नर्सिंग होम
व सर्जिकल हॉस्पिटल
स्नेहांजली महामुनी
G.O.
986
प्रसुतिशास्त्र तज्ञ
फोन : ७५१७६५७८०४
वेळ : सकाळी १० ते दुपारी २ वा.
२४ तास अत्यावश्यक सेवा
रविवार बंद
१९० अ/१५, शिवाजीनगर, मोरे कॉलनी, गोडोली, सातारा. फोन : (०२१६२) २३४१११

दिनांक : / /२०

FETAL –B

	CM	WKS	DAYS
CRL	4.42	11	02
NT	1.60 MM		
BPD	2.10	13	03
HC	7.28	13	00
AC	7.27	13	06
FL	0.91	12	05
LMP = 20/09/2025	WKS	DAY	EDD
GA BY LMP	12	04	27/06/2026
MEAN G A BY USG	12	06	25/06/2026
EFW	72.11+/-11 GM		

IMPRESSION =

DI CHORIONIC DI AMNIOTIC [DCDA]. TWIN LIVE INTRAUTERINE GESTATIONS OF F1 13 WKS 02 DAY, F2 12 WKS 06DAYS

Dr. S. P. Mahamuni declare that I while conducting sonography on **Mrs. SANCHITA GAIKWAD** I have neither detected nor disclosed the sex of the fetus to anybody in any manner.(P.N.Allmeasuresments are subject to statistical variations .Not all anomalies can be detected on sonography, as visualization of structures depend on fetal position ,gestational age, liquor amount, maternal abdominal thickness and machine resolution).

Dr. Snehanjali P Mahamuni
M.B.B.S.,DGO
Reg.No. 2004/08/2986
डॉ. सौ. स्नेहांजली महामुनी
M.B.B.S., D.G.O.

नर्सिंग होम
व सर्जिकल हॉस्पिटल
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86
प्रसुतिशास्त्र तज्ञ
फोन : ७५१७६५१७८०४
वेळ : सकाळी १० ते दुपारी २ वा.
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१९० अ/१५, शिवाजीनगर, मोरे कॉलनी, गोडोली, सातारा. फोन : (०२१६२) २३४१११

दिनांक : / /२०

Name : SANCHITA GAIKWAD **Age -30Y/F** **Date : 17.12.2025**

DCDA Twin live intrauterine with **Variable** presentation.

Fetal heart rate = **164** beats per minute for fetus**1**and **163**bpm for fetus**2.**

Placenta for fetus**1** is **Anterior** and for fetus**2** is **fundal – Posterior**.

Both fetus nasal bone seen.

Cervical length 3.7 cm in size.

AFI – Adequate.

FETAL –A

	CM	WKS	DAYS
CRL	6.52	12	06
NT	0.90 MM		
BPD	2.47	14	02
HC	8.38	13	05
AC	5.83	12	05
FL	0.95	12	06
LMP = 20/09/2025	WKS	DAY	EDD
GA BY LMP	12	04	27/06/2026
MEAN G A BY USG	13	02	22/06/2026
EFW	**65 +/- 9 GM**		

Dr. Snehanjali P Mahamuni
M.B.B.S.,DGO
Reg.No. 2004/08/2986

डॉ. सौ. स्नेहांजली महामुनी
M.B.B.S., D.G.O.

TEST REQUISITION FORM (TRF)

NABL MC-3633

SagePath® Excellence In Health Care

Patient Details (PLEAE FILL IN CAPITAL LETTERS ONLY) :

Name : Mrs SANCHITA JITENDRA GAIKWAD

Age : 30 Yrs : ___ Months ___ Days

Sex : Male ☐ Female ☑ Date of Birth : ☐☐ ☐☐ ☐☐☐☐

Ph : ___

Client Details :

SPP Code : SPL PU 397

Customer Name : ___

Customer Contact No : ___

Ref Doctor Name : Mahamuni

Ref Doctor Contact No : ___

Specimen Details:

Sample Collection date : / Sample Collection Time : AM / PM	Specimen Temperature :	Sent	Frozen (<-20°C) ☐	Refrigerator (2-8°C) ☐	Ambient(18-22°C) ☐
		Received	Frozen (<-20°C) ☐	Refrigerator(2-8°C) ☐	Ambient (18-22°C) ☐

Test Name / Test Code	Sample Type	SPL Barcode No
(1) Dual Marker	Serum	B4180726
(2) TSH		

Clinical History: DOB - 28/04/1995
wt - 52 kgs
Ht - 5.0 ft

No. of Samples Received:

Received by:

Note: Attach duly filled respective forms viz. Maternal Screening form(for Dual, Triple & Quad markers), HIV consent form, Karyotyping History form, IHC form.HLA Typing form along with TRF.