medanta

First Trimester Screening Report

Kritika Nigam

Date of birth:	28 January 1991	Patient Id:	4296
Referring doctor:	Dr Monica Narayan	Hospital Id:	ML10390134

SCAN ON 31 December 2025

History

Ethnic origin: **South Asian (Indian, Pakistani, Bangladeshi).**
Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 66.4 kg; Height: 157.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no.
Conception: spontaneous;
last period: 01 October 2025

EDD by dates: 08 July 2026

First Trimester Ultrasound

US system: Voluson S8. View: good.
Gestational age: **13 weeks + 0 days** by dates

EDD by scan: 08 July 2026

Findings	alive fetus
Fetal heart activity	visualised
FHR	161 bpm
Crown-rump length (CRL)	70.8 mm
Nuchal translucency (NT)	1.50 mm
Biparietal diameter (BPD)	23.2 mm
Head circumference (HC)	81.4 mm
Abdominal circumference (AC)	68.5 mm
Femur length (FL)	11.9 mm
Intracranial translucency	present, 1.0 mm
Ductus Venosus PI	0.75
Placenta	anterior
Amniotic fluid	normal

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: appears normal; Abdomen: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery mean PI:	2.605	equivalent to 1.679 MoM
Mean Arterial Pressure:	100.000 mmHg	equivalent to 1.1639 MoM
Endocervical length:	35.5 mm	

medanta

PIV 0.75

rvical assessment

Cervical assessment accepted
Cervix length 35.5 mm
Funnelling no

Diagnosis
Normal NT
No obvious fetal defects
Increased uterine artery PI
Normal cervical length

Comments
There is a single viable intrauterine pregnancy corresponding to dates.

The nuchal translucency measurement, nasal bone and fetal heart rate has reduced the maternal age related risk for chromosomal abnormalities from 1 in 390 to 1 in 7806

The nasal bone is present. The Tricuspid Valve and Ductus Venosus Doppler are normal.

I have offered the option of risk reassessment with NIPT to Mrs Kritika.

The cervix measures 35.5 mm with no evidence of funnelling (TVS).

The uterine artery PI is raised with bilateral notches. The performance of the Uterine artery Doppler as a screening test for maternal preclampsia and fetal growth restriction is better at 23 - 24 weeks. Hence, I suggest reassessment at this stage and then arrange follow up for the pregnancy.
I suggest Aspirin 150 mgs one daily after food at bedtime till 36 weeks to the mother.

Recommendations: Rescan at 18 - 20 weeks to check the fetal anatomy in detail (09.02.2026, 12 noon).

The detections rates for chromosomal abnormalities with various screening tests are as follows -
First trimester NT only - 75%
First trimester Combined (NT + maternal blood test) - 80 - 85%
First trimester Combined test with 1T Quad marker - early screening for aneuploidies + fetal NTDs + FGR + maternal PE - 90% detection rate

Sequential screening (Combined + 2nd trimester Quadruple at 15 - 19w + Genetic sonogram at 18-20w) - 95%
Maternal blood test for cell free fetal DNA - 99%

Invasive testing (CVS / Amniocentesis), which is the definitive test has a procedure related risk of miscarriage about 1:300.

Please note :
1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.
2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.
3. The opinion reported is based on data generated by computer, clinical correlation is required for deciding a treatment plan.

For Emergency & Ambulance: Dial @ 10
Medanta Hospital, Lucknow
Sector - A, Pocket - 1, Sushant Golf City, Amar Shaheed Path, Lucknow 0522 4505 050 88-0000-1068
Regd. Office: Global Health Limited, E-18, Defence Colony, New Delhi, India Tel: 011 4411 4411
info@medanta.org www.medanta.org Corporate Identity Number - L85110DL2004PLC128319
Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

medanta

isk calculation

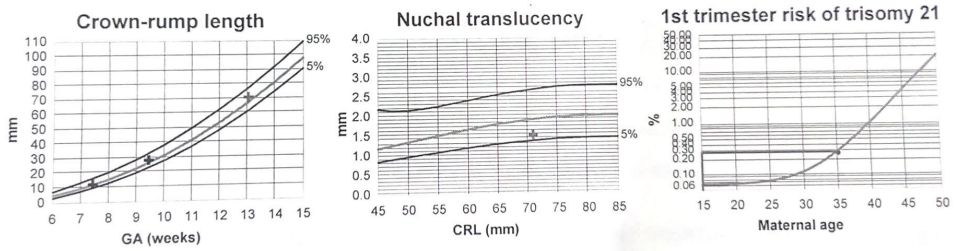
atient counselled and consent given.

FMF Operator: Mansi Gupta, FMF Id: 263645

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 390	1 in 7806
Trisomy 18	1 in 4606	<1 in 20000
Trisomy 13	1 in 10844	<1 in 20000

Preeclampsia before 37 weeks	1 in 12
Fetal growth restriction before 37 weeks	1 in 21
Spontaneous delivery before 34 weeks	1 in 291

The background risk for aneuploidies is based on maternal age (34 years). The adjusted risk is the risk at term, 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, mean arterial pressure (MAP) and uterine artery Doppler. The risk of spontaneous delivery before 34 weeks is based on maternal characteristics, obstetric history and cervical length.
Biophysical marker medians used to calculate MoMs 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-2018 software (version 4.4) 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.org).



Doppler ultrasound

Uterine artery

PI left	2.780
PI right	2.430
Mean PI	2.605
RI left	0.87
RI right	0.85
Notch	**bilateral notch**

Ductus Venosus

A-wave	positive