

NAV

AASTHA DIAGNOSTIC CENTRE

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

NAME : NIDHI

DATE : 21/01/2018

AGE : 24Y/F

REF BY : DR. BHAVNA S. POPAT

OBSTETRICAL ULTRASOUND (ANOMALIES SCAN-LEVEL-II)

LMP	25/08/2017
POG BY DATE	21 weeks + 2 days
EDD BY DATE	01/06/2018
Single I/U live foetus is seen.	
Cardiac activity	Present (FHR / 153BPM)
Foetal Movement	Normal
Presentation	Cephalic
Lie	Longitudinal
Attitude	Flexion
Placental Position	posterior and in upper uterine segment
Placental Maturity	Grade- 0
Amniotic Fluid	Adequate
FOETAL PARAMETER	
BPD	4.4 cm = 19 weeks + 1 day
FL	3.2 cm = 19 weeks + 3 days
AC	14.1 cm = 19 weeks + 2 days
HC	16.4 cm = 19 weeks + 1 day
OFD	5.7 cm = 19 weeks + 3 days
E.F. WEIGHT	303gms ±15%
FOETAL MATURITY	19 weeks + 2 days
E.D.D by CGA	15/06/2018
FOETAL INDICES	
FL/BPD	72%
FL/AC	22%
HC/AC	1.16
CI	74%

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.



TEST REQUISITION FORM

Patient Details

First Name : NIDHI Last Name : _____

Age : 24 Gender : Male Female

Address : _____

Contact No. : _____

E-mail ID : _____

Referred by DR. B.C. Puri Contact No. : _____

For Maternal Screening - Date of Birth : 15 07 1992

Weight : 72kg Height : _____ ft _____ inches, LMP 25/8/17 Last Ultrasound Report

Test Name/Test Code

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

Triples marker Test

(No any down syndrome of family history)

Instructions to Laboratory/Clinical Information

Billing Information

Client Name : Nav Aesthe Diagnostics

Client ID : _____

Total Amount : 800

Amount Received : _____ Receipt No. : _____

Amount Balance / Due : _____

Payment via : CASH CHEQUE CREDIT

Sent Specimen Information

Temperature : Ambient Refrigerated Frozen

Sample / Vial Type	Vial ID Barcode
<u>Plees</u>	10302157

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 : MS

Received Specimen Information (For MolQ use only)

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

Signature of Accessioning Officer(s)

Total No. of Vials/Container : _____

Specimen Collection Information

Date : 21/11/18 Time : _____

Fasting : Yes No Fasting Period : _____ Hrs.

Collection by : _____

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, उसमे से बचे हुए नमूने को प्रयोगशाला कमी 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।

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 Patient/Client /Doctor's Signature
 Date : 21/11/18

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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 6 mm
- Ventricular to cerebral hemisphere ratio is 27% and normal
- Cerebellum is 20 mm
- Cisterna magna 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 19 weeks + 2 days with cephalic presentation with IUGR.

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

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

- Contents of this report are only an opinion, not the diagnosis.
- Clinical correlation of the report is must.
- This report is not valid for Medico-legal purposes.