CHARUSAT HOSPITAL

CHRF CHARUSAT HOSPITAL Care with compassion...

YOUTH SHALL RESHAPE THE WORLD — SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

Patient Name	: Sunilkumar Gandabhai Parmar	Sample No.	: 24000632
Patient ID	: CH-2024-0059137	Visit No.	: OPD/2024/11/0000268
Age / Sex	: 39y / Male	Coll. Date	: 11/11/2024 09:08
Visit Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 11/11/2024 09:37
Ward	: -	Report Date	: 11/11/2024 12:03

HEMATOLOGY

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	13.40 gm/dl	14.0 - 18.0 mg/dl

WBC

Investigation	Result	Normal Value
WBC Count	4570 /c.mm	4000.0 to 10000.0 /c.mm

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	55.00 %	40.0 - 70.0 %
Lymphocytes	42.00 %	20.0 - 40.0 %
Eosinophils	1.00 %	1.0 - 6.0 %
Monocytes	2.00 %	2.0 - 10.0 %
Total	100.00	

Platelet count

Investigation	Result	Normal Value
Platelets Count	215000 / cmm	1,50,000 - 4,50,000 /cmm

Blood Group

TEST	RESULT
Blood Group	b
Rh Factor	Positive

ESR

Investigation	Result	Normal Value
ESR After One Hour	8 mm	3.0 - 5.0 mm

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D

Scanned with OKEN Scanner

CHARUSAT HOSPITAL

CHRF CHARUSAT HOSPITAL Care with compassion...

YOUTH SHALL RESHAPE THE WORLD — SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

tient Name	: Sunilkumar Gandabhai Parmar	Sample No.	: 24000632
tient ID	: CH-2024-0059137	Visit No.	: OPD/2024/11/0000268
je / Sex	: 39y / Male	Coll. Date	: 11/11/2024 09:08
sit Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 11/11/2024 09:37
ard	: -	Report Date	: 11/11/2024 12:03

BIOCHEMISTRY

ASTING BLOOD GLUCOSE

vestigation	Result	Normal Value
asting Blood Sugar	100.22 mg/dL	70 to 110 mg/dL

LOOD UREA

vestigation	Result	Normal Value
lood Urea	21.31 mg/dl	15 - 40 mg/dl

.Creatinine

ivestigation	Result	Normal Value
reatinine	1.01 mg/dl	M : 0.7 to 1.5

RIC ACID

ivestigation	Result	Normal Value
ric Acid	5.13 mg/dl	2.5 to 7.0 mg/dl

UN

vestigation	Result	Normal Value
UN	9.96 mg/dl	8.0 - 23.0 mg/dl

IMMUNOLOGY

SH

vestigation	Result	Normal Value
SH	4.26 uIU/ml	0.34 - 4.5 uIU/ml

vestigation	Result	Unit	Reference Range
-Triodothyronine	1.62 ng/ml		0.69 - 2.15 ng/ml

estigation	Result	Normal Value
Free	70.4 ng/dl	52.0 - 127.0 ng/dl

DR. NAITIK BHATIA
ONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D

Scanned with OKEN Scanner

CHRF CHARUSAT HOSPITAL Care with compassion...

CHARUSAT HOSPITAL

YOUTH SHALL RESHAPE THE WORLD — SHRI CHAROTAR MOTI SATTAVIS PATIDAR KELAVANI MANDAL

ent Name	: Sunilkumar Gandabhai Parmar	Sample No.	: 24000632
ent ID	: CH-2024-0059137	Visit No.	: OPD/2024/11/0000268
/ Sex	: 39y / Male	Coll. Date	: 11/11/2024 09:08
t Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 11/11/2024 09:37
rd	: -	Report Date	: 11/11/2024 12:03

BIOCHEMISTRY

ER FUNCTION TEST

estigation	Result	Normal Value
PT	21.89 IU/L	0 to 40 IU/L
OT	21.66 U/L	0.0 to 45.0 U/L
al Bilirubin	0.43 mg/dl	0.2 - 1.3 mg/dl
ect Bilirubin	0.12 mg/dl	0.0 to 0.3 mg/dl
rect Bilirubin	0.31 mg/dl	0.2-0.90 mg/dl
Alkaline Phosphatase	70.51 IU/L	15 - 100 years 37.0 - 147.0 IU/L
al Protein	7.3 gm/dl	5.0 - 10.0 gm/dl
umin	3.91 gm/dl	3.5 to 5.0 gm/dl
bulin	3.39 gm/dl	2.4 to 3.5 mg/dl
Globulin	1.15	1.1 to 2.5

