Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
**Phone** : 0522-4062223, 9305548277, 8400888844
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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

| | | | |
|---|---|---|---|
| Patient Name | : Ms.ANJALI SINGH | Visit No | : CHA250046323 |
| Age/Gender | : 34 Y/F | Registration ON | : 16/Mar/2025 12:09PM |
| **Lab No** | **: 10143618** | Sample Collected ON | : 16/Mar/2025 12:09PM |
| Referred By | : Dr.ZENITH HOSPITAL | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 16/Mar/2025 03:56PM |

PR.

## TARGETED IMAGING FOR FETAL ANOMALY (TIFFA)

- LMP is 05/11/2024 EGA by LMP is 18 weeks + 5 days.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of: -
    - BPD 45 mm 19 weeks + 5 days
    - HC 174 mm 20 weeks + 0 day
    - BOD 29 mm 19 weeks + 1 day
    - AC 141 mm 19 weeks + 4 days
    - HL 29 mm 19 weeks + 6 days
    - ULNA 28 mm 20 weeks + 3 days
    - RADIUS 25 mm 19 weeks + 2 days
    - FL 30 mm 19 weeks + 2 day
    - TIB 26 mm 19 weeks + 4 days
    - FIB 27 mm 20 weeks + 0 day
- Mean gestational age is 19 weeks + 4 days (+/- 2 weeks).
- Foetal weight is approx. 297 gms (± 43 gms).
- EDD by CGA is approx. 06/08/2025 (on basis of present Sonographic age).
- Placenta is anterior wall. It shows grade I maturity. No evidence of retro placental collection.
- Amniotic fluid is adequate.
- Cervical length appears normal measures 4.7cm.

**Foetal morphological characters**

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 4.9 mm Posterior horn measures 4.6 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 4.5mm. Transcerebellar diameter 20 mm corresponding to 19 weeks 4 days. Nuchal fold measures 5.4 mm.

**P.T.O**

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- 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. **EICF is noted in left ventricle**. 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. Right renal pelvis is normal measures 3.6mm. **Left renal pelvis is dilated measures 4.0mm**.
- 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 153/min.
- Foetal body and limb movements are well seen.

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**OPINION:**

- **SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 19 WEEKS + 4 DAYS (+/- 21 DAYS) WITH DILATED LEFT RENAL PELVIS WITH EICF IN LEFT VENTRICLE.**

**ADV : QUADRUPLE MARKER.**

***COUNSELLING:***
***Left renal pelvic dilatation***
***Probable causes of left renal pelvic dilataion are***
***1) Progestogenic effect of normal pregnancy: Most likely cause.***
***2) Vesico-uretric refulx***
***3) Pelvi-ureteric junction obstruction***
***4) Lower urinary tract obstruction: Very unlikely as bladder seen normal and liquor volume is normal and no calyceal dilatation.***
***Couple understand the need for antenatal and postnatal follow up.***
***This is a also a soft marker for chromosomal abnormalities. Availability of screening test ie NIPT with >99% sensitivity for trisomy 21 has been explained. Amniocentesis remains to be the diagnostic test for aneuploidies.***

***EICF is a soft marker for chromosomal abnormalities especially trisomy 21. However it does not increase the risk over background risk. The apriori risk of trisomy 21 in this fetus is 1:1060(serum screening not done). 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.***

**Note:-- I Dr. Nisma Waheed,** declare that while conducting ultrasound study **of Mrs. Anjali Singh,** 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. NISMA WAHEED]**
**[MD RADIODIAGNOSIS]**

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**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

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