

Consultant Physician Clinic

Patient Name:- *Suvra Sreha*

Age / Sex :- *30yrs Female*

Chief Complaints:-

*- Pt has
cp, cp running nose*

OPR NO:

Date: *26/10/24*

Weight: *56.3kg*

Height: *158cm*

BMI: *22.6*

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :- *→*

→ TABS Thyronom (250) 120

Family History:-

Systemic Examination:-

*- R
L*

Pulse: *92 bpm*
BP: *100/60 mmHg*
SpO2: *99%*

Provisional Diagnosis:

Adv

OTRIVIN MENTAL spray

100

< 10

TAB LINDOCIT - m

100

5 days

087 - 3 day



Certificate No. : MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000373783 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Suvra . Saha** / Registered On : 26-Oct-2024 09:29 AM
 Lab ID : 410902004 Collected On : 26-Oct-2024 08:58 AM
 Gender/Age : Female / 35 Years DOB : 20-May-1989 Received On : 26-Oct-2024 09:36 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<u>BLOOD COUNT AND INDICIES</u>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	12.2	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	3.98	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	37.6	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	94.4	fL	83 - 101
MCH <i>Calculated</i>	30.7	pg	27 - 32
MCHC <i>Calculated</i>	32.5	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	11.6 - 14.0
<u>TOTAL LEUCOCYTE COUNT</u>			
Total WBC Count <i>Electrical Impedance</i>	10150	cells/cmm	4000 - 10000
<u>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</u>			
NEUTROPHILS <i>Flow Cytometry</i>	79	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	16	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<u>PLATELET INDICES</u>			
PLATELET COUNT <i>Electrical Impedance</i>	107000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	14.4	fL	7.5 - 12.0
<u>PERIPHERAL SMEAR EXAMINATION</u>			
RBCs	Normochromic and Normocytic.		
WBCs	Total and differential leucocyte counts are within normal limit.		
PLATELETS	Mildly Reduced on smear examination. Occasional large platelets seen.		
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.		
PLATELET COUNT (MANUAL)	120000	/cmm	150000 - 500000

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist



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Sample Type : EDTA Whole Blood

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	POSITIVE ✓

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	10	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.3	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	105	mg/dL	

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Gender/Age : Female / 35 Years

DOB : 20-May-1989

Received On : 26-Oct-2024 09:41 AM

Ref. By : Health Check Up Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE**Plasma Glucose (F)**

94

mg/dL

74 - 106

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric***Urine Sugar (F)**

ABSENT

mg/dL

Absent

*Glucose-oxidase/oxidase reaction***POST PRANDIAL PLASMA GLUCOSE****Plasma Glucose (PP)**

125

mg/dL

Normal: 100-140 Impaired: 140
-199 Diabetic :=>200*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric***Urine Sugar (PP)**

ABSENT

mg/dL

Absent

Glucose-oxidase/oxidase reaction

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Ref. By : Health Check Up Shalby		Sample Type : Serum	

Parameter	Result	Unit	Biological Ref. Interval
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LIPID PROFILE

LIPID PROFILE

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	168	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	214	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	78	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	90	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	47	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	43	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	0.6		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	2.2	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Sample Type : Serum

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THYROID PROFILE (TFT)

Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	108	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	8.65	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	4.230	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

0.3 - 5.5
0.5/2

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.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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DOB : 20-May-1989

Received On : 26-Oct-2024 09:41 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

RENAL FUNCTION TEST**NABL Accredited Parameters****Urea Nitrogen (BUN)**

11

mg/dL

7 - 17

Urease, colorimetric

UREA

24

mg/dL

15 - 36

Calculated

Creatinine

0.73

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

4.8

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

10.0

mg/dL

8.4 - 10.2

Arsenazo III dye

Sodium

141

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

3.4

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

105

mmol/L

98 - 107

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Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

4.6

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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Lab ID : 410902004

Collected On : 26-Oct-2024 08:58 AM

Gender/Age : Female / 35 Years

DOB : 20-May-1989

Received On : 26-Oct-2024 09:46 AM

Ref. By : Health Check Up Shalby

Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	38	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	33	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	72	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	18	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.2	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG). Colorimetric</i>	3.8	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.4	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.1	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.2	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.0	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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Patient ID:	SUR0000373783	Patient Name:	SUVRA SAHA
Age:	35 Years	Sex:	F
Accession Number:	10658 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Oct-2024		

CHEST X-RAY (PA)

Prominent bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.


Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- **Prominent bronchovascular markings bilaterally.**

Thanks for referral.


DR. NITIN DESAI
CONSULTANT RADIOLOGIST

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DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laparoscopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- *Suvra saha*
Chief Complaints:-

Date: *28/10/24*
Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *13/10/24*

no vit.

M/H:- *period - 3-4 days Rm*
30

O/H :-

O/H - A4

P/H:-
F/H

Frus / ♀ / 15y0/4

Examination:-

PLA - soft

Provisional Diagnosis:-

P/S - Co heeethy
RAB taken

Patient Name: SUVRA . SAHA	UHID: SUR0000373783
Age / Sex: 35 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 26.10.2024

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- **No significant abnormality detected.**

Thanks for referrals.

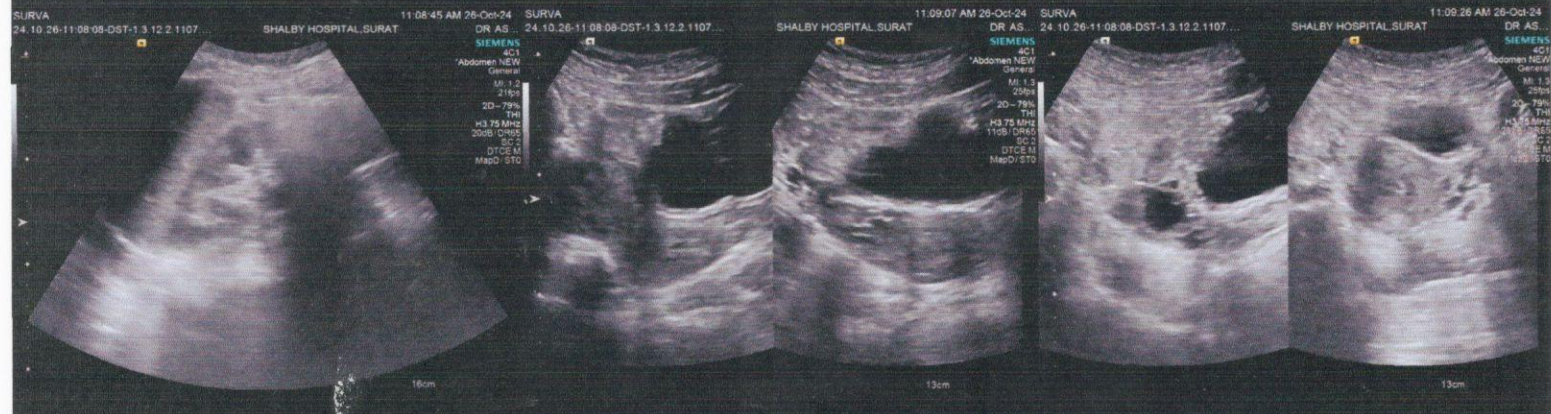

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DR. RUJUTA SHELAT

Consultant Ophthalmologists

Reg. No.: - G-48712

Name:- *Suvra Saha*

Date:- *26-10-24*

Chief Complaints:-

- N/H/O recent eye complains.
- Come Pos regular. eye checkup

Pain Assessment:-

Past History:-

Nil

Family History:-

Allergy:- *Not aware of.*

Personal History:- Habits: - Alcohol: - Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP: - Pulse: - Temp: -

Visual Acuity: - *< 6/9*
c out pup < 6/9

NCT *< 12*
13

ON Examination

CONL

R: -0.50 Dsph
ST: L: -0.50 Dsph *> 6/6.*

Ant. Segment

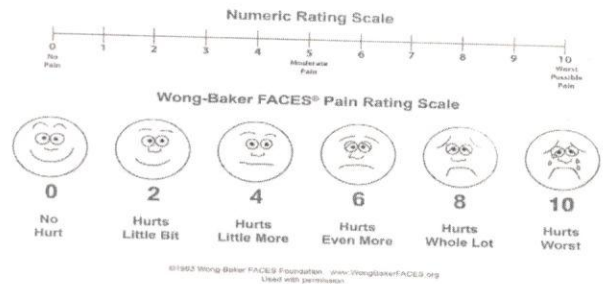
PACD = 1CT

Systemic Examination:-

HT: - Nil WT: - Nil
TH: since 5yrs. ↓ Rx.

