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AA/GGN/07/0034

General Hospital, Gurgaon

(Department of Radiology -THSTI)
Report of Ultrasonography

Patients Name Mamju Age & Sex 21y 1F Date 15.1.19
Husband's/ Father's Name Ravish Referring Doctor Name Dr. Subodh
Residential Address GGN
Outdoor /Indoor No. 106/19045 Ultrasound No.
Identification Card Acch
Number of Children 1 M 1 F 1

ULTRASOUND REPORT ----(14-18 WKS / AS- ANOMALLY SCAN/ FWB)

Number of foetus : Single
Presentation : Variable / cephalic .
Placenta- Anterior / Posterior , Lower end is away from internal os.

FHR 147 BPM.

Foetal Parameters (in mm)

BPD	HC	AC	FL
40.4 mm	146.8 mm	25.8 mm	22.4 mm
18 ² Weeks Days	17 ⁶ Weeks Days	18 ¹ Weeks Days	16 ⁵ Weeks Days

Liquor : Adequate . AFI: cm Estimated foetal weight 199 gms + 29 gms

Gestational Age : 18 WEEKS 0 DAYS

EDD 18.06.19

Any Congenital Anomaly : cardiac pleura cyst in fetal brain.

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

DECLARATION OF PREGNANT WOMAN

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

Kindly recall the pt after 1week for anomaly evaluation.

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 Mamju (Name of the pregnant woman) I have neither detected nor disclosed the sex of her foetus to anybody in any manner .

Date: 15.1.19

Dr VARUN SHARMA
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