Vaidya Hospital's
ACE DIAGNOSTIC CENTER

Vaidya Hospital, In front of Gram Panchayat Office,
Madhukar Nagar, Patas, Tal-Daund, Dist-Pune.
+91 81693 45283

Tuesday off | Timing: 9.30am to 7.00pm

Name:Mrs.DR.SHITOLE POOJA   Add. KURKUMBH   Age – [redacted] Yrs

Ref By: Dr. VAIDYA   Date: 16-Mar-23

OBSTETRIC SCAN REPORT

INDICATION-

LMP- 15/12/2022   CGA-13 W 00 D   EDD- 21/09/2023

NO. OF FETUS- TWINS   POSITION-   SEDD-22/09/2023

FHR- FET. A- 166/MIN, FET. B-174/MIN   FETAL MOVEMENTS-   WT-GMS

MEASUREMENTS-

UTERUS ANTEVERTED

CRL- **FET A-** 6.5 CMS – 12 W 03 D (ON MATERNAL RIGHT)

FET B- 5.1 CMS- 12 W 2 D (ON MATERNAL LEFT)

NT- *FET A- 1.2 MM. FET B- 1.5 MM*

NB- *SEEN FOR BOTH THE FETUSES.*

DUCTUS-

PLACENTA- DICHORIONIC

IMPRESSION–TWINS LIVE INTRAUTERINE PREGNANCY OF 12 W 6 D.

COMMENTS- ADV- **ANOMALY SCAN AT 18-20 WEEKS.**

NOTE-ALL ANOMALIES CAN NOT BE DIAGNOSED ON USG.DEPENDING UPON THE SIZE & STAGE OF FETAL DEVELOPMENT,AMOUNT OF LIQUOR & MATERNAL OBESITY ALL CONGENITAL ANOMALIES MAY NOT BE IDENTIFIED ON SONOGRAPHY.I DECLARE THAT WHILE CONDUCTING SONOGRAPHY I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER.TWINS CAN BE MISSED AT EARLY PREGNANCY SCAN.

Signature

DR. ALAP VAIDYA

os closed

TEST REQUISITION FORM (TRF)

SagePath®
Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Dr Mo. Pooja Sameer Ghitole

Age : ____ Yrs : ____ Months ____ Days

Sex : Male ☐ Female ☑ ~~Date of Birth~~ : 15 11 1994

Ph : ____

Client Details :

SPP Code : SPLPU152

Customer Name : ____

Customer Contact No : ____

Ref Doctor Name : Vaidya Hospital

Ref Doctor Contact No : ____

Specimen Details:

Sample Collection date : / Sample Collection Time : AM / PM	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
Dual Marker	Serum	23952138

Clinical History: Height :- 158 cms Weight - 61.4 kg.

Diabetics :- NO.

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.