



## 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.

  
22/02/2024

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



Complete Admpt  
426 (CAT 29)

12/12/2023

31 Jan

4 by 4 200 x 120

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 2

Optic Contact Gy  
Wart medical 4/2  
indications read

eg On Tub Regester 2 bd 15/1

UPRIVE PRIST 3 75g 1/3  
14 BUTACH ONK AMARU  
x 3 mult

On stat Tub Vispram 2y. 3/2 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  
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**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  
& Hydrocolpitis  
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  
three days x 5 day  
after food.

② Tab VISANNE ① ENDOREGE  
(2mg) three daily. x 3 mths.

③ Review after 2 mths  
1 mth later

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  
? chowlate cyst.  
largest. ② adenomal. lesion  
6x3.5cm.

③ 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

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  
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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 1st ORDER - XT  
(daily 1/2 hr after food  
x 4 weeks)

### Personal History:-

- ④ Continue VISANNE  
VIANNE - 23-60.  
end in 15 day.  
SHECAL + 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)  
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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: 75 kg Temperature: \_\_\_\_\_  
UHID: 12751604 Date: 1/1/24 Allergies: \_\_\_\_\_

Presenting Complaints:-

MC BIL complex ovarian cyst

Menstrual History:-

LMP: 28/12/23 → still bleeding, red & white discharge  
12/1/24 × 15 days  
EDD: \_\_\_\_\_

Cycles: \_\_\_\_\_

Pain led

Obstetric History:-

GPAL P0A0 U/C 1/2/24

Self started

Family History:-

OK

① Ov. 20x20 mm complex cyst  
② Ov. 28x24 mm complex cyst

Personal History:-

Hydrocalyx same

Examination:-

P/S  
P/V

③ Uterus (rvs) after next menses.

⑥ Plan: Diagnostic hysteroscopy

+  
D&C  
+

Mirena Insertion

Investigations:-

bing in size (Ov  
Vizanne 2mg bid)

CA-125  
CA-19-9 | Ting

Advice:-

- Start Tab REGESTERONE 5mg twice daily x 3 weeks
- Stop VISANNE from tomorrow
- Tab TRANEXA 500mg 2 Tab twice daily x 3 days
- Tab. OROFER-X 1 daily 1/2 hr after food x 2 weeks

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

Consultant Signature and stamp

Anita Gupta

Follow up date:-

⑦ Review doc.

**Dr. Anita Gupta**  
Associate Director- Obstetrics & Gynecology  
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Email to: - ashokanita@gmail.com  
anita.gupta@fortislafemme.in

(3)

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 ↑ 11g

Investigations:-

(I) Salpingectomy  
↓  
on vilanso. by  
since 12/11/23

Advice:-

- (I) Continue VIANNE 2mg  
three daily x 2 months
- (II) Continue SHELCEL-HI  
three daily x 2 months
- (III) Continue UPRILE-D3  
-62  
once in 15 days x  
2 months
- (IV) Continue OROPER-X  
x 2 months

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

Consultant Signature and stamp

Follow up date:-

Regular Follow up every 7-10 days x 2 months

Anita Gupta



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: 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

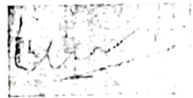
There is also focal effacement of fat planes between the sigmoid colon/rectosigmoid and the right adnexal lesion in the lower abdomen with minimal thickening of the inferior peritoneal reflection.

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)

*for 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  
[Signature]

[Signature]

for [Signature] 23.02.2024

Scan to Validate Report



SIN No:CL01690359





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  
wt 71kg

5 4 22

LMP 6.3.22

Bl. (noted) 21

30<sup>th</sup> march

(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> Luprod, Dienogest)

1. USG showed - ov. volume + AFP  
+ No submucous syms.  
(Afe. - 5 in uter. fund  
(Def Col. Malrotation)

Imm  
Amu (Jan 22) 1.2ylnu  
CA 125 (Aug 21) 20.6 u/ml  
CA 19.9 " 77.9 u/ml  
Prl Jan 22 9.9 ylnu  
TSH " 1.0 pmol  
HbC " 254 g/l  
S B12 " 119 + 34 fL  
Ren PCV " 19 x 12 13 u/L

SGOT, SGPT 19 x 12 13 u/L  
mild Covid - Apr 21  
L/S Pelvis 27/3/22 Dr Mahajan  
ET 4.9mm  
Dis cordant 4xkey, Postuad 3.9cm  
Im for Ant wall 2.1 x 1.1cm, 1.4 x 1.0cm  
Left 1.7 x 1.6cm  
Adenomyosis 5.1 x 6.6cm + 1.0 x .8cm  
RR cv 22.3cc, EJCyts 2.9cc + 2.8cc  
AFC - 2  
LH 6.9cc  
AFC - 3  
En Cyt .7cc, .5cc

2. 70% Progesterone T 1.50  
2 mg

3. step dienogest today  
by luprod 3-time start today  
(2<sup>nd</sup> Luprod 3.7 + 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 Catheter Local Catheter 13.6cc

Sept 8th 2022  
25.2.2022



MRI 22.22  
 Pelvis & Mayan  
 E7 G7cc  
 Flm Fib (Lateral Aspect)

1.8 x 1.9 x 2.3cc  
 2.5 x 2.1 x 2.3cc  
 Endometrioma 3.9 x 5.6 x 3.8cc  
 Bil Ovaries adnexa

R O Endocyt 2 x 2 x 2.1cc  
 L O Endo 1.3 x 1.6 x 1.7cc  
 2.6 x 3.6 x 3.8cc

L + H July 21 Dr Vivek Narwan

Removal of Bil Endometrioma End.  
 Left Salpingectomy, Excision of  
 nodules, cysts & Adhesions  
 CPT Rt tube oedematous Patent  
 Lt Salpingectomy

HPE - Leomyoma, Prolif End.  
 End. Cysts  
 Lt tube Hemorrhagic

Low  
 Oct 21 46/63%  
 Sept 21 110 x 10<sup>6</sup>/ml  
 Prog m/day 2%  
 Normal form 9-3%  
 Sovere Head defect

IVF Dr Guori  
 Oct 21 (Tried) 2. Hormog 375 ub, 450 ub  
 L. Ovary  
 (2 DF Egg Count not retrieved)

Self / Donor 11.5.11  
 via Retrieval of Oocytes on  
 18 Oct 2011

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

slip Diemogel

12  
 - CBC  
 - T<sub>3</sub>/T<sub>4</sub>/ESR  
 - AFP

- HIV 1/2  
 - H. pylori  
 - H. pylori (1+2)  
 - VDRL  
 - B. H. P. / S. H. P.  
 - S. H. P. / S. H. P.  
 - V. H. P. / S. H. P.  
 - V. H. P. / S. H. P.

70% drop or live a day of

→ NA Registration (IVF lab) to Recs on D<sub>13</sub> of mensur c

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

Semen analysis & freezing  
 4x 1ml / 1 on 21/1/22  
 2.52  
 2.41

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

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

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

self AH started

23.05.2022

IVF Unit  
Ganga Ram Hospital



**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  
Ghazi

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

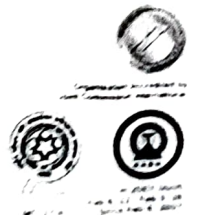
Ph. : 91-11-2651 5050, Fax : 91-11-26510050 / 66115060

*Self Attested*  
*[Signature]*

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

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Fax: -91-11 2651 0050

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# Dr. Abha Majumdar

M.B.B.S., M.S., F.I.C.S. (DMC : 3103)

Director

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



GENESISCLINIC

## Associate Consultants

Dr. Prem S. Verma  
WBBS, WS (DMC 12592)

Dr. Tejaswari  
WBBS, WS, ART Fellowship (IFS)  
(DMC 44694)

PRIVATE OPD : F-64, 1st Floor

Sir Ganga Ram Hospital

2.00 - 4.00 pm (Mon, Wed & Fri)

Tel. : 011-42251800, 35125600

Tel. : 011-42251764, (2-4 pm)

All consultations by appointment only

GENESIS CLINIC :

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

11.00 am - 1.00 pm (Tues / Thu / Sat)

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

Tel. : 011-45011438, 9810821594

Dated: 27.03.2024

To,

Dr. Shri Satyajit Kumar

Ld. State Programme Office

The ART / Surrogacy Act, Directorate of Family Welfare

7th Floor, B-Wing, Vikas Bhawan - 11

Civil Lines, Delhi 110054

Dear Sir,

Mrs. Tanupriya Jaiswal (Hospital registration number 2987765) w/o Mr. Abhishek Jaiswal has been under my care for infertility treatment at Centre of IVF & Human Reproduction, Sir Ganga Ram Hospital, New Delhi since 2022. She underwent surgery for removal of adenomyoma and fibroids in 2021. Now again, she has recurrent large multiple fibroids and adenomyoma, her uterine volume is 231.5 cc. Her uterus is not fit for IVF & pregnancy. Hence, patient has been advised surrogacy.

