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Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker **9.0-13.6 wks**)	Triple and Quad Marker **(14.0-22.6 wks)**

Patient Name : GITI KUMARI NAYAK **Sample collection date :** 08/7/2023

Vial ID : _____

Date of Birth (Day/Month/Year) : 08/07/1987

Weight (Kg) : 69.15

L.M.P. (Day/Month/Year) : 06/02/2023

Gestational age by ultrasound (Weeks/days) **:**____ **Date of Ultrasound :** 02/05/2023

Nuchal Translucency(NT) (in mm):_____ CRL (in ~~mm~~ cm) **:** 5.20 BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ✓ Second trimester ○

Sonographer Name : DR. A.S.N. RAO

Diabetic status : Yes ○ No ✓

Smoking : Yes ○ No ✓

No.of Fetuses : Single ○ Twins ○

Race : Asian ✓ African ○ Caucasian ☐Others ○

IVF : Yes ○ No ✓ **If Yes,** Own Eggs ○ Donor Eggs ○

If Donor Eggs, Egg Donor birth date :__/__/___

Previous pregnancies :

With Down Syndrome : Yes ○ No ✓

With Neural tube Anomaly : Yes ○ No ✓

Any other Chromosome anomaly : Yes ○ No ✓

Signature :

ସ୍ୱର୍ଣ୍ଣ ଅଲଟ୍ରାସାଉଣ୍ଡ କ୍ଲିନିକ୍
ଖାଲାସି ସାହି ଛକ, (ରେଡ୍‌କ୍ରସ ରୋଡ୍)

SWARNA ULTRASOUND CLINIC
Red Cross Road, Bhanjanagar, Ganjam, (Odisha)
Ph No: 9437412811, 9078026333

ଏଠାରେ ଗର୍ଭସ୍ଥ ଶିଶୁର ଲିଙ୍ଗ ନିରୂପଣ କରାଯାଏ ନାହିଁ ।

PNDT Regd. No. : OR-11-11/GLC/2002(A)

Name: Liti Ku.Nayak Age: 42Yrs Sex: Female
Ref.by: Dr. S.S.Satpathy,MS Date: 02/05/2023

OBSTETRIC REPORT

Single intrauterine Living fetus.

LIQUOR : Adequate.

CARDIAC ACTIVITY : Normal.FHR – 166 beats/min.

FETAL MOVEMENT : Normal.

INT.OS : Closed. Cx.length – 4.23cm.

PLACENTA : Fundal, Gr.0, not low-lying.

FETAL BIOMETRY –
CRL - 5.20 cm.(11 wks 6days.) U/S EDD - 15/11/2023

IMPRESSION :

: A single living fetus is seen.

: Mean gestational age of the fetus is 11wks 6days +/- 1wks U/S EDD – 15/11/2023

: Fundal placenta with Gr.0 maturation, not low-lying.

: Liquor is adequate.

DECLARATION OF PREGNANT WOMAN : I, Mrs. Liti Ku.Nayak declare that by undergoing ultrasonography /image scanninig etc. I was not informed about the sex of my fetus.

Liti Kumari Nayak
Signature of pregnant women

DECLARATION OF DOCTOR :I,Dr.A.S.N.Rao. declare that while conducting ultrasonography of Mrs. Liti Ku.Nayak , I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Save Girl Child

- This report is not meant for medicolegal purpose.
- Please correlate with clinical findings and other investigation reports.
- This report is only a contributory aid-not a final Diagnosis.
- Feed back will be highly honoured and gratefully accepted.
- It must be noted that all fetal anomaly cannot be detected by USG. It require amniotic fluid volume, gestational age, fet. movment and position, patient co-operation, maternal body habitus and changing nature of fetal anomaly.

Dr. A.S.N.Rao, MD (OBG)
OMC Regd. No. 7[illegible]

ଡ଼ା. ଶୀତାଂଶୁ ଶେଖର ଶତପଥୀ
ଏମ୍,ଏସ୍,(ଓ ଏଣ୍ଡ୍ ଜି)

ବରିଷ୍ଠ ସ୍ତ୍ରୀ ଓ ପ୍ରସୂତୀ ରୋଗ ବିଶେଶଜ୍ଞ, ଅତିରିକ୍ତ ନିର୍ଦ୍ଦେଶକ - ୨
ଅଧିକ୍ଷକ, ଉପଖଣ୍ଡ ଚିକିତ୍ସାଳୟ, ଭଞ୍ଜନଗର

Cell : 9861039569

Name: Liti Kumari Alaya Age 42F Dt.:

ADVICE

Hb%
Blood Grouping &
Rh. Typing
Toxo (1:256)
VDRL (1:8)
HBs Ag
HBc Ag
HIV
Urine < R / M
T_3T_4 TSH
Sr. Prolactin
HSG D_9D_{11}
USG Obst.
USG Add.& Pelvis
Semen Analysis
FBS
PPBS (2 Hours)
BT, CT, TPC
CBC
L. H
FSH
AMH
TRIPPLE MARKAR
URINE- B - HCG
SICKLING
CASA

68.3V

h/o Thyrox (25)

138/80 mmHg

ADV
Tripple marker test

G2P1L1
Prev. LSCS

Bhi
LMP: 06.2.23
EDD: 13.11.23

P/A: ut. 18 wks
[illegible]

℞
Cap Ferrofol XT3
1 PC (N)
Tab Shelcal C 30
1 PC (M)
Cap Astymin M forte 30
1 PC (L)
Protinum 2 [illegible]
Cap Dumia 4
1 Cap noon PC

Rev
07/6/23