, SCREENING F

le and Quad Marker

mple collection da

h

1995

Date of Ultrasc

CRL (in mm)

nester O

an ☐Others O

Own Eggs O Do

NABL
MC-3633

TEST REQUISITION FORM (TRF)

SPL CODE : SPLCC1020 MSP Pathlab

Date : 12/0

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Re
1.	Pooja	29/f	Dual Marker	Serum	A0660135		
2.	Shivesh		Hight - 5.5				
3.			Weight - 44				
4.			LMP - 23/05/24				
5.			DOB - 16/06/1995				
			mono - 8349429651				

* Note Attached Clinical Report If Required

SagePath®
Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

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

Patient Name Mrs. Pooja Shriwash **Sample collection date :**

Vial ID : A0660135

Date of Birth (Day/Month/Year) : 16/06/1995

Weight (Kg) : 44

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 ○ 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 :

BILASPUR SCAN & RESEARCH (P) LTD.

Diagnosis with care

Madhya Nagari Chowk, Juni Line Road, BILASPUR (C.G.)
Ph. : (07755) 414320, 423832 (C) Mobile : 98930-14252

4D Sonography

Image Intelligence

32 SLICE COLOR CT SCAN

DATE : 15 Jul 2024

NAME : MRS POOJA SHRIWASH , 29 Yrs. , Female
REF. BY : Dr.B.Dubey MD GYNAE
LMP: 23.05.24 EDD: 27.02.25 PGA: 17.4 WKS

REAL TIME B MODE SONOGRAPHY OBSERVATIONS: TAS

Scan on 4D colour Doppler Scanner GE Varsana Premier.

* Uterus is 9.87X4.43 cm in size. ***Anteverted*** in position , Myometrial echotexture is ***homogenous.***
* Intrauterine gestational sac measuring 40.1 mm is seen = 9.4 wks of gestation. SD ± 1 wk(Chilcote et al). ***Chorionic frondosum is posterior.***
* Single fetal pole seen.
* Fetal cardiac activity wave form taken on Duplex Dopp ler 162 BPM.
* CRL is 14.6 mm = 7.6 wks.
* Both ovaries are normal in size .
* Bladder is normal in outline and no vesical calculus or diverticulum seen.
* No fluid in POD Present.

**** IMPRESSION: SINGLE LIVE INTRAUTERINE PREGNANCY OF 7.6 Wks. ACORDING TO CRL..**
ADV: REVIEW AT 11- 13 WKS FOR NUCHAL TRANSLUCENCY .

Thanks for reference

DECLERATION: I declare that neither detected nor disclosed the sex of the foetus of pregnant women to anybody as laid down in rule 10(1A).

DR. NAVNEET SINGH
MBBS, DMRD, FICU
CGMC:889/2007
CONSULTANT RADIODIAGNOSIS

(Disparity in final diagnosis can occur due to technical pitfalls ie false positive & false negative results. Hence please corelate all USG observations with clinical and other investigations. fetal malformations can be masked in large fetus,oligohydramnios and due to positioning. No legal liability is accepted.Not for medico legal purpose.Subject to Bilaspur jurisdiction only)