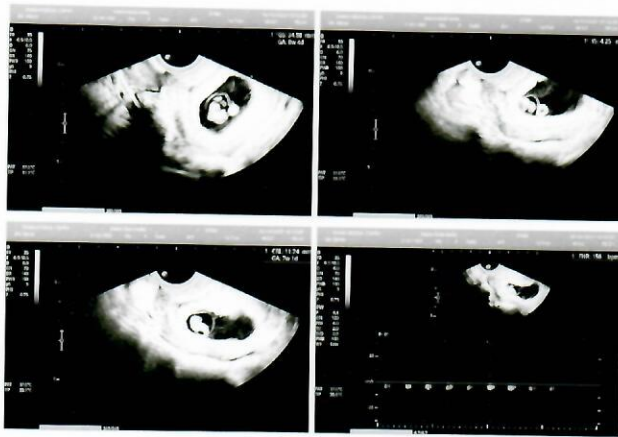




OB Report

Patient Information

Patient Name: RASH, EMMA AARH
 Birth Date: 04/01/1992
 Rh/typing:
 Comments:

Patient ID: 37969
 Gender: Female

Exam Date: 06/15/2022
 Accession:

Exam Information

Exam Type: OB
 Location: R
 Request:
 Sonographer: DR. RASH
 Chief Complaint:
 Tech Name:
 Comments:

Highflow:
 Pouch:
 Referring MD:

Highflow:
 Pouch:
 Referring MD:

EMP: 06/06/2022

GA: 30W 3D

1000106270601023

Fetus

Karyotype:
 Chromosomes: 46,XX

Range: *****

1000106270601023
 GA: 30W 3D *****

Measurements

Fetus

2D Mode

Item: M1-M5
 Unilateral Side:
 Cephalic:
 BPD:
 VS:

M1-M5

Value:

Unit:

GA

Doppler Mode

Item: M1-M5

Value:

Unit:

Unilateral Side

HR:

136

Flow: 0.044

Flow: