

## CONCLUSION OF HEALTH CHECKUP

ECU Ref. No : MH/22/002484 Patient No : 21052335 Date : 10/09/2022  
Name : **DIVYA PATHAK** Sex / Age : F 33  
Height / Weight : 162 Cms 80 Kgs Ideal Weight 61 Kgs BMI : 30.5

**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 : DIVYA PATHAK

Sex / Age : F 33

**Present History**

LOWER BACKACHE RADIATING TO RT LEG AFTER LSCS -- 2 YRS.

**Past History**

NO P/H/O ANY MAJOR ILLNESS.

**Family History**

MOTHER : DIABETES.

**Personal History**

NO HABITS ; SLEEP DISTURBED.

**Clinical Examination**

B.P. 120/80 mm Hg

Pulse 59/MIN REG.

Others SPO2 : 98 %

**Respiratory System**

CLINICALLY NAD

**Cardio Vascular System**

CLINICALLY NAD

**Abdominal System**

CLINICALLY NAD

**Neurological System**

CLINICALLY NAD



Name : **DIVYA PATHAK**

Sex / Age : F 33

**Eye Checkup**

Doctor Name **Dr. Sunil G. Paradkar**

	<b>Right</b>	<b>Left</b>
History	NIL	NIL
Uncorrected vision	-	-
Corrected vision	WITH OWN GL. 6/6 N.5	6/6 N.5
IOP	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Any other	GLAUCOMA SUSPECT	GLAUCOMA SUSPECT
Advice	AUTOMATED PERIMETRY	

### Dietary Assessment

Name : **DIVYA PATHAK** Sex / Age : F 33  
Height : 162 Cms Weight : 80 Kgs Ideal Weight : 61 Kgs BMI : 30.5

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

Name : **DIVYA PATHAK** Sex / Age : F 33  
Height / Weight : 162 Cms 80 Kgs Ideal Weight : 61 Kgs BMI : 30.5

Obstetric History FT LSCS - 3 YRS.  
Menstrual History LMP : 26/08/2022  
Present Menstrual Cycle REGULAR  
Past Menstrual Cycle -

**Chief Complaints**

NIL

**Gynac Examination**

P/A SOFT  
P/S Cx - (N) Vg CLEAR DISCHARGE  
P/V UT NS Fx CLEAR  
Breast examination - Right NORMAL  
Breast examination - Left NORMAL  
PAP Smear TAKEN

BMD

Mammography

Advice FOLLOWUP WITH REPORTS.

**Dr. Sonia Golani**  
Gynecologist



Patient Name : Mrs. DIVYA PATHAK Type : OPD  
 Gender / Age : Female / 33 Years 10 Months 1 Days Request No. : 70302  
 MR No / Bill No. : 21052335 / 231033413 Request Date : 10/09/2022 08:59 AM  
 Consultant : Dr. Manish Mittal Collection Date : 10/09/2022 09:55 AM  
 Location : OPD Approval Date : 10/09/2022 03:15 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	12.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	<u>4.91</u>	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	39.8	%	36 - 46
Mean Corpuscular Volume (MCV)	<u>81.1</u>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>25.3</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>31.2</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.9	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	7.88	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	67	%	40 - 80
Lymphocytes	27	%	20 - 40
Eosinophils	01	%	1 - 6
Monocytes	05	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.30	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.16	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.06</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.33	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
<b>Platelet Count</b>			
Platelet Count	194	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	Normochromic, Normocytic.		
ESR	7	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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Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. DIVYA PATHAK	Type	: OPD
Gender / Age	: Female / 33 Years 10 Months 1 Days	Request No.	: 70302
MR No / Bill No.	: 21052335 / 231033413	Request Date	: 10/09/2022 08:59 AM
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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. Sejal Odedra  
M.D.Pathology

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. DIVYA PATHAK  
Gender / Age : Female / 33 Years 10 Months 1 Days  
MR No / Bill No. : 21052335 / 231033413  
Consultant : Dr. Manish Mittal  
Location : OPD  
Type : OPD  
Request No. : 70302  
Request Date : 10/09/2022 08:59 AM  
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Approval Date : 10/09/2022 03:05 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<b>Blood Group</b>			
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 ---

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M.D.Pathology



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. DIVYA PATHAK  
Gender / Age : Female / 33 Years 10 Months 1 Days  
MR No / Bill No. : 21052335 / 231033413  
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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	89	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	111	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology

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Patient Name : Mrs. DIVYA PATHAK  
 Gender / Age : Female / 33 Years 10 Months 1 Days  
 MR No / Bill No. : 21052335 / 231033413  
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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	91	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High</i>			
Total Cholesterol	186	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High</i>			
HDL Cholesterol	60	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High</i>			
Non HDL Cholesterol (calculated)	126	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High</i>			
LDL Cholesterol	<b>105</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High</i>			
VLDL Cholesterol (calculated)	18.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.75		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.1		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

--- End of Report ---

  
 Dr. Sejal Odedra  
 M.D.Pathology



Patient Name : Mrs. DIVYA PATHAK  
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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea (By Urease Kinetic method on RXL Dade Dimension)	21	mg/dL	10 - 45
Creatinine (By Modified Kinetic Jaffe Technique)	0.56	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)	3.9	mg/dL	2.2 - 5.8

— End of Report —

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M.D.Pathology



Patient Name : Mrs. DIVYA PATHAK Type : OPD  
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 MR No / Bill No. : 21052335 / 231033413 Request Date : 10/09/2022 08:59 AM  
 Consultant : Dr. Manish Mittal Collection Date : 10/09/2022 09:55 AM  
 Location : OPD Approval Date : 10/09/2022 03:05 PM

**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.66	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.52	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)	38	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	71	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.42	gm/dL	6.4 - 8.2
Albumin	4.09	gm/dL	3.4 - 5
Globulin	3.33	gm/dL	3 - 3.2
A : G Ratio	1.23		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



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 Approval Date : 10/09/2022 01:14 PM

**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<i>HbA1c (Glycosylated Hb)</i>			
Glycosylated Heamoglobin (HbA1c)	5.7	%	
estimated Average Glucose (e AG) *	116.89	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 Intolant 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. Rakesh Vaidya  
MD (Path). DCP.



Patient Name : Mrs. DIVYA PATHAK  
 Gender / Age : Female / 33 Years 10 Months 1 Days  
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 Approval Date : 10/09/2022 01:14 PM

## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
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Triiodothyronine (T3)	0.821	ng/ml	
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(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 (&gt; 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)	6.65	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 (&gt; 60 years) : 5.0 - 10.7

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

Thyroid Stimulating Hormone (US-TSH)	1.21	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 (&gt; 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  
MD (Path). DCP.



Patient Name : Mrs. DIVYA PATHAK  
 Gender / Age : Female / 33 Years 10 Months 1 Days  
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**Urine Routine**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	10	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.020		
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
<b>Microscopic Examination (After Centrifugation at 2000 rpm for 10 min)</b>			
Red Blood Cells	Nil	/hpf	0 - 2
Leucocytes	Present (2-5)	/hpf	0 - 5
Epithelial Cells	Present (5-10)	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



Patient Name : Mrs. DIVYA PATHAK  
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Collection Date : 10/09/2022 09:55 AM  
Approval Date : 10/09/2022 02:04 PM

**Pap Smear**

Test	Result	Units	Biological Ref. Range
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Pap Smear

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

Cyto No : 1605/22  
Received at 12.30 pm

Clinical Details : No complain  
P/V findings : Cx. - NAD / Vg. - Clear discharge  
LMP : 26/08/2022

TBS Report / Impression :

- \* Satisfactory for evaluation; transformation zone components identified.
- \* Mild acute inflammatory cellularity. No evidence of T. vaginalis / Fungal elements.
- \* 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 Bethesda system (Modified 2014)

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.





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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21052335      Report Date : 10/09/2022  
Request No. : 190034190      10/09/2022 8.59 AM  
Patient Name : **DIVYA PATHAK**  
Gender / Age : Female / 33 Years 10 Months 1 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

**Dr. Priyanka Patel, MD**  
Consultant Radiologist





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**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

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 21052335      Report Date : 10/09/2022  
Request No. : 190034149      10/09/2022 8.59 AM  
Patient Name : **DIVYA PATHAK**  
Gender / Age : Female / 33 Years 10 Months 1 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 measures 4 mm in diameter.

