

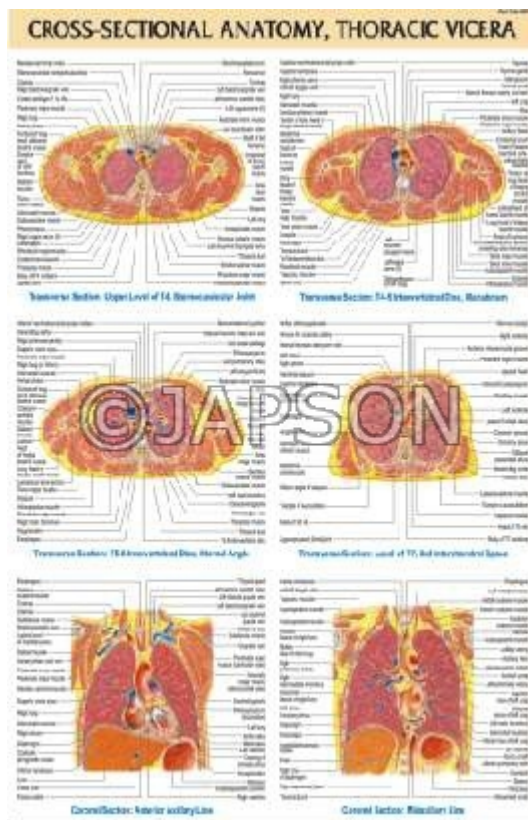
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Note: Based on minimum order quantity conditions, Charts can be customized to your requirements in terms of CONTENT, LANGUAGE, SIZE, etc. Please write back to us for discussion.

A. Charts, CPR Adult



B. Charts, Cross-Sectional Anatomy, Thoracic Vicera



C. Charts, IUGR Baby

D. Charts, Stages of Human Development

IUGR BABY

CLASSIFICATION

Symptomatic

- Thrombosis head and back (neurodevelopmental)
- May occur when the fetus experiences a problem during early development

Asymptomatic

- Baby's brain is abnormally small when compared to the rest of the body
- May occur when the fetus experiences a problem during late development

*No central blood, maldevelopment of the brain, malformation of the brain, malformation of the brain

SYMPTOMATIC IUGR

- Accelerated growth
- From early pregnancy insult
- Constitutional or "normal" small
- Decreased growth potential
- Decreased placental blood flow
- Decreased placental blood flow (low weight gain) (low weight gain) (low weight gain)
- Low placental blood flow
- Brain maldevelopment
- Cerebral palsy, epilepsy
- Genetic issues, chromosomal
- Placental insufficiency
- Abnormal placental blood flow

ASYMPTOMATIC IUGR

- Accelerated growth
- From early pregnancy insult
- Constitutional or "normal" small
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WATERMELON FACTORS

Constitutional small (low weight gain) (low weight gain) (low weight gain)

Placental factors (low weight gain) (low weight gain) (low weight gain)

METABOLIC FACTORS

Placental factors (low weight gain) (low weight gain) (low weight gain)

PLACENTAL FACTORS

Placental factors (low weight gain) (low weight gain) (low weight gain)

TREATMENT

Once IUGR is suspected, there are four ways to reduce the risk of IUGR:

1. Early diagnosis and treatment of the underlying condition can reduce the chance of IUGR.
2. Treatment of the underlying condition can reduce the chance of IUGR.
3. Treatment of the underlying condition can reduce the chance of IUGR.
4. Treatment of the underlying condition can reduce the chance of IUGR.

Other forms of treatment that have been studied are nutritional supplementation, and supplemental oxygen.

STAGES OF HUMAN DEVELOPMENT

Human life starts with the formation of a zygote, a result of fertilization of an egg with a sperm. The zygote develops from a cluster of cells formed by repeated division of the fertilized egg. Some of these cells form membranes to protect both the embryo and its placenta, which nourishes the embryo and removes its waste products. Only during this time, 8 weeks of development, the embryo is called an embryo. For the rest of the pregnancy, it is known as a fetus.

DEVELOPMENT OF EMBRYO

E. Charts, Hydrosalpinx

HYDROSALPINX

Hydrosalpinx is a condition where the fallopian tube gets filled with fluid because of chronic inflammation by bacteria like Chlamydia or Neisseria and others or due to tuberculosis. It may damage the tube lining and may be associated with tube block. In acute infection tubes may be filled with pus and is called pyosalpinx.

Wall of hydrosalpinx simplex **Pseudo follicular hydrosalpinx**

The presence of hydrosalpinx is known to reduce the pregnancy rate by half even in IVF pregnancies and disconnecting the tube with hydrosalpinx from uterus is found to double the pregnancy rate. The presence of bilaterally damaged or blocked tubes may require IVF to get conceived.

Small and moderate-sized hydrosalpinx **Large cystic hydrosalpinx**

F. Charts, Fibroadenoma Breast

FIBROADENOMA BREAST

What is a Fibroadenoma?
A fibroadenoma is the most common benign solid form of breast tumor. It is a lump of breast and glandular tissue which is solid to touch. It is usually painless and usually grows slowly. It may move around easily when the breast tissue and may occur anywhere in the breast. They can vary in size, sometimes from pea-size to larger than a grape. Fibroadenomas do not increase a woman's chance of getting breast cancer.

Who is prone to fibroadenomas?
Fibroadenomas usually occur during the teen and young adult years, and most women have one or more. They are more common in women who have never been pregnant or who have had their first child at a late age. They are also more common in women who have had a breast biopsy.

How are fibroadenomas diagnosed?
Fibroadenomas are usually diagnosed by physical examination in young women. Investigations such as mammography and ultrasound may be done in older women and cancer. Mammography is useful in diagnosing fibroadenomas in older women. Ultrasound is usually the best way to diagnose a lump, usually the presence of a solid mass, and usually indicates the growth of fibroadenoma.

Fibroadenoma Types	Rare History
Small (1-2 cm)	Usually a small, solid, painless lump
Large (3-5 cm)	Usually a large, solid, painless lump
Large (6-10 cm)	Usually a large, solid, painless lump

What are the treatments for a fibroadenoma?
The treatment of fibroadenoma is usually not surgery. A firm mass may be used to confirm a diagnosis of fibroadenoma and the mass may be removed if the woman has the mass in a place where it is causing a problem.

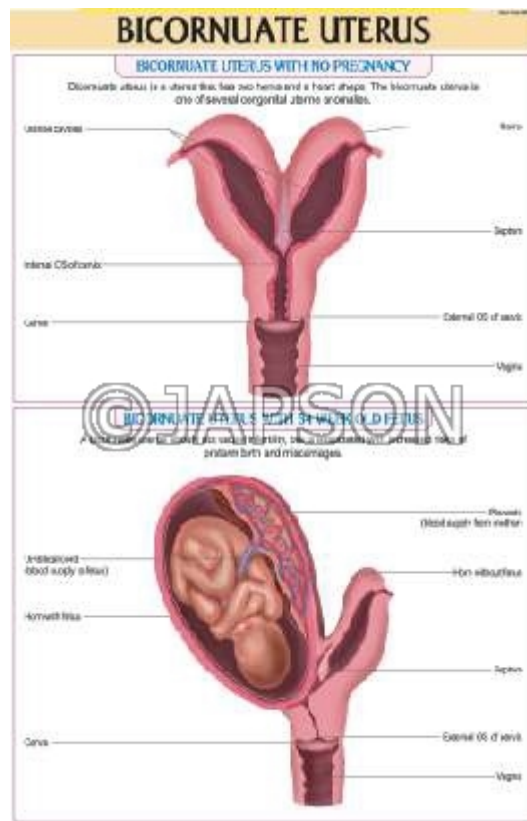
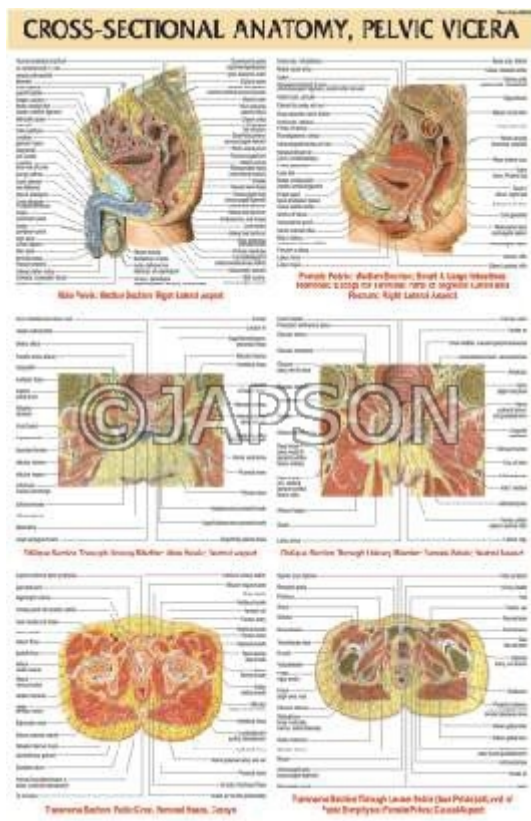
There are two main histologic features of fibroadenoma:

A. Fibroadenoma: Small proliferative nodules of compressed glands and stroma.

B. Fibroadenoma: Small proliferative nodules of compressed glands and stroma.

G. Charts, Cross-Sectional Anatomy, Pelvic Vicera

H. Charts, Bicornuate Uterus

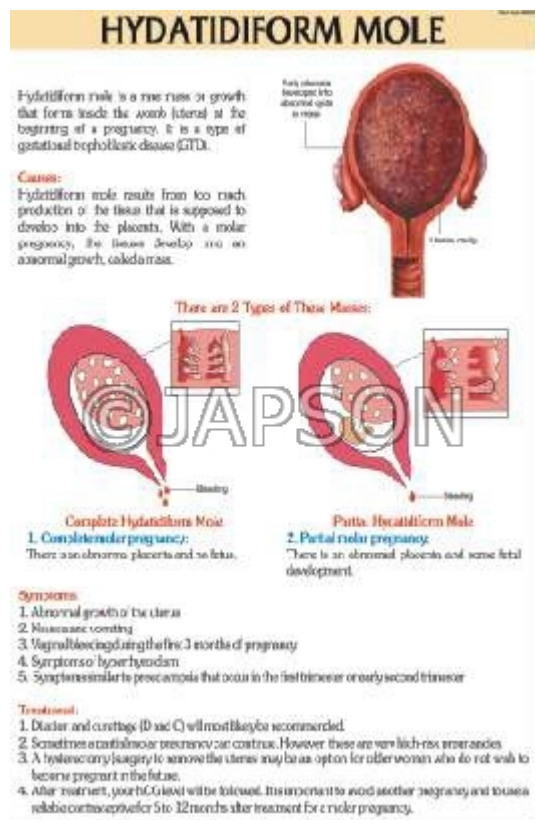


I. Charts, Hydatidiform Mole

J. Charts, Differentiation of

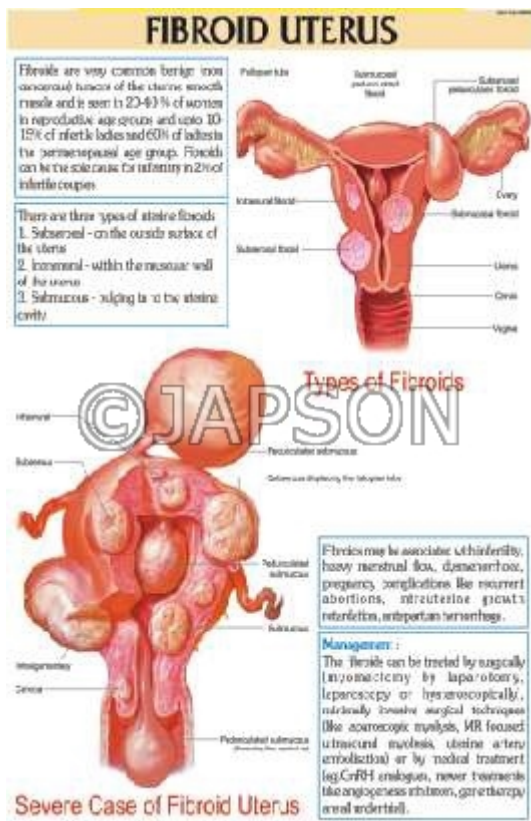
Head & Pubic

Hairs



