Charak dhar DIAGNOSTICS Pvt. Ltd.

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

Patient Name	: Ms.ARCHANA BAJPAI	Visit No	: CHA250038833
Age/Gender	: 40 Y/F	Registration ON	: 04/Mar/2025 11:25AM
Lab No	**: 10136128**	Sample Collected ON	: 04/Mar/2025 11:25AM
Referred By	: Dr.DIST HOSPITAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:23PM

PR.

TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

- LMP is 19/10/2024 EGA by LMP is 19 weeks + 3 days.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of: -
    - BPD 46 mm 19 weeks + 6 days
    - HC 156 mm 18 weeks + 4 days
    - BOD 29 mm 19 weeks + 1 day
    - AC 146 mm 19 weeks + 6 days
    - HL 25 mm 18 weeks + 0 day
    - ULNA 23 mm 18 weeks + 4 days
    - RADIUS 22 mm 18 weeks + 1 day
    - FL 28 mm 18 weeks + 5 days
    - TIB 23 mm 18 weeks + 3 days
    - FIB 25 mm 18 weeks + 5 days
- Mean gestational age is 19 weeks + 0 day (+/- 3 weeks).
- Foetal weight is approx. 285 gms (± 42gms).
- EDD by CGA is approx. 29/07/2025 (on basis of present Sonographic age).
- Placenta is fundo-anterior wall. It shows grade-I maturity. No evidence of retro placental collection.
- Amniotic fluid is adequate. Deepest vertical pocket 3.2cm.
- Cervical length appears normal.

Foetal morphological characters

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 4.3 mm. Posterior horn measures 7.3 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 5.4mm. Transcerebellar diameter 18 mm corresponding to 19 weeks 3 days. Nuchal fold measures 3.3mm.
- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 4.7 mm.

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- 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. **EICF is noted in left ventricle.**
- 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. Right renal pelvis is normal measures 3.3mm**. Left renal pelvis measures 2.9mm shows multiple irregular cysts of variable size with intervening hyper-echogenic stroma - s/o multi cystic kidney disease.**
- 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 148/min.
- Foetal body and limb movements are well seen.

IMPRESSION:

- **SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 19 WEEKS + 0 DAY (+/- 14 DAYS) WITH UNILATERAL MULTICYSTIC KIDNEY DISEASE WITH EICF .**

Counseling:

Counselling: The fetous has unilateral multicystic dysplastic kidney. The incidence is approximately 1 in 1000-5000 live births and its unilateral in 75-80% of cases. The risk of chromosomal aneuploidies is relatively low in isolated unilateral forms (2-4%), 15-18% (bilateral) and 25-28% if associated with other anomalies. There is 5-10 % risk of non chromosomal syndromes. Usually there is involution of the kidney resulting in hypoplastic kidney in a significant percentage of cases within first two years of life. The functionality of kidneys cannot be assessed on ultrasound. Serial usg monitoring is required to look for progression. Postnatal evaluation is required with delivery recommended in a tertiary care centre.

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EICF is a soft marker for chromosomal abnormalities especially trisomy 21. However it does not increase the risk over background risk. This can further be modified by serum screening quadruple test) which is advised to the patient. Quadruple test has sensitivity of around 70% for trisomy 21. Availability of screening test with >99% sensitivity for trisomy 21 ie NIPT has been explained to the couple. Amniocentesis remains to be the diagnostic test for aneuploidies.
In absence of aneuploidies, EICF is a benign marker and does not adversely affect cardiac function.

Option of prenatal invasive testing in the form of amniocentesis has been explained with its risks , costs and utility.

Note:-- I **Dr. Atima Srivastava**, declare that while conducting ultrasound study of **Mrs. Archana Bajpai**, 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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Transcribed by Gausiya

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