D PROFILE

stigation	Result	Normal Value
lesterol (Chol)	196.38 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
lyceride	**152.82** mg/dl [H]	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
. Cholesterol	43 mg/dl	Negative risk : >or = 60 High risk : < 40
C	122.82 mg/dL	
L	30.56 mg/dl	Up to 0 to 34 mg/dl
/HDL Ratio	: 2.86	0.5 to 3.0(Low) 3.0 to 6.0(Moderarte) > 6.0(High)
l Chol / HDL Ratio	4.57	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
l Lipids	599.23 mg/dl	400 to 700 mg/dl

DR. NAITIK BHATIA
NSULTANT PATHOLOGIST

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST

Scanned with OKEN Scanner

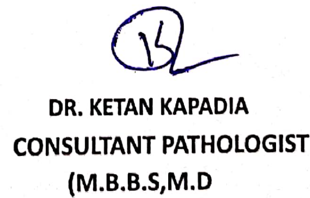
CHARUSAT HOSPITAL

CHRF CHARUSAT HOSPITAL Care with compassion...

nt Name	: Sunilkumar Gandabhai Parmar	Sample No.	: 24000639
nt ID	: CH-2024-0059137	Visit No.	: OPD/2024/11/0000268
Sex	: 39y / Male	Coll. Date	: 11/11/2024 09:08
Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 11/11/2024 10:40
	: -	Report Date	: 11/11/2024 12:02

CLINICAL PATHOLOGY

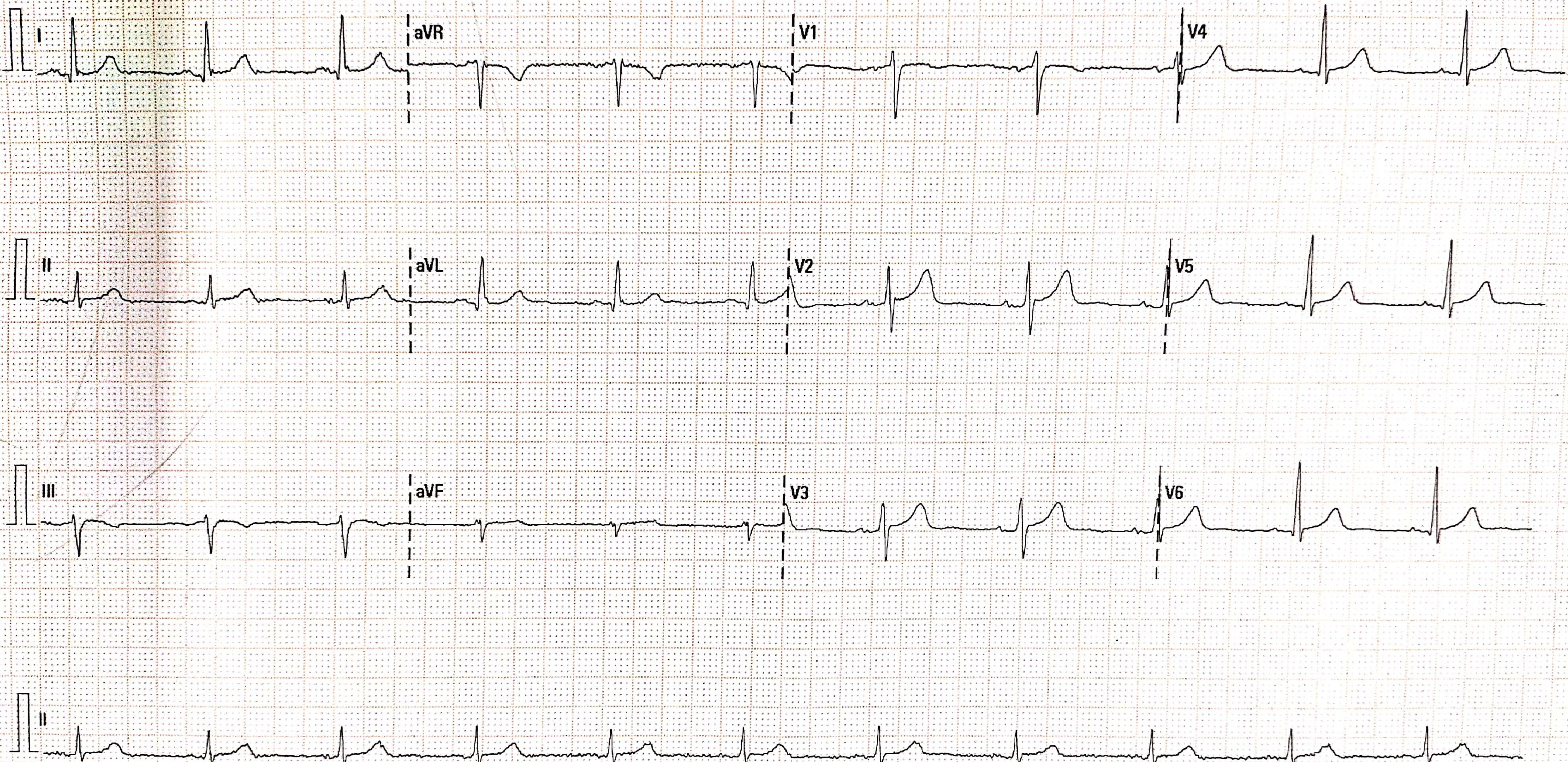
IE R & M	RESULT
ical Examination :	
itity	30
ır	Pale Yellow
arance	Clear
ır	URINIOD
tion	Acidic
ific Gravity	1.030
nical Examination :	
nin	Absent
ır	Absent
Salts	Absent
Pigments	Absent
one	Absent
ilinogen	Absent
oscopic Examination :	
Cells	1-2
s	Absent
helial cells	1-2



