

## PROFORMA- I

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

I, Dr. Bhavtosh Shankhdhar, 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.

*[Handwritten signature]*  
22/02/2024

*[Handwritten signature]*  
**Name: Dr. Bhavtosh Shankhdhar**  
**ID No. 101620**  
**Designation: Chief Medical Officer**  
**Mobile No. 9456078958**  
**Chief Medical Officer**  
**Ghaziabad**

Skt. 378925

**MAX** 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 631112, 9811 164497, 8860 444 888  
Emergency: 011-4055 4055  
Email: vivek.marwah@maxhealthcare.com

28/07/2023

Mr. Tanya 30yr  
Mr. L. L. M. (M) (G)

Ms. Anu Gupta 12/11/11  
5/2/2022

M1 Mr 15/12/20  
M2 Mr 22/12/20  
M3 Mrs 2/7

116-7.8 gms  
TCC- 80

8/2- 123  
CA-199 - 182  
CA-15 -

Y- Gp Mx & Kndst:  
Knd & Knd rhdta = G Kndst  
Txn of Kndst rhdta 5/7/2021.  
Txn of rhdta  
18/4/2023 -

UPL of mdy 2 in Btl  
Knd Knd rhdta  
(2) 21, 16, 12  
Txn of rhdta & Mx Kndst rhdta  
11- Kndst rhdta  
11- Kndst rhdta  
11- Kndst rhdta

**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  
Fax: +91-11-2651 0050  
www.maxhealthcare.in

Self Attached

Medical  
Ghaziabad



Complete Admpt  
426 (CAT 29)

12/12/2023

31 Jan

4 by 4 200 x 100

Self reported  
On

On Tub Vispram  
12/11/23  
7/2/2024

Mr A. Guntam

4/2 (A 75 - 240 1/1 1  
(A 185 - 121. 1/2 1

Optic Contact Gp  
Wart medical 4/2  
indications read

eg

On Tub Regester 2 bd 15/1

4/2/2024  
Lupinose Prost 3 75g 1/3  
14 Butack

On R Amareu  
x 3 mult

On stat Tub Vispram 2y. 3/6 75 day

Chief Medical Officer  
23.01.2024  
Guntam

# lafemme

A FORTIS VISION  
HEALTHCARE FOR WOMEN AND CHILDREN

**Dr. Anita Gupta**

Associate Director- Obstetrics & Gynaecology  
MBBS, MS (Obstetrics & Gynaecology)  
DMC No.- 4442  
Contact:- 9811096139, 9560488202  
Email to:- anitagupta.gynae@gmail.com  
anita.gupta@fortislafemme.in

**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 Jaiswal BP: 115/74 Pulse: \_\_\_\_\_  
Age: 31 years Sex: female Weight: 73.3 kg Temperature: \_\_\_\_\_  
UHID: 12791604 Date: 24/10/23 Allergies: \_\_\_\_\_

**Presenting Complaints:-**

G.O. lower abdomen, ↑ during menses.  
Lower backache.

H/O. Laparoscopy for Endometriosis, Adenomyosis  
& Hydrocolpos  
① Salpingectomy done.

**Menstrual History:-**

LMP: 16/10/23

EDD: \_\_\_\_\_

Cycles: 3-4  
30 days, reg, ↑ flow pain.

**Obstetric History:-**

G P A L

POAO. → IVF Tried twice.

**Personal History:-**

**Family History:-**

**Investigations:-**

① Tab TRANEXA-MF  
② Tab VISANNE ③ ENDOREGE  
④ Tab SHELLCAL - HD twice daily  
⑤ Tab UPRISE-D3-60 once in 15 days

From 1st day of menses.

① Tab TRANEXA-MF  
twice daily x 5 day  
after food.  
② Tab VISANNE ③ ENDOREGE  
(2mg) twice daily. x 3 mths.

④ Review after 2 mths  
⑤ next menses

Follow up date:-

MRI: 16/8/23  
uterus 11-6x 7-4x 9-1 cm.  
multiple fibroids  
largest 3x 2.7cm.  
6.2x5.1 cm. adenomyo - ms  
B/L complex cystic lesion  
? chow late cyst.  
largest ② adenomal. lesion  
6x3-5cm.  
④ lesion 3x2.1cm.

