



भारत सरकार
Unique Identification Authority of India

नामांकन क्रम / Enrollment No 1018/27071/07128

Tn:
रुपली बेरावार
Rupali Berawar
GPO: Harnag Berawar
555, Harnag Phase-1
Kolar road
near Rasehra maidan
Huzur
Kolar Road Huzur Bhopal
Madhya Pradesh 462042
8802560743

Ref: 1628 / G2L / 015624 / 010094 / P



SH013643658FT



आपका आधार क्रमांक / Your Aadhaar No.:

6740 4479 2795

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India

रुपली बेरावार
Rupali Berawar

जन्म तिथि / DOB: 17/04/2002
महिला / Female



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आधार - आम आदमी का अधिकार

Height - 5 feet
weight 49kg.
DOB: 17/4/2002

DR. VIJAYVARGIYA

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

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DR. ANKITA VIJAYVARGIYA MBBS, DMRD

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• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMR Certified from

Fetal Medicine Foundation

Reg. No. MP-8532

MRS. RUPALI

Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal. TD at atrium (LVA) measured 6.1 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter (TCD) measures 21.6 mm.
- Cisterna Magana is Normal in size (6.0 mm) and shape.
- No SOL is seen.

Spine:

- Full length of the vertebral column is visualized in Sagittal, Coronal and transverse planes. Normal alignment of vertebrae was recorded. No obvious defect was visualized.

Neck:

- No cystic lesion is visible around the fetal neck.
- Nuchal skin fold thickness (NF) measured 4.1 mm.

Face:

- Fetal face was visualized in profile and coronal scans.
- Both eyeballs, nose and lips appear normal.
- Nasal bone was well visualized.
- Pre-maxillary triangle appears intact.

Thorax:

- Normal cardiac situs and position.
- Four chambers view and outflow tracts view appear normal. All cardiac anomalies are out of preview of this study, dedicated Echo is not done & may be suggested for the same.
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- NO SOL seen in thorax.

P.T.O.

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Fetal Medicine Foundation

Reg. No. MP-1537

PATIENT'S NAME : MRS. RUPALI

REF. BY : DR. PUJA SINGH (MBBS,DGO)

AGE/SEX : 20 Y/ F

DATE : 10.01.2023

OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN

Sittings - 1

Total examination time - 35 Min.

LMP : 17.08.2022

GA (LMP) : 20 wk 6 d

EDD : 24.05.2023

Single live fetus seen in the intrauterine cavity in cephalic presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 149 beats /min.

FETAL GROWTH PARAMETERS

BPD	52.0	mm	-	21	wks	5 days of gestation.
HC	182.5	mm	-	20	wks	4 days of gestation.
AC	159.6	mm	-	21	wks	1 days of gestation.
FL	35.7	mm	-	21	wks	2 days of gestation.
HL	34.2	mm	-	21	wks	5 days of gestation.
TCD	21.6	mm	-	20	wks	3 days of gestation.
BOD	33.9	mm	-	21	wks	4 days of gestation.
NF	4.1	mm	-	-	-	-
LV(atria)	6.1	mm	-	-	-	-

