



TEST REQUISITION FORM (TRF)

SPL CODE : SPLC00020 MSP. Patholab.

Date

| S.No.: | Patient Name in Capital | Age/Sex | Test Code & Test Name | Sample Type | Barcode No. | Sample C Date & |
|--------|-------------------------|---------|-----------------------|-------------|-------------|--------------------|
| 1. | mes. | | Doul test - | | | |
| 2. | YOGITA | | light 5.3cm. | Seem | | |
| 3. | PATHAK. | | weight - 55 Kg. | | | |
| 4. | | | Comp - 26/11/2023. | | | |
| 5. | | | DOB - 19/08/1991. | | | |
| | | | monb. 9131595943. | | | |

24632922

* Note Attached Clinical Report If Required

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : YOGGITA PATHAK Sample collection date : 23/01/2024

Vial ID : 24632922

Date of Birth (Day/Month/Year) : 19/8/1991

L.M.P. (Day/Month/Year) : 26/1/23

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 23/1/24

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☒ Second trimester ☒

Sonographer Name : _____

Weight(Kg) : 55 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 : ___/___/___

Previous pregnancies :

With Down Syndrome : Yes ☐ No ☒

With Neural tube Anomaly : Yes ☐ No ☒

Any other Chromosome anomaly : Yes ☐ No ☒

Data Filled by :

GHOSH + **Sonography Centre**

GHOSH COMPLEX, TILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

Regn No. CGMC/883/2001

Dr. (Mrs) Shailaja Ghosh

Sonologist, MBBS, FCGP, MIFUMB, CBT

PCPNDT REG. No. BILA1019

Ph. No. : 07752 409352

Mobile No. 99268 09744

NAME: SMT. YOGITA PATHAK

AGE/SEX: 32 YRS/F

REF. BY: DR. (MRS) B. DUBEY

DATE: 22/01/2024

LMP : 26/11/2023

EDD: 01/09/2024

LMP GUIDED GA : 8.1 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 8.5CM X 5.5CM X 5.8CM.
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 2.65 CM, CORRESPONDING TO 7.4 WEEKS GESTATION.
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.
TURGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR : 167 /MIN. REGULAR.
CRL IS 1.76 CM CORRESPONDING TO 8.1 WKS GESTATION.

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

CERVIX UTERI IS 3.6 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.
RIGHT OVARY REVEALS A SMALL CYST MEASURING ~1.5CM (VOLUME: 1.7CC) WITH
MODERATE VASCULARITY ON DOPPLER S/O 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 : 01/09/2024 .

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

CGA: 8.1 WEEKS.

2) SMALL CYST NOTED IN RIGHT OVARY (CORPUS LUTEUM).

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN.....19/02/2024 TO 05/03/2024).**

I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. YOGITA PATHAK, 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.**

Dr. Shailaja Ghosh
MBBS FCGP MIFUMB CBT