If approval is given after seeking the application from the board the surrogacy can be undertaken.

Thanking you,

With warm regards

**Dr ABHA MAJUMDAR**  
M.S., Fics  
DIRECTOR & HEAD  
Centre for IVF & Human Reproductive  
Sir Ganga Ram Hospital, New Delhi-60  
DMC Reg No 3103

Dr. Abha Majumdar

Director & Head

Centre of IVF & Human Reproduction

Sir Ganga Ram Hospital

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

Residence : C-56, Anand Niketan, New Delhi-110021 • Tel. : 011-46011656  
E-mail : abhamajumdar@hotmail.com • Website : www.drabhamajumdar.com





# Dr. Deepali Seth's Imaging Centre

ISO 9001:2008 Certified

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130, Shankar Road Market,  
New Rajinder Nagar, New Delhi-110 060  
Mob.: +91-981 145 5520  
Email: dr.deepalseth@yahoo.in  
Timing: 9:00 am - 8:00 pm  
For Appointment: +91-11-4509 7107, 2874 1220



NAME : MRS. TANU PRIYA  
AGE / SEX : 31 Y/F  
ID NO : SIC

DATE : 23/03/2024  
REF. PHYS : DR. A. MAJUMDAR

## EXAMINATION PERFORMED: ULTRASOUND PELVIS ( TAS &TVS )

LMP : 18/02/2024

The **Urinary Bladder** is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology.

The **Uterus** is retroverted, bulky in size and measures 79 x 73 x 75 mm, Volume 231.5 cc. It shows illmarginated heteroechoic areas measuring 66 x 58 x 48 mm involving the fundus and posterior wall, 53 x 18 mm in the fundoanterior aspect with speckled appearance, cystic spaces and increased vascularity suggesting adenomyotic changes. Hypoechoic intramural with submucosal component fibroid is seen measuring 17 mm in the anterior wall, just abutting the endometrial lining ( FIGO Type 3 ) . Hypoechoic intramural with subserosal component fibroids are seen measuring 33 x 27 mm in the anterior wall towards left, 18 mm in the fundoanterior aspect ( FIGO Type-6) and others measuring 23mm, 20 mm in the anterior wall, 15 mm in the fundoanterior aspect, 17 mm at the fundus ( FIGO Type-5).Hypoechoic intramural fibroid is seen measuring 12 mm in the posterior lip of the cervix. The endometrial lining measures 4.4 mm(TL). No evidence of intrauterine gestational sac is seen.

**Both Ovaries** are adherent to the uterus.

**Right ovary** is high up in pelvis , measures 7.1 x 5.3 x 3.0 cm, Volume 75.1 cc mm with 29mm,26mm,26mm,19mm cysts with low level internal echoes and thin septations (? Endometriotic cysts). Follicles measuring 5,5,4,3 mm are seen.

**Left ovary** measures 4.6 x 3.6 x 3.6 cm, Volume 31.7 cc with 28 mm cyst with low level internal echoes and thin septations (? Endometriotic cyst). Follicles measuring 6,5,5,4 mm are seen.

An 11 mm fluid filled tubular structure is seen in the right adnexa adjacent to the right ovary, suggestive of ? right hydrosalpinx.

There is loculated fluid with internal echoes in the **Pouch of Douglas** measuring 56 x 37 x 21 mm, Volume 23.7 cc.

**PLEASE CORRELATE CLINICALLY.**

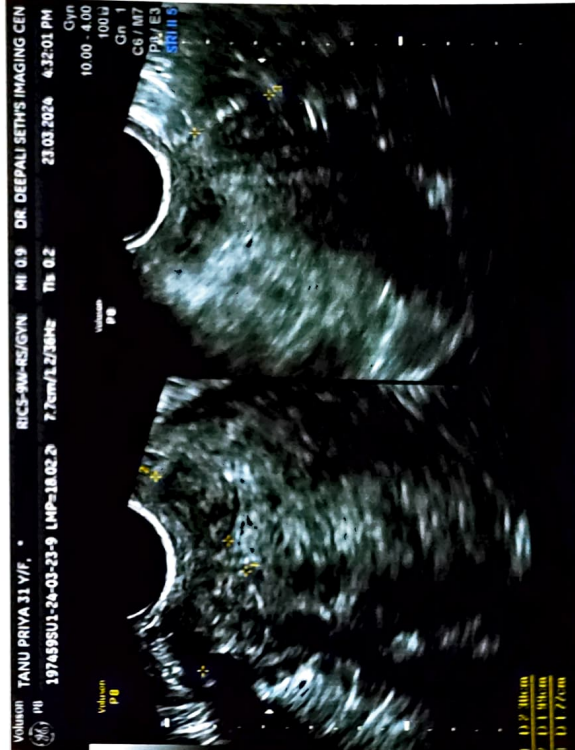
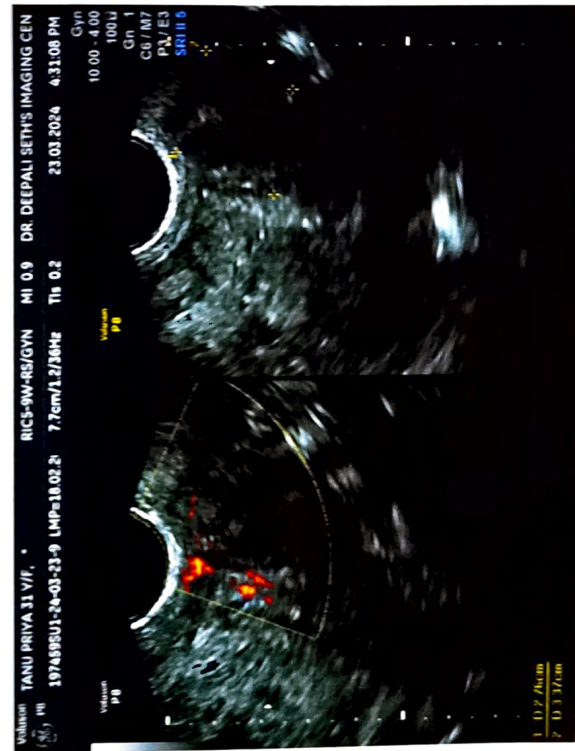
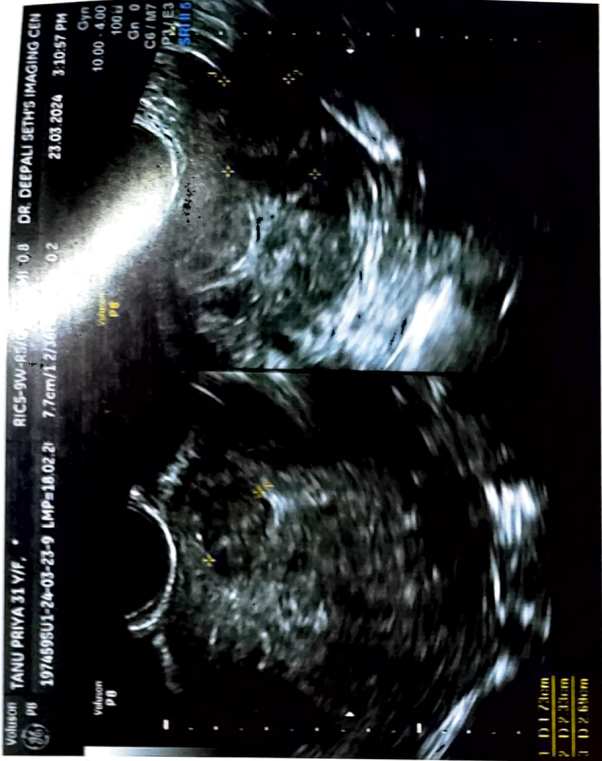
  
