

## PRE-NATAL RISK FACTOR ANALYSIS PATIENT HISTORY SHEET

• **Double Marker** : 8 Weeks to 13 Weeks 6 Days only • **Triple Marker** : 14 Weeks to 22 Weeks only • **Quadruple Marker** : 14 Weeks to 22 Weeks only

To,  
The Pathologist,  
CPL, Thyrocare Technologies Ltd.  
Navi Mumbai : 400705.

BARCODE : \_\_\_\_\_

SOURCE CODE :

Dear Sir / Madam,

I am referring a sample for Prenatal Risk Analysis DM / TM / QM (Tick appropriate) :

Name of Patient : CHANDRAKANTH SURESH P. N. N. N.

Date of Birth :  Weight in Kgs :  (Must be above 40 Kgs)  
DD MM YY

Diabetic (write Yes / No) :  Smoking ( write Yes / No ) :

Origin (write Indian / if other - please specify) : INDIAN

Last Menstrual Period (LMP) Date :  Pregnancy Type (write single / twin) : SINGLE  
DD MM YY

Purpose: screening / follow up, In Vitro Fertilization (IVF): Yes / No.

If yes, Please specify Donor Date Of Birth :   
DD MM YY

Previous Pregnancy History (No. of children) : ONE (MISSED ABORTION)

USG report details (Attach a copy - Mandatory) : USG REPORT ATTACHED

Referring Dr's Name : DR. SURESH P. N. N. Referring Dr's Signature : \_\_\_\_\_

Referring Dr's Contact No : 9820942345 Date : \_\_\_\_\_

### Important points to know on Antenatal Risk Factor testing

- Latest USG report (less than one month from data of sample collection) should be provided to obtain results with better precision and accuracy.
- For Double marker risk factor analysis, considering **NT** (Nuchal Translucency) measurement value from the USG provides **higher sensitivity** for test results.
- Biochemical Risk + NT is the same as Risk for Trisomy 21 (Down's Syndrome).
- For serum values above or below linearity of the software used (PRISCA), only 'h' values can be provided. The graph cannot be generated.  
(Money cannot be refunded in such a case, since the test has already been performed)
- For cases with **IVF (In Vitro Fertilization) / Assisted reproduction**, it is mandatory to provide the date of birth (DOB) of the egg donor.
- Double Marker, Triple Marker and Quadruple Marker risk factor analysis are screening tests suggestive of the probability of risk associated. These are not confirmatory tests.

For CPL Use

Date Entered by

Analyzed by

Reported by

Remarks of Pathologist :

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<b>Patient name</b>	Mrs. CHANDRAKALA JADHAV	<b>Age/Sex</b>	30 Years / Female
<b>Patient ID</b>	E51442-23-11-07-3	<b>Visit no</b>	1
<b>Referred by</b>	Dr. K.R.KOSHTI	<b>Visit date</b>	07/11/2023
<b>LMP date</b>	22/06/2023, LMP EDD: 28/03/2024[19W 5D]		

## OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

### Maternal

Cervix measured 4.20 cm in length.

Internal os appeared closed.

Right Uterine	1.38	—●— (73%)
Left Uterine	0.96	—●— (31%)
Mean PI	1.17	—●— (55%)

### Fetus

#### Survey

Presentation - Changing lie.

Placenta - Posterior

Liquor - Adequate

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 145 bpm

#### Biometry(Mediscan, Unit: mm)

BPD	46.19W 1D	—●— (38%)	Long bones	Right (mm)	
HC	168.19W 5D	—●— (50%)	Tibia	26.2, 18W 6D	—●— (28%)
AC	144.3, 19W 5D	—●— (51%)	Fibula	26.2, 18W 6D	—●— (19%)
FL	31.1. 19W 3D	—●— (39%)	Humerus	29.4, 19W 2D	—●— (35%)
			Radius	26, 19W 5D	—●— (50%)
			Ulna	27, 18W 5D	—●— (18%)

#### EFW (grams)

BPD.HC.AC.FL 307 —●— (46%)

TCD : 20.8 mm —●— (94%)

#### Aneuploidy Markers (mm)

Nasal Bone Nasal bone appeared normal for GA.

Nuchal Fold Nuchal fold thickness appeared normal for GA.

#### Fetal Anatomy

##### Head

Right lateral ventricle measured 6.5 mm

Left lateral ventricle measured 6.5 mm

Midline falx seen.

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen.

**Neck**

Fetal neck appeared normal.

**Spine**

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal.

**Face**

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal.

**Thorax**

Both lungs seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

**Heart**

Heart appears in the mid position.

Normal cardiac situs. Four chamber view normal.

Outflow tracts appeared normal.

**Abdomen**

Abdominal situs appeared normal.

Stomach and bowel appeared normal.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites.

Abdominal wall intact.

**KUB**

Right and Left kidneys appeared normal.

Bladder appeared normal.

**Extremities**

All fetal long bones visualized and appear normal for the period of gestation.

Both feet appeared normal.

**Impression**

Single gestation corresponding to a gestational age of 19 Weeks 5 Days

Gestational age assigned as per LMP

NO OBVIOUS ULTRASONOGRAPHICALLY DETECTABLE STRUCTURAL ANOMALIES SEEN AT THIS STAGE.

*I, Dr. Bimal J. Sahani, hereby declare that I have neither detected nor disclosed the sex of the fetus to anybody in any manner*



Dr. BIMAL SAHANI

MMC Reg No:64468

