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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.FAKRA KHATOON	Visit No	: CHA250037025
Age/Gender	: 34 Y/F	Registration ON	: 01/Mar/2025 12:55PM
Lab No	**: 10134321**	Sample Collected ON	: 01/Mar/2025 02:09PM
Referred By	: Dr.FARAH PARVEZ	Sample Received ON	: 01/Mar/2025 02:26PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:40PM
Doctor Advice	: HB,USG TIFA STUDY		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	**11.4**	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

***** End Of Report *****

MC-2491

[Checked By]

Print.Date/Time: 01-03-2025 15:15:17

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

- LMP is not known.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of: -
    - BPD 48 mm 20 weeks + 5 days
    - HC 177 mm 20 weeks + 2 days
    - AC 161 mm 21weeks + 2 days
    - BOD 32 mm 20 weeks + 4 days
    - HL 31 mm 20 weeks + 4 days
    - ULNA 29 mm 21 weeks + 0 days
    - RADIUS 25 mm 19 weeks + 3 days
    - FL 31 mm 19 weeks + 6 days
    - TIB 28 mm 20 weeks + 2 days
    - FIB 27 mm 19 weeks + 4 days
- Mean gestational age is 20 weeks + 2 days (+/- 2 weeks).
- Foetal weight is approx. 363gms (± 53gms).
- EDD by CGA is approx. 17/07/2025 (on basis of present Sonographic age).
- Placenta is anterior wall. It shows grade-I maturity. No evidence of retro placental collection.
- Amniotic fluid is adequate. DVP measures 4.0cm.
- Cervical length appears normal.

Foetal morphological characters

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 6.4 mm. Posterior horn measures 8.3 mm. No evidence of hydrocephalus is noted. Cavum septum pellucidum and thalami normal. Posterior fossa shows normal bilateral cerebellar hemisphere. Cisterna magna is normal in size measuring 3.9 mm. Transcerebellar diameter 18 mm corresponding to 19 weeks 3 days. Nuchal fold measures 2.3mm.

P.T.O

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- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 5.4 mm.
- Foetal neck does not show any obvious mass lesion.
- Foetal spine appears normal in configuration. Cross sectional imaging shows normal trilaminar pattern. No evidence of mass / spina bifida is seen.
- Foetal chest shows normal heart lung ratio. Foetal heart shows normal position and ratio. 4 chamber foetal heart appears normal. No mass lesion is seen in chest. Bilateral diaphragms are normal.
- Foetal abdomen shows normal position of foetal stomach. Liver appears normal in position. Gall bladder is anechoic in lumen. Visualized bowel loops are normal. No evidence of abnormal dilatation / mass is seen in bowel.
- Foetal urinary bladder is moderately distended.
- Foetal both kidneys are normal in size, shape & echotexture. Both renal pelvises are normal.
- No evidence of dilated ureters is seen.
- Foetal umbilical cord is three vessels and shows normal insertion. No evidence of foetal abdominal wall defect is seen.
- Foetal limbs are normal. Bilateral femur, tibia and fibula, humerus and radius and ulna are normal in size.
- Bilateral foetal hands & foots are grossly normal.
- Foetal cardiac activity is regular, heart rate measuring 148/min.
- Foetal body and limb movements are well seen.

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OPINION:

- **SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 20 WEEKS + 2 DAYS (+/- 2 WEEKS) WITH NO APPARENT CONGENITAL MALFORMATION.**

Note:-- I **Dr. Atima Srivastava**, declare that while conducting ultrasound study of **Mrs. Fakra Khatoon** , 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.

- **Dedicated fetal 2D-echo is not a part of routine structural anomaly scan.**
- **Chromosomal / Genetic disorders cannot be ruled out by ultrasound.**

[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.

[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
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Transcribed By: Purvi

***** End Of Report *****