



TEST REQUISITION FORM (TRF)



Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):

Name: SMT. Visha Debey

Age: 28 Yrs: _____ Months _____ Days

Sex: Male ☐ Female ☒ Date of Birth: ☐☐☐ ☐☐☐ ☐☐☐☐

Ph: _____

Client Details:

SPP Code

Customer Name

Customer Contact No

Ref Doctor Name

Ref Doctor Contact No

Specimen Details:

Sample Collection date: 31/7/25

Specimen Temperature:

Sent

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Sample Collection Time: _____ AM / PM

Received

Frozen (<-20°C) ☐

Refrigerator (2-8°C) ☐

Ambient (18-22°C) ☐

Test Name / Test Code

Sample Type

SPL Barcode No

Serum

B3148918

Dual marker

Antenatal - 898810336745

DOB - 01/01/1995

Clinical History:

Note: Attach duly filled respective forms viz. Maternal Screening form (for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, HLA form, HLA Typing form along with TRF.



No. of Samples Received:

Received by:



BDC

Bundelkhand Diagnostic Centre
CT Scan, MRI, USG, X-Ray and Pathology

Imaging
Beyond
Imagination



PT. NAME MRS. VARSHA DUBEY

AGE/SEX-28 YR/F

REF DR.-DR. SAVITA VISHWAKARMA

DATE-09.07.2025

EARLY ANTENATAL SONOGRAPHY (TAS)

LMP : 28.04.2025

EDD : 02.02.2026

Study shows an enlarged uterus with a single well-formed gestational sac in the cavity.

Embryo with normal cardiac activity seen (FHR= 176bpm)

CRL : 2.44 cm corresponding to 9 weeks 1 day.

Cal EDD : 10.02.2026

Decidual reaction is good. No evidence of subchorionic or retroplacental hematoma. .

Cervical length measuring 3.5 cm and internal OS appear normal.

Right ovary appears bulky measuring approx- 22.3 cc in volume, with evidence of approx- 25.5 x 21.2 mm of size anechoic cyst noted in right ovary suggestive of right ovarian follicular cyst.

Left ovary appear normal measuring approx- 3.6 cc in volume and echotexture.

No obvious adnexal mass lesion seen.

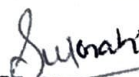
There is no free fluid in POD.

IMPRESSION: -

- EARLY SINGLE LIVE INTRAUTERINE PREGNANCY WITH CRL CORRESPONDING 9 WK 1 DAY MATURITY.
- BULKY RIGHT OVARY, WITH RIGHT OVARIAN FOLLICULAR CYST AS DESCRIBED ABOVE

ADVICE FOLLOW UP NT SCAN AT 12- 13 WEEKS. (7 AUGUST 2025)

DR. SUKRATI SHRIVASTAVA
MBBS, MD
CONSULTANT (RADIOLOGIST)
REG.No.-MP-24445


DR. SUKRATI SHRIVASTAVA (MD)
Consultant Radiologist

Reg. no.- MP 24445

I DR. SUKRATI SHRIVASTAVA declare that while conducting ultrasonography on MRS VARSHA DUBEY I have neither detected nor disclosed the sex of her fetus to anybody in any manner. NB: This is not an anomaly scan. ultrasound scanning cannot detect all fetal anomalies. Eventhough this scan has been performed as per current international guidelines for fetal imaging, certain anomalies go undetected due to technical limitations, maternal body habitus, unfavourable fetal positions or subnormal amount of liquor. This report is not valid for any medicolegal aspect. The fetal cardiac anomalies are detected by fetal echo only.

बुन्देलखण्ड डायग्नोस्टिक सेन्टर

९ मेडीकल कॉलेज के बाजू में, तिली रोड़ सागर (म.प्र.)

• 07582 2011100 07582 2021100

Emergency
Services **24x7**

The Scan Behind The Cure



धनु श्री क्लीनिक

डॉ. सविता विश्वकर्मा
मो. 9171852870

Date : 30/7/25

Pt. Name : Mrs. Vansha Dubey

R_x

Age / Sex : 23 yrs / F. Weight : 61 kg

UMP: - 28/4/25
LDD: - 21/2/26
(Wt) - 10/2/26

40
Bumh ANC (pūm)
waib checkup
Nausea, vomiting
fever

BP: 100/60 mm Hg
10/8 - 8 yr

P
- nb. vomiting & fever
1 No x 10 d

P/B: -
just palpable

- Syp. Digilent - 1
amp ——— amp

- Syp. Crasblacthal 9
amp ——— amp

Adn
- cbl
Dual marker
Bld gyp
RBS

- nb. ~~RBS~~ medomel 500
1 500 x 10 tabs

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें ।

पता - हनुमान बाग, क्षमा हार्डवेयर वाली गली, आरती मेडिकल के सामने, बेगमगंज, जिला-रायसेन



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

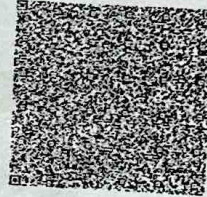
नामांकन क्रम / Enrollment No. : 0820/18018/00157

To
Varsha Dubey
वर्षा दुबे
C/O Abhishek Dubey
Tah Begamganj
Padajhir
Padajhir, Begamganj, Raisen,
Madhya Pradesh - 464881
8821929983

23/11/2013
83219068



KA832190682FH



आपका आधार क्रमांक / Your Aadhaar No. :

8988 1033 6745

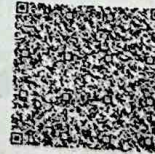
मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



वर्षा दुबे
Varsha Dubey
जन्म तिथि / DOB: 01/01/1995
लिंग / Gender: Female



8988 1033 6745

मेरा आधार, मेरी पहचान