



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No 1424/26215/04196

To

प्रतिमा गुप्ता

Pratima Gupta

W/O: Vikas Gupta

plot no-35, ashirwad bhawan

ram asarey purwa

near gorakhnatha mandir GOMTINAGAR

Khargapur

Malesemau Bakshi Ka Talab Lucknow

Uttar Pradesh 226010

9450715099

13/05/2014

Ref 167 / 20E / 215254 / 215356 / P



SE11150260/FT



आपका आधार क्रमांक / Your Aadhaar No. :

8559 1241 5142

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



प्रतिमा गुप्ता

Pratima Gupta

जन्म तिथि / DOB 01/06/1986

महिला / Female



8559 1241 5142

आधार - आम आदमी का अधिकार



MBBS
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(नव)

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pm

Only Ever

डॉ. समता पाण्डेय
मिटर जलपुरिया समुदाय, विहार
गोमती नगर विस्तार, सदाहर
मोबा - 8127320907

mti Nagar Extension, Near Sadar Tehsil, Shaheed Patil

mq

(62) kg

41 yrs

रि

Try

* TIFFA scan
to Rule out
any capital
cervical

Tab

* Quadruple mark of 3 test
test

Dr. Patel



AROGYAM DIAGNOSTIC CENTRE

आरोग्यम् डायग्नोस्टिक सेन्टर

(A Unit of Kalhans Health Care Pvt. Ltd.)

Patient Name:	MRS PRATIMA	Age /Sex:	41Y/ Female
Ref. By:	DR SAMATA PANDEY	Date:	Jul. 9, 25
Part Scanned	USG TIFFA		

(TARGETED IMAGING FOR FETAL ANOMALIES)

LMP	13.02.2025	GA BY LMP	20W 06D	EDD BY LMP	20.11.2025
		GA BY AUA	21W 01D	EDD BY AUA	18.11.2025

- Single live intrauterine fetus is seen with **longitudinal lie & cephalic presentation** at the time of study.
- Fetal movements and cardiac activity are well visualized.
- Fetal heart rate is **132 beats / minute** and is regular in rhythm.
- Biometric data of the fetus is as follows –**

1	BPD	49 MM	20 WKS 06 DAYS
2	FL	35 MM	21 WKS 01 DAY
3	AC	152MM	20 WKS 03 DAYS
4	HC	184MM	20 WKS 06 DAYS
5	HUM	34 MM	21 WKS 04 DAYS
6	ULNA	32 MM	22 WKS 04 DAYS
7	RADIUS	30 MM	
8	TIBIA	31 MM	21 WKS 04 DAYS
9	FIBULA	30 MM	
10	CEREB	19 MM	20 WKS 02 DAYS
11	CM	5.9 MM	
12	NF	3.8 MM	
13	OOD	33 MM	21 WKS 01 DAYS
14	IOD	16MM	
15	LT. VENTRICLE	5.2 MM	
16	CLAV	20 MM	20 WKS 05 DAYS

- Body proportionality ratio is-**

FL/AC	23.2 %
FL/BPD	72.0 %
FL/HC	19.2 %
HC/AC	1.21 %

- Mean gestational age by fetal parameter is **21Wks & 01day ± 1.9 weeks** of the fetus.
- Fetal weight is approx. **379 \pm 58Gms**
- Amniotic Fluid is adequate.
- A single loop of umbilical cord is seen completely encircling the fetal neck in the present scan.**
- Placenta is Anterior, maturity Grade – I and its well above from internal OS. No evidence of retroplacental collection. Cervical length measures ~4.9cm & is normal. Placental thickening measures ~2.2cm & is normal
- No evidence of retroplacental collection.
- Umbilical cord is showing normal '3 vessels appearance'. Insertion of the cord on the fetal anterior abdominal wall and placental side is at the normal site.

MORPHOLOGICAL DETAILS OF FETUS:

1. HEAD AND BRAIN:

- Outline of the cranial vault appears intact with no obvious defect visualization in it. mineralisation is normal.
- Size of lateral ventricle:
 - a) Atrial size – normal
 - b) Anatomic appearance of lateral ventricle- lateral wall of frontal horns is normal in shape. No evidence of ballooning.
- Size of the third and forth ventricles-normal.
- Presence of cisterna magna – present
- Appearance of Cerebellar vermis - normal
- Frontal lobes – normal in appearance.
- Cavum septum pellucidi – well visualized and in midline.
- Lateral ventricle appears normal in size and shape.
- No evidence of Ballooning of frontal horns seen.
- No evidence of hydrocephalus or ventriculomegaly.
- Cerebellar vermis is normal in size and shape and no evidence of any posterior fossa cyst. Falx cerebri are in midline.

2. NECK:

- Nuchal fold thickness is within normal limits.
- No evidence any soft tissue edema fluid collection within soft tissue of the neck.
- No evidence of any neck mass or cystic hygroma.

