



BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/000518 Patient No : 21038911 Date : 19/03/2022
Name : **MRS. ARUNA NUNNA** Sex / Age : FEMALE 54
Height / Weight : 153 Cms 56 Kgs Ideal Weight 54 Kgs BMI : 23.9

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.

Page 1 of 6



Name : MRS. ARUNA NUNNA

Sex / Age : FEMAL 54

Present History

NO ANY MAJOR ILLNESS AT PRESENT

Past History

H/O DIABETES MELIITUS - 10 RYS
HYPOTHYROIDISM- 1P YRS

Family History

NO ANY MAJOR ILLNESS IN FAMILY

Personal History

VEG DIET; NO SMOKING OR ALCOHOL

Clinical Examination

B.P. 120/76 MMHG

Pulse 76/MIN; REG

Others NAD

Respiratory System

CLINICALLY NAD

Cardio Vascular System

CLINICALLY NAD

Abdominal System

CLINICALLY NAD

Neurological System

CLINICALLY NAD



Name : MRS. ARUNA NUNNA

Sex / Age : FEMALE 54

Eye Checkup

Doctor Name **Dr. Ketan J. Patel**

	Right	Left
History	NIL	NIL
Uncorrected vision	6/6 - 2.00 CYKL 95 I	6/6 - 2.00 CYL 86 I
Corrected vision	N.6 + 2.25 DSPH ADD	N.6 + 2.25 DSPH ADD
IOP	14.6 MMHG	14.6 MMHG
Fundus	NORMAL; 0.7 CUP	NORMAL- 0.6 CUP
Any other	NAD	NAD
Advice	NIL	



Name : MRS. ARUNA NUNNA

Sex / Age : FEMALE 54

Height / Weight : 153 Cms 56 Kgs

Ideal Weight : 54 Kgs

BMI : 23.9

Obstetric History G3P1A2; 2 MTP'S ; 1ST FTND- FEMALE- 27 YRS

Menstrual History

Present Menstrual Cycle NO PERIODS X 10 YRS

Past Menstrual Cycle REGULAR

Chief Complaints

NAD

Gynac Examination

P/A SOFT

P/S NORMAL; SENILE CHANGES

P/V NAD

Breast examination - Right NORMAL

Breast examination - Left NORMAL

PAP Smear TAKEN

BMD -

Mammography -

Advice REG BSE

Dr. Monika Jani
Gynecologist



Dietary Assessment

Name : **MRS. ARUNA NUNNA** Sex / Age : FEMALE 54
Height : 153 Cms Weight : 56 Kgs Ideal Weight : 54 Kgs BMI : 23.9

Body Type : Normal / Underweight / Over weight

Diet History

Diet preference : Vegetarian / Eggeterian / Mixed

Frequency of consuming fried food : / day / week or occasional

Frequency of consuming sweets : / day or occasional

Frequency of consuming outside food : / week or occasional

Amount of water consumed / day : 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.

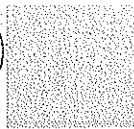
Drink 3 to 4 liters (12 - 14 glass) of water daily.

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



Patient Name : Mrs. ARUNA NUNNA
 Gender / Age : Female / 54 Years 6 Months 20 Days
 MR No / Bill No. : 21038911 / 221031365
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 32779
 Request Date : 19/03/2022 08:55 AM
 Collection Date : 19/03/2022 08:57 AM
 Approval Date : 19/03/2022 12:22 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.6	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.64	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.8	%	36 - 46
Mean Corpuscular Volume (MCV)	83.6	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.3	pg	27 - 32
MCH Concentration (MCHC)	35.1	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	12.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	37.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.14	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	74	%	40 - 80
Lymphocytes	22	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	3	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.27	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.56	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.07	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.21	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.03	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	249	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	5	mm/1 hr	0 - 19

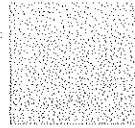
Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

365 Days / 24 Hours Laboratory Services

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

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**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. ARUNA NUNNA
Gender / Age : Female / 54 Years 6 Months 20 Days
MR No / Bill No. : 21038911 / 221031365
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
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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 ----

