

SURAKSHA MULTI SPECIALITY HOSPITAL

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

H. No. 6-2-2/49
Telephone:
Fax:
Website:



OB1

Exam Date: 26/03/2025
Location: JANAGAON
Equipment Used: MINDRAY Consona N6

Clinical Indications & Data

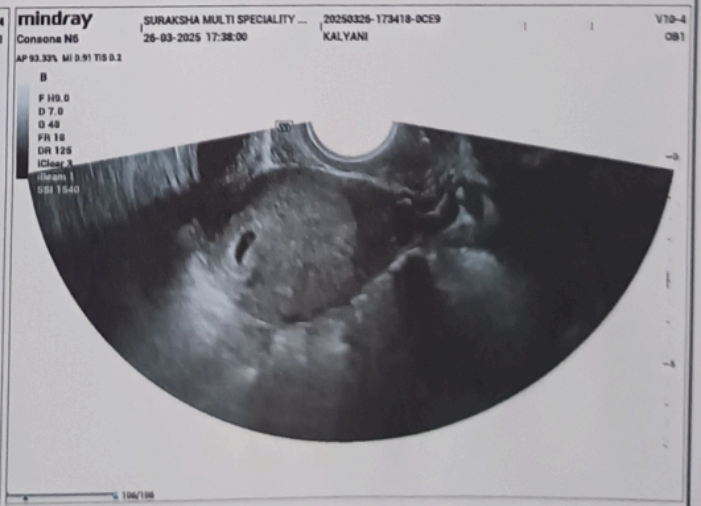
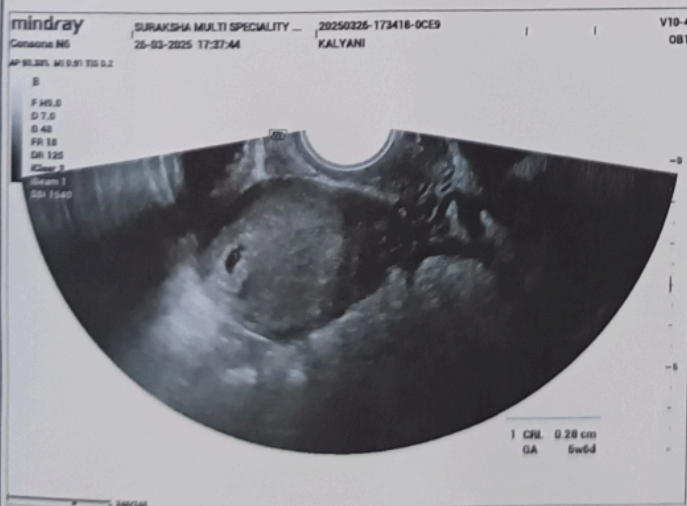
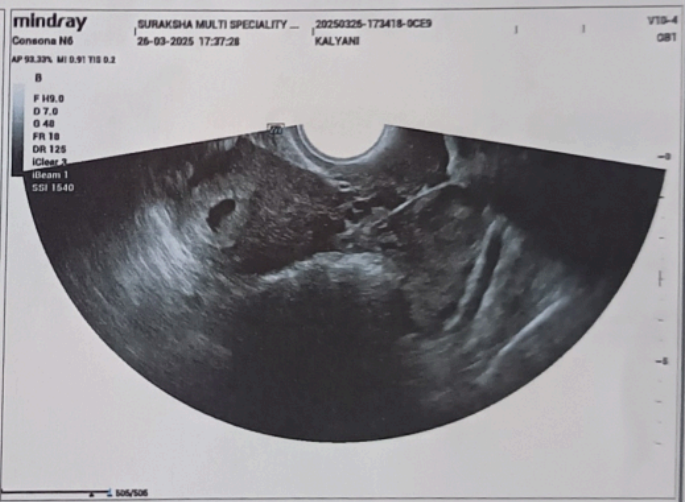
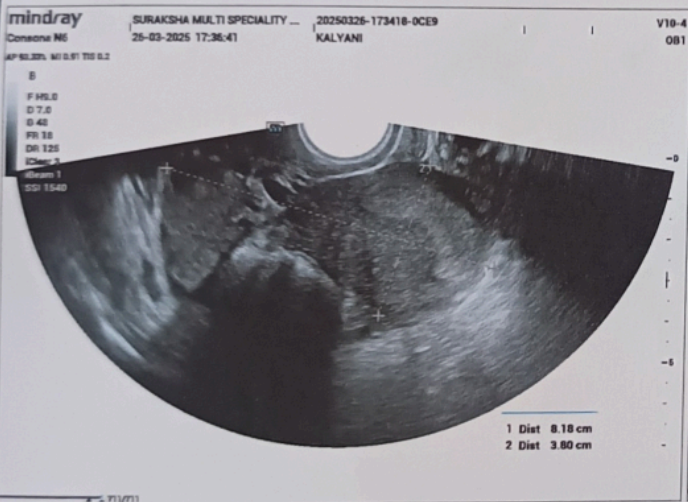
AUA: 5w6d EDD(AUA): 20/11/2025 Gestations: 1

Obstetrics - 1/1 Page

2D Measurements

CRL Hadlock 0.28cm 5w6d ✓

Ultrasound Image




Comments:

SGUF OK CA L small
the scan after @

1

Signature(seal):

Date Signed:

Name	: MRS. N KALYANI	Sample ID	: 40875636
Age/Gender	: 21 Years/Female	Reg. No	: 0082503270005
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
Thyroid Profile-I (TFT)				
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

*A²

12/04/25

wt: - 54.7 kg

(m 9mm) - Fnew

40 vomitings on & off.

Gc: Fair

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

PIA: -
Soft.

R₁

1. Cap. Origest 200

0 — 0 (30)

2. Tab. Folioampun

(G)

(15)

3. Tab. Nasic

(A)

(15)

4. Tab. Raloxep

(G) wōn

(15)

5. Sys. vinyzou (1)
Stat
(Atm food)

Ins: HCG 5000 U/ml

16/04

23/04.

Usg 2004



Adm: Mrs. Kalpana w/o. Chandra, Age: 21y, Sex: F, Date: 2/04/25

Peddapamra Chandra

Temp: Afebrile
PR:
BP: 100/60 mmHg
Weight: 56.0 kg
LMP: 9/02/25
EDD: 16/11/25

ప్రసవం
7-8 నెల

MH: Regular

Rp
1. Tab. Duphaston
— (30)

గు: 5 నెలలు
Ncm,

2. Tab. COR 3
— (10)
(G)

Obst. Hist
Preg: PR

3. Amitriptyline 25mg
— (5)
(మె)
నా 1 గ్లొబ్లెట్ వలె

SLUG: see
40/14 see
pouch

4. Ins. Sulfate 1000 mg i/oa Stat
8/04,

Tab. 400mg (6)
5. Ins. HCG 5000 IU i/oa Stat
2/04

Gestur powder 10g
— (1)
9/04
16/04



Name : MRS.KALYANI
Age/Gender : 21YEARS/FEMALE
Reff 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 detected 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, Bhonigir Town, Yadadri Bhongir Dist., Telangana - 508116
91658999

ANCH

36, Beside KTM Showroom, Opp. Nalla Cheruvu, Uppal Main Road, Hyderabad, Telangana 500039
955 4214, +91 846 685 6600 ✉ arcadiagnostics@gmail.com

5



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from your home

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**A8

14/05/25

WT: -

52 kgs.

12-18 mm

Gr: Fair

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

PHA: -

Uremic palpable

FP (+)

FHS (+)

R_g

1. Cap. Oligest 200

(on 20)

2. Tab. Coefmin 4

(20)

3. Tab. Pulnirap

(G) 20

4. Tab. Nasic

(10) 20

Trw. COR 9 500 mg/ml

415

285.

5/06

AW

Double screen test ✓ due

Cell: 7989060832

డా॥ టి.ఎల్.ఎస్.ఎస్. కిరణ్మయి

యం.బి.బి.యస్., డి.జి.డి.

Jr. T.L.S.S. KIRANMAYI

MBBS, DGO.

Shivaji Nagar, BHONGIR-508110
Dist. Yadadri Bhuvanagiri T.S.

AG Mrs:- Kalyani W/o. Chandee Age: 21y Sex: F Date: 28/04/25
Name: Vellk Peddaramacharla

9-10 wks

Temp Afebrile
PR 98/min
BP 100/60 mmHg
Weight 54.2 kg
LMP 28/04/24
SpO₂ 99%

R

Gr: Fair

1. Temp. Held 200

(90)

PlA: Soft

2. Tab. Folio plus

(20)

(G)

3. Tab. Norel

(10)

(G)

4. Ins. ALC 5000 IU i/m stat

30/04

7/05

14/05



REPORT

Prisca

5.1.0.17

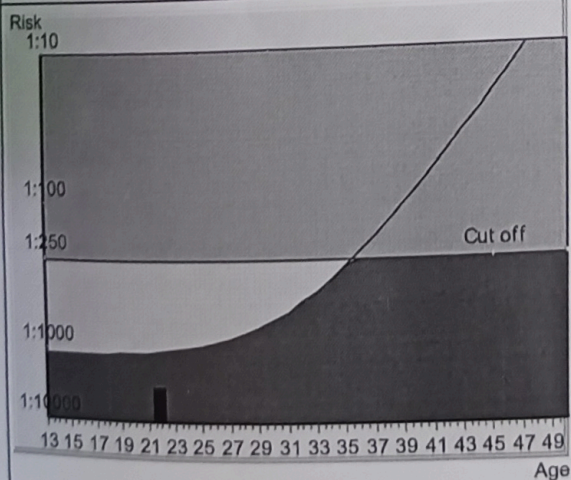
Date of report:

15/05/25

Patient data		Mrs. KALYANI	Patient ID	0842505140016
Name			Sample ID	B2679603
Birthday		28/07/03	Sample Date	14/05/25
Age at sample date		21.8		
Gestational age		12 + 1		

Correction factors	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Fetuses	52	diabetes	no		
Weight	no	Origin	Asian		
Smoker					

Biochemical data			Ultrasound data		
Parameter	Value	Corr. MoM	Gestational age		12 + 1
PAPP-A	4.24 mIU/mL	1.06	Method		CRL Robinson
fb-hCG	44.2 ng/mL	0.92	Scan date		14/05/25
Risks at sampling date			Crown rump length in mm		57
Age risk		1:1045	Nuchal translucency MoM		0.80
Biochemical T21 risk		1:8864	Nasal bone		present
Combined trisomy 21 risk		<1:10000	Sonographer		N A
Trisomy 13/18 + NT		<1:10000	Qualifications in measuring NT		MD



Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

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.

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!

The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).

The laboratory can not be hold responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

REPORT

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

 Name : Mrs. KALYANI
 Sample ID : B2679603
 Age/Gender : 21 Years/Female
 Referred by : Dr. KIRAN MAI MBBS DGO
 Referring Customer : K.K.NURSING HOME
 Primary Sample : Whole Blood
 Sample Tested In : Serum
 Patient Address : LIC BUILDING

 Reg. No : 0842505140016
 SPP Code : SPL-TG-084
 Collected On : 14-May-2025 04:10 PM
 Received On : 14-May-2025 10:43 PM
 Reported On : 15-May-2025 12:38 PM
 Report Status : Final Report

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
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 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)	< 1:250
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 ***




ARCA
 DIAGNOSTICS


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.

1-4-13/89, Opp. Area Hospital, Bhonigir Town, Yadadri Bhongir Dist.,
 1 9701658999

CL BRANCH

lar No. 36, Beside KTM Showroom, Opp. Nalla Cheruvu, Uppal Main Road, Hyderabad, Telangana 500039
 140-2955 4214, +91 846 685 6600 arcadiagnostics@gmail.com

10

Dr. CHALAPATHI ENJAPURI MBBS, DNB (RD)
 CONSULTANT RADIOLOGIST

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ji Nagar, BHONGIR-508116
Yadadri Bhuvanagiri T.S.



Cell: 7989060832

డా॥ టి.ఎల్.ఎస్.ఎస్. కిరణ్మయి

యం.బి.బి.యస్. డి.జి.ఓ.

Dr. T.L.S.S. KIRANMAYI

MBBS, DGO.

Mrs. Kalyani w/o. Chandu Age: 21y Sex: F Date: 05/06/25
peddaramacharla

Temp Afebrile
PR
BP 110/70 mmHg
Weight 53.4 kgs
LMP
EDD

15-16 wks

Gc: Fair

PlA: Uterus 14-16 wks

Relaxed

FP (+)

FHS (+)

R₁

1. Cap. Oxygent 200

(స) (20)

2. Tab. Folic acid

(స) (20)

3. Tab. Tamsulosin

(మ) (20)

Tab. Escogonin 75

(మ) (20)

4. Tab. Norel

(స) (20)

Tab. Paracetamol

(గ) యిరగ (10)

Angiotensin Receptor

(మ) (20)

in 1 glass of water



(A8) *

30/06/25

Wt:-

55.1 kgs.

18-19 men

Gci:- Fair

Rp

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

PHA:-

Utein 18 men

Relaxed

FP (+)

FHS (+)

1. ~~Tab. Dextro~~ Profit (20)

2. Tab. Fenitro (20)

3. Tab. Calceol (20)

4. Tab. Ecoprin 75 (20)

5. Tab. Pansa 40 (10)
(G) won

6. Tab. Argittor (15)
(G)

Adv
NIP test.



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

Facial face seen in the coronal and profile views.
Mental 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.