

PATIENT NAME & ADDRESS

MRS. ESHA ROY

PATHOLOGY



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 : 13-04-2024 10:45 Hrs. RECEIVED : 13-04-2024 13:43 Hrs. REPORTED : 13-04-2024 14:37 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2024-25/OP40513192 PATIENT CODE SD01/PAT/1000166995

REFERRING DOCTOR

ACCESSION NO DHHI-1/2024-25/0000600 AGE 37 Yrs 3 Mths 2 Dys SEX Female



Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose - Fasting</b>			
<b>Glucose - Fasting</b>	100	Adult: 74 - 106 Children 60 - 100	mg/dL
<i>Specimen : Plasma Flouride</i>			
<i>Methodology : Hexokinase</i>			
<b>Uric Acid</b>			
<b>Uric Acid</b>	5.3	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
<i>Specimen : Serum</i>			
<i>Methodology : Uricase Peroxidase</i>			
<b>Creatinine</b>			
<b>Creatinine</b>	0.75	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
<i>Specimen : Serum</i>			
<i>Methodology : Jaffe Method</i>			
<b>LFT (Liver Function Test)</b>			
<b>Total Bilirubin</b>	0.40	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
<i>Specimen : Serum</i>			
<i>Methodology : Diazotization</i>			
<b>Direct Bilirubin</b>	0.10	Adults and Children : < 0.2	mg/dL
<i>Specimen : Serum</i>			
<i>Methodology : Diazotization</i>			
<b>Indirect Bilirubin</b>	0.3		mg/dL
<i>Methodology : Calculated Value</i>			
<b>Total Protein</b>	8.3	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
<i>Specimen : Serum</i>			
<i>Methodology : Biuret</i>			
<b>Albumin</b>	4.6	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
<i>Specimen : Serum</i>			
<i>Methodology : Bromocresol Green (BCG)</i>			
<b>Globulin</b>	3.7	1.8 - 3.6	g/dL
<i>Methodology : Calculated Value</i>			



*Prerana Mondal*

Dr. Prerana Mondal  
 MD (Path), WBMCC-70606  
 Consultant Pathologist

3042024181235

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2430050360

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AGE 37 Yrs 3 Mths 2 Dys

SEX Female

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>LFT (Liver Function Test)</b>			
<b>Aspartate Aminotransferase (SGOT) (AST)</b>	17	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>			
<b>Alanine Aminotransferase (SGPT) (ALT)</b>	19	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
<i>Specimen : Serum</i> <i>Methodology : IFCC (UV without P5P)</i>			
<b>Alkaline Phosphatase (ALP)</b>	105	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
<b>Lipid Profile</b>			
<b>Cholesterol - Total</b> Specimen : Serum Methodology : CHOD-POD * CLINICAL CORRELATION REQUESTED. * VALUE RECHECKED.	<b>* 290</b>	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
<b>Cholesterol - HDL</b> Specimen : Serum Methodology : Direct Enzymatic Colorimetric	<b>72</b>	40.0 - 59.0	mg/dL
<b>Cholesterol - LDL</b> Methodology : Calculated Value	<b>194.2</b>	> 160.0 : High Risk 130.0 – 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
<b>Cholesterol - VLDL</b> Methodology : Calculated Value	<b>23.8</b>	< 40.0	mg/dL
<b>Triglyceride</b> Specimen : Serum Methodology : GPO POD	<b>119</b>	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
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**Lipid Profile**

<b>Cholesterol - Total/HDL ratio</b> <i>Methodology : Calculated Value</i>	<b>4.03</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> <i>Methodology : Calculated Value</i>	<b>0.37</b>		




