

**First Trimester Screening Report**

**Perna Mohata**

Date of birth : 01 April 1985, Examination date: 13 November 2021

Address: Hno-2175, Sector-4, Gurugram Hospital no.: 999794

Mobile phone: 9350628446

**Referring doctor:** Dr. Mehra Neeru

**Maternal / Pregnancy Characteristics:**

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

Parity: 1; Spontaneous deliveries between 16-30 weeks: 0; 31-36 weeks: 0; Deliveries at or after 37 weeks: 1.

Maternal weight: 78.5 kg; Height: 161.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no;

Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

**Last period:** 22 August 2021




EDD by dates: 29 May 2022

**First Trimester Ultrasound:**

US machine: Voluson E6. Visualisation: good.

**Gestational age:** 12 weeks + 2 days from CRL

EDD by scan: 26 May 2022

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	160 bpm	
Crown-rump length (CRL)	58.4 mm	
Nuchal translucency (NT)	1.0 mm	
Biparietal diameter (BPD)	19.7 mm	
Ductus Venosus PI	1.130	
Placenta	anterior low	
Amniotic fluid	normal	
Cord	Two arteries and one vein	

**Chromosomal markers:**

Nasal bone: present; Tricuspid Doppler: normal.

**Fetal anatomy:**

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Skull/brain: appears normal; Spine: appears normal; Heart: Heart rate checked; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

**Uterine artery PI:** 1.27 equivalent to 0.790 MoM  
**Endocervical length:** 43.2 mm

### Risks / Counselling:

Patient counselled and consent given.

Operator: [redacted], FMF Id: [redacted]

<i>Condition</i>	<i>Background risk</i>	<i>Adjusted risk</i>
Trisomy 21	1: 187	1: 2679
Trisomy 18	1: 445	1: 1916
Trisomy 13	1: 1399	<1: 20000
Preeclampsia before 34 weeks		1: 1445
Preeclampsia before 37 weeks		1: 280
Preeclampsia before 42 weeks		1: 31
Fetal growth restriction before 37 weeks		1: 438
Spontaneous delivery before 34 weeks		1: 1774

The background risk for aneuploidies is based on maternal age (36 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, tricuspid Doppler, fetal heart rate).

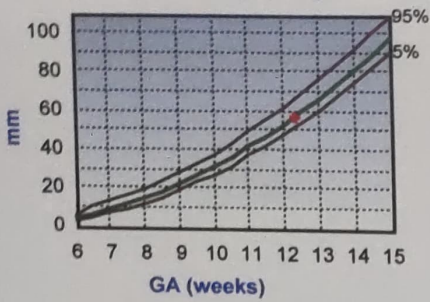
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler.

All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

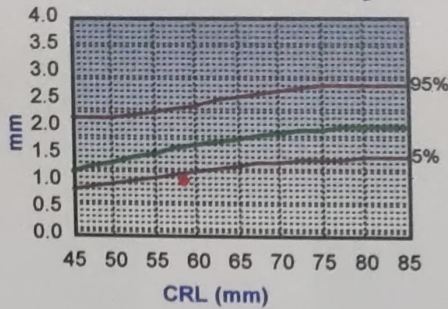
The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see [www.fetalmedicine.com](http://www.fetalmedicine.com)).

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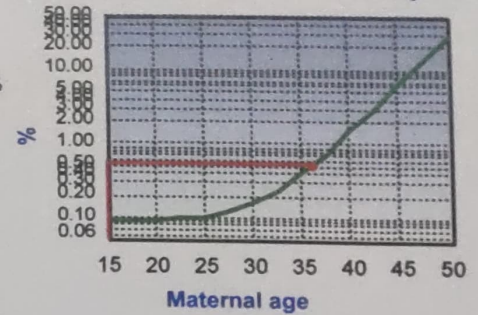
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



Comments

THERE IS A SINGLE VIABLE INTRAUTERINE PREGNANCY CORRESPONDING TO DATES.

THE NASAL BONE IS PRESENT. THE TRICUSPID VALVE AND DUCTUS VENOSUS DOPPLER ARE NORMAL.

THE CERVIX MEASURES 43 MM WITH NO EVIDENCE OF FUNNELING.

THE UTERINE ARTERY DOPPLER IS NORMAL FOR THIS GESTATION.

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%

Sequential screening ( Combined + 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 about 1:200.

I declare that while conducting ultrasonography. I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

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