



# TEST REQUISITION FORM (TRF)

**Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY):**Name : Mrs. Ashvini ChavanAge : 25 Yrs : \_\_\_\_\_ Months \_\_\_\_\_ DaysSex : Male ☐ Female ☒ Date of Birth : ☐☐☐ ☐☐☐ ☐☐☐☐

Ph : \_\_\_\_\_

**Client Details :**SPP Code SO-19Customer Name SELF.

Customer Contact No \_\_\_\_\_

Ref Doctor Name Shivaji Sadekar.

Ref Doctor Contact No \_\_\_\_\_

**Specimen Details:**

|                                  |                        |          |                                          |                                               |                                            |
|----------------------------------|------------------------|----------|------------------------------------------|-----------------------------------------------|--------------------------------------------|
| Sample Collection date :         | Specimen Temperature : | Sent     | Frozen (<-20°C) <input type="checkbox"/> | Refrigerator (2-8°C) <input type="checkbox"/> | Ambient (18-22°C) <input type="checkbox"/> |
| Sample Collection Time : AM / PM |                        | Received | Frozen (<-20°C) <input type="checkbox"/> | Refrigerator (2-8°C) <input type="checkbox"/> | Ambient (18-22°C) <input type="checkbox"/> |

| Test Name / Test Code                                                                            | Sample Type | SPL Barcode No |
|--------------------------------------------------------------------------------------------------|-------------|----------------|
|  Double marker. | Serum.      | B3593472       |
| DOB: - 23/10/2000.                                                                               |             |                |
| Height: - 5 feet 3 inch.                                                                         |             |                |
| Weight: - 63.00 Kg.                                                                              |             |                |

Clinical History:

No. of Samples Received:

Received by:

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

Ashwini Chavan 25/F  
8830957076

Double  
master's  
test

DOB :- 23/10/2000.  
Weight :- 63 kg.  
Height :- 5.3.



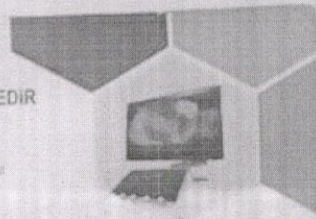
# समर्पण

इमेजिंग (सोनोग्राफी) सेंटर, बार्शी

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. ASHWINI SIDDHESHWAR CHAVAN       | AGE/SEX | : 25 Years/F |
| REF. BY      | : DR. SADEKAR SHIVAJI, MBBS, MS (OB/GY) | DATE    | : 19-Sep-25  |

## OB-First Trimester Scan Report

|                |                           |                      |
|----------------|---------------------------|----------------------|
| LMP: 21-Jun-25 | GA (LMP): 12 weeks 6 days | EDD (LMP): 28-Mar-26 |
|----------------|---------------------------|----------------------|

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

### Maternal:

Cervix measured 3.25 cm in length. OS closed.

Right uterine PI : 1.67

Left uterine PI : 1.58

Mean PI : 1.63 (55 %)

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-148 bpm

### Biometry (Headlock)

|     | Measurement | GA              | Percentile |  |
|-----|-------------|-----------------|------------|--|
| BPD | 2.07 cm     | 13 weeks 2 days | 51.10 %    |  |
| HC  | 8.22 cm     | 13 weeks 4 days | 57.30 %    |  |
| AC  | 6.23 cm     | 13 weeks 0 days | 64.00 %    |  |
| FL  | 1.00 cm     | 13 weeks 0 days | 47.60 %    |  |
| EFW | 68 gms      | 12 weeks 5 days | 37.70 %    |  |

CRL- 6.89 cm. (13 weeks 1 days) IT (Intracranial translucency) - 0.21 cm

### Aneuploidy Markers

Nasal Bone : 0.18 cm -Present

Nuchal translucency : 0.13 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.



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### IMPRESSION:

- Single live intrauterine gestation corresponding to gestational age of 13 weeks 1 days.
- Menstrual age is 12 weeks 6 days.
- EDD by USG (Biometry-CRL): 26-Mar-26.
- Assigned EDD (As per LMP): 28-Mar-26.
- Nuchal translucency (0.13 cm), nasal bone, tricuspid regurgitation: within normal limits.
- Endocervical length: 3.25 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.

### 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 B. 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.

Dr. Manoj B. Jadhav

Reg. No. 2013/07/2596

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

AI QUAD CAMERA  
Shot by Saurabh

