

**काबरा मॅटर्निटी हॉस्पिटल**

माईदे चौक, संकटमोचन रोड, यवतमाळ  
फोन नं. 07232-250711



**डॉ. प्रीति एस. काबरा**

M.B.B.S., D.G.O.  
Reg. No. 90067

**वेळ :** सकाळी ११ ते ५, सायं. ६.३० ते ८.००

**रविवार बंद**

R Sujata Vyas

दिनांक: 3 / 12 / 25

पानी प्यावा वीम - 2. 000 500 mg 2m 8ml

— Sulmicin pro powder २५ ते लेम -

— Tab FEDALLY २५ ते १५ (३०)

— १ Evchal दोपहर ते १५ (३०)

— १ Ewqum 75 २५ ते १५ (३०)

— Tab. nepam D 10mm — 10 PM (60)

Adv  
(Double marker)  
- NIP T

2

- परत येतांना हा कागद सोबत आणावा. ● वरील औषधे डॉक्टरांना दाखवून घेणे.
- कोणताही दुष्परिणाम जाणवल्यास त्वरित डॉक्टरांना भेटावे.



# Medical Laboratory Report

| Patient Information |                        | Specimen Information | Client/Doctor Information |                     |                  |
|---------------------|------------------------|----------------------|---------------------------|---------------------|------------------|
| Name                | : Mrs.SUJATA VYAS      | Visit ID             | : LNDE3996                | Client Code         | : PUP0434        |
| Age/Gender          | : 38 Y 0 M 3 D /Female | Collected            | : 03/Dec/2025 10:00       | Client Name         | : PUP AMF INDIA  |
| MobileNo            | : 6413015874           | Received             | : 05/Dec/2025 08:34       | HEALTH CARE PVT LTD |                  |
| UHID                | : LDAA04561113         | Reported             | : 05/Dec/2025 16:17       | Client Add.         | : NAGPUR         |
| Address             | :                      | IP/OP/Barcode        | :                         | Client No.          | : 8149492992     |
|                     |                        | Report Status        | : Final Report            | Ref Doctor          | : Dr.PRITI KABRA |

## Dual Marker (Double Marker)- First Trimester , SERUM DUAL MARKER (DOUBLE MARKER)- FIRST TRIMESTER

Method - Time resolved Immunofluorometry on Auto Delfia  
Risk ratio calculated using LifeCycle 7.0

| DOWN'S SYNDROME            |                | EDWARD'S SYNDROME                      |          |           |
|----------------------------|----------------|--|----------|-----------|
| SCREEN RESULT              | NEGATIVE       | SCREEN RESULT                          | NEGATIVE |           |
| RISK RATIO                 | 1:837*         | RISK RATIO                             | 1:100000 |           |
| RISK RESULT                | INTERMEDIATE * | RISK RESULT                            | LOW      |           |
| PATAU'S SYNDROME           |                | TURNER'S SYNDROME NON IMMUNE – HYDROPS |          |           |
| SCREEN RESULT              | NEGATIVE       | SCREEN RESULT                          | NEGATIVE |           |
| RISK RATIO                 | 1:100000       | RISK RATIO                             | 1:100000 |           |
| RISK RESULT                | LOW            | RISK RESULT                            | LOW      |           |
| Report Details             |                |  |          |           |
| MATERNAL DETAILS           |                | RESULT                                 | UNITS    |           |
| NUMBER OF FETUSES          |                | 1                                      |          |           |
| WEIGHT                     |                | 50                                     | kg       |           |
| H/O SMOKING                |                | NO                                     |          |           |
| ETHNIC ORIGIN              |                | SOUTH ASIAN                            |          |           |
| LMP DATE                   |                | 02/09/2025                             |          |           |
| INSULIN DEPENDENT DIABETES |                | NO                                     |          |           |
| USG DETAILS                |                |  |          |           |
| DATE OF ULTRASOUND         |                | 03/12/2025                             |          |           |
| NUCHAL TRANSLUCENCY (NT)   |                | 2.2                                    | mm       |           |
| BIOCHEMICAL RESULTS        |                | RESULT                                 | UNITS    | CORR. MOM |
| PAPP-A                     |                | 6490                                   | mU/L     | 1.27      |
| FREE BETA HCG              |                | 55.98                                  | ng/mL    | 1.32      |

