



श्री जायग्नोरिटिक\सेवा

MIRACLE COMPLEX, BUS STAND, DURG (C.G.) PH. : 0788-4040925, Mob. : 6

NAME : MRS. DEEPMALA
 AGE/ SEX : 28Y/FEMALE
 REF. BY : DR. MANASI GULATI
 DATE : 02.05.2025
 REG NO : 220903
 REPORT PREPARED BY: P.K. REENA

ANC SONOGRAM (NT SCAN)

LMP: 04.02.2025.

- Single live intrauterine foetus with **changing presentation** is seen at the time of examination.
- Liquor is adequate in amount.
- Cervical length- 3.3 cm. Cesarean scar seen.**
- Foetal movements are identified and foetal heart is positive.

Foetal Biometry :

Foetal Heart Rates :	162	B/Min. Regular.				
BPD Measures :	2.20	cm. Corresponds To :	13	Weeks	4	Days.
HC Measures :	8.11	cm. Corresponds To :	13	Weeks	3	Days.
AC Measures :	5.98	cm. Corresponds To :	12	Weeks	5	Days.
FL Measures :	0.77	cm. Corresponds To :	12	Weeks	2	Days.
CRL Measures :	6.00	cm. Corresponds To :	12	Weeks	4	Days.
Average Ultrasound Age Is	13	Weeks	0	Days.		
Expected Date Of Delivery By Ultrasound :	07.11.2025					
Expected Date Of Delivery By LMP :	11.11.2025					
Estimated Foetal Weight Is	62	Gms. ±	9	Gms.		

- Placenta: Posterior, Grade- 0.**
- Nuchal Translucency (NT) measures: 0.6 mm, within normal limits.**
- Nasal bone seen with nasal bone length of 2.0 mm.
- Intracranial Translucency (IT) measures: 1.1 mm.**
- Ductus venosus reveals normal flow & spectral waveform.
- Bilateral uterine arteries show normal wave form and PI.
- No evidence of tricuspid regurgitation.

This scan is not level II scan; this is done only to assess fetal growth parameters fetal weight and fetus being.

IMPRESSION

- Single live intrauterine foetus with **changing presentation** is seen at the time of examination, corresponds to Gestational age 13 Weeks 0 days. EDD- 07.11.2025 +/- 10 Days.

Advice- Anomaly scan at 18-22 weeks.

Disclaimer:-

Please note that USG study has certain limitations (sometimes fetal anomalies may not get diagnosed due to nature of anomaly, Gestational age, foetal positioning and limitations of machine thence absence of mention of foetal anomaly in study does not always rule out its possibility). (Fetal echo is not included in this scan).

Declaration:- I declare that while conducting Ultrasonography/ Image Scanning on patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. DIPTI KOTHARI
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 Consultant Radiologist

DR. YANKIT JAIN
 MBBS, DMRD, DNB
 Consultant Radiologist

DR. ANJALI GOYAL
 MBBS, MD
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Thanks for Giving us an Opportunity...



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: Mrs. Deepmala Devganay

Age: 29 Yrs 1 Months 0 Days

Sex: Male Female Date of Birth: DD MM YYYY

Ph: _____

Client Details :

SPP Code C0078

Customer Name _____

Customer Contact No _____

Ref Doctor Name Dr. Mansi Gulati

Ref Doctor Contact No _____

Specimen Details:

Sample Collection date :	Specimen Temperature :	Sent	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator (2-8°C) <input type="checkbox"/>	Ambient(18-22°C) <input type="checkbox"/>
Sample Collection Time :	AM / PM	Received	Frozen (<-20°C) <input type="checkbox"/>	Refrigerator(2-8°C) <input type="checkbox"/>	Ambient (18-22°C) <input type="checkbox"/>

Test Name / Test Code	Sample Type	SPL Barcode No
<u>Triple Marker</u>	<u>S-</u>	<u>B2607522</u>
<u>DOB - 22/04/96</u>		
<u>Weight - 50 kg</u>		
<u>Height - 4 ft 10 inch</u>		

Clinical History:

EMP - 04/02/25

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

No. of Samples Received:

Received by: