



Pra^gya

Mother & Child Care Hospital Pvt. Ltd.
(Ramnagar, Varanasi)

Pra^gya
IVF
FERTILITY CENTRE

05/01/25.

मरीज का नाम..... Rupa..... उम्र/लिंग.....

पिता / माता / पति का नाम..... Priyakumar.....

पता..... Akulwa, Gangapur.....

9598246408.



Dr. Madhukar Pandey

M.B.B.S., M.D. (Pediatrics) I.M.S., B.H.U.
Reg. No.: 47311 (UPMC)

Dr. Pragya Pandey

M.B.B.S., M.D. (Obstetrics & Gynecology)
Reg. No.: 59054 (UPMC)

**For Emergency
& Appointment**

RAMNAGAR:
0542-2669222
Mob.: 8808541123

LANKA:
0542-2367368
Mob.: 8808572123



PRAGYA MOTHER & CHILD CARE IVF CENTER

Sahityanaka More, Ramnagar, Varanasi

PATIENT NAME / AGE Roopa (38)

HUSBAND NAME / AGE Priyakumar.

WILSS Gangapur.

PHONE NO. 9598246408.

HT

WEIGHT

BMI

ARRIED LIFE

OBSTETRIC HISTORY Poto

NUSTRUAL HISTORY

HSG

ST MEDICAL HISTORY IUI done.
8/9

ST SURGICAL HISTORY

TVS (USG)

PE OF INFERTILITY: Primary

UTINE BLOOD TEST

DATE

BASAL HORMONAL REPORTS

DATE

< H
W NR
TAG < H
W NR
HC < H
W NR
VDRL < H
W
BLDGROUP < H
W B+ve.
MONTAUX TEST -
SEMENALAYSIS -

} 22/11/24.

FSH
LH
E2 241
AMH 0.91
TSH 2.42
S. PROLACTIN 21.10

31/12/24.
27/10/24
22/11/24.



Previous IUI/MF on 8/9/24.

HYSTEROSCOPY

6/12/24

Cavity - Uterine tract long
→ Rt. deviated, A/V
Endometrium thickened

LAPAROSCOPY

→ Polyp trt

Polypectomy done

D+D done.

PATIENT DIAGNOSIS—

PCOS

HYPOGONADOTROPIC HYPOGONADISM

TUBERCULOSIS

ENDOMETRIOSIS

UTERINE FACTORS

TUBAL FACTORS

DIMINISHED OVARIAN RESERVE

PREMATURE OVARIAN FAILURE

TREATMENT PLAN-

LUTEAL PHASE DEFECT

THYROID - HYPO

—HYPER

MALE FACTORS

OTHER FACTORS

UNKNOWN FACTORS

MULTIPLE FACTORS



W PICK UP

PATIENT NAME & AGE Rupa

PARTNER NAME & AGE Priyakumar

RELIGION - Hindu, Mangalore.

TYPE OF INFERTILITY - Primary.

TYPE OF TREATMENT - IVF.

PHONE NO. 9698246408.

SEMINAL SOURCE — EJACULATED / PESA / TESA / DNEAR

STIMULATION —

MOTILITY —

STIMULATION PROTOCOL

Gr. Rhlong Protocol / Antagonist Protocol

TOTAL GONADOTROPINS USED--

AMOUNT OF FSH

AMOUNT OF HMG

TRIGGER

NUMBER OF OVUM EXPECTED

RIGHT

LEFT

E₂ on DAY

Of Pickup

DATE OF OPU :

NO. OF OOCYTES RETRIEVED

NO. OF OOCYTES FERTILIZED

EMBRYO TRANSFER DATE

= 5/1/25

THICK ET

POSITION

EASY / DIFFICULT

INTERNAL OS



EMBRYO TRANSFER DETAILS

PATIENT NAME & AGE Rupa

PARTNER NAME & AGE Priyakumar

ADDRESS Akelwa, Gangapur

PHONE NO. 9598246408

EMBRYO TRANSFER DATE - 5/01/25

NO OF EMBRYO TRANSFERRED

CELL STAGE = Blastocyst

GRADE - = 3AA, 2AA

NO. OF EMBRYO CRYO PRESEVED -

CELL STAGE =

GRADE - =

ET PROCEDURE EASY / DIFFICULT

TENACULUM USED / NO

WITH GA / NO

with Haseetha

DISTANCE FROM FUNDUS— CM 1-6

ENDOMETRAL THICKNESS— MM 8-2mm

POST ET TREATMENT—

UPT/BHCG (DATE) = 20/01/25



प्रारूप - 6

[नियम 13 (ब) (स) देखें]

दंपति/महिला द्वारा हस्ताक्षर किए जाने वाला सहमति प्रारूप

ने/हमने..... Rupa w/o Priyakumar, Pragya Inf Cent.....
 (क्लिनिक का नाम और पता) क्लिनिक से अनुरोध किया है कि वह हमें एक बच्चे को जन्म देने में
 सहायता करने के लिए उपचार सेवाएं प्रदान करें।

हम समझते हैं और स्वीकार करते हैं (जैसा लागू हो) कि:

ओव्यूलेशन इंडिकेशन के लिए अंडाशय को उत्तेजित करने के लिए उपयोग की जाने वाली दवाओं के अस्थायी दुष्प्रभाव होते हैं जैसे मतली, मिरदर्द और पेट में सूजन। केवल कुछ मामलों में, डिम्बग्रंथि हाइपरस्टिम्यूलेशन नामक एक स्थिति होती है, जहां एक अतिरंजित डिम्बग्रंथि प्रतिक्रिया होती है। ऐसे मामलों की पहचान समय से पहले की जा सकती है लेकिन सीमित सीमा तक ही। इसके अलावा, कभी-कभी दवाओं की हाई डोज का उपयोग करने के बावजूद डिम्बग्रंथि प्रतिक्रिया कमजोर होती है या नहीं होती है। इन परिस्थितियों में, उपचार चक्र रद्द कर दिया जाएगा।

इसकी कोई गारंटी नहीं है कि:

(i) सभी मामलों में ऊसाइट्स को पुनर्प्राप्त किया जाएगा।

(ii) ऊसाइट्स को निपेचित किया जाएगा।

(iii) यहां तक कि अगर निपेचन हुआ भी, तो स्थानांतरित होने के लिए परिणामी भ्रूण समुचित गुणवत्ता के होंगे।

इन सभी अप्रत्याशित स्थितियों के परिणामस्वरूप किसी भी उपचार को रद्द कर दिया जाएगा।

मैं या हम इन प्रक्रियाओं और ऐसी दवाओं और एनेस्थेटिक्स को लेने के लिए पूरी तरह से सहमत हैं जो आवश्यक हो सकते हैं। हम किसी भी अन्य ऑपरेटिव उपायों के लिए भी सहमति देते हैं, जो उपचार के दौरान आवश्यक पाए जा सकते हैं।

मुझे या हमें अल्ट्रासाउंड निर्देशित फॉलिकुल एग्ग्रेशन के जोखिमों के बारे में बताया गया है।

मैं या हम जानते हैं कि जब तक युग्मक और या या भ्रूण का उपयोग मेरी या हमारी इच्छा के अनुसार नहीं किया जाता है, तब तक हम इस सहमति की शर्तों को वापस लेने या बदलने के लिए स्वतंत्र हैं। मुझे पता है कि यह एक लिखित अनुरोध करने से होगा।

इस बात की कोई निश्चितता नहीं है कि इन प्रक्रियाओं से गर्भावस्था का परिणाम उन मामलों में भी होगा जहां अच्छी गुणवत्ता वाले भ्रूण स्थानांतरित किए जाते हैं।

यदि एक क्लिनिकल गर्भावस्था सहायक गर्भाधारण उपचार के परिणामस्वरूप होती है, तो मैं या हम समझते हैं कि एकाधिक गर्भाधारण, अस्थानिक गर्भाधारण या गर्भपात का एक स्वीकार्य जोखिम है।

चिकित्सा और वैज्ञानिक स्टाफ इस बात का कोई आश्वासन नहीं दे सकते कि किसी भी गर्भावस्था के परिणामस्वरूप एक सामान्य जीवित बच्चे का जन्म होगा।

प्रक्रिया के परिणाम की अनिश्चितता के बारे में मुझे या हमें पूरी तरह से समझाया गया है।

मैं या हम उपचार के जोखिमों को पूरी तरह से समझते हैं जिनमें ये शामिल हैं:

(i) यह गारंटी देना संभव नहीं है कि किसी दिए गए चक्र में एक फॉलिकुल विकसित होगा और यह कि कभी-कभी अंडा पुनर्प्राप्ति से पहले चक्रों को छोड़ना पड़ता है।

(ii) एक जोखिम है कि स्वतःस्फूर्त ओव्यूलेशन अंडे की पुनर्प्राप्ति से पहले या या उसके दौरान हो सकता है।

(iii) अंडा पुनर्प्राप्ति के समय एक अंडा हमेशा फॉलिकुल से पुनर्प्राप्त नहीं होता है।

(iv) किसी भी अंडे का संग्रहण किया जा सकता है और संग्रह किए गए किसी भी अंडे का निपेचन होगा।

(v) यदि निपेचन की विफलता, असामान्य निपेचन या भ्रूण को द्विखंडित (विभाजन) करने में विफलता है तो एक जोखिम है कि भ्रूण स्थानांतरण से पहले चक्र को छोड़ दिया जाएगा।

(vi) उपचार के परिणामस्वरूप गर्भावस्था हो सकती है।

(vii) प्रयोगशाला में या क्लिचर प्रणाली में समस्या होने पर किसी भी समय उपचार को छोड़ दिया जा सकता है।

10. मुझे या हमें डॉक्टर द्वारा आईवीएफ या आईसीएमआई तकनीक से जुड़ी हर चीज के बारे में पूरी तरह से सूचित कर दिया

P. K. S.

हम दोनों Supawo Ping अपनी जगहों पर लोग के बीच
जब भी सफाई करने में आती है।

पति PW

पति (8)

रमलपुर अकेलवा जेगापुर
9598246408

TEST TUBE BABY & IVF CENTER

4.6 Consent for Oocyte Retrieval/Embryo Transfer

Woman's Name: Roopa W/o Rajyakumar

Woman's Address: Gargapur

Name of the Clinic: Pragya IVF Centre

I have asked the Clinic named above to provide me with treatment services to help me bear a child. I consent to:

- a) Being prepared for oocyte retrieval by the administration of hormones and other drugs
- b) The removal of oocytes from my ovaries under ultrasound guidance/laparoscopy
- c) The mixing of the following:

<input type="checkbox"/> My oocytes	<input type="checkbox"/> the sperm of my husband
<input type="checkbox"/> Anonymous donor oocyte	<input type="checkbox"/> anonymous donor sperm

 (Tick the appropriate and strike off the others)
- d) the placing in my _____ of
- e) 1. _____ (no) of the oocytes mixed with the sperm
- f) 2. _____ (no) of the resulting embryos
- g) 3. _____ (no) of our cryo-preserved embryos
- h) 4. _____ (no) of embryo (s) obtained anonymously

I had a full discussion with _____ about the above procedures and I have been given oral and written information about them.

PRM
PS



भारत सरकार
Government of India



कुमारी रुपा देवी
Kuman Roopa Devi

जन्म तिथि / DOB: 10/09/1997
सहिला / Female



6295 5436 5008

आधार - आम आदमी का अधिकार



 भारत सरकार
Government of India




प्रिय कुमार वर्मा
Priya Kumar Verma
जन्म तिथि / DOB : 31/07/1981
पुरुष / Male



2764 6775 3288


आधार - आम आदमी का अधिकार


 विश्वव्यापी पहचान प्रणाली
Unique Identification Authority of India


पता
S/O दूध नाथ, रामरायपुर, गंगपुरी,
गंगपुर, उत्तर प्रदेश, 221302

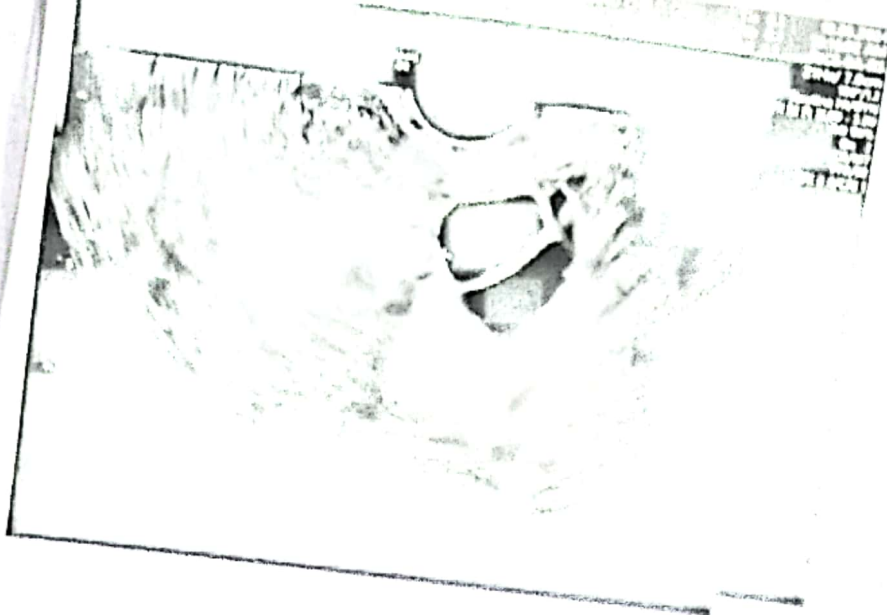
Address
S/O. Doodh Nath, Ramraypur,
Varanasi, Gangapur, Uttar
Pradesh, 221302

2764 6775 3288

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in



L - Dm

16/5 20/10/2019

~~17/10/2019~~ 13/10/2019

3/6/24

LMR - 2/6/24
(Day 2)

DHL done
B/L tube @

On ATT x 2/2/24

CLO

Plan for IUI

④ Tab macox plus x 12/24
x 100 qd

① ~~Tab macox plus x 12/24~~

② NO letrozole 5mg

③ NO Aromasin 25mg

④ Symp Laxil 30ml x HS

✓ ⑩ → 7-144(152)
gmc





Dr. Madhukar Pandey

M.B.B.S., K.G.M.C. (Lko), M.D. (Peds.) IMS, B.H.U.

Specialist :

Pediatrician & Neonatologist

Reg. No. - UPMC-47311

Dr. Pragya Pandey

M.B.B.S., M.D. (OBS & GYNE)

Specialised in Infertility
Laproscopy Gynae Surgery

Reg. No. - UPMC-59054

Pragya

MOTHER & CHILD

CARE HOSPITAL

Plat No. 9, Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
Branch : Sahitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Name

Keopa

Age

30

Sex

F

Address

Date

31/05/24

LMP - 2/5/24
(Day 2)

On ATT - 01/2/2024

90

10+0

Plan for IUI

DHL

1/2 tube @
B/L ovary adhered

① of FTH (70) - 2 tubes

② to let them be 52

9.10.24
g/m

10/11/24
ch

Timing Dr. Madhukar & Pragya Pandey
10.00 am to 02.00 pm
Evening Dr. Madhukar Pandey
07.00 pm to 09.00 pm
Sunday 12.00 to 01.00 noon
Evening 07.00 pm to 09.00 pm
Sunday 12.00 to 01.00 noon

Immunization
Facility Available

Helpline No. :
8808572123

No. purpose.



Pragya

Reg. No.: AL1404

MOTHER & CHILD CARE PVT. LTD.

• Plot # 9, Rashmi Nagar Colony, Lanka, Varanasi, Tel.: 0542-23
• Sahityanaka More, Ramnagar, Varanasi, Tel.: 0542-266922

Name of the Patient

Roopa

Hysteroscopy

Cavity — Normal.

Cornea — B/L open

Endometrium — Healthy

Laparoscopy Findings

Uterus

Tubercular spots on fundus / Adhes

Lt. Broad Ligament

Rt. Broad Ligament

Lt. Tube

Rt. Tube

Lt. Ovary

Cystic / Unhealthy

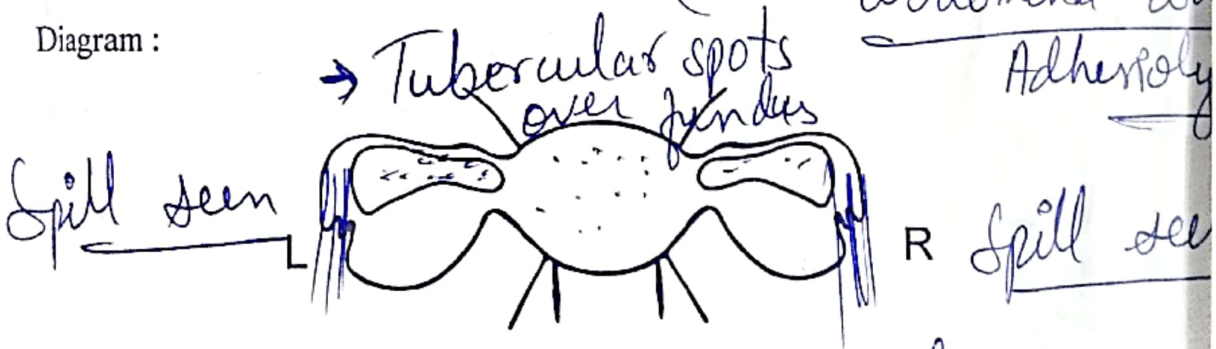
Rt. Ovary

Cystic / Unhealthy

Chromo Pertubation Findings

(B/L ovaries adhered
abdominal wall)

Diagram :



Laparoscopic Diagnosis

Evening 07.00 pm to 09.00 pm
Sunday 12.00 to 01.00 noon
Sunday 12.00 to 01.00 noon

Facility Available 8808572123

Not for medico legal purposes



Scanned with OKEN Scanner

D+12

dhukar Pandey Dr. Pragya

M.C. (Lko.), M.D. (Peds.) IMS, B.H.U.
Specialist :
 cialised in Neonatal Intensive Care
 General Pediatrics, Vaccinations
 Neurology, Nephrology, Cardiology
 Reg. No. - UPMC-47311

M.B.B.S., M.D. (OBS & GYN)
 Specialised in Infertility
 Laproscopy Gynae Surgery
 All OBS & Gynaecological
 and Medical Management
 Reg. No. - UPMC-59054

ni Nagar Colony, Lanka, Varanasi, Phone : 0542
 42-2669222

Roohi Devi Age 20 yrs

12/4

D size, shape

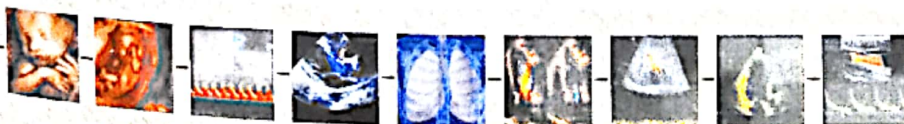
slender

6. Liver/Gallbladder :

7. Kidney / Spleen :

Transvaginal (TVS)

Date	Date of MC	Right Ovary	Left Ovary	ET
12/4	21/6	NDC	18x9 mm	9x4 mm



Not for Medico

Processed By
Pathkind Diagnostic Pvt. Ltd.
31/82 A-9-B, Rashmi Nagar, Bhogabir, Near BHU Emergency Gate
Lanka, Varanasi, 221005

Mr. PPRİY KUMAR
41 Yrs
Male
P1208200054974
12082310022373
Referring Doctor : Dr. PRAGYA PANDEY
Referral By :

Billing Date : 08/01/2024 11:42:00
Sample Collected on : 08/01/2024 12:12:58
Sample Received on : 08/01/2024 12:13:08
Report Released on : 08/01/2024 13:15:03
Barcode No. : 999852893

Ref no. :

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
# Agglutination Sample: Semen	Not Detected	Not Detected	
# Pus Cells Sample: Semen	30 - 32	0 - 1	/HPF
# Epithelial Cells Sample: Semen	3 - 5	0 - 1	/HPF
# RBC's Sample: Semen	Not Detected	Not Detected	
# Crystals Sample: Semen	Not Detected	Not Detected	
# Amorphous Sample: Semen	Not Detected	Not Detected	
Total Motility			
# Motile Sample: Semen	48	>40	%
# Immotile Sample: Semen	52 H	<40	%
# Progressive Sample: Semen	40	>32	%
# Non Progressive Sample: Semen	8		%
Morphology			
# Normal Forms Sample: Semen	57	>4	%
# Abnormal Forms Sample: Semen	43		%

* The Test/s marked with (#) is/are not accredited by NABL.

