(74)

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

ULTRASONOGRAPHY REPORT
Early Obstetrics

Patient's Name: Sushma sidar Age: 34 Date: 12/10/23

OPD Registration No.: 239212301878108 Referred By:

USG No.:

LMP :- 12/7/23

- GA by LMP 13w1d EDD by LMP 17/4/24
- GA by USG 12w5d EDD by USG 20/4/24
- MSD –
- Fetal Pole seen (CRL 6.25cm (12w5d))
- Cardiac activity seen (FHR 156bpm)
- Trophoblastic reaction –
- Yolk Sac not seen

- Adnexa clear
- Cx os - closed

NT – 1.8mm

Others: NB - seen

IMPRESSION: Single live intra-uterine gestation of ~~age~~ CRL corresponding to 12w5d

RADIOLOGIST :

DECLARATION

I Dr. Rohit declare that while performing sonography/ Image scanning of Sushma, I have neither detected nor disclosed sex of the fetus to her or anybody in any manner. (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 echogenicity. Therefore all fetal anomalies may not necessarily be detected at every examination. Patient has been Counselled about the capabilities and limitations of this examination)

RADIOLOGIST: SENIOR RESIDENT
Deptt. of Radiodiagnosis & Imaging
AIIMS, Bhopal (M.P.)

Executive Name: _____
Signature : _____

For Lab use only
Specimen Barcode

BIL

PATIENT INFORMATION:

*** PATIENT'S NAME (Block Letters: First Name Mandatory)

Mrs: Shushma Sidar

(First Name) (Middle Name) (Last Name)

Patient's Address: _____

Phone No.: _____

Email ID: _____

***Date of Birth: _____ ***Gender ☐ Male ☑ Female

Age: 34 Yrs _____ Months _____ Days

Height: _____ cms Weight: _____ Kgs

Test Requirements: Please refer to the Directory of services for correct Test Code

***Test Code	***Test Name
	Dual marke
	H - 154
	W - 63kg
	DOB - 20/10/1989

*** Temperature Sent	*** Temperature Recd.
Frozen: Refrigerated: Ambient:	Frozen: Refrigerated: Ambient:

***Specimen Type (with Qty)

Serum ✓	Bactec Bottle*
W. Blood ACD	Swab*
	Pus*