

जीवनधारा हॉस्पिटल प्रा. लि.

सिविल लाइन, विदिशा (म.प्र.)

डॉ. आर.के. जैन एम.डी. (मेडिसिन)
मो. 9977380591 हृदय रोग विशेषज्ञ

डॉ. विकास जैन एम.एस. (सर्जन)
मो. 9826951380 (रजि. MP-1773)
भू.पू. रजिस्टार हिन्दुराव हॉस्पिटल एवं
सेन्ट्रलटीफना हॉस्पिटल, नई दिल्ली

डॉ. छवि जैन एम.एस. (गायनिक)
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भू.पू. रजिस्टार सेन्ट्रलटीफना नई दिल्ली एवं
कमलाराजा हॉस्पिटल ग्वालियर

नाम : Shri. Pooja Nandanwar Aged 27 y/f 1 mpr - दिनांक : 10/10/2023

Gilpost 1 month 28 day.

UPT +ve
by self test

epo count : 1ml

10-Negative
Husb 1 B+ve

P.

- T vomited 2HSE 1ml

- T Ranco 1 Bme 15d

- T Promigal 200 10ml

BP: 100/
P: 84/
HR: 99
wt: 45.5

USS
- CF
- U
- B

- B

- TS

- H

- H

- V

- NTMB-S

→ Double marker

F13
F14
TSH

◆ हृदय एवं श्वास रोगों का उपचार ◆ पेट एवं गुर्दे के ऑपरेशन ◆ दूधवीन पद्धति द्वारा ऑपरेशन ◆ द्रमा एवं हड्डी के ऑपरेशन ◆ सूखीर द्वारा पेट व हड्डी के ऑपरेशन
◆ हायड्रिज एवं ब्लड प्रेशर उपचार ◆ स्त्री रोग एवं निर्रोग उपचार ◆ गर्भ हानी के ऑपरेशन (विना चीरे के) ◆ सोनो ग्राफी एवं प्रसूति की सुविधा
रविवार अवकाश O.P.D. Time सु. 10AM-1PM दोपहर 4-6PM, शाम 7PM-8.30PM

