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Diagnostic and Research Centre

"Dedication Beyond Measure"

Date	29/12/2017	Srl No.	207	Sex	F
Name	Mrs. SIMRAN SONI	Age	30 Yrs.		
Ref. By	Dr. SHALINI YADAV				

OBSTETRICAL ULTRA SOUND (LEVEL I)

LMP: 05/10/2017 G.A. by LMP 12 wks 1 days EDD by LMP :12/07/2018

UTERUS is gravid with a **well defined** gestational sac containing an embryo within, in the upper uterine segment.

CRL measures **62.1 mm**, corresponding to a gestational age of **12 wks 4 days +/- 6 days**.
BPD measures **20.3 mm**, corresponding to a gestational age of **13 wks 2 days +/- 6 days**

The embryonic cardiac activity is well visualized and is about **163 BPM**.
The Placenta is seen posteriorly, grade 0. It is **partially covering the internal os**. No retroplacental clot is seen.

Nuchal thickness appears within normal limits measuring about **1.4 mm**.
Nasal Bone is appears normal and measures approx **5.2 mm**
ICL is noted and measures **1.5 mm**.

Ductus venosus flow appears normal with no obvious reversal.
Fetal aorta shows normal flow pattern.

VESSEL	RI	PI
Rt Uterine artery	0.7	1.3
Lt Uterine artery	0.7	1.4
Mean PI	1.35 (within range)	

The internal Os is closed. The cervix is adequate .
EDD by computed average gestational is 06/07/2018

Facilities available: 2D-4D Ultrasound / Colour Doppler studies / Path-Lab / Digital X-ray / Diagnostic procedures (HSG, RGU, MCU, BMFT etc) / 2D Echo / ECG

Date 29/12/2017

Srl No. 207

Name Mrs. SIMRAN SONI

Age 30 Yrs.

Sex

F

Ref. By Dr. SHALINI YADAV

IMPRESSION :

Early single live Intrauterine pregnancy of average gestational age of 13 wks 0 days +/- 6 days.

Mildly high resistance flow in both uterines on screening.

*Suggest short interval follow up for placental migration .
Suggest detailed level II scan at 18-22 wks.*

I, the undersigned declare that while conducting the ultrasound on Mrs.Simran soni , i have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Dr. Asmita Ummat Reddy
M.D. Radio-Diagnosis
HMC Reg. No. 05558

DR. Venkat Reddy M
M.D. Radio-Diagnosis
HMC Reg. No. 06223

DR.Anshu Kumar Sharma
M.D. Radio-Diagnosis
HMC Reg. No. 03771



TEST REQUISITION FORM

Patient Details

First Name: Mrs Jimgam Soni Last Name: Soni
 Age: 30 Gender: Male Female
 Address: _____
 Contact No.: _____
 E-mail ID: _____
 Referred by: _____ Contact No.: _____
 For Maternal Screening - Date of Birth: 19 06 1987
 Weight: 59 kg. Height: 5 ft 6 inches, LMP 5-10-2017

Billing Information

Client Name: Cigeen Like Soni
 Client ID: _____
 Total Amount: _____
 Amount Received: _____ Receipt No.: _____
 Amount Balance / Due : _____
 Payment via: CASH CHEQUE CREDIT

Specimen Type Received (For MolQ use only)

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

Other Sample Type / Source: OC

Received Specimen Information (For MolQ use only)

Temperature: Ambient Refrigerated Frozen
 Date: _____ Time: _____
 Patient ID: _____ No. of vials/container: _____

1	2
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Signature of Accessioning Officer(s)

Test Name/Test Code

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

Instructions to Laboratory/Clinical Information

Sent Specimen Information

Temperature: Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
 MolQ 10322412	

Total No. of Vials/Container: _____

Specimen Collection Information

Date: 20/2/17 Time: _____
 Fasting: Yes No Fasting Period: _____ Hrs.
 Collection by: PK
 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 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 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 मोल्क्यु 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 मोल्क्यु प्रयोगशाला को सम्पर्क कर सकते हैं, किसी भी प्रकार की कानूनी झगड़े हेतु हमारा मुख्यालय देहरादून, उत्तराखण्ड है, किसी भी जाँच का मूल्य उसके लिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

Patient/Client /Doctor's Signature
 Date: _____