

~~2/10/85~~ @ 2000ft ID POU

④ Bp 120/80
wt: 55kg

PlA. wt 20kg
Hb (++)

clb Rain layer
abd.

① &
abd.

Bd osm
or
Teddy bear 1kg
osmolu

Adv

1) Ausmaly scan
(16/10 → 21/10):

② T. Zentel 400mg
① 14.5

③ P. Novafos/Fosf

sachet

① @ bowl of water
on 14.5

④ SyP Alcali B6 ①
1ml → 1ml
≤ 0

⑤ ⑥ T. Bueten 200g
SR

water

⑦ @ night ① 15

Sig

Maj (Dr.) Sandhya R. Nair (Retd)

MBBS, MS (Obstetrics and Gynaecology)
Regn. No. 84837 (KMC)
email: sandhu.pillai@gmail.com
Mobile No. 8848656416

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Clinical Notes

Name: Mrs. Bijaya Singha 30/F

03/09/24

Primigravida @ 13w + 6d P04

Lsp: 29/05/24

EDD: 08/12/26

Adm

Bp: 130/70-9

wt: 54 kg

① Tab folic acid 20
1-0-0 X 30

② Tab Picaleos 30
0-0-1

Adm

✓ NTNB scan - 2.2 m

③ Tab folisan
- DHA
1-0-0 30

④ Quadruple marker. ⑤

(15/09) - 04 T. Doxinate
L. 0-0-1 30

⑥ HIV

HBSAg

VDRL

HCY

SOS

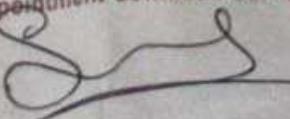
⑦ T. Panbust 40
1-0-1 10

⑧ SyP transcut dnl

- CBC

This prescription is not valid for Medico Legal purpose

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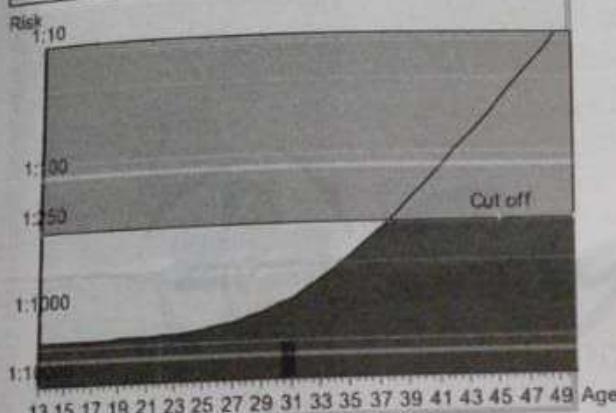


REPORT
 Result Down's syndrome screening

Name	Mrs. BIJOYA SINGHA	Sample ID	B3632806	diabetes	no
Patient ID	0762509170056	D.O.B.	05-05-1995	Fetuses	1
Day of serum taking	17-09-2025	Age at delivery	30.8	Smoker	no
Date of report:	20-09-2025	Weight [kg]	54 kg	IVF	no
Previous trisomy 21 pregnancies	unknown			Ethnic origin	Asian

Corrected MoM's and calculated risks

AFP	59.54	ng/mL	1.79	Corr. MoM	Gestational age at sample date:	15 + 3
uE3	0.49	ng/mL	1.09	Corr. MoM	determination method:	CRL Robinson
HCG	111545	mIU/mL	3.07	Corr. MoM	Physician	NA
Inh-A	224.62	IU/ml	0.94	Corr. MoM		



Tr.21 risk

at term

1:5666

Age risk

at term

1:871

Down's Syndrome Risk

The calculated risk for Trisomy 21 is below the cut off which represents a low risk.

After the result of the Trisomy 21 test it is expected that among 5666 women with the same data, there is one woman with a trisomy 21 pregnancy and 5665 women with not affected pregnancies.

The HCG level is high.

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!

Neural tube defects risk

The corrected MoM AFP (1.79) is located in the low risk area for neural tube defects.

Risk for trisomy 18

The calculated risk for trisomy 18 is < 1:10000, which indicates a low risk.

 below cut off

 Below Cut Off, but above Age Risk

 above cut off

Prisca 5.1.0.17

REPORT

Name	: Mrs. BIJOYA SINGHA	Reg. No	: 0762509170056
Sample ID	: B3632806	SPP Code	: SPL-AS-077
Age/Gender	: 30 Years/Female	Collected On	: 17-Sep-2025 12:00 PM
Referred by	: Dr. SANDHYA R NAIR	Received On	: 19-Sep-2025 03:45 PM
Referring Customer	: SAGE PATH LAB, SILCHAR	Reported On	: 20-Sep-2025 11:47 AM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Serum		
Client Address	: CACHAR		


