

11.0.22.6 wks

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First Trin

Patient

Vial ID

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# TEST REQUISITION FORM (TRF)



Excellence In Health Care

Client Details :

 SPP Code 032

 Customer Name Advanc Path Lab

 Customer Contact No 8103381750

 Ref Doctor Name ANITA P. CHOURU

Ref Doctor Contact No

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**  
 Name : MR8. MALLI

 Age : 37 Yrs :    Months — Days

 Sex : Male  Female 

 Date of Birth :    /    /   

Ph :

**Specimen Details:**

 Sample Collection date : 16-3-25 Specimen Temperature :     
 Sample Collection Time : AM / PM

 Sent  Frozen (<-20°C)  Refrigerator (2-8°C)  Ambient(18-22°C)   
 Received  Frozen (<-20°C)  Refrigerator(2-8°C)  Ambient (18-22°C) 
**Test Name / Test Code**
**Sample Type**
**SPL Barcode No**

 Serum A1805724


**Clinical History:**
**No. of Samples Received:**  
**Received by:**

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple &amp; Quad markers), HIV consent form, Karyotyping History form, IHC form, HLA Typing form along with TRF.

02

Any other Chromosome

**REPORT**

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

Patient Name : MR& MALTI Sample collection date : 16-3-25

Vial ID : A1805724

Date of Birth (Day/Month/Year) : 01-01-1987

Weight (Kg) : 41.3 kg Height : 150 cm

L.M.P. (Day/Month/Year) : 6-10-2024

Gestational age by ultrasound (Weeks/days) : \_\_\_\_\_ Date of Ultrasound : 13/03/025

Nuchal Translucency(NT) (in mm) : \_\_\_\_\_ CRL (in mm) : \_\_\_\_\_ BPD : \_\_\_\_\_

Nasal bone (Present/Absent)

Ultrasound report : First trimester  Second trimester

Sonographer Name : DR. ANURADHA DAFAL

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 :**



Dr. Anita P. Guru  
M B B S . PGDMCH  
Time 11am - 1.00pm Morning  
6.30pm to 8.00 Evening  
Sunday Holiday  
Reg No 3841

Care and Cure

Patient's Name Mrs. Multi Age/Sex 37/ F Weight 40

PRIMI

MP 6/10/24.

Exp 13/11/23

Bl 110/80.

P/A wt 16 wks

Yr - 4 mth amenorrhea

Date 11/2/25

Age  
Marker scan  
Thyroid function

✓

HBsAg free  
B free.  
SORBILIN E group  
2mp  
15 day  
of med

16/3/25

wt - 41.3.

Bl - 110/60.

P/A - w. 20-22 wks.

Yr - Small 10 day amenorrhea

Bl - tall > 1 mth

✓

Dr. Gargi Shanker Mishra Hospital, Clinics & Research Centre Bhopal

31, Old M.P., M.L.A. Bunglows, Jawahar Chowk, T.T. Nagar, Bhopal -03, Ph: 0755- 2779710, E-mail: GSMH1993@gmail.com



13 March 2025

**PATIENT'S NAME: MRS MALTI AGE/SEX: 37 Y/F**

**REF: DR. MRS ANITA P.GURU, MBBS, PGDMCH**

**LMP: 6/10/24 EDD: 13/7/25**

**OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN(3D/4D)**

**Targeted imaging for Fetal anomalies(TIFFA) Scan.**

**ULTRASONOGRAPHIC OBSERVATIONS**

- Single, live fetus is seen in the uterine cavity with variable presentation.
- Fetal cardiac activity is seen on m.mode-regular. FHR: 148bpm.
- Fetal movements are spontaneous.

**FETAL BIOMETRY:**

MEASUREMENTS	mm	WEEKS	DAYS	REMARKS
BPD	57 mm	23 WEEKS	5DAYS	
HEAD CIRCUMFERENCE	209 mm	23WEEKS	0DAYS	
FEMUR LENGTH	39 mm	22WEEKS	6DAYS	
HUMERUS	36 mm	22WEEKS	6DAYS	

- Fetal weight is approx. 0.566 Kg $\pm$ 16%.
- Placenta is posterolateral, maturity grade 0, lies low, near the os. Marginal Placenta.\*

Liquor is adequate. **Amniotic Fluid Single Deepest pocket: 3.2mm.**

IO is closed. Cx.length: 40 mm.

**2<sup>nd</sup> TRIMESTER RISK ASSESSMENT OF TRISOMY 21:**

Nuchal oedema: marker is absent.  
 PNT/NB :0.43  
 Short Humerus: marker is absent.  
 Short femur: marker is absent.  
 Hydronephrosis: marker is absent.  
 Echogenic foci: marker is present\*.  
 Echogenic bowel: marker is absent.  
 Major defects: marker is absent.  
 No sonographic stigmata of Trisomy 18 noted.

**IMPRESSION:**

**Single, live fetus with a mean gestational age of 22 weeks  $\pm$ 1 week is seen in the uterine cavity.**

**Recommendations:** Followup scan after 4 weeks for fetal wellbeing and evolving anomalies.

Please correlate clinically.

(ADV: Fetal cardiac echo) \*

P.T.O.

**Declaration of the Doctor conducting Ultrasonography:**

I, Dr. Anuradha Dafal, declare that while conducting ultrasound on MALTI, have neither detected nor declared sex of the fetus to anybody in any manner.

Note: All anomalies cannot be ruled out by this scan since assessment of fetal anomalies depend on various factors. Only 70% of fetal structural anomalies can be detected on Ultrasound. USG markers for screening of chromosomal anomaly may not always be evident and as such their absence may not totally rule out presence of fetal chromosomal anomaly. Patient has been counselled about the capabilities and limitations of this examination. This report is meant only to assist a medical practitioner because of limitations of ultrasound. This report does not include 2D echo of fetal heart. This Report is for medical purpose only, not for medico legal purpose.

Dr. Anuradha Dafal  
 B.Sc. MBBS, MD  
 Reg. No. MP-34197

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**FACILITY FOR**

- Ultrasonography • Target Scan • Colour Doppler Study • Superficial Part Sonography



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## TARGET SCAN (Fetal Structural Survey)

### HEAD:

- Head appears normal in size and shape.
- Both lateral ventricles scanned.
- Cerebellum appears normal (W shaped).
- Cisterna Magna is normal in size and shape.
- EXTENDED FETAL BIOMETRY:
- Transcerebellar diameter: 24 mm Cisterna magna: 4mm Ventricular atrium: 6.0mm

### • SPINE:

- Full length of Vertebral column is visualized in
- saggittal, Coronal and transverse planes. Normal
- alignment of vertebrae was recorded. No obvious defect was visualized.

### • NECK:

- No cystic lesion is visible around the fetal neck.
- Nuchal fold thickness: 4.5 mm

### • FACE:

- Fetal face was visualized in profile and coronal scans. Transorbital distance: 37 mm, Interorbital distance: 13 mm. Both eyeballs, nose and lips appear normal. Nasal bone well visualized. PMT triangle appears intact. Bilateral External ears seen.

### • THORAX:

- Normal cardiac situs and position.
- Four chamber view and outflow tracts view
- Scanned. **Left Ventricular echogenic focus noted.\*** (Dedicated fetal echo not done.) *Cardiac anomalies are out of preview of this scan. Suggested Fetal echo.*
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- No SOL seen in Thorax.

Dr. Anuradha Dafal  
BSF MBBS, MD  
Reg. No. MP-34197

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## FACILITY FOR

- Ultrasonography • Target Scan • Colour Doppler Study • Superficial Part Sonography



ULTRA SONO CENTRE

ULTRA SONO

Dr. Anuradha Dafal

M.D. (Radiology)

Reg. No. MP-34197

**ABDOMEN:**

- Anterior abdominal wall appears intact.
- Normal abdominal situs.
- Fetal Liver, Gallbladder, stomach and bowelloops
- appear normal.
- No ascites.

**• URINARY TRACT:**

- Both Kidneys appear normal in size and echotexture. RK: 19 mm, LK: 21 mm. Urinary bladder appears normal.

**• LIMBS:**

- All four limbs are seen. Long bones appear normal
- for the period of gestation.
- Both hands and feet appear normal.

**• UMBILICAL CORD:**

- Cord appears normal with three vessel
- configuration.

**No gross anomaly seen to the extent visualized.\***

**• Uterine artery screening Doppler:**

- **The Uterine artery mean PI is 0.74 and is normal for gestational age.**

**Declaration of the Doctor conducting Ultrasonography:**

I, Dr. Anuradha Dafal declare that while conducting ultrasound on MALT1 have neither detected nor declared sex of the fetus to anybody in any manner.

(This is not fetal echo and is only professional opinion and not the final diagnosis. Assessment of fetal anomalies depends on various factors and USG markers. Not all congenital anomalies of Heart and chromosomal abnormalities can be ruled out on Ultrasound and absence of it may not totally rule out aneuploidies)

**SAVE THE GIRL CHILD**

DR. ANURADHA DAFAL, MD

Dr. Anuradha Dafal

BSc. MBBS, MD

Reg. No. MP-34197

Note: All anomalies cannot be ruled out by this scan since assessment of fetal anomalies depend on various factors. Only 70% of fetal structural anomalies can be detected on Ultrasound. USG markers for screening of chromosomal anomaly may not always be evident and as such their absence may not totally rule out presence of fetal chromosomal anomaly. Patient has been counselled about the capabilities and limitations of this examination. This report is meant only to assist a medical practitioner because of limitations of ultrasound. This report does not include 2D echo of fetal heart. This Report is for medical purpose only, not for medico legal purpose.

