



## TEST REQUISITION FORM (TRF)



SPL CODE : SPLC0020

MSP. Pathology

Date : 28/08/2024

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	MS. NEHA SHARMA	26/f	QUANT. MARKERS	Serum	A0660110			
2.			HbA1c - 4.9					
3.			Weight - 44 kg					
4.			DOB - 02/06/1998					
5.			LMP - 01/04/2024					

\* Note Attached Clinical Report If Required

B. Dubey M.D.



NAME :SMT.NEHA SHARMA  
REF.BY :DR(MRS)B.DUBEY  
LMP : 01/04/2024      EDD:06/01/2025

AGE/SEX :25YRS/F  
DATE :27/08/2024  
LMP GUIDED GA : 21.1 WEEKS

**INDICATION NO 10 :TO R/O CONGENITAL MALFORMATIONS IN FETUS.**

**LEVEL II T.I.F.F.A SCAN (TARGETED IMAGING FOR FETAL ANOMALIES):**

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:  
SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION,  
SPINE ANTERIOR.  
FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.  
FHR :142/MIN.REGULAR.  
PLACENTA IS POSTERIOR, AWAY FROM INTERNAL OS.  
PLACENTA APPEARED NORMAL IN SIZE;THICKNESS 2.4 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.  
SINGLE VERTICAL POCKET MEASURED : 5.1 CM ( NORMAL 2-8CM ).

FETAL GROWTH PARAMETERS :

BPD MEASURED :5.0CM ; 21.2WKS  
HC MEASURED : 18.1CM ; 20.4WKS  
AC MEASURED : 16.0CM ;21.1WKS  
FL MEASURED : 3.4CM ; 20.6WKS

EXTENDED BIOMETRY:  
CEREBELLUM: 2.00CM(5<sup>TH</sup> 5ILE)  
CISTERNA MAGNA:0.42CM  
NUCHAL FOLD: 0.45 CM  
NASAL BONE:0.60 CM  
Va:0.38CM

CGA BY USG: 20-21 WEEKS ( CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA )  
USG GUIDED EDD:06/01/2025  
FETAL WEIGHT :393 GMS( +- 10 % ; 37<sup>TH</sup> %ILE).  
MANNING SCORE (BIO-PHYSICAL PROFILE) : 8/8

**FETAL ANATOMY SCAN:**

HEAD: CRANIAL BONES WELL FORMED;VENTRICULAR SYSTEM NOT DILATED;CEREBRAL  
AND CEREBELLAR HEMISPHERES:NORMAL; CISTERNA MAGNA :NORMAL.NO SOL SEEN.  
TRANS-CEREBELLAR DIALMETER NOTED AT 4.5<sup>TH</sup> %ILE.  
FACE: ORBITS ,NOSE AND LIPS APPEARED NORMAL;PRE-MAXILLARY TRIANGLE APPEARS  
NORMAL;NO E/S/O CLEFT LIP/PALATE.  
NECK: APPEARED NORMAL;NO CYSTIC MASS SEEN.  
SPINE: NORMAL ALIGNMENT OF VERTEBRAE;NO OBVIOUS OPEN NEURAL TUBE DEFECTS.  
THORAX:BOTH LUNGS APPEARED NORMAL;NO E/O PLEURAL/ PERICARDIAL EFFUSION.  
NO E/O SOL. NO E/O DIAPHRAGMATIC HERNIA.  
HEART : NORMAL CARDIAC SITUS;FOUR CHAMBER VIEW NORMAL;OUTFLOW TRACTS  
AND GREAT VESSEL ORIGIN APPEARED NORMAL.  
ABDOMEN: SITUS APPEARED NORMAL;ABD.WALL WELL FORMED;LIVER,G.B AND  
STOMACH BUBBLE APPEARED NORMAL.NORMAL BOWEL PATTERN SEEN;NO ASCITES.  
URINARY TRACT:BOTH KIDNEYS APPEARED NORMAL IN SIZE; URINARY BLADDER WELL  
FILLED.  
PERIPHERIES:ALL FETAL LONG BONES VISUALISED AND APPEARED NORMAL.  
BOTH FEET APPEARED NORMAL.  
UMBILICAL CORD: THREE VESSEL CORD WITH TWO ARTERIES AND ONE VEIN SEEN.

