



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 Taj Colloquium
Agra Book Club

5 Sep 21

Rini

Neha Chaudhary

UMP: 14 July

UPT: +ve

TVS: Single live I/ut Tub
Preg & HR seen

R_s

Cap Droxyra 0 x
Bedtime

Tab Pragnus ba x

- Tab Follic ba x

32g

65.1g

x 20

Next Visit :-

- Tab Ecospr. 750 Every.

1, 3rd Floor, Shanti Madhuban Plaza, Delhi Gate, Agra-282002

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

Email : info@drshivanichaturvedi.com



www.practo.com/gynecologist



www.facebook.com/drshivanichaturvedimd/



20 sep 21

Neha Chauhan Mini

LMP: 14 July High Risk Preg.
w 1^o 7/1M bleeding

R

Saf gel

Bed rest for a month

Cap Progyna 0

Tab Prognin bd

Tab Folik bd

Bed time

20

32g

65.4g

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Next Visit :-

✓ Tab Escorin 75 0 x 2e

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Dr. Bharti Jindal

MBBS, DGO

Regd No. 55650

Obstetrician & Infertility Specialist
& Laparoscopic Surgeon

Contact 9761155663

Timing 11 to 2pm

E mail dr.bhartijindal@gmail.com

Address B-9 Saket, Oppsite to Jain Mandir, Near Dhanvantri Hospital, Meerut

12/10/21

54.6kg

120/80mmHg

LMP. 14/7/21

EDD. 21/11/21

Adv.

1. Level I Scan +
NT NB Scan.

2. Dual markers
Test.

Bharti

Neha 32 years w/o Lavi Kumari
Chaudhary
G₁ C 3 month of gestation
MIO Spotting P/v. Regularly.

Lx 11 Month 14 Nov. 1st TTO. 5ml.

1. Bed rest as advised.

2. Tb. Speedral 10 D 1 month

3. Tb. Megamol 10 D x

4. Tb. Becasule 2 10 D

5. Savlon water cleaning

6. Megafenol sachet in 15 days.

7. Tb. Cefepim 75mg 10 D

8. Inj Prokuton 250mg ipm week

9. Tb. Duphaston 10mg 1BD

10. Avoid sexus, weight bearing x 1 month

Fees valid for 5 days

Not for Medico legal Purpose



13 NOV 21

Neha Chaudhary

Rini

IMP: 14 Aug

Rx.

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- Tab Foldo box ~~68y~~
- Tab Tric B₂ box 68y.
- Cap Sagold box X/S
- Cap Lubster $\frac{0}{0}$ / wk
- Cap Mhean $\frac{0}{0}$ x

OAF gd
Mycosamine

Next Visit :-

- Tab Ecosprin 75 0 x 13

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शौचालय का करें प्रयोग, मिटे गंदगी भागे रोग
छोटा परिवार, सुख का आधार लड़का लड़की एक समान तभी बनेगा देश महान



वीरगंगा अक्लीबाई लोधी स्वशासी राज्य चिकित्सा महाविद्यालय

ओ.पी.डी. टिकट क्रम सं० **150501** Date **4 SEP 2021** (एक रुपया केवल)
रोगी का नाम **जिहा चांद** माता/पिता का नाम उम्र-पु०/म० **32**
पता जाति/धर्म व्यवसाय
विभाग कक्ष संख्या
आयुष्मान भारत के पात्र है : हाँ/नहीं (रजि. नं.)

