



भारत सरकार
Government of India



Aadhaar no. Issued: Z/04/2015



दीपमाला सिंगरौल

Deepmala Singroul

जन्म तिथि/DOB: 01/01/2003

महिला/ FEMALE

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इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
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8234 5931 5485

मेरा आधार, मेरी पहचान



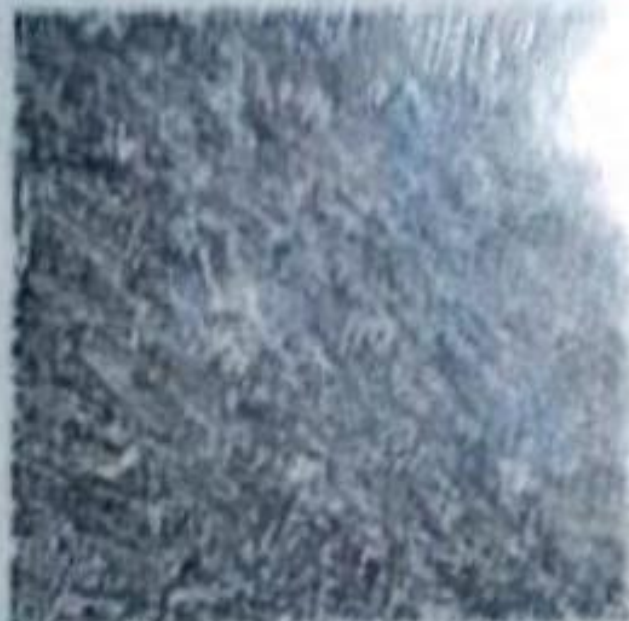
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



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सुखम् आरोग्यालय

मल्टीस्पेशलिटी हॉस्पिटल

मुंगेली रोड, मंगला चौक के पास, बिलासपुर (छ.ग.) ☎ : 07752-407284

पलब्ध विभाग :

एल सर्जरी

डी रोग

ी रोग

नरल मेडिसीन

क, कान, गला

क्ष रोग

हूरो सर्जरी

ल्य एवं शिशु रोग

व्य सुविधाएं :

घंटे आपातकालीन

रि

ई.सी.यू.

री प्रकार

ऑपरेशन

डिलवरी

जी.

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टीकाकरण

* दवाई दुकान

* पैथोलेब

* एम्बुलेंस

Name : Age/Sex : Date :

UHID : GSH/1726 Date : 12-01-2026
 Pt. NAME : SMT. DEEPMALA SINGROUL Age/Sex : 23 Years / F
 Weight : 65 Sr.No. : OPD/120126002
 Address : MOCHH. TAKHATPUR, BILASPUR (C.G.) Mobile No. 8305719249
 Consultant : Dr. SONAL MISHRA, M.B.B.S., D.G.O. (OBS. GYNAE)
 Tocken No. : 00 Aadhar No. 823459315485
 Fees : 350 Blc. : 0

O/E : BP Temp

Primigravida at 6 months of amenorrhea
 appreciating fetal movements well same
 for ANC checker

LMP - 9/5/25

EDD - 16/05/26

POG - 22 weeks

BP - 110/70 mmHg

P/A - ut 20-22 weeks
 size, relaxed
 FHR + 155 bpm

Adv

1) CBC & blood grouping
 & typing

2) Viral markers

3) RBS

4) V/R

5) Thyroid profile

6) USG - OBS scan

Anomaly scan

7) Sickling test Sanal

Rx

1) Tab. Foliox + D
 100 X 30 days

2) Tab. Cordium D3 100
 30 days

3) Tab. Richan 100 X
 30 days

Sanal

Dr. Sonal Mishra
 M.B.B.S. DGO (OBS. GYNAE)
 Reg. C.G.M.C. 199

कृपया दवाई का उपयोग डॉक्टर को दिखाकर करें।

यतीन्द्र मेडिकल स्टोर

ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande
Consultant Radiologist

M.B.B.S, D.M.R.D.
D.N.B. (Radiodiagnosis), M.N.A.M.S.
Reg. No. CGMC-3232/2010



Dr. Chitrangi P. Barpande
Consultant Pathologist

M.B.B.S, MD (Pathology)
Msc. (Medical Biochemistry)
Reg. No. CGMC-3298/2011

Ganesh Chowk, Besides Lav Kush Phal Bhandar, Bulram Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.: +91 7720044949, E-mail: anushka.diagnostics@gmail.com

NAME : MRS. DEEPMALA SINGROUL AGE : 23 YEARS/F VISIT NO : 1
REF. BY : DR. SONAL MISHRA, DGO. DATE: 12-01-2026

LMP-09/08/2025 GA By LMP 22 Weeks 2 days

- Indication: Anomaly Scan-For Chromosomal Anomaly And Fetal Well Being.
- Technical conditions: Limited By Increased Maternal Body Habitus And Unfavourable Fetal Position. Hence Follow Up Scan Are Advised.

ANC SONOGRAM (2ND TRIMESTER-MORPHOLOGY/ANOMALY SCAN)

- Live Intrauterine Foetus With Cephalic Presentation Is Seen .
- Fetal Spine towards maternal right side-Anterior.
- Foetal Cardiac Activity And Movements Are Adequate.
- Liquor : Is Adequate In Amount, Single deepest pocket- 4.5 cm(normal: 2-8 cm).
- Placenta - Posterior , with lower end of placenta is approx. - 4.1 cm away from internal os of cervix with moderately filled maternal urinary bladder.
- Cervix-3.0 cm, internal os closed. No Evidence Of Funnelling Seen .

Foetal Biometry :

| | | |
|--|------------------|--------------------------------------|
| Foetal Heart Rate Is : | 142 | b/min Regular. |
| BPD | 5.3 | cm Corresponds To : 22 Weeks 3 Days. |
| HC | 19.5 | cm Corresponds To : 21 Weeks 5 Days. |
| AC | 18.4 | cm Corresponds To : 23 Weeks 2 Day. |
| FL | 3.8 | cm Corresponds To : 22 Weeks 2 Day. |
| Average Ultrasound Age Is : | 22 Weeks 3 Days | |
| Expected Date Of Delivery By Dating scan/LMP | 16/05/2026 | ± 10 Days. |
| Estimated Foetal Weight Is : | 538 gms. ± 81 g. | |

- Cord Doppler: - Two Umbilical Arteries And Single Umbilical Vein Are Identified. Cord Doppler Shows Indices Within Normal Limits.
- MCA Doppler : - Fetal MCA Doppler Shows Indices Within Normal Limits.
- Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Notch Is Absent.

| | | |
|-----------------------|------|----|
| Lateral ventricle | 6.7 | mm |
| Cerebellum (TCD) | 22.7 | mm |
| Cistern magna | 7.6 | mm |
| Nuchal fold thickness | 4.4 | mm |
| IOD | 14.4 | mm |
| Nasal bone | 8.7 | mm |

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Foetal Spine:

- Entire spine is visualized in longitudinal axis.
- No Evidence Of Apparent Splaying Of Posterior Vertebral Elements.
- No evidence of Excursion Of Meninges Seen.

Foetal Brain:

- No Evidence Of Intra Or Extra-Axial SOL Seen.
- No Evidence Of Midline Shift Seen. No Evidence Of Ventriculomegaly Seen.
- Cavum Septum Pellucidum, Posterior Fossa And Cerebral Cortex Appears Normal in Size shape and ossification of skull appears normal.

Foetal Abdomen:

- Fetal Stomach Bubble Is Seen. Foetal Kidneys: Right Kidney Appears Normal. FETAL Left Kidney: echogenic with anechoic cysts of max. size-3 mm & Bladder Appears Normal.

- Visualization of gastric bubble does not rule out oesophageal atresia.
- No Evidence of major anterior abdominal wall defect seen.
- Anorectal Malformation Detection Rate By Antenatal Ultrasound Ranges From 0 To 33 %.

Fetal Heart:

- Normal Cardiac Situs, cardiac axis.
- No e/o of large VSD seen though small VSD may not get detected on ultrasound and serial examinations are needed.
- Four Chamber View Of Heart Appears Normal (Basic Evaluation) With Absence Of Chamber Size Discordance.
- LVOT AND RVOT views appears normal.
- Partial Anomalous Venous Connection Could Not Be Ruled Out.
- Detailed fetal ECHO is beyond the scope of this study and advised at 26 weeks of gestation.
- ARSA (Aberrant right Subclavian artery) ultrasound marker is not assessed in present scan due to technical limitations.