**Dr. Anita Gupta**  
Associate Director  
Obstetrics & Gynaecology  
Fortis LaFemme Hospital  
S-549, GK-II, New Delhi  
DMC Regn. No.-4442

Consultant Signature and Stamp

Self Attached

12/10/2024  
Medical Officer

Sex: Female Weight: 75.2 kg

# lafemme

A FORTIS VISION  
HEALTHCARE FOR WOMEN AND CHILDREN

**Dr. Anita Gupta**  
Associate Director- Obstetrics & Gynecology  
MBBS, MD (Obstetrics & Gynecology)  
DMC No.: - 4442  
Contact: - 9811096139 ✓  
Email to: - ashokanita@gmail.com  
anita.gupta@fortislafemme.in

**Fortis La femme**  
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Emergency: 011-41436385, Ambulance: 105010  
Email: contactus.flf@fortislafemme.in  
Website: www.fortishealthcare.com

Name: Tanupriya Jainwal BP: 125/78 Pulse: \_\_\_\_\_  
Age: 31yo Sex: Female Weight: 74.4 kg Temperature: \_\_\_\_\_  
UHID: 12791624 Date: 18/12/23 Allergies: \_\_\_\_\_

### Presenting Complaints:-

MC Endometriosis + Adenomyoma + Multiple fibroids  
On VISANNE for last 36 days. 40 Irregular spotting P/L still (+)  
(2mg) BD  
40. Pain in knee weakness.

### Menstrual History:-

LMP: 12/11/23  
EOD: X 15 day / taken  
- 20. Travera.  
Cycles: started Visanne BD.

Pain abdomen  
bed

### Investigations:-

July '23 Hb reduced.  
post surgery.  
CA - 19.9 128. Trend  
CA 125. 182. Trend  
Advice:-  
Hb. 7-9 g/dl.

### Obstetric History:-

GPAL

PoAo

- ① U/S Pelvis CTUS  
19/11/23.
- ② CA - 125 110. S. V.D. ②  
CA 19.9 83.3. S. Calcium.
- ESR 17
- CBC Hb. 8.7

### Family History:-

- ③ had ORDER-XT  
(daily 1/2 hr after  
food  
X 4 weeks

### Personal History:-

- ④ continue VISANNE  
4 APRIL-23-60.  
end in 15 day.  
SHELCAL + HD  
BD

### Examination:-

P/S

P/V

*Anita Gupta*  
**Dr. Anita Gupta**  
Associate Director  
Obstetrics & Gynecology  
Fortis LaFemme Hospital  
S-549, GK-II, New Delhi  
DMC Regn. No. 4442

Consultant Signature and stamp

### Follow up date:-

Review with reports

Self Attached

Chief Medical Officer

**Dr. Anita Gupta**

Associate Director- Obstetrics & Gynecology  
MBBS, MD (Obstetrics & Gynecology)  
DMC No.:- 4442  
Contact:- 9811096139  
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Email: contactus.flf@fortislafemme.in  
Website: www.fortishealthcare.com

Name: Taru Priya Jain BP: 106/69 Pulse: \_\_\_\_\_  
Age: 31 yrs Sex: Female Weight: 55 kg Temperature: \_\_\_\_\_  
UHID: 12751604 Date: 1/1/24 Allergies: \_\_\_\_\_

Presenting Complaints:-

MC BIL complex ovarian cyst

Investigations:-

bing in size (Or  
Vissano 2mg 2x)

Menstrual History:-

LMP: 28/12/23 → still bleeding, red & x 15 days.  
EDD: 12/1/24 x 15 days.  
-20

CA-125  
CA-19-9 | Ting

Cycles:

Pain led

Advice:-

Obstetric History:-

GPAL P0A0

MC 1/2/24

1. Start Tab REGESTERONE  
2mg

twice daily x 3 weeks

Menst

Self started

Family History:-

OK

2. Stop VISSANNE from  
tomorrow

Personal History:-

1. Ov. 20x20 mm  
complex cyst  
2. Ov. 29x24 mm  
complex cyst

3. Tab TRANEXA 500mg  
2 Tab twice daily  
x 3 days.

Hydrocalyx same

Examination:-

P/S  
P/V

3. Uterus (rvs) after next menses.

ET 12.8 mm

4. Tab. OROFER-X 1 daily  
1/2 hr after  
food  
x 2 wks.

6. Plan: Diagnostic Hysteroscopy  
+  
D&C  
+  
Mirena Insertion

**Dr. Anita Gupta**  
Associate Director  
Obstetrics & Gynaecology  
Fortis LaFemme Hospital  
S-549, GK-II, New Delhi  
DMC Regn. No.-4442

