

OPD Summary

UHID	HNH-00014289	Visit No	2607-003749
Patient Name	Mrs Y RAJESHWARI	Visit Date	17-07-2026 11:14 AM
DOB / Age /	24-05-1992 / 34 Y 1 M 23 D / Female	Consultation	First Visit
Doctor Name	Dr. PADMAJA YELISETTY		
Department	OBSTETRICS AND GYNECOLOGY		
Specialization			

Ht : 159.00 Cms Wt : 84.90 kg BSA : 1.87 BMI : 33.58 Kg/m2 Syst : 120.00 mm Hg Dia : 70.00 mm Hg

Chief Complaints :

33 Years G2P1L1, Previous SVB PGDM on insulin and OHA at 37 + 3 weeks

Came today for AN visit

Complaints Nil

Happy with movements

NST done today and it is reassuring

Monitoring sugars at home and sub optimal glycaemic control

A growth scan was done on 10/7/26 at 36 + 3 weeks: SLF, cephalic, EFW: 2856 g (45 %centile),

AFI:17.7 cms, Placenta: Anterior, high

Fetal and uterine artery doppler: Normal

Scan on 27/6/26 SLIUP Cephalic

Past History :

Psoriasis, DM since 2 years

Family History :

Mother: DM, Hypothyroid

Personal History :

Nil No known allergies

Examination :

P/A: Soft uterus 36 weeks , SFH 36 cms, Cephalic ,FHR 148/min

P/V: Cervix long, post medium consistency, tip of finger, Memb+, PPVx - 3 station

Sweep and stretch done

Diagnosis :

33 Years G2P1L1AE, Previous SVB PGDM on insulin and OHA at 37 + 3 weeks

OB History :

OBSTETRIC HISTORY G2 P1 L 1

Years of Marriage

Menstrual cycles Regular LMP 25/10/25 EDD 2/8/26

Corrected EDD 4/8/26 EDD VERIFIED 4/8/26

Conception Spontaneous

Consanguinity No

BLOOD GROUP O Positive

Booked at 19 + 4 weeks

Immunization: First dose TT outside/ Flu declined / Took 2 nd dose TT outside

First: 2021 Preterm at 36 weeks ND at Pushpalatha NH. Boy. Doing well

Second PP

Viability scan done on 13/12/25 at 5 + 5 weeks: SLIUG, CRL 2.7 mm, FHR seen. EDD: Not

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mentioned

Baseline investigations done on 12/12/25: Blood group O Positive, CBP on 26/3/26 Hb 9.3 g Platelets 3.1 lakhs, HPLC on 22/4/26 Normal, HbA1c 9.5, VDRL on 21/4/26 NR, HIV NR, HBsAg NR, HCV NR, TSH 2.5, Sr Creatinine 0.45, CUE 6-8 pus cells, Urine c/s OGTT on 11/3/26: 126/256/293 Fundoscopy on 26/3/26 Normal ECG on Normal

28/5/26 Hb 9.8 g platelets 3 lakhs 10/6/26 Urine C/S sterile

NT scan+ e FTS done on 19/1/26 at 11 + 6 weeks. EDD verified.4/8/26 Normal and low risk

TIFFA done outside on 10/3/26 at 19 + 1 weeks, Normal, Cx length: 3.9 cms. Placenta: Anterior/ High.

Uterine artery Doppler: normal

Cervical length scan on 27/3/26 at 21+3 weeks. SLIUP, Cephalic AFI LP 4.9 cms Placenta Anterior/ low Cervical length 32 mm

Fetal ECHO at RCHI at 26/3/26 Normal

A growth scan was done on 15/5/26 at 28 + 3weeks: SLF, cephalic, EFW: 1214 g (34 %centile),

AFI:16.9 cms, Placenta: Anterior, 4 cms from the OS

Fetal and uterine artery doppler: Normal

A growth scan was done on 12/6/26 at 32 + 3 weeks: SLF, transverse lie, EFW: 1952 g (37 %centile),

AFI:15.9 cms, Placenta: Anterior

Fetal and uterine artery doppler: Normal

Scan on 27/6/26 SLIUP Cephalic

Medications :

#	Name	Dosage	Frequency	Route	Duration	Remarks
1	SHELCAL TAB 500MG15S	2 Tabs	Once Daily	Oral	30 Days	2 tabs after lunch.
2	D-RISE CAPS 2000 IU 10 S	1 Cap	Once Daily		30 Days	Once daily after dinner.
3	LIVOGEN TAB15S	1 Tabs	TWO TIME A DAY		30 Days	30 minutes before meals

Doctor Recommendations :

IOL on 21/7/26 at 8 PM

TO reserve 2 Units PRBC at admission

16 weeks onwards- Iron and calcium supplements and continue throughout pregnancy.

Iron and calcium should not be taken together. Iron supplements are to be taken before and calcium and Vitamin D after food.

Tab LIVOGEN twice daily 30 minutes before meals.

Tab SHELCAL 500 mg 2 tabs after lunch. •

Cap D-Rise 2K once daily after dinner.

Plenty of oral fluids/ Iron rich High protein diet/ physical activity

Avoid spicy food, oily food, and outside food intake.

Review to 4th floor/Emergency SOS if c/o pain abdomen, bleeding p/v, or any other complaints.

For EMERGENCY Contact:9154865024

GDM Advice - For Medical Nutritional Therapy for control of blood sugars (Dietician counselling).

To monitor sugars as a 4-point check, that is fasting, 2 hours after breakfast, lunch, and dinner.

Aim to maintain sugars < 95 mg/dl in fasting and < 120 mg/dl as a two-hour post-meal value and meet an Endocrinologist.

Frequency of monitoring: Alternate

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Explained about FKC. To check movements from 26 weeks. To come immediately if any concerns with the fetal movements.

y. padma

Dr. PADMAJA YELISETTY

MBBS, MD, MRCOG, FRCOG
52427

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OUT PATIENT CARD CUM RECEIPT



UHID : HNH-00014289
Patient Name : Mrs Y RAJESHWARI
DOB/Age/Gender : 24-May-1992/ 34Y 1M 21D / Female
Doctor Reg : 52427
Visit/Appt Type : Follow-Up Visit / Physical
Payor : SELFPAY

Bill No : OCS26-00125680 Bill amount : 0.0 Rs
Bill Date : 15-07-2026 10:39:53 AM
Doctor Name : Dr. PADMAJA YELISETTY
Department : OBSTETRICS AND GYNECOLOGY
Specialization :

15/7/2026
10:30am

33yr G₂P₁L₁ w prev SVB w PGDM on Zunebin and OHA
at 37wks 3day g GA

Came w clo pain abdomen - 7am.

cls/ls
Dr. Mendula off pt clc
ayable.
PR - 93bpm
BP - 130/90mmHg
XRT - reactive.
GRS - sumydl
palor ⊖
Pedal edema ⊕

PLA - ut - TG
1-2c/15sec/10min
Cephalic
FH ⊕
415th palpable.
Plv - G - long, MR, ant
OS - IF
m ⊕
PRV x-2

C/MT Dr. padmaja Yelisetty

- Adv: T. PARACETAMOL 500mg 6th hly. → pt obscrea/r
Review whenever pain increases/so. Lar → Contort
+
Wishes to go home

- Continue Antenatal medication
- Daily Peter Beck consult
- Ranson 17/7/2011, weekly AST

Re Silly
Dr S. Moulden

Fetal Medicine Report

RAINBOW HOSPITAL FOR WOMEN AND CHILDREN
3/6/234, Old MLA Quarters Rd.
Himayatnagar, Hyderabad -500029
T - 040-48873000
Reg No (Under PC & PNDT Act 1994): 0116A1466/2023



FetalMedicine ID:
HNR3110086
ViewPoint ID: 3110086
Date 10-07-2026

Growth Scan

RAINBOW HOSPITAL
3/6/234, Old MLA
Himayatnagar, Hyderabad -500029
T - 040-48873000
Reg No (Under PC & PNDT Act 1994): 0116A1466/2023

Patient: Y Rajeshwari DOB: 24-05-1992
Exam date: 10-07-2026

Indication	Fetal growth scan						
History	OB History Gravida 2. Para 1 Children born living at term 1. Born living children 1						
Method	Voluson E8, Transabdominal and transvaginal ultrasound examination. View: Suboptimal view: limited by late gestational age						
Pregnancy	Singleton pregnancy. Number of fetuses: 1						
Dating	Date	Details	Gest. age	EDD			
	LMP 25-10-2025		36 w + 6 d	01-08-2026			
	Agreed based on the external assessment dating		36 w + 3 d	04-08-2026			
General Evaluation	Cardiac activity present. FHR 152 bpm. Fetal movements: visualised. Presentation: cephalic Placenta: Anterior high Umbilical cord: 3 vessel cord Amniotic fluid: Amount of AF: normal. AFI 17.7 cm						
Fetal Biometry	BPD	92.8 mm	99%	TAD	104.5 mm		
	OFD	111.2 mm	19%	AC	325.0 mm	62%	
	HC	321.1 mm	35%	Femur	67.7 mm	11%	
	Cerebel-lum tr	45.2 mm	86%	HC / AC	0.99		
	APAD	102.4 mm					
	Fetal Weight Calculation:						
	EFW	2,856 g	45%	EFW by	Hadlock (BPD-HC-AC-FL)		
	EFW (lb,oz) 6 lb 5 oz						
	Head / Face / Neck Biometry:						
	BPD / OFD	0.83	70%	2nd Ventr	3.4 mm		
	1st Ventr	5.4 mm					
	Abdomen Biometry:						
	MAD	103.5 mm		Trunk area	107.0 cm ²	>99%	
	Trunk area	84.0 cm ²	86%	rect.			
	ell.						

Fetal Medicine Report

Urinary Tract Biometry:

Rt Renal 2.5 mm
pelvis ap

Lt Renal 2.5 mm
pelvis ap

Extremities / Bony Structures Biometry:

FL / BPD 0.73
FL / HC 0.21

FL / AC 0.21

Fetal Doppler

Umbilical Artery:

PI 1.07 89% RI 0.64 81%

Mid Cerebral Artery:

PI 1.50 26% PS 0.82 MoM
PS 45.00 cm/s CPR PI 1.40 3%

Maternal Doppler

Right uterine artery:

PI 0.47 4% RI 0.37

Left uterine artery:

PI 0.52 10% RI 0.38

Mean PI 0.50 6%

Comment

Please note: All fetal anomalies cannot be detected by ultrasound alone. The pick up rate of abnormalities depend on gestational age of the fetus, fetal position, maternal habitus, tissue penetration of ultrasound waves and machine resolution. The results of the today's scan have been discussed with the parents. They were aware that ultrasound examination alone cannot exclude all genetic syndromes or chromosomal abnormalities. This report is not for medicolegal purposes.

Impression

PGDM on Insulin and OHA

There is a single viable intrauterine pregnancy.

The fetus is in cephalic presentation.

Fetal growth, (EFW - 45th centile)

Amniotic fluid (AFI - 17.7) is normal

Fetal Doppler and Uterine artery Doppler are normal.

