

MOST URGENT
(Through E-mail)

From: Sanjay Raj Pande
Civil Judge (Senior Division)
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 pregnancy of my wife in which special medical treatment and attention is required.**

Respected Sir,

Most respectfully it is prayed as under:

1. That I am 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.
2. That my wife Smt. Chetna Tyagi is posted as Chief Judicial Magistrate, Sant Kabir Nagar vide **Notification No. 1888/ Admin. (Services)/ 2024 dated August 30, 2024** of the Hon'ble Court.
3. That my wife is 6 months pregnant and as per TIFFA Scan Report which was conducted at 21st week of pregnancy our unborn child is detected with cleft lip and palate. Earlier we were 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 we are seeking medical attention and follow up from Lucknow (Medical Papers enclosed).
4. That due to special case my wife needs 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 my wife as it is the third trimester of her pregnancy.
6. That post delivery our 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

S

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 wife Smt. Chetna Tyagi (as there is no such person in our family who can stay continuously with us to look after her) to District Lucknow or to Districts adjacent to Delhi viz. District Gautam Buddh Nagar so that she can get the medical attention needed during critical phase of her 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


(Sanjay Raj Pande)

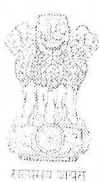
Civil Judge (Senior Division)
Sant Kabir Nagar.
Id No. UP2422.

Enclosure: Medical Papers.

कोर्टातील जनपद न्यायाधीश-मन्त कबीर नगर
पत्रांक 1334/खट दिनांक 7/9/24

अप्रसारित

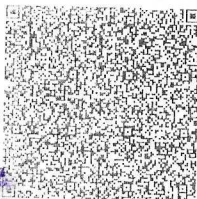

जनपद न्यायाधीश
मन्त कबीर नगर



e-Stamp

Certificate No. : IN-UP75495641749100W
 Certificate Issued Date : 07-Sep-2024 11:29 AM
 Account Reference : NEWIMPACC (SV)/ up14581304/
 Unique Doc. Reference : SUBIN-UPUP1458130447753249914872W
 Purchased by : SANJAY RAJ PANDEY SO SHRI SHAILESH PANDEY
 Description of Document : Article 4 Affidavit
 Property Description : Not Applicable
 Consideration Price (Rs.) :
 First Party : SANJAY RAJ PANDEY SO SHRI SHAILESH PANDEY
 Second Party : Not Applicable
 Stamp Duty Paid By : SANJAY RAJ PANDEY SO SHRI SHAILESH PANDEY
 Stamp Duty Amount(Rs.) : 10
 (Ten only)

Signature.....
 ACC Name- JITENDRA PR-
 ACC Code- UP-14581304
 Mob-9161874990
 ACC Add. CH/PS



7/9/24
 Advocate
 Khililabad
 Sant Kabir Nagar

Please write or type on this line **Affidavit**

I do hereby solemnly declare and affirm as under-

1. That I am, Sanjay Raj Pande, 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.
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.

[Signature]
 DEPONENT

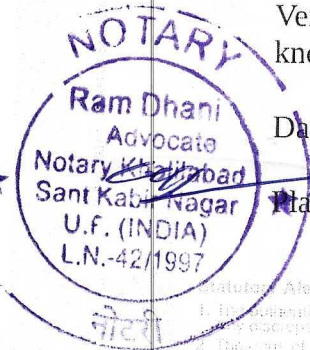
VERIFICATION:

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.

[Signature]
 DEPONENT



1. The genuineness of the Stamp certificate should be verified at www.indiastamp.com or using e-Stamp Mobile App of Stock Holding Corporation of India.
 2. The onus of disproving the legitimacy is on the users of the certificate.
 3. In case of any discrepancy please inform the Competent Authority.

Sanjay

*Notary
7/9/2024*

Sanjay Raj Ramesh & Shri Sheklesh Ramesh

Ho Civil Judge (S.D)

7/9/2024

Sant Kabir Nagar

Sanjay Raj Ramesh

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: *Chelina Tyagi*
आयु / लिंग: *35 yrs / F*
पता: *Khalilabad*
आधार कार्ड विवरण: *25.4.24*

FC



डॉ. देवेन्द्र भारती

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

डॉ. सुगंधा भारती

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

90 emp - 12.3.24

Pt. is in Judiciary service

Preg last time

ML - 2 yrs

EDD - 19.12.24

vomiting
loose motions

Ofc - Primi

P.O. - 110/60

wt. - 60kg

WS - NAD

tdc

Hb% 10.3

WBC \downarrow WNL

ABO Rh B+

VDR \downarrow WNR

RBS - 128.3

HIV NR

HBSAg NR

HCV NR

TSH - 3.127

USG of ut for preg

slides SLU pap of bus
tdc

Hb variant study N

USG with NT/NB scan - 18 wks

Double marker test - 14 wks

0 - 1 Falmet 100 X 1m

0.2 Daxinite 250 X 1m

0.3 Esolun 100 X 1m

0.4 Dhydroben 100 X 1m

Sugar 25/4/24

0 - Thyronorm 100 X 1m

स्वालीपट

6.5.24

- Heart burn
- vomiting in the morn
- nausea Patient

PH+
Dyp. Aigen gel sos
Rest 20 of 24

- 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

Self Attested
Sorland

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

7 Supradyn
or
0- Cobader 1 x 1m
Rest 1-7

Sugandhi
27/5

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

Adv
Inj. TD vac lamp 1m, scil
8 Inogen XT 1m
9 C-Calcium 1m x 1m
10 Unipat 2x 1m 2 milk

Rest 1-7

Sugandhi
12/6/24

27.6.24
No swelling over feet
120/60
wt - 64kg
P/A wt. 14mm

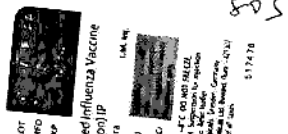
Adv.
CST
In
27/6/24

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

Adv
Inj. TD vac lamp. 1m, scil.
CST 3, 4, 5, 6, 7, 8, 9, 10.

Sugandhi
11/7

USG level II for preg skin
next month skip 7 2x 1m 2x 1m
2 left hip seen
Hb% urine^R, RBS, TSH



Inj. Inj. 1m, scil
Painfast D 1 x 1m
CST, 3, 5, 6, 8, 9, 10.

Sugandhi
10/8/24

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

Self Attested
Sugandhi



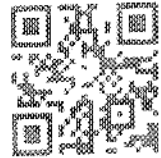
भारती हॉस्पिटल

पंजीकरण संख्या: F.M.B. 1000129

साथी ज्योति बाली गान्धार, गान्धार

समाप्त करने के लिए: 1. डॉ. देवेंद्र भारती

नाम
आयु: 18
पता
आपका: 1, बंगला



डॉ. देवेंद्र भारती

एम.बी.बी.एस. एम.एस.
सर्जन

पंजीकरण संख्या: 1000129

डॉ. सुगंधा भारती

एम.बी.बी.एस. एम.एस.
स्त्री रोग सर्जन व प्रसूति
विशेषज्ञ

पंजीकरण संख्या: 1000129

The patient is a lady aged 18 years, G1P0, with a 10 weeks pregnancy. She is presenting with a complaint of lower abdominal pain and vaginal bleeding. The pain is intermittent and is not relieved by rest. There is no fever, chills, or urinary symptoms. The patient is hemodynamically stable. The ultrasound examination shows a single fetus in the uterus. The placenta is located in the anterior position. The gestational sac is seen in the uterus. The crown-rump length is 4.5 cm. The fetal heart rate is 140 bpm. The amniotic fluid is normal. The cervix is closed. The uterus is anteverted and anteflexed. The ovaries are normal in size. The bladder is full. The rectum is empty. The patient is advised to rest and avoid heavy lifting. She is to be followed up in 7 days. If there is any change in symptoms, she should contact the hospital immediately.

*Self Attested
Sofandy*

डॉ. पी. जी. परामर्श

सुबह - 11:00 AM - 2:30 PM

शाम - 4:30 PM - 6:30 PM

संकेत: केवल इमरजेंसी व पूर्व अपॉइंटमेंट से



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

OBSTETRIC SONOGRAPHY (U.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

Dr. Sagar Verma
M.D. DNB (Radiology)
के.ई.एच. अस्पिटल, मुंबई

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

Dr. Jyoti Jalan
MBBS, DMRD
एच.एच.एच. अस्पिटल, मुंबई

Dr. Amit Goe
MBBS, DMRD
महाराष्ट्र अस्पिटल, मुंबई

ONLY BAR CODED REPORTS ARE VALID

लाइफ डायग्नोस्टिक सेंटर प्रा. लि. अहमदाबाद, गुजरात, भारत
 अहमदाबाद : अखिल भारतीय आयुर्विज्ञान संस्थान (AIIMS), एवं
 क्रिश्चियन मेडिकल कॉलेज, वेल्लूर (CMC, Vellore)

