

NAME	Soma DAS	STUDY DATE	14-01-2023 10:58:56
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010712459
REFERRING DEPT	OPD	MODALITY/Procedure Description	US /Echo-Cardiogram
REPORTED ON	16-01-2023 14:51:41	REFERRED BY	Dr. Health Check MHD

## 2D ECHOCARDIOGRAPHY REPORT

**Findings:**

	End diastole	End systole
IVS thickness (cm)	0.8	1.0
Left Ventricular Dimension (cm)	4.0	2.4
Left Ventricular Posterior Wall thickness (cm)	0.8	1.0

Aortic Root Diameter (cm)	2.8
Left Atrial Dimension (cm)	3.0
Left Ventricular Ejection Fraction (%)	55 %

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF= 55 %
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Mild MR.
AORTIC VALVE	:	Normal
TRICUSPID VALVE	:	Trace TR, PASP~ 30 mmHg
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM : Intact.

PERICARDIUM : No pericardial effusion or thickening  
DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E=88 A=43	-	-	Mild	Nil
AORTIC	110	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	60	N	N	Nil	Nil

**SUMMARY & INTERPRETATION:**

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Mild MR.
- Trace TR, PASP~ 30 mmHg
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*



**DR. SAMANJOY MUKHERJEE**  
**MD, DM**

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**CONSULTANT CARDIOLOGIST**

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010712459

mrs.soma das

1/14/2023 9:30:53 AM

33 Years

Male

Rate 71 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 156  
QRSD 81  
QT 366  
QTc 398

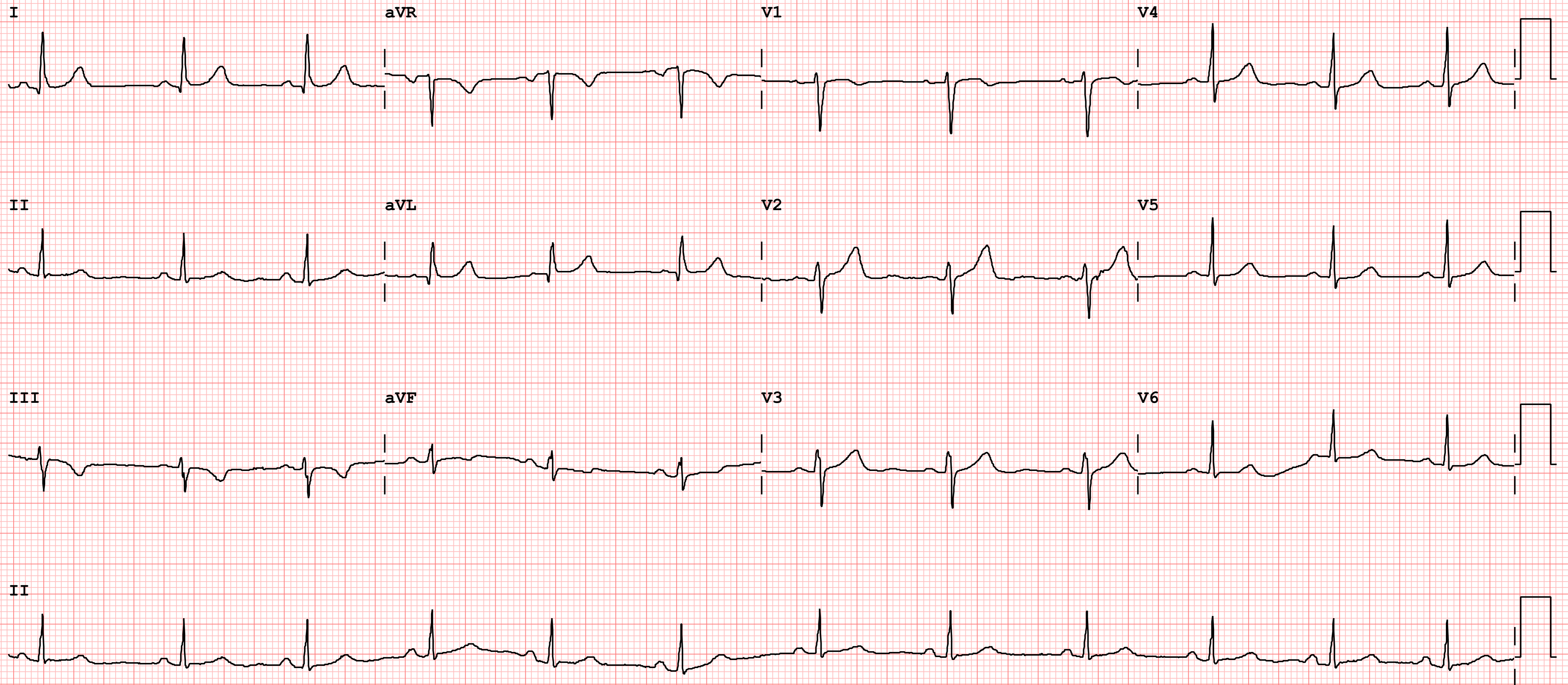
--AXIS--

P 50  
QRS 13  
T 0

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 32230104804  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 09:14  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 11:17  
**Receiving Date** : 14 Jan 2023 09:55

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>Lipid Profile (Serum)</b>			
TOTAL CHOLESTEROL (CHOD/POD)	168	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	120	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	52	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	24	mg/dl	[10-40]
LDL- CHOLESTEROL	92	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	1.8		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.  
Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

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Name : MRS SOMA DAS Age : 33 Yr(s) Sex :Female  
Registration No : MH010712459 Lab No : 32230104804  
Patient Episode : H03000051425 Collection Date : 14 Jan 2023 09:14  
Referred By : HEALTH CHECK MHD Reporting Date : 14 Jan 2023 11:17  
Receiving Date : 14 Jan 2023 09:55

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (mod.J Groff)**	0.54	mg/dl	[0.10-1.20]
<b>BILIRUBIN - DIRECT (mod.J Groff)</b>	<b>0.20 #</b>	<b>mg/dl</b>	<b>[&lt;0.2]</b>
BILIRUBIN - INDIRECT (mod.J Groff)	0.34	mg/dl	[0.20-1.00]
SGOT/ AST (P5P, IFCC)	17.00	IU/L	[5.00-37.00]
SGPT/ ALT (P5P, IFCC)	14.80	IU/L	[10.00-50.00]
ALP (p-NPP, kinetic)*	83	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	7.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.9	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.69		[1.10-1.80]

### Note:

\*\*NEW BORN:Vary according to age (days), body wt & gestation of baby

\*New born: 4 times the adult value





Name : MRS SOMA DAS Age : 33 Yr(s) Sex :Female  
Registration No : MH010712459 Lab No : 32230104804  
Patient Episode : H03000051425 Collection Date : 14 Jan 2023 09:14  
Referred By : HEALTH CHECK MHD Reporting Date : 14 Jan 2023 11:17  
Receiving Date : 14 Jan 2023 09:55

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
BUN (Urease/GLDH)	8.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.71	mg/dl	[0.60-1.40]
<b>SERUM URIC ACID (mod.Uricase)</b>	<b>6.1 #</b>	<b>mg/dl</b>	<b>[2.6-6.0]</b>
SERUM CALCIUM (NM-BAPTA)	9.5	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.5	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.01	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.0	mmol/l	[95.0-105.0]
eGFR	112.3	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

-----END OF REPORT-----

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 32230104805  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 12:17  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 18:15  
**Receiving Date** : 14 Jan 2023 12:57

## BIOCHEMISTRY

### PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 87 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Plasma GLUCOSE-Fasting (Hexokinase) 79 mg/dl [70-100]

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-----END OF REPORT-----

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 33230103114  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 09:15  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:04  
**Receiving Date** : 14 Jan 2023 09:41

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

**ESR** **25.0 #** **/1sthour** **[0.0-20.0]**

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	8810	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.55	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	14.0	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	42.6	%	[36.0-46.0]
MCV (Calculated)	93.6	fL	[83.0-101.0]
MCH (Calculated)	30.8	pg	[25.0-32.0]
MCHC (Calculated)	32.9	g/dL	[31.5-34.5]
Platelet Count (Impedence)	183000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.3	%	[11.6-14.0]
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	70.4	%	[40.0-80.0]

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**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 33230103114  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 09:15  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 10:29  
**Receiving Date** : 14 Jan 2023 09:41

## HAEMATOLOGY

Lymphocytes (Flowcytometry)	21.0	%	[20.0-40.0]
Monocytes (Flowcytometry)	5.8	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.5	%	[1.0-6.0]
<b>Basophils (Flowcytometry)</b>	<b>0.3 #</b>	<b>%</b>	<b>[1.0-2.0]</b>
IG	0.20	%	

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr.Lakshita singh



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**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 35230101746  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 11:56  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:09  
**Receiving Date** : 14 Jan 2023 11:59

## MICROBIOLOGY

VDRL TEST/RPR

Specimen-Serum

Result

Non-reactive

Method :

Slide Flocculation

### Technical Note:

*This is a screening test for syphilis and is also used to monitor the course of disease after therapy. This test detects the presence of antibodies to lipoprotein material from damaged cells and cardiolipin from Treponemes. False positive reactions (titre < 1:8) may occur in viral infections, connective tissue disorders and pregnancy.*

*Reference: Clinical diagnosis and management by laboratory methods. Henry J.B. 20Edn. 2001 pg1133.*

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**Dr. Navin Kumar**  
**CONSULTANT MICROBIOLOGY**



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<b>Name</b>	: MRS SOMA DAS	<b>Age</b>	: 33 Yr(s) Sex :Female
<b>Registration No</b>	: MH010712459	<b>Lab No</b>	: 38230100809
<b>Patient Episode</b>	: H03000051425	<b>Collection Date</b>	: 14 Jan 2023 09:14
<b>Referred By</b>	: HEALTH CHECK MHD	<b>Reporting Date</b>	: 14 Jan 2023 13:19
<b>Receiving Date</b>	: 14 Jan 2023 10:44		

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH] (Reflectancephotometry(Indicator Method))	6.5	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	+	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
<b>Leukocytes</b>	<b>TRACE</b>	<b>NEGATIVE</b>
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
<b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b>		
WBC/Pus Cells	2-4 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
<b>Epithelial Cells</b>	<b>4-6 /hpf</b>	<b>(2-4)</b>
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	



**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
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**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 09:14  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 14 Jan 2023 13:19  
**Receiving Date** : 14 Jan 2023 10:44

## CLINICAL PATHOLOGY

### Interpretation:

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis,

bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

-----END OF REPORT-----

Dr.Lakshita singh



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**Name** : MRS SOMA DAS **Age** : 33 Yr(s) Sex :Female  
**Registration No** : MH010712459 **Lab No** : 39230100095  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 12:13  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:22  
**Receiving Date** : 14 Jan 2023 15:22

## CYTOPATHOLOGY

CYTOLOGY NUMBER: C-98/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P1L1A1, Previous LSCS, PS; Cervix healthy

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show superficial and intermediate squamous epithelial cells with fair number of polymorphs with admixed candidal buds.  
No trichomonas / fungal element identified.

IMPRESSION: Negative for Intraepithelial lesion and Malignancy  
- Inflammatory smear with candidiasis.

Disclaimer: Gynaecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The

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**Registration No** : MH010712459 **Lab No** : 39230100095  
**Patient Episode** : H03000051425 **Collection Date** : 14 Jan 2023 12:13  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 16 Jan 2023 16:22  
**Receiving Date** : 14 Jan 2023 15:22

## CYTOPATHOLOGY

test should be used at regular intervals & positive results should be confirmed before definitive therapy.

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-----END OF REPORT-----

**Dr. Priyanka Bhatia**  
**CONSULTANT PATHOLOGY**



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NAME	Soma DAS	STUDY DATE	14-01-2023 10:03:32
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010712459
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 10:47:00	REFERRED BY	Dr. Health Check MHD

## USG WHOLE ABDOMEN

### Findings:

Liver is normal in size and echopattern. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Left kidney shows upper pole cyst measuring 12.3mm. No calculus is seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Uterus is anteverted. It is normal in size. Myometrial echogenicity appears uniform. Endometrium is central (7.8mm).

Both ovaries show multiple peripherally arranged small follicles with increased stromal echogenicity –likely polycystic ovarian pattern.

No significant free fluid is detected.

### Impression:

Polycystic echopattern of both ovaries.

Kindly correlate clinically



**Dr.Pankaj Saini MD,DHA, DMC reg. no. 15796**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.



NAME	Soma DAS	STUDY DATE	14-01-2023 10:03:32
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010712459
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	14-01-2023 10:47:00	REFERRED BY	Dr. Health Check MHD

**Consultant Radiologist**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	Soma DAS	STUDY DATE	14-01-2023 10:11:55
AGE / SEX	033Yrs / F	HOSPITAL NO.	MH010712459
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	14-01-2023 12:11:30	REFERRED BY	Dr. Health Check MHD

## X-RAY CHEST - PA VIEW

### **Findings:**

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



**Dr. Aarushi MD,DNB, DMC/R/03291  
Consultant Radiologist**

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NAME	<b>Soma DAS</b>	STUDY DATE	<b>14-01-2023 10:11:55</b>
AGE / SEX	<b>033Yrs / F</b>	HOSPITAL NO.	<b>MH010712459</b>
REFERRING DEPT	<b>OPD</b>	MODALITY/Procedure Description	<b>CR /Xray chest PA (CXR)</b>
REPORTED ON	<b>14-01-2023 12:11:30</b>	REFERRED BY	<b>Dr. Health Check MHD</b>

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