YAMUNANAGAR HOSPITAL PCMC

ID	08052023-034835PM	Name	SONALI N
Date of Birth(Age)		Gender	Exam Date	08-05-2023
Indication				
Diag. Physician		Ref. Physician	Operator	

OB

LMP	13-02-2023	GA(LMP)	12w0d	EDD(LMP)	20-11-2023	Gravida	Para
Composit GA	Average	GA(AUA)	12w0d	EDD(AUA)	20-11-2023	Ectopic	Aborta

Fetal Biometry

		m1	m2	m3		GA			GP	
CRL	5.23	5.23			cm	Last	12w0d	(11w0d~12w6d)	HADLOCK	25.1%	HADLOCK

Fetal Cranium

		m1	m2	m3		GA	GP
NT	2.26	2.26			mm	Max	

PRI CHINCHWAD MUNICIPAL CORPORATION

Pimpri Chinchwad Municipal Corporation

YASHWANTRAO CHAVAN MEMORIAL HOSPITAL, PIMPRI - 411018

35804

DEPARTMENT OF RADIODIAGNOSIS

OBSTETRIC SONOGRAPHY REPORT

YAMUNANAGAR HOSPITAL NIGDI

Patient's Name:- Sonali Nanaware Unit:-

OPD/ Ward :- OPD. Reg. No:- 8197 IPD. Reg. No:- Date 8/5/25

1) A single live intrauterine foetus seen in ~~vertex / breach~~ presentation at present examination.

2) Foetal Cardiac Activity - (Present) / Absent

3) Foetal Movement - (Present) / Absent

4) Amniotic fluid - (Adequate) / Less / Excess

5) Placenta - (Posterior) / Anterior

6) Gross Foetal structure malformation at present examination - foumig.

7) Following examination at 16 - 18 weeks - P.T.O.

8) Growth Parameters -

I) Gestational Sac -

ii) ~~C.~~ R. L. mm NT - 2.2 mm

iii) B. P. D. mm CX length - 38 mm

iv) H. C. mm NB - seen

v) A. C. mm

vi) F. L. mm ⇒ NT is 90th %tile for present CRL

9) Foetal Maturity in wks -

10) Foetal Weight - = Advised correlation with

11) Additional Information - Double marker study SLNF 12 wod

Note : All the congenital anomalies may not be detected by sonography. The anomalies commented at this examination are concerned only with the present foetal position.

Declaration :

I, Dr. Khalil Tamadar declare that while conducting the ultrasonography on Mrs. Sonali Nanaware I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

PIMPRI CHINCHWAD MUNICIPAL CORPORATION

Yamuna Nagar Hospital / Dispensary

Date : 8/05/2023

Serial Number

Patients full Name : Sonali Nanaware

Patients Address & Phone Number :

Sex....F..... Age ...25..... Years Weight.....Kg

Rx

Adv - Double Marker Test.

DOB = 8/07/1998

Wt - 85 kg

BP - 123/77

P - 94.

HT - 157 cm

Mob: 9579861107

2412672336

Doctor's Name :
Reg. No. :
Qualification :

Stamp of Hospital / Dispensary

Dispensed by :
Name & Address of Medical Store :
Date of Dispensing :

If entire prescription is not dispensed. specify name Or number of medicine and quantity dispensed.

Name and Address of Medical Store
Date of Dispensing :