



भारत सरकार
Government of India



Aadhaar no. Issued: 22/04/2015



दीपमाला सिंगरौल

Deepmala Singroul

जन्म तिथि/DOB: 01/01/2003

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्साएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

8234 5931 5485

मेरा आधार, मेरी पहचान



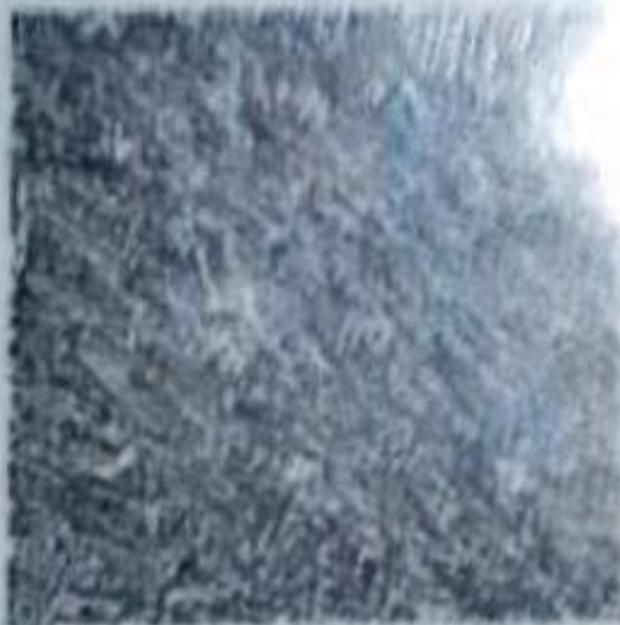
आरक्ष विभाग प्रशासन अधिकारी

Unique Identification Authority of India

Details as on: 01/04/2025

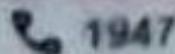
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रुपचंद सिंहल, पांडा, बिलासपुर, बिलासपुर,
छत्तीसगढ़ - 495001

Address:
Rupchand singhoul, Mothi, PO: Bilaspur, DIST:
Bilaspur,
Chhattisgarh - 495001



