

Patient Name : Ms.SNEHA Visit No : CHA250036784
Age/Gender : 25 Y/F Registration ON : 01/Mar/2025 10:20AM
Lab No : 10134080 Sample Collected ON : 01/Mar/2025 10:20AM
Referred By : Dr.RLB Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 01/Mar/2025 11:20AM

TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

All anomalies cannot be ruled out at this gestational age.

Fetal Biometry

BPD	54mm	22 Wks 4 days
HC	195mm	21 Wks 5 days
AC	182mm	23 Wks 1 days
FL	38mm	22 Wks 2 days
HL	35mm	22 Wks 3 days
TIBIA	36mm	23 Wks 4 days
FIBULA	34mm	22 Wks 5 days
ULNA	34mm	23 Wks 3 days
RADIUS	33mm	23 Wks 4 days

Placenta & Amniotic Fluid

Placental Location: anterior, away from internal OS.
Placental maturity: Gr I
Amniotic Fluid/SDVP: Adequate DVP measures 4cm.

Structural Details of Fetus

Single live fetus in variable presentation.
Situs solitus seen.

Fetal Face and nuchal region:

Fetal facial profile is normal
Nasal bone measures 7.7 mm.
Inner and outer orbital distances are normal.

CHARAK



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Fetal Brain:

Fetal calvarium is normal in shape and outline. Falx seen in midline.
Choroid plexus is seen. Cavum septum pellucidum seen.
Lateral ventricle is normal. Va : 5.4mm Vp: 6.4mm
Cerebellar tonsils and Cerebellar vermis seems normal. TCD: 24 mm, 23 wks 5 days
Posterior fossa is normal. Cisterna magna is normally seen. CM:- 7.3mm.

Fetal Thorax:

Fetal Thorax is normal in size and shape.
Bilateral chest cavities are normal in size and shape.
Fetal Cardiac Activity: Normal (148bpm), Cardiac 4 Chamber view is normal.

Fetal Spine:

Fetal spine is grossly normal in shape and contour.
No apparent spinal defect is seen.

Fetal Abdomen:

Umbilical cord insertion is normal.
Stomach and bowel are normal.
Gall bladder appears normal.
Both Kidneys are normal in size and echotexture. No cystic lesion in renal fossa.
Fetal urinary bladder is seen normally.
Three vessel umbilical cord seen.

Fetal Extremities:

Fetal Extremities are grossly normal.
Bilateral fetal hands & foets are grossly normal.

LMP : 23/09/2024 gestational age 22 wks 5 days.
GA by USG: 23 wks 0 days
EDD by USG: 28/06/2025
Fetal Weight by USG: 520Grams ± 76gms.
Cervical OS is closed and cervical canal length is adequate.



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IMPRESSION:

- **SINGLE LIVE FETUS OF 23 WKS 0 DAYS OF GESTATIONAL AGE.**

Note: Ultrasound can detect major malformations the sensitivity of which depends on the type of malformation. It may not detect minor malformations, or functional state of various organs. The report should be interpreted in accordance with the counseling.

I **Dr. Atima Srivastava**, declare that while conducting ultrasound study of **Mrs. Sneha** I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

**[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]**

- NOTE :**
Ideal gestational age for TIFFA is between 18-20 weeks POG.
Limitations of USG -
- USG has potency of detecting structural malformations in up to 60-70% of cases depending on the organ involved.
 - Functional abnormalities (behavior/ mind/hearing) in the fetus cannot be detected by USG.
 - Fetal hand and foot digits are difficult to count due to variable positions.
 - Conditions like trisomy 21 (Down syndrome) may have normal ultrasound findings in 60% cases as reporting in literature.
 - Serum screening (**double marker at 11-14 weeks/quadruple or triple test at 15-20 weeks**) will help in detecting more number of cases (**70% by triple test/87% by quadruple and 90% by double test**).
 - Few malformations develop late in intrauterine life and hence serial follow up scans are equaled to rule out their presence.
 - Subtle anomalies/malformations do not manifest in intrauterine life and may be detected postnatally for the first time.
 - Surgically correctable minor malformations (cleft/lip/palate/polydactyly) might be missed in USG.

Clinical correlation is necessary.

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Transcribed by: Purvi

*** End Of Report ***

