

Patient Name : Ms.VIMLA PAL Visit No : CHA250040447
Age/Gender : 31 Y/F Registration ON : 06/Mar/2025 12:07PM
Lab No : 10137742 Sample Collected ON : 06/Mar/2025 12:07PM
Referred By : Dr.ESIC HOSPITAL LUCKNOW Sample Received ON :
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW Report Generated ON : 06/Mar/2025 01:05PM

TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

All anomalies cannot be ruled out at this gestational age.

Fetal Biometry

BPD	66mm	26 Wks 6 days
HC	242mm	26 Wks 3 days
AC	217mm	26 Wks 1 day
FL	46mm	25 Wks 4 days
HL	40mm	24 Wks 3 days
TIBIA	37mm	24 Wks 3 days
FIBULA	40mm	25 Wks 1 days
ULNA	39 mm	25 Wks 5 days
RADIUS	30 mm	21 Wks 4 days

Placenta & Amniotic Fluid

Placental Location: fundo-posterior, away from internal OS.

Placental maturity: Gr I

Amniotic Fluid/SDVP is adequate. DVP measures 5.1 cm.

Structural Details of Fetus

All anomalies cannot be ruled out at this gestational age.

Single live fetus in variable presentation.

Situs solitus seen.

Fetal Face and nuchal region:

Fetal facial profile is grossly normal.

Nasal bone length: 7.5 mm.

Fetal Brain:

Fetal calvarium is grossly normal in shape and outline. Falx seen in midline.

Choroid plexus is seen. Cavum septum pellucidum seen.

Lateral ventricle is normal. Va :7.5mm Vp: 8.6mm

Cerebellar tonsils and Cerebellar vermis seems normal. TCD: 28mm, 26 wks 5 days



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Posterior fossa is normal. Cisterna magna is normally seen. CM:- 8.9mm.

Fetal Thorax:

Fetal Thorax is normal in size and shape.

Bilateral chest cavities are normal in size and shape.

Fetal Cardiac Activity: Normal (151bpm), Cardiac 4 Chamber view : Normal. Dedicated fetal 2D-echo is not a part of routine structural anomaly scan.

Fetal Spine:

Fetal spine is grossly normal in shape and contour.

No apparent spinal defect is seen.

Fetal Abdomen:

Umbilical cord insertion is normal.

Stomach and bowel are normal.

Gall bladder appears normal.

Both Kidneys are normal in size and echotexture. No cystic lesion in renal fossa.

Fetal urinary bladder is seen normally.

Three vessel umbilical cord seen.

Fetal Extremities:

Fetal Extremities are grossly normal.

Bilateral fetal hands & foets are grossly normal.

LMP : 14/9/2024, gestational age 24 wks + 5 days.

GA by USG: 25 wks + 3 days

EDD by USG: 16/06/2025

Fetal Weight by USG: 880gms ± 128gms.

Cervical OS is closed and cervical canal length is adequate.

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IMPRESSION:

• SINGLE LIVE FETUS OF 25 WKS 3 DAYS OF GESTATIONAL AGE.

Note: Ultrasound can detect major malformations the sensitivity of which depends on the type of malformation. It may not detect minor malformations, or functional state of various organs. The report should be interpreted in accordance with the counseling.

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

**[DR. ATIMA SRIVASTAVA]
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Transcribed By: Purvi

*** End Of Report ***

