

Quadruple Marker + NIPT

24240293

DOB - 10/06/1991

LMP - 10/07/2023

Height - 5'2"

Weight - 65.0 kg.



Life
Care

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Free Blood Sample Collection From Home, 24x7 Service

TEST REPORT

NAME : MRS. ANJANI TAMRAKAR

AGE : 32 YEARS

SEX : F

Estimated foetal weight is 296 Gms +/- 43 gms.

GA(AUA) - 19 wks + 3 days

EDD(AUA) - 17.04.2024

GA(LMP) - 19 wks + 5 days

EDD(LMP) - 15.04.2024

IMPRESSION:-

- ❖ Single live intrauterine pregnancy in Breech presentation is seen at the time of examination of 19 weeks + 3 days.
- ❖ Mildly prominent bilateral fetal renal pelvis.

Advice: - Fetal echocardiography for better evaluation of fetal heart and quadruple marker correlation.

NOTE: - I declared that while conducting USG, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

- ✓ (All measurement including foetal weight is subject to statistical variation. Fetal echo is not done.)
- ✓ Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity and other technical parameters. Fetal limb anomalies not always detectable due to position. Follow up scanning and second opinion are always advisable.
- ✓ Fetal heart is grossly normal in current screening, all cardiac deformities can't be ruled out on this study and a dedicated fetal echocardiography is recommended, in case of clinical suspicion and a strong relevant history of genetic presence and maternal medications.
- ✓ Fetal medicine is dynamic process any fetal disease can present any time as changing dynamic process.

Dr. Girish Verma
M.D., D.M.R.D.

Consultant Radiologist

Dr. Abhishek Das
MBBS, MD.

Consultant Radiologist

Dr. Suraj Kabra
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Dr. Sonal
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Consultant Radiologist

These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Original Investigation/Radiological impression are merely opinion and the final diagnosis as they are based on available auto generated/ imaging finding. These opinions should be correlated with clinical findings a review of further evaluation may be sought whenever considered appropriate.
Reasons for not performing: 1. If it is presumed that the specimen belongs to the patient named in the test request form. 2. A test request might not be performed for following reasons: a. Insufficient specimen quality b. Unacceptable specimen quality c. Incomplete specimen d. Test cancelled either on request of patient or doctor or because of incorrect code, test name or specimen received. It is expected that a fresh specimen will be sent for the purpose of retesting on the same parameters (s). If required type d. Test cancelled either on request of patient or doctor or because of incorrect code, test name or specimen received.



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TARGETED IMAGING FOR FETAL ANOMALIES

Fetal Anatomy:-

Head:-

Cisterna magna Midline falx seen. Both lateral ventricles appeared normal. Posterior fossa appeared normal. No identifiable intracranial lesion seen. Cavum septum pellucidum is normal.

Neck:-

Fetal neck appeared normal.

Spine:-

Entire spine visualized 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:-

Normal cardiac situs. Four chamber view 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:-

Mildly prominent bilateral fetal renal pelvis is noted measuring 3 mm each sides. Bladder appears normal

Extremities:-

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

Maternal abdomen reveals:- A well defined heterogeneously hypoechoic lesion measuring 2.5 x 2.0 cm noted in the left antero-lateral aspect of uterus, suggestive of subserosal / broad ligament fibroid.

P.T.O.

Logical Investigation/Radiological impression are merely opinion and the final diagnosis as they are based on available auto generated/ imaging finding. These opinions should be correlated with clinical findings a review of further evaluation may be sought whenever considered appropriate.
List of Reporting: 1. It is presumed that the specimen belongs to the patient named in the test request form. 2. A test request might not be performed for following reasons: a. Insufficient specimen quality b. Unacceptable specimen quality c. Incorrect type d. Test cancelled either on request of patient or doctor, or because of incorrect code, test name or specimen received. It is expected that a fresh specimen (will be sent for the purpose of reporting on the same parameters (s). If required