



Name	Mrs. TARANNUM	Patient ID	2840396
Accession No	5677342	Age/Gender	24Y / Female
Referred By	Dr.JAIN POLY LINIC	Date	29-Oct-2025

### USG-FETAL (TIFFA) SCAN

**LMP :- 10.06.2025**

**GA BY LMP :- 20weeks 00days**

**EDD by LMP :- 17.03.2026**

**Composite GA by sonography - 20weeks 02days  $\pm$  1 week.**

Single live intrauterine fetus with unstable at the time of study. Fetal movements are normal.

**Heart rate is 144 BPM & regular.**

### FETAL PARAMETERS

	mms	Weeks	Days	
<b>BPD</b>	47	20	01	+/-01 weeks 00 days
<b>HC</b>	172	19	06	+/-01 weeks 00 days
<b>AC</b>	146	19	06	+/-01 weeks 00 days
<b>FL</b>	31	19	04	+/-01 weeks 00 days
<b>HL</b>	31	20	01	+/-01 weeks 00 days
<b>RADIUS</b>	23	-	-	+/-01 weeks 00 days
<b>ULNA</b>	25	19	02	+/-01 weeks 00 days
<b>TIBIA</b>	27	19	04	+/-01 weeks 00 days
<b>FIBULA</b>	26	-	-	+/-01

*Happy & Healthy Life*



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**EDD BY CGA:** 15.03.2026

**Liquor** is adequate in amount.(MVP 3.63cm).

**Placenta** is at anterior wall of uterus at upper and middle segment. Its maturity grade is "1".

Placental thickness is normal. No evidence of retro placental collection.

Internal Os is closed.

**There is single loop of cord around neck.**

### **MORPHOLOGICAL DETAILS OF FOETUS:-**

#### **HEAD AND BRAIN:**

Cranial vault appears to be intact with no visible defect. Mineralisation is normal.

#### **Lateral ventricles:**

Lateral ventricles appear normal in size and shape. No evidence of ballooning of frontal horns seen.

Size of the third and fourth ventricles appear normal. 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.

#### **NECK:**

No evidence of any soft tissue edema fluid collection within soft tissues of the neck.

No evidence of any neck mass or cystic hygroma.

#### **FACE:**

No obvious exophytic facial mass is seen.

No evidence of hypo-or hypertelorism.

Maxillary arch is normal.

#### **SPINE:**

Continuity of spine is maintained in longitudinal & transverse-axial sections.

There is no evidence of divergence or splaying of the pedicles of vertebra.



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There is normal curvature and bone mineralisation of the spine.

No fixed position of the spine is maintained by the foetus.

### **THORAX:**

Chest circumference measurement (at the level of heart) is within normal limits.

**Intracardiac echogenic focus is seen.** Adv: Quadruple marker, fetal echo and follow up.

No evidence of pleural effusion, lung mass with or without mediastinal shift or any mediastinal mass is present.

### **ABDOMEN:**

Position & size of fetal stomach is normal.

No evidence of dilatation of duodenum is present.

Biliary ducts show no obvious dilatation.

Liver normal in size & echo-pattern.

Bilateral kidneys are normally seen.

Urinary bladder is normal.

### **MUSCULO-SKELTAL SYSTEM:**

All long bones appear normal in length with adequate growth (50<sup>th</sup>percentil) for the present menstrual age.

Mineralisation of the bones appears normal. No evidence of fractures present. B/L scapula are well visualized.

Hands and feet are seen normally.



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### INFERENCE:

- **SINGLE LIVE INTRAUTERINE FETUS OF MEAN GESTATION AGE OF 20WKS 02DAYS ( $\pm$  1 WEEK 2 D) WITH NO GROSS CONGENITAL ANOMALY.**
- **THERE IS SINGLE LOOP OF CORD AROUND NECK.**
- **INTRACARDIAC ECHOGENIC FOCUS IS SEEN. ADV: QUADRUPLE MARKER, FETAL ECHO AND FOLLOW UP.**

**(NOTE:- CARDIAC ANALYSIS & SITUS IS NOT ASSESSED IN THIS STUDY FETAL ECHO IS ADVISED FOR THE SAME IF INDICATED).**

### 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 (Ref Antenatal detection of congenital Malformation by routine ultrasonography. Rosendahl H. et al ).*

*At least 40 to 50 % fetuses with down syndrome will have no recognizable sonographic abnormality Peter WCallen1994.*

*Few of the congenital abnormalities (viz. Functional / Infections) will have no recognizable sonographic abnormality.*

*Note:- I **DR. ASHKRIT GUPTA**, declare that while conducting ultrasound study of **Mrs. TARANNUM**, I have neither detected nor disclosed the sex of her foetus to anybody in any manner. All congenital anomalies can't be excluded on ultrasound.*



**Dr. ASHKRIT GUPTA**  
**(M.D. – Radio Diagnosis)**  
**Reg. No. 92043**

**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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