, SCREENIN

ple and Quad Mark

Sample collection d

/1991

/84

Date of Ultrasou

CRL (in mm) :

mester O

n ☐Others O

Own Eggs O Donor

TEST REQUISITION FORM (TRF)

NABL MC-3633

SPL CODE : SPL CG1020 MSP Pathlab

Date : 25/0

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Cu
1.	Namrata Soni	33	Dual marker	serum	24638790		
2.			Hight - 5.2				
3.			weight - 71				
4.			LMP - 23/05/24				
5.			DOB - 14/08/1991				
			mono - 7000452885				

* Note Attached Clinical Report If Required

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PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)	Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Namrata Soni Sample collection date :

Vial ID : 24638790

Date of Birth (Day/Month/Year) : 14/08/1991

Weight (Kg) : 71

L.M.P. (Day/Month/Year) : 23/05/24

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

Nuchal Translucency(NT) (in mm):______________ CRL (in mm) :____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester O Second trimester O

Sonographer Name : ______________________________

Diabetic status : Yes O No O ✓

Smoking : Yes O No O ✓

No.of Fetuses : Single O Twins O ✓

Race : Asian O African O Caucasian ☐Others O ✓

IVF : Yes O No O If Yes, Own Eggs O Donor Eggs O ✓

If Donor Eggs, Egg Donor birth date :__/__/__

Previous pregnancies :

With Down Syndrome : Yes O No O ✓

With Neural tube Anomaly : Yes O No O ✓

Any other Chromosome anomaly : Yes O No O ✓

Signature :

Shriji Sonography Centre

प्रथम तल F : 12-27, RAJIV PLAZA, OPP. DIST. HOSPITAL
BILASPUR 495 001 (C.G.) MOBILE : 9926275226

Dr. Shweta Andhare

MBBS, Dip. in Radiology
Consulting Radiologist
Reg. No. CGMC 1028/2007

Name	NAMRATA SONI	Date	25/07/2024
Ref. By	: Dr B DUBEY MD	Age / Sex	:33Y /F
Patient ID	:		

OBSTETRIC SONOGRAPHY

The real time,B mode, sonography of gravid uterus was performed.
There is a single, intrauterine gestation.

L.M.P. : 23/05/2024 Gestational Age 9 WKS 0 D E.D.D. 27/02/2025

G SAC 39.1 MM COMPATIBLE WITH 9 WKS 2 DAYS

CRL 25.9 MM COMPATIBLE WITH 9 WKS 0 DAYS

FHR MEASURES 148/MIN..

YOLK SAC VISULIZED

FETAL POLE VISULIZED.

DECIDUAL REACTION IS GOOD AND ADEQUATE.

NO E/O SC BLEED NOTED.

:

INTERNAL OS CLOSED CERVICAL LENGTH MEASURES 3.1 CM.

IMPRESSION

- SINGLE, LIVE , INTRAUTERINE GESTATION OF 9 WKS 1 DAYS .(+/- 2 wks).
- THE CORRECTED E.D.D. IS 26/02/2025 (+/- 2 wks.).

Thanks for reference

Dr. Shweta Andhare
DMRE
REG.NO CGMC 1028/2007