#### **PROFORMA-I**

#### Remarks/ assessment of Chief Medical Officer/ Chief Medical Superintendent along with verified / countersigned papers

I, Dr. Bhavtosh Shankdhar, CMO, Ghaziabad have perused the documents presented before me by Smt. Tanu Priya Jaiswal w/o Shri Abhishek Jaiswal, ID No. UP2344, Add. Civil Judge Senior Division/4 posted at Ghaziabad, Uttar Pradesh.

1. Dr. Nalini Gabriyal, Senior Consultant, DCH Sanjay Nagar Ghaziabad examined Smt. Tanu Priya Jaiswal aged- 31 years, who is suffering from the disease/syndrome/disability Deep Infiltrating Endometriosis, Adenomyosis, Hydrosalpinx, multiple fibroids and extensive surgery was done at Max Saket New Delhi on dated 05-07-2021 in which left fallopian tube and infected portions of both ovaries and multiple fibroids from the uterus were removed. After that IVF process was started in which only one Embryo was formed which is preserved at IVF lab Sir Ganga Ram Hospital New Delhi. As per the latest medical documents of the patient she suffers from excruciating pain in most of the time of the month due to which she faces difficulties in leading a normal life, in my opinion she may require frequent hospitalization for treatment/management.

2. I also verify that Smt. Tanu Priya Jaiswal is suffering from the disease/ syndrome/disability Deep Infiltrating Endometriosis, Adenomyosis, Hydrosalpinx, multiple fibroids. Since Carcinogenic Markers CA 125- 240 U/ml and CA 19.9- 121 U/ml are quite high above the normal range and previous surgical procedures removed major part of ovaries and some part of uterus and left fallopian tube so the disease finds mention at paragraph no. I & XIII of the Annexure 1 enclosed herewith.

3. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/ disability/disorder in paragraph two above is best possible at Delhi and NCR Higher medical Institutions and Ghaziabad, Moradabad, Agra, Bareilly, Rampur, Mathura, Bijnor due to the vicinity of Delhi NCR.

4. The treatment/management of the above-mentioned disease/ syndrome/ disability/disorder in paragraph two above is also available at the districts namely possible at the districts Gautam Buddha Nagar, Meerut.

5. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.

6. The document shall be valid for six months only.

100/2024

Name: Dr. Bhavtosh Shankhdhar ID No. 101620 Designation: Chief Medical Officer Mobile No. 9456078958 Chief Medical Officer Ghaziabad

SKCt. 37894

**AX** Institute of Laparoscopic, Endoscopic & Bariatric Surgery

Dr. Vivek Marwah MS (Obstetrics & Gynaecology) Dip Op. Pelv., K. Op. Lap (Germany) Senior Director - Division of Minimally Invasive Gynaecology Surgery

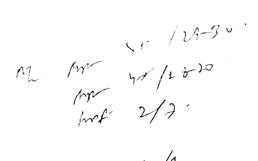
DMC Reg. No.: 15355

Appointments: 9958 631 112, 9811 164497, 8860 444 888 Emergency: 011-4055 4055 Email: vivek.marwah@maxhealthcare.com

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pr. Anita Gupta	A FORTIS VISION BEFERRE	
Associate Director- Obstetrics & Gynaecology MBBS, MS (Obstetrics & Gynaecology) DMC No.:- 4442 Contact:- 9811096139, 9560488202 Email to:- anitagupta.gynae@gmail.com anita.gupta@fortislafemme.in	$\overline{(r)}$	Fortis La femme S-549, Greater Kailash Part 2, New Delhi-110048 Tel: 011-40579400, Fax No.: 011-41436103 Emergency: 011-41436385, Ambulance: 105010 Email: contactus.flf@fortislafemme.in Website: www.fortishealthcare.com
Name: Tanu Priya Jalswal Age: <u>31 yeur</u> . Sex: <u>female</u> UHID: <u>12791604</u> .	Weight: 73 3kg	
Presenting Complaints:-		
Yo lower address, to Lower backness.	U U	
410. Lapanoneropy to 8	Endometriosis, Aden	myoris
HIO, Caparonepy for 8 <u>Menstrual History:</u> LMP: 16/10/23 EDD:	· Hydrocalphing (i) folgengeiten	yelene. (in 4/7/2021.

y sex : 12-nat \_ Weight : 75-2 tiz Tomoconi, Dr. Anita Gupta Associate Director- Obstetrics & Gynecology 5 MBBS, MD (Obstetrics & Gynecology) Fortis La femme S-549, Greater Kailash Part 2, New Delhi-110048 Contact:- 9811096139 Tel: 011-40579400, Fax No.: 011-41436103 Email to:- ashokanitaa@gmail.com Emergency: 011-41436385, Ambulance: 105010 anita.gupta@fortislafemme.in Email: contactus.flf@fortislafemme.in (2)Website: www.fortishealthcare.com Name Tanutriya Jais wal BP: 125/78 Age: 31 yr Sex: Cemale Pulse : Weight: 74.4 kg Temperature : UHID : 1279,604 Date : 18/12/23 Allergies : Presenting Complaints:-Investigations:-Mc Eadometaiona + Ademonyome + Multiple fororde VisANNE for last. 36 days. 40 Irregular spotting P/ still (211) 30  $Q_{\gamma}$ Menstrual History:-40. Pari in Koles LMP: 12/11/23. recolones. Ha reduced. July 23 Por Singery × 15 day / taken EDD: Pain adamen cA . 19-9 128 / parg Travera. Cycles: started Vitanne bo. Advice: 125 · 182. Hourd ded **Obstetric History:-**H5. 7-9 gmp. uls Petris CTVS7 GPAL Po Ao .  $(\mathbf{i})$ 19/1223. · (A-125 110. S. V.L.D. (D) Ð Family History:-CA 19.983.3. S. Calu'u (3) tol ORDER-XT EJR 17 ( danly 1/2 hr often Personal History:-BC H6. 8.7 fool × ywelles Examination:-Continue. VISANNE P/S Dr. Anita Gupta Associate Director P/V . YARIJE-23-60. rice & Gynascology Fortis LaFemme Houp tal ence in 15 de . SHELCAL + HD 8-540, GK-II, New Dethi DMC Regn. No.-4442 Consultant Signature and stamp Follow up date:-Self Alter tell W+65

- Char Jalievas <sup>(c)</sup>mergency: 011-41436385, Am 279400, Fax No: 0 3 Frain FORTIS VISION Dr. Anita Gupta Associate Director- Obstetrics & Gynecology Fortis La femme MBBS, MD (Obstetrics & Gynecology) S-549, Greater Kailash Part 2, New Delhi-110048 DMC No.:- 4442 Contact:- 9811096139 Tel: 011-40579400, Fax No.: 011-41436103 Email to:- ashokanitaa@gmail.com Emergency: 011-41436385, Ambulance: 105010 Email: contactus.flf@fortislafemme.in anita.gupta@fortislafemme.in (4)Website: www.fortishealthcare.com Name: Tani Priza Jaism 106/69. BP : Pulse : \_\_\_\_ Age: 31 JA Sex lemant 75 3133 Weight : Temperature UHID: 127 51600 Date 6/1/24-Allergies Presenting Complaints:-Investigations:-SIC BIL company ovarian upto for bing in ere ( on Vicorno zing And) Menstrual History:-LMP: 25(1)23 - still bleeding, fod + CA-125 x15day, CA-19.9 1 Ting - 20 . Cycles: Pair Jed Advice:-0 **Obstetric History:-**) stay Tab REGESTERONE GPAL u/s POAD 5/2/24. Furce denly x 3 weeks Sefforture 20 x 20 mm R) Q stop VIJANNE hom  $(\mathfrak{I})$ complex Family History:cypt. benow on (C) Dr. 29×24 mm compter with Las TRANEXA SOUNT <u>(</u>3). Personal History:-2 tas house darly Hydro salphing same Y 3 day. Examination-12.8 mms  $(\mathcal{G})$ . top. OROFER-XF I danly (~) P/S 1/2 hr nept mentes. M. Pelvis Dr. Anita Gupta  $\mathcal{R}$ apres societe Director P/V Diagnostie byster classy ics & Gynaecology lood Fortis LaFem me Hospital 8-549, GK-II, New Delhi × 2wie DMC Regn. No.-4442 De c **Consultant Signature and stamp** Follow up date:-Aule Carples Minena Insertion. Reven De

