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

Patient Name	: Ms.SRISHTI	Visit No	: CHA250040398
Age/Gender	: 32 Y/F	Registration ON	: 06/Mar/2025 11:36AM
Lab No	: 10137693	Sample Collected ON	: 06/Mar/2025 11:36AM
Referred By	: Dr.NORTHERN RAILWAY	Sample Received ON	:
Refer Lab/Hosp	: NORTHERN RAILWAY LKO	Report Generated ON	: 06/Mar/2025 01:26PM

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

- LMP is 24/10/2024 EGA by LMP is 19 weeks + 0 day.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of: -
  - BPD 41 mm 18 weeks + 3 days
  - HC 150 mm 18 weeks + 1 day
  - BOD 29 mm 19 weeks + 0 day
  - AC 132 mm 18 weeks + 5 days
  - HL 26 mm 18 weeks + 1 day
  - ULNA 22 mm 18 weeks + 0 day
  - RADIUS 21 mm 17 weeks + 6 days
  - FL 25 mm 17 weeks + 4 days
  - TIB 22 mm 18 weeks + 0 day
  - FIB 23 mm 18 weeks + 1 day
- Mean gestational age is 18 weeks + 0 day (+/- 2 weeks).
- Foetal weight is approx. 229 gms (± 33 gms).
- EDD by CGA is approx. 07/08/2025 (on basis of present Sonographic age).
- Placenta is fundo-anterior. It shows grade-I maturity. No evidence of retro placental collection.
- Amniotic fluid is adequate.
- Cervical length appears normal measures 4.1cm.
- A well defined rounded hypoechoic lesion of size approx 13 x 12mm is noted in anterior wall of uterus s/o fibroid.

### **Foetal morphological characters**

 Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 4.1 mm Posterior horn measures 4.1 mm. No evidence of hydrocephalus is noted. *Cavum septum pellucidum is not visualized (Needs to be review)* and thalami is normal. Posterior fossa shows normal bilateral cerebellar hemisphere. Cisterna magna is normal in size measuring 1.9 mm. Transcerebellar diameter 17 mm corresponding to 17 weeks 4 days. Nuchal fold measures 3.9 mm.

<u>P.T.O</u>





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- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 4.4 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. Dedicated fetal 2D-echo is not a part of routine structural anomaly scan.
- 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 not visualized.*
- 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 150/min.
- Foetal body and limb movements are well seen.

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#### **OPINION:**

# • SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 18 WEEKS + 0 DAY (+/- 21 DAYS) WITH INTRAMURAL UTERINE FIBROID.

#### • NO OTHER APPARENT CONGENITAL MALFORMATION.

#### ADV : QUADRUPLE MARKER. Review after 2 weeks.

**Note:-- I Dr. Nisma Waheed,** declare that while conducting ultrasound study **of Mrs. Srishti, 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.
- <u>Chromosomal / Genetic disorders cannot be ruled out by ultrasound</u>.

Clinical correlation is necessary.

#### [DR. NISMA WAHEED] [MD RADIODIAGNOSIS]

#### 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. NISMA WAHEED] [MD RADIODIAGNOSIS]

Transcribed By: Gausiya





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



