NAV
AASTHA DIAGNOSTIC CENTRE

53R, NEW COLONY, (OPP. POST OFFICE), GURGAON - 122 001
MOBILE : 9811330797

NAME : KUMARI ANJOO **DATE** : 24/12/2017

AGE : 25 Y/F **REF BY** : DR.BHAVNA S POPAT

0BSTETRICAL ULTRASOUND (ANOMALIES SCAN-LEVEL-II)

LMP	30/07/2017
POG BY DATE	21 weeks + 0 day
EDD BY DATE	06/05/2018
Single I/U live foetus is seen.	
Cardiac activity	Present (FHR 144 / BPM)
Foetal Movement	Normal
Presentation	Cephalic
Lie	Longitudinal
Attitude	Flexion
Placental Position	posterior and in upper uterine segment
Placental Maturity	Early grade- I
Amniotic Fluid	Adequate
FOETAL PARAMETER	
BPD	4.9 cm = 20 weeks + 6 days
FL	3.6 cm = 21 weeks + 0 day
AC	16.0 cm = 20 weeks + 6 days
HC	18.5 cm = 20 weeks + 6 days
OFD	6.5 cm = 20 weeks + 6 days
E.F. WEIGHT	405 gms ±15%
FOETAL MATURITY	20 weeks + 6 days
E.D.D by CGA	07/05/2018
FOETAL INDICES	
FL/BPD	73%
FL/AC	23%
HC/AC	1.16
CI	76%

EVALUATION FOR CONGENITAL ANOMALIES – STRUTURE CHECK:

Foetal head & neck : Cranial fossa, Ventricles, Chroid plexus and Orbit were examined and found normal.

No Intracranial cyst/Calcification/Focal lesion was identified.

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- Nasal bone is visualized and normal
- Nuchal skin fold is 2.5 mm and normal
- Atria of the lateral ventricle measuring 7 mm
- Ventricular to cerebral hemisphere ratio is 29% and normal
- Cerebellum is 21 mm
- Cisterna megna is 5 mm

Foetal Spine - Cervical, Dorsal and LS segment were examined for spinus process. No obvious open spinal dysraphism is seen.

Foetal abdomen - Stomach bubble is normally visualized. Both foetal kidneys are normal in position and size with no evidence of hydronephrosis. Foetal urinary bladder is normally visualized. Foetal abdominal wall is normal, foetal aorta is normal.

Foetal limbs - All four limbs are visualized.

Umbilical Cord - Was found to have normal configuration. (Shows one vein and two arteries)

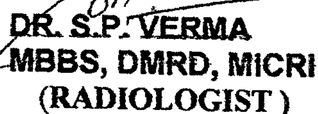
Foetal Chest - Four chamber heart (foetal echocardiography is necessary for evaluation of cardiac anomalies and has not been done in this study). Diaphragm is normal in position.

The internal os is closed. Cervical length and width are normal.

Congenital malformation = No gross obvious congenital anomaly is seen in part scanned. (As per constrain of gestational age and position of the foetus.)

IMPRESSION:- I/U live pregnancy of 20 weeks + 6 days with cephalic presentation.

I, Dr. Sat Pal Verma hereby declare that while conducting ultrasonography on the above patient (Kumari anjoo), I have neither detected nor disclosed the sex of her foetus to anybody in any manner.



DR. S.P. VERMA
MBBS, DMRD, MICRI
(RADIOLOGIST)

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TEST REQUISTION FORM

Patient Details

First Name : KUMARI Last Name : ANJOO

Age : 25 Gender : Male ☐ Female ☑

Address :

Contact No. :

E-mail ID

Referred by DR. B.S. Porwal Contact No. :

For Maternal Screening - Date of Birth :- 12 07 1992

Weight : 63 kg. Height : ___ ft ___ inches, LMP 30/7/2012 Last Ultrasound Report

Billing Information

Client Name : Har aastha diagnostic

Client ID :

Total Amount : 800

Amount Received : Receipt No. :

Amount Balance / Due :

Payment via : ☐ CASH ☐ CHEQUE ☐ CREDIT

Specimen Type Received (For MolQ use only)

☑ Serum	○ Bone Marrow	○ CSF
○ Plasma: EDTA/FL/CIT	○ FN Aspirate	○ Fluid
○ SST	○ Tissue Formalin	○ BAL
○ W. Blood EDTA	○ Paraffin Block	○ Sputum
○ W. Blood Fluoride	○ Smear	○ Urine
○ W. Blood Heparin	○ Slide (H&E)	○ Stool
○ W. Blood Sodium Citrate	○ Pus	○ Swab
	○ Blood Culture Bottle	○ Others

Other Sample Type / Source : [illegible]

Received Specimen Information (For MolQ use only)

Temperature : ○ Ambient ○ Refrigerated ○ Frozen

Date : Time :

Patient ID No. of vials/container

1	2

Signature of Accessioning Officer(s)

Test Name/Test Code

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

TRIPLE MARKER

(No any Trisomy 21 history of family)

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature : ○ Ambient ○ Refrigerated ○ Frozen

Sample / Vial Type	Vial ID Barcode
Plain	MolQ 10221659

Total No. of Vials/Container

Specimen Collection Information

Date: 24/12/12 Time :

Fasting : Yes ☐ No ☐ Fasting Period : ____ Hrs.

Collection by : Mahesh P.

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, Uttrakhand. The financial liability or compensation of any sort is not more than MRP of the Test requested.

रोगी सहमति : मैं मोल्क्यु 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 दोबारा अधिकृत करता हूँ कि जो नमूना जाँच के लिए उपलब्ध करवाया था, उसमे 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 रुप से अंकित किया जाए और गुप्त रुप से रखा जाए, जब इसको नष्ट किया जाए तो पूर्ण रुप से नियम और विनियमता का उपयोग किया जाए। किसी भी प्रकार के मोल्क्यु प्रयोगशाला के प्रकाशन में रोगी की निजी जानकारियों को पूर्ण रुप में गुप्त रखा जाएगा। मै 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 मोल्क्यु प्रयोशाला को सम्पर्क कर सकते है, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखंड है, किसी भी जाँच का मूल्य उसके दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client /Doctor's Signature

Date : 24/12/12

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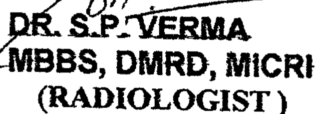

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