

कृपया मराज अपना नाम सहो लिखवाए

Regd. No.

Date

14/10/2021

NAME:

& ADDRESS:

AGE

31

Present Pregnancy

सिखार पनाग्र

1.

Previous Labour

2.

1 विले

3.

Date of M. Period

General Conditions

2nd

4.

1st PMD 8 4 yr

Heart

5.

have ceased

Lungs

6.

fatig no

Teeth

Breasts

5th

Measurement

Discharge

I.S.

Plan - Argonade

I.C.

Due Date

27th Feb

D. E.

Previous Illness

DATE & DOCTOR'S SIGNATURE	URINE	B.P.	W.T.	PRESENTATION & POSITION	F.H.	NOTE
14/10/2021		116	56	1st 116/7.1	R.	
11/4/2021		77	800	at 18m ¹		at 18m ¹
0.42				fat		fat
9/6/19				Ado		Ado
1/11/21				Perpetual		Perpetual
2.35				Quadruphase		Quadruphase
24/8/22	Sf B			fat 18m ¹		fat 18m ¹
1/1/22				fat 18m ¹		fat 18m ¹

M-5 फीट

B-56 जन्म 19/4/1991

mob - 9589926643

PATIENT - RAGINI CHATURVEDI

AGE / SEX :- 30 Y/FEMALE

REFERRED BY :- DR. SUNITA JAISWAL

DATE :- 14/10/2022

PELVIC SONOGRAPHY (OBSTETRIC) WITH TARGET SCAN**PLACENTA**

LOCATION	upper segment
POSITION	posterior
MATURITY	grade I
OTHER	no retroplacental clot or collection seen.

FETAL BIOMETRY

BPD	20 WEEKS	3 DAYS	
HC	20 WEEKS	6 DAYS	
AC	20 WEEKS	3 DAYS	
FL	20 WEEKS	6 DAYS	

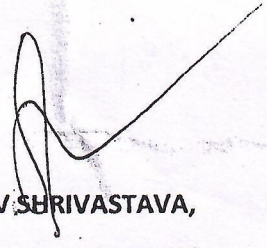
Fetal cardiac activity and fetal movements are normal. Fetal heart rate 120 B/M.

No obvious congenital anomaly noted. (can not be completely ruled out)

Internal Os is closed and cervical length is 4 cm.

Amount of liquor is adequate. (AFI-10). Fetal wt ---366 gm +/- 55gm .

LMP - 20.05.2022	GA - 21 WEEKS 0 DAYS	EDD (LMP)- 24.02.2022
SONOLOGICAL	GA- 20 WEEKS 3 DAYS	EDD (USG)—28.02.2023

OPINION.**1. SINGLE VIABLE FETUS IN VARIABLE PRESENTATION****2. SONOLOGICAL GESTATION AGE 20 WEEKS 3 DAYS.**

DR. GAURAV SHRIVASTAVA,
MBBS, MD RADIODIAGNOSIS.

I DR. GAURAV SHRIVASTAVA declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of fetus to anybody in any manner . Patient identity not verified. This finding is only differential opinion and not the final diagnosis. Clinicohistopathological correlation with other diagnosis aid is necessary for final diagnosis. Therefore these finding should be considered as one of the possible differential diagnosis. All Input with multiple opinion including histopathological report is necessary for final diagnosis which are to be evaluated and confirmed by qualified specialist

PATIENT - RAGINI CHATURVEDI	AGE / SEX :- 30 Y/FEMALE
REFERRED BY :- DR. SUNITA JAISWAL	DATE :- 14/10/2022

TARGET (ANOMALY) SCAN

HEAD - B/L lateral ventricles, 3rd ventricle and 4th ventricle not dilated.

midline maintained. posterior fossa appear normal. no intracranial obvious focal lesion seen. nuchal fold thickness normal.

FACE- seen in coronal and profile view.

*both orbits and mouth appear normal . no cleft lip or palate seen.
nasal bone , mandible, maxilla normally seen.*

NECK- no cystic lesion seen around neck.

SPINE-entire spine seen in transverse and longitudinal view. vertebra spinal canal normal. no focal abnormal lesion or defect seen.

THORAX- both lungs seen normally. no pleural or pericardial effusion seen . four chamber view of heart seen. (FETAL ECHO IS ADVISED FOR FURTHER EVALUATION IF REQUIRED.)

ABDOMEN- fundic bubble, B/L kidney and urinary bladder seen without any abnormality. abdominal wall intact. no distended loop seen.

LIMBS- all four limbs seen normally.

UMBILICAL CORD- three vessel cord seen.

IMPRESSION - NO OBVIOUS CONGENITAL ANOMALY SEEN.

Dr. GAURAV SHRIVASTAVA,
MBBS, MD RADIODIAGNOSIS

I DR.GAURAV SHRIVASTAVA declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of fetus to anybody in any manner . Patient identity not verified. This finding is only differential opinion and not the final diagnosis. Clinicohistopathological correlation with other diagnosis aid is necessary for final diagnosis. Therefore these finding should be considered as one of the possible differential diagnosis. All input with multiple opinion including histopathological report is necessary for final diagnosis which are to be evaluated and confirmed by qualified specialist