

DR. PRAKASH D MAKWANA
 M.D.
 REG.NO.G-29078
 MO.NO-9722116164

UHID: <u>OSP 29050</u>		Date: <u>7/11/22</u>	Time: <u>17:15</u>
Patient Name: <u>KHUSHALEE</u>		Height: <u>160cm</u>	Weight: <u>73 Kg</u>
Age / Sex: <u>32y01M</u> LMP:			
History: C/C/O: <u>Routine checkup</u>		History: <u>H/O = Arthritis of hip joint</u> <u>↓</u> <u>on physiotherapy</u>	
Allergy History: <u>NADA</u>		Addiction: <u>-</u>	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination: Temperature: <u>Afebrile</u> Pulse: <u>78/mnt</u> BP: <u>120/90 mmHg</u> SPO2: <u>98% on RA</u>			
Provisional Diagnosis:			

DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID: <u>AS P 29050</u>	Date: <u>7/11/22</u>	Time: <u>16:46</u>
Patient Name: <u>Khushali Dande</u>	Age / Sex: <u>34</u>	Height: <u>160cm</u>
		Weight: <u>73kg</u>
History: <u>CIU</u> <u>Rupin chur wa</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>D.V. < 616</u> <u>616</u> <u>N.V. < 616</u> <u>616</u> <u>Clear vision</u>		
Diagnosis:		

Rx


No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign: 



LABORATORY REPORT



Name : KHUSHALEE ASHOKKUMAR DAVE	Sex/Age : Female/ 32 Years	Case ID : 21102200227
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2386373
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Nov-2022 09:10	Sample Type :	Mobile No :
Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22236347

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	5.50	mg/dL	6.00 - 20.00
Glyco Hemoglobin			
HbA1C	4.23	% of total Hb	4.80 - 6.00
Test Remark: Rechecked.			
Haemogram (CBC)			
Haemoglobin (Colorimetric)	10.6	G%	12.00 - 15.00
RBC (Electrical Impedance)	3.69	millions/cu mm	3.80 - 4.80
PCV(Calc)	31.70	%	36.00 - 46.00
Total WBC Count	11050	/μL	4000.00 - 10000.00
Neutrophil	78.0	%	40.00 - 70.00
Lymphocyte	16.0	%	20.00 - 40.00
Neutrophil	8619	/μL	2000.00 - 7000.00
Neutrophil to Lymphocyte Ratio (NLR)	4.88		0.78 - 3.53
Lipid Profile			
Cholesterol	267.81	mg/dL	110 - 200
LDL Cholesterol	168.23	mg/dL	65 - 100
Liver Function Test			
Proteins (Total)	6.12	gm/dL	6.4 - 8.2
Bilirubin Total	0.18	mg/dL	0.2 - 1.0
Thyroid Function Test			
Thyroxine (T4)	11.5	ng/dL	5.5 - 11.0

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Urine Examination

Leucocytes (ESTERASE)	Present (+++)		Negative
Leucocyte	15-20	/HPF	Nil
ESR	58	mm after 1hr	3 - 20

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2386373
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 07-Nov-2022 09:10 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
 Report Date and Time : 07-Nov-2022 09:44 Acc. Remarks : Normal Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 10.6	G%	12.00 - 15.00
RBC (Electrical Impedance)	L 3.69	millions/cumm	3.80 - 4.80
PCV(Calc)	L 31.70	%	36.00 - 46.00
MCV (RBC histogram)	85.9	fL	83.00 - 101.00
MCH (Calc)	28.7	pg	27.00 - 32.00
MCHC (Calc)	33.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.20	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	H 11050	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	H 78.0	% 40.00 - 70.00	H 8619 /μL 2000.00 - 7000.00
Lymphocyte	L 16.0	% 20.00 - 40.00	1768 /μL 1000.00 - 3000.00
Eosinophil	1.0	% 1.00 - 6.00	111 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	553 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	242000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	H 4.88		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic anemia.
WBC Morphology	Neutrophilic leucocytosis with shift to left.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
M.D. (Path. & Bact.)

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Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 07-Nov-2022 09:10	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:52	Acc. Remarks : Normal	Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR	H 58	mm after 1hr	3 - 20	

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Bill. Loc. : Aashka hospital Pt. Loc. :
Reg Date and Time : 07-Nov-2022 09:10 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:03 Acc. Remarks : Normal Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type
Rh Type

**B
POSITIVE**

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Nov-2022 09:10	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:30	Acc. Remarks : Normal	Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				

Physical examination

Colour : Pale yellow
 Transparency : Slight Turbid

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.020		1.005 - 1.030
pH	7.50		5 - 8
Leucocytes (ESTERASE)	Present (+++)		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	15-20	/HPF	Nil
Red Blood Cell	1-2	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

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 Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
 Report Date and Time : 07-Nov-2022 10:30 Acc. Remarks : Normal Ref Id2 : O22236347

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2386373
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 07-Nov-2022 09:10 Sample Type : Serum Mobile No :
 Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
 Report Date and Time : 07-Nov-2022 10:48 Acc. Remarks : Normal Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	H	267.81	mg/dL	110 - 200
HDL Cholesterol		66.07	mg/dL	48 - 77
Triglyceride		167.54	mg/dL	40 - 200
VLDL <i>Calculated</i>		33.51	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		4.05		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	168.23	mg/dL	65 - 100

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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 Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
 Report Date and Time : 07-Nov-2022 10:47 Acc. Remarks : Normal Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	14.19	U/L	0 - 31	
S.G.O.T.	18.32	U/L	15 - 37	
Alkaline Phosphatase	101.93	U/L	35 - 105	
Gamma Glutamyl Transferase	7.51	U/L	5 - 36	
Proteins (Total)	L 6.12	gm/dL	6.4 - 8.2	
Albumin	3.51	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.61	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.3		1.0 - 2.1	
Bilirubin Total	L 0.18	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.10	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.08	mg/dL	0 - 0.8	

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Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:48	Acc. Remarks : Normal	Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 5.50	mg/dL	6.00 - 20.00	
Creatinine	0.54	mg/dL	0.50 - 1.50	
Uric Acid	3.42	mg/dL	2.6 - 6.2	

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Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:20	Acc. Remarks : Normal	Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS Glycated Haemoglobin Estimation

HbA1C	L 4.23	% of total Hb	4.80 - 6.00	Rechecked.
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	74.70	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Sample Date and Time : 07-Nov-2022 09:10 Sample Coll. By : Ref Id1 : OSP29050
 Report Date and Time : 07-Nov-2022 10:37 Acc. Remarks : Normal Ref Id2 : O22236347

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test				
Triiodothyronine (T3)	109.44	ng/dL	70 - 204	
Thyroxine (T4) CMA	H 11.5	ng/dL	5.5 - 11.0	
TSH CMA	1.240	μIU/mL	0.4 - 4.2	

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2386373
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Nov-2022 09:10	Sample Type : Serum	Mobile No :
Sample Date and Time : 07-Nov-2022 09:10	Sample Coll. By :	Ref Id1 : OSP29050
Report Date and Time : 07-Nov-2022 10:37	Acc. Remarks : Normal	Ref Id2 : O22236347

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 07-Nov-2022 14:57



Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com

PATIENT NAME: KHUSHALEE ASHOKKUMR DAVE

GENDER/AGE: Female / 32 Years

DATE: 07/11/22

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP29050

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 35/25mm	EF 58%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.7m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



PATIENT NAME: KHUSHALEE ASHOKKUMR DAVE

GENDER/AGE: Female / 32 Years

DATE: 07/11/22

DOCTOR:

OPDNO: OSP29050

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

COMMENT: Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region and bladder.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

