



Pt. Name. Sabiya Age. \_\_\_\_\_ Date. 15/3/2025  
Address. \_\_\_\_\_ Weight. \_\_\_\_\_

Pb. AII-g 220

210

Pb. AII-g 220  
26. 3. 25  
26.  
21/3/25

220

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Tb. Doxicinale- 160

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त्रिवृत्ति

SYP. In standard 100

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ensed :

Pharmacist : \_\_\_\_\_  
e of Pharmacy City : \_\_\_\_\_

Consulting Hours : Monday to Saturday 11 am to 8 pm  
डॉ. पता - खाडे कॉम्प्लेक्स, पहिला मजला,  
र बागेसमोर, बार्शी फोन. - (02184) 220877

पर्क क्रमांक - मो. 7875543002

डॉ. कुमार राम जगताप

एम.एस. (स्त्रीरोगशास्त्र)

रजि. नं. २००८/०५/१८८४

सई वुमन्स क्लिनिक, बार्शी.

• २४ तास तातडीच्या सेवेसाठी आणि एंडमिट ची सोय उपलब्ध - सई वुमन्स हॉस्पिटल, बार्शी  
आय.पी.डॉ. पता - कर्णा कॉम्प्लेक्स, तळ मजला, संकेश्वर बागेसमोर, बार्शी.  
(02184) 220877, 7875543002, 9322065588

25 June 2025

# DECLARATION OF PREGENT WOMAN UNDERGOING ULTRASOUND / PROCEDURE

गर्भवती स्त्रीचे संमती पन्ह आणि जाहीरनामा

मी (सौ.) सालिया नांदे १८२५२,

असे घोषीत करते की अल्ट्रा - सोनोग्राफी प्रतिमा स्कॅनिंग करून मी माझ्या गर्भाचे लिंग जाणून घेऊ इच्छित नाही. / I Declare that by undergoing prenatal diagnostic test / procedure, I do not want to know the sex of my foetus.

Date : २६/०३/२०२५

Sabitya

गर्भवती स्त्रीची सही / अंगठा / Signature Thumb impression of the person undergoing Ultra Sonography

## In Case of Thumb Impression

Identified by (Name) :

Age :

Sex :

Relation (If any) :

Address & Contact No.:

Signautre of a person attesting thumb impression:

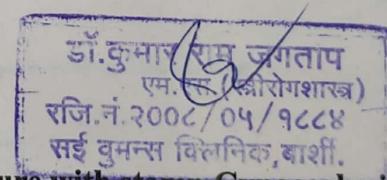
Date :

## DECLARATION OF DOCTOR CONDUCTING ULTRASONOGRAPHY

I Dr. Kumar Ramachandra Jagtap conducting ultrasonography / image scanning on Mrs. Sabitya Father Baraskar.

(name of the pregnant woman). I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Date. : २६/०३/२०२५



SAIE WOMEN'S CLINIC, BARSHI.

413401 Dist - Solapur

Reg. No.-SUR/BAR/4/SC - 36/2017

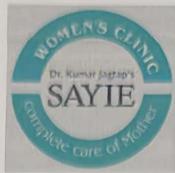
Signature with stamp Gynaecologist / Radiologist  
Conducting Ultra Sonography

मी वरील सही करणार या पत्राद्वारे डॉक्टरांना माझी सोनोग्राफीची तपासणी करण्याची अनुमती देत आहे. ही गर्भ तपासणी गर्भाची चाढ व गर्भात असु शकणाऱ्या काही शारीरिक व्यंग इ. तपासणीसाठी करण्यात येत आहे. मला गर्भलिंग चिकित्सा या तपासणीद्वारे करायची नाही. डॉक्टरांनी ही तपासणी गर्भलिंग चिकित्सा करण्यासाठी नाही व तसे ते करत नाहीत हे मला पूर्णपणे समजावून सांगितले आहे. माझ्या गर्भात काही व्यंग नसेल तर गर्भपात करून घेणार नाही. गर्भाच्या लिंगाची तपासणी (चिकित्सा) करणे व करून घेणे हे अयोग्य असून कायद्याने गुन्हा पात्र आहे. हे मला माहीत आहे. गर्भाच्या सर्वच शारीरिक व्यंगाचे निदान सोनोग्राफीद्वारे करता येते असे नाही. सोनोग्राफीलाही कांही मर्यादा आहेत. गर्भाची सोनोग्राफी तपासणी व मोजमाप हे बाळाची 'गर्भशयातील अवस्था, गर्भशयातील पाणी, आईच्या पोटावरील चरबी व इतर कांही गोष्टीवर अवलंबून आहे व त्यामुळे त्यात बदल होणे संभव आहे. आतापायैतच्या शास्त्रीय अहवालानुसार सोनोग्राफी तपासणीमुळे बाळावर किंवा मातेवर काहीही दुष्परिणाम दिसून आले नाही. वरील मजकूर आम्हाला भाषेत समजावून सांगितला आहे व आम्हाला तो समजला आहे.

