



TEST REQUISITION FORM (TRF)



Excellence In Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name : SINTI POOJA SINGH 31/11

Age : _____ Yrs : _____ Months _____ Days

Sex : Male Female Date of Birth : 08/01/2014

Ph : 08110124

Client Details :

SPP Code _____

Customer Name _____

Customer Contact No Gyan Devi Hospital

Ref Doctor Name MONIKA JINDAL

Ref Doctor Contact No G

Specimen Details:

Sample Collection date :	Sample Collection Time :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
			Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code

Sample Type

SPL Barcode No

CBC, FT3 FT4 TSH
Quadruple marker, RhD
Group -

S A0847614

C A0847612

Clinical History:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

No. of Samples Received:

Received by:

Pooja Singh 31 f

or MONIKA JINDAL

08/10/24

CBG, FT₃, FT₄, TSH

Blood Group,

② Quadruple marker

D.O.B - 03/01/1993

Height - 5 feet 3 Inch

Weight - 69 kg

Age - 19 weeks 1 day



SSIMS

Shri Shankaracharya Institute of Medical Sciences

NAME: MRS. POOJA SINGH

AGE: 31 YEARS

DATE: 07.10.2024

SEX: FEMALE

REF. BY: DR. MONIKA JINDAL

Typed by: Sapna

ANC SONOGRAM WITH ANOMALY SCREENING

LMP: 28.05.2024 GA by LMP: 18 Weeks 6 Days. EDD by LMP: 04.03.2025

- Single live intrauterine foetus seen with variable lie.
- AFI: Adequate.
- FOETAL PARAMETERS ARE AS FOLLOWS.

BPD Measures 42 mm. Corresponds To 18 Weeks 5 days.

HC Measures 164 mm. Corresponds To 19 Weeks 1 Days.

AC Measures 139 mm. Corresponds To 19 Weeks 3 Days.

FL Measures 30 mm. Corresponds To 19 Weeks 2 Days.

- U/S Age 19 Weeks 1 Days. EDD by USG: 02.03.2025
- Fetal weight: 285 ± 42 gms. FHR: 150 b/m
- PLACENTA:- Placenta is anterior with right lateral extension Grade '1' maturity. No previa noted. Internal Os is closed.
- Cervical length measures 4.3 cms.

ANOMALY SCRENNING -

- Situs solitus noted. Umbilical cord is 3 vesselled.
- Four chamber view of the fetal heart & ventricular outflows appear normal. (Echo not done).
- Fetal thorax and lungs echogenicity appears normal for the gestation.
- Fetal face and orbits appear normal. Nasal Bone normal 7.3 mm.
- Fetal intra cranium, ventricular system and cavum septum pellucidum appear normal.
- Choroid plexus appears normal.
- Lateral ventricle normal 4.5 mm.
- Transverse diameter of cerebellum 19.1 mm.
- Cisterna magna: 3.3 mm. Nuchal thickness: 3.0 mm.
- Fetal spine, kidneys and urinary bladder appear normal.
- Fetal stomach appears normal. Fetal abdominal wall appears normal.
- No omphalocele. Normal bowel echogenicity noted.
- Both upper and lower limb morphologies appear normal.
- Foot length 30.7 mm.

P.T.O.

NAME : MRS. POOJA SINGH

AGE : 31 YEARS

SEX: FEMALE

IMPRESSION:

- Single live intrauterine foetus of 19 Weeks 1 Days gestation seen.
- No obvious sonographically detectable gross structural anomaly noted at the time of scan .

Advice : Follow up.

Depending on the size, stage of development, fetal position, multiple foetus, amount of liquor and maternal obesity not all fetal malformations may be identified on sonography. Parts of the fetus not mentioned in the report are not evaluated in routine scans for example finger/ toe counts , external ear etc. Chromosomal anomalies cannot be diagnosed on ultrasound scans alone.

Some anomalies like soft fusion of fingers / toe , absence of anal opening or auditory opening may not be recognizable by ultrasonography .Study of genital organs is prohibited by PCPNDT act and detection of their anomalies is not feasible. Some findings may not themselves be abnormal but just indicate the need for further testing. These findings may be transient and harmless but are seen more commonly in foetuses with some abnormality which cannot be seen directly on the scan , hence the need for further tests. Like any other scientific study ultrasound scans may also have false positive and false negative interpretations. Suggested dedicated anomaly scan by fetal medicine expert for better comment & correlate with previous and subsequent studies. All measurements including birth weight are subject to statistical variations. Follow up USG scans & correlation with Triple/ Quadruple markers would be worthwhile.

Declaration :- I Dr. HARI OM CHANDRAKAR declare that while conducting ultrasonography /image, scanning on Mrs. POOJA SINGH I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

DR. HARI OM CHANDRAKAR
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Assistant Professor
Dept. of Radio Diagnosis

THESE REPORTS ARE FOR ASSISTING DOCTORS, PHYSICIANS IN THEIR TREATMENT AND NOT FOR MEDICO LEGAL PURPOSE
AND SHOULD BE RELATED CLINICALLY. ALL TYPING ERROR ARE DEEPLY REGRETTED, KINDLY INFORM IMMEDIATELY FOR
RECTIFICATION.