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VID : 9142 5692 3557 4915



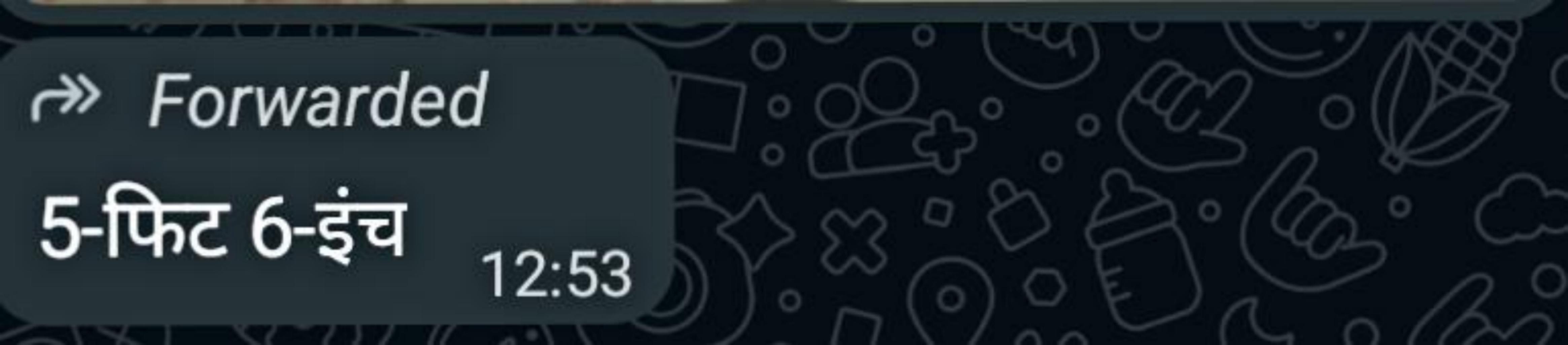
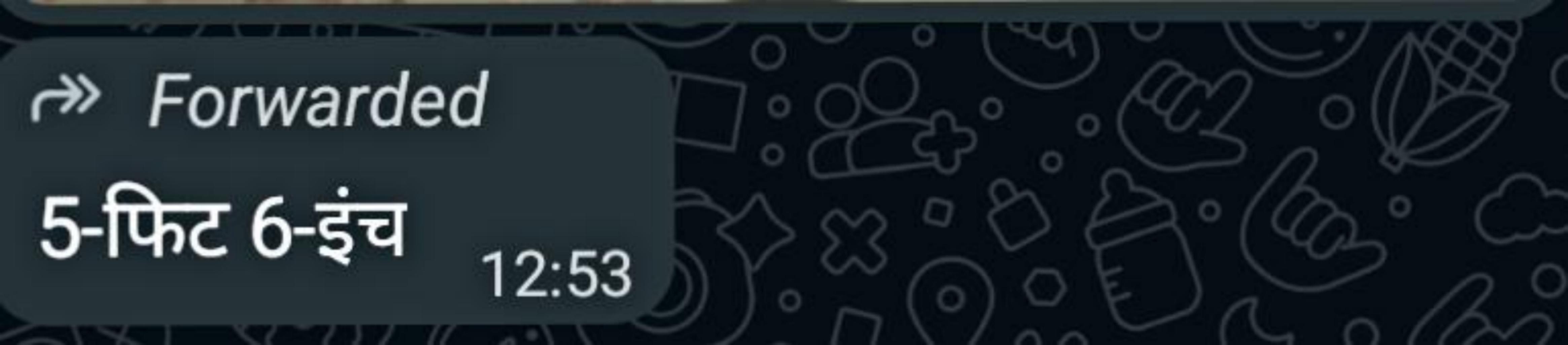
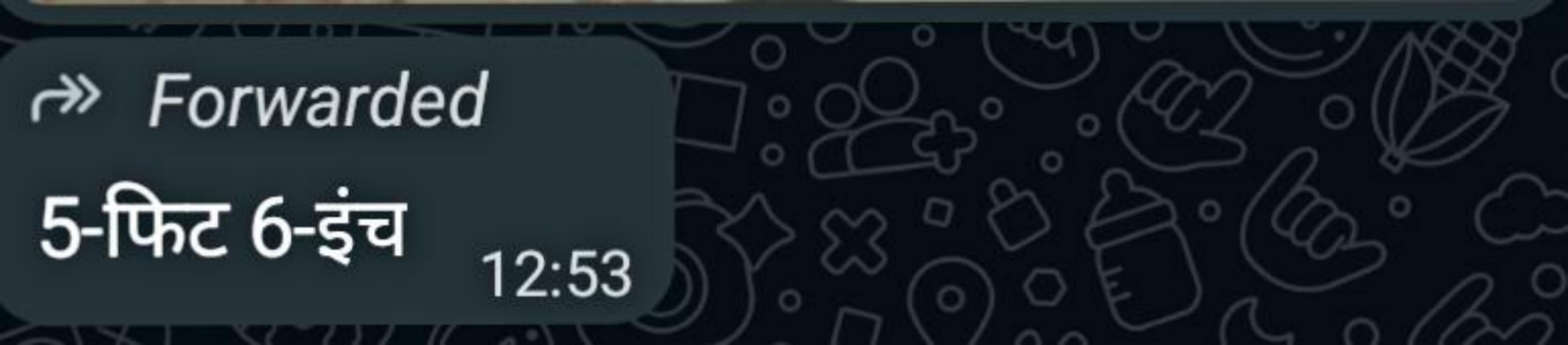
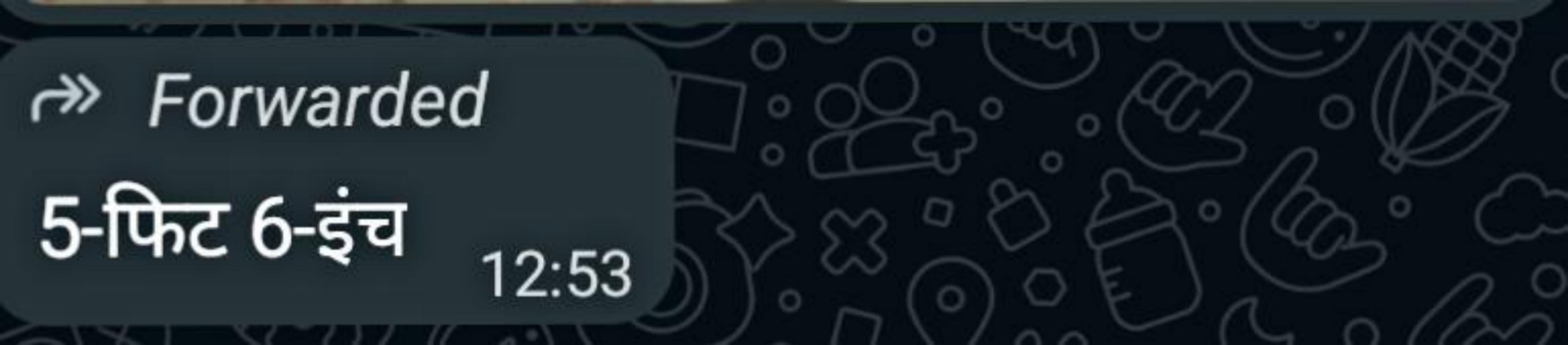
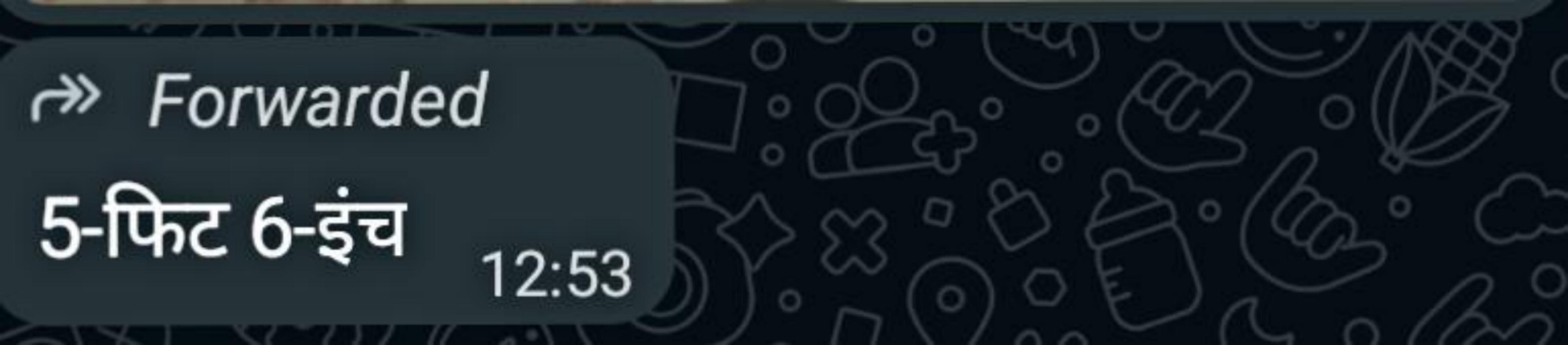
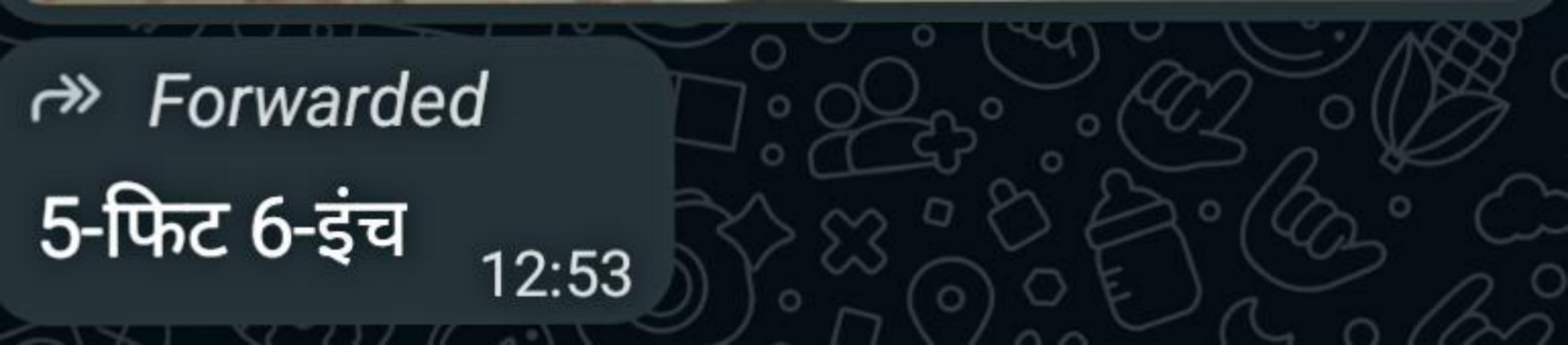
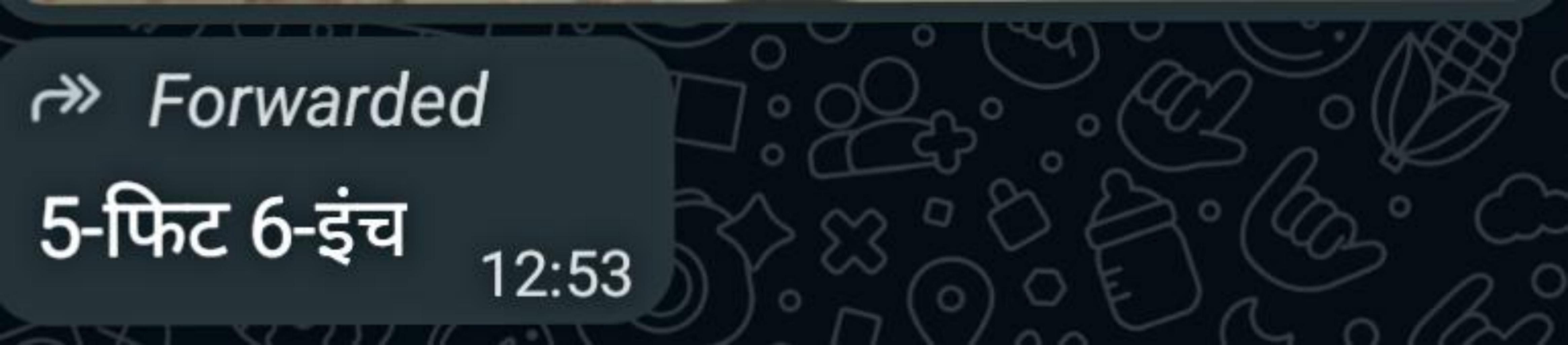
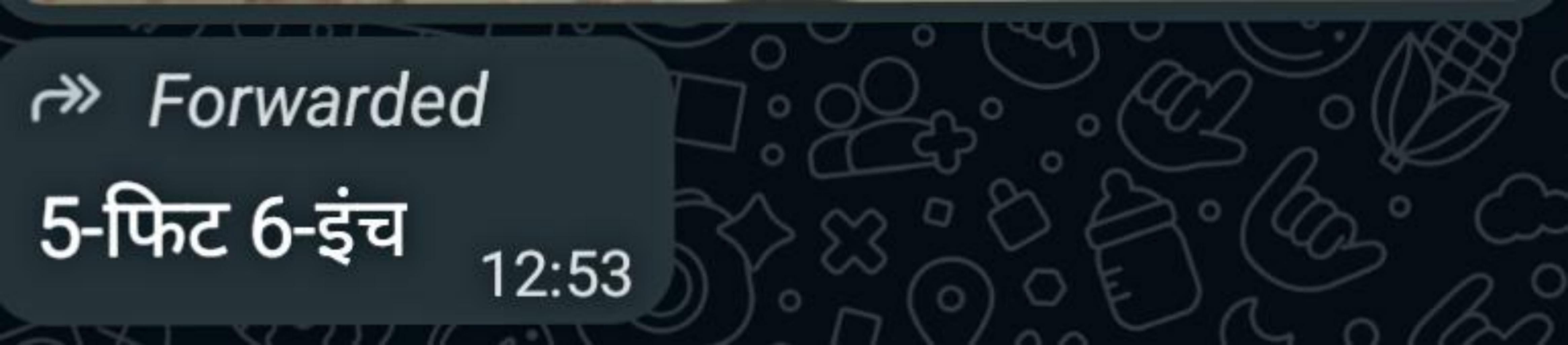
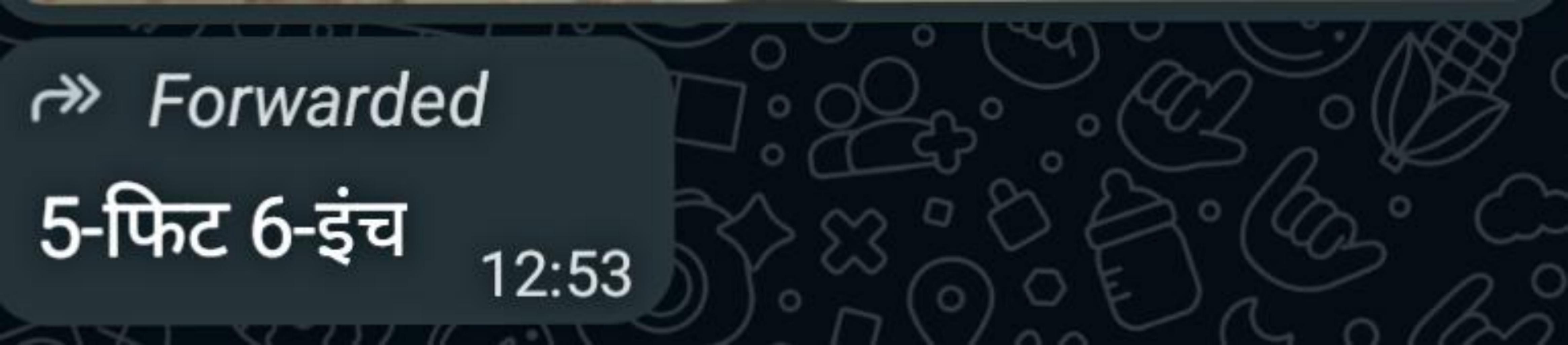
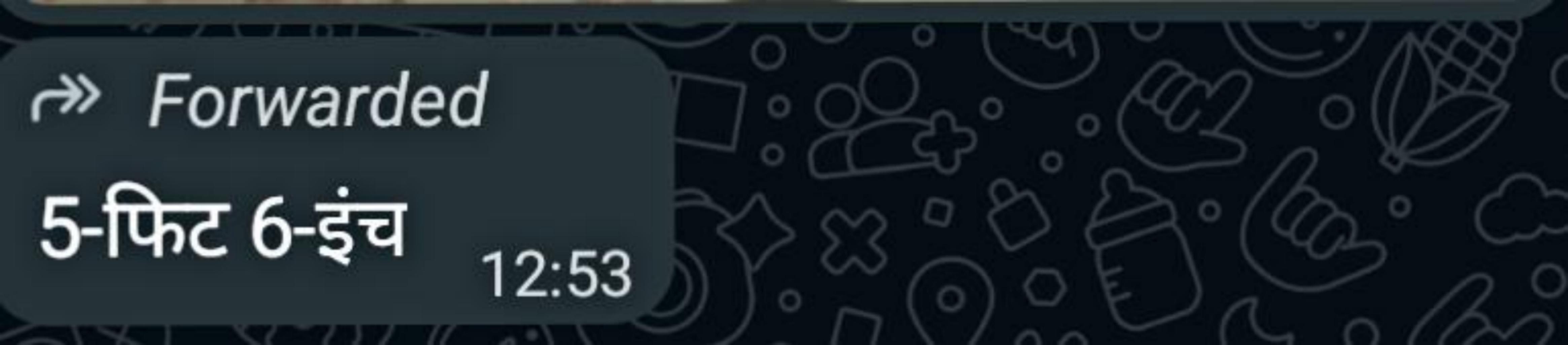
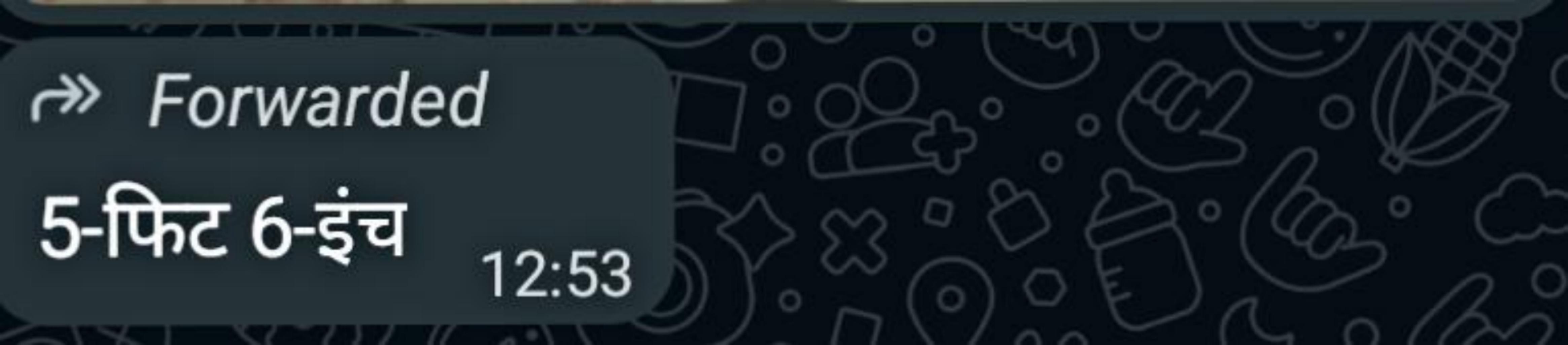
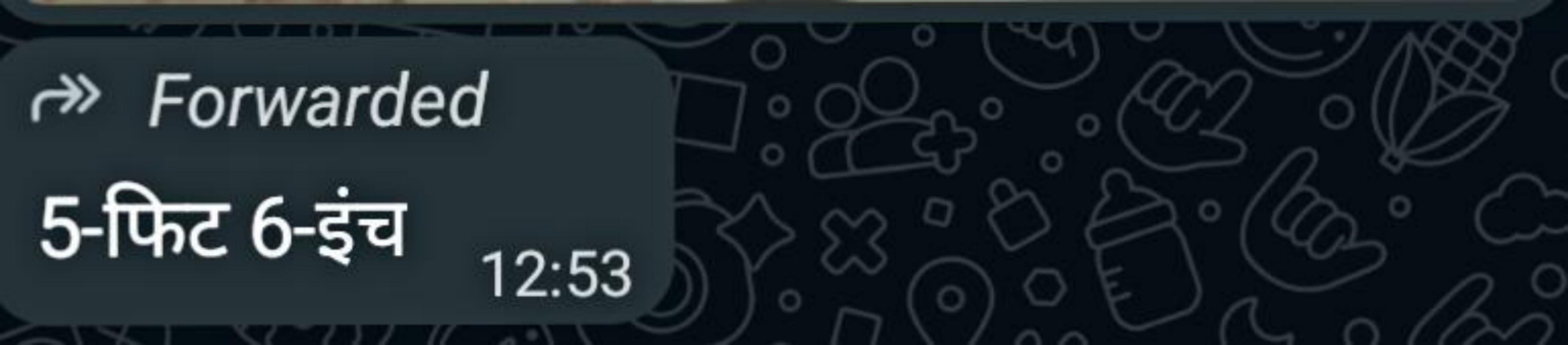
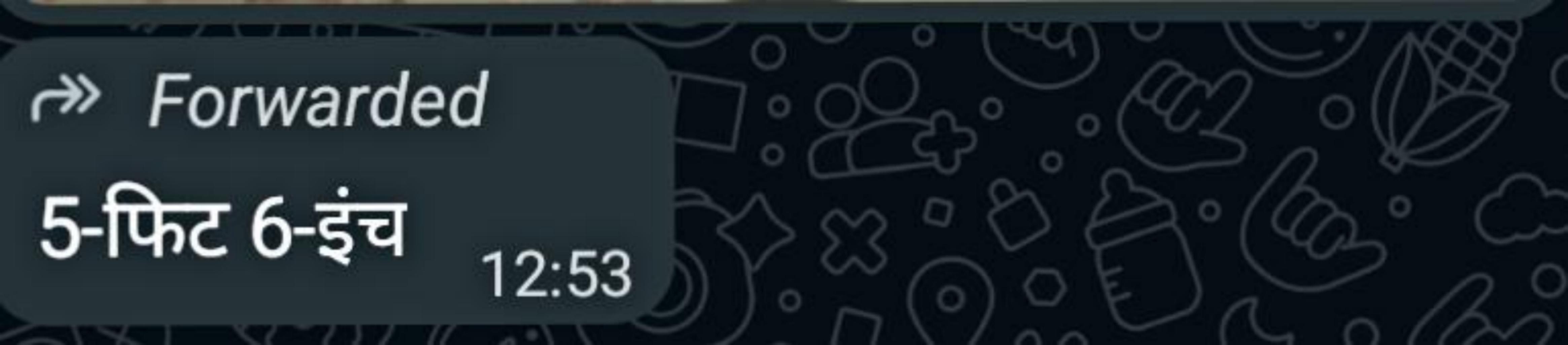
