ميديكلينيك
MEDICLINIC

Mediclinic Parkview Hospital
Dr. Shikha Saxena

Patient ID: 1770558
Date 05/01/2024

Thank you very much for referring your patient for a scan.

First Trimester Risk Assessment

Patient: **Jeevitha Rangoyi** DOB: 20/07/1997

Exam date: 05/01/2024

Indication USG <14 weeks

History

General History	Smoking: no. Height 168 cm
Allergies	No allergies identified
Prev. diseases	No previous diseases identified
Prev. surgeries	No previous surgeries performed
Infections	No infections identified
OB History	**Gravida 1. Para 0**
FMF History	Parity (pregnancies after 23 weeks): nulliparous Prev. outcomes 16-30w 0 Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no Previous pregnancy with preeclampsia: no. Maternal family history of preeclampsia: no. Previous pregnancy with fetal growth restriction: no

Maternal Assessment

Physical Exam	Height 168 cm. Weight 67.00 kg. BMI 23.74 kg/m². Blood pressure 111 / 52 mmHg. Heart rate 62 bpm. Temperature 36.0 °C. Blood Pressure Profile: Right arm: # 1 111 / 52 mmHg, MAP 71.7 mmHg; # 2 107 / 52 mmHg, MAP 70.3 mmHg Left arm: # 1 111 / 52 mmHg, MAP 71.7 mmHg; # 2 107 / 52 mmHg, MAP 70.3 mmHg.

Fetal Growth Overview

Exam date	GA	BPD (mm)	HC (mm)	AC (mm)	FL (mm)	HL (mm)	EFW (g)
05/01/2024	12w 5d		81.8 70%	68.8 85%	10.2 57%		

Method Transabdominal and transvaginal ultrasound examination. , Voluson E10. View: Sufficient

Pregnancy Singleton pregnancy. Number of fetuses: 1.

Dating

	Date	Details	Gest. age	EDD
LMP	09/10/2023		12 w + 4 d	15/07/2024
U/S	05/01/2024	based upon CRL	12 w + 5 d	14/07/2024

Agreed dating	Dating performed on 05/01/2024, based on ultrasound (CRL)	12 w + 5 d	14/07/2024

General Evaluation

Cardiac activity present.
Placenta left lateral.
Amniotic fluid normal amount.

Fetal Biometry

FHR	159 bpm	
CRL	66.0 mm	40%
NT	1.50 mm	67%
IT	2.2 mm	
OFD	28.8 mm	
HC	81.8 mm	70%
AC	68.8 mm	85%
Femur	10.2 mm	57%

Fetal Anatomy

The following structures were visualised:
Cranium. Face. Neck. Heart. Abdominal wall. GI tract. Urogenital tract. Spine. Arms. Legs.

Fetal Doppler

Ductus Venosus:

S-wave	28.68 cm/s
D-wave	23.14 cm/s
A-wave	4.71 cm/s
TAmax	19.99 cm/s
PIV	1.20
PVIV	1.04
PLI	0.84
S/a	6.09
a/S	0.16
D/a	4.91
HR	159 bpm

Maternal Doppler

Right uterine artery:

HR	85 bpm	
PI	1.76	62%
RI	0.74	
PS	-87.79 cm/s	
ED	-22.57 cm/s	
TAmax	-37.04 cm/s	
MD	-22.02 cm/s	
S / D	3.89	

Left uterine artery:

HR	94 bpm	
PI	1.47	34%
RI	0.70	
PS	-79.98 cm/s	
ED	-24.38 cm/s	
TAmax	-37.84 cm/s	
MD	-23.86 cm/s	
S / D	3.28	

Mean HR	89.50 bpm
Mean PI	1.62

Maternal Structures	**Cervix**	Visualised Approach - Transabdominal: Cervical length 41.0 mm
	Right and left adnexa - Normal	
Risk Parameters	**History**	Age 26 yrs. Ethnic origin: Indian. Smoking: no. Parity (pregnancies after 23 weeks): nulliparous Prev. outcomes 16-30w 0 Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no Previous pregnancy with preeclampsia: no. Maternal family history of preeclampsia: no. Previous pregnancy with fetal growth restriction: no
	U/S Markers	Nasal bone: present. Tricuspid regurgitation: absent. Fetal cardiac activity: present. FHR 159 bpm. Ductus ven. PIV 1.20.
	Biophysical Markers	Weight 67.00 kg. Height 168 cm. A. uterine mean PI 1.62, equivalent to 1.0277 MoM. Mean MAP 71.0 mmHg, equivalent to 0.8327 MoM.

Risk Assessment

Chosen trisomy screening option: Tr21, Tr18 and Tr13.

Risk at time of screening	Trisomy 21	Trisomy 18	Trisomy 13
Background risk	1 : 903	1 : 2,227	1 : 6,981
Adjusted risk	1 : 18,059	< 1 : 20 000	< 1 : 20 000

The background risk is based on maternal age. The adjusted risk (risk at time of screening) is calculated on the basis of the background risk, ultrasound markers (nuchal translucency, nasal bone, ductus venosus Doppler, tricuspid Doppler and fetal heart rate).

Risk for preeclampsia before 34 weeks 1 : 4,817.
Risk for preeclampsia before 37 weeks 1 : 838.
Risk for preeclampsia before 42 weeks 1 : 81.
Risk for fetal growth restriction before 37 weeks 1 : 270.
Risk for spontaneous delivery before 34 weeks 1 : 78.
The risks for hypertensive disorders are based on maternal history, uterine artery mean-PI and mean arterial pressure. The risk for fetal growth restriction is based on maternal history, uterine artery mean-PI and mean arterial pressure.

The risk assessment was performed by roopa shinde. The estimated risk is calculated by the FMF-01/07/2012 software 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).

Impression

Single live intra uterine pregnancy corresponding to a gestational age of 12 w + 5 d

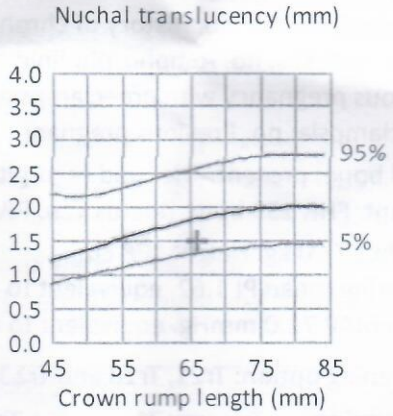
Cervical length = 4.1 cm

Comment - The first trimester scan showed normal anatomy for this period of gestation .The intracranial translucency and nasal bone is normal . Normal flow across tricuspid valve and D V .
Low risk for preterm preeclampsia. The patient was counselled regarding the scan and possible screening options for aneuploidies (NT, papp-A, NIPT).
They will discuss the options with their Consultant.

Patient understands the fact that for the combined screen test blood sample needs to be given today itself

Follow-up Repeat evaluation for fetal growth and anatomy survey is recommended at 20-23 weeks of gestation.

Addendum Ultrasound cannot identify all fetal abnormalities. Some conditions may not be obvious until later on in the pregnancy or may manifest only at birth.



Dr Roopa Shinde
Performing physician