



# SAMYAK ULTRASONOGRAPHY CLINIC

Shop No. 5, H.No. 3-B, Ground Floor, Govind Garden, Near Kerala Stores, Raisen Road, Bhopal - 462023  
PHONE +918889759269, +917389183820, 0755-4256444

PATIENT'S Name- Mrs.JESHLA	Age- 35/F
Referred By -DR.MIRDULA SINGH	Date- 07/10/2023

## First Trimester Anamoly Scan

The real time,B mode, sonography of gravid uterus was performed.  
There is a single, live, intrauterine gestation.

Foetal Movements : Present  
Foetal Cardiac Pulsations : 152 b/m  
L.M.P. :02/07/2023  
Gestational Age :13 wks 6 days  
E.D.D. :07/04/2024  
Presentation : Cephalic

### FOETAL PARAMETERS :

B.P.D.	:	19 mm. compatible with	13 wks.	1 dys.
Head Circumference	:	75 mm. compatible with	13 wks.	1 dys.
Abdominal Circumference	:	59 mm. compatible with	12 wks.	5 dys.
Femur	:	08 mm. compatible with	12 wks.	3 dys.
C.R.L	:	70 mm. compatible with	13 wks.	2 dys
Estimated Foetal Weight	:	62 gms		

Placenta :Posterior grade-1(Away From os)  
Amniotic Fluid : Adequate  
Cervix : Normal  
Internal Os : Closed

### Aneuploidy Markers

Nasal bone seen

**Nuchal Translucency (NT) is 1.1 mm**

### Fetal Anatomy

Both lateral ventricles appeared normal, Stomach seen Bladder seen.  
Four limbs are seen.

### Fetal Doppler

Ductus venosus flow is normal.

Bilateral maternal uterine arteries PI is normal.Umbilical cord insertion at abdomen appear normal  
Right Ut.Art PI-1.4 , Left Ut.Art.PI-1

**Average Uterine PI is -1.2**

### IMPRESSION :

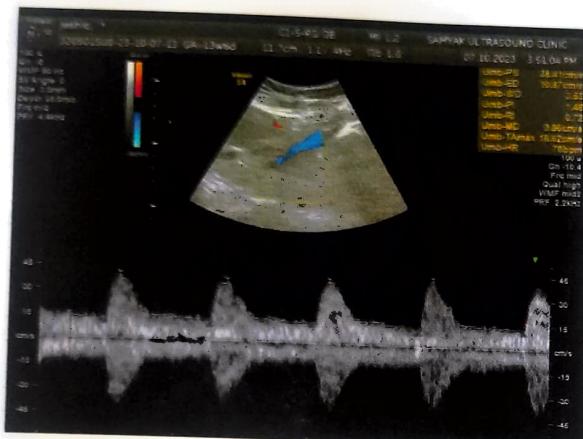
- SINGLE, LIVE, INTRAUTERINE GESTATION OF 12 WKS 6 DAYS
- THE U/S E.D.D. IS – 14/04/2024 (+/- 2 wks.)

  
**DR. ROOPVARSHA JAIN**  
CONSULTANT RADIOLOGIST(DMRD)  
REG.NO.10148

*While conducting ultrasonography on MRS . JESHLA I have neither detected nor disclosed that sex of her fetus to anybody in any manner.*

THIS REPORT IS AN OPINION NOT THE FINAL DIAGNOSIS OF THE PATIENT. IN CASE OF ANY DISCREPANCY A REVIEW CAN BE ASKED. NOT VALID FOR MEDICOLEGAL PURPOSES.

  
**DR. ROOPVARSHA JAIN**  
CONSULTANT RADIOLOGIST(DMRD)  
REG.NO.10148



## Test Requisition Form

Executive Name: D. S. Guviger  
Signature: Pick-up Date: 07/10/2023  
Pick-up Time: AM / PM

For Lab use only
Specimen Barcode

## PATIENT INFORMATION:

\* PATIENT'S NAME (Block Letters: First Name Mandatory)

Mrs. Jeshika

First Name) (Middle Name) (Last Name)

Patient's Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Patient ID: 06/01/1988\* Date of Birth: 25/08/1988 \*\*\*Gender:  Male  Female  
Age: 25 Yrs Months 0 Days  
Height: 165 cms Weight: 80 Kgs

Test Requirements: Please refer to the Directory of services for correct Test Code

\*\*Test Code

\*\*\*Test Name

Double Markers

## \*\* Temperature Sent

## \*\*\* Temperature Recd.

Frozen:  
Refrigerated:  
Ambient:Frozen:  
Refrigerated:  
Ambient:

***Specimen Type (with Qty)	
Serum	Bactec Bottle* Swab* Pus* Body Fluid* BAL CSF Sputum (1st/ 2nd/ 3rd) Tissue* Parafin Block* Filter Paper Bone Marrow
W. Blood ACD W. Blood EDTA W. Blood Flouride Plasma: EDTA/CIT/FL W. Blood Heparin W. Blood Sodium Citrate Slide* Urine (Random/ 1st Morning) Urine (24 Hrs.) Stool (1st/ 2nd/ 3rd)	Any Others*

## \*Mention Type / Site of Sample Collection

Please Note: After completion of the ordered tests, the remaining sample may be stored and used for research in medical sciences.

I/ We agree to receive information or to be contacted through mail, telecommunication, electronic &amp; personal means from Diagnostica Span Labs and related group companies, time to time.

Signature / Thumb impression of patient

Date:

Signature of Requi:

Date:

IMPORTANT : It is mandatory to provide all the requested information to enable timely and accurate results.

\*\*\* Mandatory fields

I don't agree 