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<b>HbA1c (Glycosylated Haemoglobin)</b>			
Glycosylated Haemoglobin (HBA1C)	5.8	4.6 - 6.2	%
<i>Specimen : Methodology : NGSP</i>			
<b>BUN (Blood Urea Nitrogen)</b>			
Blood Urea Nitrogen (BUN)	10	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
<i>Specimen : Serum Methodology : Urease, GLDH</i>			
<b>LFT (Liver Function Test)</b>			
A/G Ratio	1.24	1.1 - 2.2	ratio
<i>Specimen : serum Methodology : Calculated Value</i>			
<b>GGT (Gamma-glutamyltransferase)</b>			
Gamma-glutamyltransferase (GGT)	17.5	12 - 122	U/L
<i>Specimen : Serum Methodology :</i>			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
<b>Haemoglobin (Hb)</b> Specimen : Whole Blood - EDTA Methodology : Colorimetry * CLINICAL CORRELATION REQUESTED.	<b>* 10.6</b>	12.0 - 15.0	gm %
<b>RBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>4.22</b>	3.8 - 4.8	million/cmm
<b>Packed Cell Volume (Hematocrit) (PCV)</b> Specimen : Whole Blood - EDTA Methodology : Pulse height detection	<b>33.8</b>	36.0 - 46.0	%
<b>Mean Cell Volume (MCV)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>80.1</b>	83 - 101	fL
<b>Mean Cell Haemoglobin (MCH)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>25.2</b>	27 - 32	pg
<b>Mean Cell Haemoglobin Concentration (MCHC)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>31.4</b>	31.5 - 34.5	g/dL
<b>Platelet Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>3.95</b>	1.5 - 4.1	lakh/cmm
<b>Total Count</b>			
<b>WBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>9.2</b>	4 - 10	thou/cmm
<b>Differential Count (Microscopy)</b>			
<b>Neutrophil</b>	<b>69</b>	40 - 80	%
<b>Lymphocyte</b>	<b>28</b>	20 - 40	%
<b>Monocyte</b>	<b>02</b>	2 - 8	%
<b>Eosinophil</b>	<b>01</b>	1 - 6	%
<b>Basophil</b>	<b>00</b>	<1 - 2	%



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
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**CBC (Complete Blood Count)**

Peripheral Blood Smear (Microscopy)

RBC

Normocytic & mildly hypochromic

WBC

Normal morphology. No immature cell seen.

**Erythrocyte Sedimentation Rate (ESR)**

79

<=15

mm / hr

Specimen : Whole Blood - EDTA

Methodology : Westergren



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**ABO Group & RH Type**

**ABO Blood Group**

*Methodology : Tube Agglutination / Slide method*

O

**Rh Typing**

*Specimen : Whole Blood - EDTA*

*Methodology : Tube Agglutination / Slide method*

POSITIVE

**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.

'H' ANTIGEN PRESENT

----- End of Report -----



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**Glucose - PP (Post Prandial)**

**Glucose - Post Prandial**  
Specimen : Plasma Flouride  
Methodology : Hexokinase

112

70.0 - 140.0

mg/dL

\*\* Sample Drawn : 13.04.2024 14:32 Hrs.

Received : 13.04.2024 15:06 Hrs.

Reported : 13.04.2024 18:58 Hrs.



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

5042024132100

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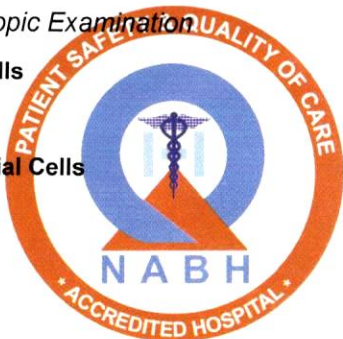
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Urinalysis</b>			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
<b>Volume</b> <i>Methodology : By graduated container</i>	35		mL
<b>Colour</b>	Pale Straw		
<b>Appearance</b> <i>Methodology : Visual</i>	Slightly Hazy	Clear	
<b>Specific Gravity</b> <i>Methodology : pKa change</i>	1.015	1.000 - 1.030	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	Absent	
<b>Glucose</b> <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Absent	Absent	
<b>Ketone Bodies</b> <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent	Absent	
<b>Bile Salt</b> <i>Methodology : Hay's Method</i>	Absent	Absent	
<b>Bile Pigment</b> <i>Methodology : Diazo Method (Strip)</i>	Absent	Absent	
<b>Blood</b> <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent	Absent	
<i>Microscopic Examination</i>			
<b>Pus Cells</b>	2-4	0 - 5	/hpf
<b>RBC</b>	Not Seen	Nil	/hpf
<b>Epithelial Cells</b>	8-10	0 - 1	/hpf