(PAGE 1;CONTINUED ON PAGE 2)

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**FETAL COLOUR-DOPPLER STUDY REVEALS:**

**IN-ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.**

**UMBILICAL ARTERY P.I : 1.55 ( 92<sup>ND</sup> % ILE).**

**RT.UTERINE ARTERY :P.I. :1.82**

**LEFT UTERINE ARTERY: P.I:1.15**

**MEAN UTERINE ARTERY P.I : 93<sup>RD</sup> % ILE (RAISED)**

**NO E/O CORD IS SEEN AROUND NECK AT THE TIME OF EXAMINATION.**  
**(REVIEW SUGGESTED AT FULL-TERM FOR FETAL POSITION AND CORD PLACEMENT)**  
**DEDICATED FETAL ECHO IS NOT INCLUDED IN THIS STUDY.**

**CERVIX UTERII IS 3.4 CM LONG.INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.**

**IMP : 1)SINGLE INTRA-UTERINE VIABLE GESTATION.**

**2) CGA : 20-21 WEEKS; USG GUIDED EDD:06/01/2025.**

**3)POSTERIORLY LOCATED PLACENTA.**

**4)LIQUOR CLEAR AND ADEQUATE.**

**5) IN-ADEQUATE DIASTOLIC FLOW IN UMBILICAL ARTERY,**  
**WITH RAISED MEAN UTERINE ARTERY P.I NOTED ,**  
**S/O UTERO-PLACENTAL INSUFFICIENCY.**  
**FOLLOW-UP SUGGESTED ~ 24 WEEKS.**

**6) TRANS-CEREBELLAR DIAMETER NOTED AT 4.5<sup>TH</sup> %ILE;**  
**FOLLOW-UP SCAN SUGGESTED ~24 WEEKS.**

**( ADV- FOLLOW-UP FOR INTERVAL GROWTH, EVOLVING ANOMALIES AND FETAL ECHO)**

**I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS. NEHA SHARMA, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FOETUS TO ANYBODY IN ANY MANNER.**

**ALL ANOMALIES CANNOT BE DETECTED IN ULTRASOUND DUE TO TECHNICAL LIMITATIONS, OBESITY UNFAVOURABLE FETAL POSITIONS, FETAL MOVEMENTS OR ABNORMAL AMOUNT OF AMNIOTIC FLUID. ALL INFORMATION GIVEN TODAY IS AS PER THE FINDINGS ON SCAN TODAY BUT DOES NOT GUARANTEE NORMALITY OF ALL FETAL ORGANS (STRUCTURALLY AND FUNCTIONALLY) IN FUTURE. ALSO PLEASE NOTE THAT ULTRASOUND PERMITS ASSESSMENT OF FETAL STRUCTURAL ANATOMY BUT NOT THE FUNCTION OF THESE STRUCTURES. ALL MEASUREMENT INCLUDING ESTIMATED FETAL WEIGHT ARE SUBJECT TO STATISTICAL VARIATIONS.**

**DR. SHAILAJA GHOSH**  
**(SONOLOGIST)**

**\* THANKS FOR REFERENCE.**

**PRE-NATAL SEX DETERMINATION IS NOT DONE HERE**  
**FETAL MALFORMATIONS MAY BE MASKED DUE TO LARGE FETUS, OLIGO-HYDRAMNIOS AND DUE TO FETAL POSITIONING**  
**DISPARITY IN FINAL DIAGNOSIS CAN OCCUR DUE TO TECHNICAL PITFALLS**  
**HENCE, IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATIONS WITH CLINICAL FINDINGS AND OTHER INVESTIGATIONS.**  
**NO LEGAL LIABILITY IS ACCEPTED NOT FOR MEDICO-LEGAL PURPOSE.**

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