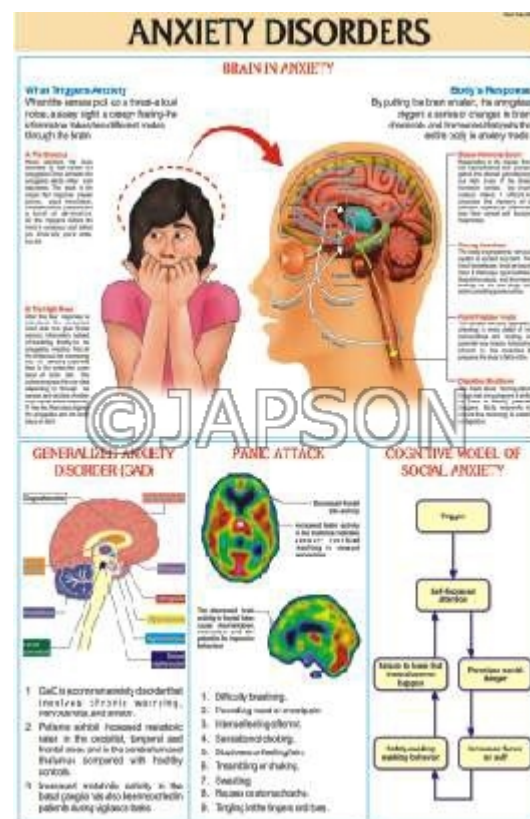
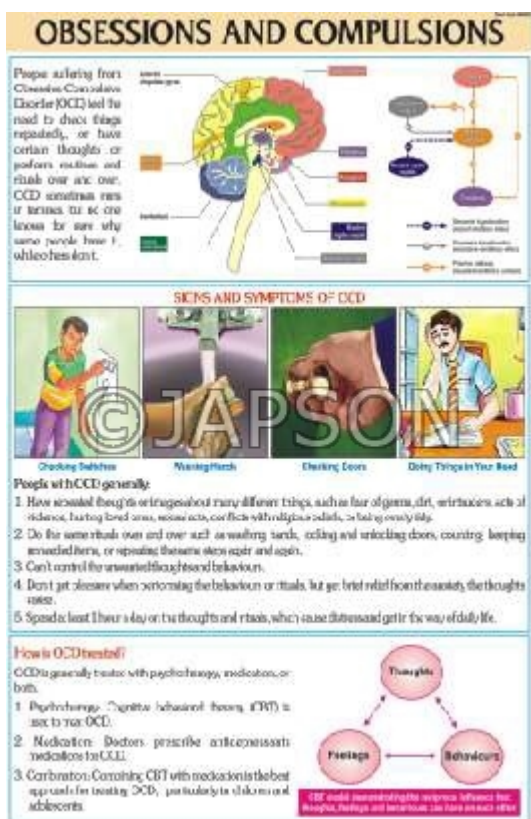
K. Charts, Fibroid Uterus

L. Charts, Ocular Infections



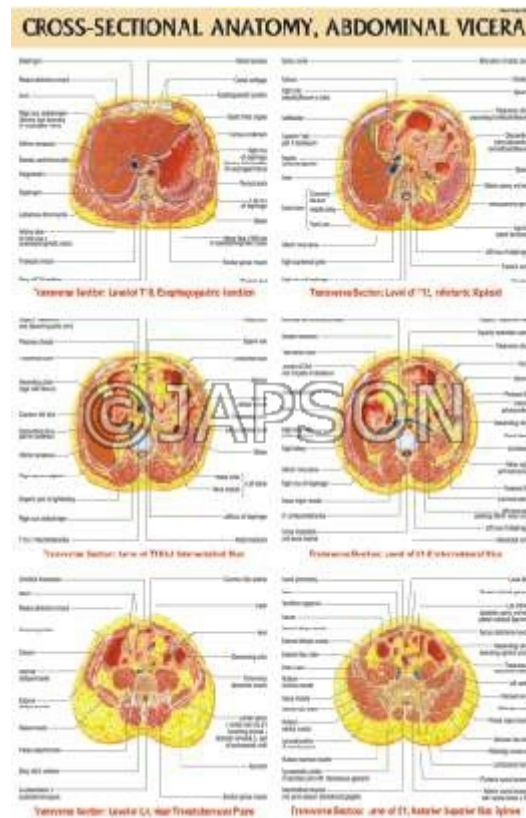
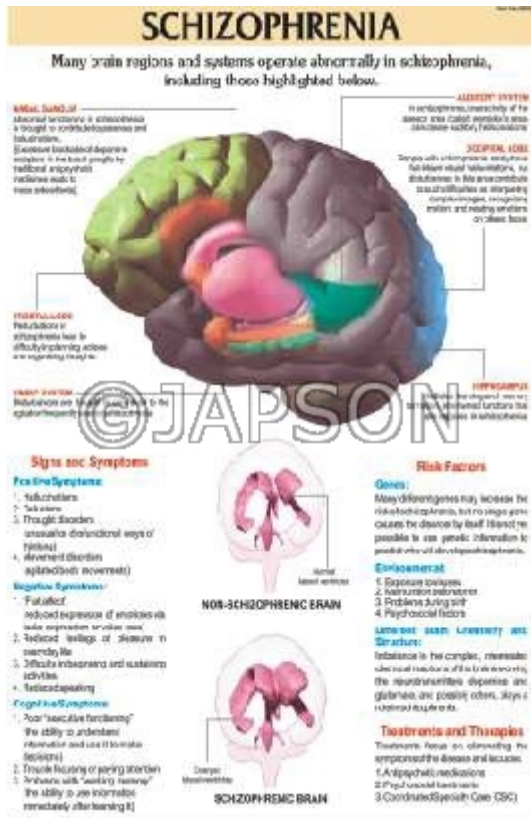
M. Charts, Obsessions And Compulsions

N. Charts, Anxiety Disorders



O. Charts, Schizophrenia

P. Charts, Cross-Sectional



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