



TEST REQUISITION FORM (TRF)



SPL CODE :

SPL G64020 msp Pathology

Date :

01/

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Re
1.	Jatenderali	34F	Quadrant Marker		A06606023		
2.	Singh		Height - 5.5	serum			
3.			Weight - 56				
4.			LMP - 27/02/24				
5.			DOB - 07/04/1992				
			Memo - 8109579508				

* Note Attached Clinical Report If Required

MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Jamnakuli Singh Sample collection date :

Vial ID : A0660623

Date of Birth (Day/Month/Year) : 7/1/1992

L.M.P. (Day/Month/Year) : 27/2/24

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): 56

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. JANAKLALI SINGH
REF. BY : DR(MRS)B.DUBEY

LMP : 27/02/2024

EDD: 03/12/2024

AGE/SEX : 32 YRS/F

DATE : 01/07/2024

LMP GUIDED GA : 17.6 WEEKS

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

LEVEL II T.L.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 : 154/MIN. REGULAR.

PLACENTA IS ANTERIOR, AWAY FROM INTERNAL OS.
PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 2 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.
SINGLE VERTICAL POCKET MEASURED : 3.7 CM (NORMAL 2-8CM).

FETAL GROWTH PARAMETERS :

BPD MEASURED : 4.0CM ; 18.2 WKS

HC MEASURED : 14.6CM ; 17.6 WKS

AC MEASURED : 11.3CM ; 17.1 WKS

FL MEASURED : 2.5CM ; 17.4 WKS

EXTENDED BIOMETRY:

CEREBELLUM: 1.70CM

CISTERNA MAGNA: 0.44CM

NUCHAL FOLD: 0.33 CM

NASAL BONE: 0.58 CM

Va: 0.50CM

CGA BY USG: 17-18 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)
USG GUIDED EDD: 03/12/2024

FETAL WEIGHT : 194GMS (+ 10 % ; 21ST % 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.

NECK: APPEARED NORMAL; NO CYSTIC MASS SEEN.

SPINE: NORMAL ALIGNMENT OF VERTEBRAE; NO OBVIOUS OPEN NEURAL TUBE DEFECTS. NO E/O SOL. NO E/O DIAPHRAGMATIC HERNIA.

THORAX: BOTH LUNGS APPEARED NORMAL; NO E/O PLEURAL/PERICARDIAL EFFUSION.

HEART: NORMAL CARDIAC SITUS; FOUR CHAMBER VIEW NORMAL; OUTFLOW TRACTS AND GREAT VESSEL ORIGIN APPEARED NORMAL.

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.

LEFT FOOT APPEARED NORMAL. RIGHT CLUB FOOT (CTEV) NOTED.

UMBILICAL CORD: THREE VESSEL CORD WITH TWO ARTERIES AND ONE VEIN SEEN.

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+ GHOSH + **Sonography Centre**

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FETAL COLOUR-DOPPLER STUDY REVEALS:

ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.
UMBILICAL ARTERY P.I: 1.39 (75TH % ILE).
RT.UTERINE ARTERY :P.I. :1.69
LEFT UTERINE ARTERY: P.I:0.94
MEAN UTERINE ARTERY P.I: 1.31 ;60TH % 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 3.7 CM LONG.INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

- IMP : 1)SINGLE INTRA-UTERINE VIABLE GESTATION.**
2) CGA : 17-18 WEEKS; USG GUIDED EDD:03/12/2024 .
3)ANTERIORLY LOCATED PLACENTA; NO PRAEVIA.
4)LIQUOR CLEAR AND ADEQUATE.
5)UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.
6)REVIEW SUGGESTED ~22-24 WEEKS TO ASSESS CORPUS CALLOSUM AND CEREBELLAR VERMIS.
7) FETAL RIGHT CLUB FOOT (CTEV) NOTED.

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

I,DR.SHAILAJA GHOSH , HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS. JANAKLALI SINGH , 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.
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.