



॥ श्रीकृष्ण ॥
॥ ॐ नमो भगवते वासुदेवाय ॥
॥ श्री श्रीराधागोपीनाथ रोगचिकित्सा मंदिर ॥

डोळ्यांच्या मोतीबिंदू इ. ची शस्त्रक्रिया
सोय
उपलब्ध

बोरकर मल्टिसेशालिटी हॉस्पिटल

रजि.नं. 943 (N.M.C.)



डॉ. अतुल अनिल बोरकर

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D.O.M.S. (नेत्ररोग तज्ञ)

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- Ex. Fellow in Paediatric Ophthalmology & Strabismology
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उपलब्ध सुविधा

स्त्री रोग:-

- नॉर्मल डिलीव्हरी
- सिझेरियन शस्त्रक्रिया
- गर्भाशयाची शस्त्रक्रिया

नेत्र रोग:-

- बिनटाक्याची, बिना सुंधणीची
मोतीबिंदू शस्त्रक्रिया (Phaco)
व कृत्रिम लेन्स प्रत्यारोपण
- काचबिंदू उपचार व शस्त्रक्रिया
- तिरळेपणा शस्त्रक्रिया

इतर :-

- जनरल सर्जरी
- अस्थिरोग उपचार व शस्त्रक्रिया
- उच्चरक्तदाब
- मधुमेह
- हृदयरोग
- दमा
- टि.बी. उपचार
- एक्स-रे
- रक्त तपासणी
- लसीकरण
- सोनोग्राफी

॥ श्रीहरि:शरणम् ॥

दिनांक : 18/2/24

Say. Anju Choudhari
36yr/F

→ G2 P1

LMP:- 13/11/24

Date of birth:- 16/5/87

Height:- 148 cm

Weight:- 49.75

Adv:- ^{for ple} Double marker Test

Ane- routine

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Ex-Registrar :
T.N.M.C. & BLY Nair Hospital, Mumbai

Registrar Radiologist :
Sankar Square

Centre, Kalyan
Department of Gastro Enterology, Nagpur
Nagpur Diagnostic Centre, Nagpur



SONKUL DIAGNOSTIC CENTRE 3D/4D SONOGRAPHY

Sonography, Colour Doppler, Digital X-Ray Clinic Sakardara, Nagpur.

Patient's Name : Mrs. Anju Choudhari
Age : 36 Years / F
Referred by : Dr. G. Borkar Madam
Examination : USG - ANC (NT Scan)
Date : 15/02/2024
LMP : 13/11/2023 Corresponding to 13 wk 3 days.

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#> Single live intra-uterine pregnancy with variable position.

#> Fetal body movements & cardiac activity appears normal.

#> BPD 24 mm - 14 weeks - 2 days

HC 96 mm - 14 weeks - 3 days

FL 12 mm - 13 weeks - 5 day

AC 70 mm - 13 weeks - 4 days

CRL - 8.2 cm corresponding to 14 weeks, 1 day.

CGA - 14 weeks, 0 days.

NT - 1 mm. Nuchal fold thickness - 2.4 mm.

Intra-cranial translucency (IT) appears normal.

Nasal bone is normal. Pre-maxillary triangle and mandible appears normal.

Ductus venosus and tricuspid flow is normal.

#> Placenta is anterior grade I with its lower end 15 mm distal to OS.

#> Liquor is adequate for the period of gestational age.

#> No obvious demonstrable congenital anomalies for this gestational age.

Skull vault ossification appears normal for gestational age. No ventricular dilatation. Orbital regions appears normal.

Heart shows normal morphology for gestational age.

Stomach bubble and urinary bladder is seen.

Parietal wall and cord attachment appears normal.

Fetal spine appears normal for gestational age.

Fetal limbs appears normal at present.

#> Internal os closed. Cervix appears normal (4.5 cm).

#> Fetal heart rate - 147 BPM. Fetal weight - 82 gms $\pm$ 12 gms.

#> EDD by CGA : 19/08/2024

PTO-----

Dr. Vinod V. Sonkul

M.B.B.S., D.M.R.D. (Mumbai)

BCFRG (Basic Course in Fetal Radiology & Genetics)

ACFI (Advance Course in FETAL Intervention)

FMF (Fetal Medicine Foundation-London) Certified
FMF ID 200385

Reg. No. : 2001/03/1358

Sonography, Colour Doppler, Digital X-Ray Clinic Sakkardara, Nagpur.

IMPRESSION:

- A single live intrauterine fetus of sonic gestational age of 14 weeks, 0 days.
- Low lying placenta.
- Normal uterine artery Doppler at present (Mean PI – 1.1).
Follow-up is suggested at 18 to 22 weeks to r/o congenital anomalies.

Declaration: I undersigned declared that while conducting this Ultrasonography study on the patient I have not disclosed the sex of fetus to any one in any manner.

Note: All congenital malformations cannot be rule out at this gestational age. Detection of congenital malformation depends on the position of fetus at the time of evaluation.

Risk for trisomies at 11-13 weeks

Report date 15-02-2024

Examination date 15-02-2024

Gestational age 13⁺7 weeks

Maternal characteristics

Age in years 36.8

Previous baby/fetus with T21 No

Previous baby/fetus with T18 No

Previous baby/fetus with T13 No

Risks from history only

Trisomy 21: 1 in 189

Trisomy 18: 1 in 500

Trisomy 13: 1 in 1667

Risks from history plus NT, FHR

Trisomy 21: 1 in 833

Trisomy 18: 1 in 1111

Trisomy 13: 1 in 10000

Intermediate risk for trisomy 21.

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

Dr. Vinod V. S.

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