

1/10/24

① Mrs. Rekha Singh Chauhan

Age - 35 yf

Double Marker

DOB - 20/3/1989

LMP - 2/7/2024

Height - 5'2"

Weight - 62 kg



Life Care

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TEST REPORT

NAME	REKHA SINGH CHAUHAN	AGE	35 YRS.	SEX:	F
REF. BY.	DR. MANSHI GULATI	DATE:	29.09.2024	REG. NO.	B290924/211

TYPED BY: POONAM KORRAM

USG OBSTETRICS (N.T+ NB SCAN)

02.07.2024

LMP:-
Gestational age (According to LMP): 12 wks 5 days
E.D.D. (According to LMP) :- 08.04.2025.

- Single, live intrauterine gestational sac, foetal pole seen.
- Foetal movement and cardiac activity are present. FHR is regular, 161 bpm.
- CRL 6.18 cm corresponding to 12 weeks 4 days.
- GS 6.25 cm corresponding to 12 weeks 5 days.
- Mean gestational age by USG = 12 weeks 4 days.
- Early forming placenta - Anterior. Grade - 0 Maturity.
- Cord - 3 Vessels.
- EDD by USG = 09.04.2025.
- Cervical length is normal (~3.6 cm). Internal Os is closed.
- No free fluid seen in pelvis.
- Urinary bladder shows normal uniform wall thickness with smooth inner margin.

CHROMOSOMAL MARKERS -

- Nuchal translucency thickness ~1.0 mm. (12th Percentile for this CRL)
- Nasal bone present (~2.8 mm).

EARLY DOPPLER -

- Ductus venosus flow appears normal & normal resistance.
- No evidence of any tricuspid regurgitation.
- Right uterine artery PI ~1.0 & left uterine artery PI ~1.5 = Mean PI : 1.2 (14th Percentile for gestational age)

Fetal anatomy - Forming bilateral hands, feet, abdominal wall & skull / brain are normal.

IMPRESSION:

- Single live intra-uterine gestation of mean gestational age of 12 weeks 4 days.
- No evidence of any tricuspid regurgitation.
- EDD = 09.04.2025.

Advice A- USG malformation scan to rule out congenital anomaly / malformation at 18-20 wks.
B- Fetal echo- for cardiac anomaly.

Note :- I Dr. Vivek Kumar Soni: Declare that while conducting USG of Mrs. REKHA SINGH CHAUHAN, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

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These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Pathological Investigation/Radiological Impression are merely opinion and the final diagnosis as they are based on available auto generated/imaging finding. These opinions should be correlated with clinical findings a review of further evaluation may be sought whenever considered appropriate.
Condition of Reporting: 1. It is presumed that the specimen belongs to the patient named in the test request form. 2. A test request might not be performed for following reasons: a. Insufficient Specimen quality b. Unacceptable Specimen quality c. Incorrect specimen type d. Test cancelled either on request of patient or doctor, or because of incorrect code, test name or specimen received. It is expected that a fresh specimen (will be sent for the purpose of reporting on the same parameters) if required.