

# तुषार डायग्नोस्टिक सेन्टर

**डॉ राहुल पोटपोसे**

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

Reg. No. MP/MBBS/NDT/HBD/2023/55

Name : Swati Raghuvanshi

Age : 35 Sex : F Mob. : 7470315117

Consultant In Dr. : Bindhu Joseph mam

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 RAGHUWANSHI	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(3<sup>rd</sup> 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 RAGHUWANSHI.

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

  
DR. RAHUL POTPOSE  
MBBS, DMRD





# Ultrasound Report

Page 1

PATIENT

Name: SWATII RAGHUWANSHI

DOB: 45030-24-01-19-20

Birth Date:

Sex: F

EXAM

Accession #:

Exam Date: 19/01/2024

Exam Type:

Sonographer:





# Ultrasound Report

Page 1

## PATIENT

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

## EXAM

Accession #: 19/01/2024  
Exam Date: 19/01/2024  
Exam Type:  
Sonographer:





# Ultrasound Report

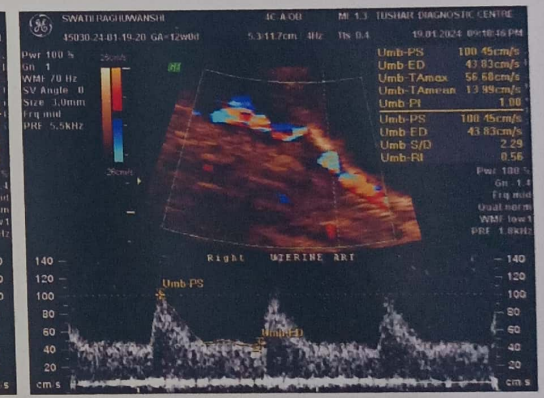
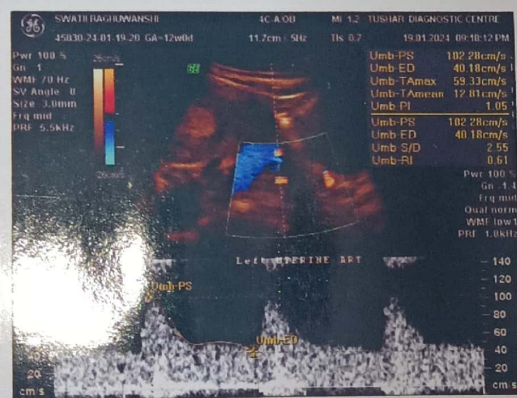
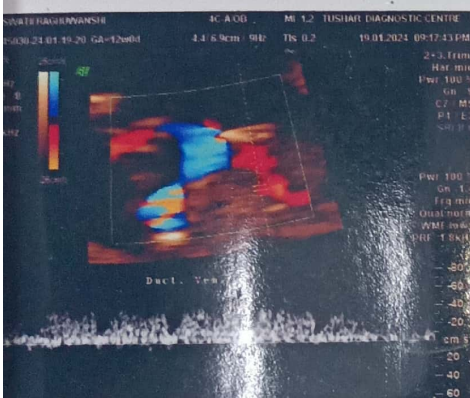
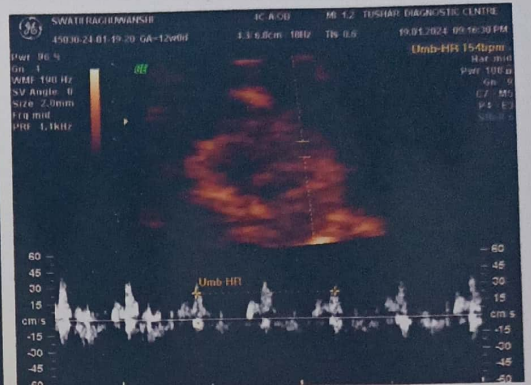
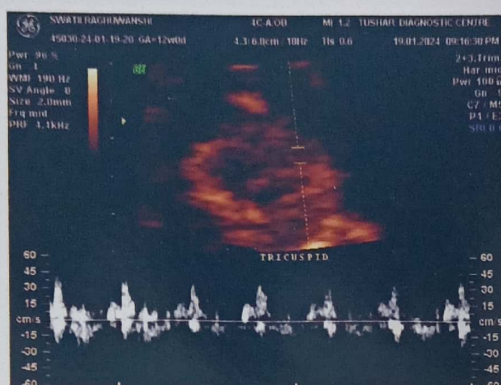
Page 2

