



TEST REQUISITION FORM (TRF)



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DiagnosHc

SPL CODE:

Name _____ Date _____

TEST REQUISITION FORM (TRF)							
— Shriman Diagnostic							
S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer Ref. Doctor
1.	Mrs Preeti	35 f	Quad marker	Serum	A163 1281	19/11/24	Shriman Dr. Surekha Rani
2.	Singh						
3.	Mrs Satwinder	21 f	double marker	serum	A163- 1282	18/11/24	Shriman Dr. Bhavna Mahobi
4.							
5.							

* Note Attached Clinical Report If Required

Preeti

Imp -

DOB - 20.7

weight - 40



95

MP - 10/08/24
BB - 9/6/1988
wt. - 40 kg.

DR. S. K. JAIN ORTHOPEDIC AND DIAGNOSTIC CENTER

24/25 KRISHNA MEDICAL COMPLEX, NEAR AKHTAR PATHOLOGY, NANDINI ROAD, POWER HOUSE, BHILAI. PHONE : 999-369-8433

DR. PRERNA JAIN

DMRD, DNB RADIOPATHOLOGY
CONSULTANT RADIOLOGIST

FETAL MEDICINE, GYNECOLOGICAL &
INFERTILITY SONOGRAPHY (IRIA)

IMPRESSION:

- Single live intra uterine foetus of average GA corresponding to 14 weeks 1 days.
- EDD by USG : 11.05.2025
- No obvious anomaly seen.
- Normal mean uterine artery PI : suggestive of normal placentation.

Advice: Anomaly scan At 19 - 22 weeks

NOTE: - I Dr. PRERNA GUPTA: Declare that while conducting Ultrasonography of Mrs. PREETI SINGH, I have neither detected nor disclose the sex of her fetus to anybody in any manner.


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DMRD DNB RADIOPATHOLOGY
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DISCLAIMER:

- Patient's identity is based on her own declaration.
- This investigation has been done as per request of the referring doctor.
- In spite of utmost care taken, all measurements are subject to statistical variations.
- Diagnosis of ultrasonography is based on various echoes and shadows produced by both normal and abnormal tissues. Disparity in diagnosis can occur due to technical pitfalls like False Positive and False Negative results. In case of disparity between report and clinical evaluation and/or laboratory tests, second opinion is always advisable before commencing treatment.
- Proper history with all details of previous pregnancy / children with abnormalities have to be provided.
- The following is the list of anomalies **cannot** be diagnosed at 11-13 weeks scan:
 - Neural tube, brain, face - Hemivertebra, Microcephaly, Craniosynostosis, Agenesis of corpus callosum, Semilobar holoprosencephaly, Cerebellar hypoplasia, Vermian agenesis, Nasopharyngeal teratoma, Retrognathia.
 - Lungs, Heart - Cystic adenomatoid malformation, extralobar sequestration, Isolated VSD, Cardiac tumours.
 - Abdominal, Renal - Duodenal atresia, Bowel obstruction, Renal agenesis - Bilateral, unilateral, Multicystic kidneys, Hydronephrosis, Duplex kidneys, Bladder extrophy.
 - Other - Arthrogryposis, Talipes, Ectrodactyly.
- Following are **false positive** structural anomaly findings in 11-13 weeks scan:
 - Echogenic choroid plexus, Omphalocele, Discrepancy in size of great vessels, Megacystis, Intra-abdominal cyst, Cleft palate.
- To determine the risk of having a foetus with **chromosomal abnormality** (like Down's syndrome, trisomy 18, trisomy 13) your clinician will combine the report of this test and serum biochemistry. In case of a positive result (showing an increased risk) you may have to undergo **further diagnostic tests**. It is important to note that a positive result in first trimester screening does not mean that your baby has a chromosomal anomaly and a negative or normal result (one that shows a decreased risk) does not mean that the baby will not have a chromosomal abnormality. Further investigations and follow up scans may be necessary to confirm a positive test result.
- ICRI has made every effort to ensure that conditions of reporting are as per available references, neither the Society nor any of its employees or members accepts any liability for the consequences of any inaccurate or misleading data, opinions or statements.
- The information provided is as per current literature available cited infra.

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24, 25 KRISHNA MEDICAL COMPLEX, NEAR AKHTAR PATHOLOGY, NANDINI ROAD, POWER HOUSE, BHILAI, PHONE : 999-369-8433

NAME:	MRS. PREETI SINGH	AGE/SEX:	35 YRS / F
REF BY:	DR SHWETA RANI PRASAD	DATE:	11-11-2024

1ST TRIMESTER ANOMALY SCAN (OBSTETRIC SCAN)

LMP: 10-08-2024

GA by LMP: 13 Weeks 2 Day

EDD by LMP: 17-05-2025

OBSERVATIONS

Single live intra-uterine foetus

CRL measures 82 mm corresponding to 14 weeks 1 days \pm 7 days.

Foetal cardiac activity / movements noted

Foetal heart rate: 147 Bpm.

Placenta posterior grade 0

No sub-chorionic hematoma noted

Cervical length measures 3.5 cm (trans-abdominal). Internal os closed.

ANEUPLOIDY MARKERS

Nuchal translucency: 1.11 mm (<5 percentile for given CRL).

Nasal bone: Ossified.

Tricuspid regurgitation: Absent.

Ductus venous waveform: Normal.

SCREENING FOR FOETAL STRUCTURAL ANOMALIES

Calvarium normal.

Both choroid plexus and midline falx identified.

Four-chamber heart noted. Stomach bubble noted.

Urinary bladder visualized. Three-vessel cord.

All four limbs identified.

Preliminary assessment of the foetal anatomy has not detected the presence of any major structural anomalies.

PREECLAMPSIA RISK ASSESSMENT

Uterine artery:	Right-PI: 1.61	Left-PI: 1.66	Mean PI: 1.63
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