ROOM No: 703

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY
PART C (Revised)

Medi Assist

TO BE FILLED IN BLOCK LETTERS

RAINBOW CHILDREN'S MEDICARE LIMITED No. 1/1, Jeeva Sai Guindy Chennai - 600 032. www.rainbowhospitals.in

Name of the hospital:

Hospital location:

Hospital ID:

Hospital email ID:

ROHINI ID:

DETAILS OF THIRD PARTY ADMINISTRATOR

a) Name of TPA company: Medi Assist Insurance TPA Pvt Ltd b) Phone no.: 080 22068666 c) Toll Free Fax no.: 1800 425 9559

TO BE FILLED BY INSURED/PATIENT

a) Name of the patient: ADHITHIYA.N

b) Gender: ☐ Male ☑ Female ☐ Third gender c) Contact no.: 9841997412 d) Alternate contact no.: 9489361511

e) Age: Years 31 Months 03 f) Date of birth: 21/03/1994 g) Insurer ID card no.: 509583987

h) Policy number/Name of corporate: INFOSYS LTD i) Employee ID: 110536

j) Currently do you have any other medical claim/health Insurance: ☐ Yes ☐ No j.1) Insurer name: GOGIT

j.2) Give details:

k) Do you have a family physician, if yes: Name: k.1) Contact no.:

L) Occupation of insured patient:

m) Address of insured patient:

TO BE FILLED BY THE TREATING DOCTOR/HOSPITAL

a) Name of the treating doctor: DR.UMA.K b) Contact no.:

c) Name of Illness/disease with presenting complaints:

d) Relevant clinical findings:

e) Duration of the present ailment: days e.1) Date of first consultation: DD/MM/YYYY

e.2) Past history of present ailment if any:

f) Provisional diagnosis: PRIMI 39 weeks / Hypothyroid

f.1) ICD 10 code:

g) Proposed line of treatment: ☑ Medical management ☑ Surgical management ☐ Intensive care ☐ Investigation ☐ Non-Allopathic treatment

h) If investigation and/or medical management, provide details:

h.1) Route of drug administration: ☐ IV ☐ Oral ☐ Other

i) If Surgical, name of surgery: Normal vaginal Delivery

i.1) ICD 10 PCS code:

j) If other treatments provide details:

k) How did injury occur:

L) In case of accident: I. Is it RTA: ☐ Yes ☐ No ii. Date of injury: DD/MM/YYYY iii. Reported to Police: ☐ Yes ☐ No iv. FIR no.:

v. Injury/Disease caused due to substance abuse/alcohol consumption: ☐ Yes ☐ No vi. Test conducted to establish this, If yes attach reports: ☐ Yes ☐ No

m) In case of maternity: G P L A n) Expected date of delivery: DD/MM/YYYY

DETAILS OF THE PATIENT ADMITED

a) Date of admission: 02/07/2022 b) Time of admission: HHMM c) This is ☑ an emergency/ ☐ a planned hospitalization event

d) Expected no. of days stay in hospital: 2 Days e) Days in ICU: Days f) Room type: Single Room

REQUEST FOR CASHLESS HOSPITALISATION FOR HEALTH INSURANCE POLICY
PART C (Revised)

TO BE FILLED IN BLOCK LETTERS

g) Per Day Room Rent + Nursing & Service charges + Patient's Diet:	Rs.	
h) Expected cost for investigation + diagnostics:	Rs.	
i) ICU Charges:	Rs.	
j) OT Charges:	Rs.	
k) Professional fees Surgeon + Anesthetist fees + Consultation charges:	Rs.	
L) Medicines + Consumables cost of Implants: (specify if applicable)	Rs.	
m) Other hospital expenses if any:	Rs.	
n) All inclusive package charges if any applicable :	Rs.	
o) Sum Total expected cost of hospitalization	Rs.	1,17,000

1,17,000

p. Mandatory past history of any chronic illness. If yes (since month/year)

1. Diabetes	MM	YY
2. Heart Disease	MM	YY
3. Hypertension	MM	YY
4. Hyperlipidemias	MM	YY
5. Osteoarthritis	MM	YY
6. Asthma/ COPD / Bronchitis	MM	YY
7. Cancer	MM	YY
8. Alcohol or drug abuse	MM	YY
9. Any HIV or STD / related ailments	MM	YY

