



INARA'S FEMISCAN

DIAGNOSTICS & INTERVENTION

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Regd. No. : 2015/0

NAME : MRS. SHIFA SHEIKH	AGE/SEX : 25 YR/F
REFERRED BY: DR. JAYSHRI RATHI MAAM	DATE : 24/05/2025
LMP : 21/02/2025	
EDD BY LMP : 28/11/2025	Menstrual age - 13 weeks 1 day.

OBSTETRIC SONOGRAPHY - NT/NB SCAN (EARLY ANOMALY SCAN)

Real time, B mode ultrasonography of the gravid uterus was performed.

Route : Transabdominal and TVS

Single live Intra uterine gestation.

MATERNAL : Cervix measured 3.63 cm in length.

Right Uterine Artery PI	1.14	Normal.
Left Uterine Artery	1.43	Normal.
Mean PI	1.31	Normal (72nd centile)

As per Fetal medicine, Barcelona.

FETUS :

Placenta - Forming anteriorly. No previa.
No retro-placental clot or haemorrhage seen.

Liquor - Adequate

Umbilical Cord - Three vessel cord seen with normal cord insertion.

Fetal Movements - Present

Cardiac activity - Present FHR - 155 bpm

Fetal Biometry :

PARAMETERS	DIMENSIONS	GESTATIONAL AGE
CRL	68.7 mm	13 Wks 1 days
FL	8.3 mm	13 Wks 1 day

PTO.

ANEUPLOIDY MARKERS:

Nasal Bone : ossified, NBL - 2.68 mm (16.3 percentile)

Nuchal Translucency : 1.43 mm (LOW RISK)

Ductus Venosus : Normal flow (PI - 1.01)

No evidence of tricuspid regurgitation.

FETAL ANATOMY:

Fetal intra cranium, stomach bubble, kidneys, bladder and limbs to the extent seen at this period of gestation appeared normal. Four limbs visualised.

BPD corresponds to 13 weeks 4 days.

No significant major lethal congenital abnormality noted at present.

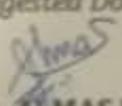
No anterior abdominal wall defect or omphalocele.

EDD assigned by LMP : 28/11/2025

IMPRESSION:

- Single, Live intrauterine gestation corresponding to gestational age of 13 weeks 0 days.
- Menstrual age is 13 weeks 1 day.
- Anteriorly forming placenta, no previa.
- Nuchal translucency is normal.
- No obvious structural congenital abnormality noted at present scan.
- Mean uterine artery PI values are within normal limits.

Suggested Double marker correlation, follow up for detailed anomaly scan at 18-20 weeks.


DR. ALMAS NAZIM
M.D., FRCR

Disclaimer : Ultrasound investigation has its limitations. Please note that detailed fetal anatomy may not always be visible due to technical difficulties. Also, all fetal anomalies may not necessarily be detected at every examination.

I, Dr. Almas Nazim, hereby declare that while conducting this ultrasound examination, sex of fetus was not disclosed or mentioned to the patient or anybody else in any manner.