Ayurvedic Management of Oligohydromnios with kshirbasti and kshirpana: case report

Dr Archana Jadhav⁽¹⁾, Dr. abhay kulkarni⁽²⁾, Dr. Sonal Thakare⁽³⁾

^{1.}HOD & Associate professor, Streeerog & Prasutitantra, A.S.S. Panchvati, Nashik ^{2.} Proffesor, Swathawritta department, A.S.S. Panchvati, Nashik. ^{3.}1st Year PG student, shalya tantra, A.S.S., Panchvati, Nashik.

Abstract: Oligohydroamnios is a serious complication of pregnancy. That is associated with poor perinatal outcome. An accurate and reproducible method of determining abnormality is amniotic fluid index (AFI). An effective medical therapy for oligo is very important for the fetus to grow normally to near term. Though some allopathic treatment modalities such as Amino Drip Infusion and maternal hydration have been suggested, none work well or resolve the primary cause. In ayurveda, oligohydroamnios can be considered under Upvishtakanagodara. Here, Garbhakshay^[1]as stated by Acharya Sushruta where Garbhaaspandana i.e. ksheenaspandana and anunnatkukshitta which is due to reduced liquor. Acharva Sushruta has mentioned the usage of ksheerbasti from 8 month onwards to nourish the fetus in garbhakshaya. So one patient has been selected having moderate AFI for the use of ksheerbasti. So here Shatavary, Ashwagandha, Phalaghrutasidhhaksheerbasti is selected which is very effective treatment modality to increase the amniotic fluid.

Key Words: oligohydroamnios^[2], garbhakshaya, shatavary, ashwagandha, ksheerbasti.

INTRODUCTION

Oligohydroamnios is defined as an amniotic fluid index less than 5 th percentile (at term <5cmor at preterm <8 cm)has an influence of 8.55to 15.5% (Rutherford et al 1987, sarno et al 1989, moor et al 1990). Around 1% of pregnancies are affected by mid trimester oligohydroamnios, it is associated with a poor perinatal outcome.increases risk for small for gestational age, meconium stained liquor, low apgar score and NICU admissions. Oligohydroamnios is may be result of uteroplacental insufficiency, drugs induced, fetal abnormalities or prom. It generally leads to IUGR. So potential identification of modifiable risk factor for successful prolongation of pregnancy is needed.In ayurvedaoligohydroamnios can be consider underupavishtaka and nagothera.as stated by sushrutagarbhakshaya i.e. kshinspandana and annunatkukshitawhich are mainly due to reduced

amniotic fluid. Sushruta has mentioned the usage of ksheerbasti from 8 months onward to nourish fetus. So that a patient is selected for use of shatavari, ashwagandha ksheerbasti.as shatavai^[3] (asperagous racemosa)is known to produce anti oxytocic and ADH activity. And ashwagandha (withnia somnifra) isbruhaniya vrushya and increases muscle tone of uterus. It is an adaptogenic herb. Emphysis of ksheera in garbhini is well known with properties such as jeevniya, rasayana, medhya, balya and brihana. All these drug being anabolic act as dhatuvardhakand have definite action on iugr and ksheerbasti results in increase afi and birth of healthy baby.

AIMS AND OBJECTIVES

Aim = To study efficacy Of shatavari, ashvgandha,guduchiPhalghrutsiddhakshirbastiin oligohydromnios

Objective = 1) To Study The Oligohydroamnios and it's effect on IntraUterine Fetus.

2)To Study The Action of KsheerBasti Drugs on Oligohydroamnios

CASE STUDY

25yr Female Patient with 31 Weeks of Gestational Age with Oligohydroamnios.

O/E

BP-130/80 mm/Hg, PR-82/min, Spo2-99%, FHS-148 Bpm

S/E

CNS- Conscious, Oriented, CVS-S1S2 (Normal)

RS- ABBE (Clear), M/H – Regular with Painless 3 Day of Flow

LMP- 09/04/2024, EDD- 23/01/2024, O/H- Primi

P/A :-Uterus Height in Weeks = 28 Weeks, Uterus Height in Cm = 28 cm, F.M + P/V: - Os- Closed , Cx- Firm, Posterior

P/S – No leaking or Bleeding

INVESTIGATION

USG(22/11/24)	SLIU Of GA 31wks 1 day With Cephalic presentation.
	FHS:150BPM. Rate and rhythm are regular.
	PLACENTA: Fundal posterior wall Grade 3 Maturity
	No evidence of any Obvious Retroplacental / Subchorionic hemorrhage.
	No loop of cord is seen in the region of neck.
	\rightarrow liquor is lower limit(6.2) of normal.

Manngement Protocol

From 22 Nov 2024 onwards patient was advised to take:

- High protein diet
- Rest in left lateral position
- Masha &Mudgaryusha
- Narayan TailGhritaMatrabasti
- Phalaghrita 1 TSF BD
- Iron and Calcium Medicine

• Ashvgandha, Guduchi, Phalghrut Siddha Ksheerpak

WBC-

303000/cumm, Bld. Group :- B positive.

1680/cumm,

Plt-

- 25mlOrallyBD shatavari
- Daily Agni ,Dosh, Dushya, MalaMutra Assignment

All Treatment Was Given by 7Days With NST Twice Daily.

MATERIAL AND METHODS

Drug review:-

Drug nam]]e	Latin name	Rasa	Guna	Virya	Vipak	Doshkarma	Pradhan
							Karma
Shatavari ^{[3}]	Asparagus	Madhur	Guru	Sheeta	Madhur	Vaat Pitta	Vrushya,
	recemosa	tikta	Snigdha			shamak	Pushtikar,
							Balya,
							StanyaJanan
Ashwagandha ^{[4}]	Withania	Tiktakatu	Laghu	Ushna	Madhur	Vaatkaph	Bruhan
	somnifera	Madhur	Snigdha			Shamak	Rasayan
							Dipaniya
							Vrishya
Guduchi ^{[5}]	Tinospor	Tikta	Laghu	Ushna	Madhur	Tridosh	Jwarhar,
	acordifolia	Kashaya				Shamak	Dipaniya
							Rasayan
Phalaghruta ^{[6}]			Snigdha	Shita		Tridoshaghna	Yoni doshahar
							Garbha
							sthapak

As this a single case study we gave following course of treatment.

Patient was admitted in IPD for 16 days. During this period daily asissment of pulse, blood presure, fetal heart sound monitoring, urine analysis done and which was normal, no Pregnancy was there

KSHEERPAK BASTI PREPARATION

Ksheerpakbasti⁷]for each day is done with 25 gm of shatavari powder, 25 gm of ashwagandha powder, 25

gm of guduchid 600ml of water heat until it becomes 1/8 of kwath which is 75 ml then add 75 ml of milk to 75 ml of kwath heat up together till it becomes 75 ml of ksheerpak then add 25 ml of phalaghruta that becomes 100 ml of total basti

Course of treatment:- A) SHODHAN CHIKITSA(STHANIK)

KshreepakBasti Protocol With Retention Time

Sila	iavan powu	51, 25 gill 01	asiiwagailulla	a powder, .	23					
ſ		Procedure	Drug	Form	Dose	Duration	Route	Method	Time	Pratyaga mankal

USG REPORT

Hb-10.2gm/dL,

© December 2024 | IJIRT | Volume 11 Issue 7 | ISSN: 2349-6002

Day of T/t									
1 st day	Matrabasti	Narayan tail[⁷]	taila	60ml	1 day	Gudmarg	Catheter	Morning for 10 min	2hrs
2 nd to 7 th	Basti	Shatavari, ashvgandha, guduchi, falghrut	Kshirpak	100 ml	7 days	Gudda Marg	Catheter	Morning slowly for 1 hour	3hrs
8th	Matrabasti	Narayan tail	Taila	60 ml	1 day	Guda Marg	Catheter	Morning for 10 min.	4 hrs
9 th to 15 th	Basti	Shatavari, ashvgandha, guduchi, falghrut	Kahirpak	100ml	7 days	Guda Marg	Catheter	Morning slowly for 1 hour	3hrs
16 th	Matra	Narayan tail	Taila	60ml	1 day	Gudda Marg	Catheter	Morning for 10 min.	6 hrs

USG obstretics	PRESENTATION:Cephalic
(02/12/24)	PLACENTA: Fundalposterior.
	LIQUOR: Lower limit of normal
	AFI: 9.6 cms.
	CERVIX: 33 mm.
	INTERNAL OS: Closed
	HEART RATE: 150 BPM. Rate and rhythm are regular.
	No loop of cord is seen in the region of neck.

RESULT

Ksheerpak treatment of 15 days AFI increases from 6.2 to 9.6 with good fetal weight gain without iugr.

DISCUSSION

Shtavari(asparagus racemosus)is known to produce anti oxytocic and anti adh activity. Shatavari also produces a state of reduced adrenocortical activity in adrenal weight and plasma cortisol in experimental study. As shatavri is jivaniya, garbbhaprada. By its shita, madurguna it acts as bruhaniya and tarpak for jalamahabhuta and helps in improvement of amniotic fluid.

Ashwagandha possess gunas as bruhaniya ,rasayana, deepniya, vrushya, and garbhastapaka.

While Guduchi due to Madhurvipak, it act as balya, bruhana. for garbhashay also act as vatanulomak, Phalaghruta act as yonidoshahar. By its snigdhaguna helps in improvement of garbhodakajala. Act as balya to uterus.Narayan taila matrabasti helps in vatanuloman thus decreases vatavrodh of garbhashaya. It helps in anulomana of vata. 6. Probable mode of action of basti .Acharya parashara has opined that guda(anus0 is the principle route of body and bears rich blood supply in it. Basti nourishes all extimities and organ of body. Basti

eliminates viateddosha via rectal route. Medicines. Administered through rectal route readily absorbed through rectum and large intestine. Rectum has rich blood supply and lymphatic drainage hence drug can transverse through rectal mucosa like other lipid membranes. Drug absorbed through upper rectal mucosa carried by superior haemorrhoidal veins in portal circulation. Drug absorbed by lower rectal mucosa crried by middle and inferior haemorrhoidal veins in systemic circulation.rectum with its rich vascularity and venous plexux provides a good absorption surface and many soluble substances produce their effect more quickly without passing the liver. According to charakabasti retains in pakwashaya and dwells doshas from all over body and basti is only thearapy which pacifies the provacated vatadosha . All these drugs act as anabolic and dhatuvardhak and thus may have definite action on iugr and oligohydroamnios. In this case after use of these drugs there is good fetal weight gain also achieved.

CONCLUSION

Oligohydroamnios has frequent accurnce and demands intensive fetal surellience and proper ante partum and intrapartum care. Timely intervention can reduce perinatal morbidity and mortality. Risk factors regarding oligohydroamnios are iugr, pre term birth, pih. To increase birth expectancy we have to assess AFI by USG timely and proper intervention should be done. Shatavari, ashwagandha, guduchi phalaghrutasidhha ksheerPak has proven very effective modality to increase amniotic fluid and good nourishment of fetus in this case. Which decreases poor perinatal outcome and helps in preventing maternal and fetal morbidity and mortality rate

REFERENCES

- [1] Dravyagunvigyana, Acharya Priyavat Sharma volume2, 7th chapter, rug по. 234, ChaukhambaBharati academy, Varanasi, Reprint 2006, 562pp.
- [2] Agnivesha-charakasamhita with Ayurveddeepikavyakhya, by panditkashinathpandey, ChaukhambabharatiAcadamyVaransi 2008, Cha. Su. 27/218, 5501023
 [2] Agnivesha-charakasamhita with by
- [3] D.C. Dutta's Textbook of obstetrics, New Central Book Agency (P) Ltd. London, 2011, 2013: 7: 115
- [4] Sushruta: Sushruta Samhita with Nibandhasangraha commentary of Dalhanaa Edited by JadavjiTrikamji Acharya.

ChaukambhaOrientalia, Varanasi. Uttaratantra 38:18. Page.