# SAYIE WOMENS CLINIC

## DR. KUMAR RAM JAGTAP

KHADE BUILDING , BARSHI  
Telephone:  
Fax:  
Website:



Name:sabiya taher brasakar  
ID:20250326-201128-FB14  
Age:25 Years  
Gender:Female

OB1  
Exam Date: 26/03/2025  
Equipment Used: Mindray DC-40

### Clinical Indications & Data

LMP: 03/02/2025 GA: 7w2d EDD(LMP): 10/11/2025 AUA: 6w2d EDD(AUA): 17/11/2025  
Gestations: 1 Gravida: 1

Obstetrics - 1 / 2 Page

### 2D Measurements

CRL Hadlock 0.50cm 6w2d ✓ 6w0d-6w4d

### Doppler Measurements

FHR: 136bpm

### Ultrasound Image





Name:sabiya taher brasakar  
ID:20250326-201128-FB14

ID:20250326-201128-FB14

OB1

Exam Date:26/03/2025

Age:25Years

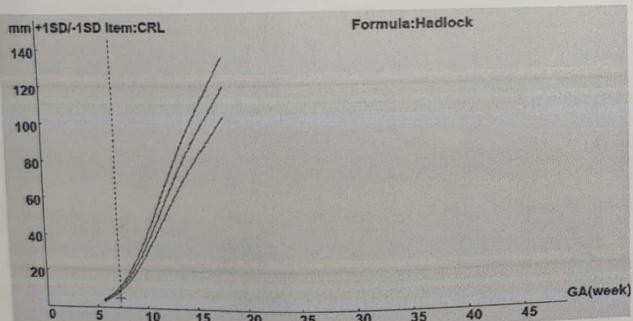
Gender:Female

Obstetrics - 2 / 2 Page

## Ultrasound Image



### Fetal Growth



Comments: single live intrauterine gestation of 6 wks 2 days.....

Signature (seal):

Don

Date Signed:

26.3.725-





# समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बांशी

Diagnosis with Care and Excellence

डॉ. मनोज बी. जाधव

MBBS(JJH), MD (RAD), DNB, MNAMS, DICR, EDiR  
FFM (Fellowship in Fetal Medicine), Bangalore  
Ex. Senior Resident Sion Hospital, Mumbai  
Ex. Clinical Associate, Apollo Hospital, Navi Mumbai  
Consultant Radiologist  
Fetomaternal Imaging Consultant  
FMF Certified (11-13 wks Scan)



PATIENT NAME	:	MRS. SABIYA TAHER BARASKAR	AGE/SEX	:	25 Years/ F
REF. BY	:	DR. JAGTAP KUMAR RAM, MS (OB/GY)	DATE	:	01-May-25

## OB-First Trimester Scan Report

LMP: 03-Feb-25	GA (LMP): 12 weeks 3 days	EDD (LMP): 10-Nov-25
----------------	---------------------------	----------------------

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

### Maternal:

Cervix measured 3.37 cm in length. OS closed.

Right uterine PI : 1.18

Left uterine PI : 1.59

Mean PI : 1.39 (22 %)

Fetus Survey : Single intrauterine gestation.

Placenta : **Posterior wall touching internal OS.**

Liquor : Normal.

Umbilical cord : Three vessel cord seen.

Fetal activity : Fetal activity present.

Cardiac activity : Cardiac activity present. **Fetal heart rate-177 bpm**

### Biometry (Headlock)

	Measurement	GA	Percentile	
BPD	1.85 cm	12 weeks 6 days	43.60 %	●
HC	7.32 cm	13 weeks 0 days	46.00 %	●
AC	5.40 cm	12 weeks 2 days	56.90 %	●
FL	0.70 cm	12 weeks 1 days	28.30 %	●
EFW	56 Gms	11 weeks 6 days	16.00 %	●

CRL- 5.40 cm. (12 weeks 0 days) IT (Intracranial translucency) – 0.18 cm

### Aneuploidy Markers

Nasal Bone : 0.12 cm -Present

Nuchal translucency : 0.12 cm -Normal.

Ductus venosus : No "a" wave reversal.

Tricuspid regurgitation : No tricuspid regurgitation seen.

### Fetal anatomy:

Head : Skull/brain appears normal. Intracranial structures appear normal.

Neck : Neck appears normal.

Spine : Spine appears normal.

Face : PMT and orbits seen.

Thorax : Thorax appears normal.

Heart : Four chamber and outflow tracts appear normal.

Abdomen : Stomach bubble appears normal. Cord insertion seen.

KUB : Bladder appears normal. Kidneys could not be evaluated at present.

Extremities : Both upper limbs and lower limbs seen.

P.T.O.

Dr. Manoj B. Jadhav

Reg. No. 2013/07/2596

Shop No. 5, Near Nikita Hotel, Kordiawadi Road, Raigarh - 413001 For Appointment : 74986 48919, 784090 8919



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PATIENT NAME	:	MRS. SABIYA TAHER BARASKAR	AGE/SEX	:	25 Years/ F
REF. BY	:	DR. JAGTAP KUMAR RAM, MS (OB/GY)	DATE	:	01-May-25

IMPRESSION:

- Single live intrauterine gestation corresponding to gestational age of **12 weeks 0 days**.
- Menstrual age is **12 weeks 3 days**.
- EDD by USG (Biometry-CRL): **13-Nov-25**
- Assigned EDD (As per LMP): **10-Nov-25**
- Nuchal translucency (0.12 cm), nasal bone, tricuspid regurgitation: within normal limits.
- Endocervical length: 3.37 cm: Normal however it will be best assessed after 14 weeks.
- Uterine artery screen negative for PET.
- No obvious sonological structural abnormalities detected for this gestation.

COMMENTS:

First Trimester Screening for Trisomies:

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 833	1 in 2500
Trisomy 18:	1 in 2000	1 in 5000
Trisomy 13:	1 in 5000	1 in 3333

SUGGEST:

- 1) Double marker test today.
- 2) TIFFA (level II) scan between 18-20 weeks.

Thanks for the reference,  
With regards.

**Please Note:** All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The pickup rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, and patient's body habitus.

**Disclaimer:** I Dr. Manoj Jadhav declare that while conducting ultrasonography/image scanning on this patient, have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Best Wishes,  
For Appointments Please Contact: 7498648919/7840908919.

  
Dr. Manoj B. Jadhav  
Reg. No. 2013/07/2596



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# Nidan

## Clinical Laboratory



Free Home Visit

Patient Name : Mrs. Sabiya Baraskar

Age / Sex : 25 Yrs. / Female.

Collected At : Outside

Referred by : Dr. Kumar Jagtap Sir (MBBS,MS)



Patient ID : 318.319

Sample Date : 02-May-2025

Report Date : 02-May-2025



### HAEMATOLOGY

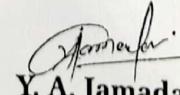
Test Description	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT; CBC</b>			
Hemoglobin	11.0	gm/dL	12.0 - 18.0
Total Leucocyte Count	10500	thou/mm <sup>3</sup>	4000 - 11000
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b>			
Neutrophils	69	%	40 - 70
Lymphocytes	25	%	20 - 45
Eosinophils	03	%	1.00 - 6.00
Monocytes	03	%	1.00 - 8.00
Basophils	00	%	0.00 - 1.00
<b>PLATELET COUNTS</b>			
Total RBC Count	3.98	mill/cumm	3.80 - 4.80
Hematocrit (HCT)	35.7	%	40 - 54
Mean Corpuscular Volume (MCV)	89.7	fL	76 - 96
Mean Cell Hb (MCH)	27.64	pg	27 - 32
Mean Cell Hb Concentration (MCHC)	30.81	gm/dL	30 - 35
RDW - SD	45.2	fl	27 - 64
RDW - CV	13.8	%	12 - 14
MPV	6.7	fl	7.50 - 11.50
PCT	0.17	%	0.10 - 0.30

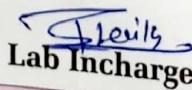
Technology Used : Fully automated Hematology analyzers.

Remark:- A platelet count is a diagnostic test that determines the number of platelets in blood. Platelets, which are also called thrombocytes, are small disk-shaped blood cells produced in the bone marrow and involved in the process of blood clotting. There are normally between 150,000-450,000 platelets in each microliter of blood. Low platelet counts or abnormally shaped platelets are associated with bleeding disorders. High platelet counts sometimes indicate disorders of the bone marrow.

A. A. Gund  
M.Sc. (P.G. D.M.L.T.)

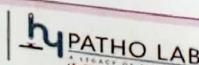
N.D. Adsule  
M.Sc., (Micro) DMLT

  
Y. A. Jamadar  
B.Sc., MLT, DMLT  
Reg. No. 15-128855-2-1 Page 1 of 5

  
Lab Incharge

Khade Building, Near Shankeshwar Garden, Barshi  
nidanlab0073@gmail.com | ☎: 8888567142, 9075084429

  
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Service •

Patient Name : Mrs. Sabiya Baraskar

Sex : 25 Yrs. / Female.

Tested At : Outside

Prescribed by. : Dr. Kumar Jagtap Sir (MBBS,MS)



Free Home Visit



Patient ID : 318.319

Sample Date : 02-May-2025

Report Date : 02-May-2025



### BIOCHEMISTRY

Test Description	Result	Unit	Biological Ref. Interval
Blood Sugar Random	70	mg/dL	70.00 - 150.00
Urine sugar Random	Nil	mg/dL	0.00 - 15.00
Random blood sugar test is the testing of the blood sugar levels at any time of the day. It is a test performed outside the regular testing schedule. RBS is performed to confirm diabetes mellitus, during the treatment and after the treatment of diabetes mellitus. A level of 200 mg/dL or higher is an indication of diabetes mellitus.			
The main goal behind random blood sugar test is to check random blood sugar levels. Having a random blood sugar range of 200mg/dL or more is a clear indication of the presence of diabetes mellitus. With the diagnosis of diabetes, random blood sugar test helps in the timely treatment of the disease through monitoring during and after the treatment. A doctor can prescribe RBS test if the person complains of the following symptoms;			
Unintended Weight loss Dehydration and dry mouth Slow healing of wound Blurry vision Frequent urination			
Reference Range	Interpretation		
Absent	Urine Sugar		
110-126	Impaired Glucose		
70-110	Normal Glucose Tolerance		
>126	Provisional Diag. Diabetes Mellitus		

### BLOOD GROUP, ABO & RH FACTOR

ABO Group "O"

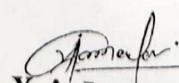
Rh Factor POSITIVE

Blood grouping is a method to tell what type of blood you have. Blood group is done so you can safely donate your blood or receive a blood transfusion. It is also done to see if you have a substance called Rh factor on the surface of your red blood cells. Your blood transfusions. It is also done to see if you have a substance called Rh factor on the surface of your red blood cells. Your blood type is based on whether or not certain proteins are on your red blood cells. These proteins are called antigens. Your blood type (or blood group) depends on what types your parents passed down to you. Blood is often grouped according to the ABO blood group system. The 4 major blood types are:

1. Type A
2. Type B
3. Type AB
4. Type O

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Dr. Shailly  
Lab Incharge

  
GD General  
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Service •

Patient Name : Mrs. Sabiya Baraskar

Age / Sex : 25 Yrs. / Female.

Collected At : Outside

Prescribed by : Dr. Kumar Jagtap Sir (MBBS,MS)



Free Home Visit

\* DRP / NID / 25-26 / 319 \*

Patient ID : 318.319

Sample Date : 02-May-2025

Report Date : 02-May-2025



### SEROLOGY / IMMUNOLOGY

Test Description	Result	Unit	Biological Ref. Interval
------------------	--------	------	--------------------------

#### Hepatitis B Surface Antigen (HBsAg)

HBsAg	Non-Reactive
-------	--------------

#### Interpretation

##### RESULT || REMARKS

Reactive	Indicates presence of Hepatitis B Surface Antigen.
----------	--

Non-Reactive	Indicates absence of Hepatitis B Surface Anti gen.
--------------	--

#### Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.

VDRL(Card Test)	Non Reactive
-----------------	--------------

VDRL tests diagnose antibodies produced due to the bacterium *Treponema pallidum* in the blood, body fluid, or tissue. This bacteria cause's syphilis contamination which is sexually contracted infection that affects the genital area, lips, mouth, or anus of both men and women. It could progress from mother to baby during pregnancy. A syphilis infection could spread through the bloodstream to all parts of the body. Syphilis can cause severe heart disease, brain damage, spinal cord damage, blindness, and death if not diagnosed and treated in time. Tests to screen Syphilis are:

- VDRL which stands for "venereal disease research laboratory" test
- Rapid plasma reagain test (RPR) very similar to VDRL test

#### Reference Range

#### Interpretation

Non Reactive  
Diagnostic titre : 1:8

No Infection  
Syphilis infection

### HIV 1 & 2 ANTIBODIES SCREENING TEST

HIV-1

NEGATIVE

HIV-2

NEGATIVE

**Method:** Recombinant screening test of HIV 1&2

**Note:** 1). positive test should be confirmed with western blot.  
2). patient in window period may show negative test.  
3). hence in suspected and susceptible patient repeat test after 3 month (window period).  
4). Elisa with two different company kits also can be use for confirmation.  
5). negative test does not rule out HIV infection.

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# Nidan

## Clinical Laboratory

ers Service •

Patient Name : Mrs. Sabiya Baraskar

Age / Sex : 25 Yrs. / Female.

Collected At : Outside

Preferred by. : Dr. Kumar Jagtap Sir (MBBS,MS)



Free Home Visit

DRP/NID/25-26/319\*

Patient ID : 318.319



Sample Date : 02-May-2025

Report Date : 02-May-2025

### DEPARTMENT OF IMMUNOASSAY

Test Description	Result	Unit	Biological Ref. Interval
<b>Thyroid Profile (Total T3, T4, TSH)</b>			
Tri-Iodothyronine (T3, Total)	112.68	ng/dL	70.0 - 204.0
Method: ECLIA			
Thyroxine (T4, Total)	8.7	ng/dL	3.20 - 12.60
Method: ECLIA			
(TSH)-Ultrasensitive	0.60	ng/dL	0.35 - 5.50
Method : Chemiluminescence Immuno Assay			

#### PREGNANCY

1 st Trimester	0.100 - 2.500
2 nd Trimester	0.200 - 3.000
3 rd Trimester	0.300- 3.000

#### REFERENCE RANGE FOR TSH IN uIU/mL

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

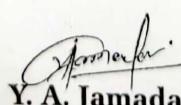
#### Clinical Use

- Primary Hypothyroidism Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

----- End of Report -----

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### URINE ANALYSIS

Test Description	Result	Unit	Biological Ref. Interval
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#### Physical Examination

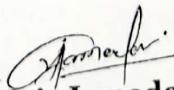
Quantity	5 ml	ml
Colour	Pale Yellow	
Appearance	Slightly Turbid	
Specific Gravity	1.010	1.01 - 1.03
pH	6.5	5.00 - 7.00
Leukocytes	Absent	Absent
Blood	Absent	Absent

#### Chemical Examination

Protein / Albumin	Trace	Absent
Sugar / Glucose	Nil	
Ketone Bodies	Absent	0.00
Bilirubin	Absent	0.00
Nitrite	Not Present	

#### Microscopic Examination

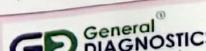
R. B. C	Absent	/H.P.F.
Pus Cells	01-02	/H.P.F.
Epithelial Cells	02-04	/H.P.F.
Casts	Absent	
Crystal	Absent	
Bacteria	Absent	
Others	Absent	

A. A. Gund  
M.Sc. (P.G. D.M.L.T.)N.D. Adsule  
M.Sc., (Micro) DMLT


Y. A. Jamadar  
B.Sc., MLT, DMLT  
Reg. No. 15-128855-2-1 Page 4 of 5



Lab Incharge





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# गजानन

## मॅट्निटी हॉस्पिटल

फुले प्लॉट्स, उपलाई रोड,  
सरकारी गोडाऊन जवल, बाशी.

फोन : (02184) 226050,

पॉइंटमेंटसारी संपर्क : 8380026050



डॉ. वर्षा देवदत्त मोरे

एम.बी.बी.एस., डी.एफ.पी., डी.जी.ओ.

स्त्री शोध व प्रस्तुतीशास्त्र तज्ज्ञ

Reg. No. 2002/02/410

वेळ : सकाळी ११ ते दुपारी ५ पर्यंत

E-mail : drvarshamore9@gmail.com

UHID No: 16097

11/06/2025 - 4:53PM

**BARASKAR SABIYA TAHER**

Name of Patient :

Address : bashinge plot barshi solapur

Age : 25 Sex: F Weight : Mobile No.: 7768891181

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Dispensed :

Date :

Name of Pharmacy / City : \_\_\_\_\_

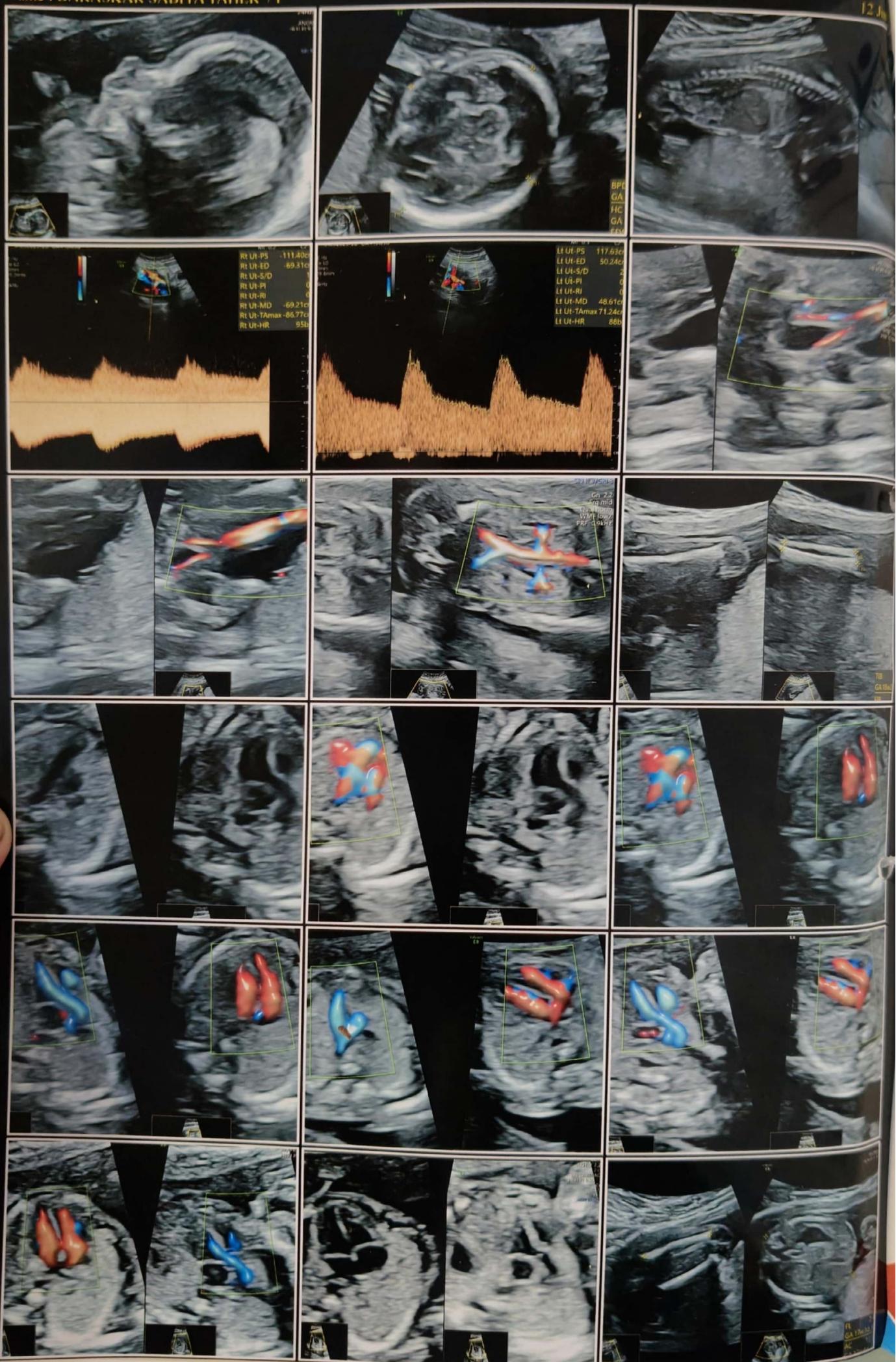
Doctor's Sign & Stamp

taun

\* वरील औषधे डॉक्टरांना दाखवून घ्यावीत. / फेरतपासणी दिवा / 10/7/2025



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# समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बार्शी

Diagnosis with Care and Excellence

डॉ. मनोज बी. जाधव

MBBS(JJH), MD (RAD), DNB, MNAMS, DCR, EDiR

FFM (Fellowship in Fetal Medicine), Bangalore

Ex. Senior Resident Sion Hospital, Mumbai

Ex. Clinical Associate, Apollo Hospital, Navi Mumbai

Consultant Radiologist

Fetomaternal Imaging Consultant

FMF Certified (11-13 wks Scan)

PATIENT NAME	:	MRS. SABIYA TAHER BARASKAR	AGE/SEX	:	25 Years/F
REF. BY	:	DR. MORE DEVADATTA S, MBBS, DGO, DNB (OB&GY)	DATE	:	12-Jun-25

## OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal.

### Maternal:

Cervix measured **3.16 cm** in length. ✓

Internal OS closed.