PH Vision:-

> 6/6



DATE: 27/07/2023 10:54

D=10

SPH	CYL	AX
-0.50	-0.25	82
-0.50	-0.25	84
-0.50	-0.50	79
-0.50	-0.25	82

Clear

Clear

Anterior Chamber

L

SPH	CYL	AX
-0.25	-0.50	2
-0.25	-0.50	7
0.00	0.00	
-0.25	-0.50	2

Rt. EYE

Lt. EYE

D=64

irandSeiko.com
IR-3300K S/N: 76BB0963

ONL

Investigation:-

Background:-

Macula:-

Diagnosis:-

- BE : Simple myopia

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

DR. Reyhaneh Shet

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANER ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SURVA SAHA .
Patient ID: 373783
Height:
Weight:

DOB: 20.05.1989
Age: 35yrs
Gender: Female
Race: Asian

Study Date: 26.10.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	04:42	0.80	0.00	134	100/60	
EXERCISE	STAGE 1	03:00	2.70	10.00	146	100/60	
	STAGE 2	03:00	4.00	12.00	142	120/80	
	STAGE 3	01:25	5.40	14.00	166	140/80	
RECOVERY		02:15	0.00	0.00		140/80	

The patient exercised according to the BRUCE for 7:24 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 126 bpm rose to a maximal heart rate of 166 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/60 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

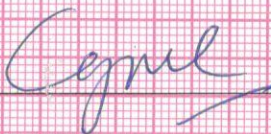
Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

SURVA SAHA,
 Patient ID: 373783
 26.10.2024
 10:30:52

Female
 35yrs Asian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

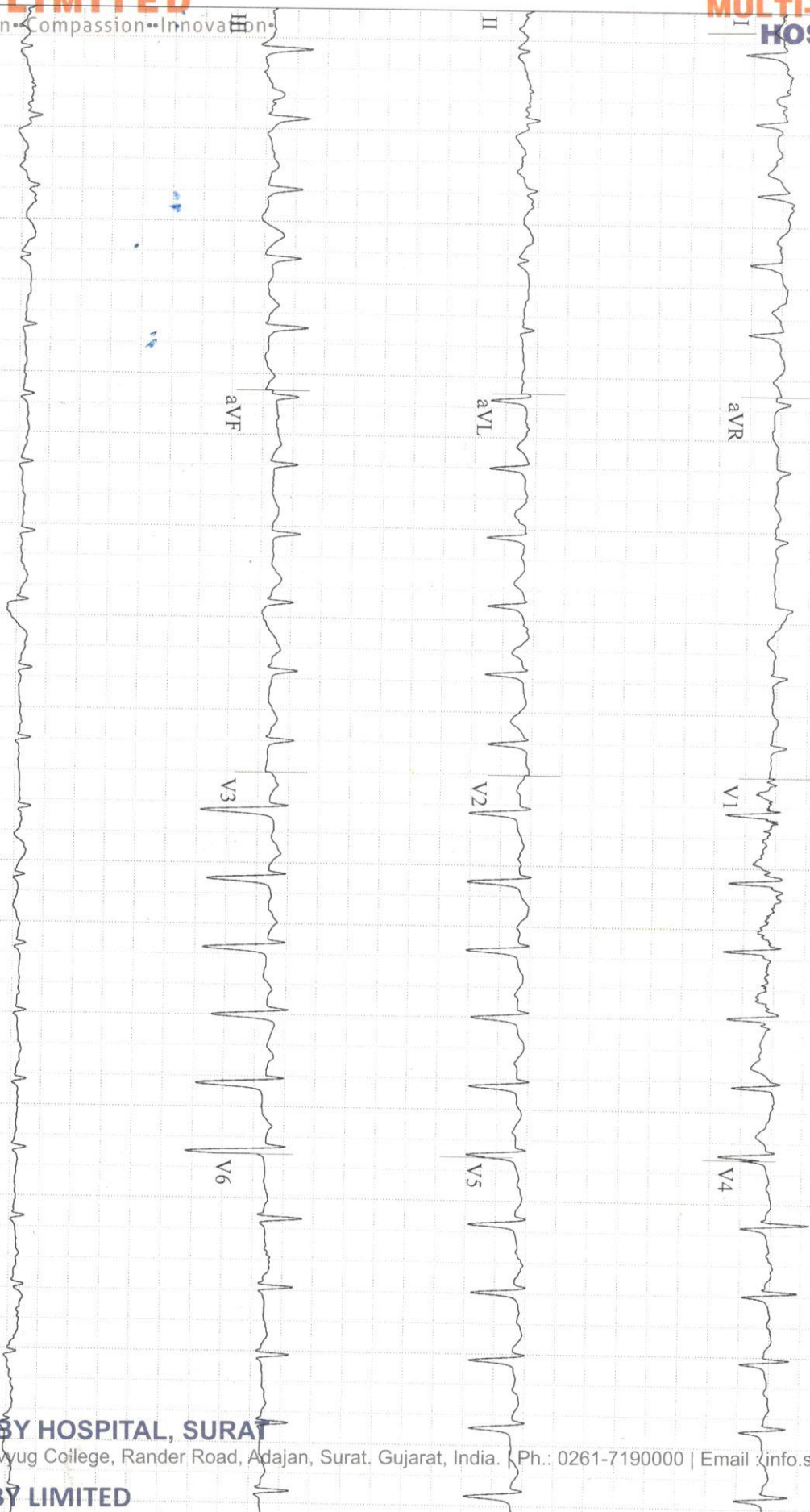
BRUCE, Total Exercise Time 07:24
 Max HR: 166 bpm 89% of max predicted 185 bpm HR at rest: 126
 Max BP: 140/80 mmHg BP at rest: 100/60 Max RPP: 22960 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max ST: -0.80 mm, 0.00 mV/s in EXERCISE STAGE 2 05:50
 Arrhythmia: A:17, PVC:L, PSVC:4, PERR:12, PCAP:13
 ST/HR Index: 1.25 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test
Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA
 Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (l mm)	Comment
PRETEST	STUPINE	04:42	0.80	0.00	1.3	134	100/60	13400	0	-0.05	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	146	100/60	14600	0	-0.05	
	STAGE 2	03:00	4.00	12.00	7.0	142	120/80	17040	0	-0.95	
	STAGE 3	01:25	5.40	14.00	10.0	166	140/80	23240	0	-0.30	
RECOVERY		02:15	0.00	0.00	1.0		140/80		0	--	

133 bpm
100/60 mmHg

12-Lead Report
PRETEST
SUPINE
04:26

BRUCE
0.0 km/h
0.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3,V4)

