

PATIENT NAME & ADDRESS

MRS. SUTAPA CHAKRABORTY

PATHOLOGY



DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph.: 71 222 000; Fax : 2443 9003
Email : desun@desunhospital.com, Website : www.desunhospital.com
(A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

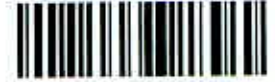
DRAWN : 09-03-2024
11:55 Hrs.

RECEIVED : 09-03-2024
14:53 Hrs.

REPORTED : 09-03-2024
19:08 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40500099

PATIENT CODE SD01/PAT/1000162976



2331379900

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0009360

AGE 32 Yrs 11 Mths 6 Dys SEX Female

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	88	Adult: 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	5.7	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.82	Male (<50 years) : 0.84 - 1.25 Male (>50 years) : 0.81 - 1.44 Female : 0.66 - 1.09 Neonate : 0.5 - 1.2 Infant : 0.4 - 0.7 Child : 0.5 - 1.2	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.57	Adults : 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Direct Bilirubin Specimen : Serum Methodology : Diazotization	0.07	Adults and Children : < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.50		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.5	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
Albumin Specimen : Serum Methodology : Bromocresol Green (BCG)	4.5	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Globulin Methodology : Calculated Value	3.0	1.8 - 3.6	g/dL



11032024124944


Dr. Palash Kr Mandal
MD (Path), WBMC-51886
Sr Consultant

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
LFT (Liver Function Test)			
Aspartate Aminotransferase (SGOT) (AST)	28	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
<i>Specimen : Serum</i> <i>Methodology : IFCC (UV without P5P)</i>			
Alanine Aminotransferase (SGPT) (ALT)	27	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
<i>Specimen : Serum</i> <i>Methodology : IFCC (UV without P5P)</i>			
Alkaline Phosphatase (ALP)	64	75 - 316	U/L
<i>Specimen : Serum</i> <i>Methodology : IFCC (PNPP, AMP buffer)</i>			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial)			
Glucose - Post Prandial Specimen : Plasma Flouride Methodology : Hexokinase	98	70.0 - 140.0	mg/dL
** Sample Drawn : 09.03.2024 14:46 Hrs.	Received : 09.03.2024 15:11 Hrs.	Reported : 09.03.2024 18:40 Hr	



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD * CLINICAL CORRELATION REQUESTED. * VALUE RECHECKED.	* 220	<200 : Desirable 200 - 239 : Borderline High ≥240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	51	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	148.4	> 160.0 : High Risk 130.0 - 160.0 : Borderline High ≤ 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	20.6	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	103	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : ≥500	mg/dL



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio <i>Methodology : Calculated Value</i>	4.31	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio <i>Methodology : Calculated Value</i>	0.34		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C)	5.3	4.6 - 6.2	%
Specimen : Methodology : NGSP			
BUN (Blood Urea Nitrogen)			
Blood Urea Nitrogen (BUN)	7	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
Specimen : Serum Methodology : Urease, GLDH			
Microalbuminuria / ACR,			
Spot Microalbumin	0.84		mg/L
Methodology : Immunoturbidimetry			
Creatinine, Urine	9.51		mg/dL
Methodology : Modified Jaffe			
Spot Microalbumin / Creatinine Ratio	8.83	Normal: < 30.0 Microalbuminuria : 30 - 299 Clinical albuminuria : 300.0	µg of Albumin /mg Creatinine
Methodology : Calculated Value			
LFT (Liver Function Test)			
A/G Ratio	1.5	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT)	14.1	12 - 122	UL
Specimen : Serum Methodology :			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	12.3	12.0 - 15.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.38	3.8 - 4.8	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	37.2	36.0 - 46.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	84.9	83 - 101	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	28.1	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	33.1	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	1.66	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.8	4 - 10	thou/cmm
Differential Count (Microscopy)			
Neutrophil	64	40 - 80	%
Lymphocyte	33	20 - 40	%
Monocyte	02	2 - 8	%
Eosinophil	01	1 - 6	%
Basophil	00	<1 - 2	%
Peripheral Blood Smear (Microscopy)			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	22	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p>	<p>B</p> <p>POSITIVE</p> <p>Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to Infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</p>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
Volume <i>Methodology : By graduated container</i>	40		mL
Colour	Pale Straw		
Appearance <i>Methodology : Visual</i>	Slightly Hazy		
Specific Gravity <i>Methodology : pKa change</i>	1.015		ratio
<i>Chemical Examination</i>			
Reaction <i>Methodology : Double indicator (Strip)</i>	Acidic		
Protein <i>Methodology : Protein-error-of-indicators</i>	Absent		
Glucose <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Absent		
Ketone Bodies <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent		
Bile Salt <i>Methodology : Hay's Method</i>	Absent		
Bile Pigment <i>Methodology : Diazo Method (Strip)</i>	Absent		
Blood <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent		
<i>Microscopic Examination</i>			
Pus Cells	2-4		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	10-12		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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REFERENCE LAB

AN ISO 9001:2000 ORGANISATION

A Unit of Desun Healthcare & Research Institute Ltd.

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Phone No. : 033 40016355, 033 46006439

Email : care@desunpathology.com

Website : www.desunpathology.com

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.01	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	7.98	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	2.84	Non-Pregnant : 0.27 - 4.20 Pregnant 1st Trimester : 0.10 - 2.5 2nd Trimester : 0.20 - 3.0 3rd Trimester : 0.30 - 3.0	µIU/mL
----- End of Report -----			

Dr. Jayati Gupta
Ph.D (Bio.Chem)
Senior Consultant Biochemist

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CARDIOLOGY

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PROCEDURE DONE ON : 09.03.2024

REPORTED

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ACCESSION NO : R/DHHI-1/2023-24/0013716

AGE

: 32 Yrs 11 Mths 6 Dys

SEX

: F

REPORT OF ELECTROCARDIOGRAM

Standardisation : 10 mm/mv.

Rhythm : Regular.

Rate : 58 bpm

QRS Axis : Normal.

QRS : Normal.

QCT : Normal.

'P' Wave : Normal.

P.R. : Normal.

QRS Complex : Normal.

'Q' Wave : Absent.

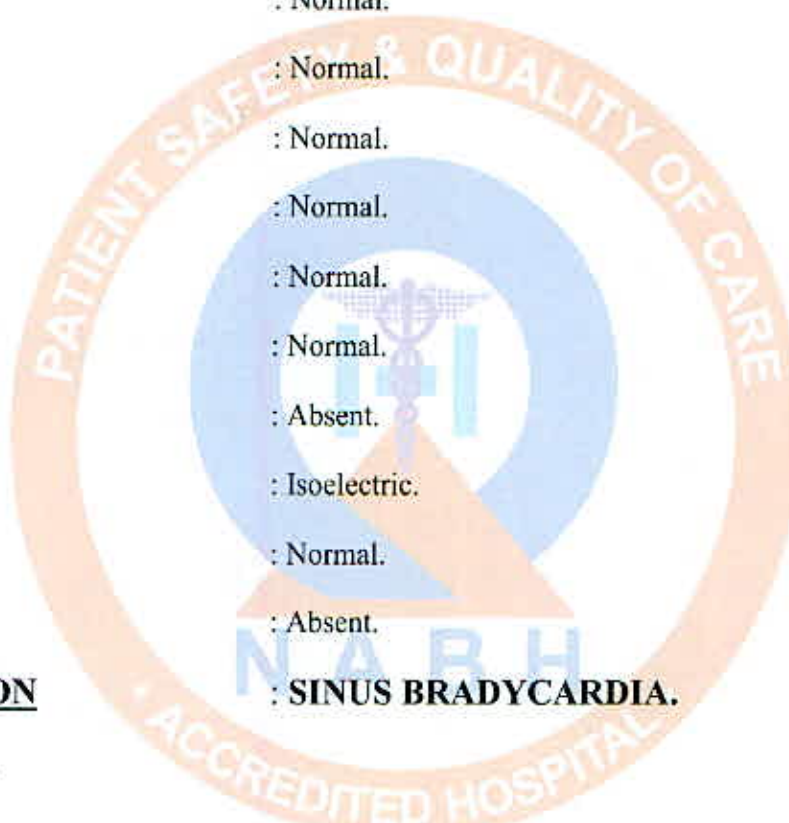
ST Segment : Isoelectric.

'T' Wave : Normal.

'U' Wave : Absent.

IMPRESSION

: SINUS BRADYCARDIA.



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
Dept. of Cardiac Science

Prepared By : Utpal Checked By : Sumita Bar

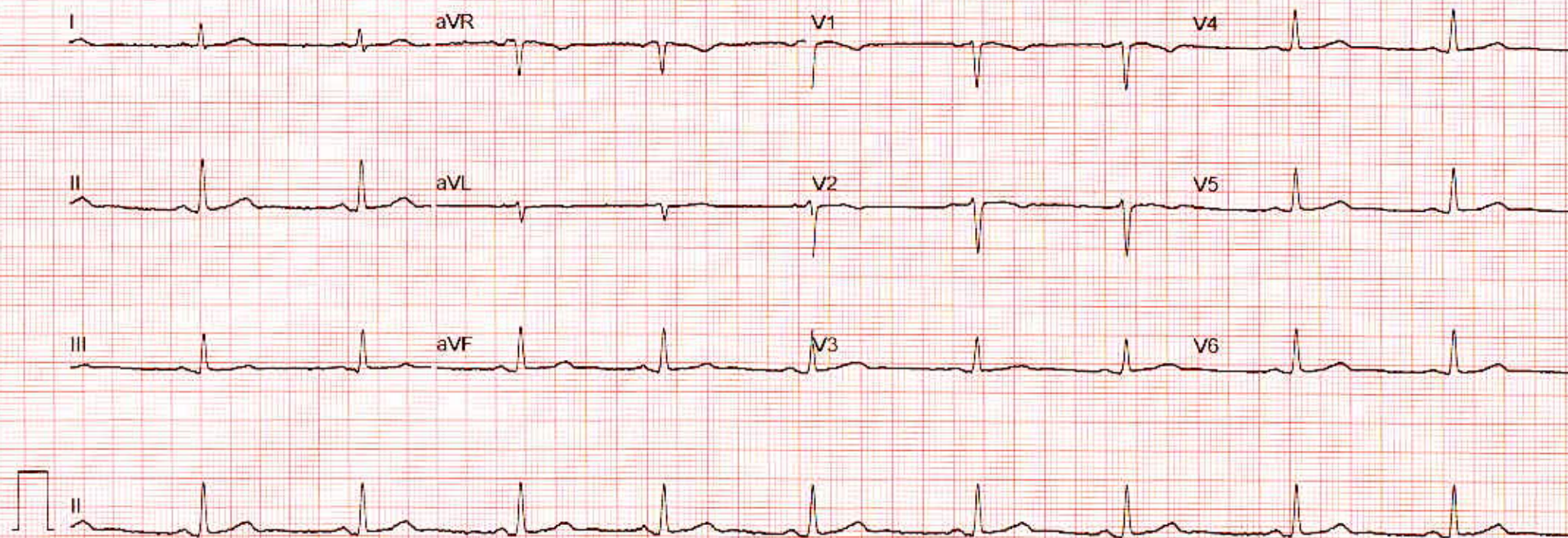
IAK

Female

QRS	74 ms
QT / QTcBaz	440 / 431 ms
PR	154 ms
P	114 ms
RR / PP	1038 / 1034 ms
P / QRS / T	55 / 73 / 59 degrees

Sinus bradycardia
Otherwise normal ECG

Technician
Ordering Ph
Referring Ph
Attending Ph



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A NABH HOSPITAL

PROCEDURE DONE ON : 09.03.2024

OPD / IPD DCG NO : SD01/OPD/BILL/2023-24/OP40500099

REFERRING DOCTOR :

ACCESSION NO : R/DHHI-1/2023-24/0013631

REPORTED : 09.03.2024

PATIENT CODE : SD01/PAT/000102976

AGE : 32 Yrs 11 Mths 6 Dys

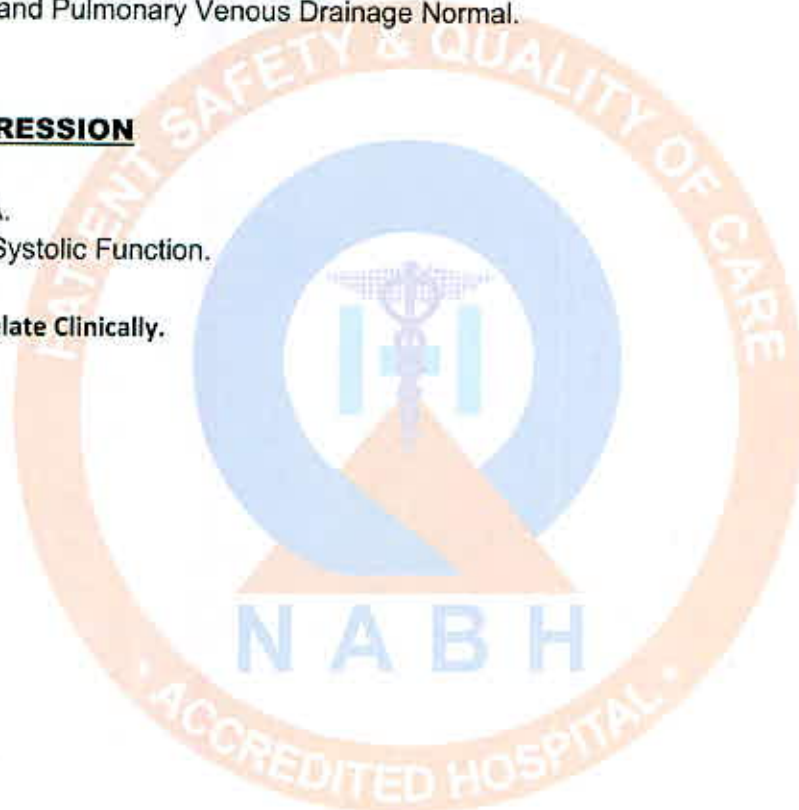
SEX : F

ECHO CARDIOGRAPHY SCREENING REPORT**ECHO NO : 218****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 65 %.
- >> Great arteries Normal in Size and Relation.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

FINAL IMPRESSION

- >> No RWMA.
- >> Good LV Systolic Function.

****Please Correlate Clinically.****M - mode Measurements Valves :-**

Prepared By : Ulpal Checked By : A Esai

SKP

PATIENT NAME & ADDRESS

CARDIOLOGY

MRS. SUTAPA CHAKRABORTY



DESUN
HOSPITAL
A NABH HOSPITAL

PROCEDURE DONE ON : 09.03.2024
 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40500099
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Aorta - 2.5 cm LV ed - 4.4 cm
 LA - 3.0 cm LV es - 2.6 cm
 ACS - cm IVS ed - 1.0 cm
 RV ed - cm PW (LV) - 1.0 cm
 FS - % LVEF - 65 %

CHAMBERS:-

Left Ventricle : Normal in Size. Walls Normal in Thickness and Motion.

Left Atrium : Normal in Size.

Right Atrium : Normal in Size.

Right Ventricle : Normal in Size.

OTHERS :-

GREAT ARTERIES : Normal in Size and Relation.

PERICARDIUM : Normal.

VALVES :-**MITRAL VALVE**

Morphology : Normal

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SKP

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REPORTED ON: 09.03.2024
Desun Hospital, E.M. Bypass, Howrah - 700 107, Ph: 71 222 000, Fax: 2443 9003
 E-mail: desun@desunhospital.com, Website: www.desunhospital.com
 A unit of P. Narayana Murthy Research & Education Institute Ltd.
 PATIENT CODE : SD01/PAT/1000162976
 AGE : 32 Yrs 11 Mths 6 Dys
 SEX : F

Doppler : Normal

TRICUSPID VALVE

Morphology : Normal

Doppler : Normal

AORTIC VALVE

Morphology : Normal

Doppler : Normal

PULMONARY VALVE

Morphology : Normal

Doppler : Normal



Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)

DM CARD

Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

S K P

PATIENT NAME & ADDRESS

RADIOLOGY

MRS. SUTAPA CHAKRABORTY



DESUN
HOSPITAL
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PROCEDURE DONE ON : 09.03.2024
 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40500099
 REFERRING DOCTOR :
 ACCESSION NO : R/DHHI-1/2023-24/0013649

Desun More, E.M. Bypass, Karba Gopark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
 REPORTED : 09.03.2024
 (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)
 PATIENT CODE : SD01/PAT/1000162976
 AGE : 32 Yrs 11 Mths 6 Dys
 SEX : F

(US-11643) USG OF WHOLE ABDOMEN (SCREENING)**Indication: Missed period.****LIVER**

Enlarged in size with mildly increased echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

0.3 cm in diameter. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

0.9 cm in diameter.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size (9.0 cm. in long axis) shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

Right Kidney measures: 10.2 cm

Left Kidney measures : 11.9 cm

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

PATIENT NAME & ADDRESS

RADIOLOGY

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Desun More, E.M. Bypass, Kasba Golepark, Kolkata-700 107, Ph: 71 222 000, Fax: 2445 9003
 REPORTED: 09.03.2024
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PATIENT CODE : SD01/PAT/1000162976

AGE : 32 Yrs 11 Mths 6 Dys

SEX : F

UTERUS

Grade I, Retroverted uterus. Measures 8.1 x 4.2 x 5.4 cm. Endometrial thickness is normal. Tiny cyst lower uterus measuring 0.81 cm. Nabothian cyst in cervix measuring 1.14 cm.

OVARIES

Bilateral mildly bulky ovaries with increased cortical echoes. Few tiny peripherally arranged cyst in both ovaries.

Right Ovary measures: 3.4 x 2.0 cm

Left Ovary measures : 4.1 x 2.3 cm

Pouch of Douglas - Clear.

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

No free fluid seen.

R.I.F.

No obvious mass lesion / localised collection seen.

IMPRESSION:

- * Mild fatty liver with hepatomegaly.
- * Bilateral PCOD without any dominant follicle.
- * Grade I retroverted uterus. Nabothian cyst in cervix.
- * Tiny cyst (0.81 cm) lower uterus above previous cyst - Nabothian cyst less likely early gestational sac.
- Suggested urine pregnancy test.



Dr. PARTHA P. SAMUI

WBMC-54155

MD(Radiodiagnosis), Senior Consultant
Diagnostic & Interventional Radiology

Prepared By : Buddha Checked By : PPS

PPS

Patient Name:	SUTAPA CHAKRABORTY 32Y OPD	Study Date/Time:	09-03-2024 11:36 AM
Sex/Age/Modality:	F/32Y/CR	Report Date/Time:	09-03-2024 01:38 PM
Patient ID:	20082	Report:	CHEST PA
Ref. Physician:	Desun	Report ID:	1283040D1236

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.



Dr. Santosh Bharat
Rathod
Consultant Radiologist
MBBS, DMRD, DNB
Reg no: MMCI-4060



Disclaimer: The report is prepared based on the image and patient information provided by the origin. In no event shall Radisky Labs Private Limited be liable for any special, direct, indirect, consequential, or any damages, arising out of or in connection with the use of the services. Patient identification in online reporting is not established, so this report cannot be used for any medicolegal purpose/certifications.



Name : Mrs. Subapa Chakraborty

Date : 09.03.24

U / Doctor : Dr. Anish Chakraborty

Age : 32y Sex : F

Doctor's Prescription

Rx

G/C

- no mobile tooth.
- no pulpal / periodontal inflammation.
- no intra oral ulcer / lesion.
- no stain & calculus.

Good Oral Hyg.

adv.

Rx.

Clohex Heal (mouth Rinse) + lukewarm water
(10 ml) (10 ml).

mix & rinse for 2 times / day
for 15 days.

10ml + 10ml → 20ml Rinse
10ml : 10ml

Anish Chakraborty

9/3/24





NAME - MRS. SUTAPA CHAKRABORTY

AGE - 32 Yrs, F

DATE - 09.03.24

Refraction Done.
Adv gl.

RE → -1.50 D cyl × 10° → 6/6

LE → -0.75 D cyl × 170° ← 6/6

For constant gl. use

- Pt. Can Read all plates of ISHTHARA Chart



Dr. Soumyadeep Majumder
MBBS MS
Reg. No. 68358 WPMC
Department of Ophthalmology

DESUN HOSPITAL

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Ph. : 033-71-222-000, Fax : 2443-9003/2443-5050, E-mail : desun@desunhospital.com, Website : www.desunhospital.com



Name : Mrs. Sutapa Chakraborty

Date : 09.03.24

U/Doctor : Dr. Sneemanti Bag

Age : 32y Sex : F

Doctor's Prescription

Rx

Known allergic rhinitis aggravation on exposure to dust

O/E

rhinitis
bowman

O/E → 4E: otitis media
N/E: no acute changes
found out

USOM -

Septal ulcer in left nostril
Hyg ZTA (B/L)

Advice

→ Avoid dust, smoke, pollen, cold, rain, pollen, raw cotton fibre.

→ use face mask.

→ X-ray PNS (OM view)

→ Blood for ESR

Complete allergy profile.

~~Furazolidone AZ nasal spray~~

→ Neosporin ophthalmic ointment - apply locally 3 times daily on area of septal ulcer in X5 days.



- Maramist- AZ nasal spray
1 puff twice daily each.
nasal cavity x 3 weeks

- Solpre nasal spray
1 puff 4 times daily
each nasal cavity x 3 weeks.

- Tab Monticope AY 1 tab OAC
at 10.5 x 20 days.

⊙ - Drep C y 2 drops 3 times daily
(lft ear) x 5 days.

- Review after 3 weeks.

⊕ reports.

- Stop nose / ear-picking



Dr. Sreemanti Bag
MBBS, MS
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Department of ENT
Desun Hospital
09-03-24.