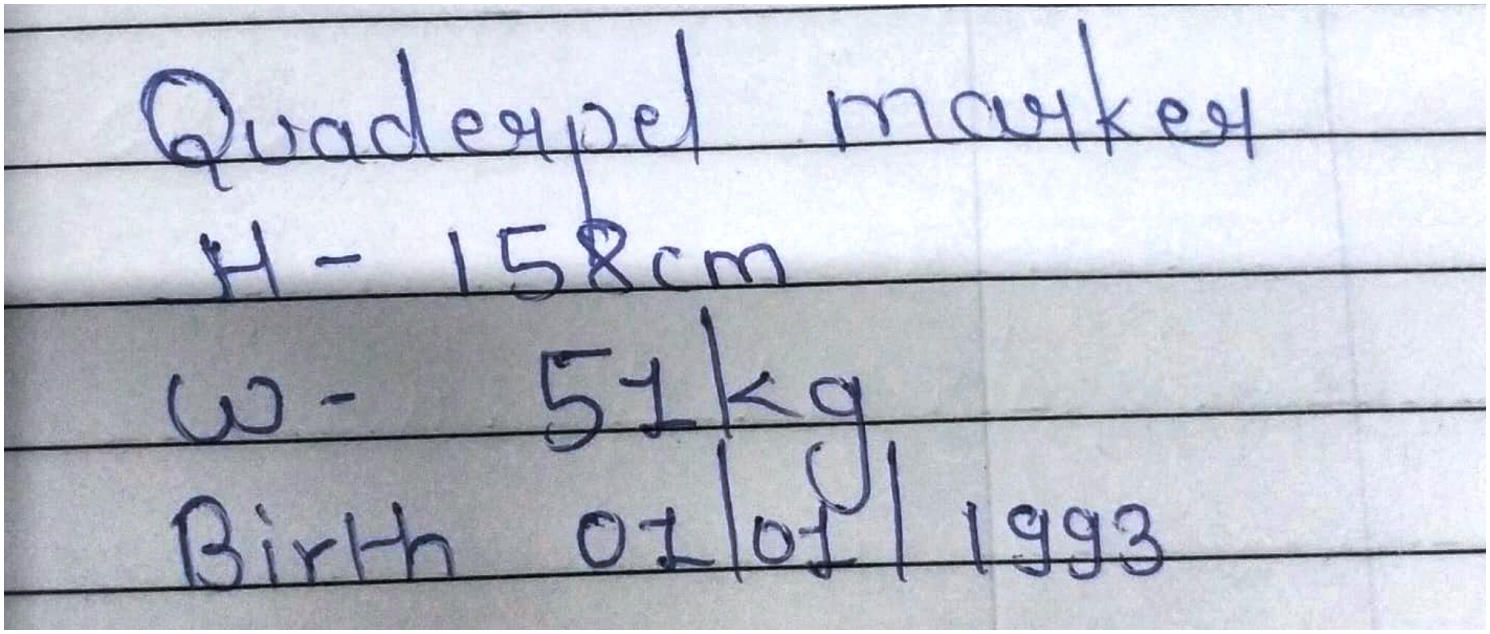
Quadeepel marker
H - 158cm
W - 51kg
Birth 01/01/1993

400

(134)

DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India – 462 020

ULTRASONOGRAPHY REPORT

OBSTETRICS

Patient's Name: Rajni Patel Age: 30/F Date: 22/8/23

OPD Registration No: 239212301591518 Referred By:

USG No.:

LMP – GA by LMP - 19w5d ; EDD by LMP - 11/01/24

Number of fetuses - Single EDD by USG - 09/01/24

Fetal Position - Variable

Fetal Heart - Seen / Heart Rate 163 bpm

Placenta Position - Posterior - Grade I

Amniotic fluid - SDVP : 5.0cm

Fetal Biometry - All measurements are in cms/wks

BPD = 19w3d

FL = 20w1d

HC = 19w6d

AC = 20w2d

Effective gestational age by USG = 20w0d

Fetal Weight = 331g (±48g) → 671.

Screening of Body Parts:

HEAD:

Skull - Normal / dolicocephalic

Nuchal fold thickness- 4.6mm

Orbital diameter- 10.8 mm

Inter orbital distance- 10.2 mm

Palate, Lips & Nose appear normal

DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India – 462 020

Brain - Cerebellar diameter (TS) - 20.9 mm

Cisterna magna- 4.2 mm

Atria of lateral ventricle - 4.0 mm

All the above measurements are within normal limits.

