



PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name : Simran Guzmani Sample collection date :

Vial ID : A0660006

Date of Birth (Day/Month/Year) : 30/11/1997
Weight (Kg) : 51

L.M.P. (Day/Month/Year) : 1/06/84

Gestational age by ultrasound (Weeks/days) : _____ Date of Ultrasound : ___/___/___

Nuchal Translucency(NT) (in mm) : _____ CRL (in mm) : _____ BPD : _____

Nasal bone (Present/Absent)

Ultrasound report : First trimester Second trimester
Sonographer Name : _____

Diabetic status : Yes No

Smoking : Yes No

No.of Fetuses : Single Twins

Race : Asian African Caucasian Others

IVF : Yes No If Yes, Own Eggs Donor Eggs

If Donor Eggs, Egg Donor birth date : ___/___/___

Previous pregnancies :

With Down Syndrome : Yes No

With Neural tube Anomaly : Yes No

Any other Chromosome anomaly : Yes No

Signature :

NAME : SMT. SIMRAN GURNANI
 REF. BY : DR(MRS) B. DUBEY
 LMP: 01/07/2024 EDD: 07/04/2025
 INDICATION : NO.10 (EARLY ANOMALY SCAN, NT/NB SCAN)

REAL-TIME B-MODE OBSTETRIC SCANNING REVEALS:
 SINGLE INTRA-UTERINE GESTATION, UNSTABLE LIE AND PRESENTATION.
 FETAL CARDIAC ACTIVITY AND ACTIVE LIMB MOVEMENTS VISUALISED WELL.
 FHR : 152/MIN. REGULAR.
 PLACENTA IS ANTERIOR, LOWER END IS 3.3CM AWAY FROM INTERNAL OS.
 PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 1.8 CM.

LIQUOR AMNII IS CLEAR AND ADEQUATE IN QUANTITY.
 FETAL GROWTH PARAMETERS :

CRL MEASURED : 8.4CM; 14.2WKS
 BPD MEASURED : 2.7CM; 14.6WKS
 HC MEASURED : 10.0CM; 14.5WKS
 AC MEASURED : 8.7CM; 15WKS
 FL MEASURED : 1.5CM; 14.3WKS

CGA BY USG: 14-15 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)

USG GUIDED EDD: 07/04/2025

FETAL WEIGHT : 104 GMS (+- 10 %; 53RD %ILE).

NUCHAL THICKNESS: 2.2 MM (57TH %ILE)

NASAL BONE : VISUALISED

DUCTUS VENOSUS: FORWARD FLOW WITH NORMAL SPECTRAL WAVEFORM

TRICUSPID REGURGITATION : NOT SEEN

NO GROSS SONOGRAPHICALLY DETECTABLE ANAMOLIES SEEN AT THE TIME OF EXAMINATION

IN PRESENT FETAL POSITION. FETAL SKULL, SPINE, LIMBS AND ANTERIOR ABDOMINAL WALL
 APPEARED GROSSLY NORMAL. FETAL STOMACH BUBBLE IS FLUID-FILLED.

FETAL BLADDER REVEALS FAIR AMOUNT OF URINE.

FETAL COLOUR-DOPPLER STUDY REVEALS:

ADEQUATE BLOOD FLOW IN UMBILICAL ARTERY.

RT. UTERINE ARTERY P.I: 1.38

LEFT UTERINE ARTERY P.I: 1.89

MEAN UTERINE ARTERY PI : 1.63; 70TH %ILE (WNL/TRANS-ABDOMINAL MEASUREMENT)

CERVIX UTERII IS 3.8 CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

**IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION
 2) CGA : 14-15 WEEKS ; USG GUIDED EDD: 07/04/2025 .
 3) ANTERIORLY LOCATED LOW PLACENTA.
 4) LIQUOR CLEAR AND ADEQUATE.
 5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.**

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON
 MRS. SIMRAN GURNANI, 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.

Dr. Shailaja Ghosh
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