



BHAILAL AMIN  
GENERAL HOSPITAL



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 2136  
Age : 45  
Weight : 64  
Date : 03/03/2023

MR Number : 23201589  
Sex : Female  
Ideal Weight : 51

Patient Name: NILAM DEVI  
Height : 150  
BMI : 28.44

Dr. Manish Mittal

Internal Medicine

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.



# BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 2136                      MR Number : 23201589                      Patient Name : NILAM DEVI  
Age : 45                                      Sex : Female                                      Height : 150  
Weight : 64                                      Ideal Weight : 51                                      BMI : 28.44  
Date : 03/03/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : FATHER: HYPERTENSION

Habits : NO HABITS  
Gen.Exam. : G.C.GOOD  
B.P : 130/90 mm Hg  
Pulse : 90/MIN REG  
Others : SPO2-97%  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :



# BHAILAL AMIN GENERAL HOSPITAL



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Weight : 64  
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MR Number : 23201589  
Sex : Female  
Ideal Weight : 51

Patient Name : NILAM DEVI  
Height : 150  
BMI : 28.44

## Gynaec Check Up :

OBSTETRIC HISTORY                    G3 P3 ALL FYLSCS /2-F /1-M  
MENSTRUAL HISTORY  
PRESENT MENSTRUAL CYCLE    REGULAR CYCLE LMP=18-02-2023  
PAST MENSTRUAL CYCLE  
CHIEF COMPLAINTS  
PA    LSCS SCAR  
PS    NAD  
PV    ? NAD  
BREAST EXAMINATION RIGHT    NORMAL  
BREAST EXAMINATION LEFT    NORMAL  
PAPSMEAR                                TAKEN  
BMD  
MAMMOGRAPHY  
ADVICE                                      REGULAR BSE.

### Dietary Assessment

ECU Number : 2136                      MR Number : 23201589                      Patient Name : NILAM DEVI  
Age : 45                                      Sex : Female                                      Height : 150  
Weight : 64                                      Ideal Weight : 51                                      BMI : 28.44  
Date : 03/03/2023

Body Type : Normal / Underweight / Overweight  
Diet History : Vegetarian / Eggetarian / Mixed  
Frequency of consuming fried food : / Day / Week or occasional  
Frequency of consuming Sweets : / Day / or occasional  
Frequency of consuming outside food : / Day / 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
- Dring 3 to 4 liters (12 - 14 glass) of water daily.
- Eat Beetroots, 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.



Patient Name	: Mrs. NILAM DEVI	Type	: OPD
Gender / Age	: Female / 45 Years 3 Days	Request No.	: 110814
MR No / Bill No.	: 23201589 / 231069928	Request Date	: 03/03/2023 09:14 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 03/03/2023 09:40 AM
Location	: OPD	Approval Date	: 03/03/2023 03:56 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...		
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Cyto No :397 /23  
Received at 01.10 pm.

Clinical Details : No complain  
P/V findings : Cx. / Vg. - NAD.  
LMP : 18/2/2023

TBS Report / Impression :  
\* Satisfactory for evaluation; transformation zone components identified.  
\* Mild acute inflammatory cellularity.  
\* 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 Papanicolaou system (Modified 2014)

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology

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Patient Name : Mrs. NILAM DEVI  
Gender / Age : Female / 45 Years 3 Days  
MR No / Bill No. : 23201589 / 231069928  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 110814  
Request Date : 03/03/2023 09:14 AM  
Collection Date : 03/03/2023 09:40 AM  
Approval Date : 03/03/2023 02:17 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	<b>9.8</b>	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	<b>4.83</b>	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	<b>34.1</b>	%	36 - 46
Mean Corpuscular Volume (MCV)	<b>70.6</b>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>20.3</b>	pg	27 - 32
MCH Concentration (MCHC)	<b>28.7</b>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>17.9</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.5	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	9.82	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	64	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	6.24	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.98	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.18</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.36	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.06	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	366	thou/cmm	150 - 410
Smear evaluation	Adequate		
PBS Overview	Anisocytosis (+)		
ESR	<b>14</b>	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

Patient Name : Mrs. NILAM DEVI  
Gender / Age : Female / 45 Years 3 Days  
MR No / Bill No. : 23201589 / 231069928  
Consultant : Dr. Manish Mittal  
Location : 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 ---

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**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Blood Group</i>			
ABO system	A		
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.

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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	<b>111</b>	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	128	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	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)

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	56	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)	143	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	49	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	94	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)	87	mg/dL	1 - 100
VLDL Cholesterol (calculated)	11.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1.78		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.92		3.5 - 5

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.56	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.42	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	27	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	31	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	103	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	29	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	8.10	gm/dL	6.4 - 8.2
Albumin	3.80	gm/dL	3.4 - 5
Globulin	4.3	gm/dL	3 - 3.2
A : G Ratio	0.88		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimesion.)</i>			

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**Thyroid Hormone Study**

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

Triiodothyronine (T3)	1.53	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)	9.47	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)	2.53	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 - 3.9  
 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 ))



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Location : OPD

Type : OPD  
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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>	16	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.62	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 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>	3.6	mg/dL	2.2 - 5.8

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Collection Date : 03/03/2023 09:40 AM  
Approval Date : 03/03/2023 02:07 PM

**Urine routine analysis (Auto)**



Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	40	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.5		
Specific Gravity	<=1.005		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23201589      Report Date : 03/03/2023  
Request No. : 190055545      03/03/2023 9.14 AM  
Patient Name : Mrs. NILAM DEVI  
Gender / Age : Female / 45 Years 3 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**

Fibroatelectetic band in the left lower zone.  
Rest of the 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*

**Dr. Prerna C Hasani, MD**  
Consultant Radiologist



H-2015-0297

MC-3084

E-2021-0037





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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**ADVANCED DIGITAL SOLUTIONS**

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

Patient No. : 23201589      Report Date : 03/03/2023  
Request No. : 190055533      03/03/2023 9.14 AM  
Patient Name : Mrs. NILAM DEVI  
Gender / Age : Female / 45 Years 3 Days

**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 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. **Few fibroids are seen in uterus largest measures 28x29mm..**

Uterine length :                      70 mm.  
A.P. :                                      39mm.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

**COMMENT:**

**Few uterine fibroids.**

*Kindly correlate clinically*

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

*Perna*

**Dr.Perna 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. : 23201589                      Report Date : 03/03/2023  
 Request No. : 190055556              03/03/2023 9.14 AM  
 Patient Name : Mrs. NILAM DEVI  
 Gender / Age : Female / 45 Years 3 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.

Right side 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.Pruna C Hasani, MD**  
Consultant Radiologist



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

Patient No. : 23201589      Report Date : 03/03/2023  
Request No. : 190055566      03/03/2023 9.14 AM  
Patient Name : Mrs. NILAM DEVI  
Gender / Age : Female / 45 Years 3 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, TRACE TR, PASP BY TR JET=18 MMHG  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%, MILD LVH  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
COLOUR/DOPPLER FLOW MAPPING : Grade I diastolic dysfunction, E/e'=10

**FINAL CONCLUSION:**

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES, MILD CONCENTRIC LVH
5. GRADE I DIASTOLIC DYSFUNCTION
6. TRACE MR, TR, NO PULMONARY HYPERTENSION , ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. V C CHAUHAN  
Consultant Cardiologist

Name Nilam devi  
Patient ID 23201589

03.03.2023 09:49:54  
Standard 12-Lead

Date of birth Undefined  
Gender Undefined  
Height Undefined  
Weight Undefined  
Ethnicity Unknown  
Facemaker Unknown

Visit ID  
Room  
Medication  
Order ID  
Ord. prov.  
Ord. prot.

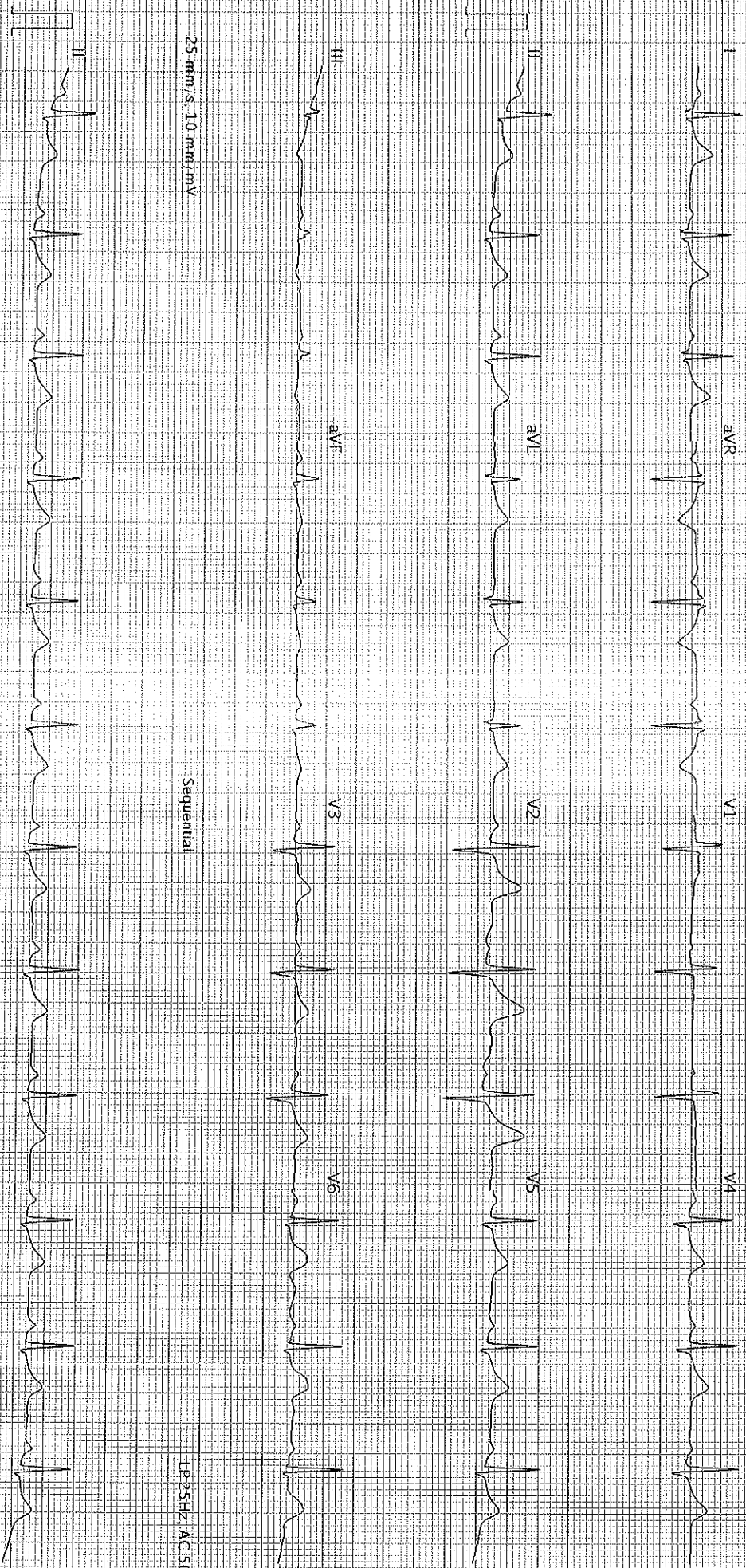
HR 73 bpm RR  
P 825 ms  
PR 104 ms  
QR 147 ms  
QT 81 ms  
QTc 396 ms  
QTcB 436 ms  
P axis 38°  
QRS axis 34°  
T axis 12°

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

Indication  
Remark

Normal

*Normal*



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

AT-102-G2 I.2.0 (1080-011030)

Printed on 03.03.2023 09:50:07

LP 25Hz, AC 50Hz

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SCHILLER

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Q3C

**Dr. Sonica Peshin**  
Cosmetic Dentist & Implantologist  
Reg. No. : 6966-A  
M. : 9586867301



**BHAILAL AMIN  
GENERAL HOSPITAL**

Dental assessment form

03/03/2023

Name: Nilam Devi  
Age/ Sex: 45 years/Female

Patient has come for an oral hygiene check up

On Examination:

- Stains+ Calculus+
- Grossly destructed tooth with respect to 48
- Missing 17, 18
- History of horizontal brushing
- Generalised attrition close to pulp seen
- Generalised recession

Provisional diagnosis:

- Regressive alterations of the teeth

Treatment plan:

- Extraction of 48, when pain arises
- Rct of attrited teeth when pain arises

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 Sonjca Peshin

ITEM CODE:SMD066

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