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A FORTIS VISION Dr. Anita Gupta Fortis La femme Associate Director- Obstetrics & Gynecology S-549, Greater Kailash Part 2, New Delhi-110048 MBBS, MD (Obstetrics & Gynecology) Tel: 011-40579400, Fax No.: 011-41436103 Emergency: 011-41436385, Ambulance: 105010 DMC No.:- 4442 Contact:- 9811096139 Email: contactus.flf@fortislafemme.in Email to:- ashokanitaa@gmail.com Website: www.fortishealthcare.com anita.gupta@fortislafemme.in 3 Name: Tanu Prijo Jalling BP Pulse : \_\_\_\_ 11 21 76 Age: 31 years Temperature :\_\_\_\_ Sex female Weight 75. 1hg UHID: 127 91604 21/12/22 Allergies Date Investigations:-Presenting Complaints:-Ackensometaiona + multiple finadedi Sided Hydrocalphine = H/p ( Salpingerling 4(2) MS. 19/12/23. \* Menstrual History:-LMP: 12/11/23. line 12/11/23 whomas enlangel. a multiple fibroide 50 x 49 x 50 mm 32 x 25 mm 25 x 24, mm 27 x 27 mm, Olar EDD: Cycles: wall I CONTINUE VIJANNE 2mj Advice:-Dar **Obstetric History:**twice douby & amont (R) Or, 200mplus upt <26 x 25 mm GPAL POAC D'Antinue CHELCAL-HC ture daily & amiltis Or. 31×31 man complex continue up ROLE-D3 Family History:-Sided. 54×20mm  $(\underline{m})$ 15 days x Hydro Salphins ence Wontinue OROFER-X Personal History:x amin ίv PIA V. Sugue tendemen in Selforterted Biliac picea. Dr. Anita Gupta Examination:-CA - 125 83.3 Jing Hb Associate Director P/S Obstatrics & Gynascology Fortis LaFemme Hospital S P/V 8-549, GK-II, New Delhi DMC Regn. No.-4442 Consultant Signature and stamp H & . 7. 8ml + m X 2 months / mullingh Follow up date:-7-10 days every Follow



Patient Name: Tanu Priya Jaiswal	Location: MAX SUPER SPECIALITY HOSPITAL - PATPARGANJ		
Age/Sex: 31/F	IP No.:	Admission Type: OutPatient	
Max ID: SKCT.0378925	Order Date: 16-AUG-2023		
Ref. Doctor: Vivek Marwah	Report Date: 16-AUG-2023 05:04 PM		

#### MRI Pelvis, Lower Abdomen (C) of 16-AUG-2023:

**Results**: Multiplianar MR images of the lower abdomen were obtained using 11–12 weighted TSE SPIR sequences. T1 sequences were repeated after intravenous contrast administration.

Urinary bladder is normal in size and shape.

