

FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST (PROCEDURE BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE)
Section A: To be filled in for all Diagnostic Procedures/Tests

DR. RICHA'S DIAGNOSTIC CENTRE
41/A ROYAL MARKET BHOPAL 462001 (M.P.)

No.

- Name and complete address of Genetic Clinic/ Ultrasound Clinic/ Imaging centre: 41/A ROYAL MARKET BHOPAL 462001 (M.P.)
- Registration No. (Under PC& PNDT Act, 1994) REG. NO. MP/PCPNDT/BPL/2021/364
- Patient's name: Mrs. MBD11A
- Total Number of living children: 00
- (a) Number of living Sons with age of each living son (in years or months): 00
(b) Number of living Daughters with age of each living daughter (in years or months): 00
- Husband's / Wife's / Father's / Mother's Name: MR. PRADIP KUMAR
- Full postal address of the patient with Contact Number, if any: 110208, BHOPAL 462001

7. (a) Referred by (Full name and address of Doctor(s)/ Genetic Counselling Centre)(Referral slips to be preserved carefully with Form F)
(b) Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures: MBP

- (Referral note with indications 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 relative's requesting for the test of a pregnant woman)
- Last menstrual period or weeks of pregnancy: 28 Wk.
 - Name of the doctor performing the procedure/s: (MP-16271)
 - Indication/s for diagnosis procedure

Section B : To be filled in for performing non-invasive diagnostic Procedures/ Tests only

Dr. Richa Gupta

- 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 size and period of amenorrhoe.
- Any suspected adnexal or uterine pathology/abnormality.
- Any suspected chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
- To evaluate fetal presentation and position.
- Assessment of liquor amni.
- Pretum labor / preterm premature rupture of membranes.
- Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.).
- Evaluation of umbilical cord - presentation, insertion, nuchal entanglement.
- Evaluation of vessels and presence of true knot.
- number of vessels and duplex Doppler studies.
- Evaluation of previous Caesarean Section scars.
- 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, amnio-infusion, intrauterine infusion, placement of shunts etc.
- Observation of intra-partum events.
- Medical/surgical conditions complicating pregnancy.
- Research/scientific studies in recognized institutions.

11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)

- Ultrasound (Important Note: Ultrasound is not indicated/ advised/performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchenne Muscular Dystrophy, Hemophilia A & B etc.)
- Any other (specify) _____

12. Date on which declaration of pregnant woman/ person was obtained: 21/12/23

13. Date on which procedures carried out: (report in brief of the test including ultrasound carried out) 21/12/23

15. The result of pre-natal diagnostic procedures was conveyed to MBP11A on 21/12/23

16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/ Test Dr. Ri

Date: 13
Place: BHOPAL

Dr. Richa Gupta (Radiologist)
MBBS, DNB (Radiodiagnosis)
Consultant Radiologist

SECTION C : To be filled for performing invasive Procedures/ Tests only N.A.

- Name of the doctor/s performing the procedure/s: N.A.
- History of genetic/medical disease in the family (specify): N.A.
- Basis of diagnosis ("Tick" on appropriate basis of diagnosis):
 - Clinical
 - Other (e.g. radiological, ultrasonography etc.-specify)
- Indications for the diagnosis procedure ("Tick" on appropriate indication/s): N.A.
 - Previous child/children with: (i) Chromosomal disorders (ii) Metabolic disorders (iii) Congenital anomaly (iv) Mental Disability (vii) Single gene disorder (viii) Any other (specify)
 - Advanced maternal age (35 years)
 - Mother/father/sibling has genetic disease (specify)
 - Other (specify)
- Date on which consent of pregnant woman / person was obtained in Form G prescribed in PC&PNDT Act, 1994: N.A.
- Invasive procedures carried out ("Tick" on appropriate indication/s) N.A.
 - Amniocentesis ii. Chorionic Villi aspiration
 - Fetal biopsy iv. Cordocentesis v. Any other (specify)
- Any complications of invasive procedure (specify) N.A.
- Additional tests recommended (Please mention if applicable) N.A.
 - Chromosomal studies (ii) Biochemical studies (iii) Molecular studies (iv) Any other (specify)
- Result of the Procedures/ Tests carried out (report in brief of the invasive tests/ procedures carried out): N.A.
- Date on which procedures carried out: N.A.
- The result of pre-natal diagnostic procedures was conveyed to N.A.
- Any indication for MTP as per the abnormality detected in the diagnostic procedures/ tests on N.A.

Date: N.A.
Name, Signature and Registration Number with Seal of the Gynaecologist/Radiologist/Registered Medical Practitioner performing Diagnostic Procedures

Place: BHOPAL

SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/ PROCEDURE
I, Mrs. Ms. MBP11A declare

that by undergoing _____ Prenatal

Diagnostic Test/ Procedure, I do not want to know the sex of my foetus.

