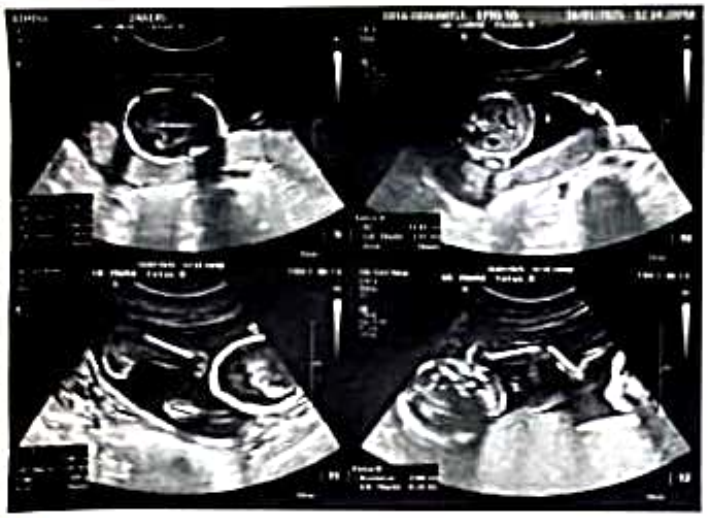
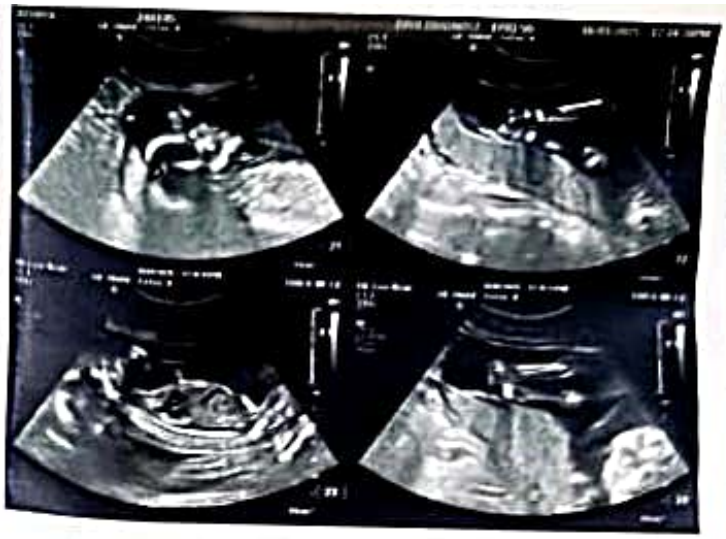
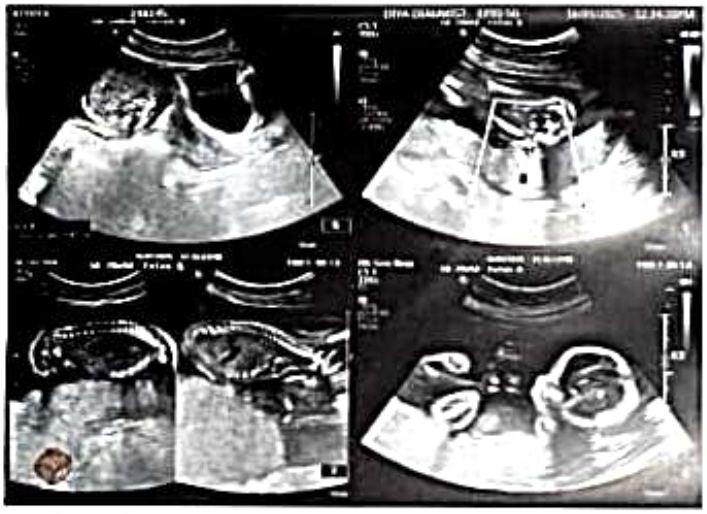