3 FACE:

- Nasal bones are well seen.
- Premaxillary triangle is well seen.
- No obvious exophytic facial mass is seen.
- Mandibular echoes are seen in normal position. No evidence of hypo or hypertelorism.
- Maxillary arch is normal.

Contd....

4 **SPINE:**

- Continuity of spine is maintained in longitudinal & transverse axial sections.
- There is no evidence of divergence or splaying of the pedicles of vertebra.
- There is normal curvature of the spine.
- No fixed position of the spine maintained by the fetus.

5 **THORAX:**

- Position of heart within thorax is normal. No obvious abnormality is seen in four chamber.
- No evidence of pleural effusion, lung mass seen or no any mediastinal shift.
- No evidence of mediastinal displacement is present with maintained axis of the heart
- No evidence of eventration of the diaphragm at present.

6. **ABDOMEN:**

- Gastric bubble is well appreciated.
- Position & size of fetal stomach is normal.
- Biliary ducts show no obvious dilation.
- GB is seen normally
- Liver is normal in size & echopattern.
- Bilateral kidneys are normally seen.
- Urinary bladder is normal.

7. **MUSCULO – SKELETAL SYSTEM:**

- All long bones appear normal in length with adequate growth for the present menstrual age.
- Mineralization of the bones appears normal. No evidence of fracture present. B/L scapulas are well visualized.
- Calvarial morphology and ossification are normal.
- Hands and feet are seen normally.

Contd....

OPINION:-

- SINGLE LIVE INTRAUTERINE FETUS WITH MEAN GESTATIONAL AGE OF 21 WKS & 01 DAY ± 1.9 WEEKS.
- COMPLETELY ENCIRCLING SINGLE LOOP OF UMBILICAL CORD AROUND FETAL NECK IN THE PRESENT SCAN. (Adv: Follow up / clinical correlation)
- NO GROSS CONGENITAL ANOMALY DETECTED IN THE VISUALISED ORGANS AT THE TIME OF SCAN.

Advice: Follow up with quadruple marker / clinical correlation

NOTE:

- 1 The overall sensitivity rate of detection of congenital anomalies by USG is approx 60 – 70 % More over normal study does not exclude a significant anomaly (Ref Antenatal detection of congenital malformation by routine ultrasonography, Rosendahl H. et al)
- 2 At least 40 to 50 % fetuses with down syndrome will have no recognizable sonographic abnormality.
- 3 Some fetal anomalies may not manifest in intrauterine life and may present post natal for the first time.
- 4 Some conditions present late in intra uterine life and require serial follow up scans to rule their presence.
- 5 Blood test like double test (at 11- 13+6weeks) or as a quadruple test at (16 – 20 weeks) of cell free fetal DNA testing (Known as NIPS/NIPT) are done to identify if the fetus is at a higher risk for chromosomal abnormalities.
- 6 To identify if you are a carrier for hemoglobin disorder like beta thalassemia sickle cell diseases etc. Blood test can be done. There is risk to the fetus if both wife and husband are carrier for it.
- 7 Few of the congenital abnormalities (viz. Functional / infections) will, have no recognizable sonographic abnormality.
- 8 Certain anomalies may go undetected due to technical limitations, maternal body habitus, unfavourable positions or abnormal amount of amniotic fluid
- 9 Fetal cardiac anomalies to be ruled by cardiac fetal Echo .
- 10 Surgically correctable minor malformations (cleft/lip/palate/polydactyly) might be missed in USG.

Declaration :

I **DR. SRISHTI SINGH** declare that while conducting ultrasound study of Mrs. **PRATIMA** I have neither detected nor disclosed the sex of her fetus to anybody in any manner. All congenital anomalies cannot be excluded on USG).

Note: If any typing (Human) error ,please contact & review with reports

DR. ATHAR SHAMIM
MD (Radio- diagnosis)
Ex SR SGPGI & KGMU LKO.

DR. SRISHTI SINGH
DNB, EDIR (Radio- diagnosis)
FELLOWSHIP IN PEDIATRIC
NEUROIMAGING
Ex SR RML & KGMU LKO

AN ISO 9001:2015 CERTIFIED

Helpline : +91-9415021038

E-mail : diagnosticarogyam@gmail.com

THE CLINICAL CORRELATION IS ESSENTIAL FOR FINAL DIAGNOSIS | IF TEST RESULT ARE UNSATISFACTORY PLEASE CONTACT SAME DAY | NOT FOR MEDICO LEGAL PURPOSE

Head Office : UGF-1, Krishna Complex, Near Madiyaon Petrol Pump,
Sitapur Road, Lucknow - 226021 | Ph : 9336154101, Mgr. 9151254591

Branch Office : Dipty Khara (Para), Kanpur - Hardoi Ring Road,
Buddheswar, Lucknow - 226017 | Mob. : 6388615441, Mgr. 9151254598

Branch Office : 49, Jagat Narayan Road, Near Christian College,
Wazirganj, Golaganj, Lucknow - 226018 | Ph : 0522-4027973, Mgr. 9151254600