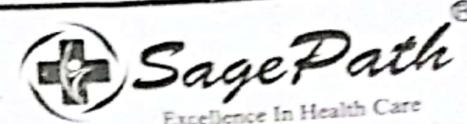




TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. KALYANI SAHU

Age : 30 Yrs : Months Days

Sex : Male Female Date of Birth :

Ph :

Client Details :

SPP Code SPL0020

Customer Name msp-patholab

Customer Contact No

Ref Doctor Name B-dubey m.d.

Ref Doctor Contact No

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>DUAL MARKER</u>	<u>Serum</u>	<u>24136526</u>
<u>height - 5.3.</u>		
<u>weight - 47 kg</u>		

Clinical History:

DOB 15/10/1992

8103835222

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.

No. of Samples Received:
Received by: AS



Sonography Centre

GHOSH COMPLEX, TILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

Regn No. CGMC/883/2007

Dr. (Mrs) Shailaja Ghosh

Sonologist, MBBS, FCGP, MIFUMB, CBT

PCPNDT REG. No. BILA1019

Ph. No. : 07752 409352

Mobile No. 99268 09744

NAME: SMT. KALYANI SAHU

AGE/SEX: 30 YRS/F

REF. BY: DR (MRS) B. DUBEY

DATE: 27/06/2023

LMP : 24/04/2023

EDD: 29/01/2024

LMP GUIDED GA : 9.1 WEEKS

INDICATION : NO. 1 (CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC (T.A.S/T.V.S) SCANNING REVEALS :

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 9.7CMX6.5CMX7.8CM.
MYOMETRIAL ECHOES ARE HOMOGENOUS.

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION.
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS.
MEAN SAC DIAMETER IS 2.92 CM, CORRESPONDING TO 8 WEEKS GESTATION.
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.
TURIGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR : 144 /MIN. REGULAR.
CRL IS 1.02CM CORRESPONDING TO 7.1 WKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.
THERE IS NO E/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERII IS 3.4 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.
RIGHT OVARY REVEALS A SMALL CYST MEASURING 1.3CMX1.2CM. WITH
RING OF FIRE VASCULARITY AROUND THE CYST ON COLOUR DOPPLER.
S/O CORPUS LUTEUM.
NO FREE FLUID SEEN IN PELVIC CAVITY.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD : 12/02/2024.

**IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.
CGA: 7.1 WEEKS (DELAYED CONCEPTION).
2) CORPUS LUTEUM NOTED IN RIGHT OVARY.**

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN,..... 01/08/2023 TO 15/08/2023).**

**I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. KALYANI SAHU, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS
TO ANYBODY IN ANY MANNER.**

**DR. SHAILAJA GHOSH
(SONOLOGIST)**

- THANKS FOR REFERENCE
- PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

 Patient Name MR. KALYANI SAHU

30/F

 Sample collection date : 21/07/2023

 Vial ID : 24136526

 Date of Birth (Day/Month/Year) : 15/10/1992

 Weight (Kg) : 47 kg Height 5'3 ft

 L.M.P. (Day/Month/Year) : 24/04/2023

 Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 1/1/

Nuchal Translucency(NT) (in mm) : _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

 Ultrasound report : First trimester Second trimester

Sonographer Name : _____

 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 : 1/1/

Previous pregnancies :

 With Down Syndrome : Yes No

 With Neural tube Anomaly : Yes No

 Any other Chromosome anomaly : Yes No

 Signature : Sahu