Follow up date:-

7. Review doc.

Consultant Signature and stamp

Anita Gupta

**Dr. Anita Gupta**  
Associate Director- Obstetrics & Gynecology  
MBBS, MD (Obstetrics & Gynecology)  
DMC No.: - 4442  
Contact: - 9811096139  
Email to: - ashokanita@gmail.com  
anita.gupta@fortislafemme.in

Name: Taru Priya Jaiswal BP: 112/76 Pulse: \_\_\_\_\_  
Age: 30 years Sex: female Weight: 75 kg Temperature: \_\_\_\_\_  
UHID: 127 91600 Date: 21/12/22 Allergies: \_\_\_\_\_

Presenting Complaints:-

Hc<sup>+</sup> Endometrioma + multiple fibroids  
+ (R) sided Hydro salpinx. to Hc<sup>+</sup>

Menstrual History:-

LMP: 12/11/23

U/S. 19/12/23. \*

EDD:

Cycles:

Obstetric History:-

GPAL  
POAC

Family History:-

Personal History:-

Examination:-

P/S

P/V

uterus enlarged. to multiple  
fibroids

50 x 49 x 50 mm	ant, post, (C) lat wall
32 x 25 mm	
25 x 24 mm	
27 x 27 mm	

(R) Ov. 2 complex  
cysts < 26 x 25 mm  
26 x 24 mm

(C) Ov. 31 x 31 mm complex  
cyst.

(R) Sided. 54 x 20 mm  
Hydro salpinx.

P/A v. slight tenderness in

(R) clava. fca. self started

19/12/23  
CA 19.9 ↓ 11g CG  
CA -125 83.3  
ing Hb 110.  
8.7.8g/dl ↑ 1mg

Follow up date:-

Regular Follow up every 7-10 days x 2 months

Investigations:-

(I) Salpingectomy  
↓  
on vitanno. Bx  
since 12/11/23

Advice:-

- (I) Continue VITANNE 2mg  
three daily x 2 month
- (II) Continue SHELCEL-HI  
three daily x 2mths
- (III) Continue UPRILE-D3  
-62  
once in 15 day x  
2mths
- (IV) Continue OROPER-X  
x 2mths

Dr. Anita Gupta  
Associate Director  
Obstetrics & Gynecology  
Fortis LaFemme Hospital  
8-549, GK-II, New Delhi  
DMC Regn. No.-4442

Consultant Signature and stamp

Anita Gupta

Patient Name: Tanu Priya Jaiswal	Location: MAX SUPER SPECIALITY HOSPITAL - PATPARGANJ
Age/Sex: 31/F	IP No.: Admision 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:** *Multiphase MR images of the lower abdomen were obtained using T1, T2 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 measuring ~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 measuring 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 lesion causing mild compression and anterior displacement of the endometrial cavity. There is grossly dilated tortuous 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 x 3.5 cm and small left adnexal lesion measures approximately 3.0 x 2.1 cm.

*Small amount of loculated fluid is seen at places in pelvis with possibility of adhesions. There is also focal effacement of fat planes between the sigmoid colon/rectosigmoid and the right adnexal lesion 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 hydrosalpinx with multiple uterine fibroids and possibility of uterine adenomyosis/ adenomyoma as described.

