



EMR helping you pickup
inferences from the data
entered

Mrs Tabassumunnisa Begum

MR No. 626628 , ANC No 4201/2022

Date:01-FEB-24

3rd ANC today

Total weight gain (current visit weight-prepregnancy weight) : Minus -.6 kg

Weight change since last visit : Gain 1.4 kg

Tetanus prophylaxis not given

Past History

Previous Molar Pregnancy

First degree relative, family history of Diabetes for Mother

Risk Factors

Asthama

IHCP

Prev H/O Molar Preg(partial)

ANTENATAL SUMMARY

ANC No 4201/2022 M.R.No. 626628	Consultant: PADMAJA Y.	Booked	BOGULKUNTA			
Name: TABASSUM UNNISA BEGUM	Age: 28	Date of Birth: 12.01.1996				
Education: Graduate	Occupation: Home Maker					
Partner's Name: MOHAMMED MAJID ALI	Age: 39					
Education: Graduate	Occupation:					
Address: 17-8-411/12 MALAKPET CHARMINAR YAKUTPURA	DISTRICT:	STATE:				
	Contact No: 6301377563	Email: alimohammedbulmajid@g mail.com				
Time taken to reach hospital: 30 minutes	Distance in kilometers: 6 kms					
CURRENT PREGNANCY DETAILS <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>LMP 08.05.2022</td> <td rowspan="2">CORRECTED EDD 12.02.2023</td> </tr> <tr> <td>EDD 12.02.2023</td> </tr> </table>				LMP 08.05.2022	CORRECTED EDD 12.02.2023	EDD 12.02.2023
LMP 08.05.2022	CORRECTED EDD 12.02.2023					
EDD 12.02.2023						
Year of Marriage: 2020	Living Children: 0					
Gravida: 2	Para: 0					
Abortion: 1	Menstrual Pattern: Regular					
Contraception: None	Consanguinity: No					

OBSTETRIC HISTORY

Preg No.	Year	Birth Details
1	2021 July	Molar Pregnancy GA 8 weeks at Outside hospital. No History of HTN and No History of Diabetes , Delivery at other placeDr Yasmeen,Other Information:HPE - report- Partial Molar
2	2022	Present pregnancy Spontaneous Not Vaccinated for COVID, 1st Parcial Molar preg, spont Concpetion, UPT +ve ,Had ANC visits at Dr Bharathi, NT and FTS done in FH and Lab reports done also done out side,

ALLERGY RELATED HISTORY

- None

FAMILY HISTORY

Hypertension : Mother

Diabetes : Mother

Asthma : Paternal Grand father

IMPORTANT INFORMATION

ANTENATAL RISK FACTORS

GDM on diet

Asthama

IHCP

Prev H/O Molar Preg(partial)

SPECIAL FEATURES

post delivery to follow with beta HCG

Visited at 14 weeks, Revisited at 28 weeks

CHECKLISTS

	Patient	Partner's
Bi Group / Rh typing	A +ve	
HIV	Non Reactive	
Hbsag	Negative	

Vaccinations	Date
Boosterix	
Tetanus toxoid	
Covid Vaccine	No
Flu Vaccine	

Booking examination	Findings
Cardiovascular system	Normal
Respiratory system	Normal
Height	5.4
Booking weight(kg)	67
Booking BMI	24.50

Patient preferences	Options / counseling
Diet	Non-Vegetarian
Lifestyle activity	Active
Toilet preference	Indian
Prenatal screening	yes
Cord blood banking	

Nutritional Review

- Nutritional screening : Yes
 Referred for nutritional : Yes
 Leaflet Given / Diet Plan : Dietary Guidelines for a Healthy Pregnancy
 Counselling by Nutritionist :
 Diet Recommended :

ATTACHMENTS TO EMR

S.No	Attachments	Date

S.No	Attachments	Date
1	er visit	22.11.2022
2	smbg	05.12.2022
3	lab reports	05.12.2022
4	Blood Grouping	06.08.2021
5	Biopsy	06.08.2021
6	BETA HCG	13.08.2021
7	BETA hcg test	20.08.2021
8	Hcg test	26.08.2021
9	Hcg test 1	16.12.2021
10	Hcg test 2	16.12.2021
11	Hcg test 3	16.12.2021
12	Hcg test 4	16.12.2021
13	FC BG	05.12.2022
14	dr hari kishan	20.06.2022
15	Reports Attachments	15.08.2022
16	Registration Form	15.08.2022
17	Team Consent	15.08.2022
18	Tiffa scan	29.10.2022
19	Ogtt test	19.11.2022
20	reports	21.11.2022
21	growth chart	21.11.2022
22	DR HEMAMALINI	21.11.2022
23	DR HEMAMALINI	21.11.2022
24	FBS/pbs reports	27.05.2022

CURRENT ANTENATAL VISIT DETAILS

1	Date	Weight kg	BMI	Pulse Rate	BP	SFH cm	Presentation	FHR bpm	Liquor	Edema
	15.08.2022	65.1	24.50	78	124 / 78		Cannot Ascertain	150	Adequate	None
Gest. Age 14 Weeks 1 Days										
Medications : Candid V6 100mg,D-Rise 2000iu,Doxinate Tab*,Folvite 5mg,Livogen Tab,Tab Cipcal 500mg*										
Investigations ordered : CULTURE & SENSITIVITY URINE,OGTT(Oral Glucose Tolerance Test) 3 Samples for GDM screening										
Maternal plan : Advised Folic acid supplements till 28/8/22 She is advised to start Iron and calcium supplements from 16 weeks on 29/8/22 and continue throughout pregnancy. Iron and calcium should not be taken together. Iron supplements (LIVOGEN) should be taken preferable before food and Calcium + Vitamin D can be taken after food, after dinner. All baseline maternal investigations-Normal. Tab Doxinate to be taken for nausea, vomiting, only if required. Advised to take Plenty of oral liquids. Early OGTT test : At the start of the test you have to give your (1) fasting blood sample then drink 75 gram of glucose in 200 ml of water.Please do not eat or drink anything during test. Give second sample 1 hr after glucose and third sample 2 hrs after glucose. If ANY OF THESE values fasting blood sample value >92 mg/dl, 1hr post glucose >180 mg/dL, 2 hr post glucose >153 mg/dL, immediately report back to us. H/O Asthma since 1 year, ?Allergic Rhinitis, Taking FOROCART /BUDESONIDE Spray , Physician review SOS. C/O White discharge, Associated with Foul smell, P/S Done, Cervix healthy, Minimal curdy										

		<p>white discharge +, HVS Taken, swab send for C/S Advised CANDID BV 6 100mg once daily at bedtime per vaginally for 6 days.</p> <p>Fetal plan : NT/EFTS-Low risk. Screening for fetal anomalies (TIFFA) would be advised at 19 to 20 weeks.</p> <p>Important advise : Advised to report to emergency room, 24 x 7, if any bleeding or pain abdomen, or any other concern.</p> <p>Next review on 26-SEP-22</p>								
2	Date	Weight kg	BMI	Pulse Rate	BP	SFH cm	Presentation	Consulted by : PADMAJA Y	Liquor	Edema
	21.11.2022	65	24.46	90	117 / 75	26	Cephalic	148	Adequate	None
		<p>Medications : Boostrix Prefill*, Livogen Tab, Tab Cipcal 500mg*, Uprise D3 Capsules 2k</p> <p>Investigations ordered : CULTURE & SENSITIVITY URINE, HAEMOGRAM</p> <p>Maternal plan : Last Visit at 14 weeks , Revisited at 28 weeks . In between ANC at Srinivasa Hospital. She has been advised to take Iron, Calcium and Vitamin D supplements. Iron tablets are best taken before meals (pre breakfast), and not combine with any other tablets. Calcium and Vitamin D tablets can be combined and taken after dinner. Walking 1hr, Plenty of fluids, Healthy diet . Inj.TDap-Today. All Baseline Investigations-Done Hb- 10.7g%, Plts- 2.5 on 26/7/22. Missed Early OGTT , OGTT at 27 weeks- 93/121/78 on 17/11/22. OGTT test : At the start of the test you have to give your (1) fasting blood sample then drink 75 gram of glucose in 200 ml of water Please do not eat or drink anything during test. Give second sample 1 hr after glucose and third sample 2 hrs after glucose. If ANY OF THESE values fasting blood sample value >92 mg/dl, 1hr post glucose >180 mg/dL, 2 hr post glucose >153 mg/dL, immediately report back to us. C/o Itching, more on palms and soles, more during nights. TBA- 35.2 on 19/11/22.- Physician Consultation - Today .</p> <p>Gest. Age 28 Weeks 1 Days</p> <p>Fetal plan : Advised to be aware of fetal movements pattern. Fetal Well Being Scan at 28 weeks .</p> <p>Important advise : Advised to report to emergency room, 24 x 7, if any bleeding or pain abdomen, or any other concern. Physician consultation - Today . Nutritionist consultation - Today . Next antenatal checkup with Dr.Padmaja Y on 5/12/22. Please take the appointment at OP desk.</p> <p>Next review on 05-DEC-22</p>								
		User Name : 6269DRSYEDA				Consulted by : PADMAJA Y.				
3	Date	Weight kg	BMI	Pulse Rate	BP	SFH cm	Presentation	FHR bpm	Liquor	Edema
	05.12.2022	66.4	24.99	90	110 / 70		Cephalic	150	Adequate	None
		<p>Medications : Livogen Tab, Nurokind 500, Tab Cipcal 500mg*, Udlilv 300mg Tab, Uprise D3 Capsules 2k</p> <p>Investigations ordered : Prothrombin Time (PT), SGPT</p> <p>Maternal plan : She is advised to continue iron, calcium and Vit D supplements. Healthy lifestyle, moderate exercise is known to be beneficial. Walking for an hour. Plenty of oral liquids. Immunized with TT Hb-10.9g%, Plts -2.63L on 3/12/22, Advised to take TAB LIVOGEN twice daily GDM ON DIET - HBSM chart checked, well maintained , advised to continue Home blood sugar monitoring and follow strict diabetic diet Urine c/s sterile on 3/12/22 Advised online child birth classes C/o cold since 4 days advised Steam inhalation, warm water gargling, Tab CETZINE 10mg at bedtime for 3 days, Tab CALPOL 1gm SOS, If persistent Physician consultation SOS H/o IHCP - Had consultation</p> <p>Gest. Age 30 Weeks 1 Days</p>								

with Dr Hema malini advised to repeat SGPT/PT once in 2 weeks till 34 weeks , and weekly once from 34 weeks advised TAB UDILIV 300mg thrice daily, TAB NUROKIND 500mg once daily after lunch Low Placenta :Avoid Long Journey`s / Stenos Exercise /Heavy Weight Lifting /Prolonged standing /Abstinences from sexual activity .If Any Bleeding or Spotting P/V to report to Hospital.

Fetal plan : Scan at 28+2 weeks EFW- 1052g, 25C, Placenta - posterior low , AFI -15cms Advised to be aware of fetal movements pattern. AFI+EFW on 12/12/22 Clinically SGA

Important advise : IMPORTANT ADVICE: All women are recommended to have Flu vaccine in pregnancy, has proven benefits for you and your baby. Advised to report to emergency room, 24 x 7, if any bleeding or pain abdomen, or any other concern. Next antenatal checkup with Team Doctor on 19/12/22. Please take the appointment at OP desk.

Next review on 19-DEC-22

User Name : 5361DRHABEEBA

Consulted by : PADMAJA Y.

PREVIOUS HOSPITAL VISIT DETAILS

	Doctor visits	Date	Day		Investigations	Date
1	Bharathi	16.05.2022	Monday		1 LTD GYN SCAN	06.08.2021
2	Bharathi	23.05.2022	Monday		2 PAP SMEAR LBC	16.05.2022
3	Bharathi	20.06.2022	Monday		3 PELVIC ORGANS 2	23.05.2022
4	Hari Kishan	20.06.2022	Monday		4 PELVIC ORGANS 2	23.05.2022
5	Bharathi	04.07.2022	Monday		5 LTD GYN SCAN	20.06.2022
6	Bharathi	11.07.2022	Monday		6 Early Pregnancy Scan (Review)	04.07.2022
7	Padmaja Y.	15.08.2022	Monday		7 Nuchal Scan	06.08.2022
8	Hemamalini	21.11.2022	Monday		8 Enhanced First Trimester Screening (eFTS) (PEL)	06.08.2022
9	Padmaja Y.	21.11.2022	Monday		9 Culture & Sensitivity High Vaginal Swab	15.08.2022
10	Padmaja Y.	05.12.2022	Monday		10 Fetal Well Being Scan (New)	22.11.2022
					11 AFI & EFW	12.12.2022

ANTENATAL PERIOD INVESTIGATIONS

	15-AUG-22 14 Wks	18-MAY-22 1 Wks	24-MAY-22 2 Wks	26-JUL-22 11 Wks
HIV Antibodies (ELISA 3rd Generation)	HIV I (Antibody) (Tridot)			
	HIV II (Antibody) (Tridot)			
	HIV I & II(ELISA)			
	FINAL REPORT			non reactive
HBs Ag (Elisa)	HBsAg (ELISA)			negative
FBS (Fasting Blood Sugar)	Fasting blood sugar		72	

		15-AUG-22 14 Wks	18-MAY-22 1 Wks	24-MAY-22 2 Wks	26-JUL-22 11 Wks
Culture & Sensitivity High Vaginal Swab	Specimen	High Vaginal Swab			
	Investigation	Culture and sensitivity.			
	Result	No bacterial growth			
FTS - HB VARIANTS ESTIMATION BY HPLC	HbF				
	HbAo				
	HbA2				
	ReticulocyteCount				
	Sickling Test*				
	Others		WNL		
Glycosylated Haemoglobin (HbA1c)	Glycosylated Haemoglobin (Hb A1c)		6.55		
PLBS (Post Lunch Blood Sugar)	Plasma Glucose Post Prandial (2hrs)			103	
Rubella IgG	Rubella IgG *		0.01		
TSH (Thyroid Stimulating Hormone) serum	Thyroid Stimulating Hormone (TSH)		2.29		

ANC CARD-Summary of ANC Visits

	Date	Gest. Age	Weight	BMI	PR	BP	SFH	Presentation	FHR	Review date	Seen by
1	15.08.2022	14 Weeks 1 Days	65.1	24.50	78	124 / 78		Cannot Ascertain	150	26.09.22	Padmaja Y.
2	21.11.2022	28 Weeks 1 Days	65	24.46	90	117 / 75	26	Cephalic	148	05.12.22	Padmaja Y.
3	05.12.2022	30 Weeks 1 Days	66.4	24.99	90	110 / 70		Cephalic	150	19.12.22	Padmaja Y.

Non-ANC Visits:

Date	Doctor Name	Prescription Given
11/07/2022	BHARATHI	Investigations Ordered :Glycosylated Haemoglobin (Hba1c) - Biochemistry,Haemogram - Haematology,Hb Variants Estimation By H.P.L.C.- I - Haematology,Hbs Ag (Elisa) - Serology,Hiv Antibodies (Elisa 3rd Generation) - Serology,Rpr - Serology,Tsh (Thyroid Stimulating Hormone) Serum - Hormones,Urine Examination - Clinical Pathology
20/06/2022	BHARATHI	Investigations Ordered :Early Pregnancy Scan (Review) - Fetal Medicine
23/05/2022	BHARATHI	Investigations Ordered :Fbs (Fasting Blood Sugar) - Biochemistry,Plbs (Post Lunch Blood Sugar) - Biochemistry
16/05/2022	BHARATHI	Investigations Ordered :Glycosylated Haemoglobin (Hba1c) - Biochemistry,Hb Variants Estimation By H.P.L.C.- I - Haematology,Pelvic Organs 2 - Gynaec,Rubella IgG (Clia) - Serology,Tsh (Thyroid Stimulating Hormone) Serum - Hormones
06/08/2021	PADMASREE	Medications Advised :AUTRIN CAP*,BECOSULES CAP

Page 7 of 7, Antenatal Summary, Mrs TABASSUM UNNISA BEGUM, MR No 626628, ANC No

Printed on 01/02/2024 15.00.05 hours, by DUMMY

Signature-----

TELEPHONE CONVERSATIONS RECORDED.

MR No :

Anc No: 4201/2022

Call Date /Time : 19/11/2022 10:09:00 am

Received by:5953SNEHA

Reason for call : c/o itching all over body..including palms and soles since a month..more since 2 days
Advice Given : Tab cetzine 10mg bed time 3 nights, Calamine lotion for local application, Total bile acids, LFT and r/w reports to ER ..has ANC on 21/11/22

Call answered and saved by :ADITI SHAH at 19-NOV-22 10:09:00 am

Non-ANC Visits:

Date	Doctor Name	Prescription Given
11/07/2022	BHARATHI	Investigations Ordered :Glycosylated Haemoglobin (Hba1c) - Biochemistry,Haemogram - Haematology,Hb Variants Estimation By H.P.L.C.- I - Haematology,Hbs Ag (Elisa) - Serology,Hiv Antibodies (Elisa 3rd Generation) - Serology,Rpr - Serology,Tsh (Thyroid Stimulating Hormone) Serum - Hormones,Urine Examination - Clinical Pathology
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06/08/2021	PADMASREE	Medications Advised :AUTRIN CAP*,BECOSULES CAP

DEPARTMENT OF FETAL MEDICINE

Centre for Prenatal Screening, Diagnosis & Fetal Therapy
(PNIT Registration No. 0116A889)

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AFI & EFW (12 December 2022)

TABASSUMUNNISA BEGUM

Date of birth: 12 January 1996
Expected date of delivery: 12 February 2023

HIS ID: 626628
Referring doctor: DR. Y PADMAJA

Scan Details

Scan Type AFI & EFW
Requisition Number 3016228
Fetal heart rate 146 bpm



Ultrasound

Probe TA

View Good

Gestational age 31 weeks + 1 days from dates

Biometry / Anatomy

BPD 75.7 mm |
OFD 101.1 mm |
HC 277.7 mm |
AC 238.0 mm |
FL 57.0 mm |
BPD / OFD 0.75 |
HC/AC 1.17 |
BPD / FL 1.33 |
Estimated fetal weight Hadlock (BPD-HC-AC-FL)
1,332 g |
2 lbs 14 oz |
Centile 5.8 |

Fetal heart activity visualised
Fetal movements normal
Fetal heart rate 146 bpm |
Presentation Cephalic
Placenta site posterior low
Amniotic fluid Normal

Amniotic Fluid Index

Deepest pool 4.3 cm
AF Index 16.0 cm

Doppler ultrasound

Uterine artery
PI left 0.690 |
PI right 0.510 |
Mean PI 0.600 |
RI left 0.48 |
RI right 0.40 |
Umbilical artery
PI 0.99 |
RI 0.65 |
EDF positive |
Middle cerebral artery
PI 1.93 |

Reporting on **astralia software**

CIN No. U85110TG1991NPL013233

GST No. 36AAACF3069M1ZE

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Tel. No. +91 40 41411300 | www.fernandezhospital.com

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PSV 44.7 cm/s
Cerebro-placental ratio 1.95



Todays ultrasound has revealed single live fetus corresponding to 31 weeks and 1 day gestational age.
Gestational age assigned as per LMP (EDD: 12/02/2023)

Placenta: Posterior low lying 13mm from Internal OS.

Fetal presentation: Cephalic

Liquor: Normal

Estimated Fetal Weight: 2nd Centile (As per Fetal Medicine Barcelona Calculator)

Fetal growth pattern: Fetal Growth Restriction - Stage I (Severe smallness or mild placental Insufficiency).

Doppler study: Normal blood flow in umbilical artery and middle cerebral artery. Cerebro-Placental Ratio:1.95
Maternal : Normal blood flow in uterine arteries.

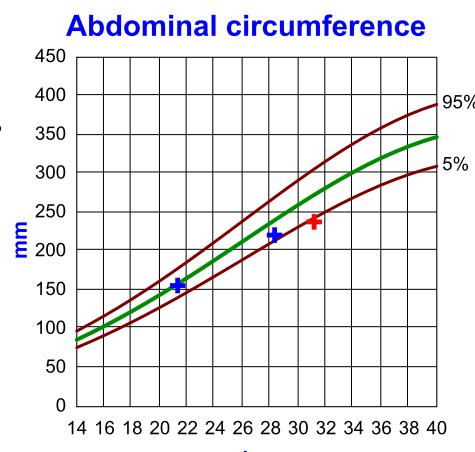
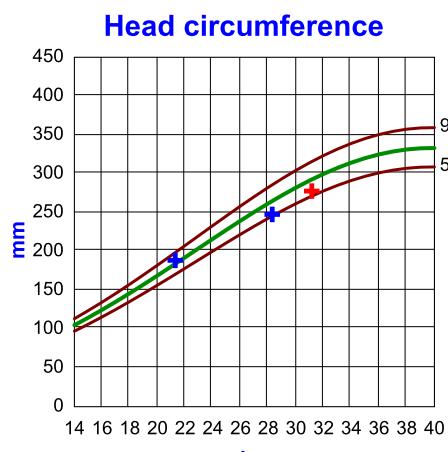
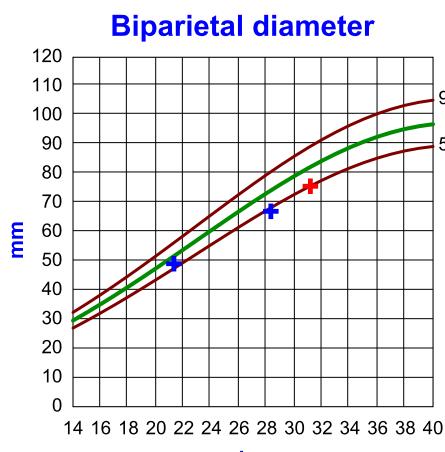
Mrs TABASSUMUNNISA is counselled about the diagnosis and need for monitoring explained.

Therefore I suggest following plan of management:

1. Weekly multivessel Doppler
2. Rescan after 2 weeks for EFW
3. Delivery at 37 weeks or earlier (SOS)
4. Maternal BP monitoring

I, Dr. Prathiba declare that while conducting the ultrasonography / image scanning of Ms. TABASSUMUNNISA , neither detected nor disclosed the fetal gender to any body in any manner.

Note: Assessment of fetal anomalies depends on fetal position, liquor volume and period of gestation at the time of scan, hence all anomalies can not be excluded by Ultrasonography.



Reporting on **astralia software**

CIN No. U85110TG1991NPL013233

GST No. 36AAACF3069M1ZE

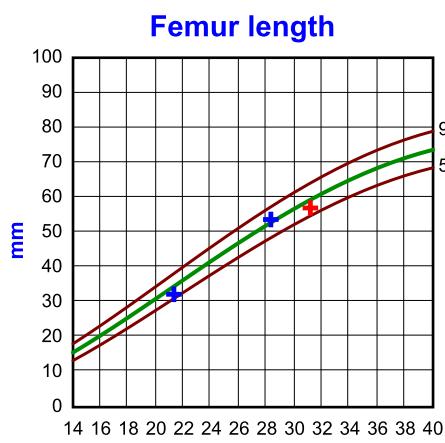
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DEPARTMENT OF FETAL MEDICINE

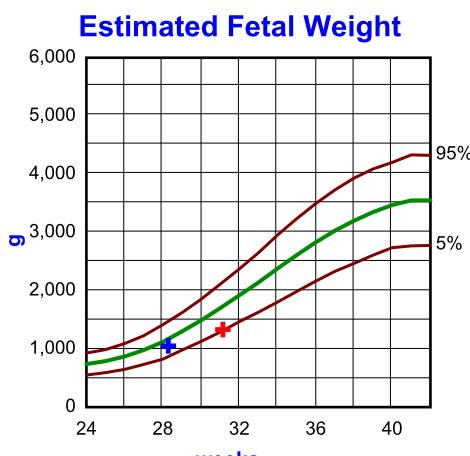
Centre for Prenatal Screening, Diagnosis & Fetal Therapy
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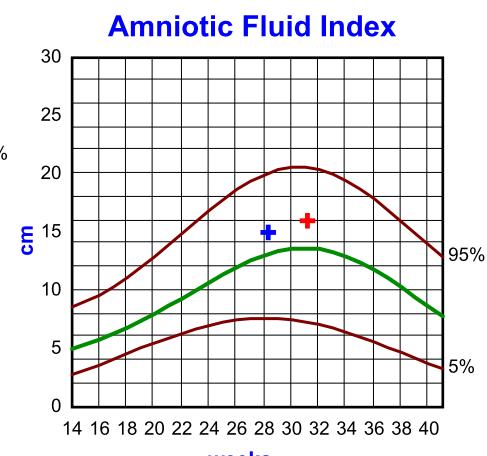
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Snijders et al. Ultrasound Obstet Gynecol 1994; 4: 34-48



Yudkin et al. Early Hum Dev 1987; 15: 45-52



Magann et al. Am J Obstet Gynecol 2000; 182: 1581-1588

Prathiba

MCI ID: 44968

Operator 1: Dr. Prathiba

Printed by: Bhavani

Reporting on **astraea software**

CIN No. U85110TG1991NPL013233

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FINANCIAL COUNSELLING FORM

Patient Name : TABASSUM UNNISA BEGUM MR No : 6266628 Date : 05/12/2022
 W/o : MOHAMMED MAJID ALI F/H : *Bastinam.* EDD : 12/02/2023
 Unit Name : PADMAJA Y ANC No : 4201/2022
 Reimbursement : YES NO

S.No.	Room Type	Tariff/Day	Case Type	Stay	Cost of Delivery	Well Baby Care	Advance Payable
1	Cubicles	5200	Normal Delivery	2 Days	66500	7500	74000
2	First Floor A/c	8600	Normal Delivery	2 Days	89700	9300	99000
3	Cubicles	5200	Epidural Delivery	2 Days	77500	7500	85000
4	First Floor A/c	8600	Epidural Delivery	2 Days	100700	9300	110000
5	Cubicles	5200	Instrumental Delivery	2 Days	77500	7500	85000
6	First Floor A/c	8600	Instrumental Delivery	2 Days	100700	9300	110000
7	Cubicles	5200	Lscs	3 Days	82500	7500	90000
8	First Floor A/c	8600	Lscs	3 Days	109700	9300	119000

Approx Cost Inclusions:

Normal Delivery (2Days)	LSCS (3Days)
Room rent, Professional charges, Nursing charges, Patient diet	Room rent, Professional charges, Nursing charges, Patient diet
Delivery charges	Surgeon & Anaesthetist Charges
Anaesthetist Charges for Epidural delivery	Operation Theatre & OT Assistant
Labour Room & Labour Assistant	Recovery Charges up to 12 hours
Fetal Monitoring (NST)	Fetal Monitoring (NST)
Lactation, Nutritionist and Physiotherapy consultations (1 visit)	Lactation, Nutritionist and Physiotherapy consultations (1 visit)
Pharmacy up to Rs. 7,000/- for Normal Delivery	Pharmacy up to Rs.15,000/-
Pharmacy up to Rs 12000/- for Instrumental / Epidural Delivery	

Well Baby Care

Neonatologist / Paediatrician charges (Attending delivery and Neonatologist visit)	Neonatologist / Paediatrician charges (Attending delivery and Neonatologist visit)
Baby Investigations (Blood grouping , cord TSH)	Baby Investigations (Blood grouping , cord TSH)
Baby Registration	Baby Registration

Approx Cost Exclusions:

Any complications - Medical / Surgical	<i>18000 - 35000/- Per day</i>
ICU/HDU/Isolation/NICU	<i>Observation / IOL (Induction of Labour), Room rent + Pharmacy (Approx 5000/-), Entonox 210/-</i>
Kiwi Pump Rs. 7500/-	
Lab+Blood+Cross consultations	
Any procedure performed in addition to the delivery	
Additional stay	
Expanded newborn screening / Hearing screening/GRBS/Bilicheck/ABG A&V	<i>(Baby tests)</i>
Water Birth & Hydrotherapy	<i>2500/-</i>
Additional pharmacy (May exceed Rs 20000/- to Rs 30000/- approx)	
Attendant food per day	<i>370/- Per day</i>

Counselor Remarks :

Full Advance Payable

Note : Above tariff are subject to change and Rooms are subject to availability at the time of admission.

Outside food is not allowed.

Counselor's Signature

Name : 5997PADMALATHA

Contact No: 8008902311

Attendant's Name :

Relationship & Contact No:

Patient's Signature

Attendant's Signature

- FH - BG FH - HG
 - FH OP CLINIC - HG
 - FH OP CLINIC - MP

BLOOD SUGAR MONITORING CHART

Name : Tubaasem MR No : 626628. Age :

Consultant Obstetrician : De. Padmaja Consultant Endocrinologist : _____



DEPARTMENT OF HAEMATOLOGY

Name	: TABASSUM UNNISA	Age /Sex	: 27 Y(s)/Female
Bill Date	: 03-Dec-2022 08:38 AM	UMR No.	: OSP687076
Rept. Dt	: 03-Dec-2022 12:19:10 PM	Bill No.	: BIL22-090220
Ref By	: Dr.DMO	Result No	: RES1768323 / 8685

HAEMOGRAM

PARAMETERS	RESULTS	NORMAL VALUES
Haemoglobin	: *10.9 gms%	11.5 - 16.5 gms%
P.C.V.	: *33.2 Vol%	Female 36 - 47 Vol%
Total RBC Count	: *3.71 millions/cumms	4.5 - 5.5 millions/cumms
Total WBC Count	: *13,100 cells/cumms	4000 - 11000 cells/cumms
Differential Count		
Neutrophils	: *77.8 %	40 - 72 %
Lymphocytes	: *12.4 %	20 - 40 %
Monocytes	: 7.0 %	2 - 8 %
Eosinophils	: 2.5 %	1 - 5 %
Basophils	: 0.3 %	0 - 1 %
Platelets	: 2.63 Lakhs/cumms	1.5 - 4.5 Lakhs/cumms
M C V	: 89.5 fl	1 - 99 cumms 86+/-10:86 - 96 fl
MCH	: 29.4 pg	27 - 32 pg
MCHC	: 32.8 %	32 - 36 %
Blood Picture	: Normocytic / Normochromic	
Note	: wbc: mild neutrophillic leucocytosis	
ESR		

*** End Of Report ***

YEARS
OF TRUST


Dr. VADDI SARAN, MBBS.M.D
PATHOLOGIST

Dr.R.TAPADIA
M.D.,DCP.,
PATHOLOGIST

Dr.DHANRAJ REDDY
M.D.,
PATHOLOGIST

Dr. VADDI SARAN,
MBBS.M.D
PATHOLOGIST



C.C. SHROFF MEMORIAL HOSPITAL

CARE. CURE. COMPASSION



Name : TABASSUM UNNISA	Age /Sex : 27 Y(s)/Female
Bill Date : 03-Dec-2022 08:38 AM	UMR No. : OSP687076
Rept. Dt : 03-Dec-2022 03:00:02 PM	Bill No. : BIL22-090220
Ref By : Dr.DMO	Result No : RES1768539 / 8685

PARAMETERS**RESULTS****NORMAL VALUES**

SGPT : 20 U/L 8 - 40 U/L

Fasting blood Sugar : 93 mgs/dl 60 - 100 mgs/dl

POST LUNCH BLOOD SUGAR (2 HRS)

PLBS 2 hours : 114 mgs/dl 80 - 140 mgs/dl

SGOT : 17 U/L < 40 U/L

*** End Of Report ***

Dr. VADDI SARAN, MBBS.M.D
PATHOLOGIST



REPORT



C.C. SHROFF MEMORIAL HOSPITAL

CARE. CURE. COMPASSION



DEPARTMENT OF MICROBIOLOGY

Name	: TABASSUM UNNISA	Age /Sex	: 27 Y(s)/Female
Bill Date	: 03-Dec-2022 08:38 AM	UMR No.	: OSP687076
Rept. Dt	: 05-Dec-2022 10:06:57 AM	Bill No.	: BIL22-090220
Ref By	: Dr.DMO	Result No	: RES1769282 / 8685

PARAMETERS

RESULTS

PARAMETERS

RESULTS

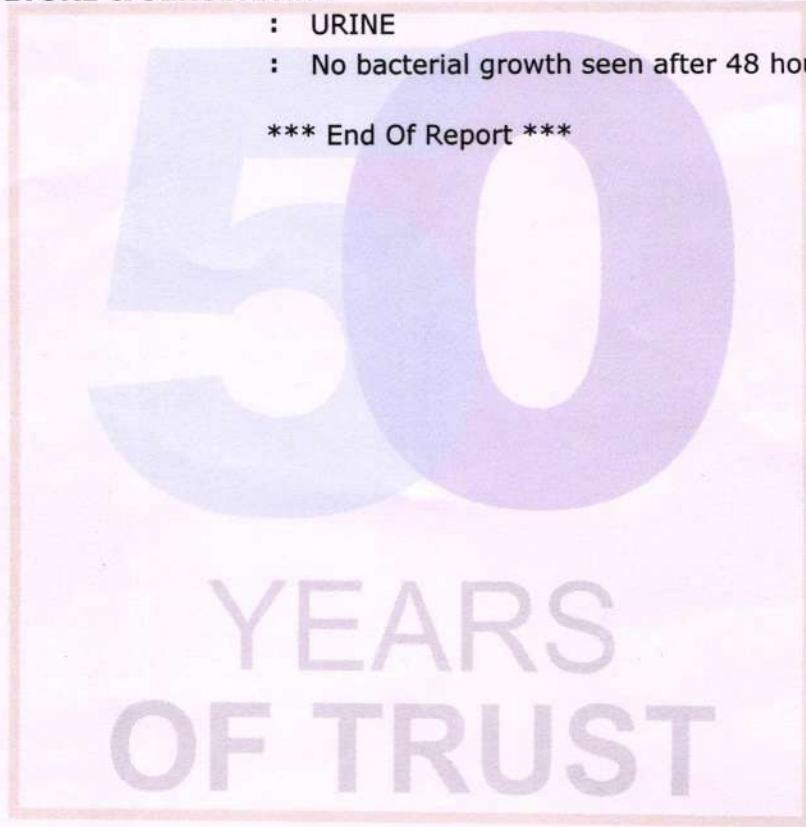
URINE FOR CULTURE & SENSITIVITY

URINE FOR CULTURE & SENSITIVITY

SPECIMEN
REPORT

: URINE
: No bacterial growth seen after 48 hours

*** End Of Report ***




Dr. MD RASHEEDUDDIN
MICROBIOLOGY

Dr.R.TAPADIA
M.D.,DCP.,
PATHOLOGIST

Dr.DHANRAJ REDDY
M.D.,
PATHOLOGIST

QD

REPORT

DEPARTMENT OF FETAL MEDICINE

Centre for Prenatal Screening, Diagnosis & Fetal Therapy
(PNND Registration No. 0116A323)

FERNANDEZ
HOSPITAL

A unit of **FERNANDEZ FOUNDATION**
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- a basic human right

GROWTH SCAN (22 November 2022)

TABASSUMUNNISA BEGUM

Date of birth: 12 January 1996 HIS ID: 626628

Gestational age: 28 weeks + 2 days from dates

Expected date of delivery: 12 February 2023

Referring doctor: DR. BHARATHI

Scan Details

Scan Type Fetal Well Being Scan (New)

Requisition Number 30000179

CLINICAL FINDINGS

Number of fetuses: 1

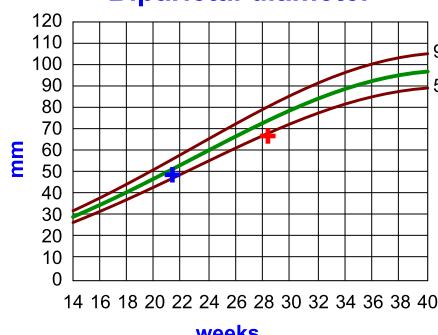
Fetal heart rate (FHR)	140 bpm	
Biparietal diameter (BPD)	67.1 mm	
Head circumference (HC)	247.6 mm	
Abdominal circumference (AC)	221.0 mm	
Femur length (FL)	53.7 mm	

Presentation: Cephalic EFW: 1052 g Amniotic fluid: Normal
Placenta: posterior low Centile: 25.8 AF Index: 15.0

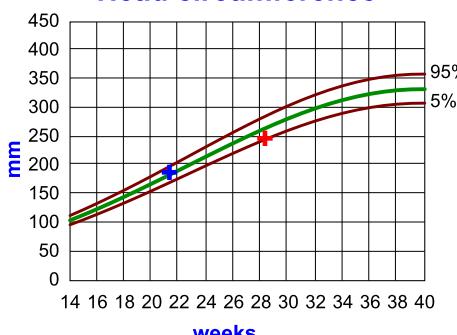
MEASUREMENTS

transabdominal scan, transvaginal scan, Examination conditions: Good.

