NABL
MC-3633

TEST REQUISITION FORM (TRF)

SPL CODE : SpLCC1020 MSP Pathelab

Date :

S.No.:	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Colle Date & Tir
1.	Shivani	23/F	Dual Marker	serum	A0843916	
2.	Archana		HCG/HT - 5.4			
3.			UE3/HT - 63			
4.			LMP - 15/10/24			
5.			DOB - 13/09/1999			
			MOMD - 8985905000			

* Note Attached Clinical Report If Required

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PRENATAL SCREENING REQUEST FORM

✓

First Trimester (Dual Marker 9.0-13.6 wks)	Triple and Quad Marker (14.0-22.6 wks)

Patient Name : SHIVANI AGRAWAL **Sample collection date :**

Vial ID : A0843916

Date of Birth (Day/Month/Year) : 13/09/1999

Weight (Kg) : 63

L.M.P. (Day/Month/Year) : 15/10/24

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 O Second trimester O ✓

Sonographer Name : _____

Diabetic status : Yes O No O ✓

Smoking : Yes O No O ✓

No.of Fetuses : Single O Twins O ✓

Race : Asian O African O Caucasian ☐Others O ✓

IVF : Yes O No O **If Yes,** Own Eggs O Donor Eggs O ✓

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

Previous pregnancies :

With Down Syndrome : Yes O No O ✓

With Neural tube Anomaly : Yes O No O ✓

Any other Chromosome anomaly : Yes O No O ✓

Signature :

Makhija Imaging Point

DR. RIYA LALIT MAKHIJA
M.D. (Radio Diagnosis, Nagpur)
Consulting Radiologist
Reg. No. : C.G.M.C. 1929/2008
Scholar MD Training in Fetal Medicine

4D SONOGRAPHY, COLOUR DOPPLER ULTRASOUND AND INTERVENTIONAL GENETIC CLINIC

Near Agrasen Chowk, Magarpara Road, Bilaspur - 495 001 (C.G.) Ph : 07752 - 400616, Mobile : 74403 33999, 88221 18855

NAME : MRS. SHIVANI AGRAWAL , 23 Yrs./F DATE : 16 Dec 2024
REF. BY : Dr. (MRS) B. DUBEY M.D. (O&G)

SONOGRAPHY OF PELVIS (TAS)

INDICATION NO – 1 , 17

G1 L0 A0
NATURAL CONCEPTION.
NO H/O CONSANGUINITY
NO H/O DM/HT.

LMP : 15.10.2024. **EDD : 22.07.2025**
Ges Age: 8 weeks 6 days.

Uterus is anteverted .

Single well defined gestational sac seen in uterus.
Its size and shape is regular. E/o good vascularity seen around the gestational sac.

Secondary yolk sac and Embryo seen.

CRL : 1.67 cm = 8 weeks 1 days.

USG GUIDED EDD : 27.07.25

Embryonic cardiac activity seen. FHR : 138 bpm.

Cervix appears normal. Internal os is closed.

Carpus luteal cyst of size 3.3 x 2.6 x 4.7 cm ~ volume 21.41 cc seen in right ovary .

E/o complex cystic lesion of size 3.9 x 2.8 x 4.0 cm ~ volume 23.28 cc seen in the left adnexa. Internal echoes and multiple linear hyperechoic hair like strands and few echogenic plugs seen within

OPINION : EARLY SINGLE ALIVE INTRAUTERINE PREGNANCY OF 8 WEEKS 1 DAY MATURITY (ASSIGNED AS PER BIOMETRY).

- **DELAYED CONCEPTION.**
- **CARPUS LUTEAL CYST IN RIGHT OVARY.**
- **DERMOID CYST IN LEFT OVARY.**

SUGGESTED: DOUBLE MARKER TEST AND FOLLOW UP USG AT 11 – 13.6 WKS FOR NT SCAN.

Dr. Riya Makhija M.D. Radio Diagnosis Reg. No. CGMC-1929

Thanks for reference.
All measurements including estimated fetal weight, are subject to statistical variations.
Not all anomalies can be detected on sonography.
I, Dr. Mrs. Riya Lalit Makhija, declare that while conducting USG of Mrs. SHIVANI, W/o Mr. ARPIT, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Dr. Mrs. Riya Lalit Makhija

PRE-NATAL SEX DETERMINATION IS NOT DONE HERE

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES, AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS, HENCE-IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIVE FINDING TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE.