DEPARTMENT OF RADIO-DIAGNOSIS

INDIRA GANDHI GOVT. MEDICAL COLLEGE & HOSPITAL, NAGPUR

Name	Kavita	Age/Sex :	
Performed by	Dr. Mahesh (JR-2)	Date :	20/1/23
Study	USG PELVIS FOR EARLY GESTATION	Reg. No.	

E/o single well defined intrauterine gestation of average maturity CRL- 5.05 cm and GSD- cm correspond with maturity of around 11 weeks 5 days.

Its shape is regular with regular and homogeneous trophoblastic reaction.

✓Foetal pole well seen.

✓Cardiac pulsations are well appreciated.

✓Secondary yolk sac seen.

Cervix appears normal with length ..... cm and width .....cm.

Os closed.

No e/o perigestational hematoma.

No adnexal or uterine mass.

NT = 2.5 mm

OPINION :-

Early viable intrauterine pregnancy of around 11 weeks 5 days. by CRL = 5.05 cm

I Dr. Mahesh

I Declare that while doing USG Scanning

I have neither detected nor disclosed the sex of her Foetus to anybody in any manner.

Signature ..AP.....

Sonologist.

GPN 3-14-OBGMC&HN -07-2022-5,000 loose-PA4.

Acclin
Path Labs India Pvt. Ltd.

REQUEST FORM FOR SCREENING OF

- ☐ TRIPLE MARKER SCREENING (14 – 22 6 weeks)
- ☑ DUAL MARKER SCREENING (8 - 13 6 weeks)
- ☐ QUAD MARKER SCREENING (14 – 22 6 weeks)

Patient Name: Mrs. Kavita Vishal Nasre Age: 40/f

Referred Doctor: Dr. Aditi Gulhane. Sample ID:

Date of sample collection: 20/01/23 APL-Code:

All the fields are Mandatory:

Date Of Birth (DOB)***	24 Aug 1981
Diabetic/ Non Diabetic***	
Weight in Kgs (as on sampling date)***	92 kgs.
Number of Foetuses***	
Normal/IVF***	

Last Menopause Period (LMP)	
Expected Date of Delivery (EDD)	
Gestational age as on date of sampling(USG/LMP)	

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)

Acclin (for Office use) Date:

Regn. No: Date: Time: Signature