Date of Shipment

PCC Code

TEST REQUISITION FORM

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

Patient Name: Shital Prakash Jadhav

Gender: F

Age: 33 Years Months Days

Date of Birth

Referring Physician

Name & Address: krishna Lab.

Phone # :

Specimen Collected By

Prepared By

Sample Collection Details

Date Time

Test Name / Codes: Quadruple Test - DOB - 15/03/1990 Weight - 70kg

Sample Type / Origin	Vial ID
	23955140

Number of Sample Containers

cal Details / History
ch additional clinical data if any)

Menstrual Period (LMP)
datory for all gynaecologic specimen

men Receipt Details (FOR OFFICIAL USE ONLY)

Samples Received _____

ed By _____

Condition of Receipt A R F

Date of Receipt

Time of Receipt

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

bhipray Diagnostic Centre
amedar Enclave 2078 KH/48/1, E Ward 10th Lane, Rajarampuri East, Kolhapur 416008 Ph 0231 2511742, 91 300 45 350 info@abhipraydiagnostic.com
www.abhipraydiagnostic.com

Patient name	Mrs SHITAL PRAKASH JADHAV	**Age/Sex**	33 Years / F
Patient ID	ADC-14042023-05	**Visit No**	1
Referred by	Dr. PATIL NITIN H	**Visit Date**	14/04/2023
LMP Date	26/12/2022 LMP EDD 02/10/2023[15W 4D]		

OB - 2 Trimester Scan Report - Routine Scan

Indication(s)

FTS NOT DONE / RH NEGATIVE PREGNANCY / ROUTINE

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Poor penetration of sound waves (BMI = 26)

Maternal

Cervix measured 3.10 cms in length.

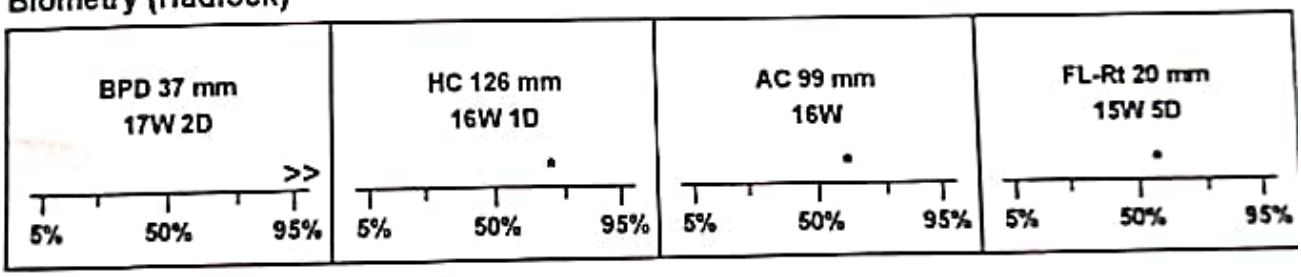
Right uterine PI : 0.8.
Left uterine PI : 1.01.
Mean PI : 0.90 (5%ile)

Fetus

Survey

Presentation - Changing position
Placenta - Anterior and low lying
Lower edge of placenta is touching the internal os.
Liquor - Normal
Single deepest pocket = 3.2
Umbilical cord - Two arteries and one vein
Fetal activity present
Cardiac activity present
Fetal heart rate - 147 bpm

Biometry (Hadlock)



TCD : 15.5 mm

Aneuploidy Markers

Nasal Bone : SEEN
Nuchal Fold : 2.8 mm

Fetal Anatomy

Head: normal, Neck: unassigned, Spine: normal, Face: normal, Thorax: unassigned, Heart: norm
Abdomen: normal, KUB: extended renal sonogram, Extremities: normal

Head : Both lateral ventricles seen. Falx in midline. Cisterna mgana, measures 2.6 mm.

Spine : Spine appeared normal. No evidence of significant open neural tube defect.

Face : Both orbits and premaxillary triangle seen.

Heart : Cardiac situs normal. Four chambers, Color inflow and arches seen.

Abdomen : Abdominal situs appeared normal. Stomach and bladder seen.

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KUB :Extended renal sonogram done.: -
No central or penpheral calyceal dilatation at present
Bilateral renal pelviectasis seen.
RIGHT KIDNEY :
Right renal pelvis measures 3.6 mm.
LEFT KIDNEY :
Left renal pelvis measures 3.5 mm.
Both ureters are not dilated at present
Bladder appeared normal
Extremities :All three segments of both upper and lower limbs seen

Impression

Single gestation corresponding to a gestational age of 15 Weeks 4 Days
Gestational age assigned as per LMP
Placenta - Anterior and low lying
Presentation - Changing position
Liquor - Normal

Color Doppler Study:
Both uterine artery mean PI : Normal flow.
Placenta - Anterior and low lying
Bilteral mild renal pelviectasis - UTD (Urinary tract dilatation) Grade A1 : Low risk.
Bladder : Normal.

Suggested -
1) Quadruple test.
2) Repeat scan at 20 weeks to rule out anomalies, MCA doppler, fetal kidneys and placental location.

Comment : Renal pelviectasis may increase, decrease or remain static. Follow up scan is requried t evaluate the same.

2nd trimester screening for Downs

Maternal age risk 1 in 540

Fetus	2nd Trimester Downs Risk Estimate
A	1 in 1800

Disclaimer

I Dr. Patil Pallavi declare while conducting ultrasonography / Imaging scanning I have neither detected nore disclosed the sex of the fetus to anybod manner. P.N. - Foetal anatomical abnormalities may not be always detected on sonographic exam. Not all foetal parts may be visualised during eac as visualisation of foetal parts depends on gestational age ,foetal position, foetal movements, adequacy of liquor and thickness of maternal abdomi 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 ca be confirmed by Direct testing Amniocentesis - Karyotype.

DR.PALLAVI S.PATIL
Consultant Radiologist - DFM