

Breed

elkhorn kestrel

Prs

6pm

RBC

Red

other

Rf
ff

OSP-02/04

Date of Shipment

PCC Code

SPLCC020

TEST REQUISITION FORM

 PathCare Diagnostics™
(A UNIT OF PATHCARE LABS PVT.LTD.)

Patient Name: M/s. SHUETA SINGH

Gender: f Age: 31 Years: _____ Months: _____ Days: _____

Date of Birth: _____

Name & Address: 13. dubey M.D.

Referring Physician: _____

Phone #: _____

Specimen Collected By: _____

Prepared By: _____

Sample Collection Details: _____

Date: 04/01/2023

Time: _____

Test Name / Codes: _____

Dual test

height: 5.0

weight: 56 kg.

DOB: 20/12/1992

LMP: 2/10/2023

Number of Sample Containers: 1

Clinical Details / History

(Attach additional clinical data if any)

Last Menstrual Period (LMP)

*Mandatory for all gynaecologic specimen

Specimen Receipt Details (FOR OFFICIAL USE ONLY)

No. of Samples Received: _____

Received By: _____

Condition of Receipt

A R F

Date of Receipt

Time of Receipt

NOTE: Refer PCC Manual / Directory of services for patient preparation, specimen collection, reporting time & charges or call nearest franchisee for details or visit www.pathcarelabs.com

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. SHWETA SINGH Sample collection date :

Vial ID : 24632880

Date of Birth (Day/Month/Year) : 20/12/1992

L.M.P. (Day/Month/Year) : 02/11/2023

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 4/12/2023

Nuchal thickness (in mm) : _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester Second trimester

Sonographer Name : _____

Weight(Kg) : _____

Diabetic status : Yes No

Smoking : Yes No

Gestation : Single Twins

Race : Asian African Caucasian Others

IVF : Yes No If Yes, Own Eggs Donor Eggs

If Donor Eggs, Egg Donor birth date : 1/1/

Previous pregnancies :

With Down Syndrome : Yes No

With Neural tube Anomaly : Yes No

Any other Chromosome anomaly : Yes No

Data Filled by :

04/01/2023

C1	3.4	7-6	10-12
C1	2.3	6.3	4-6
C2	2.3	7-3	Calcareous
C2	1.2	1-2	

APU DIAGNOSTICS & HEALTHCARE
 4D COLOUR SONOGRAPHY AND DIGITAL X-RAY
 SHOP F23-24, FIRST FLOOR RAJIV PLAZA, OPPOSITE DISTRICT HOSPITAL
 BILASPUR, (C.G.)

patient name	Mrs. SHVETA SINGH	Age/Sex	31 Years / Female
patient ID	04-12-2023-0035	Visit no	1
attended by	Dr. B. DUBEY	Visit date	04/12/2023
date	02/10/2023, LMP EDD: 08/07/2024	C-EDD	18/07/2024

OB - Early pregnancy Scan Report

Location(s)

Ultrasound B-mode ultrasonography of gravid uterus done.

Site: Transabdominal

uterine gestation

External

Vaginal os is closed.

US

Key

Gestational Sac seen. Sac margins appeared regular

Gestational sac measured 16.8 X 29.8 X 24.7 mm. (Mean = 23.77)

Y sac seen

Y sac measured 3.8 mm.

Cardiac activity present

Cardiac activity present

Estimated heart rate - 138 bpm

Biometry(Hadlock)

- - 12.9 mm(7W 4D)

Conclusion

Uterine gestation corresponding to a gestational age of 7 Weeks 4 Days

Gestational age assigned as per biometry (CRL)

Menstrual age 9 Weeks

Y sac with yolk sac seen.

Cardiac pole & cardiac activity seen.

No delayed conception.

Revised: followup scan after 4 weeks.

NOTES FOR REFERENCE

Apoorv Singh Thakur, here by declare that while conducting the Sonography of Mrs. Shveta Singh W/o Mr. Ankit Singh, I have disclosed the sex of the foetus to anyone in any manner


 Dr. APOORV SINGH THAKUR
 MBBS, DMRD.,