

**Dr. Shadab Nasir w/o Dr. Mohammed Suhail**  
 M.B.B.S., D.M.R.E. (Radiology)  
 MMC Reg. No. 2012/10/3150

**Certifications :**  
 • FMF (Fetal Medicine Foundation)  
 • Scholar MD(Fetal medicine)  
 • ACFRG (Advance Course In Fetal Radiology & Genetics)  
 • Masterclass in fetal Echo

**Work Exp.**  
 • IIMSR, Badshahpur  
 • Ikon Hospital  
 • Apex Hospital

**Ultrasonography / Color Doppler / Digital Xray / Digital OPG / Mammography / Procedures**

# ProCare

## DIAGNOSTIC CENTRE

A Complete Ultrasound Care, Digital Xray, Digital OPG & Mammography

Patient Name	Mrs. Zariya Zishan Khan	Age/Sex	19 Years/Female
Ref. By	Dr. TAHZEEB KHAN	Date	08-Sep-25

### NT SCAN

**Single intrauterine gestational sac with single live fetus within .**

DATING	LMP	GESTATIONAL AGE	EDD
BY LMP	LMP:06-Jun-25	13 weeks 3 days	13-Mar-26
BY USG		13 weeks 0 days	16-Mar-26

OBSTETRIC HISTORY	G1P0L0A0D0
H/O HT / DM / Thyroid disorder	FTND- 0, Csection-0
H/o IUFD / premature birth / abnormal child	NAD
	-

	Measurement	GA
Crown Rump Length (CRL)	6.73 cm	13 weeks 0 days
EDD (Expected date of delivery) by USG	16-Mar-26	

Right Uterine Artery PI	0.88
Left Uterine Artery PI	0.67
Mean Uterine Artery PI	0.78 <1 % Normal

- Fetal Heart activity & movements are well appreciated.
- Liquor is adequate
- Fundic bubble is well appreciated.
- The fetal limbs buds are well visualised.
- Intracranial translucency is seen.

NT (Nuchal thickness)	1.4 mm (Normal for GA)
NB (Nasal Bone)	Present
DV (Ductus venosus) PI	Normal , No reversal
TR(Tricuspid regurgitation)	No
PLACENTA	Left lateral lower end reaching upto internal OS
FHR (fetal heart rate)	159 / min
CERVIX	45mm , IOS closed

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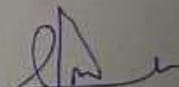
**IMPRESSION: GRAVID UTERUS SHOWS SINGLE LIVE INTRAUTERINE PREGNANCY OF 13 WKS 0 DAYS WITH NORMAL NT SCAN.**

**ADV : Follow up , Biochemical marker test , Targeted anomalies scan at 20-22 wks.**

**Usg has its limitations , for more accurate visualization MRI is the option.**

**NOTE:** This investigation has been done as per advice of referring doctor. All congenital anomalies cannot be detected by USG, some may go undetected. Foetal cardiac anomalies are out of the preview of this examination. All measurements are subject to statistical variation.

I Dr. MASARAT JABEEN, declare that while performing USG of above named patient I have neither detected nor disclosed the sex of her fetus to any body.



Dr. MASARAT JABEEN  
Consultant Radiologist