



# SRIMAN DIAGNOSTICS

(A UNIT OF SRIMAN ASSOCIATES)

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

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

Email : [shrimandiagnostics@gmail.com](mailto:shrimandiagnostics@gmail.com) Ph. : 0788-4014135 ☎ +91 9301181903

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  $\pm$  44 gm  
M. G. A. : 20 weeks, 0 days  
E. D. D. : 30.10.2023



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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 : 5 Months      Days

Sex : Male ☐ Female ☒ Date of Birth : ☐☐ ☐☐ ☐☐ ☐☐

Ph :                     

## Client Details :

SPP Code Shriman Diagnostics

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"/>
Sample Collection Time : <u>        </u> AM / PM		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	
<p><u>Quad Marker</u></p> <p><u>LMP - 22 Jan</u></p> <p><u>DOB - 25/11/86</u></p> <p><u>H - 5.3</u></p> <p><u>W - 72 Kg</u></p>			Serum	24129173	

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.