



TEST REQUISITION FORM (TRF)



SPL CODE :

Date :

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. C
1.	Mrs. PUJYA VARMA	28/F	Double marker	Serum	24133973		Ishrim Bijal
2.			DOB - 12/08/1995				
3.			LMP - 20/08/2023				
4.			Wt - 50.1 Kg				
5.			Ht - 152 Cm				

* Note Attached Clinical Report If Required



STATUS: OPEN

**SIGMA DIAGNOSTICS**LATEST CD COLOR DOPPLER
EXPORTED ON: 16 11 2023 02:56PM**SIGMA DIAGNOSTICS****PATIENT DATA**

LAST NAME	POOJA VERMA	FIRST NAME	
BIRTH DATE	-	AGE	
GENDER	F		
LMP	20 08 2023		
EDO (LMP)	26 05 2024	GA (LMP)	12w4d
IDENTIFICATION		EXAM DATE	16 11 2023
ACCESSION NUMBER		REFERRING PHYSICIAN	
OPERATOR		ADM DIAGNOSIS	
		EXAM DESCRIPTION	
PERFORMING PHYSICIAN		REPORT DATE	16 11 2023

**OB-FETAL
FETUS A****Gestational Age (by AUA)**

GA(AUA):11w6d EDD(AUA):31 05 2024

2D MEASUREMENTS

PARAMETER	VALUE	UNIT	AUA	GA	GA RANGE	AUTHOR	RANK	AUTHOR
CRL	51.6	mm	☒	11w6d	10w6d-12w6d	Hadlock	3.8 %	Hadlock
NT	1.1	mm						

DOPPLER MEASUREMENTS**FETAL HEART RATE**

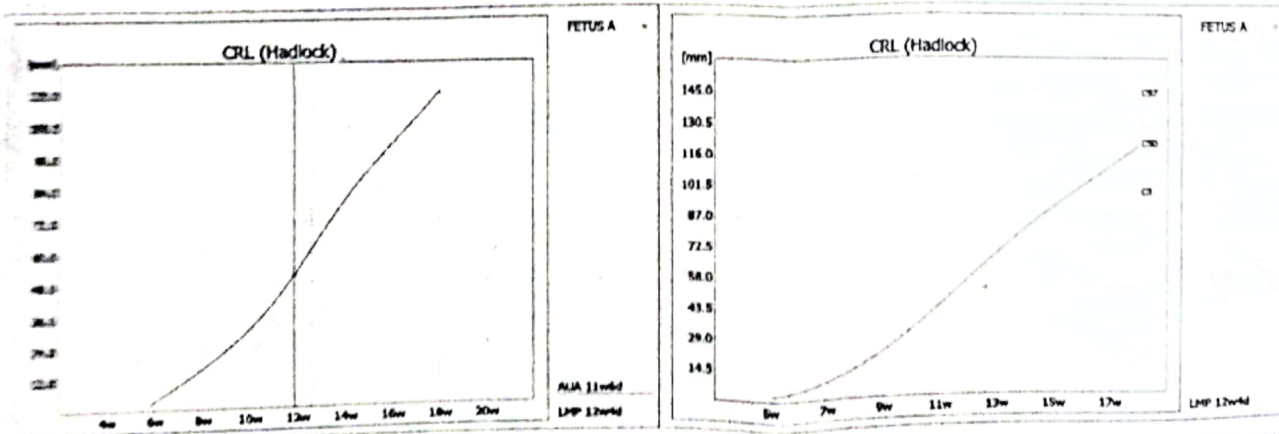
FETAL HEART RATE (3) 160 bpm

MATERNAL DATA**DOPPLER****R UTERINE ARTERY**

R UA FVI	26.82	cm
R UA PEAK VELOCITY	146.5	cm/s
R UA ENDDIAST VEL	20.9	cm/s
R UA MEAN VELOCITY	49.7	cm/s
R UA PULSATILITY IDX	2.53	
R UA RESISTIVE IDX	0.86	
R UA SYSVEL/DIASTVEL	7.00	

L UTERINE ARTERY

L UA FVI	31.27	cm
L UA PEAK VELOCITY	114.6	cm/s
L UA ENDDIAST VEL	43.0	cm/s
L UA MEAN VELOCITY	59.2	cm/s
L UA PULSATILITY IDX	1.21	
L UA RESISTIVE IDX	0.63	
L UA SYSVEL/DIASTVEL	2.67	

GRAPHICS

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email : sigmadiagnostix@gmail.com

NAME OF PATIENT: Mrs. POOJA VERMA

AGE & SEX: 28 yrs / F

REFERRED BY : Dr. (Mrs) KIRTI KAURA [MBBS/DGO]

DATE: 16 / NOV. / 2023

ANTENATAL ULTRASOUND WITH COLOR DOPPLER (NT-SCAN)

- ✓ Single intrauterine gestational sac with single foetal pole is seen.
- ✓ CRL measures 5.16 CMS corresponding to 11 WEEKS 6 DAYS.
- ✓ Fetal cardiac activity is seen and is regular.
- ✓ Fetal heart rate 160 bpm
- ✓ PLACENTA IS POSTERIOR ENDING WELL ABOVE INTERNAL OS AT THE TIME OF EXAMINATION, GRADE - 0
- ✓ Both ovaries are normal in shape, size and echotexture.
- ✓ No free fluid is seen in POD.
- ✓ No adenexal pathology is seen.
- ✓ EDD BY USG 31 MAY 2024 EDD BY LMP 26 MAY 2024
- ✓ CERVICAL LENGTH MEASURES 3.7 CMS [NORMAL]. INTERNAL OS IS CLOSED.
- ✓ NASAL BONE PRESENT.
- ✓ NUCHAL TRANSLUCENCY MEASURES 1.1 MM (NORMAL).
- ✓ DUCTUS VENOSUS SHOWS NORMAL TRIPHASIC SPECTRAL WAVEFORM WITH POSITIVE "A" WAVE.

FETAL ANATOMICAL SURVEY - (LEVEL - I)

HEAD

CRANIAL OSSIFICATION NORMAL. NORMAL LATERAL VENTRICLES WITH CHOROID PLEXES SEEN. MIDLINE FALX PRESENT

FACE

ORBITS, NOSE AND MANDIBLE APPEARS NORMAL.

HEART

STOMACH BUBBLE & CARDIAC APEX SEEN ON SAME SIDE.

TESTES

LUNGS APPEAR NORMAL.

SIGMA DIAGNOSTICS

LATEST 4D COLOR DOPPLER

NAME OF PATIENT: Mrs. POOJA VERMA

DATE: 16 / NOV. / 2023

ANTENATAL ULTRASOUND WITH COLOR DOPPLER (NT-SCAN)

SPINE

SPINE IS NORMAL.

DOOMEN

STOMACH BUBBLE SEEN, BOWEL ECHOGENICITY NORMAL. ABDOMINAL WALL CONTINUITY MAINTAINED.

IMBS

PRESENT OF ALL 4 LIMBS WITH '3' SEGMENTS OF INDIVIDUAL LIMB SEEN.

Maternal Doppler : Left uterine artery show normal spectral waveform with absent pre diastolic notch.
THERE IS E/O ELEVATED PI IN RIGHT UTERINE ARTERY.

FETAL DOPPLER	PSV	EDV	PI	RI	S/D
RIGHT UTERINE ARTERIES	146.5 cm/sec	20.9 cm/sec	2.53	0.86	7.00
LEFT UTERINE ARTERIES	114.6 cm/sec	43.0 cm/sec	1.21	0.63	2.67
MEAN PI	1.87	(WITHIN NORMAL LIMIT)			

I DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER.

FINAL IMPRESSION:

- SINGLE INTRAUTERINE GESTATIONAL SAC WITH SINGLE FOETAL POLE OF 11 WEEKS 6 DAYS SHOWING CARDIAC ACTIVITY.

ADVISED REPEAT ULTRASOUND B/W 18 - 24 WEEKS FOR ANOMALY SCAN

SEE CORRELATED CLINICALLY


DR. MEENAKSHI RAI
MD - RADIO DIAGNOSIS
REGN NO: CGMC 4274/2012

Report with thanks)

WE REQUEST THAT EVERY CARE IS TAKEN AND ALL SINCERE EFFORTS ARE MADE TO SEE THAT THERE ARE NO TYPING ERRORS, STILL IF IT REQUESTS
THE PATIENTS MAY RECEIVE THE FINAL REPORT KINDLY GO THROUGH THE REPORT AND IF YOU FIND ANY TYPING ERRORS OR IF YOU ARE NOT SATISFIED WITH
ANYTHING OF THE SAME ANY QUERIES OR THERE IS ANY DISCREPANCIES PLEASE REPORT BACK TO US FOR NECESSARY CORRECTIONS, DISCUSSION OR A REVIEW
WILL BE APPRECIATED.

THESE REPORTS ARE NOT VALID FOR MEDICO LEGAL PURPOSE IN WHAT SO EVER MANNER.

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