**DR. DEEPALI SETH**  
MD (RADIOLOGIST)  
DMC : 4843

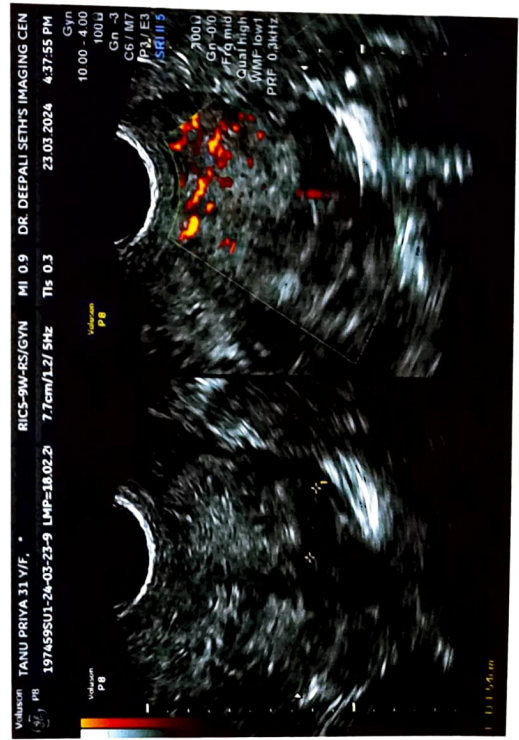
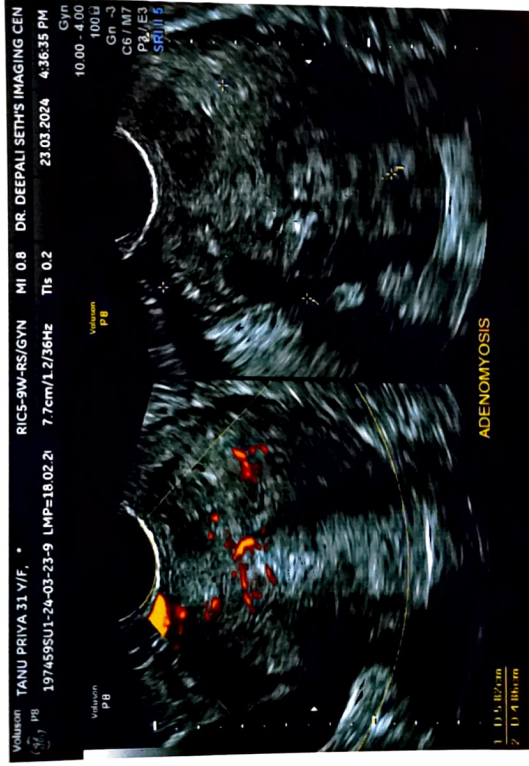
Dr. Deepali Seth  
MBBS, MD, (Radiodiagnosis)  
Consultant Radiologist and Ultrasonologist

Dr. B.S. Vivek  
MD, DM  
Consultant Cardiologist

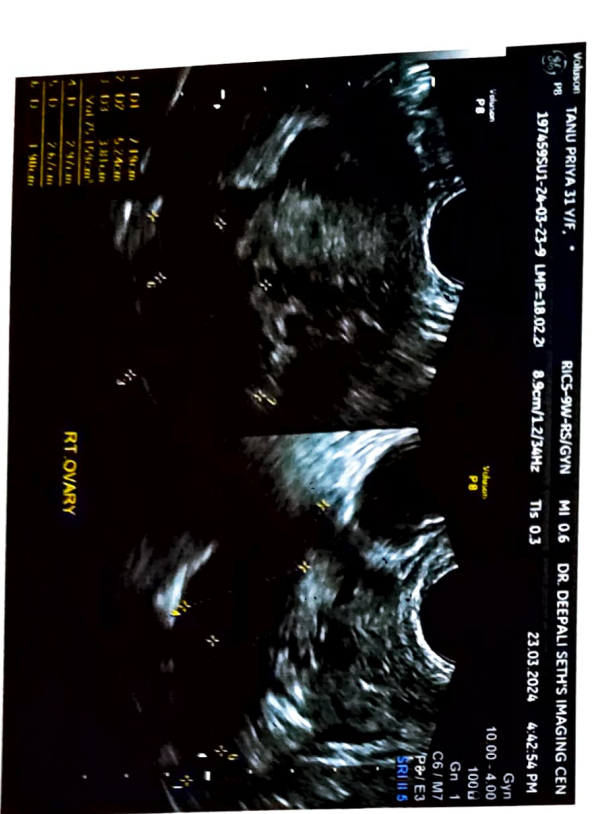
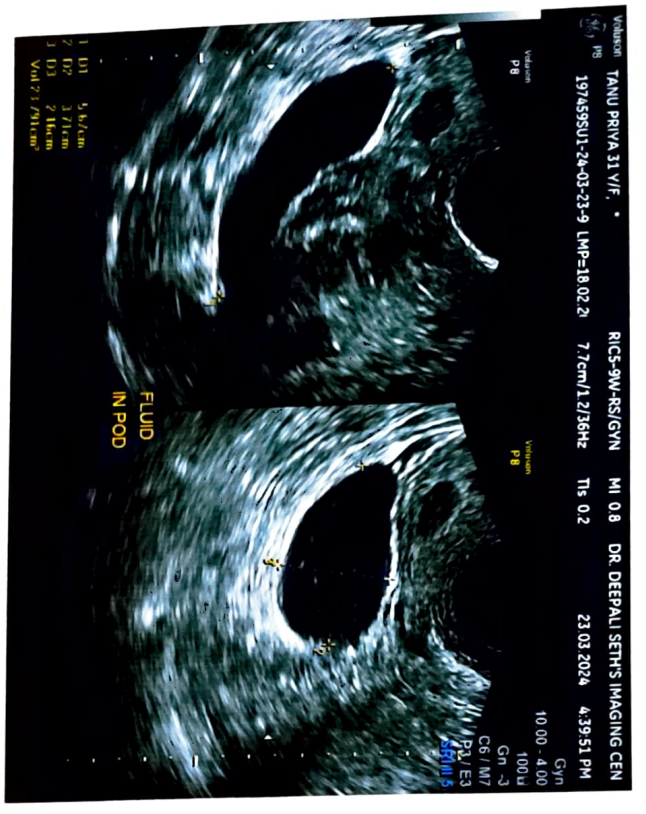
Dr. Aman Makhija  
MD, DM  
Consultant Cardiologist











**DIVISION OF MINIMALLY INVASIVE GYNAECOLOGY  
INSTITUTE OF MINIMAL ACCESS, METABOLIC & BARIATRIC SURGERY  
MAX HEALTH CARE, SAKET, INDIA**

**Investigations advised**

• CBC	• Ultrasound Pelvis (T.A / T.V.S)		
• Blood Sugar - Fasting / Post Prandial	• Ultrasound (K.U.B) - Pre void / Post void		
• BUN / Creatinine	• MRI Pelvis (Sagittal Section Preferred)		
• HbA1c	• Ultrasound Whole Abdomen		
• Serum Bilirubin	• MRI Whole Abdomen		
• TSH	• X Ray Chest (PA)		
• HBsAg	• ECG		
• HCV	• Venous Doppler		
• HIV	• Stress Echo (TM / Dobutamine)		
• BMI composition analysis	• 2 D echo		
• PT / INR	• LDH		
• L.F.T	• CA - 125	• S-AMH	• BHCG
• K.F.T	• FSH	• HE4	• CEA
• Urine Routine	• LH	• CA19.9	
• Blood Group / Rh Factor	• INHIBIN B	• AFP	

