

Name	Mrs. ZAINAB ALMAS JABIR	Patient ID	2762645
Accession No	5489651	Age/Gender	25Y / Female
Referred By	Dr.ARCHANA GUPTA	Date	15-May-2025

USG ANOMALY SCAN (LEVEL- II-TIFFA)

A single live intra-uterine foetus is seen with cephalic presentation at the time of this examination.

Fetal movements and cardiac activity are normal. (FHR – 154 BPM)

Placenta is posterior, away from internal OS, normal maturity changes. No placenta previa is seen. No placental hematoma is seen.

Amniotic fluid is adequate (SLVP 3.8 cm).

No evidence of nuchal cord during scan time.

Gestational Age

BPD	-	4.74cm	20weeks, 02days
Head circumference	-	17.35cm	19weeks, 06days
Abdomen circumference	-	15.06cm	20weeks, 02days
Ulna	-	2.61cm	19weeks, 03days
Tibia	-	2.56cm	19weeks, 01days
Fibula	-	2.49cm	19weeks, 02days
Radius	-	2.77cm	20weeks, 02days.
Femur length	-	3.02cm	19weeks, 02days
Humerus	-	2.89cm	19weeks, 03days

LMP- (31.12.2024) & GA BY LMP- (19 weeks 02 days) & EDD BY LMP- (14.10.2025)

GA BY USG- (19 weeks 05 days \pm 1 week 3 days), EDD BY USG- (11.10.2025)

Approximate fetal weight - 318.33gms \pm 47.75gms

Sonographic Subjective fetal evaluation reveals:-

Normal echogenic well defined cranial vault with midline septum, symmetrical and normal echopattern of bilateral visualized cerebral structures.

Transverse cerebellar diameter is normal. Cisterna magna is normal.

No significant ventricular dilatation identified.

Nuchal fold thickness is within normal limits.

Happy & Healthy Life

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Cranio-vertebral junction and visualized spine is normal in alignment and curvature.

Cardiac chambers and both outflow tracts appear normal. Diaphragmatic outline are normally visualized. Thorax and abdominal structures including liver, gall bladder, stomach, renal outline and urinary bladder are normal for the gestational age.

The visualized major long bones of both upper and lower limbs appear normal.

Cord is three vesseled.

- USG has potency structural malformations in up to 60-70% of cases depending on the organ involved.
- Functional abnormalities (behavior/ mind/hearing) in the fetus cannot be detected by USG.
- Conditions like trisomy 21 (Down syndrome) may have normal ultrasound findings in 60% cases as reporting in literature.
- Serum screening (double marker at 11-14 weeks/quadruple or triple test at 15-20 weeks) will help in detecting more number of cases (70% by triple test/87% by quadruple and 90% by double test).
- Few malformations develop late in intrauterine life and hence serial follow up scans are equalized to rule out their presence.
- Subtle anomalies/malformations do not manifest in intrauterine life and may be detected postnatally for the first time.
- Surgically correctable minor malformations (cleft/lip/palate/polydactyly) might be missed in USG.

IMPRESSION: -

- ❖ A single live intrauterine pregnancy corresponds to avg. gestational age of 19weeks, 05days ± 1 week 3 days
- ❖ Level II (TIFFA scan):- Normorange study for the present gestational age.

I DR. Firdaus Fatima declare that while conducting ultrasonography/image scanning on MRS. Zainab almas, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Advise: Follow Up as per clinical progress. All congenital anomalies cannot be ruled out.

Kindly Note

- ❖ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues are not always conclusive. Further biochemical and radiological investigation & clinical correlation are required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose.



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Disclaimer:-This report bears no implication for radiologist to witness in the court for the medicolegal cases. Hence report & film is considered null for the medicolegal cases. Please Intimate us for any typing mistakes and send the report for correction within 7 days.

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