

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : HARSHA CUPTA Sample collection date :

Vial ID : 24638769

Date of Birth (Day/Month/Year) : 14/01/1989

Weight (Kg) : 60

L.M.P. (Day/Month/Year) : 20/05/24

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 ☐ Second trimester ☒

Sonographer Name : _____

Diabetic status : Yes ☐ No ☒

Smoking : Yes ☐ No ☒

No. of Fetuses : 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 ☒

Signature :

PATIENT NAME	:	Mrs. HARSHA GUPTA	DATE: 03.07.2024
AGE/SEX	:	35 Yrs. / FEMALE	
REF. DOCTOR	:	DR. KAVITA BABBAR (MD OBG & GYN)	

ULTRA SOUND EARLY OBSTETRIC - (DATING SCAN)

LMP = 20.05.2024

GA by LMP = 06 weeks 02 days

EDD by LMP = 24.02.2025

GA by USG = 07 weeks 00 days

EDD by USG = 19.02.2025

- Single intrauterine gestational sac with fetus pole and cardiac activity is noted.
- Fetal cardiac activity is present.
- FHR = 120 BPM
- Mean GSac diameter: 20.9 mm corresponding to 07 weeks 00 days.

Ovaries: Both ovaries are normal in size, shape and echotexture.

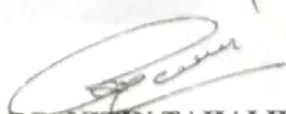
EDD BY USG = 19.02.2025

IMPRESSION:

- SINGLE INTRAUTERINE GESTATION WITH FETAL POLE & CARDIAC ACTIVITY CORRESPONDING TO GESTATIONAL AGE OF 07 WEEKS 00 DAY.

ADVICE: FOLLOW-UP SCAN AFTER 3 WEEKS.

(I Dr. Nitin Tahaliyani declare that during USG scan on Mrs. Harsha Gupta W/O Mr. Pintu Kumar Gupta have neither detected nor disclosed the sex of her foetus to anybody in any manner).


DR. NITIN TAHALIYANI, DNB
CONSULTANT RADIOLOGIST

DISCLAIMER: impression is a professional opinion and not a diagnosis. The science of radiological is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitation. Further pathological and radiological investigation with clinical correlation is required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.