

**Patient Details**

 First Name : PREETI Last Name : YADAV

 Age : 29 Gender : Male  Female 

Address : \_\_\_\_\_

Contact No. : \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Referred by : \_\_\_\_\_ Contact No. : \_\_\_\_\_

 For Maternal Screening - Date of Birth :- 06 04 1990

 Weight : 68 kg. Height : 4 ft 6 inches, LMP 11/8/17 Last Ultrasound Report

**Billing Information**

 Client Name : ~~DEEPA~~ YADAV LAB Sec-52

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 : ① ②
**Received Specimen Information (For MolQ use only)**

Temperature : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

- 
- Ambient
- 
- 
- Refrigerated
- 
- 
- Frozen

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)

DOUBLE MARKER.
**Instructions to Laboratory/Clinical Information**
**Sent Specimen Information**

 Temperature :  Ambient  Refrigerated  Frozen

Sample / Vial Type	Vial ID Barcode
S - 1	

Total No. of Vials/Container : \_\_\_\_\_

**Specimen Collection Information**

Date : \_\_\_\_\_ Time : \_\_\_\_\_

 Fasting : Yes  No  Fasting Period : \_\_\_\_\_ Hrs.

 Collection by : Rayinder

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 दिए अधिकतम फुटकर मूल्य से अधिक नहीं होगा।

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



# PREMIA MEDICARE

(A Unit of Premium Medicare Pvt. Ltd.)

Your Partners in Health

For Appointments Contact : 0124 - 4555777

Patient Name:	Mrs. Preeti Yadav	Order Date :	23.01.2018
PREMIA MEDICARE	921	Report Date:	24.01.2018
Ref. Doctor :	Dr. Avantika Sharma		

## ULTRASOUND OBSTETRICS (MODIFIED LEVEL - I)

LMP: 25.10.2017

Gestational Age (By LMP): 12 weeks 6 days

There is a single intra-uterine pregnancy.

EDD (By LMP) - 01.08.2018

EDD (By USG) - 27.07.2018

### FOETAL BIOMETRY:

Parameter	cm	Weeks	Days	Range
CRL	7.97	13 weeks	6 days	
BPD	2.38	14 weeks	0 days	± 1 weeks 0 days
HC	8.77	13 weeks	6 days	± 1 weeks 1 day
AC	7.08	13 weeks	5 days	± 1 weeks 5 days
FL	1.17	13 weeks	3 days	± 1 weeks 3 days

Fetal weight: 74 gms +/- 11 gm.

Nuchal translucency measures 1.19 mm (average).

Nasal bone is visualized and measures 1.9 mm.

Rhythmic foetal cardiac activity noted (168 bpm). No evidence of tricuspid regurgitation seen.

Ductus venosus shows normal forward flow.

Placental reaction is anterior and not low lying.

Cervical length measures 3.84 cm.

Internal os is closed.

No adnexal mass is seen.

**Note is made of an antero-fundal - right lateral heterogeneously hypoechoic subserosal fibroid measuring ~ 7.96 x 6.42 cm in size.**

### On colour Doppler Examination:

- Bilateral uterine arteries flow parameters as follows (S/D ratio of ~ 3.44 , PI of ~ 1.46 and RI of ~ 0.71 on right side & S/D ratio of ~ 3.23, PI of ~ 1.38 and RI of ~ 0.69 on left side). Mean PI value within normal range (1.42, 31<sup>st</sup> percentile).

**IMPRESSION** Single intra-uterine pregnancy ~ 13 weeks and 5 days with regular fetal cardiac activity and uterine fibroid as described above.

**ADVICE:** Clinical correlation. Dedicated level II scan is suggested at 18- 20 weeks for detailed evaluation.

It must be that all congenital anomalies those related to face heart and limbs cannot be ruled out on ultrasound. Fetal anomalies may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movement and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Please correlate with clinical features and other relevant investigations.

**Dr. PAULDEEP KAUR**  
 MBBS, MD (MAMC, Delhi)  
 HOD Radiology  
 HMC No- HN005492

**DR. LOVINA SINGH**  
 MBBS, DMRD  
 Consultant Radiologist  
 HMC No- HN3732

I **Dr. LOVINA SINGH** (Name of the person conducting ultrasonography) declare that while conducting ultrasonography on **MRS. PREETI YADAV**, have neither detected nor disclosed the sex of her fetus to anybody in any manner.

**Dr. PAULDEEP KAUR**  
 MBBS, MD (MAMC, Delhi)  
 HOD Radiology  
 HMC No- HN005492

**DR. LOVINA SINGH**  
 MBBS, DMRD  
 Consultant Radiologist  
 HMC No- HN3732

### Not valid for medico-legal purpose

This is only radiological professional opinion & not a final diagnosis, X-ray, USG, CT/ MRI also has its limitations. Therefore, X-ray, USG, CT/MRI Report should be interpreted in correlation with clinical & pathological findings.

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