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Date

BPD

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 Others An Eggs

TEST REQUISITION FORM (TRF)

SPL CODE : SPLC67020 MSP. Pathelab.

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Date
1.	Mels.		Triple markal	serum	24632951	
2.	SUKUR munni	38f	height 4.2. weight 58Kg. DOB 01/01/1983 Imp 27/02/2023			
3.						
4.						
5.						

* Note Attached Clinical Report If Required

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : SUKUMI MUNI Sample collection date : 12/02/2024.

Vial ID : _____

Date of Birth (Day/Month/Year) : 01/04/1983

L.M.P. (Day/Month/Year) : 24/02/2023

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 10/02/24.

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester Second trimester

Sonographer Name : _____

Weight(Kg) : 58Kg

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 : 1/1/1

Previous pregnancies :

With Down Syndrome : Yes No

With Neural tube Anomaly : Yes No

Any other Chromosome anomaly : Yes No

Data Filled by :



Diagnosis with care



BILASPUR SCAN & RESEARCH (P) LTD.

Madhya Nagari Chowk, Juni Line Road, BILASPUR, (C.G.)
Ph. : (07752) 414320, 423832 (C) Mobile : 98930-14252



DATE : 10 Feb 2024

NAME : MRS. SUKUR MUNI, 38 Yrs., Female
REF. BY : Dr. BAKHSHISH DUBEY, MBBS

LMP: 27.09.23 EDD: 03.07.24

PGA: 19.3 WKS

OBSTETRIC SONOGRAPHY OBSERVATIONS (ANAMOLY SCAN)

Scan on 4D colour Doppler Scanner GE Varsana Premier.

- * Single viable gestation in *transverse head on rt. side* position.
- * Placenta : Long. View: Anterior . Transverse View: Anterior. In relation to Internal OS: OS: Low lying , 1.41 cm from OS . ? Single umbilical artery seen
- * Gradation for Placental Maturity Grade: 0 (Grannum et al).
- * Qualitative Amniotic Fluid Volume (Manning and Platt): *Adequate* .
- * Amniotic Fluid Index (AFI): 10.4 cm (N 5 - 20cm, Less than 5cm, Oligohydramnios)
- * Fetal cardiac activity seen. Wave form taken by Doppler. Heart Rate: 160 BPM.
- * Fetal Movements seen.
- * Biophysical Profile Scoring: 10 (N 8 -10, Equivocal - 6, Abnormal 0 - 4)

Estimated fetal age according to fetal biometry:
BPD 40.7 mm CGW 18.2 wks. (Hadlock). HC 152.3mm CGW 18.2 wks (Hadlock)
AC 128.2 mm CGW 18.3 wks (Hadlock). FL 29.2 mm CGW 19 wks .BPD± 2-3wks.
Average age is 18.3 wks. EDD by AUA: 10.07.24.

- * Estimated fetal wt is 248 gms and Mean wt is 247 gms at 18 wks By Shepard formula.±10% of birth wt. (Hansmann).
- * No Evidence of IUGR seen .With fetal maturity 18+ wks.
- * No evidence of gross fetal malformation seen.

BRAIN/ SKULL : NO BONY DEFECT SEEN.

NO EVIDENCE OF VENTRICULAR DILATATION SEEN.
BOTH CEREBRAL AND CEREBELLAR HEMISPHERE
APPEARS NORMAL.

SPINE : VERTEBRAE APPERS NORMAL.
NO OBVIOUS DEFECT SEEN.

FACE : BOTH ORBITS AND NASAL BONE APPEARS NORMAL.
NO OBVIOUS LIP AND PALATE DEFECT SEEN.

HEART/CHEST: CARDIAC FOUR CHAMBER VIEW IS NORMAL.
SITUS IS NORMAL.
NO CHEST MASS OR HERNIA SEEN.

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Image
Intelligence

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LIMBS : UPPER AND LOWER LIMB LARGE BONES APPEARS NORMAL.

KIDNEYS : APPEARS NORMAL IN SIZE AND ECHOTEXTURE.
NO CYST/ HYDRONEPHROSIS SEEN .

STOMACH : STOMACH BUBBLE APPEARS NORMAL.

BLADDER : APPEARS NORMAL.

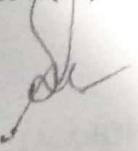
2ND TRIMESTER ULTRASOUND SOFT MARKERS FOR TRISOMY 21

Intracardiac echogenic focus	Absent
Mild hydronephrosis / pyclectasis	Absent
Short femur / humerus	Absent
Echogenic bowel	Absent
Increased Nuchal fold	Absent
Aberrant Right Subclavian artery	Absent
Absebt or hypoplastic nasal bone	Normal size
Ventriculomegaly	Absent

**** IMPRESSION:** SINGLE LIVE INTRAUTERINE PREGNANCY WITH
AVERAGE MATURITY 18.3 WKS. LOW LYING PLACENTA .
? SINGLE UMBILICAL ARTERY .

Than s for reference

DECLARATION: I declare that neither detected nor disclosed the sex of the foetus of pregnant women to anybody as laid down in rule 10(1A).


DR. NAVNEET SINGH
MBBS, DMRD, FICU
CGMC:889/2007
CONSULTANT RADIODIAGNOSIS

(Disparity in final diagnosis can occur due to technical pitfalls ie false positive & false negative. Hence please correlate all USG observations with clinical and other investigations. fetal malformations can be masked in large fetus, oligohydramnios and due to positioning. No legal liability is accepted. Not for medico legal purpose. Subject to Bilaspur jurisdiction only)

T MRI, 4 D COLOR DOPPLER SONOGRAPHY, MULTISLICE COLOUR CT SCAN, DIGITAL X-RAY, AMBULANCE FACILITY