



# TEST REQUISITION FORM (TRF)


**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**

Name: SMT. POOTJA LODHI

Age: 29 Yrs:    Months:    Days:   

Sex: Male  Female  Date of Birth: 00 00 1900

Ph:   

Client Details: SPL- SUJ.01g

SPP Code

Customer Name Ambika lab Beungang

Customer Contact No 9725755329

Ref Doctor Name Dr. S. Visukarma (Rams)

Ref Doctor Contact No   

**Specimen Details:**

Sample Collection date: <u>20/6/25</u>	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: <u>10</u> 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>serum</u>	<u>B3150098</u>
<u>① त्रिपल मार्कर 246971148439</u>		
<u>② सोनोग्राफी 25/10/1995</u>		
<u>③ वज़ा 67 kg.</u>		
<u>④ वाई- S., Fit</u>		
<u>⑤ एचएल 57वें दिन 2021</u>		
<u>⑥ LMP - 26/1/25</u>		

**Clinical History:**

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



No. of Samples Received:

Received by:



# धनु श्री क्लीनिक

डॉ. सविता विष्णवकर्ण  
मो. 9171852870

Date : 21.4.25

Pt. Name : Mrs. Podja Ladki

R<sub>X</sub>

Age / Sex : 29 yrs / F. Weight .....

Wt : 26 kgs

40  
28 weeks gest 10/10/25

0/11/25

pain in abd  
nausea, vomiting  
white discharge

28 weeks gest  
@ Medical  
oxygen

BP : 110/60 mmHg

Pulse  
sgt

P<sub>1</sub>  
- by ucer 5000 10/10  
Hockey

- 0.1% Diltiazem 1 x 1 ml Hh

- 0.1% Erythromycin 80 mg  
100 x 15 ml

- cap. Glycerol 80 mg  
100 x 15 ml

- 0.1% Phenacetin 100 x 15 ml

- 0.1% Diclofenac 80 mg  
100 x 15 ml

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें।

पता - हनुमान बाग, क्षमा हार्डवर बाली गली, आरती मेडिकल के सामने, बोगागंज, जिला-गायसेन

NP-20/1/05

Breast AMIC  
Backache &  
pain in abd.

2/5/05  
P1

✓ ab. Dylafert 10g  
1x daily

- ab. Drony-A  
 $\frac{1}{2}$  808 x 9(5) tab

✓ cap. etanoxade-002  
100 x 10 of 500 mg tab

- lug. heer 5000 10 mg/100 ml ①

- lug. Nobel 3000 ①

- Mowash  
4L

- Hyp. Dcid  
300g 300g x 10/5

Adv

use - obs for  
new spud  
c HB near

Dr. Savita Vishwakarma  
BAIMS CGO CCH  
Roz No. 53801

use (25/25)

early pregnancy

8 wet 3 d

ODD :- 14/12/05

2/5/05

P1

- ab. Genset forte  
1 box x 15g  
21g 20103 tab

P1

- Glucotek powder  
20g in water

2/5/05

P1

Adv  
Dietet water  
Triple water

Adv

use - obs for  
HB near  
(11/6/25)

Dr. Savita Vishwakarma  
BAIMS CGO CCH  
Roz No. 53801

2/5/05



PT. NAME MRS.- POOJA LODHI

AGE/SEX- 30 YRS/F

REF DR. SAVITA VISHWAKARMA

DATE-11.06.2025

### ANTENATAL SONOGRAPHY (TAS)

EDD BY 1<sup>ST</sup> DATING SCAN : 14.12.2025      GA by 1<sup>st</sup> dating scan : 13WK 3 D

Study shows an enlarged uterus with a single well-formed gestational sac in the cavity.

Embryo with normal cardiac activity seen (FHR- 150 bpm).

Ductus venosus show normal flow pattern. No e/o reversal of 'A' wave

BPD : 2.39 cm corresponding to 14 weeks 0 day  
CRL : 7.53 cm corresponding to 13 weeks 4 day.  
Cal EDD : 13.12.2025

No evidence of subchorionic or retroplacental hematoma. Placenta is developing posteriorly.

Cervical length measuring 3.6 cm and internal OS appear normal.

There is no free fluid in POD.

