

PATIENT NAME	Mrs. Sunita	AGE	25	Female
REF BY	SSNDC			
DATE OF INV	21 <sup>st</sup> December 2017	REG	21000120001	

### ULTRASOUND STUDY OF OBSTETRICS (LEVEL II)

❖ LMP is 08/08/2017 EGA by LMP is 19 weeks + 2 days.

❖ Single live intrauterine foetus is seen in longitudinal lie. Cephalic presentation is seen with biometric measurement of: -

▪ BPD	47 mm	19 weeks	+	3 days
▪ HC	171 mm	19 weeks	+	3 days
▪ AC	148 mm	19 weeks	+	4 days
▪ FL	82 mm	19 weeks	+	0 days
▪ HL	32 mm	19 weeks	+	3 days
▪ TIB	33 mm	19 weeks	+	0 days
▪ FIB	32 mm	19 weeks	+	2 days
▪ RAD	33 mm	19 weeks	+	4 days
▪ ULN	32 mm	19 weeks	+	4 days
▪ Cereb	28 mm	19 weeks	+	0 days

❖ Mean gestational age is 19 weeks + 2 days (+/- 1 week).

• Foetal weight is approx.  $286 \pm 42$  gms.

❖ EDD by CGA is approx. **15/05/2018** (on basis of present Sonographic age).

❖ **Placenta is anterior.** It shows **grade II** maturity.

❖ Amniotic fluid is adequate (**AFI ~ 13.19 cm**).

❖ At present there is no loop of cord around the fetal neck.

❖ Cervical Length ~ 3.93 cm.

Continued....

- ❖ **Maternal finding: A small fundal fibroid ~ 31 x 29.8 mm is seen.**

### **Foetal morphological characters**

- ❖ Foetal head shows normal cerebral ventricles. Falk is in midline. No evidence of hydrocephalus is noted. Posterior fossa shows normal bilateral cerebellar hemisphere. Cisterna magna ~ 5.3 mm. Ventricle ~ 7 mm.
- ❖ Foetal face shows normal bilateral orbit, mandibular echo is seen normally. Foetal neck does not show any obvious mass lesion.
- ❖ Foetal spine appears normal in configuration. Cross sectional imaging shows normal trilaminar pattern. No evidence of mass is seen.
- ❖ Foetal chest shows normal heart lung ratio. Foetal heart shows normal position and ratio. 4 chamber foetal heart is noted. No mass lesion is seen in chest. Bilateral diaphragms are normal.
- ❖ Foetal abdomen shows normal position of foetal stomach. Liver and spleen are normal in position. Gall bladder is anechoic in lumen. Visualized bowel loops are normal. No evidence of abnormal dilatation / mass is seen in bowel.
- ❖ Foetal urinary bladder is moderately distended. Foetal both kidneys are normal in size, shape & echotexture. Both the renal pelvis are normal. No evidence of dilated ureters is seen.
- ❖ Foetal umbilical cord is three vessels and shows normal insertion. No evidence of foetal abdominal wall defect is seen.
- ❖ Bilateral femur, tibia and fibula, humerus and radius and ulna are normal in size.
- ❖ **Foetal cardiac activity is regular, heart rate measuring 151/min.**
- ❖ Foetal body and limb movements are well seen.

### **OPINION:**

- ✦ **Single live intrauterine foetus with mean gestation age of 19 weeks + 2 days (± 1 week).**
- ✦ **Maternal Finding: Fundal Fibroid.**

**All the abnormalities cannot be detected on the Ultrasound. Sometimes the abnormality might not be appreciated because of technical limitations and fetal posture.**

**Note: This is not a dedicated fetal echo.**

**Declaration: I, Dr. Sanjeev Kr. Singhal declare that while conducting ultrasonography/image scanning on Mrs. Sunita, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.**

\*\*\*\* End of Report \*\*\*\*



**TEST REQUISITION FORM**
**Patient Details**

First Name: Mrs Sunita Last Name: \_\_\_\_\_  
 Age: 25 Gender: Male  Female   
 Address: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_  
 E-mail ID: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 For Maternal Screening - Date of Birth :- 02 02 1993  
 Weight: 50 kg. Height: ft 147 inches, LMP 08/08/17 Last Ultrasound Report

**Billing Information**

Client Name: S. S. Polyclinic  
 Client ID: \_\_\_\_\_  
 Total Amount: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 Amount Balance / Due : \_\_\_\_\_  
 Payment via:  CASH  CHEQUE  CREDIT

