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Dr. Shambhawi Kalyani

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Patient Name : Neha Agrawal Age: 28yrs M / F, Date: 11/1/25

G2P4
prev FND?

20 weeks.

- Ix
- 1) Anomaly scan
 - 2) Quadruple marker
 - 3) Hb electrophoresis

- 1) T. Feosorb once daily X 1m
- 2) T. Bio D3 XT once daily X 1m
- 3) T. LUMIA 60K once a week
ULIZEN D3.
for 2m.
- 4) VIDAVANCE ^{My m.p.s} PROTEIN POWDER
2sf E milk twice a day X
- 5) 1m. PROUTON DEPOT
inj. CORG 500mg in 500ml
(Before travelling)

OTL

Please bring this prescription in next visit

Apollo Hospitals Bilaspur

Seepat Road Bilaspur - 495006 (Chhattisgarh) ☎ : 07752-433433, 433233, 248300-06 ☐ 97555-93801/50834/56536
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DR. RASHMI SHARMA

MBBS (Lucknow) MD (O&G) DMRD
MRCOG (LONDON), FRCOG (LONDON)
Senior Consultant & Obstetrician & Gynaecologist,
Laparoscopic Surgeon & Cosmetic Gynaecologist, Reg. No. 1916



27/3/25

SWF

FHR = 156 bpm.

AC - 14⁺5

HC - 15⁺1

BPD 15⁺2

FL - 15⁺1

Placenta - upper. gdl
as closed.

lig - adeq.

Neha Aggarwal

15uks

mf - 12/12

BP - 117/70

weight - 80/-

Adv

- CST.

- T. Albendazole
1 (Zentel) - at
bedtime

⊕
Singlinox
Ciconadict Plus
granules
max in water

⊕

- NIPT
or.

28/4/25

- Quadruple Screen - 18-20 wks.

Anomaly scan →

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Neha Agrawal 28 y

Date - 17/2/25

BP - 100/70

weight - 80.5 kg

LMP - 12/12/24
EOP - 18/9/25

42 h
11+1
heavy NVD
UPT (+)

28/02/25
BP - 110/74
weight - 81.25

SLINE
CRL →
10⁺ weeks
38mm
USC.
doters.
p cardiac FHR = 165 bpm
activity NB seen.

ANC - 1
~~what is the~~

Adv
T. Divalone 1mth
T. Folic acid
5mg once a day
- Iy Mountain 500mg
1m before travel
- Review after
2 weeks (15/3/25)

for WT/NB scan
Double Marker
T. Doxinate

T. Ensetting
SOS
(Panel)

Apollo Main Hospital : Mon. to Sat. Time : 10:00 AM to 5:00 PM

Residence (Bliss Clinic) : A-23, Phase-II, Rajkishore Nagar

Mon. to Sat. (Morning) - 7:00 to 8:00 AM, (Evening) - 5:30 to 6:30 PM



"Shri Gopal"

SAHU DIAGNOSTIC CENTER

DR. MAMTA SAHU

MBBS, DMRD

Consulting Radiologist

Reg. No. CGMC 379/2005

CIMS Chowk, Balaram Agrawal Marg, Juni Line, Santosh Lodge Wali Gali, Bilaspur (C.G.) Mo.: 9755230012 (Clinic)

Pt. Name : Mrs. NEHA AGRAWAL

Ref. By : Dr. Mrs. R. SHARMA (MD, DMRD, MRCOG)

Age/Sex : 28 Yrs/F

Date : 02/05/2025

OBSTETRIC SONOGRAPHY (ANOMALY SCAN)

Indication No:- 10

(Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow up).

LMP : 12/12/2024

GA : 20 WKS 1 DAY

EDD : 18/09/2025

There is a single, live, intrauterine fetus is seen with cephalic presentation at the time of examination.

Cardiac pulsations are visualized. FHR : 142 b/min

Foetal Movements : (++) Visualized normal.

FOETAL PARAMETERS:-

BPD : 48 mm (20 wks 4 days) (66 % ILE)

AC : 137 mm (19 wks 1 day) (16 % ILE)

FLM : 30 mm (19 wks 2 days) (15 % ILE)

These parameters correspond with sonic maturity of around 19-20 wks. (+/- 1 wks).

The corrected E.D.D. is 21/09/2025 (+/- 1 wks). (Previous report)

Estimated Foetal Weight : 291 gms. (+/- 42 gm). (13 % ILE)

Placenta is located posterior, lower end of placenta is 4.5 cm from internal os & shows grade 2 Maturity.

Amniotic fluid is adequate for gestational age. (AFI - 10 cm)

Cervical length is 4.3 cm. Internal os is closed.

EVALUATION FOR FETAL ANOMALIE

HEAD

- Neurocranium appears normal, no identifiable intracranial lesion seen.
- Cerebral structure appears normal.
- Mid line flax appears normal.
- Atria measures- 6.9 mm.
- Cerebellum appears normal.
- Transverse Cerebellar Diameter- 20 mm. (19 wks 3 days) (47 % ILE)
- Cisterna magna measures- 4.5 mm.
- Nuchal fold thickness measures 2.2 mm.

FACE

- Both eye balls, nose and lips appears normal. No e/o cleft lip or cleft palate seen.
- Nasal bone measures 5.8 mm.
- No cystic lesion is visualized around the fetal neck.

P.T.O.

**Image NATAL SEX
DETERMINATION
IS NOT DONE HERE**

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS. HENCE IT SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIVE FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE

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SPINE

- Whole spine is visualized in longitudinal and transverse axis.
- Vertebrae and spinal canal are normal. No c/o of spine bifida seen.

THORAX

- Heart is in normal position and normal cardiac situ seen.
- Four chamber views appear normal. Out flow tract appears normal.
- Both lungs are visualized.
- No c/o plural and pericardial effusion seen.
- No space occupying lesion noted.

ABDOMEN

- Cord insertion appears normal. Diaphragm, Stomach, Bowel, Kidney, Urinary bladder appears normal. No anterior abdominal wall defect seen.

LIMBS

- All the four limbs are visualized. The long bone appears normal for the gestational age. Both hands and feet are visualized normal.

UMBILICAL CORD

- Umbilical cord is normal and show three vessels. Umbilical artery have normal. S/D ratio 4.3 & PI 1.3
- No loop of cord around fetal neck seen.

UTERINE ARTERY

- Rt Uterine artery- S/D ratio is 2.7 & PI is 1.2 (normal)
- Lt Uterine artery- S/D ratio is 2.2 & PI is 0.9 (normal)
(Mean PI is 1.0 (normal))
- No dichotic notch seen in each uterine artery

IMPRESSION:- SINGLE, LIVE, INTRAUTERINE FETUS SEEN WITH CEPHALIC PRESENTATION AT THE TIME OF EXAMINATION WITH SONIC MATURITY OF 19-20 WKS.
➤ LOW LYING PLACENTA.

Suggested follow up at 22-24 wks.

Thanks for reference.

All anomalies cannot be detected in ultrasound due to certain technical limitation obesity, certain, fetal position, fetal movement or abnormal volume of amniotic fluid.

All information given today is as per the finding on scan today but does not guarantee normality of all fetal organs (structure & functionally) in future.

Also note that ultrasound permits assessment of fetal structural anatomy but not be function of these structure.

All measurement including estimated fetal weight are subject to statistical variations.

Declaration :- I Dr. Mamta Sahu declare that while conducting usg of Mrs. Neha Agrawal, W/o Mr. Shiv Agrawal, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Please intimate us if any typing mistakes and send the report for correction within 5 days.

Dr. Mrs. Mamta Sahu
DMRD