- [5] Caraka Samhita, of Agnivesa, elaborated by Caraka and Dridhabala, Edited with Caraka-Candrika Hindi commentary along with special deliberation by Dr. Brahmanand/Tripathi, ChaukambhaSurbharatiPrakashan, Varanasi, 3 Edition 1994.
- [6] Vaghhhatacharys, AshtangaHridayam with Sarvangasundhara of Arunadatta and Ayurveda Rasayans of Hemade, collatend by Dr.AnsMoreshwarKunte and Krishna Ramachandra.
- Yogaratakara with Vidyotini Hindi Commentary by Vaidya LaksmipatiSastri, edited by BhisagratnaBrahmasankarSastri, ChaukhambhaPrakashan, Varanasi, edition 2010, Pp 504
- [8] Vd. YadavjiTrikamji Acharya, Charak Samhita, Choukhamba Prakashan.4 edition, 1994. Page No.378-37
- [9] Vd GangadharShastriSathe, SarthaSharangdharsamhita, RaghuvanshiPrakashan. 4th Edition, 1983, Page No. 180-

/	22
	HISH
-	N U S I T C S
	Name : PRITI THAKUR Age : 25 YEARS / F Ref By : Dr. SAWANT DINAR (M.D.) Date : 22 Nov 2024
	OBSTRECTRICS SONOGRAPHY
	Findings:
	Single live intra uterine foetus in Cephalic presentation Cardiac Activity seen and Heart rate - 152 /min.
	Foetal Limb movements and Body movements present. Placenta is Localised on Posterior wall and grade III maturity .
	No evidence of any Obvious Retroplacental / Subchorionic hemorrhage. Liquor is Reduce AFI is 6.2
	Foetal Biometry measurements are as follows:
	BPD measures : 7.74 Cm corresponding to 31 Weeks 0 days HC measures : 28.43 Cm corresponding to 31 Weeks 1 days AC measures : 25.63 Cm corresponding to 29 Weeks 6 days FL measures : 6.30 Cm corresponding to 32 Weeks 4 days
	EFW : 1668 gms LMP : 09.04.2024 Avg : 31 wks 1 d Avg By LMP : 32 wks 3 d Edd : 23.01.2025 EDD BY LMP: 14.01.2025
	No evidence of obvious fetal congenital anomalies are seen at present scan Please note that not all fetal congenital anomalies are assessable on sonographic s due to the amount of liquor and fetal Position and gestational age .
	Internal os closed . Cervical length 3.2 cm.
	Maternal :Both Ovaries are Normal. Adenexa Clear.
	<u>Impression</u> Single live intra uterine foetus of 31 weeks 1 days. Moderate Oligohydramnios
	(I Have Neither Detected Nor Disclosed Sex of the Fetus To Anybody in any Manner)
	n
	Dr Rahul S Desale. Consultant radiologist and sonolog
<	Clinic : ASHISH DIAGNOSTICS, First Floor, Surya Arcade, Opposite Nir Panchvati, Nashik. Phone : 0253 - 2510530, Mob.: 9067207204 CT Sca

