weight - 55 kg

(2) Mrs. Savana Bhaiyyamao
Meshram

Age - 33 y/f

Quadruple Mankem

DOB — 11/09/1990

LMP - 12/10/2023

Hight - 5"3"

weight - 62 kg.

Reg. No : 010324/149 AGE : 33 YEARS SEX : F Date: 01.03.2024
NAME : MRS. SANJANA BHAIYYARAO MESHRAM

REF. BY. : DR. MANASI GULATI

USG OBSTETRICS WITH TARGETED IMAGING FOR FOETAL ANOMALIES (TIFFA)

Single live intrauterine fetus with breech 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 = 159 b/minute.

The approximate gestational age is as follows:

Biparietal diameter	= 4.60 cm corresponds to 19.6 weeks.
Head circumference	= 17.67 cm corresponds to 20.1 weeks.
Abdominal circumference	= 14.87 cm corresponds to 20.1 weeks.
Femur length	= 3.30 cm corresponds to 20.2 weeks.
TIB	= 3.09 cm corresponds to 21.3 weeks.
FIB	= 2.95 cm corresponds to 20.4 weeks.
HL	= 3.46 cm corresponds to 21.6 weeks.
RAD	= 2.67 cm corresponds to 19.6 weeks.
Ulnar	= 3.03 cm corresponds to 21.2 weeks.
Cereb	= 2.06 cm corresponds to 19.5 weeks.

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

No obvious gross fetal anomaly is noticed in this examination.

The internal os and cervical canal are unremarkable.

The cervix is normal (4.7 cm).

P.T.O.

Life Care
SCAN & RESEARCH CENTRE
DIAGNOSTIC CENTRE

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Ph. 0788 4010002, 4010003, Mo. 9109176001
E-mail : lcrbhilai@gmail.com | website : www.lifecarescan.com

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TEST REPORT

NAME : MRS. SANJANA BHAIYYARAO MESHRAM AGE : 33 YEARS SEX : F

- Maternal abdomen shows- Multiple intramural fibroids are seen in the anterior and posterior wall, largest measuring 5.3 x 3.0 cm.

IMPRESSION:-

- Single Live Intrauterine Pregnancy **Breech** Presentation Is Seen At The Time Of Examination Of 20 weeks + 3 days.
- Prominent fetal bilateral renal pelvis (Advice- Follow up).

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	Dr. Suraj Kabra	Dr. Abhishek Das	Dr. Sonal
M.D., D.M.R.D.	MBBS, D.N.B.	MBBS., MD.	MBBS, MD
Consultant Radiologist	Consultant Radiologist	Consultant Radiologist	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.

Condition 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 quantity b. Unacceptable specimen quality c. Incorrect 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 reporting on the same parameters (s), if required