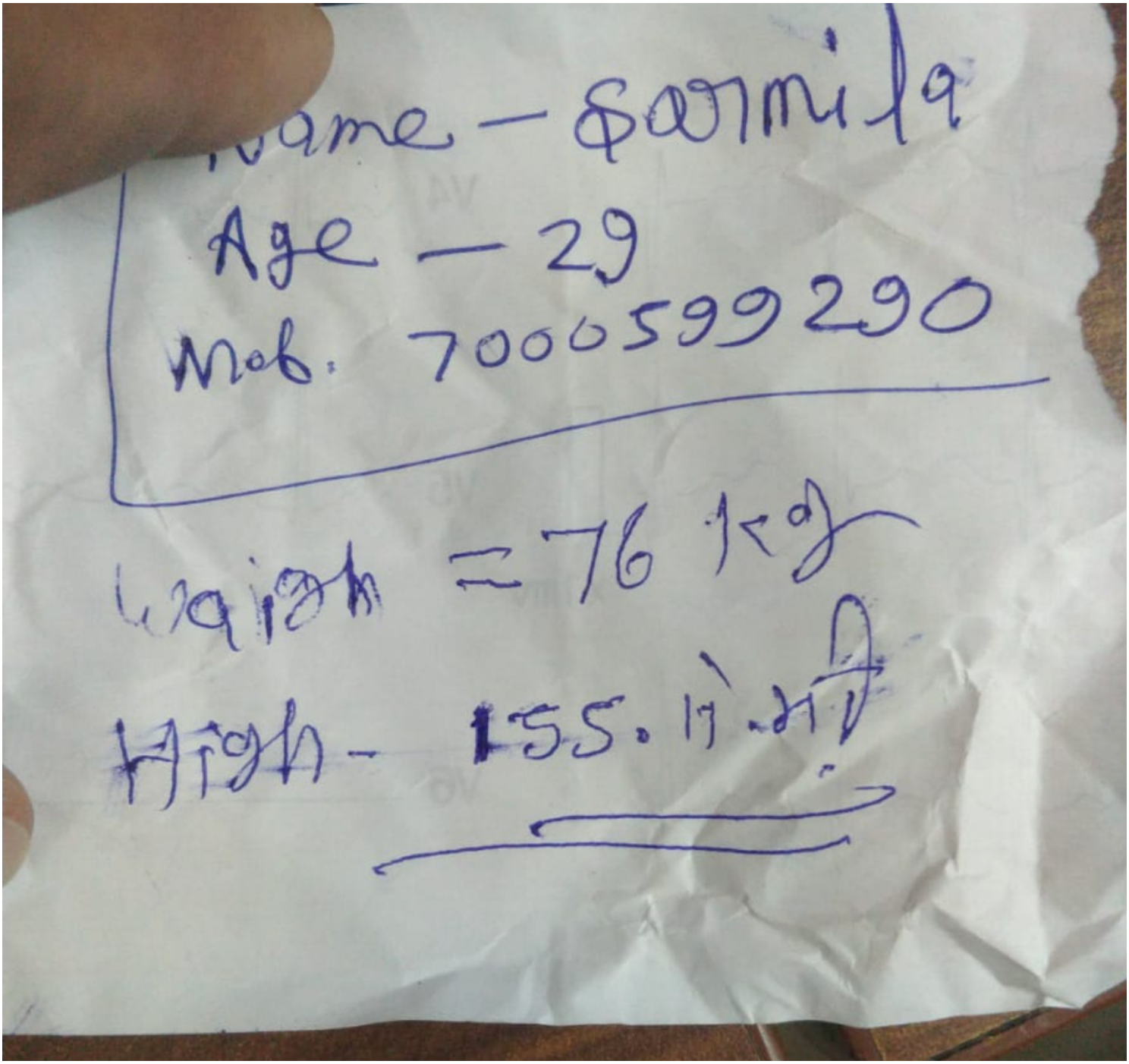
Name – Sonmila
Age – 29
Mob. 7000599290
Weight = 76 kg
High – 155.17 m

HISTORY OF PRESENT PREGNANCY/ANTENATAL ADMISSIONS

Corrected LMP = 10/12/23

Physical Examination

PV Findings in early Pregnancy

Date	Gest.	Wt.	B.P.	Urine Alb	Urine Glu	Oedema / Pallor	Fundal ht.	Presentation	Foetal Heart	PV	Next visit on	Remarks / Sign
30/01	10+4	74.7	120/71									
1/02	10+6	75	115/63									
15/2/24	12+6	76.5	132/76									
21/3	14+[illegible]	76	109/64				G2P1L1 c̄ Prev LSCS c̄ 17+6 wks.					Rx Tab Fe 100 mg OD

P/A 18 weeks
BMI N
obesity (+).

40 – [illegible]

- Tab Fe 100 mg OD
- Tab Ca 1000 mg OD
- Cont thyronorm 25 mg OD.
- Endocrine opinion. f/u/o [illegible]
- High protein Diet.
- Plenty of oral fluids.
- USG for Anomaly scan (18-20 wks)
- F/u c̄ R / SOS

Quadruple marker

Dr. ASTHA YADAV
[illegible] Officer
JSSK/JSY/[illegible] Health Benefit Schemes
Dept. of Obstetrics & Gynaecology
AIIMS, Bhopal-462020 (M.P.)


