



PATIENT NAME & ADDRESS

**MR. KUNAL JOSHUA EKKA**  
C- 803 RAIL VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
24pg(N)-24 Parganas (North), West Bengal, India , 700156

Desun More, E.M. Bypass, Kasba Gopark, Kolkata-700 107, Ph.: 71 222 900, Fax: 2443 903  
Email : desun@desunhospital.com, Website : www.desunhospital.com  
(A unit of P. N. Memorial Neurocentre & Research Institute Ltd)

DRAWN : 10-02-2024 10:20 Hrs. RECEIVED : 10-02-2024 13:48 Hrs. REPORTED : 10-02-2024 15:37 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40488842 PATIENT CODE SD01/PAT/1000159590



REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0008020 AGE 46 Yrs 10 Mths 19 Dys SEX Male

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	95	Adult: 74 - 106 Children 60 - 100	mg/dL
<b>Uric Acid</b>			
<b>Uric Acid</b> Specimen : Serum Methodology : Uricase Peroxidase	6.5	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
<b>Creatinine</b>			
<b>Creatinine</b> Specimen : Serum Methodology : Jaffe Method	1.07	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	0.79	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	0.15	Adults and Children: < 0.2	mg/dL
<b>Indirect Bilirubin</b> Methodology : Calculated Value	0.64		mg/dL
<b>Total Protein</b> Specimen : Serum Methodology : Biuret	6.9	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)	4.2	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
<b>Globulin</b> Methodology : Calculated Value	2.7	1.8 - 3.6	g/dL



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MD (Path), WBMC-70606  
Consultant Pathologist

00022024163033

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>LFT (Liver Function Test)</b>			
<b>Aspartate Aminotransferase (SGOT) (AST)</b>	33	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>	59	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alkaline Phosphatase (ALP)</b>	95	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>	120	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
** Sample Drawn : 10.02.2024 13:42 Hrs.	Received : 10.02.2024 14:10 Hrs.	Reported : 10.02.2024 15:37 Hr	



*Dr. Palash Kr Mandal*  
**Dr. Palash Kr Mandal**  
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<b>Lipid Profile</b>			
<b>Cholesterol - Total</b> Specimen : Serum Methodology : CHOD-POD	187	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
<b>Cholesterol - HDL</b> Specimen : Serum Methodology : Direct Enzymatic Colorimetric	36	40.0 - 59.0	mg/dL
<b>Cholesterol - LDL</b> Methodology : Calculated Value	116	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
<b>Cholesterol - VLDL</b> Methodology : Calculated Value	35	< 40.0	mg/dL
<b>Triglyceride</b> Specimen : Serum Methodology : GPO POD	175	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> Methodology : Calculated Value	<b>5.19</b>	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> Methodology : Calculated Value	<b>0.31</b>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<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)	13	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	1.56	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
<b>GGT (Gamma-glutamyltransferase)</b>			
Gamma-glutamyltransferase (GGT)	40.2	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	13.6	13.5 - 17.5	gm %
<b>RBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	6.71	4.5 - 5.5	million/cmm
<b>Packed Cell Volume (Hematocrit) (PCV)</b> Specimen : Whole Blood - EDTA Methodology : Pulse height detection	42.8	40.0 - 50.0	%
<b>Mean Cell Volume (MCV)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	63.8	83 - 101	fL
<b>Mean Cell Haemoglobin (MCH)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	20.3	27 - 32	pg
<b>Mean Cell Haemoglobin Concentration (MCHC)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	31.8	31.5 - 34.5	g/dL
<b>Platelet Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.47	1.5 - 4.1	lakh/cmm
<b>Total Count</b>			
<b>WBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.4	4 - 10	thou/cmm
<b>Differential Count (Microscopy)</b>			
<b>Neutrophil</b>	59	40 - 80	%
<b>Lymphocyte</b>	36	20 - 40	%
<b>Monocyte</b>	02	2 - 8	%
<b>Eosinophil</b>	03	1 - 6	%
<b>Basophil</b>	00	<1 - 2	%
<b>Peripheral Blood Smear (Microscopy)</b>			




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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
RBC	Predominantly normocytic normochromic with some microcytic RBC's seen.		
WBC	Normal morphology. No immature cell seen.		
<b>Erythrocyte Sedimentation Rate (ESR)</b> Specimen : Whole Blood - EDTA Methodology : Westergren	05	<=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	AB  NEGATIVE		
	<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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<b>Urinalysis</b>			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
<b>Volume</b> <i>Methodology : By graduated container</i>	35		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>	Absent		
<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>	1-2		/hpf
<b>RBC</b>	Not Seen		/hpf
<b>Epithelial Cells</b>	1-2		/hpf



