





Sager
Excellence In Help

TEST REQUISITION FORM (TRF)

SPL CODE : 501 22:00 060 Dec/19/19

Date : 24/06/

| SPL CODE : SP1 C.C1020 MSP Pathology | | | | Date : 24/10/2016 | | | |
|--------------------------------------|-------------------------|---------|-----------------------|-------------------|-------------|-------------------------------|-------------|
| No.: | Patient Name in Capital | Age/Sex | Test Code & Test Name | Sample Type | Barcode No. | Sample Collection Date & Time | Ref. Custom |
| | Mrs. Preeti | 37 | Udd markers | serum | 25165327 | | |
| | | | Height - 5.1 | | | | |
| | | | Weight - 62 | | | | |
| | | | Imp - 8/02/2024 | | | | |
| | | | DOB - 20/05/1986 | | | | |
| | | | mono - | | | | |

* 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. Palceeli Sample collection date :

Vial ID : 25165397

Date of Birth (Day/Month/Year) : 20/05/1986

L.M.P. (Day/Month/Year) : 8/2/2024

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

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester Second trimester

Sonographer Name : _____

Weight(Kg) : 62

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 | PRITI |
| SEX/AGE | 37 YF |
| DATE | 20.06.2024 |
| REFERRED BY: | DR. NIHARIKA NAYAK |

OB - 2/3 Trimester scan Report (Anomaly Scan) Route – Transabdominal

(This Ultrasound is performed by high end 4D USG machine)

Indications- 10 - Detection of chromosomal abnormalities, fetal structures defects and other abnormalities.

| | | |
|--------------------|-----------------------------|-------------------------|
| L.M.P.- 08.02.2024 | L.M.P. GA – 19 WEEKS 0 DAYS | L.M.P. EDD – 14.11.2024 |
| | USG GA – 19 WEEKS 0 DAYS | USG EDD – 14.11.2024 |

Maternal - Cervix length 3.7 cms .Internal Os is closed.

| | PI | RI | |
|------------------------|------|-----|---|
| UMBILICAL ARTERY | 1.0 | 0.6 | UTERINE ARTERIES - show normal diastolic flow pattern with no early diastolic notching. |
| RIGHT UTERINE ARTERY | 0.9 | 0.6 | UMBILICAL ARTERY – No resistance. Normal flow pattern. |
| LEFT UTERINE ARTERY | 0.8 | 0.5 | |
| MEAN UTERINE ARTERY PI | 0.85 | | |

Fetus Survey -

- ↓ Single intrauterine live gestation.
- ↓ Foetal movement - ++ Visualized normal.
- ↓ Foetal cardiac activity - ++ Visualized normal. FHR – 140 bpm.
- ↓ Presentation – variable.
- ↓ Attitude – Flexion.

Placenta – posterior grade 0 maturity with lower limit well above internal os. Normal retroplacental hypoechoic zone and no evidence of retroplacental hematoma.

Umbilical cord - Two arteries and one vein .No cord abnormalities.

Anniotic fluid - - Normal. Largest pocket – 4.2 cm.

Dr. Priti Soni
MBBS, DMRD

Thanks for Reference

ओम किटी के आजू में, कटेशन बोड, चाम्पा (छ.ग.) मो. 8103702780

Dr. Sameer Soni
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**PRE-NATAL SEX
DETERMINATION
IS NOT DONE**

गर्भवती स्त्री की सोनोग्राफी करवाने हेतु स्वयं और पति का पहचान पत्र (आधार कार्ड/वोटर आईडी/गश्न कार्ड) साथ लाना अनिवार्य
ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNIQUE PITFALLS. HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIONS FINDINGS TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE



Save Tree
Save Water

PR
DIAGNOSTIC CEN

Save Tree
Save Water

TRIMESTER
increased
bse

Biometry (Hadlock)

| | |
|-------------------------|-----------------|
| Biparietal diameter | 19 weeks 0 days |
| Head circumference | 19 weeks 0 days |
| Abdominal circumference | 19 weeks 1 days |
| Femur length | 19 weeks 0 days |

Estimated fetal weight according to AC, FL ,

276 gms

| | |
|-------------|---|
| Head | Cisterna magna normal. Midline falx seen. No identifiable intracranial lesion seen. Both lateral ventricles appeared normal. Posterior fossa appears normal. |
| Neck | Fetal neck appears normal. |
| Spine: | Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal. |
| Face : | Fetal face seen in coronal and profile view , both orbit nose and mouth appear normal. |
| Heart | <u>APPEAR IN MID POSITION WITH APEX ON LEFT SIDE.</u> <u>FOUR CHAMBER PRESENT. DETAILS OF CARDIAC SCAN TO BE DONE IN 24 WEEKS –</u> <u>SUGGESTED FETAL ECHOCARDIOGRAPHY</u> |
| Abdomen | Abdomen situs appear normal. Stomach and bowel appear normal. Normal bowel pattern appropriate for gestation seen. No evidence of ascites. Abdominal wall intact. |
| KUB | Right and left kidney appear normal. Bladder appears normal. |
| Extremities | All fetal long bone visualized and appear normal for period of gestation. Both feet and hand appear normal.Tibia ,Humerus, Ulna, - Normal |

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2ND TRIMESTER RISK ASSESSMENT OF TRISOMY 21.

| | |
|-----------------------------------|----------|
| Increased nuchal fold | - absent |
| Absent or hypoplastic nasal bone. | - absent |
| Ventriculomegaly - | - absent |
| Short femur - | - absent |
| Pyelectasis . | - absent |
| Echogenic bowel. | - absent |
| Intracardiac echogenic focus | - absent |

IMPRESSION :

SINGLE LIVE INTRAUTERINE FETUS OF 19 WEEKS 0 DAYS.

EDD BY USG – 14.11.2024

FETAL BIOMETRY S/O NORMAL FETAL GROWTH AS PER GESTATION.

LIQUOR – ADEQUATE .

FETAL ECHO CARDIOGRAPHY – SUGGESTED SCAN AT 24 TO 26 WEEKS.

ADV – FOLLOW UP USG.

[All congenital anomalies cannot be detected sonographically & detection of abnormality may be dependent on the position of fetus at the time of scan. Fetal echo is not included in this study.]

-Suggested fetal Doppler at 26 to 28 weeks.

I, Dr. Sameer Soni hereby declare that while conducting ultrasonography / imaging I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Form F has been obtained and preserved [under proviso to section 4 (3) rule 9 (4) and rule 10 (1A) of pre-conception and Pre-Natal Diagnostic Act, 1994 as amended till date].

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