

# Hameed Gul Memorial Ultrasound Institute & Clinics

Medical Education Director

**Dr. Nasir Hameed**

M.B.B.S (Pak) PhD Medical Ultrasound (UOL PAK)  
PG Diploma in Medical Education (UK)  
Associate Fellow, Higher Education Academy (UK)  
Associate Professor in Medical Imaging UCLAN (UK)

Associate Director Medical Education

**Dr. Bilal Nasir**

MBBS (Pak) MRCGP(UK)



PMDC Reg No: 3968N  
HCC Reg No: 00237

Senior Specialist (Medical Ultrasound)

**Dr. Saeeda Gul Momand**

M.B.B.S(Pak),  
P.G Diploma Ultrasound (Pesh),  
M.Phil Ultrasound (UOL Pak), ICEAF (USA)

Ultrasound Specialist

**Dr. Kulsoom Shoaib**

M.B.B.S(Pak), P.G Diploma Ultrasound (Pesh)

Name: Mrs. Kalsum Numan

Dated: 07.02.2024

C-No: G- 063

## FINDINGS

### OBSTETRICAL U/S

Single intra uterine active fetus.

Fetal cardiac motions are detected.

Presentation: Breech (At present)

BPD: 7.4 Cm.

FL: 5.3 Cm.

Gestational age: 30 ± 1 weeks.

EDD: 19/04/2024 ± 1 weeks

There is no ultrasonic evidence of foetal intracranial anomaly.  
Fetal stomach bubble, kidneys and urinary bladder are appreciated.  
Placenta: Posterior in upper uterine segment.  
Amniotic fluid is Adequate

## IMPRESSION

- Single alive intra uterine fetus of 30± 1 weeks with Breech presentation at present.

*Dr. Nasir Hameed*

Note: this report is not valid for medico-legal purpose. We offer a free second opinion in case the ultrasound finding do not coincide with the clinical examination.

Branch- 1: Room # A-9/10/11/12/13/14/15/16 First Floor Rahim Medical Centrer G.T Road Peshawar.  
Branch- 2: 1st Floor Dir Medical Tower Opp: Gynae OPD Gate L.R.H Peshawar.  
Phone. 091-2612272 Email: drnasirhameed@hotmail.com Facebook.com/HGMUICP

Report HAMEED GUL MEMORIAL ULTRASOUND

ID. NAME: /  
LMP: /  
MA/MO/YR X AGE W d DEL DA/MO/YR 07/02/04  
11:02:14  
EDC  
BS / N/A XXWXD 2XW  
CPL / N/A XXWXD 2XW  
BPD / N/A XXWXD 2XW  
FOO / 74.3mm 29W40 2XW  
HL / N/A XXWXD 2XW  
FL / D 53.9mm XXWXD 2XW  
SL / N/A 29W60 2XW  
AD / N/A XXWXD 2XW  
FTA / N/A XXWXD 2XW  
QAT / N/A XXWXD 2XW  
APT0: M/A N/A TTD: M/A XXWXD 2XW  
USER / N/A XXWXD 2XW  
COMPOSITE: / N/A XXWXD 2XW  
AGE 29W50  
M/S 4689 MW/AGE XXXX9 (+XXXX9) DEL 19/04/04  
4888  
CTAR: (A= HC/AG: CW2,B= CW2)  
HC: mm HL: mm PLI: mm  
GL: mm AP: cm f-HR: bpm  
+D=53.9mm +D=74.3mm

COMMENTS :

HAMEED GUL MEMORIAL ULTRASOUND

Note: this r

Branch



# دُعا علی الطراساؤنڈائینڈ میسٹرنٹی کلینک

- 1. Certificate of Health & Development (Unicef)
- 2. Clinical Assistant (Midwifery)
- 3. Experience in Al Khidmat Hospital Peshawar
- 4. Health Training Workshop (Royal Institute)
- 5. Ultrasound Specialist

اوقات کلینک  
صبح 9:00 بجے تا رات 10:00 بجے تک  
سزڈا کسٹریل 0345-9051753 Mob:

24 گھنٹے ڈیلیوری کی سہولت موجود ہے۔

1۔ ماہر امراض زنانہ۔ 2۔ جنرل چائلڈ فرینڈیشن

Name: W/o Noman Age: \_\_\_\_\_ Sex: F Date: 07/02

Clinical Record

Rx

B.P \_\_\_\_\_

Temp \_\_\_\_\_

Wt 76

A/Synpufelone  
Rice

su  
M

Oil - 30 overside

M  
M

3  
M 5/4/20

ap Rong Breeche  
Purini

لیبارٹری کی سہولت موجود ہے

پتہ: اخوان آباد نمبر 2، نزد انزر گل سٹور، گلی نمبر 9، حاجی رمضان سٹریٹ

CHIP Training and Consulting (Pvt) Ltd  
LEAVE APPLICATION FORM-PTPP/CBV Project

SECTION 1: APPLICANT'S DETAILS

Employee Name	Kalscom
Designation	AS
CNIC No.	17301-8307831-2
District/UC	Peshawar / Hrk-1
Leave application date	19-4-24 to 2-6-24

SECTION 2: DETAILS OF LEAVE

Reason of Leave Applied for (Tick in appropriate box)

<input type="checkbox"/>	Hajj	<input type="checkbox"/>	Umrah/Ziarat
<input type="checkbox"/>	Chillah, Tableegh, Ehtikaf	<input type="checkbox"/>	Christmas, Diwali
<input type="checkbox"/>	Study/Exams	<input checked="" type="checkbox"/>	Maternity
<input type="checkbox"/>	Family Wedding	<input type="checkbox"/>	Self-Wedding
<input type="checkbox"/>	Immediate Family Death	<input type="checkbox"/>	Self-Sick Leave
<input type="checkbox"/>	Immediate Family-Sick Leave	<input type="checkbox"/>	Accident/Sickness-while at work
<input type="checkbox"/>	Accident/Sickness-while not at work	<input type="checkbox"/>	Emergency Leave
<input type="checkbox"/>	Vacations	<input type="checkbox"/>	Others

Number of Days Leave Applied for: 45

Leave start date: 19-4-24

Leave end date: 2-6-24

OIC Name and designation (every second colleague may be held responsible for job related tasks in case of applicant absence):

Employee signature & Date: 7-2-24 <i>OK</i>	UCOO Approval & Date: 7/2/24 <i>[Signature]</i>
IO endorsement & Date:	UCPO Approval & Date: 7/2/24
PTL endorsement: _____ For more than Two weeks	Date: _____
CTC final approval: _____	Date: _____

CTC Remarks, if any \_\_\_\_\_

NOTE: Leaves during campaign days are NOT allowed