

minute.

age is as follows:

- = 3.82cm corresponds to 17.5 weeks.
- = 14.91 cm corresponds to 18.0 weeks.
- = 12.62cm corresponds to 18.2 weeks.
- = 2.68c
- = 2.4
- = 2.
- = 2.
- = 2.
- = 2.
- = 1.

23/12/23

① Mrs. Gayatri Tiwari

Age - 27 Yr

Quadruple Marker

DOB — 13/04/1996

LMP — 09/08/2023

Height — 5'4"

Weight — 45.5 kg.



Life
Care

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Free Blood Sample Collection From Home, 24x7 Service

TEST REPORT

Reg. No : 081123/129

NAME : MRS. GAYATRI TIWARI

AGE : 27 YEARS

Date: 21.12.2023

SEX : F

REF. BY : R.D. MEMORIAL HOSPITAL

TYPED BY : AT

USG OBSTETRICS WITH TARGETED IMAGING FOR FOETAL ANOMALIES (TIFFA)

Single live intrauterine fetus with cephalic presentation is seen at the time of examination.

Liquor is adequate in amount.

The cardiac pulsations and fetal movements are well seen.

The fetal heart rate is = 153 b/minute.

The approximate gestational age is as follows:

Biparietal diameter	= 3.82cm corresponds to 17.5weeks.
Head circumference	= 14.91 cm corresponds to 18.0 weeks.
Abdominal circumference	= 12.62cm corresponds to 18.2weeks.
Femur length	= 2.68cm corresponds to 18.1weeks.
TIB	= 2.48cm corresponds to 18.6weeks.
FIB	= 2.39cm corresponds to 18.2weeks.
HL	= 2.72cm corresponds to 18.5weeks.
RAD	= 2.43 cm corresponds to 19.1weeks.
Ulnar	= 2.49cm corresponds to 19.0weeks.
Cereb	= 1.81cm corresponds to 18.0weeks.

Placenta- Posterior wall, upper and mid uterine segment. Grade-II maturity.

No obvious gross fetal anomaly is noticed in this examination.

The internal os and cervical canal are unremarkable.

The cervix is normal (3.1 cm).

P.T.O.

Pathological investigations and radiological impressions are merely opinions and the final diagnosis is as they are based on available auto generated/ imaging finding. These opinions should be correlated with clinical findings & review of further evaluations may be brought whenever considered appropriate.
Consent of Reporting: I, the undersigned, certify that the information furnished by the patient is correct and true and that I have read and understood the terms and conditions of the report and have agreed to the same.
Signature: _____ Date: _____



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TEST REPORT

NAME : MRS. GAYATRI TIWARI

AGE : 27 YEARS

SEX : F

TARGETED IMAGING FOR FETAL ANOMALIES (TIEFA)

Cerebellum	N
Cisterna Magna	N
Lateral Ventricle	Small choroid plexus cyst of size 5.0 x 3.6mm on left side.
Spine	N
Orb 1	N
Orb 2	N
Heart 4- Chamber	N
LVOT	N
RVOT	N
Stomach	N
Nasal bone	N
LIPS	N
Kidney	N
Bladder	N
Limbs	N
Cord	2 arteries

Estimated Foetal Weight Is 227 Gms +/- 33 Gms.

GA (LMP) - 19 wks + 01 days

EDD (LMP) - 15.05.2024

GA (AUA) - 18 wks + 03 days

EDD (AUA) - 20.05.2024

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices.
(Right uterine artery PI- 1.3, Left uterine artery PI- 1.0). Mean uterine PI- 1.15

P.T.O.



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TEST REPORT

NAME : MRS. GAYATRI TIWARI

AGE : 27 YEARS

SEX : F

IMPRESSION:-

- Single Live Intrauterine Pregnancy Cephalic Presentation Is Seen At The Time Of Examination Of 18 weeks + 03 days.
- Small choroid plexus cyst on left side.

Advice- Quadruple marker correlation.

(All measurement including foetal weight is subject to statistical variation. Fetal echo is not done.)

Note: - I Declare that while conducting USG, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity and other technical parameters. Fetal limb anomalies not always detectable due to position. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary. Ear anomalies cannot be detected.

Thanks for the reference,
With regards,

Dr. Girish Verma
M.D., D.M.R.D.
Consultant Radiologist

Dr. Suraj Kabra
MBBS, D.N.B.
Consultant Radiologist

Dr. Abhishek Das
MBBS, MD.
Consultant Radiologist

Dr. Sonal
MBBS, MD
Consultant Radiologist

These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Pathological Investigation/Radiological Impression are merely opinion and the final diagnosis as they are based on available auto generated/ imaging finding. These opinions should be correlated with clinical findings. A review of further evaluation may be sought whenever considered appropriate.

Conclusion of Reporting: - 1. It is presumed that the specimen belongs to the patient named in the test request form. 2. A test request might not be performed for following reasons: a. Insufficient specimen quality b. Unacceptable specimen quality c. Insufficient specimen type d. Test cancelled either on request of patient or doctor, or because of incorrect code, test name or specimen received. It is expected that a fresh specimen will be sent for the purpose of retesting on the same parameters, if required.