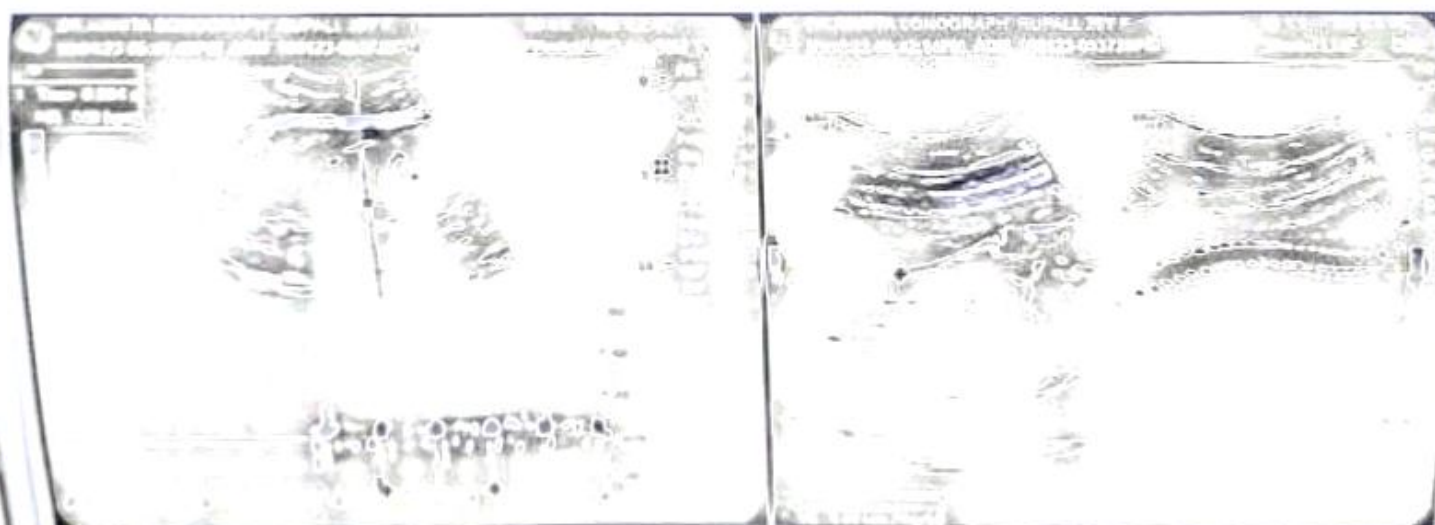
Quantity of liquor is adequate. Placenta is placed high posterior (grade I). Cervical length is normal 3.6 cms. Internal OS is closed at present. EDD by USG - 22.05.2023. EFW - 402 gm +/- 60 gm.

