



TEST REQUISITION FORM (TRF)

S.No.:	SPL CODE :	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Date
1.		Mrs. Scumyel	38	Dual markers	2	25165338	
2.		Scumyel		Height 5.2	2		
3.				Weight 46	2		
4.				Temp 10102124			
5.				DOB 31211983			
				MONO 7000499074			

* Note Attached Clinical Report If Required

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Patient Name: Mrs. Sumantra Sample collection date:

Vial ID: 25165338 Kalwani

Date of Birth (Day/Month/Year): 3/12/1985

L.M.P. (Day/Month/Year) : 10/2/24

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound: 17/5/2024

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: 1/1/

Previous pregnancies :

With Down Syndrome : Yes No

With Neural tube Anomaly : Yes No

Any other Chromosome anomaly : Yes No

Data Filled by :

GHOSH

Sonography Centre

GHOSH COMPLEX, TILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

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Sonologist, MBBS, FCGP, MIFUMB, CBT
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NAME : SMT. SAUMYA KALWANI
REF. BY : DR (MRS) B. DUBEY
LMP : 10/02/2024 EDD: 16/11/2024
INDICATION : NO. 10 (EARLY ANOMALY SCAN, NT/NB SCAN)

AGE/SEX : 38 YRS/F
DATE : 14/05/2024
LMP GUIDED GA : 13.3 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 : 154/MIN. REGULAR.
PLACENTA IS POSTERIOR, LOWER END IS SEEN COVERING INTERNAL OS.
PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 2.1 CM.

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

CRL MEASURED : 7.5CM; 13.5WKS
BPD MEASURED : 2.2CM; 13.5WKS
HC MEASURED : 8.6CM; 13.6WKS
AC MEASURED : 7.3CM; 13.6WKS
FL MEASURED : 1.0CM; 13WKS

CGA BY USG: 13-14 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)
USG GUIDED EDD: 16/11/2024

FETAL WEIGHT : 76 GMS (+- 10 %; 31ST %ILE).
NUCHAL THICKNESS: 1.7 MM (35TH %ILE)

NASAL BONE : VISUALISED

DUCTUS VENOSUS: FORWARD FLOW WITH NORMAL SPECTRAL WAVEFORM

TRICUSPID REGURGITATION : NOT SEEN

NO GROSS SONOGRAPHICALLY DETECTABLE ANAMOLIES 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: 2.31

LEFT UTERINE ARTERY P.I: 2.51

MEAN UTERINE ARTERY PI : 2.41 ; >95TH %ILE (RAISED/TRANS-ABDOMINAL MEASUREMENT)

CERVIX UTERII IS 3.1 CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION

2) CGA : 13-14 WEEKS ; USG GUIDED EDD: 16/11/2024 .

3) POSTERIORLY LOCATED MARGINAL PLACENTA PRAEVIA.

4) LIQUOR CLEAR AND ADEQUATE.

5) UTERINE ARTERY SCREEN POSITIVE FOR P.I.H.

FOLLOW-UP SUGGESTED BETWEEN 18-20 WEEKS.

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON
MRS. SAUMYA KALWANI, 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 Gh
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Consultant Sonolog
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