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

Uterine length :                      76 mm.  
A.P. :                                      37 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.Prerna C Hasani, MD**  
Consultant Radiologist




Patient No. : 21052335      Report Date : 10/09/2022  
Request No. : 190034197      10/09/2022 8.59 AM  
Patient Name : **DIVYA PATHAK**  
Gender / Age : Female / 33 Years 10 Months 1 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 – 65%, 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 MR // AR // TR, NO PAH

### FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 65%
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/21/052335  
33 Years

10-Sep-22

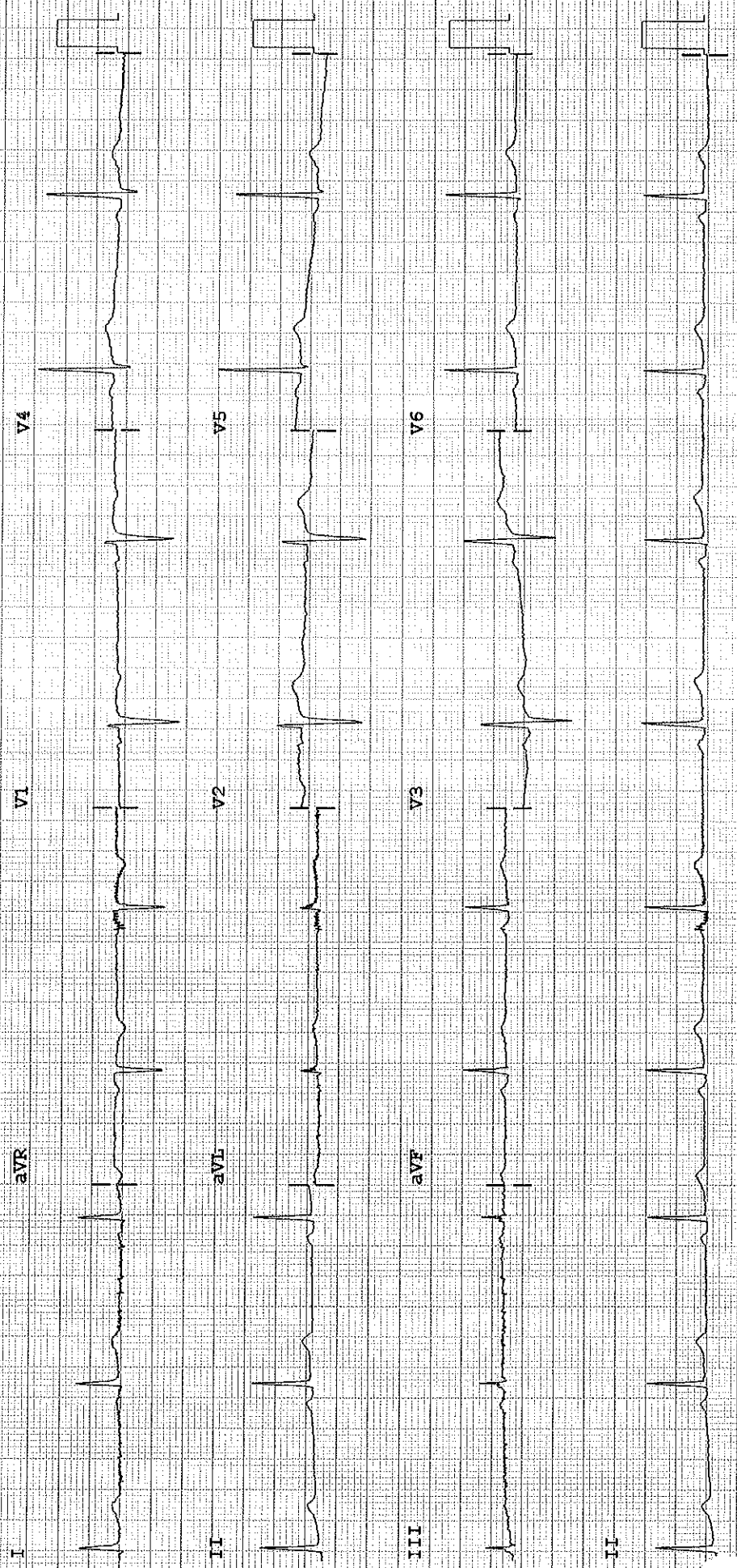
10:36:24 AM Mps. DIVYA PATNAK  
Female



Rate 54  
PR 148  
QRSD 79  
QT 404  
QTc 383

--AXIS--  
P 73  
QRS 43  
T 33

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

10/09/2022

Name: Divya Pathak

Age/ Sex: 33 years/Female

Patient has come for an oral hygiene check up

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Mild attrition, recession
- Initial caries with respect to 18, 28, 38, 48

### Provisional diagnosis:

- Chronic generalised gingivitis

### Treatment plan:

- Scaling and polishing

### Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr Sonica Peshin

ITEM CODE:SMD066

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