

22/4/24

① Mrs. Puja Kumari
Age - 28 y/f

Quadruple Monkey

DOB — 30/12/1994

LMP — 29/11/2023

Height — 5'2"

Weight — 62.3 kg



Life Care

**SCAN & RESEARCH CENTRE
DIAGNOSTIC CENTRE**

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Free Blood Sample Collection From Home, 24x7 Service

TEST REPORT

NAME : MRS. PUJA KUMARI

AGE : 29 YEARS

SEX : F

TARGETED IMAGING FOR FETAL ANOMALIES (TIEFA)

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	N
Bladder	N
Limbs	N
Cord	2 arteries

Estimated Foetal Weight Is 294 Gms -/+ 43 Gms.

GA (Last scan EDD) - 19 wks + 2 days

EDD (Last scan EDD) - 13.09.2024

GA (AUA) - 19 wks + 3 days

EDD (AUA) - 12.09.2024

Bilateral uterine arteries are shows normal wave form with mildly increased mean uterine PI. (Right uterine artery PI- 2.2, left uterine artery PI- 2.3).

Mean uterine PI (2.2) is more than 95 percentiles - Pathological.

P.T.O.

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 & 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 quality b. Unsatisfactory specimen quality c. Incorrect specimen type & 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.I.) if required.



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TEST REPORT

Reg. No : 210424/128
NAME : MRS. PUJA KUMARI

AGE : 29 YEARS

Date: 21.04.2024
SEX : F

REF. BY : DR. MANASI GULATI

TYPED BY - PK

**USG OBSTETRICS WITH TARGETED IMAGING FOR
FOETAL ANOMALIES (TIFFA)**

- LMP is mistaken.
- Suboptimal scan due to patient excessive anterior abdominal wall fat.

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 = 163 b/minute.

The approximate gestational age is as follows:

Biparietal diameter	= 4.63 cm corresponds to 20.0 weeks.
Head circumference	= 16.37 cm corresponds to 19.1 weeks.
Abdominal circumference	= 13.51 cm corresponds to 19.0 weeks.
Femur length	= 3.23 cm corresponds to 20.0 weeks.
TIB	= 2.68 cm corresponds to 19.4 weeks.
FIB	= 2.56 cm corresponds to 18.6 weeks.
HL	= 2.98 cm corresponds to 19.5 weeks.
RAD	= 2.41 cm corresponds to 19.0 weeks.
Ulnar	= 2.82 cm corresponds to 20.3 weeks.
Cereb	= 2.00 cm corresponds to 19.2 weeks.

Placenta- Anterior wall, upper and 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 (3.9 cm).

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TEST REPORT

NAME : MRS. PUJA KUMARI

AGE : 29 YEARS

SEX : F

IMPRESSION:-

- Single Live Intrauterine Pregnancy cephalic Presentation Is Seen At The Time Of Examination Of 19 weeks + 3 days.
- Mean uterine artery PI is more than 95 percentiles for gestational age - Pathological. (Advice - Obstetrics doppler study in IIIrd trimester to rule out FGR).
- According to last scan EDD present scan shows normal interval growth.

Therefore i suggest: Tab. Ecosprin 150mg daily at bed time (Till 36 weeks)
Monitor maternal hypertension.
Serial Growth scans doppler as advised for growth monitoring.

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.

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