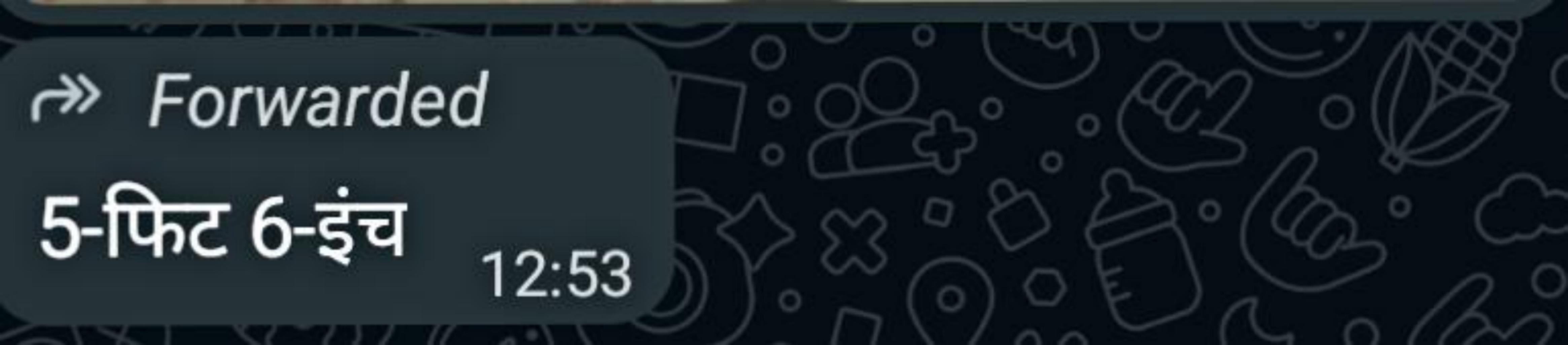
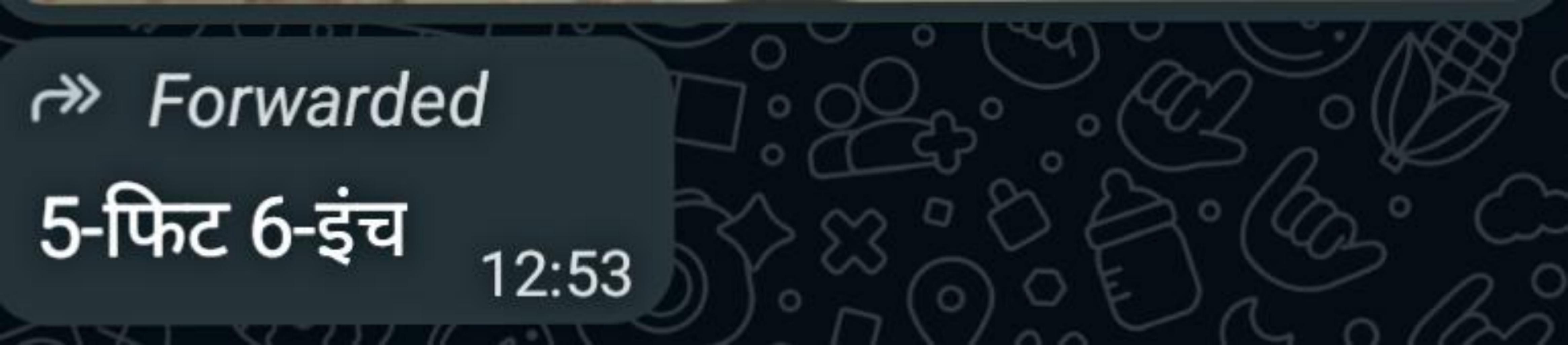
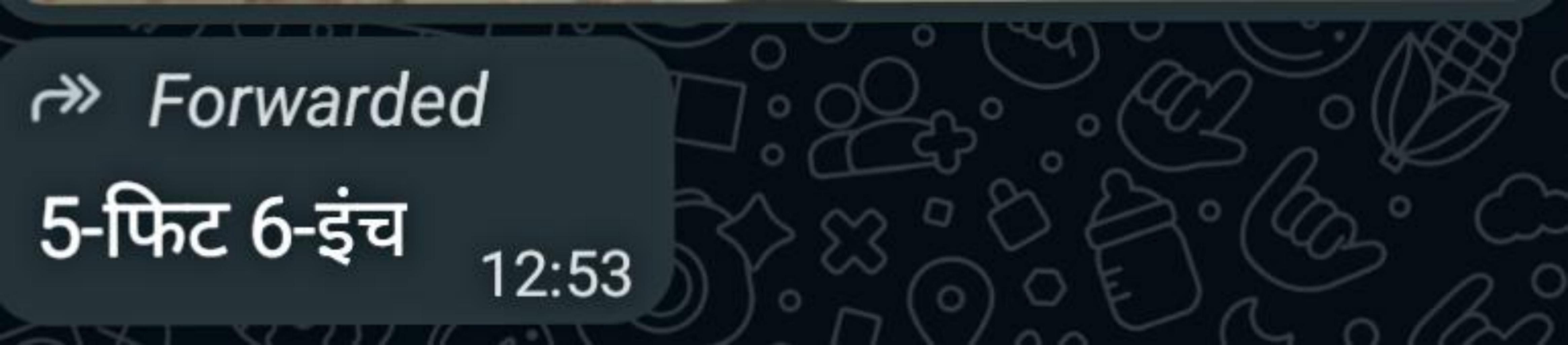
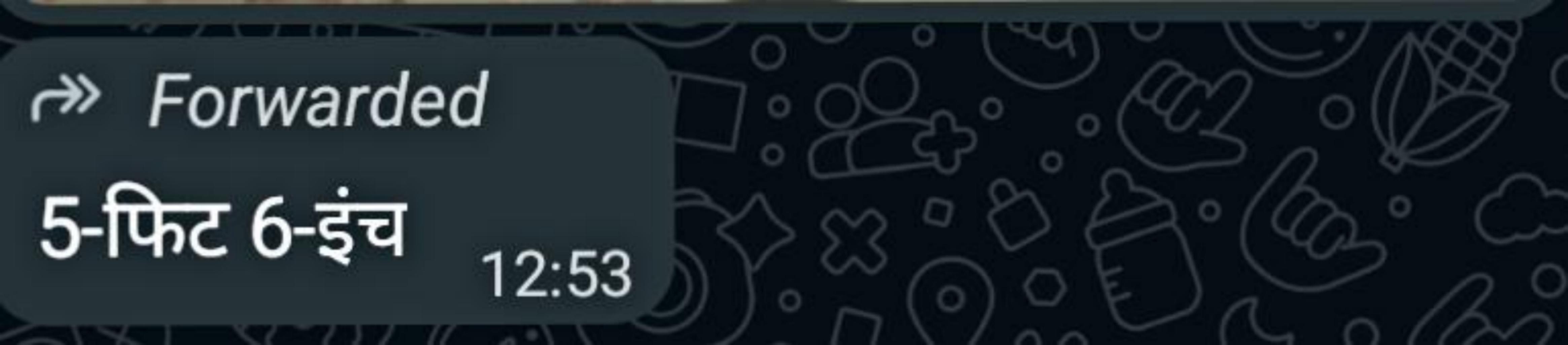
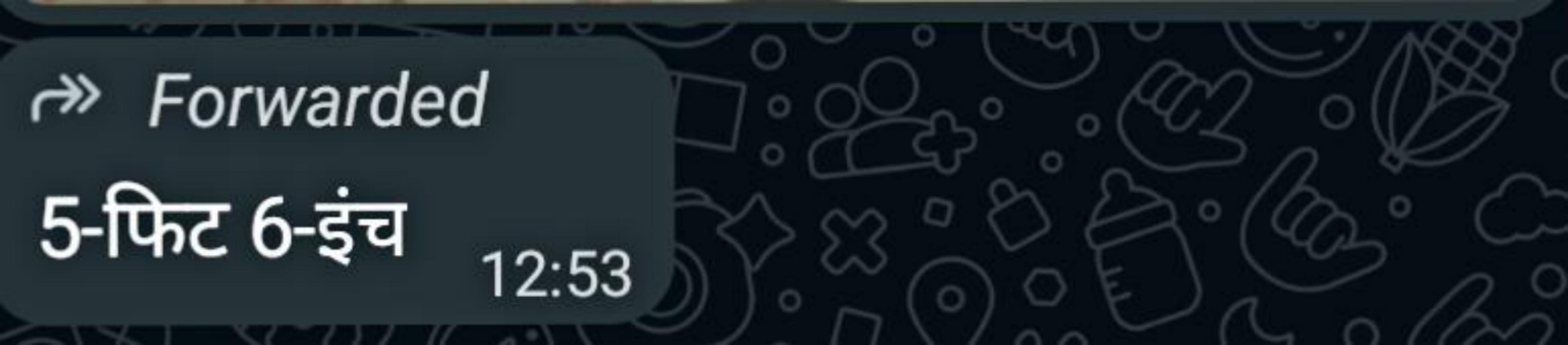
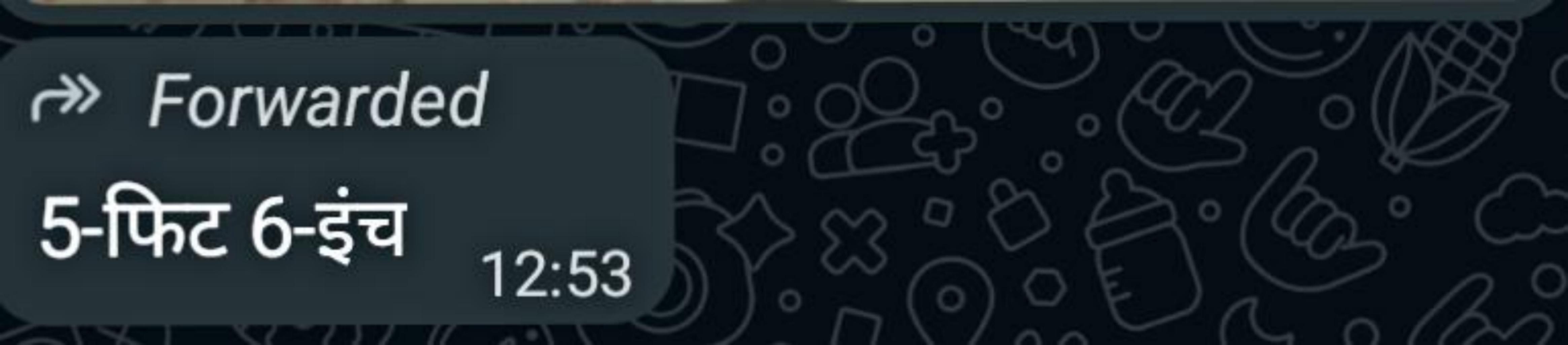
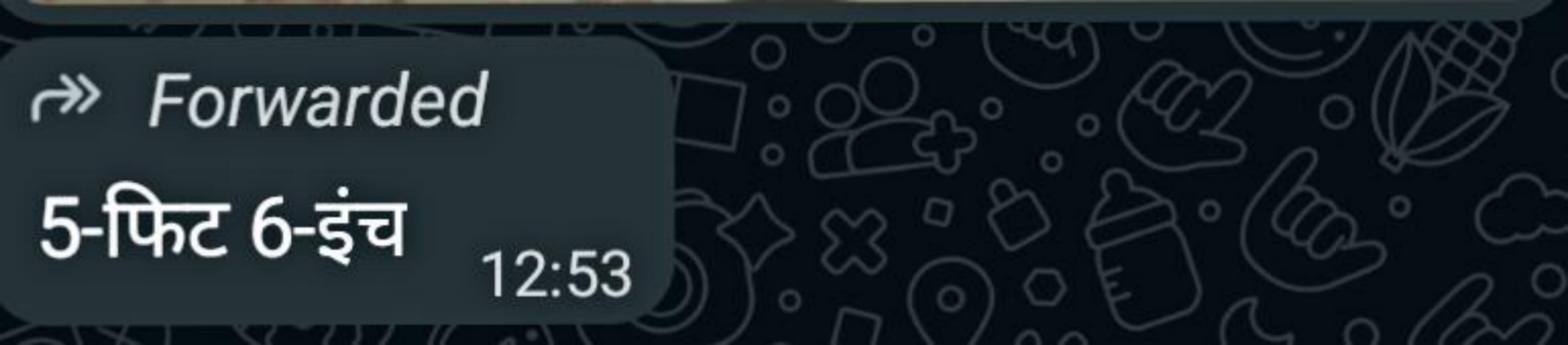
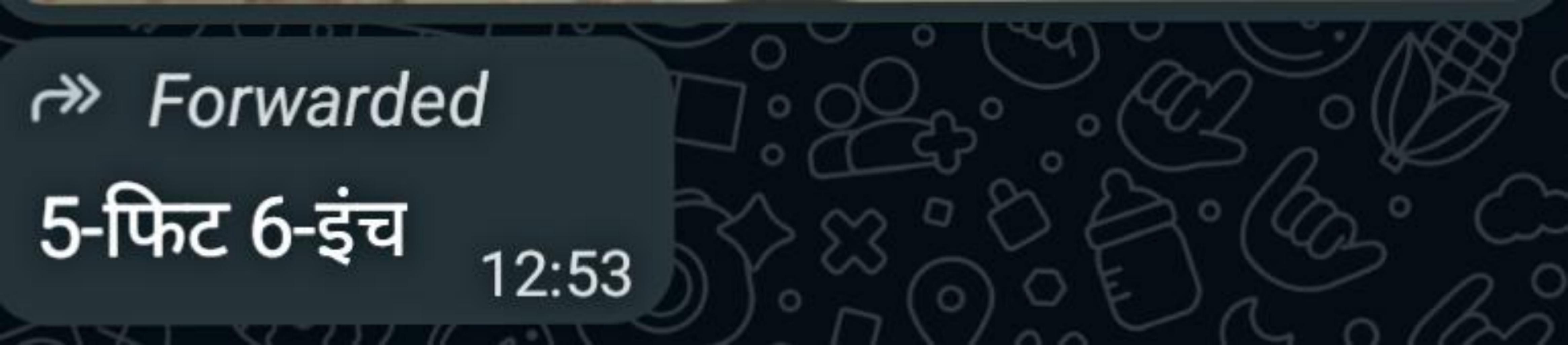
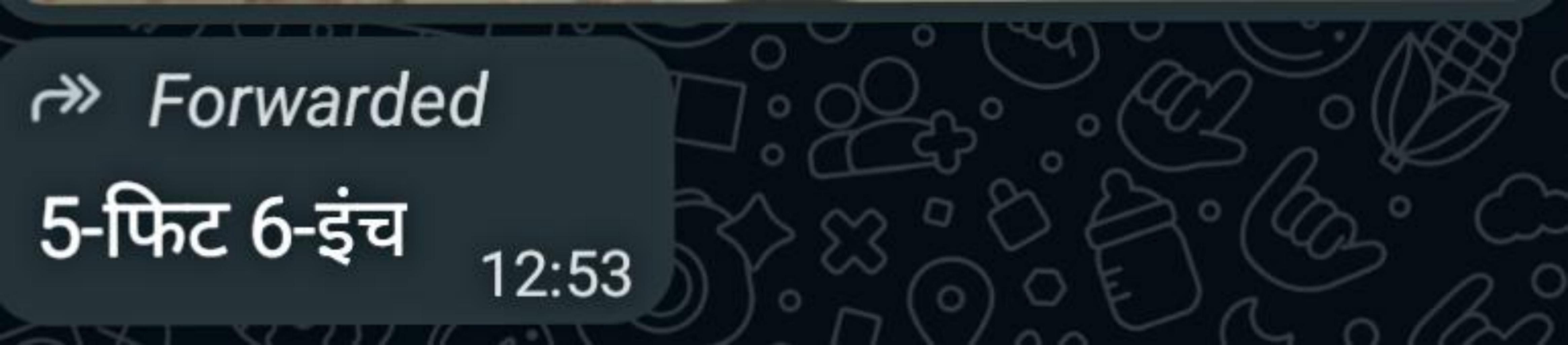
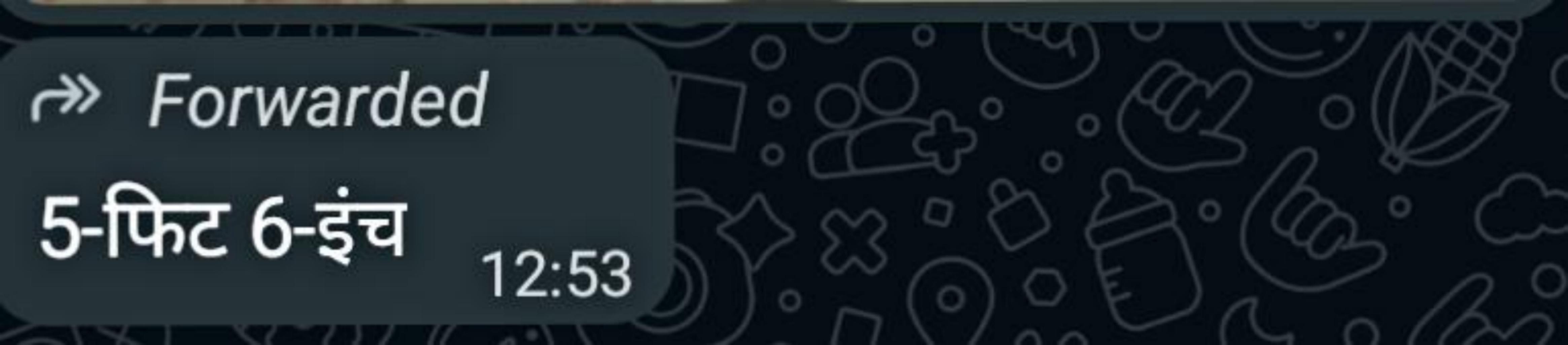
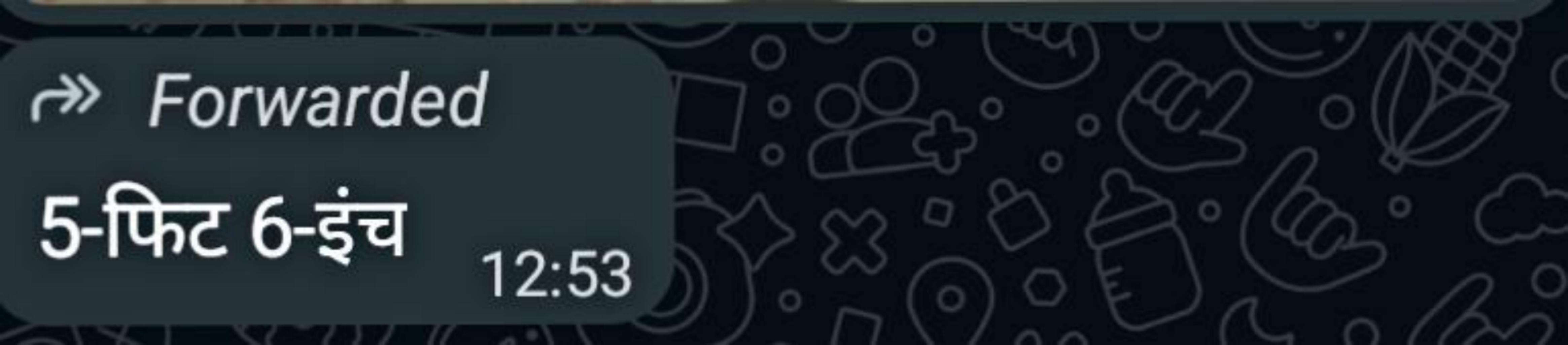
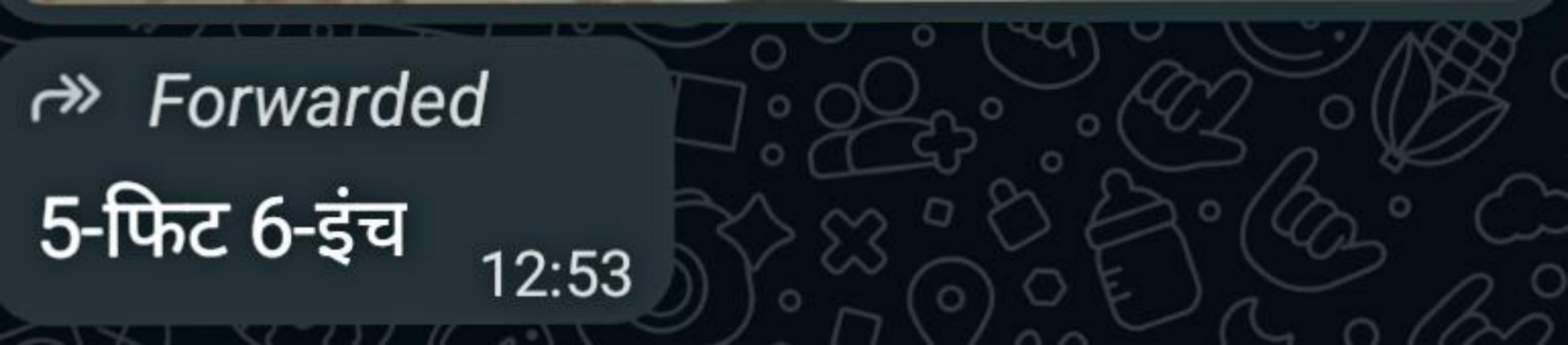
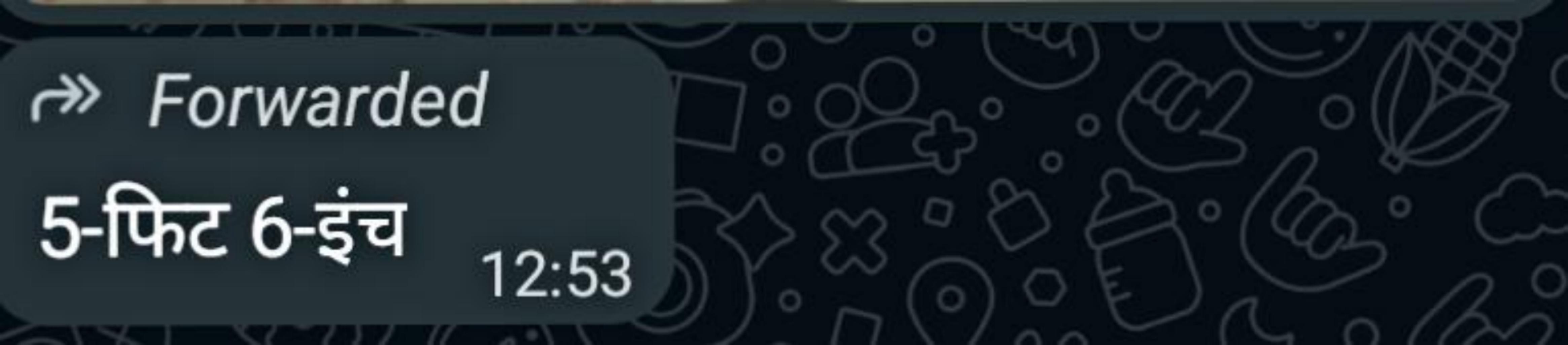
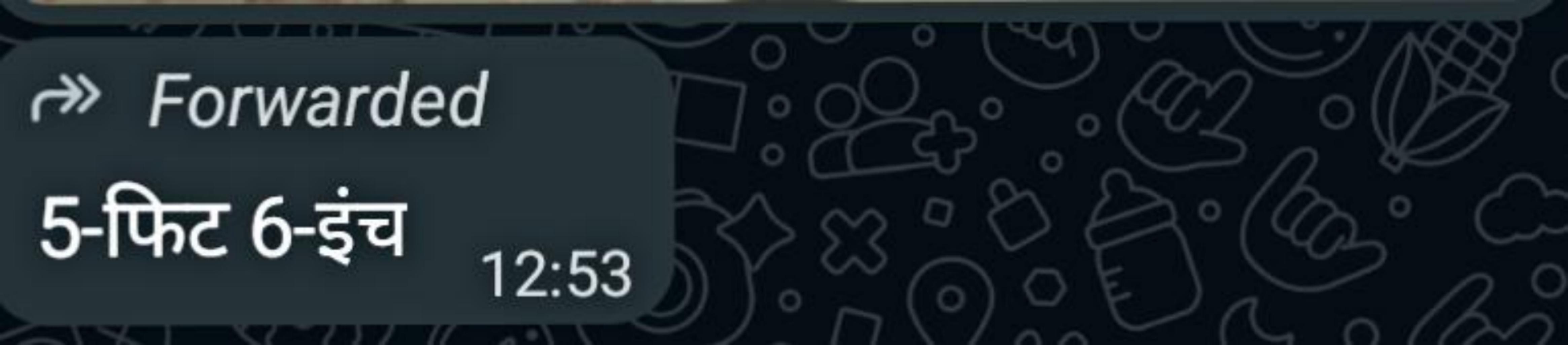
