NABL
MC-3633

TEST REQUISITION FORM (TRF)

SPL CODE : SPL0020 msp Pathology

Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Co Date &
1.	MRS RANI TIWARI	28/F	Quadruple Marker	Serum	24638798	
2.						
3.						
4.						
5.						

* Note Attached Clinical Report If Required

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. RANI TIWARI 28/F **Sample collection date :** 17/07/2024

Vial ID : 24638798

Date of Birth (Day/Month/Year) : 10/06/1996

L.M.P. (Day/Month/Year) : 15/02/2024

Gestational age by ultrasound (Weeks/days) : 22/0 **Date of Ultrasound :** __/__/__

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

Nasal bone (Present/Absent)

Ultrasound report : First trimester ○ Second trimester ✓

Sonographer Name : DR. SHAILAJA GHOSH

Weight(Kg): 78 KG.

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 : Sahu ji

OSH +
ography Centre
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NAME :SMT.RANI TIWARI
REF.BY :DR(MRS)B.DUBEY
cLMP :15/02/2024 cEDD:21/11/2024

AGE/SEX :28YRS/F
DATE : 17/07/2024
cLMP GUIDED GA : 21.6 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 ANTERIOR.
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.
FHR :145/MIN.REGULAR.
PLACENTA IS POSTERIOR,LOWER END IS 1.2CM 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 : 6.6 CM (NORMAL 2-8CM).

FETAL GROWTH PARAMETERS :

BPD MEASURED : 5.2CM ; 22WKS
HC MEASURED : 19.6CM ; 21.6 WKS
AC MEASURED : 16.3CM ; 21.3WKS
FL MEASURED : 3.7CM ; 22.1WKS

EXTENDED BIOMETRY:
CEREBELLUM: 2.30 CM
CISTERNA MAGNA:0.52CM
NUCHAL FOLD: 0.36 CM
NASAL BONE: 0.86CM
Va:0.64CM

CGA BY USG: ~22 WEEKS (CORRESPONDS WELL WITH PREVIOUS REPORT; INTERVAL GROWTH IS ADEQUATE)
USG GUIDED EDD: 21/11/2024
FETAL WEIGHT :448 GMS(+- 10 % ; 38TH %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. BOTH FEET APPEARED NORMAL.
UMBILICAL CORD: THREE VESSEL CORD WITH TWO ARTERIES AND ONE VEIN SEEN.

(PAGE 1;CONTINUED ON PAGE 2)

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FETAL COLOUR-DOPPLER STUDY REVEALS:

IN-ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.
UMBILICAL ARTERY P.I : 1.55 (97TH % ILE).
RT.UTERINE ARTERY :P.I. :0.91
LEFT UTERINE ARTERY: P.I:1.12
MEAN UTERINE ARTERY P.I : 76TH % ILE

A SINGLE LOOP OF 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 3.3 CM LONG.INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

IMP : 1)SINGLE INTRA-UTERINE VIABLE GESTATION.
2) CGA : ~22 WEEKS; USG GUIDED EDD: 21/11/2024.
3)POSTERIORLY LOCATED LOW PLACENTA.
4)LIQUOR CLEAR AND ADEQUATE.
5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.
6) 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 AND FETAL ECHO)

I,DR.SHAILAJA GHOSH , HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS. RANI TIWARI , 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 INFROMATION 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.

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