

"Shri Gopal"

# SAHU DIAGNOSTIC CENTER

DR. MAMTA SAHU

MBBS, DMRD

Consulting Radiologist

Reg. No. CGMC372/2005

In front of CIMS Main Gate, Bilaspur (C.G.) 495 001 Mo.: 9755230012 (Clinic)

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 venous 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



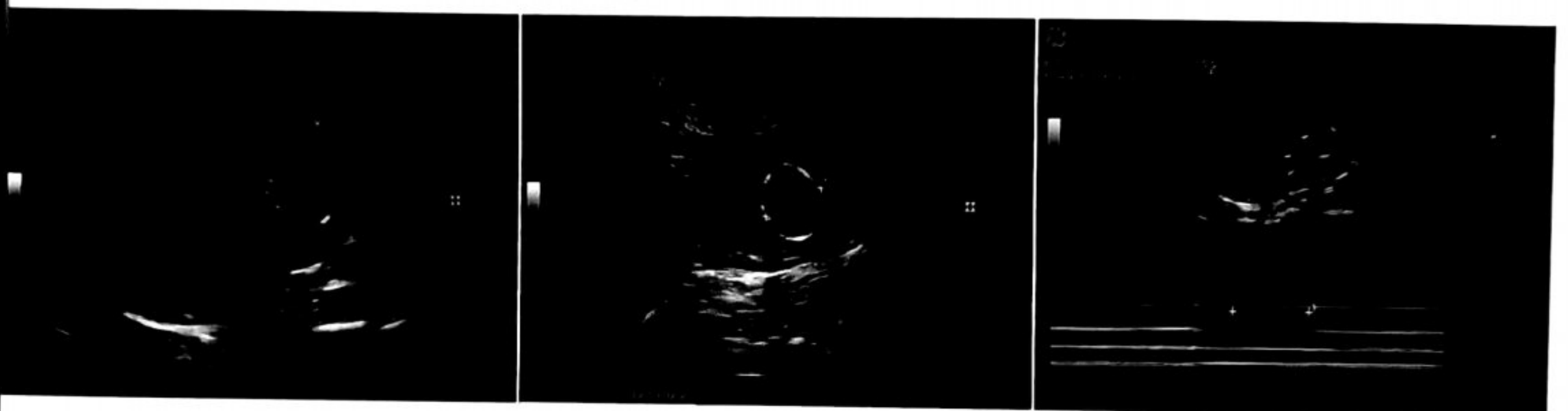
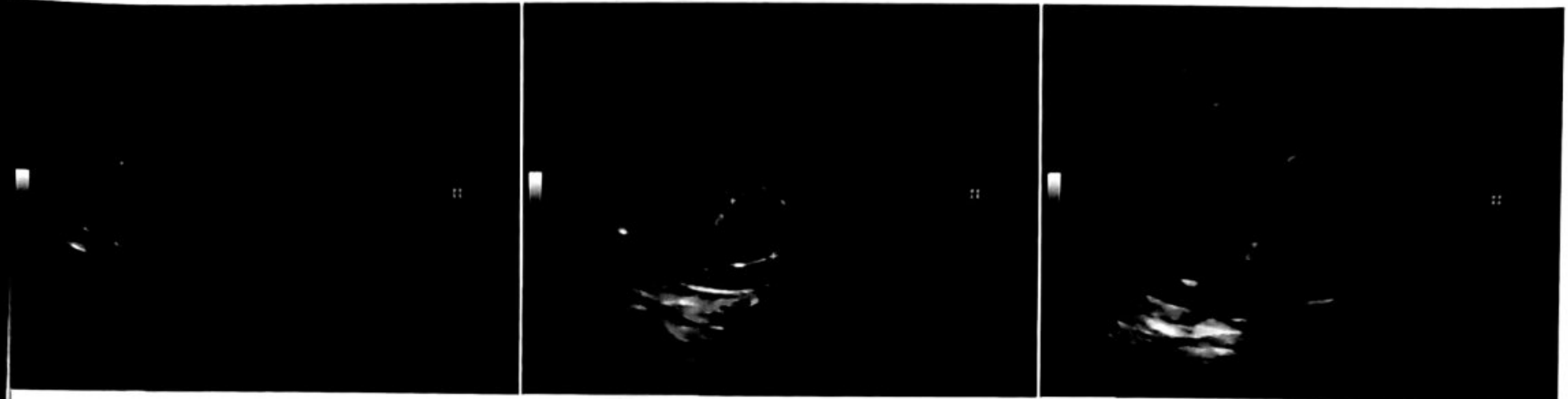
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## TEST REQUISITION FORM (TRF)



## Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: MS. VARSHA MATHEWAge: 37 Yrs:      Months      DaysSex: Male ☐ Female ☒ Date of Birth:      Ph:                     

## Client Details:

SPP Code SPLC01020Customer 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: <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
Triple Marker Height 4.11 Weight <del>48</del> 48 Kg Date 14/08/23	SERUM	

## 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.