



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



CONCLUSION OF HEALTH CHECKUP

| | | | | | |
|------------|--------------|--------------|------------|--------------|---------------------|
| ECU Number | : 2137 | MR Number | : 23201587 | Patient Name | : KUMAR KAUSHLENDRA |
| Age | : 46 | Sex | : Male | Height | : 167 |
| Weight | : 81 | Ideal Weight | : 64 | BMI | : 29.04 |
| Date | : 03/03/2023 | | | | |

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 : 2137

Age : 46

Weight : 81

Date : 03/03/2023

MR Number : 23201587

Sex : Male

Ideal Weight : 64

Patient Name: KUMAR KAUSHLENDRA

Height : 167

BMI : 29.04

Past H/O : K/C/O : - HYPOTHYROIDISM ON MEDICATION

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 132/74 mm Hg

Pulse : 72/MIN REG

Others : SPO2-98%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 2137

Age : 46

Weight : 81

Date : 03/03/2023

MR Number : 23201587

Sex : Male

Ideal Weight : 64

Patient Name: KUMAR KAUSHLENDRA

Height : 167

BMI : 29.04

Ophthalmic Check Up :

| | Right | Left |
|------------------------|--------------|--------------|
| Ext Exam | | |
| Vision Without Glasses | 6/6 | NIL |
| Vision With Glasses | N.6+1.25 SPH | 6/6 |
| Final Correction | NA | N.6+1.25 SPH |
| Fundus | NORMAL | NA |
| Colour Vision | NORMAL | |
| Advice | NIL | |

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. KUMAR KAUSHLENDRA Type : OPD
 Gender / Age : Male / 46 Years 4 Months 13 Days Request No. : 110813
 MR No / Bill No. : 23201587 / 231069926 Request Date : 03/03/2023 09:11 AM
 Consultant : Dr. Manish Mittal Collection Date : 03/03/2023 09:36 AM
 Location : OPD Approval Date : 03/03/2023 01:52 PM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|-------------|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 13.6 | gm/dL | 13 - 17 |
| Red Blood Cell Count (T-RBC) | 4.61 | mill/cmm | 4.5 - 5.5 |
| Hematocrit (HCT) | 41.1 | % | 40 - 50 |
| Mean Corpuscular Volume (MCV) | 89.2 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 29.5 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 33.1 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 13.2 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 44.0 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 6.16 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 57 | % | 40 - 80 |
| Lymphocytes | 36 | % | 20 - 40 |
| Eosinophils | 2 | % | 1 - 6 |
| Monocytes | 5 | % | 2 - 10 |
| Basophils | 0 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 3.48 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 2.18 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | <u>0.11</u> | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.35 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.04 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.2 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 224 | thou/cmm | 150 - 410 |
| Smear evaluation | Adequate | | |
| ESR | <u>13</u> | mm/1 hr | 0 - 10 |

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

| | | | |
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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 ----

Dr. Sejal Odedra
M.D.Pathology

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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Haematology

| Test | Result | Units | Biological Ref. Range |
|--------------------|----------|-------|-----------------------|
| Blood Group | | | |
| 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.

--- End of Report ---

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M.D.Pathology



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Fasting Plasma Glucose

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| <i>Fasting Plasma Glucose</i> | | | |
| Fasting Plasma Glucose | 100 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr. Plasma Glucose | 137 | mg/dL | 70 - 140 |

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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M.D.Pathology



| | | | |
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HbA1c (Glycosylated Hb)

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|------------------------------------|---------------|--------------|------------------------------|
| <i>HbA1c (Glycosylated Hb)</i> | | | |
| Glycosylated Hemoglobin (HbA1c) | 5.7 | % | |
| estimated Average Glucose (e AG) * | 116.89 | 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*

| <i>HbA1c%</i> | <i>e AG (mg/dl)</i> | <i>Glycemic control</i> |
|---------------|---------------------|--|
| > 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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Thyroid Hormone Study

| Test | Result | Units | Biological Ref. Range |
|---|---------------|------------|-----------------------|
| Triiodothyronine (T3) | 1.21 | ng/ml | |
| <i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i> | | | |
| <i>Reference interval (ng/ml)</i> | | | |
| 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 | | |
| <i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i> | | | |
| Thyroxine (T4) | 8.11 | mcg/dL | |
| <i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i> | | | |
| <i>Reference interval (mcg/dL)</i> | | | |
| 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 | | |
| <i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i> | | | |
| Thyroid Stimulating Hormone (US-TSH) | 3.79 | microIU/ml | |
| <i>(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)</i> | | | |
| <i>Reference interval (microIU/ml)</i> | | | |
| Infants (1-4 days) | : 1.0 - 39 | | |
| 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 | | |
| <i>Pregnancy :</i> | | | |
| 1st trimester | : 0.3 - 4.5 | | |
| 2nd trimester | : 0.5 - 4.6 | | |
| 3rd trimester | : 0.8 - 5.2 | | |
| <i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i> | | | |

Text 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.

— End of Report —

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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> | 18 | mg/dL | 10 - 45 |
| Creatinine <i>(By Modified Kinetic Jaffe Technique)</i> | 1.04 | mg/dL | 0.9 - 1.3 |
| Estimate Glomerular Filtration rate <i>(Ref. range : > 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> | 6.9 | mg/dL | 3.4 - 7.2 |

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Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|--|------------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Clear | | |
| Triglycerides | 238 | mg/dL | 1 - 150 |
| <i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i> | | | |
| <i>< 150 Normal</i> | | | |
| <i>150-199 Borderline High</i> | | | |
| <i>200-499 High</i> | | | |
| <i>> 499 Very High</i> | | | |
| Total Cholesterol | 230 | mg/dL | 1 - 200 |
| <i>(By enzymatic colorimetric method on RXL Dade Dimension)</i> | | | |
| <i><200 mg/dL - Desirable</i> | | | |
| <i>200-239 mg/dL - Borderline High</i> | | | |
| <i>> 239 mg/dL - High</i> | | | |
| HDL Cholesterol | 58 | mg/dL | 40 - 60 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> | | | |
| <i>< 40 Low</i> | | | |
| <i>> 60 High</i> | | | |
| Non HDL Cholesterol (calculated) | 172 | mg/dL | 1 - 130 |
| <i>(Non- HDL Cholesterol)</i> | | | |
| <i>< 130 Desirable</i> | | | |
| <i>139-159 Borderline High</i> | | | |
| <i>160-189 High</i> | | | |
| <i>> 191 Very High</i> | | | |
| LDL Cholesterol | 140 | mg/dL | 1 - 100 |
| <i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i> | | | |
| <i>< 100 Optimal</i> | | | |
| <i>100-129 Near / above optimal</i> | | | |
| <i>130-159 Borderline High</i> | | | |
| <i>160-189 High</i> | | | |
| <i>> 189 Very High</i> | | | |
| VLDL Cholesterol (calculated) | 47.6 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 2.41 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio | 3.97 | | 3.5 - 5 |
| <i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i> | | | |

--- End of Report ---

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Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|--|-----------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 0.37 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.08 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 0.29 | mg/dL | 0 - 0.7 |
| <i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i> | | | |
| Aspartate Aminotransferase (SGOT/AST) | 47 | U/L | 15 - 40 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alanine Aminotransferase (SGPT/ALT) | 75 | U/L | 16 - 63 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alkaline Phosphatase | 111 | U/L | 53 - 128 |
| <i>(By PNPP AMP method on RXL Dade Dimension.)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 54 | U/L | 15 - 85 |
| <i>(By IFCC method on RXL Dade Dimension.)</i> | | | |
| Total Protein | | | |
| Total Proteins | 8.00 | gm/dL | 6.4 - 8.2 |
| Albumin | 3.67 | gm/dL | 3.4 - 5 |
| Globulin | 4.33 | gm/dL | 3 - 3.2 |
| A : G Ratio | 0.85 | | 1.1 - 1.6 |
| <i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i> | | | |

--- End of Report ---

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Home Collection Facility Available
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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. KUMAR KAUSHLENDRA
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Prostate Sp. (Antigen)

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|-------------|---------------|--------------|------------------------------|
| Total PSA | 0.455 | ng/ml | 0 - 4 |

(Method : Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

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Urine routine analysis (Auto)

| Test | Result | Units | Biological Ref. Range |
|---|-------------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 50 | mL | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| 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 |
| Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000) | | | |
| Red Blood Cells | 0 - 1 | /hpf | 0 - 2 |
| Leucocytes | 0 - 1 | /hpf | 0 - 5 |
| Epithelial Cells | 0 - 1 | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | /hpf | Nil |
| Mucus | Absent | /hpf | Absent |
| Organism | Absent | | |

--- End of Report ---

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201587 Report Date : 03/03/2023
 Request No. : 190055541 03/03/2023 9.11 AM
 Patient Name : **Mr. KUMAR KAUSHLENDRA**
 Gender / Age : Male / 46 Years 4 Months 13 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

Both 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 Hasani

Dr. Prerna C Hasani, MD
 Consultant Radiologist





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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. : 23201587 Report Date : 03/03/2023
Request No. : 190055537 03/03/2023 9.11 AM
Patient Name : Mr. KUMAR KAUSHLENDRA
Gender / Age : Male / 46 Years 4 Months 13 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased in echopattern. No mass lesion identified. The hepatic veins 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.

Prostate appears normal in size and volume is ~ 20 cc. Prostate measures 33mm x 33mm x 35mm.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Fatty liver.

Kindly correlate clinically

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

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist



H-2015-0207

MC-3004

E-2021-0037

1828

Patient No. : 23201587 Report Date : 03/03/2023
Request No. : 190055570 03/03/2023 9.11 AM
Patient Name : Mr. KUMAR KAUSHLENDRA
Gender / Age : Male / 46 Years 4 Months 13 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR,
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER : Grade I diastolic dysfunction
FLOW MAPPING : Trace MR, TR, NO PAH

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
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: Kumar Kaushlendra
Patient ID: 23201587

03.03.2023 09:45:58
Standard 12-Lead

Date of birth: Undefined
Gender: Undefined
Height: Undefined
Weight: Undefined
Ethnicity: Unknown
Pacemaker: Unknown

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

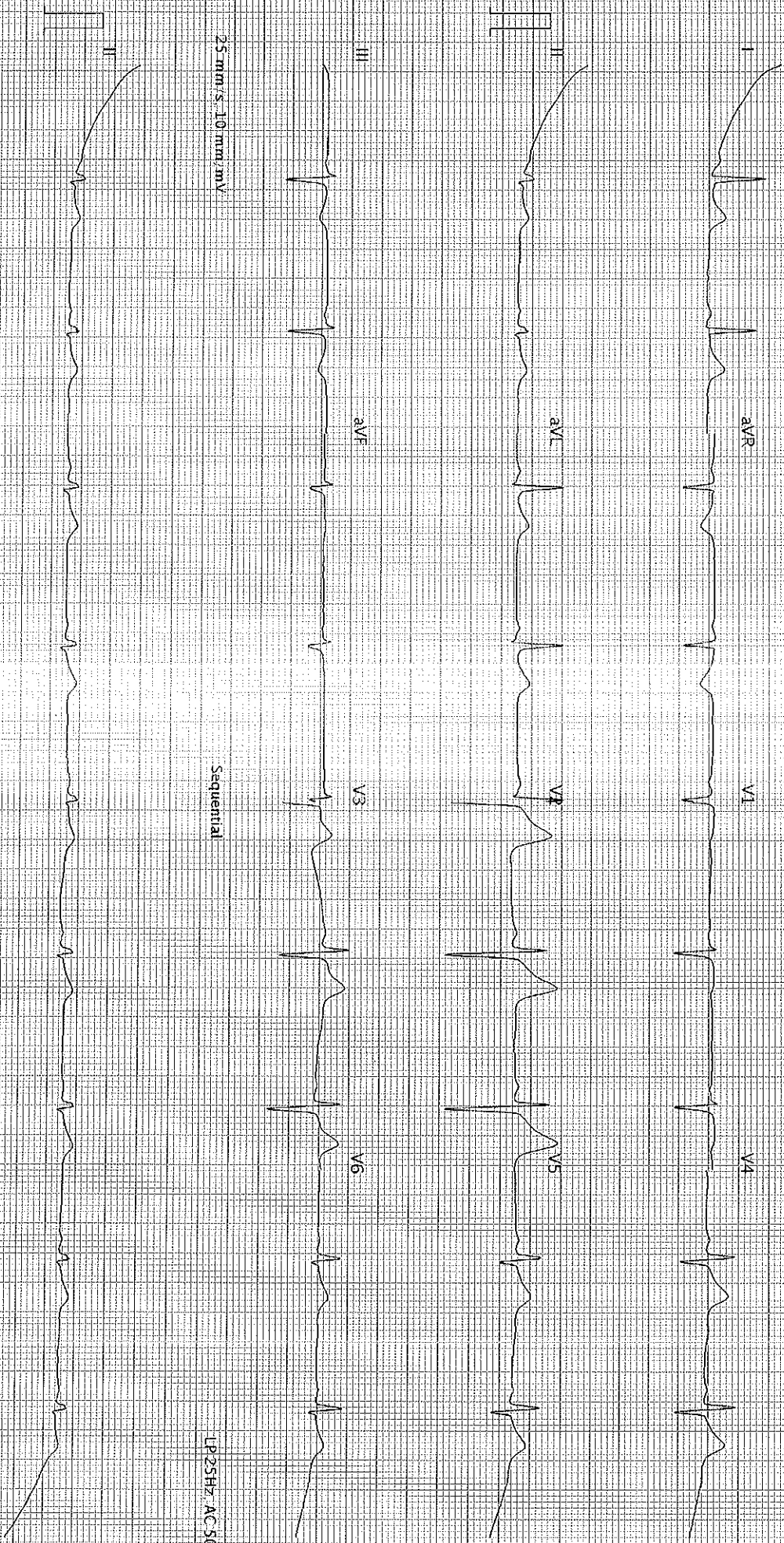
HR 58 bpm RR 1042 ms
P 97 ms
PR 138 ms
P axis 11° QRS 77 ms
QRS axis -5° QT 382 ms
T axis 0° QTcB 374 ms

Sinus rhythm
Leftward electrical axis
Otherwise normal ECG
Unconfirmed report

Indication:
Remark:

Otherwise normal

PA



25 mm/s, 10 mm/mV

Sequential

LP25Hz AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz AC 50Hz

AI 107 GZ 12.0 (1.080.011030)

Printed on 03.03.2023 09:46:10

Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN
GENERAL HOSPITAL

Dental assessment form

03/03/2023

Name: Kumar Kaushlendra

Age/ Sex: 46 years/Male

Patient has come for an oral hygiene check up

On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Generalised attrition, recession
- History of recurrent dislodgement of crowns over the implant placed with respect to 26, 27

Provisional diagnosis:

- Chronic generalised gingivitis

Treatment plan:

- Scaling and polishing
- IOPAR with respect to 26, 27 followed by new crowns with respect to 26, 27

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. Sonica Peshin

ITEM CODE:SMD066

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