*Clinical correlation is suggested.*



Dr. Bhuvnesh Guglani  
Principal Consultant

*Self attested*

*ES*

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

Page 1 of 1

*(For Interpretation by a Registered Medical Practitioner only)*

*Chief Medical Officer*  
*23.02.2024*







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

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.  
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 Infiltrating 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 INFILTRATING ENDOMETRIOSIS.  
COMPLEX CYSTIC MASSES BOTH ADNEXAE WITH GROUND GLASS APPEARANCE AND NO  
VASCULARITY – S/O ENDOMETRIOSIS BOTH OVARIES AND RT. FALLOPIAN TUBES.**

*Self Attended*

*g*

*WV*

*23.02.2024*

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 & the Maternal 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.**



DATE \_\_\_\_\_ 5.2.24  
NAME \_\_\_\_\_ TANUPRIYA.  
AGE/SEX \_\_\_\_\_ F  
REFD BY \_\_\_\_\_ DR. ANITA GUPTA.  
INVESTIGATION \_\_\_\_\_ PELVIC SCAN..TVS/ TAS

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

Rt.ovary 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 Infiltrating 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 INFILTRATING ENDOMETRIOSIS.**  
**COMPLEX CYSTIC MASSES BOTH ADNEXAE WITH GROUND GLASS APPEARANCE AND NO VASCULARITY - S/O ENDOMETRIOSIS BOTH OVARIES AND RT. FALLOPIAN TUBE.**

*Self Attended*  
*[Signature]*

*CS*

*[Signature]*  
*23.02.2024*  
*DR. NEENA VERMA*

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 & the Maternal 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 Corroborated in The Light of Clinical Background.



Patient Name : TANU PRIYA  
Age / Sex : 31 Y / F  
Referred By : SELF  
Patient ID : UGZB.0000024819  
Centre : GHAZIABAD

Lab No. : GZB240255626  
Registration On : 04-02-2024  
Collection Date : 04/Feb/2024 10:03AM  
Received Date : 04/Feb/2024 05:58PM  
Approved Date : 04/Feb/2024 10:18PM

Test Name	Result	Biological Ref. Interval	Method
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### CA 19.9 , Serum

CA 19.9	121 U/mL	< 37.0	ECLIA
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#### Clinical Significance :

- CA 19.9 isolated originally from colon cancer cell line has greatest utility in detecting pancreatic cancers and hence is the most useful circulating tumour marker for evaluating chronic pancreatic disorders.
- Increased levels are seen in
  - Pancreatic cancer.
  - Cancers of bile duct, stomach, colon and oesophagus
  - Some non-gastrointestinal cancers Hepatomas Non-malignant conditions like hepatitis, cirrhosis, acute cholangitis pancreatitis and cystic fibrosis.

#### Clinical Notes :

The specificity and positive predictive value for cancers increase with higher CA 19.9 values. Tumour size and histological grade affect the values, being higher in tumors > 3cms in diameter and in differentiated tumors. High levels suggest tumour is unresectable. Used in conjunction with CT scan and other imaging modalities to decide about tumor resection. Useful in predicting survival and recurrence after surgery. A persistent elevation following surgery may be indicative of occult metastasis or recurrence of disease.

**Advise:** CA 19.9 assay should be correlated with other diagnostic information in the management of cancer. The results obtained with different analytical techniques and different equipments cannot be used interchangeably due to difference in assay methods and reagent specificity. In course of monitoring, the assay method preferably should not be changed.

**Remarks:** Please correlate results with clinical conditions.


CA 125 Level , Serum	240 U/mL	<35.0	ECLIA
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#### Clinical Significance of CA125 Level:


Cancer antigen-125 (CA-125) is a glycoprotein that occurs in blood as high molecular weight entity. High concentrations of this antigen are associated with ovarian cancer and a range of benign and malignant diseases. Although the specificity and sensitivity of CA-125 assays are somewhat limited, especially in early diagnosis of Ovarian Cancer, the assay has found wide spread use in the differential diagnosis of adnexal masses, in monitoring disease progression and response to therapy in ovarian cancer, and in the early detection of recurrence after surgery or chemotherapy for ovarian cancer. Elevated serum CA-125 levels can be observed in patients with senous endometrioid, clear cell and un-differentiated ovarian carcinoma. The serum CA-125 is elevated in 1% of normal healthy women, 3% of normal healthy women with benign ovarian diseases, and 6% of patients with non-neoplastic conditions (including but not limited to first trimester pregnancy, menstruation, endometriosis uterine fibrosis, acute salpingitis, hepatic diseases, and inflammation of peritoneum or pericardium).