जांच सही तो इलाज सही



Page No. 2 of 3



Client
Pragya Mother & Child Care Hospitals
Plot No.9, Rashmi Nagar Colony, Lanka, UP- 221005

Processed By
Pathkind Diagnostic Pvt. Ltd.
31/82 A-9-B, Rashmi Nagar, Bhogabir, Near BHU Emergency Gate
Lanka, Varanasi, 221005

Name : Mr. PPRIY KUMAR
Age : 41 Yrs
Sex : Male
P. ID No. : P1208200054974
Accession No : 12082310022373
Referring Doctor : Dr. PRAGYA PANDEY
Referred By :

Billing Date : 08/01/2024 11:42:00
Sample Collected on : 08/01/2024 12:12:58
Sample Received on : 08/01/2024 12:13:08
Report Released on : 08/01/2024 13:15:03
Barcode No. : 999852893
Ref no. :

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

CLINICAL PATHOLOGY

Semen Analysis

Physical Examination

# Period of Abstinence Sample: Semen	4		Days
# Time of Specimen Collection Sample: Semen	12:15 PM		
# Examination Time Sample: Semen	1:00 PM		
# Volume Sample: Semen	2.0	>1.5	ml
# Colour Sample: Semen	Gray White	Gray White	
# pH Sample: Semen	7.6 H	>= 7.2	
# Liquefaction Time Sample: Semen	40	15 - 60	Minutes
# Viscosity Sample: Semen	Slightly increased	Normal	

Biochemical Analysis

# Fructose Sample: Semen	Detected	Detected
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Microscopic Examination

# Total Sperm Count Sample: Semen	70	>15	Milli
--------------------------------------	----	-----	-------

The Test/s marked with (#) is/are not accredited by NABL.

जांच सही तो इलाज सही



dhukar Pandey

Dr. Pragya Pandey

A.C. (Lko.), M.D. (Peds.)-IMS, B.H.U.

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9, Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
Sahitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Age 30 Sex f

Date 10/6/24

On ATTx 1/2/24

in infertility.

Photo

13/6

2 clch

IUI etc

SR

L.M.P. 9/6/24

12 Day

15/6/24³
R₄

→ IUI done after band
on 13/6/24

↓

Tab Naturogest SR 300g
1x O.D. x 2

Tab Dydrogesterone 160 D6/10d

→ Clobitol G.M. Ointment.

Timing **Dr. Madhukar & Pragya Pandey**

10.00 am to 02.00 pm

Dr. Madhukar Pandey

Evening 07.00 pm to 09.00 pm

Sunday 12.00 to 01.00 noon

Immunization
Facility Available

Helpline No. :

8808572123

Not for medico legal purpose.





1st my fertility

Plan

Letroz 2

Ova BD x 0

3/4/24 Sept

an^o Hmq
2 che

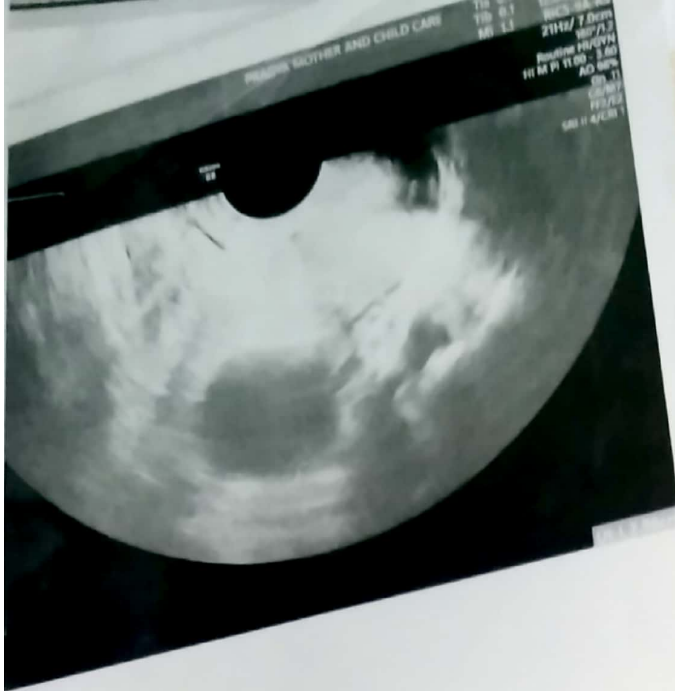
(11)
(29)

→ D12
(619)
SPM

2 7 HCH
Crown

(8/9)
10:00

2 MRM
DUE



Madhukar Pandey Dr. Pragya Pandey

M.D. (Peds.) M.S. B.H.U.

Specialist :
Pediatrician & Neonatologist

Reg No. - UPMC-47311

M.B.B.S., M.D. (OBS & GYNE)

Specialised in Infertility
Laparoscopy Gynae Surgery

Reg No. - UPMC-59054

11 Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
aka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Age 30y Sex ♀
Date 21 8 2024

Taken ATT
for 6 month

IUI done once

4
① Aug 1
②
③
④

Tab Dienophis x 00
x 25dy

Cap Couid DSR x 00 x 00

Tab Albi fs x 00
x 30 dy

Period 2 3 4 5

IUI

for Husband
Tab Maxog Neo x 00
x 25dy

Timing **Dr. Madhukar & Pragya Pandey**

10.00 am to 02.00 pm

Dr. Madhukar Pandey

Evening 07.00 pm to 09.00 pm

Sunday 12.00 to 01.00 noon

Sunday 12.00 to 01.00 noon

Immunization
Facility Available

Helpline No. :

8808572123

Not for medico legal purpose.



Ms. ROOPA
 185719240
 SELF
 27/10/2024 3:56:00PM
 P
 PRAGYA MOTHER & CHILD CARE HOSPITAL

Age : 38 Years
 Gender : Female
 Reported : 27/10/2024 7:21:16PM
 Report Status : Final
 Processed at : Dr. Lal Path Labs Ltd
 Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
PROLACTIN, SERUM (CLIA)	23.70	ng/mL	6.0 - 29.9

Note

1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal

TSH, SERUM (ECLIA)	2.99	μIU/mL	0.27 - 4.20
-----------------------	------	--------	-------------

Interpretation for pregnant Female

REFERENCE GROUP	REFERENCE RANGE in μIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis

Dr. Jyoti Sharma
 MBBS, MD Pathology
 Consultant Pathologist
 Dr. Lal Path Labs Ltd

Nishant Bhagoliwal
 Dr. Nishant Bhagoliwal
 DCP, Pathology
 Consultant Pathologist
 Dr. Lal Path Labs Ltd

7/10/24

mp. 25/10/24

(Day-3)

- po.

↓ UI done

on 8/9

hp

①

BP. 120/7

c/o - F/U -
1^o Refute

② my

↓

PRU

+S

↓

③

GL

④

⑤

⑥

AMH

① 100% + 100%

② + 20%

2.5

Name : Ms. ROOPA
Lab No. : 185719240
Ref By : SELF
Collected : 27/10/2024 3:56:00PM
A/c Status : P
Collected at : PRAGYA MOTHER & CHILD CARE HOSPITAL

Age : 38 Years
Gender : Female
Reported : 27/10/2024 7:21:16PM
Report Status : Final
Processed at : Dr. Lal Path Labs Ltd
Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ANTI MULLERIAN HORMONE; AMH,SERUM (ECLIA)			
Anti Mullerian Hormone	0.91	ng/mL	0.15 - 7.50

Notes

1. AMH starts declining years prior to rise in FSH thus it is much more sensitive marker of ovarian reserve.
2. Discordant results between AMH and antral follicle count (AFC) may be observed as AMH reflects population of preantral follicles whereas AFC measures only those visualized-on USG

Interpretation

AMH LEVEL IN ng/mL	Remarks
<0.50	Predictive of poor response
0.50 - <1.0	Suggestive of limited ovarian reserve
1.00 - 3.50	Predictive of optimal response
>3.50	Predictive of Ovarian hyperstimulation syndrome/PCOS

Comment

Antimullerian hormone (AMH), also known as mullerian-inhibiting substance is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. In males, AMH serum concentrations are elevated under 2 years and then progressively decrease until puberty, when there is a sharp decline. In females, AMH is produced by the granulosa cells of small growing follicles from the 36th week of gestation onwards until menopause when levels become undetectable. Due to the gender differences in AMH concentrations, its changes in circulating concentrations with sexual development, and its specificity for Sertoli and granulosa cells, measurement of AMH has utility in the assessment of gender, gonadal function, fertility, and as a gonadal tumor marker. Since AMH is produced continuously in the granulosa cells of small follicles during the menstrual cycle, it is superior to the episodically released gonadotropins and ovarian steroids as a marker of ovarian reserve. Studies in fertility clinics have shown that females with higher concentrations of AMH have a better response to ovarian stimulation and tend to produce more retrievable oocytes than females with low or undetectable AMH. Females at risk of ovarian hyperstimulation syndrome after gonadotropin administration can have significantly elevated AMH concentrations. Polycystic ovarian syndrome can elevate serum AMH levels because it is associated with the presence of large numbers of small follicles. Serum AMH levels are increased in some patients with ovarian granulosa cell tumors, which comprise approximately 10% of ovarian





Dr. Madhukar Pandey

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Pragya
MOTHER & CHILD

CARE HOSPITAL

Plat No. 9, Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
Branch : Sahitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Pt. Name

Roopa.

Age 38 Sex f

Address

Akelusa.

Date 8/9/24

→ WITH aseptic meorus
IUI done w Husband

4
10/9 24 / ① Tab Hydrocort / 00 x 10 days
② Tab C Hope 8K 300

Timing **Dr. Madhukar & Pragya Pandey**
10.00 am to 02.00 pm
Dr. Madhukar Pandey
Evening 07.00 pm to 09.00 pm
Sunday 12.00 to 01.00 noon



Immunization
Facility Available

Helpline No. :
8808572123

Not for medico legal purpose.