Uterus is enlarged in size -11.6 (CC) x 7.4 (AP) x 9.0cm (Width) with normal outline. There are multiple well defined T2 hypointense lesions suggesting fibroids, largest mensuring -3.0 x 2.7cm in size in the left lateral wall. There is diffuse thickening of the junctional zone in posterior myometrium with ill defined hypointense lesion with moderate enhancement mensuring approximately 6.2x5.1 cm in size showing multiple small cystic foci (hyperintense on T1 / T2W images) in the posterior myometrium. Findings are suggestive of multiple uterine fibroids with adenomyoma /adenomyosis involving the posterior wall of uterus. The extent causing mild compression and anterior displacement of the endometrial cavity.

There is grossiv dilated fortuous tubular structure is seen in the right adnexal region suggesting right sided hydrosalpinx.

There are complex cystic lesions in bilateral adnexal region appearing hyperintense on T1W images and showing dependant T2 shading, angular margins and few thin septations suggestive of hemorrhagic cysts / chocolate cysts. The larger right adnexal lesion measures approximately  $6.0 \times 3.5$  cm and small left adnexal lesion measures approximately  $3.0 \times 2.1$  cm.

Small amount of loculated fluid is seen at places in pelvis with possibility of adhesions

There is also jocal effacement of fat planes between the sigmoid colon/rectosigmoid and the right adnexal lesson in the lower abdomen with minimal thickening of the inferior peritoneal reflection.

The visualized bowel loops are otherwise normal.

No significant pelvic inguinal lymphadenopathy is seen.

IMPRESSION: Findings are suggestive of bilateral endometriomas with right sided hydrosalpiax with multiple uterine fibroids and possibility of uterine adenomyosis/ adenomyoma as described.

Clinical correlation is suggested.

Dr.Bhuvnesh Guglani Principal Consultant

Report Approved / Verified Date & Time:16-AUG-2023 05:04 PM

For Interpretation by a Registered Medical Practitioner only)

Max Su, (A Unit or (Balaji Mec. pistered u Hospital, Patparganj i nd Diagnostic Research Centre) Hostic Research Centre Heties Registration Act XXI of 1860)

R. Office: 108 A, indraprastha Extension, Patparganj, New Delhi - 110 092 For medical service queries or appointments, call: +91-11 4303 3333, Fax: +91-11 2223 5563

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DATE ----- 19.12.23 NAME ----- TANUPRIYA AGE/SEX-----F REFD.BY----- DR.ANITA GUPTA. INVESTIGATION-----PELVIC SCAN. TVS/ TAS

Kellance

Uterus is AV - Enlarged in size. Wall asymmetry present .

Contour is irregular and myometrial echoes are heterogenous.

Multiple intramural fibroids present ... FIGO 3, 4 and 5 in classification.

Fibromyoma causing mild anterior displacement of endometrial echo.

Various sizes are ...56x49x50mm..vol..70cc, 32x25mm,25x24mm and 27x27mm in posterior , anterior and left lateral walls.

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Cervix and cervical canal - appear normal in texture.

Endometrial echoes are seen and the cavity is empty. ET is 8mms.

Rt.ovary has two complex cysts..26x25mms and 26x24mms ...with lowlevel internal echoes .

Lt.ovary has a 31x31mm complex cystic mass with ground glass appearance

Rt.sided dilated tubular lesion is noted in rt.adnexa favouring dilated fallopian tube..54x20mms .....Hydrosalpinx.

Sliding sign Absent .. Deep Infilterating Endometriosis.

Color score is 1 ...no internal vascularity.

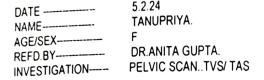
Cul-de-sac has no free fluid.

Urinary Bladder has smooth wall of normal thickness and does not show any space occupying lesion or a calculus.

IMPRESSION:: • MULTIPLE FIBROMYOMAS UTERUS. DEEP INFILTERATING ENDOMETRIOSIS. COMPLEX CYSTIC MASSES BOTH ADNEXAE WITH GROUND GLASS APPEARANCE AND NO VASCULARITY - S/O ENDOMETRIOSIS BOTH OVARIES AND RT. FALLOPIAN TUBES. self Atterted 29 W/202.Voru

Note : This is a routine obstetrical ultrasound, mainly done for estimation of gestational age, amount of liquor, placental position and general well being of the fetus & not for the evaluation of all congenital anomalies. Moreover, the anomalies in relation to fetal heart and limbs are extremely difficult due to constantly changing position of the fetus & overlapping of its various parts. The Detection of Fetal Anomalies is Dependent on Fetal Position, Amount of Liquor, Gestational age of Fetus & Dependent and Abdominal

Wall Thickness, Hence a Normal Scan Does not necessarily mean a congenitally Normal Fetus. THIS IS A PROFESSIONAL OPINION NOT THE FINAL DIAGNOSIS. THIS SHOULD BE INTERPRETED IN THE LIGHT OF CLINICAL BACKGROUND. CONSULTANT SONOLOGIST



Reliance

Uterus is AV - Enlarged in size. Wall asymmetry present Contour is irregular and myometrial echoes are heterogenous. Multiple intramural fibroids present ... FIGO 3, 4 and 5 in classification. Fibromyoma causing mild anterior displacement of endometrial echo. Various sizes are ..45X43X41mm..vol..40 cc, 32x25mm,29x24mm, 22X19mm and 27x22mm in posterior . anterior and left lateral walls. Cervix and cervical canal --- appear normal in texture. Endometrial echoes are seen and the cavity is empty. ET is 12.8mms...bleeding PV since one month

RLovary has a complex cysts..20x20mms ....with lowlevel internal echoes . Lt.ovary has a 29x24mm complex cystic mass with ground glass appearance Rt.sided dilated tubular lesion is noted in rt.adnexa favouring dilated fallopian tube..51x22mms Hydrosalpinx. Sliding sign Absent ... Deep Infilterating Endometriosis. Color score is 1 ... no internal vascularity. Cul-de-sac has no free fluid. Urinary Bladder has smooth wall of normal thickness and does not show any space occupying lesion or a

calculus.

IMPRESSION:: -MULTIPLE FIBROMYOMAS UTERUS. DEEP INFILTERATING ENDOMETRIOSIS. COMPLEX CYSTIC MASSES BOTH ADNEXAE WITH GROUND GLASS APPEARANCE AND NO VASCULARITY - S/O ENDOMETRIOSIS BOTH OVARIES AND RT. FALLOPIAN TUBE.