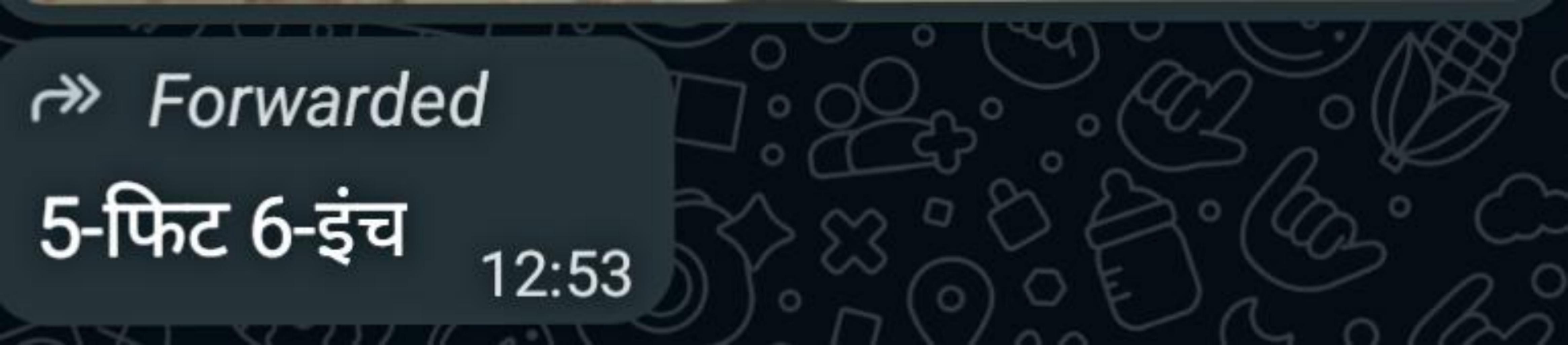
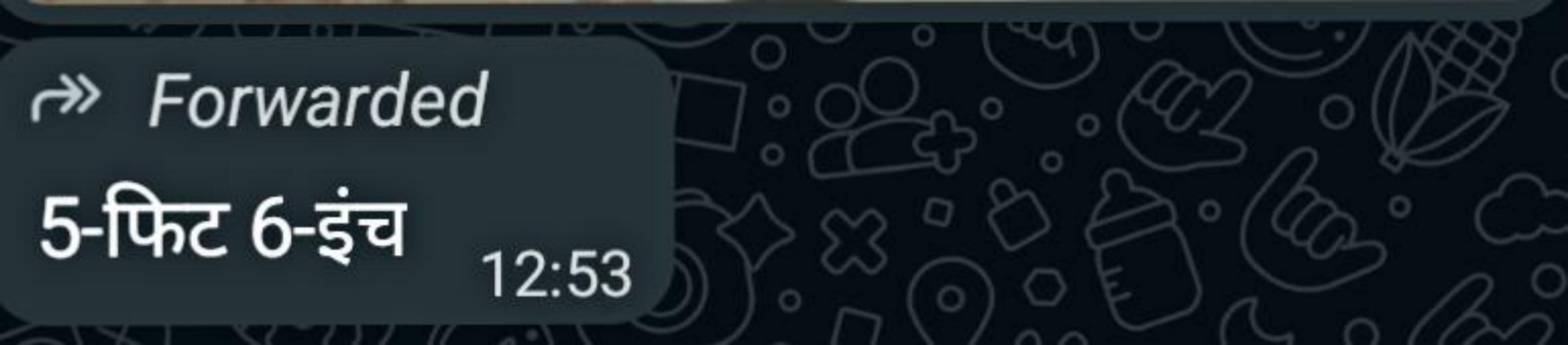
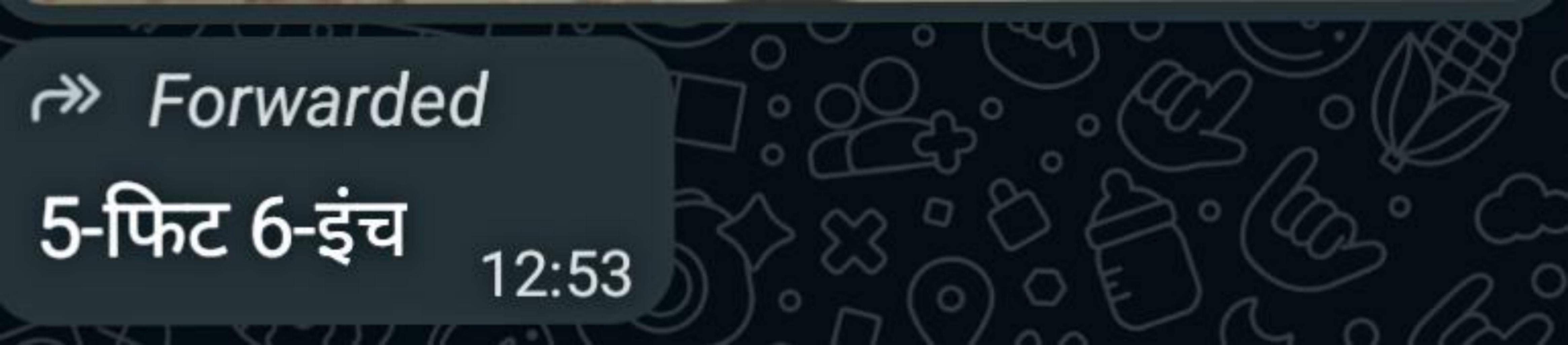
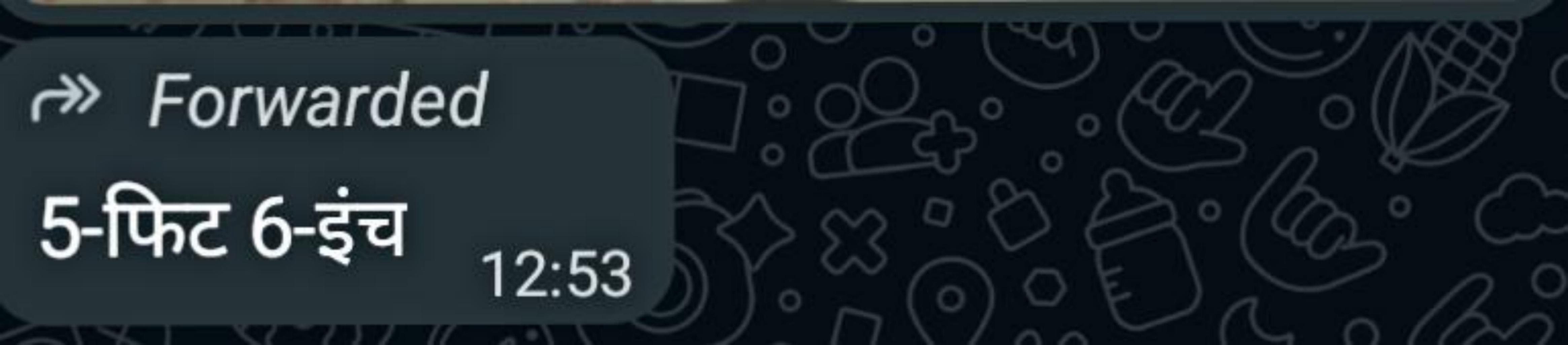
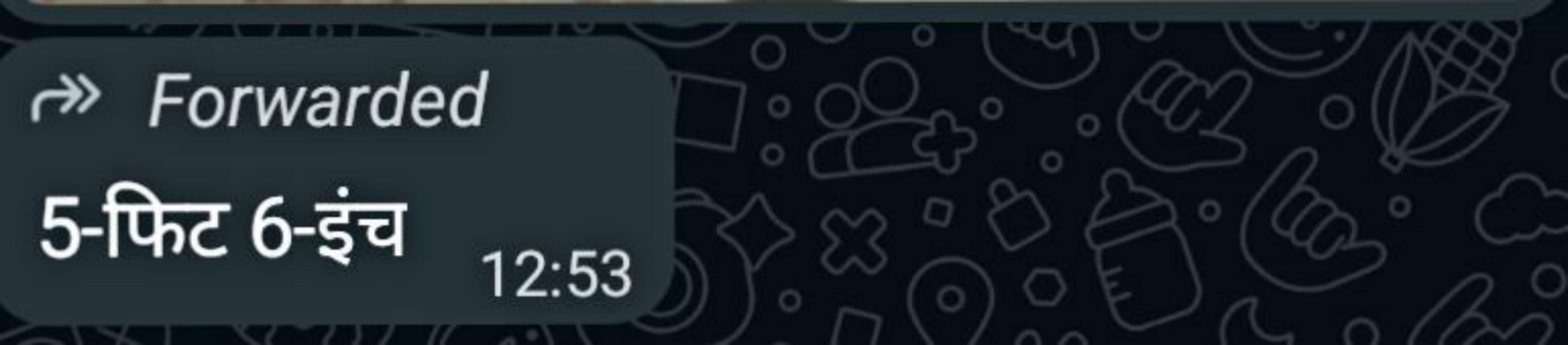
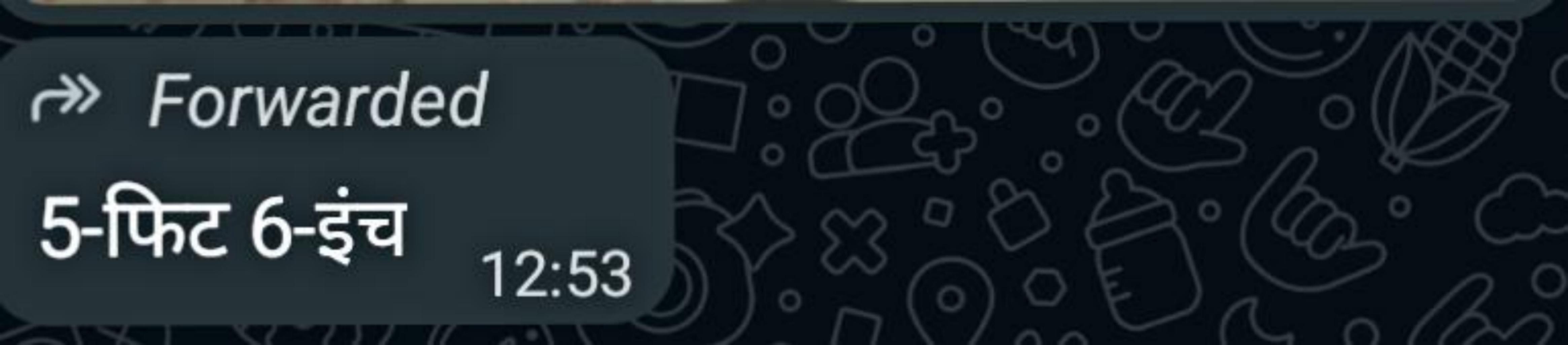
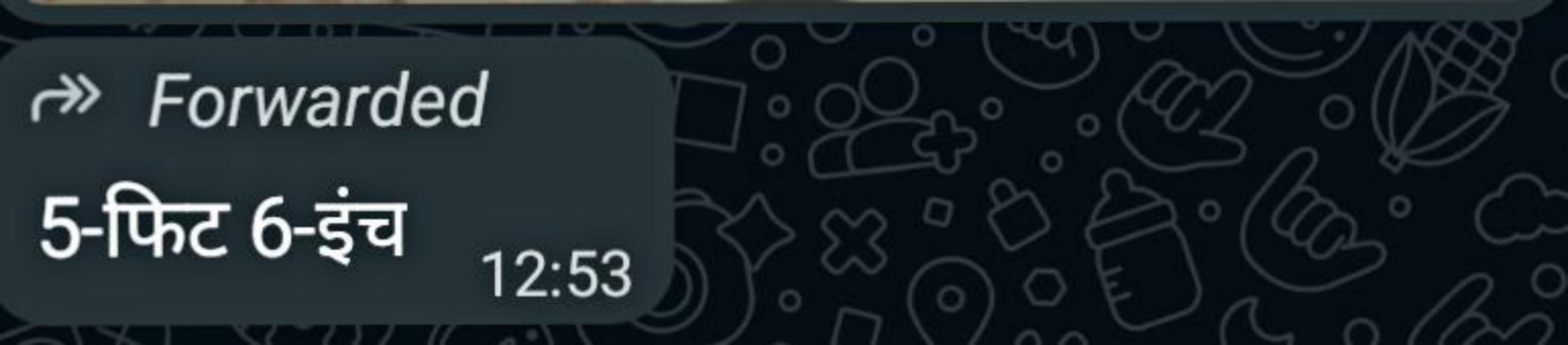
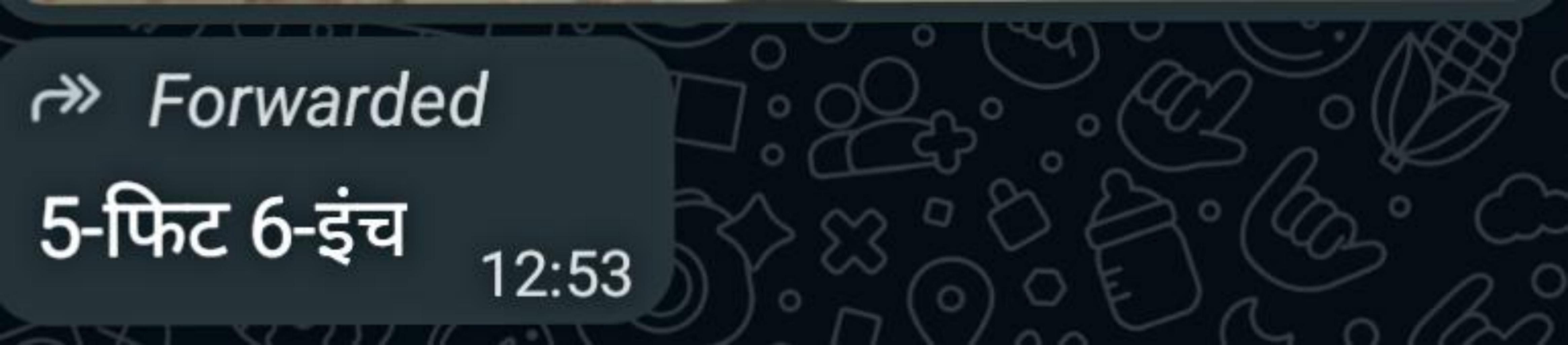
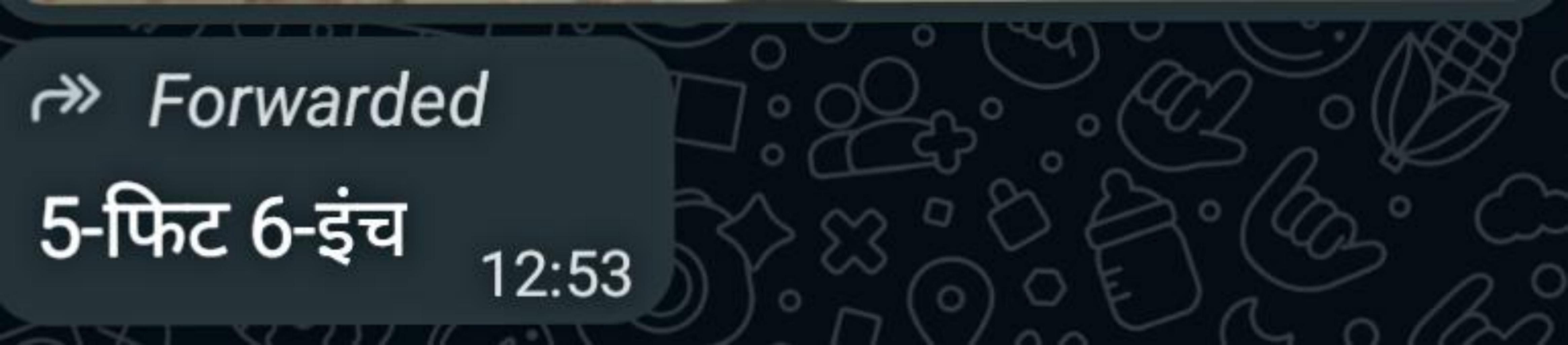
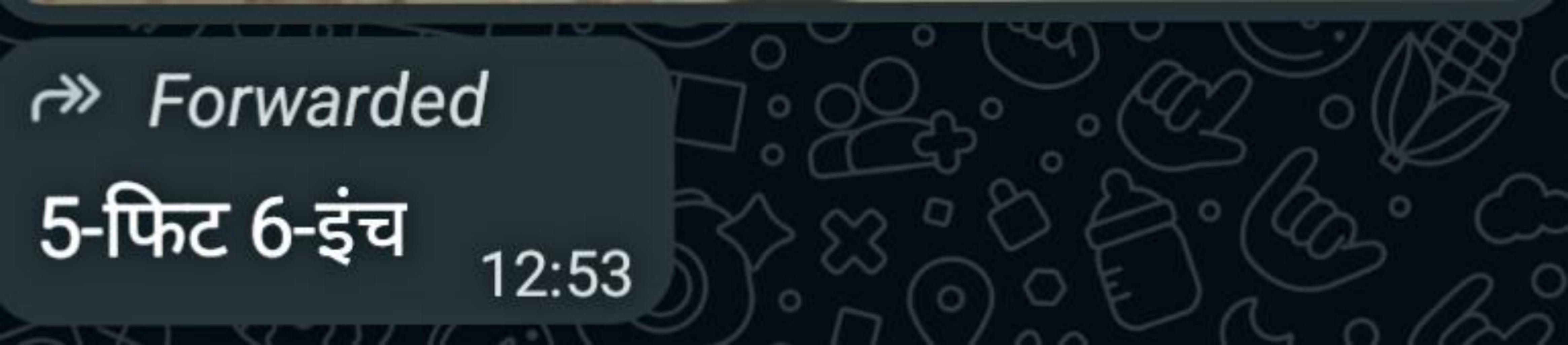
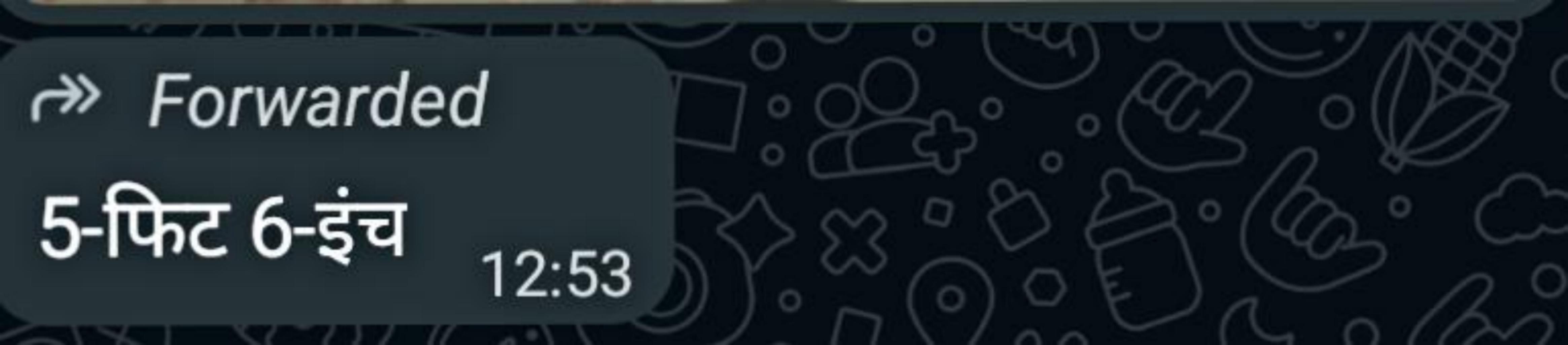
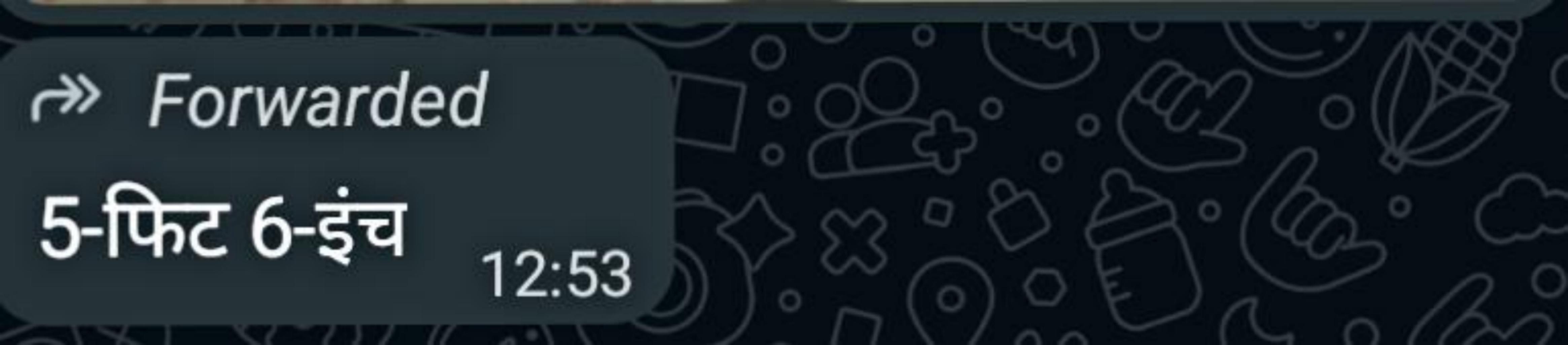
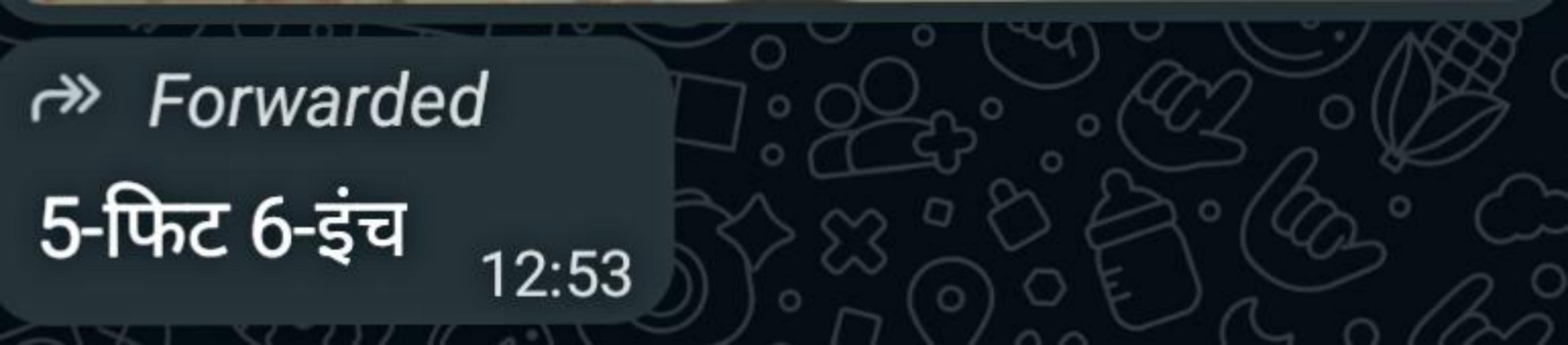
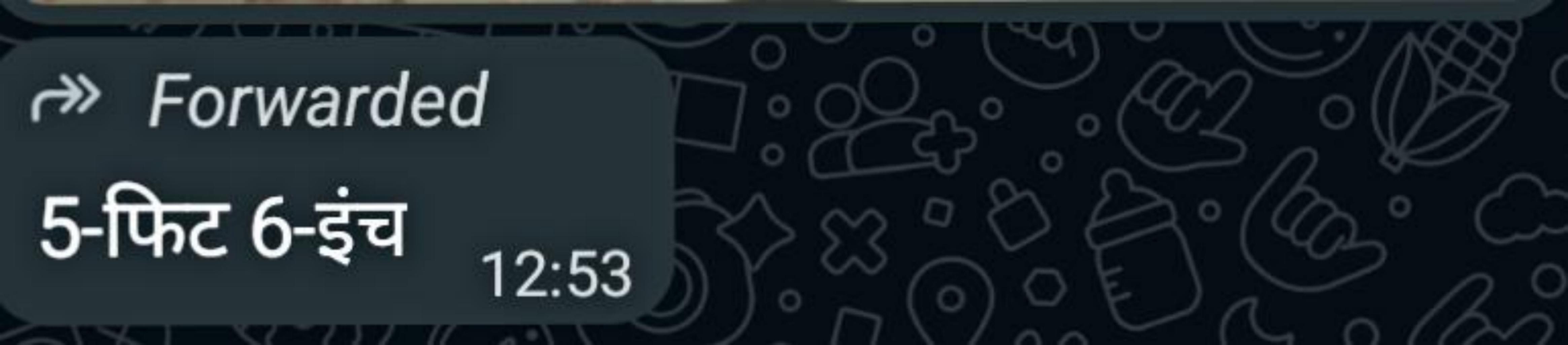
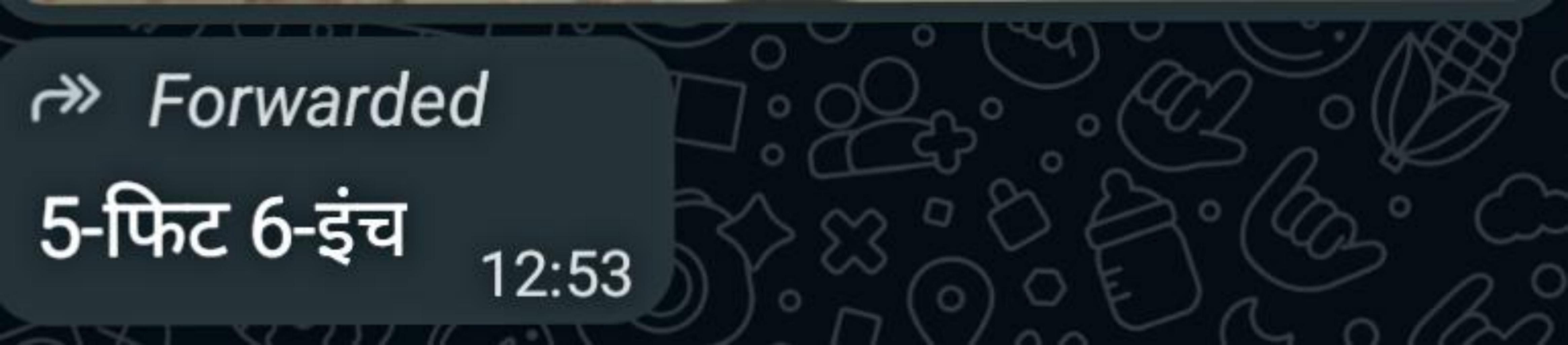
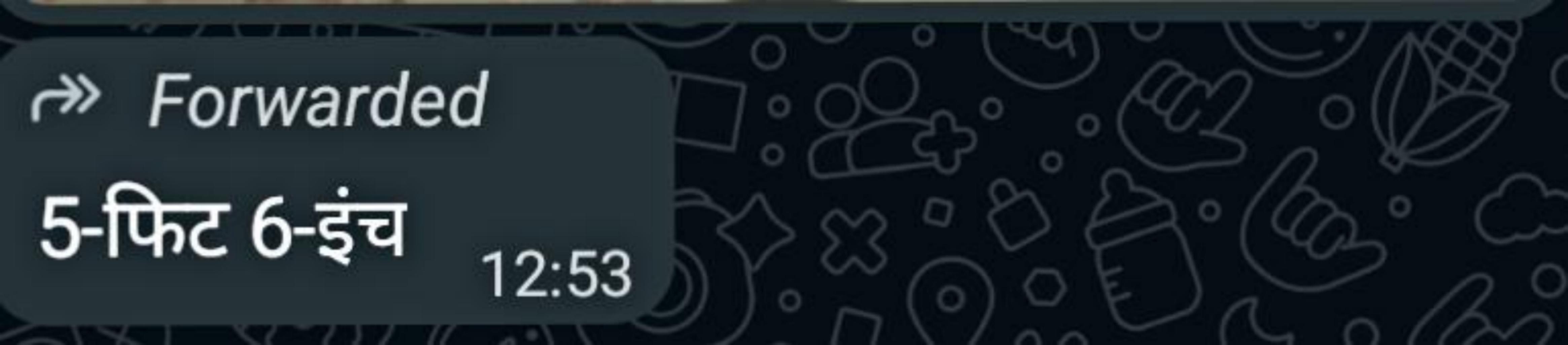
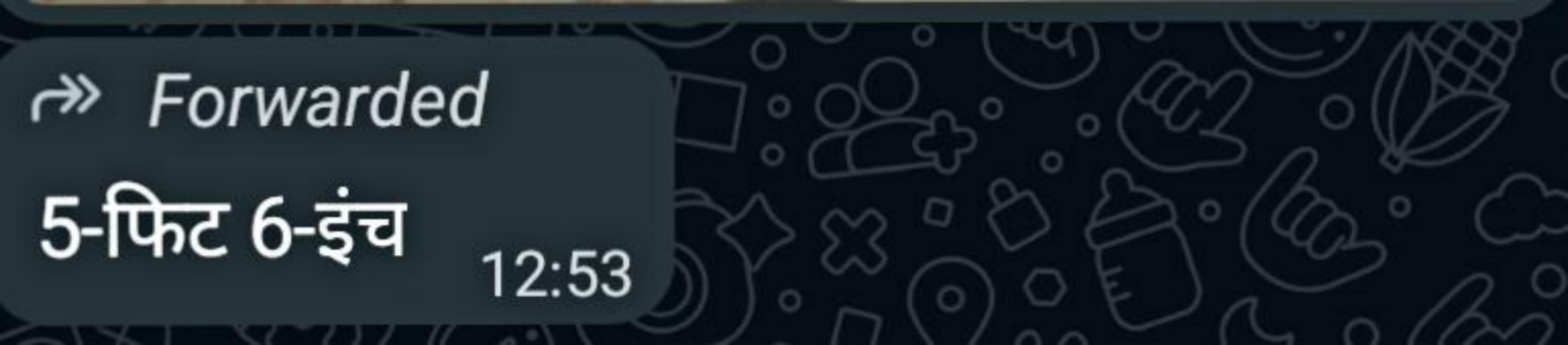
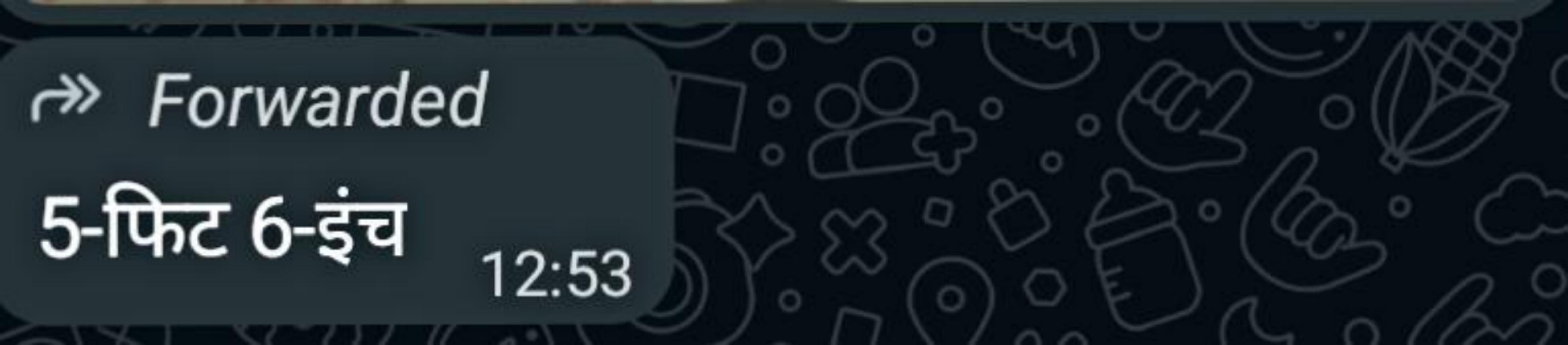
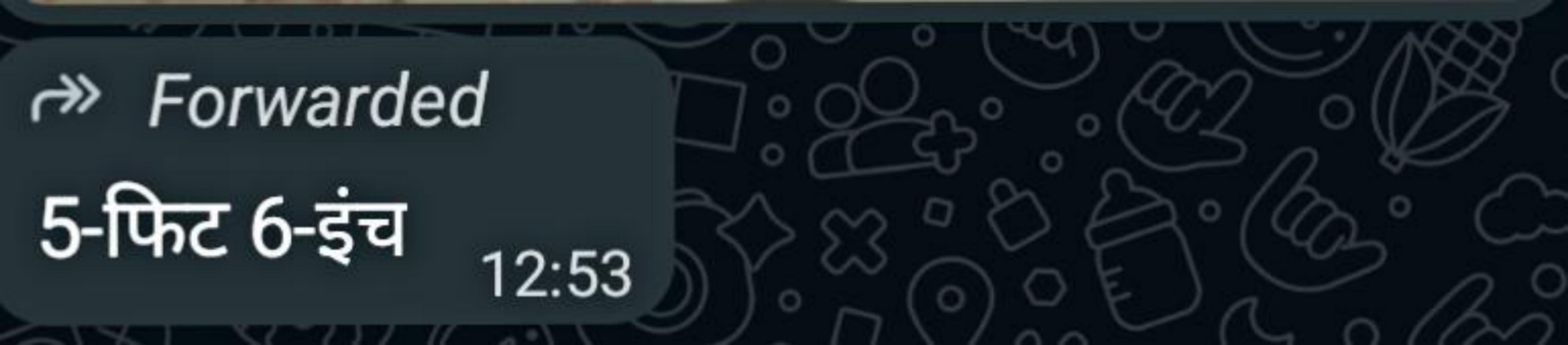
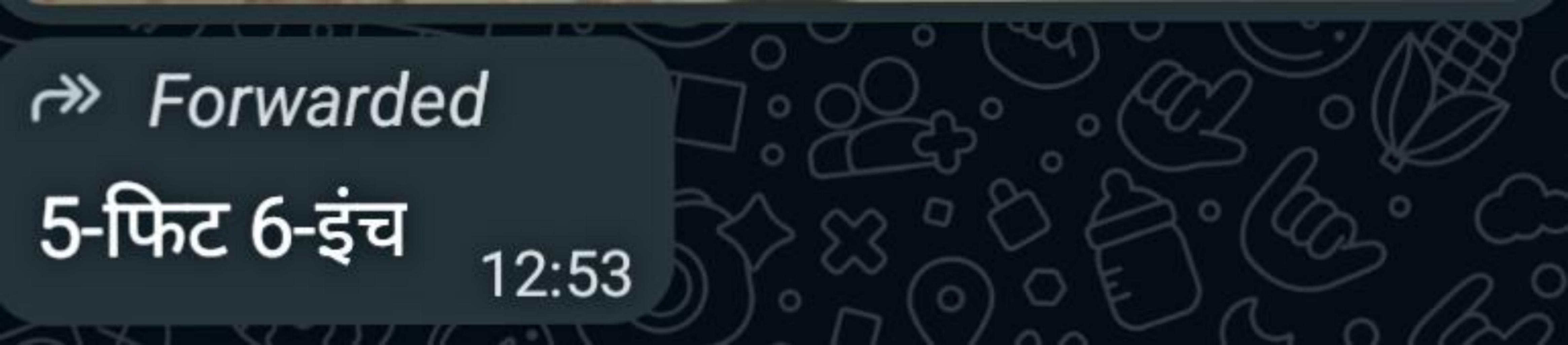
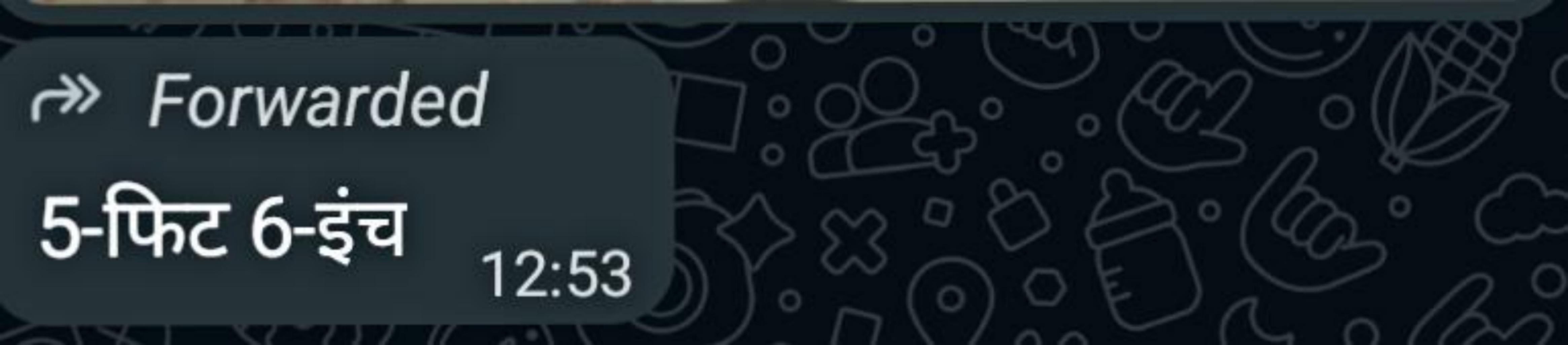
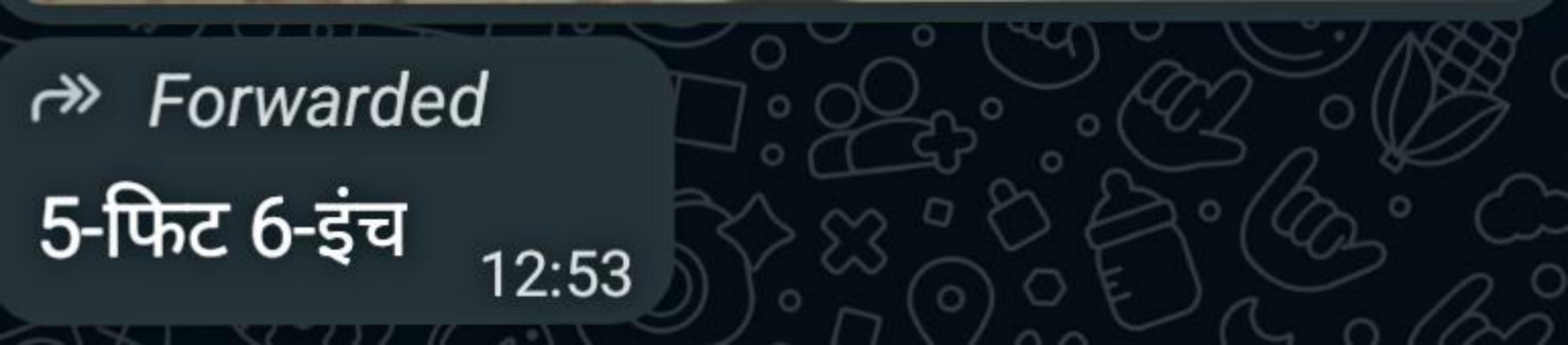
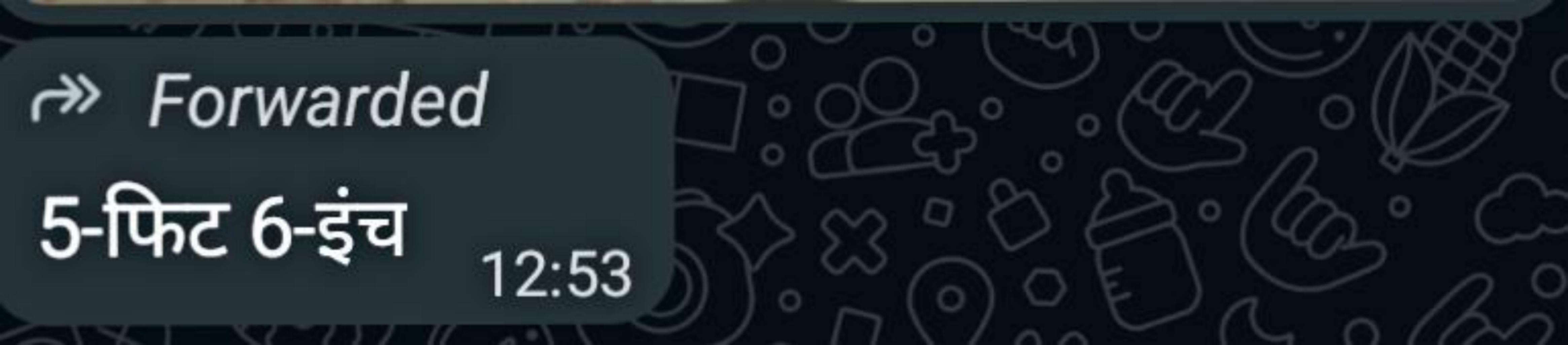
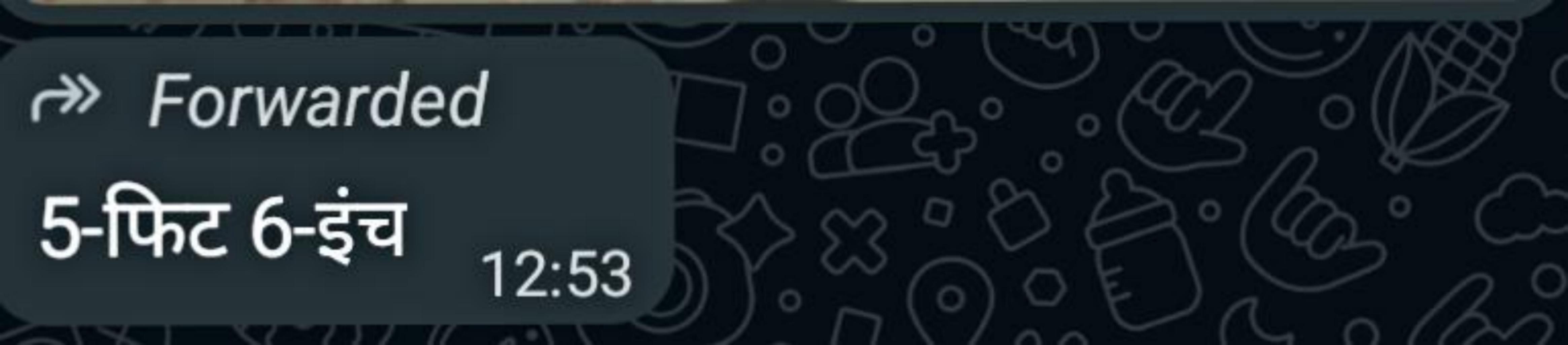
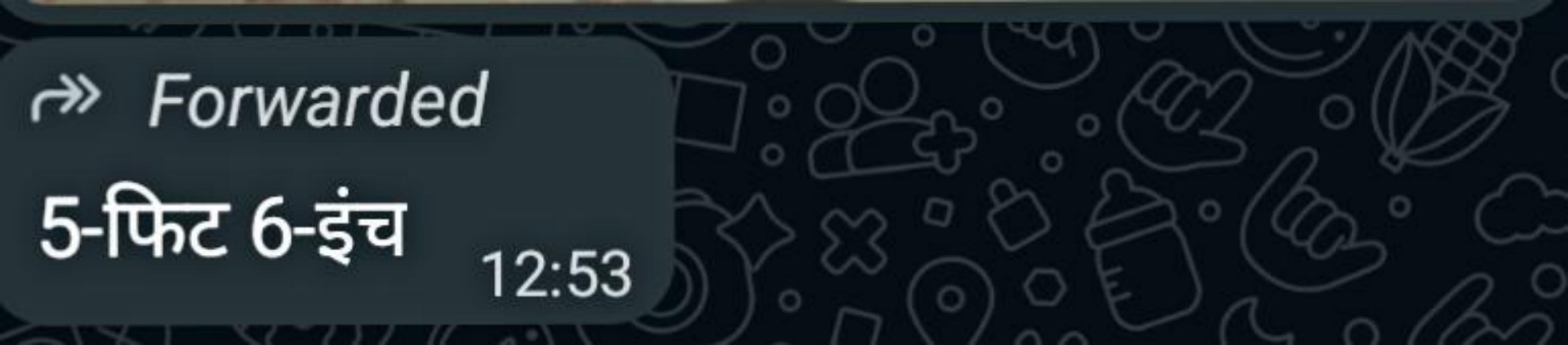
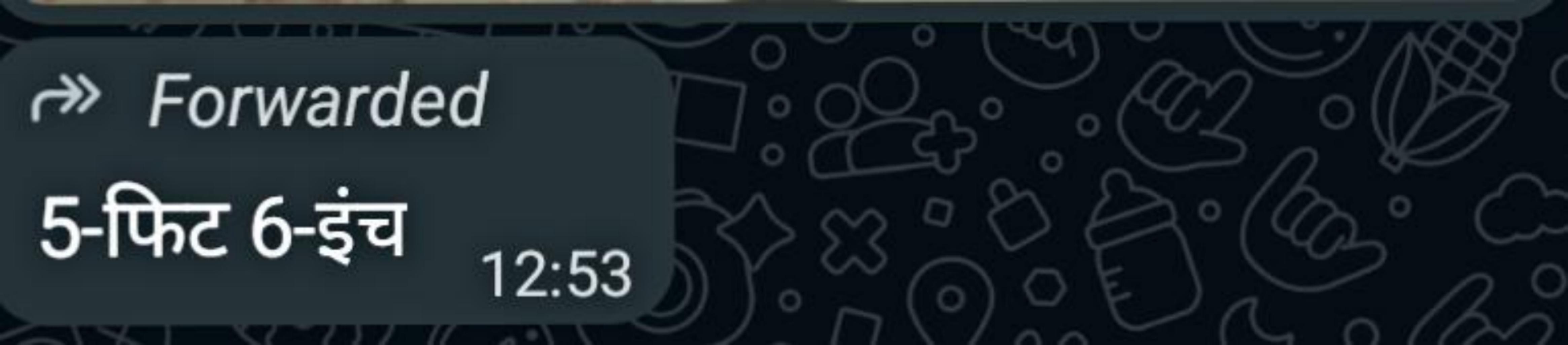
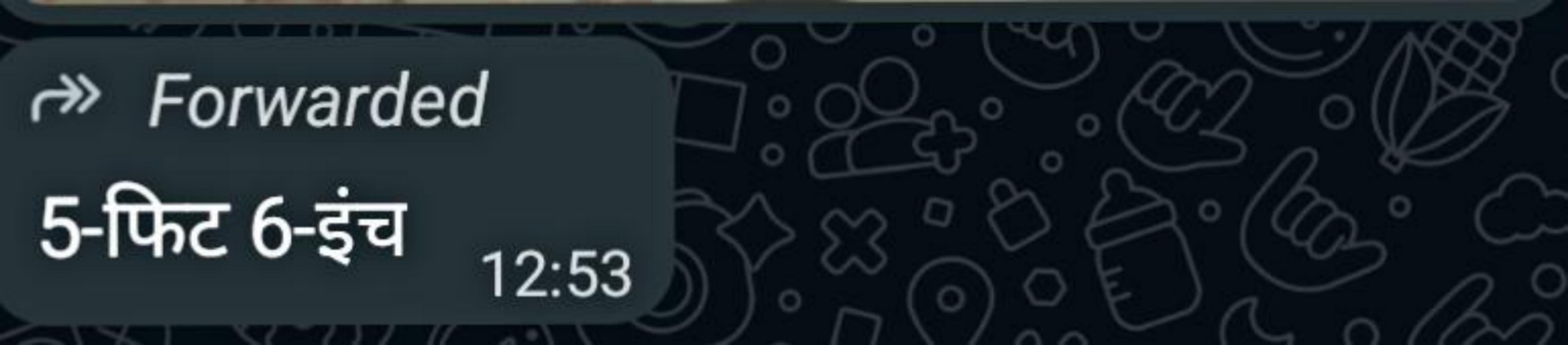
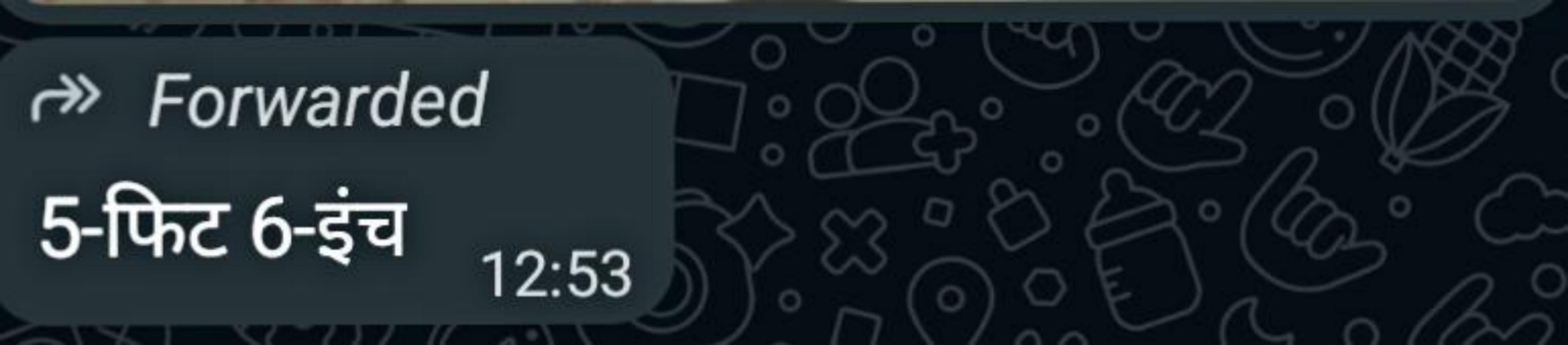
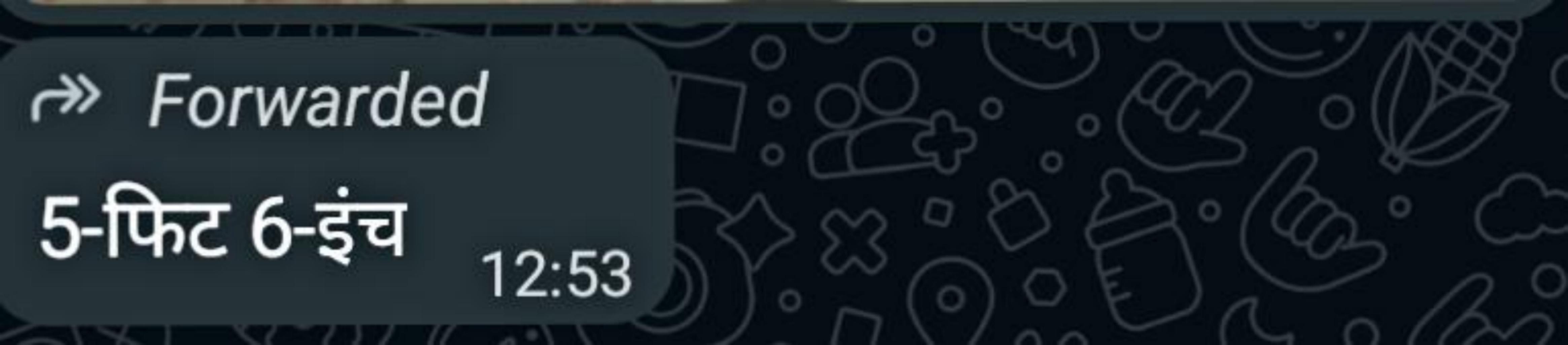
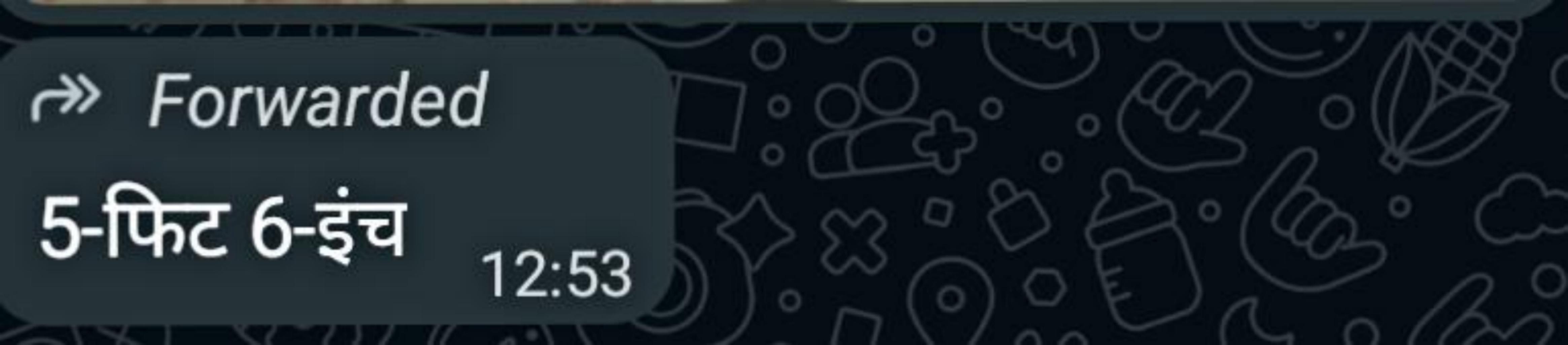
