

General Hospital , Gurgaon

(Department of Radiology -THSTI)

Report of Ultrasonography

AA/GGN/07/0034

4.41

Patients Name Neelam Age & Sex 25-1/F Date 07-10-12

Husband's/ Father's Name Bijeeb Referring Doctor Name Dr. Subodh

Residential Address Bansh V

Outdoor /Indoor No. CR-8535LS1343V Ultrasound No. ....

Identification Card Anshu Anand

Number of Children Nil M. .... F. ....

ULTRASOUND REPORT---11-14 WKS(EM SCAN)

Number of foetus : Single FHR : 167 /bpm

Placenta Anterior, upper segment

Foetal Parameters ( in mm )

| CRL      | NT     | NB     | IT      |
|----------|--------|--------|---------|
| 56.7 mm  | 1.1 mm | 1.9 mm | 2.19 mm |
| 12 Weeks |        |        |         |
| 2 Days   |        |        |         |

Liquor : Adequate

Gestational Age : 12 WEEKS 2 DAYS EDD 09-07-2018

Any Congenital Anomaly : Megalocystitis m/s 17mm in scan

No obvious GCMF seen ,all Congenital abnormalities can not be detected in USG due to various reasons

Adv - Double marker  
DECLARATION OF PREGNANT WOMAN

1. Mrs Neelam (Name of the Pregnant woman ) declare that by undergoing Ultrasonography / Image scanning etc .I do not want to know the sex of my foetus  
Signature /Thumb impression of pregnant woman

DECLARATION OF DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY /IMAGE SCANING

I, Dr VARUN SHARMA. ( Name of the person conducting ultrasonography /image scanning )declare that while conducting ultrasonography / image scanning on Mrs Neelam (Name of the pregnant woman ) I have neither detected nor disclosed the sex of her foetus to anybody in any manner .

Date: 07-10-12

Val  
Dr VARUN SHARMA  
Consultant Radiologist