

# SURAKSHA MULTI SPECIALITY HOSPITAL

H. No. 6-2-2/49

Telephone:

Fax:

Website:



Name: KALYANI  
ID: 20250326-173418-0CE9  
Age: 21 Years  
Gender: Female

OB1

Exam Date: 26/03/2025

Location: JANAGAON

Equipment Used: MINDRAY Consona N6

## Clinical Indications & Data

AUA: 5w6d EDD(AUA): 20/11/2025 Gestations: 1

## Obstetrics - 1/1 Page

### 2D Measurements

CRL

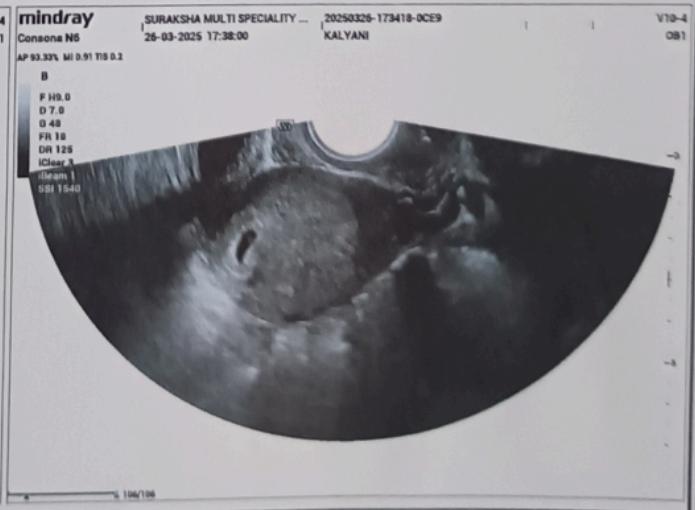
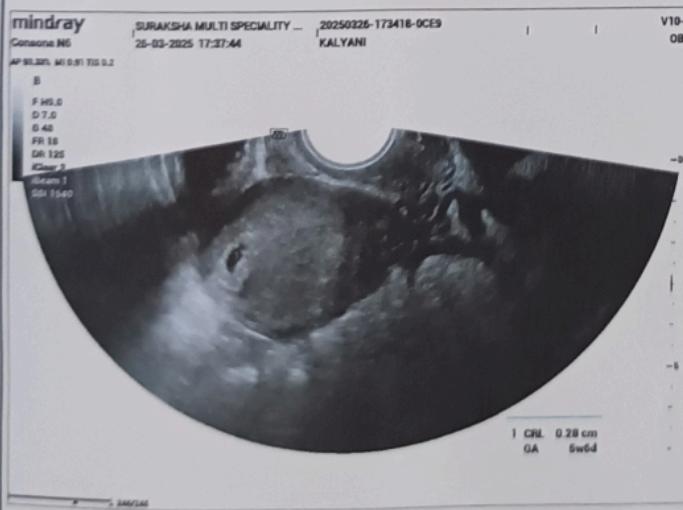
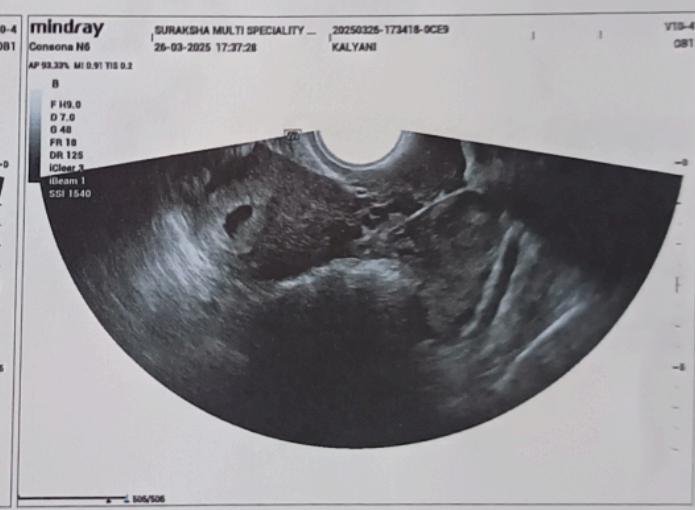
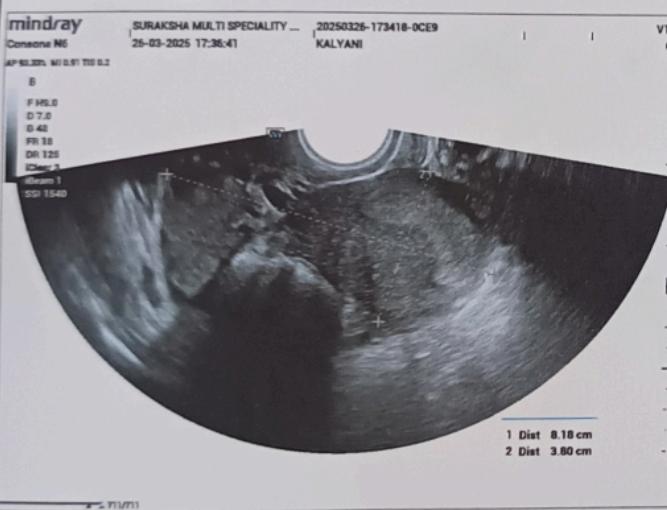
Hadlock

0.28cm

5w6d

✓

### Ultrasound Image



Comments:

SGVF of CA L.S. with  
R. side of C.

Signature(seal):

Date Signed:

Name	Mrs. N KALYANI	Sample ID	40875636
Age/Gender	21 Years/Female	Reg. No	008250327005
Referred by	Dr. RAJINI MBBS DGO	MPD Code	MP-TSF-548
Referring Customer	Suraksha Multi Speciality Hospitals	Collected On	27-Mar-2025 11:07 AM
Sample Type	Serum	Received On	27-Mar-2025 10:13 PM
		Reported On	27-Mar-2025 11:02 PM

**BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I (TFT)</b>				
Triiodothyronine - (TT3)	120.33	ng/dL	70-204	CLIA
Thyroxine - Total (TT4)	8.1	µg/dL	3.2-12.6	CLIA
Thyroid Stimulating Hormone (TSH)	3.08	µIU/mL	0.35-5.5	CLIA

**Pregnancy & Cord Blood**

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks: 9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second & Third Trimester : 100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: 2.3-13.2 µIU/mL

**Interpretation:**

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

\*\*\* End Of Report \*\*\*



*Prathima*  
DR. PRATHIMA  
(MD PATHOLOGY)

Page 1 of 1

\*A<sup>2</sup>  
12/04/25

wt:- 54.7 kg

(M) 9 AM ) 7 AM

10 vomiting & off.

R<sub>1</sub>

Ge: Fair

BP:-  $\frac{100}{60}$  mm of Hg

1. Corp. Origkeit 200

0 — 0 (80)

P10:-  
soft.

2. Tab. Foliorpium

— (G)

3. Tab. Nasic

— (N)

4. Tab. Ramseep

— (G) வீரன்

5. Sys. Visceral (1)

✓ — ✓  
(A/F food)

Enz. HCG 5000 IU/ml

stat

16/04

23/04.

USG next



10 Mrs. Kalgan... W.O. Channay... Age: 21 y... Sex: F... Date: 21/04/2022

Pediatric Checkup

Pratik  
1-8 m/s

Temp	Afternoon
PR	
BP	100/60 mm Hg
Weight	56.0 Kg
LMP	9/02/25
EDD	16/11/25

MH: - Regular

ML: 5 cm

Obst. Hist

Preg: PR

Gc: Fair  
PlA: Soft

Rx  
1. Tab. Duphelyore  
→ (80)

2. Tab. COR S  
→ (10)  
(G)

3. Anterior Seen  
→ (5)  
in 1 gm of water

4. Tab. Sulekha 100 mg i/m Sterk  
8/04.

Tab. Agar 250 (6) 5. Tab. HCG 5000 IU i/m Sterk

21/04

9/04

16/04

Grosir powder 100

100 gm (1)



పిబయి మెడికల్ & జనరల్ స్టోర్స్, శివాజినగర్, భువనగిల్, సర్: 9010973668

Name : **MRS.KALYANI**  
 Age/Gender : **21YEARS/FEMALE**  
 Ref By : **DR.T.L.S.S KIRANMAYI**  
 TypedBy : Billing

Bill Number : **179**  
 Bill Date : **14-May-2025 09:58 AM**  
 Reporting Date : **14-May-2025 11:23 AM**

### **OBSTETRIC ULTRASOUND – NT SCAN**

LMP: 09-02-2025

Menstrual age: 13 weeks 3 days

EDC as per LMP: 16-11-2025

#### **FINDINGS:**

##### **Fetal evaluation:**

Single, intrauterine gestational sac with single fetus. Fetus exhibits good somatic activity and appreciable cardiac activity. FHR: 160 bpm.

