



TEST REQUISITION FORM (TRF)



SPL CODE : *SP14020 msp pathology*

Date :

| S.No.: | Patient Name in Capital | Age/Sex | Test Code & Test Name | Sample Type | Barcode No. | Sample Collection Date & Time |
|--------|-------------------------|-------------|---------------------------|--------------|-----------------|-------------------------------|
| 1. | <i>MRS SANJU PATEL</i> | <i>30/F</i> | <i>Double marker, TSH</i> | <i>Serum</i> | | |
| 2. | | | <i>Height . 5'0ft+</i> | | <i>AO843931</i> | |
| 3. | | | <i>weight . 53</i> | | | |
| 4. | | | | | | |
| 5. | | | | | | |

* Note Attached Clinical Report If Required

GHOSH+
Sonography Centre

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

Regn No. CGMC/883/2007
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NAME : SMT. SANJU PATEL
REF. BY : DR. (MRS) B. DUBEY
LMP : 16/10/2024 EDD : 23/07/2025
AGE/SEX : 30YRS/F
DATE : 15/01/2025
LMP GUIDED GA : 13 WEEKS
INDICATION : NO. 10, 17 (EARLY ANOMALY SCAN; FETAL WELL-BEING, 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 : 158/MIN. REGULAR.
PLACENTA IS POSTERIOR, LOWER END IS SEEN REACHING INTERNAL OS.
PLACENTA APPEARED NORMAL IN SIZE; THICKNESS 1.5 CM.

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

CRL MEASURED : 6.7CM; 13WKS
BPD MEASURED : 2.1CM; 13.4WKS
HC MEASURED : 7.7CM; 13.2WKS
AC MEASURED : 5.8CM; 12.5WKS
FL MEASURED : 0.9CM; 12.6WKS

CGA BY USG: ~13 WEEKS (CORRESPONDS WELL WITH PERIOD OF AMENORRHOEA)
USG GUIDED EDD: 23/07/2025

FETAL WEIGHT : 64 GMS (+/- 10 %; 18TH %ILE).

NUCHAL THICKNESS: 1.9 MM (60TH %ILE)

NASAL BONE : VISUALISED BUT APPEARED HYPOPLASTIC (0.24CM; 6TH %ILE)

DUCTUS VENOSUS: FORWARD FLOW WITH NORMAL SPECTRAL WAVEFORM

TRICUSPID REGURGITATION : NOT SEEN

NO GROSS SONOGRAPHICALLY DETECTABLE ANOMALIES SEEN AT THE TIME OF EXAMINATION
IN PRESENT FETAL POSITION. FETAL SKULL, SPINE AND LIMBS APPEARED GROSSLY NORMAL.

ANTERIOR ABDOMINAL WALL IS INTACT.

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: 1.97

LEFT UTERINE ARTERY P.I: 2.12

MEAN UTERINE ARTERY PI : 2.04; 70TH %ILE (WNL/TRANS-ABDOMINAL MEASUREMENT)

CERVIX UTERII IS 3.5 CM LONG. INTERNAL OS IS CLOSED AT THE TIME OF EXAMINATION.

IMP : 1) SINGLE INTRA-UTERINE VIABLE GESTATION

2) CGA : ~13 WEEKS ; USG GUIDED EDD: 23/07/2025 .

3) POSTERIORLY LOCATED MARGINAL PLACENTA PRAEVIA.

4) LIQUOR CLEAR AND ADEQUATE.

5) FETAL NASAL BONE HYPOPLASIA NOTED; PL. CORRELATE WITH FURTHER INVESTIGATIONS (QUADRUPLE MARKER TEST).

5) UTERINE ARTERY SCREENING IS NEGATIVE IN PRESENT SCAN.

I, DR. SHAILAJA GHOSH, HEREBY DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS. SANJU PATEL, 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.

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.

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