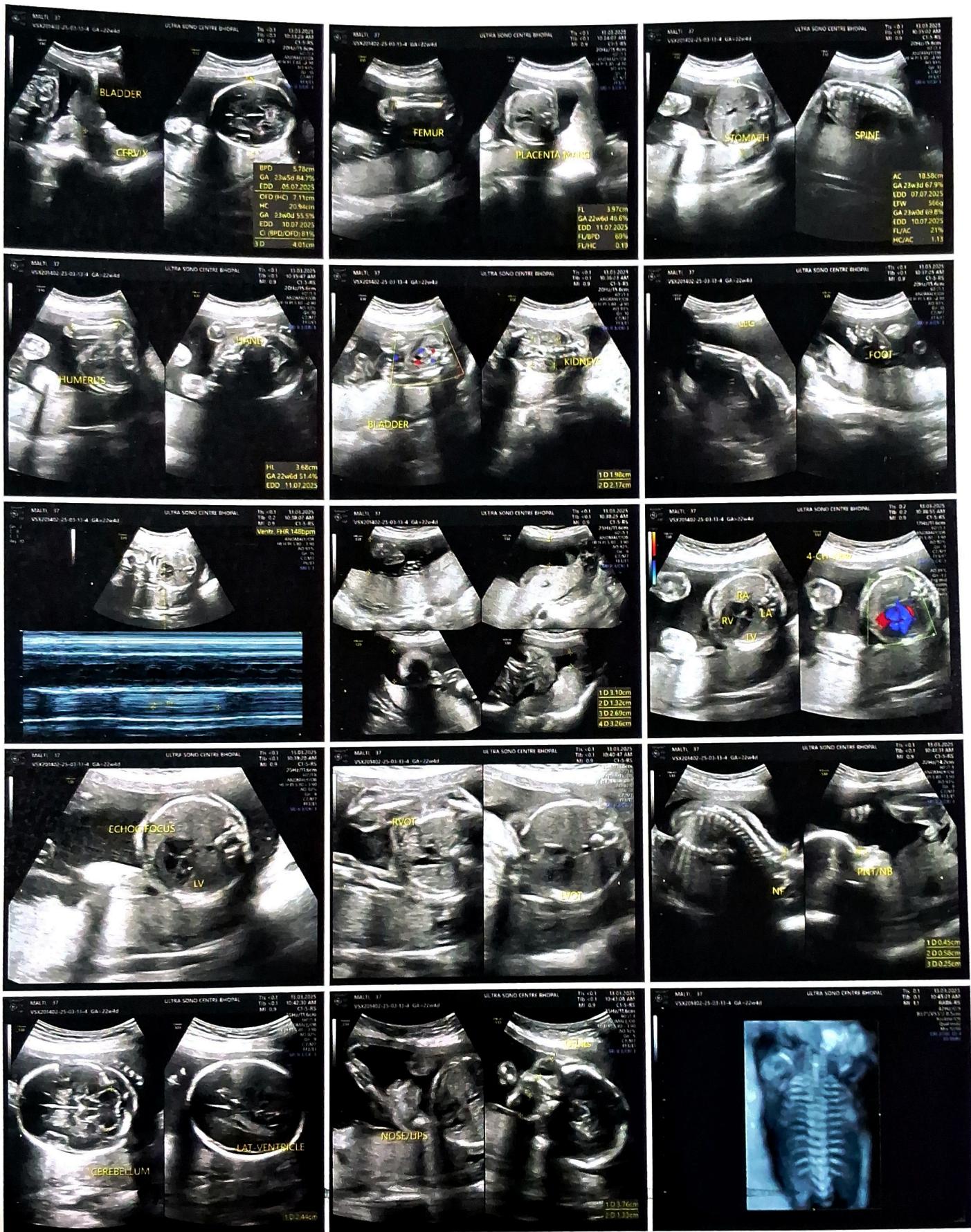
**FACILITY FOR**

**• Ultrasonography • Target Scan • Colour Doppler Study • Superficial Part Sonography**

51, Old MLA Qtrs., Jawahar Chowk, Bhopal **•** : 0755-4234808, Mobile: 9425006008

13 Mar 2025  
Name : MALTI / F

## ULTRA SONO CENTRE, BHOPAL



# ULTRA SONO CENTRE, BHOPAL

13 Mar 2025  
Name MALTI / F