INVESTIGATIONS	CLEARANCE	Pre Anesthetic Checkup
Yes	• Physician	• Review
No	• Cardiology	• Cleared
	• Neurology	
	• Nephrology	
	• Orthopedic	

For Insurance contact TPA Desk (Tel No. 011-40632586)  
 For admission booking kindly contact (Nancy / Nibedita)  
 (Mon to Fri between (10am – 6pm) and Sat between (10am – 4pm)  
 Mob No. +91 – 9999668700, 9999668200 / 011 – 40632594, 40632587  
 For contacting Dr. Vivek Marwah call (between 7pm – 8pm)  
 Dr. Surbhi- 9818152807 / Dr. Kanika : 8007591226

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*RT-PCR COVID Test - 48 hrs. before*

*Dr. [Signature]*

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 Joint Commission International  
 H 2007.0005  
 Feb 6, 19 - Feb 5, 22  
 Since Feb 6, 2007





**PENDING REPORTS STATUS SHEET**

Max Id: SKCT.378925      IP No: 414892  
 Name: Ms. TANU PRIYA JAISWAL  
 Bed No: 2533E      Age/Sex: 28 Years 11 Months/Female  
 Consultant: Vivek Marwah      DOA: 4/7/2021 11:58:25AM  
 Phone Number: 9595564544

Sex: MALE/ FEMALE
IPD No:
Date of Discharge:

S. No	Investigation	Investigation done at (Department name)	Done On	Report expected on
1	Histology medium specimen	MMST	5/7/2021	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

You are requested to collect the reports from the OPD Report Sorting counter(Ext. \* No. 2026 ).

\* In case of any query, please call duty Manager 26515050 (Ext. No. 2040)

Signature of Assigned Staff  
 Max Super Speciality Hospital - East Block  
 2, Prithvi Enclave Road, Saket,  
 New Delhi - 110 017  
 Ph. : 91-11-26515050, Fax : +91-11-26510050 / 66115060

Signature of Discharge Secretary

**Division of Minimally Invasive Gynecology Surgery**

**Discharge Summary**

Name	SSN No.	Sex	Date of Birth
TANU PRIYA, JAISWAL	210-37-8925	FEMALE	JUL 25,1992
Admitted : JUL 4,2021@11:58:25			
Ward : SKTE-5THFLR-MAS	Room-Bed : EB-EC-2533		
Provider : MARWAH,VIVEK	Specialty : MIN INV GYN SUR DIVN		
DOD : 07/07/2021			

**\*\*Diagnosis\*\***

Bilateral Multiple Ovarian Endometriomas with Left Haematosalpinx with Left Tubo-Ovarian Mass with Severe Deep Infiltrating Rectovaginal Endometriosis with Adenomyosis Uteri with Myoma Uterus.

**\*\*History\*\***

Complaints of pain lower abdomen with increased frequency of urination 2 yrs.  
 Past cycles- 3-5/28-30 days  
 Present cycles - 3-5days/ 28-30 days cycle  
 LMP- 1/6/21  
 Married life 4 yrs  
 Nulligravidae  
 Inj covishield 31/5/21

**\*\*Examination\*\***

Patient is of normal built.  
 No tenderness present.

**\*\*Operation Details\*\***

Laparoscopic Management of Endometriosis with Removal of Bilateral Endometriomas with Left Salpingectomy with Excision of Endometriotic Nodule with Diagnostic Hysteroscopy with Adhesiolysis was performed on 05<sup>th</sup> July 2021.

**\*\*For emergency or doctor assistance(Fever/Vomiting/Excessive Bleeding)\*\***

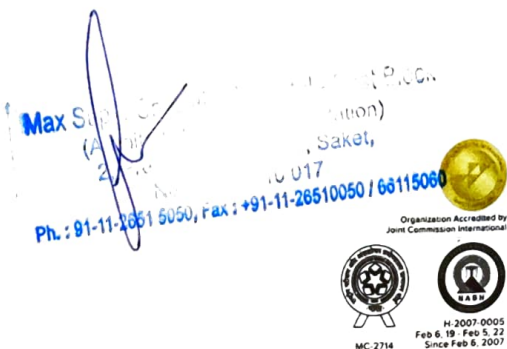
Please contact Dr. Vivek Marwah : 9958631112  
 Dr. Surbhi : 9818152807/ Dr. Kanika : 8007591226  
 or report to the casualty at Max Health Care, Saket  
 Tel no. (011-26515050).

**\*\*For Homecare services\*\***

(Sample Collection, Physiotherapy, Medicine Delivery, Nursing, Medical Equipment, Doctor Visit)

Contact at 011-47326969, +91-9999777754. *— for Lab Reports*

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Name	SSN No.	Sex	Date of Birth
TANU PRIYA ,JAISWAL	210-37-8925	FEMALE	JUL 25,1992

**\*\*Operative Findings\*\***

P/S : Cervix and vagina healthy.

PV : Pelvic mass 28 weeks size ,UCL-9 cm

D&C done-endometrium sent for histopathology.

**On Hysteroscopy :**

External os , internal os and endocervical canal normal.

Uterine cavity - stretched

No indentation / submucous myoma/ septum present .

Bilateral ostia visualised with right ostia pulled backwards .

**On Laparoscopy :**

Upper abdomen normal.

Uterus 8-10 weeks size. Adenomyotic.

Three intramural myomas present largest fundal 4x5 cms with two seedling myomas present - total 5 myomas removed.

Fundoposterior 2x2 cm adenomyoma present - removed.

Left tubal haematosalpinx 15x5 cm present coiled around the ovary forming tubo-ovarian mass 15x 18 cm adherent to ovarian fossae, posterior surface of uterus and rectosigmoid entrapping left ureter-released and left salpingectomy done .

Multiple left ovarian endometriomas present ranging from 8x9 cm to 2x1 cm invaginating into the pararectal space and perivesical space - released , drained and cyst wall removed.

Multiple large right ovarian endometriomas present largest measuring 12x10 cm cms (ranging from 12 - 1 cm ) present adherent to rectosigmoid and appendix and invaginating into the pararectal space and POD - released , drained and cyst wall removed .

Right tube oedematous and patent .

Chromopertubation test - right side free spill present .

Bilateral ureters entrapped in adhesions – released.

Bladder and UV fold normal.

Rectosigmoid advanced and adherent to left lateral pelvic wall, left tubo-ovarian mass , right ovarian endometriomas and posterior surface of uterus with dense adhesions - released and integrity checked .

Scarring and fibrosis of bilateral uterosacral ligaments forming endometriotic nodule with rectosigmoid - excised .

Rectovaginal endometriosis present and pod completely obliterated with adhesions - cleared .myoma sent for frozen section - benign .

Myoma sent for frozen section - benign .

Endometrium for TB gene expert .

Endometrium , myoma , adenomyoma , left ovarian cyst , right ovarian cyst and

Endometriotic nodule sent for histopathology.

**\*\*course in hospital\*\* 2 units of B negative LDRBC and one unit of FFP.**

Page – 2

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 New Delhi-110 017  
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Name	SSN No.	Sex	Date of Birth
TANU PRIYA ,JAISWAL	210-37-8925	FEMALE	JUL 25,1992

**\*\*Investigations\*\***

 (28<sup>th</sup> June 2021)Hb : 9.8

Urea : 20.2

Bilirubin T/D : 0.30/0.10

Globulin :3.39

Alk Phosp :74.8

Na/K :139.3/4.71

CA19.9 : 471.2

LDH :340

 (02<sup>nd</sup> July 2021)COVID-19 (SARS CoV-2) : Negative

 (06<sup>th</sup> July 2021)Hb : 9.6

Drain Fluid Creatinine : 0.44

TLC :6300

Creatinine :

T. Protein :7.75

SGOT :16.4

GGT :12.70

Chloride :104.8

S.AMH :3.32

CA125 :164.8

TLC : 1090

PI :1,86,000

BSugarF/PP :91/98

Albumin : 4.36

SGPT :22

TSH :3.21

PT : 13/13 INR :1

Uric acid : 3.58

Calcium :8.73

PI : 1,65,000

 Ultrasound KUB (03<sup>rd</sup> July 2021) : Bilateral renal concretions.

