



Exi

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TEST REQUISITION FORM (TRF)

SPL CODE : SPL C G020 MSP Pulclab

MC-3633

Date : 01/

S.No.: Patient Name in Capital Age/Sex Test Code & Test Name Sample Type Barcode No. Sample Collection Date & Time Re

1.	Jelocklalji	3211	Queed Master	A06606923		
2.	Singh	Height - 5.5	Sex			
3.		Weight - 56				
4.		LRN P - 27/02/2011				
5.		DOB - 07/04/1992				
		Mobile - 8109579508				

* Note Attached Clinical Report If Required

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MATERNAL SERUM SCREEN REQUISITION FORM

Dual Marker (9.0-13.6 wks)

✓ Triple and Quad Marker (14.0-22.6 wks)

 Patient Name : Janaklal Singh Sample collection date :

 Vial ID : A0660623

 Date of Birth (Day/Month/Year) : 7/1/1998

 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 : 1/1

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.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 : 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 ; 18.2WKS
 HC MEASURED : 14.6CM ; 17.6WKS
 AC MEASURED : 11.3CM ; 17.1 WKS
 FL MEASURED : 2.5CM ; 17.4WKS

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.
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.
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.

(PAGE 1, CONTINUED ON PAGE 2)

Dr. Shailaja Ghosh
 MBBS, FCGP, MIFUMB, CBT
 PCPNDT REG. No. BILA101

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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.