Biparietal diameter



Head circumference



Abdominal circumference



Snijders et al. Ultrasound Obstet Gynecol 1994; 4: 34-48

Snijders et al. Ultrasound Obstet Gynecol 1994; 4: 34-48

Snijders et al. Ultrasound Obstet Gynecol 1994; 4: 34-48

Reporting on astralia software



CIN No. U85110TG1991NPL013233

GST No. 36AACF3069M1ZE

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Tel. No. +91 40 40222300 | www.fernandezhospital.com



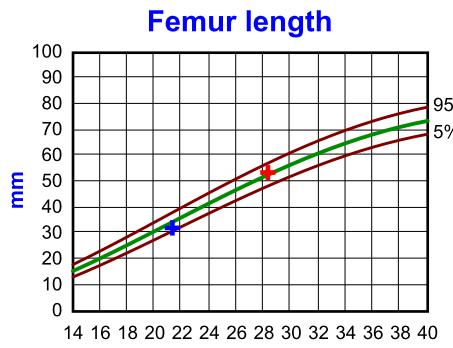
Certified No. MC - 2460
NABL ACCREDITED

DEPARTMENT OF FETAL MEDICINE

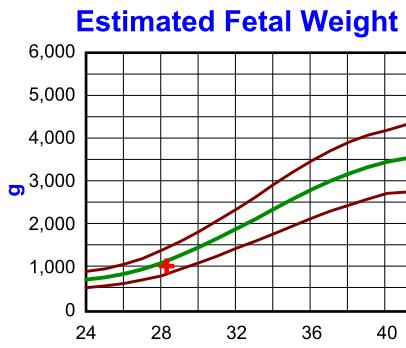
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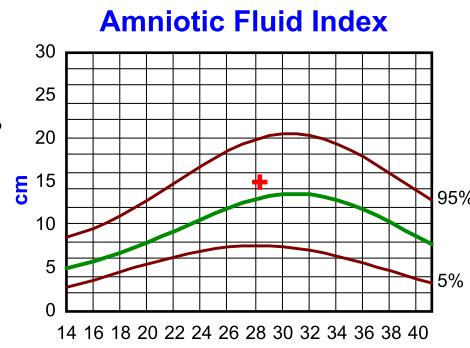
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Snijders et al. Ultrasound Obstet Gynecol 1994; 4: 34-48



Yudkin et al. Early Hum Dev 1987; 15: 45-52



Magann et al. Am J Obstet Gynecol 2000; 182: 1581-1588

Diagnosis:

Normal first trimester scan

Comments

Todays ultrasound has revealed single live fetus corresponding to 28 weeks and 2 days gestational age .
Gestational age assigned as per LMP (EDD: 12/02/2023)

Fetal presentation: Cephalic

Liquor: Normal

Placenta : Posterior low lying, 1.5 cms away from internal OS

Estimated Fetal Weight: 26 th Centile

Fetal growth pattern: Average for gestational age

Advice: Rescan at 34 weeks for Placenta localisation

Note: This is a growth assessment scan. The intention is to assess fetal growth. This is assessed by a combination of fetal weight, placental morphology, liquor and Doppler examination of important vessels. Although an anatomical assessment is also attempted, this assessment is significantly restricted by the difficulties due to unfavourable fetal position and advanced gestational age. This limitation in anatomy reporting should be taken into account while taking clinical decision especially so if the fetus is examined by us for the first time in late gestation.

I, Dr Divya Ratna declare that while conducting the ultrasonography / image scanning of Ms. TABASSUMUNNISA , neither detected nor disclosed the fetal gender to any body in any manner.

Note: Assessment of fetal anomalies depends on fetal position, liquor volume and period of gestation at the time of scan, hence all anomalies can not be excluded by Ultrasonography.

Operator 1: Dr Divya Ratna

Printed by: swapna

Reporting on **astralia software**



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Reporting on astralia software



Awarded to
FH - BG & HG

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Mrs Tabassum
M.W.D. 626628

Consultant Dr : PADMAJA Y.
Medical Registration No : 52427
Email ID : drpadmaja_y@fernandez.foundation
User Name : 6269DARSYEDA
EMERGENCY CONTACT : FH - BOGULKUNTA Labour Ward Tel +91 40 40222442 cell: 8790165436.

Signature : Dr Damu

22/10/2022
15:00

S/o Disha

Can also show the scan report.

→ Resting place of Amniotic
placenta post delivery 1 cm away from fetus

- Pleasured mother.
- Ave to Dr Padmaja on 5/10/2022.
- Sugar monitoring explained.
- Report to ER if spotting bleeding per vagina.

Disha
12/10/2022

PR: sol/min, reg, all PR BP: 90/70 HR: 78/min

H/L: NAD P/A: soft, USNP BS + nt. relaxed

No FND

IHCP.

? mild anemia
(DPA) *

No wt. gain
IDM (D) denies

R: stop 20fer; Tab Pan-D x 2wks
—, on empty stomach
in morning

1. counseled couple regarding IHCP - condition related to pregnancy; diagnosis will be confirmed if itching subsides after delivery
risk of recurrence in future pregnancies or with use of O.C. pills
2. Tab udiliv 300mg twice daily
only for symptomatic relief;
will not affect the disease →
(can progress till delivery)
3. ↑ Tab Livogen 2/d 1/2hr before breakfast till delivery
4. Tab Nurokind 500mg once daily
after lunch. till delivery
5. continue calcium 2/day + D-Rise
once in zukes
6. script / pt ~~weekly~~ + email me
report (weekly after 3 weeks gestation)

Email id: drhemamalati@fernandez.foundation

Hemalati

21/11/22

Mrs. Tabassum 26y 1F

L2 A₁ c 2.8⁺ wks; ANA elsewhere unknown

GDM (D) - de novo (Had one ANC on 15/8/22 41wks)

Graduate
1972
ML- 2020
R/o Yerakutpure

IACP:

Mo gen. itching & palms/soles x 1 month

→ Tab cetirizine + caladryl lotion

4/11/22

cME-NAD

17/11/22

OGTT-

9/12/21 | 78

→ no relief.

called ER yesterday → adv: LFT + TBA

came with reports.

19/11/22

TBA-35% (>10)

LFT-@

SGPT-14

BUN-5.6

ALB-2.9

A+ve

1+V/HBSAG-ve (July 2021)

26/11/22 - HIV (RPR) / HBCAg-WK

26/11/22

CBP-10.7 HbS% 2.5

MCV-82, RDW-13; NIN

HbA_{1C}-5.2; TSH-1.0

HPLC-@ ..

Part: nil Omeri; allergies -敏銳 (cold weather); SOB - headache, Drowsiness; FOV: last month 65 → 67 → 65kg

FH: Mother-Htn + DM

OE: comfortable; @ built + / diminished

gen: nil remarkable

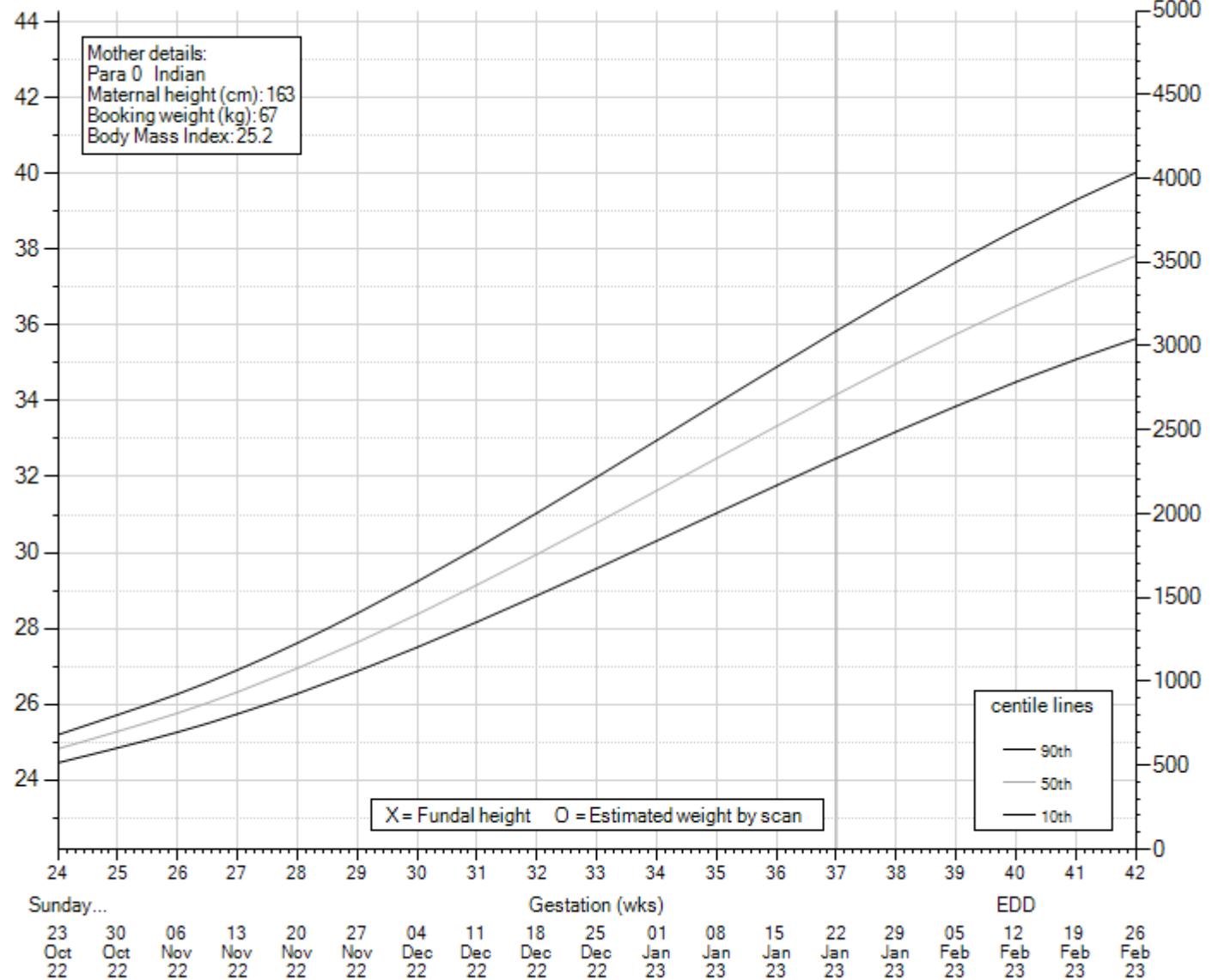
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OUTPATIENT CLINIC
Next to: Triveni Talent School,
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Road No.12,
Banjara Hills,
Hyderabad - 500034

Certified by: NABH ACCREDITED

Antenatal GROW Chart

Mrs. Tabassum Unnisa Begum . (Ref: 626628, DOB: 12/01/1996)

Weight based on scan (g)



Date of visit																		
Fundal height (cm)																		
For growth scan?																		
Scan EFW result (g)																		
Signature																		

The GROW chart (Gestation Related Optimal Weight) is customised for the characteristics of each pregnancy. The centile lines provide the reference curves (not absolute values) for the expected growth velocity of fundal height and fetal weight.

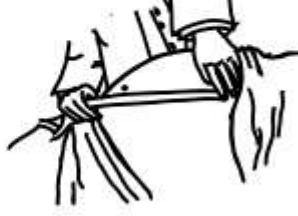
Fundal height measurements to monitor growth:

Should be done every 2-3 weeks, from 26 or 28 weeks gestation onwards; preferably by same care provider; mother semi-recumbent, bladder empty.

Hold end of non-elastic tape at top of uterine fundus.

Lead the tape down to top of symphysis pubis.

Measure along longitudinal uterine axis and plot on chart.



Referrals for growth scan* should be arranged if:

- the first fundal height measurement plots below 10th centile line on the customised chart
- consecutive measurements suggest NO growth (static or flat curve), or
- SLOW growth (curve not following slope of any curve on the chart); or
- EXCESSIVE growth (curve steeper than any curve on the chart) **.

* Ultrasound biometry for estimated fetal weight (EFW) and amniotic fluid assessment (plus Doppler flow if scan suggests growth problems).

** A first measurement above the 90th centile is NOT an indication for a growth scan. A scan would however be indicated if there was clinical suspicion of polyhydramnios or there was excessive growth on subsequent measurements. Please refer to your local guideline.

If result of ultrasound assessment is: Normal >> revert to serial fundal height measurement.

Abnormal >> refer for urgent obstetric review.

© Gestation Network - www.gestation.net

GROW (IN) Chart ID: 75563353

Chart Printed: 21 Nov 2022 08:52 For: Unit1in

NB: FH or EFW measurements may also have been recorded electronically



SRI SRINIVASA HOSPITAL

(Unit of Marthalas Hospitals Pvt. Ltd.)

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Patient Name : MRS. TABASSUM UNNISA

Age : 27 / F

Ref By : SSH

Date: Tue, 04-Oct-2022

Obstetric history : G2 A1 with 5 MA LMP : 08-05-2022

ULTRASOUND SCANING OF PREGNANCY :- TIFFA

Single live intrauterine gestation in **Breech presentation** at the time of scan.

Placenta : Posterior, lower segment touching the internal OS.

Grade : I maturity.

Amniotic fluid is adequate for this gestational age. **AFI :Adequate.**

Fetal cranial bones normal.

Cerebellar hemisphere, cerebral hemispheres and ventricular system normal.

Orbits, Nostrils and lips are normal.

Nasal bone seen. Facial contour normal.

Fetal heart is four chambered, outflow tracts appear normal.

Foetal movements and heart pulsations are normal, **FHR : 148 Bpm**

No evidence of pleural effusion / Pericardiac effusion.

Stomach bubble, gall bladder, liver and bowel loops normal.

Abdominal wall maintained.

Both kidneys and urinary bladder normal.

Foetal spine appears normal.

Both hands and foot are normal.

No obvious limb abnormalities seen.

Both extremities show normal long bone lengths and configuration.

Cervix length : 33 mm, normal. Internal OS closed.

All congenital anomalies can not be completely ruleout on TIFFA as depends on the Position of the fetus,amniotic fluid and resolution of the ultrasound machine used for Scan.

Fetal cardiac anomalies have to be ruled out by fetal echo cardiography.

For Appointments : 7675885666, Phone : 24530557, 24534589.

Address : C.E. Colony, Santoshnagar, Hyderabad - 500 059, marthalahospital@gmail.com, www.srisrinivasahospital.com



SRI SRINIVASA HOSPITAL

(Unit of Marthalal Hospitals Pvt. Ltd.)

Delivering Happiness & Health Since 1978



Patient Name : MRS. TABASSUM UNNISA

Age : 27 / F

Ref By : SSH

Date: Tue, 04-Oct-2022

BIOMETRY:

BPD : 4.91 cm 20 wks 6 days

HC : 18.85 cm 21 wks 1 day

AC : 15.61 cm 20 wks 5 days

FL : 3.23 cm 20 wks 0 days

E F B W : 360 +/- 53 gms

EGA by foetal biometry : 20 Weeks 5 days

EDD by foetal biometry : 16-02-2023

IMPRESSION :

- Single live intrauterine Pregnancy of 20 weeks 5 days in Breech presentation.
- No major structural abnormalities detected in the fetus to the extent seen at this gestational age.

ADVISED Follow up scan after 4 weeks for growth scan and any progressive anomalies

I Dr.Siddeni Nishitha , declare that while conducting ultrasonography of Mrs Tabassum Unnisa, have neither detected nor disclosed the sex of her foetus to anybody in any manner. All anomalies cannot be ruled out by ultrasound , since, assessment of foetal anomalies depend on foetal position, liquor volume and period of gestation at the time of scan . Ultrasound alone cannot exclude all genetic syndrome or choromosomal abnormalities.Hence report has limitations. It's not for legal purpose.

(Consultant Radiologist)
Dr Siddeni Nishitha

Dr. SIDDENI NISHITHA
TSMC/FMR/00249
MBBS MDRD

For Appointments : 7675885666, Phone : 24530557, 24534589.

Address : C.E. Colony, Santoshnagar, Hyderabad - 500 059, marthalahospital@gmail.com, www.srisrinivasahospital.com



Patient Name:	Mrs. TABASSUM	Age / Sex:	27 YRS / F
Referred By:	Dr. SHAHEEN BANU	Date:	04/11/2022
Reg. no.	19778		19778
Collected on:	04/11/2022	Reported on:	04/11/2022 10:22 PM

CLINICAL PATHOLOGY

TEST	VALUE	UNIT	REFERENCE
Complete Urine Examination (CUE)			
Physical Examination			
Quantity	20	ml	20 ml
Colour	Pale Yellow		Pale Yellow
Transparency	Clear		Clear
Specific Gravity	1.010		1.005 - 1.03
pH	6.0		5 - 7
Chemical Examination			
Protein / Albumin	Trace		Absent
Sugar / Glucose	Absent		Absent
Microscopic Examination			
Pus Cells	3-4	/HPF	2-3
Epithelial Cells	6-8	/HPF	2-4
R.B.C.	Absent	/HPF	Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent
Others	Absent		Absent

Please correlate clinically if necessary kindly discuss.

~~~ End of report ~~~

Dr. S S QUADRI  
 M.B.B.S., MD(PATHOLOGY)

Page 1 of 1

**FACILITIES AVAILABLE:**

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**CONDITIONS OF REPORTING**

1. The reported result are for information and interpretation of the referring doctor
2. Results of test may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.
3. Should the results indicate an unexpected abnormality, the same should be reconfirmed.
4. This report is not valid for medico-legal purpose.
5. Partial reproduction of this report is not permitted.



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Shaiksiraj53@gmail.com

Opp. Masjid-e-Malan Bee Sahiba,  
Fateh Shah Nagar, Moin Bagh, Hyderabad.



Patient's Name: **Mrs. TABASSUM UNNISA**

Sample Received on: 17-11-2022

Age / Sex: 27 Yrs / Female

Reported on: 17-11-2022

Referred By: Dr. SHUSHMITA

I. D. NO: 001711251

### BIOCHEMISTRY DEPARTMENT

#### Glucose Tolerances Test

| Investigation                     | Patient's Value | Reference Range |
|-----------------------------------|-----------------|-----------------|
| Fasting Blood Sugar               | 93 mg/dl        | 70 – 110 mg/dl  |
| 75 grams of oral Glucose is Given |                 |                 |
| 1 <sup>st</sup> Hour Blood Sugar  | 121 mg/dl       | 70 – 160 mg/dl  |
| 2 <sup>nd</sup> Hour Blood Sugar  | 78 mg/dl        | <140 mg/dl      |

NOTE: Suggested clinical correlation

BIO-CHEMIST

Suggested Clinical Correlation  
If Needed Kindly Discuss

Timmings: Monday to Saturday from 08:00 A.M. to 11:00 P.M. On Sunday 08:00 A.M. to 02:00 P.M.



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Shaiksiraj53@gmail.com



Opp. Masjid-e-Malan Bee Sahiba,  
Fateh Shah Nagar, Moin Bagh, Hyderabad.

Patient Name : **MRS TABASSUM UNNISA**  
Age/Gender : 27 Year(s) / Female  
Sample Type : SERUM  
Sample ID : AA2623825  
Ref. Doctor : DR.PADMAJA

Sample Drawn Date : 2022-11-19 14:12  
Sample Regd Date : 2022-11-19 15:58  
Sample Auth Date : 2022-11-19 17:55

HYDERABAD, Telangana

**MEDID : 11067629**



#### CLINICAL BIOCHEMISTRY

| TEST DESCRIPTION | RESULT | UNITS  | BIOLOGICAL REFERENCE RANGES |
|------------------|--------|--------|-----------------------------|
| Bile Acids-Total | 35.2   | µmol/L | 0.5 - 10.0                  |

- Method Enzymatic*
- Used for diagnosis and prognosis of liver disease like hepatitis and biliary sclerosis.
  - Abnormal levels in fasting patient or immediately after a meal can be used to detect liver disease and damage ,impaired liver function ,intestinal dysfunction and gall bladder blockage , hepatocellular carcinoma.
  - Most sensitive test for obstetric cholestasis in pregnancy.
  - It detects liver disease earlier than standard liver tests because bile acid levels correspond to liver function rather than liver damage

**Suggested Clinical Correlation**  
**If Needed Kindly Discuss**

A.BHARAT KUMAR  
BIO CHEMIST

This is an electronically authenticated report. Report Printed Date : 21/11/2022 11:24:19



*yak*  
DR Y.LAKSHMI DEEPIKA  
MD BIOCHEMISTRY

Timmings: Monday to Saturday from 08:00 A.M. to 11:00 P.M. On Sunday 08:00 A.M. to 02:00 P.M.

Page 1 of 1



Patient's Name: **Mrs. TABASSUM UNNISA**

Sample Received on: 19-11-2022

Age / Sex: 27 Yrs / Female

Reported on: 19-11-2022

Referred By: Dr. PADMAJA

I. D. NO: 001911299

### BIOCHEMISTRY DEPARTMENT

#### LIVER FUNCTION TEST

| Investigation       | Patient's Value | Reference Range                                       |
|---------------------|-----------------|-------------------------------------------------------|
| Total Bilirubin     | 0.8 mg/dl       | Adult : 0.1 – 1.2 mg/dl<br>Infants : 1.2 – 12.0 mg/dl |
| Direct Bilirubin    | 0.3 mg/dl       | Upto 0.3 mg/dl                                        |
| Indirect Bilirubin  | 0.5 mg/dl       | 0.2 - 0.8mg/dl                                        |
| SGOT (AST)          | 13 U/L          | Upto 45 U/L                                           |
| SGPT (ALT)          | 14 U/L          | Upto 45 U/L                                           |
| Alkaline Phosphates | 111 U/L         | 10 – 110 U/L                                          |
| Total Protein       | 5.6 g/dl        | 6.0 – 8.3 g/dl                                        |
| Albumin             | 2.9 g/dl        | 3.2 – 5.0 g/dl                                        |

**Note :** The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

\*\*\*End of Report\*\*\*



BIO-CHEMIST

**Suggested Clinical Correlation  
If Needed Kindly Discuss**

16-8-646, 231 A Class,  
Opp. Hockey Ground, New Malakpet,  
Hyderabad - Ph : 24501989 - 29560597



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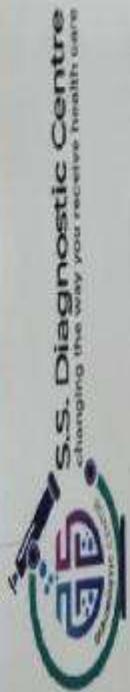
NAME: MRS: TABASSUM UNNISA

DATE: 24-07-21

BLOOD GROUPING: "A"  
&  
Rh-TYPING POSITIVE

HIV NON-REACTIVE  
HBSAG NEGATIVE

DR.YASMIN IQBAL  
MD



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Patient's Name: Mrs. TARISSUNI UNNISA  
Age: 26 Years / Female  
Test Performed by: Dr. S. M. S. Srinivasulu

BIOCHEMISTRY DEPARTMENT

Glucose Tolerance Test

| TEST PERFORMED                    | TEST CONDUCTED              | RESULT         |
|-----------------------------------|-----------------------------|----------------|
| Fasting Blood Sugar               | Oral Glucose Tolerance Test | 76 - 110 mg/dl |
| 75 grams of oral Glucose is Given |                             |                |
| 1st Hour Blood Sugar              |                             | 121 mg/dl      |
| 2nd Hour Blood Sugar              |                             | 78 mg/dl       |

NOTE: Standard reference values

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+91 98857 20135  
ssdiagnosticcentre2@gmail.com  
shaukatrai536@gmail.com  
Opp. Masjid-e-Malan Bee-Samba,  
Fatehs Shah Nagar, Main Bugh, Hyderabad.

Sample Received on: 17-11-2022  
Reported on: 17-11-2022  
L. D. No.: 0017313281

  
BIO-CHEMIST

Suggested Clinical Correlation  
if Needed Kindly Discuss

Mornings: Monday to Saturday from 08:00 A.M. to 11:00 P.M. On Sunday 08:00 A.M. to 02:00 P.M.



# SRI SRINIVASA HOSPITAL

(Unit of Marthala Hospitals Pvt. Ltd.)

Delivering Happiness & Health Since 1978



Patient Name : MRS. TABASSUM UNNISA

Age : 27 / F

Ref By : SSH

Date: Tue, 04-Oct-2022

Obstetric history : G2 A1 with 5 MA LMP : 08-05-2022

## ULTRASOUND SCANNING OF PREGNANCY :- TIFFA

Single live intrauterine gestation in **Breech presentation** at the time of scan.

Placenta : Posterior, lower segment touching the internal OS.

Grade : I maturity.

Amniotic fluid is adequate for this gestational age. **AFI :Adequate.**

Fetal cranial bones normal.

Cerebellar hemisphere, cerebral hemispheres and ventricular system normal.

Orbits, Nostrils and lips are normal.

Nasal bone seen. Facial contour normal.

Fetal heart is four chambered, outflow tracts appear normal.

Foetal movements and heart pulsations are normal. **FHR : 148 Bpm**

No evidence of pleural effusion / Pericardiac effusion.

Stomach bubble, gall bladder, liver and bowel loops normal.

Abdominal wall maintained.

Both kidneys and urinary bladder normal.

Foetal spine appears normal.

Both hands and foot are normal.

No obvious limb abnormalities seen.

Both extremities show normal long bone lengths and configuration.

Cervix length : 33 mm, normal. Internal OS closed.

All congenital anomalies can not be completely ruleout on TIFFA as depends on the Position of the fetus,amniotic fluid and resolution of the ultrasound machine used for Scan.

Fetal cardiac anomalies have to be ruled out by fetal echo cardiography.

FH - BG    FH - HG  
 FH OP CLINIC - HG

**FERNANDEZ**  
HOSPITAL  
A unit of FERNANDEZ FOUNDATION

## GROUP PRACTICE CONSENT FORM

I, Tabassum Umisa, w/o/d/o mohammed majid Ali  
r/o 17-B-II-JI2, Bagh-e-jahan-Azq, Yarhu hereby  
state that I have been informed of the following and fully understand that:

1. Fernandez Hospital has a panel of well-qualified and well-experienced Obstetricians, Gynaecologists and Professional Midwives.
2. When I register as a patient of this hospital, I can choose to consult with any one of these Health Care Professionals.
3. While most times, throughout my pregnancy, I will be seen by the Obstetrician/ Midwife of my choice, there could be occasions when the Obstetrician/Midwife whom I have selected is away / not available. In that event, my care will continue in the capable hands of other members of the Hospital's Core Group of Health Care Professionals.
4. The Hospital also has an excellent team of health care professionals (Obstetricians and Professional Midwives) to manage its Labour and Birthing Rooms round-the-clock. While I am in labour, and during my delivery, any member of this competent team will, at that time, provide me with full assistance and care.
5. The health care professional who is taking care of me in the Labour and Birthing Rooms will provide the Obstetrician, under whose care I was during my antenatal checkups, with constant updates on my status.
6. I have signed this Consent Form after fully understanding the contents which were read / explained to me.
7. I give consent / I do not give consent for using the case details and treatment of me / my wife / my daughter for research, scientific paper publications and medical education. This may include medical records, investigations, photographs and videos.

Name of Patient: Tabassum Umisa MR No.: 626628

Signature: Tabassum Date: 15-Aug-22 Time: 12:26

Name of Witness: Dr. Adiba

Signature of Witness: Adiba Date: 15/8/22 Time: \_\_\_\_\_

FH-BG  FH-HG  
 FH OP CLINIC - HG  
 FH OP CLINIC - MP

662628

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HOSPITAL  
A unit of FERNANDEZ FOUNDATION

## OUTPATIENT REGISTRATION FORM

### PATIENT DETAILS

First Name: Ibrahim umar Surname: \_\_\_\_\_

Date of Birth: Day 12 Month jan Year 1996 Age: 26 Gender:  Male  Female

Religion: Islam Education: Pursuing MBA

Mobile No.: 6301377563 Email ID: \_\_\_\_\_

Occupation:  Profession \_\_\_\_\_  
 Self Employed \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Public  Private

Marital Status  
 Single  
 Married  
 Widow

Spouse Parent:  Mother  Father  Others:

First Name: mohammed majid Ali Surname: Majid Ali

Date of Birth: Day 26 Month may Year 1981 Age: 39 Gender:  Female  Male

Religion: Islam Education: B.Com

Mobile No.: 8125747778 Email ID: \_\_\_\_\_

Occupation:  Profession \_\_\_\_\_  
 Self Employed \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Public  Private

ADDRESS : H. No. 17-8-411/12 Street yakutpura  
Area: Bagh-e-Jahan City: Hyderabad  
District: \_\_\_\_\_ State: Telangana Pin: 500023

### REASON FOR COMING TO FERNANDEZ HOSPITAL

- Referred by a Doctor  Heard from a Colleague / Friend  Reviewed the net (self referral)  Second opinion  
 Family tradition: if so, then which generation \_\_\_\_\_  Absolute curiosity. Knows nothing about FH

Household Income /  
Couple's income / annum  <1 Lakh  1-5 Lakhs  5-10 Lakhs  >10 Lakhs

Signature: Ibrahim Date: 15-Aug-2022

Please indicate (tick) if patient has

- Medical Insurance  Medical Reimbursement



**S.S. Diagnostic Centre**  
changing the way you receive health care

662628

Name : Mrs. TABASSUM UNNISA  
 Age/Gender : 26 Years/Female  
 Referred by : Dr. BHARTHI  
 Referring Customer : SS Diagnostic Centre  
 Sample-Type : WB EDTA



Fateh Shah Nagar, Moin Bagh, Hyderabad.  
 Opp. Masjid-e-Malan Bee Sahiba,  
 Sample ID : 20832304  
 Reg. No : 0012207260187  
 MPD Code : MP-TSF-805  
 Collected On : 26-Jul-2022 04:00 PM  
 Received On : 26-Jul-2022 04:50 PM  
 Reported On : 26-Jul-2022 06:09 PM



### HAEMATOLOGY

| Test Name                            | Results                 | Units                | Ref. Range | Method                    |
|--------------------------------------|-------------------------|----------------------|------------|---------------------------|
| <b>Haemogram</b>                     |                         |                      |            |                           |
| Haemoglobin (HB)                     | 10.7                    | g/dL                 | 12-15      | Cynmeth Method            |
| RBC Count                            | 3.8                     | 10 <sup>12</sup> /L  | 4.5-5.5    | Electrical Impedance      |
| WBC Count                            | 7.3                     | X10 <sup>3</sup> uL  | 4.00-10.00 | Laser Based Flowcytometry |
| Platelet Count                       | 250                     | x10 <sup>3</sup> /uL | 150-410    | Cell Impedance            |
| Packed Cell Volume(PCV)              | 31.0                    | %                    | 36.0-46.0  | Calculated                |
| Mean Corpuscular Volume(MCV)         | 81.7                    | fL                   | 83-100     | Calculated                |
| Mean Corpuscular Hb. (MCH)           | 26.4                    | pg                   | 27-33      | Calculated                |
| Concentration(MCHC)                  | 34.4                    | gm/dL                | 31.0-35.0  | Calculated                |
| RDW (CV)                             | 13.1                    | %                    | 11.6-14.0  | Calculated                |
| MPV                                  | 8.60                    | f                    | 6-9        | Calculated                |
| <b>Differential Count</b>            |                         |                      |            |                           |
| Neutrophils                          | 74                      | %                    | 40-80      | Manual                    |
| Lymphocytes                          | 20                      | %                    | 20-40      | Flow Cytometry            |
| Monocytes                            | 03                      | %                    | 2-10       | Manual                    |
| Eosinophils                          | 03                      | %                    | 2-6        | Manual                    |
| Basophils                            | 00                      | %                    | < 1-2      | Flow Cytometry            |
| <b>PHERIPHERAL SMEAR EMAMINATION</b> |                         |                      |            |                           |
| RBC                                  | Normocytic Normochromic |                      |            |                           |
| WBC                                  | Within normal limits    |                      |            |                           |
| Platelet Count (PLT)                 | Adequate                | 10 <sup>9</sup> /L   | 150-410    |                           |
| Erythrocyte Sedimentation Rate (ESR) | 36                      | mm/1st               | 0 - 10     | westerngreen              |



Suggested Clinical Correlation  
 If Needed Kindly Discuss

*Prathima*  
 DR. PRATHIMA P  
 MD PATHOLOGY



# S.S. Diagnostic Centre

changing the way you receive health care

Name : Mrs. TABASSUM UNNISA  
 Age/Gender : 26 Years/Female  
 Referred by : Dr. BHARTHI  
 Referring Customer : SS Diagnostic Centre  
 Sample Type : WB EDTA



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 +91 98857 20135  
 ssdiagnosticcentre2@gmail.com  
 Shaiksiraj53@gmail.com

Opp. Masjid-e-Malan Bee Sahiba,  
 Fateh Shah Nagar, Moin Bagh, Hyderabad.  
 Sample ID : 20832304  
 Reg. No : 0012207260187  
 MPD Code : MP-TSF-805  
 Collected On : 26-Jul-2022 04:00 PM  
 Received On : 26-Jul-2022 04:50 PM  
 Reported On : 26-Jul-2022 06:17 PM

## BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

### Glycosylated Haemoglobin (GHB/HbA1c)

|                                      |        |       |                                                                |      |
|--------------------------------------|--------|-------|----------------------------------------------------------------|------|
| Glycosylated Haemoglobin (GHB/HbA1c) | 5.2    | %     | Non Diabetic:< 5.7<br>Pre diabetic: 5.7-6.4<br>Diabetic:>= 6.5 | HPLC |
| Average Glucose                      | 103.00 | mg/dL | <125.0                                                         |      |

#### Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

| REFERENCE GROUP                        | HbA1c IN %                                                                                                            |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| NON DIABETIC ADULTS >=18 YEARS         | <5.7                                                                                                                  |
| AT RISK (PREDIABETES)                  | 5.7 – 6.4                                                                                                             |
| DIAGNOSING DIABETES                    | >= 6.5                                                                                                                |
| THERAPEUTIC GOALS FOR GLYCEMIC CONTROL | AGE > 19 YEARS<br>GOAL OF THERAPY:<br><7.0<br>ACTION SUGGESTED:<br>> 8.0<br>AGE <19 YEARS<br>GOAL OF THERAPY:<br><7.5 |

#### Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels. ADA criteria for correlation between HbA1c & Mean plasma glucose levels



Suggested Clinical Correlation  
 If Needed Kindly Discuss

*Prathima*  
 DR. PRATHIMA P  
 MD PATHOLOGY



Fateh Shah Nagar, Moin Bagh, Hyderabad.  
 Sample ID : 20832304  
 Reg. No : 0012207260187  
 MPD Code : MP-TSF-805  
 Collected On : 26-Jul-2022 04:00 PM  
 Received On : 26-Jul-2022 04:50 PM  
 Reported On : 26-Jul-2022 06:09 PM

Name : Mrs. TABASSUM UNNISA  
 Age/Gender : 26 Years / Female  
 Referred by : Dr. BHARTHI  
 Referring Customer : SS Diagnostic Centre  
 Sample Type : WB EDTA



### HAEMATOLOGY

| Test Name                                    | Results                                  | Units | Ref. Range  | Method |
|----------------------------------------------|------------------------------------------|-------|-------------|--------|
| <b>Hemoglobinopathy (Hb Electrophoresis)</b> |                                          |       |             |        |
| <b>Hemoglobinopathy (Hb Electrophoresis)</b> |                                          |       |             |        |
| Hemoglobin A                                 | 96.50                                    | %     | 94.3 - 98.5 | HPLC   |
| Hemoglobin F                                 | 0.10                                     | %     | 0-2%        | HPLC   |
| Hemoglobin A2                                | 3.40                                     | %     | < 3.5       | HPLC   |
| Impression                                   | Hb Electrophoresis shows normal pattern. |       |             |        |

Comments:

This assay is useful in the diagnosis of Beta Thalassemia. It quantitates the percent of fetal hemoglobin and assists in the diagnosis of disorders with elevated levels of HbF.



*Prathima*  
DR. PRATHIMA P  
MD PATHOLOGY

Suggested Clinical Correlation  
If Needed Kindly Discuss

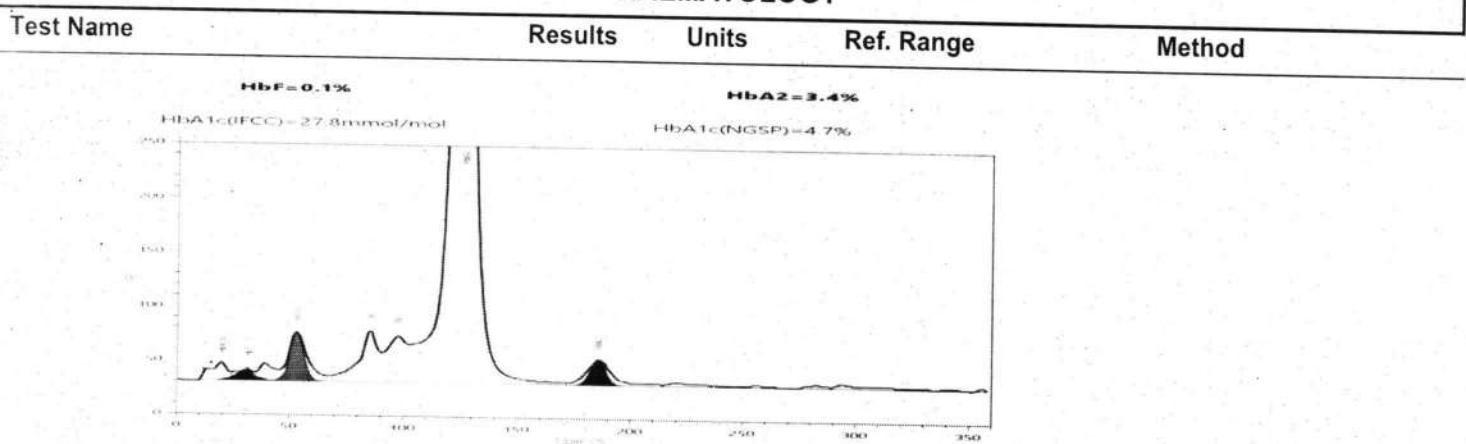


Name : Mrs. TABASSUM UNNISA  
 Age/Gender : 26 Years/Female  
 Referred by : Dr. BHARTHI  
 Referring Customer : SS Diagnostic Centre  
 Sample Type : WB EDTA



|              |                        |
|--------------|------------------------|
| Sample ID    | : 20832304             |
| Reg. No      | : 0012207260187        |
| MPD Code     | : MP-TSF-805           |
| Collected On | : 26-Jul-2022 04:00 PM |
| Received On  | : 26-Jul-2022 04:50 PM |
| Reported On  | : 26-Jul-2022 06:09 PM |

### HAEMATOLOGY



Suggested Clinical Correlation  
 If Needed Kindly Discuss

*Prathima*  
**DR. PRATHIMA P**  
 MD PATHOLOGY



Name : Mrs. TABASSUM UNNISA  
 Age/Gender : 26 Years/Female  
 Referred by : Dr. BHARTHI  
 Referring Customer : SS Diagnostic Centre  
 Sample Type : Serum



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 Shaiksiraj53@gmail.com

Opp. Masjid-e-Malan Bee Sahiba,

Fateh Shah Nagar, Moin Bagh, Hyderabad.  
 Sample ID : 20832305  
 Reg. No : 0012207260187  
 MPD Code : MP-TSF-805  
 Collected On : 26-Jul-2022 04:00 PM  
 Received On : 26-Jul-2022 04:50 PM  
 Reported On : 26-Jul-2022 05:34 PM

### BIOCHEMISTRY

| Test Name                                | Results | Units  | Ref. Range | Method |
|------------------------------------------|---------|--------|------------|--------|
| <b>Thyroid Stimulating Hormone (TSH)</b> |         |        |            |        |
| Thyroid Stimulating Hormone (TSH)        | 1.02    | μIU/mL | 0.35-5.5   | CLIA   |

Pregnancy & Cord Blood

| TSH (Thyroid Stimulating Hormone (μIU/mL)) |             |
|--------------------------------------------|-------------|
| First Trimester                            | : 0.24-2.99 |
| Second Trimester                           | : 0.46-2.95 |
| Third Trimester                            | : 0.43-2.78 |
| Cord Blood                                 | : 2.3-13.2  |

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Correlate Clinically.

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*



Suggested Correlation  
 If Needed Kindly Discuss

DR. PRATHIMA P  
 MD PATHOLOGY



### TEST REPORT

Reg.No : DIL1334748  
Name : MRS.TABASSUM  
Age\Sex : 26 Years\Female  
Referred By : LDSL/HYD-26  
Referral Dr : DR.BHARTHI

Reg.Date : 26-Jul-2022 /19:47  
Collection : 26-Jul-2022 /19:49  
Received : 26-Jul-2022 /20:44  
Report : 27-Jul-2022 /08:30  
Barcode : 000476719100

#### Serology HIV - ELISA

| TEST NAME     | OBSERVED VALUE | UNITS | BIOLOGICAL REF. RANGE                                   |
|---------------|----------------|-------|---------------------------------------------------------|
| HIV - ELISA   | 0.020          | OD    | < Cutoff Value :Non Reactive><br>Cutoff Value :Reactive |
| Method:ELISA  |                |       |                                                         |
| CUT OFF VALUE | 0.218          | -     |                                                         |

#### Comments:

1. This is a screening test only.
2. Non Reactive result implies that antibodies to HIV 1/2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1/2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1/2.
3. All positive specimen should be further confirmed by WESTERN BLOTH OR HIV PCR.

#### Recommendations :

1. Results to be clinically correlated.
2. Rarely false negativity/positivity may occur.

#### Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss  
\* This Is an Electronically Authenticated Report \*



*Rakhee*  
Dr.RAKHEE  
AGARWAL

Consultant Microbiologist

\*\*\*\* END OF REPORT \*\*\*\*

Suggested Clinical Correlation  
If Needed Kindly Discuss

Page 2 of 3



Opp. Masjid-e-Malan Bee Sahiba,  
Fateh Shah Nagar, Moin Bagh, Hyderabad.

Reg.No : DIL1334748  
Name : MRS.TABASSUM  
Age\Sex : 26 Years\Female  
Referred By : LDSL/HYD-26  
Referral Dr : DR.BHARTHI

### TEST REPORT

Reg.Date : 26-Jul-2022 /19:47  
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Received : 26-Jul-2022 /20:44  
Report : 27-Jul-2022 /08:30  
Barcode : 000476719100

| TEST NAME     | Serology<br>HBsAG | OBSERVED VALUE | UNITS | BIOLOGICAL REF. RANGE                                        |
|---------------|-------------------|----------------|-------|--------------------------------------------------------------|
| HBsAg         |                   | 0.051          | OD    | < Cut off value : Non reactive<br>> Cut off value : Reactive |
| Method:ELISA  |                   |                |       |                                                              |
| CUT OFF VALUE |                   | 0.178          | -     |                                                              |

**Notes :** 1. Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg  
2. For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection  
3. For monitoring HBsAg levels, Quantitative HBsAg molecular assay is recommended

**Comments:**

1. Hepatitis B Virus (HBV) is a member of the Hepadnavirus family causing infections of the liver with extremely variable clinical features.
2. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby.
3. In most individuals HBV hepatitis is self-limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis.
4. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms.
5. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

- Uses:** 1. To diagnose suspected HBV infection and monitor the status of infected individuals  
2. To evaluate the efficacy of antiviral drugs  
3. Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients  
For Prenatal Screening of pregnant women.

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss  
\* This Is An Electronically Authenticated Report \*



*Rakhee*

Dr.RAKHEE  
AGARWAL

Consultant Microbiologist

\*\*\*\* END OF REPORT \*\*\*\*

**Suggested Clinical Correlation  
If Needed Kindly Discuss**

Page 1 of 3



**S.S. Diagnostic Centre**

changing the way you receive health care



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Opp. Masjid-e-Malan Bee Sahiba,

Fateh Shah Nagar, Moin Bagh, Hyderabad.



### TEST REPORT

Reg.No : DIL1334748  
 Name : MRS.TABASSUM  
 Age\Sex : 26 Years\Female  
 Referred By : LDSL/HYD-26  
 Referral Dr : DR.BHARTHI

Reg.Date : 26-Jul-2022 /19:47  
 Collection : 26-Jul-2022 /19:49  
 Received : 26-Jul-2022 /20:44  
 Report : 27-Jul-2022 /01:11  
 Barcode : 000476719100

#### Serology

#### RAPID PLASMA REAGEN ( VDRL )

| TEST NAME                                            | OBSERVED VALUE | UNITS | BIOLOGICAL REF. RANGE |
|------------------------------------------------------|----------------|-------|-----------------------|
| RAPID PLASMA REAGEN ( VDRL )<br>Method: Flocculation | NON REACTIVE   | -     | Non Reactive          |

**Note:**Titers of 1:8 and above are significant

#### Comments:

- 1.This is a screening test for syphilis which is useful for following the progression of disease and response to therapy.Rising titers are of immense value in confirming the diagnosis.
- 2.Biological false positive reactions exhibit low titers and are seen in conditions like Immunizations,viral fevers,Malaria,Chlamydia infection,Mycoplasma infection,Pregnancy,Autoimmune disorders & past history of Treponemal infection.
- 3.It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

\* This Is an Electronically Authenticated Report \*



*Rakhee*  
Dr.RAKHEE  
AGARWAL

Consultant Microbiologist

\*\*\*\* END OF REPORT \*\*\*\*

Page 3 of 3

**Suggested Clinical Correlation**  
**If Needed Kindly Discuss**

**Timmings: Monday to Saturday from 08:00 A.M. to 11:00 P.M. On Sunday 08:00 A.M. to 02:00 P.M.**



Patient's Name: **Mrs. TABASSUM UNNISA**

Sample Received on: 26-07-2022

Age / Sex: 26 Yrs / Female

Reported on: 26-07-2022

Referred By: Dr. BHARTI

I. D. NO: 002607343

### HEAMATOLOGY DEPARTMENT

| Description | Results | Bio. Ref. Interval |
|-------------|---------|--------------------|
|-------------|---------|--------------------|

#### Complete Urine Examination (CUE)

##### PHYSICAL EXAMINATION

|                  |   |                 |
|------------------|---|-----------------|
| Quantity         | : | 20 ml           |
| Colour           | : | Pale Yellow     |
| Specific Gravity | : | 1.015           |
| Appearance       | : | Slightly Turbid |
| Reaction         | : | Acidic          |

##### CHEMICAL EXAMINATION

|               |   |       |
|---------------|---|-------|
| Albumin       | : | Trace |
| Sugar         | : | Nil   |
| Bile Pigments | : | Nil   |
| Bile Salt     | : | ---   |
| Ketone Bodies | : | ---   |

##### MICROSCOPIC EXAMINATION

|                  |   |       |             |
|------------------|---|-------|-------------|
| Pus Cells        | : | 3 - 4 | 3 - 4 / hpf |
| R B C            | : | Nil   | Absent      |
| Epithelial Cells | : | 4 - 5 | 2 - 5 / hpf |
| T Casts          | : | Nil   |             |
| Crystals         | : | Nil   |             |
| Other            | : | Nil   |             |

-----End of Report-----

PATHOLOGIST

Suggested Clinical Correlation  
If Needed Kindly Discuss

# DEPARTMENT OF FETAL MEDICINE

Centre for Prenatal Screening, Diagnosis & Fetal Therapy  
(PNIT Registration No. 0116A889)

**FERNANDEZ**  
OUTPATIENT CLINIC

A unit of **FERNANDEZ FOUNDATION**  
Respectful care for women & children  
– a basic human right

## FIRST TRIMESTER SCREENING ( 06 August 2022 )

### TABASSUMUNNISA BEGUM

|                            |                              |                   |              |
|----------------------------|------------------------------|-------------------|--------------|
| Date of birth:             | 12 January 1996              | HIS ID:           | 626628       |
| Gestational age:           | 12 weeks + 6 days from dates |                   |              |
| Expected date of delivery: | 12 February 2023             | Referring doctor: | DR. BHARATHI |

### History:

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).

Maternal weight: 65.0 kg; Height: 165.0 cm;

Parity: 0; Smoker: no; chronic hypertension: no.

Conception: spontaneous

### First Trimester Ultrasound:

US system: N Room. Probe: TA.

|                              |                                               |
|------------------------------|-----------------------------------------------|
| Findings:                    | Alive fetus - Fetal heart activity visualised |
| FHR158 bpm                   |                                               |
| Crown-rump length (CRL)      | 58.4 mm                                       |
| Nuchal translucency (NT)     | 1.60 mm                                       |
| Biparietal diameter (BPD)    | 21.2 mm                                       |
| Head circumference (HC)      | 80.2 mm                                       |
| Abdominal circumference (AC) | 61.3 mm                                       |
| Femur length (FL)            | 9.2 mm                                        |
| Intracranial translucency    | present - 1.7 mm                              |
| Placenta:                    | Posterior                                     |
| Amniotic fluid:              | normal                                        |

### Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal;

### Fetal anatomy:

Skull/brain: appears normal; Spine: Spine seen; Heart: Four chamber view seen; Abdomen: appears normal; Stomach: visible;

Bladder / Kidneys: visible; Hands: both visible; Feet: both visible;

### Maternal Serum Biochemistry:

Sample taken on 06 August 2022, analysed on 08 August 2022.

|                                     |                                 |
|-------------------------------------|---------------------------------|
| Free β-hCG:                         | equivalent to <b>0.820 MoM</b>  |
| PAPP-A:                             | equivalent to <b>2.470 MoM</b>  |
| PIGF:                               | equivalent to <b>1.130 MoM</b>  |
| Mean Arterial Pressure: 71.167 mmHg | equivalent to <b>0.8309 MoM</b> |

### Estimated risks:

Patient counselled and consent given - Maternal age: 26.6 years

|                       | trisomy 21      | trisomy 18      | trisomy 13       |
|-----------------------|-----------------|-----------------|------------------|
| Background risk:      | 1: 880          | 1: 2092         | 1: 6578          |
| <b>Adjusted risk:</b> | <b>1: 17596</b> | <b>1: 41840</b> | <b>1: 131559</b> |

|                       | Preeclampsia before 37w | Fetal growth restriction before 37w |
|-----------------------|-------------------------|-------------------------------------|
| <b>Adjusted risk:</b> | <b>1: 4623</b>          | <b>1: 853</b>                       |

Reporting on **astralia software** 

CIN No. U85110TG1991NPL013233

GST No. 36AAACF3069M1ZE

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# DEPARTMENT OF FETAL MEDICINE

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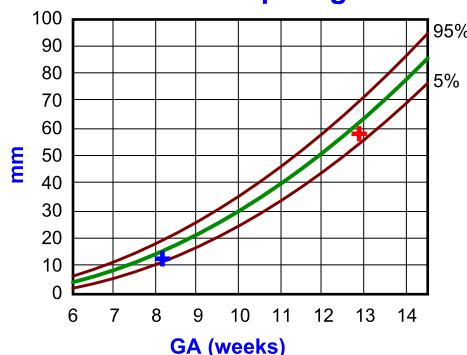
The background risk for aneuploidies is based on maternal age (26 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk, ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate) and maternal serum biochemistry (PAPP-A, free beta-hCG, PIgf). Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, mean arterial pressure (MAP), uterine artery Doppler, serum PIgf and serum PAPP-A.

Biophysical marker medians used to calculate MoMs are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

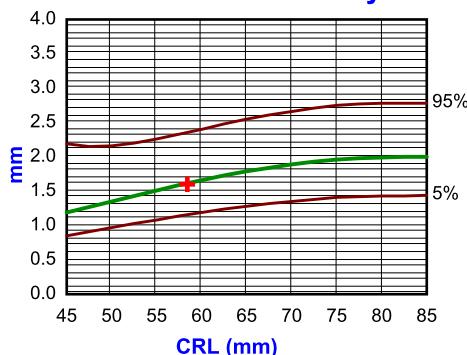
The estimated risk is calculated by the FMF-2018 software (version 4.4) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see [www.fetalmedicine.org](http://www.fetalmedicine.org)).

The estimated risk is calculated by the FMF-2009 software and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see [www.fetalmedicine.com](http://www.fetalmedicine.com)).

**Crown-rump length**



**Nuchal translucency**



**1st trimester risk of trisomy 21**



## Diagnosis:

Normal first trimester scan

## Comments

Todays ultrasound has revealed single live fetus corresponding to 12 weeks and 6 days.  
Gestational age assigned as per last period (EDD: 12/02/2023)

Assessment of the chromosomal markers and serum biochemistry have **REDUCED** the age related risk for Trisomy 21, 18 & 13.

Mrs. TABASSUMUNNISA is screen negative for preeclampsia, i.e. her chance of getting high blood pressure during pregnancy is very low.

It must be clearly understood that the results represent risks and not diagnostic outcomes. A low risk result does not exclude the possibility of Down's syndrome or other abnormalities, as the risk assessment does not detect all affected pregnancies.

Advice : Rescan for TIFFA with prior appointment.

PRATHIBHA TUMMALA  
FMF operator code: 119077

*Prathibha*

MCI ID: 44968

Operator 1: Dr. Prathiba

Printed by: Bhavani

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## COMPLETE OBSTETRIC EXAMINATION ( 06 August 2022 )

### TABASSUMUNNISA BEGUM

Date of birth: 12 January 1996 HIS ID: 626628

Gestational age: 12 weeks + 6 days from dates

Expected date of delivery: 12 February 2023

Referring doctor: DR. BHARATHI

### Present Pregnancy

Dates last period: 08/05/2022

Conception spontaneous

EDD by dates 12/02/2023

EDD by scan 12/02/2023

Maternal blood group not known, Rhesus not known

Height 165.0 cm

### Examination

Date 06 August 2022

Time 17:17

Department Hyderguda - Unit 4

### Scan Details

Scan Type Nuchal Scan

Requisition Number 2908530

### Ultrasound

Probe TA

transabdominal

Gestational age 12 weeks + 6 days

### History

Maternal weight 65.0 kg

Smoking in this pregnancy no

Diabetes Mellitus no

Chronic hypertension no

Systemic lupus erythematosus no

Antiphospholipid syndrome no

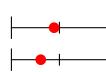
Family history of PE none

### First Trimester Ultrasound

Findings Alive fetus

Fetal heart activity visualised

Fetal heart rate 158 bpm



CRL 58.4 mm

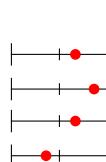
NT 1.60 mm

BPD 21.2 mm

HC 80.2 mm

AC 61.3 mm

FL 9.2 mm



Intracranial translucency present

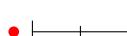
Width 1.7 mm



Nasal bone present

Tricuspid Doppler normal

Uterine artery PI left 0.780



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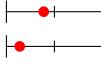
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right 1.420                      
Mean: 1.100

Skull/brain appears normal  
Spine Spine seen  
Heart Four chamber view seen  
Abdominal wall appears normal  
Stomach visible  
Bladder / Kidneys visible  
Hands both visible  
Feet both visible  
Placenta Posterior  
Amniotic fluid normal

## Biochemistry

Sample taken 06/08/2022

## Mean Arterial Pressure

Left arm  
Systolic BP 1 91.0  
Diastolic BP 1 57.0  
MAP 68.333 mmHg  
Systolic BP 2 89.0  
Diastolic BP 2 59.0  
MAP 69.000 mmHg  
Right arm  
Systolic BP 1 100.0  
Diastolic BP 1 59.0  
MAP 72.667 mmHg  
Systolic BP 2 100.0  
Diastolic BP 2 62.0  
MAP 74.667 mmHg  
Combined MAP 71.167 mmHg

Todays ultrasound has revealed single live fetus corresponding to 12 weeks and 6 days.  
Gestational age assigned as per last period (EDD: 12/02/2023)

Serum sent for Fetal Health Check.

**Advice : Rescan for TIFFA with prior appointment**

I, Dr. Prathiba declare that while conducting the ultrasonography / image scanning of Mrs. TABASSUMUNNISA, neither detected nor disclosed the fetal gender to any body in any manner.

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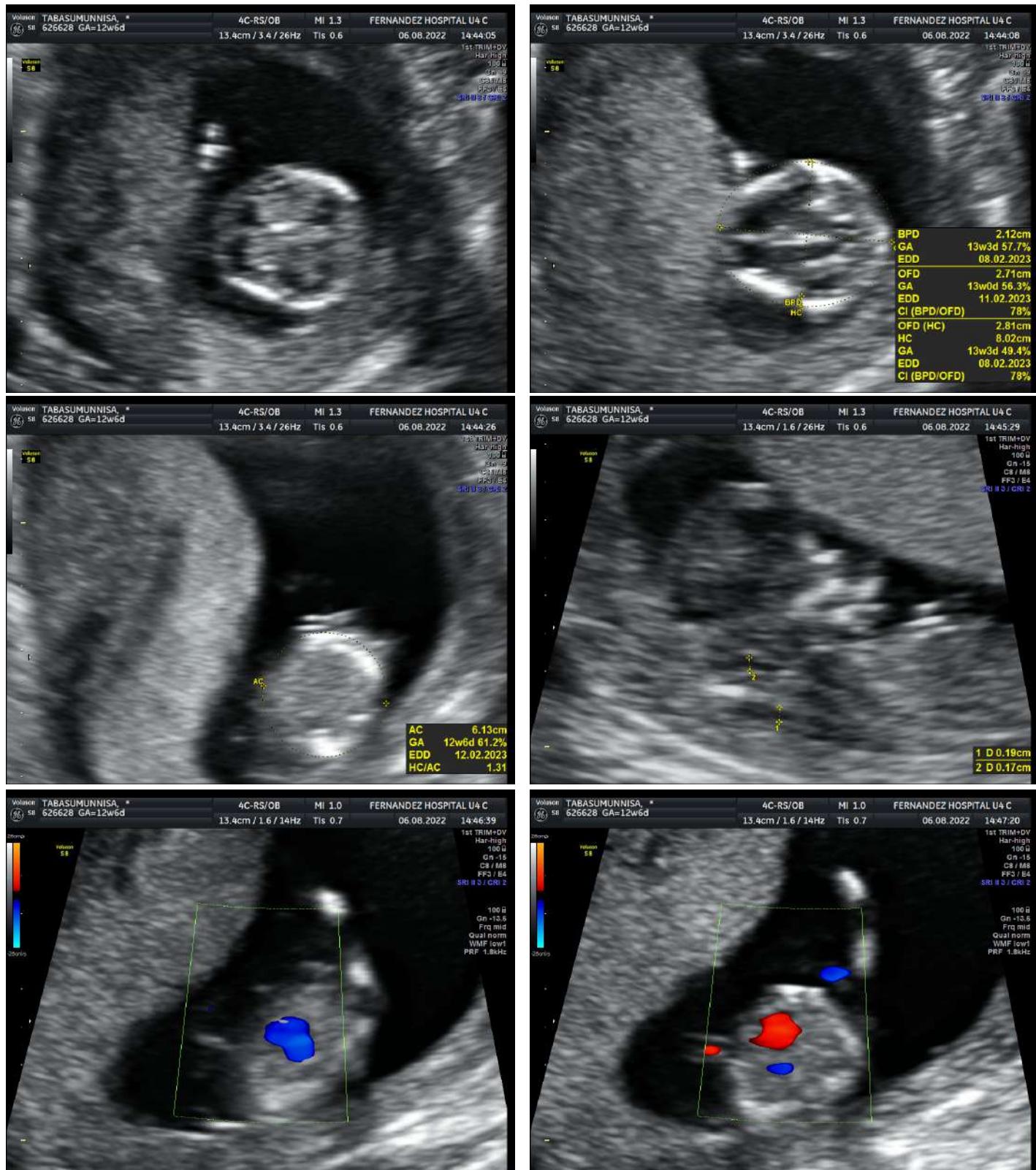
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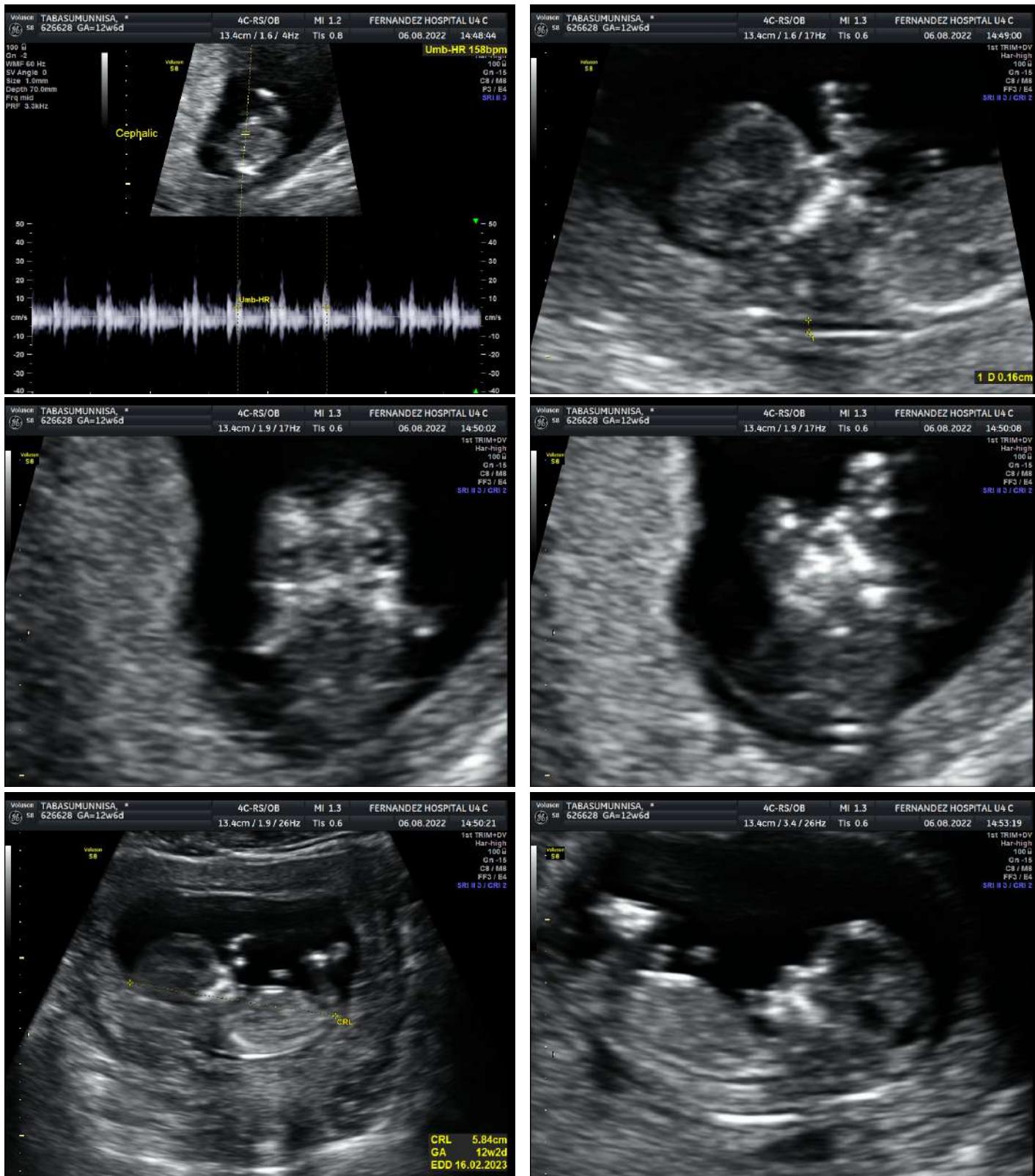
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Prathiba

MCI ID: 44968

**Operator 1:** Dr. Prathiba

**Printed by:** Manju

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## EARLY PREGNANCY SCAN ( 04 July 2022 )

### TABASSUMUNNISA BEGUM

Date of birth: 12 January 1996  
Expected date of delivery: 12 February 2023

HIS ID: 626628  
Referring doctor: DR. BHARATHI

### Scan Details

Scan Type Early Pregnancy Scan (Review)  
Requisition Number 2879394

**Ultrasound** transvaginal

View Good

Gestational age 8 weeks + 1 days

EDD by scan 12/02/2023

### Assessment of early pregnancy

Dates last period: 08/05/2022

Pregnancy site within the intrauterine cavity

Yolk sac seen

Embryo visualised

CRL 12.9 mm



Heartbeat visualised

Fetal heart rate 159 bpm

Ultrasound based diagnosis viable intrauterine pregnancy

### Right ovary

Visibility visible

Corpus Luteum measuring 21 x 19 mm.

### Left ovary

Visibility visible

Morphology normal morphology

Single live fetus corresponding to a gestational age of 8 weeks and 1 day.  
Gestational age assigned as per last period (EDD: 12/02/2023).

### Advice: Rescan for NT / FTS between 11-13+6 weeks.



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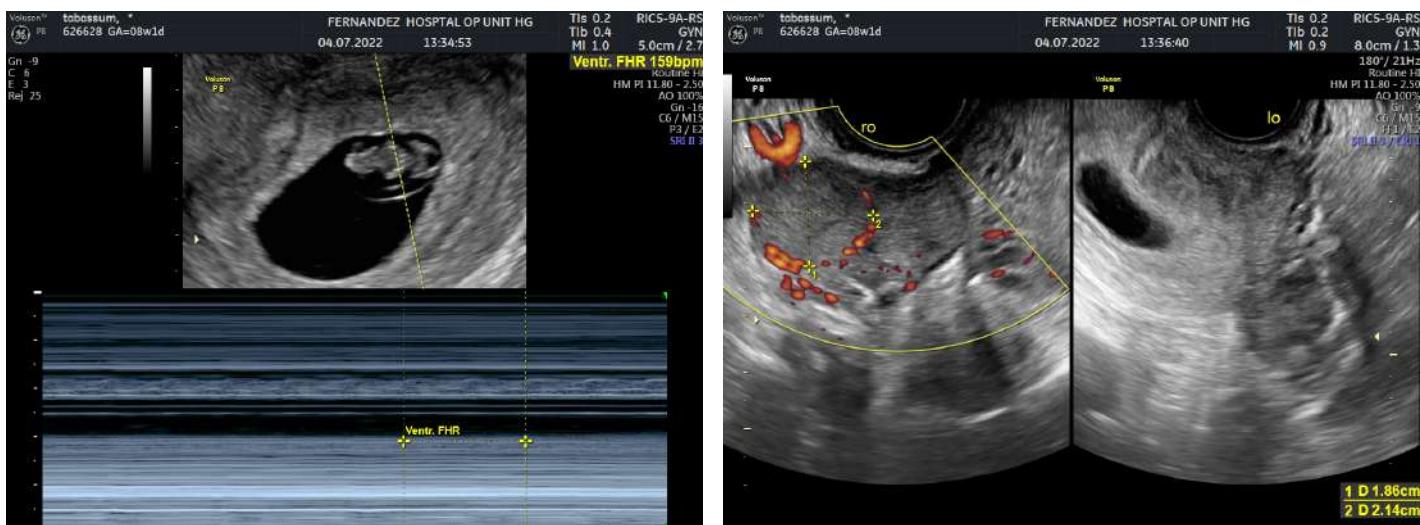
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*Pranuthi*

MCI ID: 61219

**Operator 1:** Dr.Pranuthi

**Printed by:** Sabitha

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- Pelvic 2D / 3D / 4D Sonography ■ Colour Flow Doppler Studies
- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

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## Patient Data

Name TABASSUMUNNISA  
Other names BEGUM  
Date of birth 12/01/1996  
Hospital no. 626628

## Husband

Name MOHAMMED MAJID ALI

## Examination

Date 20 June 2022  
Time 17:12  
Department Hyderguda - Unit 4

## Indication

### Other factors:

LMP 08/05/2022, Day of cycle 44

## Scan Details

Scan Type LTD GYN SCAN  
Requisition Number 2867749

## Ultrasound

Operator Dr.Sirisha  
US system M Room  
transvaginal  
View Good

## Assessment of early pregnancy

Urinary pregnancy test positive  
Dates last period: 08/05/2022  
EDD by dates 12/02/2023  
Gestational age 6 weeks + 1 days  
Pregnancy site within the intrauterine cavity  
Gestational sac 10.4 mm x 9.2 mm  
Yolk sac seen  
Embryo not visualised

## Right ovary

Visibility visible  
Morphology polycystic in appearance

## Left ovary

Visibility visible  
Morphology polycystic in appearance

## Free fluid

Findings consistent with: Minimal free fluid present in pouch of douglas.

## IMPRESSION : EARLY INTRAUTERINE PREGNANCY.

Advice : Rescan after 2 weeks for Fetal viability.

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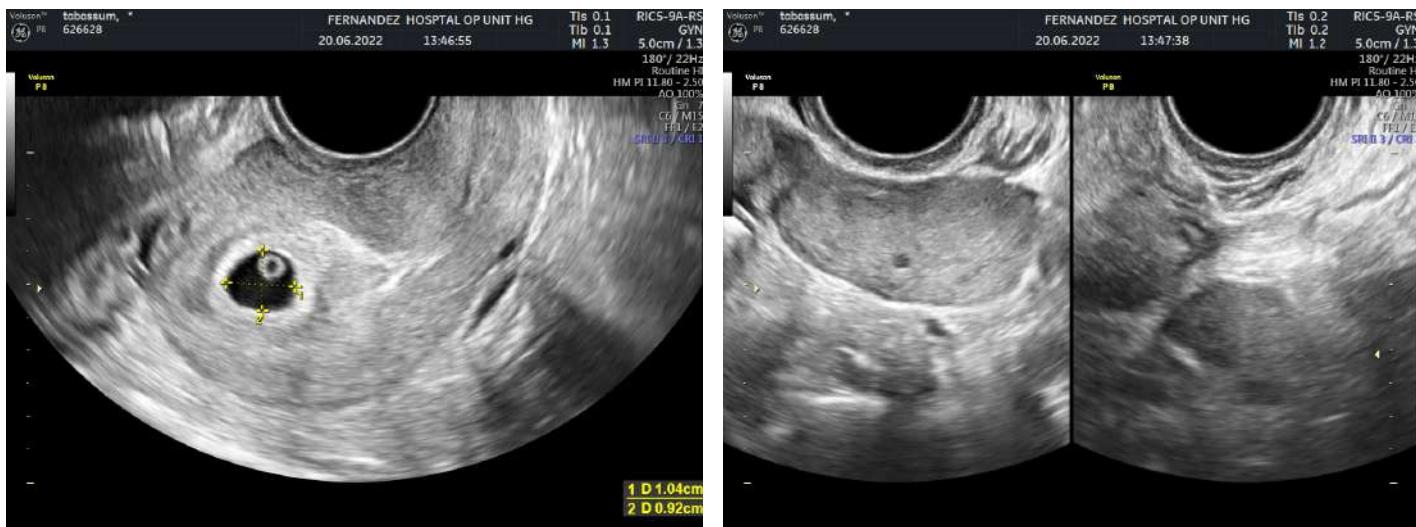
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- Pelvic 2D / 3D / 4D Sonography ■ Colour Flow Doppler Studies
- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

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Sirisha

MCI ID: 74063

Operator 1: Dr.Sirisha

Printed by: Sabitha

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Tata Sumantha Begum / 26y

ref 612

Gastr. / early response

known to have asthma

frequent cold (cough & wheeze) few weeks

on marketplace

now  
Pr. 82%.  
Cough - nasal  
Rp - clear

hobokh - allergic rhinitis  
asthma

(A) S. monte forecourt (SYNCHRONIC - 6 (200))  
① ————— (ii)

Budesonide nasal spray → once daily (Balsal)  
2 weeks

Re - treat



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Opp. Masjid-e-Malon Bee Sahib,  
Fateh Shah Nagar, Moin Bagh, Hyderabad.

Patient's Name: Mrs. TABASSUM UNNISA BEGUM

Sample Received on: 24-05-2022

Age / Sex: 26 Yrs / Female

Reported on: 24-05-2022

Referred By: Dr. RAHATI

L.D. No: 007407409

BIOCHEMISTRY DEPARTMENT

| Test Item              | Normal Range   | Result    |
|------------------------|----------------|-----------|
| Fasting Blood Sugar    | 70 - 110 mg/dl | 72 mg/dl  |
| Post Lunch Blood Sugar | 70 - 150 mg/dl | 103 mg/dl |

\*\*\*End of Report\*\*\*



Suggested Clinical Correlation  
If Needed Kindly Discuss

# DEPARTMENT OF ULTRASOUND

- Pelvic 2D / 3D / 4D Sonography ■ Colour Flow Doppler Studies
- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

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## Patient Data

Name TABASSUMUNNISA  
Other names BEGUM  
Date of birth 12/01/1996  
Hospital no. 626628

## Husband

Name MOHAMMED MAJID ALI

## Examination

Date 23 May 2022  
Time 18:22  
Department Hyderguda - Unit 4

## Scan Details

Scan Type Pelvic Organs 2  
Requisition Number 2844559

## Ultrasound

Operator Dr.Sirisha  
US system M Room  
transvaginal transabdominal  
View Good

## Uterus

Uterus present retroverted  
longitudinal 73 mm, AP 39 mm, transverse 44 mm  
Volume 65.6 cm<sup>3</sup>

Uterine anomalies No evidence of uterine anomalies.

### Endometrium

Visualisation Endometrium clearly visualised  
Total thickness 8.6 mm

### Myometrium

Morphology Normal in echotexture.  
Cervix : Normal.

## Right ovary

Visibility visible  
Morphology normal morphology  
Size 23 mm x 20 mm x 38 mm  
Volume 9.2 cm<sup>3</sup>  
Dominant follicle 19 mm x 19 mm  
10 antral follicles.

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## Left ovary

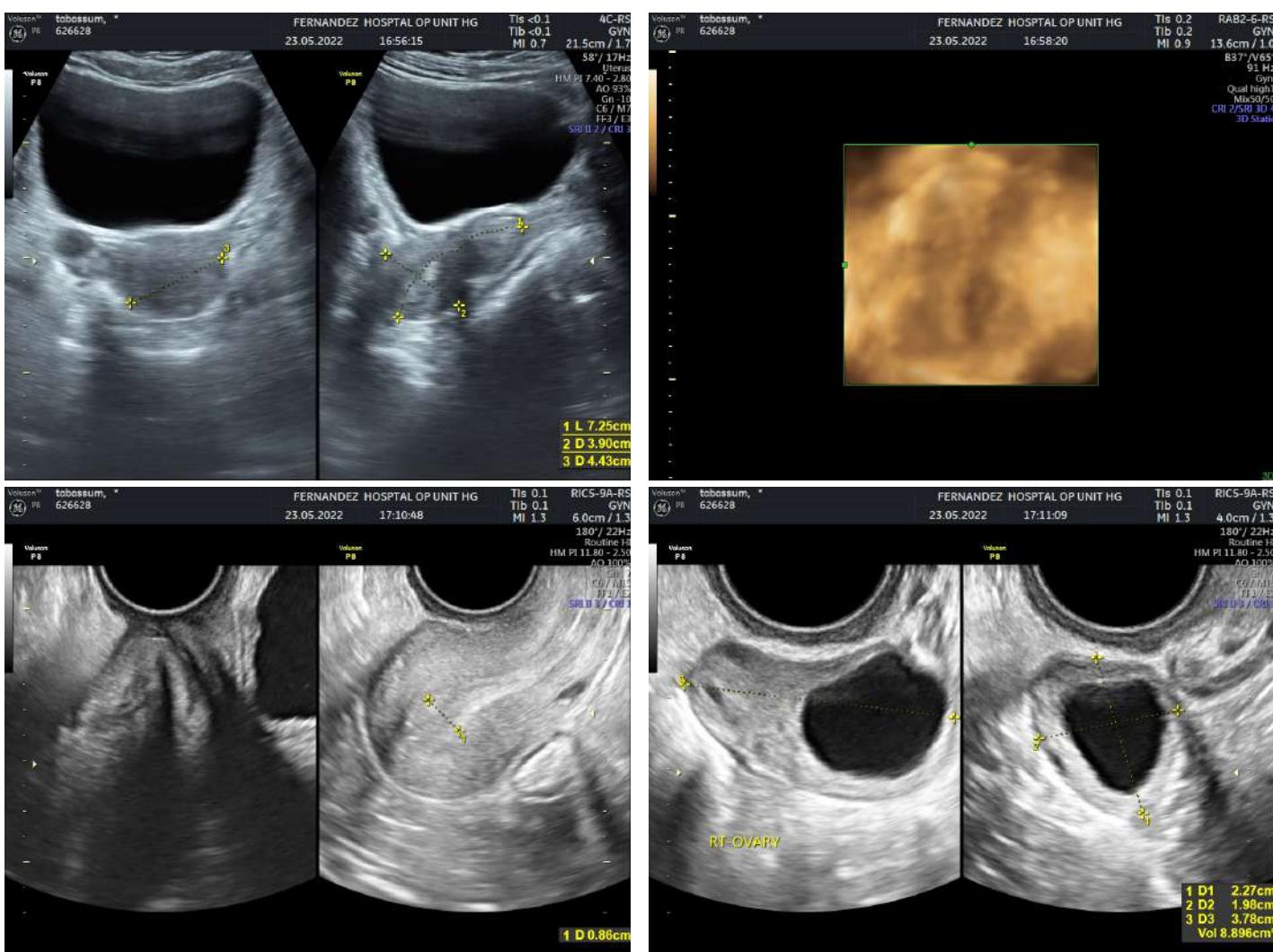
Visibility visible  
Morphology normal morphology  
Size 26 mm x 14 mm x 21 mm  
Volume 4.0 cm<sup>3</sup>  
10 antral follicles.

## Kidneys / Bladder

Right kidney ~ 94 x 40 mm  
Left kidney ~ 105 x 42 mm

**IMPRESSION : NORMAL STUDY.**

**FOR CLINICAL CORRELATION.**



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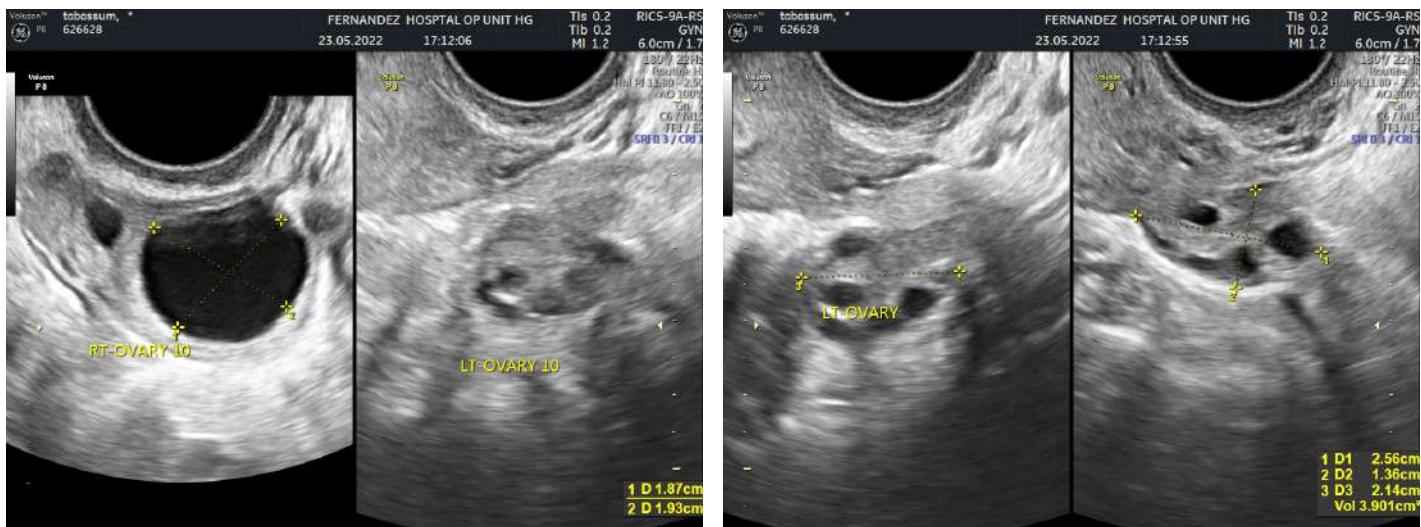
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Sirisha

MCI ID: 74063

Operator 1: Dr.Sirisha

Printed by: Sabitha

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Certificate No: MC-2318

## LABORATORY REPORT

|               |                            |                   |                    |
|---------------|----------------------------|-------------------|--------------------|
| Patient Name  | : Mrs TABASSUMUNNISA BEGUM | MR#               | : 1013135          |
| Age / Gender  | : 26 Year(s) / Female      | Ordered By        | : CPL-TS-199 A4    |
| Ref. Doctor   | : BHARATHI                 | Sample Drawn Date | : 2022-05-16 00:00 |
| Ref. Customer | : Fernandez Hospital       | Registration Date | : 2022-05-16 22:44 |
| Sample & SID  | : PAP Smear - 1675262      | Report Date       | : 2022-05-18 15:40 |

### CYTOTOLOGY

| TEST DESCRIPTION         | RESULT                                                                                                                                                                                                                                     | UNITS | BIOLOGICAL REFERENCE RANGE |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|
| CYTOTOLOGY NO:           | H22 - 3334                                                                                                                                                                                                                                 |       |                            |
| SPECIMEN:                | Liquid based pap fluid for cytology.                                                                                                                                                                                                       |       |                            |
| CLINICAL DETAILS:        | C/o: Dyspareunia.<br>P/s: Cervix healthy.<br>A1.                                                                                                                                                                                           |       |                            |
| MACROSCOPIC DESCRIPTION: | Received LBC pap fluid for cytological examination.                                                                                                                                                                                        |       |                            |
| SPECIMEN ADEQUACY:       | Satisfactory for evaluation.                                                                                                                                                                                                               |       |                            |
| MICROSCOPIC DESCRIPTION: | Pap smear shows predominantly superficial, intermediate and occasional para basal cells.<br>Endocervical cells are seen, in scattered discretely (>10 cells).<br>No nuclear atypia or pathogenic organisms are seen in the smears studied. |       |                            |
| IMPRESSION:              | <b>Negative for intraepithelial lesion / malignancy.</b><br><b>Negative for pathogenic organisms.</b><br><b>Negative for other non neoplastic findings.</b>                                                                                |       |                            |

Comments : Note: Correlate clinically.

Note: For adequacy, recommended minimum cellularity is 5000 squamous cells for an LBC and 8000 squamous cells for conventional preparation.

As a quality assurance measure, an adequate transformation zone sample requires at least 10 well preserved endocervical or squamous metaplastic cells singly scattered or in clusters.

BETHESDA, 3rd edition.

---End of report---

**Dr. V. S. APARNA AKELLA**  
DNB(Pathology)



**Dr CP RANJANI**  
MD, FRC (PATHOLOGY)



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Shaiksraj53@gmail.com

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Fateh Shah Nagar, Moin Bagh, Hyderabad.



### TEST REPORT

Reg.No : DIL0741066  
Name : MRS.TABASSUM  
Age/Sex : 26 Years/Female  
Referred By : LDSLIIYD-26  
Referral Dr : SELF

Reg.Date : 28-Sep-2021 /19:28  
Collection : 28-Sep-2021 /19:23  
Received : 28-Sep-2021 /20:10  
Report : 29-Sep-2021 /08:16  
Barcode : 000430063200

**HORMONES**  
**BETA HUMAN CHROIONIC GONDOTROPIN(HCG)**

| TEST NAME | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|----------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BETA HCG  | 0.71           | mIU/mL | Non Pregnant : 0 - 5<br>Pregnant woman:<br>3 weeks:5.8-71.2<br>4 weeks:9.5-750<br>5 weeks:217-7138<br>6 weeks:158-31795<br>7 weeks:3697-163563<br>8 weeks:90084-149571<br>9 weeks:106257-151410<br>10 weeks:46509-186977<br>12 weeks:27832-210612<br>14 weeks:13950-62530<br>15 weeks:12039-70971<br>16 weeks:9040-56451<br>17 weeks:8175-55868<br>18 weeks:8099-58176<br>19 - 24 weeks:4,060-165,400<br>25 - 40 weeks:3,640-117,000 |

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

\* This Is An Electronically Authenticated Report \*

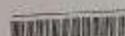
\* Mark Indicated Parameters Are Not Under The Scope Of NABL Accreditation \*



Dr.A.V.Naidu.  
MD. PATH

\*\*\* END OF REPORT \*\*\*

Suggested Clinica  
if Needed K



**TEST REPORT**

Reg.No : DIL0706253  
Name : MRS TABASSUM  
Age/Sex : 26 Years/Female  
Referred By : LDSL-HYD-26  
Referral Dr : SRINIVASA HOSPITAL

Reg.Date : 14-Sep-2021 /18:24  
Collection : 14-Sep-2021 /18:23  
Received : 14-Sep-2021 /18:47  
Report : 14-Sep-2021 /21:19  
Barcode : 000423777400

**HORMONES**  
**BETA HUMAN CHROIONIC GONDOTROPIN(HCG)**

| TEST NAME | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------|----------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BETA HCG  | 2.65           | mIU/mL | Female : 0 - 5<br>Pregnant woman:<br>3 weeks: 5.8-71.2<br>4 weeks: 9.5-750<br>5 weeks: 217-7138<br>6 weeks: 158-31795<br>7 weeks: 3697-163563<br>8 weeks: 90084-149571<br>9 weeks: 106257-151430<br>10 weeks: 16509-186977<br>12 weeks: 27832-210612<br>14 weeks: 13950-62530<br>15 weeks: 12039-70971<br>16 weeks: 9040-56451<br>17 weeks: 8175-55868<br>18 weeks: 8099-58176<br>19 - 24 weeks: 4,060-165,400<br>25 - 40 weeks: 3,640-117,000 |

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

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Dr.A.V. NAIDU  
MD.PATH

\*\*\*\* END OF REPORT \*\*\*\*

Suggested Clinical  
If Needed Kindly



|              |                   |                  |                         |
|--------------|-------------------|------------------|-------------------------|
| Patient Name | : Mrs. TABASSUM   | Collected        | : 07/Sep/2021 02:53PM   |
| Age/Gender   | : 26 Y 0 M 0 D/F  | Received         | : 07/Sep/2021 03:24PM   |
| UHID/MR No   | : DCDS-0000036651 | Reported         | : 07/Sep/2021 04:51PM   |
| Visit ID     | : DCDSOPV36753    | Status           | : Final Report          |
| R&F Doctor   | : SRI SRINIVAS    | Client Name      | : PUP SS DIAGNOSTICS    |
| IP/OP NO     |                   | Patient location | : R.C.Imarat, Hyderabad |

**DEPARTMENT OF IMMUNOLOGY**

| Test Name                        | Result | Unit   | Bio. Ref. Range | Method |
|----------------------------------|--------|--------|-----------------|--------|
| Total BETA- HCG (TB-HCG) , SERUM | 3.5    | mIU/ml |                 | CLIA   |

**Comment:**

**Reference Ranges**

| REFERENCE GROUP                                                   | APPROXIMATE hCG RANGE (mIU/mL) |
|-------------------------------------------------------------------|--------------------------------|
| PREGNANT FEMALE - APPROX. GESTATIONAL AGE (WEEKS POST CONCEPTION) |                                |
| 0.2 - 1                                                           | 5 – 50                         |
| 1 – 2                                                             | 50 – 500                       |
| 2 – 3                                                             | 100 – 5,000                    |
| 3 – 4                                                             | 500 – 10,000                   |
| 4 – 5                                                             | 1,000 – 50,000                 |
| 5 – 6                                                             | 10,000 – 100,000               |
| 6 – 8                                                             | 15,000 – 200,000               |
| 8 – 12                                                            | 10,000 – 100,000               |
| NON-PREGNANT FEMALE                                               | < 0.1 – 5                      |
| ADULT MALE                                                        | <0.5 – 2.67                    |

False elevations (phantom hCG) may occur with patients who have human antianimal or heterophilic antibodies. Patients who have been exposed to animal antigens, either in the environment or as part of treatment or an imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

\*\*\* End Of Report \*\*\*

Dr. MOHAMMED ABDUL WAHAB  
MBBS, MD(PATHOLOGY)  
Consultant Pathologist



C.G.H.S RECOGNIZED

**LDSL**  
LABORATORY DIAGNOSTICS & SPECIALITY CARE

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**TEST REPORT**

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| Reg.No      | : DL0672064          | Reg.Date   | : 31-Aug-2021 /19:29 |
