

MOST URGENT
(Through E-mail)

From: Chetna Tyagi
Chief Judicial Magistrate
Sant Kabir Nagar.

To,
The Registrar General
Hon'ble High Court of Judicature at Allahabad
Uttar Pradesh.

Through: Respected District Judge
Sant Kabir Nagar.

Subject: **Request for pre-mature Transfer on account of my pregnancy in which special medical treatment and attention is required.**

Respected Sir,

Most respectfully it is prayed as under:

1. That I am posted as Chief Judicial Magistrate, Sant Kabir Nagar vide **Notification No. 1888/ Admin. (Services)/ 2024 dated August 30, 2024** of the Hon'ble Court.
2. That my husband Sanjay Raj Pande is posted as Civil Judge (Senior Division), Sant Kabir Nagar vide **Notification No. 1887/ Admin. (Services)/ 2024 dated August 30, 2024** of the Hon'ble Court.
3. That I am 6 months pregnant and as per TIFFFA Scan Report which was conducted at 21st week of pregnancy my unborn child is detected with cleft lip and palate. Earlier I was seeking medical consultation from Gynaecologist at Gorakhpur. But after the detection of cleft lip and palate in the unborn child Gynaecologist at Gorakhpur has advised us to consult doctors at Delhi or Lucknow for better consultation, diagnosis and consequential treatment. Thus presently I am seeking medical attention and follow up from Lucknow (Medical Papers enclosed).
4. That due to special case I need special medical care and attention till and during delivery for which there in no such emergency facilities available in the District Sant Kabir Nagar where I am currently posted.
5. That there is a distance of around 250 Kilometers between District Sant Kabir Nagar & District Lucknow and it will take around 5 hours to reach Lucknow from Sant Kabir Nagar by road which is causing great inconvenience and hardship to me as it is the third trimester of my pregnancy.
6. That post delivery my new born child will also need special medical care and attention and doctor has advised surgery at various stages upto the age of 12 months which as per consultation from Doctors can be best



provided in Delhi only as it is the matter of entire life of newly born child.

It is therefore most humbly prayed with folded hands that respected Sir may kindly be pleased to place my sincere request cum representation before the Hon'ble Court so that mercy could be done upon me by considering to transfer me and my husband Mr. Sanjay Raj Pande (as there is no such person in our family who can stay continuously with us to look after me) to District Lucknow or to Districts adjacent to Delhi viz. District Gautam Buddha Nagar so that I can get the medical attention needed during critical phase of my pregnancy and in future our newly born child will also get the medical attention that is needed for such special case. I shall be highly grateful to you.

Thanking you

With warm regards.

Dated: 07/09/2024

Yours sincerely

Chetna
07/09/2024

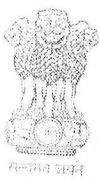
(Chetna Tyagi)
Chief Judicial Magistrate
Sant Kabir Nagar.
Id No. UP2383.

Enclosure: Medical Papers.

कार्यालय जनपद न्यायाधीश-मन्त कबीर नगर
पत्रांक 1338/F दिनांक 07/09/24

अग्रसारित

जनपद न्यायाधीश
मन्त कबीर नगर



INDIA NON JUDICIAL
Government of Uttar Pradesh

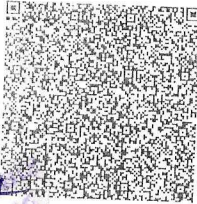


IN-UP75492536527422W

e-Stamp

Signature.....
ACC Name- JITENDRA PRASAD
ACC Code- UP-14581304
Mob-9161874990 License No.-42
ACC Add. Civil Court Sant Kabir Nagar

Certificate No.	: IN-UP75492536527422W
Certificate Issued Date	: 07-Sep-2024 11:28 AM
Account Reference	: NEWIMPACC (SV)/ up14581304/ KHALILABAD SADAR/ UP-SKB
Unique Doc. Reference	: SUBIN-UPUP145813044774377397W
Purchased by	: CHETNA TYAGI WO SANJAY RAJ PANDEY
Description of Document	: Article 4 Affidavit
Property Description	: Not Applicable
Consideration Price (Rs.)	:
First Party	: CHETNA TYAGI WO SANJAY RAJ PANDEY
Second Party	: Not Applicable
Stamp Duty Paid By	: CHETNA TYAGI WO SANJAY RAJ PANDEY
Stamp Duty Amount(Rs.)	: 10 (Ten only)



Please write or type below this line

Affidavit

I do hereby solemnly declare and affirm as under-

1. That I am, Smt. Chetna Tyagi, posted as Chief Judicial Magistrate, Sant Kabir Nagar vide **Notification No. 1888/ Admin. (Services)/ 2024 dated August 30, 2024** of the Hon'ble Court.
2. That the contents of paras 1, 2, 3, 4, 5 and 6 of my application for request of pre-mature transfer are true to my personal knowledge and no part of it is false and nothing material has been concealed.

