

Patient Name	: Ms.RENU SINGH	Visit No	: CHA250046707
Age/Gender	: 24 Y/F	Registration ON	: 17/Mar/2025 09: 48AM
<b>Lab No</b>	<b>: 10144002</b>	Sample Collected ON	: 17/Mar/2025 09: 48AM
Referred By	: Dr.SAMUDAIK SWASTH KENDRA	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 17/Mar/2025 10: 31AM

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

- LMP is 25/10/2024 EGA by LMP is 20 weeks + 3 days.
- Single live intrauterine foetus is seen in variable lie with biometric measurement of : -
  - BPD 47 mm 20 weeks + 3 days
  - HC 175 mm 20 weeks + 0 day
  - BOD 33 mm 21 weeks + 1 day
  - AC 143 mm 19 weeks + 5 days
  - HL 30 mm 19 weeks + 6 days
  - ULNA 29 mm 21 weeks + 0 day
  - RADIUS 27 mm 20 weeks + 1 day
  - FL 32 mm 20 weeks + 0 day
  - TIB 26 mm 19 weeks + 4 days
  - FIB 26 mm 19 weeks + 3 days
- Mean gestational age is 20 weeks + 1 day (+/- 2 weeks).
- Foetal weight is approx. 318 gms ( $\pm$  46 gms).
- EDD by CGA is approx. 03/08/2025 (on basis of present Sonographic age).
- Placenta is posterior wall. It shows grade I maturity. No evidence of retro placental collection.
- Amniotic fluid is adequate.
- Cervical length appears normal (measures 3.8 cm).

### **Foetal morphological characters**

- Midline falx is seen. Foetal head shows normal cerebral ventricles. Anterior horn measures 4.5 mm. Posterior horn measures 4.7 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 5.1mm. Transcerebellar diameter 21 mm corresponding to 20 weeks 1 day. Nuchal fold measures 5.7 mm.
- Foetal face shows normal bilateral orbit with normal nose and lips, mandibular echo is seen normally. Nasal bone measures 5 mm.
- Foetal neck does not show any obvious mass lesion.



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- 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 seen 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. Both renal pelvises are normal. Right renal pelvis measures 2.8mm. Left renal pelvis measures 3.0mm.
- 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 & foets are grossly normal.
- Foetal cardiac activity is regular, heart rate measuring 143/min.
- Foetal body and limb movements are well seen.

**OPINION:**

- **SINGLE LIVE FOETUS WITH MEAN GESTATION AGE OF 20 WEEKS + 1 DAY (+/- 2 WEEKS) WITH EICF IN LEFT VENTRICLE AND NO OTHER APPARENT CONGENITAL MALFORMATION.**

**ADV : QUADRUPLE MARKER.**

**Counselling:**

*EICF is a soft marker for chromosomal abnormalities especially trisomy 21. However it does not increase the risk over background risk. 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. 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.*



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Note:-- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Renu 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]**

**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: RACHNA

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

