

(2) Mrs. Roshni Patel

Age - 22 Y1F

Quadruple Marker

DOB — 11/11/2002

LMP — 12/09/2023

Height — 5'1"

Weight — 57.0 kg.



Life Care

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1. Om Patidar, Arya Nagar, Durg (C.G.) 491 001
Ph: 0788 2355701, 2355702, Mo: 8349999518
E-mail: jrg@lifecarescan.com website: www.lifecarescan.com

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Reg. No : 100224/208
NAME : MRS. ROSHNI PATEL
REF. BY : DR. MANASI GULATI

TEST REPORT

AGE : 23 YEARS

Date: 10.02.2024
SEX : F

TYPED BY - PK

USG OBSTETRICS WITH TARGETED IMAGING FOR FOETAL ANOMALIES

Single live intrauterine fetus with breech presentation is seen at the time of examination.

Liquor is adequate in amount.

Cervical length- 3.6 cm.

The cardiac pulsations and fetal movements are well seen.

The fetal heart rate is = 160 b/minute.

The approximate gestational age is as follows:

PARAMETER	MEASUREMENT IN CM	WEEKS	DAYS
BPD	4.73	20	2
HC	18.06	20	3
AC	16.17	21	2
FL	3.35	20	3
TIB	2.91	20	4
FIB	2.79	20	0
HL	3.16	20	4
RAD	2.92	21	1
ULNA	2.97	21	0
CEREB	2.09	19	6

Cephalic index = WNL.

Placenta-Anterior wall, grade- I. Not low lying.

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Notch Is Absent. (Right uterine artery PI- 0.8, Left uterine artery PI- 2.0).

Mean uterine PI- 1.4

P.T.O.

TEST REPORT

NAME : MRS. ROSHNI PATEL

AGE : 23 YEARS

SEX : F

Estimated foetal weight is 381 Gms -/+ 56 gms.

GA(AUA) - 20 wks + 4 days

EDD (AUA) - 25.06.2024

GA (LMP) - 21 wks + 4 days

EDD(LMP) - 18.06.2024

IMPRESSION:-

- ❖ Single live intrauterine pregnancy in breach presentation is seen at the time of examination of 20 weeks + 4 days.

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.

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

Dr. Abhishek Das
MBBS, MD,
Consultant Radiologist

Dr. Suraj Kabra
MBBS, D.N.B.
Consultant Radiologist

Dr. Sonal
MBBS, MD,
Consultant Radiologist

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