✓  
MD PT



Ex. Lecturer - Grant Medical College & JJ Group of Hospitals, Mumbai  
Ex. Lecturer - Shri. V.N.Govt. Medical College, Yavatmal  
Research Fellow Ultrasound - Thomas Jefferson University, Philadelphia, USA

**Dr. Sunil Kabra**  
M.B.B.S, M.D. (Radiology)  
Fellowship Ultrasound (USA)  
Reg. No. 78306

|                                      |                        |
|--------------------------------------|------------------------|
| Name:- Mrs. Sujata Vyas              | Date:- 3 December 2025 |
| Ref.By.Dr. Mrs. P. S. Kabra MBBS DGO | Age :- 35 Yrs.         |

### ULTRASOUND OBSTETRICS

LMP:- 02/09/2025 MENSTRUAL AGE:- 13 W 1 D EDD:- 09/06/2026

UTERUS - Anteverted, bulky,

- Single intrauterine live fetus.
- Fetal cardiac activity present and regular, measures 159 beats/min.
- Fetal movements present.
- Fetal maturity- Crown-rump length CRL:- 6.98 cm corresponds with 13 weeks 1 day...EDD:- 09/06/2026
- Mean Gestational sac diameter normal in size for gestational age.
- Placenta:- Posterior, high.
- No myometrial focal lesion.
- Amniotic fluid is adequate for the gestational age.
- Cervix measures 37 x 23 mm.
- Fetal stomach appears normal in size and position.
- Upper & lower limb - three segments normal.

14 cm<sup>2</sup>  
15 cm<sup>2</sup>

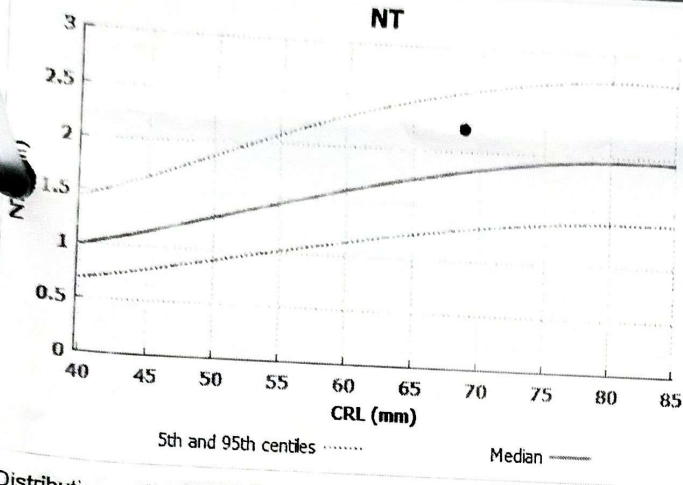
=

\* 18 cm<sup>2</sup>

✓ (Double main)

PATIENT REPORT Mrs.SUJATA VYAS -

05/12/2025

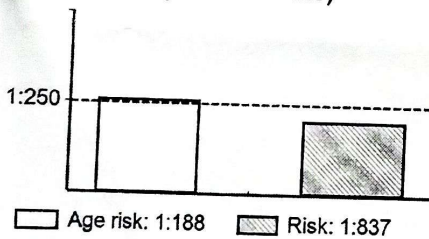


Distribution median, 5th and 95th centiles obtained from publication: Wright D, Kagan KO, Molina FS, Gazzoni A, Nicolaides KH. A mixture model of nuchal translucency thickness in screening for chromosomal defects. Ultrasound Obstet Gynecol 2008;31:376-83

