11/3/24

Mrs. Domeshwari Sahu

Age - 24 y/f

Quadruple Marker

DOB - 22/01/1999

LMP - 21/10/2023

Hight - 5"4"

weight - 63.0 kg.

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TEST REPORT

Reg. No : 100324/161
NAME : MRS. DOMESHWARI SAHU
AGE : 25 YEARS
SEX : F
Date: 10.03.2024
REF. BY. : DR. MANASI GULATI
DGO, GYN.
TYPED BY - PK

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 = **135 b**/minute.

The approximate gestational age is as follows:

Biparietal diameter	= 4.70 cm corresponds to 20.2 weeks.
Head circumference	= 16.97 cm corresponds to 19.4 weeks.
Abdominal circumference	= 12.96 cm corresponds to 18.4 weeks.
Femur length	= 3.23 cm corresponds to 20.0 weeks.
TIB	= 2.97 cm corresponds to 20.6 weeks.
FIB	= 2.84 cm corresponds to 20.1 weeks.
HL	= 3.19 cm corresponds to 20.5 weeks.
RAD	= 2.60 cm corresponds to 19.5 weeks.
Ulnar	= 2.82 cm corresponds to 20.3 weeks.
Cereb	= 2.23 cm corresponds to 20.6 weeks.

Placenta– Posterior wall, mid uterine segment. Grade-I maturity.

No obvious gross fetal anomaly is noticed in this examination.

The internal os and cervical canal are unremarkable.

The cervix is normal (3.7 cm).

P.T.O.

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TEST REPORT

NAME : MRS. DOMESHWARI SAHU AGE : 25 YEARS SEX : F

IMPRESSION:-

- Single Live Intrauterine Pregnancy Cephalic Presentation Is Seen At The Time Of Examination Of 20 weeks + 0 day.
- Mild prominence of left pelvicalyceal system (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 correlate with clinical findings & review of further evaluation may be sought whenever considered appropriate.

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REGD. NO.

NAME : MRS. DOMESHWARI SAHU AGE : 25 YEARS SEX : F

TARGATED IMAGING FOR FETAL ANOMALIES (TIFFA)

Cerebellum	N
Cisterna Magna	N
Lateral Ventricle	N
Spine	N
Orb 1	N
Orb 2	N
Heart 4- Chamber	N
LVOT	N
RVOT	N
Stomach	N
Nasal bone	N
LIPS	N
Kidney	Mild prominence of left pelvicalyceal system AP diameter 5.8 mm.
Bladder	N
Limbs	N
Cord	2 arteries

Estimated Foetal Weight Is 285 Gms -/+ 42 Gms.

GA (LMP) - 20 wks + 1 day
EDD (LMP) - 27.07.2024

GA (AUA) - **20 wks + 0 days**
EDD (AUA) - **28.07.2024**

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. (Right uterine artery PI- 1.0, Left uterine artery PI- 1.2). Mean uterine PI- 1.1

P.T.O.