PATIENT

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

EXAM

Accession #:  
Exam Date: 19/01/2024  
Exam Type:  
Sonographer:



TUSHAR DIAGNOSTIC CENTRE

Exam type: 19.01.2024 Page 1/7

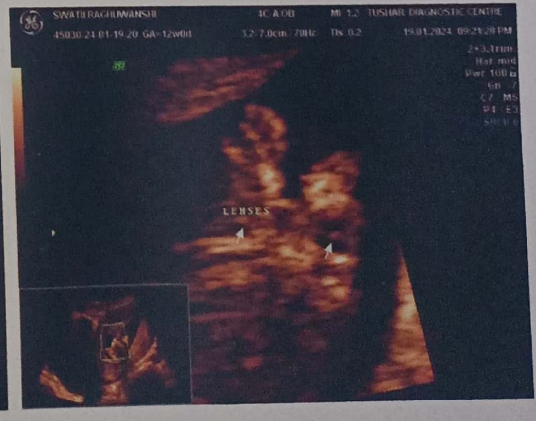
Name: SWATII RAGHUWANSHI DOB: Sex: Female

ID: 15030-24-01-19-20

MP: 27.10.2023 GA/MP: 12w0d ED: 02.08.2024 G: Ab

DOC: GA/DOC: 12w0d ED: 27.07.2024 P: Ec

Param (cm)	Value	Range	Range	Growth
FLNC				Williams N/A
Measurements AUA	Value	m1	m2	Dev
6.65 cm	6.65			
Measurements	Value	m1	m2	m4
102.28 cm/s	102.28	102.28	100.45	max
43.83 cm/s	40.18	40.18	43.83	max
59.33 cm/s	59.33	56.68		max
13.98 cm/s	12.81	13.98		max





[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**

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**

Patient's Name: **Suati Raghunathan** Age: **35y/f**

Number of living children: **00**

(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**

Band's/Wife's/Father's/Mother's Name: **Gagah Ghanshyam**

Postal address of the patient with Contact Number, if any: **470015117 - Narmada, Pipariya, Haliwas, Hoshangabad**

Referred by (Full name and address of Doctor (s)/Genetic Counseling Center): **Dr. Bindhu Joseph mem**

Referral slips to be preserved carefully with Form F)

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

Referral note with indications and case papers of the patient to be preserved with Form F)

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)

Menstrual period or weeks of pregnancy: **27/10/2023**

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

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

Indication/s for diagnosis procedure: **USG, NT Scan**

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

Reasons for 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.

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

xv) 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 light 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.

xvii) Medical/Surgical conditions complicating pregnancy.

xxiii) Research/Scientific studies in recognized institutions.

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**

Date of which declaration of pregnant woman / person was obtained: **19/11/2024**

Date on which procedures carried out: **19/11/2024**

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

**single live intrauterine fetus corresponding to 17 weeks & days**

The result of pre-natal diagnostic procedures was conveyed to **Dr. Bindhu Joseph** on **19/11/2024**

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

**19/11/2024**

**Narmadapuram**

**Dr. RAHUL POTPOSE (MBBS, DMRD) Reg. No. 17248**

Name, Signature and Registration Number with seal of the

Gynaecologist/Radiologist/Registered Medical Practitioner

**Scanned with OKEN Scanner**

DECLARATION OF THE PERSON UNDERGOING  
PRENATAL DIAGNOSTIC TEST / PROCEDURE

## SECTION D : Declaration

1. Mrs. / Mr. Swati Kaghuvanshi 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: 19/01/2024

## In Case of thumb Impression :

Identified by (Name) Ghanashyam Kaghuvanshi Age 45 Sex M  
Relation (if any): Husband Address & Contact No.: 7470315177  
n-529 Nature P. Meiya Heshangabad Dist. P. 461375  
Signature of a person attesting thumb impression: [Signature] Date: 19/01/24

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

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

Date: 19/01/2024Signature: [Signature]

**Dr. RAHUL POTPOSE (MBBS, DMRD) Reg**  
Name, Signature and Registration Number w/  
Gynaecologist/Radiologist/Registered Medical Officer  
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:  
(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 Chorionic Villi aspiration  
iii Fetal biopsy iv Cordocentesis  
v Any other (specify) \_\_\_\_\_
22. Any complication/s of invasive procedure (specify) \_\_\_\_\_
23. Additional tests \_\_\_\_\_