

Dhanwantari Hospital

Patient Name: Mrs. Asmita Gokul Pawar



# HANWANTARI HOSPITAL NURSING HOME

Anatomy:

\* SONOGRAPHY  
\* ANOMALY SCAN  
\* FETAL RADIOLOGY  
\* COLOUR DOPPLER  
\* HIGH FREQUENCY USG  
\* USG GUIDED PROCEDURES

## Scull:

- Fetal skull seen. Midline falx seen. Choroid plexus filling the lateral ventricles are seen. No identifiable intracranial lesion seen.

## Neck:

- No cystic lesion seen around neck.

## Spine:

- Developing spine seen well. Vertebral bodies demonstrated.

## Face:

- Both orbits appear normal. The retronasal triangle seen.

## Heart:

- Rate and rhythm is normal. Heart appears in midposition. Four chamber view is normal.

## Abdomen:

- Stomach shadow appears normal. Bilateral kidneys and urinary bladder appear normal. Abdominal wall intact. Normal cord insertion seen.

## Limbs:

- Both the arms and legs are seen.

## IMPRESSION:

- Single live intrauterine fetus of 14 weeks 1 days is present.
- Nasal bone is unossified.
- Please correlate with dual/triple marker test.
- Mean uterine PI is on higher side, risk factor for pre eclampsia.
- Mild subchorionic hemorrhage is noted at inferior pole just prior to internal OS measuring 47 x 10 mm

## **Suggest Detail anomaly scan at 19-20 weeks for further evaluation.**

Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22.

I Dr. Mukundraj Zarikar declare that while conducting ultrasonography of Mrs. Asmita Gokul Pawar, I have neither detected nor disclosed sex of her fetus to anybody by any manner.

Report with compliments.

  
Dr. Mukundraj Zarikar  
M.B.B.S. D.M.R.D.  
DR. MUKUNDRAJ ZARIKAR  
Consultant Radiologist  
REG. No. 2018105565



# DHANWANTARI HOSPITAL & NURSING HOME

- \* SONOGRAPHY
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|              |                           |         |                    |
|--------------|---------------------------|---------|--------------------|
| Patient Name | : Mrs. Asmita Gokul Pawar | Age/Sex | : 21 Years/ Female |
| Ref. By      | : Dr. SUVARNA LAHANE      | Date    | : 27-May-25        |

### OBSTETRIC EARLY DETAILED SCAN

| DATING | LMP           | GESTATIONAL AGE | EDD       |
|--------|---------------|-----------------|-----------|
| BY LMP | LMP:19-Feb-25 | 13 weeks 6 days | 26-Nov-25 |
| BY USG |               | 14 weeks 1 days | 24-Nov-25 |

AGREED DATING IS BASED ON LMP

#### SURVEY:

PLACENTA is FUNDAL POSTERIOR.

Amniotic fluid is adequate.

Cardiac activity and fetal movements present. Fetal activity present. [FHR- 150]

Cervical length measure 3.6 CMS and normal.

There is a single gestation sac in uterus with a single fetus within it.

#### ANEUPLOIDY MARKERS:

Nasal bone is unossified.

Nuchal translucency is 1.41 mm---- ( 18th centile ) within normal range.

Ductus venosus flow pattern appears normal.

No evidence of significant tricuspid regurgitation is seen.

The embryonal growth parameters are as follow :

|        |          | GA              | Percentile       | Graph |
|--------|----------|-----------------|------------------|-------|
| CRL    | 75.13 mm | 13 weeks 4 days |                  |       |
| BPD    | 27.05 mm | 14 weeks 5 days | 81.30 percentile |       |
| HC     | 95.87 mm | 14 weeks 3 days | 55.20 percentile |       |
| AC     | 76.55 mm | 14 weeks 1 days | 66.30 percentile |       |
| FL     | 13.07 mm | 13 weeks 6 days | 43.60 percentile |       |
| WEIGHT | 83 g     | 14 weeks 1 days | 28.80 percentile |       |

Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach : Seen

### COLOUR DOPPLER STUDY

| PI   | Percentile | Remark                     |
|------|------------|----------------------------|
| 1.74 | ---        | early Diastolic notch seen |
| 3.32 | ---        | early Diastolic notch seen |
| 2.53 | 98 %       | Pathological               |

\* SONOGRAPHY  
\* ANOMALY SCAN  
\* FETAL RADIOLOGY



FORM G  
FORM FOR MAINTENANCE OF RECORD IN RESPECT OF  
PREGNANT WOMAN BY GENETIC CLINIC / ULTRASOUND / IMAGING CENTRE

धन्वंतरी हॉस्पिटल व सोनोग्राफी सेंटर

पळशी (शहर) ता.जि. छत्रपती संभाजीनगर। हॉस्पिटल संपर्क क्र.: 7058506519

(गर्भवती स्त्रीचे संमती पत्र आणि जाहिरनामा) दिनांक: 27/05/25

को (को) Asmita GOKUL Ralyan Pawar यांची पत्नी/मुलगी  
वर 21 वर्ष पता Near Hanuman mandir, Girnera fonda  
ला Palshu जि. C.S.N नो. 95277339868

प्रतिकालीन नमुद करते की, माझ्यावरी करण्यात येणारी सोनोग्राफी ही गर्भलिंग निवानासाठी नाही. सदर तपासणीद्वारे मला गर्भलिंग निवान सांगिताले जाणला नाही. याची मला जाणीव आहे आणि ते मला माहित करून घेण्याची इच्छा नाही. याचाची भी रस्येच्छेने संमती देते आहे. लिंग निवान वाचणी दाखवी करायासाठे गुंहा आहे. त्याकरिता रु. 90,000 (दहा उजार) दंड व 3 वर्ष सश्रम कारावासाची शिक्षा आहे याची मला कल्पना आहे.

रात्री: नाही इतर:

हयाची अवधीन्या मुलांची संख्या 63

LMP: 19/02/25

उमा/वय 03

24w

2/वय —

SECTION D: DECLARATION

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST / PROCEDURE

Mr. Asmita GOKUL Pawar

declare that by undergoing

Prenatal Diagnostic Test/ Procedure, I do not want to know the sex of my foetus.

असे घावित करते की अल्पा सोनोग्राफी / प्रतिक्षा स्कॅनिंग करून नी माझ्या गर्भाचे लिंग जाणून घेऊ इच्छित नाही.

Asmita

गर्भवती स्त्रीची सही / अंगद्याचा डसा / Signature/Thumb impression of 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 person attesting thumb impression: \_\_\_\_\_ Date: \_\_\_\_\_

DECLARATION OF DOCTOR / PERSON CONDUCTING PRENATAL DIAGNOSTIC PROCEDURE / TEST

DR. MUKUNDRAJ ZARIKAR (Name of the person conducting ultrasonography  
(Image scanning) declare that while conducting ultrasonography/ image on Mrs. Asmita

GOKUL Pawar (name of the pregnant woman), I Have neither detected  
nor disclosed the sex of her foetus to anybody in any manner.

MDT Reg. No. 202.

INWANTI HOSPITAL & NURSING HOME, Palshi

Signature with stamp Radiologist/Gynaecologist or Owner  
DR. MUKUNDRAJ ZARIKAR MBBS DMRE  
REG. NO. 201605386

PLEASE FILL THE FORM IN ORIGINAL OF WHICH ONE COPY TO BE HANDOVER TO PATIENT.

Dhanwantari Hospital

Patient Name: Mrs. Asmita Gokul Pawar

SONOGRAPHY