 MRI Pelvis (29<sup>th</sup> June 2021) : It suggestive of A bulky uterus with multiple subserosal intramural and submucosal uterine fibroids along with external adenomyoma in posterior wall of uterine body and surface endometriosis overlying the posterior serosa to which rectum is tethered and both ovaries are adherent, large multiloculated right ovarian endometriosis projecting upto the supraumbilical level and left hematosalpinx with a complex left ovarian endometriosis.

 Ultrasound TVS (17<sup>th</sup> June 2021) : Small uterine fibroids subserous and intramural, bilateral ovarian endometriosis.

Page – 3

  
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MC-2714

 H: 2007-0005  
 Feb 6, 19 Feb 5, 22  
 Since Feb 6, 2007




**Laboratory Investigation Report**

Patient Name	: Ms. Tanu Priya Jaiswal	Centre	: 1103 - Max Hospital Saket(East Block)
Age/Gender	: 28 Y 11 M 11 D /F	OP/IP No	: IP/414892/2533E
Max ID/Mobile	: SKCT.378925/9595564544	Collection Date/Time	: 06/Jul/2021 03:57AM
Lab ID	: 0832072105448	Receiving Date	: 06/Jul/2021
Ref Doctor	: Dr.Vivek Marwah	Reporting Date	: 06/Jul/2021

Test Name	Clinical Biochemistry	Result	Unit	Bio Ref Interval
<b>Other Fluid- Creatinine, Fluid</b>				
Other fluid - Creatinine	Alkaline picrate kinetic	0.44	mg/dL	
Drain Fluid				

Kindly correlate with clinical findings

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


**Dr. Poonam. S. Das, M.D.**  
 Principal Director-  
 Max Lab & Blood Bank Services


**Dr. Dilip Kumar M.D.**  
 Associate Director &  
 Manager Quality


**Dr. Nitin Dayal, M.D.**  
 Principal Consultant & Head,  
 Haematopathology

 SIN No: df0738791, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017  
 Booking Centre :1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi, 7982100200  
 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](http://www.maxhealthcare.in)


**Laboratory Investigation Report**

Patient Name	: Ms. Tanu Priya Jaiswal	Centre	: 1103 - Max Hospital Saket(East Block)
Age/Gender	: 28 Y 11 M 11 D /F	OP/IP No	: IP/414892/2533E
Max ID/Mobile	: SKCT.378925/9595564544	Collection Date/Time	: 06/Jul/2021 03:57AM
Lab ID	: 0832072105448	Receiving Date	: 06/Jul/2021
Ref Doctor	: Dr.Vivek Marwah	Reporting Date	: 06/Jul/2021

**Hematology**
**CBC (Complete Blood Count), Whole Blood EDTA**

Date	06/Jul/2021 03:57AM	Unit	Bio Ref Interval
Haemoglobin	9.6	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	28.5	%	36-46
Total Leucocyte Count (TLC)	10.9	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	3.57	10~12/L	3.8-4.8
Electrical Impedance			
MCV	80.0	fL	83-101
Electrical Impedance			
MCH	27.0	pg	27-32
Calculated			
MCHC	33.7	g/dl	31.5-34.5
Calculated			
Platelet Count	165	10~9/L	150-410
Electrical Impedance			
MPV	9.7	fl	7.8-11.2
Calculated			
RDW	15.7	%	11.5-14.5
Calculated			

**Differential Cell Count**

VCS / Light Microscopy

Neutrophils	81.9	%	40-80
Lymphocytes	11.1	%	20-40
Monocytes	6.9	%	2-10
Eosinophils	0.0	%	1-6
Basophils	0.1	%	0-2

**Absolute Leukocyte Count**

Calculated from TLC &amp; DLC

Absolute Neutrophil Count	8.93	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.2	10~9/L	1.0-3.0
Absolute Monocyte Count	0.75	10~9/L	0.2-1.0
Absolute Basophil Count	0.01	10~9/L	0.02-0.1



SIN No: d0738791, Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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Lab ID	: 0832072105448	Receiving Date	: 06/Jul/2021
Ref Doctor	: Dr.Vivek Marwah	Reporting Date	: 06/Jul/2021

**Hematology**

Kindly correlate with clinical findings


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



**I. Anonam S. Das, M.D.**  
Principal Director-  
Max Lab & Blood Bank Services



**Dr. Dilip Kumar M.D.**  
Associate Director &  
Manager Quality



**Dr. Nitin Dayal, M.D.**  
Principal Consultant & Head,  
Haematopathology





Laboratory Investigation Report

Patient Name	: Ms. Tanu Priya Jaiswal	Centre	: 1103 - Max Hospital Saket(East Block)
Age/Gender	: 28 Y 11 M 10 D /F	OP/IP No	: IP/414892/2533E
Max ID/Mobile	: SKCT.378925/9595564544	Collection Date/Time	: 04/Jul/2021 04:00PM
Lab ID	: 0832072104160	Receiving Date	: 04/Jul/2021
Ref Doctor	: Dr.Vivek Marwah	Reporting Date	: 05/Jul/2021

Blood Bank

Blood Grouping and RH Factor\*, EDTA

Date	Unit	Bio Ref Interval
04/Jul/2021 04:00PM		
Blood Group Haemagglutination	B NEGATIVE	

Kindly correlate with clinical findings

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

*Sangeeta Pathak*

Dr. Sangeeta Pathak, DIHBT  
Head-Transfusion Med



SIN No:ms0619979

Booking Centre : 1103 - Max Hospital Saket(East Block), 1, 2, Press Enclave Marg, Saket Institutional Area, Saket, New Delhi, 7982100200

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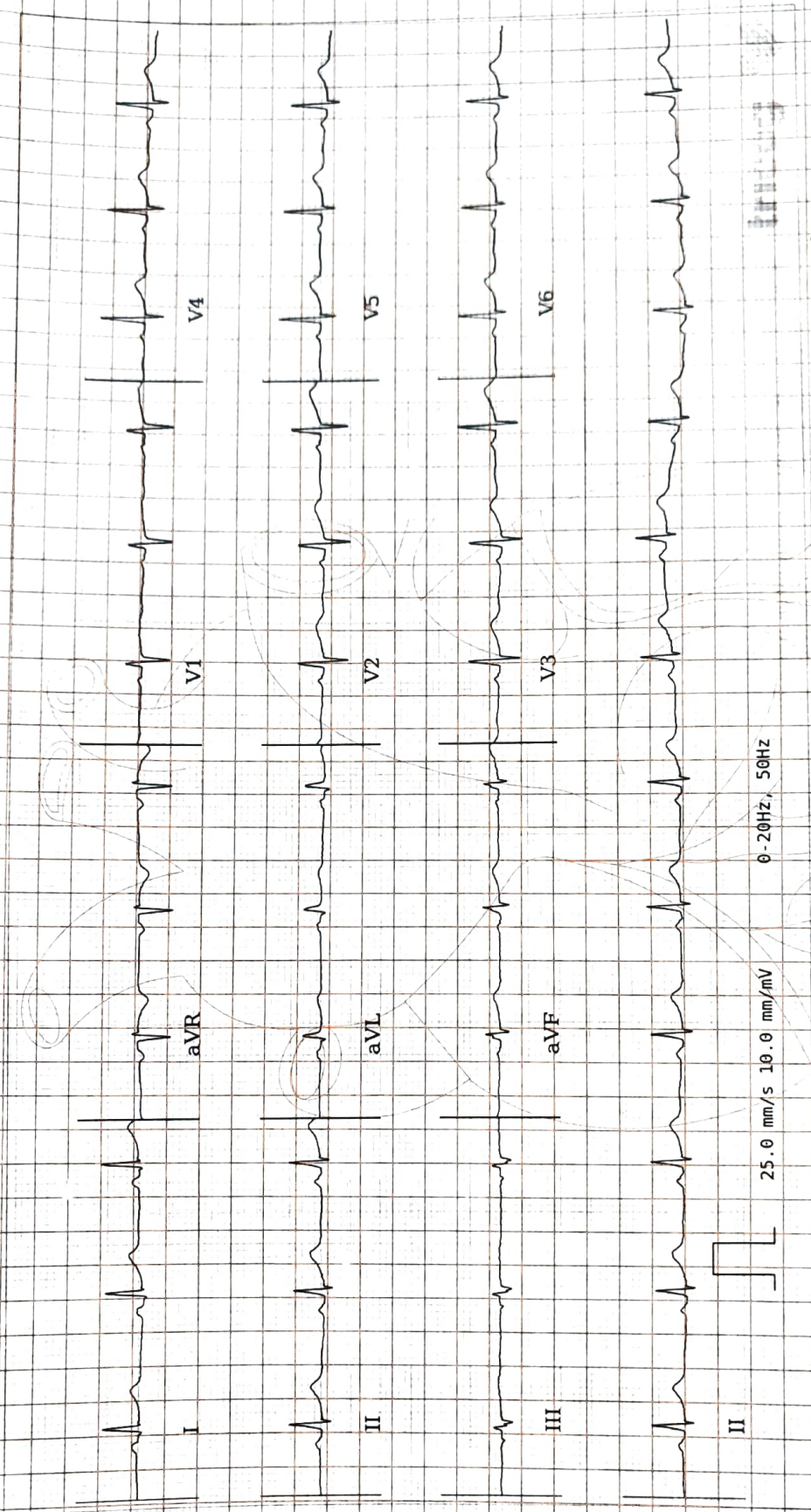