**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. ARUNA NUNNA	Type	: OPD
Gender / Age	: Female / 54 Years 6 Months 20 Days	Request No.	: 32779
MR No / Bill No.	: 21038911 / 221031365	Request Date	: 19/03/2022 08:55 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 19/03/2022 08:57 AM
Location	: OPD	Approval Date	: 19/03/2022 01:57 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
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Pap Smear

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

Cyto no : 396/22
Received at 11.30 am.Clinical Details : No complain
P/V findings : Cx. - NAD / Vg. - NAD
LMP : Menopausal

TBS Report / Impression :

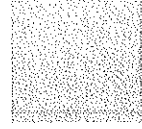
- * Satisfactory for evaluation; transformation zone components identified.
- * Postmenopausal smears, no atrophic changes.
- * Mild inflammatory cellularity (Neutrophils rich).
- * Benign cellular changes, reparative changes.
- * No epithelial cell abnormality favouring Squamous intraepithelial lesion 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. Rakesh Vaidya
MD (Path). DCP.



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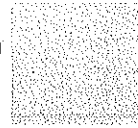
Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Fasting Plasma Glucose	348	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	519	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

--- End of Report ---

Dr. Nikunj V. Mehta
MD (Path.)



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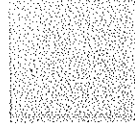
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 Request No. : 32779
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 Approval Date : 19/03/2022 02:51 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.45	mg/dL	0 - 1
Bilirubin - Direct	0.15	mg/dL	0 - 0.3
Bilirubin - Indirect	0.3	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	22	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	40	U/L	7 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	193	U/L	53 - 141
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	28	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.26	gm/dL	6.4 - 8.2
Albumin	3.88	gm/dL	3.4 - 5
Globulin	3.38	gm/dL	3 - 3.2
A : G Ratio	1.15		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

Dr. Nikunj V. Mehta
MD (Path.)



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 Gender / Age : Female / 54 Years 6 Months 20 Days
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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)	102	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)	215	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	69	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	146	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)	128	mg/dL	1 - 100
VLDL Cholesterol	20.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.86		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	3.12		3.5 - 5

---- End of Report ----

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Clinical Biochemistry

Test	Result	Units	Biological Ref. Range
Glycosylated Hearnoglobin (HbA1c)	13.0	%	
estimated Average Glucose (e AG) *	326.4	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.

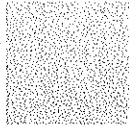
Guidelines for Interpretation:

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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Request No. : 32779
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Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	B		
Rh system	Positive		

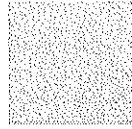
By Gel Technology / Tube Agglutination Method

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. Nikunj V. Mehta
MD (Path.)



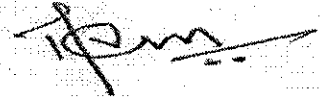
Patient Name : Mrs. ARUNA NUNNA
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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	19	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.76	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(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)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	4.6	mg/dL	2.2 - 5.8

--- End of Report ---


 Dr. Nikunj V. Mehta
 MD (Path.)



Patient Name : Mrs. ARUNA NUNNA
 Gender / Age : Female / 54 Years 6 Months 20 Days
 MR No / Bill No. : 21038911 / 221031365
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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	1.020		
Protein	Negative	gm/dL	Negative
Glucose	3+ R/C	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. Rakesh Vaidya
MD (Path). DCP.



Interim / provisional report. confirm with lab in case not correlated with clinical presentation or any query

Patient Name	: Mrs. ARUNA NUNNA	Type	: OPD
Gender / Age	: Female / 54 Years 6 Months 20 Days	Request No.	: 32848
MR No / Bill No.	: 21038911 / 221031365	Request Date	: 19/03/2022 08:55 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 19/03/2022 12:56 PM
Location	: OPD	Approval Date	:

Stool Routine

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Physical Examination (Stool)			
Colour	Dark Brown		
Consistency	Solid		
Mucus.	Absent		
Blood.	Absent		
Chemical Examination			
Reaction	Acidic		
Occult Blood	Negative		
Microscopic Examination			
Ova	Absent		
Cyst.	Absent		
Trophozoites	Absent		
Red Blood Cells.	Absent	/hpf	
Pus Cells	Absent	/hpf	
Epithelial Cells	Absent		
Fat	Absent		

(Method : Manual + Chemical (Occult Blood by Peroxidase like activity of Haemoglobin) + Microscopy
Test Note :

- Stool Occult Blood test needs to be tested on three consecutive samples for proper interpretation.

- For 72 hours prior to Occult Blood test, patient should not take following items: Red meat, fish, poultry, turnips, horseradish, cauliflower, spinach, broccoli, bananas, black grapes, plums etc., drugs like aspirin, NSAIDs, anticoagulants, reserpine, iodine and high dose of Vitamin C.)

---- End of Report ----



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038911 Report Date : 19/03/2022
Request No. : 190014054 19/03/2022 8.55 AM
Patient Name : **ARUNA NUNNA**
Gender / Age : Female / 54 Years 6 Months 20 Days

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

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038911 Report Date : 19/03/2022
Request No. : 190014054 19/03/2022 8.55 AM
Patient Name : **ARUNA NUNNA**
Gender / Age : Female / 54 Years 6 Months 20 Days

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

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

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

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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. : 21038911 Report Date : 19/03/2022
Request No. : 190014107 19/03/2022 8.55 AM
Patient Name : **ARUNA NUNNA**
Gender / Age : Female / 54 Years 6 Months 20 Days

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show scattered fibro glandular parenchyma.

No obvious focal mass seen on either side.

No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.

No obvious skin thickening or nipple retraction seen.

No enlarged axillary lymph nodes seen.

IMPRESSION:

No obvious focal mass in breasts. BI-RADS category 2.

Kindly correlate clinically /Follow up

BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS:

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

Prerna C Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 21038911 Report Date : 19/03/2022
Request No. : 190014075 19/03/2022 8.55 AM
Patient Name : ARUNA NUNNA
Gender / Age : Female / 54 Years 6 Months 20 Days

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

USG : Screening for 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. **There is 8x9 mm hyperechoic lesion seen in left kidney.**

Uterus is post menopausal in size and echo pattern.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Small hyperechoic lesion in left kidney--angiomyolipoma

Kindly correlate clinically

Prerna C

Dr. Prerna C Hasani, MD
Consultant Radiologist



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



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BHAILAL AMIN
GENERAL HOSPITAL

ESTD. 1964

Patient No. : 21038911 Report Date : 19/03/2022
Request No. : 190014113 19/03/2022 8.55 AM
Patient Name : ARUNA NUNNA
Gender / Age : Female / 54 Years 6 Months 20 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, TRIVIAL 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. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, TRIVIAL TR NO PAH

FINAL CONCLUSION:

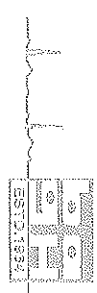
1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 60%
3. NO RESTING RWMA
4. GRADE I LV DIASTOLIC DYSFUNCTION
5. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURE
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. KILLOL KANERIA MD, DM
INTERVENTIONAL CARDIOLOGIST

