



TEST REQUISITION FORM (TRF)



SPL CODE : Shuiman Diagnostic Center.

Date : 10/10/25

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	Mrs. Asmin	39	Double marker	serum	B280 1334	07/10/25	Durkinti	Kawra
2.	kham	F	DOB - 22/08/86					
3.			UMP - 16/04/25					
4.			Ht - 5.5					
5.			Wt - 83.0					

* Note Attached Clinical Report If Required

o.	Test Name	Date Of Report	Amount (₹)
	DOUBLE MARKER	09/10/2025	2500.00

Lmp - 16/अक्तूबर 25
 W - 83.0
 H - 8.5
 Dob - 22/08/1986

Total ₹2500.00
 Paid ₹2000.00
 Total Due ₹500.00

Generated By VANI

अत्याधुनिक मशीनों द्वारा सर्वोत्तम त्वरित जाँच एम.आर.आई. (1.5/3 टेस्ला). 3D सी.टी. स्कैन (96 स्लाइस), 4D सोनोग्राफी, सोनोमैमोग्राफी, ईको. टी.एम.टी. ई.ई.जी., ई.सी.जी., खून-जाँच, मल-मूत्र जाँच एवं अन्य सभी पैथोलोजी जाँच उपलब्ध।
 रसीद साथ में अवश्य लावें।

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PT'S NAME MRS. ASMIN KHAN

DOPPLER ASSESMENT & COLOUR FLOW IMAGING

RIGHT UTERINE ARTERY

Doppler

PSV - 41.03 cm/s.

EDV - 7.99 cm/s.

TAmx - 15.77 cm/s.

R.I. - 0.81

P.I. - 2.10

S/D - 5.14

LEFT UTERINE ARTERY

Doppler

PSV - 53.38 cm/s

EDV - 7.42 cm/s.

TAmx - 19.11 cm/s.

R.I. - 0.86

P.I. - 2.41

S/D - 7.19

The sensitivity of ultrasonography has its limitations in detections congenital anomalies because of moving fetal positions, maternal fat, amount of liquor, nature of abnormalities presenting at different fetal ages, overlapping foetal parts and the abnormalities that are not obvious morphologically.

INFERENCE:- SINGLE VIABLE FOETUS OF 11 WEEKS 5 DAYS DURATION.
COLOUR FLOW IMAGING NORMAL (UTERINE ARTERY FLOW)
CORPUS LUTEAL CYST MATERNAL LEFT OVARY.

ADVICE- ANOMALY SCAN AT 18-22 WEEKS.

I have not detected or disclosed the sex of the foetus to anybody in any manner

This document is medical report cannot be used for other purposes.

DR. GAURAV KOHLI
D.M.R.D

(SENIOR SONOLOGIST & RADIOLOGIST)
FORMER REGISTRAR SEC - 9 HOSP.

DR. SUDHIR KUMAR SHUKLA
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