JEEVAN DHARA HOSPITAL
CIVIL LINE VIDISHA

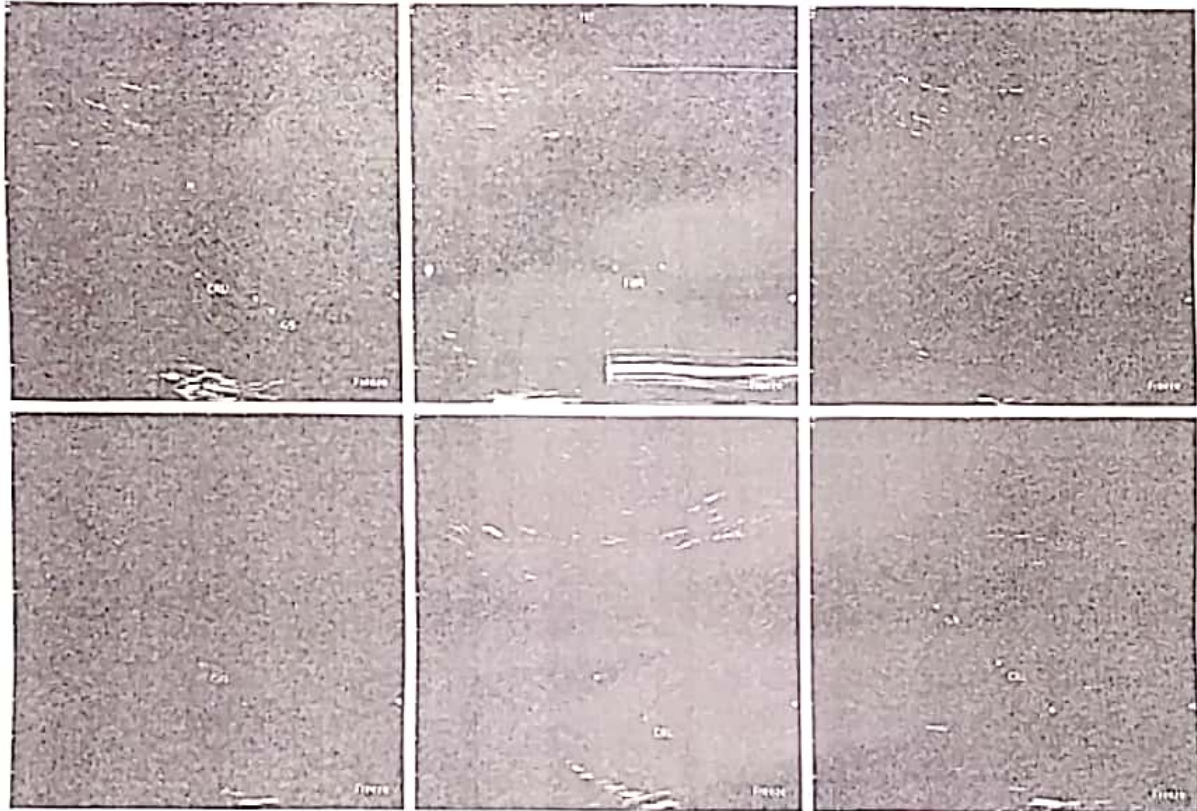
Patient ID:0000016802

OB Report

Name:PRIYA NAMDEV PARAKH
Weight:0
LMP:10/10/2023

Age:26
Patient ID:0000016802
GA:8W3D

Height:0
One Fetus
EDD:16/07/2024



Measurements

FHR:171.69

Items	Values(mm)	GA	EDD
GS (Hansmann)	48.44	10W00D±10D	05/07/2024
CRL (Hadlock)	19.32	08W03D±03D	16/07/2024

US Picked & Impressions

SINGLE LIVE FETUS 8 WKS 03 D WITH REGULAR CARDIAC ACTIVITY AND ADEQUATE MOVEMENT SEEN IN INTRAUTERINE CAVITY

GESTATIONAL SAC SIZE - 48.44 MM. GA - 10 W 00 D

CRL 19.32 MM. GA - 08 W 03 D. FHR- 171 BPM

EDD- 16 / 07 / 2024

LIQUOR ADEQUATE

ADEQUATE DECIDUALIZATION. NO RETROCHORIONIC CLOT OR COLLECTION SEEN
CERVICAL LENGTH MAINTAINED. INTERNAL OS CLOSED

IMPRESSION

EARLY INTRAUTERINE PREGNANCY SEEN OF 08 WKS 3 D GEASTATIONAL AGE WITH REGULAR CARDIAC ACTIVITY AND ADEQUATE MOVEMENTS

Referral Doctor: DR CHHAVI JAIN MS
THIS REPORT IS NOT VALID FOR MEDICO
LEGAL PURPOSE

Reported by Dr.: DR. CHHAVI JAIN M.S

08/12/2023



Form For Maintenance OF Records In Case Of Pre-natal Diagnostic Test/Procedure By Genetic Clinic/Ultrasound Clinic/Imaging Centre

Section A

Section A: To be filled In for all Diagnostic Procedures/Tests

Name of Genetic Clinic/Ultrasound Clinic/Imaging centre: *		JEEVANDHARA HOSPITAL VIDISHA	
Registration No. (Under PC& PNDT Act, 1994)		MP/PCPNDT/BHS/16/01	
Address of Genetic Clinic/Ultrasound Clinic/Imaging centre: *		CIVIL LINES VIDISHA	
Patient Name*	priya	Middle Name	namdev
Patient Age*	27	ID Proof: *	Voter ID ☐
Address proof: *	Voter ID ☐	Voter ID Proof Number: *	mp40n20110088164
Total Number of living children *			
(a) Number of living Sons with age of each living son (in years or months):		0	☐
(b) Number of living Daughters with age of each living daughter (in years or months):		0	☐
Husband's /Wife's/ Father's / Mother's Name	parakh namdev		
Full postal address of the patient*	vidisha		
Contact Number*	9131466392	Email Id:	chhavijain@com
Last menstrual period or weeks of pregnancy*	10/10/2023	5	Referred by ☐ Self Referral
Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures *	CHHAVI JAIN ☐		
Tests to be Conducted *	☐ Non-Invasive	Emergency Case	☐

Section B

Section B: To be filled In for performing non-invasive diagnostic Procedures/ Tests only

Indications for diagnosis procedure *	Evaluation of foetal growth parameters foetal weight and foetal well being
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भारत सरकार
Government of India



Issue Date : 31/10/2012



प्रिया नामदेव
Priya Namdev
जन्म तिथि / DOB : 14/01/1996
महिला / Female

5925 2272 0033

मेरा आधार, मेरी पहचान



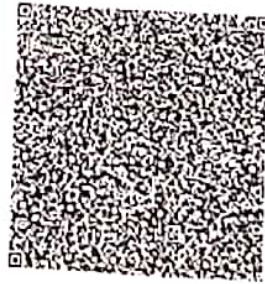
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: द्वारा: परख नामदेव, सी - 57, आर.एम.
पी. नगर, फेस - 2, विदिशा, मध्य प्रदेश,
464001

Print Date : 09/12/2022

Address: C/O: Parakh Namdev, c - 57,
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1947



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