

06.10.2022 9:50:54
ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

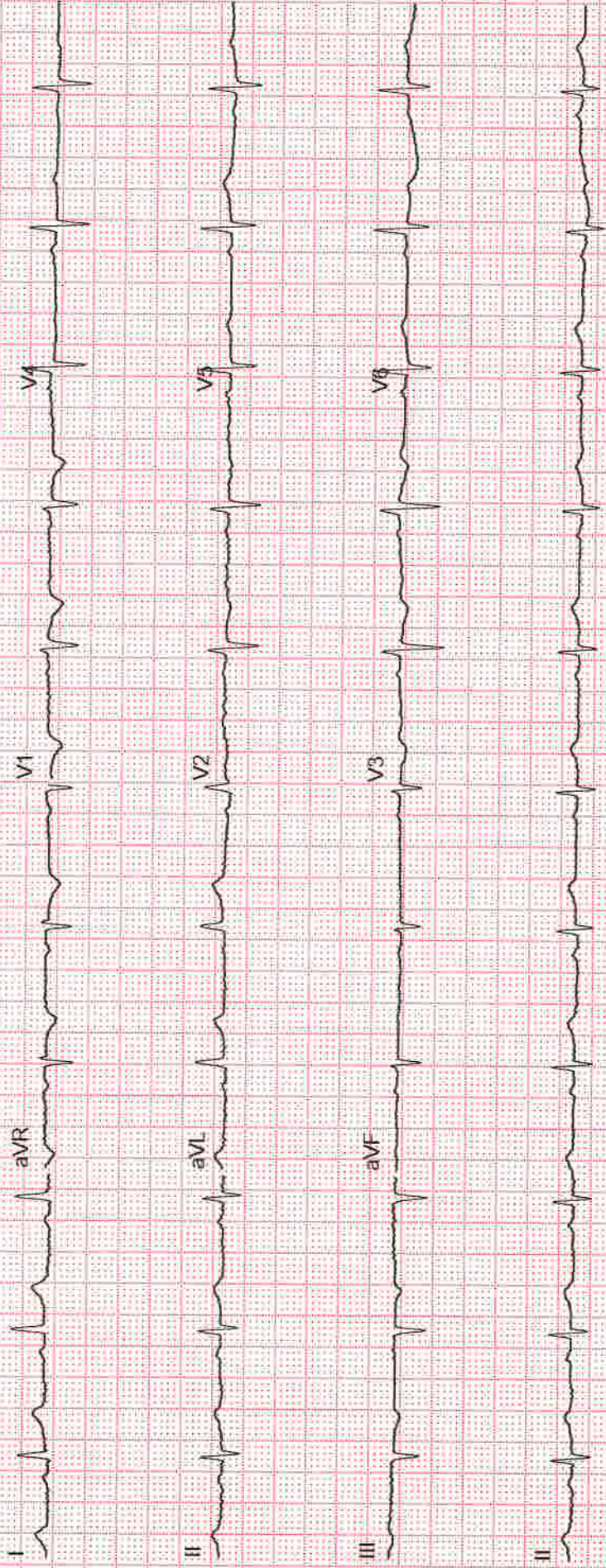
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

68 bpm
- / - mmHg

QRS
QT / QTcBaz 406 / 431 ms
PR 144 ms
P 70 ms
RR / PP 880 / 882 ms
P / QRS / T 22 / 20 / 1 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Technician
Ordering Ph
Referring Ph
Attending Ph





FINAL REPORT

Bill No.	: AFBCB220003331	Bill Date	: 08-10-2022 11:26
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22325900	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:51
		Reporting Date & Time	: 08-10-2022 14:02

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

***GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)	H	6.2	%	4.27 - 6.07
--------------	---	-----	---	-------------

INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

Note:

1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Sharmila Rai

DR. SHARMILA RAI
MD, PATHOLOGY
Consultant



FINAL REPORT

Bill No.	: AFBCB220003331	Bill Date	: 08-10-2022 11:26
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22325901	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:51
		Reporting Date & Time	: 08-10-2022 14:36

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

*THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.29	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.99	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		4.19	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Umarani

DR. UMA R
MD, PATHOLOGY
Sr. Consultant & Head of the Deptt.

FINAL REPORT

Bill No. :	AFDHC220000565	Bill Date :	08-10-2022 09:02
Patient Name :	MRS. KUSUM ARORA	UHID :	AFD000015581
Age / Gender :	57 Yrs 26 Days / FEMALE	Patient Type :	OPD If PHC :
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFD22018430	Current Ward / Bed :	/
		Receiving Date & Time :	08-10-2022 09:46
		Reporting Date & Time :	08-10-2022 10:54

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.6	million/cumm	3.8 - 4.8
HAEMOGLOBIN (SLS Hb Detection)	L	11.9	g/dL	12 - 15
PACK CELL VOLUME (Cumulative Pulse Height Detection)		38.7	%	36 - 46
MEAN CORPUSCULAR VOLUME		83.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.7	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	L	30.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		273	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	53.6	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.1	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		61	%	40 - 80
LYMPHOCYTES		31	%	20 - 40
MONOCYTES		6	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	40	mm 1st hr	0 - 20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA

MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000565	Bill Date	: 08-10-2022 09:02
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018432	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:46
		Reporting Date & Time	: 08-10-2022 10:20

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

CHOLESTROL-TOTAL (CHO-POD)		146	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Inhibition		62	mg/dL	>45
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		76	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		103	mg/dL	0 - 160
NON-HDL CHOLESTROL		84.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		2.4		½Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.2		½Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1
CHOLESTROL-VLDL		21	mg/dL	10 - 35

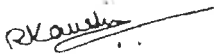
Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000565	Bill Date	: 08-10-2022 09:02
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018432	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:46
		Reporting Date & Time	: 08-10-2022 10:20

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	92.4	mg/dL	70 - 100
--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000565	Bill Date	: 08-10-2022 09:02
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018481	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 12:25
		Reporting Date & Time	: 08-10-2022 14:29

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY		20 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Slight turbid		

CHEMICAL EXAMINATION

PH		6.0		5.0 - 8.5
PROTEINS		Negative		Negative
SUGAR		Negative		Negative
SPECIFIC GRAVITY, URINE		1.010		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		4-6		
CASTS		Nil		
CRYSTALS		Nil		

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000565	Bill Date	: 08-10-2022 09:02
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018431	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:46
		Reporting Date & Time	: 08-10-2022 12:34

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
BLOOD GROUP (ABO & RH)

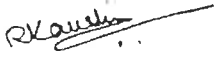
ABO GROUP	"B"
RH TYPE	POSITIVE

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
 MBBS, DNB
 CONSULTANT

FINAL REPORT

Bill No. :	AFDHC220000565	Bill Date :	08-10-2022 09:02
Patient Name :	MRS. KUSUM ARORA	UHID :	AFD000015581
Age / Gender :	57 Yrs 26 Days / FEMALE	Patient Type :	OPD If PHC :
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFD22018432	Current Ward / Bed :	/
		Receiving Date & Time :	08-10-2022 09:46
		Reporting Date & Time :	08-10-2022 10:20

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.52	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.40	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.4	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.3	g/dL	
S.GLOBULIN		3.1	g/dL	2.8-3.8
A/G RATIO	L	1.39		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		82.3	IU/L	42 - 98
ASPARTATE AMINO TRANSFERASE (IFCC)		24.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		25.3	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		16.2	IU/L	7 - 35
LACTATE DEHYDROGENASE (IFCC; L-P)	H	273.5	IU/L	0 - 248

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

FINAL REPORT

Bill No.	: AFDHC220000565	Bill Date	: 08-10-2022 09:02
Patient Name	: MRS. KUSUM ARORA	UHID	: AFD000015581
Age / Gender	: 57 Yrs 26 Days / FEMALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22018432	Current Ward / Bed	: /
		Receiving Date & Time	: 08-10-2022 09:46
		Reporting Date & Time	: 08-10-2022 10:20

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

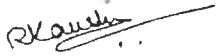
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH,Kinetic</small>	19	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	0.7	mg/dL	0.6 - 1.1
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	141	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	4.9	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	103	m.mol/L	98 - 107

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA
MBBS, DNB
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MRS. KUSUM ARORA	IPD No.	:	
Age	: 57 Yrs 24 Days	UHID	:	AFD000015581
Gender	: FEMALE	Bill No.	:	AFDHC220000565
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 09:02:17
Ward	:	Room No.	:	
		Print Date	:	08-10-2022 15:37:35

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields show prominent bronchovascular markings.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. KUSUM ARORA	IPD No.	:
Age	: 57 Yrs 24 Days	UHID	: AFD000015581
Gender	: FEMALE	Bill No.	: AFDHC220000565
Ref. Doctor	: SELF	Bill Date	: 08-10-2022 09:02:17
Ward	:	Room No.	:
		Print Date	: 08-10-2022 11:27:03

USG BOTH BREASTS

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

Both breasts perenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

IMPRESSION –

- **BIRADS – I.**

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


 DR. BHANOO CHAUDHARY, MBBS,MD
 CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. KUSUM ARORA	IPD No.	:
Age	: 57 Yrs 26 Days	UHID	: AFD000015581
Gender	: FEMALE	Bill No.	: AFDHC220000565
Ref. Doctor	: SELF	Bill Date	: 08-10-2022 09:02:17
Ward	:	Room No.	:
		Procedure Date	: 10-10-2022 14:57:24

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.1		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.6		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.1		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.8		2.2-4.0 cm
IVS thickness	ED – 0.9	ES-1.1	0.6-1.2cm
LVPW Thickness	ED – 1.0	ES-1.2	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60 %	60+/-6%

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. KUSUM ARORA	IPD No.	:	
Age	: 57 Yrs 26 Days	UHID	:	AFD000015581
Gender	: FEMALE	Bill No.	:	AFDHC220000565
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 09:02:17
Ward	:	Room No.	:	
		Procedure Date	:	10-10-2022 14:57:24

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.8	A-0.6	MR 0/4
TRICUSPID VELOCITY	1.3 m/s		TR 0/4
AORTIC VELOCITY	1.2 m/s		AR 0/4
PULMONARY VELOCITY	0.6 m/s		PR 0/4
PA Pressure			

NON INVASIVE CARDIOLOGY

Patient Name	: MRS. KUSUM ARORA	IPD No.	:	
Age	: 57 Yrs 26 Days	UHID	:	AFD000015581
Gender	: FEMALE	Bill No.	:	AFDHC220000565
Ref. Doctor	: SELF	Bill Date	:	08-10-2022 09:02:17
Ward	:	Room No.	:	
		Procedure Date	:	10-10-2022 14:57:24

COLOUR FLOW MAPPING

No Valvular regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension
3. Normal cardiac valves.
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE

DR. MEHILESH KUMAR
MD. (D.N.B. (Cardiology),
Consultant Cardiologist

HMC-HN19923

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.
It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

OPD Assessment Form (First visit/Follow-up)



Name : MRS. KUSUM ARORA
 HUSBAND : MR. R.K ARORA
 Age / Gender : 57 Yrs 24 Days / FEMALE
 CPG : CORPORATE CASHAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : B-303, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015581
 Date : 08-10-2022 08:59:17
 Doctor / Unit : DR. MUKUND SINGH /
 Department : INTERNAL MEDICINE_FD

Present Complaints:

PHC

Body

Past/Family History:

HTN - on treatment -

History Given By :

- Records not

Clinical Findings :

available

BP (mm Hg)
 Pulse
 RR
 Ht/Length
 Wt-
 Pain Score (1-10)

Any known Allergies

None known

Provisional Diagnosis :

As above

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

HbA1c = 6.2

Grade I fatty liver

Life style modification

Plan Of Care :

/

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

Dr. Mukund Singh
Consultant Medicine
Asian Fidelis Multi speciality Hospital
RPS 5 Sector-88
Faridabad, Haryana
MBBS 2004, DNB (Medicine) 2010
MCI-IMR/11/1006

Signature of Doctor / Consultant:..... Date:..... Time:.....

13-10-22

OPD Assessment Form (First visit/Follow-up)



Name : MRS. KUSUM ARORA
HUSBAND : MR. R.K ARORA
Age / Gender : 57 Yrs 24 Days / FEMALE
CPG : CORPORATE CASHAIMS2122_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : B-303, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015581
Date : 08-10-2022 08:59:17
Doctor / Unit : DR. RAVJOT AHUJA /
Department : DENTAL

Present Complaints:

General Chest cp.

Past/Family History:

History Given By :

Clinical Findings :

Calabi ++

BP (mm Hg)
Pulse
RR
Ht/Length
Wt-
Pain Score (1-10)

Any known Allergies

Provisional Diagnosis :

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Treatment Advice:

- ① Warm Saline Rinse
- ② Scaling & Polishing

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: 8/10/22 : Time:

OPD Assessment Form (First visit/Follow-up)



Name : MRS. KUSUM ARORA
HUSBAND : MR. R.K ARORA
Age / Gender : 57 Yrs 24 Days / FEMALE
CPG : CORPORATE CASHVAIMS2122_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : B-303, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015581
Date : 08-10-2022 08:59:17
Doctor / Unit : DR. CHANCHAL GUPTA / DR. MALA DIXIT /
Department : OBS / GYNAE

Present Complaints:

Past/Family History:

History Given By :
Clinical Findings :

BP (mm Hg)
Pulse
RR
Ht/Length
Wt-
Pain Score (1-10)

Any known Allergies

Provisional Diagnosis :

DR. CHANCHAL GUPTA / DR. MALA DIXIT, MBBS, DNB, FMAS, FICOG, Sr. Consultant & Head-OBS / GYNAE, Reg. No:HN

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

OPD Assessment Form (First visit/Follow-up)



Name : MRS. KUSUM ARORA
 HUSBAND : MR. R.K ARORA
 Age / Gender : 57 Yrs 24 Days / FEMALE
 CPG : CORPORATE CASHVAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : B-303, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015581
 Date : 08-10-2022 08:59:17
 Doctor / Unit : DR. UPASANA /
 Department : OPHTHALMOLOGY

Present Complaints: *clw steering (B/E)*

Past/Family History: *H/O HTN & Treatment*

BP (mm Hg)
Pulse
RR
Ht/Length
Wt-
Pain Score (1-10)

Any known Allergies
<i>None</i>

History Given By :

Clinical Findings : *HLs* *ms* *os*
few papillae
bc
uvof *@* *@*

Vu *6/12* *u12*
6/12 *u12*

Provisional Diagnosis :

Presbyopia
Add +2.50 sp (B/E) -u6
Add +1.00 - 6/6
+1.00 sp - 6/6

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Treatment Advice:

(B₁₃) Cement AH III 2odays
(B₁₂) Refresh ligumal eld III
(to continue)

RA Duly

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: 8/10/2022 Time:

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MRS. KUSUM ARORA	IPD No.	:
Age	: 57 Yrs 24 Days	UHID	: AFD000015581
Gender	: FEMALE	Bill No.	: AFDHC220000565
Ref. Doctor	: SELF	Bill Date	: 08-10-2022 09:02:17
Ward	:	Room No.	:
		Print Date	: 08-10-2022 11:18:17

USG WHOLE ABDOMEN

Suboptimal scan due to obese body habitus.

FINDINGS:

- **Liver is enlarged in size (longitudinal span 15.0 cm) and shows mild fatty infiltration (s/o grade I fatty liver).** No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.8 x 4.2 cm. The left kidney measures 11.4 x 5.5 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Uterus is atrophic (post-menopausal status). No obvious adnexal mass lesion seen.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- **Hepatomegaly with grade I fatty liver changes.**

Please correlate clinically.

.....End of Report.....



Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.