*Signature*

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**Urinalysis**

Casts

Not Seen

Crystals

Not Seen



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**Urinalysis**

*Chemical Examination*

**Urobilinogen**

Absent

Absent

Methodology : Modified Ehrlich reaction  
(Strip)

----- End of Report -----



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BED NO : OPD

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PATIENT CODE 166995

OPD/IPD DOC NO OP40513192



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Thyroid Profile - 1 (T3, T4, TSH)</b>			
<b>Triiodothyronine (T3)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	1.24	0.80 - 2.00	ng/mL
<b>Thyroxine (T4)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	9.91	5.10 - 14.10	µg/dL
<b>Thyroid Stimulating Hormone (TSH)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	0.914	Non-Pregnant : 0.27 - 4.20 Pregnant Ist Trimester : 0.10 - 2.5 2nd Trimester : 0.20 - 3.0 3rd Trimester : 0.30 - 3.0	µIU/mL
----- End of Report -----			

13042024175112

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

MRS. ESHA ROY

PROCEDURE DONE ON : 13.04.2024  
 OPD AND BILL NO : SD01/OPD/BILL/2024-25/OP40513192  
 REFERRING DOCTOR :  
 REFERRAL NO : R/DHHI-1/2024-25/0001562

**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

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AGE : 37 Yrs 3 Mths 2 Dys  
 SEX : F

### REPORT OF ELECTROCARDIOGRAM

Standardization : 10 mm/mv.  
 Rhythm : Regular/Sinus.  
 Rate : 74 bpm  
 QRS Axis : Normal.  
 QRS : Normal.  
 QTC : Normal.  
 'P' Wave : Normal.  
 P.R : Normal.  
 QRS Complex : Normal.  
 'Q' Wave : Absent.  
 ST Segment : Isoelectric.  
 'T' Wave : ↓ V1  
 'U' Wave : Absent.

**IMPRESSION** : **NORMAL ECG.**

*Sanjib Kumar Patra*  
**Dr. SANJIB KUMAR PATRA**  
 Reg No: 53571 (WBMC)  
 DM CARD  
 Dept. of Cardiac Science