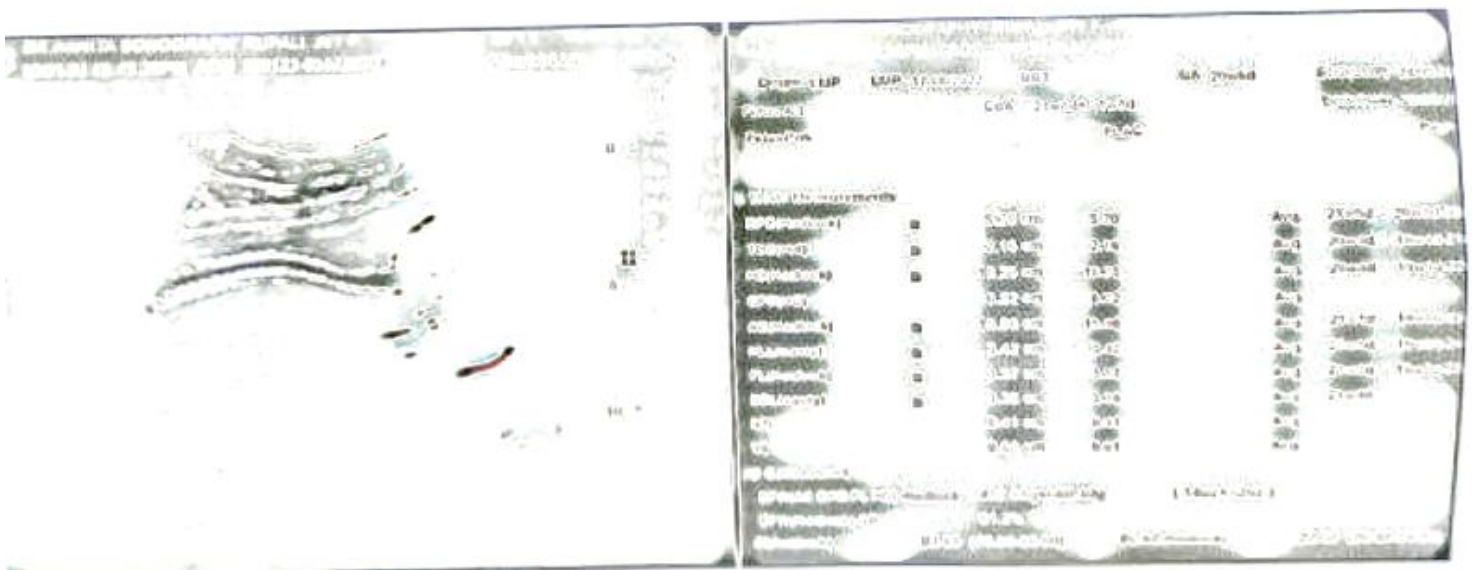
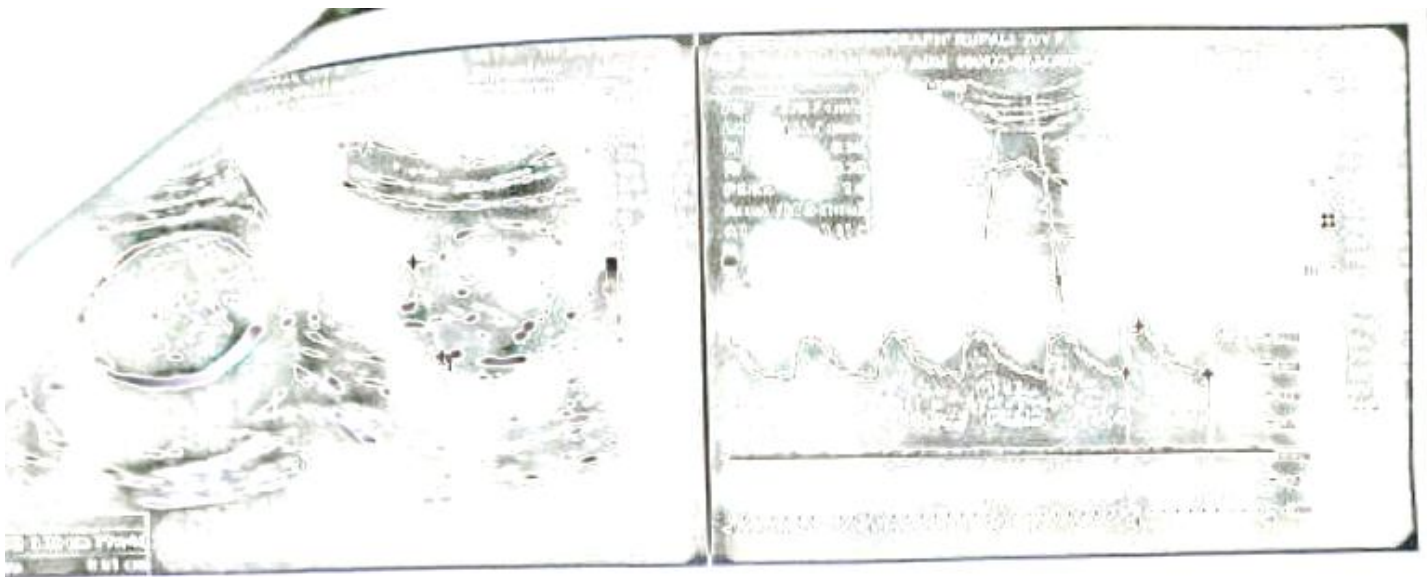
> Baseline screening of both uterine arteries was done & reveals mean PI of ~ 0.54 (low for gestation).

IMPRESSION:

- Single, live, intrauterine fetus.
- Fetal size corresponds to 21 weeks 1 days +/- 1 week 3 days.
- Fetal gross morphology examination within normal limits.

P.T.O





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MRS. RUPALI

Abdomen :

- Anterior abdominal wall appears intact. Umbilical cord insertion was visualized.
- Normal abdominal situs.
- Fetal liver, gall bladder, stomach and bowel loops appear normal.
- No ascitis.

Urinary Tract :

- Both kidneys appear normal in size. No pelvicalyceal dilatation.
- Urinary bladder appears normal.

Limbs :

- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the hands and feet appeared normal.

Umb. Cord :

- Cord appears normal and reveals two arteries and one vein.

[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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.]

(I Dr. Ankita Vijayvargiya, declare that while conducting Sonography I have neither detected nor disclosed the sex of the fetus to anybody in any manner.)

(DR. ANKITA VIJAYVARGIYA)