



VENKATESHWAR DIAGNOSTICS & ORTHOCLINIC

DR. PARAS PRAJAPATI
MBBS, MS ORTHOPAEDICS



DR. NEHA JAISWAL
MBBS, MD RADIODIAGNOSIS

PATIENT NAME:	MRS SONU	AGE /SEX:	33 Y/F
REF. BY:	DR. JAMBU KUMAR JAIN	DATE:	25/7/2025
PART SCANNED	LEVEL II USG OBSTETRICS		

TIFA TEST (TARGETED IMAGING FOR FETAL ANOMALIES)

LMP :- 26.2.2025

MGA BY LMP:- 21 WEEKS 2 DAYS

EDD :- 3.12.2025

MGA BY USG :- 21 WEEKS 5 DAYS

EDD :- 30-11-2025

- Presentation : **VARIABLE** presentation at the time of examination.
- Fetal heart rate : Fetal cardiac activity is regular (161 - Bpm)
Fetal movements are well visualized.
- Liquor : Quantity of liquor **ADEQUATE**,
DVP-5.3 cm
- Effective fetal weight : **449 grams +/- 78 gms.**
- Placenta : Placenta is **ANTERIOR** and Lower edge is lying well away from internal os (Maturation grade-I)

PARAMETER	Measure in mm	Weeks	Days
BPD (Biparietal diameter)	48 mm	20 weeks	3 days
HC (Head circumference)	188 mm	20 weeks	5 days
AC (Abdomen circumference)	166 mm	20 weeks	3 days
FL (Femur length)	35 mm	20 weeks	6 days

- Mean gestational age by foetal parameter is **21 Wks. 5 days \pm 1 Wks. 4 days**.
Cervical length is 3.4 cm. Umbilical cord is showing normal "3 vessel appearance".

DETAILED ANATOMIC SCAN

HEAD AND NECK:

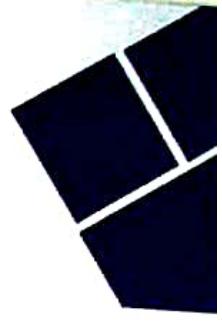
- **Cerebellum**- normal in shape and size. (TCD- 21 mm)
- **Cisterna magna**- < 10mm. (4.9 mm)
- **Nuchal skin fold thickness** - **5 mm**
- **Choroid plexus**- echogenic.
- **Lateral cerebral ventricles**-(8.5 mm)
- **Midline falx**- present.
- **Cavum Septum Pellucidum** - present.

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- **FETAL FACE AND NUCHAL REGION:**

- Nasal bone is visualized normally.
- Orbital diameter: **12 mm (Right), 12 mm (left).**
- Inter orbital distance: **13 mm**
- Fetal face is normal.
- Both lips and chin are normally seen.

- **CHEST:**

- Four chambered heart- present.
- Trouser sign of RVOT (right ventricular outflow tract) - is seen normally.
- Aorta outflow from left ventricle is seen.

- **ABDOMEN:**

- Stomach bubble seen on left side.
- Bilateral kidneys are normally visualized.
- Urinary bladder is normal in shape and outline.

- **SPINE:**

- The cervical, thoracic, lumbar and sacral spine was seen in sagittal and longitudinal views and vertebral segments were visualized normally with normal skin seen covering from neck to sacrum.
- No abnormal vertebral defects /splaying seen.

- **EXTREMITIES:**

- The fetal upper limbs x 2.
- Radius / ulna / humerus x 2.
- Hands x 2.
- Fetal lower limbs x 2.
- Tibia / fibula / femur x 2.
- Feet x 2.

The echogenicity of visualized bones of bilateral upper and lower limbs is normal with normal shape, movements and position.



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- **FACE:**

- The side profile is normal with normal chin and lips scan.
- The nose and lips are normal - no obvious clefts noted.
- Bilateral orbits are seen normal in size with normal inter orbital distance.

UTERINE COLOR DOPPLER

- Umbilical artery and uterine arteries were examined.
- Umbilical artery shows normal low resistance flow pattern with complete forward diastolic filling.
- Both uterine arteries show flow of normal velocity and low resistance pattern with complete forward diastolic filling, minimal diastolic notch seen in both uterine arteries

	RI	PI
Umbilical arteries	0.7	1.0
Right uterine arteries	0.6	0.9
Left uterine arteries	0.7	1.0



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OPINION:-

- Single live intrauterine fetus in variable position at the time of examination, corresponding to a mean gestational age of 21 weeks 5 days.
- Liquor is within normal range (DVP - 5.3 cm) with normal fetal movements noted.
- Internal os is closed & cervical length is well maintained (cervical length measured = 3.4 cm).
- No loop of umbilical cord is seen encircling fetal neck on color doppler examination.
- No evidence of any concealed hemorrhage.
- EDD :- 30/11/2025 (By USG)

NOTE:-

- The overall sensitivity rate of detection of congenital anomalies by USG is approx 60% moreover a normal study does not exclude a significant anomaly.
- At least 40 to 50% fetuses with Down syndrome will have no recognizable sonographic abnormality.
- Subtle abnormalities like polydactyly and cleft palate are not looked up in a routine scan, which are surgically correctable after birth.
- Some conditions present late in intra uterine life and require serial follow up scans to confirm their presence.
- Few of the congenital abnormalities (Viz. functional / infection) will have no recognizable sonographic abnormality.

Adv:- QUADRUPLE MARKER TEST WITH FETAL ECHOCARDIOGRAPHY TO RULE OUT CARDIAC ANOMALIES.

I, Dr. NEHA JAISWAL declare that while conducting ultrasonography on Mrs. SONU, I have neither detected nor disclosed the sex of her fetus to anybody in any manner

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REG. NO. 23125

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MARCH 2025
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Name - Sonu Jatav

Age =

33 lf

/ 1991

Weight

59 kg

height

5.3