



TEST REQUISITION FORM (TRF)



SPL CODE :

SPCLG 020 MSP Pathology

Date :

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

* Note Attached Clinical Report If Required

First Trimester (Dual Marker 9.0-13.6 wks)

Triple and Quad Marker (14.0-22.6 wks)

 Patient Name : MRS. SANJU PATEL

30/F

 Sample collection date : 15/01/2025

 Vial ID : A0843931

 Date of Birth (Day/Month/Year) : 14/01/1992

 Weight (Kg) : 53 KG

 L.M.P. (Day/Month/Year) : 16/10/2024

 Gestational age by ultrasound (Weeks/days) : 13 weeks 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.SANJU PATEL
REF.BY :DR(MRS)B.DUBEY
LMP :16/10/2024 EDD:23/07/2025
INDICATION :NO.10,17 (EARLY ANOMALY SCAN ;FETAL WELL-BEING,NT/NB SCAN)

AGE/SEX :30YRS/F
DATE :15/01/2025
LMP GUIDED GA :13WEEKS

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 ANAMOLIES 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.

**DR.SHAILAJA GHOSH
(SONOLOGIST)**

MBBS, FCGP, MIFUMB, CBT

Consultant Sonologist

Reg. No. CGMC 883/2007

PCPNDT REG No BILA 1019

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.