Chetna
DEPONENT

VERIFICATION:

Verified that the contents of my above affidavit are true and correct to best of my knowledge and belief and nothing has been concealed therein.

Dated: 07.09.2024

Place: Khalilabad.

Chetna
DEPONENT

NOTARY

Ram Dhani
Advocate
Notary, Khalilabad
Sant Kabir Nagar
U.F. (INDIA)
L.N.-42/1997

The authenticity of the Stamp certificate should be verified at 'www.shelvestamp.com' or using e-Stamp Mobile App of Stock Holding Corporation of India. The details on this Certificate and as available on the website / Mobile App renders it invalid. In case of any discrepancy please inform the Competent Authority.

chetna

notary
7/9/2024

chetna Tyagi up Sangay Reg Boudha

Chief Judicial Magistrate

Sant Kabir Nagar

7/9/2024

chetna Tyagi

7/9/2024





भारती हॉस्पिटल

पंजीकरण संख्या: RMEE 1904589
 गांधी आश्रम गली, गोलघर, गोरखपुर

9336429270

संपर्क करने के लिए: (0551) 2331895, 9559530099 (7:00AM - 7:00 PM)

नाम: Chetan Syagi
 आयु / लिंग: 35 yrs / M
 पता: Khalidabad
 आधार कार्ड विवरण: 25.4.24

FC



डॉ. देवेन्द्र भारती

एम.बी.बी.एस., एम.एस.
 सर्जन
 पंजीकरण संख्या: 29457

40 EMP - 12.3.24
 Preg test +ve
 EDD - 19.12.24
 BH - Primi
 B.P. - 110/60
 wt. - 60kg
 US - NAD

Pt. is in Judiciary Services
 ML - 2yrs
 vomiting
 loose motions

डॉ. सुगंधा भारती

एम.बी.बी.एस., एम.एस.
 स्त्री रोग सर्जन व प्रसूति
 विशेषज्ञ
 पंजीकरण संख्या: 29152

✓ Hb% 10.3
 ✓ urine ^R WNL
 ASORW B+
 VDRL ^H WNR
 ✓ RBS - 128.3
 HIV NR
 HBSAg NR
 HCV NR
 ✓ TSH - 3.127

tdr
 0 - 1 Palmex 100mg x 1m
 00.2 Dominate 200mg HS x 1m
 00.3 Esolium 500 100mg x 1m
 01.4 Dydrobean 100mg x 1m

Sugar 25/4/24

✓ USG of ut for preg
 slides SLIUP preg of 6wks
 today
 Hb variant study N

0 - Thyronorm 100mg x 1m
 12.5
 स्तलीपेट

USG with NT/NB scan - 13w
 Double marker list - 14w

6.5.24
 - Heart burn
 - vomiting in the morning
 - nausea. Patient
 P.H.
 Syp. Aigene gel 500
 Rest 200mg
 AN

Self attested
 Chetan

- Bed rest for 1 week
 ओ.पी.डी. परामर्श

सुबह: 11:00 AM - 2:30 PM
 शाम: 4:30 PM - 6:30 PM

रविवार: केवल इमरजेंसी व पूर्व अपॉइंटमेंट से

27.5.24
P.O. - 120/50
wt. 61kg

7 Supradyn
0 - Cobaxen 2x100 x 1m
Rest 1-7

Sugandhi
27/5

12.6.24
B.O. - 120/60
wt - 63kg
P/A wt. palpable

Adv
Inj. TD vac lamp 1m, scd
8 Jargen XT 100
9 C-Calcium 1m x 1m
10 Unipat self med 2 mly

Rest 1-7

Sugandhi
12/6/24

27.6.24
No swelling over feet
120/60
wt - 64kg
P/A wt. 120mm

Adv
EST
In
27/6/24

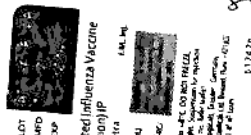
11.7.24 - 40 Pair in legs
B.A. 124/50
wt. 64kg
P/A 16mm

Adv
Inj. TD vac lamp 1m, scd
EST 3, 4, 5, 6, 7, 8, 9, 10 -

Sugandhi
11/7

USC level II for preg status
next month skip up of 200ms 2x Crocin 650 116h
cleft lip seen
HB%, urine Cr, RBS, TSH