Start of Test: 10:30:52

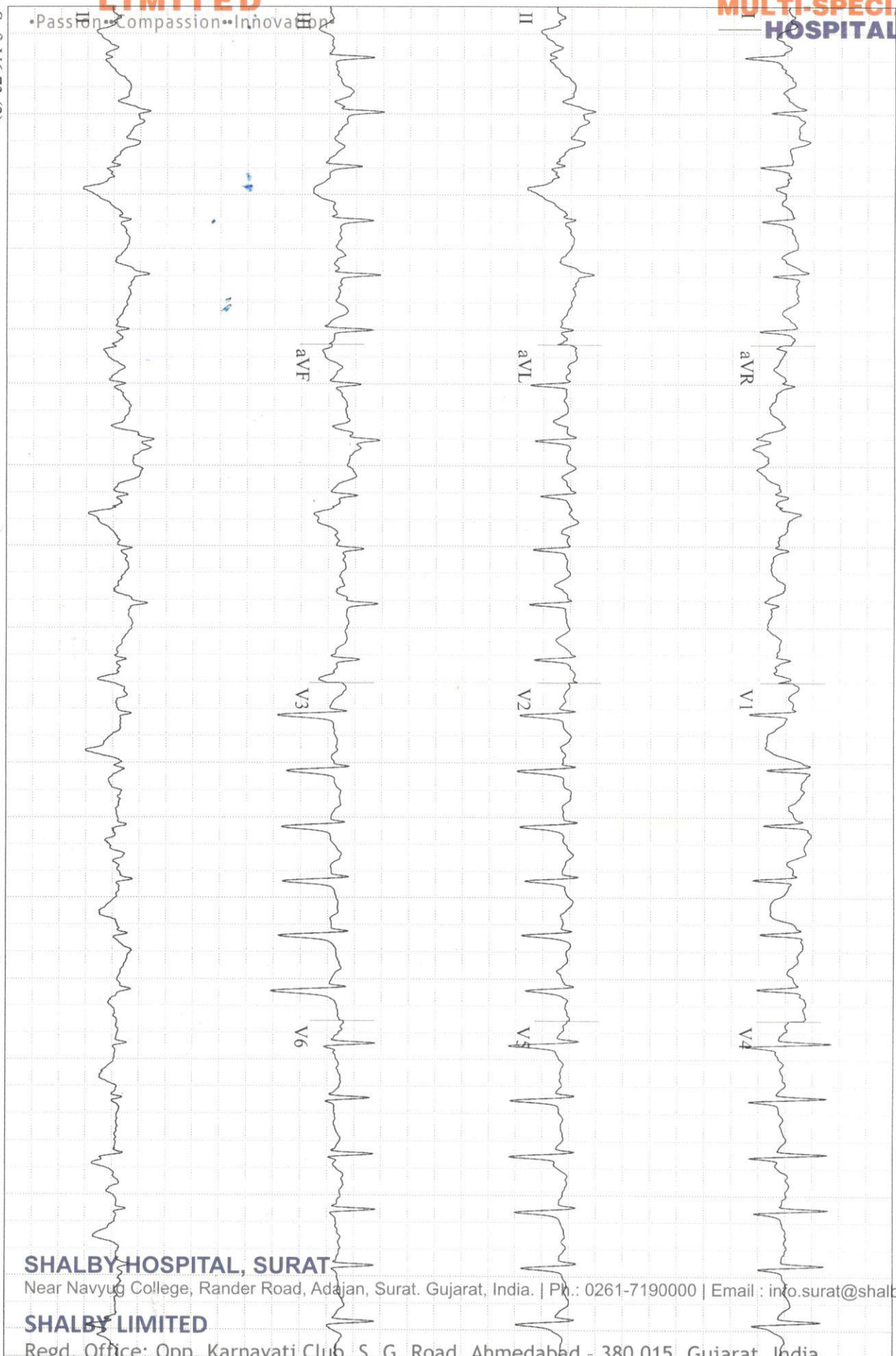
SHALBY HOSPITAL, SURAT

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3,V4)

