

② Mrs. Monika Pawar

Age - 27 Y / F

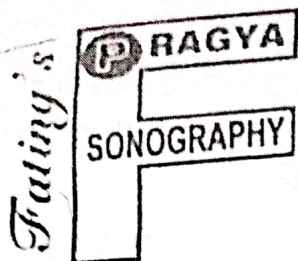
Double Marker

DOB - 26/10/1997

LMP - 15/2/2025

Height - 4'10"

Weight - 49 Kg.



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. Res. Medical Officer, Main Hospital, BHILAI

These reports are not valid for Medico legal Cases

PT NAME SMT. MONIKA RAJGADIYA 27Y/F
Ref by DR. SMT. MANSI GULATI D.N.B

12-May-25

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 157 beats/min regular.

Placenta Anterior fundal extending up to midsegment.

Placental maturity is grade 0 changes.

Cervix normal. Internal os close. (Cervical Length measures 2.9 cm)

B P D Measures 1.8 cm corresponds 12.5 wk.

F L Measures 0.8 cm correspond 12.3 wk.

A C Measures 5.9 cm corresponds 12.5 wk.

H.C. Measures 6.5 cm corresponds 12.4 wk.

Nasal Bone measures 3.0 mm corresponds 12.2 wk.

C.R.L. measures 6.2 cm corresponds 12.4 wk.

Approximate fetal weight is 60 gms.

N.T. measures 1.4 mm.

L.M.P. : 15.02.2025

12.2 WK.,

E.D.D.: 22.11.2025

U.S.G.:

12.4 WK.,

E.D.D.: 20.11.2025 +/- 7 DAYS.

UTERINE ARTERY DOPPLER

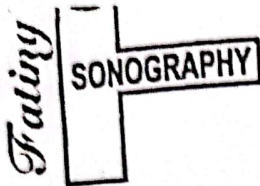
Right Uterine Artery - P I - 0.88 cm.

Left Uterine Artery - P I - 0.99 cm.

Mean Uterine Artery - P I - 0.93 cm.

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SMT. MONIKA RAJGADIYA.

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

- Nasal Bone Seen.
- Nuchal Translucency Thickness Measures 1.4 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 disclosed 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.

MBBS, DMR

Reg No -CGMC-1148/2007

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&PNDI Act, 1994) : **DURG1049**
3. Patient's name : **Mrs. Monika Rajgadiya** Age.: 27Yr.
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. Kuldeep Rajgadiya.**
6. Full postal address of the patient with Contact Number if any : **W.No.05, Village : Deori, Post : Kachandur,**
Thana : Gunderdehi, Dist : Balod, (C.G.) Mobile. : 7974425136.
7. (a) Referred by (Full name and address of Doctor(s)/ Genetic Counseling Centre) : **Dr. Mansi Gulati,**
Gulati Nursing Home, 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 : **15.02.2025.**
- 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 IUC D 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 adnexal 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 enticement, 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 | Color flow mapping and duplex Doppler studies |
| XX | Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up |
| XXI | 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. |
| XXII | Observation of intra-partum events |
| XXIII | Medical/Surgical conditions complicating pregnancy |
| XXIV | 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 : **12.05.2025.**
13. Date on which procedures carried out : **12.05.2025.**
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 : **12.05.2025.**
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures / tests : **Yes / No.**

Date: **12.05.2025**
Place: **DURG.**

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