DISA



Inj. Inactivated Influenza Vaccine (Split Virion) IP
Tella lamp 1m, scd

Palfast D 100 x 1m
EST, 3, 5, 6, 8, 9, 10

Sugandhi
10/8/24

10.8.24
B.O. - 100/60
wt. 64kg
P/A - USC done today

Self attested
Chetna



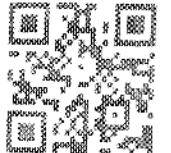
भारती हॉस्पिटल

पंजीकरण संख्या: 1/50/1/1956/1000

प्राचीन ज्ञानमयी चिकित्सा संस्था

सायबेन रोड, कोल्हापूर, जिल्हा कोल्हापूर, महाराष्ट्र, भारत 415001

पत्ता
पुरुष
पत्नी
आधार कार्ड क्रमांक



डॉ. देवेन्द्र भारती

एम.डी.डी.एस. एम.एस.
सर्जन
पंजीकरण संख्या: 1/50/1/1956/1000

डॉ. सुगंधा भारती

एम.डी.डी.एस. एम.एस.
स्त्री रोग सर्जन व प्रसूति
विशेषज्ञ
पंजीकरण संख्या: 1/50/1/1956/1000

I hereby certify that Smt Chetna Syngar Bho. Hospital
W/o. Smt. Anjan Bai Pardey is a duly registered and
licensed institution of Specialized Hospital and
it accepts patients from outside for the purpose of
management of lady at higher centre.

Self attested.
Chetna

डॉ. पी. डी. परामर्श
सुबह : 11.00 AM - 2:30 PM
रात : 4:30 PM - 6:30 PM
रविवार : केवल इमरजेंसी व पूर्व अपॉइंटमेंट ही



LIFE DIAGNOSTIC CENTRE



C0108



NABH
MC 303

Lab No: 012408100168 UID NO: 1374496
 Patient Name: Mrs. CHETNA TYAGI Reg. Date: 10 Aug 2024 11:42 AM
 Age/Sex: 35 YRS/FEMALE Printed Date: 10 Aug 2024 02:35 PM
 Referred By: Dr. SUGANDHA BHARTI

OBSTETRIC SONOGRAPHY (T.L.F.F.A)

LMP-12-03-2024

Gestational age by LMP-21wks4days

EDD assigned as per LMP-17-12-2024

- Single live fetus is seen with variable presentation.
- Fetal movements and cardiac activity are well visualized.
- Fetal heart rate is 150 beats/minute and is regular in rhythm.

Biometric data of the fetus is as follows -

BPD	52mm	21wks	6Days
HC	196mm	21wks	6Days
AC	181mm	23wks	0Days
FL	37mm	21wks	4Days

- Mean gestational age by fetal parameter is 22 wks 2 days \pm 2 wks of the foetus.
- Fetal weight is approx 505 gms.
- Amniotic fluid volume appears adequate.
- Placenta is posterior, not lowlying and is of Grade I maturity. No evidence of retroplacental collection.
- Umbilical cord is showing normal "3 vessel appearance". Insertion of the cord on the foetal anterior abdominal wall and placental side is at the normal site.

E.D.D BY USG : 12-12-2024

STRUCTURAL DETAILS OF FETUS:

Fetal face and Nuchal region

- Nuchal fold thickness : 4.8mm
- Cleft lip is seen. Cleft palate cannot be completely ruled out.

FETAL BRAIN:

- Intracranial anatomy: normal
- Fetal brain is normal in shape and outline cerebral cortex is normal. Choroid plexus is seen completely filling the atria of lateral ventricles. Atria measures ~6.1 mm
- Cerebellar tonsils and cerebellar vermis is normal in shape and size.
- Transverse cerebellar diameter (23mm)
- Posterior fossa is normal. Cisterna magna is normally seen (6.2mm)

PTO

Self attested
Chetna

Dr. Sagar Verma
M.D. DNB (Radiology)
क.ई.एम. स्पीशियल, मुंबई

Dr. Piyush Srivastava
MBBS, DMRD
एम.एम.सी., लुधियाना

Dr. Jyoti Jalan
MBBS, DMRD
एम.एम.सी. स्पीशियल, मुंबई

Dr. Amit
MBBS, DMRD
एम.एम.सी. स्पीशियल, मुंबई

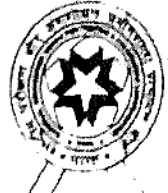
ONLY BAR CODED REPORTS ARE VA



LIFE DIAGNOSTIC CENTRE



NABH
C0108



NABL
MC 363'

वतिवाहाता, मायवृषा AIIMS क. पाय, क. हायाट, मायवृषा

Lab No:	012408100168	UID NO:	1374496
Patient Name:	Mrs. CHETNA TYAGI	Reg. Date:	10 Aug 2024 11:48 AM
Age/Sex:	35 YRS/FEMALE	Printed Date:	10 Aug 2024 02:35 PM
Referred By:	Dr. SUGANDHA BHARTI		

FETAL THORAX

- Fetal lungs appear normal in size, shape and echogenicity.
- Bilateral chest cavities are normal in size and shape.
- Fetal cardiac activity normal.
- Cardiac 4 chamber view: normal. (Detailed fetal heart evaluation not done).

FETAL SPINE:

- Fetal spine is normal in shape and contour.
- No evidence of spinal defect or meningocele is seen.

FETAL ABDOMEN:

- Stomach and bowel are normal
- Both kidneys are normal in size and echotexture.
- There is no evidence of pelvicalyceal dilatation.
- Fetal urinary bladder is seen normally.
- Abdominal wall is normal. No abdominal defect or omphalocele is seen.

FETAL EXTREMITIES:

- Fetal extremities are grossly normal. No evidence of limb abnormality is seen in upper and lower limbs.
- Limb movements are normal.

IMPRESSION:

- Single live foetus with variable presentation and gestational age of 22 wks 2 day \pm 2 wks.

Adv-review for 3D next week

Note:-

- All congenital anomalies can't be detected on U.S.G.
- Functional abnormalities cannot be detected on USG.
- 30 % fetus with Down's syndrome may show no obvious abnormality on antenatal level II USG.
- Some congenital anomalies appear at later gestation and hence cannot be detected at time of anomaly scan (Second trimester).
- Subtle abnormalities like syndactyly may be overlooked.

I declare that while doing sonography of Mrs. CHETNA, have not detected or disclosed sex of fetus to any body in any manner.

Self attested
Chetna

Dr. Sagar Verma
M.D., DNB (Radiology)
के.ई.एम. हॉस्पिटल, मुंबई

Dr. Piyush Srivastava
M.B.B.S., D.M.R.D
सी.एम.सी., लुधियाना

Dr. Jyoti Jalan
M.B.B.S., D.M.R.D
सर गंगाराम हॉस्पिटल, नई दिल्ली

Dr. Amit Goel
M.D (Pathology)
मंजय गांधी पी.जी.आई., लखनऊ

यस्य क. सर्वोच्च उपकरणों एवं समर्पित डाक्टरों द्वारा उच्च विश्व स्तरीय जांच
आयुर्विज्ञान संस्थान (AIIMS) एवं
क्रिश्चियन मेडिकल कॉलेज, वेल्लौर (CMC, Vellore)

ONLY BAR CODED REPORTS ARE VALID

Dr Archita Shaleen

MBBS (KGMU) MS(VMMC&SJH), DNB,
PDCC(SGPGI), MRCOG (UK)

Maternal & Fetal Medicine Specialist



**FETAL EXPERTS
LUCKNOW**

www.fetalexpertslucknow.com

CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

Referred by: Dr Asha Mishra

Patient ID:
E51601-24-08-13-3

Second Trimester Screening

Patient: **TYAGI CHETNA** DOB: 04-08-1988
Exam date: 13-08-2024

TIFFA/Anomaly Scan

General Blood group: B, Rh positive

History

OB History Gravida 1

Combined first trimester serum screening Risk of trisomy 21 is 1:2180

Physical Exam Height 163 cm, 5 ft 4 in. Weight 70 kg, 154 lb. BMI 26.35 kg/m²

Transabdominal ultrasound examination, Voluson E8. View: Sufficient

Singleton pregnancy. Number of fetuses: 1

	Date	Details	Gest. age	EDD
LMP	12-Mar-24		22 w + 0 d	17-Dec-24
External assessment		by first USG (6w 4d by CRL)	22 w + 2 d	15-Dec-24
U/S	13-Aug-24	based upon HC	22 w + 2 d	15-Dec-24
Agreed dating based on the LMP			22 w + 0 d	17-Dec-24

Cardiac activity present. FHR 140 bpm. Fetal movements: visualised

Placenta: left lateral, not low lying

Umbilical cord: 3 vessel cord

Amniotic fluid: Amount of AF: normal amount. Largest pool 4.6 cm

BPD	54.0 mm		64%	AC	178.2 mm		65%
OFD	72.7 mm		87%	Femur	38.0 mm		45%
HC	201.2 mm		50%	Humerus	35.5 mm		36%
Cerebellum tr	24.7 mm		91%	HC / AC	1.13		

