



TEST REQUISITION FORM (TRF)

SPL CODE : SPL 067020 msp. Pathology.

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode
1.	Mrs. ANKITA	34/f	Temple MARKAR	<u>Seems</u>	
2.	BAJAT		Height - 5.6 m.		
3.			Weight - 83 Kg.		
4.			DOB - 24/05/1990		
5.			IMP - 02/12/2023.		
			MO, NO - 8878052341		

* 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 : Mrs. ANKITA BAJAJ Sample collection date :

Vial ID : 24633015

Date of Birth (Day/Month/Year) : 24/5/1996

L.M.P. (Day/Month/Year) : 02/12/2023

Gestational age by ultrasound (Weeks/days) : Date of Ultrasound : 9/3/24

Nuchal thickness (in mm) : CRL (in mm) : 89.85 BPD :

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☒ Second trimester ☒

Sonographer Name : Nt Scan

Weight(Kg) : 83 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 :

DR. AGARWAL'S X-RAY & SONOGRAPHY

Dr. ANIL AGARWAL

M.B.B.S., D.M.R. (Emeritus Member IRIA)
SENIOR CONSULTANT RADIOLOGIST
Reg. No. : CGMC 1191/2007

Mrs. Ankita Bajaj, 34 Years, F.
Ref Dr. Smt. B. Dubey, M.D. (GYNAE).

Dr. ESHA AGARWAL

M.B.B.S., D.N.B. (Radiodiagnosis)
CONSULTANT RADIOLOGIST
Reg. No. : CGMC 3917/2012
09 March 24

OB - FIRST TRIMESTER SCAN REPORT (NT SCAN):

L.M.P - 02.12.2023
Period of amenorrhea - 14 weeks, 0 day.
EDD by LMP - 07.09.2024

Indication (s):

10 - Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.

Route: Transabdominal.
Single intrauterine gestation.

Maternal survey:

Cervix - 5.0cms in length.
Internal os - closed

Uterine arteries show normal diastolic flow and maintained S/D ratio & PI values.

	S/D	PI
Right Uterine artery	2.7	1.16
Left Uterine artery	2.4	1.01

Fetal survey:

Placenta - Posterior, Its lower edge is about 5.0cms. from internal os.
Liquor - Normal
Umbilical cord - Two arteries and one vein.
Fetal activity - Present.
Cardiac activity - Present.
Fetal heart rate - 160bpm.

Single loop of umbilical cord around fetal neck seen at the time of examination.

Biometry (Hadlock)

CRL - 89.85mm (14 weeks, 6 days)

Aneuploidy Markers

Nasal Bone - Normal
Nuchal translucency - 1.3mm (Normal).
Ductus venosus - Normal flow.

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Conti.



DIGITAL X-RAY

O. P. G.

ULTRASONOGRAPHY

Juni Line, Bilaspur (C.G.) 495 001, Phone : 07752-224252

This is only a professional opinion & not the diagnosis. Findings should be correlated clinically. Not for Medico Legal purpose.

DR. AGARWAL'S X-RAY & SONOGRAPHY

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Fetal Anatomy:

Intracranial structures appeared normal.
Spine appeared normal. No evidence of significant open neural tube defect.
Fetal face appeared normal.
Abdominal situs appeared normal.
Bladder appeared normal.
All four limbs are visualized.

IMPRESSION :-

- SINGLE INTRAUTERINE VIABLE FETUS WITH AN AVERAGE ULTRASOUND AGE OF 14 WEEKS AND 6 DAYS.
- SINGLE LOOP OF UMBILICAL CORD AROUND FETAL NECK SEEN AT THE TIME OF EXAMINATION.
- PLACENTA - POSTERIOR, NOT LOW LYING.
- LIQUOR - NORMAL.
- USG GUIDED EDD - 01.09.2024
- NORMAL UTERINE ARTERIES PI.

Suggested : Double Marker Test, and Followup USG for anomaly scan at 18 to 20 weeks.

Disclaimer:

Not all anomalies can be detected on sonography.

All measurement including estimated fetal weight are subject to statistical variations.

I Dr. Esha Agarwal, the undersigned declare that while conducting the ultrasound on Mrs. Ankita Bajaj, I have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Thanks for reference.

Dr. (Mrs.) ESHA AGARWAL,
MBBS, DNB (RADIODIAGNOSIS)

Ultrasound diagnosis is based on appearance of grey scale shades and it is also affected by technical pitfalls, hence it is suggested to correlate Ultrasound, clinically and other investigative findings to reach the final diagnosis. No legal liability is accepted. Not for medico legal purpose.

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DIGITAL X-RAY

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