



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : SMT. NISHA JULTE TOPPO

Age : _____ Yrs : _____ Months _____ Days 32f

Sex : Male Female Date of Birth : 01/01/1981

Ph : 15102124

Client Details :

SPP Code Dr. veronica yuel clinic

Customer Name

Customer Contact No

Ref Doctor Name VERONICA YUEL M.D.

Ref Doctor Contact No

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
		Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>
Test Name / Test Code		Sample Type	SPL Barcode No		
T ₃ T ₄ TSH	HPLC	Se	25163171		
DUAL	marker	Cap	25163174		

Clinical History:

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

PATIENT NAME: MRS. NISHA JULIE TOPPO

AGE: 32 Y/ F

REFERRED BY: DR VERONICA YUEL

DATE: 15.02.2024

OBSTETRIC SONOGRAPHY(NT SCAN)

The real time, B mode, gray scale sonography of gravid uterus was performed.

L.M.P. : 21.11.2023

Gestational age by LMP : 12 WKS 2 D

E.D.D. by LMP : 27.08.2024

Routine grey scale assessment: Route: transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
 - CRL : 6.9 CM corresponding to gestational age of 13 WKS 2 D
 - E.D.D. by sonography : 20.08.2024
 - Cardio-somatic activity is normal, FHR 157 BPM.
 - Placenta is fundoanterior, lower margin 2.5 cm away from the os.
 - There is no evidence of subchorionic haemorrhage at the time of examination.
 - The internal os is closed, Cervical length : 3.2 cm

Fetal anatomical assessment:

- Normal midline falx and choroid plexus filled ventricles seen.
- Stomach bubble is seen.
- Fetal heart shows two inflow tracts.
- Four limbs, each with three segments images.
- Normal three vessel cord visualized.

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 1.1 mm (normal)
- Nasal bone is present.
- Ductus venosus reveals normal triphasic forward flow without reversal.
- No tricuspid regurgitation is noted.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 1.5 (WNL)

Risks from history only (age and previous birth history)

- Trisomy 21: - 1 in 370
- Trisomy 18: - 1 in 909
- Trisomy 13: - 1 in 3333

Risks from history plus NT, FHR

- Trisomy 21: - 1 in 2000
- Trisomy 18: - 1 in 5000
- Trisomy 13: - 1 in 10000

This software is based on risk calculations by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires the ultrasound and clinical components as well as only qualified practitioners and laboratories.

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This Report is not for medicolegal purpose. Investigation can be affected by technical and physical factors. Solitary radiological investigation never confirms the final diagnosis and must be correlated with clinical findings and other investigations.

Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001
Phone : 0771-4000511, 9301002630, Email : apadiagnostic@gmail.com

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PATIENT NAME: MRS. NISHA JULEI TOPPO

AGE: 32 Y/ F

REFERRED BY: DR VERONICA YUEL

DATE: 15.02.2024

IMPRESSION :

- Single live fetus with gestational age of 13 wks 2 d
- Gestational age assigned as per CRL
- Corrected EDD- 20.08.2024

Thanks for reference madam.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I, Dr Pallavi Agrawal, declare that while conducting ultrasonography on Mrs NISHA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Apoorv Agrawal
MD
Consultant Radiologist

Dr. Pallavi Agrawal
M.D. DNB
Consultant Radiologist



Some structures are not sufficiently developed to allow accurate assessment. Still, a good fetal well-being is observed. All anomalies possible to be detected on a single scan have been ruled out of the fetus. The scan is a non-referential and should be used only for detailed anomaly scan or second trimester. The optimal visualization of fetal parts can be affected by the fetus position, abdominal obesity and adequacy of liquor.

Height ~ 5.4'

Weight ~

L.O.B ~ 31/08/1990

HW ~ 21/11/23

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