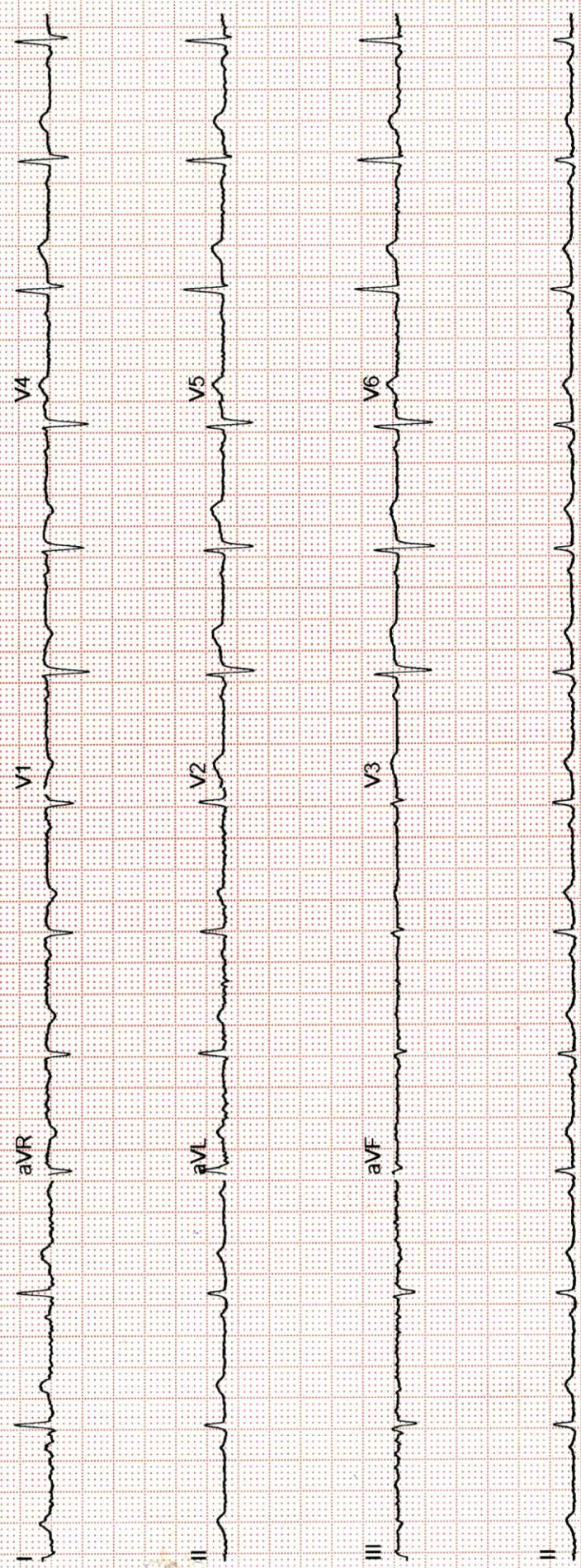
13 04 2024 11:14:58  
DESU HOSPITAL  
E MI Baipar, Kasba, Golpark  
Kolkata - 700107

Female

Normal sinus rhythm  
Normal ECG

QRS 68 ms  
QT / QTcBaz 376 / 417 ms  
PR 158 ms  
P 90 ms  
RR / PP 812 / 810 ms  
P / QRS / T 23 / 4 / 3 degrees

Technician  
Ordering Ph  
Referring Ph  
Attending Ph



PATIENT NAME &amp; ADDRESS

CARDIOLOGY

MRS. ESHA ROY



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

PROCEDURE DONE ON : 13.04.2024  
 OPD / IPD DOC NO : SD01/OPD/BILL/2024-25/OP40513192  
 REFERRING DOCTOR :  
 ACCESSION NO : R/DHHI-1/2024-25/0001507

REPORTED : 13.04.2024  
 PATIENT CODE : SD01/PAT/1000166995  
 AGE : 37 Yrs 3 Mths 2 Dys  
 SEX : F

## **ECHO CARDIOGRAPHY SCREENING REPORT**

**ECHO NO : 308**

### **SUMMARY**

- >> Normal LV cavity size.
- >> No Regional wall motion abnormality.
- >> Good LV systolic function. LVEF = 65 %.
- >> No PAH.
- >> 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.**

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CARDIOLOGY



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### **M - mode Measurements Valves :-**

Aorta - 2.5 cm	LV ed - 4.2 cm
LA - 3.5 cm	LV es - 2.7 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 :-**

Dr. SANJIB KUMAR PATRA

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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 : Normal

**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

PATIENT NAME &amp; ADDRESS

RADIOLOGY

MRS. ESHA ROY



PROCEDURE DONE ON : 13.04.2024  
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 REFERRING DOCTOR :  
 ACCESSION NO : R/DHHI-1/2024-25/0001503

REPORTED : 13.04.2024  
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 AGE : 37 Yrs 3 Mths 2 Dys  
 SEX : F

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### (US-13909) 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

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

MRS. ESHA ROY



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**UTERUS**

Anteverted and anteflexed. Endometrial thickness is normal ( cm).  
 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:**

\* Sonological features are within normal limit.