| Name        | : MR TABASSUM        | Collection | : 31-Aug-2021 /19:28 |
| Age/Sex     | : 26 Years Male      | Received   | : 31-Aug-2021 /19:30 |
| Referred By | : LDSL/HYD-26        | Report     | : 01-Sep-2021 /06:40 |
| Referral Dr | : SRINIVASA HOSPITAL | Barcode    | : 000425787800       |

**HORMONES  
BETA HUMAN CHROIONIC GONDOTROPIN(HCG)**

| TEST NAME  | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE |
|------------|----------------|--------|-----------------------|
| BETA H C G | 9.97           | mIU/mL | 0-3                   |

Method CLIA CLIA

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

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RECEIVED



Dr.A.V.NAIDU.

MD. PATH

\*\*\*\* END OF REPORT \*\*\*\*



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### TEST REPORT

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| Reg.No      | : DIL0655366         | Reg.Date   | : 24-Aug-2021 /20:36 |
| Name        | : MRS.TABASSUM       | Collection | : 24-Aug-2021 /20:38 |
| Age/Sex     | : 26 Years/Female    | Received   | : 24-Aug-2021 /20:53 |
| Referred By | : LDSI/HYD-26        | Report     | : 25-Aug-2021 /00:36 |
| Referral Dr | : SRINIVASA HOSPITAL | Barcode    | : 000425780800       |

#### HORMONES BETA HUMAN CHORIONIC GONDOTROPIN(HCG)

| TEST NAME  | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|----------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BETA H C G | 22.8           | mIU/mL | Female : 0 - 5<br>Pregnant woman:<br>3 weeks: 5.8-71.2<br>4 weeks: 9.5-75.0<br>5 weeks: 21.7-713.8<br>6 weeks: 158-317.95<br>7 weeks: 369.7-1635.63<br>8 weeks: 900.84-1495.71<br>9 weeks: 1062.57-1514.10<br>10 weeks: 4650.09-1869.77<br>12 weeks: 2783.2-2106.12<br>14 weeks: 1395.0-625.30<br>15 weeks: 1203.9-709.71<br>16 weeks: 914.0-564.51<br>17 weeks: 817.5-558.68<br>18 weeks: 809.9-581.76<br>19 - 24 weeks: 4,060-165,400<br>25 - 40 weeks: 3,640-117,000 |

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

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E.I.C.E.BLUETE



  
Dr.A.V.NAIKU,

MD. PATH

\*\*\*\* END OF REPORT \*\*\*\*



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Fateh Shah Nagar, Moin Bagh, Hyderabad.



### TEST REPORT

|             |                      |            |                      |
|-------------|----------------------|------------|----------------------|
| Reg.No      | : DIL0640082         | Reg.Date   | : 17-Aug-2021 /20:59 |
| Name        | : MRS.TABASSUM       | Collection | : 17-Aug-2021 /21:00 |
| Age/Sex     | : 26 Years-Female    | Received   | : 17-Aug-2021 /21:02 |
| Referred By | : LDSL/HYD-26        | Report     | : 18-Aug-2021 /08:42 |
| Referral Dr | : SRINIVASA HOSPITAL | Barcode    | : 000417223900       |

#### HORMONES BETA HUMAN CHROIONIC GONDOTROPIN(HCG)

| TEST NAME  | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------|----------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BETA H C G | 66.6           | mIU/mL | Female : 0 - 5<br>Pregnant woman:<br>3 weeks:5.8-71.2<br>4 weeks:9.5-750<br>5 weeks:217-7138<br>6 weeks:158-31795<br>7 weeks:3697-163563<br>8 weeks:90084-149571<br>9 weeks:106257-151410<br>10 weeks:46509-186977<br>12 weeks:27832-210612<br>14 weeks:13950-62530<br>15 weeks:12039-70971<br>16 weeks:9040-56451<br>17 weeks:8173-55868<br>18 weeks:8099-58176<br>19 – 24 weeks: 4,060–165,400<br>25 – 40 weeks: 3,640–117,000 |

Sample Type : Serum

Please Correlate With Clinical Findings If Necessary Discuss

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E10CBUE



Dr.A.V.Naidu,

M.D. PATH

\*\*\*\* END OF REPORT \*\*\*\*

: DI0623844  
 : MRS TABASSUM UNNISAH  
 Sex : 26 Years(Female)  
 Ref By : REF-27061  
 Prat Dr : SSH

### HORMONES BETA HUMAN CHORIONIC GONADOTROPIN(HCG)

| NAME | OBSERVED VALUE | UNITS  | BIOLOGICAL REF. RANGE |
|------|----------------|--------|-----------------------|
| HCG  | 236.00         | miU/ml |                       |

Female: 0 - 5  
 Pregnant woman:  
 3 weeks: 5.8-71.2  
 4 weeks: 9.3-75.0  
 5 weeks: 21.7-71.38  
 6 weeks: 15.8-31.295  
 7 weeks: 3.697-163.563  
 8 weeks: 9.0084-149.571  
 9 weeks: 10.6257-151.410  
 10 weeks: 4.6509-186.977  
 12 weeks: 2.7832-21.0612  
 14 weeks: 1.3950-62.530  
 15 weeks: 1.2039-70.971  
 16 weeks: 9.040.56451  
 17 weeks: 8.175.55868  
 18 weeks: 8.099.58176  
 19 - 24 weeks: 4.060-165.400  
 25 - 40 weeks: 3.640-117.000

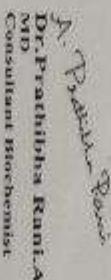
events

Correlate Clinically

Test Type : Serum  
 Correlate With Clinical Findings: If Necessary Discuss  
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E. ICEREL UCB



  
 Dr. Pratibha Ranjita  
 MD  
 Consultant Biochemist

\*\*\* END OF REPORT \*\*\*

# DEPARTMENT OF ULTRASOUND

- Pelvic 2D / 3D / 4D Sonography ■ Colour Flow Doppler Studies
- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

**FERNANDEZ**  
HOSPITAL

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– a basic human right

## Patient Data

Name TABASSUMUNNISA  
Other names BEGUM  
Date of birth 12/01/1996  
Hospital no. 626628

## Husband

Name MOHAMMED MAJID ALI

## Examination

Date 06 August 2021  
Time 16:55  
Department Hyderguda - Unit 4

## Indication

Routine Limited gynaec scan

## Ultrasound

Operator Dr. Bharathi  
US system M Room  
transvaginal  
View Good

## Uterus

Uterus present retroverted, retroflexed.  
longitudinal 68 mm, AP 37 mm, transverse 41 mm  
Volume 54.0 cm<sup>3</sup>

## Endometrium

Visualisation Minimal intracavitary fluid, single layer thickness measuring 4 mm & 3.7 mm.  
Total thickness 7.7 mm

## Right ovary

Visibility visible  
Morphology paucity of follicles.  
Size 30 mm x 14 mm x 12 mm  
Volume 2.6 cm<sup>3</sup>  
2-3 antral follicles.

## Left ovary

Visibility visible  
Morphology normal morphology  
Corpus Luteum: measuring 11 x 10 mm.  
8 antral follicles.

## IMPRESSION :

- \* RETROVERTED UTERUS.
- \* PAUCITY OF FOLLICLES IN RIGHT OVARY.
- \* NORMAL APPEARING LEFT OVARY WITH CORPUS LUTEUM.

## FOR CLINICAL CORRELATION.

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CIN No. U85110TG1991NPL013233

GST No. 36AAACF3069M1ZE

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Hyderguda, Hyderabad – 500029

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**OUTPATIENT CLINIC**  
RV Plaza, Madinaguda,  
Miyapur, R.R. District – 500049

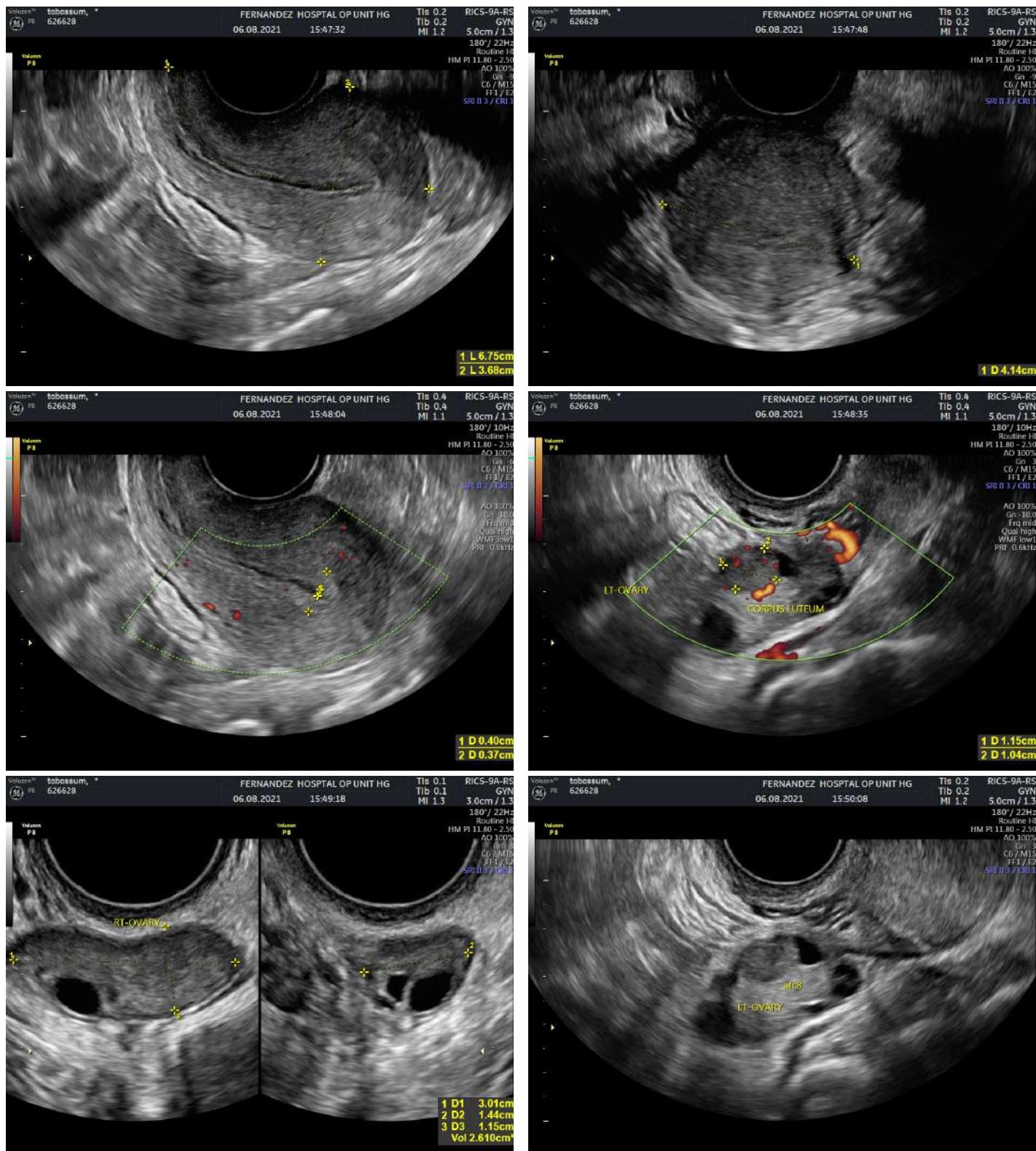
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# DEPARTMENT OF ULTRASOUND

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- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

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# DEPARTMENT OF ULTRASOUND

- Pelvic 2D / 3D / 4D Sonography ■ Colour Flow Doppler Studies
- Abdomen Scan ■ Breast Ultrasonography ■ Neonatal Ultrasound

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**Operator 1:** Dr. Bharathi

**Printed by:** Sabitha

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Road No. 55, Ayyappa Society,  
Madhapur, R.R. District – 500081



# AZ Diagnostic Laboratory

AZ Corner, 1st Floor, Premises No. 16-8-910/917,  
Near Railway Station, Malakpet, Hyderabad - 500 036, T.S.  
Phone : 24564203, 24564201

|                                          |                   |             |                 |
|------------------------------------------|-------------------|-------------|-----------------|
| Patient's Name                           | Mrs. Tabassum     | Age / Sex   | 26 Years Female |
| Referred by                              | Dr. Yasmeen Iqbal | Lab. No.    | HPE/267/2021    |
| Nature of Specimen                       | Biopsy For HPE    | Received on | 27-Jul-2021     |
| Clinical Diagnosis and relevant findings |                   | Reported on | 30.Jul.2021     |

## Histopathology Report

Nature of specimen: Products of conception

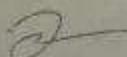
Gross: Received multiple pieces of gray white to gray brown soft tissue pieces altogether measuring 3x2.5x1.0 cms.

Microscopic: Shows pieces of decidua tissue with many placental villi showing oedema central cisternal formation and mild to moderate proliferation of cyto and syncytiotrophoblastic cells and trophoblastic invagination and inclusions in villous stroma.

Diagnosis: Check Curettage specimen, Persistent trophoblastic disease consistent with partial hydatidiform mole. Suggest correlation and follow up with serum Beta HCG levels.

\* Slides enclosed.

\* Please correlate with clinical findings if necessary discuss.

  
**Dr. ZAKIA ABID**  
Consultant Pathologist

16-8-646, 231 A Class,  
Opp. Hockey Ground, New Malakpet,  
Hyderabad - Ph : 24501989 - 29560597



# CENTRE FOR OBSTETRICS, GYNAECOLOGY AND INFERTILITY

NAME: MRS: TABASSUM UNNISA

DATE: 24-07-21

BLOOD GROUPING: "A"  
&  
Rh-TYPING POSITIVE

HIV NON-REACTIVE

HBSAG NEGATIVE

**DR.YASMIN IQBAL  
MD**



Diagnostics & Speciality Lab

PATIENT NAME : MRS.TABASSUM UNNISA

AGE : 26 YRS

IDNO : 17557

SEX : FEMALE

REF. DR : SUSHMITA

DATE : 23/06/2021

### REAL TIME ULTRASONOGRAPHY OF PELVIS (T.V.S)

URINARY BLADDER : empty

UTERUS : Anteverted (79 x 56x 30 mm ), Normal in size & echotexture.

No mass lesions. Endometrium Thickness 24 mm.

Evidence of heteroechoic contents with minimal increase in vascularity measuring 38 x 20 mm noted in endometrial canal.

RIGHT OVARY : Normal in size measuring 38 x 10 mm.

and normal echotexture. No focal lesions or cysts are seen.

LEFT OVARY : Normal in size measuring 32 x 11 mm.

and normal echotexture. No focal lesions or cysts are seen.

No Evidence of Free Fluid in P O D.

#### ***IMPRESSION: FEATURES IN FAVOR OF RETAINED PRODUCTS OF CONCEPTION***

***For Clinical Correlation***

  
DR. ASHWINI  
MEBS, MD  
CONSULTANT RADIOLOGIST

- USG Only indicates one of the various possibilities and is to be confirmed by clinical correlation, surgery & other lab reports. Hence this has limitations & Is not for medico Legal purpose.

PATIENT NAME : MRS.TABASSUM UNNISA  
IDNO : 18017  
REF. DR : SUSHMITA

AGE : 26 YRS  
SEX : FEMALE  
DATE : 05/07/2021

### REAL TIME ULTRASONOGRAPHY OF PELVIS

URINARY BLADDER : Well distended. No wall thickening and calculi.

UTERUS : Anteverted ( 79 x 42 x 30 mm ), Normal in size & echotexture.  
No mass lesions. Endometrium Thickness : 7 mm.  
**No retained products of conception / Blood Clots noted.**

RIGHT OVARY : Normal in size measuring 27 x 20 mm.  
and normal echotexture. No focal lesions or cysts are seen.

LEFT OVARY : Normal in size measuring 26 x 16 mm.  
and normal echotexture. No focal lesions or cysts are seen.

No Evidence of Free Fluid in P O D.

*IMPRESSION: NO SONOGRAPHIC ABNORMALITY DETECTED.*

*For Clinical Correlation*

*MAF*  
DR. ASHWINI  
MBBS, MD  
CONSULTANT RADIOLOGIST

- USG Only indicates one of the various possibilities and is to be confirmed by clinical correlation, surgery & other lab reports. Hence this has limitations & Is not for medico Legal purpose.



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Hyderabad - Ph : 24501989 - 29560597



# CENTRE FOR OBSTETRICS, GYNAECOLOGY AND INFERTILITY

NAME: MRS. TABASSUM  
REFERRED BY:- DR. YASMEEN IQBAL MD

DATE: 31-07-21

## REAL TIME ULTRASOUND OF PELVIS PERFORMED TAS/TVS

UTERUS RETROVERTED MEASURES : 65 X 41 MM.  
NORMAL IN SIZE SHAPE AND ECHOTEXTURE.

ENDOMETRIUM MEASURES: 8.0 MM

NO E/O EXTRAUTERINE/INTRAUTERINE GES SAC

RIGHT OVARY MEASURES: 32 X 14 MM

LEFT OVARY MEASURES: 22 X 14 MM

POD: NAD

URINARY BLADDER : NAD.

### IMPRESSION:

NORMAL STUDY

DR.YASMIN IQBAL MD  
OB & G  
FOR CLINICAL CORRELATION AND EVALUATION.



# Doctors Diagnostic Centre

17-1-380/E/37, Near I.S. Sadan 'X' Roads, Opp. Sri Srinivasa Hospital,  
Main Road, Santhoshnagar, Hyderabad - 59. Ph : 24532496, 24533823

Patient Name : Tabassum Unnisa

Sex : Female

ID No : 79

Age : 26 Yrs.

Ref. By Dr. : Sushmita

Date : 24-Jul-21

## ULTRASOUND OF PELVIS (TVS)

Urinary bladder is distended and appears normal. Urinary bladder wall appears normal.  
No calculi.

**Uterus measuring: 92 X 54 X 48 mm, mildly bulky in size with evidence of well defined heteroechoic area measuring 69 x 36 mm with minimal vascularity on CDI -? RPOC / ? Clot.**

**Endometrial Echo : Not clearly visualized.**

Right ovary: 17 X 13 mm; Left ovary: 27 X 15 mm.

Both ovaries are normal in size and normal shape and echotexture.

No adenexal pathology.

No free fluid noted.

### **IMPRESSION :-**

❖ **MILDLY BULKY UTERUS WITH HETEROECHOIC AREA -? RPOC / -? CLOT.**

A handwritten signature in blue ink, appearing to read "Sruthi M".

Dr. SRUTHI.M  
Consultant Radiologist

Suggested clinical correlation. If necessary, kindly Discuss.



Tabassum Unnisa, \*  
VS8801289-21-07-24-40

Doctor's Diagnostics Centre

Tls 0.1 24.07.2021  
Tlb 0.1 8:42:22 PM  
MI 0.6 RICS-9A-RS  
26Hz/ 9.0cm  
180°/1.3  
Penetration/GYN  
P 8.10 - 3.20  
AO 98%  
Gn -2  
C7/M7  
FFS/E2  
SR II 3/CRF 1



Tabassum Unnisa, \*  
VS8801289-21-07-24-40

Doctor's Diagnostics Centre

Tls 0.1 24.07.2021  
Tlb 0.1 8:41:17 PM  
MI 0.6 RICS-9A-RS  
26Hz/ 9.0cm  
180°/1.3  
Penetration/GYN  
P 8.10 - 3.20  
AO 98%  
Gn -2  
C7/M7  
FFS/E2  
SR II 3/CRF 1