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	: TANU PRIYA			
Age / Sex				Lаь No. : GZB240255626
Referred By				Registration On: 04-02-2024
_	: UGZB.0000024819			Collection Date : 04/Feb/2024 10:03AM
Centre	: GHAZIABAD			Received Date : 04/Feb/2024 05:58PM
				<b>Approved Date</b> : 04/Feb/2024 10:18PM
Test Name		Result	Biologic	al Ref. Interval Method
CA 19.9 , Serun	n			
CA 19.9		<b>121</b> U/mL	< 37.0	ECLIA
Clinical Significance : - CA 19.9 isolated original - Increased levels are seer - Pancreatic cancer. - Cancers of bile duct - Some non-gastroint cirrhosis, acute cho	y from colon cancer cell line has greatest utility i in L stomach, colon and oesophagus testinal cancers Hepatomas Non-malignant cor plangitis pancreatitis and cystic fibrosis.	in detecting pancreatic cancers an nditions like hepatitis,	d hence is the most useful cir	rculating tumour marker for evaluating chronic pancreatic disorders.
following surgery may be in Advise: CA 19.9 assay sh	innesectable. Used in conjunction with CT sca ndicative of occult metastasis or recurrence of d	n and other imaging modalities to lisease.	decide about tumor resection	values, being higher in tumors > 3cms in diameter and in differentiated tumors. High n.Useful in predicting survival and recurrence after surgery. A persistent elevation arent analytical techniques and different equipments cannot be used interchangeably
due to difference in assay n	methods and reagent specificity. In course of mo	onitoring, the assay method preferat	bly should not be changed.	,
	e results with clinical conditions.			
Clinical Significance of C Cancer antigen-125 (CA-12 Although the specificity and monitoring disease progress patients with serious endom	A125 Level: (A5) is a glycoprotein that occurs in blood as hig isensitivity of CA-125 assays are somewhat lim sion and response to therapy in ovarian cancer teriod. clear cell and un-differentiated ovarian c	h molecular weight entity. High con ilted, especially in early diagnosis of , and in the early detection of recurr carcinoma. The serum CA-125 is ele	Ovarian Cancer, the assay h ence after surgery or chemoth evated in 1% of normal healthy	ECLIA e associated with ovarian cancer and a range of benign and malignant diseases. as found wide spread use in the differential diagnosis of adnexal masses, in rerapy for ovarian cancer. Elevated serum CA-125 levels can be observed in ywomen, 3% of normal healthy women with benign ovarian diseases, and 6% of