Nuchal fold 4.4 mm

Fetal Weight Calculation:

EFW 504 g ||| 66% EFW by Hadlock (BPD-HC-AC-FL)

EFW (lb,oz) 1 lb 2 oz

Head / Face / Neck Biometry:

BPD / OFD 0.74 ||| 10% Vp 5.4 mm
CM 6.0 mm 66%

*Self attested
Chetna*

Page 1 of 4 for report of patient CHETNA TYAGI, DOB 04-08-1988

MON-FRI: 10AM-5PM
SAT-SUN: 1PM-5PM

NOT FOR MEDICOLEGAL PURPOSE

C-115, Sector- M Aliganj Lucknow
8604492551, 0522-3153461

Shaleen
 MS(VMMC&SJH), DNB,
 MRCOG (UK)
 Fetal Medicine Specialist



CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

Va 4.5 mm
 Inner IOD 14.1 mm
 Nasal bone 6.9 mm

Extremities / Bony Structures Biometry:

Radius	32.0 mm	69%	Ulna	35.8 mm	73%
FL / BPD	0.70		Tibia	34.7 mm	66%
FL / HC	0.19		Fibula	33.4 mm	55%
FL / AC	0.21		Foot	42.5 mm	93%

Head / Neck Cranium: Fetal calvarium is normal in shape and outline
 Choroid plexus is seen
 Bilateral Ventricles appear to be normal
 Midline falx: Falx seen in midline
 Cavum septi pellucidi: is seen
 Cerebellum: Cerebellar tonsils and Cerebellar vermis seems normal
 Cisterna magna: Posterior fossa is normal. Cisterna magna is normally seen
 Nuchal fold: appears normal

Face Lips: Unilateral cleft lip seen. ?discontinuity seen in alveolar arch s/o cleft of primary palate (ultrasound is around 40-45 % sensitive for picking cleft palate)
 Profile: Fetal facial profile is grossly normal. ?maxillary gap seen
 Orbits: Inner and outer orbital distances are normal
 Lens: appear normal

Heart / Thorax 4-chamber view: Fetal Thorax is normal in size and shape
 Bilateral chest cavities are normal in size and shape
 situs solitus (normal)
 RVOT view: appears normal
 LVOT view: appears normal
 3-vessel view: appears normal
 3-vessel-trachea view: appears normal, Aberrant right subclavian artery not seen(Normal)

Abdomen Cord insertion: Umbilical cord insertion is normal
 Stomach: Stomach and bowel are normal
 Gall bladder appears normal
 Both Kidneys are normal in size and echotexture
 No cystic lesion in renal fossa
 Fetal urinary bladder is seen normally
 Three vessel umbilical cord seen

Spine Cervical spine: and rest of fetal spine is normal in shape and contour
 No apparent spinal defect is seen

Extremities / Skeleton Skeleton: Fetal Extremities are normal
 No evidence of limb abnormality is seen in upper and lower limbs
 Limb movements are normal
 Open hands seen

Echogenic focus: no
 Ventriculomegaly: no
 Nuchal fold: normal
 Echogenic bowel: no
 Mild hydronephrosis: no
 Short femur: no
 Short humerus: no
 ARSA: no

Ductus Venosus:
 S-wave --50.50 cm/s
 PLI 0.38
 10%

*Self attested
 Chetna*

CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

D-wave	--46.73 cm/s			S/a	1.62		14%
A-wave	--31.16 cm/s			a/S	0.62		55%
TAmax	--45.64 cm/s			D/a	1.50		
PIV	0.42		6%	HR	155 bpm		
PVIV	0.41		8%				
Right uterine artery:							
HR	109 bpm		89%	ED	21.95 cm/s		
PI	1.17		89%	TAmax	37.69 cm/s		
RI	0.67		98%	MD	21.12 cm/s		
PS	66.15 cm/s			S / D	3.01		
Left uterine artery:							
HR	108 bpm		88%	ED	44.38 cm/s		
PI	1.00		76%	TAmax	63.70 cm/s		
RI	0.59		93%	MD	43.94 cm/s		
PS	108.39 cm/s			S / D	2.44		
Mean HR	108.50 bpm		88%	Mean PI	1.09		84%

Cervix - Visualised

Approach - Transabdominal: Cervical length 40.1 mm

Single live fetus of 22w 2d of gestational age with unilateral cleft lip and ? unilateral cleft palate

The ultrasound alone cannot exclude all structural defects, small cardiac defects, chromosomal abnormalities & rare genetic disorders.

