

PATIENT NAME &amp; ADDRESS

**MRS. PREMA BARA**C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
24pg(N)-24 Parganas (North), West Bengal, India , 700156
**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

 Plot No. 1, E.M. Bypass, Kasba Gokul Park, 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 : 10-02-2024  
10:00 Hrs.RECEIVED : 10-02-2024  
13:17 Hrs.REPORTED : 10-02-2024  
15:36 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40488833

PATIENT CODE SD01/PAT/1000159583

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0008018

AGE 38 Yrs 7 Mths 18 Dys SEX Female



2331236780

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose - Fasting</b>			
<b>Glucose - Fasting</b> Specimen : Plasma Flouride Methodology : Hexokinase	89	Adult: 74 - 106 Children 60 - 100	mg/dL
<b>Uric Acid</b>			
<b>Uric Acid</b> Specimen : Serum Methodology : Uricase Peroxidase	4.6	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
<b>Creatinine</b>			
<b>Creatinine</b> Specimen : Serum Methodology : Jaffe Method	0.77	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
<b>LFT (Liver Function Test)</b>			
<b>Total Bilirubin</b> Specimen : Serum Methodology : Diazotization	0.66	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
<b>Direct Bilirubin</b> Specimen : Serum Methodology : Diazotization	0.13	Adults and Children: < 0.2	mg/dL
<b>Indirect Bilirubin</b> Methodology : Calculated Value	0.53		mg/dL
<b>Total Protein</b> Specimen : Serum Methodology : Biuret	8.1	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
<b>Albumin</b> Specimen : Serum Methodology : Bromocresol Green (BCG)	4.6	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
<b>Globulin</b> Methodology : Calculated Value	3.5	1.8 - 3.6	g/dL



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**Consultant Pathologist**

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>LFT (Liver Function Test)</b>			
<b>Aspartate Aminotransferase (SGOT) (AST)</b>	20	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alanine Aminotransferase (SGPT) (ALT)</b>	14	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alkaline Phosphatase (ALP)</b>	109	75 - 316	U/L
Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)			



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<b>Glucose - PP (Post Prandial)</b>			
<b>Glucose - Post Prandial</b>	<b>142</b>	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
** Sample Drawn : 10.02.2024 13:10 Hrs.	Received : 10.02.2024 13:56 Hrs.	Reported : 10.02.2024 15:36 Hr	


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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Lipid Profile</b>			
<b>Cholesterol - Total</b> Specimen : Serum Methodology : CHOD-POD	154	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
<b>Cholesterol - HDL</b> Specimen : Serum Methodology : Direct Enzymatic Colorimetric	46	40.0 - 59.0	mg/dL
<b>Cholesterol - LDL</b> Methodology : Calculated Value	91	> 160.0 : High Risk 130.0 – 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
<b>Cholesterol - VLDL</b> Methodology : Calculated Value	17	< 40.0	mg/dL
<b>Triglyceride</b> Specimen : Serum Methodology : GPO POD	85	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL



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<b>Lipid Profile</b>			
<b>Cholesterol - Total/HDL ratio</b> <i>Methodology : Calculated Value</i>	3.35	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
<b>Cholesterol - HDL/LDL ratio</b> <i>Methodology : Calculated Value</i>	0.51		



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<b>HbA1c (Glycosylated Haemoglobin)</b>			
Glycosylated Haemoglobin (HBA1C)	6.3	4.6 - 6.2	%
Specimen : Methodology : NGSP			
<b>BUN (Blood Urea Nitrogen)</b>			
Blood Urea Nitrogen (BUN)	17	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
Specimen : Serum Methodology : Urease, GLDH			
<b>LFT (Liver Function Test)</b>			
A/G Ratio	1.31	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
<b>GGT (Gamma-glutamyltransferase)</b>			
Gamma-glutamyltransferase (GGT)	14.1	12 - 122	U/L
Specimen : Serum Methodology :			



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<b>CBC (Complete Blood Count)</b>			
<b>Haemoglobin (Hb)</b> Specimen : Whole Blood - EDTA Methodology : Colorimetry * CLINICAL CORRELATION REQUESTED.	* 10.8	12.0 - 15.0	gm %
<b>RBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.63	3.8 - 4.8	million/cmm
<b>Packed Cell Volume (Hematocrit) (PCV)</b> Specimen : Whole Blood - EDTA Methodology : Pulse height detection	35.4	36.0 - 46.0	%
<b>Mean Cell Volume (MCV)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	62.9	83 - 101	fL
<b>Mean Cell Haemoglobin (MCH)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	19.3	27 - 32	pg
<b>Mean Cell Haemoglobin Concentration (MCHC)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	30.5	31.5 - 34.5	g/dL
<b>Platelet Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.14	1.5 - 4.1	lakh/cmm
<b>Total Count</b>			
<b>WBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	10.6	4 - 10	thou/cmm
<b>Differential Count (Microscopy)</b>			
<b>Neutrophil</b>	81	40 - 80	%
<b>Lymphocyte</b>	16	20 - 40	%
<b>Monocyte</b>	02	2 - 8	%
<b>Eosinophil</b>	01	1 - 6	%
<b>Basophil</b>	00	<1 - 2	%




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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
<i>Peripheral Blood Smear (Microscopy)</i>			
<b>RBC</b>	Microcytic & hypochromic with anisocytosis		
<b>WBC</b>	Normal morphology. No immature cell seen.		
<b>Erythrocyte Sedimentation Rate (ESR)</b> <i>Specimen : Whole Blood - EDTA</i> <i>Methodology : Westergren</i>	08	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>ABO Group &amp; RH Type</b> <b>ABO Blood Group</b> Methodology : Tube Agglutination / Slide method  <b>Rh Typing</b> Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method	B   POSITIVE		
	<p>Note : Following factors are responsible for discrepancies in ABO Grouping:</p> <ol style="list-style-type: none"> <li>1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia &amp; lymphoma.</li> <li>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.</li> <li>3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination.</li> <li>4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</li> </ol>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Urinalysis</b>			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
<b>Volume</b> <i>Methodology : By graduated container</i>	40		mL
<b>Colour</b>	Pale Straw		
<b>Appearance</b> <i>Methodology : Visual</i>	Slightly Hazy		
<b>Specific Gravity</b> <i>Methodology : pKa change</i>	1.015		ratio
<i>Chemical Examination</i>			
<b>Reaction</b> <i>Methodology : Double indicator (Strip)</i>	Acidic		
<b>Protein</b> <i>Methodology : Protein-error-of-indicators</i>	Absent		
<b>Glucose</b> <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Trace		
<b>Ketone Bodies</b> <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent		
<b>Bile Salt</b> <i>Methodology : Hay's Method</i>	Absent		
<b>Bile Pigment</b> <i>Methodology : Diazo Method (Strip)</i>	Absent		
<b>Blood</b> <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent		
<i>Microscopic Examination</i>			
<b>Pus Cells</b>	2-4		/hpf
<b>RBC</b>	Not Seen		/hpf
<b>Epithelial Cells</b>	4-6		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Urinalysis</b>			
Casts	Not Seen		
Crystals	Not Seen		
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose [Urine]</b> Chemical Examination  <b>Glucose</b> Methodology : Glucose oxidase (Strip) Benedict's Test	Trace		
----- End of Report -----			

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BED NO : OPD

DRAWN : 10-02-2024  
10:00 Hrs.RECEIVED : 10-02-2024  
10:52 Hrs.REPORTED : 10-02-2024  
14:42 Hrs.

PATIENT CODE 159583

OPD/IPD DOC NO OP40488833

REFERRING DOCTOR

ACCESSION NO DHHI-3/2023-24/0015740

AGE 38 Yrs 7 Mths 18 Dys SEX Female

*Results relate only to the samples tested*

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Thyroid Profile - 1 (T3, T4, TSH)</b>			
<b>Triiodothyronine (T3)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.01	0.80 - 2.00	ng/mL
<b>Thyroxine (T4)</b> Specimen : Serum Methodology : Electrochemiluminescence	10.96	5.10 - 14.10	µg/dL
<b>Thyroid Stimulating Hormone (TSH)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.36	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 -----			

10022024170250

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

PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MRS. PREMA BARA**C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
24pg(N)-24 Parganas (North), West Bengal, India , 700156


**DESUN**  
**HOSPITAL**  
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PROCEDURE DONE ON : 10.02.2024  
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40488833  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0010717

REPORTED : 10.02.2024  
PATIENT CODE : SD01/PAT/1000159583  
AGE : 38 Yrs 7 Mths 18 Dys  
SEX : F

## E CG TEST REPORT NO. 180



**SINUS ARRHYTHMIA**



**Dr. IMRAN AHMED KHAN**

Reg No: 64336, MBBS  
Dept. of Cardiac Science

Prepared By : Buddha Checked By : Sumita Bar

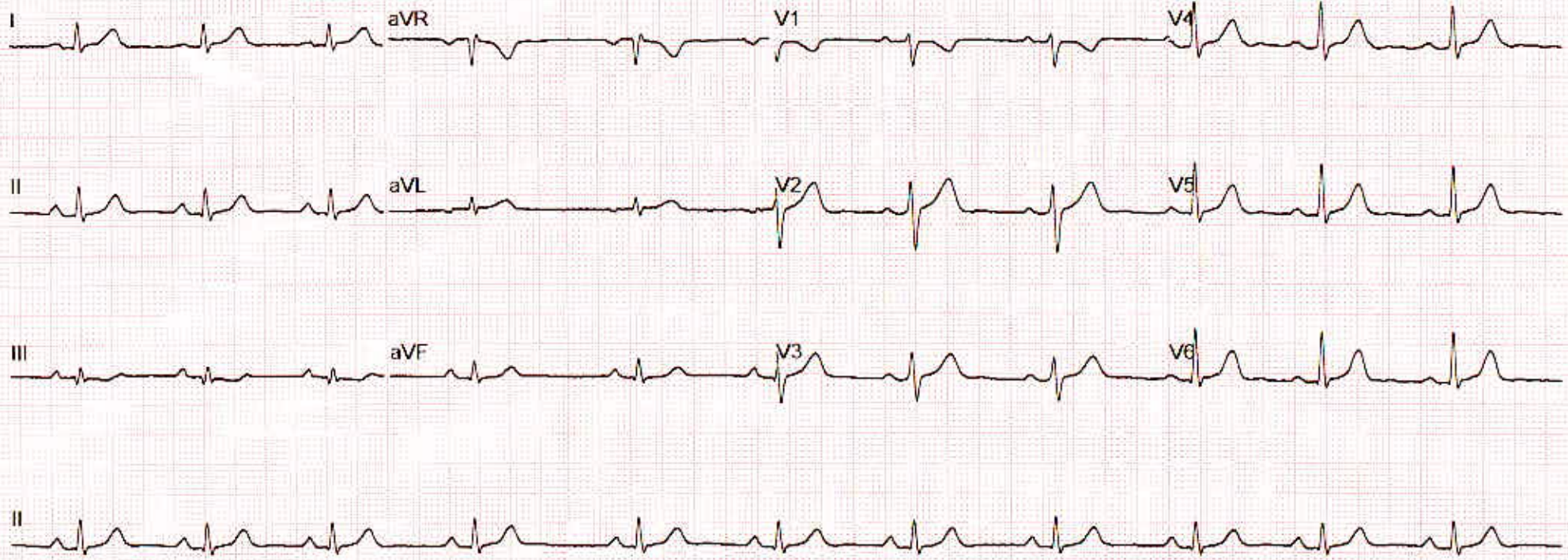
I A K

Female

QRS :	82 ms
QT / QTcBaz :	364 / 387 ms
PR :	160 ms
P :	98 ms
RR / PP :	884 / 882 ms
P / QRS / T :	72 / 35 / 31 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

Technician:  
Ordering Ph  
Referring Ph  
Attending Ph



PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MRS. PREMA BARA**  
C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0010701

REPORTED : 10.02.2024  
PATIENT CODE : SD01/PAT/1000159583  
AGE : 38 Yrs 7 Mths 18 Dys  
SEX : F

**ECHO CARDIOGRAPHY SCREENING REPORT****ECHO NO : 177****SUMMARY**

- >> Normal LV cavity size.
- >> No Regional wall motion abnormality.
- >> Good LV systolic function. LVEF = 65 %.
- >> Great arteries normal in size and relation.
- >> Interatrial and interventricular septum intact.
- >> Systemic and pulmonary venous drainage normal.
- >> No PE.

**FINAL IMPRESSION**

- >> No Regional wall motion abnormality.
- >> Good LV systolic function.

**Please Correlate Clinically.**

*Sanjib Kumar Patra*  
Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)  
DM CARD  
Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

SKP



**MRS. PREMA BARA**C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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REPORTED : 10.02.2024  
 PATIENT CODE : SD01/PAT/1000159583  
 AGE : 38 Yrs 7 Mths 18 Dys  
 SEX : F

**M - mode Measurements Valves :-**

Aorta - 2.3 cm      LV ed - 4.0 cm  
 LA - 2.8 cm      LV es - 2.2 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.


Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)  
DM CARD  
Dept. of Cardiac Science

Prepared By : Utpal    Checked By : A Esai

SKP

PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MRS. PREMA BARA**C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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AGE : 38 Yrs 7 Mths 18 Dys  
SEX : F

**PERICARDIUM** : Normal**VALVES :-****MITRAL VALVE**

Morphology : Normal  
Doppler : Normal

**TRICUSPID VALVE**

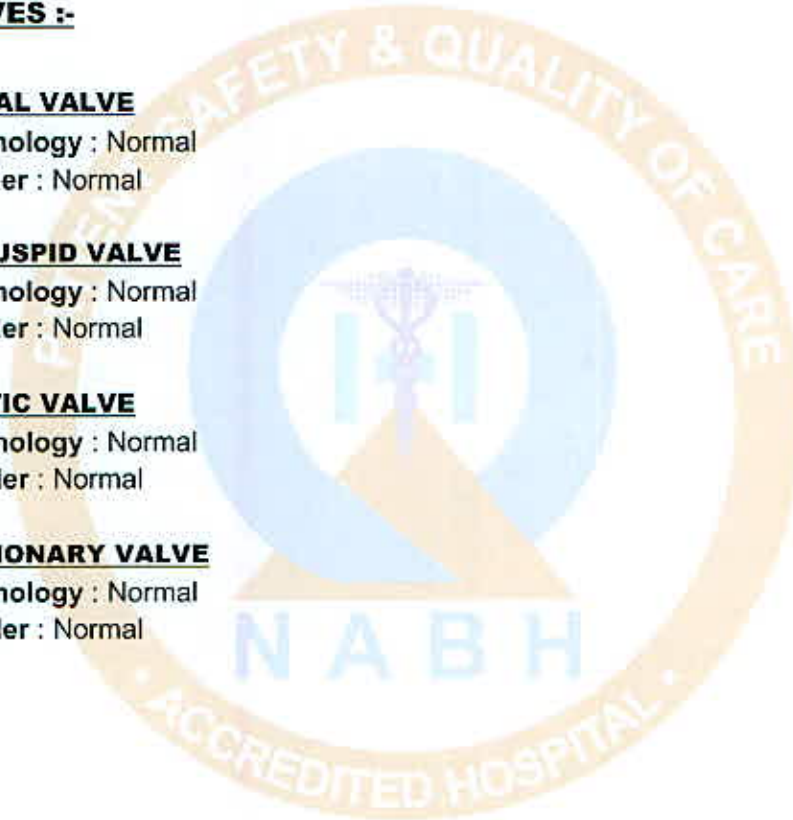
Morphology : Normal  
Doppler : Normal

**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

SKP

PATIENT NAME &amp; ADDRESS

RADIOLOGY

**MRS. PREMA BARA**C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40488833  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0010702

REPORTED : 10.02.2024  
PATIENT CODE : SD01/PAT/1000159583  
AGE : 38 Yrs 7 Mths 18 Dys  
SEX : F

### (US-10670) USG OF WHOLE ABDOMEN (SCREENING)

#### LIVER

Shows normal homogeneous echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

#### GALL BLADDER

is contracted at time of scanning with presence of echogenic foci in fundus of GB without posterior acoustic shadowing.

#### C.B.D.

Normal for age. No obvious intraluminal lesion seen in visible parts.

#### PORTAL VEIN

Normal for age.

#### 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, 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.

#### 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 &amp; ADDRESS

RADIOLOGY

**MRS. PREMA BARA**  
C- 803 VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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SEX : F

**UTERUS**

is normal in size. Anteverted and anteflexed. Endometrial thickness is normal. Myometrial echotexture is homogenous without any focal lesion or abnormal area of focal thickening.

**OVARIES**

Normal in size, shape and echopattern. No focal cystic or solid lesion seen.

No adnexal or pelvic SOL seen.

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:**

- \* GB is contracted with clustered echogenic foci in fundus of GB without posterior acoustic shadowing - ? Chronic cholecystitis.
- Follow up imaging is suggested

*Dinesh Jain*

Dr. DINESH JAIN  
WBMC-70597  
MD, DNB (Radiology), EDIR, FRCR

Patient Name:	<b>PREMA BARA 38Y OPD</b>	Study Date/Time:	10-02-2024 10:11 AM
Sex/Age/Modality:	F/38Y/CR	Report Date/Time:	10-02-2024 11:30 AM
Patient ID:	18128	Report:	CHEST PA
Ref. Physician:	DESUN HOSPITAL & HEART INSTITUTE,KOLKATA	Report ID:	1242360D1236

**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 by the image and patient information provided by the origin. In no event, Radisky Labs Private Limited shall be liable for any special, direct, indirect, consequential or any damages, arising out of or in connection with the use of the service.



Name : Mrs. Prema Bena

Date : 10.02.24

U / Doctor : Dr. Anish Chakraborty

Age : 38y Sex : F

**Doctor's Prescription**

Rx

o/e.

- no mobile tooth
- no gingival / periodontal inflammation.
- Occlusal Pit Caries inv. 16.

Adv

- \* POPAR 16.
- \* Light Cure Composite 16 restoration inv. 16.

Rx.

Use toothpaste Seneodent - K.F.  
twice daily with toothbrush.  
for 1 month.

Anish Chakraborty

10/02/24



DR. ANISH CHAKRABORTY  
(BDS)  
DENTISTRY  
REGN. NO. 6648 A  
DESUN HOSPITAL



NAME - MRS. PREMA BARA

AGE - 38 Yrs, F

DATE - 10.02.24

Co - Routine Checkup?

Cornea - clear.

V.A. 6/6 / N6.  
6/6

WNL (BE)

(Unaided)

Colour vision = WNL (BE)  
21/24

ADV

- f/a - 1 year/sos



Dr. Sourindeep Majumder  
10/2/24  
Reg. No. 60358-WBMC.  
Department of Ophthalmology

DESUN HOSPITAL

(A unit of P N Memorial Neurocentre & Research Institute Ltd.)

CIN - U85110WB2000PLC091118

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Name : Mrs. Pnema Bana

Date : 10.02.24

U/Doctor : Dr. Sreemanti Bag

Age : 38 yrs Sex : F

Doctor's Prescription

Rx

epo  
constant  
ear irritation  
Habit of  
constant  
ear-picking

→ Stop ear-picking  
→ use water-proof ear cover  
→ otobionic plain ea drop 2 drops 3 times  
clearly X 15 days /  
SOS

↓  
SURFAZ SN cream } apply locally  
twice daily B/L EAC X 7-10 days

Acute  
otitis - pharyngitis

→ ORINASE nasal drop 2 drops  
twice in each nasal cavity  
X 7 days..



Chronic  
otitis externa  
TFT: B/L Muffled  
hearing - Central  
Treat: - Mucopolysaccharide  
PRC

Tab ALLEGRA (180) } 2 tabs OD  
X 1 week

Dr. Sreemanti Bag  
Reg. No. - 23883 WBMC  
Department of ENT  
Desun Hospital

non-surgical  
→ BETADINE (5%) solution } 8-10  
i.i 75 PC in water for 1 week.

→ Tab CEPDOLAM XP 325 } 1 tab BDC X 5 days  
Stop NSAIDs + cap ODASE X 7 days.