

Patient Name : Ms. ROSHANI MAURYA Visit No : CHA250039506  
Age/Gender : 27 Y O M O D /F Registration ON : 05/Mar/2025 10:00AM  
Lab No : 10136801 Sample Collected ON : 05/Mar/2025 10:00AM  
Referred By : Dr.RDSO LUCKNOW Sample Received ON :  
Refer Lab/Hosp : RDSO LUCKNOW Report Generated ON : 05/Mar/2025 11:03AM

## **ULTRASOUND STUDY OF OBSTETRICS (LEVEL 2)**

- LMP is 25/10/2024 EGA by LMP is 18 weeks + 5 days.
- **Dichorionic-diamniotic Twin live fetuses are seen. Separating membrane seen. Foetus A is seen in maternal left side. Foetus B is seen in maternal right side.**
- Foetal gestation age of Foetal (A) is
  - BPD 43 mm 19 weeks + 2 days
  - HC 156 mm 18 weeks + 4 days
  - BOD 29 mm 19 weeks + 1 days
  - AC 126 mm 18 weeks + 2 days
  - HL 26 mm 18 weeks + 1 days
  - ULNA 26 mm 19 weeks + 4 days
  - RADIUS 24 mm 19 weeks + 0 day
  - FL 27 mm 18 weeks + 4 days
  - TIB 24 mm 18 weeks + 4 days
  - FIB 23 mm 18 weeks + 2 days
- Foetal gestation age of Foetal (B) is
  - BPD 44 mm 19 weeks + 4 days
  - HC 160 mm 18 weeks + 6 days
  - AC 136 mm 19 weeks + 0 day
  - HL 27 mm 18 weeks + 6 days
  - ULNA 24 mm 18 weeks + 4 days
  - RADIUS 23 mm 18 weeks + 5 days
  - FL 28 mm 18 weeks + 4 days
  - TIB 24 mm 18 weeks + 4 days
  - FIB 23 mm 18 weeks + 1 day
- Placenta of foetus 'A' is posterior in upper uterine segment and shows grade 'I' maturity changes.
- Placenta of foetus 'B' is anterior in upper uterine segment and shows grade 'I' maturity changes.
- Amniotic fluid is adequate in both the sacs. Fetus A deepest vertical pocket measures 2.8 cm. Fetus B deepest vertical pocket measures 2.6 cm.
- EFW of Foetus (A) is approximately 240gms (+/- 35gms) and of Foetus (B) is approximately 261gms (+/- 38gms).
- EDD is approx. 01/08/2025.

**P.T.O**



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### **Foetal A morphological characters**

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 4.3 mm Posterior horn measures 6.4 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 mm. Transcerebellar diameter 18 mm corresponding to 18 weeks 5 days. Nuchal fold measures 2.1 mm.
- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 4.7 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 154/min.
- Foetal body and limb movements are well seen.

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### **Foetal B morphological characters**

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 5.4 mm Posterior horn measures 8 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 18 weeks 6 days. Nuchal fold measures 2.7 mm.
- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 4.9 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 ventriculo-arterial connections. 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 148/min.
- Foetal body and limb movements are well seen.

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**OPINION:**

- **DICHORIONIC-DIAMNIOTIC TWIN LIVE INTRAUTERINE FOETUSES WITH FOETUS A CORRESPONDING TO 18 WEEKS 5 DAYS AND FOETUS B CORRESPONDING TO 18 WEEKS 6 DAYS (± 2 WEEKS) WITH NO APPARENT CONGENITAL ANOMALIES.**

Note:-- I Dr. Atima Srivastava, declare that while conducting ultrasound study of Mrs. Roshini, I have neither detected nor disclosed the sex of her foetus to anybody 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.**

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

Transcribed By: Purvi

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

