



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. MEENAKSHI GUJRAL

Age: 33 Yrs: Months: Days:

Sex: Male Female Date of Birth:

Ph:

Client Details:

SPP Code SPLC12020

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)	Refrigerator (2-8°C)	Ambient(18-22°C)
		Received	Frozen (<-20°C)	Refrigerator(2-8°C)	Ambient (18-22°C)
Sample Collection Time:	AM / PM				

Test Name / Test Code	Sample Type	SPL Barcode No
<u>quadr. marker</u>	<u>serum</u>	<u>24242929</u>
<u>TSH</u>		
<u>height - 5.0</u>		
<u>weight - 66.kg</u>		

Clinical History:

DOB - 27/06/1990

MO, NO: 7803068835

Use this 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



PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : METHAKSHI GUPTA Sample collection date :

Vial ID : 24242929

Date of Birth (Day/Month/Year) :

Weight (Kg) : 66.18

L.M.P. (Day/Month/Year) :

Gestational age by ultrasound (Weeks/days) : 22.3 Date of Ultrasound : 4/10/23

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 : / /

Previous pregnancies :

With Down Syndrome : Yes No

With Neural tube Anomaly : Yes No

Any other Chromosome anomaly : Yes No

Signature :

NAME :SMT.MEENKSHI GAJPAL
REF.BY :DR(MRS)B.DUBEY
LMP : 01/05/2023 EDD:05/02/2024

AGE/SEX :33YRS/F
DATE :04/10/2023
LMP GUIDED GA: 22.2 WEEKS

INDICATION NO 10 :TO R/O CONGENITAL MALFORMATIONS IN FETUS.

LEVEL II T.I.F.F.A SCAN (TARGETED IMAGING FOR FETAL ANOMALIES):

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:
SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION,
SPINE ANTERIOR.
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.
FHR :152/MIN.REGULAR.
PLACENTA IS POSTERIOR, AWAY FROM INTERNAL OS.
PLACENTA APPEARED NORMAL IN SIZE;THICKNESS 2.3 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.
SINGLE VERTICAL POCKET MEASURED :3.9 CM (NORMAL 2-8CM).

FETAL GROWTH PARAMETERS :

BPD MEASURED : 5.6CM ; 23.1WKS
HC MEASURED : 20.6CM ; 22.5WKS
AC MEASURED : 16.0CM ; 21.1WKS
FL MEASURED : 3.7CM ; 22WKS

EXTENDED BIOMETRY:
CEREBELLUM: 2.44CM
CISTERNA MAGNA:0.67CM
NUCHAL FOLD: 0.32 CM
NASAL BONE: 0.80CM
Va:0.47CM

CGA BY USG:22-23 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)
USG GUIDED EDD: 05/02/2024

FETAL WEIGHT : 446 GMS(+ 10 % ; 19TH %ILE).
MANNING SCORE (BIO-PHYSICAL PROFIE) : 8/8

FETAL ANATOMY SCAN:

HEAD: CRANIAL BONES WELL FORMED;VENTRICULAR SYSTEM NOT DILATED;CEREBRAL AND CEREBELLAR HEMISPHERES:NORMAL; CISTERNA MAGNA :NORMAL.NO SOL SEEN.

FACE: ORBITS ,NOSE AND LIPS APPEARED NORMAL;PRE-MAXILLARY TRIANGLE APPEARS NORMAL;NO E/S/O CLEFT LIP/PALATE.

NECK: APPEARED NORMAL;NO CYSTIC MASS SEEN.

SPINE: NORMAL ALIGNMENT OF VERTEBRAE;NO OBVIOUS OPEN NEURAL TUBE DEFECTS.

THORAX:BOTH LUNGS APPEARED NORMAL;NO E/O PLEURAL/ PERICARDIAL EFFUSION.
NO E/O SOL. NO E/O DIAPHRAGMATIC HERNIA.

HEART : NORMAL CARDIAC SITUS;FOUR CHAMBER VIEW NORMAL;OUTFLOW TRACTS AND GREAT VESSEL ORIGIN APPEARED NORMAL.

ABDOMEN: SITUS APPEARED NORMAL;ABD.WALL WELL FORMED;LIVER, G.B AND STOMACH BUBBLE APPEARED NORMAL.NORMAL BOWEL PATTERN SEEN;NO ASCITES.

URINARY TRACT:BOTH KIDNEYS APPEARED NORMAL IN SIZE;NO P.C.S DILATATION.
URINARY BLADDER WELL FILLED.

PERIPHERIES:ALL FETAL LONG BONES VISUALISED AND APPEARED NORMAL.
BOTH FEET APPEARED NORMAL.

UMBILICAL CORD: THREE VESSEL CORD WITH TWO ARTERIES AND ONE VEIN SEEN.

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Consultant Sonologist
Reg. No. CGMC 883/2007
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FETAL COLOUR-DOPPLER STUDY REVEALS:

ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.

UMBILICAL ARTERY P.I: 1.11 (45TH % ILE).

RT.UTERINE ARTERY :P.I.:0.89

LEFT UTERINE ARTERY: P.I:0.96

MEAN UTERINE ARTERY P.I : 68TH % ILE

NO E/O CORD IS SEEN AROUND NECK AT THE TIME OF EXAMINATION.

(REVIEW SUGGESTED AT FULL-TERM FOR FETAL POSITION AND CORD PLACEMENT)

FETAL ECHO IS NOT INCLUDED IN THIS STUDY.

CERVIX UTERII IS 3.2CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION.

2) CGA : 22-23 WEEKS; USG GUIDED EDD: 05/02/2024.

3) POSTERIORLY LOCATED PLACENTA.

4) LIQUOR CLEAR AND ADEQUATE.

5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON
MRS. MEENAKSHI GAJPAL, I 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.

DR. SHAILAJA GHOSH
(SONOLOGIST)

*** 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 CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS.

NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

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