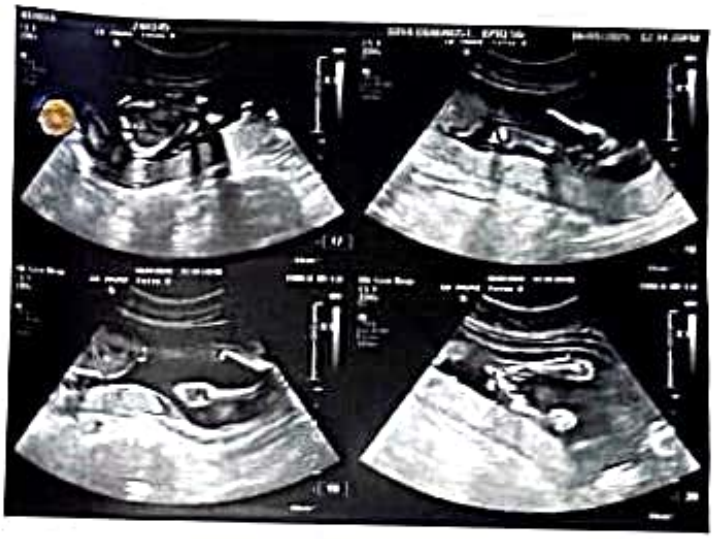
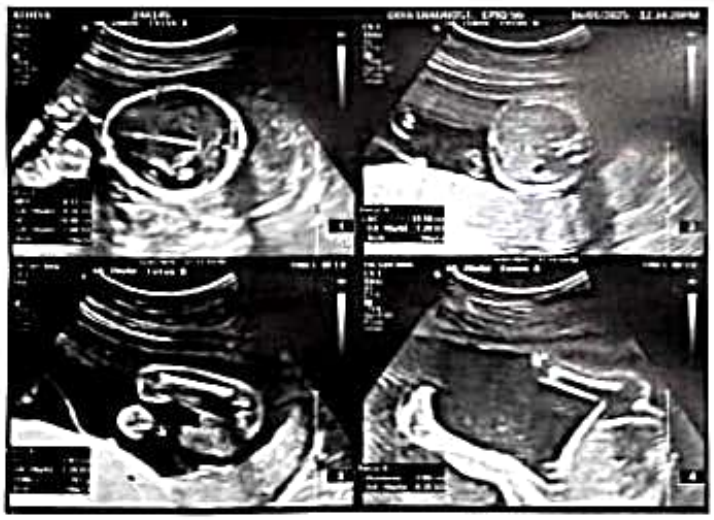
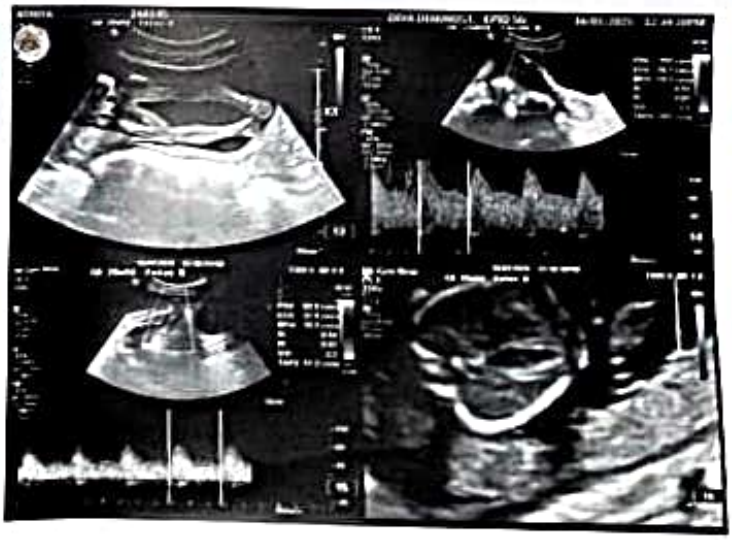


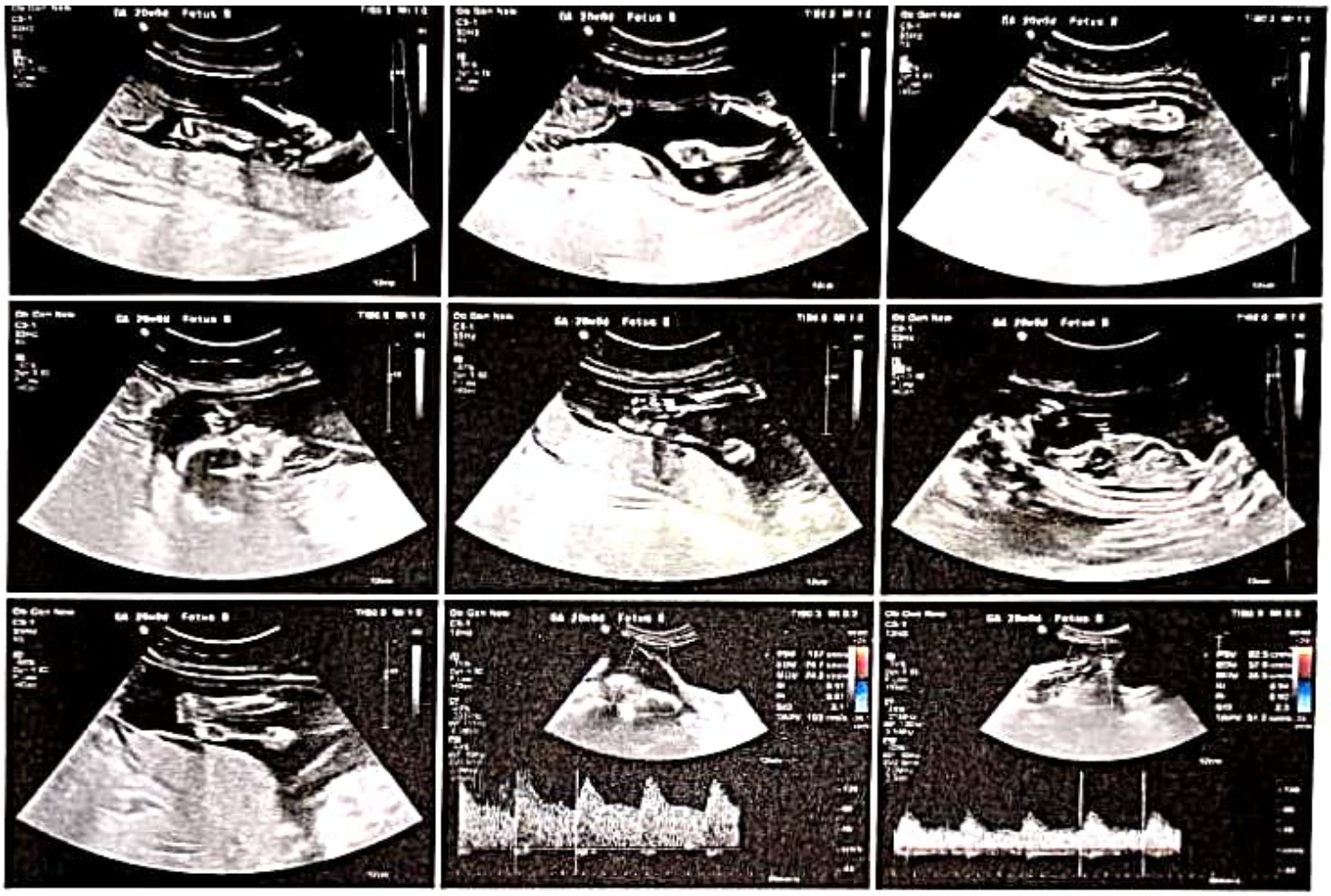




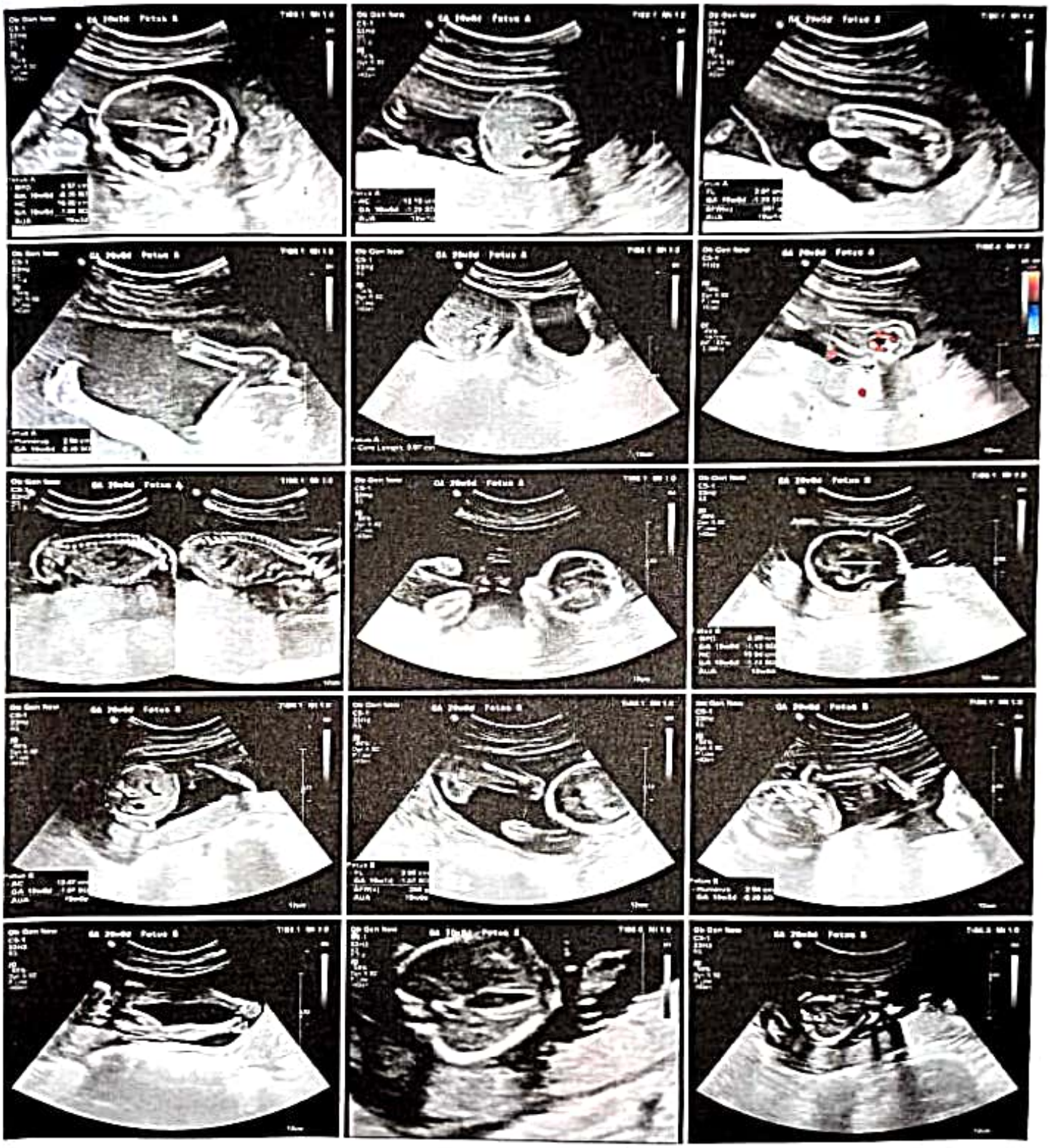








Patient name	Mrs. ATHIYA	Age/Sex	27 Years / Female
Patient ID	24A145	Visit no	2
Referred by	Dr. G. KEERTHI REDDY MS OBG	Visit date	16/01/2025



✆: 0870-2533366 (H)
Cell: 91333 66898, 91333 66899

SRI LALITHA DIAGNOSTIC CENTRE

H.No. 6-2-11, Behind Gomati Hospital, S.R. Girls College Lane, Kakaji Colony,
Dist: HANUMAKONDA - 506 001. (T.S)

