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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: Pooja Ramesh
OPD Registration No.: 13921440336911
LMP: 12/12/23

Age: 22
Referred By: _____
USG No.: _____

Date: 15/3/24

- GA by LMP 12w 3d EDD by LMP 17/4/24
- GA by USG 12w 0d EDD by USG 27/3/24
- MSD _____
- Fetal Pole _____ (CRL 5.18cm - 12w 0d)
- Cardiac activity seen (FHR 162bpm)
- Trophoblastic reaction Early forming placenta on posterior wall
- Yolk Sac _____
NT = 1.5mm, MB = seen
- Adnexa No c/o adnexal mass / cystic lesion noted
- Cx as above

Others: _____

IMPRESSION: Single live Intrauterine gestation of EGA 12w 0d.

RADIOLOGIST:
JUNIOR RESIDENT
(Academic)
Dr. [Signature]
Department of Radiodiagnosis & Imaging
AIIMS Bhopal (M.P.)

DECLARATION

I, Dr. [Signature], declare that while performing sonography/ image scanning of [Signature], 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: [Signature]