



# Dr. Kamlesh Tandon Hospital & Test Tube Baby Centre

4/48, Lajpat Kuni, Agra Ph.: 0562 - 2521569, 2525369 ( Helpline: OPD- 7078432277, Labour Room -7060536628 )



**Dr. Kamlesh Tandon**  
M.B.S., D.G.O., M.S., F.I.C.M.C.H.  
श्री गीत शिशु (OBST & GYN)

**Dr. Amit Tandon**  
M.B.S., M.S.  
Infertility Specialist / Obstetrician /  
Gynae. & Laparoscopic & Cancer Surgeon

**Dr. Vaishali Tandon**  
M.B.S., M.S. (Genl Medcine)  
Gynaecologist & Test  
Tube Baby / Infertility Specialist



Laparoscopic Surgery Centre  
( 1st in North India )

**Dr. Rajani Gupta**  
M.B.S., M.S. (Obst. & Gyna.)

**Dr. Alpana Srivastava**  
M.B.S., (Obst. & Gyna.)

**Dr. Neha Agarwal**  
M.B.S., D.G.O. (Obst. & Gyna.)

M/L - 1 yr.

History Normal  
MH - 28 Normal flow.

LMP - 21/8/22

Findings H/o Pts 2 days Prior.

40 → Overseas today  
UPTve on 21/9/22 at home

PRS 112 90.  
BP - 138/85 wt 64  
Investigation  
Small Retromembrana  
all over Kamenoma

23/9/22  
Hb - 11.6  
TSH - 4.2  
Urine - pus cells - 2-3  
HIV  
HBS  
HEV ] NR

V/S TVS → SIF of 5 wk S&C mldcls  
Tals Trophic B 2 TBS 5000  
Adm. → TS 45 F 54, Blood Sugar B, HbA1c  
16/10/22 (Glucose B) B1

Mrs Charu Singh w/o Sateendra  
Age 29 yr. Judge & wife, SDM.

Painless Delivery

A + ve

3/10/22  
Firegaokad.

- ① DT. Thyrox 12.5 mgr E/S daily
- ② Iy. NT natal 250 mg 1/4 M stat.
- ③ T. Folicacin - D 1 ob -
- ④ Tals Thyrox 100
- ⑤ Tals hydrocortison long 1000
- ⑥ Tals swate 200mg 100.
- ⑦ wt HbO 4HR start 100mg daily
- ⑧ Tals Trophic B 2 TBS 5000
- ⑨ Regumax 1 capod 1
- ⑩ CoeDg 6crumly 1/1 M
- ⑪ Tals doxycyline 200

डॉ. कमलेश टण्डन टैस्ट ट्यूब बेबी सेन्टर - शुक्राणु बैंक • टेस्ट ट्यूब बेबी (I.V.F.) • इक्सी (I.C.S.I.) बेबी • तेसर अफिस्टेड हेचिंग (L.A.H.) • अंडदान • भ्रूणदान

Timing : Monday to Saturday : 9 am to 9 pm  
Sunday : 9 am to 2 pm

PRE IMPLANTATION GENETIC DIAGNOSIS (P.G.D.)  
NOT VALID FOR MEDICO LEGAL PURPOSE  
No Consultation on Phone / टेलीफोन पर परामर्श न करें।

FACILITY FOR CERVICAL CANCER VACCINE  
E-mail : dr.kamlesh.tandon.hospital@yahoo.com  
Website : www.drkamlesh.tandon.hospital.com  
FACILITY FOR 3D-4D ULTRASOUND, COLOUR DOPPLER AVAILABLE

18/10/22

90 Anusuaela 2 months

16/10/22

HbA1c 5.4

GLCE 81

TSH 1.8

FT4 1.2

10-15 November

Adv  
NTNB

Dural Marker

P/U wt. sept & bulging

TVS small Reliokavakalang  
tnt.

Rx.

Avoid Physical blur  
Avoid stress (mental)

Bed rest.