Age / Gender: 28/Female  
Date and Time: 30th Jun 21 1:05 PM

Patient ID: 8595564544

Patient Name: Mrs. TANU PRIYA JAISWAL



25.0 mm/s 10.0 mm/mV  
0-20Hz, 50Hz

AR: 77 bpm VR: 77 bpm QRSd: 68 ms QT: 366 ms QTc: 414 ms PRI: 140 ms P-R-T: 31° 20° 32°

ECG Within Normal Limits: Low Voltage QRS, Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY  
*a. G. Jaiswal*  
Dr. Ponnambalam



G z G tuba  
423 (AT-28)

Endo. for  
TB cure  
Elopar  
Adenomyoma  
Endo. removal  
Severe pain

Max Super Speciality Hospital - East Block  
(A Unit of Devi Devi Foundation)  
2, Press Enclave Road, Saket,  
New Delhi-110 017  
Ph.: 91-11-2651 5660, Fax: 91-11-26510050 / 68115660

30/6/21 S. CA - 125 - 164.8  
S. Amn - 3.32  
CA 19.9 - 471.2  
LDN - 340 (240 - 480)

Head Circumference... 84cm  
Pulse... 100/70 mmHg  
BP...  
Temp...  
Height/Weight... 64.8/163L  
98%

980216610020202020  
XBM





अ० भा० आ० सं० अस्पताल / A.I.I.M.S. HOSPITAL  
 वहिरंग रोगी विभाग / Out Patient Department

अस्पताल के अन्दर धूम्रपान मना है / SMOKING IS PROHIBITED IN HOSPITAL PREMISES

एकक / Unit \_\_\_\_\_

विभाग / Dept. \_\_\_\_\_

OPR-6

ब०रो०वि० पंजीकृत सं० / O.P.D. Regn. No. \_\_\_\_\_

नाम / Name	पिता / पुत्र / पत्नी / पुत्री F / S / W / D of	लिंग Sex	आयु Age	पता / Address
Tanu krishna	Abhishek	F	27yrs	Fairabad.

निदान / Diagnosis

Primary Dysmenorrhoea. x 3mths.  
menarche.

दिनांक / Date

उपचार / Treatment

04/07/20

M/W: Regular, 2-3d, avg flow, severe dysmenorrhoea  
 28-30d  
 episodic (+)

LMP: → 3/7/2020

G/W: → MFX 3yrs

not living together (studying)  
 on & off trying.

G/H: → It currently on homeopathic for 2 months  
 is not much relief.

H/O: → OCP mistake on & off x few years

H/O: → No sig dyspareunia mistake x months of time.  
 (time) for dysmenorrhoea.

H/O: → No H/O Tbl on / August / 21/05

G/A: N/A

CLEAN AND GREEN AIIMS / एम्स का यही संकल्प, स्वच्छता से काया कल्प

अंगदान-जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS, 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

4/07/20

It is a case of severe endometriosis (Ad IV) as per u/s

Issue { infertility  
chr. pelvic pain

Beddini reserves - B/c endometrioma

Option given earlier were Sp → IVF

however, poor prognosis of IVF in v/o adenomyosis

A/c endometrioma

Currently Pandemic situation - NO O.T (elective Sp) available

option for pain relief

1. DINOGEST 2mg once a day

Hb%.

Neelma

To follow after 3 months

01/07/2021

Reviewed MRI - s/o DIE & B/c endometrioma  
Plan: follow

USG (10/5/2020)

On bulky AV multiple fibroid ds

ant: 18 x 14 mm.

post - 48 x 31 mm.

ET - 6 mm

B/c endometriosis

⊙ 28 x 24 mm  
⊙ 30 x 26 mm  
⊙ 35 x 30 mm

⊙ 40 x 26 mm  
⊙ 51 x 33 mm

S. AMN → 1.66 (13/5/2020)

USG (24/5/2020)

lvw ⊂ fibroids

ant wall - 20 x 16 mm

post wall - 46 x 36 mm

ET - 7.9 mm

B/c endometriosis

⊙ - 50 x 44 mm  
31 x 35 mm  
42 x 41 mm

⊙ - 33 x 27 mm

33 x 30 mm

clearing prior to IVF

Endometrioma - cystic

Adenomyoma - adenomyotic

Concl - 2 x 2 shot actual IVF  
Neelma



**VRINDA**  
Diagnostics

Name: Mrs. TANU PRIYA JAISWAL  
Age : 28 YRS/FEMALE  
Refrd. By: Dr. VIVEK  
Ref. Lab: Vrinda Lab Nehru Nagar

Lab No. : 102106280011  
No.:498536  
Coll. Time: 28/Jun/2021 08:40AM  
Rec'v Time : 28/Jun/2021 08:55AM  
Print Date : 30/Jun/2021 12:25PM

NABL Accredited  
Pathology Lab



Reg. 3577

Test Name	Result	Unit	Biological Ref. Interval
<b>HAEMATOLOGY</b>			
BLOOD GROUP ABO * Agglutination (Tube Method) / EDTA Blood	B	-	-
RH TYPING * EDTA Blood	NEGATIVE	-	-
PROTHROMBIN TIME*			
PT TEST Citratd Plasma	13.0	SEC	-
PT CONTROL Citratd Plasma	13.0	SEC	-
INR (INTERNATIONAL NORMALIZED RATIO ) Citratd Plasma	1.00	-	-
<b>INTERPRETATION :-</b>			
The common causes of prolonged prothrombin time are :			
1. ORAL ANTICOAGULANT THERAPY.			
2. LIVER DISEASE.			
3. VIT K. DEFICIENCY.			
4. DISSEMINATED INTRA VASCULAR COAGULATION.			
5. FACTOR 7,5 , 10 OR PROTHROMBIN DIFICIENCY.			
<b>COMPLETE BLOOD COUNT</b>			
HAEMOGLOBIN (HB) SLS Haemoglobin / EDTA Blood	9.8	gm/dl	12.0-15.0
TOTAL LEUCOCYTE COUNT (TLC) Flowcytometry/Sysmex XN-550, 6 Part / EDTA Blood	6300	/cmm	4000-10000
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHILS Microscopy/Sysmex XN-550, 6 Part / EDTA Blood	57	%	40-80
LYMPHOCYTES Microscopy/Sysmex XN-550, 6 Part / EDTA Blood	31	%	20-40
EOSINOPHILS Microscopy/Sysmex XN-550, 6 Part / EDTA Blood	06	%	1-6
MONOCYTES Microscopy/Sysmex XN-550, 6 Part / EDTA Blood	06	%	2-10
BASOPHILS Microscopy/Sysmex XN-550, 6 Part / EDTA Blood	00	%	0.0-2.0
ESR -( WESTERGREN METHOD) Westergren - Manual / EDTA Blood	27	mm in 1hr	1-20
PLATELETS COUNT Microscopy/Hydrodynamically focussed impedance / EDTA Blood	1.86	lakh/cmm	1.5-4.5



