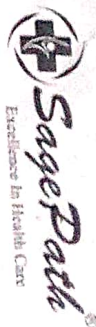




TEST REQUISITION FORM (TRF)



SPL CODE : <u>SPLCCT020 MSP</u>		<u>Pathology</u>		Date : <u>10/12/24</u>				
S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	<u>Madhavi</u>	<u>Self</u>	<u>Dual Markers</u>	<u>serum</u>	<u>10666668</u>			<u>B. Durgesh MC</u>
2.	<u>Ronehal</u>		<u>HIGH - 55</u>					
3.			<u>Uric Acid - 64</u>					
4.			<u>LMP - 29/09/24</u>					
5.			<u>DOB - 25/03/1991</u>					
			<u>Phone - 7987627670</u>					

* Note Attached Clinical Report If Required



SagePath
Excellence In Health Care

PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

Patient Name: Maddhavi Anand Sample collection date: _____

Vial ID : 170666668

Date of Birth (Day/Month/Year): 25/03/1991

Weight (Kg) : 64

L.M.P. (Day/Month/Year) : 29/09/24

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 :

+ GHOSH +
Sonography Centre

GHOSH COMPLEX, TILAK NAGAR MAIN ROAD, BILASPUR (C.G.) 495001

Regn No. CGMC/883/2007

Dr. (Mrs) Shailaja Ghosh

Sonologist, MBBS, FCGP, MIFUMB, CBT

PCPNDT REG. No. BILA1019

Ph. No. : 07752 409352

Mobile No. 99268 09744

NAME: SMT. MADHAVI ANCHAL

REF. BY: DR. (MRS) B. DUBEY

LMP : 29/09/2024

EDD: 06/07/2025

AGE/SEX: 32YRS/F

DATE: 20/11/2024

LMP GUIDED GA : 7.3 WEEKS

INDICATION : NO.1 (CONFIRM CONCEPTION AND VIABILITY)

REAL-TIME B-MODE PELVIC (T.A.S/T.V.S) SCANNING REVEALS :

ANTEVERTED GRAVID UTERUS IN MIDLINE MEASURING 10.9CMX5.3CMX8.1CM
MYOMETRIAL ECHOES ARE HOMOGENOUS.

A SINGLE GESTATIONAL SAC IS SEEN IN INTRAUTERINE LOCATION.
IT HAS FAIRLY WELL-DEFINED OUTLINE AND REGULAR MARGINS.
MEAN SAC DIAMETER IS 2.68 CM, CORRESPONDING TO 7.5 WEEKS GESTATION.
IMPLANTATION IS IN FUNDAL PORTION OF CAVITY.
TURGIDITY OF THE SAC IS WELL MAINTAINED.

EMBRYONIC POLE AND SECONDARY YOLK SAC ARE SEEN WITHIN THE SAC.
EMBRYONIC CARDIAC ACTIVITY IS PRESENT; FHR : 149 /MIN. REGULAR.
CRL IS 1.16 CM CORRESPONDING TO 7.2 WEEKS GESTATION.

CHORIO-DECIDUAL REACTION APPEARED ADEQUATE.
THERE IS NO E/O SUB-CHORIONIC COLLECTION AT THE TIME OF EXAMINATION.

CERVIX UTERI IS 3.8 CM LONG. INTERNAL OS OF CERVIX IS CLOSED.
URINARY BLADDER AND PELVIC ADNEXAE ARE WITHIN NORMAL LIMITS.
BOTH OVARIES ARE NORMAL IN SIZE AND APPEARANCE.
NO FREE FLUID SEEN IN PELVIC CAVITY.

MATERNAL ABDOMINAL SCANNING REVEALS NORMAL SIZED LIVER, GALL-BLADDER, KIDNEYS,
PANCREAS AND SPLEEN. NO FREE FLUID OR ABDOMINAL LYMPHADENOPATHY VISUALISED.
NO EVIDENCE OF OBSTRUCTIVE UROPATHY SEEN ON EITHER SIDE.

USG GUIDED EDD : 06/07/2025 .

IMP: 1) NORMALLY SITED LIVE INTRA-UTERINE GESTATION.
CGA: 7-8 WEEKS.

2) PELVIC SCAN IS WITHIN NORMAL LIMITS.

**(REVIEW SUGGESTED BETWEEN 11.6-13.6 WEEKS FOR EARLY ANOMALY
AND NT/NB SCAN.....23/10/2024 TO 06/01/2025).**

**I, DR. SHAILAJA GHOSH, DECLARE THAT WHILE CONDUCTING ULTRASOUND SCANNING ON
MRS. MADHAVI ANCHAL, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER
FOETUS TO ANYBODY IN ANY MANNER.**

DR. SHAILAJA GHOSH
(SONOLOGIST)

- **THANKS FOR REFERENCE.**
- **PRE-NATAL SEX-DETERMINATION TEST IS NOT DONE HERE.**

Dr. Shailaja Ghosh
Consultant Sonologist
Reg. No. CGMC 883/2007
PCPNDT REG No. BILA 1019