	c conditions (including but not limited to first trin e results with clinical conditions.		idometriosis uterine fibrosis, a	scute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).
		*** End O	f Report ***	
				Dr.Pankaj Tayal Consultant Pathologist M.B.B.S., D.N.B. (Pathology) DMC Reg. 83771
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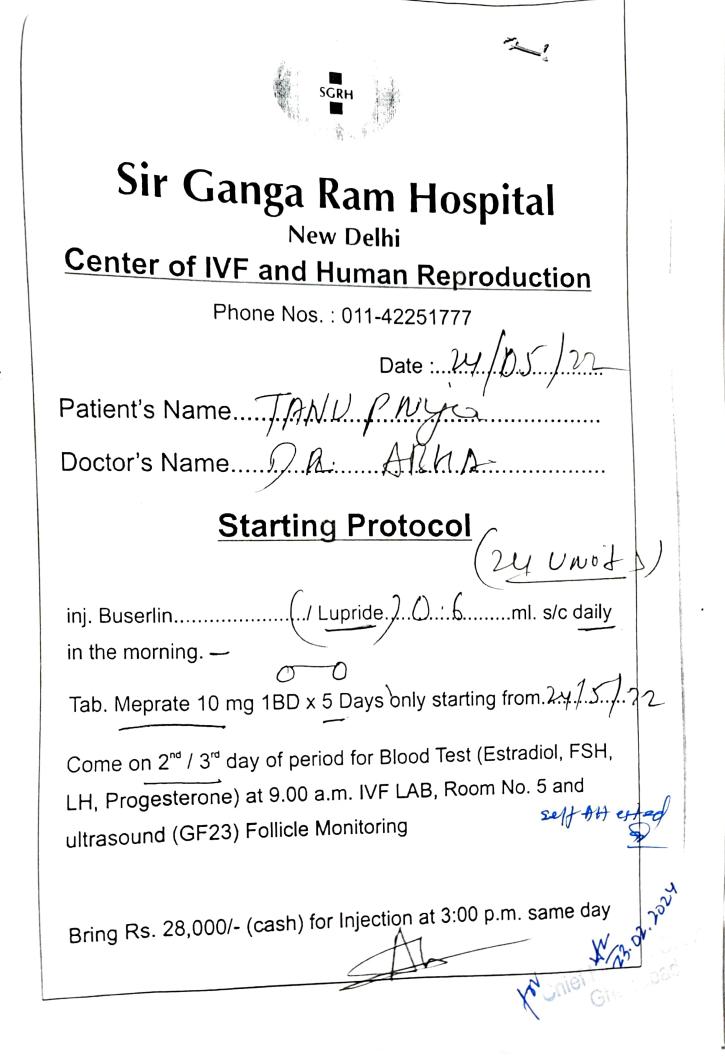
Dr. Abha Majumdar Brug ( W) Ghaziabat M.B B.S., M.S., F.I.C.S. (DMC : 3103) PORLY H) Director Centre of IVF & Human Reproduction, Department of Obstetrics & Gynaecology IVF & Human Reproduction, Department Sir Ganga Ram Hospital, New Delhi - 60, Fax : 011-4225 1771 **GENESIS CLINIC** GENESIS CLINIC : Associate Consultants PRIVATE OPD : F-64, 1st Floor F-431, New Rajinder Nagar, New Delhi-60 Dr. Prem S. Verma Sir Ganga Ram Hospital MBBS, MS (DMC 12692) 11.00 am - 1.00 pm (Mon - Sa) 2.00 - 4.00 pm (Mon. Wed & Fri) For appointment : 9 am - 4 Jn (Mon - Sat) J Dr. Tejashri Tel. : 011-25750000 / 42251764 Tel. : 011-45011438, 9810821594 All consultations by appointment only MBBS, MS, ART Fellowship (IFS) BP 1101-10 (DMC 44694) 5 4 22 TANU PRIVA. JAISWAL WI TIKY LMP 6.3, 22 2942 ABHISHENH JAISTONL Be laster III 30<sup>4</sup> morch. (Dischogert. Contrumy Since 23 Jan 344/11 only 540' (studgig initially) DUO-STINA ( gray) Trouter NI Use honude - ov where & KP Dr-<u>4-5</u> 25-26 MIH 3 + Plo pulsouro mynes. (Afe- - Din vien four (Def Col wolrofour) Erregular pearls Sinu July 21 (Post Susty, 25 Lupped, Droenyke, Атн(dar 22) 1. Энувие р СА125 (Ау2)) 24.6 ијиг / ит вивич СА19.9 11 - 71.9 ијиг fishulia notulity Jen 22 9.9 mlu 1. operate 1/2 Co & vogen 4. Bel JSH Druggron / 1BD HRC Tel , 254 pglus - 119. 1. 34els O Jos 5 B12 ten per Chot. Shipt 19412 1341 L mind Courd - Apr 21 US Polus 24/3/22 Do Mahefan Dis Gerdent thickey ) Postucia 3.9er (\*) stif Dienvyel- todag tij kup ude 3-7ing stat todag Im For Ant well 2.1x 1.1cm, her 1.000 Adenenigosin 5.1x4.600 7 1.0x.800 HNenchyving J. E. J. Cythe 2,900 of 2.800 Br ev 22.300, E. J. Cythe 2.900 Seft & Hertoe LA G. Gec ENGUL. Tec, 5cc. (Z: Lupon) 3.7 4 Ay Cept 2) ALL OBSTETRICAL CASES WILL BE ATTENDED BY THE AVAILABLE CONSULTANT OF MY TEAM. Afc. 3 Residence : C-56, Anand Niketan, New Delhi-110021 . Tel. : 011-24114716 E-mail: abhamajumdar@hotmail.com · Website: www.drabhamajumdar.com Pelvic Enetermethen Corte Contenter Loculeter Calterine 13.600 à