LABORATORY REPORT

Patient Name	: ATHIYA	Sample Date	: 2/3/2025
Age / Gender	: 28 Yrs F	Sample Time	: 6:07:42 PM
UHID/MR NO	: 2023006395	Specimen	:
Receipt No.	: 2024013736	Report Date	: 03-Feb-2025
Ref Doctor	: Dr. G.KEERTHI REDDY M.S.(OBG)	Report Time	: 6:08:06 PM

RANDOM BLOOD SUGAR ESTIMATION

Random Blood Glucose : 414 mg/dl (Normal Range: 60 - 130)

Corresponding Urine Sugar : [+++] (Method : GOD - POD.)

Urine for Ketone Bodies ---

(Done By : Semi-automated Biochem Analyzer)

2023006395

Done By : Technician Name

lab

INCHARGE
Signature
Lab Technician

Please Correlate
Clinically.

Ph: 0870-2533366 (H)
Cell: 91333 66898
91333 66250

SRI LALITHA
MULTI SPECIALITY HOSPITAL

H.No. 6-2-11, Behind Gomati Hospital, S.R. Girls College Lane, Kakaji Colony,
Dist: Hanumakonda - 506 001. (T.G)

Name : Mrs. ATHIYA

Age : 28 years

Ref by : DR.keerthi

Date : 13-Dec-24

ULTRASOUND SCAN OF EARLY PREGNANCY

Real time B mode ultrasound examination of the gravid uterus revealed

E/o SINGLE intrauterine gestation noted

CRL 7.28 cm gestational age is corresponding to 13 w 3 days

Placenta low lying anterior segment covering the os.

Fetal cardiac activity is good.110 /MIN NT :0.16 CMS

Cervical os closed **EDD : 15.6.2025** NASAL BONE PRESENT

CRL 7.58 cm gestational age is corresponding to 13 w 5 days

Fetal cardiac activity is good.110 /MIN NT :0.17 CMS

EDD: 11.06.2025 NASAL BONE PRESENT

Ovaries: Right ovary : 26 x 15 mm

: Left ovary : 24 x 13

IMPRESSION : *TWIN live intra uterine gestation corresponds to 13 Weeks 1 days gestation WITH GOOD CARDIAC ACTIVITY IN BOTH SACS*

e-mail : srilalithahospital.hnk@gmail.com Cell: 9133366898, 9133366250

tejet DIAGNOSTICS
It's Good to Know

Name	: MRS.ATHIYA	TID/SID	: UMR2277415/28715559
Age/ Gender	: 28 Years / Female	Registered on	: 13-Dec-2024 / 15:15 PM
Ref.By	: DR G KEERTHI REDDY	Collected on	: 13-Dec-2024 / 17:16 PM
Req.No	: BILS049966	Reported on	: 14-Dec-2024 / 17:39 PM
		Reference	: Sri Lalitha Multi Speciali

DEPARTMENT OF CLINICAL CHEMISTRY III

Double Marker

BIOCHEMICAL RESULTS	RESULTS	UNITS	CRR.MOM	METHOD
Free Beta-HCG.	38.2	ng/mL	TWIN1;0.45 TWIN2;0.48	CLIA
PAPP-A.	19.8	mIU/mL	TWIN1;1.54 TWIN2;1.40	CLIA

DISORDER	RISK RATIO	RISK CATEGORY	SCREEN RESULT
Risk for Down syndrome	TWIN1;<1:10000 TWIN2;<1:10000	LOW	NEGATIVE
Risk for Edward syndrome	TWIN1;<1:10000 TWIN2;<1:10000	LOW	NEGATIVE
Risk for Patau syndrome	TWIN1;<1:10000 TWIN2;<1:10000	LOW	NEGATIVE

Interpretation:
The First Trimester screening for the given sample is found SCREENING NEGATIVE. PAPP-A value obtained is 28.7 mIU/mL and software accepts PAPP-A value up to 26.1 mIU/mL. Hence risk calculated with PAPP-A value of 26.1 mIU/mL.

