

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Swati PORHATTI Sample collection date : 20/10/23

Vial ID : 24242897

Date of Birth (Day/Month/Year) :

Weight (Kg) : 77 Kg

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

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 23/9/23

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 :



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : Mrs. SWATI PORHATTI

Age : 23 Yrs : Months Days

Sex : Male ☐ Female ☒ Date of Birth : ☐☐ ☐☐ ☐☐☐☐☐☐☐

Ph :

Client Details :

SPP Code SPLC020

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) <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
<u>Dual test</u> <u>Height - 5.6</u> <u>Weight - 77 kg</u> <u>DOB - 24/01/2000</u>			<u>Serum</u>		<u>24242897</u>

Clinical History: CMP 24/07/2023

MO No 9479215625

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.

No. of Samples Received:

Received by:

NAME: SMT. SWATI PORCHATTI AGE/SEX: 23YRS/F
REF. BY: DR. (MRS) B. DUBEY DATE: 23/09/2023
LMP : 24/07/2023 EDD: 29/04/2024 LMP GUIDED GA : 8.5 WEEKS
INDICATION : NO.1 (CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC (T.A.S/T.V.S) SCANNING REVEALS :

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 11.3CMX6.5CMX7.3CM.
MYOMETRIAL ECHOES ARE HOMOGENOUS.

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION.
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS.
MEAN SAC DIAMETER IS 3.35 CM, CORRESPONDING TO 8.3 WEEKS GESTATION.
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.
TURIGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR : 171 /MIN. REGULAR.
CRL IS 2.12 CM CORRESPONDING TO 8.5 WKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.
THERE IS NO E/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERI IS 3.8 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.
LEFT OVARY REVEALS A CYST MEASURING 3.2CMX2.8CMX2.9CM (VOLUME: 14CC)
(? CORPUS LUTEUM).
NO FREE FLUID SEEN IN PELVIC CAVITY.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD : 29/04/2024.

IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.
CGA: 8.5 WEEKS.

2) CYST NOTED IN LEFT OVARY (CORPUS LUTEUM).

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN.....17/10/2023 TO 01/11/2023).**

**I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. SWATI PORCHATTI, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER
FOETUS TO ANYBODY IN ANY MANNER.**

DR. SHAILAJA GHOSH
(SONOLOGIST)

- **THANKS FOR REFERENCE.**
- **PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.**