

VAIDYA HOSPITAL, PATAS

Name: Mrs. KARUNA JAGTAP

Add. DAUND

AGE: 32 Yrs

Ref By: Dr. Vaidya

Date: 21-Apr-23

OBSTETRIC SCAN REPORT

INDICATION-OBST

LMP-24/01/23

CGA- 12 W 3 D

EDD- 31/10/23

NO. OF FETUS-SINGLE

POSITION-VARIABLE

SKDD- 28/10/2023

FHR - 158/min

FETAL MOVEMENTS +

WT - GMS

MEASUREMENTS-

UTERUS ANTEVERTED

CRL = 6.41 CMIS - 12 WKS 06 DAYS

NT- 2.3 MM

NO-SEEN

SKULL- WELL FORMED

PLACENTA- FUNDIC POSTERIOR

BOTH OVARIES APPEAR NORMAL

B/L ADNEXA CLEAR

IMP- SINGLE LIVE INTRA UTERINE PREGNANCY OF 12 W 06 D, 2ND MISSED ABORTION OF TWIN BABY

ADV: ANOMALY SCAN AT 18-20 WEEKS. ADV- DUAL MARKER TEST

NOTE-ALL ANOMALIES CAN NOT BE DIAGNOSED ON USG DEPENDING UPON THE SIZE & ST AGE 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

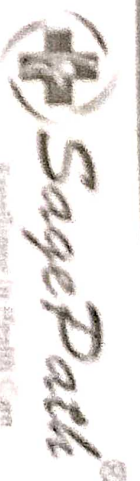
Dr. Dhaval Vaidya

MBS.DGO

Vaidya Hospital Patas

Reg No. 2008/05/1883

TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Kanana Vinod Jagtap.

Age: 32 Yrs: _____ Months: _____ Days

Sex: Male ☐ Female ☐ Date of Birth: 01 01 1991

Ph: _____

Client Details:

SPP Code: _____

Customer Name: _____

Customer Contact No: _____

Ref Doctor Name: Dr. Vaidya Lab.

Ref Doctor Contact No: _____

Specimen Details:

Sample Collection date: _____ Specimen Temperature: _____ Sent: _____

Sample Collection Time: _____ AM / PM _____ Received: _____

Test Name / Test Code _____ Sample Type _____ SPL Barcode No _____

Dual Marker BBVUM 21061682

Height: 169 cms Height: 75.8

Clinical History:

Darbela :- MD.

No. of Samples Received:

Received by: