

डॉ. (श्रीमति) नीता दुबे

एम.बी.बी.एस., डिप जी.ओ. (कोलकाता)

एम.सी.एच. (नई दिल्ली)

जोयाफी-विशेष प्रशिक्षण

जी मेडिकल कालेज, भोपाल

जं. 7638



(7)

सुधार न्यास कालोनी
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 (रविवार अवकाश)

गोदावरी आहिरवार
उम्र - 32y1f

दिनांक : 13/10/2023

Bp = 110/80

w = 67 kg

Tmp = 97.6

LMP = 26/6/23

EDD = 3/3/24

HL - 15 year

2 children 13

1st LSCS

h

84L

NAB

USG - Target Scan

Nov 1st week

Rh

gm

HIV

Sugar

HbSAg

Double Marker

Cap - Perisore DSR
- 100 - 10 days

Serop - Cozyme
- 200 - 10

Tab Cap Mecona
DNA

- 100 - 30 days

Tab Calzom

- 100 - 30 days

Tab Zocor - 150

200 गोली हर तीसरे

दिन - 3

Tab Cef Max - 625

- 100 - 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 Nager
OPD Registration No.: 231212302129001

Age: 26 / F

Date: 22/09/2023

Referred By:

USG No.:

LMP: 13/06/2023

- GA by LMP 13w5d EDD by LMP 24/03/2024
- GA by USG 13w6d EDD by USG 23/03/2024
- MSD -
- Fetal Pole seen (CRL 13w6d (7.43 cm))
- Cardiac activity (+) (FHR 155 bpm)
- Trophoblastic reaction -
- Yolk Sac not seen
- Adnexa clear
- Cx closed
NB seen, NT 2-5mm

Others: Placenta is seen, along the posterior wall

IMPRESSION: Single live intrauterine gestation of EGA = 13w6d

RADIOLOGIST:

SENIOR RESIDENT

Namita
Department of Radiodiagnosis
All India Institute of Medical Sciences
Saket Nagar, Bhopal

DECLARATION

I, Namita, declare that while performing sonography/ Image scanning of _____ 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 Counselling about the capabilities and limitations of this examination)

RADIOLOGIST:

Date on which procedures carried out: _____

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

Date of the test: 15.03.2024, AKSI-461-111

PNDT Reg. 49/2012

NAME OF PATIENT: _____

TE: 13.10.2023

OBSTETRIC ULTRA SOUND STUDYSingle fetus is visualized in a variable presentation, spontaneous fetal movements are seen, No major Cranio - Spinal abnormality seen.

Limbs are well seen.

FHR - 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 — 10.22 cm - 14 w - 60

FL — 1.91 cm - 15 w - 50

FAC 9.75 cm - 15 w - 60

Quantity of Liquor is Normal, Placenta is Placed Anterior and is matureGrade IIMPRESSION - Single, Live, Fetus, in a variable presentation. No Sonographically detectable abnormality seen.FETUS IS AVERAGE FOR APPROX. 15 wks D. 3 +/- wk

Please correlate clinically.

EPP - 3.4.2024

EPW - 1309m

Signature

Signature _____

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) _____
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 _____

to: 13/11/13
ice: ITARSI

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**

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

Signature/ Thumb impression of the person
undergoing the prenatal diagnostic Test/ procedure

Use of thumb impression :

Identified by (Name) _____ age _____ sex _____
Address (If any) _____ Address & contact No _____ Date _____

Signature of a person attesting thumb impression _____ Date _____

**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
person undergoing pre natal diagnostic procedur/test), I have neither detected not disclosed the sex of
status to anybod in any manner.

13/11/13
ITARSI

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

[See Proviso to Section 4(3) rule 9(4) and rule 10(1A)]
**FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST/PROCEDURE BY
 GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE**

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 _____

Total Number of Living Children : _____

Number of living Sons with age of each living son (in years of month) 013 years 011 years

Number of living Daughters with age of each living daughter (in years of month): _____

Husband's/Wife's/ Father's/Mother's Name _____

Full Postal address of the patient with Contact number, if any _____

Referred by (Full name & Address of Doctor(s) Genetic Counseling Centre): Referral slips to be preserved carefully with from-F Dr. N. Dubey, Nyas Colony, Itarsi

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

requesting for the test of a pregnant woman)

Last menstrual period or weeks pregnancy 18/13

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 _____ (specify with)

Reference to the request made in the referral slip of in a self referral note)

Ultrasonography 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/or ectopic 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 adnexal 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-nuchal entanglement number of vessels and presence of true knot.
- Evaluation of previous Caesarean Section scars.
- Evaluation of fetal growth parameters fetal will be.
- 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 "Tick" on the appropriate)
- Ultrasound (important note : Ultrasound is not indicated/ advised/ performed to determine the sex fetus except for diagnosis of sex linked diseases such as Duchenne muscular dystrophy hemophilia A & B etc.

