SP-02/04

ate of Shipment

CC Code

TEST REQUISITION FORM

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

lient Name: Monika Sagar Dukare

ender: F | Age: 33 Years | 4 Months | Days

te of Birth

Specimen Collected By

Prepared By

Sample Collection Details

Date | Time

eferring hysician

Name & Address: krishna L.b

Phone # :

Test Name / Codes

TSH
Quadruple Marker
DoB - 18/6/89
weight - 37.50 kg

Sample Type / Origin	Vial ID

Number of Sample Containers

inical Details / History
ttach additional clinical data if any)
ast Menstrual Period (LMP)
Mandatory for all gynaecologic specimen

Specimen Receipt Details (FOR OFFICIAL USE ONLY)

Condition of Receipt: A R F

Date of Receipt

Time of Receipt

lo. of Samples Received

patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit www.pa

Patient name	Mrs MONIKA SAGAR DAKARE	Age/Sex	33 Years / F
Patient ID	ADC-01052023-04	Visit No	1
Referred by	Dr. PATIL RASHMI N.	Visit Date	01/05/2023
LMP Date	26/01/2023 LMP EDD: 02/11/2023[13W 4D]		

Fetal Anatomy

Head: normal, Neck: unassigned, Spine: imaged, Face: normal, Thorax: unassigned, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Head :Both lateral ventricles seen.
Falx in midline
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.
KUB :Both kidneys are seen.
Extremities :All three segments of both upper and lower limbs seen.

Impression

Intrauterine gestation corresponding to a gestational age of 13 Weeks 4 Days
Gestational age assigned as per LMP
Placenta - Fundal and posterior
Liquor - Normal

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

Suggested
1) Combined biochemical screening (NT + NB + B HCG + PAPPA)
2) Repeat scan at 20 weeks to rule out anomalies.

Disclaimer

I Dr. Patil Pallavi declare while conducting ultrasonography / Imaging scanning I have neither detected nore disclosed the sex of the fetus to ar manner

P N - Foetal anatomical abnormalities may not be always detected on sonographic exam. Not all foetal parts may be visualised during each s visualisation of foetal parts depends on gestational age ,foetal position, foetal movements, adequacy of liquor and thickness of maternal abdo 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

DR.PALLAVI S.PATIL
Consultant Radiologist - DFM
FMF ID 154822

First Trimester Screening Report

Uterine artery PI:	1.68	equivalent to 1.020 MoM
Mean Arterial Pressure:	75.4 mmHg	equivalent to 0.980 MoM
Endocervical length:	31.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Pallavi Dr Patil, FMF Id: 154822

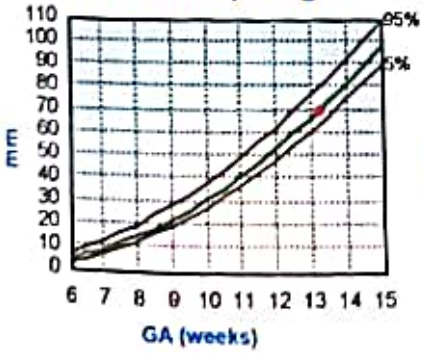
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 355	1: 3032
Trisomy 18	1: 896	1: 3669
Trisomy 13	1: 2801	<1: 20000
Preeclampsia before 34 weeks		1: 701
Preeclampsia before 37 weeks		1: 162
Fetal growth restriction before 37 weeks		**1: 49**
Spontaneous delivery before 34 weeks		1: 52

The background risk for aneuploidies is based on maternal age (33 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate).

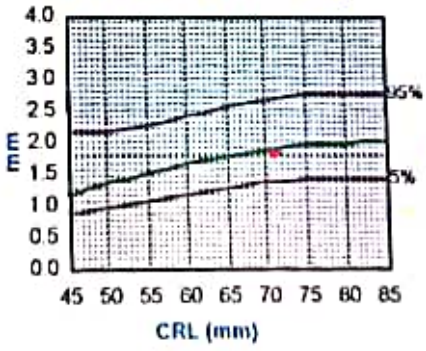
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin.
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).

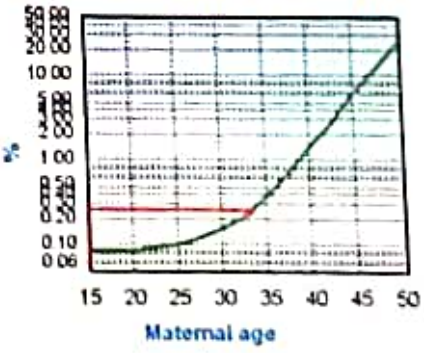
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



ray Diagnostic Centre
Jar Enclave , 2078 KH/4B/1, E Ward ,10th Lane , Rajarampuri East, Kolhapur 416008 Ph : 0231 2533747, 91 300 45 300 info@abipraydi
abhipraydiagnostic.com

Patient name	Mrs. MONIKA SAGAR DAKARE	Age/Sex	33 Years / F
Patient ID	ADC-01052023-04	Visit No	1
Referred by	Dr. PATIL RASHMI N.	Visit Date	01/05/2023
LMP Date	26/01/2023 LMP EDD: 02/11/2023[13W 4D]		

OB - First Trimester Scan Report - NT Scan

Indication(s)
NUCHAL TRANSLUCENCY

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal
Cervix measured 3.10 cms in length.

Right uterine PI : 1.77.
Left uterine PI : 1.58.
Mean PI : 1.67 (58%ile)

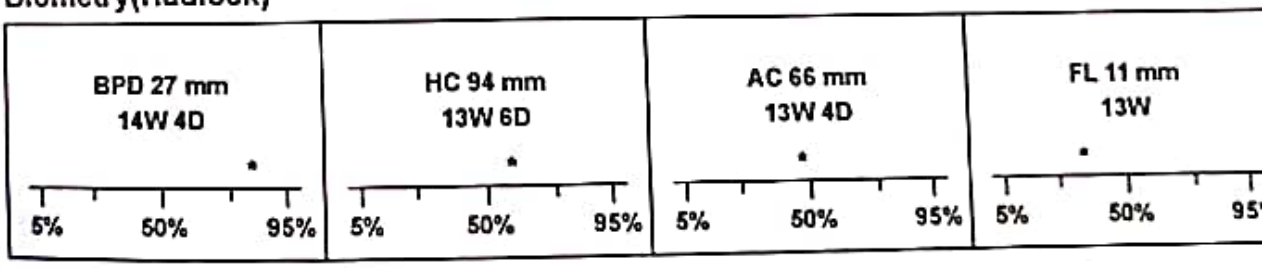
Fetus
Survey
Placenta - Fundal and posterior
Lower edge of placenta is just reaching the internal os.

Liquor - Normal

Fetal activity present

Cardiac activity present
Fetal heart rate - 161 bpm

Biometry(Hadlock)



CRL - 71 mm(13W 2D)

IT - 1.7 mm

Aneuploidy Markers
Nasal Bone : SEEN
Nuchal translucency : 1.8 mm.
Ductus venosus : Normal flow.
Tricuspid regurgitation : No tricuspid regurgitation seen ..

agnostic Centre
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aydiagnostic.com

irst Trimester Screening Report

DAKARE MONIKA SAGAR

Date of birth : 18 June 1989, Examination date: 01 May 2023

Address: A/P New nagdevwadi
Kolhapur
India

Mobile phone: 9371107110

Referring doctor: Rashmi N. Patil

Address: Kasaba Bawda
Kolhapur

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus:NO .
Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity 0, Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 36.0 kg; Height: 141.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 28 January 2023 EDD by dates: 04 November 202

First Trimester Ultrasound:

US machine: Volusion E6. Visualisation: good.
Gestational age: **13 weeks + 2 days** from dates EDD by scan: 04 November 202

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	161 bpm
Crown-rump length (CRL)	71.0 mm
Nuchal translucency (NT)	1.8 mm
Biparietal diameter (BPD)	27.0 mm
Ductus Venosus PI	0.800
Placenta	posterior low
Amniotic fluid	normal

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: Normal; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.
Comments: Intracranial translucency measures 1.7 mm..