Calvarium, limbs and stomach bubble are visualized.

Developing placenta is on posterior wall.

Amniotic fluid adequate.

##### **Fetal biometry:**

**CRL measures 57 mm, corresponding to 12 weeks 2 days.**

**Calculated EDC: 24-11-2025**

##### **Aneuploidy markers:**

Nasal bone visualized. Length measures 2.8 mm.

Nuchal translucency measures 1.2 mm. Normal.

Ductus venous flow normal.

No evidence of tricuspid regurgitation

##### **Maternal structures:**

No retrochorionic hemorrhage present.

There are no focal uterine masses seen.

No pelvic adnexal mass lesion seen.

Cervix measures 4 cm. Internal OS is closed.

No free fluid in POD.

##### **Doppler:**

Right uterine artery: PI: 1.5 **High resistance flow with early diastolic notch noted**.

Left uterine artery :PI: 1.8 **High resistance flow with early diastolic notch noted**.

##### **IMPRESSION:**

\* **Single, live intrauterine gestation corresponding to 12 weeks 2 days.**

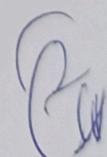
\* **High resistance flow with early diastolic notch bilateral uterine arteries.**

\* **Normal NT scan.**

**Suggested: Complete anomaly scan around 20 weeks.**

Declaration of doctor conducting ultrasonography:

Dr. Chalapathi declare that while conducting ultrasonography on Mrs. Kalyani, I have neither elected nor disclosed the sex of her fetus to anybody in any manner.



**DR. CHALAPATHI ENJAPURI MBBS DNB  
CONSULTANT RADIOLOGIST**

3/8,9, Opp. Area Hospital, Bhongir Town, Yadadri Bhongir Dist., Telangana - 508116  
M1658999

**ANCH**

1, 36, Beside KTM Showroom, Opp. Nalla Cheruvu, Uppal Main Road, Hyderabad, Telangana 500039  
M55 4214, +91 846 685 6600  arcadiagnostics@gmail.com

**MRI | CT | Ultra Sound Scan | Digital X-Ray | TMT | ECG | EEG | PFT | 2D Echo Colour Doppler | Pediatric Echo | Clinical Laboratory**

\*\* 98  
14/05/25

WT:-

52Kgs.

12-18mns

Gen: Fair

BP:-  $\frac{100}{60}$  mm of Hg

PA:-

Uterus just palpable

FP +

FHs +

R<sub>1</sub>

1. Cap. Oviger 200  
(m 20)

2. Teats. Externally  
(m 20)

3. Teats. Rubbing  
(G) 200 (2)

4. Tab. Nasic  
(m 20)

Twi. COR 9 500mg/m

415

2815.

5/06

few

Double ovaries  
test / due

Cell: 7989060832

డా॥ టి.ఎల్.ఎస్.ఎస్. కిరణ్మయి

యం.బ.బ.యస్., డి.జి.బి.

**Jr. T.L.S.S. KIRANMAYI**

MBBS, DGO.

Shivaji Nagar, BHONGIR-500010  
Dist. Yadadri Bhuvanagiri T.S.

Name: A6 Mrs - Kalyani W/o. Chander Age: 21y Sex: F Date: 28/04/25

Vill: Peddaramecharla

Temp	Afternoile
PR	98/99
BP	100/60 Mm of
Weight	54.2 kg
LMP	
SpO <sub>2</sub>	99%

9-10 mns

R

Gc: Fair

PIA: soft

1. Cep. Head 200

(90)

2. Tab. Foliooplus

(20)

(G)

3. Tab. Nostic

(10)

(N)

4. Inj. Atce 5000 Ru i/constell

30/04

11/05

14/05

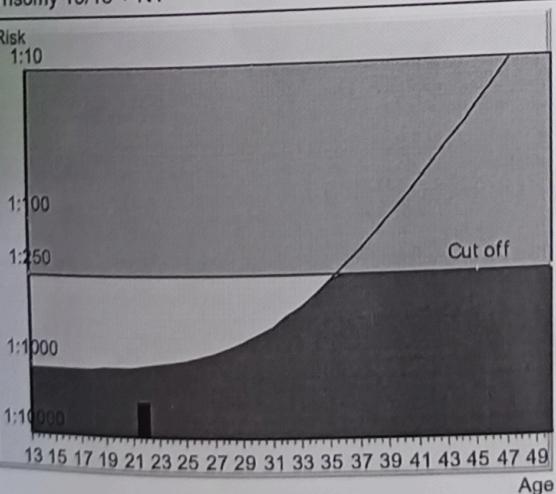


**REPORT**

Prisca 5.1.0.17

Date of report: 15/05/25

N A

Patient data		Patient ID	
Name	Mrs. KALYANI	Patient ID	0842505140016
Birthday	28/07/03	Sample ID	B2679603
Age at sample date	21.8	Sample Date	14/05/25
Gestational age	12 + 1		
Correction factors		Unknown	
Fetuses	1	IVF	Previous trisomy 21 pregnancies
Weight	52	diabetes	no
Smoker	no	Origin	Asian
Biochemical data			
Parameter	Value	Corr. MoM	Ultrasound data
PAPP-A	4.24 mIU/mL	1.06	Gestational age 12 + 1
fb-hCG	44.2 ng/mL	0.92	Method CRL Robinson
Risks at sampling date			
Age risk	1:1045		Scan date 14/05/25
Biochemical T21 risk	1:8864		Crown rump length in mm 57
Combined trisomy 21 risk	<1:10000		Nuchal translucency MoM 0.80
Trisomy 13/18 + NT	<1:10000		Nasal bone present
			Sonographer N A
			Qualifications in measuring NT MD
Trisomy 21			
<p>The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a <b>low risk</b>.</p> <p>After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.</p> <p>The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician. Please note that risk calculations are statistical approaches and have no diagnostic value!</p> <p>The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).</p> <p>The laboratory can not be held responsible for their impact on the risk assessment! Calculated risks have no diagnostic value!</p>			
			
<p><b>Trisomy 13/18 + NT</b></p> <p>The calculated risk for trisomy 13/18 (with nuchal translucency) is &lt; 1:10000, which represents a low risk.</p>			

**REPORT**

 Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple, Peerzadiguda, Hyderabad, Telangana.  
 ICMR Reg. No. SAPALAPVLHT (Covid-19)

Name	: Mrs. KALYANI	Reg. No	: 0842505140016
Sample ID	: B2679603	SPP Code	: SPL-TG-084
Age/Gender	: 21 Years/Female	Collected On	: 14-May-2025 04:10 PM
Referred by	: Dr. KIRAN MAI MBBS DGO	Received On	: 14-May-2025 10:43 PM
Referring Customer	: K.K.NURSING HOME	Reported On	: 15-May-2025 12:38 PM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Serum		
Client Address	: LIC BUILDING		

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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DF Attached
**Double Marker**

Free -Beta -HCG (Method: CLIA)	44.20	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant
PAPP-A (Method: CLIA)	4.24	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:200
Trisomy 18/13	< 1:100
DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

**Note:** Statistical evaluation has been done using CE marked PRISCA 5 software. Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

**Comments:** First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

\*\*\* End Of Report \*\*\*



Name : MRS.KALYANI  
 Age/Gender : 21YEARS/FEMALE  
 Ref By : DR.T.L.S S KIRANMAYI  
 TypedBy : Yuktha

Bill Number : 417  
 Bill Date : 09-Jul-2025 10:44 AM  
 Reporting Date : 09-Jul-2025 12:11 PM

**Thorax:**  
 Normal cardiac situs. Four chamber view normal. Outflow tracts appeared normal.  
 Both lungs seen. Diaphragm is intact.  
 No evidence of pleural or pericardial effusion.  
 No evidence of SOL in the thorax.

**Abdomen:**

Abdominal situs appeared normal.  
 Stomach and bowel appeared normal. No evidence of ascites.  
 Abdominal wall intact.

**KUB:**

Fetal kidneys are normal in size. No pelvicalyceal dilatation.  
 Urinary bladder appeared normal.

**Limbs:**

All fetal long bones visualized and appear normal for the period of gestation.  
 Both feet appeared normal.  
 Hands and fingers appeared normal on both sides.

**Amniotic fluid:** Adequate. Single largest pocket measures 3.5 cm.

**Placenta:** is posterior wall. Lower margin 3.1 cm away from internal OS. Shows grade I maturity. No previa

**Umbilical cord:** 3 vessels noted.

**Cervix:** length measures 4.5 cm. Internal OS is closed.

**Doppler:**

Right uterine artery: PI: 0.8. Normal low resistance flow.  
 Left uterine artery: PI: 0.7. Normal low resistance flow.

**IMPRESSION:**

\* Single, live intrauterine fetus of sonological age 20 weeks 3 days in variable presentation.

\* Hypoplastic nasal bone.

\* No other major structural anomalies.

**Suggested clinical, quadruple marker test, Feta echo and follow-up.**

Note: All anomalies cannot be ruled out by ultrasound, since assessment of fetal anomalies depends on fetal position, liquor volume and period of gestation at time of scan. Ultrasound alone cannot exclude all genetic syndromes or chromosomal abnormalities. Ultrasound scan being an investigation with technical limitations has to be correlated clinically.

Declaration of doctor conducting ultrasonography:

I Dr. Chalapathi Enjapuri declare that while conducting ultrasonography on Mrs. Kalyani, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



ನರ್ಸಿಂಗ್ ಹ್ಯಾಮ್  
NURSING HOME  
ji Nagar, BHONGIR-508116  
Yadadri Bhuvanagiri T.S.



Cell: 7989060832

ಡಾ. ಡಿ.ಎಲ್.ಎಸ್.ಎಸ್. ಕಿರಣ್ಯಾ

ಯಂ.ಜ.ಜ.ಯನ್.ಡಿ.ಎ.ಎ.

Dr. T.L.S.S. KIRANMAYI

MBBS, DGO.

Mrs. Kalyan? W.I.D. Chandu Age: 21y Sex: F Date: 05/06/25  
peddarammetraile

Temp A-febrile

PR

BP 110/70 mmHg

Weight 53.4 Kgs

LMP

EDD

15-16 wks

Gr: Fair

PIA: Uterus 14-16 wks

Relaxed

FP  $\oplus$

FHT  $\oplus$

R

1. Cep. Ovrigest 200

(20)

2. Tab. Feliagent

(20)

3. Tab. Tayyelxit

(20)

Tab. Ecosporein 75

(20)

4. Tab. Noxi

(20)

Tab. Panse 40

(10)

(G) ಯರ್ಗ

Antitoxin Serum

\$0

Wt 4 gms of ur



(18) \*

30/06/25

wt:-

55.1 kg

18-19 mns

Gc: Fair

R<sub>p</sub>

BP:-  $\frac{100}{60}$  mmHg

PlA:-

Uterus 18 mns

Relaxed

FP +

F+Hs +

1. Tab. Erosif

— (m) 20

2. Tab. Fibrotic

— (m) 20

3. Tab. Calcified

— (m) 20

4. Tab. Eosinophilic

— (m) 20

5. Tab. Pseudo

— (G) 10

(G) 10

6. Tab. Agitated

— (G) 15

ACW  
NIPIT test

Name : MRS.KALYANI  
 Age/Gender : 21YEARS/FEMALE  
 Ref By : DR.T.L.S.S KIRANMAYI  
 TypedBy : Yuktha

Bill Number : 417  
 Bill Date : 09-Jul-2025 10:44 AM  
 Reporting Date : 09-Jul-2025 12:11 PM

### ULTRASOUND TIFFA

LMP: 09/02/2025  
 Menstrual age: 21 weeks 3 days  
 EDC as per LMP: 16/11/2025

Single live fetus in with **variable** presentation.

#### **Fetal biometry:**

BPD : 46 mm, corresponding to 19 weeks 6 days  
 HC : 180 mm, corresponding to 20 weeks 3 days  
 AC : 158 mm, corresponding to 20 weeks 6 days  
 FL : 33 mm, corresponding to 20 weeks 1 day

Fetal wt: approximately 361 ± 53 gm.

GA age by scan: 20 weeks 3 days

Calculated EDC: 23/11/2025

Fetal heart rate is 149 Beats/ minute.

#### **Fetal evaluation:**

##### **Head:**

Brain parenchyma, ventricular system and choroid plexus are normal.  
 Maximum diameter of lateral ventricular atrium 5.6 mm.  
 Mid line falx and cavum septum pellucidum are visualized.  
 Posterior fossa appeared normal. Trans cerebellar diameter measures 19 mm. AP diameter of Cisterna magna measures 3.8 mm.  
 No identifiable intracranial lesion seen.

##### **Spine:**

Entire spine visualized in longitudinal and transverse axis.  
 Vertebrae and spinal canal appeared normal.  
 No evidence of open neural tube defects.

##### **Face:**

Fetal face seen in the coronal and profile views.  
**Nasal bone is hypoplastic measuring 2.8 mm.**  
 Both orbits and mouth appeared normal.  
 No evidence of facial cleft.

**Neck:** Neck appeared normal. Nuchal thickness measures 2.2 mm.

