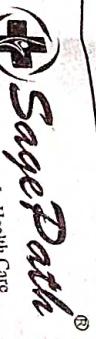




NABL

MCG-2003



Excellence In Health Care

TEST REQUISITION FORM (TRF)

SPL CODE : -

Date : 30/11/24

Sample Collection

Ref. Customer

Referral Doctor

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Date & Time
1.	Mrs. Kiron Singh	34	Glucosurie positive	Serum	241399530917	Symptom Diagnostic Monitoring
2.		f				
3.			100B-18 3 1989			
4.			LIMP - 27 4 2024			
5.		H - 503				

* Note Attached Specimen Report If Required

E/I RPD = 70.86%

Beats Per Minute.



SNEHIL DIAGNOSTICS

Address : Opp. Kotak Mahindra Bank, Nehru Nagar Main Road, 4/10, Nehru Nagar West, Bhilai (C.G.)
Phone : 0788 4018100 / 3590600, Mob. 16264277081 | E-mail : snehildiagnostics@gmail.com

PATIENT NAME: MRS KIRAN SINGH
REF PHY: DR. SHOBHA SHRIVASTAVA

DATE: 26/09/2024
AGE/SEX: 33 YEARS / FEMALE

ANOMALY SCAN

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 27/03/2024	26	1	01/01/2025
By USG	26/04/2024	21	6	31/01/2025

AGREED DATING IS (BASED ON LMP)

There Is A Single Gestation Sac In Uterus With A Single Fetus Within It In Breech Position.

The Fetal Cardiac Activities And Body Movements Are Well Seen.

Placenta Is Anterior Wall In Position And Grade-I In Maturity.

Liquor Is Increased In Amount . AFI – 26.0 cm.

Internal os is closed and length of cervix is normal (3.1 cm).

The fetal growth parameters are as follow :

	mm	Weeks	Days	Percentile
Biparietal Diameter :	52.5	22	0	1% ● + +
Head Circumference :	196.9	21	6	1% ● + +
Abdominal Circumference	174.4	22	3	1% ● + +
Femoral Length	37.2	21	6	1% ● + +
Tibial Length	32.4	22	0	1% ● + +
Humerus Length	35.8	22	2	1% ● + +
Nasal Bone Length	7.8			14.5% + ● + +
Ulnar Length	30.8	21	1	1% ● + +
Fibula Length	33.3	22	2	1% ● + +
Radial Length	29.1	21	0	6.6% ♦ + +
Inner Orbital Distance	11	18	0	5% ♦ + +
Outer Orbital Distance	33.3	21	2	1% ● + +
Transverse Cerebellar Distance	24.6	22	3	1% ● + +
FL/AC = 21.33%				HC/AC = 1.13
FL/BPD = 70.86%				BPD/OFD = 72.07%
Fetal Weight :	476 Grams +/- 71 Grams.			1% ● + +
Heart Rate :	155 Beats Per Minute.			

Thanks for Reference

Not Valid For Medico Legal Purpose

These reports are for assisting doctors, Physicians in their treatment & not for Medico legal purpose & should be co-related clinically. It depends on time examination & position of Fetus.



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Sr No	2 nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Present
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
Apriori Risk (From Maternal Age):		1 in 383
LR Ratio:		0.95
Trisomy21 Risk:		1 in 403

Preeclampsia risk From (fetalmedicine.org UK)

History only	History plus MAP, UTPI
< 32 weeks: 1 in 1667	< 32 weeks: 1 in 10000
< 36 weeks: 1 in 263	< 36 weeks: 1 in 1000

Recommendation The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus. On the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.25	0.56	0.84	62.9% + - + ● +	Within Normal Limit
Left Uterine Artery	2.68	0.63	1.12	89.3% + - + ● +	Within Normal Limit
Umbilical Vein	**	**	**	Non-pulsatile waveform (normal)	

HEAD

Midline falx seen. Both lateral ventricles appear normal. The cerebellum and cisterna magna 5.5 mm are normal. No intracranial calcification is identified.

SPINE

Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appear normal. No evidence of neural tube defect is noted.

Thanks for Reference

Not Valid For Medico Legal Purpose

of 1

These reports are for assisting doctors, Physicians in their treatment & not for Medico legal purpose & should be co-related clinically.

- Not all congenital anomalies are detectable on sonography, It depends on time examination & position of Fetus.
- Kindly send for repeat USG if findings are irrelevant to clinical findings.

MRP 100/-



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ECK

o cystic lesion seen around the neck. The Nuchal fold thickness measures less than 4.7 mm.

ACE

etal face seen in the coronal and profile view. Both Orbita, nose and mouth appeared normal.

HORAX

Heart appears in the mid position. Tiny echogenic foci noted in left ventricle of fetal heart.
ormal cardiac situs. Outflow tracks appears normal. Both lung seen.

No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax. Detailed fetal Echocardiograph may be suggested at appropriate time if indicated.

ABDOMEN

Abdominal situs appeared normal. Stomach bubble seen. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact.

LIMBS

All fetal long bones visualized and appear normal for the period of gestation. Both hands and feet appeared grossly normal.

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

CONCLUSION:

SINGLE LIVE INTRAUTERINE FOETUS OF 21 WEEKS 6 DAYS IS PRESENT.

LIQUOR IS INCREASED IN AMOUNT.

TINY ECHOCOGENIC FOCI NOTED IN LEFT VENTRICLE OF FOETAL HEART (SOFT MARKER).

DISCREPANCY NOTED WITH GESTATIONAL AGE - POSSIBILITY OF MISTAKEN DATES.

NO OTHER GROSS FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.

-RECOMMENDED FOETAL ECHOCARDIOGRAPHY , CORRELATION WITH QUADRUPLE MARKER & FOLLOW UP.

I, DR NEERAJA JAIN SUDHAKAR declare that while conducting sonography on KIRAN (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

DR NEERAJA JAIN SUDHAKAR
CONSULTANT RADIOLOGIST
REG NO: CGMC 2991/2010

(Report with thanks)

Please be informed that every care is taken and ~~Thinks off~~ ~~Reference is made for to avoid the typing errors~~ ~~but in case of any~~ ~~Not Valid For Medico Legal Purpose~~
~~These reports are for assessing the fetus, to advise further back at the earliest for review/ correction/ discussion.~~ ~~Not Valid For Medico Legal Purpose & should be co-related clinically.~~

• Not all congenital anomalies are detectable on sonography, it depends on time examination & position.