Date: 21/12/23 Signature/Thumb impression of the person undergoing the Prenatal Diagnostic Test/ Procedure MBP11A

In Case of thumb impression:

Identified by (Name) _____ Relation (if any): _____

Age: _____ Sex: _____ Address & Contact No.: _____

Signature of a person attesting thumb impression: DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

1. Dr. Richa Gupta (MP-16271) (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on Mrs. Ms. MBP11A (name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test), I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Richa Gupta

MBBS, DNB
Regi. No. 16271
Consultant Radiologist

Date: 21/12/23
Place: BHOPAL

Reg. No.: MP/16271



Dr. Richa Gupta

MBBS, DMRD (Radiodiagnosis)
Former Radiologist:

- Topiwala National Medical College, Mumbai.
- Jaslok Hospital and Research Centre, Mumbai.
- Wockhardt Hospital, Mumbai.

Contact Detail: Ph.No. 0755-3582572, Mo.: 8602790907, 8602690904, Email : richadiagnostic@gmail.com

patient's Name:- SMT.MADHA
Ref. by:- DR.MAMTA GUPTA (MBBS DGO)

Age/Sex :- 27 Y/F
DATE :- 02/12/2023

Down's screening protocol (11 to 14th weeks scan) (45 to 84 mm CRL)

MP- 02/09/2023

EDD(LMP)-08-06-2024

GA(LMP)- 13 W 0 D

Nasal bone (NB) – Both foetal nasal bones appears ossified & normal for gestational age .
Nuchal translucency (NT) – Nuchal translucency measured at midline sagittal foetal position is profile view measured = **1.50 mm** by automated NT software measurement appears to fall within normal range for gestational age.

Tricuspid regurgitation – No evidence of any obvious tricuspid regurgitation visualized on ventricular systole.

Ductus venous – Foetal ducts venous localized in intra portion connecting the umbilical vein to IVC, shows normal flow on colour doppler examination spectral doppler study reveal normal continues biphasic flow, S wave, DW are & a ware appears normal no evidence of any reversal of A ware noted suggestive of – Normal ductal venous flow indices.

Biometry –

- Foetal CRL measuring **65.12 mm** corresponds to **12 wks 6 days** of gestational age.
- Expected Date of Delivery = **09/06/2024**
- Cardiac activity measuring **160 beats/min** appears regular and rhythmic.
- Internal os is closed & cervical length is well maintained (cervical length measured = 4.0 cm).
- Placenta is Posterior involving upper , mid, lower uterine segment (approx 1.0 cm away from internal os). (Grade-Zero)
- No evidence of any concealed haemorrhage.
- Liquor is adequate with normal foetal movements noted.
- Both ovaries appears normal in size, shape & echopattern.
- Bilateral adnexal region appear normal in echopattern.

Add - 41/A NEAR GPO, MOTIYA TALAB ROAD, ROYAL MARKET, BHOPAL (M.P.)

I, Dr. Richa Gupta (MP-16271) declare
conducting ultrasonography/image scanning)

Reg. No. : MP/16271



Dr. Richa Gupta
MBBS, DMRD (FRCR)
Former Radiologist (Diagnosis)

- Topiwala National Medical College, Mumbai.
- Jaslok Hospital and Research Centre, Mumbai.
- Wockhardt Hospital, Mumbai.

Contact Detail.: Ph.No. 0755-3582572, Mo. : 8602790907, 8602690904, Email : richadiagnostic@gmail.com

IMPRESSION:-

- ☆ Single live intrauterine foetus corresponds to 12 wks 6 days of gestational age reveal normally ossified with nasal bones normal ductal venous spectral flow pattern, no evidence of tricuspid regurgitation & nuchal translucency fall within normal range for gestational age.
- ☆ Nuchal translucency measured = 1.50 mm by automated NT software.
- ☆ Right uterine PI measured = 1.31, left uterine PI measured = 1.59 mean uterine PI measured = 1.45 appears to fall within normal limits for the gestational age.

Advice :- Biochemical marker correlation and Target Scan at 18 to 20 weeks

Declaration of Doctor / Person conducting U.S.G./Image Scanning

Dr. Richa Gupta declare that while conducting U.S.G. on Smt. Madiha have neither declared nor disclosed the sex of her foetus to anybody in any manner.

Dr. Richa Gupta
MBBS, DMRD (FRCR)
Former Radiologist (Diagnosis)
Regd. Radiologist

(This report is only a professional opinion and not the diagnosis. It should be clinically interpreted by the clinician)

Add - 41/A NEAR GPO, MOTIYA TALAB ROAD, ROYAL MARKET, BHOPAL (M.P.)