Disclaimer:

- Statistical risk factor calculation for Trisomy 21 (Down Syndrome), Trisomy 18 (Edward Syndrome), and Trisomy 13 (Patau Syndrome) has been done using Fetal Medicine Foundation (FMF) approved assay & SSDW software
- This is a statistical risk calculation test and not a diagnostic test. An increased risk/positive screen result does not mean that the baby is affected and a low risk/Negative screen result does not mean that the baby is unaffected. Reported risk should be correlated and adjusted to the presence/absence of sonographic markers observed in the anomaly scan.
- The risk calculation assumes that patient, specimen details and ultrasonographic details provided are correct & accurate.
- The screen positive cut off (ACOG 2007) for risk of Trisomy 21 is 1:250 and Trisomy 13/Trisomy 18 is 1:100
- Variation in risk factor may exist between methods as the risk calculation is based on multiples of median (MoMs) of individual markers that are applied to an algorithm that includes other information known to influence incidence of chromosomal abnormalities.

• Sample processed at Hyderabad - NRL

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Tenet Diagnostics

Prisca 5.0.2.37

Date of report: 14/12/24

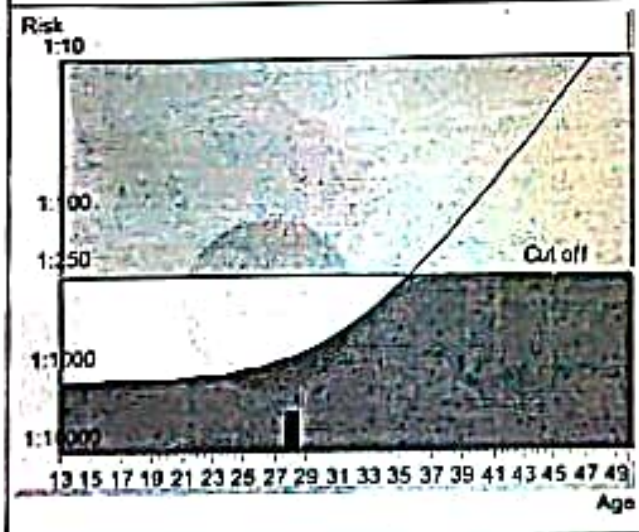
Patient data			
Name	ATHIYA(TWIN-2	Patient ID	BILS049966
Birthday	30/11/96	Sample ID	28715559
Age at sample date	28.0	Sample Date	13/12/24
Gestational age	13 + 3		

Correction factors					
Fetuses	2	IVF	unknown	Previous trisomy 21 pregancies	unknown
Weight	40	diabetes	unknown		
Smoker	unknown	Origin	Asian		

Biochemical data		
Parameter	Value	Corr. MoM
PAPP-A	19.8 mIU/ml	1.40
fb-hCG	36.2 ng/ml	0.48

Risks at sampling date	
Age risk	1:818
Biochemical T21 risk	<1:10000
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data	
Gestational age	13 + 3
Method	CRL Robinson
Scan date	13/12/24
Crown rump length in mm	75.8
Nuchal translucency MoM	0.91
Nasal bone	present
Sonographer	DR. Srilatha Nursing Home
Qualifications in measuring NT	MD



Trisomy 13/18 + NT

The calculated risk for trisomy 13/18 (with nuchal translucency) is < 1:10000, which represents a low risk.

Trisomy 21

The calculated risk for Trisomy 21 (with nuchal translucency) is below the cut off, which indicates a low risk.

After the result of the Trisomy 21 test (with NT) it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.

The risk for this twin pregnancy has been calculated for a singleton pregnancy with corrected MoMs.

The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.

Please note that risk calculations are statistical approaches and have no diagnostic value!

The patient combined risk presumes the NT measurement was done according to accepted guidelines (Prenat Diagn 18: 511-523 (1998)).

The laboratory can not be held responsible for their impact on the risk assessment ! Calculated risks have no diagnostic value!

