30/8/24

1) Mrs. Jyoti Raut

Age - 31 y/f

Double Mamkem

DOB - 29/4/1993

LMP - 7/5/2024

Hight - 5 feet

weight - 52 kg.

Fating's PRAGYA SONOGRAPHY

PRAGYA SONOGRAPHY

HALL NO. 210 , HOUSING BOARD COMPLEX, OPP. NEW BUS STAND, DURG (C.G.)
PH. : 0788-4212152, Mob. : 94242 17266

Dr. Shobha Fating
MBBS, DMR
Reg. No. : CGMC 1148/2007
Radiologist, Sonologist, CT Consultant
Ex. Resi. Medical Officer, Main Hospital, BHILAI

Pt.NAME : SMT.JYOTI RAUT 31Y/F
Ref.by.DR.: SMT.MANSI GULATI. (D.N.B.)

These reports are not valid for Medico-legal Cases

30-Aug-24

OBSTETRIC SONOGRAPHY

****

Single live fetus with Unstable lie & presentation at the time of examination.
Liquor amni is adequate in amount.
Fetal movement & cardiac activity normal.
Fetal heart rate is 168 beats\min regular.
Placenta Left anterior fundal extending up to midsegment.
Placental maturity is grade 0 changes.
Cervix normal. Cervical Length 3.7 cm.Internal os close.
B.P.D.Measures 1.8 cm corresponds 12.5 wk.
F.L.Measures 0.8 cm.correspond 12.2 wk.
A.C.Measures 5.1 cm.corresponds 12.1 wk.
H.C.Measures 6.7 cm.corresponds 12.5 wk.
Approximate fetal weight is 54 gms.
Nasal Bone measures 3.0 mm.corresponds 12.5 wk.
N.T. measures 1.9 mm.
C.R.L.measures 5.8 cm.corresponds 12.2 wk.

(Corrected EDD) → L.M.P. : 11.06.2024 11.3 WK., E.D.D.: 18.03.2025
U.S.G.: 12.3 WK., E.D.D.: 11.03.2025 +\- 7 DAYS.

Lmp by pt 07.05.2024 EDD 11.02.2025.
No mistake Done.

UTERINE ARTERY DOPPLER

Right Uterine Artery - P I - 1.63 cm.
Left Uterine Artery - P I - 0.91 cm.
Mean Uterine Artery - P I - 1.27 cm.

CONT..PAGE.-II →

BY GENETIC CLINICAL /ULTRASOUND CLINIC/IMAGING CENTRE

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

1. Name and complete address of Genetic Clinic /Ultrasound Clinic/Imaging centre : PRAGYA SONOGRAPHY HALL No. 210, H.B. Complex, Opp. New Bus Stand, Durg (C.G.)
2. Registration No. (*Under PC&PNDT Act, 1994*) : DURG11049
3. Patient's name : Mrs. Jyoti Raut. Age.: 31Yr.
4. Total Number of living children : No Child.
   (a) Number of living Sons with age of each living son (in years or months) :
   (b) Number of living Daughters with age of each living daughter (in years or months) :
5. Husband's/Wife's/Father's/Mother's Name : Mr.Rahul Raut,
6. Full postal address of the patient with Contact Number if any : W.No.39, H.No.401,Near Sahu Kirana Store, Dipara Para, Dist : Durg. (C.G.) Mobile. : 9303860326.
7. (a) Referred by (Full name and address of Doctor(s)/ Genetic Counseling Centre): Dr. Smt. Mansi Gulati. Gulati Nursing Home, Durg, Dist : Durg.
   (Referral slips to be preserved carefully with Form F)
   (b) Self - Referral by Gynecologist /Radiologist/Registered Medical Practitioner conducting the diagnostic procedures :
   (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 test or the relative/s requesting for the test of a pregnant woman)
8. Last menstrual period or weeks of pregnancy : G.A.

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

9. Name of the doctor performing the procedure's : DR.SHOBHA FATING.
10. Indication/s for diagnosis procedure : N.T.SCAN.

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

(Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)

i. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
ii. Estimation of gestational age (dating).
iii. Detection of number of fetuses and their chorionicity.
iv. Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
v. Vaginal bleeding/leaking.
vi. Follow-up of cases of abortion.
vii. Assessment of cervical canal and diameter of internal OS.
viii. Discrepancy between uterine size and period of amenorrhea.
ix. Any suspected adenexal or uterine pathology/abnormality.
x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
xi. To evaluate fetal presentation and position.
xii. Assessment of liquor amnii.
xiii. Preterm labor/preterm premature rupture of membranes.
xiv. 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 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), amniocenteses, 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.

11. 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) X
12. Date on which declaration of pregnant woman/person was obtained : 30.08.2024.
13. Date on which procedures carried out : 30.08.2024.
14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out)
15. The result of pre-natal diagnostic procedure was conveyed to Husband on : 30.08.2024.
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures / tests : Yes / No.

Date : 30.08.2024
Place : DURG.

Dr. SHOBHA FATING, Reg.No.: C.G.M.C. 1148/2007
Name, Signature and Registration Number with Seal of the Gynecologist / Radiologist /Registered Medical Practitioner Performing Diagnostic Procedure/s.

DR. SHOBHA FATING
MBBS,DMR
Reg No.-CGMC-1148/2007

PRAGYA SONOGRAPHY

SONOGRAPHY

HALL NO. 210 , HOUSING BOARD COMPLEX, OPP. NEW BUS STAND, DURG (C.G.)

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PAGE.-II

SMT.JYOTI RAUT.

IMPRESSION :- FINDINGS ARE SUGGESTIVE OF SINGLE LIVE FETUS OF AVERAGE 12.3 WK GESTATIONAL AGE,WITH UNSTABLE LIE.

- ***Nasal Bone Seen.***
- ***Nuchal Translucency Thickness Measures 1.9 mm.***
- ***Ductus Venosus Reveals Normal Flow & Spectral Waveform.***
- ***Uterine Artery Screen Negative For PIH.***
- ***Bilateral Uterine Artery Doppler Indices Are Normal.***
- ***No E/O Tricuspid Regurgitation.***

- *I Dr.Shobha Fating declare that while Conducting Ultrasonography Image Scanning on this patient I have neither detected nor diclosed the sex of her fetus to any body in any manner.*
- *Please Note That USG Has Certain Limitations,Some Fetal Anomalies Can Go Unnoticed Depending Upon The Nature Of Anomaly,Gestational Age,Fetal Position And Limitations Of USG Study.*

ADV.:- ANOMALY SCAN AT 18 - 20 WK.

REPORT WITH THANKS TO DR SMT.GULATI.

DR.SHOBHA FATING
M.B.B.S.,DMR.