Fetal Spine : Appears normal. (Parallielism of anterior and posterior lamilae is well maintained)

Chest: Bilateral Lung appear normal in morphology and parenchymal echogenicity.
Diaphragm appears normal

Heart: 4 chambers views suggest normal sizes of all cardiac chambers

- Normal situs
- Normal outflow tracts

Abdomen:
- Cord insertion - Normal
- 3 Vessel cord is noted

Stomach: Bubble well visualized, normal in position.

Normal distribution, diameter and echogenicity of bowel loops.

Kidney: Bilateral kidneys are normal in size and echogenicity.

No evidence of hydronephrosis.

Urinary Bladder: appears normal.

Limbs:
Humerus length: 31.0 mm
Tibial length: 29.4 mm
Foot length: 34.4 mm

Above screening suggest absence of any apparent congenital anomaly.

IMPRESSON: Single live intrauterine gestation with EGA by USG corresponding to 20wod & no e/o gross congenital anomaly.

DECLARATION

I Dr. Dhurbhankar declare that while performing sonography/ Image scanning of Rajni Patel, I have neither detected nor disclosed sex of the fetus to her or anybody in any manne

(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 and tissue echogenecity. Therefore all fetal anomalies may not necessarily be detected at every examination Patient has been counseled about the capabilities and limitations of this examination)

SENIOR RESIDENT
Department of Radiodiagnosis
All India Institute of Medical Sciences
Saket Nagar, Bhopal (M.P.)

SONOLOGIST

2622
2023

अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
साकेत नगर, भोपाल 462 0..0 म.प्र. प्रदेश
All India Institute of Medical Sciences Bhopal
Saket Nagar, Bhopal 462 020 Madhya Pradesh

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
ANTENATAL RECORD

Patient-Id	23921230591518	Consultant in charge : Mon/Wed/Fri			
Patient's Name:	Rajni Patel	Age	30	Religion Hindu	Occupation
Husband's Name:	Shailendra		Address	Bhopal, mp.	
L.M.P. 06.04.23	E.D.D 11.01.24	Menstrual cycle	Regular/5day		
Married life	1 yr.	Consanguinity —			

Medical and Surgical History: Heart Disease, Diabetes, Operations, Allergies, HTN, BA, Epilpsy, TB, Others
NAD

Family History: Diabetes, Hypertension, Allergies, Others NAD

Obstetrics History
G2A1

No.	Date of Birth	B/UB	Antenatal Complication	Labour Place	Spont /CS	Indication of CS	Wt. at birth	Alive or Dead	Post Natal Complication
1	A1 - 2	Smon	MA	MMA not			F/o	D&C	Aug 2022
2	G2 - PP.								
3									
4									
5									
6									

Risk factors in present pegnancy
1. Elderly/Teenaged
2. Height <4'8"
3. Grand Multipara
4. Infertility Treated
5. H/O Vaginal Bleeding
6. Exposure to Teratogens
7. Anaemia
8. Past history of :
(i). SFD (ii).LFD
(iii). Fetal Abnormality
(iv). Abortions
(v). Still birth/ Early Neonatal Death
(vi). Pre eclampsia / Eclampsia
(vii). DM (viii) BT
(ix). Thyroid abnormality
(x). Preterm Labour
(xi).L S C S
(xii). Third Stage complication

INVESTIGATIONS

Blood gp. O Rh +ve ICT

HIV		VDRL	NR	HbsAg	N/Rev
				USG:	
Date	23/5/23			DATE	
HB	12.4				
				23/5/23	SLIUG of GA - 07w+1d FHR = +ve
urine R/E	WNL				
UrineC/S					
RBS	91mg/dl				
FBS					
PPBS					
TSH	1.810				
GTT					

23/5/23

Special investigation	HbA1C		ACA/LA
Inj.TT1	Inj. TT2		

AIIMSB/2017/5000/GA

2016

4P

HISTORY OF PRESENT PREGNANCY/ANTENATAL ADMISSIONS

Physical Examination

PV Findings in early Pregnancy

Date	Gest.	Wt.	B.P.	Urine Alb.	Urine Glu	Oedema / Pallor	Fundal ht.	Presentation	Foetal Heart	PV	Next visit on	Remarks / Sign
17/9.	14+4	51.6	108/67.				G2A1	c̄ 14+4wks				① Tab Folic acid 5mg 1
								c/o – vomiting.				0
P/A – soft, uterus												② Tab Doxinate 10mg 1 TDS
14wks												0 – 0 – 0
										• Inj T.D 0.5ml		③ Cap Susten SR 300mg 1 HS
										1/m start		0
										F/b 2nd dose		Plenty of oral fluids
										1 month apart		
										• USG for target		HIV, HbsAg
										scan 18 to 20wks		HCV, CBC
										[Quadruple marker]		– RER / SOS