



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	30	Dual marker	Serum	25165283	
2.	Chawla		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) : 09/11/1994

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

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 21/12/2024

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

AGE/SEX : 30YRS/F

LMP : 05/02/2024

EDD : 11/11/2024

DATE : 02/05/2024

LMP GUIDED GA : 12.3 WEEKS

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

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 %; 21ST %ILE).

NUCHAL THICKNESS: 1.3 MM (34TH %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 P.I: 1.57

LEFT UTERINE ARTERY P.I: 2.01

MEAN UTERINE ARTERY PI : 1.79 ; 70TH %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
Reg. No. CGMC 883/2007