

Better Diagnostics, Healthier Life

DIAGNOSTICS

A Unit Of Gyani and Tiwari Research and Healthcare

Scan | C.T. Scan | Sonography | Echo Cardiography | Endoscopy | Pathology | X-Ray | ECG/EEG/TMT

NAME	MRS. HULSI SAHU	AGE / SEX	38YRS / F
REFD.BY	DR. CHETNA MAHESHWAR	DATE	01/05/2024

TARGETED IMAGING FOR FETAL ANOMALIES SCAN (TIFFA) WITH 3D/4D

Uterus shows single live intrauterine fetus with changing presentation.

PLACENTA	anterior, away from os		
LIQUOR	Adequate		
FETAL CARDIAC ACTIVITY	Present	FHR	145 bpm
FETAL MOVEMENTS			
PLACENTA	Present		
PRESENTATION	anterior		
UMBILICAL CORD	Cephalic		
INTERNAL OS	Two arteries, one vein		
CERVIX	closed		
Loop of cord around the neck present.		3.7 cm	
FETAL BIOMETRY			

FETAL BIOMETRY:

BPD	5.2 cm	21 wks 06 days
HC	19.2 cm	21 wks 03 days
AC	16.6 cm	21 wks 05 days
FL	3.5 cm	21 wks 03 days
HL	3.5 cm	22 wks 01 days
TIBIA	3.4 cm	22 wks 06 days
FIB	2.9 cm	20 wks 03 days
RADIUS	2.7 cm	20 wks 03 days
ULNA	3.2 cm	22 wks 04 days
AGA: 21 w 4 d		
Avg. Wt: 432 gm +/- 63 gms (49.4%)		
EDD (USG): 07/09/2024 +/- 15 DAYS		
EDD (LMP): 08/09/2024		

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Cerebellum (TCD)	2.1 cm (20 w 03 d)
Cisterna magna	5.2 mm
Nuchal fold	4.2 mm
NASAL BONE	8.3 mm
IOD	0.9 cm
BOD	3.4 cm (21 wks. 06 days)

FETAL ANATOMY:

HEAD	<ul style="list-style-type: none">➤ Midline falx is seen➤ Both lateral ventricles appear normal.➤ Posterior fossa, cerebellum, cisterna magna and vermis appear normal.
NECK	<ul style="list-style-type: none">➤ Appear normal. No cystic lesion noted around the neck.
SPINE	<ul style="list-style-type: none">➤ Entire spine is seen in longitudinal and transverse axis.➤ Vertebra and spinal canal appear normal
FACE	<ul style="list-style-type: none">➤ Both orbits, hard palate, nose, lips and mandible appear normal.
THORAX	<ul style="list-style-type: none">➤ Both lungs appear normal.➤ No e/o pleural or pericardial effusion seen
HEART	<ul style="list-style-type: none">➤ Normal cardiac situs seen➤ Four chamber view, outflow tracts, three vessels trachea view appear normal.
ABDOMEN	<ul style="list-style-type: none">➤ Abdominal situs is normal.➤ Liver & gall bladder appear normal.➤ Abdominal wall is intact. No evidence of ascites
KUB	<ul style="list-style-type: none">➤ Both kidneys and bladder appear normal.
LIMBS	<ul style="list-style-type: none">➤ Four limbs with long bones appear normal.

SOFT MARKERS FOR TRISOMY 21:

Echogenic intracardiac foci	Absent
Pyelectasis	Absent
Increased nuchal fold thickness	Absent
Echogenic bowel	Absent
Absent / hypoplastic nasal bone	normal
Short femur	Absent
Short humerus	Absent
Ventriculomegaly	Absent

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FETAL DOPPLER STUDY:

UTERINE ARTERIES	PI	RI	NOTCH
Right	0.2	0.7	Absent
Left	1.2	0.6	Absent
Mean PI	0.7	Mean PI value is within normal limits	

IMPRESSION:

- A single live fetus in changing lie with cephalic presentation at the time of scan.
- EGA as per today's ultrasound scan = 20 W 4 D
- EDD as per today's ultrasound scan = 07/09/2024
- The placenta is anterior.
- The liquor is adequate.
- No gross fetal anomaly seen in present scan.
- Loop of cord around the neck present.

DISCLAIMER:

The sensitivity of USG has its limitation in detection of congenital anomalies because of moving fetal positions, fetal movements, maternal fat, adequacy of liquor, nature of abnormalities presenting at different fetal ages, overlapping fetal parts and the abnormalities that are not obvious morphologically detected. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester of late 2nd trimester is advisable. The present study cannot exclude fetal chromosomal abnormalities because the ultrasound markers for these may not always be evident. Present study does not include detailed fetal echo. Defects such as complex cardiac anomalies (like PAPVD), small VSDs, ASDs, evolving conditions etc, lower gastrointestinal abnormalities, abnormalities involving hands, feet, ears, soft tissues etc. may not be detected on ultrasound examination.

DECLARATION:- I DR. KALYANI WANI (M.D. Rad) declare what while conducting ultrasonography scanning on this patient. I have neither detected nor disclosed the sex of her foetus to anybody in any manner.


DR. KALYANI WANI

MBBS (KEM HOSPITAL MUMBAI)
 MD RADIODIAGNOSIS (GMCH, NAGPUR)
 EX-SENIOR RESIDENT (SION HOSPITAL, MUMBAI)
 CONSULTANT RADIOLOGIST

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The REFERENCE VALUES OF SOFT MARKERS are as follows:-

echogenic intracardiac focus

positive LR: 5.83

negative LR: 0.8

isolated LR: 0.95

ventriculomegaly

positive LR: 27.5

negative LR: 0.94

isolated LR: 3.8

nuchal fold thickness >6 mm

positive LR: 23.3

negative LR: 0.8

isolated LR: 3.79

echogenic bowel

positive LR: 11.44

negative LR: 0.9

isolated LR: 1.65

hypoplastic/absent nasal bone

positive LR: 23.3

negative LR: 0.46

isolated LR: 6.58

shortened humerus

positive LR: 4.8

negative LR: 0.7

isolated LR: 0.78

mild pyelectasis

positive LR: 7.6

negative LR: 0.9

isolated LR: 1.08

shortened femur

positive LR: 3.72

negative LR: 0.8

isolated LR: 0.61

aberrant right subclavian artery (ARSA)

positive LR: 21.48

negative LR: 0.7

isolated LR: 3.9

In the presence of soft markers, the risk of Down syndrome is recalculated as new risk = baseline risk x likelihood ratio (LR). The new LR is calculated by multiplying all positive LRs (of markers present) and all negative LRs (of markers absent).
Note: If a single marker is present, then isolated LR is considered.

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(2) Mrs. Hulsil Sahy

Age - 38 y 1 f

Quadruple Monkey

DOB - 3/12/2024

CMP - 17/12/1986

Height - 5 feet

Weight - 60 kg