10. Any other ailment give details:

DECLARATION (PLEASE READ VERY CAREFULLY)

We confirm having read understood and agreed to the declaration of this form

a) Name of the treating doctor: Dr. V MANI

b) Qualification:

c) Registration No. with State code:

DECLARATION BY THE PATIENT / REPRESENTATIVE

a. I agree to allow the hospital to submit all original documents pertaining to hospitalization to the Insurer/TPA after the discharge. I agree to sign on the Final Bill & the Discharge Summary, before my discharge.
b. Payment to hospital is governed by the terms and conditions of the policy. In case the Insurer / TPA is not liable to settle the hospital bill, I undertake to settle the bill as per the terms and conditions of the policy.
c. All non-medical expenses and expenses not relevant to current hospitalization and the amounts over & above the limit authorized by the Insurer/TPA not governed by the terms and conditions of the policy will be paid by me.
d. I hereby declare to abide by the terms and conditions of the policy and if at any time the facts disclosed by me are found to be false or incorrect I forfeit my claim and agree to indemnify the insurer / TPA
e. I agree and understand that TPA is in no way warranting the service of the hospital & that the Insurer / TPA is in no way guaranteeing that the services provided by the hospital will be of a particular quality or standard.
f. I hereby warrant the truth of the forgoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment with respect to the claim, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
g. I agree to indemnify the hospital against all expenses incurred on my behalf, which are not reimbursed by the Insurer/ TPA.
h. "I/We authorize Insurance Company/TPA to contact me/us through mobile/email for any update on this claim"

a) Patient's / Insured's name: ADHITHIYA.N

b) Contact number: 9841997412 c) Email ID: (Optional) Srini25.aiesec@gmail

d) Patient's / Insured's signature: M. Srinivasan.

Date: 03/07/2026 Time: HHMM

HOSPITAL DECLARATION

a. We have no objection to any authorized TPA / Insurance Company official verifying documents pertaining to hospitalization.
b. All valid original documents duly countersigned by the insured / patient as per the checklist below will be sent to TPA/ Insurance Company within 7 days of the patient's discharge.
c. We agree that TPA / Insurance Company will not be Liable to make the payment in the event of any discrepancy between the facts in this form and discharge summary or other documents.
d. The patient declaration has been signed by the patient or by his representative in our presence.
e. We agree to provide clarifications for the queries raised regarding this hospitalization and we take the sole responsibility for any delay in offering clarifications.
f. We will abide by the terms and conditions agreed in the MOU.
g. We confirm that no additional amount would be collected from the insured in excess of Agreed Package Rates except costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility choosing separate line of treatment which is not envisaged/ considered in package).
h. We confirm that no recoveries would be made from the deposit amount collected from the Insured except for costs towards non-admissible amounts (including additional charges due to opting higher room rent than eligibility/ choosing separate line of treatment which is not envisaged/considered in package).
i. In the event of unauthorized recovery of any additional amount from the Insured in excess of Agreed Package Rates, the authorized TPA / Insurance Company reserves the right to recover the same from us (the Network Provider) and,/or take necessary action, as provided under the MOU or applicable laws.

DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

1. Detailed Discharge Summary and all Bills from the hospital.
2. Cash Memos from the Hospitals / Chemists supported by proper prescription.
3. Receipts and Pathological Test Reports from Pathologists, Supported by note from the attending Medical Practitioner / Surgeon recommending such pathological Tests.
4. Surgeon's Certificate stating nature of Operation performed and Surgeon's Bill and Receipt.
5. Certificates from attending Medical Practitioner / Surgeon that the patient is fully cured.

Hospital seal: RAINBOW CHILDREN'S MEDICARE LIMITED No 157, Anna Salai, Chennai - 600 015. www.rainbowhospitals.in

Doctor's signature:

Date: DDMMYYYY Time: HHMM

digit

Beneficiary:	Srinivasan Murali
Medi Assist ID:	5059360837
Relation:	Self
Primary insured:	Srinivasan Murali
Policy holder:	Infosys Limited
Policy No.:	D215092913_Non_Sez
Policy Period:	01 Jul 2025 To 30 Jun 2026
Member Id:	N302531617892334
Employee ID:	1105306