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
PDF Attached			
Quadruple Marker			
Alpha FetoProtein	59.54	ng/mL	Refer to Interpretation
Beta- Human Chorionic Gonadotropin Hormone	111545	mIU/mL	Refer to Interpretation
Unconjugated Estriol (uE3)	0.49	ng/mL	Refer Interpretation
Inhibin A (Reproductive Marker)	224.62	pg/mL	Refer interpretation

Interpretation of Results:
 1:250 risk means 1 out of 250 women having similar results and history, one may have abnormality

- Trisomy 21 (Down's syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk: >1:250
- Trisomy 18 (Edward syndrome) : Screen Positive/High Risk: <1:250 : Screen Negative/Low Risk: >1:250
- Neural tube defects: cut-off 2.5 MoM of AFP.
- MoM (Multiples of Median): is a measure of how far an individual test result deviates from the

WEEKS OF GESTATION	AFP MEDIAN (ng/mL)	HCG MEDIAN (mIU/mL)	ESTRIOL FREE, MEDIAN (ng/mL)	INHIBIN A MEDIAN (pg/ml)
14	27.20	40370	0.37	208.75
15	32.01	32200	0.55	222.90
16	37.67	25690	0.76	194.20
17	44.33	20490	1.00	201.30
18	52.16	16340	1.25	196.20
19	61.38	13040	1.50	226.90
20	72.33	10400	1.76	253.70
21	85.00	8295	1.99	282.10
22	100.02	6620	2.30	292.30

*** End Of Report ***





DIBASCAN DIAGNOSTIC CENTRE

A NABL ACCREDITED LABORATORY

Name: Bijoya Singha

Age: 30 Yrs

Sex: Female

Referred By: Dr. Sandhya R. Nair, MS, DNB

Examination Performed: Fetal Anomaly Scan Date : 06/11/2025 Pat. ID: 25-11-06-23

ULTRA SONOGRAPHY REPORT

Single live intrauterine gestation is seen in variable presentation at the time of examination.

Fetal Heart rate - 148 bts/mt.

Normal cardiac activity is seen. Fetal movements are normal.

Fetal sonographic parameters (Hadlock) are as follows:-

BPD :- 5.2 cm HC :- 18.8 cm

AC :- 16.7 cm FL :- 3.6 cm

Average sonographic gestational age 21 wks 3 days \pm 1 week.

USG EDD: 18.03.2026 (approx). Estimated fetal weight 414 grams \pm 60 grams (approx)

Placenta is located posteriorly in body, fundus and left lateral aspect (grade I maturity) and is low lying. Lower margin is extending upto the internal OS.

Cord is three vesselled. No cord is seen around the neck at present.

Cervix measures 3.2 cm, internal os is closed. Liquor volume is adequate

Fetal head - contour - normal, midline falx. Cisterna magna = normal.

Occipital horn of Unilateral lateral ventricle of the fetal brain appears mildly prominent, measures diameter 7.7 mm.

Fetal spine - normal Fetal face - orbits, nose, mouth are normal.

Fetal thorax - normal cardiac situs, 4 chambered view is normal, outflow tracts normal.

(Does not include 2 D echo)

- Both lungs - normal, no sol in thorax.

Fetal abdomen - both kidneys - normal,

- Stomach and urinary bladder - normal. Visualized bowel loops appear normal.

Fetal limbs - upper extremities - normal. Lower extremities - normal.

No obvious anatomical anomalies seen in this examination.

IMPRESSION:

A single live intrauterine fetus with gestational age of 21 Weeks & 3 Days with other features as described above

(All fetal anomalies may not be detected or may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume and fetal movements.) All the typing errors must be reported immediately.

Adv :- Quadruple test.

Dr. Soumik Datta

(Signature of Radiologist)

Reg. no -14817 (AMC)

Member, Society of Fetal Medicine

Member: Royal College of Radiologists (Global), British Institute of Radiology

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THIS REPORT SHOULD BE CONSIDERED IN CO-RELATION WITH THE CLINICAL AND OTHER INVESTIGATION FINDINGS WHERE APPROPRIATE. THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE

Reg. No. BEAA0A0186
Name: Mrs. Bijoya Singha
Ref. Doctor: Dr. Sandhya R. Nair

Age: 30Yrs.

Date: 1-Nov-25
Gender: Female

Doppler Study

Right uterine artery PI = 1.66
Left uterine artery PI = 1.03
Mean PI = 1.34

High risk for maternal pre-eclampsia: Absent

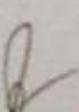
Impression – 1. Single live intrauterine pregnancy of average GA 21w0d +/- 2wks.
2. Increased nuchal fold thickness. No other soft marker of aneuploidy seen.

Adv: NIPT / Karyotyping

Ultra sonography has its limitations and not all anomalies can be visualized by sonographic evaluation. Evolving anomalies may be missed in present scan.

Declaration: I have neither detected nor disclosed sex of fetus of the pregnant women to anybody.

