

Patient Name : Mrs. BARKHA RANDE
 Age/Gender : 27 Y 7 M 27 D/F
 UHID/MR No : RMAR.0000117000
 Visit ID : RMAROPV741457
 Ref Doctor : Dr. Dr. GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
 Received : 06/Sep/2025 09:49AM
 Reported : 06/Sep/2025 09:59AM
 Status : Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.2	g/dL	12-15	Spectrophotometer
PCV	29.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.8	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,580	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63.6	%	40-80	Electrical Impedance
LYMPHOCYTES	32.3	%	20-40	Electrical Impedance
EOSINOPHILS	0.6	%	1-6	Electrical Impedance
MONOCYTES	2.7	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
CORRECTED TLC	7,580	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4820.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2448.34	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	45.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	204.66	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.64	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
MPV	8.6	fL	8.1-13.9	Calculated

Page 1 of 5

Nisha

Dr. Nisha
 M.B.B.S, MD(Pathology)
 Consultant Pathologist

SIN No: BED250079545



Patient Name VES : Mrs.BARKHA RANDER
Age/Gender : 27 Y 7 M 27 D/F
UHID/MR No : RMAR.0000117000
Visit ID : RMAROPV741457
Ref Doctor : Dr.Dr GARIMA JAIN

Collected
Received
Reported
Status

06/Sep/2025 09:00AM
06/Sep/2025 10:47AM
06/Sep/2025 11:09AM
Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name

GLUCOSE, FASTING , NAF PLASMA

Result
97

Unit
mg/dL

Bio. Ref. Interval
70 - 100

Method
GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random ≥ 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name

GLUCOSE - (1HR) , SODIUM FLUORIDE PLASMA (1HR)

Result
159

Unit
mg/dL

Bio. Ref. Interval
70-180

Method
GOD - POD

Test Name

GLUCOSE - (2 HR) , SODIUM FLUORIDE PLASMA (2 HR)

Result
145

Unit
mg/dl

Bio. Ref. Interval
70 - 140

Method
GOD - POD

Comment:

- Biological reference Ranges are incorporated as per ADA guidelines 2023.

Page 2 of 5

Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:PT0023677



Patient Name VES : Mrs.BARKHA RANDER
Age/Gender : 27 Y 7 M 27 D/F
UHID/MR No : RMAR.0000117000
Visit ID : RMAROPV741457
Ref Doctor : Dr.Dr GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
Received : 06/Sep/2025 10:47AM
Reported : 06/Sep/2025 11:08AM
Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
TSH (Ultrasensitive/4thGen) , SERUM	3.680	µIU/mL	0.270-4.20	ECLIA

Comment:

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies.

It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the use of an isolated TSH abnormality.

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

Patient Name : Mrs. BARKHA RANDE
Age/Gender : 27 Y 7 M 27 D/F
UHID/MR No : RMAR.0000117000
Visit ID : RMAROPV741457
Ref Doctor : Dr. Dr. GARIMA JAIN

Collected
Received
Reported
Status

: 06/Sep/2025 06:49AM
: 06/Sep/2025 10:47AM
: 06/Sep/2025 11:08AM
: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name
VITAMIN D (25 - OH VITAMIN D) ,
SERUM

Result
8.27

Unit
ng/mL

Bio. Ref. Interval
30-100

Method
ECLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 - 30
SUFFICIENCY	30 - 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients. Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Page 4 of 5

Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No: SPL25034893



Sample Name : Mrs. BARKHA RANDE
Age/Gender : 27 Y 7 M 27 D/F
UHID/MR No : RMAR.0000117000
Visit ID : RMAROPV741457
Ref Doctor : Dr. Dr GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
Received : 06/Sep/2025 10:47AM
Reported : 06/Sep/2025 11:08AM
Status : Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name
VITAMIN B12 , SERUM

Result
79.42

Unit
pg/mL

Bio. Ref. Interval
197-771

Method
ECLIA

Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population. Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly. If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine should be considered as further workup.

*** End Of Report ***

Page 5 of 5



Nisha
Dr. Nisha
M.B.B.S, MD(Pathology)
Consultant Pathologist

SIN No: SPL25034893

SAFELY LIVES
Patient Name : Mrs. BARKHA RANDE
Age/Gender : 27 Y 7 M 27 D/F
UHID/MR No : RMAR.0000117000
Visit ID : RMAROPV741457
Ref Doctor : Dr. Dr. GARIMA JAIN

Collected : 06/Sep/2025 06:49AM
Received : 06/Sep/2025 10:47AM
Reported : 06/Sep/2025 11:08AM
Status : Final Report

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature.
3. Partial reproduction of this report is not valid and should not be resorted to draw any conclusion.
4. In the case you are not the intended recipient of this report, Please immediately return the same to the concerned issuing desk. Any disclosure, copy or distribution of any contents of this report, is unlawful and is strictly prohibited.
5. Results delays may occur due to unforeseen circumstances such as non-availability of kits, equipment breakdown, natural calamities, IT downtime, logistic delays or any other unavoidable event. For certain tests based on analyte stability, criticality of results and in the interest of patient for having appropriate medical diagnosis, the same test may be outsourced to other accredited laboratory.
6. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
7. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
8. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
10. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr. Nisha
M.B.B.S, MD(Pathology)
Consultant Pathologist

SIN No: SPL25034893





Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contact No : +917002557203
Address : aces layout
UHID : RMAR.0000117000

Bill No : RMAR-OCS-739450
Bill/Reg Date : 01.09.2025 11:52
Referred by : Dr. GARIMA JAIN
Center : Cradle Marthahalli
Emp No/Auth Code :

#	Department	Description Of Service	SAC/HSN Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
1	OP Consultation	Dr. GARIMA JAIN.	999312	1	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00
Bill Amount: 1,000.00												
Total Discount: 0.00												
Patient Payment: 1,000.00												
Patient Due: 0.00												
Payments												
Receipt No			Mode			Amount						
Settlement												
01-09-2025			RMARRCA588102			Debit Card			1,000.00			

Received with thanks: One Thousand Rupees only

Authorized Signature : (L N Shwetha)

Please log on to AskApollo.com for booking Appointments

Consultation validity is only 7 days from the Date of Bill Generation

Visit us: www.apollocradle.com • Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly known as Nova Specialty Hospitals Private Limited)
CIN - U85100TG2009PTC099414

GSTIN: 29AADCN1803G1ZP
Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru, Karnataka

SHRIMA JAIN
MBBS, DNB, CIMP, GGC, CCCGDM
SENIOR CONSULTANT
KMC NO: 72133

Patient Name & Patient Id: Mrs Barkha Rander, PAT13746
Age/Gender: 27y, Female

Date & Time: 01/09/2025 12:18

Diagnosis:

1. PRIMI A + EDD 20/12/25

Obstetric History :

Examination										
Date	Pal-lor	Oedema	Height	Weight	BMI	BP	Fun-dus	Presenta-tion	Liquor	FHR
01 Sep 2025	No	No	-	70.5 kg	-	100/60 mmHg	24 weeks	EB	Normal	144 BPM
Notes : REVIEW WITH SCAN										

Advices:

1. CONTINUE ALL MEDICATIONS

Lab Investigation:

NAME	NOTE
USG OBS	GROWTH SCAN 28/09. - 1000 5/10

6/9/25 D₃ + B₁₂ +.

7. NEUROBION PORTE
1-0-0
4 month

→ ULTRA D₃ 2000 IU

1-0-0. 4 month

→ 1ug NEUROBION PORTE 1amp 4m
(alternati day) 5 days.

Address: Apollo Cradle & Children's Hospital, 101/209 & 210, ITPL Main Road, Kundalahalli, Brookenfield, Bangalore - 560 037 T: +91 804 944 4111

A UNIT OF APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN - U85100TG2009PT C099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com



Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contact No : +917002557203
Address : aecs layout
UHID : RMAR.0000117000

Department : Description Of SAC/HSN

1 OP Consultation Dr. GARIMA JAIN

999312 1 1,000.00 1,000.00 0.00 0.00 0.00 0.00 0.00 0.00

Payments Receipt No Mode Amount

Settlement RMARCA579620 Debit Card 1,000.00

28-07-2025

Received with thanks: One Thousand Rupees only

Authorized Signature : (L N Shwetha)

Please log on to AskApollo.com for booking Appointments

Consultation validity is only 7 days from the Date of Bill Generation

Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet,
Hyderabad - 500 016, Telangana

