

Patient Name : Ms. KUMKUM	Visit No : CHA250038599
Age/Gender : 21 Y/F	Registration ON : 04/Mar/2025 06: 41AM
<b>Lab No : 10135894</b>	Sample Collected ON : 04/Mar/2025 06: 43AM
Referred By : Dr. ZENITH HOSPITAL	Sample Received ON : 04/Mar/2025 06: 49AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 09: 41AM
Doctor Advice : USG TIFA STUDY,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	9.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	31.5	%	36 - 45	Pulse hieght detection
MCV	71.3	fL	80 - 96	calculated
MCH	21.3	pg	27 - 33	Calculated
MCHC	29.8	g/dL	30 - 36	Calculated
RDW	17.3	%	11 - 15	RBC histogram derivation
RETIC	2.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10460	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	305,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	305000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,113	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,615	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	418	/cmm	20-500	Calculated
Absolute Monocytes Count	314	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisoytosis+. Platelets are adequate. No parasite seen.

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



[Checked By]



*Sham*

DR. NISHANT SHARMA DR. SHADAB DR. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### **TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)**

- LMP is 01/10/2024 EGA by LMP is 22 weeks + 0 day.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of: -
  - BPD 52 mm 21 weeks + 6 days
  - HC 188 mm 21 weeks + 1 day
  - BOD 35 mm 22 weeks + 2 days
  - AC 161 mm 21 weeks + 1 day
  - HL 35 mm 22 weeks + 3 days
  - ULNA 36 mm 24 weeks + 3 days
  - RADIUS 29 mm 21 weeks + 1 day
  - FL 35 mm 21 weeks + 3 days
  - TIB 32 mm 21 weeks + 6 days
  - FIB 30 mm 21 weeks + 0 day
- Mean gestational age is 21 weeks + 6 days (+/- 3 weeks).
- Foetal weight is approx. 413 gms ( $\pm$  60gms).
- EDD by CGA is approx. 09/07/2025 (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. Deepest vertical pocket 3.9cm.
- Cervical length appears normal.

#### **Foetal morphological characters**

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 6.2 mm. Posterior horn measures 5.6 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 4.6 mm. Transcerebellar diameter 22 mm corresponding to 22 weeks 1 day. Nuchal fold measures 4.4mm.

**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 appear normal.
- Foetal cardiac activity is regular, heart rate measuring 149/min.
- Foetal body and limb movements are well seen.

**P.T.O**



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**IMPRESSION:**

- **SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 21 WEEKS + 6 DAYS (+/- 14 DAYS) WITH NO APPARENT CONGENITAL MALFORMATION.**

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

**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.
- 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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[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]  
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*Transcribed by Gausiya*

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

