



TEST REQUISITION FORM (TRF)



SPL CODE : *SPL16026* *m8p. pet nucleob.*

Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Ref
1.	<i>ROSHNI</i>	<i>25F</i>	<i>QUANT. MALARIA</i>	<i>Seum</i>	<i>25165324</i>			
2.	<i>YADAV.</i>		<i>light - S.I</i>					
3.			<i>weight. 75122</i>					
4.			<i>DOB - 4/3/1999.</i>					
5.			<i>MO - 8770358080</i>					

* Note Attached Clinical Report If Required

NAME :SMT.ROSHNI YADAV

REF.BY :DR(MRS)B.DUBEY

LMP :12/01/2024

EDD:18/10/2024

AGE/SEX :25 YRS/F

DATE :18/06/2024

LMP GUIDED GA :22.4 WEEKS

Ph. No. : 07752 409352
Mobile No. 99268 09744

INDICATION NO 10 :TO R/O CONGENITAL MALFORMATIONS IN FETUS.

LEVEL II T.I.F.F.A SCAN (TARGETED IMAGING FOR FETAL ANOMALIES):

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:
SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION,
SPINE POSTERIOR.
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.
FHR :148/MIN.REGULAR.
PLACENTA IS POSTERIOR, AWAY FROM INTERNAL OS.
PLACENTA APPEARED NORMAL IN SIZE;THICKNESS 2.7 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.
SINGLE VERTICAL POCKET MEASURED : 5.1 CM (NORMAL 2-8CM).

FETAL GROWTH PARAMETERS :

BPD MEASURED :5.3CM ; 22.2WKS

HC MEASURED : 20.1CM ; 22.2WKS

AC MEASURED : 18.7CM ; 23.3WKS

FL MEASURED : 4.0CM ; 23WKS

EXTENDED BIOMETRY:

CEREBELLUM: 2.42CM

CISTERNA MAGNA:0.62CM

NUCHAL FOLD: 0.59 CM

NASAL BONE: 0.71 CM

Va:0.51 CM

CGA BY USG: ~23 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)
USG GUIDED EDD: 18/10/2024

FETAL WEIGHT : 560 GMS(+ - 10 % ; 63RD %ILE).

MANNING SCORE (BIO-PHYSICAL PROFILE) : 8/8

FETAL ANATOMY SCAN:

HEAD: CRANIAL BONES WELL FORMED;VENTRICULAR SYSTEM NOT DILATED;CEREBRAL AND CEREBELLAR HEMISPHERES:NORMAL; CISTERNA MAGNA :NORMAL.NO SOL SEEN.
FACE: ORBITS ,NOSE AND LIPS APPEARED NORMAL;PRE-MAXILLARY TRIANGLE APPEARS NORMAL;NO E/S/O CLEFT LIP/PALATE. INCREASED NUCHAL FOLD THICKNESS NOTED.
NECK: APPEARED NORMAL;NO CYSTIC MASS SEEN.
SPINE: NORMAL ALIGNMENT OF VERTEBRAE;NO OBVIOUS OPEN NEURAL TUBE DEFECTS.
THORAX:BOTH LUNGS APPEARED NORMAL;NO E/O PLEURAL/ PERICARDIAL EFFUSION.
NO E/O SOL. NO E/O DIAPHRAGMATIC HERNIA.
HEART : NORMAL CARDIAC SITUS;FOUR CHAMBER VIEW NORMAL;OUTFLOW TRACTS AND GREAT VESSEL ORIGIN APPEARED NORMAL.
A SMALL SUB-AORTIC MEMBRANOUS V.S.D NOTED (0.16CM).
ABDOMEN: SITUS APPEARED NORMAL;ABD.WALL WELL FORMED;LIVER,G.B AND STOMACH BUBBLE APPEARED NORMAL.NORMAL BOWEL PATTERN SEEN;NO ASCITES.
URINARY TRACT:BOTH KIDNEYS APPEARED NORMAL IN SIZE;NO P.C.S DILATATION.
URINARY BLADDER WELL FILLED.
PERIPHERIES:ALL FETAL LONG BONES VISUALISED AND APPEARED NORMAL.
BOTH FEET APPEARED NORMAL.
UMBILICAL CORD: THREE VESSEL CORD WITH TWO ARTERIES AND ONE VEIN SEEN.

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Dr. Shailaja Ghosh

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Consultant Sonologist

Reg. No. CGMC 883/2007

PCPNDT REG No BILA 1019

PathCare Diagnostics
(A UNIT OF PATHCARE LABS PVT.LTD.)

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks) ☒

Patient Name : MRS. ROSHNI YADAV Sample collection date : 18/06/2024

Vial ID : 25165384

Date of Birth (Day/Month/Year) : 04/03/1999

L.M.P. (Day/Month/Year) : 12/01/24

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : 18/06/2024

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester ☒ Second trimester ☒

Sonographer Name : _____

Weight(Kg): 75/10

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 :

GHOSH+

Ultrasonography Centre

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

Regn No. CGMC/883/2007
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FETAL COLOUR-DOPPLER STUDY REVEALS:

IN-ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.

UMBILICAL ARTERY P.I : 1.81 (98TH % ILE).

RT.UTERINE ARTERY :P.I. :0.78

LEFT UTERINE ARTERY: P.I:1.30

MEAN UTERINE ARTERY P.I : 73RD % ILE

NO E/O CORD IS SEEN AROUND NECK AT THE TIME OF EXAMINATION.

(REVIEW SUGGESTED AT FULL-TERM FOR FETAL POSITION AND CORD PLACEMENT)

DEDICATED FETAL ECHO IS NOT INCLUDED IN THIS STUDY.

CERVIX UTERII IS 3.4 CM LONG.INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION.

2) CGA : ~23 WEEKS; USG GUIDED EDD: 18/10/2024.

3) POSTERIORLY LOCATED PLACENTA.

4) LIQUOR CLEAR AND ADEQUATE.

5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.

6) INCREASED NUCHAL FOLD THICKNESS NOTED; PL. CORRELATE WITH FURTHER INVESTIGATIONS (QUADRUPLE MARKER TEST).

PL. R/O MATERNAL DIABETES.

7) SMALL SUB-AORTIC MEMBRANOUS V.S.D NOTED (0.16CM). FETAL ECHO SUGGESTED.

8) IN-ADEQUATE DIASTOLIC FLOW IN UMBILICAL ARTERY S/O PLACENTAL INSUFFICIENCY; DOPPLER FOLLOW-UP

SUGGESTED ~28 WEEKS

(ADV- FOLLOW-UP FOR INTERVAL GROWTH, EVOLVING ANOMALIES)

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS. ROSHNI YADAV, I 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. SINCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS. MEDICAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.