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off

Tenet Diagnostics

Prisca 5.0.2.37

Date of report: 14/12/24

Patient data

Name	ATHIYA(TWIN-1	Patient ID	BtL5049966
Birthday	30/11/96	Sample ID	28715559
Age at sample date	28.0	Sample Date	13/12/24
Gestational age	13 + 1		

Correction factors

Fetuses	2	IVF	unknown	Previous trisomy 21 pregancies	unknown
Weight	40	diabetes	unknown		
Smoker	unknown	Origin	Asian		

Biochemical data

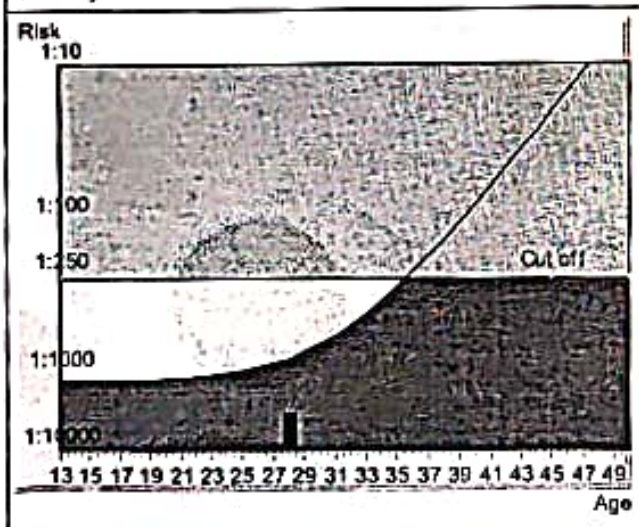
Parameter	Value	Corr. MoM
PAPP-A	19.8 mIU/ml	1.54
fb-hCG	36.2 ng/ml	0.45

Risks at sampling date

Age risk	1:810
Biochemical T21 risk	<1:10000
Combined trisomy 21 risk	<1:10000
Trisomy 13/18 + NT	<1:10000

Ultrasound data

Gestational age	13 + 1
Method	CRL Robinson
Scan date	13/12/24
Crown rump length in mm	72.8
Nuchal translucency MoM	0.88
Nasal bone	present
Sonographer	DR. Srilatha Nursing Home
Qualifications in measuring NT	MD



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Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off

Dr.K.Madhuri,
M.B.B.S (Osm), D.M.R.D.
Radiologist
Regd.No.52060

Diya Diagnostics
opp: Vijaya Talkies, HANAMKONDA.
Cell : 90 30 76 22 67

Patient name	Mrs. ATHIYA	Age/Sex	27 Years / Female
Patient ID	24A145	Visit no	2
Referred by	Dr. G. KEERTHI REDDY MS OBG	Visit date	16/01/2025
LMP date	29/08/2024, LMP EDD: 05/06/2025[20W]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Twin intrauterine gestation

Type of twinning

Dichorionic Diamniotic Twin

Maternal

Cervix measured 3.97 cm in length.

Right Uterine	0.81	(14%)
Left Uterine	0.92	(28%)
Mean PI	0.865	(21%)

Fetus A

Survey

Presentation - Cephalic

Towards maternal left side

Placenta - Upper segment Single large posterior, Grade-2

Liquor - adequate for gestational age

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 152 bpm

Biometry(Hadlock, Unit: mm)

BPD	45.7, 19W 5D	(47%)
HC	160, 18W 6D	(5%)
AC	131.8, 18W 5D	(15%)
FL	29.1, 19W	(15%)

Long bones	Right (mm)	
Humerus	29.4, 19W 2D	(20%)

EFW (grams)

BPD,HC,AC, FL	261	(10%)

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...S (Osm), D.M.R.D.
...o.52060

Diya Diagnostics

opp: Vijaya Talkies, HANAMKONDA.
Cell : 90 30 76 22 67

Patient name	Mrs. ATHIYA		
Patient ID	24A145	Age/Sex	27 Years / Female
Referred by	Dr. G. KEERTHI REDDY MS OBG	Visit no	2
LMP date	29/08/2024, LMP EDD: 05/06/2025[20W]	Visit date	16/01/2025

Thorax

Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB

Right and Left kidneys appeared normal.
Bladder appeared normal

Extremities

All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal

Impression

Dichorionic Diamniotic Twin gestation corresponding to a gestational age of 20 Weeks
Gestational age assigned as per LMP
Fetus - A
Placenta - Upper segment Single large posterior, Grade-2
Presentation - Cephalic
Liquor - adequate for gestational age
Estimated fetal weight according to BPD,HC,AC,FL :- 261 + / - 26.1 gms.
Fetus - B
Placenta - Upper segment Single large posterior, Grade-2
Presentation - Podalic
Liquor - adequate for gestational age
Estimated fetal weight according to BPD,HC,AC,FL :- 268 + / - 26.8 gms.
Weight discordancy :
Fetus A - 3%
Fetus B - Reference of large weight

Although many malformations can be identified, it is acknowledged that some may be missed, even with sonographic eqipment in the best hands or that many develop later

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...S (Osm). D.M.R.D.
...No.52060

Diya Diagnostics
opp: Vijaya Talkies, HANAMKONDA.
Cell : 90 30 76 22 67

Patient name	Mrs. ATHIYA	Age/Sex	27 Years / Female
Patient ID	24A145	Visit no	2
Referred by	Dr. G. KEERTHI REDDY MS OBG	Visit date	16/01/2025
LMP date	29/08/2024, LMP EDD: 05/06/2025[20W]		

Fetus B

Survey

Presentation - Podalic

Towards maternal right side

Placenta - Upper segment Single large posterior, Grade-2

Liquor - adequate for gestational age

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 149 bpm

Biometry(Hadlock, Unit: mm)

BPD	42.9, 16W 6D	(22%)
HC	159.4, 18W 5D	(5%)
AC	134.7, 19W	(21%)
FL	29.5, 19W 1D	(18%)

Long bones	Right (mm)	
Humerus	29.4, 19W 2D	(20%)

EFW (grams)

BPD,HC,AC, FL	268	(14%)

Fetal Anatomy

Head

Midline falx seen.

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal

...nuri,
...B.S (Osm), D.M.R.D.
...ist
...d.No.52060

Diya Diagnostics
opp: Vijaya Talkies, HANAMKONDA.
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SRI LALITHA
MULTI SPECIALITY HOSPITAL

Ph: 0870-2533366 (H)
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H.No. 6-2-11, Behind Gomati Hospital, S.R. Girls College Lane, Kakaji Colony,
Dist: Hanumakonda - 506 001. (T.G)

DISCHARGE SUMMARY

CONSULTANT DR : Keerthi Reddy M.S (OBG)

PATIENT NAME : Athiya AGE: 28 Y SEX: f

S/O D/O W/O : Sayeed mushtaq Ahmed

UHID NO : 2992

D.O.A : 16-01-25 D.O.O: 16-01-25 D.O.D: 17-01-25

FINAL DIAGNOSIS :

primi with Twin Gestation with 20 weeks

OPERATIVE PROCEDURES IF ANY : with GDM & shirataz

under all aseptic precautions

INVESTIGATIONS : Co-Enterlgpedure

↓sgs

Enclosed Reports

HOSPITAL COURSE :

patient was Examined Evaluated and diagnosed

as "primi c Twin gestation c 20 weeks c GDM

& shirataz". under all aseptic precautions "Co Enterlgpedure

done ↓sgs. she was kept on Antibiotic Antacid

Pro

e-mail : srilalithahospital.hnk@gmail.com Cell: 9133366898, 9133366250

with other supportive treatment & allowing cases.

She was well tolerated,

DISCHARGE ADVICE :

Discharging at stable condition

Continue Treatment

Rx

1) T. Taxofit-D 400mg

o——o (10)

2) T. Shelcal D

o——— (20)

BBF

3) T. Eganto 300mg

———o (20)

4) T. Folvit

——o (20)

5) T. Calcium

——o (20)

6 T. Supravit

——o (20)

Novomix 30/70 < 15 — 8

1 week

CONSULTANT MEDICAL OFFICER SIGNATURE