© December 2024 | IJIRT | Volume 11 Issue 7 | ISSN: 2349-6002

PLACENTA : Fundal posterior. LIQUOR : Lower limit of normal AFI: 9.6 cms. CERVIX: 33 mm INTERNAL OS: Closed HEART RATE: 150 BPM. Rate and rhythm are regular. BIOMETRY : Image: Ima	MEREN NUMBER:1RESENTATION: CephalicPLACENTA:Fundal posteriorMICION:Cover limit of normalAF: 9.6 cms.CATIVA:33 mmINTERNAL OS: ClosedCATIVA:Store DM. Rate and rebuthm are regular.Bottom Rate and rebuthm are regular.Bottom Rate and rebuthm are regular.INTERNAL OS: ClosedBottom Rate and rebuthm are regular.Distribution Rate and rebuthm are regular.Area Mathema Area and Area a	Year Ser Ser Ser Ser Ser Ser Ser Ser Ser Se	ame : MRS. PRITI HARS ef By : Dr. ARCHANA SHE	
PLACENTA: Fundal posterior. LIQUOR: Lower limit of normal AF: 9.6 cms. CETVIX: 33 mm INTERNAL OS: closed HEART RATE: 150 BPM. Rate and rhythm are regulat. BOMETRY: <u> </u>	PLACENTA : Fundal posterior: LIQUOR : Lower limit of normal : AF: 9.6 cms. CERVIX : 31 m : INTERNAL OS: Closed HEART RATE: 150 BPM. Rate and rhythm are regulat. BOMETRY : <u>Name and and and and and and and and and and</u>	PLACENTA: Fundal posterior. IQUOR: Lower limit of normal AF: 9.6 cms. CREVIX: 33 mm INTERNAL OS: Closed HART RATE: 150 BPM. Rate and rhythm are regular. BDD TO mm SDOMERY: Marcenta: Marcenta: BPD TO mm TO marcenta: BPD TO marcenta: BPD TO marcenta: Barcenta: BPD TO marcenta: Barcenta: Barcena: Barcena: <th></th> <th>ULTRASOUND ANTENATAL</th>		ULTRASOUND ANTENATAL
LIQUOR: Lower limit of normal AF: 9.6 m.K. CERVIX: 33 mm INTERNAL OS: Closed HART RATE: 150 BPM. Rate and rhythm are regulat. BOMETRY: 	LQUOR: Lower limit of normal AF: 9.6 cm.3 CRTVIX: 33 mm INTERNAL OS: Closed ALRAT RATE: 150 BPM. Rate and rhythm are regula: BOMETRY: 	LQUOR: tower limit of normal. AF: 9.6 cms.CRVIX: 33 mmMITERNAL OS: ClosedCLART RATE: ISO BMA. Rate and rhythm are regulat.BOMETRY: <u>Poto to normal 30 Weeks 4 Days</u> <u>A Days 4 Days</u> <u>A Days 4 Days</u> <u>A Days 2 Closed 8 Closed 8 Days</u> <u>A Days 2 Closed 8 C</u>	DETUS NUMBER: 1	PRESENTATION: Cephalic
CRV1X: 33 mm INTERNAL OS: Closed HART RATE: 150 BPM. Rate and rhythm are regulat BOMETRY: <u> </u>	CRVX: 33 mm INTERNAL OS: Closed HART RATE: 150 BPM. Rate and rhythm are regula: BOMETRY: 	Year Yie Yamani Yama	ACENTA : Fundal posterior.	
HEART RATE: 150 BPM. Rate and rhythm are regular. BIOMETRY: 	HEART RATE: 150 BPM. Rate and rhythm are regular. BOMETRY: 	HEART RATE: 150 BPM. Rate and rhythm are regulat. BUDITRY: 	QUOR : Lower limit of normal	AFI: 9.6 cms.
BIOMETRY : Image: Display in the image: Display in the i	BIOMETRY : <u>PD</u> <u>76 mm</u> <u>30 Weeks 4 Days</u> <u>31 Weeks 3 Days</u> <u>5 Days</u> <u>5 Lays</u> <u>1 E S + 7 - 265 gms</u> <u>I MD</u> <u>1 815 + 7 - 265 gms</u> <u>I MD</u> <u>33 Weeks 4 Days</u> <u>1 Adoption 1 33 Weeks 4 Days</u> <u>1 Adoption 1 30 Weeks 4 Days</u> <u></u>	BOMETRY: 	RVIX: 33 mm INTE	ERNAL OS: Closed
BPD 76 mm 30 Weeks 4 Days AC 285 mm 31 Weeks 3 Days AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days MP 09/04/2024 4 Days GA by UMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days Do by LMP 14/01/2025 5 Do by Dy present USG 30/01/2025 Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres Uquor is lower limit of normal. AFI: 9.6 cms. WHAR DR. HARDIN PATEL DNB Radiodiagnosis	BPD 76 mm 30 Weeks 4 Days AC 285 mm 31 Weeks 3 Days AC 65 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days FL 50 May 33 Weeks 4 Days Max 100 May 33 Weeks 4 Days ED by LMP 14/01/2025 100 Journal 100 Journal ED by LMP 14/01/2025 30/01/2025 100 Journal No loop of cord is seen in the region of neck. Doppler screeening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Image: Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic presternet. PLAR HARDIK PATEL Max DR. HARDIK PATEL Max DR. HARDIK PATEL Shop No. G43 - G44 Shot Hati Krishna Plaza Old Adopson Noko	<u>PD</u> <u>76 mm</u> <u>30 Weeks</u> <u>4 Days</u> <u>AC</u> <u>285 mm</u> <u>31 Weeks</u> <u>3 Days</u> <u>AC</u> <u>266 mm</u> <u>30 Weeks</u> <u>5 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>10 Spt</u> <u>10 Mays</u> <u>4 Days</u> <u>Aby LMP</u> <u>09/04/2024</u> <u>5 Days</u> <u>5 Days</u> <u>GA by USG</u> <u>31 Weeks</u> <u>4 Days</u> <u>5 Days</u> <u>DD by LMP</u> <u>14/01/2025</u> <u>5 Dob by present USG</u> <u>30/01/2025</u> DD by present USG <u>30/01/2025</u> <u>30/01/2025</u> <u>5 Dob by Present USG</u> Dopler screeening of umbilical artery & fetal MCA show normal flow & spectral pattern. <u>IMPESSION</u> <u>Aliguor</u> is lower limit of normal. AFI: 9.6 cms. <u>MME</u> DR. HARDIX PATEL <u>MME</u> DNB Radiodiagnosis <u>Shop No. G43 - G44</u> Shti Hati Krishpa Plaza Old Adgegon No.	ART RATE: 150 BPM. Rate and rh	nythm are regular.
BPD 76 mm 30 Weeks 4 Days AC 285 mm 31 Weeks 3 Days AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days MP 09/04/2024 4 Days GA by UMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days Do by LMP 14/01/2025 5 Do by Dy present USG 30/01/2025 Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres Uquor is lower limit of normal. AFI: 9.6 cms. WHAR DR. HARDIN PATEL DNB Radiodiagnosis	BPD 76 mm 30 Weeks 4 Days AC 285 mm 31 Weeks 3 Days AC 65 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days FL 50 May 33 Weeks 4 Days Max 100 May 33 Weeks 4 Days ED by LMP 14/01/2025 100 Journal 100 Journal ED by LMP 14/01/2025 30/01/2025 100 Journal No loop of cord is seen in the region of neck. Doppler screeening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Image: Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic presternet. PLAR HARDIK PATEL Max DR. HARDIK PATEL Max DR. HARDIK PATEL Shop No. G43 - G44 Shot Hati Krishna Plaza Old Adopson Noko	<u>PD</u> <u>76 mm</u> <u>30 Weeks</u> <u>4 Days</u> <u>AC</u> <u>285 mm</u> <u>31 Weeks</u> <u>3 Days</u> <u>AC</u> <u>266 mm</u> <u>30 Weeks</u> <u>5 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>65 mm</u> <u>33 Weeks</u> <u>4 Days</u> <u>FL</u> <u>10 Spt</u> <u>10 Mays</u> <u>4 Days</u> <u>Aby LMP</u> <u>09/04/2024</u> <u>5 Days</u> <u>5 Days</u> <u>GA by USG</u> <u>31 Weeks</u> <u>4 Days</u> <u>5 Days</u> <u>DD by LMP</u> <u>14/01/2025</u> <u>5 Dob by present USG</u> <u>30/01/2025</u> DD by present USG <u>30/01/2025</u> <u>30/01/2025</u> <u>5 Dob by Present USG</u> Dopler screeening of umbilical artery & fetal MCA show normal flow & spectral pattern. <u>IMPESSION</u> <u>Aliguor</u> is lower limit of normal. AFI: 9.6 cms. <u>MME</u> DR. HARDIX PATEL <u>MME</u> DNB Radiodiagnosis <u>Shop No. G43 - G44</u> Shti Hati Krishpa Plaza Old Adgegon No.	OMETRY :	
BPD 10 11 HC 285 mm 31 Weeks 3 Days AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. LMP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres > Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIN PATEL DNB Radiodiagnosis	BPD 10 11 11 12 <t< td=""><td>BPD 128 mm 31 Weeks 3 Days AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. MP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days E D by LMP 14/01/2025 100 by LMP EDD by JMP 14/01/2025 100 by JMP EDD by IMP 14/01/2025 100 by IMP Solop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : - Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali - Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis</td><td></td><td>30 Weeks 4 Davs</td></t<>	BPD 128 mm 31 Weeks 3 Days AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. MP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days E D by LMP 14/01/2025 100 by LMP EDD by JMP 14/01/2025 100 by JMP EDD by IMP 14/01/2025 100 by IMP Solop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : - Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali - Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis		30 Weeks 4 Davs
AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. LMP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days ED by LMP 14/01/2025 EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIN PATEL DNB Radiodiagnosis	AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. LMP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days ED by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 14/01/2025 EDD by Dy present USG 30/01/2025 30/01/2025 No loop of cord is seen in the region of neck. 0 Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres > Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	AC 266 mm 30 Weeks 5 Days FL 65 mm 33 Weeks 4 Days E F B W 1815 +/- 265 gms. MP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days EDD by LMP 13/0/02/5 10/0/02/5 EDD by present USG 30/01/2025 10/0/02/5 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : • • Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali • • Liquor is lower limit of normal. AFI: 9.6 cms. MM DR. HARDIX PATEL NB Radiodiagnosis		31 Weeks 3 Days
FL 0.0.0000 EFBW 1815+/-265 gms. IMP 09/04/2024 GA by USG 33 Weeks GA by USG 31 Weeks EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis	FL Comm E F BW 1815 +/- 265 gms. Image: Commercial stress of the stre	Ft Original EFBW : 1815 +/- 265 gms. IMP 09/04/2024 GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalit > Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis	AC 266 mm	
LMP 09/04/2024 GA by LMP 33 Weeks GA by USG 31 Weeks EDD by LMP 14/01/2025 EDD by LMP 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis	LMP 09/04/2024 GA by LMP 33 Weeks GA by USG 31 Weeks EDD by LMP 14/01/2025 EDD by UMP 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press > Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	IMP 09/04/2024 GA by LMP 33 Weeks GA by USG 31 Weeks EDD by LMP 14/01/2025 EDD by Dy present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalit Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis Shop No. G43 - G44 Shti Hari Krishpa Plaza Old Adgeon Na 	FL 65 mm	35 WYCERS 4.0078
GA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Uquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	CA by LMP 33 Weeks 6 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION → Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres → Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	CA by LMP 33 Weeks 6 Days GA by LMP 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION \Rightarrow Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali \Rightarrow Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	E F B W : 1815 +/- 265 gm	ns.
GA by USG 31 Weeks 4 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by LMP 30/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	GA by USG 31 Weeks 4 Days GA by USG 31 Weeks 4 Days EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali → Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	LMP	
BOD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : → Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press → Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	Ox 000000000000000000000000000000000000	Chop by LMP 14/01/2025 EDD by LMP 14/01/2025 EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis		
EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis	EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic pres Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis	EDD by present USG 30/01/2025 No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : → Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephali → Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIX PATEL DNB Radiodiagnosis		
No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis Shop No. G43 - G44 Shti Hari Krishna Plaza Old Adopoon Noko	No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION : Single live intrauterine fetus with average gestational age of 31 weeks 4 days in cephalic press Liquor is lower limit of normal. AFI: 9.6 cms. DR. HARDIK PATEL DNB Radiodiagnosis Shop No. G43 - G44 Shri Hari Krishna Plaza Old Adopon Noko	No loop of cord is seen in the region of neck. Doppler screening of umbilical artery & fetal MCA show normal flow & spectral pattern. IMPRESSION :		
Shop No. G43 - G44, Shri Hari Krishna Plaza, Old Adgaon Naka, Panchavati - 422003. Ph. No.: 0253 - 2512510. Mobile : 9890922333	Shop No. G43 - G44, Shri Hari Krishna Plaza, Old Adgaon Naka, Panchavati - 422003. Ph. No.: 0253 - 2512510. Mobile : 9890922333	Shop No. G43 - G44, Shri Hari Krishna Plaza, Old Adgaon Na Panchavati - 422003. Ph. No.: 0253 - 2512510. Mobile : 989092	Single live intrauterine fetus wit Liquor is lower limit of normal.	
			Shop No. G43 - G4 Panchavati - 422003.	4, Shri Hari Krishna Plaza, Old Adgaon Naka, Ph. No.: 0253 - 2512510. Mobile : 989092233: