

# काबरा मॅटर्निटी हॉस्पीटल

माईदे चौक, संकटमोचन रोड, यवतमाल  
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

प्रीग नाई फॉम - 72, cor 500 mg IM 8hr

Smectic powder २५ नोम-

— Tab FEDAILY २१० नो १X (३०)

— १ Erchol २५ नो १X (३०)

— P enzep ७५ २१० नो १X (३०)

— Tab. upan D १०म — १० P.M (६०)

Adv

Double marker

NIP

1. In

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



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
Mobile No	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

**Dusi 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

✓ MPT



# K A B R A

X-RAY, SONOGRAPHY, 4D COLOR DOPPLER AND FETAL ECHOCARDIOGRAPHY CENTRE

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:- 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,

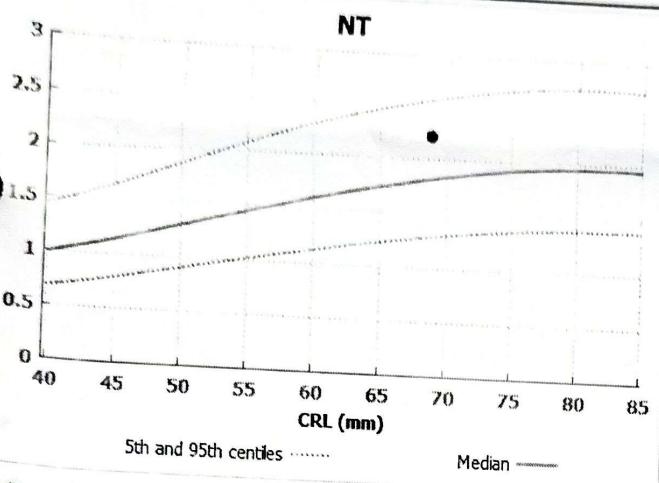
- Single intrauterine live fetus.
- Fetal cardiac activity present and regular, measures 159 beats/min,
- Fetal movements present.
- Fetal maturity- Crown-rump length CRL:- 6.98 cm corresponds with 13 weeks 1 day... EDD:- 09/06/2026
- Mean Gestational sac diameter normal in size for gestational age.
- 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 <sup>2</sup>  
15 <sup>1</sup>  
=   
( 18 <sup>2</sup> ) \*

✓ ( Double  
maine )

**PATIENT REPORT Mrs.SUJATA VYAS -**

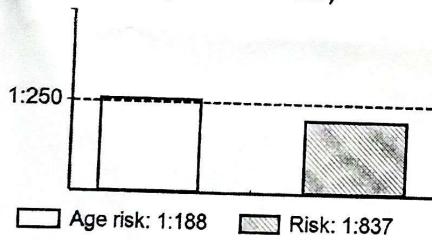
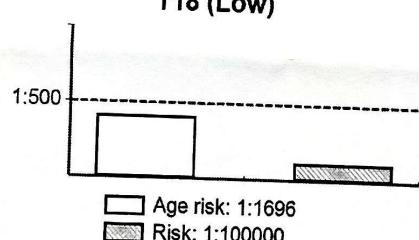
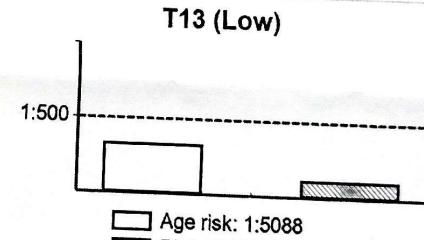
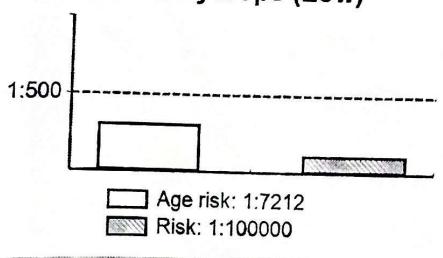
05/12/2025



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

**T21 (Intermediate)**

**T18 (Low)**

**T13 (Low)**

**TS non-hydrops (Low)**


PLEASE NOTE:



## PATIENT REPORT Mrs.SUJATA VYAS -

05/12/2025

## Requestor: -

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

## Patient IF00220428: Mrs.SUJATA VYAS, -

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

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

MAEDD: 38.52	CALCULATED EDD: 09/06/2026	GEST. DATE: 02/09/2025	SELECTED GEST. METHOD: CRL
LMP DATE: 02/09/2025	SMOKING STATUS: Non smoker	INSULIN DEP. DIABETIC: No	NO. OF FETUSES: 1
MONOZYGOUS: No	CHORIONICITY: -	CORRECTED BY CHORIONICITY: -	FERTILIZATION DATE: -
MATERNAL WEIGHT [KG]: 50	HEIGHT [CM]: -	DIABETES TYPE II: -	INSULIN TREATMENT FOR TYPE II DIABETES: -
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: 0 w 0 d	PREV. PREG. BABY WEIGHT [G]: -	BIRTH WEIGHT Z-SCORE: -
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: -
PAST CDLS - CORNELIA DE LANGE SYNDROME: -	PAST SLOS - SMITH-LEMLI-OPITZ SYNDROME: -	PAST TR - TRIPLOIDY: -	PAST TS - TURNER'S SYNDROME: -
RISK ASSESSED: At term	SCREENING PROTOCOL: Screening_4.0		

## Ultrasound

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

## 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 off 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 off 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

*Signature*

Registered and Corporate Office: Lupin Diagnostics Limited (Formerly known as Lupin Healthcare Limited)  
5<sup>th</sup> Floor, Kalpataru Inspire, Off W. E. Highway, Santacruz (E), Mumbai - 400 055, India.

CIN: U24100MH2011PLC214885

Dr. Sachin Patil  
MD (PATHOLOGY)



MC-5498



### 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 ruled out by ultrasound.
- I Dr. Sunil S. Kabra declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of the fetus.



Dr. Sunil S. Kabra

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.

(12 Eno)  
=. NT scan

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 ultrasonography, 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

With Warm Regards

Please Correlate Clinically.

Dr. Sunil Kabra

M.B.B.S, M.D. (Radiology)

Fellowship Ultrasound (USA)

Reg. No. 78306

Ex. Lecturer - Grant Medical College &amp; 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

Ref. By. Dr. Mrs. P. S. Kabra MBBS DGO

Date:- 12 September 2025

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 6 mm	Predominant stroma with single follicle of size 13 x 10 mm	9.2 mm	No
16/09/2025	15 <sup>th</sup>	u	17 x 17 mm	9.3 mm	No

## CONCLUSION:-

**Dr. Sunil Kabra**

M.B.B.S, M.D. (Radiology)

Fellowship Ultrasound (USA)

Reg. No. 78306

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.

### HYSTEROSALPINGOGRAPHY

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.

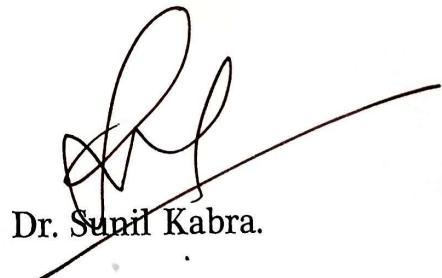
The cavity displays smooth contours, normal shape and normal distensibility with no filling defects.

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.

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Ph. : 07232 - 240024 (C), 246379 (R), Mob. : 9822474711. E-mail : sunilkabra@rediffmail.com

**With Warm Regards  
Please Correlate Clinically.**