



# TEST REQUISITION FORM (TRF)



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

Name: MYS. KRITI AGRAWAL

Age: 31 Yrs:      Months:      Days:     

Sex: Male ☐ Female ☒ Date of Birth: DD MM YYYY

Ph:                     

## Client Details:

SPP Code SPLC020

Customer Name MS P. Patholeeb

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"/>
Sample Collection Time: <u>AM / PM</u>		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 test</u>			<u>Serum</u>	<u>24242968</u>	
<u>Emp. 16/06/2023</u>					
<u>Height: 5.7 CM</u>					
<u>Weight: 61 kg</u>					

Clinical History:

DOB - 17/09/1991

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.



NAME : SMT. KRITI AGRAWAL  
REF. BY : DR. (MRS) B. DUBEY  
LMP : 16/06/2023 EDD : 22/03/2024  
INDICATION : NO. 10 (EARLY ANOMALY SCAN, NT/NB SCAN)

AGE/SEX : 31 YRS/F  
DATE : 05/09/2023

LMP GUIDED GA : 11.4 WEEKS

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:  
SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION.  
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.  
FHR : 165/MIN. REGULAR.  
PLACENTA IS RIGHT LATERAL, LOWER END IS 1.5 CM INTERNAL OS.  
PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 1.4 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.  
FETAL GROWTH PARAMETERS :

CRL MEASURED : 5.1 CM; 11.6 WKS  
BPD MEASURED : 1.6 CM; 12.3 WKS  
HC MEASURED : 6.2 CM; 12.3 WKS  
AC MEASURED : 5.0 CM; 12.1 WKS  
FL MEASURED : 0.6 CM; 12 WKS

CGA BY USG: 11.6 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)  
USG GUIDED EDD: 22/03/2024

FETAL WEIGHT : 54 GMS (+ 10 %; 56<sup>TH</sup> %ILE).

NUCHAL THICKNESS: 1.1 MM (27<sup>TH</sup> %ILE)

NASAL BONE : VISUALISED

DUCTUS VENOSUS: FORWARD FLOW WITH NORMAL SPECTRAL WAVEFORM

TRICUSPID REGURGITATION : NOT SEEN

NO GROSS SONOGRAPHICALLY DETECTABLE ANOMALIES SEEN AT THE TIME OF EXAMINATION  
IN PRESENT FETAL POSITION. FETAL SKULL, SPINE, LIMBS AND ANTERIOR ABDOMINAL WALL  
APPEARED GROSSLY NORMAL. FETAL STOMACH BUBBLE IS FLUID-FILLED.  
FETAL BLADDER REVEALS FAIR AMOUNT OF URINE.

FETAL COLOUR-DOPPLER STUDY REVEALS:

ADEQUATE BLOOD FLOW IN UMBILICAL ARTERY.

RT. UTERINE ARTERY P.I: 1.50

LEFT UTERINE ARTERY P.I: 1.86

MEAN UTERINE ARTERY PI : 1.68; 40<sup>TH</sup> %ILE (WNL/TRANS-ABDOMINAL MEASUREMENT)

CERVIX UTERII IS 3.7 CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

**IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION**

**2) CGA : 11.6 WEEKS ; USG GUIDED EDD: 22/03/2024 .**

**3) RIGHT LATERAL LOW PLACENTA.**

**4) LIQUOR CLEAR AND ADEQUATE.**

**5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.**

**6) MATERNAL IRREGULAR HEART RATE (94/MIN) NOTED.**

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON  
MRS. KRITI AGRAWAL, HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS  
TO ANYBODY IN ANY MANNER.

ALL ANOMALIES CANNOT BE DETECTED IN ULTRASOUND DUE TO TECHNICAL LIMITATIONS, OBESITY  
UNFAVOURABLE FETAL POSITIONS, FETAL MOVEMENTS OR ABNORMAL AMOUNT OF AMNIOTIC FLUID.  
ALL INFORMATION GIVEN TODAY IS AS PER THE FINDINGS ON SCAN TODAY BUT DOES NOT  
GUARANTEE NORMALITY OF ALL FETAL ORGANS (STRUCTURALLY AND FUNCTIONALLY) IN FUTURE.  
ALSO PLEASE NOTE THAT ULTRASOUND PERMITS ASSESSMENT OF FETAL STRUCTURAL ANATOMY  
BUT NOT THE FUNCTION OF THESE STRUCTURES. ALL MEASUREMENT INCLUDING ESTIMATED  
FETAL WEIGHT ARE SUBJECT TO STATISTICAL VARIATIONS.

**THANKS FOR REFERENCE.**

**PRE-NATAL SEX DETERMINATION IS NOT DONE HERE.**

FETAL MALFORMATIONS MAY BE MASKED DUE TO LARGE FETUS, OLIGO-HYDRAMNIOS AND DUE TO FETAL POSITIONING.  
DISPARITY IN FINAL DIAGNOSIS CAN OCCUR DUE TO TECHNICAL PITFALLS.

HENCE, IT IS SUGGESTED TO CORRELATE ULTRASOUND OBSERVATIONS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS.  
NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

**DR. SHAILAJA GHOSH**

**(SONOLOGIST)**

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