TEST REQUISITION FORM (TRF)

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SPL CODE : SPLCH0.20. PSP Pathlab.

Date : 04/07/2025

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.	Mrs. PRITI SONWANI	21/F	Quadruple marker.	Serum	B2601238			
2.			Height. 5.0					
3.			Weight 49 kg					
4.			LMP. - 20/02/2025					
5.			DOB - 16/07/2028					B. Dubey M.D

* Note Attached Clinical Report If Required

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PRENATAL SCREENING REQUEST FORM

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

Patient Name : Mrs. PRITI SONIWANI **Sample collection date :** 04/07/2023

Vial ID : B2601238.

Date of Birth (Day/Month/Year) :

Weight (Kg) : 49 Kgs

L.M.P. (Day/Month/Year) : 20/02/2023

Gestational age by ultrasound (Weeks/days) :____ **Date of Ultrasound :** 21/7/2023

Nuchal Translucency(NT) (in mm):_____CRL (in mm) :____BPD : ____

Nasal bone (Present/Absent)

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name : OB 2/3. Anomaly Scan.

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 :

Save Tree
Save Water

PRISHA
DIAGNOSTIC CENTRE

NAME	PRITI SONWANI
SEX/AGE	21 Y F
DATE	02.07.2025
REFERRED BY:	SELF

OB - 2/3 Trimester scan Report (Anamoly Scan) Route – Transabdominal

(This Ultrasound is performed by high end 4D USG machine)

Indications- 10 - Detection or chromosomal abnormalities , fetal structures defects and other abnormalities.

L.M.P.- 20.02.2025	L.M.P. GA - 18 WEEKS 6 DAYS	L.M.P. EDD - 27.11.2025
	USG GA – 18 WEEKS 5 DAYS	USG EDD – 28.11.2025

Maternal - Cervix length 3.7 cms .Internal Os is closed.

	PI	RI
UMBILICAL ARTERY	1.1	0.6
RIGHT UTERINE ARTERY	0.7	0.5
LEFT UTERINE ARTERY	0.9	0.6
MEAN UTERINE ARTERY PI	0.8	

UTERINE ARTERIES - show normal diastolic flow pattern with no early diastolic notching.

UMBILICAL ARTERY – No resistance. Normal flow pattern.

Fetus Survey -

- Single intrauterine live gestation.
- Foetal movement - ++ Visualized normal.
- Foetal cardiac activity - ++ Visualized normal. FHR 140 bpm.
- Presentation – variable.
- Attitude – Flexion.

Placenta–Anterior grade 0 maturity with lower limit well above internal os. Normal retroplacental hypoechoic zone and no evidence of retroplacental hematoma.

Umbilical cord - Two arteries and one vein .No cord abnormalities.

Amniotic fluid - - Normal. Largest pocket - 5.9 CM.

Dr. Priti Soni
MBBS, DMRD

Thanks for Reference

Dr. Sameer Soni
MBBS, DMRD

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DIAGNOSTIC CENT

Biometry (Hadlock)

Biparietal diameter	18 weeks 6 days
Head circumference	18 weeks 5 days
Abdominal circumference	19 weeks 0 days
Femur length	18 weeks 4 days

Estimated fetal weight according to AC, FL , 264 gms

Head	Cisterna magna normal. FETAL BRAIN –CHOROID PLEXUS CYST MEASURING 7 X 6 MM. Midline falx seen. ~~No identifiable intracranial lesion seen.~~ Both lateral ventricles appeared normal. Posterior fossa appears normal.
Neck	Fetal neck appears normal.
Spine:	Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal.
Face :	Fetal face seen in coronal and profile view , both orbit nose and mouth appear normal
Heart	APPEAR IN MID POSITION WITH APEX ON LEFT SIDE. FOUR CHAMBER PRESENT. DETAILS OF CARDIAC SCAN TO BE DONE IN 24 WEEKS – SUGGESTED FETAL ECHOCARDIOGRAPHY
Abdomen	Abdomen situs appear normal. Stomach and bowel appear normal. Normal bowel pattern appropriate for gestation seen. No evidence of ascites. Abdominal wall intact.
KUB	**FETAL KUB - Right renal pelvis is prominent measuring 4.1 mm , AP diameter , both ureter appear normal , urinary bladder appear normal.**
Extremities	All fetal long bone visualized and appear normal for period of gestation. Both feet and hand appear normal.Tibia ,Humerus, Ulna, - Normal

Dr. Sameer
MBBS,

Dr. Priti Soni
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2ND TRIMESTER RISK ASSESSMENT OF TRISOMY 21.

Increased nuchal fold	- absent
Absent or hypoplastic nasal bone.	- absent
Short femur -	- absent
Echogenic bowel.	– absent

IMPRESSION :

SINGLE LIVE INTRAUTERINE FETUS OF 18 WEEKS 5 DAYS.

EDD BY USG – 28.11.2025.

LIQUOR – ADEQUATE .

FETAL ECHO CARDIOGRAPHY – SUGGESTED SCAN AT 24 TO 26 WEEKS.

- FETAL BRAIN –CHOROID PLEXUS CYST MEASURING 7 X 6 MM.
- FETAL KUB - RIGHT RENAL PELVIS IS PROMINENT MEASURING 4.1 MM , AP DIAMETER , BOTH URETER APPEAR NORMAL , URINARY BLADDER APPEAR NORMAL.

ADV – FOLLOW UP USG.

[All congenital anomalies cannot be detected sonographically&detectionof abnormality may be dependent on the position of fetus at the time of scan.Fetal echo is not included in this study.]

-Suggested fetal Doppler at 26 to 28 weeks.

I, Dr Sameer Soni hereby declare that while conducting ultrasonography / imaging I have neither detected nor disclosed the sex of her fetus to anybody in any manner.
Form F has been obtained and preserved [under proviso to section 4 (3) rule 9 (4) and rule 10 (1A) of pre-conception and Pre-Natal Diagnostic Act, 1994 as amended till date].

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PRE-NATAL SEX DETERMINATION IS NOT DONE

गर्भवती स्त्री की सोनोग्राफी करवाने हेतु स्वयं और पति का पहचान पत्र (आधार कार्ड/वोटर आईडी/राशन कार्ड) साथ लाना अनिवार्य है

ULTRASOUND DIAGNOSIS IS BASED ON APPEARANCE OF GRAY SCALE SHADES. AND IT IS ALSO AFFECTED BY TECHNICAL PITFALLS HENCE IT IS SUGGESTED TO CO-RELATE ULTRASOUND OBSERVATION WITH CLINICAL AND OTHER INVESTIGATIVE FINDINGS TO REACH THE FINAL DIAGNOSIS. NO LEGAL LIABILITY IS ACCEPTED. NOT FOR MEDICO-LEGAL PURPOSE