Fetal Face - Limited Evaluation Includes:

- Nose Mouth View,
- Orbital Plane And Facial Profile.

- Detection Rate For Isolated Cleft Lip And Palate On Antenatal Ultrasound Is Approx. 12 Percent. Hence Isolated Cleft Lip And Cleft Palate Could Not Be Ruled Out On Ultrasound And Post Natal Evaluation Is Needed (Ref: April 2002 The Cleft Palate-Craniofacial Journal 39(2):169-73 DOI:10.1597/1545-1569(2002)039<0169:PDOCLA>2.0.CO;2)
- There Is No E/O Fetal Ascites Or Pleural Effusion. Visualized Fetal Limbs Appear Flexed In Position With Limited Evaluation (Finger And Toe Counting Is Beyond The Scope Of This Study). CTEV Of Postural Origin And Transient CTEV could not be ruled out. Evaluation Of Fetal Pinna Is Not A Part Of Examination..
- Not All The Congenital Anomalies Can Be Detected Sonographically Certain Anomalies Are Developmental And Serial Ultrasound Scans Are Warranted. If No Abnormalities Are Found On Ultrasound Scan, This Is Not A Guarantee Of A Healthy Child As There Is A Significant Variability In The Sensitivity Of Routine Ultrasonography For Detection Of Various Fetal Anomalies.

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NAME : MRS. DEEPMALA SINGROUL AGE : 23 YEARS/F
REF. BY : DR. SONAL MISHRA, DGO.

VISIT NO : 1
DATE : 12-01-2026

• Ultrasound soft markers for aneuploidy:

| Ultrasound marker | Present or absent |
|--|-------------------|
| 1. Echogenic intra-cardiac focus | absent |
| 2. Mild pyelectasis | Present |
| 3. Short femur | absent |
| 4. Echogenic bowel | absent |
| 5. Increased nuchal fold thickness | absent |
| 6. Absent nasal bone (non-ossified nasal bone) | absent |
| 7. Ventriculomegaly | absent |
| 8. Choroid plexus cyst | absent |

- Presence Of Soft Marker Increases The Risk Of Chromosomal Abnormality But Does Not Confirm It.
- Absence Of Soft Marker Decreases Risk Of Chromosomal Abnormality But Does Not Rule Out Chromosomal Abnormality.
- The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood flow to the uterus (Uterine artery mean PI).
- On The Basis Of This Assessment The Patient Is Unlikely To Develop PE before 36 weeks. However, It Is Recommended That The Risk For Term-PE Is Assessed At 36 Weeks.

IMPRESSION :

- Live Intrauterine foetus In Cephalic Presentation Is Seen At The Time Of Examination Of 22 Weeks 3 Days.
- Fetal Left Kidney: Echogenic With Cysts: Left Cystic Dysplastic Fetal Kidney.

| | | |
|--|--------|----------|
| Initial Trisomy 21 Risk Based On Maternal Age | 1/1200 | Low risk |
| Estimated Risk Of Trisomy 21 modified By The Selected Ultrasound Markers | 1/4500 | Low risk |

- Adv-Quadruple Test/ Follow up/ Detailed Fetal ECHO At 26 Weeks.

DR. PRASHANT S. BARPANDE DECLARE THAT WHILE CONDUCTING THE SONOGRAPHY OF PATIENT NAME-MRS. DEEPMALA SINGROUL, I HAVE NOT DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER.



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Disclaimer: Not all the congenital anomalies of foetus are detectable by ultrasound and serial follow ups and further serological evaluation/chromosomal markers are required and same is explained in local language to the patient and relative. Detection of fetal anomalies is dependent on fetal position, fetal movements, maternal obesity etc. and is explained beforehand.

भ्रूण की सभी जन्मजात विसंगतियों का अल्ट्रासाउंड और सीरियल फॉलोअप द्वारा पता नहीं लगाया जा सकता है और भ्रूण की सीरोलॉजिकल मूल्यांकन / क्रोमोसोमल मार्करों की आवश्यकता होती है और इसे स्थानीय भाषा में रोगी और रिश्तेदार को स्पष्ट किया है। भ्रूण की विसंगतियों का पता लगाना भ्रूण की स्थिति, भ्रूण की गतिविधियाँ, मातृ मोटापा, आदि पर निर्भर है और पहले से समझाया गया है।