

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

Referred By -DR.MIRDULA SINGH

Age- 35/F

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 :

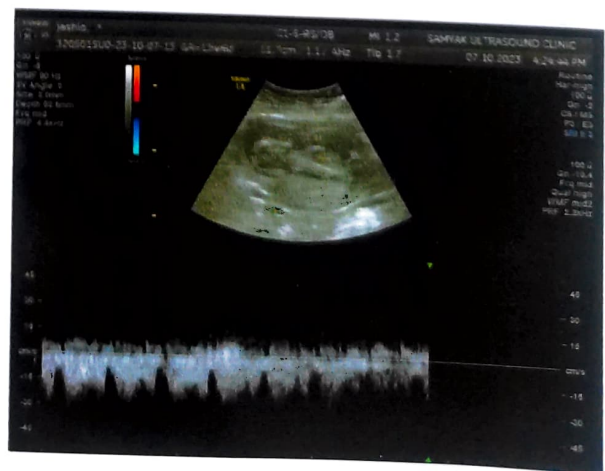
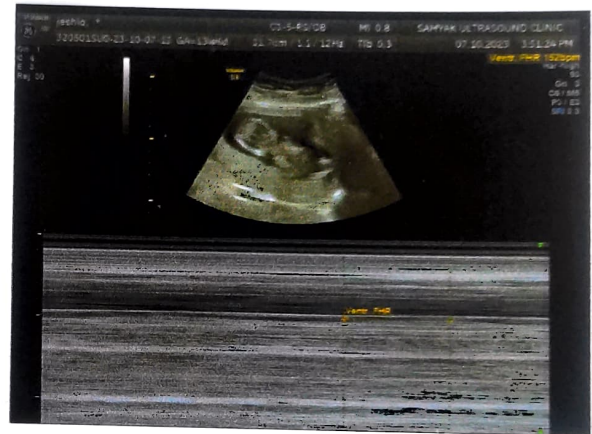
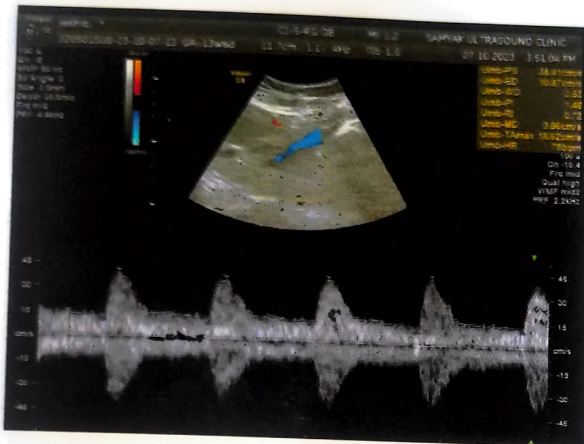
- SINGLE, LIVE, INTRAUTERINE GESTATION OF 12 WKS 6 DAYS
- THE U/S E.D.D. IS - 14/04/2024 (+/- 2 wks.)

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

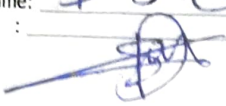
While conducting ultrasonography on MRS. JESHLA I have neither detected nor disclosed that sex of her fetus to anybody in any manner.

DR. ROOPVARSHA JAIN

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.



Test Requisition Form

Executive Name:
Signature :D.S. Gurjar
Pick-up Date:
Pick-up Time:

07/10/2023

AM / PM

For Lab use only

Specimen Barcode

PATIENT INFORMATION:

BILL TO:

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

Mrs. Jeshita

First Name)

(Middle Name)

(Last Name)

Patient's Address:

Phone No.:

Email ID: 06/01/1988

Date of Birth:

***Gender

☐ Male☒ Female

Age:

Yrs

Months

Days

Height:

155

cms

Weight:

80

Kgs

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

**Test Code

***Test Name

Double Marker

* Temperature Sent

*** Temperature Recd.

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

***Specimen Type (with Qty)

Serum

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

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 & personal means from Diagnostica Span Labs and related group companies, time to time.

I don't agree

Signature / Thumb impression of patient

Signature of Requirer

Date:

Date:

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

*** Mandatory fields

***Client Code:

Name Address

BHD 00038

Phone No.:

Email ID:

*** Referring Doctor:

Doctor's Name:

Dr. Mridula Singh

Phone No.:

City

Email ID:

Specimen Information

Date & Time of sample Collection:

Time 12:00 AM / PM

12/10/2023

Signature

For Repeat / Add on Test / Follow-up Patient

Old Lab Accession No.:

Essential Clinical Information

(Please fill in whatever is relevant)

1) Provisional diagnosis:

2) H/o Medication:

Yes / No

if yes, Name & Dose:

3) Status of Medication: Ongoing / Terminated

if ongoing, Duration:

if terminated, When:

4) LMP (where applicable):

5) Fasting Period:

6) 24 Hour Urine Volume:

7) For Genome studies attach detailed history

8) Attach other relevant information

Received in Diagnostica Span:

Date & Time:

Courier Barcode No.

No. of Samples received:

Any Discrepancy noted (if yes • record details):

Initials of Sample Receiving Staff: _