

~~10/10/23~~

@ 20wt+1D ToU

① Bp 120/80
wt: 55kg
of 100% Pure lavender
abd.

① 1/4 Bed 0.5ml
Teddy bear 1ml
0.5ml

P/A: ut 20mg
fms ⑦

② T. Zentel 400g
① 1H3

③ P. Norceps / FosHR
sachet

@ 10ml of water
on 17/10

⑤ Syrup Alkali B6 ①
1ml - 0 - 1ml
< 0

④ ⑩ T. Sustem 200g
SR
@ wght ⑮

Ady

1) Anomaly scan
(16/10 → 21/10):

Sign

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

MBBS, MS (Obstetrics and Gynaecology)

Regn. No. 84837 (KMC)

email: sandhu.pillai@gmail.com

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Clinical Notes

Name : Mrs Bijaya Singha

30/F

Trinuvacida @ 13w+6d P04

Lup: 29/05/14

GDD: 08/3/26

Adm

Bp: 130/70-9

wt: 54 kg

1) Tab fca 20
1-0-0 (30)

2) Tab Picalis (30)
0-0-1

Adm

3) NT/NB son - 2.2 m

4) Tab folisan
- PHA
1-0-0 (30)

5) Quadruple marker

(15/09) - WNL

6) T. Doxinate 4
0-0-1 (30)

7) HIV

HBsAg

VDRL

HCV

SOS

8) T. Pantod 40 (15)
9) Syb Gravastul

CBC

This prescription is not valid for Medico Legal purpose

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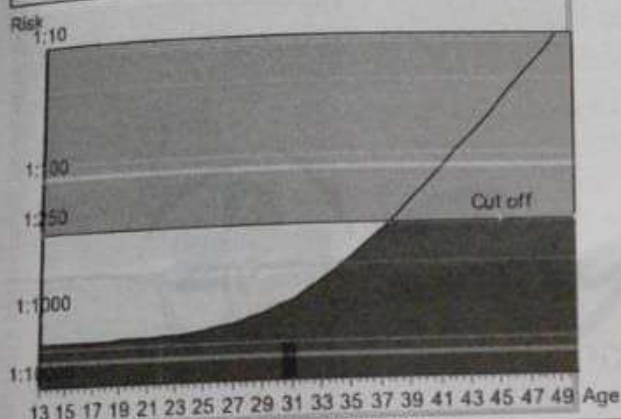
REPORT

Result Down's syndrome screening

| | | | | | |
|---------------------------------|--------------------|-----------------|------------|---------------|-------|
| Name | Mrs. BIJOYA SINGHA | Sample ID | 83632806 | 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
 Sample ID : B3632806
 Age/Gender : 30 Years/Female
 Referred by : Dr. SANDHYA R NAIR
 Referring Customer : SAGE PATH LAB, SILCHAR
 Primary Sample : Whole Blood
 Sample Tested In : Serum
 Client Address : CACHAR

Reg. No : 0762509170056
 SPP Code : SPL-AS-077
 Collected On : 17-Sep-2025 12:00 PM
 Received On : 19-Sep-2025 03:45 PM
 Reported On : 20-Sep-2025 11:47 AM
 Report Status : Final Report


CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

PDF Attached

Quadruple Marker

| | | | |
|--------------------------------------------------------------------------|--------|--------|-------------------------|
| Alpha FetoProtein <small>(Ref: 03/0)</small> | 59.54 | ng/mL | Refer to Interpretation |
| Beta- Human Chorionic Gonadotropin Hormone <small>(Ref: 03/0)</small> | 111545 | mIU/mL | Refer to Interpretation |
| Unconjugated Estriol (uE3) <small>(Ref: 03/0)</small> | 0.49 | ng/mL | Refer Interpretation |
| Inhibin A (Reproductive Marker) <small>(Ref: 03/0)</small> | 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 MEDIANS (ng/mL) | HCG MEDIANS (mIU/mL) | ESTRIOL FREE, MEDIANS (ng/mL) | INHIBIN A MEDIANS (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 vesseled. 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. Soumitra 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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ALL FINDINGS BE CONSIDERED IN CO-RELATION WITH THE CLINICAL AND OTHER INVESTIGATION FINDINGS WHERE APPLICABLE. 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

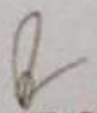
Impression – 1. Single live intrauterine pregnancy of average GA 21w0d +/- 2wks.
2. Increased nuchal fold thickness. No other soft marker of aneuploidy seen.

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: Sornistha


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

Ref. Doctor: Dr. Sandhya R. Nair

Age: 30Yrs.

Date: 1-Nov-25

Gender: Female

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



BIOMED

Polyclinic LLP

Reg. No. BEAA0A0186

Name: Mrs. Bijoya Singha

Ref. Doctor: Dr. Sandhya R. Nair

Age: 30Yrs.

Date: 1-Nov-25

Gender: Female

USG Gravid Uterus Anomaly Scan (PNDT 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.

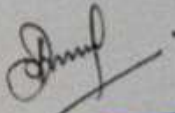
Corpus luteum of size 2.8 x 2.8 cms is noted in right ovary.

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.*

Medical transcriptionist: Banani


Dr. Nobomita Paul, MD
(Radiologist)

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

MBBS, MS (Obstetrics and Gynaecology)

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Clinical Notes

08/10/15

Name: Mrs Bijaya singha solt

Primigravida @

~~OPD~~

Survally san

Lmp: 29/05/14

Neelchal Bob

Ht: 6.1m

NT @ 3w

- 2.2m

Quadruple marker: Negative screen

Ad

NTPT :

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