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<b>Urinalysis</b>			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Thyroid Profile - 1 (T3, T4, TSH)</b>			
<b>Triiodothyronine (T3)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.35	0.80 - 2.00	ng/mL
<b>Thyroxine (T4)</b> Specimen : Serum Methodology : Electrochemiluminescence	10.18	5.10 - 14.10	µg/dL
<b>Thyroid Stimulating Hormone (TSH)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.46	0.270 - 4.20	µIU/mL

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

10022024162839

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OPD/IPD DOC NO OP40488842

REFERRING DOCTOR

ACCESSION NO DHHI-3/2023-24/0015739

AGE 46 Yrs 10 Mths 19 Dys SEX Male



AN ISO 9001:2000 ORGANISATION

A Unit of Desun Healthcare &amp; Research Institute Ltd.

S-15, Phase-III, K. I. Estate, E. M. Bypass, Kolkata-700 107, India

Phone No. : 033 40016355, 033 46006439

Email : care@desunpathology.com

Website : www.desunpathology.com



2331236800

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>PSA (Prostate Specific Antigen) Total</b>			
Prostate-Specific Antigen - Total (PSA - Total)	1.13	<= 4.4	ng/mL
Specimen : Serum			
Methodology : Electrochemiluminescence			
----- End of Report -----			

10022024162839

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

Any investigation has limited significance in terms of sensitivity and specificity of the assay procedure and the quality of the sample received in the laboratory.  
Any laboratory test results is not the final diagnosis, it has to be interpreted with clinical correlation and other related investigations.

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED.

PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MR. KUNAL JOSHUWA EKKA**C- 803 RAIL VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
24pg(N)-24 Parganas (North), West Bengal, India , 700156

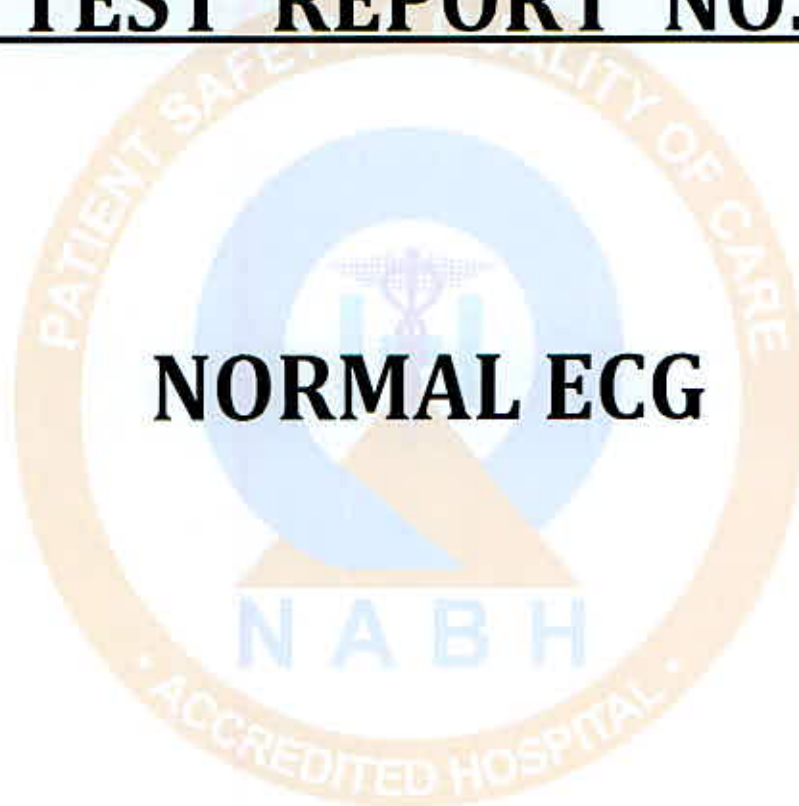

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E-mail : desun@desunhospital.com, Website : www.desunhospital.com  
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PROCEDURE DONE ON : 10.02.2024  
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40488842  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0010723

REPORTED : 10.02.2024  
PATIENT CODE : SD01/PAT/1000159590  
AGE : 46 Yrs 10 Mths 19 Dys  
SEX : M

# E CG TEST REPORT NO. 181




Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS  
Dept. of Cardiac Science