Right uterine PI : 0.49

Left uterine PI : 0.95

**Mean PI** : **0.72 (1 %)**

**Fetus Survey** : Single live intrauterine fetus.

Presentation

Placenta

Liquor

Umbilical cord

Fetal activity

: Changing

: **Posterior**

: Normal.

: Two arteries and one vein.

: Fetal activity present. **FHR – 136 bpm**

### Biometry (Hadlock)

	Measurement	GA	Percentile	
BPD	3.96 cm	18 weeks 0 days	76.50 %	
HC	14.34 cm	17 weeks 4 days	49.20 %	
AC	11.92 cm	17 weeks 4 days	55.70 %	
FL	2.47 cm	17 weeks 3 days	46.10 %	
EFW	200 Gms ± 29 Gms	17 weeks 3 days	51.50 %	
HL	2.47 cm	17 weeks 5 days		
FIB	2.17 cm	17 weeks 2 days		
RL	2.14 cm	17 weeks 5 days		
TIB	2.34 cm	18 weeks 2 days		
UL	2.48 cm	18 weeks 6 days		

AGA by USG: 17 weeks 5 days

EDD (USG): 15-Nov-25

EFW is 200 Gms ± 29 Gms

### Fetal Anatomy:

#### Head

Both lateral ventricles appeared normal.

Right lateral ventricle-0.64 cm; Left lateral ventricle-0.65 cm.

Cisterna magna measured 0.38 cm.

Midline falx seen. Posterior fossa appeared normal. No identifiable intracranial lesion seen.

#### P.T.O

Shot on OnePlus

25 June 2025 at 9:19 pm

Shop No. 5, Near Nikita Hotel, Kurduwadi Road, B.

Dr. Manoj B. Jadhav  
Reg. No. 2013/07/2506



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PATIENT NAME	:	MRS. SABIYA TAHER BARASKAR	AGE/SEX	:	25 Years/F
REF. BY	:	DR. MORE DEVADATTA S, MBBS, DGO, DNB (OB&GY)	DATE	:	12-Jun-25

### Neck

Fetal neck appeared normal.

### Spine

Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal.

### Face

Fetal face seen in the coronal and profile views. Orbita, lips, nose and mouth appeared normal. Attempts was made to visualized fetal ears.

### Thorax

Both lungs appear normal.

No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

### Heart

Heart appears in the mid position. Normal cardiac situs. Four chamber view normal. Outflow tracts appeared normal. **Small perimembranous VSD may not be always detected.**

### Abdomen

Abdominal situs appeared normal. Stomach and bowel appeared normal. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact.

### KUB

Right and left kidneys appeared normal. Bladder appeared normal.

### Extremities

All fetal long bones visualized and appear normal for the period of gestation. Both feet appeared normal.

### Soft marker risk calculator:

Marker	Present/Absent	LR
Intracardiac echogenic focus	Absent	0.80
Mild hydronephrosis	Absent	0.92
Short femur	Absent	0.80
Echogenic bowel	Absent	0.90
Increased nuchal fold	Absent	0.80
Absent right subclavian artery	Absent	0.71
Absent or hypoplastic nasal bone	Absent	0.46
Ventriculomegaly	Normal size	0.94
for combination:	Absent	0.13

I note Mrs. Sabiya Taher Baraskar had NT scan and risk for Down's syndrome was assessed.

Mrs. Sabiya Taher Baraskar screening for Down's syndrome-

1: 2500 (Background risk based on previous NT scan)

Patient-specific risk for Down syndrome posterior probability (Final risk) =  $2500 / 0.13 = 1:19209$

# समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बार्शी  
Diagnosis with Care and Excellence

## डॉ. मनोज बी. जाधव

MBBS(JJH), MD (RAD), DNB, MNAMS, DICR, EDR  
FFM (Fellowship in Fetal Medicine), Bangalore  
Ex. Senior Resident Sion Hospital, Mumbai  
Ex. Clinical Associate, Apollo Hospital, Navi Mumbai  
Consultant Radiologist  
Fetomaternal Imaging Consultant  
FMF Certified (11-13 wks Scan)



PATIENT NAME	:	MRS. SABIYA TAHER BARASKAR	AGE/SEX	:	25 Years/F
REF. BY	:	DR. MORE DEVADATTA S, MBBS, DGO, DNB (OB&GY)	DATE	:	12-Jun-25

### Reference:

Volume 41, Issue 3, March 2013, Pages: 247–261, M. Agathokleous, P. Chaveeva, L. C. Y. Poon, P. Kosinski and K. H. Nicolaides Article first published online: 24 JAN 2013, DOI: 10.1002/uog.12364.

### IMPRESSION:

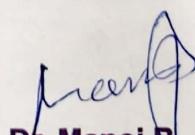
- **SINGLE LIVE INTRAUTERINE GESTATION. ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY: 17 WEEKS 5 DAYS, EDD AS PER ULTRASOUND: 15-NOV-25.**
- **HER ASSIGNED EDD AS PER PREVIOUS USG-CRL IS 17-NOV-25 (17 WEEKS 3 DAYS).**
- **FETAL WEIGHT IS 200 GMS ± 29 GMS.**
- **ENDOCERVICAL LENGTH: 3.16 CM: NORMAL.**
- **UTERINE ARTERY SCREEN NEGATIVE FOR PET.**
- **NO OBVIOUS GROSS FETAL ANOMALY IS NOTICED IN THIS EXAMINATION.**

**Suggest:** Follow up after 4-6 weeks for growth/doppler and if any evolving abnormality.

Thanks for the reference,  
With regards.

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore, all fetal anomalies may not necessarily be detected at every examination).

**Declaration:** I Dr. Manoj Jadhav has neither detected nor revealed sex of fetus during sonography examination of the patient.



Dr. Manoj B. Jadhav

Reg. No. 2013/07/2596

Shop No. 5, Near Nikita Hotel, Kurduwadi Road, Barshi - 413401. For Appointment :  74986 48919



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Mrs. SABIYA TAHER BARASKAR	Collected : 16-06-2025 18:00	Lab ID : 50600108121
DOB :	Received : 19-06-2025 00:00	Sample Quality : Adequate
Age : 25 Years	Reported : 19-06-2025 18:55	Location : SOLAPUR
Gender : Female	Status : Final	Ref By : Dr. Varsha More
CRM : 250782510827		Client : Mariyam Lifesciences - BS7825

Parameter	Result	Unit	Biological Ref. Interval
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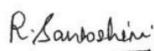
**Vitamin B12, Serum** 460.00 pg/mL 180 - 914  
CLIA

**Clinical significance:**

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted. Vitamin B12 deficiency may be due to lack of IF secretion by gastric mucosa (eg, gastrectomy, gastric atrophy) or intestinal malabsorption (eg, ileal resection, small intestinal diseases). Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to a lack of IF secretion by gastric mucosa. Serum methylmalonic acid and homocysteine levels are also elevated in vitamin B12 deficiency states.

----- End Of Report -----

Processed At: LifeCell International Pvt Ltd, New No. 16/ 9, | Vijayaraghava 1st lane, Vijayaraghava Road, T.Nagar Chennai - 600017.



Dr. Santoshini Ravichandran MD, Path (REG NO:140191)  
Lab Director



Page 1 of 4

MC-5601



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Name	: Mrs. SABIYA TAHER BARASKAR	Lab ID	: SQ50600108121	
Age	: 25 Years / FEMALE	CRM No	: 250782510827	
Referred By	: Dr. VARSHA MORE	Collected On	: 16-06-2025 18:00	
Registered On	: 19-06-2025	Received On	: 19-06-2025 00:00	
DOB	: 01-06-2000	Reported On	: 20-06-2025 09:51	
Hospital Name	: Mariyam Lifesciences	Location	: SOLAPUR	

Initial Report	<input checked="" type="checkbox"/>	Duplicate Report	<input type="checkbox"/>	Revised Report	<input type="checkbox"/>	Version No	<input type="text" value="1"/>
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## Prenatal Second Trimester Quadruple Screening Summary

Sample Type : Maternal Serum

Method : Time Resolved Fluroimmunoassay on Auto-Delfia

Results	Risk	
Posterior risk for Down's syndrome	1:844	Intermediate Risk
Posterior risk for Edward's syndrome	1:100000	Low Risk
Posterior risk for Patau's syndrome	1:6539	Low Risk
Neural Tube / Abdominal wall defect	MSAFP - 1.82 MoM	Low Risk

### **INTERPRETATION:**

The Second Trimester Quadruple screening for the given sample is found INTERMEDIATE RISK for Trisomy 21

Note: Gestational age assigned as per biometry (EDD)

In view of the raised serum free beta HCG MoMs, fetal growth scan is suggested at 28 - 30 weeks in addition to their routine antenatal care. In view of the raised serum inhibin-A MoMs, fetal growth scan is suggested at 28 - 30 weeks in addition to their routine antenatal care. 1. Detailed Anomaly Scan and Genetic Sonogram is suggested to look for soft markers of chromosomal abnormalities and structural malformations.

2. Cytogenetic studies with Fetal karyotyping/ microarray are recommended on amniotic fluid cells to rule out aneuploidies and other chromosomal abnormalities. Microarray studies are especially useful to rule out submicroscopic chromosomal abnormalities.

Risk Categorization			
Cut off used for T21		Cut off used for T13/T18	
Low risk	1:1001 - 1:100000	Low risk	1:101 - 1:100000
Intermediate risk	1:251 - 1:1000	Increased risk	1:5 - 1:100
Increased risk	1:5 - 1:250		

### **Disclaimer:**

\* This interpretation assumes that patient and specimen details are accurate and correct.

\* The testing laboratory does not bear responsibility for the ultra sound measurements.

This is a risk estimation test and not a diagnostic test. An increased risk result does not mean that the fetus is affected and a low risk result does not mean that the fetus is unaffected. Reported risk should be correlated and adjusted to the absence/presence of sonographic markers observed in the anomaly/malformation scan.

-----End Of Report-----

**Dr. ROHIT S MD., (Reg No: 134714)**

LAB DIRECTOR

This is an electronically authenticated report.

