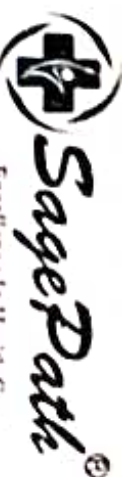


TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: MRS HARSHADA GUNDA

Age: 21 Yrs: Months Days

Sex: Male ☐ Female ☒ Date of Birth: ☐ ☐

Ph:

Client Details:

SPP Code PV026

Customer Name



23958625

Specimen Details:

Sample Collection date: 08-03-23

Sample Collection Time: AM / PM

Specimen Temperature:

Sent

Frozen ($<-20^{\circ}\text{C}$) ☐

Refrigerator ($2-8^{\circ}\text{C}$) ☐

Ambient ($18-22^{\circ}\text{C}$) ☐

Received

Frozen ($<-20^{\circ}\text{C}$) ☐

Refrigerator ($2-8^{\circ}\text{C}$) ☐

Ambient ($18-22^{\circ}\text{C}$) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Hb ELECTROPHORESIS

EDTA

23958624

QUADRUPE MARKER

Serum

23958625

HEIGHT - 160

WEIGHT - 70

DOB 12/07/2002.

Clinical History:

No. of Samples Received:

Received by:



Age: 21 Yrs / Female
Date: 03/04/2023

Name: Mrs. Harshada Yogesh Gund
Ref. By: Dr. Prachi Amrale

OBSTETRIC ULTRASOUND ANOMALY SCAN

(With relevant image copies)

	Date	GA	Weeks	Days		Date
LMP	20-11-2022	GA BY LMP	19	1	EDD BY LMP	27-08-2023
		GA BY USG	19	4	EDD BY USG	24-08-2023

Single live intrauterine gestation in variable presentation at present.

Fetus shows good cardiac and somatic activities. FHR: 152 bts/min, regular.

BPD	44.8	mms	19	Weeks	4	Days
HC	164.6	mms	19	Weeks	1	Day
AC	132.6	mms	18	Weeks	5	Days
FL	34	mms	20	Weeks	5	Days

EXTENDED BIOMETRY:

Transcerebellar diameter - 19.6 mm

Cisterna magna - 3.0 mm

Lateral Ventricle - 4.9 mm

No evidence of gross congenital anomaly seen. (However all the anomalies may not always be visualized in a particular scan as ultrasound has its own limitations. Detection of congenital anomalies depends on fetal age, fetal position, liquor amount, tissue penetration of sound waves, patient's body habitus & technical limitations. Few anomalies may evolve as pregnancy advances. The present study cannot completely confirm absence of any or presence of all congenital anomalies in the fetus which may be detected in the post natal period. USG markers for screening of chromosomal anomalies may not be always evident & as such there absence may not be totally ruled out.)

FETAL ANATOMY

Head

Midline falx seen. Both lateral ventricles appeared normal. Posterior fossa appeared normal. No identifiable intracranial lesion seen. No evidence of hydrocephalus at present.



Placenta is fundoposterior. lower end of placenta is safely away from internal OS, No evidence of retro placental bleed / separation / any other placental abnormality.

Liquor volume adequate for this gestational age.

Cervix measures 3.7 cms (TAS), normal. Internal os closed.

IMPRESSION:

- Single live intrauterine gestation in variable presentation of 19 weeks 4 day in maturity.
- Good fetal interval growth
- Normal fetal anatomy
- No positive soft markers of a chromosomal anomaly are seen.
- Normal placenta.

Suggest: Fetal echo between 22-24 weeks by Paediatric cardiologist.

Follow up USG at 24 weeks for better visualization of facial and cardiac structures.

I, Dr. Aarati Deshmukh-Sugaonkar the undersigned hereby declare that while conducting ultrasonography on Mrs. Harshada Yogesh Gund I have neither detected nor disclosed the sex of the fetus to anyone in any manner.


Dr. Aarati Deshmukh-Sugaonkar
Consultant Radiologist

(Note: Sonography has its limitations and the result should be correlated with clinical and other relevant patient data.
All the measurements are subject to statistical variation