

29/6/24

17 Mrs. Pooja Soni
Age - 25y/f

Double Marker

DOB → 30/4/1998

LMP → 9/03/2024

Height → 5'3"

Weight → 57.0 Kg



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Free Blood Sample Collection From Home, 24x7 Service
TEST REPORT



TEST REPORT

AGE	25 YRS.	SEX:	F
DATE:	29.06.2024	REG. NO.	290624/140

TYPED BY: SV

09 03 2024

09.03.2024
USG OBS
stational age (According to LMP): 16 wks 0 days
11 (According to LMP) > 14.12.2024
Single, live intrauterine gestation
Fetal movement

Single, live intrauterine gestational sac, foetal pole seen.
CRL 6.18 cm corresponding to 12 wks 0 days
GS 5.55 cm corresponding to 12 wks 0 days

GS 5.55 cm corresponding to 11 weeks 4 days.
Mean gestational age by USG = 12 weeks 4 days.
Early forming placenta.

Mean gestational age by USG = 12 weeks 4 days.
Early forming placenta - Anterior wall.
Cord - 3 Vessels.

Endo-cervical

Endo-cervical lesion

Endo-cervical length is normal (~3.9 cm). Internal Os is closed. Grade-0 Maturity.

CHROMOSOMAL MARKERS -

- **ULTRASONIC MARKERS** -
 - a. Nuchal translucency thickness ~1.0 mm. (12th percentile for this CRL)
 - b. Nasal bone presents (~2.7 mm).
- **REL DOPPLER** -
 - Ductus venosus flow
 - No cord

RLY DOPPLER -

- Ductus venosus flow appears normal & normal resistance.
- No evidence of any tricuspid regurgitation.
- Right uterine artery PI ~0.57 & left uterine artery PI ~0.57 (both within normal gestational age)

EXPRESSION:

1. Single live intra-uterine gestation.
2. EDD = 07.01.2020.

PRESSION:

1. Single live intra-uterine gestation of mean gestational age of 12 weeks 4 days.
 2. EDD = 07.01.2025
 3. No evidence of any tricuspid regurgitation.
 4. Placenta - Anterior wall, completely covering the internal OS. (Advice follow up).
 5. 3 weeks, 3 days discrepancy between USG and LMP gestational age - 7 mistaken dates.
- A- USG malformation scan to rule out congenital anomaly / malformation at term.
 B- Fetal echo- for cardiac anomaly.
- Dr. Vivek Kumar Soni Declares that, after careful review of the above report, he has not detected any other fetus or anomaly.

A- USG malformation scan to rule out congenital anomaly / malformation at 18-20 wks.
 B- Fetal echo- for cardiac anomaly.
 I Dr. Vivek Kumar Soni Declare that while conducting USG of Mrs. Pooja Soni, I have neither detected nor disclosed the
 of her fetus to any body in any manner.

Vivek Kumar Soni
 Sub-

Vivek Kumar Soni

Assistant Radiologist

Dr. Ujjwal Nigam

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Consultant Radiologist

Dr. Abhishek Das
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Reports are for consulting doctors, physicians in their treatment and not for medico legal purposes and should be related clinically.

Light or shadowy soft radiological impressions are merely opinions and the final diagnosis if they are based on available auto generated/imaging findings. These opinions should be considered as suggestive in nature. Further evaluation may be sought when necessary. The final diagnosis is the responsibility of the treating physician. It is not intended to be a replacement for the medical history, physical examination, laboratory investigations or other diagnostic tests. The purpose of this report is to provide information to the referring physician. It is not intended to be a replacement for the medical history, physical examination, laboratory investigations or other diagnostic tests. The purpose of this report is to provide information to the referring physician.