

Dr. Kumar Ramachandra Jagtap

M.S.OB/GY (PUNE)
Reg. No. 2008/05/1884

Consultant Obstetrician Gynecologist
Laparoscopic Surgeon & Infertility Specialist



Pt. Name. Sabiya. Age. _____ Date. 15/8/2025
Address. _____ Weight. _____

Tb. All-g _____ 220

21019

26.3.25

25.

21925

Tb. All-g _____ 230

21919

Tb. Dorrinate. x (60)

1 _____

जेवनापुन

Syp. Instarand _____ 1

(8ml) _____ 10ml _____ 100ml

ensed :

Pharmacist :

e of Pharmacy City :

sulting Hours : Monday to Saturday 11 am to 8 pm

डी. पत्ता - खाडे कॉम्प्लेक्स, पहिला मजला,
र बागोसमोर, बार्शी फोन. - (02184) 220877
पार्क क्रमांक - मो. 7875543002

Shot on OnePlus

25 June 2025

डॉ. कुमार राम जगताप

एम.एस. (स्त्रीरोगशास्त्र)

रजि. नं. 2008/05/1884

सई वुमन्स क्लिनिक, बार्शी.

• २४ तास तातडीच्या सेवेसाठी आणि एडमिट ची सोय उपलब्ध - सई वुमन्स हॉस्पिटल, बार्शी

आम.पी.डी. पत्ता - कृष्णा कॉम्प्लेक्स, तळ मजला, संकेश्वर बागोसमोर, बार्शी.

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DECLARATION OF PREGNANT WOMAN UNDERGOING ULTRASOUND / PROCEDURE

गर्भवती स्त्रीचे संमती पत्र आणि जाहीरनामा

मी (सौ.) सवित्रा सोहेर बाळकूर,

असे घोषित 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 : 26/03/2025

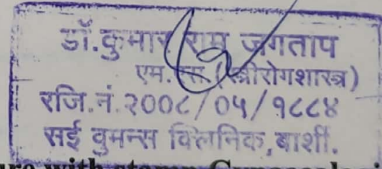
गर्भवती स्त्रीची सही / अंगठा / Signature Thumb impression of the person undergoing Ultra Sonography

In Case of Thumb Impression	
Identified by (Name) :	
Age :	Sex :
Relation (If any) :	
Address & Contact No.:	
Signature of a person attesting thumb impression:	
Date :	

DECLARATION OF DOCTOR CONDUCTING ULTRASONOGRAPHY

I Dr. Kumar Ramachandra Jagtap conducting ultrasonography / image scanning on Mrs. Sabitra Soher Baskar (name of the pregnant woman). I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Date : 26/03/2025



SAIE WOMEN'S CLINIC, BARSHI.

413401 Dist - Solapur

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

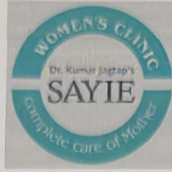
Signature with stamp Gynaecologist / Radiologist
Conducting Ultra Sonography

मी वरील सही करणार या पत्राद्वारे डॉक्टरांना माझी सोनोग्राफीची तपासणी करण्याची अनुमती देत आहे. ही गर्भ तपासणी गर्भाची बाढ व गर्भात असु शकणाऱ्या काही शारीरिक व्यंग इ. तपासणीसाठी करण्यात येत आहे. मला गर्भलिंग चिकीत्सा 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 (चिकीत्सा) करणे व करून घेणे हे अयोग्य असून कायद्याने गुन्हा पात्र आहे. हे मला माहीत आहे. गर्भाच्या सर्वच शारीरिक व्यंगांचे निदान सोनोग्राफीद्वारे करता येते असे नाही. सोनोग्राफीलाही कांही मर्यादा आहेत. गर्भाची सोनोग्राफी तपासणी व मोजमाप हे बाळाची गर्भाशयातील अवस्था, गर्भाशयातील पाणी, आईच्या पोटावरील चरबी व इतर कांही गोष्टीवर अवलंबून आहे व त्यामुळे त्यात बदल होणे संभव आहे. आतापर्यंतच्या 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

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

KHADE BUILDING, BARSHI
Telephone:
Fax:
Website:



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

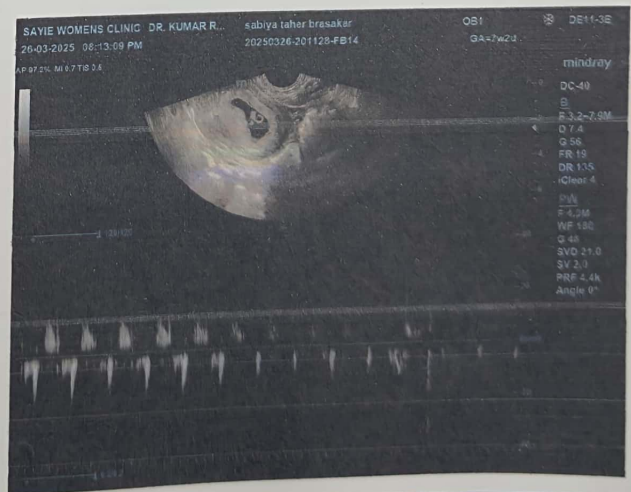
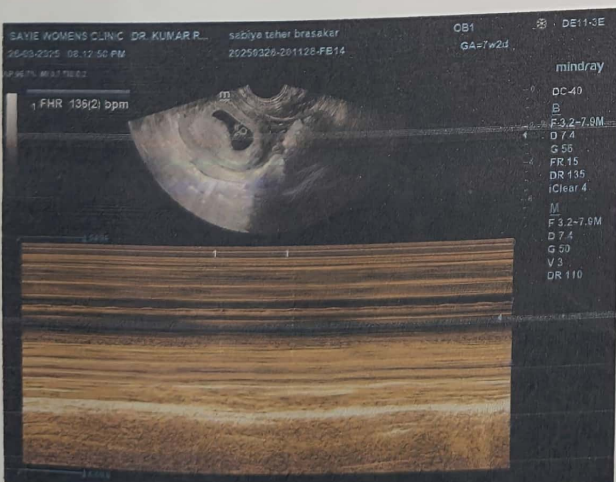
2D Measurements

CRL Hadlock 0.50cm 6w2d ✓ 6w0d-6w4d

Doppler Measurements

FHR: 136bpm

Ultrasound Image





Name: sabiya taher brasakar

ID: 20250326-201128-FB14

Age: 25 Years

Gender: Female

OB1

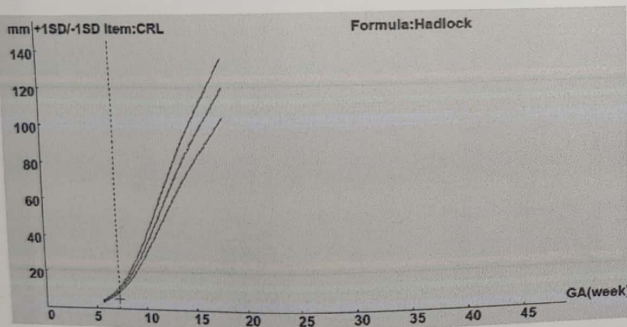
Exam Date: 26/03/2025

Obstetrics - 2 / 2 Page

Ultrasound Image



Fetal Growth



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

Signature (seal):

Date Signed:

26.3.25



SAMARPAN IMAGING CENTER

me : BARASKAR SADIYA TAHER / F

01 May 2025





समर्पणा

इमेजिंग (सोनोग्राफी) सेंटर, बारशी

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, Kurduwadi Road, Barshi - 413401 For Appointment : 74986 48919, 784090 8919



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समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बारशी

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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

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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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
COMPLETE BLOOD COUNT; CBC			
Hemoglobin	11.0	gm/dL	12.0 - 18.0
Total Leucocyte Count	10500	thou/mm ³	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
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
PLATELET COUNTS	255000	thou/mm ³	150000 - 450000
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 blood. platelets, which are also called thrombocytes, are small disk-shaped blood cell 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 indicates disorders of the bone marrow.

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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

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Free Home Visit

Service

Patient Name : Mrs. Sabiya Baraskar

Sex : 25 Yrs. / Female.

Collected At : Outside

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



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 Method: GOD POD	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
- 110-126
- 70-110
- >126

- Urine Sugar
- Impaired Glucose
- Normal Glucose Tolerance
- 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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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 Antigen.

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 reagin test (RPR) very similar to VDRL test

Reference Range

Non Reactive
Diagnostic titre : 1:8

Interpretation

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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DEPARTMENT OF IMMUNOASSAY

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

PREGNANCY

1 st Trimester
2 nd Trimester
3 rd Trimester

REFERENCE RANGE FOR TSH IN uIU/mL

0.100 - 2.500
0.200 - 3.000
0.300 - 3.000

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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/ Sex : 25 Yrs. / Female.

Collected At : Outside

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



Patient ID : 318.319

Sample Date : 02-May-2025

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URINE ANALYSIS

Test Description	Result	Unit	Biological Ref. Interval
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		

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गजानन मॅटर्निटी हॉस्पिटल

फुले प्लॉट्स, उपळाई रोड,
सरकारी गोडाऊन जवळ, बारशी.
फोन : (02184) 226050,

एपॉईंटमेंटसाठी संपर्क : 8380026050



डॉ. वर्षा देवदत्त मोरे

एम.बी.बी.एस., डी.एफ.पी., डी.जी.ओ.

स्त्री रोग व प्रसूतीशास्त्र तज्ञ

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

Name of Patient : **BARASKAR SABIYA TAHER**

Address : bashinge plot barshi solapur

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

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Doctor's Sign & Stamp

Dispensed :

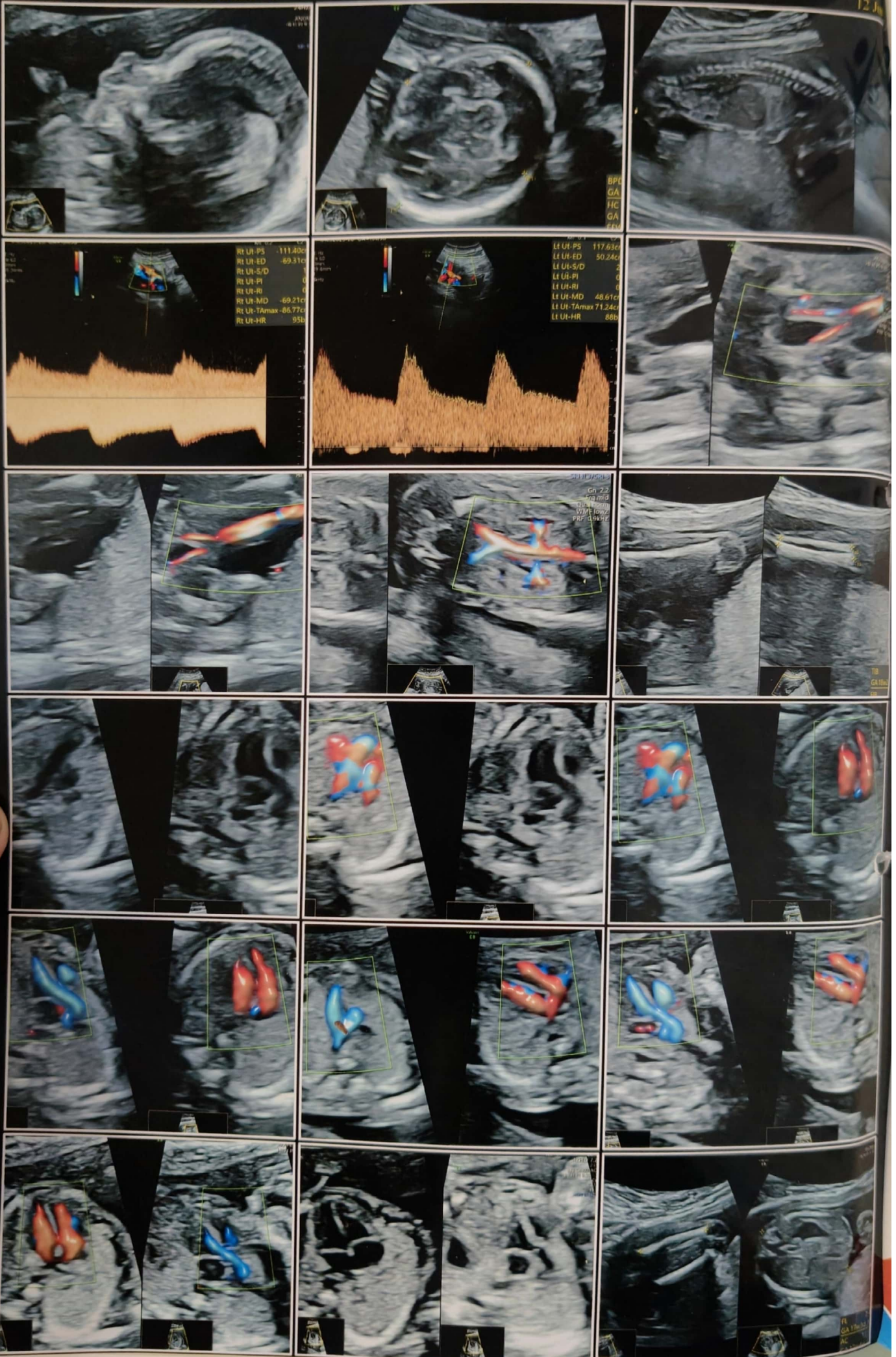
Date : Pharmacist :

Name of Pharmacy / City :

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



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समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बारशी

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. MORE DEVDATTA 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 : Changing

Placenta : Posterior

Liquor : Normal.

Umbilical cord : Two arteries and one vein.

Fetal activity : 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

Dr. Manoj B. Jadhav

Reg. No. 2013/07/2506



Scanned with OKEN Scanner

PATIENT NAME	: MRS. SABIYA TAHER BARASKAR	AGE/SEX	: 25 Years/F
REF. BY	: DR. MORE DEVDATTA 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. Orbits, 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
Final risk 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) = $2500 / 0.13 = 1:19209$

P.T.O

25 June 2025 at 9:19 pm
Shot on OnePlus



समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बारशी

Diagnosis with Care and Excellence

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Consultant Radiologist
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FMF Certified (11-13 wks Scan)



PATIENT NAME	: MRS. SABIYA TAHER BARASKAR	AGE/SEX	: 25 Years/F
REF. BY	: DR. MORE DEVDATTA 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:

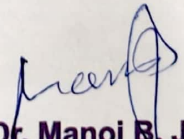
- **SINGLE LIVE INTRAUTERINE GESTATION. ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY: 17 WEEKS 5 DAYS, EDD AS PER ULTRASOUND: 15-NOV-25.**
- **HER ASSIGNED EDD AS PER PREVIOUS USG-CRL IS 17-NOV-25 (17 WEEKS 3 DAYS).**
- **FETAL WEIGHT IS 200 GMS \pm 29 GMS.**
- **ENDOCERVICAL LENGTH: 3.16 CM: NORMAL.**
- **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 B. 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
-----------	--------	------	--------------------------

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.

R. Santoshini

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



MC-5601

Page 1 of 4



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



Initial Report ☒ Duplicate Report ☐ Revised Report ☐ Version No **1**

Prenatal Second Trimester Quadruple Screening Summary

Sample Type : Maternal Serum

Method : Time Resolved Fluoroimmunoassay 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-----

S. Rohit

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

LAB DIRECTOR

This is an electronically authenticated report.



PATIENT REPORT BARASKAR SABIYA TAHER

20/06/2025

Patient SQ50600108121: BARASKAR, SABIYA TAHER

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

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

MAEDD: 25.46	CALCULATED EDD: 15/11/2025	GEST. DATE: 08/02/2025	SELECTED GEST. METHOD: EDD
LMP DATE: -	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZYGOUSS: No	CHORIONICITY: -		
HEIGHT [CM]: -	MATERNAL WEIGHT [KG]: -	DIABETES TYPE II: -	INSULIN TREATMENT FOR TYPE II DIABETES: -
CONCEPTION METHOD: Spontaneous	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: No	PAST T18 - EDWARDS' SYNDROME: No	PAST T13 - PATAU'S SYNDROME: No
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

Ultrasound

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

Tests

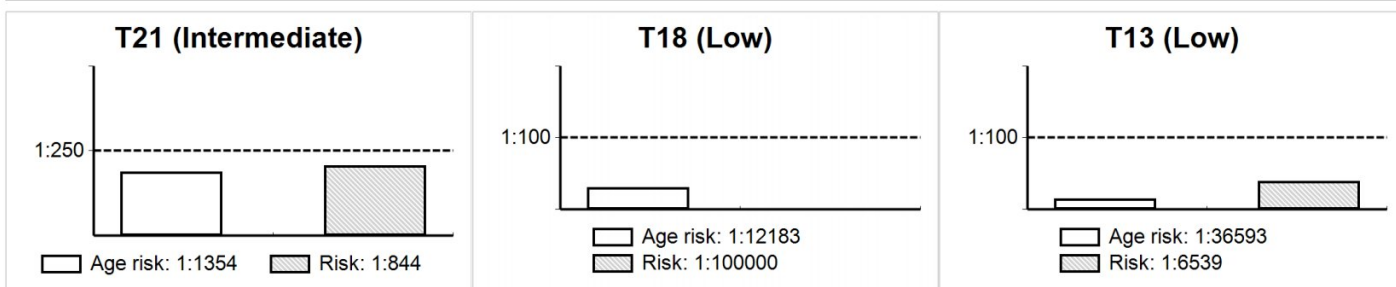
TEST	SAMPLE ID	DATE	GEST. AT SAMPLE DATE (W + D)	VALUE	UNIT	CORR. MOM	WEIGHT [KG]
AFP (Signed)	SQ50600108121	16/06/2025	18 w 2 d	76.5	U/mL	1.82	53
hCGb (Signed)	SQ50600108121	16/06/2025	18 w 2 d	34.5	ng/mL	3.04	53
INHIBIN (Signed)	SQ50600108121	16/06/2025	18 w 2 d	582.1	pg/mL	2.03	53
UE3UPD (Signed)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

Risks, Risk assessed: At term

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

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.

This is an electronically authenticated report