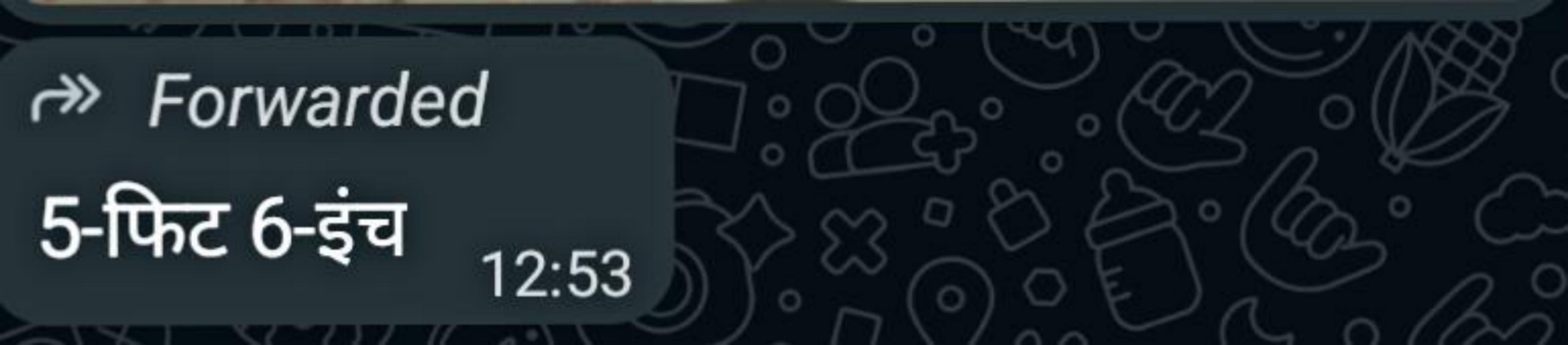
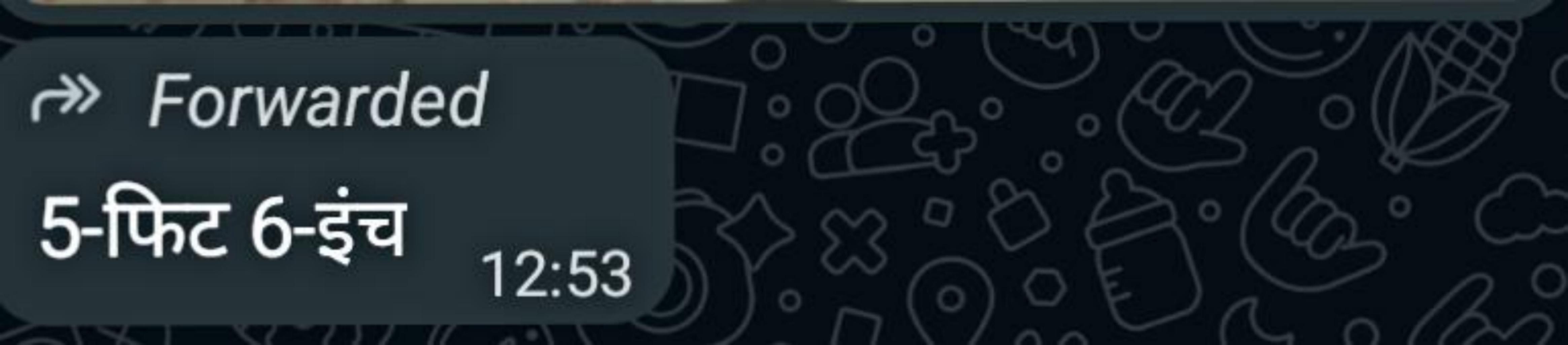
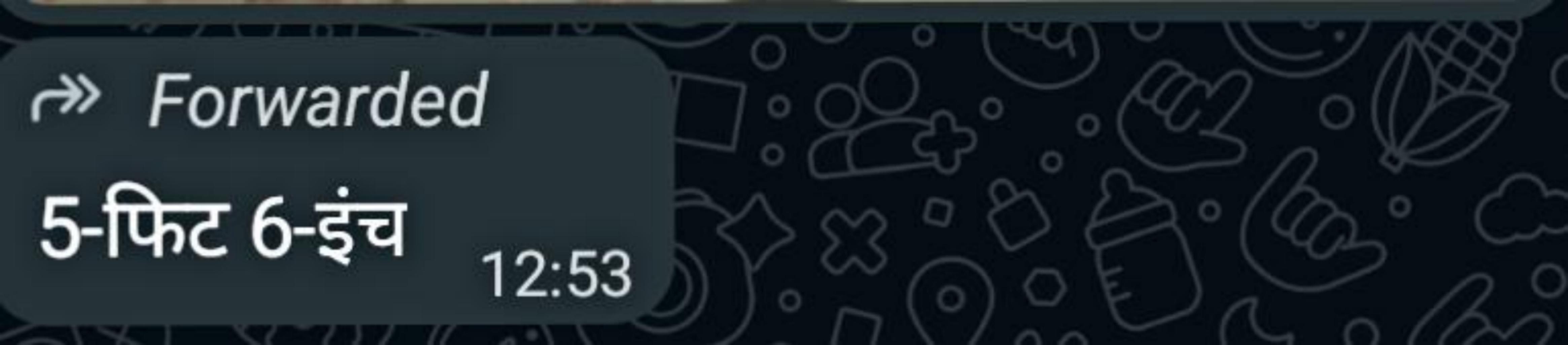
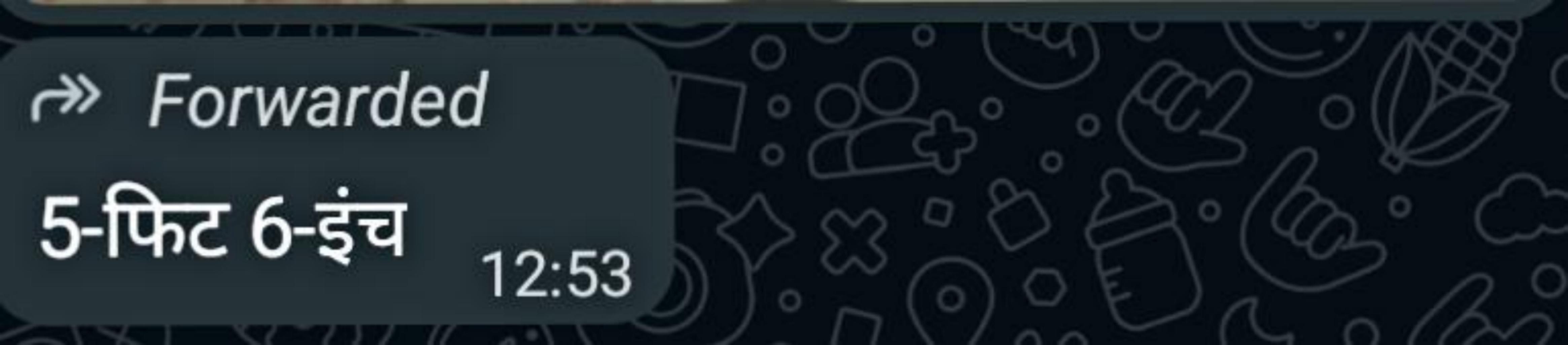
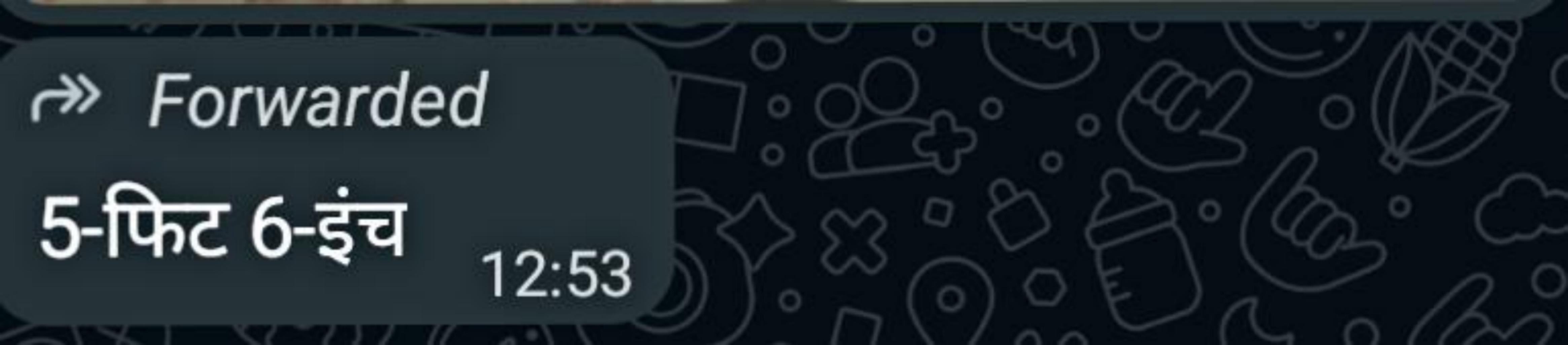
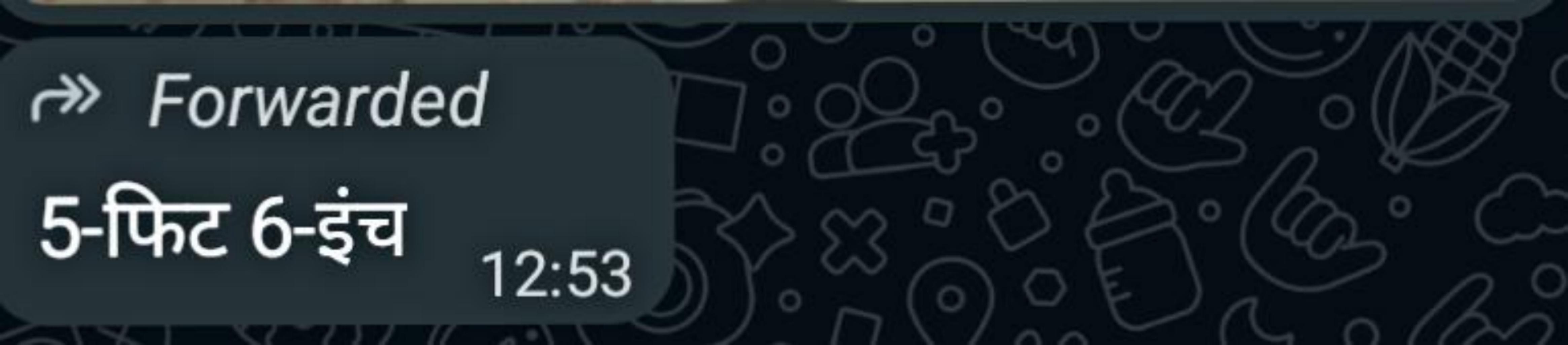
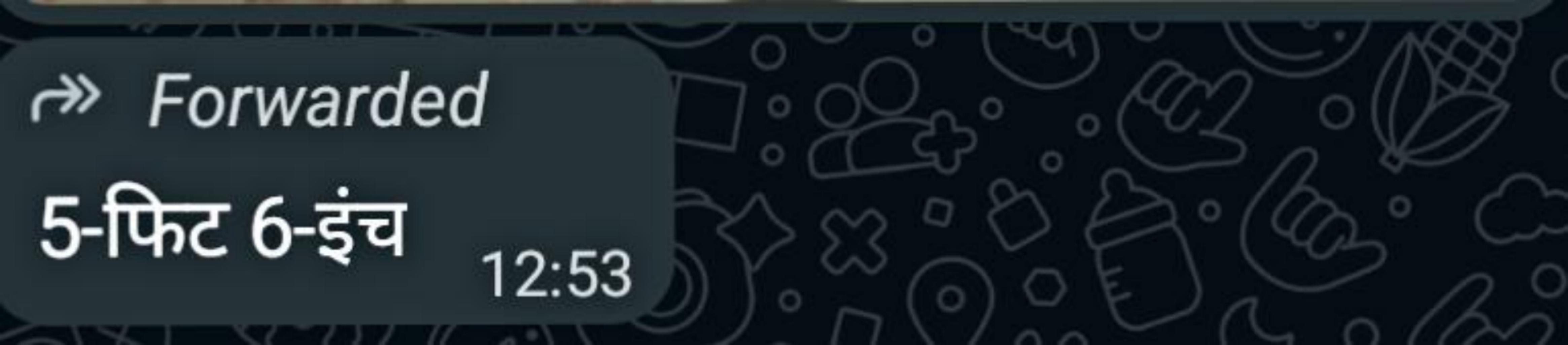
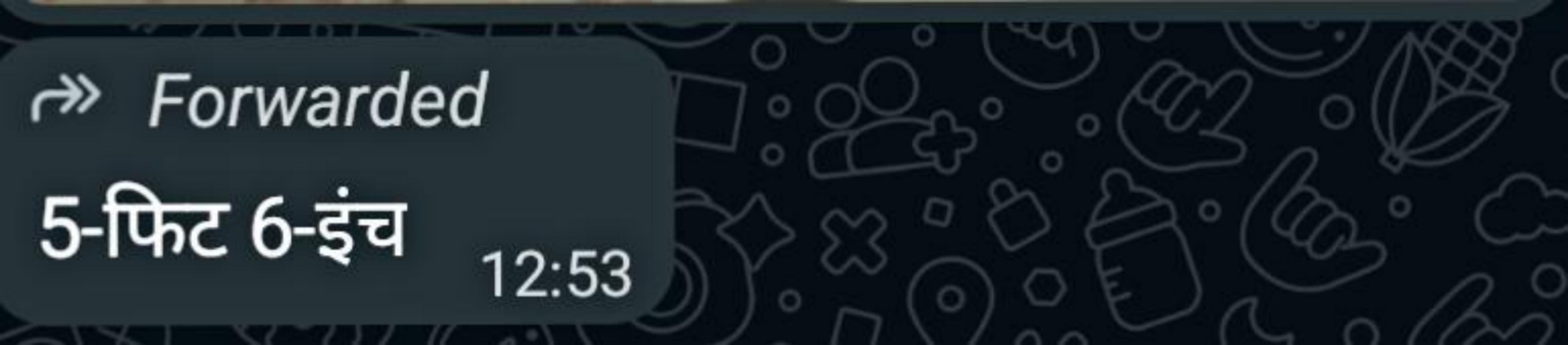
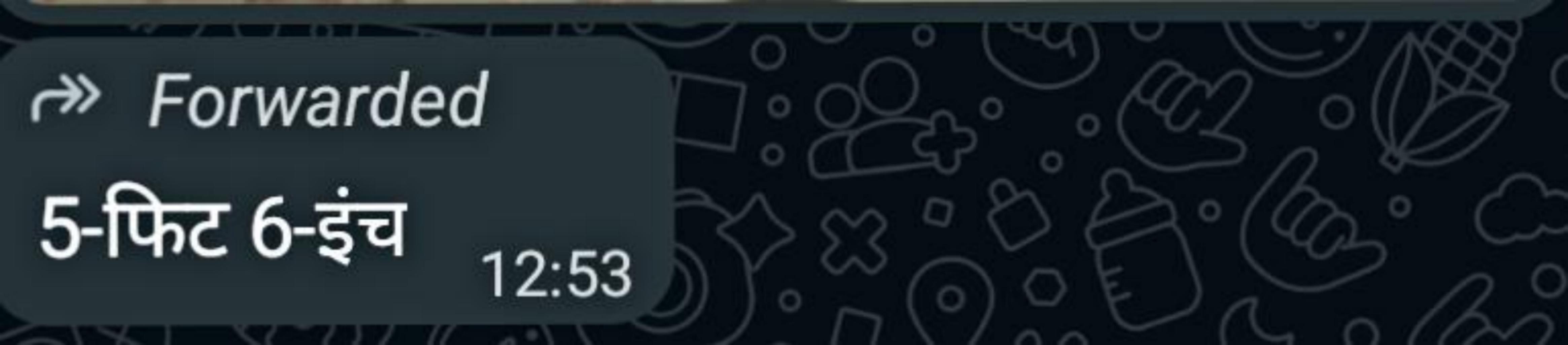
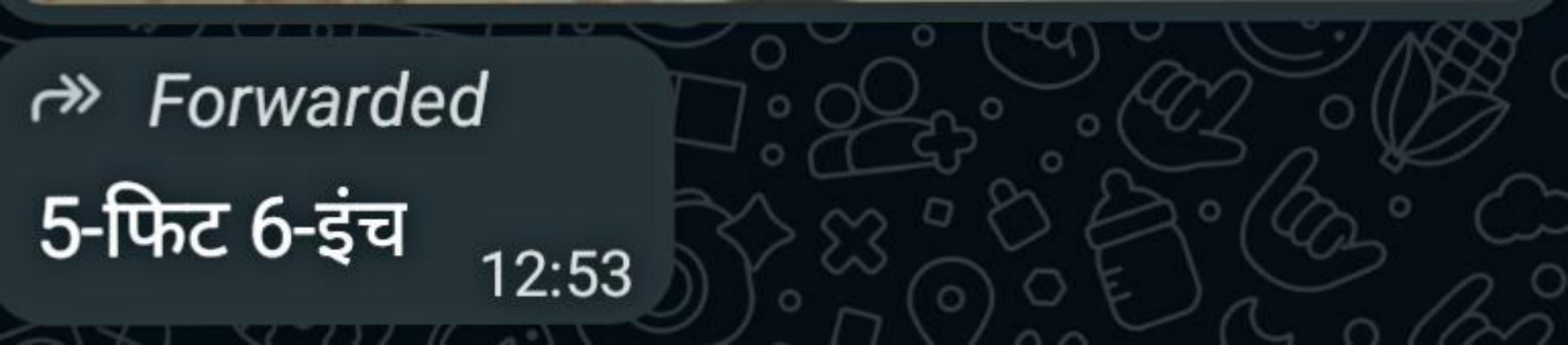
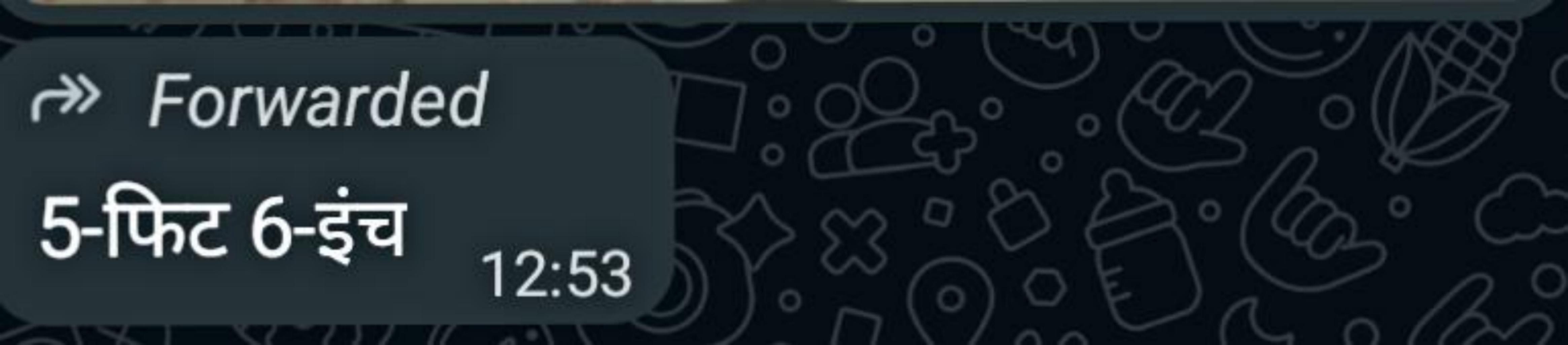
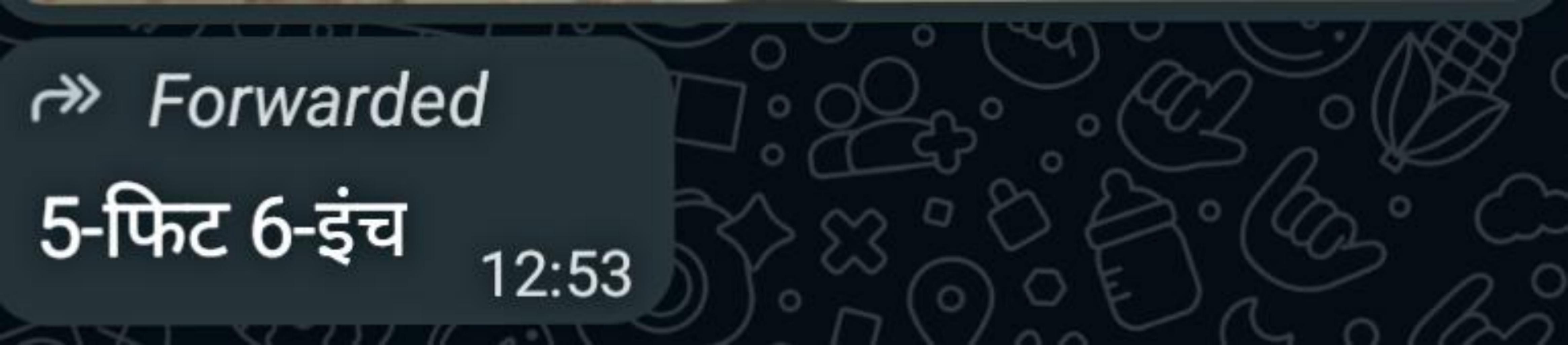
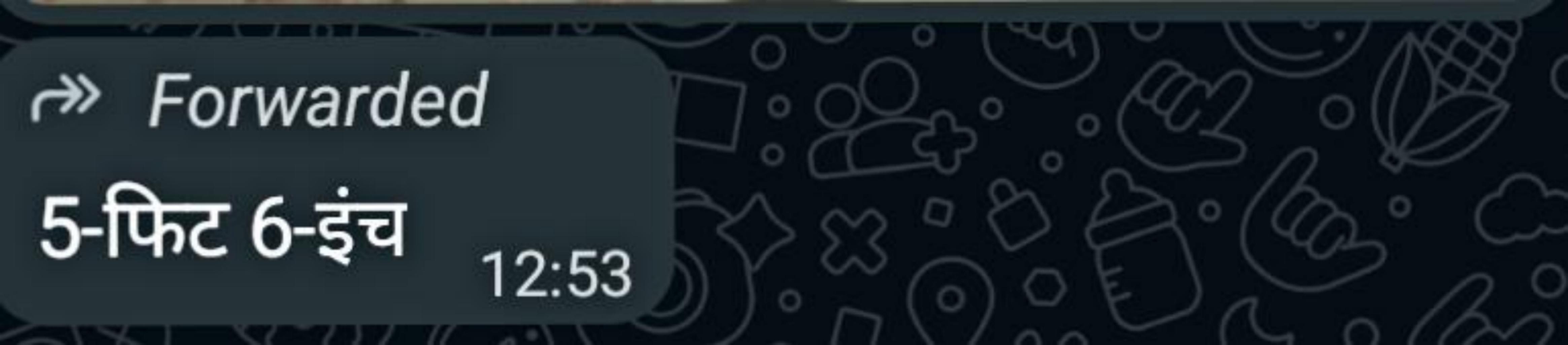
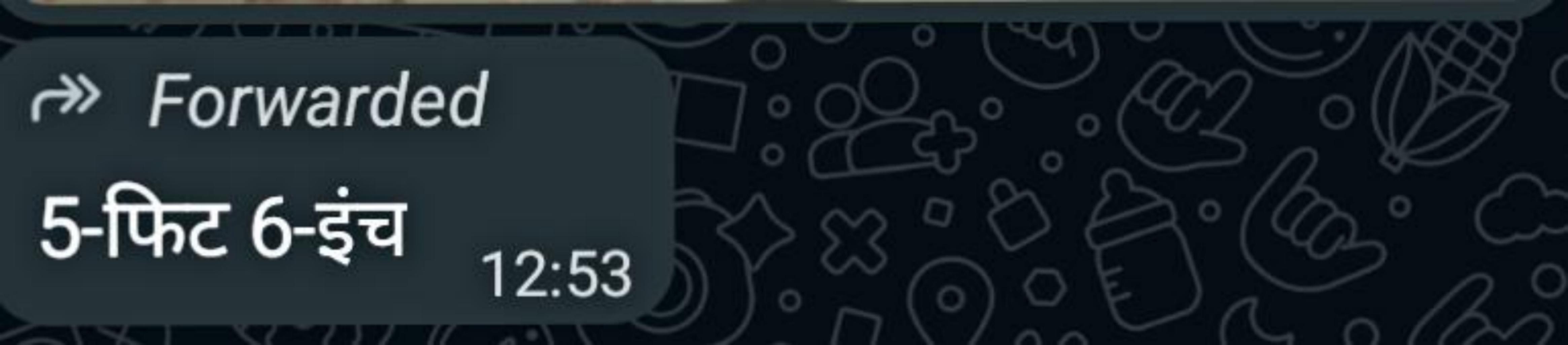