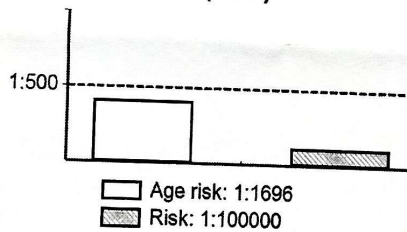
Risks, Risk assessed: At term

|  |                                     |                          |                        |                 |                            |                          |
|--|-------------------------------------|--------------------------|------------------------|-----------------|----------------------------|--------------------------|
| RISK NAME:<br><b>T21 (Signed)</b>            | RISK RESULT:<br><b>Intermediate</b> | RISK:<br><b>1:837</b>    | TWIN RISK RESULT:<br>- | TWIN RISK:<br>- | AGE RISK:<br><b>1:188</b>  | CUT-OFF:<br><b>1:250</b> |
| RISK NAME:<br><b>T18 (Signed)</b>            | RISK RESULT:<br><b>Low</b>          | RISK:<br><b>1:100000</b> | TWIN RISK RESULT:<br>- | TWIN RISK:<br>- | AGE RISK:<br><b>1:1696</b> | CUT-OFF:<br><b>1:500</b> |
| RISK NAME:<br><b>T13 (Signed)</b>            | RISK RESULT:<br><b>Low</b>          | RISK:<br><b>1:100000</b> | TWIN RISK RESULT:<br>- | TWIN RISK:<br>- | AGE RISK:<br><b>1:5088</b> | CUT-OFF:<br><b>1:500</b> |
| RISK NAME:<br><b>TS non-hydrops (Signed)</b> | RISK RESULT:<br><b>Low</b>          | RISK:<br><b>1:100000</b> | TWIN RISK RESULT:<br>- | TWIN RISK:<br>- | AGE RISK:<br><b>1:7212</b> | CUT-OFF:<br><b>1:500</b> |

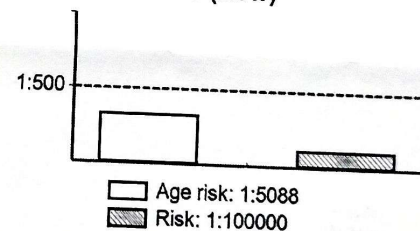
T21 (Intermediate)



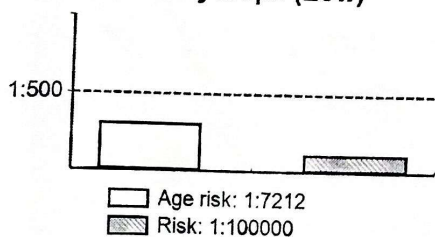
T18 (Low)



T13 (Low)



TS non-hydrops (Low)



PLEASE NOTE:





# Medical Laboratory Report

PATIENT REPORT Mrs.SUJATA VYAS -

05/12/2025

Requestor: -, -

|                 |                    |         |           |
|-----------------|--------------------|---------|-----------|
| REQUESTOR TYPE: | REQUESTOR:         | DOCTOR: | FACILITY: |
| -               | -                  | -       | -         |
| REQUESTOR CODE: | REQUESTOR PHONE 1: |         |           |
| -               | -                  |         |           |

Patient IF00220428: Mrs.SUJATA VYAS, -

|              |                 |             |             |
|--------------|-----------------|-------------|-------------|
| IDENT ID:    | LAST NAME:      | FIRST NAME: | BIRTH DATE: |
| IF00220428   | Mrs.SUJATA VYAS | -           | 30/11/1987  |
| ETHNICITY:   | PHONE NO. 1:    | ADDRESS 1:  | CITY:       |
| South Asian  | -               | -           | -           |
| POSTAL CODE: |                 |             |             |
| -            |                 |             |             |

Pregnancy, Calculated EDD: 09/06/2026 (MAEDD: 38.52)

