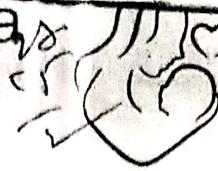


# Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298



- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Trained in: Gynaecological Endoscopy Laparoscopy & Hysteroscopy, Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning

Consultation fee valid for 3 visits/15 days whichever is earlier in routine  
opd hours only (Monday to Saturday)



Name : MRS. SONAM LODHI

Age/Sex : 25 Years / Female

LH-A-012725

Address : Sobhapur

Mobile No.: 9179584970

Date : 15-Dec-2025

HR  
BP  
Pulse  
SpO2  
COT

HR

BP - 100/61  
Pulse - 86/m  
SpO2 - 98%  
COT - 61.4 kg

o PAB Uteri 50 mm IR x 25

o PAB Nausheh 30 mm

o PAB Trachea 10 mm

12

with Bantoglam gel for use

HR  
BP  
Pulse  
SpO2  
COT

Review  
Examination

Q

In Emergency Call : 9425005377



Email Id : poojadr2003@gmail.com

LOTUS HOSPITAL  
M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal  
Ph.: 0755-4093322, 8085441332

Time:-

Afternoon - 1:00PM To 3:00PM  
Evening - 6:00PM To 8:00PM



Scanned with OKEN Scanner

PATIENT'S NAME : MRS. SONAM

AGE/SEX : 25 Y/F

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

DATE : 26/12/2025

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

LMP: 27/09/2025

GA (LMP) : 12 wk 6d

EDD : 04/07/2026

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 159 beats /min.
- PLACENTA: is grade I, anterior & 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 2.1 mm ( WNL ).
- Ductus venosus shows normal spectrum with positive "a" wave ( PI ~ 1.06 ) .

FETAL GROWTH PARAMETERS

▪ CRL	69.1	mm	~	13	wks	1	days of gestation.
▪ Estimated gestational age is	13 weeks 1 days	(+/- 1 week)	EDD by USG :	02.07.2026			
▪ Internal os closed. Cervical length is	WNL	( 33.4 mm ).					
▪ Baseline screening of both uterine arteries was done & reveals mean PI of ~ 2.94 ( High for gestation )							suggest increased chances for PIH / pre-eclampsia .

IMPRESSION:

- ↓ Single, live, intrauterine fetus of 13 weeks 1 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 screen

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

LODHI SONAM

Date of birth : 05 July 2000, Examination date: 26 December 2025

Address: H.NO. 00 GRAM SHOBHAPUR  
KOLAR ROAD AMRAWAD  
KALAN BHOPAL  
BHOPAL

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

## Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 61.0 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; Patient's mother had preeclampsia: don't know.

Method of conception: Spontaneous;

Last period: 27 September 2025

EDD by dates: 04 July 2026

## First Trimester Ultrasound:

US machine: philips affinity 50. Visualisation: good.

Gestational age: 12 weeks + 6 days from dates

EDD by scan: 04 July 2026

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	159 bpm
Crown-rump length (CRL)	69.1 mm
Nuchal translucency (NT)	2.1 mm
Ductus Venosus PI	1.060
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: 2.94 equivalent to 1.880 MoM

Mean Arterial Pressure: 74.5 mmHg equivalent to 0.890 MoM

Endocervical length: 33.4 mm

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 961	1: 19212
Trisomy 18	1: 2404	<1: 20000

# First Trimester Screening Report

Trisomy 13	1: 7524	<1: 20000
Preeclampsia before 34 weeks		1: 235
Preeclampsia before 37 weeks		1: 78
Preeclampsia before 42 weeks		1: 21
Fetal growth restriction before 37 weeks		<b>1: 56</b>

The background risk for aneuploidies is based on maternal age (25 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](http://www.fetalmedicine.com)).