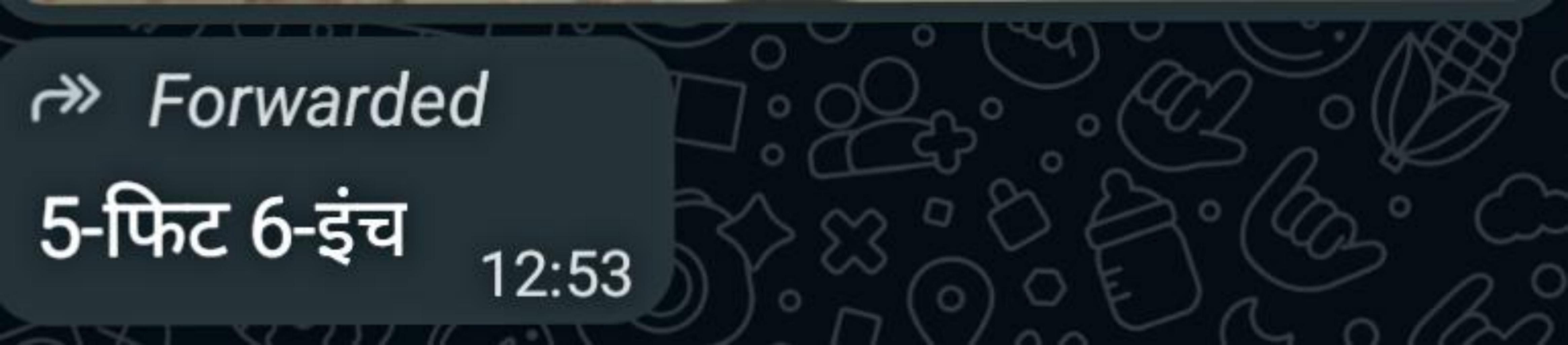
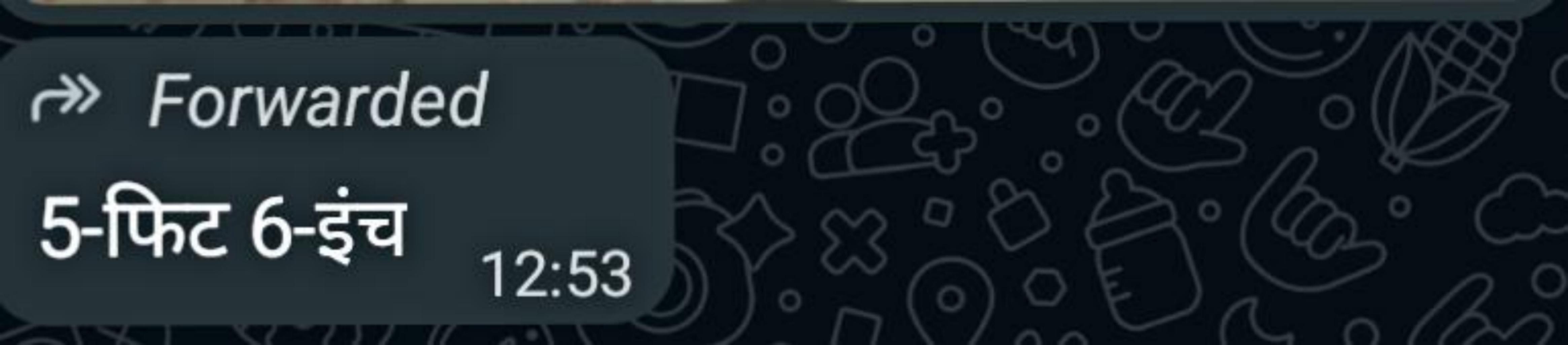
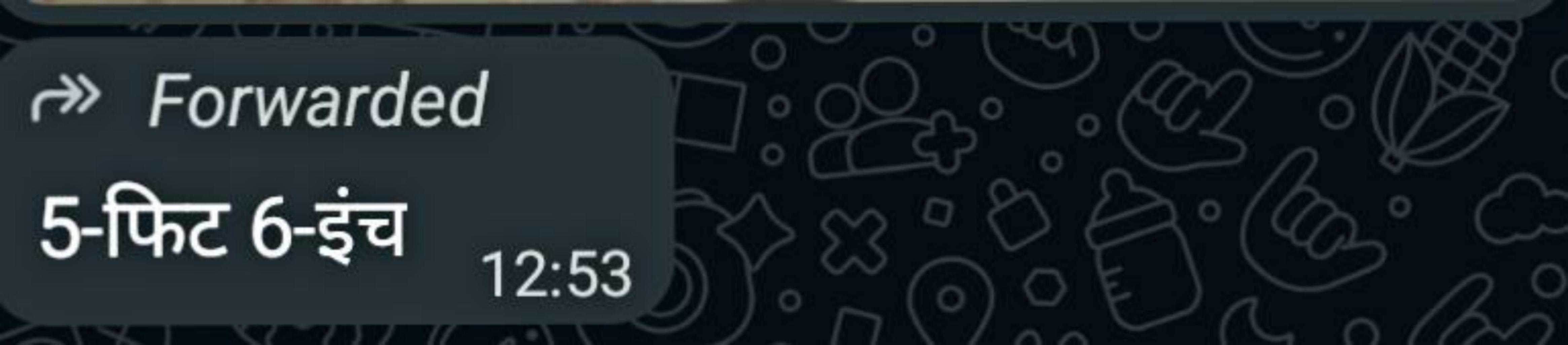
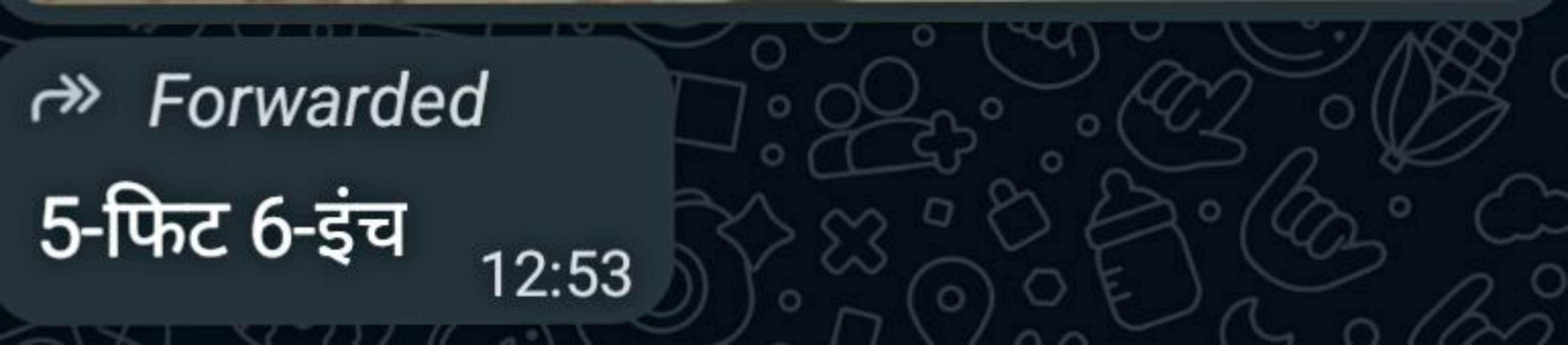
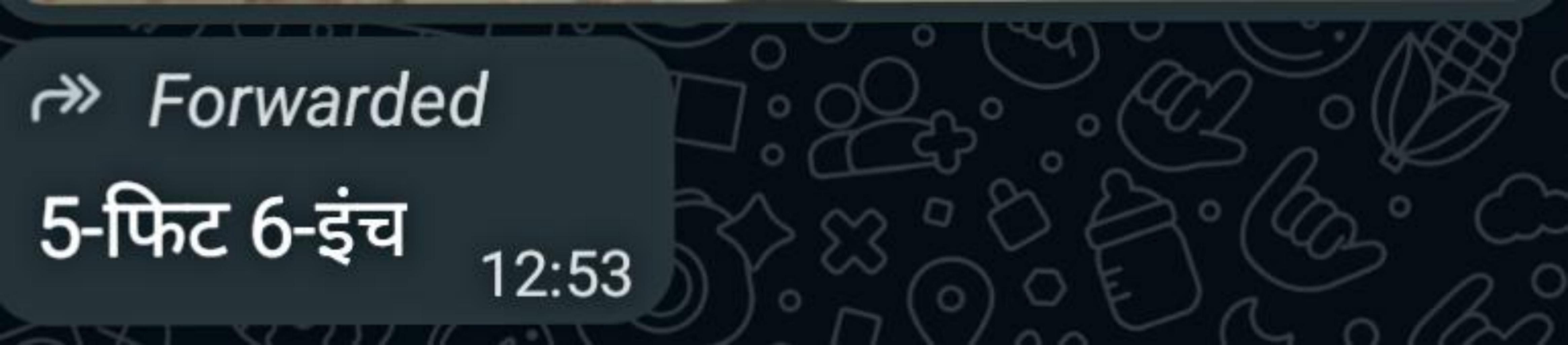
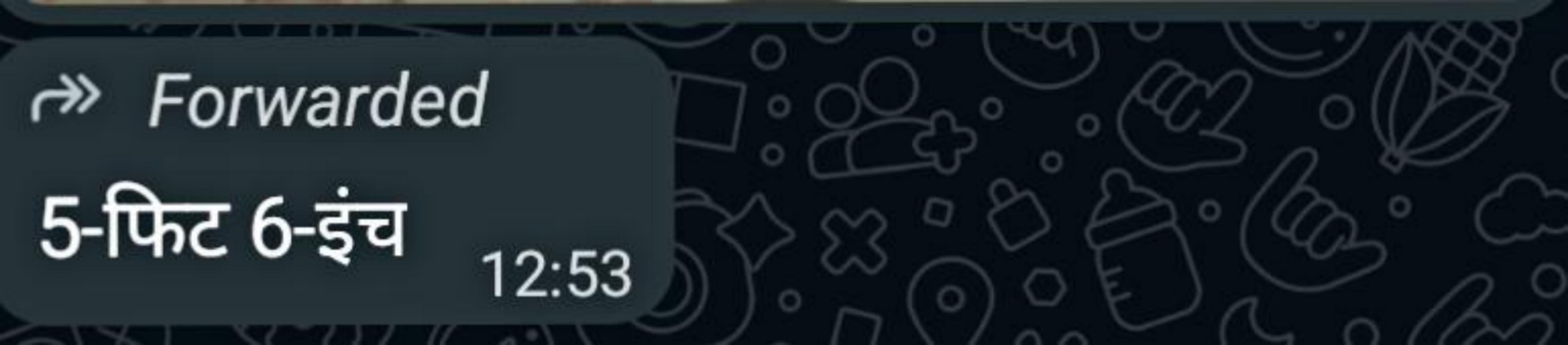
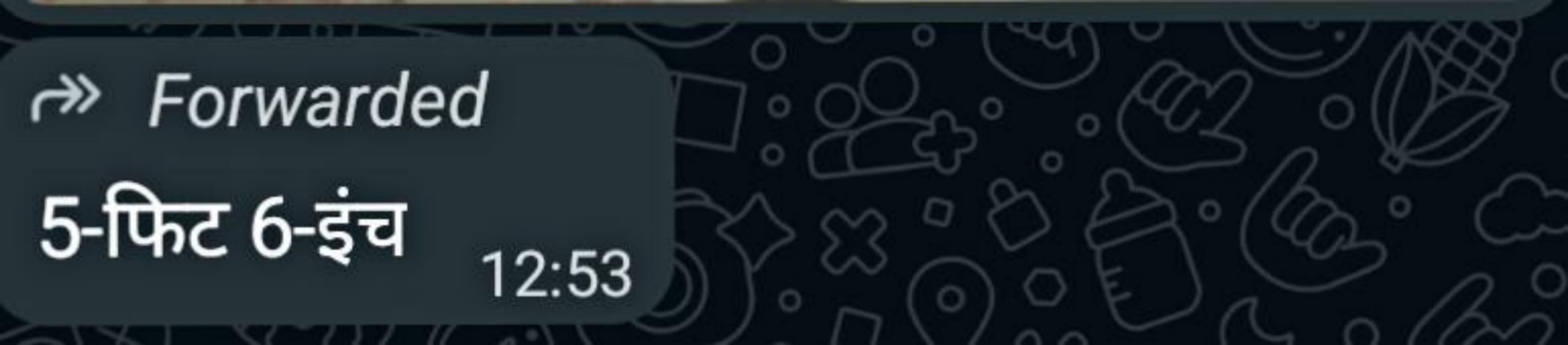
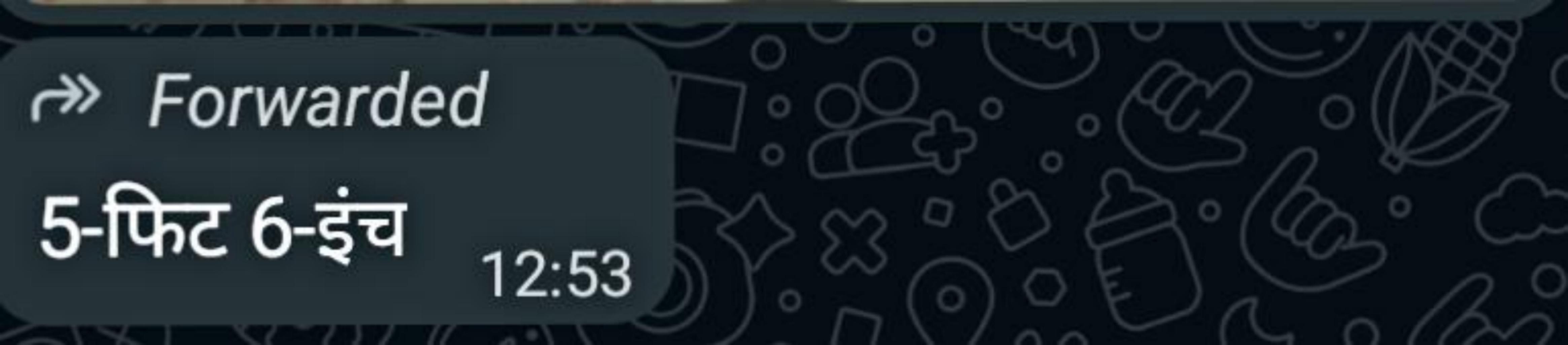
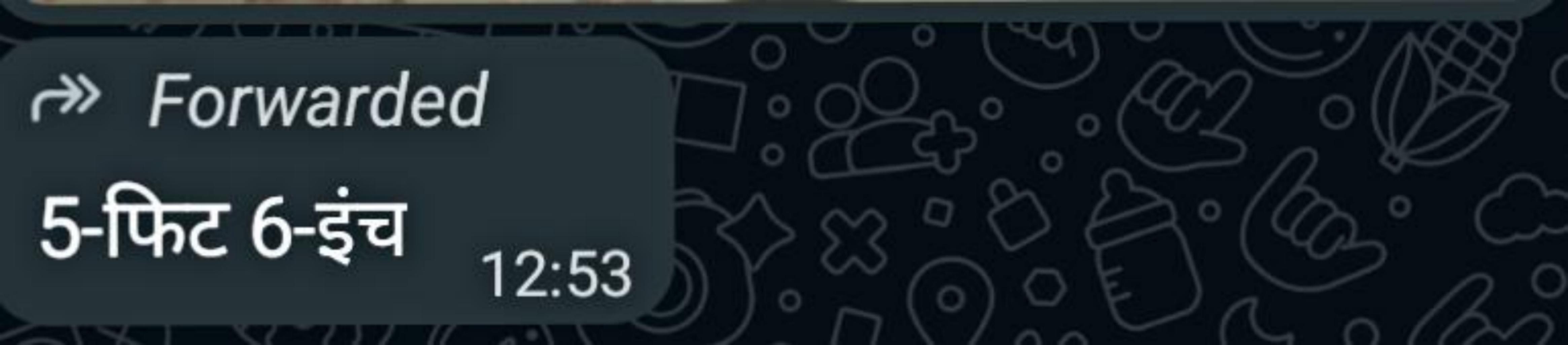
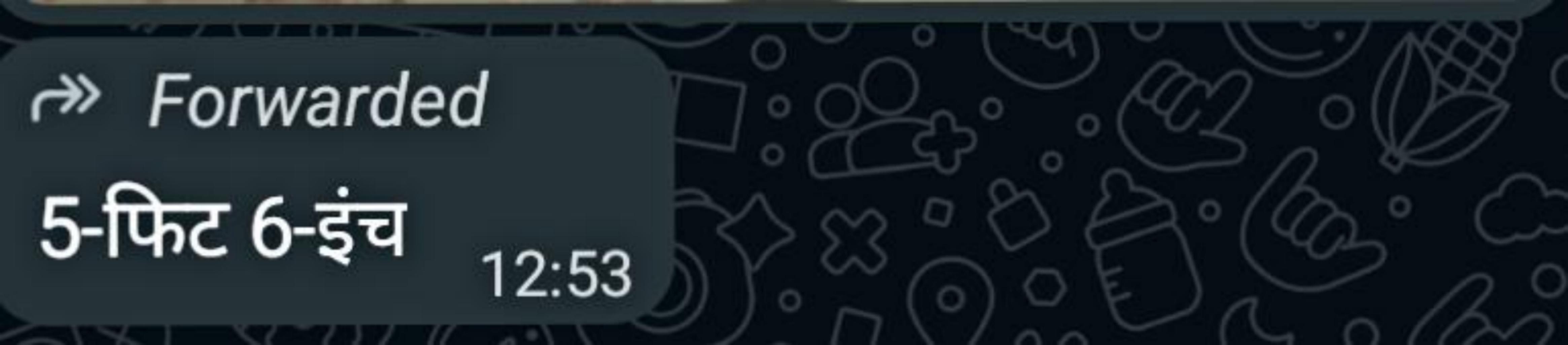
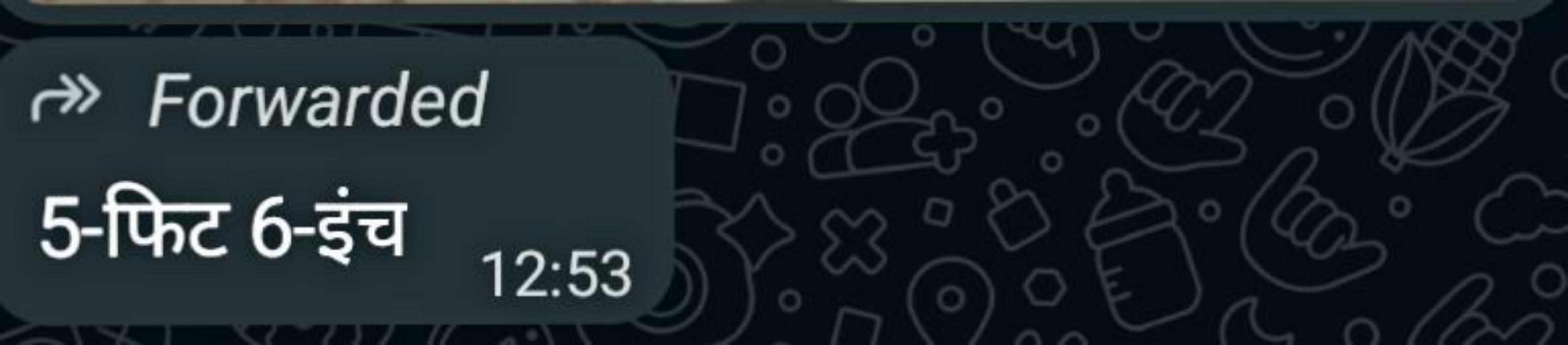
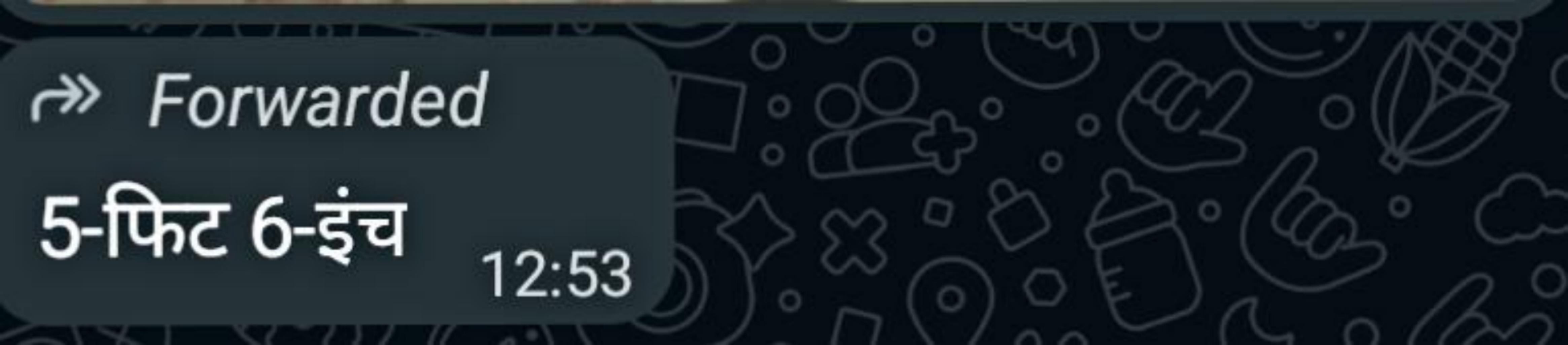
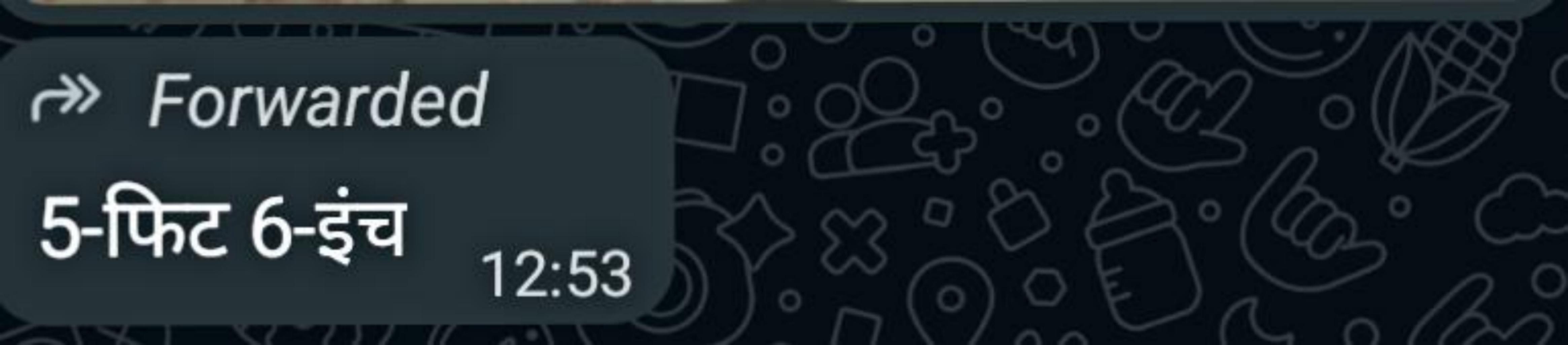
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help@uidai.gov.in