|                                      |   |                               |   |
|--------------------------------------|---|-------------------------------|---|
| MAEDD:                               | CALCULATED EDD:                         | GEST. DATE:                   | SELECTED GEST. METHOD:                  |
| 38.52                                | 09/06/2026                              | 02/09/2025                    | CRL                                     |
| LMP DATE:                            | SMOKING STATUS:                         | INSULIN DEP. DIABETIC:        | NO. OF FETUSES:                         |
| 02/09/2025                           | Non smoker                              | No                            | 1                                       |
| MONOZYGOUS:                          | CHORIONICITY:                           | CORRECTED BY CHORIONICITY:    | FERTILIZATION DATE:                     |
| No                                   | -                                       | -                             | -                                       |
| MATERNAL WEIGHT [KG]:                | HEIGHT [CM]:                            | DIABETES TYPE II:             | INSULIN TREATMENT FOR TYPE II DIABETES: |
| 50                                   | -                                       | -                             | -                                       |
| CONCEPTION METHOD:                   | MOTHER OF PATIENT HAD PRE-ECLAMPSIA:    | CHRONIC HYPERTENSION:         | SYSTEMIC LUPUS ERYTHEMATOSUS:           |
| -                                    | -                                       | -                             | -                                       |
| ANTI-PHOSPHOLIPID SYNDROME:          | PAST NO. OF PREGNANCIES ≥ 24 WEEKS:     | PREV. PREG. PRE-ECLAMPSIA:    | PREV. PREG. DELIVERY DATE:              |
| -                                    | -                                       | -                             | -                                       |
| INTER-PREGNANCY INTERVAL [YEARS]:    | PREV. PREG. GEST. AT DELIVERY:          | PREV. PREG. BABY WEIGHT [G]:  | BIRTH WEIGHT Z-SCORE:                   |
| -                                    | 0 w 0 d                                 | -                             | -                                       |
| ASSISTANCE METHOD:                   | TRANSFER DATE:                          | EGG EXTRACTION DATE:          | EGG DONOR DOB:                          |
| -                                    | -                                       | -                             | -                                       |
| AGE AT EXTRACTION:                   | PAST T21 - DOWN'S SYNDROME:             | PAST T18 - EDWARDS' SYNDROME: | PAST T13 - PATAU'S SYNDROME:            |
| -                                    | -                                       | -                             | -                                       |
| T CDLS - CORNELIA DE LANGE SYNDROME: | PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: | PAST TR - TRIPLOIDY:          | PAST TS - TURNER'S SYNDROME:            |
| -                                    | -                                       | -                             | -                                       |
| RISK ASSESSED:                       | SCREENING PROTOCOL:                     |                               |   |
| At term                              | Screening_4.0                           |                               |   |

## Ultrasound

|                                |              |           |          |
|--------------------------------|--------------|-----------|----------|
| SCAN DATE:                     | CRL:         | BPD:      | HC:      |
| 03/12/2025                     | 69.8         | -         | -        |
| GEST. AT SAMPLE DATE (W + D):  | CRL (#2):    | BPD (#2): | HC (#2): |
| 13 w 1 d                       | -            | -         | -        |
| GEST. AT MANUAL ENTRY (W + D): | WEIGHT [KG]: | AC:       | AC (#2): |
| 0 w 0 d                        | 50           | -         | -        |

## Tests

| TEST            | SAMPLE ID  | DATE       | GEST. AT SAMPLE DATE (W + D) | VALUE   | UNIT  | CORR. MOM | WEIGHT [KG] |
|-----------------|------------|------------|------------------------------|---------|-------|-----------|-------------|
| hCGb (Signed)   | IF00220428 | 03/12/2025 | 13 w 1 d                     | 55.98   | ng/mL | 1.32      | 50          |
| PAPP-A (Signed) | IF00220428 | 03/12/2025 | 13 w 1 d                     | 6490    | mU/L  | 1.27      | 50          |
| NB (Signed)     | -          | 03/12/2025 | 13 w 1 d                     | Present | -     | -         | 50          |
| NT (Signed)     | -          | 03/12/2025 | 13 w 1 d                     | 2.2     | mm    | 1.52      | 50          |



| Patient Information               | Specimen Information          | Client/Doctor Information   |
|-----------------------------------|-------------------------------|-----------------------------|
| Name : Mrs.SUJATA VYAS            | Visit ID : LNDE3996           | Client Code : PUP0434       |
| Age/Gender : 38 Y 0 M 3 D /Female | Collected : 03/Dec/2025 10:00 | Client Name : PUP AMF INDIA |
| MobileNo : 6413015874             | Received : 05/Dec/2025 08:34  | HEALTH CARE PVT LTD         |
| UHID : LDAA04561113               | Reported : 05/Dec/2025 16:17  | Client Add. : NAGPUR        |
| Address :                         | IP/OP/Barcode :               | Client No. : 8149492992     |
|                                   | Report Status : Final Report  | Ref Doctor : Dr.PRITI KABRA |

## Interpretation

| Risk Cut off      | Down Syndrome (T21) | Edwards Syndrome (T18) | Patau Syndrome (T13) | Turners Syndrome |
|-------------------|---------------------|------------------------|----------------------|------------------|
| High Risk         | 1:1 to 1:250        | 1:1 to 1:100           | 1:1 to 1:100         | 1:1 to 1:100     |
| Intermediate Risk | 1:251 to 1:1000     | 1:101 to 1:500         | 1:101 to 1:500       | 1:101 to 1:500   |
| Low Risk          | >1:1000             | >1:500                 | >1:500               | >1:500           |