No obvious abnormality does not necessarily guarantee structural and functional normality of the fetal organs in future.

Fetal digits and ear evaluation are not part of the routine normal scan.

Few congenital abnormalities can be missed even with best of the ultrasound equipment, even in the hands of highly experienced and well trained professionals or may be become obvious only in third trimester, thus not detected in anomaly scan.

Sometimes, an examination may be suboptimal due to fetal position, multiple pregnancy and maternal habitus.

Thank you for referring CHETNA TYAGI.

Please do not hesitate to contact us in case of any queries.

For any typographical error, kindly report to the department at the earliest.

Disclaimer: I, undersigned declare that while conducting the ultrasound on CHETNA TYAGI, I have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Unilateral cleft lip is associated with chromosomal abnormalities, mainly trisomies 13 and 18 in 1-2% of cases. Unilateral cleft lip is not associated with chromosomal abnormalities.

Associated with any one of >400 syndromes in 30% of cases. The most common are: Goldenhar syndrome (sporadic; anophthalmia, ear defects, facial cleft, facial macrosomia), Treacher-Collins syndrome (autosomal recessive or autosomal dominant with 60% de novo mutations; hypoplasia of the maxilla and zygomatic bone, micrognathia, cleft palate, malformed or absent ears), Pierre-Robin anomaly (micrognathia or retrognathia, cleft palate and glossoptosis. In half of cases this a sporadic isolated finding and in the other half it is associated with other anomalies or with recognized genetic and non-genetic syndromes).

Prognosis primarily depends on the presence and type of associated anomalies.

*Self attested.
 Chetna*

Shaleen
 MS(VMMC&SJH), DNB,
 MRCOG (UK)
 Fetal Medicine Specialist



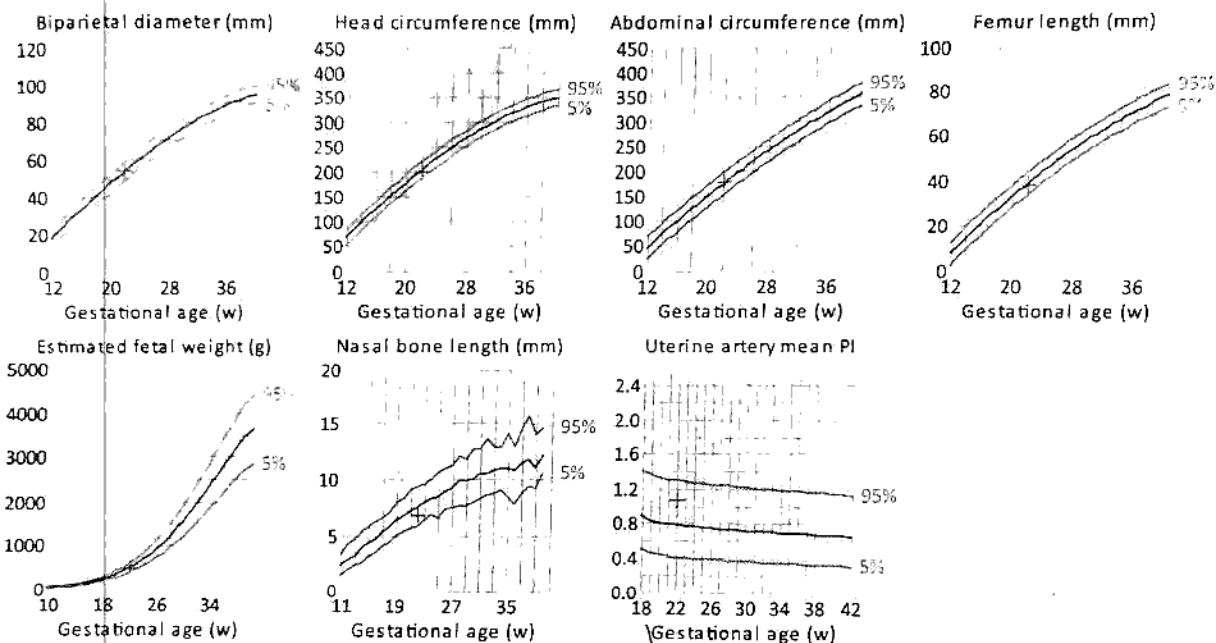
CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

Isolated cleft lip and palate is associated with good prognosis and normal survival. Surgical repair is at 3-6 months of age.

