

सौ. (श्रीमति) नीता दुबे

एम.बी.बी.एस., डिप जी.ओ. (कोलकता)
एम.सी.एच. (नई दिल्ली)
जोग्यापी-विशेष प्रशिक्षण
श्री मेडिकल कालेज, भोपाल
प. नं. 7638



सुधार न्यास कालीनी

इटारसी 461 111 (म.प्र.)

ओ.पी.डी. : दोप. 1.00 से सायं 5.00

सायं 6.00 से रात्रि 8.00

4:20 PM (विवार अवकाश)

गोदावरी आनंद
उम्म - ३२४१६

दिनांक : 13/10/2023

Bp = 110 / 80

W = 67 kg

Tmp = 97. F

Lmp = 26/6/23

EDD = 3/3/24

1L - 15 year
childern 13
o^o LSCS

scr - h

84L

NAN

USG - Target.

Scan

NOV 1st
week

Hb%

Rh

gyn

HSV

Sugar

HbSAG -

Double Marker

Cap - Peristure DS²
- 100 - 10 days

Sept - Cozyme
- 216 P - 10

Tab Cap Meconia
DNA

- 100 - 30 days

Tab Catzum

- 100 - 30 days

- Tab Zacon - 150
जून अंतिम - 6 अक्टूबर

Rs - 3

Tab cef Mox - 625
- 1 Bp - 5 days



35

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: Namita Nagar

Age: 26/F

Date: 22/09/2023

OPD Registration No.: 237212302129001

Referred By:

USG No.:

LMP: 13/06/2023

• GA by LMP 13w 5d EDD by LMP 24/03/2024

• GA by USG 13w 6d EDD by USG 23/03/2024

• MSD —

• Fetal Pole Seen (CRL 13w 6d (7.83 cm))

• Cardiac activity (+) (FHR 155 bpm)

• Trophoblastic reaction —

• Yolk Sac not seen

• Adnexa clear

• Cx closed

NB: Seen, NT: 2.5 mm

Others: Placenta seen, along the posterior wall

IMPRESSION: Single live intrauterine gestation of EGA = 13w 6d

RADIOLOGIST:

SENIOR RESIDENT

Dr. Department of Radiodiagnosis

DECLARATION

I, Namita, declare that while performing sonography/ Image scanning of All India Institute of Medical Sciences, Bhopal, 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:

Date on which declaration of pregnancy was made:

Date on which procedures carried out:

Result of the non-invasive carried out (report in brief of the test including ultrasound carried out)

single live fetus, L.S.A. - 461-111

PNDT Reg. 49/2012

NAME OF PATIENT.....

TE. 13-10-2023

Goddamani Ahirwar

OBSTETRIC ULTRA SOUND STUDY

Single fetus is visualized in ~~0~~ Variable presentation, spontaneous fetal movements are seen, No major Cranio - Spinal abnormality seen.

Limbs are well seen.

RLTR - 157 bpm

Cardiac movements are regular and normal. All four chambers are well seen.

Abdominal wall is well formed. Fetal Liver, Stomach, Kidneys and Urin. Bladder were well seen.

Parameters of Fetal growth measure :-

BPD — 2.88 cm - 15 w - 10

HC — 10.27 cm - 14 w - 60

FL — 1.81 cm - 15 w - 50

FAC 9.75 cm - 15 w - 60

Quantity of Liquor is Normal, Placenta is Placed *Anteriorly* and is mature

Age..... *I*

IMPRESSION - Single, Live, Fetus, *in a variable position*. No Sonographically demonstrable abnormality seen.

FETUS IS AVERAGE FOR APPROX..... *15* wks D..... *3* +/- wk *1*

Use corelate clinically.

EDD - 3.4.2024

ERW - 130 gm

Signature *6*

Signature _____

Name in Capitals Registration Number w
Gynaecologist/Radiologist/Registered Medi
Conduction Diagnostic proced

Any other (specify) _____ Date on which declaration of pregnant woman/person was obtained: _____

Date on which procedures carried out: _____

Result of the non-invasive carried out (report in brief of the test including ultrasound carried out) _____
ultra ut line preg 7 weeks 3D

The result of pre-natal diagnostic procedures was conveyed to _____ on _____

Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests _____

W.D. DR. Smt. NEETA DUBEY
Dubey Hospital
MIG-1, Nyas Colony, ITARSI

Name signature and registration with seal of the
Gynaecologist/ radiologist/ Registered medical Practitioners
performing Diagnostic procedure/s

Section D: Declaration

**DECLARATION OF THE PERSON UNDERGOING
PRENATAL DIAGNOSTIC TEST/ PROCEDURE**

s/Mr. declare that the undergoing
Prenatal diagnostic Test/Procedure I do not want to know the sex of my foetus.

13/10/13
Signature Signature/ Thump impression of the person
undergoing the prenatal diagnostic Test/ procedure

use of thumb impression :

Identified by (Name) age sex

tion (If any) Address & contact No Date
91-1076631

ature of a person attesting thumb impression..... Date
13/10/13

**DECLARATION TO DOCTOR/ PERSON CONDUCTING
PRENATAL DIAGNOSTIC PROCEDURE/TEST**

Smt. NEETA DUBEY (Name of the person conducting ultrasonography/image scanning) declare that while
conducting ultrasonography/image scanning on Mrs. Ms. (name of the pregnant woman
the person undergoing pre natal diagnostic procedure/test), I have neither detected nor disclosed the sex of
foetus to anybod in any manner.

W.D. DR. Smt. NEETA DUBEY
Dubay hospital
MIG-1, Nyas Colony, ITARSI

Signature _____

Name in Capitals Registration Number with seal of the
Gynaecologist/Radiologist/Registered Medical Practitioners
Conduction Diagnostic procedures

Part A: To be filled in for all Diagnostic Procedures/ Tests

Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre : Dr. Smt. NEETA DUBEY
ULTRASOUND CLINIC MIG-1, NYAS COLONY, ITARSI, Distt.- Narmadapuram

Registration No. (Under PC & PNDT Act 1994) 49/2012

Patient's Name *Neeta Dube*

Male Number of Living Children : *2*

Number of living Sons with age of each living son (in years of month) *21/3/1998 0 11 years*

Number of living Daughters with age of each living daughter (in years of month) : *11/1/2000 0 11 years*

Husband's/Wife's/ Father's/Mother's Name *Neeta Dube*

All Postal address of the patient with Contact number, If any *30200778*

Referred by (Full name & Address of Doctor(s) Genetic Counseling Centre): Referral slips to be preserved carefully with from-F *Dr. N. Dube, MIG-1, Itarsi, Distt. Narmadapuram*

Self-Referral by Gynaecologist/Reg. Medical Practitioner conducting the diagnostic Procedures :

Smt. NEETA DUBEY

Referral note with indication and case papers of the patient to be preserved with Form-F

Self referral does not mean a client coming to a clinic and requesting for the test or the relatives/s

questioning for the test of a pregnant woman

last menstrual period or weeks pregnancy *14/12/13*

Section B: To be filled in for Performing non-invasive diagnostic procedures Tests only

Name of the doctor performing the procedure/s : Dr. Smt. NEETA DUBEY

Indication/s for diagnosis procedure/s *21/3/1998* (specify with)

Reference to the request made in the referral slip or in a self referral note

Ultrasoundography prenatal diagnosis during pregnancy should only be performed when indicated. the

Following is the representative list of indication for ultrasound during pregnancy (put "tick against the

appropriate/s for ultrasound)

To diagnose intra-uterine and/crec topic pregnancy and confirm viability.

Estimation of gestational age (Dating).

Detection of number of fetuses and their chorionicity.

Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.

Vaginal bleeding/leaking.

Follow-up of cases of abortion.

Assessment of cervical canal and diameter of internal os.

Discrepancy between uterine pathology / abnormality

Any suspected adenexal or uterine pathology / abnormality.

Detection of chromosomal abnormalities fetal structural defects and other abnormalities and their follow-up.

To evaluate fetal presentation position.

Assessment of liquor amni.

Preterm labor / preterm premature rupture of membranes.

Evaluation of placental position rupture of membrane.

Evaluation of umbilical cord-presentation, insertion-nuchaleneirclement number of vessels and presence of true knot.

Evaluation of previous Caesarean Section scars.

Evaluation of fetal growth parameters fetal well being.

Color flow mapping and duplex Doppler studies.

Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and

their follow-up.

Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS)

amniocentesis fetal blood sampling fetal skin biopsy amino-infusion intrauterine infusion placement of

shunts etc.

Observation of intra-partum events.

Medical/surgical conditions complicating pregnancy.

Research/scientific studies in recognized institutions.

Procedures carried out (non-invasive)(Put a "Tick" on the appropriate)

Ultrasound (Important note : Ultrasound is not indicated/advised/perform to determine the sex fetus

except for diagnosis of sex linked diseases such as duchene muscular dystrophy hemophilia A & B etc.

