ARATION OF PREGNANT WOMEN

Madhu

(Name of woman) declare that by undergoing ultrasonography / image ... I do not want to know the sex of foetus.

मधु पटेल

Signature / Thumb impression of pregnant women

गर्भवती महिला की घोषणा

मैं सुश्री ..... (गर्भवती महिला का नाम) घोषणा करती हूँ कि अल्ट्रासोनोग्राफी / छवि स्कैनिंग की सैर से गुजरने पर मैं अपने भ्रूणलिंग का पता नहीं कराना चाहती हूँ।

गर्भवती महिला का हस्ताक्षर / अंगूठे का निशान

*Strike out whichever is not applicable or not necessary

DECLARATION OF DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY / IMAGE SCANNING

I, ... (Name of person conducting ultrasonography / image scanning) declare that while conducting ultrasonography / image scanning on Mrs. Madhu (Name of pregnant woman), I have neither detected not disclosed the sex of her foetus to any body in any manner.

Name and signature of the person conducting ultrasonography / image scanning / Director or owner of genetic clinic / ultrasound clinic / imaging center.

*जो लागू न हो उसे काट दें।

डॉक्टर / आयोजन केन्द्र की घोषणा

अल्ट्रासोनोग्राफी / छवि स्कैनिंग

मैं ..... (अल्ट्रासोनोग्राफी / छवि आयोजन स्कैनिंग कराने वाले का नाम) घोषणा करता / करती हूँ कि अल्ट्रासोनोग्राफी / छवि स्कैनिंग का आयोजन करते हुए सुश्री ..... (गर्भवती महिला का नाम), मुझे उसके भ्रूण के लिंग का न तो किसी तरीके से पता चला है और न ही खुलासा किया है।

अल्ट्रासोनोग्राफी / छवि स्कैनिंग / आयोजन व्यक्ति का नाम और हस्ताक्षर

आनुवंशिक क्लीनिक / अल्ट्रासाउण्ड क्लीनिक / इमेजिंग सेंटर के निदेशक या मालिक

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छ.ग.)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR (C.G.)

DEPARTMENT OF RADIODIAGNOSIS

Patient Name	Madhu	Age/Sex	27Y/F
ID No	1556131	Refd. By	Dr
MLC/Non MLC/Routine	Routine	Previous Investigation (If Any)	Nil
Address	Raipur	Contact No	
Date	12.06.2025	OPD/IPD	
Clinical Diagnosis			
Investigation requested on form: ANC Sonogram			

ANC SONOGRAM

(LMP: 16.03.2025)

Single live intrauterine gestation with variable lie and variable presentation (seen at the time of examination)

Placenta: Globally developing

Cervical Length: Could not be assessed due to empty bladder .

Fetal heart rate 171 bpm.

Fetal measurements are as follows

CRL	58.2mm	GA 12W2D
NT	Normal	

Nasal bone is seen.
Ductus venosus shows normal flow & waveform.
Doppler values as described below:

	PI	Percentile	Remarks
Right Uterine Artery	1.21	22	Normal
Left Uterine Artery	0.98		

	GA	EDD
By LMP	12W4D	23.12.2025
By USG	12W2D	23.12.2025

IMPRESSION:

- **Single live intrauterine gestation with variable lie and variable presentation with AUA approx. 12W2D (EDD 23.12.2025).**
- **Normal NT/ NB scan.**

Dr. Kamlesh Ratre

Dr. Deepak Kumar

I HERE BY DECLARE THAT I HAVE NEITHER DETECTED / DECLARED SEX OF UNBORN FETUS NOT ALL CONGENITAL ANOMALIES CAN BE DETECTED BY SONOGRAPHY
- THESE REPORTS ARE FOR ASSISTING DOCTORS PHYSICIANS IN THEIR TREATMENT AND NOT FOR MEDICO LEGAL PURPOSE AND SHOULD BE NEGLECTED CLINICO
- NOT ALL CONGENITAL ANOMALIES ARE DETECTABLE ON SONOGRAPHY IT DEPENDS ON TYPE OF EXAMINATION & POSITION OF FETUS
- NO DUPLICATE REPORTS SHALL BE GIVEN

This report is for perusal of the doctor only not the definitive diagnosis. Radiological lesion is to be clinically correlated. Sex of the fetus is not determined here. This report is not valid for medico-legal