


GSP 02/04

## TEST REQUISITION FORM

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

Date of Shipment

PCC Code

SPLCU026

Patient Name

MUS. ASHIYA JABIN

Specimen Collected By

Gender

M

F

Age

34

Years

Months

Days

Prepared By

MSP pathcarelab.

Date of Birth

DD MM YY

Sample Collection Details

Referring Physician

Name &amp; Address

B. dubey M.D.

Phone #:

Date

Time

Test Name / Codes

Triple MARKER

24131551

Sample Type / Origin

Vial ID

Serum.

Height 3.3.

Weight 64kg

DOB - 05/12/1988

Number of Sample Containers

⑦

Clinical Details / History

(Attach additional clinical data if any)

CMP. 12/02/2023

Last Menstrual Period (LMP)

\*Mandatory for all gynaecologic specimen

Condition of Receipt

A R F

Date of Receipt

□ □ □ □ □ □

Time of Receipt

□ □ □ □

No. of Samples Received

Received By

**NOTE:** Refer PCC Manual / Directory of services for patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit [www.pathcarelabs.com](http://www.pathcarelabs.com)



# GB DIAGNOSTICS

C1-C2/19, Opposite Nagar Nigam Zone Office (Pani Tanki), Near Niharika Cinema KORBA (C.G.)  
◆ SPIRAL CT SCAN ◆ DIGITAL X-RAY ◆ OPG ◆ COLOR DOPPLER SONOGRAPHY ◆ EEG

**Dr. Harpal Singh**

M.B.B.S., D.M.R.D. (Mumbai)

Reg. No. C.G.M.C - 1195/07

Sunday Closed

Consultant Radiologist & Sonologist  
Ex. Registrar : Nair & Nanavati Hospital, Mumbai

Ph. : 07759-227700, M : 9893254400

-- Reporting Time : 10 AM to 6 PM --

Name : ASHIYA JABIN

Ref. By Dr. : SUJATA SHRIVASTAVA, MS

Date : 06/05/2023

Age/Sex : 34 Y / F

**OBSTETRIC SONOGRAPHY (ADVANCED NUCHAL SCAN)**  
**TECHNIQUE:** The real time, B mode, gray scale sonography of gravid uterus was performed with C5-2 Convex transducer.

**MACHINE :-** TOSHIBA APLIO 400.

**ARTITY :-** I

**CONCEPTION :-** NATURAL.

**ANY SIGNIFICANT HISTORY >>** NAD.

**L.M.P:** 12/02/2023

**GA:** 11 WKS 06 DYS

**EDD:** 19/11/2023

**FINDINGS:**

There is a single gestational sac and a live foetus noted in the uterine cavity.

The foetal cardiac pulsations are present and are 174 beats per minute. The foetal movements are present.

The C.R.L. measurement is 48.8 mm. corresponding to 11 weeks 04 days

The placenta has differentiated on Anterior wall and grade I in maturity.

There is no evidence of subchorionic haemorrhage.

The cervix is 3.6 cm in length and adequate. The internal os is closed.

**FT TISSUE MARKERS:-**

The nuchal translucency measured in midsagittal plane is 1.04 mm.

The nasal bone measures 2.61 mm and within normal limits.

The ductus venosus spectral pattern is normal.

**ADDITIONAL STRUCTURES VISUALIZED:**

**HEAD / FACE / SPINE:**

The falx is well visualized and is in the mid line. The IT is well visualized and is normal. The spine is seen as two

vertebrae at this stage. Both orbits are seen. Retronasal triangle shows presence of nasal bones and normal mandibular

The tomoxillary angle is normal.



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### THORAX:

The heart is central in the thoracic cavity. Four chamber heart shows equal size inflows. Presence of "V" sign (connection of ductal arch & aortic arch) is noted on color Doppler in 3 vessel trachea view.

### ABDOMEN:

The cord insertion in the anterior abdominal wall is well seen. The stomach is noted in the abdomen. Urinary bladder is visualized. Two umbilical arteries seen.

### EXTREMITIES:

Visualized upper limbs and lower limbs are normal bilaterally.

### UTERINE ARTERY SCREENING DOPPLER:

UTERINE ARTERY DOPPLER: THE MEAN UTERINE ARTERY PI IS 1.67 .  
LT UT ARTERY PI IS 2.14, NOTCH > ABSENT  
RT UT ARTERY PI IS 1.20, NOTCH > ABSENT

### ◆ IMPRESSION >

- THERE IS A SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF (SONAR AGE) 11 WKS 04 DAYS.
- THE SONAR AGE CORRESPONDS TO THE G. AGE (BY L.M.P.).
- THE ASSIGNED EDD IS 19/11/2023 (± 1 WEEK)
- NO OBVIOUS STRUCTURAL DEFECTS / GENETIC MARKERS NOTED AT THIS STAGE.

SUGGEST: TARGETED FETAL ANOMALY SCAN AT 18-20 WEEKS.

NOTE:- THE SCIENCE OF RADIOLOGICAL DIAGNOSIS IS BASED ON THE INTERPRETATION OF VARIOUS SHADOWS PRODUCED BY BOTH THE NORMAL AND ABNORMAL TISSUES AND ARE NOT ALWAYS CONCLUSIVE.  
RADIOLOGICAL DIAGNOSIS IS NOT A TISSUE DIAGNOSIS AND IS RATHER A PROFESSIONAL INTERPRETATION OF THE IMAGES OF THE TISSUES PRODUCED BY SOPHISTICATED INSTRUMENTS (SUBJECT TO TECHNICAL PITFALLS AND LIMITATIONS) TO HELP DOCTORS / CLINICIANS FOR BETTER PATIENT MANAGEMENT.  
CLINICAL CORRELATION IS MANDATORY FOR REACHING THE FINAL IMPRESSION. NOT FOR MEDICOLEGAL PURPOSE.

DECLARATION :- I, DR. HARPAL SINGH DECLARE THAT WHILE CONDUCTING ULTRASOUND ON THE ABOVE PATIENT, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS, TO HER OR ANYBODY ELSE, IN ANY MANNER AS PER 'PNDT ACT, 94' (RULE 10/A) & HON'BLE SUPREME COURT GUIDELINES.

**Thanks for the referral**

PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

CONSULTANT RADIOLOGIST & SONOLOGIST

N.B.: ALL THE FOETAL ANOMALIES CAN NOT BE DETECTED BY SONOGRAPHY AND DETECTION OF FOETA

Height - 5'3"

Weight - 69.1 kg

~~DOB~~

12/02/2023

DOB

08/12/1988