Scanned with OKEN Scanner

Name : Ms. ROOPA DEVI
 Lab No. : 185720349
 Ref By : DR PRAGYA PANDEY
 Collected : 22/11/2024 12:49:00PM
 A/c Status : P
 Collected at : PRAGYA MOTHER & CHILD CARE HOSPITAL

Age : 33 Years
 Gender : Female
 Reported : 22/11/2024 3:54:27PM
 Report Status : Final
 Processed at : Dr. Lal Path Labs Ltd
 Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HIV 1 & 2 ANTIBODIES SCREENING TEST, SERUM (Immunochromatography)	Non-Reactive		
Final Result :	Negative		Negative

REMARKS	INTERPRETATION
Reactive	Indicates Presence of antibodies to HIV 1/2 virus
Non-Reactive	Indicates absence of antibodies to HIV 1/2 virus

It is advised to verify all positive results by conducting the supplemental HIV 1 and HIV2 antibody confirmation and differentiation, LIA (S315).

Note

1. Positive test result indicates antibody detected against HIV-1/2.
2. Negative test result indicates antibody is not detected against HIV- 1/2.
3. Indeterminate test result indicates antibody to HIV-1/2 have been detected in the sample by two of three methods.
4. False positive results may be observed in Autoimmune diseases, Alcoholic hepatitis, Primary biliary cirrhosis, Leprosy, Multiple pregnancies, Rheumatoid factor, and due to presence of heterophile antibodies.
5. False negative results may occur during the window period and during the end stage of the disease.

Recommendations

1. Post-test counseling available between 9 am to 5 pm at LPL laboratories.



Ms. ROOPA DEVI
185720349
DR PRAGYA PANDEY
22/11/2024 12:49:00PM
P
PRAGYA MOTHER & CHILD CARE HOSPITAL

Age : 33 Years
Gender : Female
Reported : 22/11/2024 3:54:27PM
Report Status : Final
Processed at : Dr. Lal Path Labs Ltd
Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS C VIRUS (HCV), RAPID SCREENING TEST, SERUM (Immunochromatography)	Non-Reactive		

Interpretation

RESULTS	REMARKS
Reactive	Indicates presence of antibodies to Hepatitis C virus
Non-Reactive	Indicates absence of antibodies to Hepatitis C virus

* It is recommended to confirm all reactive results with the HCV antibody confirmatory test (S314).*

Note

1. Reactive test result indicates presence of Hepatitis C virus infection. Active infection to be confirmed by HCV RNA PCR test. It cannot differentiate between the stages of Hepatitis C viral infection nor used to monitor the efficacy of treatment.
2. Non-Reactive test result indicates Hepatitis C virus infection is unlikely.
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
4. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.
5. Test conducted on serum.

Uses

- To diagnose suspected HCV infection in risk group.
- Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.



Patient No. : Ms. ROOPA DEVI
 : 185720349
 By : DR PRAGYA PANDEY
 ected : 22/11/2024 12:49:00PM
 Status : P
 lected at : PRAGYA MOTHER & CHILD CARE HOSPITAL
 Age : 33 Years
 Gender : Female
 Reported : 22/11/2024 3:54:27PM
 Report Status : Final
 Processed at : Dr. Lal Path Labs Ltd
 : Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HEPATITIS B SURFACE ANTIGEN (HBsAg), RAPID SCREENING TEST, SERUM	Non-Reactive		

Interpretation

RESULT	REMARKS
Reactive	Indicates presence of Hepatitis B Surface Antigen.
Non-Reactive	Indicates absence of Hepatitis B Surface Antigen.

* All reactive results should be subjected to HBsAg Neutralization test which can be requested as Test Code S116.

Note

1. Reactive test result indicates presence of Hepatitis B Surface Antigen. It cannot differentiate between the stages of Hepatitis B viral infection.
2. Non-Reactive test result indicates absence of Hepatitis B Surface Antigen.
3. False positive results may be observed in presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.
5. For monitoring HBsAg levels, HBsAg Quantitative assay is recommended.



Patient Name : Ms. ROOPA DEVI
 Age : 33 Years
 No. : 185720349
 Gender : Female
 by : DR PRAGYA PANDEY
 Reported : 22/11/2024 3:54:27PM
 Date : 22/11/2024 12:49:00PM
 Report Status : Final
 Status : P
 Processed at : Dr. Lal Path Labs Ltd
 Location : Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
BLOOD GROUP, ABO & RH TYPING (Tube & Slide Agglutination)			
ABO Group	B		
Rh Factor	Positive		

- Note**
- Both forward and reverse grouping performed
 - Test conducted on EDTA whole blood

PROLACTIN, SERUM (ECLIA)	21.10	ng/mL	6.0 - 29.9
-----------------------------	-------	-------	------------

Note

- Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
- Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
- Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal

TSH, SERUM (ECLIA)	2.42	μIU/mL	0.27 - 4.20
-----------------------	------	--------	-------------

Interpretation for pregnant Female

REFERENCE GROUP	REFERENCE RANGE in μIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Note

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.
- Transient increase in TSH levels or abnormal TSH levels can be seen in various nonthyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential





Dr. Madhukar Pandey

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Laparoscopy Gynaec Surgery

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Pragya
OTHER & CHILD CARE HOSPITAL

Plat No. 9, Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368

Branch : Sahitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Pt. Name Roopa r Age 38 yrs Sex f
Address Akelawe Date 22/11/2024

Lmp 21/11/24
D2

✓ 10 g + 14 g
(2251 - 2252)
x 5 g.

