

MP 116

MEDCIS
Healthy testing for Wealthy living

REQUEST FORM FOR SCREENING OF

800/- paid.

☐ TRIPLE MARKER SCREENING (14 – 22.6 weeks)

☐ DUAL MARKER SCREENING (8 – 13.6 weeks)

☒ QUAD MARKER SCREENING (14 – 22.6 weeks)

Patient Name: SUNITA PAWAR Age: 32 Y / FEMALE
23434549

All the fields are Mandatory:

DOB - 16/6/21990

Date Of Birth (DOB)***	
Diabetic/ Non Diabetic***	Non-Diabetic
Weight in Kgs: (as on sampling date)***	67 kg
Number of Foetuses***	1
Normal/IVF***	Normal.

Date of sample collection: 12/12/2022 Time of sample collection: 9: AM Morning

Fill any one:

Last Menopause Period (LMP)	12/07/2022
Expected Date of Delivery (EDD)	18/04/2023
Gestational age as on date of sampling(USG/LMP)	21 wks 05 Days.

USG Findings: (Attach the Xerox copy of the USG scan)

Additional Information: (If Applicable)

In case of an assisted reproduction, kindly circle the following as applicable:

IVF Donor insemination Donor egg ICSI GIFT any other

Also please provide:

Date of extraction:

Date of transfer:

Date of birth of donor if donor egg is used:

Note: ** For 2nd trimester screening BPD & CRL values are crucial.

*** All the above details must be complete for the acceptance of the sample for testing

Name/Signature (requisitioner)

Date:

MEDCIS (for Office use)

Regn. No:

Date:

Time:

Signature

RIAN SONOGRAPHY CLINIC

Swami Vivekanand Ward Bypass Road Near Deshmukh
Celebration Hall Ramtek

Reg. No. CS/GHN/PNDT/USG/141/2020

Name Of Pt : MRS. SUNITA PAWAR

Age/Sex:- 32 Y / F

Ref By : DR. P. BORKAR

Dated : 11/12/2022

SONOGRAPHY OF GRAVID UTERUS

LMP:- 12/07/2022

GA by LMP:- 21 WKS 05 DAYS

GA by AUA:- 18 WKS 05 DAYS

EDD by LMP: 18/04/2023

EDD by USG: 09/05/2023

Real time B-Mode ultrasonography of gravid uterus.
Route: Trans abdominal.
Single intrauterine gestation.

Maternal

Cervix appears normal.
Internal os appeared closed.

Fetus

Survey

Presentation - CEPHALIC
Placenta - POSTERIOR FUNDAL

GRADE : I

Liquor - ADEQUATE

CERVICAL LENGTH 3.1CM

Umbilical cord - Two arteries and one vein.
Fetal activity - Present.
Cardiac activity - Present.

FHR - 140 bpm.

Foetal biometry :-

BPD - 41.31 mm	HC - 152.95mm	AC - 129.23mm	FL - 30.07mm
18 wks 03 days	18 wks 03 days	18 wks 02 days	19 wks 03 days

Estimated fetal weight according to BPD,HC,AC,FL : 264 +- 38 gms.

Aneuploidy Markers -

Nuchal fold :- Nuchal fold thickness appeared normal for GA.

Fetal Anatomy :**Head**

Midline falx seen.

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualized in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal.

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal.

Thorax

Both lungs seen.

No e/o pleural effusion or pericardial effusion.

No e/o SOL in the thorax

Heart

Heart appears in the mid position

Normal cardiac situs. Four chamber view normal.

Outflow tracts appeared normal.

Abdomen

Abdomen situs appeared normal.

Stomach and bowel appeared normal.

Normal bowel pattern appeared for the gestation seen.

No e/o ascites.

Abdominal wall intact.

KUB

Right and left kidneys appeared normal.

Bladder is minimally distended and appeared normal.

Extremities

All fetal long bones visualized and appear normal for the period of gestation.

Both feet appeared normal.

Impression:

Single live intrauterine foetus corresponding to a gestational age of 18 weeks 05 days With CEPHALIC Presentation with wrong dates.

No obvious USG detectable structural anomalies seen at this stage


FETAL ECHO NOT DONE

I Dr. PRADIP BORKAR declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclose foetus to anybody in any manner.

All measurements including estimated fetal weight are subject to statistical variations

Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity, technical parameters. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary

Chromosomal anomalies need chorionic villus sampling for diagnosis.


DR. PRADIP BORKAR
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