NT measures 1.10 mm ( WNL )

Nasal bone seen

PI value of right uterine artery- 1.91P (WNL)

PI value of left uterine artery- 2.29 (WNL)

Left uterine artery shows raised resistance flow (PI- 2.29 ), with mild pre-diastolic notching is appreciated on present scan, in view of higher risk of development of utero-placental insufficiency in later period of gestation, obstetric doppler is advised in later period of gestation.

IMPRESSION: -

- SINGLE LIVE INTRAUTERINE PREGNANCY WITH CRL CORRESPONDING TO 13 WK 4 D MATURITY.
- LEFT UTERINE ARTERY SHOWS RAISED RESISTANCE FLOW (PI- 2.29 ), WITH MILD PRE-DIASTOLIC NOTCHING IS APPRECIATED ON PRESENT SCAN IN VIEW OF HIGHER RISK OF DEVELOPMENT OF UTERO-PLACENTAL INSUFFICIENCY IN LATER PERIOD OF GESTATION, OBSTETRIC DOPPLER IS ADVISED IN LATER PERIOD OF GESTATION.

AI / 847

ADVICE DOUBLE MARKER TEST (12 TO 14 WEEKS)

TARGET SCAN AT 21 WEEKS. (2 AUGUST 2025)

DR. SUKRATI SHRIVASTAVA  
MBBS,MD  
CONSULTANT (RADIOLOGIST)  
REG.No.-MP-24445

*Sukrati*

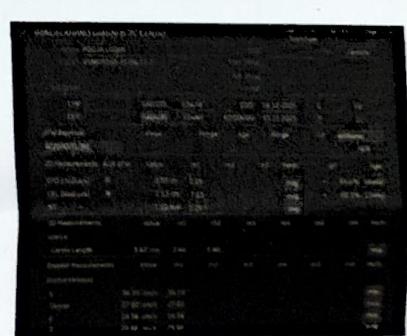
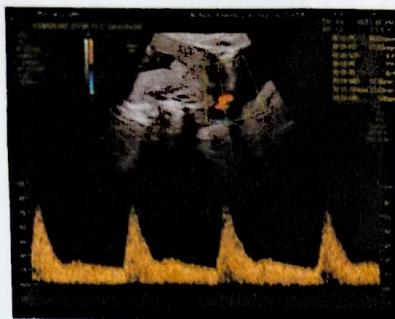
DR SUKRATI SHRIVASTAVA (MD)  
Consultant Radiologist  
Reg. no.- MP 24445

I DR. SUKRATI SHRIVASTAVA declare that while conducting ultrasonography on MRS. POOJA LODHI, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

NB: This is not an anomaly scan. ultrasound scanning cannot detect all fetal anomalies. Even though this scan has been performed as per current international guidelines for fetal imaging, certain anomalies go undetected due to technical limitations, maternal body habitus, unfavorable fetal positions or subnormal amount of liquor. This report is not valid for any medicolegal aspect. The fetal cardiac anomalies are detected by fetal echo only.

बुन्देलखण्ड डायग्नोस्टिक सेन्टर  
० मेडीकल कॉलेज के बाजू में, तिली रोड सागर (म.प्र.)  
० 07582 2911100, 07582921100

Emergency Services 24x7 The Scan Behind The Cure  
24 घंटे एंबुलेंस सुविधा उपलब्ध | समर्पित रेडियालोजिस्ट टीम





भारत सरकार  
Government of India

भारतीय निशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रमांक / Enrollment No.: 0515/35233/02435

To

पूजा लोधी

Pooja Lodhi

C/O Rajeev Lodhi,

gram dhekri, post mahuna gujar,

VTC: Mahuna Gujar,

PQ: Rahatgarh,

Sub District: Rahatgarh, District: Sagar,

State: Madhya Pradesh,

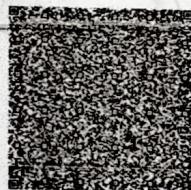
PIN Code: 470119,

Mobile: 9755275129

14417231



MF144172316F1



आपका आधार क्रमांक / Your Aadhaar No. :

**2469 7114 8439**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



पूजा लोधी

Pooja Lodhi

जन्म तिथि / DOB : 25/10/1995

महिला / Female

10/07/2016

**2469 7114 8439**

मेरा आधार, मेरी पहचान