0 10 g + 14 g
0 10 g + 14 g
0 10 g + 14 g

Timing **Dr. Madhukar & Pragya Pandey**

10.00 am to 02.00 pm

Dr. Madhukar Pandey

Evening 07.00 pm to 09.00 pm

Sunday 12.00 to 01.00 noon

Immunization
Facility Available

Helpline No. :

8808572123

Not for medico legal purpose.



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Pragya

Reg. No. AL1404

MOTHER & CHILD CARE PVT. LTD.

• Plot # 9, Rashmi Nagar Colony, Lanka, Varanasi, Tel.: 0542 - 2367368
• Sahityanaka More, Ramnagar, Varanasi, Tel.: 0542-2669222

Hysteroscopy

Date

06/12/2024

Name of the Patient

Koopa.

Hysteroscopy

*Cavity - → Uterine tract
long
→ Lt. deviated, A/V*

Laparoscopy Findings

Endometrium → thickened

Uterus

- Polyp + ut

Lt. Broad Ligament

Rt. Broad Ligament

(Polypectomy done)

Lt. Tube

Rt. Tube

- D & C done

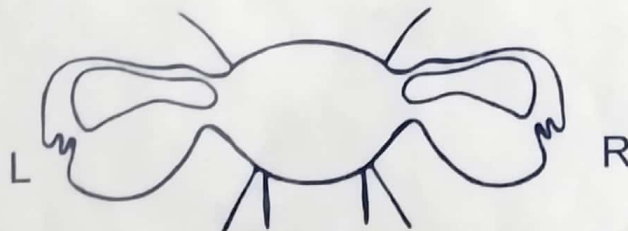
Lt. Ovary

Rt. Ovary

See.

Chromo Pertubation Findings

Diagram :



Laparoscopic Diagnosis



Pragya
mother & child CARE HOSPITAL

Dr. Madhukar Pandey

M.B.B.S., K.G.M.C. (Lko.), M.D. (Peds.) IMS, B.H.U.
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Specialised in Infertility
Laproscopy Gynae Surgery
Reg. No. - UPMC-59054

Plat No. 9, Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
Branch : Sahitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Pt. Name Roopa Age 4 Sex f
Address _____ Date 6/12/2024

LMP 21/11/24

R_b

Tab Rebidox LB 16BD610d

Tab Drotafee - M 16BD65d

Cap Covid DSR 160D65d

Cap Evion 400mg 160D62d

Tab Ecosprin 75mg 160D620d

~~Tab~~ Progynova 16BD615d

Tab Nostera CR 160D610d

17/12/24

zy Celestic 160D64d

Timing **Dr. Madhukar & Pragya Pandey**

10.00 am to 02.00 pm

Dr. Madhukar Pandey

Evening 07.00 pm to 09.00 pm

Sunday 12.00 to 01.00 noon

Immunization
Facility Available

Helpline No. :

8808572123

Not for medico legal purpose.



Scanned with OKEN Scanner

Name : Ms. ROOPA
Lab No. : 185627701
Ref By : DR PRAGYA PANDEY
Collected : 31/12/2024 12:33:00PM
A/c Status : P
Collected at : PRAGYA MOTHER & CHILD CARE HOSPITAL

Age : 33 Years
Gender : Female
Reported : 31/12/2024 2:37:55PM
Report Status : Final
Processed at : Dr. Lal Path Labs Ltd
Lanka, Varanasi 221005

Test Report

Test Name	Results	Units	Bio. Ref. Interval
ESTRADIOL (E2), SERUM (ECLIA)			
Estradiol	241.00	pg/mL	

Interpretation

MENSTRUAL PHASE	REFERENCE RANGE IN pg/mL
Follicular	12.5 - 166
Mid cycle	85.8 - 498
Luteal	43.8 - 211
Pregnancy(First trimester)	215 - >4300
Post Menopausal	<5.0 - 54.7

Clinical Use

- Determine estrogen status in women
- Monitor follicular development during induction of ovulation
- Assess estrogen production in males

Increased Levels

- Precocious puberty (female)
- Male gynecomastia
- Liver disease
- Ovarian tumors
- Adrenal feminizing tumors

Decreased Level

- Oral contraceptives
- Ovarian failure





dhukar Pandey Dr. Pragya Pandey
 C. (Lko.), M.D. (Peds.) IMS, B.H.U. M.B.B.S., M.D. (OBS & GYANE)
 Specialist : Specialised in Infertility
 Pediatrician & Neonatologist Laparoscopy Gynae Surgery
 Reg. No. - UPMC-47311 Reg. No. - UPMC-59054

Rashmi Nagar Colony, Lanka, Varanasi, Phone : 0542-2367368
 Nitya Naka Mor, Ramnagar, Varanasi, Phone : 0542-2669222

Age 38y Sex R
 Date 21/12/2024

Rx
 Tab Progynova 16TDS x 20d
 Tab Progynova - 14 16BD x 20d
 Tab omnacortel 160D x 20d
 Tab Ecosprin 75mg 160D x 20d
 Tab Klorita 160D x 20d
 Tab Alimem 24HS 6/10 d
 PIV

31/12/24
 LMP 20/12/24

D12
 E₂
 P₄

Ri gin Plus 160D x 20d

6Pm
 Zy

Susten 160D x 6d

Timing **Dr. Madhukar & Pragya Pandey**
 10.00 am to 02.00 pm
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