

Client Code _____
Client Name _____
Ph No. _____

Barcode _____
Signature _____

TEST REQUISITION FORM

Name* (CAPITAL LETTERS): SEEMA JAISWAL Patient ID: A0843289
Mobile*: 7869990224 Email ID: _____
Address: _____ PIN Code*: _____
City: _____ Village: _____
Date of Birth: 25 10 1994 Age*: 30 Y M D Gender: M ☐ F ☒ O ☐
Height*: 161 cm 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>QUADRUPE MARKER</u>

TEST REQUIREMENTS

TEST CODE	TEST NAME

Specimen Collection Date/Time: _____ Fasting ☐ Hrs: _____ Non-Fasting ☐ Not Applicable ☐

SPECIMEN TYPE

TEMPERATURE:

Ambient ☐

Cold ☐

Frozen ☐

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

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NAME : SEEMA JAISWAL

AGE : 30 YEARS/F

VISIT NO : 1

REF. BY : DR. SHWETA AGRAWAL, DGO

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 Orbits / 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.

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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.

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