

तुषार डायग्नोरिटिक सेंटर

डॉ राहुल पोटपोसे

एम.बी.बी.एस., डी.एम.आर.डी. (रेडियोलॉजिस्ट)
रजि. नं. एम.पी. 17248

Reg. No. MPPRDNFT/HBD/2023/55



Name : Swati Raghuvanshi

Age : 35 Sex : Female Mob. : 7470315117

Consultant In Dr. : Bindtu Joseph mom

Address : Pipariya

📞 07574-466100, 7693000777, 9826969592

 मीना फ्रेक्चर हॉस्पिटल के पास, सदर बाजार, नर्मदापुरम - 461001 (म.प्र.)

TUSHAR DIAGNOSTIC CENTRE

Reg. No.- MP/PCPNDT/HBD/2023/55
Dr. Rahul Potpose MBBS, DMRD (Radiologist)
Reg.No.- M.P 17248

Near Meena Fracture Hospital Con-07574466100.7693000777.9826969592

NAME- MRS SWATI GHANSHYAM RAGHUVANSHI	AGE- 35Y/F
REFERRED BY- DR BINDHU JOSEPH MA'AM	DATE- 19/01/2024

NT SCAN

LMP : 27/10/2023	LMP GA : 12Weeks 0days
EDD(LMP) : 02/08/2024	AUA : 12weeks 6days
EDD (AUA) : 27/07/2024	

- SINGLE LIVE INTRAUTERINE FETUS IS SEEN.
- FETAL CARDIAC ACTIVITY IS REGULAR (FHR-154BPM).
- BODY MOVEMENTS ARE OBSERVED NORMALLY.
- INTRAOCULAR LENSES VISUALIZED BILATERALLY.
- FETAL UPPER & LOWER LIMBS VISUALIZED.
- PLACENTA IS NOTED ON POSTERIOR WALL. *INFERIOR EDGE IS ~ 2.2CM AWAY FROM INTERNAL OS (LOW LYING PLACENTA)*.
- CERVIX IS NORMAL IN LENGTH (3.8CM). CERVICAL CANAL IS UNDILATED.

• CRL	66mm
• NT	1.3mm

	PSV(cm/s)	P.I.	R.I.
Right uterine artery	100.4	1	0.56
Left uterine artery	102.2	1	0.61

- MEAN UTERINE ARTERY PI:1(3rd PERCENTILE) NORMAL FOR GESTATIONAL AGE.
- NORMAL FORWARD FLOW IS NOTED ON DUCTUS VENOSUS DOPPLER. NO DEFINITE REVERSAL OF 'A' WAVE IS NOTED.
- NO SIGNIFICANT TRICUSPID REGURGITATION NOTED.
- NORMALLY OSSIFIED NASAL BONE IS VISUALIZED. PRE MAXILLARY TRIANGLE IS VISUALIZED.
- NASAL BONE LENGTH ~ 2.2MM.

[IMPRESSION]:

- *SINGLE LIVE INTRAUTERINE FETUS CORRESPONDING TO 12WEEKS 6DAYS OF GESTATIONAL AGE.*
- *NT- 1.3MM.*
- *LOW LYING PLACENTA. SUGGESTED FOLLOW UP.*

(SUGGESTED ANOMALY SCAN FOR DETAILED FETAL ASSESSMENT)

Declaration: I DR RAHUL POTPOSE, have neither detected nor disclosed the sex of the fetus to the patient or to any body else in any manner while performing ultrasound examination of the patient Mrs. SWATI RAGHUVANSHI.

(Note: This report is not valid for medico legal purposes)


DR. RAHUL POTPOSE
MBBS, DMRD

PATIENT

Name: SWATII RAGHUWANSHI
DOB: 45030-24-01-19-20
Birth Date:
Sex: F

EXAM

Accession #: 45030-24-01-19-20
Exam Date: 19/01/2024
Exam Type:
Sonographer:



Ultrasound Report

Page 1

PATIENT

Name: SWATI RAGHUVANSHI

ID: 45030-24-01-19-20

Birth Date:

Sex: F

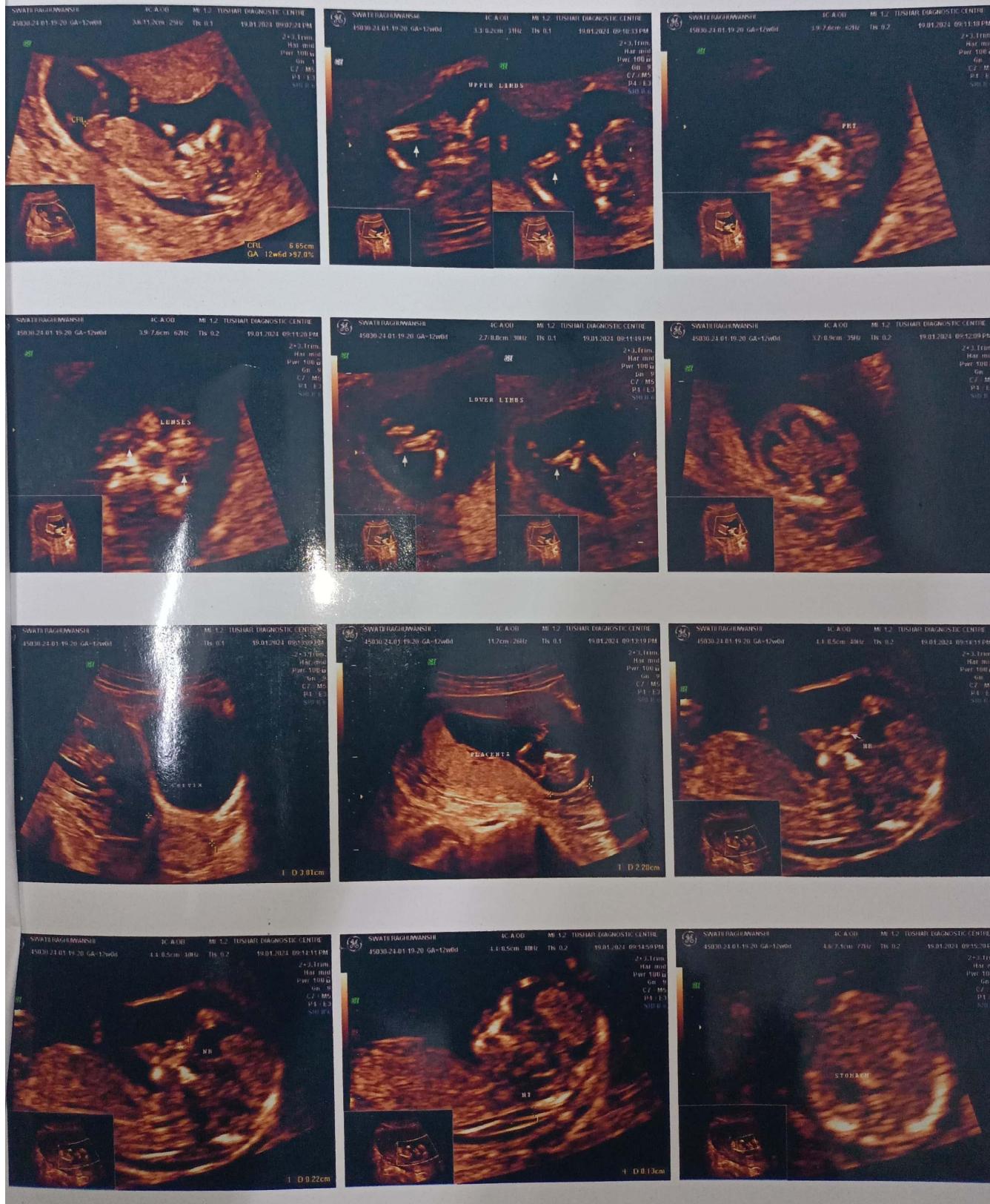
EXAM

Accession #:

Exam Date: 19/01/2024

Exam Type:

Sonographer:



PATIENT
Name:
D:
Birth Da
Sex:

SWATII RAGHUVANSHI
45030-24-01-19-20

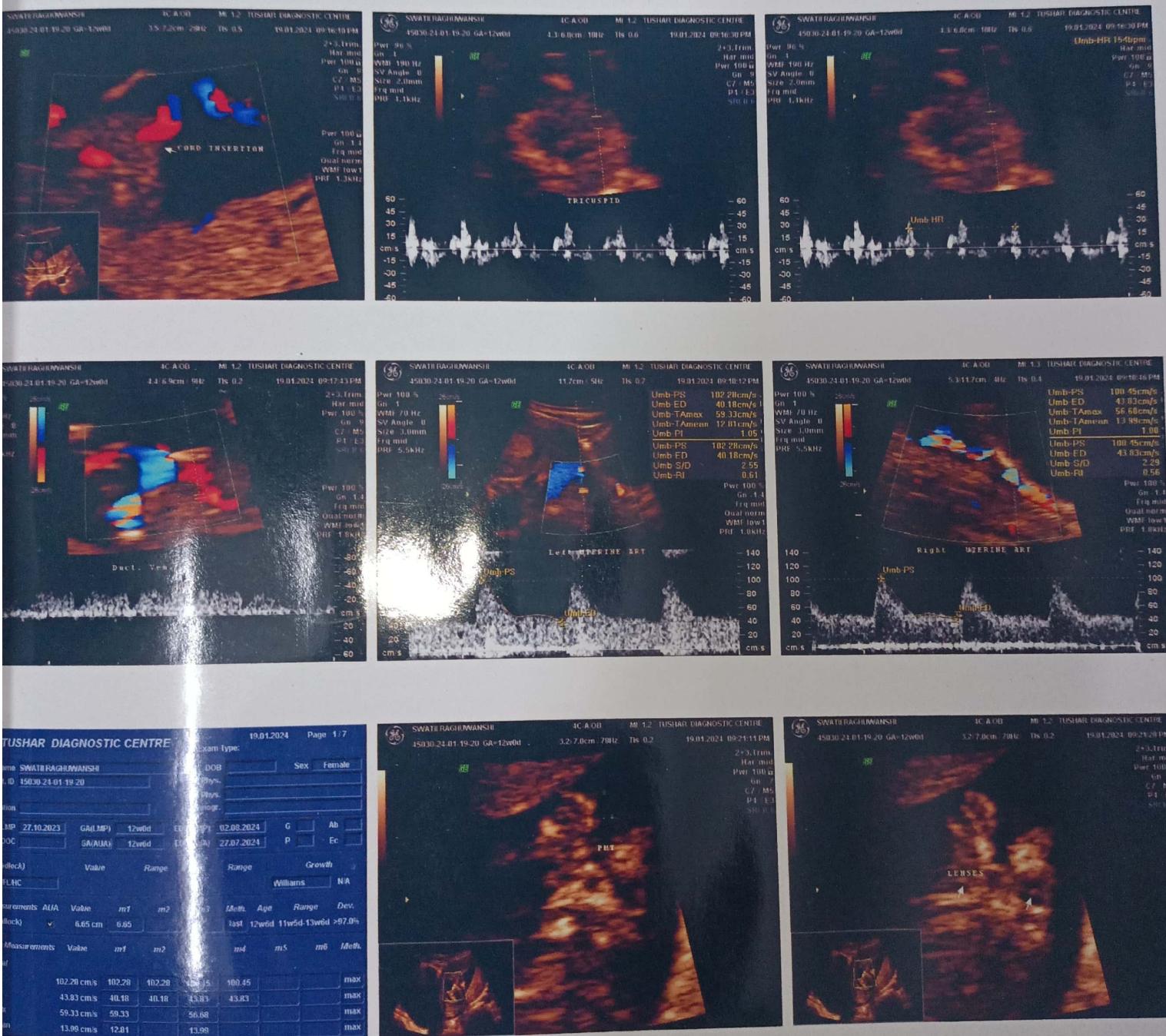
EXAM

Accession #:

Exam Date: 19/01/2024

Exam Type:

Sonographer:



[See Proviso to Section 4(3), rule 9(4) and rule 10(1 A)]

**FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST/
PROCEDURE BY GENETIC CLINIC/ULTRA SOUND CLINIC/IMAGING CENTRE**

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

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging center: **TUSHAR DIAGNOSTIC CENTRE**

WARD NO.-7. SADAR BAZAR, NARMADAPURAM (M.P.)

Registration No. (Under PC 7 PNDT Act, 1994): MP/PCPNDT/HBD/2023/55

2. Patient's Name: Suniti Raghunath

Age: 35y 1M

3. Number of living children: 00

4. (a) Number of living Sons with age of each living son (in years or months):
M = 00

(b) Number of living Daughters with age of each living daughter (in years or months):
F = 00

5. Band's/Wife's/Father's/Monthr's Name: Gagr. Ghanshyam

6. Postal address of the patient with Contact Number, if any
17071517 - HATIMAS, Pipariya, Hatim, Hoshangabad
M. P. - 461715

7. Referred by (Full name and address of Doctor (s)/Genetic Counseling Center):
Dr. Bindhu Tarepali Mewa

8. Referral slips to be preserved carefully with Form F

9. Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic Procedures:
N/A

10. General note with indications and case papers of the patient to be preserved with Form F

11. Referral does not mean a client coming to a clinic and requesting for the test of the relatives requesting for the test of a pregnant woman

12. Menstrual period or weeks of pregnancy: 27/10/2023

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

1. Name of the doctor performing the procedure/s: **DR. RAHUL POTPOSE (MBBS, DMRD) Reg. No. 17248**

2. Indication/s for diagnosis procedure: USG, NT Scan

3. Specify with reference to the request made in the referral slip or in a self-referral note)

4. Aspiration prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative indications for ultrasound during pregnancy. (Put a 'Tick' against the appropriate indication/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 size and period of amenorrhea.