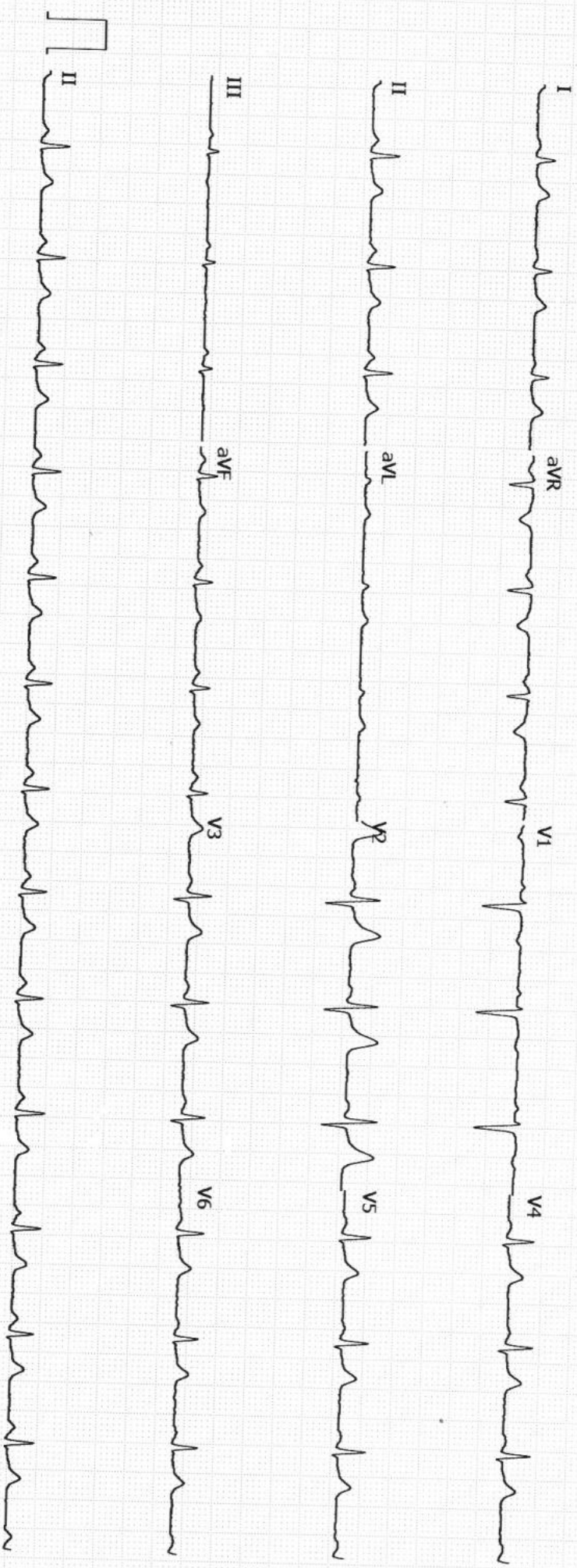
07.11.2022 11:34:44 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

82 bpm
--/-- mmHg

Technician:	
Ordering Ph:	
Referring Ph:	
Attending Ph:	
QRS :	68 ms
QT / QTcBaz :	344 / 401 ms
PR :	118 ms
P :	98 ms
RR / PP :	730 / 731 ms
P / QRS / T :	55 / 50 / 39 degrees
	Normal sinus rhythm
	Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1

1/1

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DR. UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO. NO- 9904596691

UHD: <i>OSP 29250</i>	Date: <i>7/11/22</i>	Time: <i>13:21</i>
Patient Name: <i>Kushalle Dave</i>	Age / Sex: <i>32 / F</i>	Height: <i>160 cm</i>
History:	Weight: <i>73 kg</i>	
Examination:	<i>Calculus + r</i> <i>Stain +</i>	
Diagnosis:		

Treatment:

Scaling

1
Dr. Viner.

DR. MUPPURU MALLESWARI
 MBBS, DGO
 CONSULTANT OBSTETRICIAN
 AND GYNECOLOGIST
 Regi. No G-32860

UHID: osp29050	Date: 07/11/22	Time: 11:35
Patient Name: Kushalee	Age: 32 Yrs	Mobile No:
Complaint and duration: for <u>hearts check</u> . Primigravida GMA. No complaint.		
History: Menstrual history: ML - 2 1/2 yrs. Cycles Flow Duration of Bleeding Presence of pain LMP: 13.6.22 • EDD 20.1.23.		
H/O Associated illnesses: HTN: DM: — Thyroid disorder: — Others:		
Family History: Nil		
Medication history: — Spontaneous abortion.		
Obstetric History: No of deliveries: Last child:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
General Examination: CVS BP 100/60 mmHg Oedema of ft Nil. RS NAD Wt 73 kg Tongue Not pale. Breast examination: Normal.		