Start of Test: .30.2

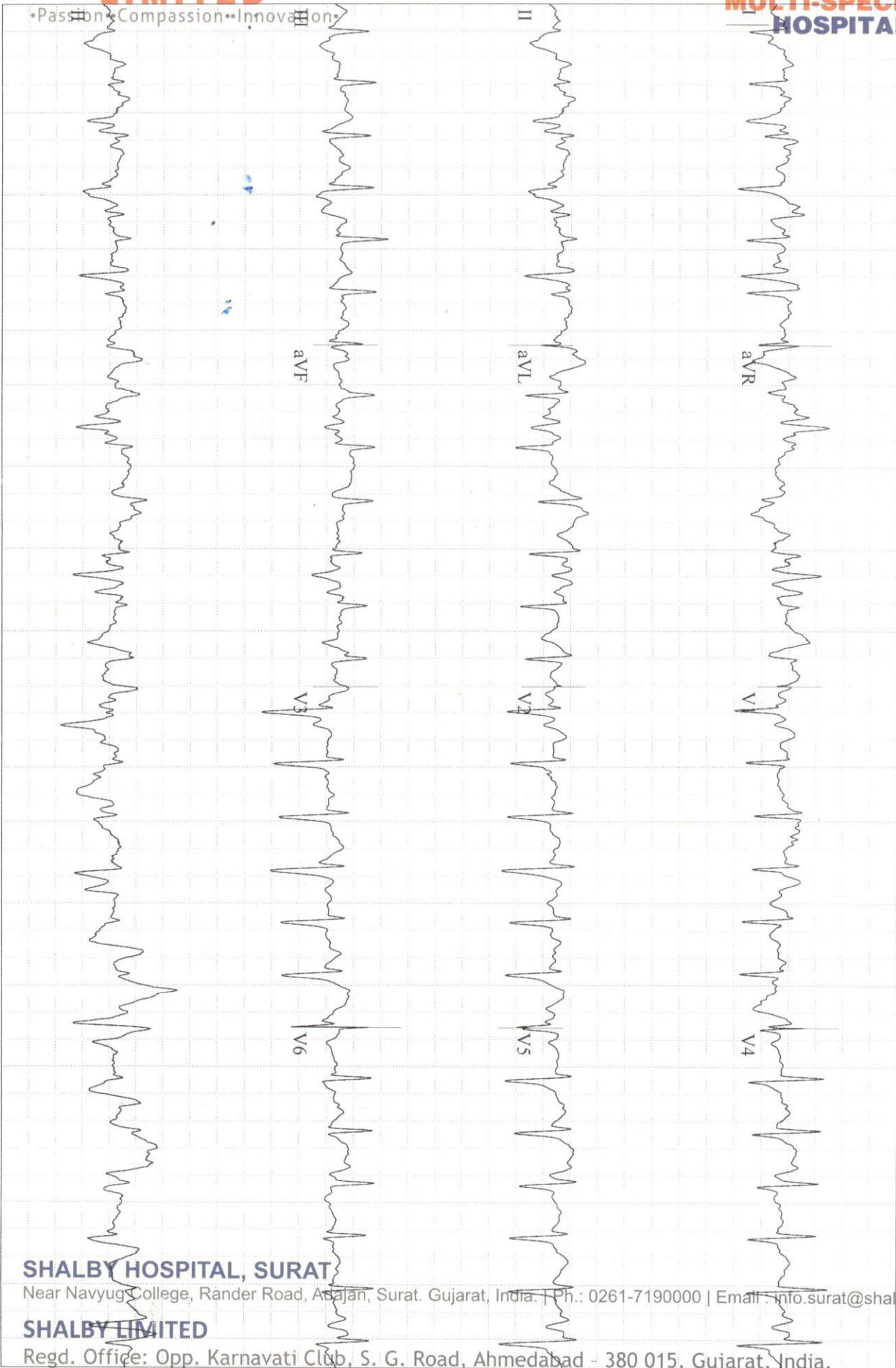
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Tel: 079 40202000 | Fax: 079 40202100 | info_ag@shalby.org | www.shalby.org

