PathCare Diagnostics™
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QSP-02/04

TEST REQUISITION FORM

PathCare Diagnostics™
(A UNIT OF PATHCARE LABS PVT.LTD.)

Date of Shipment

PCC Code

Patient Name: Padmaja Tatoba Gherade

Gender: M F | Age: 34 Years Months Days

Date of Birth: D D M M Y Y

Referring Physician — Name & Address: Krishna lab

Phone # :

Specimen Collected By

Prepared By

Sample Collection Details

Date Time

Test Name / Codes

Quadruple Test
DOB - 23-8-1998
weight - 52 kg

Sample Type / Origin	Vial ID
	23955109

Number of Sample Containers

cal Details / History
ch additional clinical data if any)
Menstrual Period (LMP)
atory for all gynaecologic specimen

en Receipt Details (FOR OFFICIAL USE ONLY)

amples Received

By

Condition of Receipt A R F

Date of Receipt

Time of Receipt

efer PCC Manual / Directory of services for patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit www.pathcarelab

Abhipray Diagnostic Centre
Damodar Enclave 2078 RH/48/1 E Ward 10th Lane, Rajarampuri East Kolhapur 416008 Ph 0231 2531747 91 300 45 300 info@abhipraydiagnostic.com
www.abhipraydiagnostic.com

Patient name	Mrs PADMAJA TATOBA GHEVADE	**Age/Sex**	34 Years / F
Patient ID	ADC-11042023-08	**Visit No**	1
Referred by	Dr PATIL RASHMI N	**Visit Date**	11/04/2023
LMP Date	21/11/2022 LMP EDD 28/08/2023[20W 1D]		

OB - 2 Trimester Scan Report - Targeted Anomaly Scan

Indication(s)

FTS NOT DONE / TO RULE OUT ANOMALIES

Real time B-mode ultrasonography of gravid uterus done

Route Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.30 cms in length

Right uterine PI : 2.08
Left uterine PI : 0.99
Mean PI : 1.53 (89%ile)

Fetus

Survey

Presentation - Changing position

Placenta - Fundal and posterior

Liquor - Normal

Single deepest pocket = 4.8

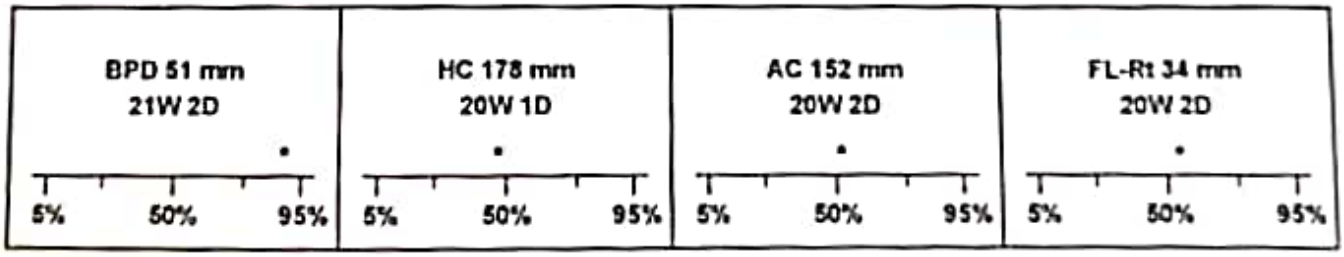
Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 149 bpm

Biometry (Hadlock)



Humerus 33 mm

TCD : 20.2 mm

Aneuploidy Markers

Nasal Bone : SEEN

Nuchal Fold : 2.5 mm

Estimated fetal weight according to BPD,HC,AC,FL :- 361 + / - 36.1 gms.

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Fetal Anatomy

Head

Midline falx seen
Right lateral ventricle measures 5.3 mm (Normal upto 10 mm)
Left lateral ventricle measures 4.9 mm (Normal upto 10 mm)
Cisterna magna measures 5.1 mm.
Cavum septum pellucidum measures 4.5 mm.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.
E/o Remnant of blakes pouch cyst - Normal variant.

Neck

Fetal neck appeared normal

Spine

Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal.
Sacral tapering seen.

Face

Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal.

Thorax

Both lungs seen
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart

Heart in normal position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.
Veno atrial connections normal.
Color arches and Three vessel view appeared normal.

Abdomen

Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB

Right renal pelvis measured 3.5 mm
Left renal pelvis measured 3.5 mm
Prominent bilateral renal pelvis.
Bladder appeared normal

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Extremities
All fetal long bones visualized and appear normal for the period of gestation
Both feet appeared normal

Impression

Single gestation corresponding to a gestational age of 20 Weeks 1 Day
Gestational age assigned as per LMP
Placenta - Fundal and posterior
Presentation - Changing position
Liquor - Normal

Color Doppler Study:
Both uterine arteries mean PI : Normal flow.

BPD falls in 90%ile, HC falls in 48%ile, AC falls in 53%ile, FL falls in 55%ile.
Estimated fetal weight according to BPD,HC,AC,FL :- 361 +/- 36.1 gms.

Suggested -
1) Quadruple test.
2) Repeat scan after 6 weeks to assess the interval growth and evolving anomalies if any.

2nd trimester screening for Downs
Maternal age risk 1 in 448

Fetus	2nd Trimester Downs Risk Estimate
A	1 in 1493

Disclaimer

I Dr. Patil Pallavi declare while conducting ultrasonography / Imaging scanning I have neither detected nore disclosed the sex of the fetus to anybody in a[ny] manner

P.N. - Foetal anatomical abnormalities may not be always detected on sonographic exam. Not all foetal parts may be visualised during each scan, as visualisation of foetal parts depends on gestational age ,foetal position, foetal movements, adequacy of liquor and thickness of maternal abdominal wall Some anomalies may evolve in third trimester. In few cases there may be evolving anomalies like club foot ,diaphragmatic hernia ,microcephaly ,abdominal cysts etc. Imperforate anus ,dysmorphic faces may not be always detected antenatally. Chromosomal normalcy can onl[y] be confirmed by Direct testing Amniocentesis - Karyotype

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