

Pt. Name : Mrs. VARSHA MATHEW
Ref. By : Dr. CIMS HOSPITAL (BSP)

Age/Sex : 37 Yrs/F
Date : 04/08/2023

OBSTETRIC SONOGRAPHY REPORT (N.T. SCAN)

Indication No:- 10

(Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow up).

LMP : 07/05/2023

GA : 12 WKS 5 DAYS

EDD : 11/02/2024

There is a single, live, intrauterine foetus is seen with **variable presentation** at the time of examination.

Cardiac pulsations are visualized normal. FHR: 155 b/min

Foetal Movements : (++) Visualized normal.

The CRL = 71 mm = 13 wks 2 days.

The BPD = 24 mm = 14 wks 1 day.

The usg guided E.D.D. is 04/02/2024 (+/- 1 wks).

Placenta is located posterior in upper uterine segment & shows grade 1 Maturity.

Amniotic fluid is adequate for gestational age.

Cervix appears normal. Cervical length is 3.6 cm. Internal os is closed.

EVALUATION FOR FETAL ANATOMY

Nuchal translucency measures 1.8 mm.

Nasal bone visualized.

Ductus venosus show normal flow, no pulsatile flow seen.

Intracranial structures appears normal.

Spine appears normal. No e/o significant open neural tube defect.

Fetal face appears normal.

Abdominal situs appears normal.

Bladder appears normal.

All four limbs are visualized.

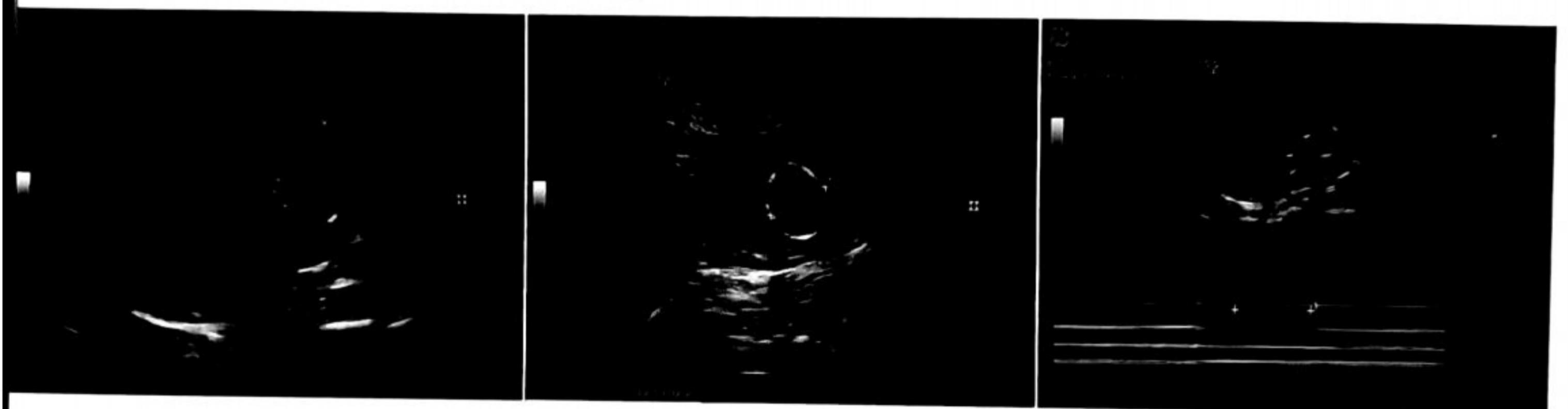
P.T.O.

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PRE-NATAL SEX
DETERMINATION
IS NOT DONE HERE

ULTRASOUND DIAGNOSIS IS BASIS ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS. HENCE IT SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIVE FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE

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TEST REQUISITION FORM (TRF)

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : MS. VARSHA MATHEWAge : 37 Yrs : _____ Months _____ DaysSex : Male Female Date of Birth : 00 00 2020

Ph : _____

Client Details :

SPP Code SPLC04020

Customer Name _____

Customer Contact No _____

Ref Doctor Name CIMS HOSPITAL (BSP)Ref Doctor Contact No 9340028836

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 :	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		
<u>Triple Marker</u>		<u>SERUM</u>			
<u>Height 411</u>					
<u>Weight 48 kg</u>					
<u>Weight 48 kg</u>					
<u>Date 14/08/23</u>					

Clinical History:

Collection time 8:20 AM
LMP Date 7/05/2023

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.