www.uidai.gov.in





सुखम् आरोग्यालय

मल्टीस्पेशलिटी हॉस्पिटल

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

पलब्ध विभाग :

- प्रत्यक्ष सर्जरी
- डॉरी रोग
- पी रोग
- नरल मेडिसीन
- प्रक, कान, गला
- क्ष रोग
- प्रो सर्जरी
- त्वय एवं शिशु रोग
- व्यवस्था सुविधाएँ :
- प्रांगंते आपातकालीन
- प्री
- इंसीयू
- प्री प्रकार
- ऑपरेशन
- डिलवरी
- जी.
- फ्लेटर
- ग्री के
- टीकाकरण
- * दवाई दुकान
- * पैथोलेब
- * एम्बुलेंस

Name : Age/Sex : Date :
R 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. GYNÄE) Aadhar No 823459315485
 Tocken No. : 00 Fees : 350 Blc. 0

O/E : BP Temp

Primigravida c 6 months of antenatal
appreciating total movements well aware
for ANC checkup

LMP - 9/6/25
EDD - 16/05/26
POG - 22 weeks

BP - 110/70 mmHg

PLA - wt 20-22 weeks
size, relaxed
HR + 155 bpm

R

- 1) Adv
- 1) CBC & blood grouping & typing
- 2) Viral markers
- 3) RBS
- 4) VR
- 5) Thyroid profile
- 6) VSG - OBS scan
Anomaly scan
- 7) Sickle cell test

- 1) Tab. Polivit - D
100X30 days
- 2) Tab. Corcicum D₃ 100
30 days
- 3) Tab. Richam 40 100X
30 days

Dr. Sonal Mishra
M.B.B.S., D.G.O. (OBS. B.B.S., D.G.O.)
कृपया ड्रग्स का उत्त्वेग डॉक्टर को दिखाकर करें।
Reg. C.M.C. Reg. No. 1000

यतीन्द्र मेडिकल स्टोर



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

VISIT NO.1
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](https://doi.org/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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• Ultrasound soft markers for aneuploidy:

Ultrasound marker	Present or absent
1. Echogenic intra-cardiac focus	absent
2. Mild pyclectasis	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.

I 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.



DR. PRASHANT S. BARPANDE
M.B.B.S, D.M.R.D, D.N.B (Radiodiagnosis)
M.N.A.M.S, CONSULTANT RADIOLIST
REG. NO.- CGMC-3232/10

Disclaimer- Not all the congenital anomalies of foetus are detectable by ultrasound and serial follows 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.

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