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassisttpa.in
- Customer Care: 7022083000, Email ID: info@mediassist.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029. CIN:U85199KA1999PTC025676
Website: www.mediassisttpa.in

digit

Beneficiary:	Adhithiya N
Medi Assist ID:	5095839876
Relation:	Spouse
Primary insured:	Srinivasan Murali
Policy holder:	Infosys Limited
Policy No.:	D215092913_Non_Sez
Policy Period:	01 Jul 2025 To 30 Jun 2026
Member Id:	N354003402495343
Employee ID:	1105306

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
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Website: www.mediassisttpa.in

digit

Beneficiary:	Uma Murali
Medi Assist ID:	5145371214
Relation:	Mother
Primary insured:	Srinivasan Murali
Policy holder:	Infosys Limited - Retail
Policy No.:	D226994876_NF
Policy Period:	01 Aug 2025 To 30 Jun 2026
Member Id:	N713460251816239
Employee ID:	1105306

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
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MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029. CIN:U85199KA1999PTC025676
Website: www.mediassisttpa.in

digit

Beneficiary:	S Murali
Medi Assist ID:	5145371215

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.

भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00852/13874

To
ஆதித்தியா நா
Adhithiya N
D/O Narayanasamy,
26A,
Enfield Avenue,,
Madipakkam,
VTC: Madipakkam,
PO: Madipakkam.,
District: Chennai,
State: Tamil Nadu,
PIN Code: 600091
Mobile: 9489361511

Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2025.07.28 12:50:46 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6769 9431 0965

VID : 9164 3783 5647 5747

எனது ஆதார். எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது.
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

இந்திய அரசாங்கம்

Government of India

ஆதார்

Aadhaar no. issued: 08/01/2015

ஆதித்தியா நா
Adhithiya N
பிறந்த நாள்/DOB: 27/03/1995
பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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).

6769 9431 0965

எனது ஆதார். எனது அடையாளம்

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

Details as on: 26/06/2026

முகவரி:
C/O நாராயணசாமி, 26A, என்பீல்ட் அவென்யூ, மடிப்பாக்கம், மடிப்பாக்கம், மடிப்பாக்கம்., சென்னை, தமிழ் நாடு - 600091

Address:
D/O Narayanasamy, 26A, Enfield Avenue,, Madipakkam, Madipakkam, PO: Madipakkam., DIST: Chennai,
Tamil Nadu - 600091

6769 9431 0965

VID : 9164 3783 5647 5747

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भारत सरकार

आधार

இந்திய அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00489/05704

To
மு சீனிவாசன்
M Srinivasan
26A,
Enfield Avenue,
Madipakkam,
VTC: Madipakkam,
PO: Madipakkam.,
District: Chennai,
State: Tamil Nadu,
PIN Code: 600091
Mobile: 9841997412

Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2020.07.03 09:42:38 IST

உங்கள் ஆதார் எண் / Your Aadhaar No. :

7115 3007 9686

VID : 9151 1918 4788 6872

எனது ஆதார், எனது அடையாளம்

இந்திய அரசாங்கம்

Government of India

ஆதார்

Aadhaar no. issued: 21/08/2013

மு சீனிவாசன்
M Srinivasan
பிறந்த நாள்/DOB: 23/06/1992
ஆண்/ MALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும். குடியுரிமை, அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

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7115 3007 9686

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது.
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான QR குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது.
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

ஆதார்

Details as on: 03/07/2026

முகவரி:
26A, என்ஃபீல்ட் அவென்யூ,
மடிப்பாக்கம், மடிப்பாக்கம்,
மடிப்பாக்கம்., சென்னை,
தமிழ் நாடு - 600091

Address:
26A, Enfield Avenue, Madipakkam, Madipakkam,
PO: Madipakkam., DIST: Chennai,
Tamil Nadu - 600091

7115 3007 9686

VID : 9151 1918 4788 6872

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SRINIVASAN M

MURALI SUBRAMANIYAM

23/06/1992

Permanent Account Number

BTRPM8303H

Signature

KRISHNAN SCANS
ULTRASOUND
BY
Dr. K. UMA, M.D., D.G.O., (OB & GYN)
Dr.R . PRIYANKA , MBBS MS (OG)
FELLOWSHIP IN REPRODUCTIVE MEDICINE, CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST
FERTILITY SPECIALIST
New No. 78/32, Mahadaven Street, West Mambalam, Chennai - 600 033
044 - 2371 0935, 94440 10182, 9150037123
ULTRASOUND LIKE NEVER BEFORE

Patient name	Mrs. ADHITHIYA. N	**Age/Sex**	31 Years / Female
Patient Id	1587	**Visit no**	7
Referred by	Dr. K.UMA MD, DGO	**Visit date**	12/06/2026
LMP date	08/09/2025, LMP EDD: 15/06/2026[39W 4D] | C-EDD: 09/07/2026[36W 1D]		

OB - 2/3 Trimester Scan Report

Indication(s)

To Assess Interval Growth

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Poor penetration of sound waves due to high BMI
Limited fetal anatomy assessed due to advanced gestational age

Fetus

Survey

Presentation - Cephalic

Placenta - Anterior

Liquor - Normal

Single deepest pocket = 6

Fetal activity present

Cardiac activity present

Fetal heart rate - 146 bpm

Biometry(Hadlock, Unit: mm)

BPD	93.1, 37W 5D	(93%)
HC	315.23, 35W 3D	(14%)
AC	330.47, 37W	(75%)
FL-Rt	71.9, 36W 6D	(58%)

EFW (grams)

BPD,AC	3193	(96%)
FL,AC	3106	(88%)
BPD,HC,AC,FL	3049	(64%)
HC,AC,FL	2966	

Fetal doppler

Middle Cerebral Artery PI	1.79	(44%)
Umbilical Artery PI	0.91	(50%)
Cerebroplacental ratio	1.967	(27%)

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Fetal Anatomy

Intracranial structures appeared normal

Neck appeared normal.

Spine appeared normal. No evidence of significant open neural tube defect

Fetal face appeared normal

Both lungs appeared normal

Heart appeared normal

Abdominal situs appeared normal

Both kidneys and bladder appeared normal.

All long bones appeared normal for the period of gestation

Impression

Single intrauterine gestation corresponding to a gestational age of 36 Weeks 1 Day
Gestational age assigned as per biometry (CRL) on 03/01/2026
Menstrual age 39 Weeks 4 Days
Corrected EDD 09-07-2026
Placenta - Anterior
Presentation - Cephalic
Liquor - Normal
Estimated fetal weight according to BPD,AC :- 3193 + / - 319.3 FL,AC :- 3106 + / - 310.6 BPD,HC,AC,FL :- 3049 + / - 304.9 HC,AC,FL :- 2966 + / - 296.6 gms.

DR. K. UMA
MD, DGO

Disclaimer

I Dr.K.Uma declare that while conducting ultrasonography/image scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

All anomolies cannot be ruled out on ultrasound due to limitations, like amount of liquor, obesity, previous scar, advanced gestatinal age, fetal position, late appearance of few anomalies, multiple pregnancies and structures that are not part of routine imaging protocol. Absence of anomoly on sonography does not absolutely rule out the possibility of having one.

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for detailed evaluation of foetal heart, a separate fetal echo study is required.

This opinion is bsed on the imaging findings at the time of the scan and management decisions based on this report must consider the overall clinical setting and other relevant test results for this patient. Ultrasound findings are bound to change as the fetus develops.

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Patient name	Mrs. ADHITHIYA. N	Age/Sex	31 Years / Female
Patient Id	1587	Visit no	7
Referred by	Dr. K.UMA MD, DGO	Visit date	12/06/2026

Fetal Doppler Scan Report

Fetus

Arteries	PSV (cm/ sec)	EDV (cm/ sec)	RI	S/D ratio	PI	Remarks
Middle Cerebral Artery	52.1	8.4	0.84	6.2	1.79	Normal
Umbilical Artery	53.3	22.5	0.58	2.37	0.91	Normal
	Cerebroplacental ratio: 1.967					

Impression

Normal Flow Across MCA and Umblical Arteries
CPR - 1.9 (NORMAL > 1)

DR. K. UMA
MD, DGO

KRISHNAN SCANS ULTRASOUND

Dr.K.UMA, M.D., D.G.O., (OB & GYN)

Mrs. ADHITHIYA. N / 1587 / 12/06/2026 / Visit No 7

Visit(s) used : 13/11/2025,05/12/2025,03/01/2026,09/03/2026,20/04/2026,22/05/2026,12/06/2026