Self Attested
Sofar

लाइफ

LIFE DIAGNOSTIC CENTRE



NAHH
C0108



NABL
MC 3631

भोलाशाहना, गोरखपुर | AIIMS - के.एम.के. कैंपस, कुशीनगर, गोरखपुर

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 fetus with variable presentation and gestational age of 22 wks 2 day \pm $\frac{1}{2}$ 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.

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)
संजय गांधी पी.जी.आई., लखनऊ

विश्व के सर्वोच्च उपकरणों एवं समर्पित डॉक्टरों द्वारा उच्च विश्व स्तरीय जांचें
संपन्नता के लिए सम्प्रदाय: अखिल भारतीय आयुर्विज्ञान संस्थान (AIIMS) एवं
क्रिश्चियन मेडिकल कॉलेज, वेल्लौर (CMC, Vellore)

ONLY BAR CODED REPORTS ARE VALID

Self Attested
Sopand

Dr Archita Shaleen
 MBBS (KGMU) MS(VMMC&SJH), DNB,
 PDCC(SGPGI), MRCOG (UK)
 Maternal & Fetal Medicine Specialist



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%

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

NOT FOR MEDICOLEGAL PURPOSE

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

Self Attested
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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%

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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	---	HR	155 bpm		
PVIV	0.41	---				

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
 Sopand*

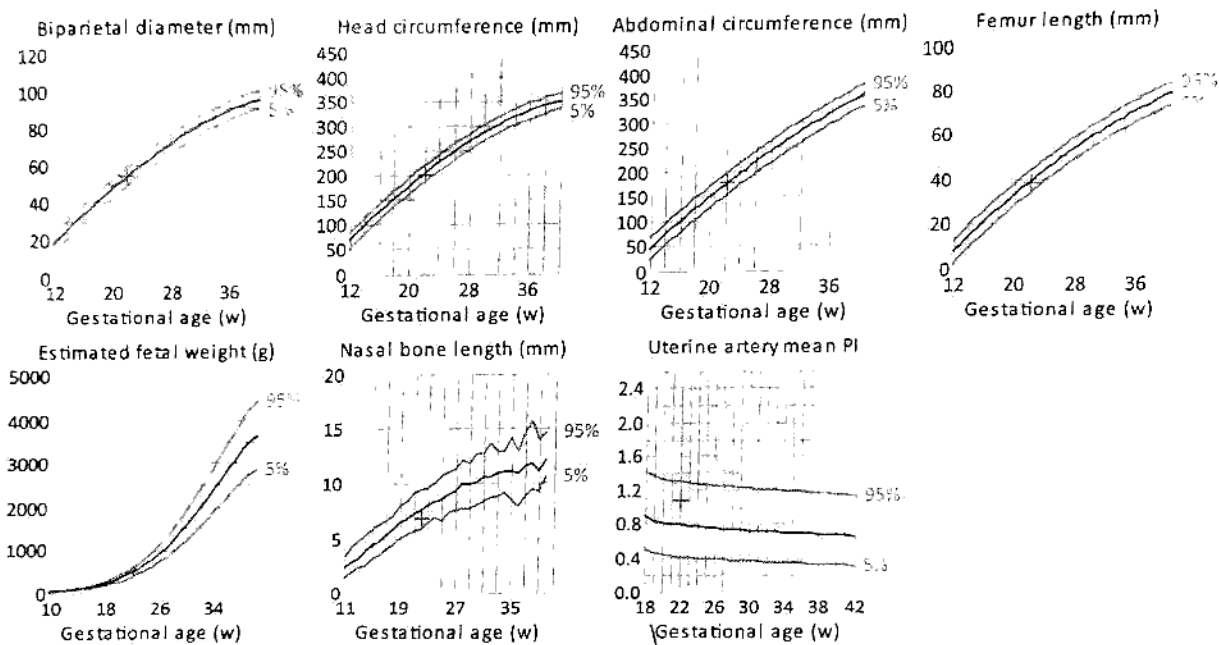
CENTRE FOR ADVANCED ULTRASOUND & FETAL MEDICINE

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
[Signature]