Prepared By : Buddha Checked By : Sumita Bar

IAK

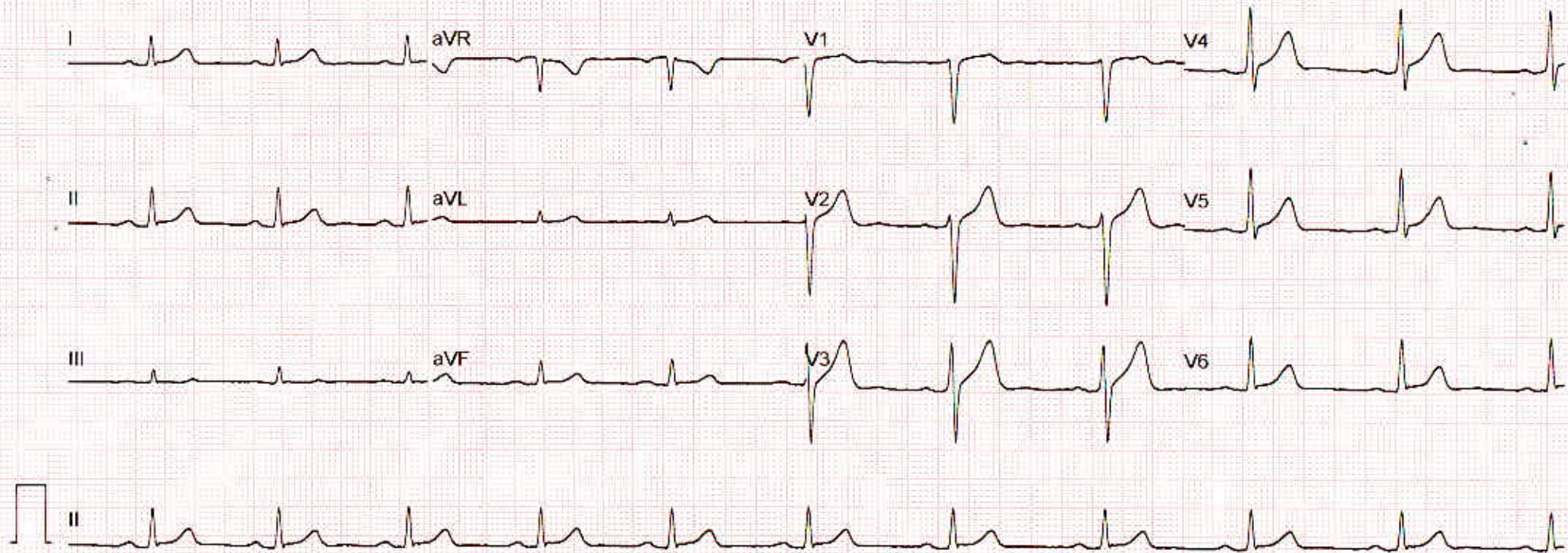
46 Years

Male

QRS : 86 ms  
QT / QTcBaz : 374 / 385 ms  
PR : 176 ms  
P : 106 ms  
RR / PP : 934 / 937 ms  
P / QRS / T : 47 / 46 / 38 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MR. KUNAL JOSHUWA EKKA**  
C- 803 RAIL VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
24pg(N)-24 Parganas (North), West Bengal, India , 700156

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OPD / IPD DOC NO	: SD01/OPD/BILL/2023-24/OP40488842	PATIENT CODE	: SD01/PAT/1000159590
REFERRING DOCTOR	:	AGE	: 46 Yrs 10 Mths 19 Dys
ACCESSION NO	: R/DHHI-1/2023-24/0010680	SEX	: M

**ECHO CARDIOGRAPHY SCREENING REPORT****ECHO NO : 175****SUMMARY**

- >> Normal LV cavity size.
- >> No Regional wall motion abnormality.
- >> Good LV systolic function. LVEF = 62 %.
- >> Left ventricular diastolic dysfunction Grade I.
- >> Trivial TR.
- >> 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.
- >> Left ventricular diastolic dysfunction Grade I.
- >> 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

S K P



PATIENT NAME &amp; ADDRESS

CARDIOLOGY

**MR. KUNAL JOSHUWA EKKA**  
C- 803 RAIL VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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AGE : 46 Yrs 10 Mths 19 Dys  
SEX : M

**M - mode Measurements Valves :-**

Aorta - 3.1 cm                      LV ed - 4.1 cm  
LA - 3.4 cm                        LV es - 2.6 cm  
ACS - cm                        IVS ed - 1.0 cm  
RV ed - cm                        PW (LV) - 1.0 cm  
FS - %                              LVEF - 62 %

**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 :-**

*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 &amp; ADDRESS

CARDIOLOGY

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**GREAT ARTERIES** : Normal in size and relation.**PERICARDIUM** : Normal**VALVES :-****MITRAL VALVE**

Morphology : Normal  
Doppler : Normal

**TRICUSPID VALVE**

Morphology : Normal  
Doppler : Tricuspid Regurgitation : Trivial

**AORTIC VALVE**

Morphology : Normal  
Doppler : Normal

**PULMONARY VALVE**

Morphology : Normal  
Doppler : Normal



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 &amp; ADDRESS

RADIOLOGY

MR. KUNAL JOSHUWA EKKA

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


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OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40488842  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0010736

REPORTED : 10.02.2024  
PATIENT CODE : SD01/PAT/1000159590  
AGE : 46 Yrs 10 Mths 19 Dys  
SEX : M

## (US-10667) USG OF WHOLE ABDOMEN

### LIVER

Grade - II fatty changes. 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.

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

MR. KUNAL JOSHUWA EKKA

C- 803 RAIL VIHAR, P.O- NEWTOWN, P.S- NEWTOWN  
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**PROSTATE**

Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically.  
Prostate weight : 20 gms (approx.)

**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**

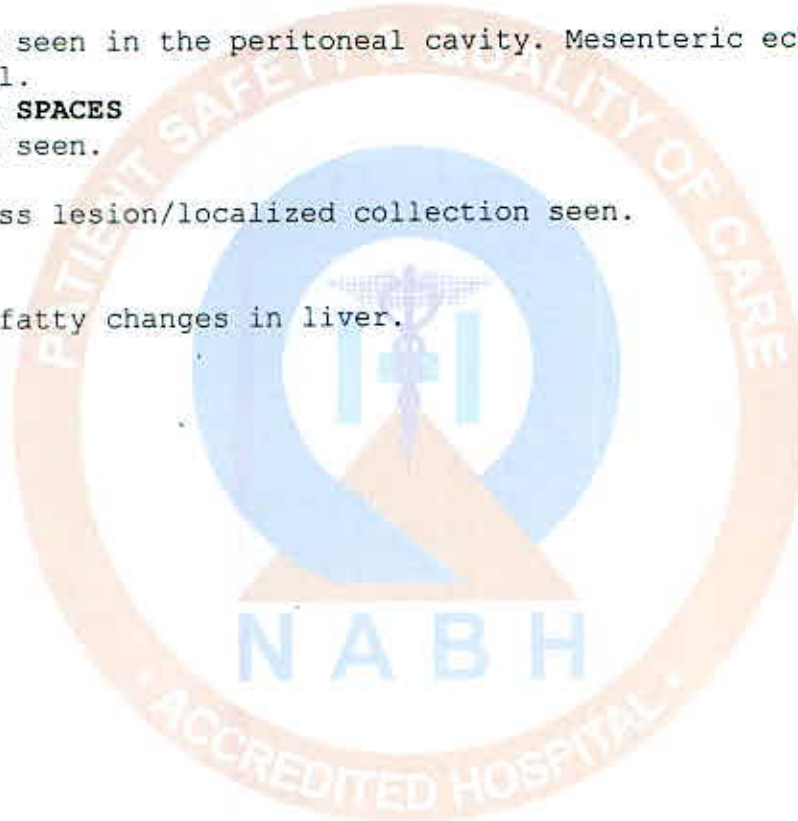

No free fluid seen.

**R. I. F**

No obvious mass lesion/localized collection seen.

**IMPRESSION:**

\* Grade - II fatty changes in liver.

Dr. DINESH JAIN

WBMC-70597

MD, DNB (Radiology), EDIR, FRCR

Patient Name:	<b>KUNAL JOSHUWA EKKA</b> <b>46Y OPD</b>	Study Date/Time:	10-02-2024 10:19 AM
Sex/Age/Modality:	M/46Y/CR	Report Date/Time:	10-02-2024 11:30 AM
Patient ID:	18131	Report:	CHEST PA
Ref. Physician:	DESUN HOSPITAL & HEART INSTITUTE, KOLKATA	Report ID:	1242365D1236

**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 : Mr. Kunal Joshuwa Ekka

Date : 10.02.24

U/Doctor : Dr. Anish Chakraborty

Age : 46 Sex : M

**Doctor's Prescription**

**Rx**

o/e -

pain in lower right side of jaw region.

o/e -

\* Stain & Calculus , \* Clicking sound while opening mouth in TMJ.

Adv -

- Full mouth Supra Gingival Scaling.
- Hot & Cold Compression Simultaneous + Mouth Exercises for TMJ.

Anish Chakraborty

10/2/24

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





NAME - MR. KUNAL JOSHUWA EKKA

AGE - 46 yrs, M

DATE - 10.02.24

Co - Routine checkup

\* WNL (AE)

\* Refractive Error.

Cornea - clear.

VA of 6/6 (uncorrected)

Colour vision - WNL (AE)  
2/21.

ADV - use glasses

Ref

RE → -0.50 cyl x 80° 6/6

LE → -0.50 cyl x 130° 6/6

Near Add → +1.75 sph

Progressive

→ E/D Near Drops - 1 drop - SOS (bc)

→ f/A - 1 year / SOS

Dr. Soumyadeep Majumder

MBSB MS  
Reg. No. 68358 WBMC

Department of Ophthalmology



DESUN HOSPITAL

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

CIN - U85110WB2000PLC091118

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Hospital Address : Desun More, Kasba Golpark, E. M. Bypass, Kolkata - 700 107

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



Name : Mr. Runal Joshuwa Ekka

Date : 10.02.24

U / Doctor : Dr. Sneemanti Bag

Age : 46 yrs Sex : M

Doctor's Prescription

eye  
heaviness/  
bloody  
sensation  
in both  
ears/  
nasal discharge  
burge  
recurrent  
episodic  
of sneezing  
waxiness  
nose / eyes  
on exposure  
to dust -  
OTC - Ear  
All 7M on ket  
at 7M on

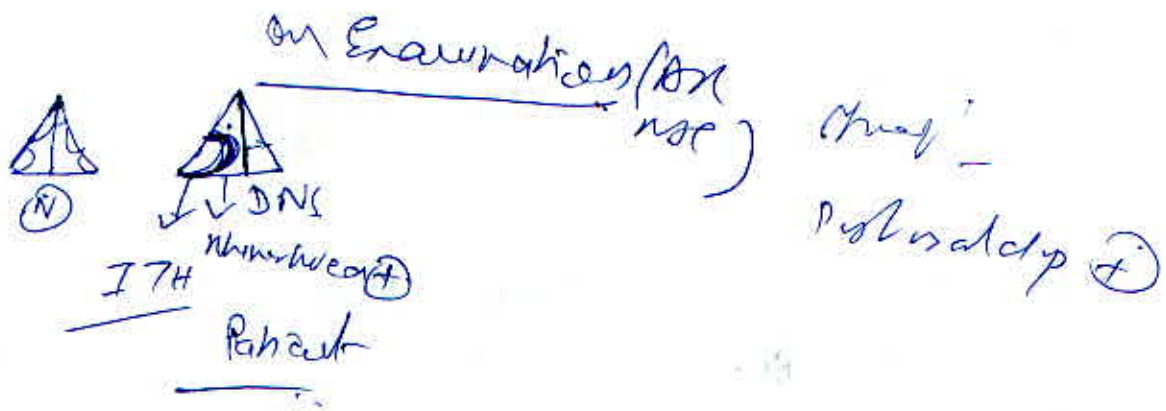
Rx  
- Xray PNS (O.N view)  
- DUONASE nasal spray 1 puff  
twice daily in each nostril  
cautly Xwells.  
- Solique nasal spray 2 puffs twice  
daily in each nostril cautly Xwells.  
- Tab MONTEK LC 1 tab daily once  
before dinner Xwells.  
- use face wash 1 cap once daily after  
meal Xwells.  
- Avoid dust, cold, Cough, sneeze  
pity, pollen.  
- Review after 2 weeks.  
- P 7A / ~~Symptoms~~  
Hypotension

P70



*[Signature]*  
10.02.24





ITH :- B/L purulent discharge  
 well tolerated to life



**Dr. Sreemanti Bag**  
 MBBS, MS  
 Reg. No. - 73883 WBMC  
 Department of ENT  
 Desun Hospital