*Adya*

DR. H.L.SHARMA  
M.B.B.S., M.D  
CONSULTANT PATHOLOGIST

DR. SANJEEV DIMRI  
MBBS, MD(MICROBIOLOGY)  
CONSULTANT MICROBIOLOGIST

DR. ADYA  
MBBS, DCP  
CONSULTANT PATHOLOGIST

Report Checked by :

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# VRINDA Diagnostics

NABL Accredited  
Pathology Lab



Name: Mrs. TANU PRIYA JAISWAL  
Age : 28 YRS/FEMALE  
Refrd. By: Dr. VIVEK  
Ref. Lab: Vrinda Lab Nehru Nagar

Lab No. : 102106280011  
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Test Name	Result	Unit	Biological Ref. Interval
PCV/HAEMATOCRIT RBC pulse high detection method / EDTA Blood	30.9	%	36-46
RBC COUNT Hydrodynamically focussed impedance / EDTA Blood	3.95	million/cmm	3.8-5.0
MCV Calculated/Sysmex XN-550, 6 Part / EDTA Blood	78.2	fl	78.0-96.0
MCHC Calculated/Sysmex XN-550, 6 Part / EDTA Blood	31.7	%	31.0-34.5
MCH Calculated/Sysmex XN-550, 6 Part / EDTA Blood	24.8	pg	27.0-32.0
RDW-CV Calculated/Sysmex XN-550, 6 Part / EDTA Blood	15.0	%	11.6-14.0

## PERIPHERAL SMEAR

**RBC SERIES:** RBC`s are predominantly microcytic and hypochromic showing mild anisopoikilocytosis.

Occasional elliptical and pencil -shaped cells are seen.

**WBC SERIES:** Total and differential leucocyte count are within normal limits.

Platelets are adequate in number and morphology.

No haemoparasites seen.

**IMPRESSION:** MICROCYTIC HYPOCHROMIC ANAEMIA (MILD)

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

Test Requested: BLOOD GLUCOSE PP,HIV (AIDS) ANTIBODY 1 & 2\*,BLOOD GLUCOSE FASTING,BLOOD GROUP ABO RH,ANTI HCV ANTIBODY\*,COMPLETE BLOOD COUNT,URINE ROUTINE EXAMINATION,HEPATITIS B SURFACE ANTIGEN\*,LIVER & KIDNEY FUNCTION TEST,TSH,PROTHROMBIN TIME\*



Report Checked by :

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Reg. No.: 3577  
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**Coll. Time:** 28/Jun/2021 08:40AM  
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Test Name	Result	Unit	Biological Ref. Interval
<b>BIOCHEMISTRY</b>			
BLOOD GLUCOSE FASTING GOD POD / Fluoride Plasma	91	mg/dl	60-110
BLOOD GULUCOSE PP GOD POD / Fluoride Plasma	98	mg/dl	70-140
<b>LIVER &amp; KIDNEY FUNCTION TEST</b>			
BILIRUBIN TOTAL DCA / Serum	0.30	mg/dl	0.2-1.20
CONJUGATED ( D. BILIRUBIN) DCA / Serum	0.10	mg/dl	0.0-0.2
UNCONJUGATED ( I.D. BILIRUBIN) Calculated / Serum	0.20	mg/dl	0.1-1.0
G.O.T (AST) UV Kinetic, No P-5-P / Serum	16.4	U/L	5.0-31.0
S.G.P.T (ALT) UV Kinetic, No P-5-P / Serum	22.0	U/L	5.0 - 31.0
ALKALINE PHOSPHATASE IFCC Modified / Serum	74.8	U/L	35.0-105.0
TOTAL PROTEINS Biuret Colorimetric End Point / Serum	7.75	gm/dl	6.40-8.30
ALBUMIN BCG / Serum	4.36	gm/dl	3.5-5.0
GLOBULIN Calculated / Serum	3.39	gm/dl	1.5-3.0
A/G RATIO Calculated / Serum	1.29	-	1.0-2.0
GAMMA -GT Kinetic Modified Szasz / Serum	12.70	U/L	5.0-32.0
BLOOD UREA Urease Enzymatic UV Kinetic / Serum	20.2	mg/dl	15.0-45.0
SERUM CREATININE Kinetic / Serum	0.57	mg/dl	0.5-1.5
URIC ACID Uricase Enzymatic Colorimetric / Serum	3.58	mg/dl	2.6-6.0
SODIUM ISE / Serum	139.3	meq/L	136.0-149.0
POTASSIUM ISE / Serum	4.71	meg/L	3.5-5.4
CALCIUM Arsenazo-III / Serum	8.73	mg/dl	8.5-10.5



**Report Checked by :**

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*Adya*  
**DR. ADYA**  
MBBS, DCP  
CONSULTANT PATHOLOGIST

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**VRINDA**  
Diagnostics

Name: Mrs. TANU PRIYA JAISWAL  
Age : 28 YRS/FEMALE  
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Test Name	Result	Unit	Biological Ref. Interval
INORGANIC PHOSPHORUS Phosphomolybdate UV / Serum	3.93	mg/dl	2.5-5.0
CHLORIDE ISE / Serum	104.8	meq/L	95.0-105.0

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

Test Requested: BLOOD GLUCOSE PP,HIV (AIDS) ANTIBODY 1 & 2\*,BLOOD GLUCOSE FASTING,BLOOD GROUP ABO RH,ANTI HCV ANTIBODY\*,COMPLETE BLOOD COUNT,URINE ROUTINE EXAMINATION,HEPATITIS B SURFACE ANTIGEN\*,LIVER & KIDNEY FUNCTION TEST,TSH,PROTHROMBIN TIME\*



Report Checked by :

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Microbiological and Radiological findings are only professional opinions and not the diagnosis. They are always considered in conjunction with clinical and other investigations findings where applicable. Findings on the blood samples collected from subjects are not valid for a period of 6 months.





**VRINDA**  
Diagnostics

NABL Accredited  
Pathology Lab



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Test Name	Result	Unit	Biological Ref. Interval
<b>URINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	30	ml.	-
COLOUR	DARK YELLOW		-
TRANSPARENCY	TURBID		-
SPECIFIC GRAVITY	1.030		1.001-1.030
<b>CHEMICAL EXAMINATION</b>			
REACTION (PH)	ACIDIC		-
PROTEIN	+		NIL
REDUCING SUGAR	NIL		NIL
<b>MICROSCOPIC EXAMINATION</b>			
WBCS CELLS	2-3	/HPF	1-5
RBCS	0-1	/HPF	1-5
CASTS	NIL		-
CRYSTALS	NIL		-
EPITHELIAL CELLS	5-6	/HPF	1-10
BACTERIA	NIL	/HPF	-
OTHERS	NIL		-

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

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Test Name	Result	Unit	Biological Ref. Interval
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### HORMONE ASSAYS REPORT

#### TSH

TSH  
ECLIA / Serum 3.21 uIU/mL 0.27-4.50

Test done on COBAS e411, an ElectroChemiluminescence Immunoassay system.