Medical transcriptionist: Sormistha


Dr. Siva Dutta, MD, CCFRG
Consultant radiologist
Certified by FMF, UK
(Operator ID-161475)

(In case of any discrepancy in the report due to printing error or machine error, kindly get it rectified immediately).

Reg. No. BEAA0A0186

Name: Mrs. Bijoya Singha

Age: 30Yrs.

Date: 1-Nov-25

Gender: Female

Ref. Doctor: Dr. Sandhya R. Nair

Spine

Entire spine visualized in longitudinal and transverse axis.

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal.

No cleft lip / cleft palate noted.

Thorax

Both lungs seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Heart

Heart in normal position.

Normal cardiac situs. Four chamber view normal.

Outflow tracts appears normal.

Veno atrial connexions normal.

Three vessel trachea view and arches appeared normal.

Abdomen

Abdominal situs appears normal.

Stomach and bowel appear normal.

No evidence of ascites.

Abdominal wall intact.

KUB

Both kidneys appear normal.

Bladder appears normal.

Extremities

All fetal long bones visualized and appear normal for the period of gestation.

Both feet appear normal.

Individual fingers and toes are not visualized separately.

PTO

Reg. No. BEAA0A0186

Name: Mrs. Bijoya Singha

Age: 30Yrs.

Date: 1-Nov-25

Gender: Female

Ref. Doctor: Dr. Sandhya R. Nair

USG Gravid Uterus Anomaly Scan (PNNDT Case Reg: 5/01 11 2025)

Single live intrauterine pregnancy.

Presentation – Variable.

Placenta – Fundal body posterior, grade I maturity, **lower end is seen covering the internal os.** ✓

Cardiac activity – Normal. FHR: 144BPM.

Fetal movement normal

Amniotic fluid volume --- Adequate.

LMP – 29 05 2025

GA (LMP): 22weeks 2days. EDD (LMP): 05 03 2026

GA (Scan): 21weeks 0day. Corrected EDD: 14 03 2026

Fetal Parameters – (+/- 2 wks)

BPD – 48.1mm---20w4d

HC---184.5mm---20w6d

AC---162.5mm---21w2d

FL---35.6mm---21w2d

EFW (by USG): 408gms +/-61gms.

Cervix: 3.1cms.

Internal Os ---Closed. ✓

Central insertion of umbilical cord into placenta noted.

Fetal anatomy

Head

Both lateral ventricles appear normal

Lateral ventricle measures 5.8mm

Cisterna magna measures 3.7mm

Nasal bone is seen.

Midline falx seen.

Posterior fossa appeared normal

No identifiable intracranial lesion seen.

Neck

Fetal neck appears normal.

No cystic hygroma / other SOL.

Nuchal fold thickness is increased (6.1mm). ✓

PTO

NAME: BIJOYA SINGHA

DATE: September 1, 2025

AGE: 30 YRS/F

PID NO: BE010A0071

REF BY: DR. SANDHYA R. NAIR

USG OBSTETRICS (Nuchal Scan) (PNDT Case Reg No: 09/01, 09, 2025)

LMP: 29. 05. 2025

GA (LMP)---13w4d

EDD (LMP)---05. 03. 2026

GA (Scan)---13w2d

EDD (Scan)---07. 03. 2026

A single smooth intrauterine gestational sac is seen.

A single fetus is seen.

Placenta is seen fundal body posteriorly.

Primitive heart tube pulsations noted (FHR: 146 bpm).

Amniotic fluid appears adequate.

No evident sac separation or bleed noted.

Internal os is closed.

Cervix: 3 cms.

CRL: 70.9 mm (13 wks 2 days).

Nuchal Translucency: 2.2 mm. ✓

Nasal bone is seen.

Intra cranial lucency is present.

Fetal skull bone appears normal for age. Choroid plexus appears normal. Stomach bubble is seen. Anterior abdominal wall appears intact at present.

Doppler study.

Right uterine artery PI = 2.13 (Increased)

Left uterine artery PI = 1.12

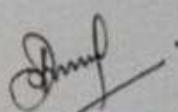
Ductus venosus wave form appears normal.

Corpus luteum of size 2.8 x 2.8 cms is noted in right ovary.

OPINION: *A single live intrauterine pregnancy of gestational age of 13 wks 2 days with normal nuchal translucency.*

Adv: Follow up.

Declaration: *I have neither detected nor disclosed sex of fetus of the pregnant women to anybody.*



Dr. Nobomita Paul, MD
(Radiologist)

Medical transcriptionist: Banani

Maj (Dr.) Sandhya R. Nair (Retd)

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Clinical Notes

08/11/15

Name: Mrs. Bijaya Singh soft

Primigravida @

~~BP~~ 0

Ansalya say

Lmp: 29/05/15

Nachal poly

Ht: 5'6" Wt: 61kg

NT @ 12w

- 2.2m

Quadruple marker: Negative screen.

Adv

NTPT

S

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