



MANUSHREE IMAGING CENTRE

Dr. Mayank Ujjaliya
MD Radiodiagnosis

Ex. Consultant Radiologist
Bansal Hospital, Bhopal
Ex. SR. PGIMER Chandigarh
Ex. Consultant Star Hospital, Ahmedabad

Name:	MRS. MAYA SAINI	Age/Sex:	34 Years / Female
Ref. By:	DR. RASHMI BAJPAI	Date:	03/07/2023

USG OBSTETRICS NTNB/EARLY ANOMALY SCAN

LMP- 08.04.2023

GA LMP- 12w2d.

Findings:

Single intrauterine gestation seen.

Changing lie and presentation.

Placenta -Fundo-Anterior.

CRL- 64 mm corresponding to 12w6d.

Fetal heart rate 169 b/min.

Internal os is closed.

First trimester anomaly scan

Nasal bone – present ✓

Nuchal translucency (NT) measures – 1.1 mm (normal). ✓

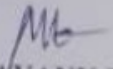
Normal ductus venosus waveform with positive 'a' wave. ✓

Right uterine artery PI-1.66. Left uterine artery PI-1.45. Mean PI-1.55 (45th centile-normal).

IMPRESSION: Ultrasound findings are suggestive of single live intra-uterine pregnancy. The approximate gestational age is around 12w6d. ✓

EDD by USG-09.01.2024

I, Dr. Mayank Ujjaliya, MD declare that while conducting USG, I have neither declared nor disclosed the sex of her fetus to anybody in any manner.


DR. MAYANK UJJALIYA
MD (MP-16150)

Shop No. 4 CI Square, Kolar Road, Bhopal

Ph.: 0755-3597661, 9303614620

Timing : 9:00 am to 9:00 pm



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mr. Maya Same
Age: 34 Yrs. — Months — Days
Sex: Male ☐ Female ☐ Date of Birth: ☐☐☐☐☐☐☐☐
Ph: _____

Client Details:

SPP Code: SPL015
Customer Name: Deeja 872083
Customer Contact No: _____
Ref Doctor Name: _____
Ref Doctor Contact No: _____

Specimen Details:

Sample Collection date:	Specimen Temperature:	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐
Sample Collection Time: AM / PM		Received	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Double marker
Date of Birth - 30/06/1989
Height 5.8 inch
weight 70 kg

Serum

24392083

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.