

GB DIAGNOSTICS

◆ SPIRAL CT SCAN ◆ DIGITAL X-RAY ◆ OPG ◆ 4D COLOR DOPPLER SONOGRAPHY ◆ EEG

C1-C2/19, Opposite Nagar Nigam Zone Office (Pani Tanki), Near Niharika Cinema, KORBA (C.G.)

Dr. Harpal Singh

M.B.B.S., D.M.R.D (Mumbai)

Reg. No. : C.G.M.C. 1195/07

Sunday Closed

Consultant Radiologist, Sonologist

Ex. Registrar : Nair & Nanawati Hospital, Mumbai

Ph. : 07759-227700, M : 9893254400

--Reporting Time : 10 AM to 6 PM--

Name : JYOTI PRABHA SAMAL
Ref. By Dr. : BABITA PANDA, MD

Date : 29-05-2025
Age/Sex : 30 / F

OBSTETRICS SONOGRAPHY

* L.M.P: 24/03/2025 GA: 09 WKS 03 DYS EDD: 29/12/2025

OBSERVATIONS:

- * The uterus is bulky.
- * A single gestational sac is noted in uterine cavity.
- * The yolk sac echo is well seen.
- * The foetal cardiac pulsations are present. It is 191 B/Min .
- * The foetal movements are present.
- * The C.R.L. is 27.3 mm. corresponding to 09 weeks 04 days
- * The heart is central in the thoracic cavity. The cord insertion in the anterior abdominal wall is well seen. The spine is seen as two line at this stage.
- * The Placenta has differentiated on POSTERIOR SIDE .
- * There is no evidence of subchorionic haemorrhage.
- * The trophoblastic reaction is regular.
- * Cervix is adequate. It measures 3.2 cm.
- * The internal os is closed.

◆ IMPRESSION >

- THERE IS A SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF (SONAR AGE) 09 WKS 04 DAYS .
- THE GES. AGE (BY L.M.P.) CORRESPONDS TO SONAR AGE
- THE ASSIGNED E.D.D. IS 29/12/2025 (± 1 WEEK)
- NO GROSS ABNORMALITY IS NOTED AT THIS STAGE.

SUGGEST >> FOLLOW UP AT 12 - 14 WKS FOR NT/NB SCAN & SERIAL INTERVAL GROWTH .

NOTE:-

- THE SCIENCE OF RADIOLOGICAL DIAGNOSIS IS BASED ON THE INTERPRETATION OF VARIOUS SHADOWS PRODUCED BY BOTH THE NORMAL AND ABNORMAL TISSUES AND ARE NOT ALWAYS CONCLUSIVE .
- RADIOLOGICAL DIAGNOSIS IS NOT A TISSUE DIAGNOSIS AND IS RATHER A PROFESSIONAL INTERPRETATION OF THE IMAGES OF THE TISSUES PRODUCED BY SOPHISTICATED INSTRUMENTS (SUBJECT TO TECHNICAL PITFALLS AND LIMITATIONS) TO HELP DOCTORS / CLINICIANS FOR BETTER PATIENT MANAGEMENT.
- CLINICAL CORRELATION IS MANDATORY FOR REACHING THE FINAL IMPRESSION. NOT FOR MEDICOLEGAL PURPOSE.

DECLARATION :- I, DR. HARPAL SINGH DECLARE THAT WHILE CONDUCTING ULTRASOUND ON THE ABOVE PATIENT, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS, TO HER OR ANYBODY ELSE, IN ANY MANNER AS PER 'PNDT ACT, 94' (RULE 10/A) & HONBLE SUPREME COURT GUIDELINES.

Thanks for the referral

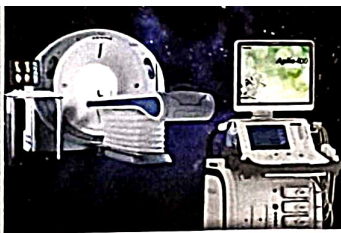
PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

DR. HARPAL SINGH
MBBS, D.M.R.D (MUMBAI)

CONSULTANT RADIOLOGIST & SONOLOGIST

N.B.: ALL THE FOETAL ANOMALIES CAN NOT BE DETECTED BY SONOGRAPHY, AND DETECTION OF FOETAL ANOMALIES DEPENDS ON GESTATIONAL AGE, FOETAL POSITION AND AMOUNT OF LIQUOR. ALL THE MEASUREMENTS ARE SUBJECT TO STANDARD STATISTICAL VARIATION.





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Name : JYOTI PRABHA SAMAL

Date : 26-06-2025

Ref. By Dr. : BABITA PANDA, MD

Age/Sex : 30 / F

OBSTETRICS SONOGRAPHY

(LEVEL 2 / NT SCAN WITH UTERINE DOPPLER)

MACHINE :- TOSHIBA APLIO 400.

PARITY :- I.

ANY SIGNIFICANT HISTORY >> H/O I MISCARRIAGE.

* L.M.P: 24/03/2025 GA: 13 WKS 03 DYS EDD: 29/12/2025

OBSERVATIONS:-

- * The uterus is bulky.
- * A single gestational sac is noted in uterine cavity.
- * The yolk sac echo is well seen.
- * The foetal cardiac pulsations are present. It is 164 B/Min.
- * The foetal movements are present.
- * The C.R.L. is 71.4 mm. corresponding to 13 weeks 02 days
- * The Placenta has differentiated on POSTERIOR SIDE.
- * There is no evidence of subchorionic haemorrhage.
- * The trophoblastic reaction is regular.
- * Cervix is adequate. It measures 3.2 cm.
- * The internal os is closed.

STRUCTURAL MARKERS :-

THE HEART IS CENTRAL IN THE THORACIC CAVITY. THE CORD INSERTION IN THE ANTERIOR ABDOMINAL WALL IS SEEN. THE SPINE IS SEEN AS TWO LINE AT THIS STAGE. BOTH THE UPPER & LOWER LIMB BUDS SEEN. STOMACH & BLADDER ARE VISIBLE.

CHROMOSOMAL MARKERS :-

THE NUCHAL TRANSLUCENCY IS 1.27 MM WHICH IS NORMAL FOR THE AGE.
THE NASAL BONE IS 3.17 MM SEEN ON SAGGITAL VIEW & APPEARS NORMAL.
THE DUCTUS VENOSUS SPECTRAL PATTERN IS NORMAL.

UTERINE ARTERY SCREENING DOPPLER:

UTERINE ARTERY DOPPLER: THE MEAN UTERINE ARTERY PI >> 2.2
(RT UT ARTERY PI IS 2.4, NOTCH > ABSENT & LT UT ARTERY PI IS 1.9, NOTCH > ABSENT)

IMPRESSION >

- THERE IS A SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF (SONAR AGE) 13 WKS 02 DAYS.
- THE GES. AGE (BY L.M.P.) CORRESPONDS TO SONAR AGE
- THE ASSIGNED E.D.D. IS 29/12/2025 (± 1 WEEK)
- NO OBVIOUS STRUCTURAL DEFECTS / GENETIC MARKERS NOTED AT THIS STAGE.

SUGGEST: TARGETED FETAL ANOMALY SCAN AT 18-20 WEEKS.

SUGGEST: DOUBLE MARKER BLOOD TEST.

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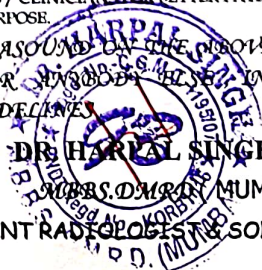
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PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

DR HARPAL SINGH

MBBS, DMRD, MUMBAI

CONSULTANT RADIOLOGIST & SONOLOGIST





भारत सरकार

GOVERNMENT OF INDIA

Government of India

आधार कार्ड

To
JOYTI PRABHA SAMAL
PALAMU
Palam Khatrapara
Odisha 755061

01/06/2011

Ref: 431 / 12J / 676772 / 677130 / P



SH386287567FT



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

4394 6279 9056

ଆଧାର – ସାଧାରଣ ଲୋକର ଅଧିକାର



ଭାରତ ସରକାର
Government of India



ଜୟନ୍ତି ପ୍ରଭା ସାମଲ
JOYTI PRABHA SAMAL

ପିତା ଶତ୍ରୁଘ୍ନନନ୍ଦ ସାମଲ
Father GOKULNANDA
SAMAL

ଜନ୍ମ ତାରିଖ / DOB 30/12/1992

ଲିଙ୍ଗ / Female



4394 6279 9056

ଆଧାର – ସାଧାରଣ ଲୋକର ଅଧିକାର