



## TEST REQUISITION FORM (TRF)

**SPL CODE :**

*SPL CG1020 MSP Patholab*

**Date :**

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time
1.	Mrs. Nisha Chawla	30	Dual marker	<i>serum</i>	25165983	
2.			Hight - S.I			
3.			Weight - SH			
4.			DOB - 09/05/1994			
5.			LMP - 05/02/24			
			MOMO - 8827931866			

\* Note Attached Clinical Report If Required

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Mrs. Nisha Chawla Sample collection date :

Vial ID : 25165283

Date of Birth (Day/Month/Year) : 09/05/1994

L.M.P. (Day/Month/Year) : 05/02/24

Gestational age by ultrasound (Weeks/days) : \_\_\_\_\_ Date of Ultrasound : 21/5/2024

Nuchal thickness (in mm) : \_\_\_\_\_ CRL (in mm) : \_\_\_\_\_ BPD : \_\_\_\_\_

Nasal bone (Present/Absent)

Ultrasound report : First trimester  Second trimester

Sonographer Name : \_\_\_\_\_

Weight(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 :

NAME : SMT. NISHA CHAWLA  
REF. BY : DR (MRS) B. DUBEY

LMP : 05/02/2024 EDD: 11/11/2024

INDICATION : NO. 10 (EARLY ANOMALY SCAN, NT/NB SCAN)

AGE/SEX : 30 YRS/F

DATE : 02/05/2024

LMP GUIDED GA : 12.3 WEEKS

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:  
SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION.  
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.  
FHR : 164/MIN. REGULAR.

PLACENTA IS POSTERIOR, LOWER END IS AWAY FROM INTERNAL OS.  
PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 1.2 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.  
FETAL GROWTH PARAMETERS :

CRL MEASURED : 5.4CM; 12.1WKS  
BPD MEASURED : 1.6CM; 12.3WKS  
HC MEASURED : 6.3CM; 12.3WKS  
AC MEASURED : 5.6CM; 12.3WKS  
FL MEASURED : 0.7CM; 12.2WKS

CGA BY USG: 12-13 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)  
USG GUIDED EDD: 11/11/2024

FETAL WEIGHT : 58 GMS (+ 10 %; 21<sup>ST</sup> %ILE).  
NUCHAL THICKNESS: 1.3 MM (34<sup>TH</sup> %ILE)

NASAL BONE : VISUALISED

DUCTUS VENOSUS: FORWARD FLOW WITH NORMAL SPECTRAL WAVEFORM  
TRICUSPID REGURGITATION : NOT SEEN

NO GROSS SONOGRAPHICALLY DETECTABLE ANOMALIES SEEN AT THE TIME OF EXAMINATION  
IN PRESENT FETAL POSITION. FETAL SKULL, SPINE, LIMBS AND ANTERIOR ABDOMINAL WALL  
APPEARED GROSSLY NORMAL. FETAL STOMACH BUBBLE IS FLUID-FILLED.  
FETAL BLADDER REVEALS FAIR AMOUNT OF URINE.

FETAL COLOUR-DOPPLER STUDY REVEALS:

ADEQUATE BLOOD FLOW IN UMBILICAL ARTERY.

RT. UTERINE ARTERY PI: 1.57

LEFT UTERINE ARTERY PI: 2.01

MEAN UTERINE ARTERY PI: 1.79; 70<sup>TH</sup> %ILE (WNL/TRANS-ABDOMINAL MEASUREMENT)

CERVIX UTERII IS 3.6 CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

**IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION  
2) CGA : 12-13 WEEKS ; USG GUIDED EDD: 11/11/2024  
3) POSTERIORLY LOCATED PLACENTA; NO PRAEVIA.  
4) LIQUOR CLEAR AND ADEQUATE.  
5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.**

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON  
MRS. NISHA CHAWLA, HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS  
TO ANYBODY IN ANY MANNER.

ALL ANOMALIES CANNOT BE DETECTED IN ULTRASOUND DUE TO TECHNICAL LIMITATIONS, OBESITY  
UNFAVOURABLE FETAL POSITIONS, FETAL MOVEMENTS OR ABNORMAL AMOUNT OF AMNIOTIC FLUID.  
ALL INFORMATION GIVEN TODAY IS AS PER THE FINDINGS ON SCAN TODAY BUT DOES NOT  
GUARANTEE NORMALITY OF ALL FETAL ORGANS (STRUCTURALLY AND FUNCTIONALLY) IN FUTURE.  
ALSO PLEASE NOTE THAT ULTRASOUND PERMITS ASSESSMENT OF FETAL STRUCTURAL ANATOMY  
BUT NOT THE FUNCTION OF THESE STRUCTURES. ALL MEASUREMENT INCLUDING ESTIMATED  
FETAL WEIGHT ARE SUBJECT TO STATISTICAL VARIATIONS.

**DR. SHAILAJA GHOSH**  
(SONOLOGIST)

THANKS FOR REFERENCE.

PRE-NATAL SEX DETERMINATION IS NOT DONE HERE.

FETAL MALFORMATIONS MAY BE MASKED DUE TO LARGE FETUS, OLIGO-HYDRAMNIOS AND DUE TO FETAL POSITIONING.  
DISPARITY IN FINAL DIAGNOSIS CAN OCCUR DUE TO TECHNICAL PITFALLS.  
HENCE, IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS.  
NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.

**Dr. Shailaja Ghosh**  
MBBS, FCGP, MIFUMB, CBT  
Consultant Sonologist  
R-1 No. CGMC 883/2007