Investigation	Chief Complaints	A M T N e Ac Abd.
Height		
Weight		
Temp.		
Pulse		
R.R.	Systemic Examination	
B.P.	CNS :-	
Urine R/M	CVS :-	BD
HB		140/100
CBC	Res :-	wp
KFT/LFT		Asd
Blood Group	LOCAL EXAMINATION	CBC
BT/CT		KFT/LFT
Blood Sugar		lip
HIV		
Syphilis		
Sputam AFB		
X-Ray		
USG		
	TREATMENT	Refer to Higher Centre
		Alproxa 200 mg HS
		cap MV HS
		Pre

*Seen
Alumna
2/11/21*

Chief Medical Superintendent
District Women Hospital, Etah

04/09/2021



Dr. Shivani Chaturvedi
OBSTETRICS & GYNAECOLOGY
 SUPER-SPECIALITY CENTRE

15 oct 21

Ncha Chaudhary
 IMP: 14 Aug

Prni

to

- Tab Foldna box

66us

- Tab TricK₂ box

- Cap Luben 1/0 on

730

- Cap SA gold box

- Mefenit bro 1/100

Next Visit :-

- Tab Escopmi 75 0x

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स्वास्थ्य स्त्री. सखी परिवार



ANJALI ULTRASOUND COLOUR DOPPLER & DIGITAL X-RAY CENTRE

1566

PATIENT'S NAME: MRS NEHA CHAUDHARY	AGE/ SEX: 32 YRS/F
REFERRED BY: DR SHIVANI CHATURVEDI, MD	DATE: 27/11/2021

ULTRASOUND OBSTETRICS (TIFA SCAN)

LMP 14/07/2021

EDD BY LMP 20/04/2022

GA BY LMP 19 WKS 3 DAYS

SINGLE LIVE INTRAUTERINE FETUS

BPD 19 W 6 DAYS
HC 19 W 4 DAYS
AC 19 W 2 DAYS (138MMS) (39%LE)
FL 19 W 3 DAYS
TL 19 W 4 DAYS (TIBIA)
HL 18 W 4 DAYS (HUMERUS)
UL 20 W 2 DAYS (ULNA)
FOOT 30.5 mms

MGA 19 WKS 4 DAYS
EFW 290 GMS (+/- 30 GMS) (38)

FETAL CARDIAC ACTIVITY APPEARS NORMAL—144-148 B/MIN.
PLACENTA IS POSTERIOR GRADE 1, IN UPPER SEGMENT. THICKNESS IS 23 MMS.
LIQUOR APPEARS NORMAL IN VOLUME AND DISTRIBUTION FOR PERIOD OF GESTATION. AFI IS 10-11 CMS.
SINGLE VERTICAL POCKET IS 3.2 CMS.
INTERNAL OS IS CLOSED.

Fetal morphology:

The size of lateral ventricle is 8.2 mms. There is no evidence of choroid plexus cyst. Cavum septum pellucidum is normally seen. Fetal spine is well visualised from cranio-vertebral junction to sacrum.

Transcerebellar diameter is 19 mm. Foramen magnum meas 4.7 mm.
Fetal outer orbital diameter is 32 mms. Intercanthal distance is 11 mms. Both lenses are well visualized

Fetal face is well visualised in coronal as well as profile.
Retronasal trigone well appreciated. Nasal bone is 5.9 mms
There is no obvious cleft of the lips.

Situs solitus is seen.
Four chambered view shows almost equal chamber size on the right and left sides. 3 vessels view shows normal orientation and size of aorta, pulmonary trunk and SVC.

Fetal diaphragmatic shadow is continuous.
There is no evidence of any diaphragmatic hernia.
There is no pleural or pericardial effusion.

The umbilical cord insertion is well seen.
The umbilical cord shows three vessels.
The ductus venosus shows forward flow.



Dr. Anjali Gupta
M.D. (Radiodiagnosis)



ANJALI ULTRASOUND COLOUR DOPPLER & DIGITAL X-RAY CENTRE

1566

PATIENT'S NAME: MRS NEHA CHAUDHARY	AGE/ SEX: 32 YRS/F
REFERRED BY: DR SHIVANI CHATURVEDI, MD	DATE: 15/10/2021

EARLY TARGETED SCAN

LMP 14/07/2021

EDD BY LMP 20/04/2022

GA BY LMP 13 WKS 2 DAYS

SINGLE GESTATIONAL SAC IS SEEN IN UTERO.

WELL FORMED FETUS SEEN INSIDE.

CRL 66 MMS. CORRESPONDING TO 13 WEEKS 0 DAY

BPD 24 MMS CORRESPONDING TO 13 WEEKS 6 DAYS

FETAL CARDIAC ACTIVITY IS WELL VISUALISED, 142 B/MIN

PLACENTA IS POSTERIOR, GRADE 0, REACHING THE INTERNAL OS, BUT NOT COVERING IT
CERVIX IS NORMAL. INTERNAL OS IS CLOSED.

ANEUPLOIDY SCREEN:

NUCHAL TRANSLUCENCY IS 1.96 MMS, NORMAL FOR AGE.

INTRACRANIAL TRANSLUCENCY IS WELL SEEN MEAS 2.1 MMS

NASAL BONE IS WELL SEEN.

ANATOMICAL SURVEY:

CHOROID PLEXUS APPEARS NORMAL. CEREBRAL PEDUNCLES ARE WELL SEEN.

FOURTH VENTRICLE IS WELL SEEN. FETAL SPINE IS WELL SEEN.

CARDIAC SITUS IS OBSERVED. DUCTUS VENOSUS SHOWS NORMAL FLOW. THERE IS NO EVIDENCE
OF TRICUSPID REGURGITATION.

FETAL STOMACH IS WELL SEEN. THERE IS NO EVIDENCE OF MEGACYSTIS.

RETRONASAL TRIGONE AND MANDIBULAR GAP ARE WELL VISUALIZED.

PE/FGR SCREEN:

RIGHT UTERINE ARTERY PI 2.78

LEFT UTERINE ARTERY PI 1.24

MEAN UTERINE ARTERY PI 2.01


PRE-ECLAMPSIA RISK BY FMF TAKING INTO ACCOUNT HISTORY, BMI, MAP AND UTERINE ARTERY PI
IS 1 IN 108, WHICH IS HIGH RISK.

IMPRESSION: ULTRASOUND FINDINGS REVEAL A SINGLE G SAC IN UTERO WITH A LIVE
FETUS CORRESPONDING TO 13 WEEKS 0 DAYS.

ADV REPEAT USG AT 20 WEEKS FOR CONGENITAL ANOMALIES AND PLACENTAL
MIGRATION.

¹ Declaration: I hereby declare that I have not detected, neither disclosed the sex of the fetus to the patient _____ in any
manner.

Signature of the patient.


Signature of Radiologist
Dr. Anjali Gupta
M.D. (Radiodiagnosis)



ANJALI ULTRASOUND COLOUR DOPPLER & DIGITAL X-RAY CENTRE

PATIENT'S NAME: MRS NEHA CHAUDHARY	AGE/ SEX: 32 YRS/F
REFERRED BY: DR SHIVANI CHATURVEDI, MD	DATE: 20/09/2021

ULTRASOUND OBSTETRICS

LMP 14/07/2021

EDD BY LMP 20/04/2022

GA BY LMP 9 WKS 5 DAYS

SINGLE REGULAR GESTATIONAL SAC IS SEEN IN UTERO

WELL FORMED EMBRYO SEEN INSIDE.
CRL 30 MMS CORRESPONDS TO 9 WEEKS 6 DAYS.

FETAL CARDIAC ACTIVITY IS WELL VISUALISED 165 B/MIN

YOLK SAC IS NORMAL

IMPLANTATION IS FUNDAL.
DECIDUAL REACTION IS NORMAL.

CERVIX IS NORMAL.
INTERNAL OS IS CLOSED.

THERE IS NO EVIDENCE OF ADNEXAL MASS ON EITHER SIDE.

IMPRESSION: ULTRASOUND FINDINGS REVEAL SINGLE LIVE INTRAUTERINE EMBRYO,
CORRESPONDING TO 9 WEEKS 6 DAYS.

¹ Declaration: I hereby declare that I have not detected, neither disclosed the sex of the fetus to the patient _____, in any manner.

Signature of the patient.

Signature of Radiologist