Dr. DINESH JAIN

WBMC-70597

MD, DNB (Radiology), EDIR, FRCR

Patient Name:	<b>ESHA ROY 37Y OPD</b>	Study Date/Time:	13-04-2024 10:31 AM
Sex/Age/Modality:	F/37Y/CR	Report Date/Time:	13-04-2024 11:55 AM
Patient ID:	730	Report:	CHEST PA
Ref. Physician:	DESUN	Report ID:	1329471D1236

**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





NAME - MRS. ESHA ROY

AGE - 37 Yrs, F

DATE - 13.04.24

Qo - Routine Eye Test.

UnVn  $\left\langle \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

Corneal  $\left\langle \right.$  - Normal

Refn

RB - Plano, 6/6  
LE - Plano, 6/6 / -N<sub>6</sub>

Pt can read all plates of Ishihara plates.

Adv - 20-20-20 vision rule.



**Dr. Soumyadeep Majumder**

MBBS MS

Reg. No. 68158 WBMC

Department of Ophthalmology



Name : Mrs. Esha Roy  
U / Doctor : Dr. Anish Chakraborty

Date : 13.04.24  
Age : 37y Sex : F

Doctor's Prescription

Rx

~~PE~~  
no dental Carious / Cavitation  
no dental Pulpal / Periapical  
inflammation.  
Previously  
Root Canal treated  $\frac{1}{6}$ , Broken &  
Dislodged Post-ends  
restoration.  
Adv. Core - Re-build up of  $\frac{1}{6}$  followed  
by Crown.  
2024R  $\frac{1}{6}$



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

adv.  
Recall after 2 months  
Anish Chakraborty  
13/4/24

- ① Intra Oral Ointment Hexigel (Use apply topically 2 times/day on complain spot for 20 minutes) (For 2 months)
- ② Mouth Rinse. Residin-SPS (10ml - Two times/day - for 2 months) \* Use without dilution.
- ③ Toothpaste Vantel for 1 month. followed by Sensodent for 1 month. (2 times/day) Sensodent - KF



Name : MRS. Esha Roy

Date : 13.04.24

U / Doctor : Dr. Sneemanti Bag

Age : 371 Sex : F

Doctor's Prescription

Known  
C/O  
allergic  
rhinitis  
constant  
blocky  
sensation  
mucous  
sensation  
in throat

Rx

Advise

- No wet-picking
- Avoid wet-blowing
- use face mask
- Avoid dust, cold, fumes, smoke, pollen, pets.
- Cap Pantakind Flux →

1 capsule once daily before breakfast x 20 days

→ Symp RACIPAF 7Y 2TSF  
1/2 worn after meal 3 times daily x 20 days.

! → Tab TAXIMOCV (200/125) }  
1 tablet twice daily after meal x 5 days.

O/F. |  
B/L septal  
ulcer  
muc. -  
post nasal  
drip ⊕  
known  
flaked  
throat



easy  
B/L TM defect  
B/L EAC - clear

family w/o

AR (+)

(after septal  
ulcer has  
healed)

↓ → NEOSPORIN ophthalmic ointment  
apply locally 3 times daily on  
area of septal ulcer  
X 1 week

↓  
FORAMIST AZ nasal spray

1 puff twice daily in each nasal  
cavity X 3 weeks.

+  
SOLSPRE nasal spray

1 puff 4 times daily in each  
nasal cavity X 3 weeks

Tab MONTEK 100 1 tab OD AC

at HS X 20 days

TAB BROCCLEAR 1 tab twice daily

X 10 days

Review after 3 weeks & old ISE,  
allergy profile report  
& fresh xray PNS (OM view)



S. Bag  
13-04-24

Dr. Sreemanti Bag  
MBBS, MS