**Remarks:** Please correlate results with clinical conditions.

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

  
Dr. Pankaj Tayal  
Consultant Pathologist  
M.B.B.S., D.N.B. (Pathology)  
DMC Reg. 83771

Self started  


  
for  
23.02.2024

Scan to Validate Report



SIN No:CL01690359

Page 1 of 2



Dr. Abha Majumdar B.Neg (W) Ghaziabad  
M.B.B.S., M.S., F.I.C.S. (DMC : 3103) B post (H)

Director

Centre of IVF & Human Reproduction, Department of Obstetrics & Gynaecology  
Sir Ganga Ram Hospital, New Delhi - 60, Fax : 011-4225 1771



GENESIS CLINIC

Associate Consultants

Dr. Prem S. Verma  
MBBS, MS (DMC 12692)

Dr. Tejashri  
MBBS, MS, ART Fellowship (IFS)  
(DMC 44694)

PRIVATE OPD : F-64, 1st Floor  
Sir Ganga Ram Hospital

2.00 - 4.00 pm (Mon, Wed & Fri)  
Tel. : 011-25750000 / 42251764

All consultations by appointment only

GENESIS CLINIC :

F-431, New Rajinder Nagar, New Delhi-60

11.00 am - 1.00 pm (Mon - Sat)

For appointment : 9 am - 4 pm (Mon - Sat)

Tel. : 011-45011438, 9810821594

TANU PRIYA JAISWAL

29yrs

ABHISHEKH JAISWAL

34yrs

BP 115/70 5 4 22  
wt 71kg

LMP 6.3.22

Bl. (last 2d)

30<sup>th</sup> menses

(Dienogest)

Continuity since 23rd Jan

mls 5yrs (studying in baby)

trying 7 months  
(Ghus)

(DUO - STIM)

MH 4-5  
25-26

Irregular periods since July 21  
(Post surgery, 2<sup>nd</sup> Lupnd, Dienogest)

1) USG showed - ov. volume + AFB  
+ No submucous masses.  
(Afe. - 5 in uter. fundus  
(Def Col. malrotation))

Imm  
AMH (Jan 22) 1.2 ng/ml  
CA125 (Aug 21) 20.6 U/ml  
CA19.9 " 77.9 U/ml  
Prl Jan 22 9.9 ng/ml  
TSH " 1.0 pmol/L  
HbC " 254 pg/ml  
S B12 " 119 pg 34 pg  
Ren PCV " 19% 13%  
SGOT, SGPT 19 u/L 13 u/L  
Mild Covid - Apr 21  
L/S Pelvis 27/3/22 Dr Mahajan

2) 70% Progesterone T1 B11  
2 mg

ET 4.9 mm  
Discardant 4x4mm, Post void 3.9mm  
Im for Ant wall 2.1x1.1cm, 1.4x1.0cm  
Left 1.7x1.6cm  
Adenomyosis 5.1x6.6cm 1.0x0.8cm  
RR cv 22.3cc, EJCyts 2.9cc + 2.0cc  
AFC - 2  
En Cyt . 7cc, . 5cc  
LMP 6.9cc  
AFC 3

3) step dienogest today  
by lupnd 3-4mg start today  
(9. Lupnd 3.7 4 Aug Sept 2)

ALL OBSTETRICAL CASES WILL BE ATTENDED BY THE AVAILABLE CONSULTANT OF MY TEAM.

Residence : C-56, Anand Niketan, New Delhi-110021 • Tel. : 011-24114716  
E-mail : abhamajumdar@hotmail.com • Website : www.drabhamajumdar.com

Pelvic Ectomorph Local Collection Loculated Cysts 13.6cc

Sept 8th 2022  
25.2.22  
of Me

MRI 22.22  
Pelvis & Males  
ET 67cc

From Fibroid (Lateral Aspect)  
1.8 x 1.9 x 2.3 cm  
2.5 x 2.1 x 2.3 cm

Endometriosis 3.9 x 5.6 x 3.8 cm

BL Ovaries 2.5 x 2.1 x 2.3 cm

R O Endometrium 2.2 x 2.1 cm

L O Endometrium 1.3 x 1.6 x 1.7 cm  
2.6 x 3.6 x 3.8 cm

L + H July 21 Dr Vivek Narwan

Removal of BL Endometriosis  
Left Salpingectomy, Excision of  
nodules, hysterectomy & Adhesiolysis

