

Client Code	
Client Name	
Ph No.	

Accredited
by
CLIA
Signature

TEST REQUISITION FORM

Name* (CAPITAL LETTERS): SEEMA JAISWAL Patient ID: A0843289

Mobile*: 7869990224 Email ID: _____

Address: _____

City: _____ Village: _____ PIN Code*: _____

Date of Birth: 25 10 1994 Age*: 30 Y M D Gender: M F O

Height*: 161cm ft-inches or _____ cm Weight (Approx.)*: 58 (kg)

Do you suffer from high BP*: Yes No Are you on Medicine(s): Yes No

Are you diabetic*: Yes No Family History: Diabetes High BP Heart Attack/Stroke

Do you Smoke*: Yes No LMP (Wherever Applicable): 07 05 2024

Report enclosed for clinical history Yes No Others (Disease): _____

For Histopathology/IHC/Super-speciality tests, kindly attach detailed clinical history as indicated.

*Mandatory Fields

REFERRING DOCTOR/HOSPITAL

NAME	<u>SHWETA AURAWAL</u>	PHONE/MOBILE	
CODE		EMAIL ID	
CITY		MODE OF PAYMENT:	AMOUNT:

TEST REQUIREMENTS

TEST CODE	TEST NAME
	<u>QUADRUPLE MARKER</u>

TEST REQUIREMENTS

TEST CODE	TEST NAME

Specimen Collection Date/Time: _____

Fasting Hrs: _____ Non-Fasting Not Applicable

TEMPERATURE: Ambient Cold Frozen

SPECIMEN TYPE

Serum	<input type="checkbox"/>	WB Heparin	<input type="checkbox"/>	Bone Marrow Heparin	<input type="checkbox"/>	Slide (H&E)	<input type="checkbox"/>	Swab*	<input type="checkbox"/>
Plasma EDTA	<input type="checkbox"/>	WB Na-Citrate	<input type="checkbox"/>	Paraffin Block*	<input type="checkbox"/>	Fluid*	<input type="checkbox"/>	CSF	<input type="checkbox"/>
Plasma Fluoride	<input type="checkbox"/>	WB Fluoride	<input type="checkbox"/>	FN Aspirate*	<input type="checkbox"/>	BAL	<input type="checkbox"/>	Filter Paper	<input type="checkbox"/>
Plasma Citrate	<input type="checkbox"/>	Urine^	<input type="checkbox"/>	Pus	<input type="checkbox"/>	Sputum	<input type="checkbox"/>	Others	<input type="checkbox"/>
WB EDTA	<input type="checkbox"/>	Stool	<input type="checkbox"/>	Smear	<input type="checkbox"/>	" Mention site of Collection:			
WB ACD	<input type="checkbox"/>	Bone Marrow EDTA	<input type="checkbox"/>	Tissue" Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		^ Mention volume for 24H Urine:			

I consent to receive information or be contacted through email, telephone, electronic and personal means by Agilus Diagnostics related to diagnostic tests from time to time.

Consent is hereby given to use my/my dependent's / family members biological samples and diagnostic information for Quality assurance and Research purpose by Agilus Diagnostics and its associates if required without disclosing identity.

ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande
Consultant Radiologist
M.B.B.S, D.M.R.D
D.N.B. (Radiodiagnosis), M.N.A.M.S.
Reg. No.: CGMC-3232/2010



Dr. Chitrangi P. Barpande
Consultant Pathologist
MBBS, MD (Pathology)
Msc. (Medical Biochemistry)
Reg. No.: CGMC-3298/2011

inesh Chowk, Besides Lav Kush Phal Bhandar, Balam Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.: +91 7720044949, E-mail : anushka.diagnostics@gm

NAME : SEEMA JAISWAL
REF. BY : DR. SHWETA AGRAWAL, DGO

AGE : 30 YEARS/F VISIT NO : 1
DATE: 24-08-2024

Early Basic Fetal Anatomy Evaluation (ISUOG guidelines) –

Fetal Head:

- Cranial vault Present, Mid line falx-present, Butterfly sign is seen. Choroid Plexus Seen Filling Bilateral Lateral Ventricles.
- Position Of Orbita / Mandible, Retro-Nasal Triangle appears normal.

