AURANGABAD DIAGNOSTIC CENTER

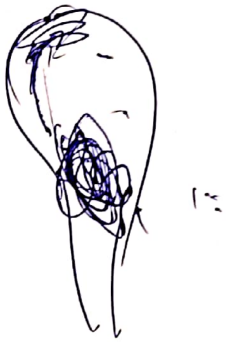
- Sonography • Fetal Radiology
- Colour Doppler
- Anomaly Scan • 3D/ 4D
- Fetal Echo
- Digital X-rays & Procedures

TIMING : 9.00 AM to 9.00 PM Monday To Saturday

Patient name	Mrs. NEHA JAISWAL	**Age/Sex**	27 Years / Female
Patient ID	VSX200479-25-04-16-1	**Visit no**	1
Referred by	Dr. RAJSHREE PATIL	**Visit date**	16/04/2025
LMP date	14/01/2025, LMP EDD: 21/10/2025[13W 1D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation



Maternal

Cervix measured 3.00 cm in length.
INTERNAL OS CLOSE.

Right Uterine	1.49	(43%)
Left Uterine	2.28	(90%)
Mean PI	1.885	(68%)

Fetus

Survey

PLACENTA- POSTERIOR, LOWER EDGE COVERING THE OS.
Liquor - Normal
Fetal activity present
Cardiac activity present
Fetal heart rate - 148 bpm

Biometry(Hadlock, Unit: mm)

CRL	65.5, 12W 5D	(34%)

Aneuploidy Markers (mm)

Nasal Bone	SEEN
NT	1.4 (20%) NORMAL
Ductus Venosus	Normal flow
Tricuspid Regurgitation	NO TR

Fetal Anatomy

FETAL LV, ST, UL, LL, PMT, SB, ORBITAL FOSSA SEEN.

Impression

Single live intrauterine gestation.
Gestational age by USG- 12 Weeks 5 Days
Gestational age by LMP- 13 Weeks 1 Days
EDD by USG 24-10-2025
Liquor - Normal

DOUBLE MARKER CO-RELATION / FOLLOW UP SCAN FOR GROWTH & LIQOUR.

I declare that while conducting the USG on patient, I have neither detected nor disclosed the sex of fetus in any way / in any manner. All anomalies could not be ruled out at this stage of gestation.

Dr. Amit K. Ingle
Consultant Radiologist

Dr. Neha R. Madle
Consultant Radiologist

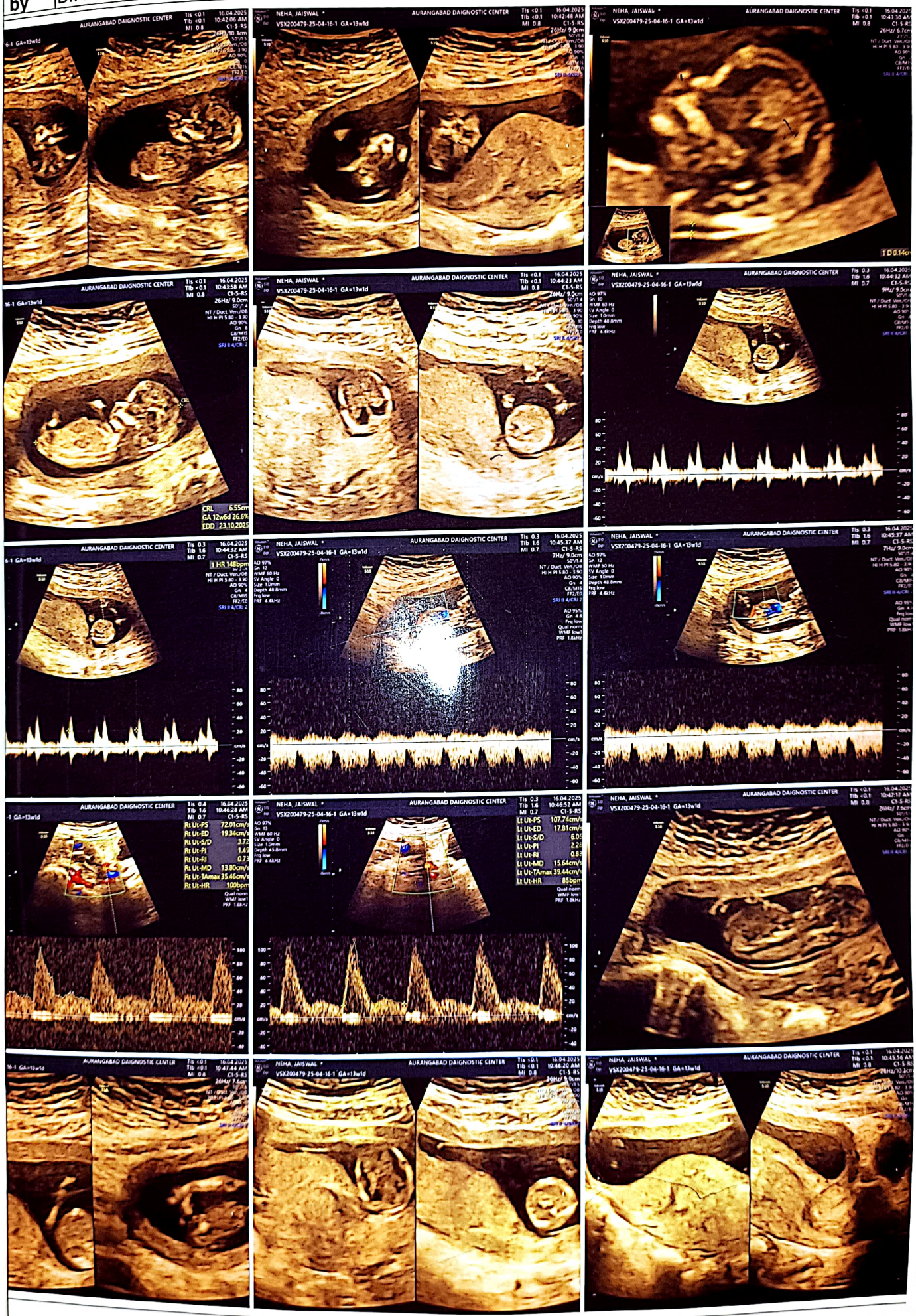
Dr. Anup G. Chalwade
Consultant Radiologist