#### BIOLOGICAL REFERENCE INTERVAL

REFERENCE GROUP	REFERENCE RANGE
Adult	0.27 - 4.50
Pregnant	
1st Trimester	0.30 - 4.50
2nd Trimester	0.50 - 4.60
3rd Trimester	0.80 - 5.00
Children	
New Born	0.70 - 15.20
6 days - 3 mths	0.72 - 11.00
4 mths - 12 mths	0.73 - 8.35
1 yr - 6 yr	0.70 - 5.97
7 yr - 11 yr	0.60 - 4.84

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

Test Requested: BLOOD GLUCOSE PP, HIV (AIDS) ANTIBODY 1 & 2\*, BLOOD GLUCOSE FASTING, BLOOD GROUP ABO RH, ANTI HCV ANTIBODY\*, COMPLETE BLOOD COUNT, URINE ROUTINE EXAMINATION, HEPATITIS B SURFACE ANTIGEN\*, LIVER & KIDNEY FUNCTION TEST, TSH, PROTHROMBIN TIME\*



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**VRINDA**  
Diagnostics

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Reg. 3577

Test Name	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY - SEROLOGY**

HEPATITIS B SURFACE ANTIGEN* Serum	NEGATIVE		NEGATIVE
---------------------------------------	----------	--	----------

Note : 1. Qualitative detection of HbsAg (Australia Antigen) has been done by Enzyme Linked Immunochromatography (rapid card test). It is a screening test.  
2. All positive cases (result) should be confirmed by other method.  
3. A negative result does not exclude the possibility of HBV infection.

**HIV (AIDS) ANTIBODY 1 & 2\***

ANTIBODY TEST FOR HIV - 1 Serum	NON REACTIVE		NON-REACTIVE
ANTIBODY TEST FOR HIV - 2 Serum	NON REACTIVE		NON-REACTIVE

Note : 1. Qualitative detection of HIV has been done by Enzyme Linked Immunochromatography (rapid card test).  
2. All reactive cases should be confirmed by western blot method.  
3. False negative (non reactive) result may observed during window period.

ANTI HCV ANTIBODY* Serum	NEGATIVE		NEGATIVE
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Note: 1. Qualitative detection of HCV antibody has been done by Enzyme Linked Immunochromatography (rapid card test). It is a screening test.  
2. All positive cases (result) should be confirmed by other method.  
3. A negative result does not exclude the possibility of HCV infection.

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

Test Requested: BLOOD GLUCOSE PP, HIV (AIDS) ANTIBODY 1 & 2\*, BLOOD GLUCOSE FASTING, BLOOD GROUP ABO RH, ANTI HCV ANTIBODY\*, COMPLETE BLOOD COUNT, URINE ROUTINE EXAMINATION, HEPATITIS B SURFACE ANTIGEN\*, LIVER & KIDNEY FUNCTION TEST, TSH, PROTHROMBIN TIME\*



Report Checked by :

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Pathological and Radiological findings are only professional opinions and not the diagnosis. They are always considered in conjunction with clinical and other investigatory findings where applicable. Findings on the blood samples collected from outside the lab are not liable to challenge.





# VRINDA Diagnostics

www.vrinda.info.com

<b>Patient Name</b> : Mrs. TANU PRIYA JAISWAL	<b>Registered</b> : 30/Jun/2021 12:21PM
<b>Age/Sex</b> : 28 Y/Female	<b>Received</b> : 30/Jun/2021 12:21PM
<b>Patient ID</b> : 270	<b>Reporting</b> : 30-Jun-21 06:29PM
<b>Refer by</b> : Dr. VIVEK	<b>Sample Id</b> : 012106300062
<b>Source</b> : Vrinda Lab Nehru Nagar	



Test Name	Value	Unit	Biological Ref.Interval
<b>BIOCHEMISTRY</b>			
LDH * UV Kinetic P==> L / Serum	340.0	IU/L	240-480

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

Test Requested: CA-125 OVARIAN CANCER,ANTI MULLARIAN HORMONE\*,L D H,CA 19.9\*



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<b>Patient Name</b> : Mrs. TANU PRIYA JAISWAL	<b>Registered</b> : 30/Jun/2021 12:21PM
<b>Age/Sex</b> : 28 Y/Female	<b>Received</b> : 30/Jun/2021 12:21PM
<b>Patient ID</b> : 270	<b>Reporting</b> : 30/Jun/2021 06:19PM
<b>Refer by</b> : Dr. VIVEK	<b>Sample Id</b> : 012106300062
<b>Source</b> : Vrinda Lab Nehru Nagar	



Test Name	Value	Unit	Biological Ref.Interval
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**ANTI MULLARIAN HORMONE\***

<b>ANTI MULLERIAN HORMONE; AMH</b> (Serum)	<b>3.32</b>	<b>ng/mL</b>	<b>2.0 - 6.8</b>
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METHOD : ENZYME LINKED IMMUNOSORBENT ASSAY

**Interpretation**

OVARIAN FERTILITY	AMH LEVEL IN ng/mL
Optimal	4.00-6.80
Satisfactory	2.20-4.00
Low	0.30-2.20
Very Low	0.0-0.30
HIGH	>6.80

**Comments**

Antimullerian hormone (AMH), also known as mullerian-inhibiting substance, is produced by Sertoli cells of the testis in males and 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 indication of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualisation of treatment strategies. High AMH levels (>6.8) are predictive of ovarian hyperstimulation syndrome/PCOS

**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.

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



# VRINDA Diagnostics

<b>Patient Name</b> : Mrs. TANU PRIYA JAISWAL	<b>Registered</b> : 30/Jun/2021 12:21PM
<b>Age/Sex</b> : 28 Y/Female	<b>Received</b> : 30/Jun/2021 12:21PM
<b>Patient ID</b> : 270	<b>Reporting</b> : 30-Jun-21 05:43PM
<b>Refer by</b> : Dr. VIVEK	<b>Sample Id</b> : 012106300062
<b>Source</b> : Vrinda Lab Nehru Nagar	



Test Name	Value	Unit	Biological Ref.Interval
<b>SPECIAL</b>			
CA-125*	<b>164.8</b>	U/mL	<35.0

**Interpretation :**

1. CA 125 is a glycoprotein normally expressed in coelomic epithelium, which lines body cavities and envelopes the ovaries.
2. CA 125 levels are elevated in about 85 percent of women with ovarian cancer (especially serous epithelial tumours), but in only 50 percent of those with stage I disease.
3. Multiple benign disorders like Menstruation, pregnancy, fibroids, ovarian cysts, pelvic inflammation, cirrhosis, ascites, pleural and pericardial effusions, endometriosis also are associated with CA 125 elevations.
4. Levels above which benign diseases are considered unlikely are 200U/ml in premenopausal & 35 U/mL for postmenopausal women

\* As per "Society of Gynaecologic Oncologists and American college of Obstetricians and Gynecologists referral Guidelines" (ACOG PRACTICE BULLETIN Clinical Management Guidelines For Obstetrician-Gynecologists Number 83, July 2007) .

**Associated Test** : HE4 assay is a new test which also can be used for therapeutic monitoring as well as for risk stratification of harboring Epithelial Ovarian Cancer (ROMA value) in early stages.

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

Test Requested: CA-125 OVARIAN CANCER,ANTI MULLARIAN HORMONE\*,L D H,CA 19.9\*



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# VRINDA Diagnostics

**Patient Name** : Mrs. TANU PRIYA JAISWAL  
**Age/Sex** : 28 Y/Female  
**Patient ID** : 270  
**Refer by** : Dr. VIVEK  
**Source** : Vrinda Lab Nehru Nagar

**Registered** : 30/Jun/2021 12:21PM  
**Received** : 30/Jun/2021 12:21PM  
**Reporting** : 30-Jun-21 06:38PM  
**Sample Id** : 012106300062



Test Name	Value	Unit	Biological Ref.Interval
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**SPECIAL**

CA -19.9*	471.2	U/mL	< 37
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**Interpretation :**

1. CA 19.9 (carbohydrate antigen 19.9) is a modified Lewis blood group antigen expressed on the surface of cancer cells. Used primarily as a serum tumor marker to screen pancreatic carcinoma. It is also raised in bile duct carcinomas, gastric carcinomas, colon carcinomas, esophageal carcinomas and hepatocellular carcinoma.
2. High CA 19.9 levels are seen in acute cholangitis, cirrhosis, autoimmune conditions and inflammatory disease of the bowel, although values are usually less than 1000 U/mL.
3. CA 19.9 levels are also useful in predicting survival, residual disease, metastases or recurrence after surgery.
4. Patients with Lewis-null blood type do not produce CA-19.9. Thus above 5% of persons are unable to produce this antigen

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

Test Requested: CA 19.9\*,CA-125 OVARIAN CANCER,ANTI MULLARIAN HORMONE\*,L D H



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