GSTIN: 29AADCN1803G1ZP

Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru, Karnataka

Bill Amount: 1,000.00
Total Discount: 0.00
Patient Payment: 1,000.00
Patient Due: 0.00

Bill No : RMAR-OCS-729918
Bill/Reg Date : 28.07.2025 18:51
Referred by : Dr. GARIMA JAIN
Center : Cradle Marathahalli
Emp No/Auth Code :



Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contact No : +917002557203
Address : aecs layout
UHID : RMAR.0000117000

Department : Description Of Service

1 Service : IM INJECTION

Payments : Receipt No

Settlement : 28-07-2025

Received with thanks: Sixty Rupees only

Bill No : RMAR-OCS-729924
Bill/Reg Date : 28.07.2025 19:07
Referred by : Dr. GARIMA JAIN
Center : Cradle Marathahalli
Emp No/Auth Code :

SAC/HSN	Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
999312	1	60.00	60.00	60.00	0.00	0.00	0.00	0.00	0.00	60.00

Mode	Amount
Debit Card	60.00
Bill Amount:	60.00
Total Discount:	0.00
Patient Payment:	60.00
Patient Due:	0.00

Authorized Signature : (L N Shweetha)

Please log on to AskApollo.com for booking Appointments

Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly known as Nova Specialty Hospitals Private Limited)
CIN - U85102TG2009PTC099414
Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet,
Hyderabad - 500 016, Telangana

GSTIN: 29AADCN1803G1ZP
Address: Opus 143, 1st Cross, 5th Block,
Koramangala, Bengaluru, Karnataka

Bill Of Supply

Name : Mrs. Barkha Rander
Age/Gender : 27 Y F
Contract No : +917002557203
Address : aecs layout
UHID : RMAR.0000117000

Bill No : RMAR-OCS-729916
Bill/Reg Date : 28.07.2025 18:49
Referred by : Dr. GARIMA JAIN
Center : Cradle Marathahalli
Emp No/Auth Code :

Department Description Of Service

I	Radiblogy Tests	ULTRA SOUND	Code	Qty	Rate	Gross Value	Discount	CGST Rate	CGST Amt	SGST/UTGST Rate	SGST/UTGST Amt	Net Value
		TIEFA	999316	1	4,000.00	4,000.00	0.00	0.00	0.00	0.00	0.00	4,000.00

Payments	Receipt No	Mode	Amount

Settlement	28-07-2025	RMARRCA579618	Debit Card	4,000.00
------------	------------	---------------	------------	----------

Received with thanks: Four Thousand Rupees only

Bill Amount: 4,000.00
Total Discount: 0.00
Patient Payment: 4,000.00
Patient Due: 0.00

Authorized Signature : (L N Shwetha)

You can download your report from " <https://www.apollocradle.com/online-reports/> " Enter user name as RMAROPV730185 and password as 709971

Please log on to AskApollo.com for booking Appointments

Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nda Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Regd. Office: 1-10/60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad - 500 016, Telangana

GSTIN: 29AADCN1803G1ZP

Address: Opus 143, 1st Cross, 5th Block, Koramangala, Bengaluru, Karnataka

ARIMA JAIN
MBBS, DNB, CIMP, CGC, CCCGDM
SENIOR CONSULTANT
KMC NO: 72133



Patient Name & Patient Id: Mrs Barkha Rander , PAT13746
Age/Gender: 27y, Female

Date & Time: 28/07/2025 19:01

Diagnosis:

1. PRIMI A + EDD 20/12/25

Obstetric History :

Examination										
Date	Pal-lor	Oedema	Height	Weight	BMI	BP	Fun-dus	Presenta-tion	Liquor	FHR
28 Jul 2025	No	No	-	68.4 kg	-	100/60 mmHg	20 weeks	EB	Nor-mal	150 BPM
Notes : ANOMALY SCAN NORMAL										

Advices:

1. CONTINUE ALL MEDICATIONS

Lab Investigation:

NAME	NOTE 4/9/1019
Complete Blood Count (CBC) Test	-
Glucose Tolerance Test (GTT 3)	-
Vitamin B12 Test	-
Vitamin D Test	-
TSH	-

ly 7.d (aur 4m 2nd dose.

Address: Apollo Cradle & Children's Hospital, 101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 804 944 4111

A UNIT OF APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
CIN - U85100TG2009PT C099414

Regd Office: #7-1617/A, 615 & 616, 7th Floor, Imperial Towers, Opp: Ameerpet Metro Station, Ameerpet, Hyderabad - 500038.
Ph No: 040 - 4904 7777, Fax No: 4904 7744 | www.apollocradle.com | Email ID: info.cradle@apollocradle.com

98803 04613

DR. GARIMA JAIN

MBBS, DNB, CIMP, CGC, CCCGDM

SENIOR CONSULTANT

KMC NO: 72133

Barkha 27: 25/4/25.

→ UPT+ve

BHCG 113 on 13/4/25

A+ve

Menselo Regular LMP: 11/3/25

U/o spotting x 1 day.

ML: - 2 year

→ 18r PP

PSMN .NS, NS.

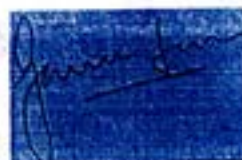
FD: - DM⁺ / H7N⁺ / NS/NS.

→ T. MCBM 69 0-1-0.

→ T. Dydrohoxe 10mg
1-0-1 x to continue.

→ Rpt- Scan x 10 days.

→ Restricted activities



Dr. Garima Jain
KMC NO: 72133

16/05/25

Mrs Barkha Rander

H/o nausea ⊕

H/o reduced appetite ⊕

H/o weakness ⊕

Plt = 1.98 L/mm^3

To do

Dengue Serology
CBC, LFT } day after tomorrow

Adv

1) T. Amice 500mg

1-0-0

2) T. Elixite 1-0-0

do continue

Mrs. Barkha Bander

27y/F

25/04/25

↓

D₃ of fever

1-5 ⇒ fever, body pains.

5-7 ⇒ afebrile, Plt count.

Days 8 ⇒ Plt count ↑

To do

~~Plt count~~ CBC, WBC on Day 5

Adv

[Plenty of hydration]

1) T. Dolo 650mg sos
(upto 1-1-1-1)

2) T. Emeret 100 mg (q2)
sos

MARATHAHALLI

101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111

Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

A UNIT OF APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Patient name	Mrs. BARKHA RANDE	Age/Sex	27 Years Female
Patient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025
LMP Date	11/03/2025	LMP EDD: 16/12/2025 C-EDD: 17/12/2025	

OB - 2/3 Trimester Scan Report

Indication(s)

ROUTINE ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single live intrauterine gestation

Maternal

Cervix measured 3.60 cms in length.
os is closed.

Right uterine PI : 1.14.

Left uterine PI : 0.74.

Mean PI : 0.94 (28%ile)

Fetus

Biometry (Hadlock)

BPD 44.6 mm 19W 3D	HC 166.1 mm 19W 2D	AC 144.3 mm 19W 5D	FL-Rt 32.8 mm 20W 2D	EFW BPD,HC,AC,FL 320 grams
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Humerus 31.1 mm

Foot Length : 32.2 mm

OD : 20.2 mm

Survey

Presentation - variable

Placenta - POSTERIOR & 2.4cm AWAY FROM THE INTERNAL OS

Liquor - Adequate

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 138 bpm

Aneuploidy Markers

Nasal Bone : 6.3 mm - Seen

Nuchal Fold : 2 mm - Seen

MARATHAHALLI

101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111

Visit us: www.apollocradle.com • Write to us: contactus@apollocradle.com

A UNIT OF APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Patient name	Mrs. BARKHA RANDER	Age/Sex	27 Years Female
Patient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025
LMP Date	11/03/2025	LMP EDD: 16/12/2025 C-EDD: 17/12/2025	

Fetal doppler

Middle Cerebral Artery PSV : 22 PI : 2.15
Umbilical Artery PI : 1.25
MCA PSV MOM : 0.87
Cerebroplacental ratio : 1.72

Umbilical artery, fetal MCA and uterine artery doppler study is within normal limits.

Impression

Single live intrauterine gestation corresponding to a gestational age of 19 Weeks 5 Days
Gestational age assigned as per biometry (BPD,HC,AC,FL)
Menstrual age 19 Weeks 6 Days

EDD 17-12-2025

Placenta - POSTERIOR & 2.4cm AWAY FROM THE INTERNAL OS

Presentation - variable

Liquor - Adequate

Estimated fetal weight according to BPD,HC,AC,FL :- 320 + / - 32 gms.
- No gross fetal abnormalities detected.

All anomalies cannot be detected in USG due to certain technical limitation, obesity, due to certain fetal position, fetal movements or abnormal amount of amniotic fluid. Suggested detail cardiac scan at 22-24 weeks of gestation. This is not a medico legal document.

USG Scan being an investigation with technical limitation has to be correlated clinically

Ultrasound is not 100% specific modality and all anomalies cannot be ruled out by this scan. Visualisation of ear and digits is not a part of anomaly scan.

DISCLAIMER:

I DR. ROHIT VALLABHANENI declare that while conducting ultrasonography/image scanning on MRS. BARKHA RANDER, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. ROHIT VALLABHANENI
CONSULTANT RADIOLOGIST
KMC : 98261

MARATHA HALLI

101/209 & 210, ITPL Main Road, Kundalahalli, Brookefield, Bangalore - 560 037 T: +91 80 4944 4111

Visit us: www.apollocradle.com • Write to us: contactus@apollocradle.com

A UNIT OF APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Tower, 7th Floor, Opp. to Ameerpet Metro Station, Ameerpet, Hyderabad 500038, Telangana. Ph: +91-40-4904 7777 | Fax: +91-40-4904 7744, Web: www.thecradle.in

Mrs. BARKHA RANDE

117000

Dr. GARIMA JAIN

Age/Sex

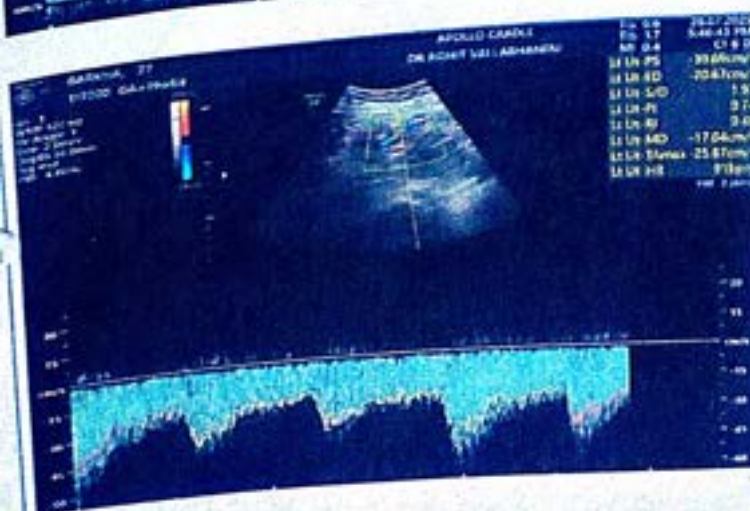
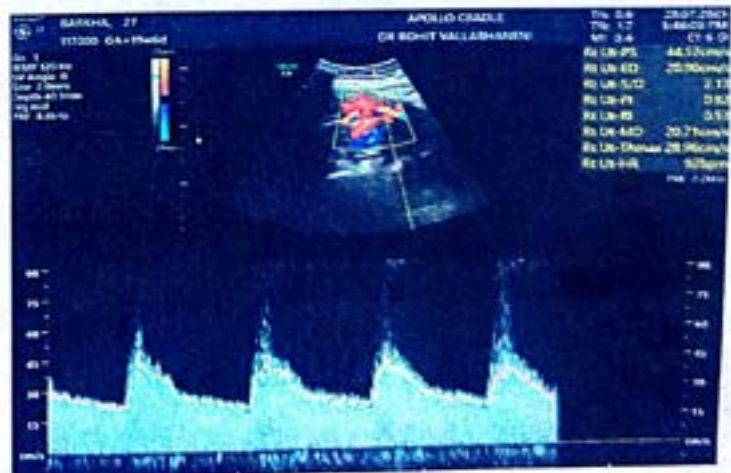
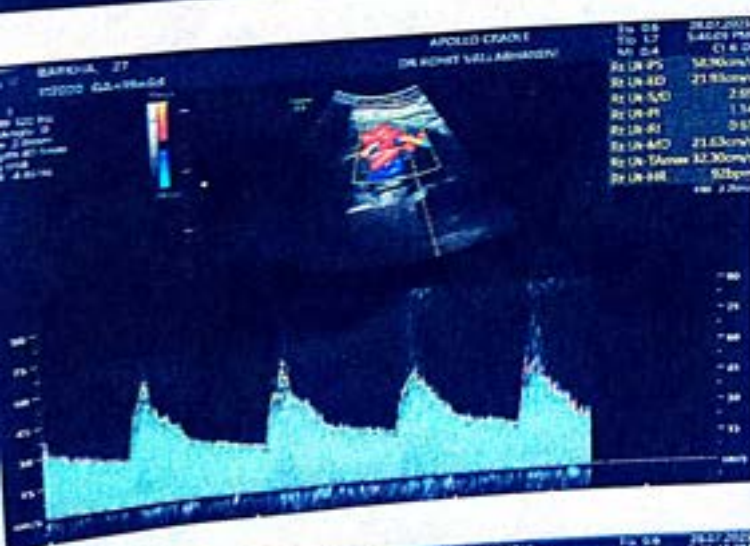
27 Years / Female

Visit No

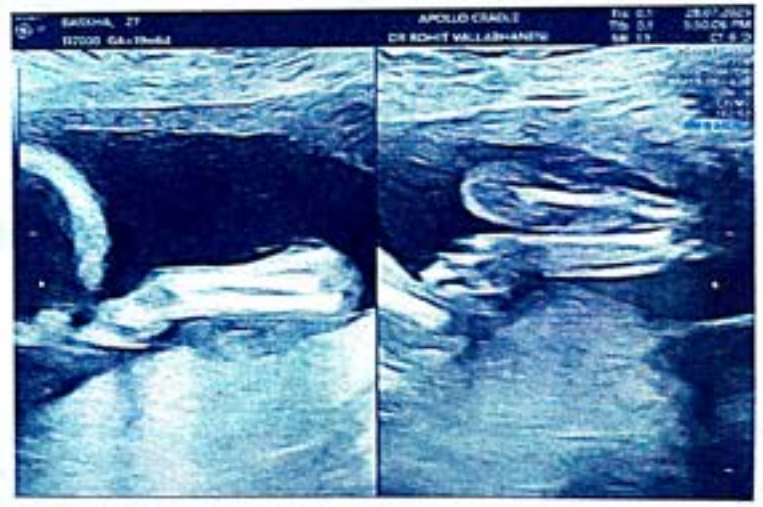
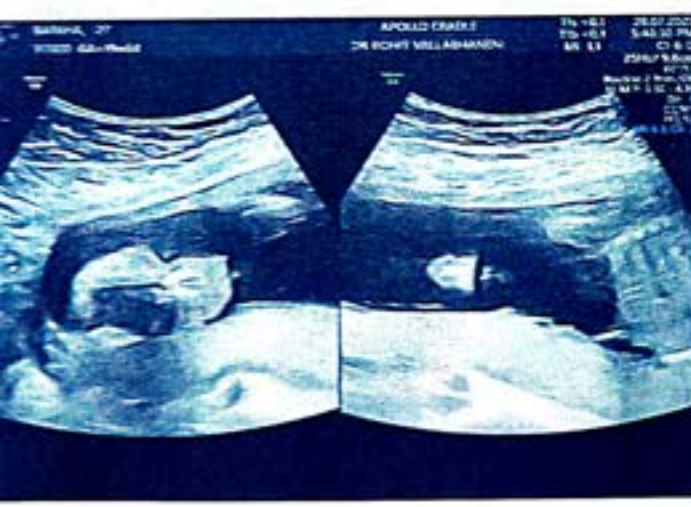
3

Visit Date

28/07/2025



Mrs. BARKHA RANDER		Age/Sex	27 Years / Female
117000		Visit No	3
by Dr. GARIMA JAIN		Visit Date	28/07/2025



Visit Date	28/07/2025
------------	------------



name	Mrs. BARKHA RANDE	Age/Sex	27 Years / Female
patient ID	117000	Visit No	3
referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025



name	Mrs. BARKHA RANDE	Age/Sex	27 Years / Female
atient ID	117000	Visit No	3
Referred by	Dr. GARIMA JAIN	Visit Date	28/07/2025