ECU/21/038911
54 Years

19-Mar-22

10:33:16 AM MRS. ARUNA NUNNA
Female



Dr. Manish Mittal General Hospital
An ISO Accredited Institute

Medicover

Rate 76

PR 172

QRSD 65

QT 376

QTc 423

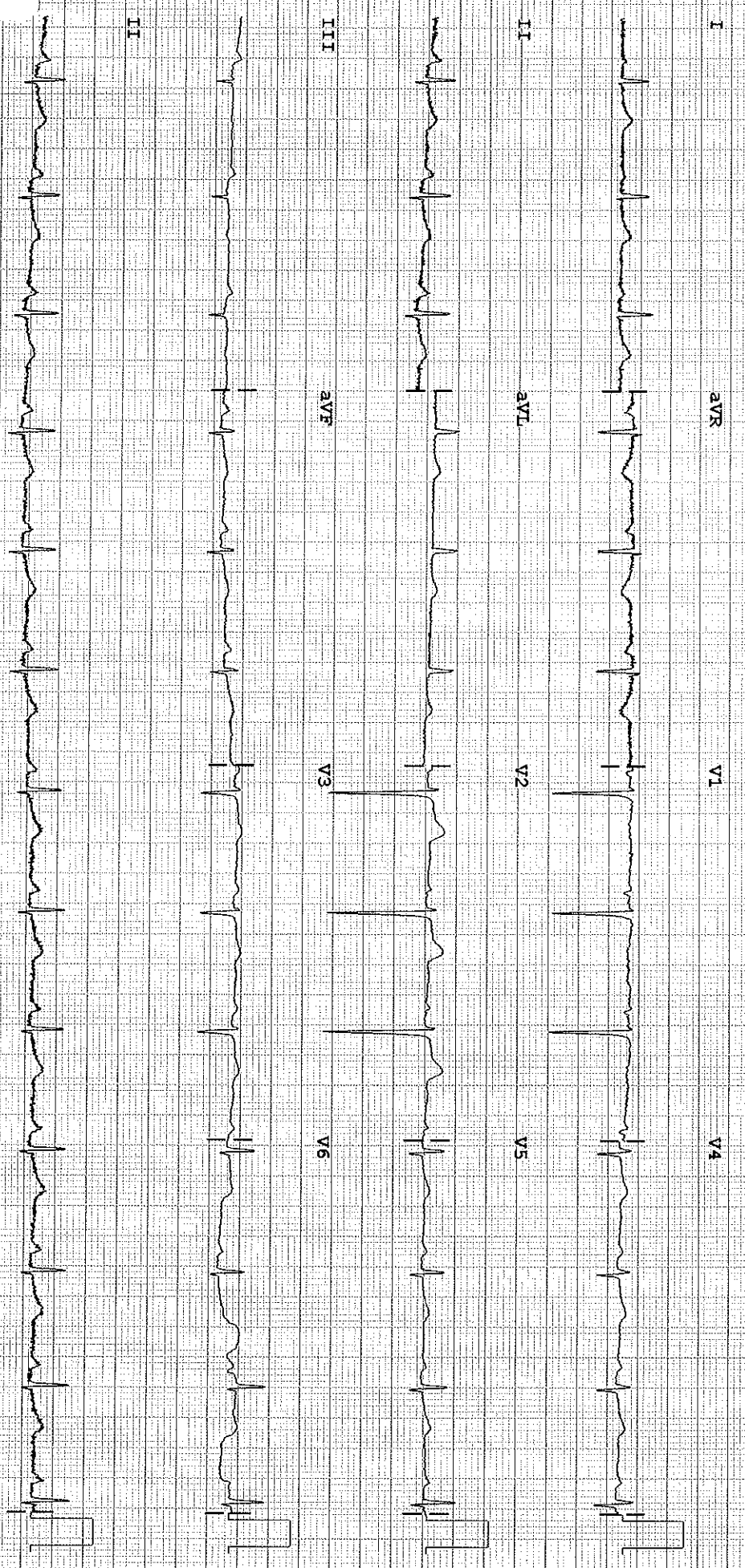
--AXIS--

P 68

QRS 11

T 28

Doctor MANISH MITTAL



Dev: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV 50~0.15-150 Hz PH08 P?

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

19/03/2022

Name: Aruna Nunna

Age/ Sex: 54 years/Female

Patient has come for a regular check up

On Examination:

- Calculus++
- History of horizontal brushing
- Generalised root stumps seen [5 Teeth]
- Multiple decayed teeth present [7 teeth]
- Multiple missing teeth present

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Extraction of all the root stumps
- Restoration of decayed teeth
- Prosthesis with respect to missing and extracted 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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