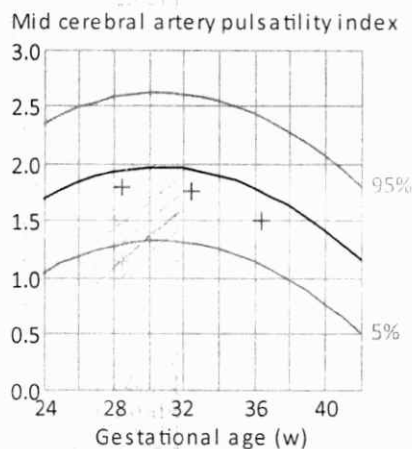
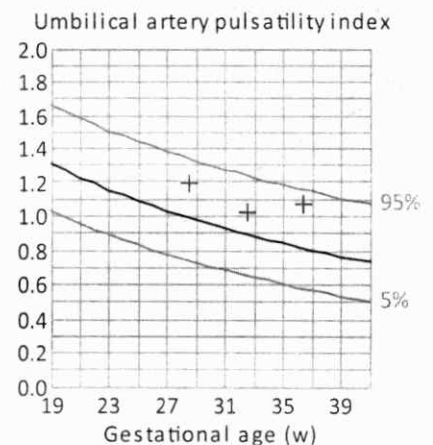
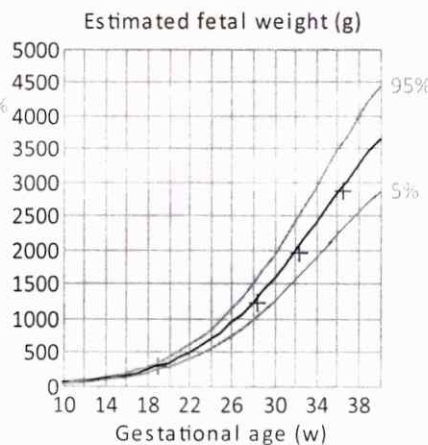
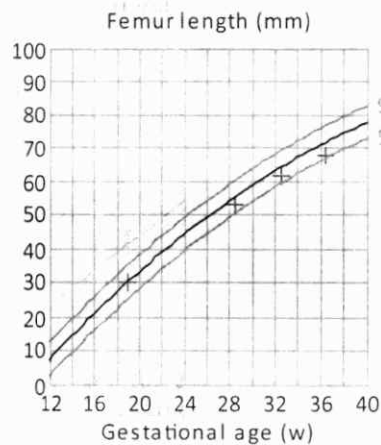
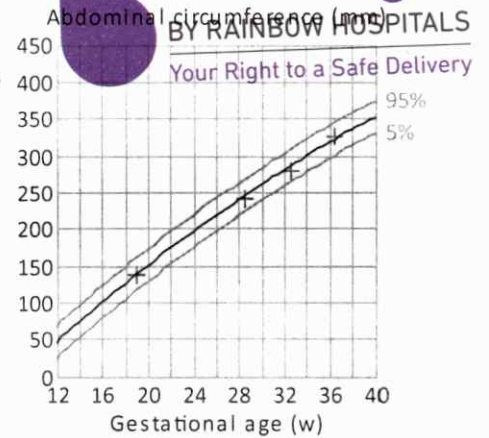
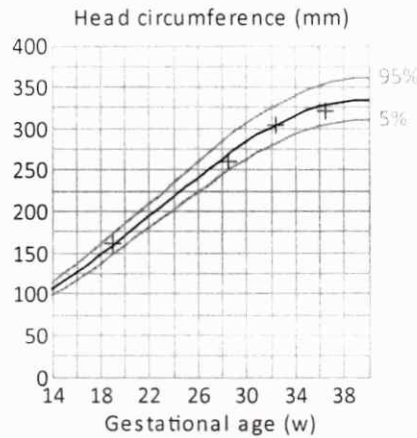
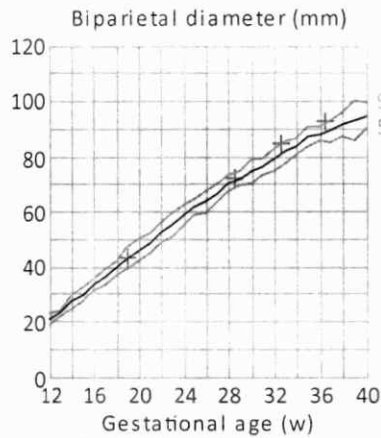
Detailed structural evaluation of fetus not possible due to advanced gestation and fetal position. All abnormalities cannot be excluded by ultrasound alone. Some abnormalities evolve as gestational age advances.

I, Dr. Mythreyi. K declare that while conducting ultrasonography / image scanning on Mrs. Rajeshwari, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Follow-up

Refer back to obstetric consultant for further management.

Fetal Medicine Report



Dr. Padmaja
Regd. No -
52427
Referring
Consultant

Dr Mythreyi K

Performing Physician