1. This test utilizes state-of-the-art DELFIA® technology and kits approved by the Fetal Medicine Foundation (FMF), UK, supported by extensive quality control measures for sample processing and analysis.
2. The risks are calculated based on ultrasound gestational age, biochemical results, NT measurement, patient demographics and other risk factors such as IDD.
3. This interpretation assumes that patient and specimen details in the test requisition form (TRF) and ultrasound details are accurate and correct.
4. A screen Negative result occurs when the risk for Down's syndrome is more than 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome more than 1:100 or when AFP MoM less than 2.5.
5. A screen Positive result occurs when the risk for Down's syndrome less than 1:250, when risk for Trisomy 13, Trisomy 18, Turner's syndrome less than 1:100 or when AFP MoM more than 2.5.

## Explanations:

- Screen Positive :1:200 risk factor for Trisomy 21 means, out of 200 women having similar results and history, 1 may have abnormality ( screen positive ). As cut of for Trisomy 21 is 1:250
- Screen Negative :1:14200 risk factor for Trisomy 21 means, 1 out of 14200 women having similar results and history, 1 may have abnormality ( screen Negative ). As cut of for Trisomy 21 is 1:250.

## Limitations

1. The results of this test represent only risks and not diagnostic outcomes. Increased risk does not mean that the baby is affected, and further tests must be performed before a firm diagnosis can be made. A low risk does not exclude possibility of Down's syndrome or other abnormalities, as risk assessment does not detect all affected pregnancies.
2. If the history provided is not correct, it is advisable to ask for repeat risk calculations.

## Associated test

1. NIPT- Non-invasive Prenatal Screening test - from maternal blood for aneuploidy screening

\*Note: Advice genetic counselling, NIPT and/or invasive testing for confirmation and further evaluation, if clinically





### Aneuploidy markers.

- Nuchal thickness normal, 2.2 mm. ✓
- Nasal bone ossified.
- Ductus venosus normal.
- Intracranial translucency is normal.

## CONCLUSION -

- Single intrauterine live fetus of maturity... 13 weeks 1 day.
- Fetal cardiac activity regular, movements present.
- Gestational age corresponds with the menstrual age,
- LMP:- 02/09/2025 Menstrual age 13 weeks 1 day.
- Gestational sac size normal.
- Uterine artery :-

|         |       |      |
|---------|-------|------|
| Uterine | Right | Left |
| PI      | 2.77  | 1.85 |

- Mean PI normal.

... Adv:- Review after 4 weeks.

Maternal :- Left sided simple ovarian cyst of size 21 x 15 mm.

No solid or haemorrhagic component.

- Minor fetal -face and all musculoskeletal anomalies cannot be rule out by ultrasound.
- I Dr. Sunil S. Kabra declare that while conducting utrasonography, I have neither detected nor disclosed the sex of the f



Dr. Sunil K

Ex. Lecturer - Grant Medical College & JJ Group of Hospitals, Mumbai  
Ex. Lecturer - Shri. V.N.Govt. Medical College, Yavatmal  
Research Fellow Ultrasound - Thomas Jefferson University, Philadelphia, USA

**Dr. Sunil Kabra**  
M.B.B.S, M.D. (Radiology)  
Fellowship Ultrasound (USA)  
Reg. No. 78306

|                                      |                        |
|--------------------------------------|------------------------|
| Name:-Mrs. Sujata Vyas               | Date:- 27 October 2025 |
| Ref.By.Dr. Mrs. P. S. Kabra MBBS DGO | Age :- 35 Yrs.         |

### ULTRASOUND PELVIS

LMP:-02/09/2025 MENSTRUAL AGE:- 7 W 6 D EDD:-09/06/2026

UTERUS - Retroverted, bulky, measures 96 x 69 x 70 mm.