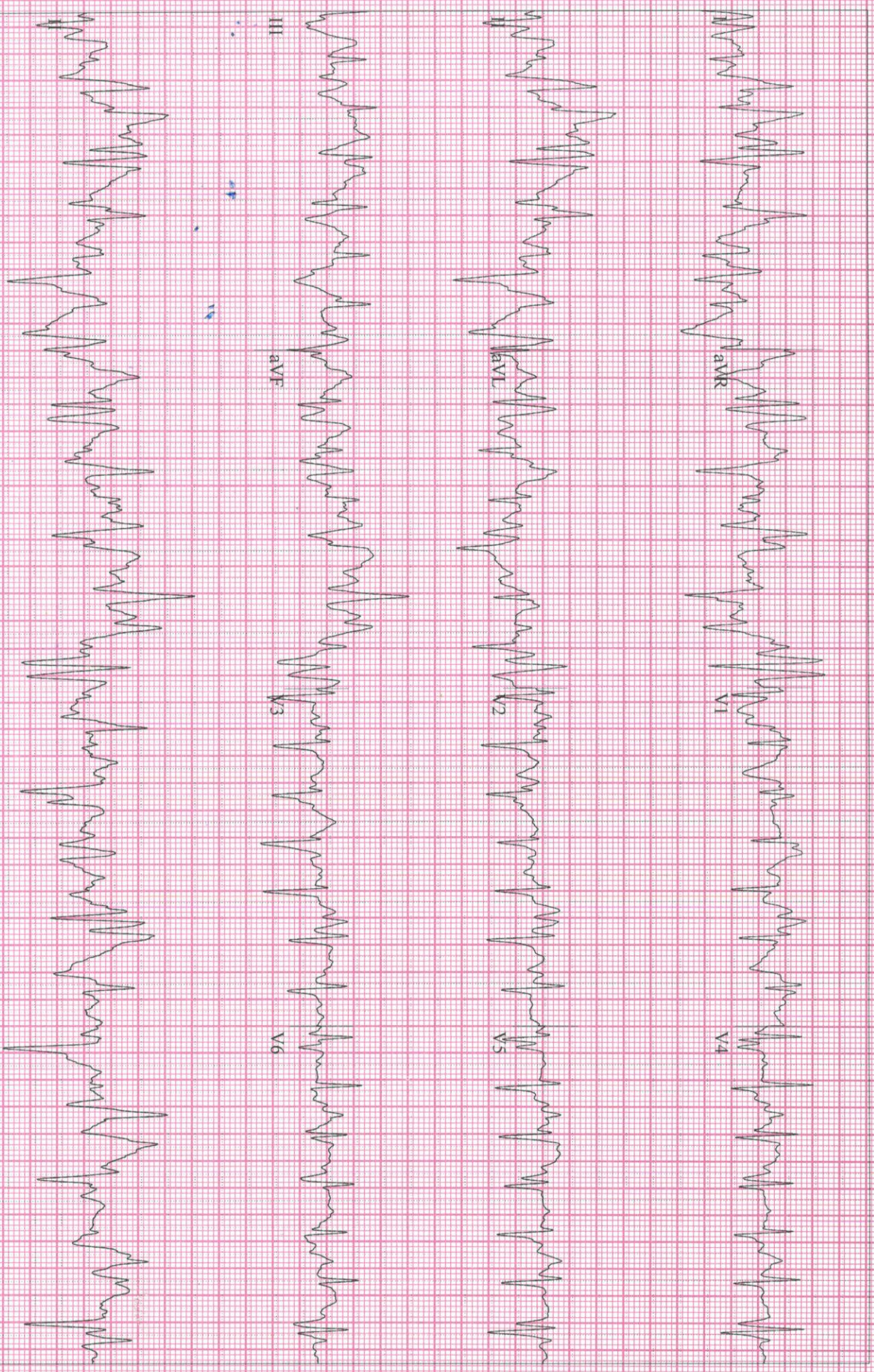


SURVA SAHA,
Patient ID 373783
26.10.2024
10:43:05

166 bpm
140/80 mmHg

12-Lead Report (PEAK EXERCISE)
EXERCISE STAGE 3
07:25
BRUCE
5.4 km/h
14.0 %

SHALBY HOSPITAL



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 10:30:52



Pre - op

Post-op

Health Check-up

Date : 26/6/24

Patient Reg. No. : 373783

Patient Name : Survi Sahel

Age / Sex : 35 / F

Address : A + hevell no

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : Thyroid

On Examination :

Abscess : _____ Food lodgement : not present

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : 5/5

Class V Fillings : _____

RCT : tooth

Extraction : _____

Dentures : _____

Partial Denture : _____

Implants : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained, hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Anti Scaling

Restoration

etc

Jadav T. N.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

cm

kg

Birth date:

mmHg

years

1100 Sinus *chm*

0102 ARTIFACT PRESENT

9110 ** normal ECG **

SUNTA Saha SS Ifemale

Medication:

Symptoms:

History:

Heart rate 95 bpm

PR int 178 ms

QRS dur 94 ms

QT/QTc(E) int 358/411 ms

P/QRS/T axis 58/ 67/ 37 °

RV5/SV1 amp 1.47/ 0.78 mV

RV5+SV1 amp 2.25 mV

R

40

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV

