



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000591 Patient No : 21040560 Date : 26/03/2022
Name : KHAJURIA GLORY Sex / Age : F 30
Height / Weight : 164 Cms 65 Kgs Ideal Weight 63 Kgs BMI : 24.2

*Need Evaluation
to grow
in Axilla*

Dr. Manish Mittal
Physician

Note: General Physical Examination & Routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



Name : KHAJURIA GLORY

Sex / Age : F 30

Present History

NO MEDICAL COMPLAINTS AT PRESENT.

Past History

NO P/H/O ANY MAJOR ILLNESS.

Family History

MOTHER : DIABETES.

Personal History

NON-VE DIET.

Clinical Examination

B.P. 110/70 mm Hg

Pulse 78/MIN REG.

Others -

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : KHAJURIA GLORY

Sex / Age : F 30

Eye Checkup

Doctor Name Dr. Rajeev K. Mahajan

	Right	Left
History	-	-
Uncorrected vision	6/6	6/6
Corrected vision	-	(LT) PERIPHENAL MACULAR OPACIT - 2 mm
IOP	-	-
Fundus	-	-
Any other	NIL	-
Advice	NIL	NIL



Name : KHAJURIA GLORY

Sex / Age : F 30

Height / Weight : 164 Cms 65 Kgs

Ideal Weight : 63 Kgs

BMI : 24.2

Obstetric History ML - 4 YRS.

Menstrual History LMP : 01/03/2022

Present Menstrual Cycle REGULAR

Past Menstrual Cycle -

Chief Complaints

NIL

Gynac Examination

P/A SOFT

P/S Cx - (N) Vg - (N)

P/V UT NS Fx CLEAR

Breast examination - Right ENLARGED AXILLAY TAIL WITH LYMPHNODS - (N)

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD

Mammography

Advice FOLLOWUP WITH REPORTS.

Dr. Sonia Golani
Gynecologist



Dietary Assessment

Name : **KHAJURIA GLORY** Sex / Age : F 30
Height : 164 Cms Weight : 65 Kgs Ideal Weight : 63 Kgs BMI : 24.2

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed
Frequency of consuming fried food : Once a / day / week or occasional
Frequency of consuming sweets : Once a / day or occasional / week
Frequency of consuming outside food : Once a / week or occasional
Amount of water consumed / day : 3-4 glasses / liters

Life style assessment

Physical activity : Active / moderate / Sedentary / Nil
Alcohol intake : Yes / No
Smoking : Yes / No
Allergic to any food : Yes / No
Are you stressed out ? : Yes / No
Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd Apple.

Drink 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroot, Figs, Almond, Walnut, Dates, leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin. In case of diabetic patient avoid Rasins, Dates and Jeggary.

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.

Dietitian



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21040560 Report Date : 26/03/2022
Request No. : 190014914 26/03/2022 8.59 AM
Patient Name : **KHAJURIA GLORY**
Gender / Age : Female / 30 Years 10 Months 14 Days

USG : Abdomen (Excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is retroverted, normal in size and echo pattern. Endometrium thickness is about 5 mm. No obvious mass lesion seen.

Uterine length : 82 mm.
A.P. : 43 mm.

Both ovaries are normal in size.

Urinary bladder is partially distended and appears normal.
No ascites.

COMMENT:

No obvious abnormality seen.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

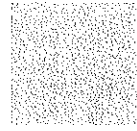
Hasani

Dr. Perna C Hasani, MD
Consultant Radiologist



365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



BHAILAL AMIN
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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. KHAJURIA GLORY
Gender / Age : Female / 30 Years 10 Months 14 Days
MR No / Bill No. : 21040560 / 221033884
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 35025
Request Date : 26/03/2022 08:59 AM
Collection Date : 26/03/2022 09:55 AM
Approval Date : 26/03/2022 02:56 PM

Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	80	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	114	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

Dr. Rakesh Vaidya
Approved By Dr. Sejal Odedra

Dr. Nikunj V. Mehta
MD (Path.)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Retest / recheck may be requested.



Patient Name : Mrs. KHAJURIA GLORY
 Gender / Age : Female / 30 Years 10 Months 14 Days
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 Location : OPD

Type : OPD
 Request No. : 35025
 Request Date : 26/03/2022 08:59 AM
 Collection Date : 26/03/2022 09:55 AM
 Approval Date : 26/03/2022 12:34 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	12.3	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	3.75	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	35.8	%	36 - 46
Mean Corpuscular Volume (MCV)	95.5	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	32.8	pg	27 - 32
MCH Concentration (MCHC)	34.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	11.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.4	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	9.23	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	69	%	40 - 80
Lymphocytes	26	%	20 - 40
Eosinophils	01	%	1 - 6
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	6.41	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.37	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.06	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.32	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	137	thou/cmm	150 - 410
Smear evaluation	Adequate		
Estimated Platelet count (Smear evaluation)	150	thou/cmm	
Remarks	Few large platelets seen		
PBS Overview	Hypersegmented neutrophils seen		
ESR	6	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser + Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

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MD (Path.)

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 Approval Date : 26/03/2022 01:50 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
Rh system	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Rakesh Vaidya
 Approved By Dr. Sejal Odedra



Patient Name : Mrs. KHAJURIA GLORY
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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	80	mg/dL	70 - 110

— End of Report —

Dr. Nikunj V. Mehta
MD (Path.)



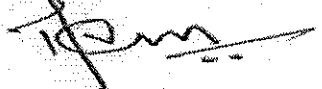
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	26	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.74	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (By Uricase / Catalase method on RXL Siemens)	5.0	mg/dL	2.2 - 5.8

--- End of Report ---


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 MD (Path.)



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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.32	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.21	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	18	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	25	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	52	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	19	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.40	gm/dL	6.4 - 8.2
Albumin	4.05	gm/dL	3.4 - 5
Globulin	3.35	gm/dL	3 - 3.2
A : G Ratio	1.21		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

Dr. Nikunj V. Mehta
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 Approval Date : 26/03/2022 12:57 PM

Pap Smear

Test	Result	Units	Biological Ref. Range
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Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Received at 12:05 PM

Cyto No : 431/22

Clinical Details : No complains.
 P/S findings - Cx / Vg : NAD.
 LMP : 01/03/2022

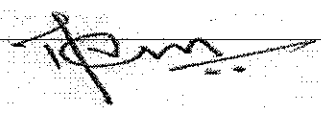
TBS Report / Impression :

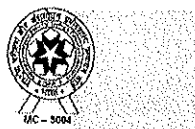
- * Satisfactory for complete evaluation; transformation zone components identified.
- * Mild inflammatory cellularity (Neutrophils rich).
- * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bathesda system (Modified 2014)

---- End of Report ----


 Dr. Nikunj V. Mehta
 MD (Path.)



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 Approval Date : 26/03/2022 02:56 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	38	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	137	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	44	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	93	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	86	mg/dL	1 - 100
VLDL Cholesterol	7.6	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.95		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.11		3.5 - 5

--- End of Report ---

Dr. Rakesh Vaidya
 Approved By Dr. Sejal Odedra

Dr. Nikunj V. Mehta
 MD (Path.)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name : Mrs. KHAJURIA GLORY
 Gender / Age : Female / 30 Years 10 Months 14 Days
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 Request No. : 35025
 Request Date : 26/03/2022 08:59 AM
 Collection Date : 26/03/2022 09:55 AM
 Approval Date : 26/03/2022 02:52 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)

1.02

ng/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroxine (T4)

10.05

mcg/dL

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1 - 2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

Thyroid Stimulating Hormone (US-TSH)

2.58

microIU/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

--- End of Report ---

Dr. Rakesh Vaidya
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Urine Routine

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	Negative
Glucose	Negative	mg/dL	Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Bile Salt	Absent		Absent
Leucocytes	Negative		Negative
Bile Pigments	Absent		Absent
Nitrite	Negative		Negative
Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (0-2)	/hpf	0 - 5
Epithelial Cells	Present (2-5)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil		Nil
Mucus	Absent		Absent
Organism	Absent		

--- End of Report ---

Dr. Nikunj V. Mehta
MD (Path.)



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 Approval Date : 26/03/2022 05:13 PM

Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Heamoglobin (HbA1c)	4.3	%	
estimated Average Glucose (e AG) *	76.71	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.


* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---


 Dr. Nikunj V. Mehta
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

ADVANCED DIGITAL SOLUTIONS

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 21040560 Report Date : 26/03/2022

Request No. : 190014923 26/03/2022 1.26 PM

Patient Name : **KHAJURIA GLORY**

Gender / Age : Female / 30 Years 10 Months 14 Days

Usg for Single Breast

ULTRASOUND EXAMINATION OF RIGHT BREAST

High resolution ultrasound examination of both breasts has been performed with high frequency linear transducer.

Right breast show normal fibroglandular tissues.

There is 50x30 mm lobulated hypo echoic lesion with internal avscularity in right axilla. No e/o necrosis or calcification---p/o lymph node/ fibroadenoma .

Ductal system appears normal in right the breast.

No obvious solid or cystic mass seen on right side.

No calcification seen.

No skin thickening or nipple retraction seen.

Kindly correlate clinically.

• ULTRASOUND CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Prerna C Hasani

Dr. Prerna C Hasani, MD

Consultant Radiologist





ECG

**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964

Patient No. : 21040560 Report Date : 26/03/2022
Request No. : 190014901 26/03/2022 8.59 AM
Patient Name : **KHAJURIA GLORY**
Gender / Age : Female / 30 Years 10 Months 14 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF – 60%, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : BULGING TO RA, ON TTE NO LEFT TO RIGHT SHUNT ACROSS
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO MR // AR // TR, NO PAH

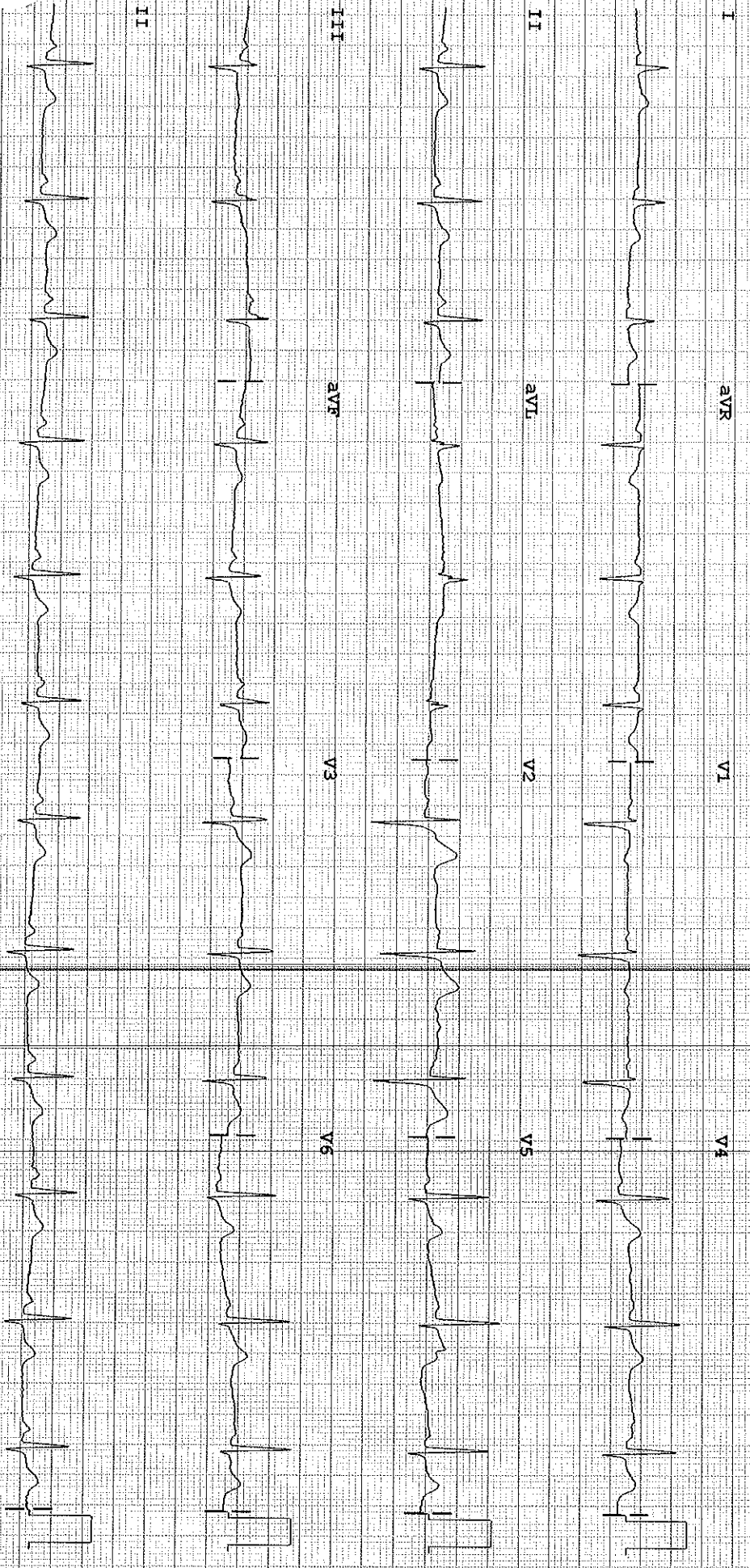
FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.


DR. KILLOOL KANERIA, M.D., D.M., CARD.

ECU/21040560 26-Mar-22 9:17:01 AM MRS KHAJURIA GLORY
30 Years Female

Rate 72
PR 136
QRSD 86
QT 356
QTc 389
--AXIS--
P 69
QRS 15
T 38



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

50~0.15-150 Hz

PH08

P?

SHAL AMM GENERAL HOSPITAL
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AN INSTITUTE OF POSTGRADUATE MEDICINE

Doctor DR M MITTAL

Handwritten signature

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

26/03/2022

Name: Khajuria Glory

Age/ Sex: 30 years/Female

Patient has come for a regular check up

On Examination:

- Calculus+ stains+
- History of horizontal brushing
- Decayed teeth with respect to 17, 26, 27, 28, 36, 37, 38, 47
- Grossly destructed tooth with respect to 18

Provisional diagnosis:

- Dentinal caries with respect to 17, 26, 27, 28, 36, 37, 38, 47

Treatment plan:

- Extraction of 18
- Restoration of decayed teeth

Advised:

- Brush your teeth twice daily
- Salt water gargle twice daily
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr Sonica Peshin

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