

Patient Name : Ms.JYOTI	Visit No : CHA250043098
Age/Gender : 28 Y/F	Registration ON : 10/Mar/2025 01:33PM
<b>Lab No : 10140393</b>	Sample Collected ON : 10/Mar/2025 01:36PM
Referred By : Dr.BHAWANA M SINGH	Sample Received ON : 10/Mar/2025 01:43PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 10/Mar/2025 03:52PM
Doctor Advice : HIV, URINE C/S, USG TIFA STUDY	

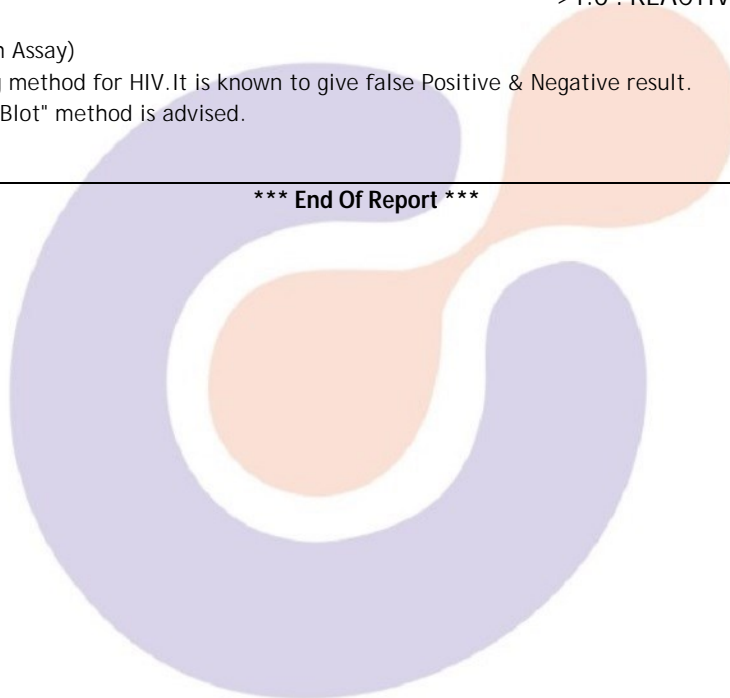


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HIV</b>				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE	

Done by: Vitros ECI ( Sandwich Assay)

Note:-Elisa test is a screening method for HIV. It is known to give false Positive & Negative result.  
Hence confirmation: "Western Blot" method is advised.

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



**CHARAK**

[Checked By]

Print.Date/Time: 10-03-2025 16:28:56

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms. JYOTI Visit No : CHA250043098  
Age/Gender : 28 Y/F Registration ON : 10/Mar/2025 01:33PM  
**Lab No : 10140393** Sample Collected ON : 10/Mar/2025 01:33PM  
Referred By : Dr. BHAWANA M SINGH Sample Received ON :  
Refer Lab/Hosp : CGHS (DEBIT) Report Generated ON : 10/Mar/2025 03:22PM

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

**All anomalies cannot be ruled out at this gestational age.**

**Fetal Biometry**

BPD	55mm	22 Wks 6 days
HC	193mm	21 Wks 4 days
AC	169mm	22 Wks 0 days
FL	38mm	22 Wks 3 days
HL	35mm	22 Wks 3 days
TIBIA	33mm	22 Wks 1 days
FIBULA	33mm	22 Wks 3 days
ULNA	34mm	23 Wks 4 days
RADIUS	33mm	23 Wks 4 days

**Placenta & Amniotic Fluid**

Placental Location: posterior, away from internal OS.  
Placental maturity: Gr I  
Amniotic Fluid/SDVP: Adequate DVP measures 5cm.

**Structural Details of Fetus**

Single live fetus in variable presentation.  
Situs solitus seen.

**Fetal Face and nuchal region:**

Fetal facial profile is normal  
Nasal bone measures 6 mm.  
Inner and outer orbital distances are normal.

**Fetal Brain:**



---

Patient Name	: Ms.JYOTI	Visit No	: CHA250043098
Age/Gender	: 28 Y/F	Registration ON	: 10/Mar/2025 01:33PM
<b>Lab No</b>	<b>: 10140393</b>	Sample Collected ON	: 10/Mar/2025 01:33PM
Referred By	: Dr.BHAWANA M SINGH	Sample Received ON	:
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 10/Mar/2025 03:22PM

---

Fetal calvarium is normal in shape and outline. Falx seen in midline.  
Choroid plexus is seen. Cavum septum pellucidum seen.  
Lateral ventricle is normal. Va : 5.2mm Vp: 7.2mm  
Cerebellar tonsils and Cerebellar vermis seems normal. TCD: 24 mm, 23 wks 5 days  
Posterior fossa is normal. Cisterna magna is normally seen. CM:- 5.2mm.

**Fetal Thorax:**

Fetal Thorax is normal in size and shape.  
Bilateral chest cavities are normal in size and shape.  
Fetal Cardiac Activity: Normal (148bpm), Cardiac 4 Chamber view is normal.

**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 : 05/10/2024 gestational age 22 wks 2 days.  
GA by USG: 22 wks 6 days  
EDD by USG: 08/07/2025  
Fetal Weight by USG: 479 Grams  $\pm$  70 gms.  
Cervical OS is closed and cervical canal length is adequate.

**IMPRESSION:**

- **SINGLE LIVE FETUS OF 22 WKS 6 DAYS OF GESTATIONAL AGE.**



---

Patient Name	: Ms.JYOTI	Visit No	: CHA250043098
Age/Gender	: 28 Y/F	Registration ON	: 10/Mar/2025 01:33PM
<b>Lab No</b>	<b>: 10140393</b>	Sample Collected ON	: 10/Mar/2025 01:33PM
Referred By	: Dr.BHAWANA M SINGH	Sample Received ON	:
Refer Lab/Hosp	: CGHS (DEBIT)	Report Generated ON	: 10/Mar/2025 03:22PM

---

**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.

I **Dr. Atima Srivastava**, declare that while conducting ultrasound study of **Mrs. Jyoti** 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.

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

*Transcribed by: Purvi*

---

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

