Care)
ography • Colour Doppler • 3D/4D Scan
Dr. Kanchan's Sonocare imaging
LL/6109/Oct-2017
Dr. Kanchan Choubey (Regd. No. MP-7658) +91 7999390464
(MBBS, DMRD, DNB Radiodiagnosis) +91 7770902701
• Ex Consultant Radiologist Bansal Hospital Bhopal
• Ex Consultant Radiologist KMCH, Coimbatore (TN)

FETAL SURVEY

Head: normal in size and shape.
Both lateral ventricles appear normal.
Midline echoes appear normal.
Cerebellum appears normal.
Cisterna magna normal No sol is seen

Spine: Full length of the vertebral column is visualized and appears normal.

Neck: No cystic lesion is visible around the fetal neck.
Nuchal fold is normal.

Face: Fetal face was visualized in profile and coronal scans.
Eyeballs, nose and lips appear normal.
Nasal bone was well visualized.

Thorax: Normal cardiac situs & position.
Four chambers view and out flow tract view appear normal.
Both lungs were visualized.
No evidence of pleural or pericardial effusion
No sol seen in thorax.

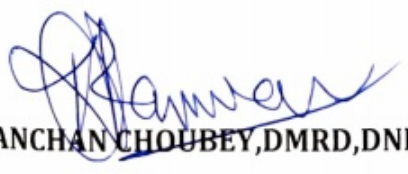
Abdomen: Abdominal circumference is normal.
Anterior abdominal wall appears normal.
Normal abdominal situs. Liver & gb appear normal.
Fetal stomach and bowel loops appear normal.
No ascites.

K.U.B.: Both kidneys appear normal in size. No pelvicalyceal dilatation.
Urinary bladder appears normal.

Limbs: All the four limbs are seen. The long bones appear normal
Both the hands and feet appear normal.

No obvious structural anomaly is seen in the fetus.

I, DR KANCHAN CHOUBEY,DMRD,DNB DECLARE THAT WHILE CONDUCTING USG I HAVE NEITHER DECLARED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER.



DR KANCHAN CHOUBEY,DMRD,DNB

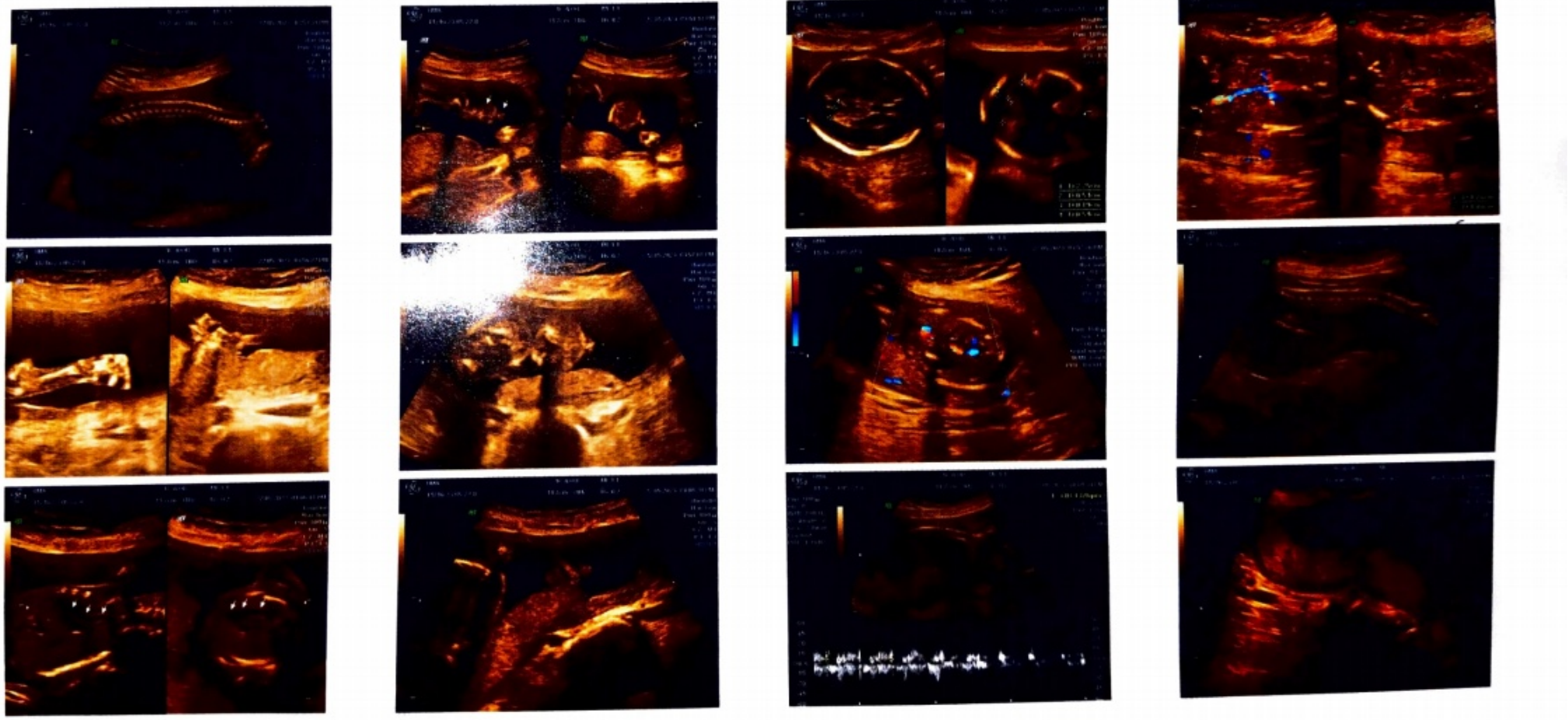
Note: This report is an opinion not final diagnosis. It Should be correlated clinically with history and examination of patient. Incase of any discrepancy a review can be asked. Not valid for medicolegal purpose.

PATIENT

Name: UMA
ID: 41216-23-05-22-8
Birth Date:
Sex: F

EXAM

Accession #:
Exam Date: 22/05/2023
Exam Type:
Sonographer:



DIAGNOSTICA **SPAN**
when quality matters....

Test Requisition Form

Executive Name: Ravi
Signature :

Pick-up Date: 30/05/23
Pick-up Time: _____ AM / PM

For Lab use only
Specimen Barcode

PATIENT INFORMATION:

*** **PATIENT'S NAME** (Block Letters: First Name Mandatory)

Mrs. Uma Tomar
(First Name) (Middle Name) (Last Name)

Patient's Address: _____

Phone No.: _____

Email ID: _____

***Date of Birth: _____ ***Gender ☐ Male ☑ Female

Age: 26 Yrs _____ Months _____ Days

Height: _____ cms Weight: _____ Kgs

BILL TO:

***Client Code:
Name Address: Ambition Lab

Phone No.: _____

Email ID: _____

*** **Referring Doctor:**

Doctor's Name: Self

Phone No. : _____ City _____

Email ID: _____

Test Requirements: Please refer to the Directory of services for correct Test Code

***Test Code	***Test Name
	Quadruple Marker
	Wait - 60 kg
	Hight - 5.3
	DOB - 20/09/1996

Specimen Information

Date & Time of sample Collection: Time AM / PM

Signature:

For Repeat / Add on Test / Follow-up Patient

Old Lab Accession No.:

Essential Clinical Information
(Please fill in whatever is relevant)

1) Provisional diagnosis: _____
2) H/o Medication: Yes / No
if yes, Name & Dose: _____
3) Status of Medication: Ongoing / Terminated
if ongoing, Duration: _____
if terminated, When: _____
4) LMP (where applicable): _____
5) Fasting Period _____
6) 24 Hour Urine Volume _____
7) For Genome studies attach detailed history
8) Attach other relevant information

*** Temperature Sent	*** Temperature Recd.
Frozen:	Frozen:
Refrigerated:	Refrigerated:
Ambient:	Ambient:

***Specimen Type (with Qty)

Serum ✓	Bactec Bottle*
W. Blood ACD	Swab*
W. Blood EDTA ✓	Pus*
W. Blood Flouride	Body Fluid*
Plasma: EDTA/CIT/FL	BAL
W. Blood Heparin	CSF
W. Blood Sodium Citrate	Sputum (1st/ 2nd/ 3rd)
Slide*	Tissue*
Urine (Random/ 1st Morning)	Parafin Block*
Urine (24 Hrs.)	Filter Paper
Stool (1st/ 2nd/ 3rd)	Bone Marrow
Any Others*	

Received in Diagnostica Span:

Date & Time: _____
Courier Barcode No. _____
No. of Samples received: _____
Any Discrepancy noted (if yes • record details): _____

Initials of Sample Receiving Staff: _

***Mention Type / Site of Sample Collection**

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.
I/ We agree to receive information or to be contacted through mail, telecommunication, electronic & personal means from Diagnostica Span Labs and related group companies, time to time.

I don't agree ☐

Signature / Thumb impression of patient

Date:

Signature of Requisitioner

Date:

IMPORTANT : It is mandatory to provide all the requested information to enable accurate and timely reporting.

*** **Mandatory fields**