Spine :

- Vertebrae appears normal with Intact overlying skin seen. No evidence of cystic lesion in neck region.

Chest:

- Symmetrical lung fields, No effusions or masses.

Heart-Limited Evaluation:

- Cardiac activity Appears.
- Four symmetrical chambers with two distinct ventricles are seen.
- Apex Of Heart And Stomach Is On Same Side.

Abdomen :

- Normal Umbilical Cord Insertion with Structural Integrity Of Fetal Anterior Abdominal Wall Is Maintained .
- Stomach In Left Upper Quadrant. Bowel Echogenicity Appears Normal .
- Urinary Bladder Appears Not Distended.

Extremities:

- Four limbs each with three segments evaluated.
- Hands and feet are with normal orientation. Finger counting is not a part of this evaluation .

Note- Developmental Anomalies Could Not Be Ruled Out at this gestational age Hence Detailed Anomaly Scan Is Advised At 18-24 Weeks And Fetal Echo At 26 Weeks.


DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10

ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande
Consultant Radiologist
M.B.B.S, D.M.R.D
D.N.B. (Radiodiagnosis), M.N.A.M.S.
Reg. No.: CGMC-3232/2010



Dr. Chitrangi P. Barpande

Consultant Pathologist

MBBS, MD (Pathology)
Msc. (Medical Biochemistry)
Reg. No.: CGMC-3298/2011

owk, Besides Lav Kush Phal Bhandar, Baram Talkies Road, Nehru Nagar, Bilaspur (C.G.) Mob.: +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME :SEEMA JAISWAL

AGE : 30 YEARS/F VISIT NO :1

REF. BY : DR.SHWETA AGRAWAL,DGO

DATE: 24-08-2024

Obstetrics Sonogram(Transabdominal) Study -EARLY MORPHOLOGY(NT/NB) SCAN

- Indication: For Chromosomal Anomalies And Fetal Well Being.

- Technical conditions: Satisfactory.

LMP-07/05/2024	GA By LMP	15 Weeks 4 day
----------------	-----------	----------------

➤ Single Intrauterine Gestational Sac With Foetal Pole Is Seen At The Time Of Examination.

Foetal Biometry :

Foetal Heart Rate Is :	159	b/min Regular.
BPD	3.2	cm Corresponds To : 16 Weeks 1 Day.
HC	12.0	cm Corresponds To : 16 Weeks 0 Day.
AC	10.0	cm Corresponds To : 16 Weeks 0 Day.
FL	2.1	cm Corresponds To : 16 Weeks 2 Day.
Average Ultrasound Age Is :	16	Weeks 1 Day
Expected Date Of Delivery By Dating scan/LMP :	11/02/2025	± 10 Days.
Estimated Foetal Weight Is :	147	gms. ± 22 g.

- Fetal nasal bone is seen ossified.
- Foetal Fold thickness(NT)-2.7-mm-(normal).
- Ductus Venosus Waveform Appears Normal .No Evidence Of Diastolic Flow Reversal Seen.
- Placenta - Posterior ,Forming, approx. -3.2 cm Away From Cervix With Normal Echotexture And Cord Insertion.
- Mean maternal uterine artery PI (normal less than 1.45)-1.1.
- Maternal Ovaries Appears Normal In Size And Echotexture. Maternal Cervix-3.0 Cm, Internal Os Closed. Maternal Urinary Bladder Shows Normal Uniform Wall Thickness With Smooth Inner Margin.

RISK FOR PRE-ECLAMPSIA AT 11-13 WEEKS: FETAL MEDICINE ONLINE CALCULATOR:

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

Impression:

- Single Intrauterine Gestational Sac With Foetal Pole Showing Cardiac Activity Of About 16 Weeks 1 Day Of Gestational Age.
- Adv-Double Marker And cf-DNA/ NIPT .
- Detailed Anomaly Scan At 18-24 Weeks.

I DR. PRASHANT S. BARPANDE DECLARE THAT WHILE CONDUCTING THE SONOGRAPHY OF PATIENT NAME-MRS. SEEMA JAISWAL , I HAVE NOT DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER.

DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIODIAGNOSIS)
CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10