



Pre - op

Post - op

Health Check-up

Date : 15/04/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Prayaben K. Thakore

Age / Sex : 34/17

Address : Syad

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : stain T, Calceles + t

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings  1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : \_\_\_\_\_

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :


**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv.

Deep scaling

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)



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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000339923 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Priyaben Kirankumar Thakor /	Registered On : 15-Apr-2023 09:24 AM
Lab ID : 304901067	Collected On : 15-Apr-2023 09:30 AM
Gender/Age : Female / 34 Years	DOB : 23-Feb-1989
Received On : 15-Apr-2023 09:50 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	11.8	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.67	mill/cmm	3.8 - 4.8
HCT	Calculated	38.3	%	36 - 46
MCV	Calculated based on the RBC histogram	82.1	fL	83 - 101
MCH	Calculated	25.3	pg	27 - 32
MCHC	Calculated	30.8	g/dL	31.5 - 34.5
RDW	Calculated	12.7	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	4820	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	56	%	40 - 80
LYMPHOCYTES	Flow Cytometry	37	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	343000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	9.4	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Mild hypochromic and microcytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
Consulting Pathologist

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"B"
RH Type	POSITIVE

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<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	27	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.8	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Estimated Average Glucose (eAG) (mg/dL) \*** 120 mg/dL  
*Calculated*

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),  
Fluoride P, Urine, Serum

Parameter	Result	Unit	Biological Ref. Interval
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**PLASMA GLUCOSE LEVEL**

**FASTING PLASMA GLUCOSE**

<b>Plasma Glucose (F)</b>	87	mg/dL	74 - 106
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	ABSENT
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*Glucose-oxidase/oxidase reaction*

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	113	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	ABSENT
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*Glucose-oxidase/oxidase reaction*

**Liver Function Test**

**Liver Function Test**

<b>SGPT (ALTV)</b>	15	U/L	9 - 52
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*Multi Point Rate with P-5-P*

<b>SGOT (AST)</b>	13	U/L	14 - 36
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*Multi Point Rate with P-5-P*

<b>Alkaline Phosphatase</b>	73	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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*PNPP, AMP Buffer*

<b>GGT *</b>	21	U/L	12 - 43
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*L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic*

<b>S. PROTEIN</b>	6.7	g/dL	6.3 - 8.2
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*Biuret (Alkaline cupric sulfate), End Point*

<b>Albumin</b>	4.2	g/dL	3.5 - 5.0
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*Bromocresol Green (BCG), Colorimetric*

<b>S. GLOBULIN</b>	2.5	g/dL	2.3 - 3.6
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*Calculated*

<b>A/G Ratio</b>	1.7	Ratio	1.0 - 2.3
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*Calculated*

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Fluoride P, Urine, Serum

**Liver Function Test**

**Bilirubin Total**

*Azobilirubin/Dyphylline/Diazonium Salt*

0.4 mg/dL

0-1 day (premature) 1.0 - 8.0  
0-1 day (full term) : 2.0 - 6.0  
1-2 day (premature) : 6.0 - 12.0  
1-2 day (full term) : 6.0 - 10.0  
3-5 day (premature) : 10.0 - 14.0  
3-5 day (full term) : 4.0 - 8.0

**Bilirubin Unconjugated**

*End-point Colorimetric (Dual wavelength spectrophotometric)*

0.4 mg/dL

Adult : 0.2 - 1.3  
Unconjugated bilirubin  
Adults: 0.0-1.1  
Neonates: 0.6-10.5

**BILIRUBIN DIRECT**

*Calculated*

0.0 mg/dL

Conjugated bilirubin and  
Delta bilirubin (Bilirubin  
covalently bound to albumin)  
0.0-0.4

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Received On : 15-Apr-2023 09:50 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	193	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	118	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>	50	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	143	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	119	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	24	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.4		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Received On : 15-Apr-2023 09:50 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	15	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	32	mg/dL	15 - 36
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.53	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	3.8	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	8.8	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.54	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	113	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.53	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	0.98	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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Gender/Age : Female / 34 Years	DOB : 23-Feb-1989
Received On : 15-Apr-2023 09:53 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.5	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.025	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	8-10/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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Consulting Pathologist

**Patient's Name: Mrs. Priyaben Thakor**

**Age: 34 yrs/ Female**

**Date: 15 / 04 / 2023**

**ECHOCARDIOGRAPHY REPORT**

**Valves**

**Mitral valve** :Normal, No MR

**Aortic valve** :Normal, No AR

**Tricuspid valve** :Normal, No TR

**Pulmonary valve**:Normal, No PR

**Chambers**

**Left Atrium**:Normal

**Right Atrium**:Normal

**Right Ventricle**:Normal size cavity,Good RV systolic function With TAPSE:21

**Left Ventricle**: **Normal size cardiac chambers**, No Regional wall Motion abnormality.

Normal LV systolic function

with Ejection Fraction 60 %.

**Normal Diastolic Flow Pattern.**

**Septae**

**IVS**: Intact. No residual VSD.

**IAS** :Intact.

**Pericardium**:Normal.

**IVC**:13 mm with more than 50% collapsibility.

**OTHER FINDINGS** : **Bilateral lung angle clear**

**CONCLUSION:**

- **Normal LV Systolic function**
- **No RWMA**
- **EF 60 %**



**DR.SUSHIL YADAV**

**Consultant Clinical cardiologist**

**Note** : Normal echo study does not rule out underlying Coronary artery disease

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CIN: L85110GJ2004PLC044667

<b>Patient ID:</b>	<b>SUR00004753</b>	<b>Patient Name:</b>	<b>PTIYABEN K THAKOR</b>
<b>Age:</b>	<b>34 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>4753</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>15-Apr-2023</b>		

### CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

### IMPRESSION:

- No significant abnormality seen.

*Thanks for referral.*

  
DR. ASHUTOSH GANDHI  
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2004PLC044667

Patient Name: PRIYA KIRANKUMAR THAKOR	
Age / Sex: 34 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 15/04/2023

## ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.

**Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Uterus** anteverted mild bulky uterus with early adenomyosis changes.

No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

### IMPRESSION:

- **Mild bulky uterus with early adenomyosis changes.**
- **No other significant abnormality detected.**

Thanks for referrals.



DR. ASHUTOSH GANDHI  
CONSULTANT RADIOLOGIST

### SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph. : 0261-7190000 | Email : info.surat@shalby.org.

### SHALBY LIMITED

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: **F**  
cm kg

Birth date: /

mmHg

years

1100 Sinus rhythm

0102 ARTIFACT PRESENT

9110 \*\* normal ECG \*\*

*Paituben Thelker*

Medication:

Symptoms:

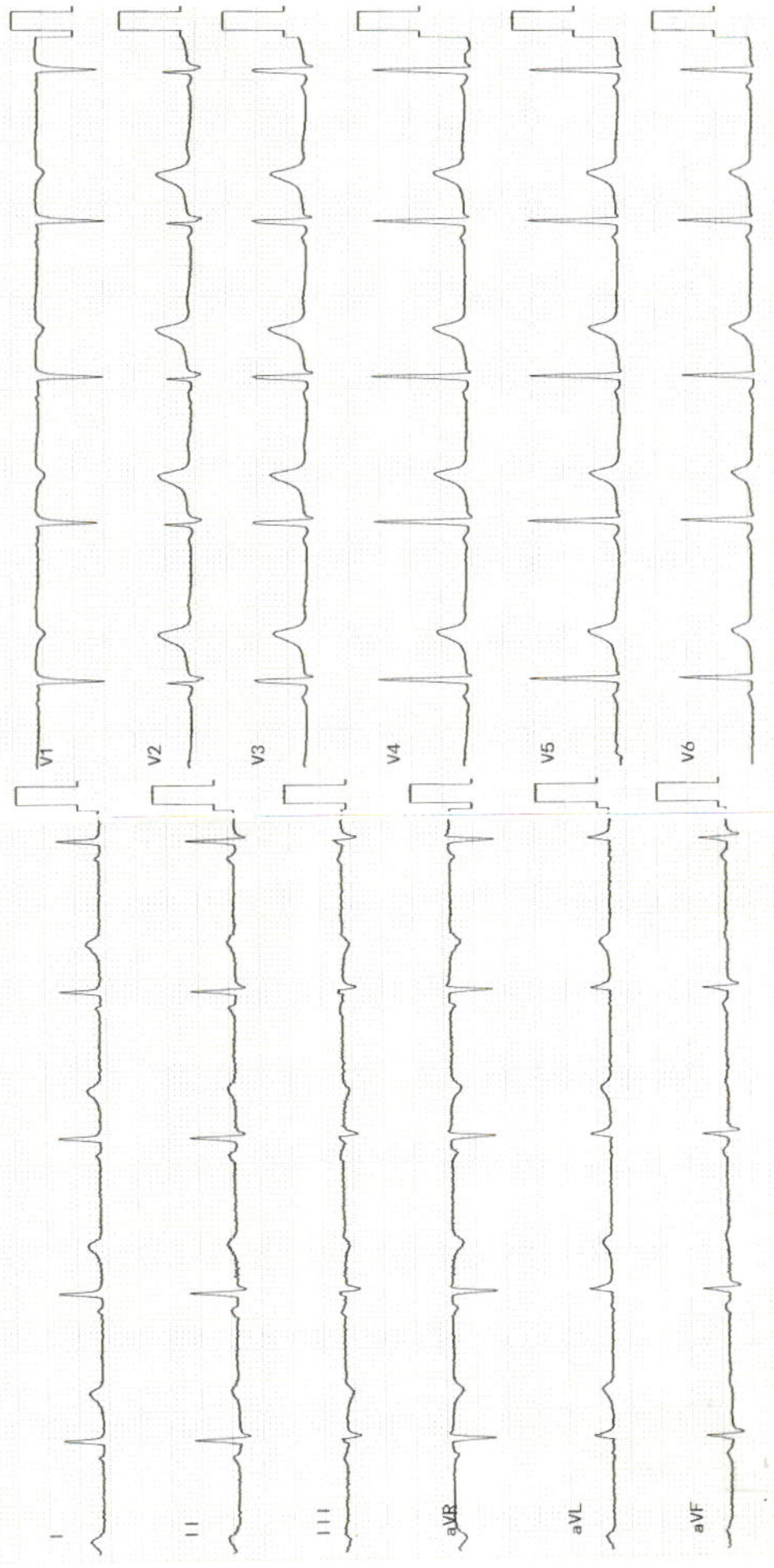
History:

vent. rate	61	bpm
PR int	130	ms
QRS dur	76	ms
QT/QTc(E) int	424/ 426	ms
P/QRS/T axis	47/ 28/ 10	°
RV5/SV1 amp	1.58/ 1.14	mV
RV5+SV1 amp	2.72	mV

Unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



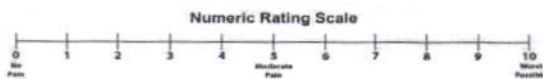
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- Priyuben Thakor

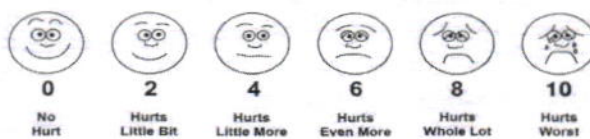
Date:- 15/4/23

Chief Complaints:-

NLC



Wong-Baker FACES<sup>®</sup> Pain Rating Scale



©1993 Wong Baker FACES Foundation. www.WongBakerFACES.org. Used with permission.

Pain Assessment:-

NAD

Past History:-

Family History:-

Allergy:-

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/6

PH Vision:-

NCT 14 mm of hg

ON Examination Ant. Segmenet Both Eye

NPL

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CIN: L85110GJ2004PLC044667



Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE  
WDL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month



Signature of the Consultant

**DR. HIMANI THAKER (VYAS)**

M.S (Gynec)  
 Consultant Obstetrician & Gynecologist  
 Laproscopic Surgeon  
 Infertility Specialist  
 Email-ID:- thaker.himani@gmail.com  
 Register No. G-31062

**Shalby Women's Health Clinic**

Name:-

*Priya Thakor*

Chief Complaints:-

Date:

*15/4/23*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:-

*6/4/23*

M/H:-

*clo nil*  
*USA s/o early adenomyosis*

O/H :-

*paup - 3-4 days RCM*  
*30*

P/H:-

F/H

Examination:-

*3 FTND | 1♀ → episodic after 10 days of life counts*  
*20 → 6 yrs*  
*12 yrs*  
*PL not done*

Provisional Diagnosis:-

*PH -*

*PLA - sop*

*PLS - Co healthy*

*RAP takes*

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