean Arterial Pressure:	64.3 mmHg	equivalent to 1.030 MoM
Endocervical length:	33.1 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ABHITA VIJAYANAGIRI, PNB ID: 204664

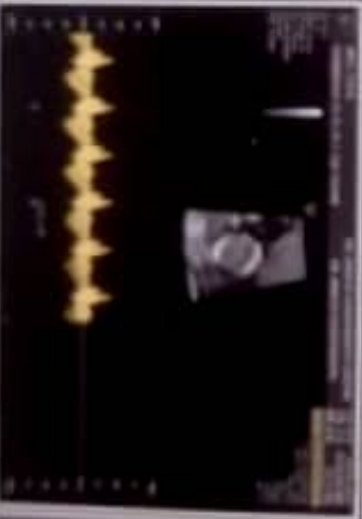
Conclusion	Background risk	Adjusted risk
Twinning 21	1: 450	1: 9003
Twinning 18	1: 1136	<1: 20000



Name : ARTI, 33y/f

DR ANKITA SONOGRAPHY CENTRE

29 Nov 2025



डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस. डी. एम. आर. डी.
एम. आर. आई. फेलोशिप :
नामावती हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलॉजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी. बी. हॉस्पिटल, दिल्ली
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA MBBS, DMRD

MRI FELLOWSHIPS :

• NAKAVATI 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. AARTI

AGE/SEX : 33Y/F

REF. BY : DR. PUJA SINGH (MBBS,DGO)

DATE : 29.11.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 02.09.2025

GA(LMP):12wk 4d

EDD : 09.06.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 161 beats/min.
- PLACENTA: is grade I, posterior or 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.
- Both orbits & lens seen. PMT is intact. No intrathoracic mass seen.
- 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 1.8mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.86)

FETAL GROWTH PARAMETERS

CRL	71.1	mm	~	13	wks	2	days of gestation.
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- Estimated gestational age is 13 weeks 2 days (+/- 1 week). EDD by USG : 04.06.2026
- Internal os closed. Cervical length is WNL (33.1 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.19(WNL for gestation).
- Date of last delivery 03.10.2018 .
- Gestation at delivery of last pregnancy 40 weeks 1 days.

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 2 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 the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)



First Trimester Screening Report

Trisomy 13

1: 3555

<1: 20000

Preeclampsia before 34 weeks

1: 5618

Fetal growth restriction before 37 weeks

1: 396

The background risk for aneuploidies is based on maternal age (32 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).

