



Dr. Shivani Chaturvedi
OBSTETRICS & GYNAECOLOGY
SUPER-SPECIALITY CENTRE

DISCHARGE SUMMARY

Name Dipti Age & Sex _____ D.O.A. 19/7/25 D.O.D. 20/7/25
Father/Husband Surya Kant Sharma D.O.O. _____ Indoor Reg. No. _____
Address Ganpati Classique Aggra Consultant DR Shivani Chaturvedi MD

Diagnosis Sev. Endometrial hyperplasia

Summary of Treatment / Operation Done

Fractional curettage
↓ SGA.

Investigation Done :

Advised Treatment on Discharge

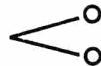
✓ Cap Pantakar  x 30

✓ Tab. Cetil 500  x 5

Tab. Fungicap  x 5

Tab. An Q₁₀  x 10

Tab. Q Prime  x 10

✓ Tab. MEkamB₁₂  x 10

Tab. Chymotry Plus  x 10

Tab. Proce-BV  x 10

Syp. Gutlac  x 10

Tab. Acenex-SP  x 10

✓ Tab. Tri-K₂  x 10

21/2 ✓ T. esto plus 0 x 21d No sp

Follow up Treatment / Stitch Removal

Diet - Light Balanced Food

✓ T. Nair for 120

Next Visit

1, 3rd Floor, Shanti Madhuban Plaza, Delhi Gate, Agra-282002; Call for appointments and all Queries - 9997801022, 9927825701





Dr. Shivani Chaturvedi
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18 July 25

Dipti, 18 yrs, P₂L₂
 1st P. 24 June 1st Hwd 2 CS.
 13 May
 Galactorrhoea

R.

- Cap Cabgolin 0.5 o/n — (2)
 - T. Numbin 20 v. 15

Di. Adeno upon
 Endom. hyperplasia

Ab. Mirel TAH / Frac.
 anastomosis

Next Visit :-

Director
 Dr. Shivani Chaturvedi
 MD
 Senior Consultant
 Obstetrician & Gynaecologist
 Laparoscopic Surgeon
 Infertility & Ultrasound specialist

Urogynecology specialist
 Cosmetic Gynaecology specialist
 Hysteroscopic Surgeon &
 Colposcopy Specialist

Vice President
 Gayatri Public Schools

Founder
 The Magna Woman
 Agra Book Club

39 yrs.
 80.6 g
 142/92

on
 H11

4 PM

I, 3rd Floor, Shanti Madhuban Plaza, Delhi Gate, Agra-282002

Call for appointments and all queries - 9997801022, 7818882996 Call for emergency only 9927825701

Email : info@drshivnichaturvedi.com



www.practo.com/gynecologist



www.facebook.com/drshivnichaturvedimd/



PESHCO-2021-5572
 NABH ACCREDITED



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HISTORY PARFORMA

Patient ID _____
Name of Patient Mrs. Dipti Sharma Age 34y Sex Female
Husband's Name Mrs. Suryakant Age 40y Occupation _____
Address Agra Mobile No. _____
ML 15 years G 2 P 2 L 2 A _____ E _____
Type of Infertility _____

OBSTETRIC HISTORY

Irregular periods

S.No.	Date Pregnancy ended or delivered	Months to Conception	Treatment to Conceive	Delivery / D&C / Complications
1.	Pl child 13 year	L.S.C.S	B.p. <u>Tab A modep AT</u> <u>Surgery</u>	<u>Glibenclamide mp 2</u>
2.	Ml child 5 1/2 year	L.S.C.S	(mother - (father - B.p)	Diabetes B.p)
				24 June 20 days Continue 18 July spotting

MENSTRUAL HISTORY

Menarche Age 13 years Periods Regular / Irregular / Cycle Length 28-30 days
Duration 5 days Flow ⊖ Dysmenorrhea ⊖ Intermenstrual Bleed _____
LMP 18 July Amenorrhoea _____

Present Complaint :

PID _____ Dyspareunia _____ STD's _____ Repeated UTI _____ Weight Gain or Loss _____
Hirsutism _____ Smoking _____ Alcohol _____ acne _____
Coital History _____ Contraceptive History _____

SURGICAL HISTORY

S.No.	Surgery Done	Date	Place	Details / Findings
1.				
2.				
3.				
4.				

MEDICAL HISTORY

TB ☐ DM ☒ HTN ☒ Asthma ☐ Heart Disease ☐ Epilepsy ☐ Hypothyroidis ☐
 Psychiatric Illness ☐ Allergy ☐ Medications ☐

FAMILY HISTORY

TB ☐ DM ☐ HTN ☐ Asthma ☐ Cardiac Disease ☐ Genetic Disorder ☐ Birth Defects ☐
 Cancer ☐ Deafness ☐ Blindness ☐

INVESTIGATION

Seman Analysis

Hormones

HSG

AMH

Vitamin D

Other



STANDARD PATHOLOGY

Unit I- Dutta Complex, Rajpur Chungi, Shamshabad Road, Agra Ph: 0562-4040090, 4061894 (Reg. No. : RMEE2227060)
Unit II- LG 01, Shanti Madhuvan Plaza, Delhi Gate, Agra Ph.: 0562-4040026 (Reg. No. RMEE2111808)
Unit III- G 25, Near Sarthak Hospital, Kamla Nagar Agra Ph.: 9720308378 (Reg. No. RMEE2341535)



Date: 18/07/2025 Patient ID: 102537767

Name : MRS. DIPTI SHARMA

Refd by Lab:

Age : 39 Yrs

Sex: Female

Ref. By: DR. SHIVANI CHATURVEDI, MS.

Sample Type: SERUM

Investigation: ANTI MULLERIAN HORMO, COLLECTION, LH, PROLACTIN

Test Name	Value	Unit	Biological Ref Interval
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ENDOCRINOLOGY

LUTEINIZING HORMONE (LH)

9.27

mIU/mL

Follicular Phase :- 1.9 - 12.5
Midcycle Peak :- 8.7 - 76.3
Luteal Phase :- 0.5 - 16.9
Postmenopausal :- 15.9 - 54.0
Pregnant :- <1.0 - 1.5
Male (20 - 70 Yrs) :- 1.5 - 9.3
Male (>70 Yrs) :- 3.1 - 34.6
Children :- <0.1 - 6.0

Clinical Use:

- Diagnosis of gonadal function disorders
- Management and treatment of infertility in both genders

Increased levels

- Primary hypogonadism
- Gonadotropin secreting pituitary tumors

Decreased levels

- Hypothalamic GnRH deficiency
- Pituitary FSH deficiency
- Ectopic steroid hormone production
- GnRH analog treatment

ANTI MULLERIAN HORMONE

0.37

ng/ml

Interpretation :

AMH LEVEL IN ng/mL	Remarks
<0.50	: Predictive of poor response
0.50 - <1.00	: Suggestive of limited ovarian reserve
1.00 - 3.50	: Predictive of optimal response
>3.50	: Predictive of ovarian hyperstimulation syndrome / PCOS

Comments

Antimullerian Hormone (AMH), also known as mullerian-inhibiting substance, is produced by Sertoli cells of the testis in males and by

Dr. Sakshi Mishra
M.D. (Path.)



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ovarian granulosa cells in females. In women AMH levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflects the size of primordial follicle pool. AMH may permit the identification of both the extreme of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical applications

- To assess ovarian status, including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols.
- To assess menopausal status, including premature ovarian failure.
- To assess ovarian function in patients with Polycystic ovarian syndrome (PCOS).
- To evaluate infants with ambiguous genitalia and other intersex conditions.
- To evaluate testicular function in infants and children.
- To diagnose and monitor patients with AMH secreting Ovarian granulosa cell tumors.

PROLACTIN

19.80

ng/mL

Non Pregnant Female: 2.8 - 29.2
Pregnant Female: 9.7 - 208.5
Postmenopausal: 1.8 - 20.3
Male: 2.1 - 17.7

Note:

1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal.

**** End Of Report ****

Dr. Sakshi Mishra
M.D. (Path.)

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All tests have technical limitations, Corroborative clinicopathological interpretation is indicated. In case of any disparity including machine error or typing error the test should be repeated immediately. NOT VALID FOR MEDICO LEGAL PURPOSE.

SAMPLE COLLECTION FACILITY AVAILABLE FROM HOME & NURSING HOME.

Customer Care No. Delhi Gate : 0562 4040 026, 7351455577, 7534855577, Rajpur Chungi : 7534955577

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Booking Time 19:50:46
Sample Collected: 19/07/2025 19:53:32
Sample Received: 19/07/2025 19:53:33
Reported On : 22/07/2025 15:30:39

Date: 19/07/2025 Patient ID: 102538116

Name : MRS. DIPTI SHARMA

Refd by Lab:

Age : 39 Yrs

Sex: Female

Ref. By: DR. SHIVANI CHATURVEDI, MS.

Sample Type: HISTO

Investigation: COLLECTION, HISTOPATHO

HISTOPATHOLOGY

SERIAL NO :2963/8116/2025

TISSUE: ENDOMETRIAL CURETTAGE

GROSS: MULTIPLE PALE BROWN IRREGULAR TISSUE PIECES TOTALLY MEASURES

2.0 CM IN DIAMETER. ALL EMBEDDED.

MICROSCOPY: SECTIONS STUDIED SHOW INCREASED ENDOMETRIAL GLANDS TO

STROMAL RATIO. THE GLANDS ARE CYSTICALLY DILATED AND SHOW GLAND

IN GLAND PATTERN. THE LINING EPITHELIUM SHOW PROLIFERATIVE PHASE. THE STROMA


IS CELLULAR WITH EXOGENOUS HORMONAL EFFECTS . THE BACKGROUND SHOWS HAEMORRHAGE .

NO EVIDENCE OF MALIGNANCY OR TUBERCULOSIS SEEN .



IMPRESSION: SIMPLE ENDOMETRIAL HYPERPLASIA WITHOUT ATYPIA .

1 SLIDE AND 1 BLOCK ENCLOSED

**** End Of Report ****

Checked by : 

Page No: 1 of 1



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ANJALI ULTRASOUND COLOUR DOPPLER & DIGITAL X-RAY CENTRE



PATIENT NAME: MRS DEEPTI SHARMA	AGE/ SEX: 39 YRS/F
REFERRED BY: DR SHIVANI CHATURVEDI, MD	DATE: 18/07/2025

TRANSVAGINAL USG

UTERUS is anteverted meas 92 x 54 x 58 mms shows normal size, shape and echotexture.
Myometrium is homogenous.
Endometrium is central meas 21 mms secretory. There is no evidence of gestational sac or abnormal vascularity.
Cervix is normal.

RIGHT OVARY meas 32 x 31 x 34 mms volume of 12 ml.
LEFT OVARY meas 31 x 20 x 19 mms volume of 6.4 ml.
BOTH OVARIES appear normal in size, shape and echotexture.

There is no evidence of fluid in POD.

IMPRESSION: ULTRASOUND FINDINGS REVEAL ENLARGED UTERUS WITH THICKENED ENDOMETRIOMA.




Dr. Anjali Gupta

M.D. (Radiodiagnosis)

Fetal Medicine Foundation ID : 209118

Member : IRIA, ISUOG, IFUMB, FMF

National Co-ordinator : Samrakshan Programme of IRIA

IIInd Floor, DC-I, 5&6, Shanti Madhuvan Plaza, Delhi Gate, Agra-282002, Phone : 0562-3573401 Mobile : 9568320666

ANJALI ULTRASOUND CENTRE

SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR40Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.0 18-07-2025
Tis 0.2 05:43:48 PM



SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR40Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.0 18-07-2025
Tis 0.2 05:43:52 PM



SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR40Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.0 18-07-2025
Tis 0.2 05:43:57 PM



SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR10Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.1 18-07-2025
Tis 0.4 05:44:03 PM



SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR40Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.0 18-07-2025
Tis 0.2 05:44:22 PM



SAMSUNG 18-07-2025-0037
DIPTI
Gynecology GYN EV2-10A FR40Hz 7.0cm

RSB5 PRESTIGE ANJALI ULTRASOUND

MI 1.0 18-07-2025
Tis 0.2 05:44:41 PM



#5&6, SECOND FLOOR, SHANTI MADHUBAN PLAZA, DELHI GATE, AGRA