

RAMTHAKUR SONOGRAPHY CENTRE

1No. Tilla, Belonia, South Tripura, Pin. 799155

Mobile : 9378196731

PATIENT ID. 111024-122210 PM	DATE: 11-Oct-24
NAME OF PATIENT: Mrs. Rupasree Baidya	AGE: 20Yrs SEX: Female
REFERRED BY: Dr. Bikash Majumder, MBBS, MS(OBG)	

ULTRASONOGRAPHY FOR FETAL NT/NB SCAN

A single live intrauterine fetus has seen in UNSTABLE LIE at the time of USG examination.
LMP:- 13/07/2024

♦ Fetal Parameters:-

GA by LMP	12weeks 6days	EDD by LMP	19/04/2025
Fetal Parameters	cm	weeks	days
BPD	2.43	14	1
HC	9.00	14	0
AC	7.51	14	0
FL	1.15	13	3
CRL(Hadlock)	7.20	13	3
FHR	157 beats/minute, Regular.		
EGA by ultrasound	13weeks 6days		
EDD by ultrasound	12/04/2025		

- ♦ Fetal movement is noted.
- ♦ Nuchal translucency (NT) is normal, measuring 0.12cm.
- ♦ Nasal bone (NB) present measuring 0.56cm.

INTERNAL OS : Internal os is closed. External os is also closed.
LIQUOR : Liquor is adequate.
PLACENTA : Placenta is developing posteriorly, low lying.

IMPRESSION: Ultrasonography of Fetal NT/NB scan reveals:-

- A SINGLE LIVE INTRAUTERINE PREGNANCY WITH GESTATIONAL AGE OF 13 WEEKS 6 DAYS IN UNSTABLE LIE WITH LOW LYING PLACENTA. NORMAL NUCHAL TRANSLUCENCY & NASAL BONE.

Congenital Anomalies could not rule out in this scan.

[Statutory Declaration: Sex determination was neither done and nor anything was conveyed to the patient or the party in this regard]


Dr. Bikash Majumder
M.B.B.S., M.S.
Consultant (O & G), Sonologist
Regd. No- 001744(TSMC)

Disclaimer: The radiological method is dependent under the basic of shadows of normal and abnormal tissues. It may not be complete neither accurate; hence, diagnosis should always be interpreted in the basic of clinico pathological correlation. This is a professional opinion, not a final diagnosis. Not valid for medico legal purpose

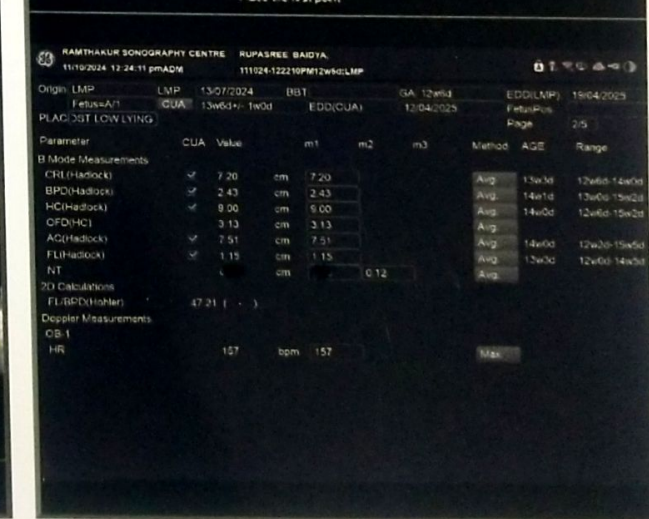
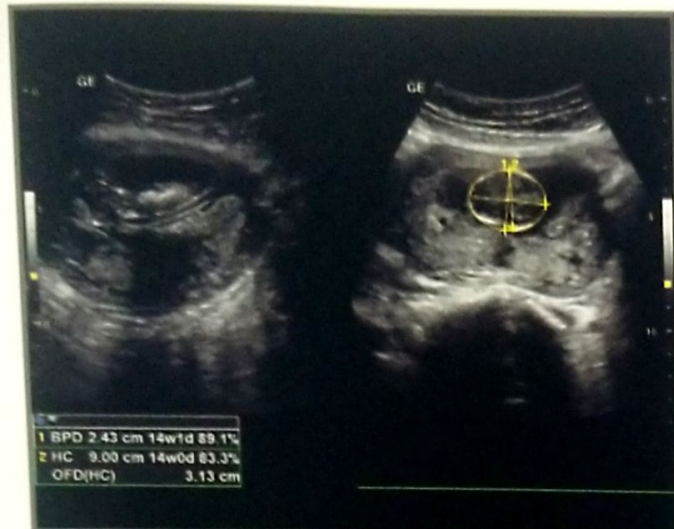
RAMTHAKUR SONOGRAPHY CENTER BELONIA SOUTH TRIPURA

Name: RUPASREE BAIDYA

Age: 20Y

Date: 11/10/2024

Pt Id: 111024-122210PM



SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING
PRENATAL DIAGNOSTIC TEST/ PROCEDURE

I, Mrs/Mr Rupasree Baidya declare that by undergoing
_____ prenatal diagnostic test/procedure. I do want to know the sex of my foetus.

Date 11/10/24

Rupasree Baidya
Signature/ Thumb impression of the person undergoing
The prenatal diagnostic test/ procedure.

in case of thumb Impression:

Identified by (Name) _____ Age _____ Sex _____

Relation(if any) _____ Address & contact No _____

Signature of a person attesting thumb impression _____ date _____

DECLARATION OF DOCTOR?PERSON CONDUCTING
PRENATAL DIAGNOSTIC PROCEDURE/TEST

I, Dr. Bikash Majumder name of the person
conducting ultrasonography/ image scanning declare that while conducting ultrasonography/ image scanning on

Mrs/Mr Rupasree Baidya

(Name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test) I have neither
detected nor disclosed the sex of her fetus to anybody in any manner.

Signature: _____

Date:- 11/10/24

Dr. Bikash Majumder
Name in Capital, Registration Number with seal of the
MBBS, MS
Consultant (O & G), Sonologist
Gynaecologist/ Radiologist/ Registered Medical Practitioner
Conducting Diagnostic procedure.

11/10/24