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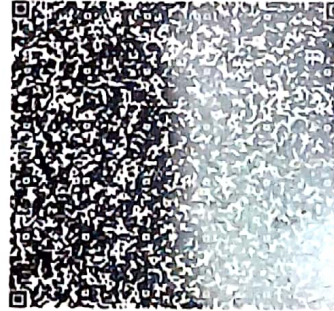
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नामांकन क्रम/ Enrolment No.: 0000/00923/28273

To
संजू तोमर
Sanju Tomar
C/O Ajad Singh Tomar
16
Bamhori Khurd
Hoshangabad Madhya Pradesh - 461001
7974708757

Signature valid

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आपका आधार क्रमांक / Your Aadhaar No. :

6181 0077 0496

VID : 9158 8471 5731 4405

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date 23-03-2013



संजू तोमर
Sanju Tomar
जन्म तिथि/DOB: 04/05/1996
महिला/ FEMALE

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VID : 9158 8471 5731 4405

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JAISWANI SONOGRAPHY & DIAGNOSTIC CENTRE

ULTRASONOGRAPHY | COLOR DOPPLER | 3D/4D | NT/NB | DIGITAL X-RAY

Dr. Nitin Jaiswani

MBBS, DMRD (Radiodiagnosis) GMC Bhopal
Ex. Consultant Radiologist Bansal Hospital, Bhopal (M.P.)
Observership (Fetal Medicine) Indraprastha Apollo, Delhi

Patient Name	MRS. SANJU TOMAR	Patient Id	VS8806526-1
Age	27 years	Gender	F
Ref. Doctor	DR. SHEETAL DAYAL (MS)	Reported Date	December 28, 2024

ANOMALY SCAN

LMP: 14.08.2024

GA (LMP): 19 Weeks 3 Days

EDD (LMP): 21.05.2025

Single live intrauterine pregnancy in Variable presentation noted.

Fetal cardiac and limb movements as viewed under real time scanning appear normal.

HEAD

- Head appears normal in size and shape.
- Both lateral ventricles appears normal.
- Right Lateral ventricle measuring 6.4mm.
- Left Lateral ventricle measuring 6.4mm.
- Midline echoes appears normal.
- Cerebellum appears normal.
- Transverse cerebellar diameter measures 19.3mm (18w5d).
- Cistern magna appear normal (4.9mm)
- CSP seen
- NFT is 3.3mm
- No SOL is seen.

SPINE

NECK

FACE

- Full length of vertebral column is visualized and appears normal.
- No cystic lesion is visible around the fetal neck.
- Fetal face was visualized in profile and coronal scans.
- Both eye balls, nose, lips appears normal.
- Binocular diameter measured 29.5mm (19w1d) & Interorbital diameter measured 11.3mm.
- Nasal bone (6.6mm) and premaxillary triangle were visualized.

THORAX

- Normal cardiac situs & position.
- Four chamber view and outflow tracts appears normal.
- All cardiac anomalies are out of preview of this study, detailed fetal echocardiography is not done & may be suggested for the same.
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- No SOL seen in thorax.

ABDOMEN

- Anterior abdominal wall appears intact.
- Normal abdominal situs.
- Fetal stomach and bowel loops appears normal.
- No ascites

P.T.O.

Declaration

- All the investigations and machines have their own limitations, hence its recommended to correlate the investigation results with clinical findings in case of any disparity, examinations can be repeated.
- Reports and findings are purely for investigations and cannot be used for any medicolegal purposes.
- I, Dr. Nitin Jaiswani declares that i have neither detected nor disclosed the sex of foetus to any body while conducting the ultrasound antenatal cases.

Timings : Mon to sat 10am to 8:30pm | Sunday 10am to 2pm
Deshbandhupura, Itarsi (MP). Tel. : 07572-355688





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URINARY TRACT

- Both kidneys appears normal in size.
- No pelvicalyceal dilatation. (Right measuring 1.7mm and Left measuring 2.2mm in AP diameter).
- Urinary bladder appears normal.

LIMBS

- All four limbs are seen. The long bones appears normal for the period of gestation.

FETAL GROWTH

- BPD	46 mm (20w0d)
- HC	169 mm (19w4d)
- AC	142 mm (19w4d)
- Femur length	33 mm (20w5d)
- Tibia	28 mm (20w1d)
- Fibula	27 mm (19w5d)
- Humerus	29 mm (19w5d)
- Radius	26 mm (19w5d)
- Ulna	27 mm (20w1d)

UMBILICAL CORD

- Cord appears normal and reveals two arteries and one vein.
- Umbilical cord insertion into fetal abdomen and placenta appears normal.

PLACENTA

- Anterior (Maturity Grade-I) upper segment
- Cervical length is 3.0cm with closed internal OS. ✓

LIQUOR

- Adequate

FHR

- 163 BPM

FETAL WEIGHT

- 328gms (+/-10% gms)

EDD BY USG

- 19.05.2025 ✓

UTERINE ARTERY PI

- Right - 0.77
- Left - 0.95
- Avg. - 0.86(Normal)

IMPRESSION

- : Single live foetus of 19 weeks 5 days gestational age
- No gross / obvious anomaly noted ✓

ADVICE

- Growth scan at 24 weeks

This report not valid for medicolegal purposes.

N.B (foetal echocardiography suggested at 24 weeks). Detailed foetal anatomy may not always be visible due to technical difficulties related to foetal position, amniotic fluid volume, fetal movement & abdominal wall thickness therefore all fetal anomalies may not necessarily be detected during examination.

Functional anomalies like mental retardation, deafness, vision & speech etc. cannot be detected by ultrasonography. The science of radiological diagnosis is based on the interpretation of various shadows produced by the normal & abnormal tissue and are not always conclusive, further biochemical & radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis. All the anomalies do not manifest in intrauterine life & may present postnatally for the first time.

Note - Some of the congenital anomalies especially of the heart and chromosomal abnormalities cannot be ruled out on ultrasound.

Reported by- Ishita Jaiswal

Dr. Nitin Jaiswani
MBBS, DMRD (RADIOLOGIST)

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