TEST REQUISITION FORM (TRF)

SagePath
Excellence In Health Care

SMT. BASANTI YADAV 28/F

SPL CODE : Dr. VERONICA YUEL MD.

Date : 10/05/2025

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.	T3 T4 TSH, HPLC							
2.	DUAL MARKER →		D.o.B - 04/06/1996, HEIGHT - 5 Feet 4 Inch, Weight - 54 Kg					
3.	S B26 05963		Note - IVF Conception, ET 28/02/2025					
4.	C B26 05964							
5.								

* Note Attached Clinical Report If Required

Dr. ... Agrawal

AGRAWAL DIAGNOSTICS
Center For Advanced Fetal Imaging
3D 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

Dr. Apoorv Agrawal
MBBS, MD, PGDHM
PGDMLS
Reg. No : CGMC-4085/2012

Between ... Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) 492001
Phone 0771 4000511, 9301002630, Email : apadiagnostic@gmail.com

PATIENT NAME: MRS. BASANTI YADAV **AGE:** 28 Y/ F

REFERRED BY: DR. VERONICA YUEL **DATE:** 10.05.2025

OBSTETRIC SONOGRAPHY(NT SCAN)

The real time, B mode, gray scale sonography of gravid uterus was performed .

Date of embryo transfer : 25.02.2025
Gestational age : 12 WKS 1 D

- The uterus is gravid.
- **Twin pregnancy is noted.**
- **Single placenta is noted placed anteriorly. Very thin intertwin membrane is seen with T sign s/o monochorionic diamniotic pregnancy**
- There is no evidence of subchorionic haemorrhage at the time of examination.
- The internal os is closed,
- Cervical length : 3.0 cm

Fetus A inferior & closer to os

Routine grey scale assessment:

- CRL : 5.7 CM corresponding to gestational age of 12 WKS 2 D
- E.D.D. by sonography : 20.11.2025
- Cardio-somatic activity is normal, FHR 160 BPM.

Fetal anatomical assessment:

- Normal cranial ossification, midline falx and choroid plexus filled ventricles seen. Fetal situs appears normal. No abnormal intraabdominal lesion noted. Abdominal wall is intact. Four limbs, each with three segments appear normal.
- Visualised spine appears normal. Normal three vessel cord visualized.

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 0.8 mm
- Nasal bone appears normal.
- Ductus venosus reveals normal triphasic forward flow without reversal.

Fetus B superior & away from os

Routine grey scale assessment:

- CRL : 5.2 CM corresponding to gestational age of 12 WKS 0 D
- E.D.D. by sonography : 22.11.2025
- Cardio-somatic activity is normal, FHR 169 BPM.

Fetal anatomical assessment:

- Normal cranial ossification, midline falx and choroid plexus filled ventricles seen. Fetal situs appears normal. No abnormal intraabdominal lesion noted. Abdominal wall is intact. Four limb buds imaged.
- Normal three vessel cord visualized.

...contd on page2

Dr. Apoorva Agrawal
MBBS, MD (Gold Medalist)
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AGRAWAL DIAGNOSTICS

Center For Advanced Fetal Imaging

3D, 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001
Phone : 0771-4000050, 8301002030, Email : apadiagnostic@gmail.com

PATIENT NAME: MRS. BASANTI YADAV **AGE: 28 Y/ F**

REFERRED BY: DR. VERONICA YUEL **DATE: 10.05.2025**

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 0.5 mm
- Nasal bone appears normal.
- Ductus venosus reveals normal triphasic forward flow without reversal.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 0.8 (WNL)

Risks from history only (age and previous birth history)

- Trisomy 21: – 1 in 667
- Trisomy 18: – 1 in 1667
- Trisomy 13: – 1 in 5000

Risks from history plus NT, FHR

- Trisomy 21: – 1 in 5000
- Trisomy 18: – 1 in 10000
- Trisomy 13: – 1 in 10000

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

IMPRESSION :

- **Twin live monochorionic diamniotic (MCDA) gestation with gestational age of 12 weeks corresponding to the period of amenorrhea.**
- **No gross abnormality is noted at this stage.**
- **Another small intrauterine sac containing 19mm fetal pole without cardiac activity is noted- likely failed pregnancy**

Thanks for referance maam.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I Dr Pallavi Agrawal, declare that while conducting ultrasonography on MRS BASANTI have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Apoorva Agrawal
MD
Consultant Radiologist

Dr. Pallavi Agrawal
M.D. DNB
Consultant Radiologist

Fetal structures are not sufficiently developed in first trimester to allow accurate assessment. Still, in good faith, we make the best possible efforts to detect all anomalies possible to be detected on sonography at this time. This is early screening test to rule out obvious major defects and should not substitute detailed anomaly scan at second trimester. The optimal visualization of fetal parts can be affected by fetal position, fetal movements, maternal obesity, inadequacy of liquor.

This Report is only for academic purpose. Investigation can be affected by technical and physical factors.
Solitary radiological investigation never confirms the final diagnosis and must be correlated with clinical findings and other investigations.