



Ms. MADHUBEN PARMAR (56 /F)

UHID : AHIL.0000872479

AHC No : AHILAH213274

Date : 13/05/2023

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE



Namaste Ms. MADHUBEN PARMAR,

Thank you for choosing Apollo ProHealth, India's first AI-powered health management program, curated to help you make positive health shifts. Being healthy is about making smart choices, and you have taken the first step with this program. We are privileged to be your healthcare partner. Your health is our priority.

We are with you on your path to wellness by:

Predicting your risk: Artificial Intelligence-powered predictive risk scores are generated, based on your personal, medical, and family history and detailed multi-organ evaluation of your body through diagnostic and imaging tests.

Preventing onset or progress of chronic lifestyle diseases: Your Health Mentor is available to help you understand your physician's recommendations and helping you handle any concerns (complimentary service up to one year)

Overcoming barriers to your wellbeing: Your Health Mentor will help you set your health goals and guide you with tips to stay on track. We will also, digitally remind you to proactively prioritize your health.

Through this report, you will be able to understand your overall health status, your health goals and the recommendations for your path to wellness. Your Health Report will include the following:

- Your medical history and physical examination reports
- Results from your diagnostic and imaging tests
- AI powered health risk scores
- Your physician's impression and recommendations regarding your overall health
- Your personalized path to wellness, including your follow-up assessments and vaccinations

For Enquiry/Appointments Contact +91 76988 15003 / +91 79 66701880

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E-mail : info@apolloahd.com | www.ahmedabad.apollohospitals.com

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We have reviewed the results of the tests and have identified some areas for you to act on . We believe that with focus and targeted interventions, you can be healthier and happier.



Scan the QR code to download the Apollo 247 App



You can visit your proHealth physician in person at this center, or you can book a virtual consultation for review via www.apollo247.com or through the Apollo 24*7 mobile app. You can avail 30% discount on additional tests and follow-up tests at Apollo Hospitals within one week. You may call our Health Mentor on 04048492633 or email at prohealthcare@apollohospitals.com

Stay Healthy and happy! 😊
Apollo ProHealth Care team

Disclaimer: The services offered in the program may vary depending on any prior mutual agreements between guests and the facility/unit.

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Address :
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by Joint Commission International

Examined by : Dr. SHASHIKANT NIGAM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE



Chief Complaints

For Annual health checkup
LEFT LEG PAIN

Present Known illness

No history of - Diabetes mellitus, Hypertension, Dyslipidemia, Heart disease, Stroke,
Asthma, COPD, Cancer, Impaired Glycemia
Thyroid disease Since - 10 YRS; Medication - regular; - NOT REMEMBER THE NAME



Systemic Review

- Cardiovascular system : - Nil Significant
- Respiratory system : - Nil Significant
- Oral and dental : - Nil Significant
- Gastrointestinal system : - Nil Significant
- Genitourinary system : - Nil Significant
- Gynaec history : - Nil Significant
- Central nervous system : - Nil Significant
- Eyes : - Nil Significant
- ENT : - Nil Significant
- Musculoskeletal system :
Spine and joints
- Nil Significant
- Skin : - Nil Significant
- General symptoms : - Nil Significant



Past medical history

Do you have any - No
allergies?

Do you have any drug - No
allergies?



Surgical history



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- Fracture - LEFT LEG
- Tubal ligation - 27 YRS AGO



Personal history

- Ethnicity - Indian Asian
- Marital status - Married
- No. of children - 3
- Female - 2
- Male - 1
- Diet - Mixed Diet
- Alcohol - does not consume alcohol
- Smoking - No
- Chews tobacco - No
- Physical activity - Moderate



Family history

- Father - alive
- Aged - 95
- Mother - alive
- Aged - 75
- Brothers - 3
- Sisters - 2
- Coronary artery disease - none
- Cancer - None

Physical Examination



General

- General appearance - normal
- Build - normal
- Height - 145
- Weight - 57
- BMI - 27.11
- Pallor - No
- Oedema - no



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Cardiovascular system

- Heart rate (Per minute) - 75
- Rhythm - Regular
- B.P. Supine
- Systolic(mm of Hg) - 130
- Diastolic(mm of Hg) - 76
- Heart sounds - S1S2+

Respiratory system

- Breath sounds - Normal vesicular breath sounds



Abdomen

- Organomegaly - No
- Tenderness - No

Printed By : MUKTA S ADALTI

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URINE FOR ROUTINE EXAMINATION

Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

Test Name	Result	Unit	Level	Range
Volume	25	mL		
Specific Gravity	1.005			
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	5			
Protein :	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Nil			
Bile Pigments:	Nil			
Urobilinogen	Nil	E.U./dL		
Nitrite	Negative			
Pus Cells	1-2 /h.p.f			0-5
RBC	Nil	/hpf		0-5/hpf
Epithelial Cells	1-2 /h.p.f			
Casts:	Absent			
Crystals:	Absent			

COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	9.3 *	gm%	●	12-16
Packed cell volume(Calculated)	30.5 *	%	●	36-46
RBC COUNT (Impedance)	4.31	Million/ul	●	3.8-5.2
MCV (From RBC Histogram)	70.7 *	fl	●	80-100
MCH(Calculated)	21.59 *	pg	●	27-32
MCHC(Calculated)	30.5 *	%	●	31-36
RDW(Calculated)	18 *	%	●	11.5-14.5
WBC Count (Impedance)	6384	/cu mm	●	4000-11000

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Neutrophils	53	%	●	40-75
Lymphocytes	37	%	●	20-40
Monocytes	6	%	●	2-10
Eosinophils	4	%	●	01-06
Basophils	0	%	●	0-1
Platelet Count (Impedance)	345600	/cu mm	●	150000-450000
MPV (Calculated)	6.7 *	fl	●	7-11
RBC:	Anemia			
RBC::	Anisocytosis (+)~Hypochromia (+)~Microcytes (+)			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	14	mm/1st hr	●	0-20

URINE GLUCOSE(FASTING)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

URINE GLUCOSE(POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
BLOOD GROUP:	O Positive			

LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	47 *	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	233 *	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	43 *	U/L	●	>1 year Female : <32

● Within Normal Range ● Borderline High/Low ● Out of Range





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Test Name	Result	Unit	Level	Range
Total Bilirubin	0.457	mg/dL	●	0.300-1.200
Direct Bilirubin	0.215	mg/dL	●	Upto 0.3 mg/dl
Indirect Bilirubin	0.242	mg/dL	●	1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL ≥20 Years 0.2-1.2 mg/dL

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.52	mg/dL	●	Adult Female: 0.5 - 1.2

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Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	119 *	U/L	●	Male : 10 - 71 Female : 6 - 42

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	133 *	mg/dL	●	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	155 *	mg/dL	●	70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range

● Within Normal Range ● Borderline High/Low ● Out of Range



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Glycosylated Hemoglobin (HbA1c)

8.1 *

%

●

Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus
<7.0 : Well Controlled Diabetes
7.1 – 8.0 : Unsatisfactory Control
> 8.0 : Poor Control & Needs Immediate Treatment

Estimated Average Glucose.

186.00

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Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	6.81	g/dL	●	6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	6.81	g/dL	●	6.00-8.00
ALBUMIN - SERUM	3.83	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	3.83	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.98		●	2.20-4.20
Globulin-Serum/Plasma	2.98		●	2.20-4.20
A/G ratio	1.29		●	1.00-2.00
A/G ratio	1.29		●	1.00-2.00

THYROID PROFILE (T3,T4 AND TSH)

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	2.1	nmol/L	●	Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female : First Trimester : 1.61 - 3.53 Second Trimester : 1.98 - 4.02 Third Trimester : 2.07 - 4.02
TOTAL T4: THYROXINE - SERUM	110	nmol/L	●	Adults(20-100 Yrs):66 - 181 Pregnant Female : First Trimester : 94.3 - 190 Second Trimester : 102 - 207 Third Trimester : 89 - 202
TSH: THYROID STIMULATING HORMONE - SERUM	2.16	µIU/mL	●	14-120 years : 0.27 - 4.20



Within Normal Range



Borderline High/Low



Out of Range



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URIC ACID - SERUM

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	5.5	mg/dL	●	Male : 3.4-7.0 Female : 2.4-5.7

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	7	mg/dL	●	6-20
UREA - SERUM / PLASMA	15	mg/dL	●	15 - 50

LIPID PROFILE - SERUM

Test Name	Result	Unit	Level	Range
Total Cholesterol	106	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	72	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	39 *	mg/dL	●	< 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease
LDL Cholesterol (Direct LDL)	68	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	14		●	< 40 mg/dl
C/H RATIO	3		●	0-4.5

ECHO/TMT

Investigations Not Done / Not Yet Reported

Haematology

● Within Normal Range ● Borderline High/Low ● Out of Range

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STOOL ROUTINE

CARDIOLOGY

ECG

X Ray

X-RAY CHEST PA



Within Normal Range



Borderline High/Low



Out of Range

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Executive Summary



- .BODY WEIGHT 57 KG,DEAL BODY WEIGHT 39-48 KG
- .K/C/O - THYROID
- .NEWLY DETECTED DIABETES
- .ECG - NORMAL SINUS RHYTHM
- .ECHO - NORMAL
- .USG ABDOMEN - GRADE I FATTY LIVER
- .VISION - NORMAL
- .DENTAL - AS PER DOCTOR ADVICE
- .MAMMOGRAPHY - BIRADS-0

Wellness Prescription

Advice On Diet :-



- BALANCED DIET---
- LOW FAT DIET
- LOW CARBOHYDRATE DIET

Advice On Physical Activity :-



- REGULAR WALK FOR 30 MINS FOR HEALTH,
- 60 MINS WALK FOR WEIGHT REDUCTION
- PRACTICE YOGA AND MEDITATION
- MAINTAIN WEIGHT BETWEEN 39-48 KG

Recommended Follow-up Consultations

Speciality Name	Doctor Name	Schedule WithIn	Remarks
ENDOCRINOLOGY	RAMESH GOYAL	1 Week(s)	NEWLY DETECTED DIABETES

Follow-up and Review Plan



- FBS and PPBS ONCE IN 30 DAYS
- HBA1C (GLYCOSYLATED HAEMOGLOBIN) NOW AND ONCE IN 3 MONTHS
- CHECK T3,T4,TSH REGULARLY EVERY 6 MONTHS

Adv HbA1c check 3 months



Scan the QR code in AskApollo App to book your follow-up appointments and investigations

Shashikant Nigam

Dr.SHASHIKANT NIGAM

AHC Physician / Consultant Internal Medicine

Dr. Shashikant Nigam
MBBS, MD (Gen. Med.)
Consultant Internal Medicine
Apollo Hospitals International Ltd., Gandhinagar,
Gujarat-382428, INDIA. Regd. No. : G-21961.

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Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.

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RADIOLOGY

Patient Details : Ms. MADHUBEN PARMAR | Female | 56Yr 11Mth 12Days
UHID : AHIL.0000872479 **Patient Location:** AHC
Patient Identifier: AHILAH213274 
DRN : 223026255 **Completed on :** 13-MAY-2023 10:45
Ref Doctor : DR. SHASHIKANT NIGAM

USG WHOLE ABDOMEN

FINDINGS :

USG performed on Fujifilm sonosite edge on B mode with color doppler.

Liver appears normal in size and shows uniform bright echotexture. No evidence of focal pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in calibre. Intrahepatic portal radicles appear normal.

Gall bladder appears normal with no evidence of calculus. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized pancreas appear normal in size and echotexture. No focal lesions identified. Pancreatic duct appears normal in caliber.

Spleen is normal in size and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation. Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or any significant lymphadenopathy.

Urinary bladder is normal in contour and outline. Wall thickness appears normal. No evidence of any intraluminal pathology seen.

On transabdominal scan;

Uterus is retroverted and appears normal in size and echotexture. Myometrial and endometrial echopattern appear normal.

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Reported By : 717876

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USG WHOLE ABDOMEN

No free fluid is seen in Pouch Of Douglas.

No definite evidence of adnexal / pelvic mass is seen.

IMPRESSION :

Grade I fatty liver.

— END OF THE REPORT —

S. S. Parmar

SIDDHARTH S PARMAR

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CARDIOLOGY

Patient Details : Ms. MADHUBEN PARMAR | Female | 56Yr 11Mth 12Days
UHID : AHIL.0000872479 **Patient Location:** AHC
Patient Identifier: AHILAH213274 
DRN : 5623043767 **Completed on :** 13-MAY-2023 13:12
Ref Doctor : DR. SHASHIKANT NIGAM

ECHO/TMT

FINDINGS :

Normal cardiac chamber dimensions.
 Normal LV systolic function, LVEF: 60%
 No Regional wall motion abnormalities at rest.
 Reduced LV compliance.
 All cardiac valves are structurally normal.
 IAS/ IVS intact.
 Trivial MR, No AR, Mild TR.
 Mild PAH, RVSP: 40 mm Hg.
 No clots/ vegetation/ effusion.

MEASUREMENTS (mm) ::

	LVID diastole
Measurements (mm)	

Printed on : 15-May-2023 10:52 Printed By : 153182 Reported By : 1010611 Page 1 of 2

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Ms. MADHUBEN PARMAR

AHIL.0000872479

AHILAH213274

ECHO/TMT

IMPRESSION

— END OF THE REPORT —

DR SUBIR GHOSH MD.DM

Interventional Cardiologist

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Page 2 of 2

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RADIOLOGY

Patient Details : Ms. MADHUBEN PARMAR | Female | 56Yr 11Mth 12Days
UHID : AHIL.0000872479 **Patient Location:** AHC
Patient Identifier: AHILAH213274 
DRN : 1323009395 **Completed on :** 13-MAY-2023 10:45
Ref Doctor : DR. SHASHIKANT NIGAM

MAMMOGRAPHY BOTH BREAST

FINDINGS :

Breast composition :-

Heterogenously dense parenchyma obscuring optimum mammography evaluation.

Small calcific foci seen in central quadrant of right breast.

Rest of both breasts show normal architecture of parenchyma, with glandular and fibrofatty elements.

No evidence of obvious focal lesion seen.

No evidence of any pleomorphic microcalcification.

No evidence of skin thickening or nipple retraction seen.

Retromammary area is normal.

Axillary tail region appear normal.

Nodes with preserved hilum noted in both axillary region.

Accessory breast tissue in right axillary region.

COMPARISON TO PREVIOUS STUDY: Previous mammography is not available for comparison.

However, dense breasts without comparison studies limiting sensitivity.

Hence, comparison to previous Mammograms / Ultrasound correlation would be helpful.

OVERALL ASSESSMENT & SUGGESTION:- (BIRADS-0);

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Ms. MADHUBEN PARMAR

AHIL.0000872479

AHILAH213274

MAMMOGRAPHY BOTH BREAST

NOTE:

- The false negative rate of mammography is approximately 10%.
- Dense breast may obscure underlying neoplasm.
- Management of a palpable abnormality must be based on clinical assessment.
- If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.
- Carry the hard copy of previous mammography (if available) for comparison.

BI-RADS ASSESSMENT CATEGORIES

- BI-RADS 0: Need additional image
- BI-RADS 1: Negative
- BI-RADS 2: Benign Finding
- BI-RADS 3: Probably Benign
- BI-RADS 4: Suspicious Abnormality (4A: low, 4B intermediate, 4C moderate suspicious)
- BI-RADS 5: Highly suggestive of malignancy
- BI-RADS 6: Known malignancy

— END OF THE REPORT —

Shivani

Dr. SHIVANI GOYAL

Consultant Radiologist

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Page 2 of 2



Place Label Here
If label not available, write Pt. Name, IP No/UHID, Age, Sex, Date, Name of Treating Physician

OE AHIL.0000872479

GAECOBLOGY - AHC

Ms. MADHUBEN PARMAR

Name : 56 Year(s) / Female
Occupation
Age : le

Date : 13/5/23 Unit No. :

Ref. Physician : Dr. Kishu Nalwa

Copies to :

GYNAEC CHECK UP

Chief Complaint: *noige Incontinency*

Children: *P3 + 0*

Weight:

Deliveries: *3 FTND*

BP:

Last Child: *27yos 1 Fch*

Abortions: *no*

Breasts: *normal*

Periods:

PAP Smear: *Not taken*

LMP:

Previous Medical H/O: *Hypothyroidism*

Menopause: *4 yos*

G. Condition:

Previous Surgical H/O:

P/A: *Soft*

- TL

S/E:

FIH - None

P/V: *VA - NSA V
G - Healthy*

P/R:

Impression: *Kegel's exercise explained*

Doctor Signature
Date & Time

AHIL.0000872479

Ms. MADHUBEN
PARMAR

56 Year(s) / Female



RECORDS

Name :

Date : 13/05/23

UHID :

Distance Vision :

Right Eye - 6/6

Left Eye - 6/6

ADU! -
BG - add tear drops
| — | — |

Near Vision :

Right Eye : NG

Left Eye : NG

with + 2.50 D_s

APLN.TN - Right Eye 12

Left Eye - 13 mmHg

Both Eye - Colour Vision

Normal

Both Eye - Anterior Segment Examinations -

Normal

Both Eye Posterior Segment Examinations -

Normal

p + 1.5 fit from outside

Dr. Zahedabanu Shaikh
MBBS, DNB - Ophthalmology
Junior Consultant - Ophthalmology
Apollo Hospitals International Limited,
Bhat, GIDC, Gandhinagar
Regd. No. - 8997

Ophthalmologist Name

OUT PATIENT RECORD

Place Label Here
If label not available, write
Pt, Name, UHID, Age, Sex

Name:

UHID:

Age & Sex: 3-3-22 Date:

Nutritional History: Normal / Obese / Thin / Cachectic

Functional: Independent / Need Assistance / Dependent

Psychological History: Normal / Anxious / Depressed

Psychosocial: Nil / Smoking / Tobacco / Alcohol [Social / Excess]

Clinical Notes:

Occupation: _____

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Ms. MADHUBEN
PARMAR

56 Year(s) / Female



E.N.T - Complaint

total loss of hearing
LHEG

on exam

ear

RTT

WTE

no hearing

RTM, LTM, conductive, 15 dB

Nose - ~~dry~~

throat - ~~normal~~

Diagnosis/Provisional Diagnosis: LHEG total loss of hearing


Allergies: No known allergies If Yes mention:

Patient's Management (Mention drug name, dose, frequency and specific instructions, if any):

200V
Pure tone Audiogram of
mastoid
Impedance Audiogram


Follow-up Advice/Plan:

2 weeks


Dr. Rajesh Vishwakarma
M.S (ENT), D.L.O
Cochlear Implant Surgeon
Professor, Sr. Consultant, Director & Head
Dept. of ENT and Head & Neck Surgery
Apollo Hospitals International Limited, Gandhinagar
Regd. No. : G-19486

Consultant Name & Signature

AHIL.0000872479
Ms. MADHUBEN
PARMAR
56 Year(s) / Female



DENTISTRY

Name : Date : 13/1/22 Unit No. :
 Occupation : Ref. Physician :
 Age : Sex : Male Female Copies to :

DENTAL RECORD

ALLERGIES : N/A

PAIN : Score (0-10) 0 Location : - Character : -

DENTAL CLEANING HABIT

<input checked="" type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Occasionally
<input checked="" type="checkbox"/> Brush	<input type="checkbox"/> Finger	<input type="checkbox"/> Stick
<input checked="" type="checkbox"/> Tooth Paste	<input type="checkbox"/> Powder	<input type="checkbox"/> Any other

DO THE GUMS BLEED WHEN YOU BRUSH YOUR TEETH? Yes No

ARE YOUR TEETH SENSITIVE TO HEAT / COLD? Yes No

ORAL HYGIENE Good Fair Poor

ORAL TISSUE EXAMINATION	PERIODONTAL EXAMINATION	OCCLUSION																																																																				
NORMAL FINDINGS IN DISEASE Lips : <u>N/A</u> Cheeks : <u>N/A</u> Tongue : <u>N/A</u> Floor of the mouth : <u>N/A</u> Palate : <u>N/A</u> Tonsillar Area : <u>N/A</u> Any other : <u>N/A</u>	<table border="0"> <tr> <td></td> <td>MILD</td> <td>MOD</td> <td>SEV</td> </tr> <tr> <td>Gingivitis</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Calculus</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Recession</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Periodontal Pockets</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Attrition</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Erosion</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobility</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		MILD	MOD	SEV	Gingivitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calculus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodontal Pockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>CLASS I</td> <td>II</td> <td>III</td> </tr> <tr> <td colspan="3">CROSSBITE</td> </tr> <tr> <td>Hypoplasia</td> <td></td> <td></td> </tr> <tr> <td>Impaction</td> <td></td> <td></td> </tr> <tr> <td>Non-vital</td> <td></td> <td></td> </tr> <tr> <td>Fracture</td> <td></td> <td></td> </tr> <tr> <td>Abcess</td> <td></td> <td></td> </tr> <tr> <td>Ulcers</td> <td></td> <td></td> </tr> <tr> <td>Caries <u>76</u></td> <td></td> <td></td> </tr> <tr> <td>Missing Teeth</td> <td></td> <td></td> </tr> <tr> <td>Supernumerary</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> </tr> </table>	CLASS I	II	III	CROSSBITE			Hypoplasia			Impaction			Non-vital			Fracture			Abcess			Ulcers			Caries <u>76</u>			Missing Teeth			Supernumerary			Others		
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PRESENT COMPLAINT : Prosthetic crown

PRE-MEDICAL HISTORY: DM HTN Thyroid Acidity Pregnancy
 Anticoagulant Under Drug Therapy

Rate 63

PR 161
QRSD 91
QT 381
QTc 390

--AXIS--

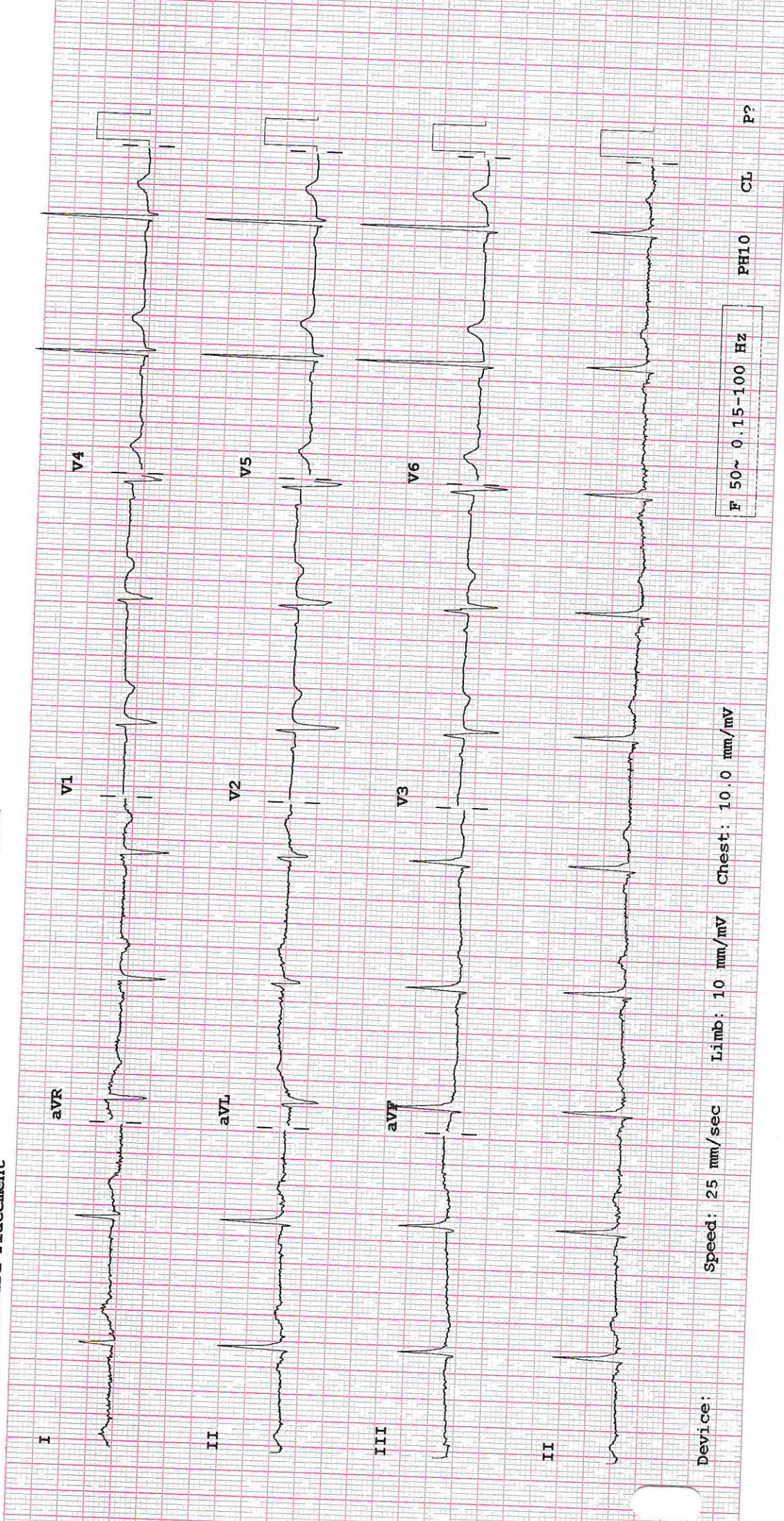
P 40
QRS 66
T -1

12 Lead; Standard Placement

AHIL.0000872479

Ms. MADHUBEN
PARMAR

56 Year(s) / Female



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

PH10 CL P?