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 Radhan

MD, Department of MRD

SGPGIMS, Lucknow (PMSSY building)

Respected Mam

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

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

NOT FOR MEDICOLEGAL PURPOSE

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

Self Attested
Dr. Archita Shaleen



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 36y CR No. 2024790350

Diagnosis Pnmi e k/clo hypothyroidism

Date	LMP- 12/3/2024, TIFFA s/o. left clip
13/8/24	Pcu - 22wk.
BP - 122/72 mmHg	<u>C/O/Dr. M Pradha</u>
P - 106/min	<u>Admission</u>
Wt - 64.6kg	- TAB DREN 100mg BD
HT - 167cm	- TAB calcium 500mg BD.
BMI - 23.2	→ TIFFA CAN OK.
Sociology HU, HD, Ag Leu, UDR	- TAB <u>21/8/2024</u> Thyroidin 12.5mg BD.
- Ethical Screening.	Dr Shrey Senior R Reg. No. MRH Departn.
→ LFT/RFT	
✓ OBT - urine R/m Bilirubin	

Self Attested
Sojand

Date
16/8/24

USG by Prof M. Pradhanmāy

Single live fetus
with cleft lip and palate.

° Couple counselled and counselling
paper given. Invasive testing advised.

Adv:-

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

Pradhanmāy
16/8/24.

Manali
SR-MS.

Self attested

Sofand

Obstetrics Report

Page 1/3

MAT & FETAL MED SGPGI LKO

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

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%		
AC/BPD/FL/HC	Value	m1	m2	m3	Meth	GP	GA
AC (Hadlock)	5.32 cm	5.32			avg.	36.0%	22w1d
BPD (HC)	7.48 cm	7.48			avg.		
HC (Hadlock)	20.23 cm	20.23			avg.	34.3%	22w3d
AC (Hadlock)	20.25 cm	20.25				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
Coron. Arteries	2.55 cm	2.55			avg.	87.3%	23w4d
CA (Nucleoides)	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% (0.36%)

22.29% (0.20%)

Fetal Weight: 73.87% (71.87%)

AC (Hadlock): 0.19 (0.19 - 0.20)

FL (Hadlock): 1.15 (1.05 - 1.23)

Fetal Anatomy

Head / Neck

Cranium: normal

Lateral ventricles: normal

Self Attested

1/3
 16.08.2024 3:28:38 PM

Name

TYAGI, CHETNA

Patient ID

2024790350

Fetal Anatomy

Head / Neck

Cisterna magna	normal	Choroid plexus	normal
Midline falx	normal	Cavum septi pellucidi	normal
Cerebellum	normal	Intracranial	normal
Extracranial	normal		

Face

Lips	details CLEFT LIP	Palate	details CLEFT PALATE
------	----------------------	--------	-------------------------

Thorax

Thorax	normal	Diaphragm	normal
--------	--------	-----------	--------

Heart

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

Abdomen

Cord insertion	normal	Stomach	normal
Kidneys	normal	Bladder	normal

Spine

Cervical spine	normal	Thoracic spine	normal
Lumbar spine	normal	Sacral spine	normal

Extremities / Skeleton

Arms	normal	Legs	normal
Limbs	normal		

Placenta

Placenta Location	posterior		
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General

3 Vessel Cord	3 vessel cord	Amniotic Fluid	normal amount
Fetal Body	normal		

Self Attested
Dr. [Signature]

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. NEED OF SURGERY IN POSTNATAL PERIOD. LONG TERM ISSUES INCLUDE DENTAL ABNORMALITIES, HEARING, OLFACTORY PROBLEMS, SPEECH PROBLEMS.

Date: 16.08.2024

Perf. Physician:

M Pradhan
PROF MANDAKINI PRADHAN

16/8/24

Sonographer:

PROF M PRADHAN

*Self Attested
Pradhan*

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

Kilo left lip & Palate

LMP - 12/03/24
EOD - 19/12/24

P/A 2owl
4u@h
u@P

- 1. fol 123 mg x 1/2h
- 1. foliron xl mg
- 1. cal 123 mg } x 1/2h
- Vivamom Paode 2/300
oo-co. with milk
- foci gr sachet mg x 202
- 1. thyronorm 12.5 mg empty stomach
- 1. dyp. Subacid gel 3/4

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

24x7 Emergency Facility Available
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Self Attested
Dr. Purnendu Mishra