



PT.'S NAME	MRS.	KAVITA SUNANI	AGE/SEX	35	YRS.	F
DATE	12.06.2023		REG. NO.	57764		
REF. BY	DR. JAISHRI GOPINATH					

USG OBSTETRICS WITH ANOMALY SCAN

FINDINGS: -

There is a single fetus seen in utero in VARIABLE position.

Lie	: VARIABLE
Fetal Movements	: Present.
Fetal Cardiac Pulsations	: Present FHR: 157 bpm.
Placenta	: ANTERIOR, GRADE-II
Amniotic Fluid	: Adequate.
Cervical length	: 3.9 cms.

FETAL BIOMETRY:

Measurement	In cms.
BPD	4.90
HC	17.6
AC	13.0
FL	3.36
TIBL	2.77
FIBL	2.92
HL	3.27
RADL	2.86
ULNL	3.14

E. F. W. : 302 gm ± 44 gm

M. G. A. : 20 weeks, 0 days

E. D. D. : 30.10.2023

SRI MAN DIAGNOSTICS

(A UNIT OF SRI MAN ASSOCIATES)

8-9, SHASTRI MARKET, POWER HOUSE-BHILAI (C.G.)

📍 <https://maps.app.goo.gl/282KHhTpj7CbBs4X6>

Email : shrimandiagnostic@gmail.com Ph. : 0788-4014135 +91 9301181903

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FETAL INDICES:

Are normal

CI : 78 %
HC / AC : 1.36
FL / AC : 26 %
FL / HC : 0.19

IMPRESSION:

THERE IS SINGLE, LIVE, INTRAUTERINE GESTATION OF 20 WEEKS 0 DAYS.

Corrected EDD is 30.10.2023.

NO OBVIOUS GROSS CONGENITAL ANOMALY IS SEEN.

Disclaimer:

Please note that USG study has certain limitations. Sometimes the fetal anomalies may Not get diagnosed due to nature of anomaly, Gestational age, foetal positioning and limitations of machine thence absence of mention of foetal anomaly in study does not always rule out its possibility. (Fetal echo is not conducted in this scan; thence cardiac anomalies cannot be ruled out).

Declaration: - I declare that while conducting Ultrasonography/ Image, scanning on patient, I Have Neither detected nor disclosed the sex of the fetus to anybody in any manner.



DR. SHRIRANJAN RAO
DMRD, DNB
Consultant Radiologist

TEST REQUISITION FORM (TRF)

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : MRS. KAVITA SUNANI

Age : 35 Yrs : F Months _____ Days _____

Sex : Male Female Date of Birth : 00 00 0000

Ph : _____

Client Details :

SPP Code Shriman Diagnostic

Customer Name _____

Customer Contact No _____

Ref Doctor Name DR. JAISHRI GOPINATH

Ref Doctor Contact No GOPINATH

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Test Name / Test Code		Sample Type	SPL Barcode No		
<u>Quad Marker</u>		Serum	<u>24129173</u>		
<u>LMP</u> - <u>22 J95</u>					
<u>DOB</u> - <u>25/11/86</u>					
<u>H</u> - <u>5.3</u>					
<u>W</u> - <u>72 Kg</u>					

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.