Long-term issues in children with cleft lip and palate include dental abnormalities, hearing and olfactory problems, midface hypoplasia, and psychological problems. About 25% have speech abnormalities requiring secondary palate surgery and speech therapy. Dental anomalies include missing, extra, or malpositioned teeth and they require braces on their permanent teeth. Most children have hearing abnormalities and may require myringotomy with placement of bilateral tympanotomy tubes to improve hearing. Regular psychological screening is recommended to assess the child's cognitive development, behavior, and self-image.

If cleft lip and palate is isolated recurrence is seen in 5% if one sibling or parent is affected and 10% if two siblings are affected.

If it is associated with any syndrome, all forms of inheritance have been described, including autosomal dominant, autosomal recessive, X-linked dominant and X-linked recessive.



[Signature]
Dr Archita Shaleen (MBBS, MS, DNB, PDCC, MRCOG)
FMF Certified (UK), FMF ID: 196843 UPMCI-62697

Self attested
Chetna

Dr Archita Shaleen

MBBS (KGMU) MS(VMMC&SJH), DNB,

PDCC(SGPGI), MRCOG (UK)

Maternal & Fetal Medicine Specialist



**FETAL EXPERTS
LUCKNOW**

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CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

To.

Prof Dr Mandarini Redhan

MD, Department of MRH

SGPGIMS, Varanasi (PMSSY building)

Respected Man

Referring this patient is cleft lip & cleft palate.
They want second opinion & further management
from higher centre.

Kindly do the needful.

Thanking you in anticipation

Sincerely,

Dr Archita Shaleen

Self attested
Archita

MON-FRI: 10AM-5PM
SAT-SUN: 1PM-5PM

NOT FOR MEDICOLEGAL PURPOSE

C-115, Sector- M Aliganj Lucknow
8604492551, 0522-3153461



1883/114/ANC/8/24/
 Sanjay Gandhi Postgraduate Institute of Medical
 Sciences, Lucknow
 Department of Maternal and Reproductive Health

OUT PATIENT RECORD

Clinician Incharge I.

OPD Days I Monday
 Wednesday.
 Friday.

Contact No. : 0522-2495603 (OPD)

Name Chetha Tyagi Age 36yr CR No. 2024790350

Diagnosis Pnmi e klclo hypothyroidism

Date

13/8/24
 BP - 122/72 mmHg
 P - 106/mth
 wt - 64.6kg
 Ht - 167cm
 BMI - 23.2

LMP - 12/3/2024, TIFFA slo. left clip
 Pcu - 22wk.
 C/O/W Dr. M Pradhan
 Admitt.

- TAB IPRON 100mg OD
- TAB calcium 500mg BD.

- TIFFA scan
- 21/8/2024
- TAB thyronorm 120mg OD.

Scatology
 HIV, HBV, HCV
 ser, VDRL
 - P. falc. Screening
 → LFT/RFT
 ✓ OBT T. urine R/m
 R urine

Self attested
 Chetha

Dr Shrey
 Senior R
 Reg. No.
 MRH Departm.

Date
16/8/24

Uble by Prof M. Pradhanmāy

Singleline fetus
with cleft lip and palate.

° Couple counselled and counselling
paper given. Invasive testing advised

Act:-

- To come on 20/8/24
@ 9 AM with pre-requisites.

Pradhan
16/8/24

Manali
SR-MS

Self attested
Chetna

Obstetrics Report

Patient / Exam Information

Date of Exam: **16.08.2024**

Patient ID: 2024790350
 Name: TYAGI, CHETNA
 Age: 36

Gravida: 1
 Para: AB
 Fetus: 1

12.03.2024 DOC

EDD(LMP): 17.12.2024 GA(LMP): 22w3d

22w5d
 15.12.2024

Physician: PROF MANDAKINI PRADHAN CLIFT
 Exam Type: FIRST SCAN
 Comment:

Parameter	Value	Range	Age	Range	GP (Hadlock)
AC/BPD/FL/HC	513g	± 75g	22w3d		47.9%

Measurement	AUA	Value	m1	m2	m3	Meth	GP	GA
BPD (Hadlock)	✓	5.32 cm	5.32			avg.	36.0%	22w1d
HC (Hadlock)	✓	7.48 cm	7.48			avg.		
HC (Hadlock)	✓	20.23 cm	20.23			avg.	34.3%	22w3d
HC (Hadlock)	✓	20.25 cm	20.25			avg.	35.1%	22w3d
FL (Hadlock)	✓	17.63 cm	17.63			avg.	45.3%	22w4d
FL (Hadlock)	✓	3.93 cm	3.93			avg.	46.5%	22w5d
FL (Hadlock)	✓	3.76 cm	3.76			avg.	70.6%	23w1d
Coronoid (Nuchal)	✓	2.55 cm	2.55			avg.	87.3%	23w4d
Coronoid (Nuchal)		4.51 mm	4.51			avg.	18.3%	
		4.35 mm	4.35			avg.		
		4.62 mm	4.62			avg.		
		1.35 cm	1.35			avg.		
		4.01 cm	4.01			avg.		
		4.90 mm	4.90			avg.		