Tab Myrox 12.5 by 0.5 qd 1

Tab Nifedipine 30mg 1/M weekly

Tab HUCOG HP 500 10 1/M weekly

Tab Tragalids 10g

Tab Folic acid 5 10g

Tab Hydrobion 2g

Caps Bustin 300 mg

Hygimax cap 1000

Cap D3 6000 weekly

1 month

Notes



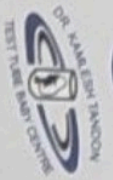
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ML Ycaal

Mrs. Chau Singh 10/0 MR

Painless Delivery

13/11/22  
Fitzgerald

History  
LMP 21/8/22  
EDD 28/5/23

Findings

90 mm x 60 mm 2 1/2 months.  
No significant complaints

Investigation

Hb 11  
Aval normal

P/A uterine fundus palpable.  
TVS - Mild subchorionic bleed.  
FHS + R.

Bed rest.  
Avoid stress

- 1) Tab Nurox 12.5 by 2x 2x
- 2) Tab Hydral 50mg 1/4 Ronly
- 3) Tab HUCOG HP 5000 10/1 M weekly X 3 days
- 4) Tab Prolactin 100
- 5) Tab Folic acid 5 100
- 6) Tab Hydramin 10mg 100
- 7) Cap Glaxol 300 mg 100
- 8) Arginine cap 100
- 9) Tab M. stat of 100
- 10) Tab 1 cc / Pincical 100

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PT.NAME	MRS.CHARU SINGH W/O SATENDSRA SINGH	AGE & SEX :29 YRS/ F
RFD.BY	DR. KAMLESH TANDON	DATE: -3 October 2022

**USG EARLY PREGNANCY SCAN**

LMP: 21/08/2022

GA BY LMP: 6 WEEKS 1 DAYS

Uterus is enlarged in size and anteverted in position.

There is evidence of a single well defined intrauterine regular shaped gestational sac. Yolk sac and single fetal pole is seen within the gestational sac. Normal decidual reaction is seen. Mild subchorionic bleed (3-4 cc) is seen.

CRL measures 2.2 mm corresponding to GA of 5 weeks 5 days.

EDD by USG: 31 / 05/ 2023

Foetal cardiac pulsations are present (98 Bpm).

Internal Os is closed.

Left ovary shows a corpus luteal cyst of size 19 x 12 mm.

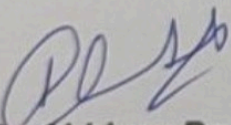
No free fluid in pelvis.

**IMPRESSION:**

- **SINGLE LIVE INTRAUTERINE PREGNANCY OF GA 05 WEEKS AND 05 DAYS WITH MILD SUBCHORIONIC BLEED.**

I, Dr Abhinav Pandit, declare that while conducting ultrasonography of Mrs Charu , I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

*All fetal body parameters, including fetal weight are subject to statistical variation. All congenital anomalies cannot be detected by sonography alone. Not valid for medico-legal purpose.*

  
**Dr. Abhinav Pandit**  
M.B.B.S., M.D. (Radiodiagnosis)  
Reg. No.- 86408

**Dr. Shraddha Chandraker**  
M.D. (Radiodiagnosis)  
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IVF & Infertility Specialist  
Reg. No.- 55889

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RFD.BY	DR. KAMLESH TANDON MS	DATE :-13 November 2022

**USG PREGNANCY - LEVEL I SCAN**

LMP: 21/08/2022

GA BY LMP: 12 WEEKS 0 DAYS

Uterus is bulky, anteverted in position and reveals single live intrauterine fetus. Good and active fetal movements are seen. Mild subchorionic bleed is seen approx. 1-2 cc

CRL measures 48.3mm corresponding to GA of 11 weeks 4 days. EDD by USG: 31/05/2023

Foetal cardiac pulsations are present ( 155 Bpm).

Placenta is seen developing anterior with right lateral. Liquor is adequate.

Nuchal translucency measures 1.3 mm.

Nasal bone is normally visualized.

Ductus venous flow is normal.

Internal Os is closed. Cervical length is normal.

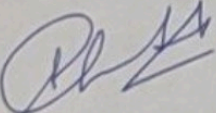
B/L uterine arteries show no diastolic notch.

**IMPRESSION:**

- **SINGLE LIVE INTRAUTERINE FETUS OF GA 11 WEEKS AND 4 DAYS WITH MILD SUBCHORIONIC BLEED.**

I, Dr Abhinav Pandit, declare that while conducting ultrasonography of Mrs Charu, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

*All fetal body parameters, including fetal weight are subject to statistical variation. All congenital anomalies cannot be detected by sonography alone. This is an opinion not the final diagnosis. Not valid for medico-legal purpose.*

  
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