



Time : 10 am to 3 pm  
6 pm to 9 pm

# Global Diagnostics

Sonography & Digital X Ray

**Dr. Shoaib (Soyaf) Fazlani**

MBBS GMC, NAGPUR, MD - Radiology - LTMMC (Siva Mahal)  
DNB - Radiology - (NRI Delhi) Ex. Asst. Professor GMC, Nagpur  
Ex. Consultant Radiologist - Mitra Hospital, Ramdaspeth, Nagpur  
Consultant Radiologist & Sonologist

**Dr. Fiza Banu Fazlani**

MBBS, DMRI, RCFMG  
Ex. Trainee GMC, Nagpur  
Consultant Radiologist & Sonologist  
Reg. No. 2020/03/2389

No. G-7, Ground Floor, Anjuman Complex, Near Khan Pathology Opp. Governor Kothi, Main Road, Sadar Bridge Pillar No. 37, Nagpur. Contact No. : 70837 50761

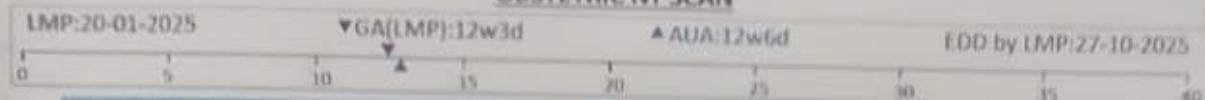
Patient Name: **SHIVANI**

Date: **17/04/2025**

Ref Phy: **DR. ARCHANA TRIPATHI**

Age/Sex: **31 Years / FEMALE**

## OBSTETRIC NT SCAN



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 20/01/2025	12	3	27/10/2025
By USG		12	6	24/10/2025

AGREED DATING IS (BASED ON LMP)

Real time USG of pelvis shows a gravid uterus with a single intra uterine gestational sac.

### FETAL SURVEY

Placenta developing posterior low lying reaching upto the OS.

There is no evidence of subchorionic hemorrhage

Liquor—Normal the fetal pole and fetal activity are well appreciated.

Cervical length measures 3.8 cm. The internal OS is closed.

### Fetal biometry

	mm	weeks	days
Crown Rump Length	60.9	12	4
Biparietal Diameter	19.9	13	1
Head Circumference	75.9	13	1
Abdominal Circumference	60.1	12	6
Femoral Length	8.8	12	4
Heart Rate	148 Beats Per Minute.		
The Embryo attains 40 weeks of age on	24/10/2025		
Nuchal Translucency	1.1 mm 18% + — + — +		
Nasal Bone	2.7 mm 34% + — + — + 34%		
Ductus Venosus Waveform	Normal waveform Pattern		

### FETAL STRUCTURES VISUALIZED

**HEAD / FACE / SPINE:** The falx is well visualized and is in the midline. The IT is well visualized and is normal. The spine is seen as 2 lines at this stage. Both orbits are same. Retronasal triangle shows presence of nasal bones and normal mandibular gap. Frontomaxillary angle is normal.

**THORAX:** The heart is central in the thoracic cavity. Four chamber heart show equal size inflows. Presence of V sign (connection of ductal arch and aortic arch) is noted on color Doppler in 3 vessel tracheal view.

**ABDOMEN:** The cord insertion in the anterior abdominal wall is well seen. The stomach is noted in the abdomen. Urinary bladder is visualized. Two umbilical arteries seen.

**EXTREMITIES:** Visualized upper limbs and lower limbs are normal bilaterally.

### UTERINE ARTERY SCREENING DOPPLER

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	3.51	0.72	1.6	45.6% + — + — +	No early Diastolic notch seen



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MBBS, GMC, NAGPUR, MD - Radiology - LTMMC (Sion Mumbai)  
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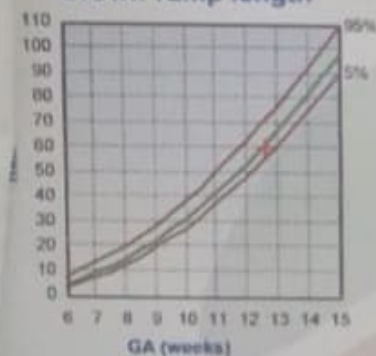
**Dr. Fiza Banu Fazlani**

MBBS, DMRE, BCFRG  
Ex Trainee GMC, Nagpur  
Consultant Radiologist & Sonologist  
Reg. No. 2020/03/2380

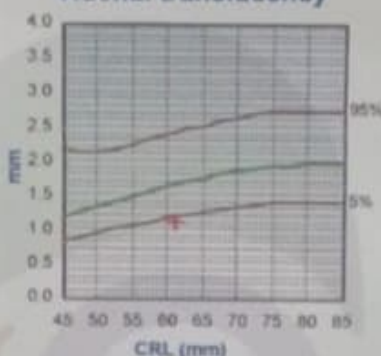
7, Ground Floor, Anjuman Complex, Near Khan Pathology Opp. Governor Kothi, Main Road, Sadar Bridge Pillar No. 37, Nagpur. **Contact No. : 70837 50**

Left Uterine Artery	3.85	0.74	2.18	86% $\pm$ $\pm$ $\pm$ $\pm$ $\pm$	No early Diastolic notch seen
Mean Uterine Artery			1.89	71% $\pm$ $\pm$ $\pm$ $\pm$ $\pm$	Normal
Ductus venosus	1.7		0.49		PSV= Normal waveform Pattern

**Crown-rump length**



**Nuchal translucency**



**1st trimester risk of Trisomy 21**



First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 461

T21 Risk	
From - NT	1 in 3194

### IMPRESSION:

- Early single live intra uterine gestation of 12 week's 6 days - gestational age assign as per biometry. Fetus is appropriate for gestational age. (expected by LMP 12 weeks 3 days)
- Nuchal translucency is normal
- No gross congenital anomaly seen at this stage
- Placenta is developing posteriorly low lying reaching upto the OS. Liquor - Normal
- Cervix measuring 3.8 cm, the internal OS is closed

Suggested dual marker correlation and anomaly scan at 18-20 weeks

PLEASE NOTE: 1) This is machine depended that to image oriented investigation. Hence many things can influence appearance and interpretation of image. 2) In case of disparity between report and clinical evaluation second opinion is advisable before commencing the final treatment. 3) This document is not for medicolegal purpose

I, Dr. REEMA PERVEZ, declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

*Reema Pervez*

DR. REEMA PERVEZ  
MBBS, DMRD, DNB (KDAH, MUMBAI), BCFRG  
CONSULTANT RADIOLOGIST  
TRANSDUCED BY: SONALJYOTI PATEL

DR. REEMA PERVEZ  
MBBS, D.M.R.D.  
Reg. No.: 2015/0014611