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 and position.

Assessment of liquor amnii

i) Preterm labor/preterm premature rupture of membranes.

v) Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.)

vi) Evaluation of umbilical cord-presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.

xvi) Evaluation of previous Caesarean Section scars.

xvii) Evaluation of fetal growth parameters, fetal weight/age and fetal well being.

xviii) Color flow mapping and duplex Doppler studies.

xix) Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up

xx) 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.

xxi) Observation of intra-partum events.

xxii) Medical/Surgical conditions complicating pregnancy.

xxiii) Research/Scientific studies in recognized institutions.

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

i) Ultrasound

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

ii) Any other (specify) N/A

6. Date of which declaration of pregnant woman / person was obtained: 19/10/2024

7. Date on which procedures carried out: 19/10/2024

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

single live intrauterine fetus carrying pending to 17 weeks & days

The result of pre-natal diagnostic procedures was conveyed to Bindhu Tarepali on 19/10/2024

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

9. Date:

19/10/2024

10. Name:

Narmadapuram

Dr. RAHUL POTPOSE (MBBS, DMRD) Reg. No. 17248
Name, Signature and Registration Number with seal of the
Gynaecologist



Scanned with OKEN Scanner

DECLARATION OF THE PERSON UNDERGOING
PRENATAL DIAGNOSTIC TEST / PROCEDURE

SECTION D : Declaration

1. Mrs. / Mr. Suafi Kaghulwanghi declare that by undergoing USG NT Scan Diagnostic Test / Procedure, I do not want to know the sex of my foetus. (मैं अल्ट्रासोनोग्राफी / छायाचित्रण आदि करवा कर लिंग नहीं जानना चाहती हूँ।)

Date: 19/01/2021

In Case of thumb impression:

Identified by (Name) Ghanshyam Kaghulwanghi Age 45 Sex M
Relation (if any) Husband Address & Contact No. 7470315177

नं. 529 Haturi पुस्तिया वडांगवारी न. प. 461775
Signature of a person attesting thumb impression: Chetan Date: 19/01/2021

Signature / Thumb impression of the person
the Prenatal Diagnostic Test / Procedure

DECLARATION OF DOCTOR/PERSON (CONDUCTING)
PRE NATAL DIAGNOSTIC PROCEDURE

1. Dr. Rahul Potpose. 810 (name of the person conducting ultrasonic scanning) declare that while conducting ultrasonography/image scanning on Ms./Mr. Suafi (name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test). I have neither detected nor disclosed her fetus to any body in any manner.

Date: 19/01/2021Signature: Rahul

Dr. RAHUL POTPOSE (MBBS, DMRD) Reg. No. _____
Name, Signature and Registration Number w/
Gynaecologist/Radiologist/Registered Medical
Conducting Diagnostic Procedure

SECTION C : To be filled for performing invasive Procedure/Tests only

17. Name of the doctor/s performing the procedure/s: _____

18. History of genetic/medical disease in the family (specify) : _____ Basis of diagnosis (specify appropriate basis of diagnosis): _____

(a) Clinical (b) Bio-chemical
(c) Cytogenetic (d) other (e.g. radiological, ultrasonography etc.-specify)

19. Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s):

A. Previous child/children with :

(i) Chromosomal disorders (ii) Metabolic disorders
(iii) Congenital anomaly (iv) Mental Disability
(v) Haemoglobinopathy (vi) Sex linked disorders
(vii) Single gene disorder (viii) Any other (specify)

B. Advanced maternal age (35 years)

C. Mother/Father/sibling has genetic disease (specify)

D. Other (specify) _____

20. Date on which consent of pregnant woman/person was obtained in Form G prescribed in PC & PNDT Act. 1994: _____

21. Invasive procedures carried out ("Tick" on appropriate indication/s):

i Amniocentesis ii Chroionic Villi aspiration
iii Fetal biopsy iv Cordocentesis
v Any other (specify) _____

22. Any complication/s of invasive procedure (specify) _____

23. Additional tests _____