	71.12%	(70.50%)
	22.29%	(22.2%)
Estimated	73.87%	(73.87%)
Estimated (Hadlock)	0.19	(0.19 - 0.20)
Estimated (Comphall)	1.15	(1.06 - 1.23)

Fetal Anomaly

Head / Neck

Cranium: normal | Lateral ventricles: normal

1/3
 16.08.2024 3:28:38 PM

Self attested.
Chetna

Name:

TYAGI, CHETNA

Fetal Anatomy

Case No:

2024790350

Head / Neck

Cisterna magna normal
Midline falx normal
Cerebellum normal
Extracranial normal

Choroid plexus normal
Cavum septi pellucidi normal
Intracranial normal

Face

Lips details
CLEFT LIP

Palate details
CLEFT PALATE

Thorax

Thorax normal

Diaphragm normal

Heart

4-chamber view normal
Cardiac position levocardia (normal)
Cardiac size normal (approx. 1/3 of thoracic area)

3-vessel view normal
Cardiac axis normal

Abdomen

Cord insertion normal
Kidneys normal

Stomach normal
Bladder normal

Spine

Cervical spine normal
Lumbar spine normal

Thoracic spine normal
Sacral spine normal

Extremities / Skeleton

Arms normal
Limbs normal

Legs normal

Placenta

Placenta Location posterior

General

3 Vessel Cord 3 vessel cord
Fetal Body normal

Amniotic Fluid normal amount

Self attested.
chetna

Name.

TYAGI, CHETNA

Patient ID

2024790350

Comment

I, PROF M PRADHAN, DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON THE PATIENT, I HAVE NEITHER DETECTED NOR DISCLOSED THE GENDER OF THE FETUS TO ANYBODY IN ANY MANNER.
MANDAKINI PRADHAN

IMPRESSION: SINGLE LIVE FETUS WITH CLEFT LIP AND PALATE

ADVICE: IT CAN BE ASSOCIATED WITH CHROMOSOMAL ABNORMALITIES IN 1-2% CASES. CAN BE ASSOCIATED WITH GENETIC SYNDROMES IN 30% CASES WHICH CAN BE DETECTED ON DOING PRENATAL INVASIVE TESTING. ITS ROLE, TURN AROUND TIME OF REPORTS, COSTS AND RISK ASSOCIATED HAVE BEEN EXPLAINED. LONG TERM ISSUES INCLUDE DENTAL AND/OR NEED OF SURGERY IN POSTNATAL PERIOD EXPLAINED. LONG TERM ISSUES INCLUDE DENTAL ABNORMALITIES HEARING, OLFACTORY PROBLEMS, SPEECH PROBLEMS.

Date 16.08.2024

Perf. Physician:

PROF MANDAKINI PRADHAN

16/8/24

Sonographer:

PROF M PRADHAN

Self attested

Chetna

Dr. Asha Mishra

M.B.B.S., D.N.B. (Obs. & Gynae) PG.D.S.
Reg. No. 4820 (UPMC)
Obstetrician, Gynaecologist and
Fertility Consultant

ASHAPURNA
Fertility Centre



Dr. Purnendu Mishra

M.B.B.S., D.A., F.I.C.M. (Apollo)
Reg. No. 52593 (UPMC)
Consultant Anaesthetist, Intensivist,
Pain Specialist & General Physician

For Appointment Call On: 0522-3500302, 8081184507
Emergency Contact No: 9792526533

Date: 20/12/24 Pt. Name: Mrs. Chetna Tyagi Age: 36 Yr

Rx

Primi SMA

Kelo left lip & Palate

LMP - 12/03/24

EDD - 19/12/24

P/A 2owl
4m@h
ut@.

- 1. fol 123 on x 1/rt h
- 1. foliron xl on
- 1. Cal 123 on } x 1/rt h
- Vivamom Powder 24/300
oo-co. with milk
- foci gr Sachet on x 20%
- 1. Thyronorm 12.5 on empty stomach
- 1. Syb. Subacid gel 37.

MMB-1/154, S.B.I. Colony, Gate No.-4, Janakipuram,
Near Ram-Ram Bank Chauraha, Lucknow-226021

24x7 Emergency Facility Available
Valid For 3 Days

Self attested
Chetna