Mrs. NEHA JAISWAL / VSX200479-25-04-16-1 / 16/04/2025 / Visit No 1

First trimester screening for Downs
Maternal age risk 1 in 1174

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 6522	1 in 21741

ame	Mrs. NEHA JAISWAL	Age/Sex	27 Years / Female
D	VSX200479-25-04-16-1	Visit no	1
by	Dr. RAJSHREE PATIL	Visit date	16/04/2025



DELCARATION OF THE PEERSON UNDERGOING PERNATAL DIAGNOSTIC TEST/PROCEDURE

r. _____ Declare that by undergoing

Diagnostic Test / Procedure, I do nto want to know the sex of my foetus.

Signature/Thumb impression of the person undergoing
The Prenatal Diagnostic Test/Procedure.

In case of thumb impression

ied by (Name) _____ Age : _____ Sex : _____
on (if any) : _____ Addresscontact No.: _____

Signature of a person attesting thumb impression

Declaration of Doctor

_____ declare that while conduction ultrasonography/
scanning on Mrs _____ I have neither detedcted nor disclosed the sex of her feotus to
dy in any mannar.

Place: Aurangabad. ☐ **Dr. Anup G.Chalwade** Reg. No. 2005/08/3325 ☐ **Dr. Amit K.Ingle** Reg. No. 2005/03/2030 ☐ **Dr. Neha R.Madle** Reg. No. 2012/11/3157

Male 0 Female 1

7yrs

गरोदर मातेचे (गर्भवती स्त्रीचे) शपथपत्र

27yrs

नेहा विवेक जयस्वाल

थपुर्वक जाहिर करते की, सोनोग्राफी / इमेज स्कानिंग /
मला माझ्या गर्भाचे लिंग जाणून घ्यावयाचे नाही.

Neha
गर्भवती स्त्रीची सही / अंगठा

अंगठा देणाऱ्या स्त्रीयांसाठी

ओळखणाऱ्या व्यक्तीचे नांव : _____

_____ वय : _____ लिंग :

/ दुरध्वनी क्र. : _____

क : / / सही

डॉक्टरचे/सोनोग्राफी/इमेज स्कॉनिंग करणाऱ्या व्यक्तीचे शपथपत्र

डॉ. अनुप चलवदे _____ असे शपथपूर्वक जाहिर करतो की,
नेहा

सोनोग्राफी / इमेज स्कॉनिंग / करतांना मी / आम्ही, गर्भाच्या लिंगाचे निदान केलेले नाही. तसेच गर्भवती मातेला अथवा इतर
ीला कुठल्याही पद्धतीने सांगितलेले नाही.

क :

डॉ. अनुप जी चलवदे	डॉ. अमित के. इंगळे	डॉ. नेहा आर. मादले
रजि. नं. २००५/०८/३३२५	रजि. नं. २००५/०३/२०३०	रजि. नं. २०१२/११/३१५७