



TEST REQUISITION FORM (TRF)



Excellence In Health Care

SPL CODE: SPLCU020

msp Patholab

Date: 28/04/2024

| 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 | urad. marker | serum | A0660110 | | | |
| 2. | | | height - 41.9 | | | | | |
| 3. | | | weight - 44 KG | | | | | |
| 4. | | | DOB - 02/06/1998 | | | | | |
| 5. | | | LMP - 01/04/2024 | | | | | |

* Note Attached Clinical Report If Required

D
B. Shubey M.D

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FETAL COLOUR-DOPPLER STUDY REVEALS:

IN-ADEQUATE DIASTOLIC BLOOD FLOW IN UMBILICAL ARTERY.

UMBILICAL ARTERY P.I: 1.55 (92ND % ILE).

RT.UTERINE ARTERY :P.I. :1.82

LEFT UTERINE ARTERY: P.I:1.15

MEAN UTERINE ARTERY P.I : 93RD % 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 4.5TH %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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