भारत सरकार
Government of India
आधार
Issue Date: 22/12/2011
शर्मिला माली
Sharmila Mali
जन्म तिथि/DOB: 30/05/1995
महिला/ FEMALE
2494 8242 4428
VID : 9100 7531 1001 8974
मेरा आधार, मेरी पहचान

HIGH RISK FACTOR
prev LSCS
Hypothyroidism

PRECAUTIONS/ADVICE

✓ BU, (7+3) → 9+4 wk POG.
✓ Corrected LMP ~ 10/12/23
EDD → 15/9/24

430/2024

अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल
साकेत नगर, भोपाल 462 020 मध्य प्रदेश
All India Institute of Medical Sciences Bhopal
Saket Nagar, Bhopal 462 020 Madhya Pradesh

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
ANTENATAL RECORD

Patient-Id	2301426916	Consultant in charge :	T/T/S (मंगल, गुरुवार, शनि)				
Patient's Name:	Sharmila	Age	29	Religion	Hindu	Occupation	HW
Husband's Name:	Krishna		Address	Bhopal.			
L.M.P.	17/11/23	E.D.D 24/8/24	Menstrual cycle	Irregular			
Married life	5 yr		Consanguinity	—			

Medical and Surgical History: Heart Disease, Diabetes, Operations, Allergies, HTN, BA, Epilpsy, TB, Others
not significant, small (Rt) ovarian cyst (+).

Family History: Diabetes, Hypertension, Allergies, Others not significant

Obstetrics History
$G_2P_1L_1$ @ 10wk+4

No.	Date of Birth	B/UB	Antenatal Complication	Labour Place	Labour Spont /CS	Labour Indication of CS	Wt. at birth	Alive or Dead	Post Natal Complication
1	2019.	♀	FT.		LSCS	? prolonged labour. ? non progress of labour.			? caput.
2			3.25 kg.						
3									
4									
5									
6									

Risk factors in present pegnancy
1. Elderly/Teenaged
2. Height <4'8"
3. Grand Multipara
4. Infertility Treated
5. H/O Vaginal Bleeding
6. Exposure to Teratogens
7. Anaemia
8. Past history of :
(i). SFD (ii).LFD
(iii). Fetal Abnormality
(iv). Abortions
(v). Still birth/ Early Neonatal Death
(vi). Pre eclampsia / Eclampsia
(vii). DM (viii) BT
(ix). Thyroid abnormality
(x). Preterm Labour
(xi). L S C S
(xii). Third Stage complication

INVESTIGATIONS

Blood gp. A	Rh Positive	ICT				
HIV	NR	VDRL	NR	HbsAg	NR	HepC → NR
				USG:		
Date	30/12	31/1/24	4/04/24	DATE		
HB	12.7	12.0		31/1/24	→ SLIUG 7wk 3d. Corpus luteal cyst ~ 2.5×2 cm (R) ovary. CA (−)	
		2.2/7.42				
urine R/E		WNL				
UrineC/S		Sterile				
FBS	94.38	81		13/2/24	SLIUP 9wk+1d. CA (−)	
PPBS		120.				
TSH	8.90	7.62		16/3/24	single 13+5 wk. NT – 1.3 mm, NB (+)	
GTT						
Special investigation			HbA1C		ACA/LA	
Inj.TT1	6/2/24		Inj. TT2	7/3/24		

AIIMSB/2017/5000/GA

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DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M.P. India - 462 020

ULTRASONOGRAPHY REPORT
Early Obstetrics

Patient's Name: Shamrite Mali Age : 29 Date : 16/3/24

OPD Registration No.: 23921230142616 Referred By :

USG No.:

LMP :-

- GA by LMP 13w6d ..... EDD by LMP 15/9/24
- GA by USG 13w5d ..... EDD by USG 16/9/24
- MSD –
- Fetal Pole – (CRL 7.49cm ~ 13w5d)
- Cardiac activity seen (FHR 155 bpm)
- Trophoblastic reaction Early forming placenta on Anterior wall
- Yolk Sac –

  NB: seen MS: 1.3mm
- Adnexa NAD e/o Adnexal mass/ cystic lesion.
- Cx os closed.

Others: –

IMPRESSION: Sigle live Intrauterine gestation of EGA 13w5d

RADIOLOGIST :

JUNIOR RESIDENT (Academic) Department of Radiodiagnosis & Imaging AIIMS, Bhopal (M.P.)

DECLARATION

I Dr. Balaji Chamrite declare that while performing sonography/ Image scanning of ....., I have neither detected nor disclosed sex of the fetus to her or anybody in any manner. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness and tissue echogenicity. Therefore all fetal anomalies may not necessarily be detected at every examination. Patient has been Counselled about the capabilities and limitations of this examination)

RADIOLOGIST: Balaji