**Specimen Type Received (For MolQ use only)**

- |  |   |                                 |
|--|---|---------------------------------|
| <input checked="" type="checkbox"/> Serum        | <input type="checkbox"/> Bone Marrow          | <input type="checkbox"/> CSF    |
| <input type="checkbox"/> Plasma: EDTA/FL/CIT     | <input type="checkbox"/> FN Aspirate          | <input type="checkbox"/> Fluid  |
| <input type="checkbox"/> SST                     | <input type="checkbox"/> Tissue Formalin      | <input type="checkbox"/> BAL    |
| <input type="checkbox"/> W. Blood EDTA           | <input type="checkbox"/> Paraffin Block       | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> W. Blood Fluoride       | <input type="checkbox"/> Smear                | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> W. Blood Heparin        | <input type="checkbox"/> Slide (H&E)          | <input type="checkbox"/> Stool  |
| <input type="checkbox"/> W. Blood Sodium Citrate | <input type="checkbox"/> Pus                  | <input type="checkbox"/> Swab   |
|  | <input type="checkbox"/> Blood Culture Bottle | <input type="checkbox"/> Others |

Other Sample Type / Source: DM

**Received Specimen Information (For MolQ use only)**

Temperature:  Ambient  Refrigerated  Frozen  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Patient ID: \_\_\_\_\_ No. of vials/container: \_\_\_\_\_  
 Signature of Accessioning Officer(s): \_\_\_\_\_

**Test Name/Test Code**

(Please refer to the Directory of Services for correct name and specimen type)

Triple marker

**Instructions to Laboratory/Clinical Information**
**Sent Specimen Information**

Temperature:  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
<u>Red Top</u>	

Total No. of Vials/Container: 1

**Specimen Collection Information**

Date: 21/12/2017 Time: \_\_\_\_\_  
 Fasting: Yes  No  Fasting Period: \_\_\_\_\_ Hrs.  
 Collection by: Havish  
 Urine Volume: \_\_\_\_\_ ml Hrs. \_\_\_\_\_

**Patient Consent:** I hereby authorize MolQ Laboratory to use and share with affiliates my personal information including but not limited to any condition / disease information etc. as may be necessary to perform the test or services etc. Medical records/information, to the extent of the applicable by laws and regulations, will be kept confidential and will not be made publicly available. Further, I authorize the use of the leftover specimens for immediate research and in future research of any kind and at any time in the future. The samples will be coded to maintain confidentiality and will be discarded as per the rules and regulations specified as applicable by law. In the event of any publication by MolQ Laboratory, patient's identity will remain confidential. I agree to this access of my medical records and specimen for diagnostic and research purpose.

**Disclaimer:** For any test/service related complain/query please contact MolQ Laboratory for resolution. In case of any dispute the jurisdiction will be Head Office, Dehradun, Uttarakhand. The financial liability or compensation of any sort is not more than MRP of the Test requested.

रोगी सहमति: मैं मोल्क्यू प्रयोगशाला को अधिकृत करता हूँ कि मेरी पूर्ण व्यक्तिगत जानकारी अपनी किसी भी शाखा के साथ साझा कर सकती है। मेरी बीमारी की हालत या सूचना का खुलासा अगर परीक्षण के संचालन के लिए आवश्यक है, तो मैं इसकी अनुमति देता हूँ यद्यपि यह जानकारी उस सीमा तक साझा की जाए जो कि कानूनी सीमा के अंतर्गत हो। मेरी इस प्रकार की जानकारी को पूर्ण रूप से गुप्त रखा जाए और सार्वजनिक रूप से उपलब्ध ना कराई जाए। इसके पश्चात मैं प्रयोगशाला को देबारा अधिकृत करता हूँ कि जो नमूना जाँच के लिए उपलब्ध करवाया था, उससे से बचे हुए नमूने को प्रयोगशाला कभी भी और किसी भी समय किसी भी प्रकार के प्रयोग के लिए उपयोग में ला सकती है। शेष नमूने को पूर्ण रूप से अंकित किया जाए और गुप्त रूप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रूप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यू प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रूप में गुप्त रखा जाएगा। मैं सहमत हूँ कि मेरी मेडिकल रिकॉर्ड और मेरे बचे हुए नमूने को नैदानिक प्रयोग और किसी भी प्रकार के अनुसंधान के लिए उपयोग में लिया जा सकता है।

अस्वीकृति: किसी भी जाँच सम्बन्ध शिकायत या जानकारी हेतु आप मोल्क्यू प्रयोगशाला को सम्पर्क कर सकते हैं, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखण्ड है, किसी भी जाँच का मूल्य उसके दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

Vedant Riga

Patient/Client /Doctor's Signature  
 Date: \_\_\_\_\_



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