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Patents Name-Mrs.Tanu Priya Registration No.- 2987765 Doctors Name- Dr.Abha

Date: 14/05/22

Protocol Long-GnRha Luteal Phase Stim

Treatment

Milliggaf Inj.Recagon 225 IU subcutaneous between 2-5 pm x 7 days. (14/05/22) (E

Tab.Meprate 10 mg Once Daily ٠

Come on 21/05/22 at 9.00 a.m. for Blood Test and Ultrasound FM/ET to IVF Lab. EL/ Ly

Bring Rs. 14,000L

x 7 days. 14/5722

Signature

Soft Other tech

Betadin worh



# Sir Ganga Ram Hospital, New Delhi IVF/ET Lab

Phone Nos : 42251777

Patents Name- Mrs.Tanu Priya Registration No.-2987765 Doctors Name- Dr.Abha

Date: 09/05/22

Cycles (SGR<sub>H</sub> MVF cycle details

<sup>Terminal E2 (pg/ml):</sup> 1632

Trigger: Dual

ć

kocol: Antagoni<sub>st</sub>

Protocol-Luteal Phase-Antag-

## Day of Hcg

- Inj.Cetrorelix 0.25 mg once today only.(Monday) ٠
- Inj.Ovitrelle 250 mcg + Decapeptyle 0.2 mg • s/c at 11:00 P.M (Night) on (Monday) 09/05/22.
- Stop Busereline / Lupride. No injection on (Tuesday) 10/05/22. No-Food/ No-• Water.
- Come on 11/05/22 at 9:00 a.m. empty stomach for aspiration.(wed) •
- Brings Rs. 1,32,000/-•
- NOTE- Covid RT PCR Test (H) + (W).
  Adhaar Card (W + H) 4 Copies,
- Dr. Prescription 4 Copies
- (First & Last Page)
- PAC
- Photo-(W+H)
- Vaccination status

Śignature

ovitvelle 250 ×gmslc

### Center of IVF and Human Reproduction Sir Ganga Ram Hospital, New Delhi

# OOCYTE RETRIEVAL DISCHARGE SUMMARY

Name/Age: Tanu Priya Jaiswal/29 yrs

Husband's name/age: Abhishek Jaiswal/34 yrs

Registration number: 2987765

Date of OCR: 11.5.22

Consultant: Dr Abha Majumdar

Number of oocytes retrieved: 6

Indication: Gd IV endometriosis with tubal factor with Asthenozoospermia

S.AMH (ng/ml):1.2

BMI (kg/m²): 27.7

Antral follicle count: 5

Semen: 82 M/ml, PM-60%

Infertility duration (yrs): 9(primary)

Baseline USG findings: i/m fibroid ant wall(2.1x1.1, 1.4x1), Lt lat. Wall(1.7x1.6) Adenomyosis(5.1x4.6cm), RO endometriotic cyst 2.9cc, Pelvic endo collection 13.6cc

Obstetrical history: POLO

Medical history: Inj Lupride 3.75 mg on 5.4.22

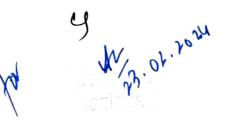
Surgical history: (5.7.21) Dr Marwah Laparohysteroscopy- Removal of B/L endometriotic cyst with Lt salpingectomy & adhesiolysis Uterus adenomyotic, Lt tube hysrosalpinx, Rt spill + Hystero normal

Husband's medical history: Nil

Husband's surgical history: Nil

Previous OI/ OS- IUI cycles: Nil

Previous IVF cycles (outside): (31.10.21) I IVF- Ridge IVF- Inj HUMOG 375x 8d- 450x3d No eggs retrieved



Self Attested

17th February 2024

## <u>To whomsoever it may concern</u>

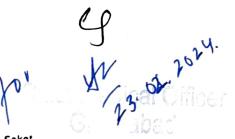
This is to certify that Ms.Tanu Priya Jaiswal, SSNO 210-37-8925, DOB JUL 25, 1992 Patient had undergone surgery for Management of Endometriosis in July 2021 and has been under the regular treatment since then. She needs close monitoring, regular ultrasound scans and blood tests for the same.

She is currently under medication and injectables may require surgery in near future and recurrent hospital visits.

Authorized Signatory (Dr. Vivek Marwah)

Max Super Speciality Hospital - East Block (A Unit of Devki Devi Foundation) 2, Press Enclave Road, Saket, New Dethi-110 017 Ph.: 91-11-2651 5050, Fax: + 91-11-26510050 / 66115060

Self Attest



Max Super Speciality Hospital, Saket (East Block) - A Unit of Devki Devi Foundation (Devki Devi Foundation registered under the Societies Registration Act XXI of 1860) (Regd. Office 2, Press Enclave Road, Saket, New Delhi-110 017 For medical service queries or appointments, call: +91-11 2651 5050 Fat -91-11-2651 0050