- Evidence of single intrauterine gestational sac in the mid portion of the uterus.
- Embryonic cardiac activity present and regular, measures 163 beats/min.
- Embryonic maturity- Crown-rump length CRL- 1.46 cm corresponds with 7 weeks 6 days...EDD :-09/06/2026
- Mean Gestational sac diameter- 25 mm, normal in size for gestational age.
- Placenta :- Posterior, high.
- Umbilical cord simple cyst of size 3.8 x 3.1 mm. \*
- Yolk sac measures 4.1 mm, normal in size.
- Gestational sac is regular in outline.
- No myometrial focal lesion.
- Amniotic fluid is adequate for the gestational age.
- Cervix measures 30 x 20 mm. Internal os closed.
- No evidence of perigestational collection..
- Maternal :- Left sided simple ovarian cyst of size (23 x 19 mm.) \*
- No solid or haemorrhagic component.

### CONCLUSION :-

- Single intrauterine live embryo of maturity..... 7 weeks 6 days.
- Embryonic cardiac activity regular.
- Gestational age corresponds with the menstrual age,
- LMP-02/09/2025 Menstrual age 7 Weeks 6 Days.
- Gestational sac size normal.

Adv:- Review after 6 weeks.



- Minor fetal -face and all musculoskeletal anomalies cannot be rule out by ultrasound.
- I Dr. Sunil S. Kabra declare that while conducting utrasonography, I have neither detected nor disclosed the sex of the fetus.

Mainde Chowk, Near State Bank of India, Sankat Mochan Road, Yavatmal 445 001  
Ph. : 07232 - 240024 (C), 246379 (R), Mob. : 9822474711. E-mail : sunilkabra@rediffmail.com

**Please Corelate Clinically.**



Ex. Lecturer - Grant Medical College & JJ Group of Hospitals, Mumbai  
 Ex. Lecturer - Shri. V.N. Govt. Medical College, Yavatmal  
 Research Fellow Ultrasound - Thomas Jefferson University, Philadelphia, USA

**Dr. Sunil Kabra**


M.B.B.S, M.D. (Radiology)  
 Fellowship Ultrasound (USA)  
 Reg. No. 78308

|  |                          |
|--|--------------------------|
| Name :- Mrs. Sujata Vyas               | Date:- 12 September 2025 |
| Ref. By. Dr. Mrs. P. S. Kabra MBBS DGO | Age :- 35 Yrs.           |

### FOLLICULAR STUDY

LMP:-02/09/2025

UTERUS: Anteverted, normal in size and echotexture.

| Date       | Day              | Right Ovary   | Left Ovary  | Endometrium | Fluid In Cul-De-Sac |
|------------|------------------|---|---|-------------|---------------------|
| 12/09/2025 | 11 <sup>th</sup> | Predominant stroma with two follicles of average size<br>6 mm                       | Predominant stroma with single follicle of size<br>13 x 10 mm | 9.2 mm      | No                  |
| 16/09/2025 | 15 <sup>th</sup> |  | 17 x 17 mm  | 9.3 mm      | No                  |
|            |                  |   |   |             |                     |
|            |                  |   |   |             |                     |
|            |                  |   |   |             |                     |

CONCLUSION:-

**Dr. Sunil Kabra**

M.B.B.S., M.D. (Radiology)  
Fellowship Ultrasound (USA)  
Reg. No. 78308

Ex. Lecturer - Grant Medical College & JJ Group of Hospitals, Mumbai

Ex. Lecturer - Shri. V.N.Govt. Medical College, Yavatmal

Research Fellow Ultrasound - Thomas Jefferson University, Philadelphia, USA

|  |                     |
|--|---------------------|
| Name:- Mrs. Sujata Vyas                | Date:- 23 July 2025 |
| Ref.by:- Dr. Mrs. P. S. Kabra MBBS DGO | Age :- 35 Yrs.      |

### HYSTEOSALPINGOGRAPHY

Under all aseptic precaution, a cannula is placed against the cervical os and 20 cc of contrast medium is injected.

The uterine cavity is normally positioned, and the contrast medium fills it without obstruction.

The cavity displays smooth contours, normal shape and normal distensibility with no filling defects.

The uterine tubes are symmetrically placed, normal in caliber.

There is normal, bilateral spillage of contrast material into the peritoneal cavity.

### IMPRESSION:-

Bilaterally Patent fallopian tubes.

  
Dr. Sunil Kabra.

Mainde Chowk, Near State Bank of India, Sankat Mochan Road, Yavatmal 445 001  
Ph. : 07232 - 240024 (C), 246379 (R), Mob. : 9822474711. E-mail : sunilkabra@rediffmail.com

**With Warm Regards**  
**Please Correlate Clinically.**