



Spandev

TEST REQUISITION FORM (TRF)



SMT. MANISHA SUNA 31/E
SPL CODE : DR. VERONICA YUBL MA 04/11/2025

Date :

| S.No. | Patient Name in Capital | Age/Sex | Test Code & Test Name | Sample Type | Barcode No. | Sample Collection Date & Time | Ref. Customer | Referral Docto |
|-------|-------------------------|---------|-----------------------|-------------|-------------|-------------------------------|------------------|----------------|
| 1. | T3 T4 TSH | | HPLC | | | | | |
| 2. | DUAL MARKER | | D.O.B - 22/04/1994 | | | | HT9M - S.A Tech, | |
| 3. | Weight | | 67.6 kg | | | | | |
| 4. | USG | | 12 wks 4 days | | | | 5-A1442343 | |
| 5. | UM | | 10/08/2025 | | | | E-A1442344 | |

* Note Attached Clinical Report If Required

DR. C.P. ADWANI

MBBS, DMRD., (Goldmedal)
Radiologist & Sonologist

PATIENT'S NAME : MRS MANISHA SUNA

AGE/SEX: 31Y/F

REFERRED BY : DR. V YEUL

DATE : 04/11/2025

OBSTETRICS SONOGRAPHY+NT SCAN

GRAVID UTERUS

The real time, B mode, sonography of gravid uterus was performed.)

The L.M.P. : 10/08/2025

The Gestational age from L.M.P. is : 12 Wks 02 days

* The E.D.D. from L.M.P. : 17/05/2026

OBSERVATIONS:

- * The uterus is bulky.
- * A single gestational sac is noted in uterine cavity with regular margins and trophoblastic reaction .
- * The yolk sac echo is seen.
- * The foetal poles are visible
- * The CRL is 61.9 mm is corresponding 12 Wks. 04 day
- * The foetal cardiac pulsations present .Fhr - 162B/pm
- * P lacenta is anterior and grade 0 maturity
- * cervix is short (2.6cm)
- * The internal os closed

IMPRESSION: - SINGLE, LIVE, NORMAL INTRAUTERINE FOETUS 12WKS 04DAYS

- USG EDD- 15/05/2026± 1 WKS.) WITH SHORT CERVIX (2.6 CM)
- G AGE BY USG CORRESPONDING WITH G AGE BY LMP
- NUCHAL TRANSCLEUCENCY APPEAR NORMAL(1.14MM)
- DUCTUS VENOSUS FLOW APPEAR NORMAL
- NASAL BONE APPEAR NORMAL(2.1 MM)
- PI INDEX RIGHT UTERINE ARTERY-2.0
- PI INDEX LEFT UTERINE ARTERY 2.1

| NEXT USG SUGGESTION | |
|------------------------|-------------------|
| ANOMALY SCAN | COLOR DOPPLER |
| 31 DEC 06 JAN 2025 -26 | 04-10 MAR 2025-26 |

[Signature]
DR. C. P. ADWANI
MBBS, DMRD
CONSULTANT RADIOLOGIST & SONOLOGIST

Thanks for the referral
PLEASE CORRELATE WITH CLINICAL OTHER LAB. FINDINGS.
I DR C P ADWANI declare that while conducting ultrasonography on MRS
neither detected nor disclosed the sex of her foetus to any body in any manner

MANISHA SUNA

I have



DR. C.P. ADWANI

MBBS, DMRD., (Goldmedalist)

Radiologist & Sonologist

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Risk assessment

Risk for trisomies at 11-13 weeks

This application allows estimation of risks for trisomies 21, 18 and 13 at 11-13 weeks' gestation by a combination of maternal age, fetal nuchal translucency thickness, fetal heart rate and maternal serum free β -hCG and PAPP-A.

The values for PAPP-A and free β -hCG depend on maternal characteristics and reagents used for analysis and they therefore need to be converted into MoMs.

In the application above you can either use the MoM values reported by the laboratory or enter the raw data and the MoM values will be calculated.

Risks from History

Trisomy 21: 1 in 960

Trisomy 13/18: 1 in 1700

The risk from history is based on a maternal age of 31 years and previous affected pregnancies.

Risks from History, NT

Trisomy 21: 1 in 7400

Trisomy 13/18: 1 in 6000

The adjusted risk is the risk at the time of screening. The calculation is based on the background risk and the following parameters: Ultrasound factors (NT).