CPT Rt tube oedematous Fallopian  
Lt Salpingectomy

HPE - Leomyoma, Psoriasis End.  
End. Cysts  
Lt tube Haemorrhage

46/63%

Jan Oct 21

110 x 106 / ul

Sept 21

Post mOxy 2%  
Normal form 9-3%  
Sovene Head defect

slit diagnosed

IBC  
T<sub>3</sub>/T<sub>4</sub>/ESR  
AHS

- HIV 1/2  
- HLA B27  
- HLA DQ4  
- VDRL  
- B<sub>12</sub> / S<sub>100</sub>  
- S<sub>100</sub> / creat  
- VEGF  
- Hb B<sub>12</sub>

70% drop or live a day of

→ NA Registration (IVF lab) to reach in days of mensur e

→ USG FM / ET  
→ Blood Tests  
12,500 - E2, LH, Prog, FSH

Semen analysis & freezing  
44 P/ser on 2/1/2

IVF Dr Gaur  
Feb 21 (Tried) 2. Hormog 375 ul, 450 ul  
L. Ovary Egg count not retrieved

Self / Donor 11.5.22  
via Retrieval of Oocytes  
number of Oocytes 2 Oocytes

14/1/22  
Adv - Tak Keforal 10mg OD  
Stimulatio  
Recagon 225 U 4c x 2d (14/5 - 20/5)

SGRH

# Sir Ganga Ram Hospital

New Delhi

## Center of IVF and Human Reproduction

Phone Nos. : 011-42251777

Date : 24/05/22

Patient's Name : TANU P. Nigra

Doctor's Name : Dr. Aruna

### Starting Protocol

(24 UNOFS)

inj. Buserlin..... ( / Lupride ) 0.6 ..... ml. s/c daily  
in the morning. —

Tab. Meprate 10 mg 1BD x 5 Days only starting from 24/5/22

Come on 2<sup>nd</sup> / 3<sup>rd</sup> day of period for Blood Test (Estradiol, FSH,  
LH, Progesterone) at 9.00 a.m. IVF LAB, Room No. 5 and  
ultrasound (GF23) Follicle Monitoring

self AA estad

Bring Rs. 28,000/- (cash) for Injection at 3:00 p.m. same day

23.05.2022



**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: 14/05/22

**Protocol**  
Long-GnRha  
Luteal Phase Stim

**Treatment**

- Inj. Recagon <sup>225</sup> IU subcutaneous between 2-5 pm x 7 days. (14/05/22) (E)
- Tab. Meprate 10 mg Once Daily (1) x 7 days. 14/5/22
- Come on 21/05/22 at 9.00 a.m. for Blood Test and Ultrasound FM/ET to IVF Lab. EL/LH
- Bring Rs. 14,000 L

  
Signature

soft attested

  
23.02.2024  
Ghazal

Betadin wash



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

Phone Nos : 42251777

cycles (SGRH)  
IVF cycle details  
Protocol: Antagonist  
Terminal E2 (pg/ml): 1632  
Trigger: Dual

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

Date: 09/05/22

Protocol-  
Luteal Phase-  
Antag-

## Day of Hcg

- Inj. **Cetrorelix 0.25 mg** once today only. (Monday)
- 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

  
Signature

ovitrelle 250 mcg s/c - 1

for

Self / Donor  
Evalu Done on  
Oocytes





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      Consultant: Dr Abha Majumdar

Date of OCR: 11.5.22      Number of oocytes retrieved: 6

Indication: Gd IV endometriosis with tubal factor with Asthenozoospermia

S.AMH (ng/ml): 1.2      Antral follicle count: 5

BMI (kg/m<sup>2</sup>): 27.7      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*  
*[Signature]*

*[Signature]*  
*[Signature]*  
23.02.2024

17<sup>th</sup> February 2024

To whomsoever it may concern

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.

*Vivek Marwah*  
Authorized Signatory

(Dr. Vivek Marwah)

Max Super Speciality Hospital - East Block  
(A Unit of Devki Devi Foundation)  
2, Press Enclave Road, Saket,  
New Delhi-110 017

Ph. : 91-11-2651 5050, Fax : 91-11-26510050 / 66115060

*Self Attested*  
*[Signature]*

*[Signature]*  
*[Signature]*  
23.02.2024  
Registrar Officer  
G.P. Abad

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  
Fax: -91-11 2651 0050

www.maxhealthcare.in