## Patient SQ50600108121: BARASKAR, SABIYA TAHER

PATIENT ID: <b>SQ50600108121</b>	LAST NAME: <b>BARASKAR</b>	FIRST NAME: <b>SABIYA TAHER</b>	BIRTH DATE: <b>01/06/2000</b>
ETHNICITY: <b>South Asian</b>	PHONE NO. 1: -	ADDRESS 1: -	CITY: -

## Pregnancy, Calculated EDD: 15/11/2025 (MAEDD: 25.46)

MAEDD: <b>25.46</b>	CALCULATED EDD: <b>15/11/2025</b>	GEST. DATE: <b>08/02/2025</b>	SELECTED GEST. METHOD: <b>EDD</b>
LMP DATE: -	SMOKING STATUS: <b>Non smoker</b>	INSULIN DEP. DIABETIC: <b>No</b>	NO. OF FETUSES: <b>1</b>
MONOZOOGOUS: <b>No</b>	CHORIONICITY: -		
HEIGHT [CM]: -	MATERNAL WEIGHT [KG]: -	DIABETES TYPE II: -	INSULIN TREATMENT FOR TYPE II DIABETES: -
CONCEPTION METHOD: <b>Spontaneous</b>	MOTHER OF PATIENT HAD PRE-ECLAMPSIA: -	CHRONIC HYPERTENSION: -	SYSTEMIC LUPUS ERYTHEMATOSUS: -
	PAST NO. OF PREGNANCIES ≥ 24 WEEKS: -	PREV. PREG. PRE-ECLAMPSIA: -	
ASSISTANCE METHOD: -	TRANSFER DATE: -	EGG EXTRACTION DATE: -	EGG DONOR DOB: -
AGE AT EXTRACTION: -	PAST T21 - DOWN'S SYNDROME: <b>No</b>	PAST T18 - EDWARDS' SYNDROME: <b>No</b>	PAST T13 - PATAU'S SYNDROME: <b>No</b>
RISK ASSESSED: <b>At term</b>	SCREENING PROTOCOL: <b>Screening_4.0</b>		

## Ultrasound

SCAN DATE: <b>12/06/2025</b>	CRL: -	BPD: -	HC: -
GEST. AT ULTRASOUND DATE (W + D) <b>17 w 5 d</b>	CRL (#2): -	BPD (#2): -	HC (#2): -
GEST. AT MANUAL ENTRY (W + D): <b>0 w 0 d</b>	WEIGHT [KG]: <b>53</b>		

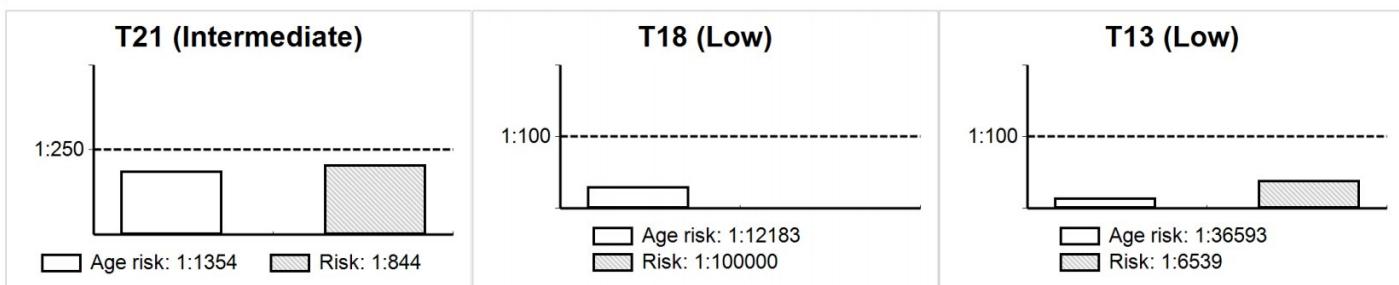
## Tests

TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP (Signed)	SQ50600108121	16/06/2025	18 w 2 d	76.5	U/mL	1.82	53
hCGb (Signed)	SQ50600108121	16/06/2025	18 w 2 d	34.5	ng/mL	3.04	53
INHIBIN (Signed)	SQ50600108121	16/06/2025	18 w 2 d	582.1	pg/mL	2.03	53
UE3UPD (Signed)	SQ50600108121	16/06/2025	18 w 2 d	3.64	nmol/L	0.65	53

## Risks, Risk assessed: At term

RISK NAME: <b>T21 (Signed)</b>	RISK RESULT: <b>Intermediate</b>	RISK: <b>1:844</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:1354</b>	CUT-OFF: <b>1:250</b>
RISK NAME: <b>T18 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:100000</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:12183</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>T13 (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: <b>1:6539</b>	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: <b>1:36593</b>	CUT-OFF: <b>1:100</b>
RISK NAME: <b>NTD (Signed)</b>	RISK RESULT: <b>Low</b>	RISK: -	TWIN RISK RESULT: -	TWIN RISK: -	AGE RISK: -	CUT-OFF: <b>2.5</b>

This is an electronically authenticated report

**PLEASE NOTE:**

This interpretation assumes that patient and specimen details are accurate and correct. In all cases where an assessment of increased risk is based on LMP dates, the gestational age must be confirmed by ultrasound before further action is taken.

It must be clearly understood that the results represent risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies.

The company strongly recommends that only NT values from qualified experts (for example, clinicians certified by the Fetal Medicine Foundation, UK) are utilized to provide a 1st trimester risk.

These results were analyzed with LifeCycle software from PerkinElmer Life and Analytical Sciences.

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**This is an electronically authenticated report**