DR. NAITIK BHATIA
NSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D

Scanned with OKEN Scanner



Scanned with OKEN Scanner

LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)

Dr. Alpesh

Date & Time : 11/11/24

Registration No. : CH-24-0059137

Name : Sunilkumar G Parmar Contact No. : (M) ______

Age : 39 Sex : M (O) ______

Address : ______

B.P. : 100/60 Pulse : ______ SpO_2 : ______

BMI : ______ Height : ______ Weight : ______

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : ______

CASE ANALYSIS

Past History : ______

Present History : ______

O/E Vitals : ______

Systemic Examination : ______

FAMILY HISTORY :

Diabetes

IHD

Hypertension

Others (Specify) : ______

PATIENT'S MEDICAL/OTHER HISTORY :

☐ Hypertension ☐ IHD ☐ T.B. ☐ Jaundice

☐ Epilepsy ☐ Asthma ☐ Hepatitis B ☐ Hepatitis C

☐ Food Allergy ☐ AIDS/HIV ☐ Bleeding Disorder

☐ Drug Allergy ☐ Pregnancy

HABITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : ______

CHRF/OPD/5083

Scanned with OKEN Scanner

Investigation/s Advised :

Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARKS
11-11-2024	S/B Dr. Alpesh D:- Hypothyroidism Adv - T. Rosuvastatin (5) 0-0-1 × (3) months - T. Thyroxine (75) 1-0-0 × (3) months	
11/11/24 S/B ENT.	No fresh ENT c/o. Exam: (R) (L) | B/M intact	Adv

Nose \| NAD
OC

Neck : No LN / No swelling

Signature with Stamp

DENTAL REGISTRATION FORM

CHRF
CHARUSAT HOSPITAL
...with compassion...

Date & Time : 11/11/24
Registration No. : CH-24-0059137

Name : Sunilkumar G Parmar
Age : 39
Sex : M

Contact No. :
Emergency Contact No. :
Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine Check up.

Family History :
- ☐ Diabetes
- ☐ Hypertension
- ☐ IHD
- Others (Specify) :

Habits : ☐ Tobacco ☐ Smoking

Medical/Other History :
- ☐ Hypertension
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Bleeding Disorder
- ☐ IHD
- ☐ Asthma
- ☐ AIDS/HIV
- ☐ Pregnancy
- ☐ Other (Specify) :
- ☐ T.B.
- ☐ Hepatitis B
- ☐ Food Allergy
- ☐ Others (Specify) :
- ☐ Jaundice
- ☐ Hepatitis C
- ☐ Drug Allergy

સંમતિ પત્રક

.... ડૉક્ટરને મારી સારવાર
કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈંજેક્શનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચારૂસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ :
સમય :

દર્દી / સગાની સહી

CONSENT

I .... hereby request and authorize Doctor .... to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date :
Time :

Patient's / Relative's Sign.

Investigation Advised :

Final Diagnosis :

Treatment Plan : Routine Check up

Date :
Time :

Name of Doctor : Falg
Signature : [signature]

CHRF/DENTAL/5016

DENTAL DEPARTMENT

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AM
11-11-24	Scaling done (U/L)	600/-	600/- 00174653 11-11-24	N

Scanned with OKEN Scanner

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
11-11-2024	SUNILKUMAR G PARMAR	M	BODY PROFILE	UM-TOTAL ABDOMEN USG

USG ABDOMEN report.

Liver: show evidence of normal size,parenchymel echotexture & no evidence of focal solid or cystic mass lesion seen.Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder: is contracted with no evidence of calculus or sludge.Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection.
CBD,portal vein & spleenic vein size are normal.

Spleen: size & parenchymel echotexture is normal with no focal mass lesion seen.

Pancreas: show evidence of normal size & parenchymel echotexture with no evidence of focal mass lesion.

Aorta: show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney: show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Left kidney: show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

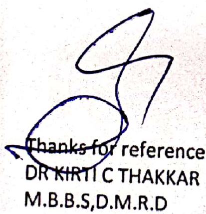
Bladder: partial filled,walls are normal & no evidence of stone or mass seen.

Prostate: show evidence of normal size & parenchymel echotexture.
No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms.
10.2X3.16	10.5X4.35	12.4

COMMENTS:
No abnormality detected.



Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

Scanned with OKEN Scanner

CHARUSA

TIENT NAME	SEX	REFERRE
JMAR G PARMAR	M	BODY PR

USG AE

ence of normal size,paren
n seen.Normal hepatic v
seen.

ontracted with no eviden
th no evidence of perichol
& spleenic vein size are n

renchymel echotexture is

idence of normal size & p

l caliber & no evidence c

w evidence of normal
exture. No evidence of ol
l solid or cystic mass les

evidence of normal s
exture. No evidence of ol
l solid or cystic mass lesi

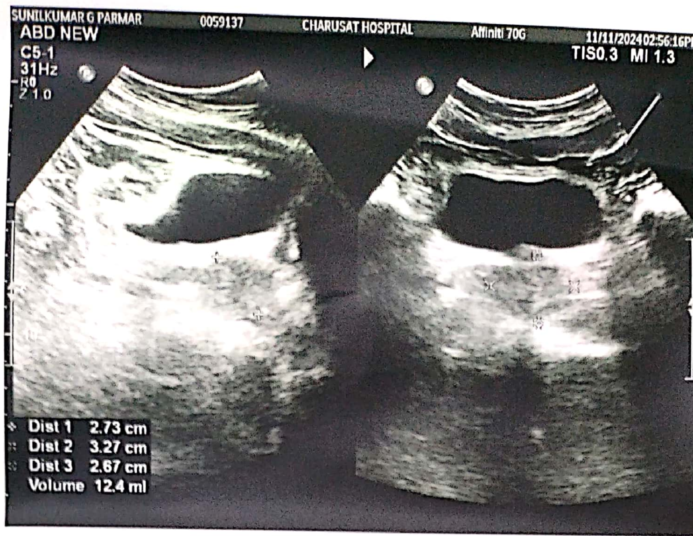
ed,walls are normal & n

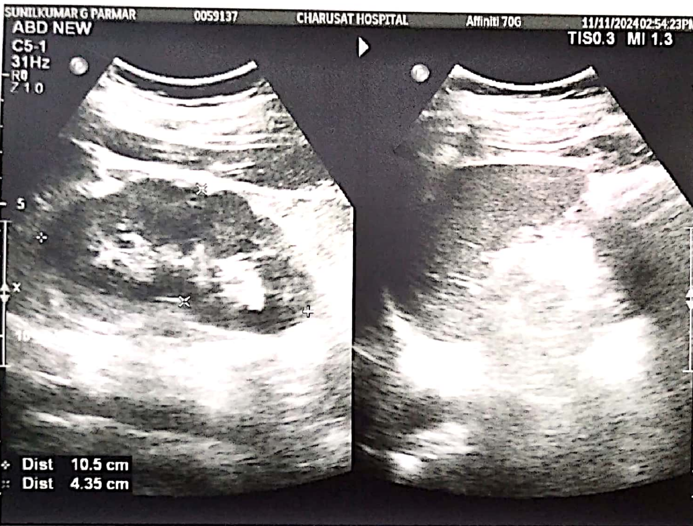
ence of normal size & pa
is or abnormal bowel loc

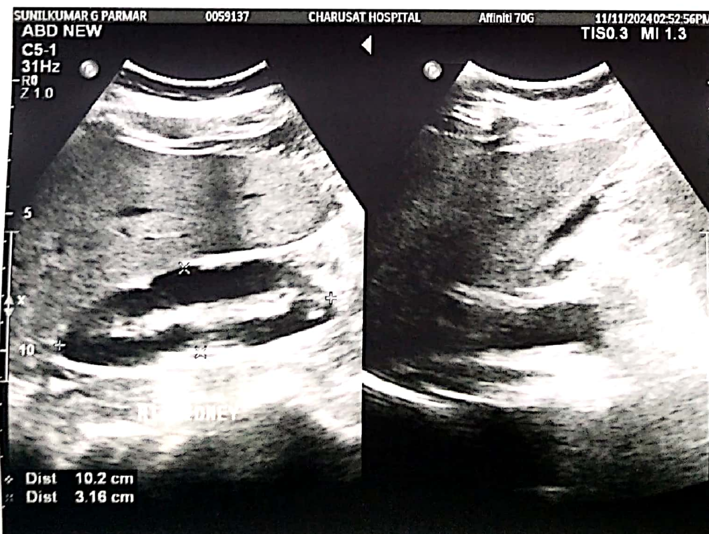
	Pr
y	Vol
	cc/g
1.35	12.

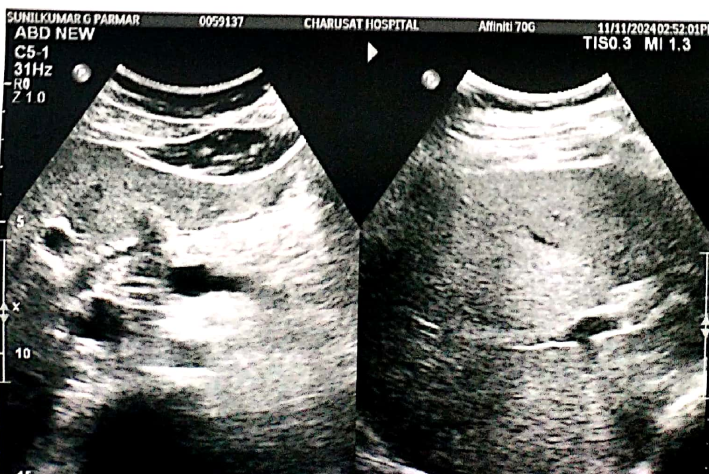
cted.

Anand 388 421 (Guj) India.
.ch-rf.org / www.charusathc









Scanned with OKEN Scanner

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
11-11-2024	SUNILKUMAR G PARMAR	M	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of consolidation or infilteration seen involving both lungs.

Costophrenic sinuses are clear.

Vascular shadows are normal on both sides.

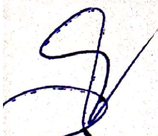
Hilar shadows show evidence of normal size,position & opacity.

Heart & aortic shadows show evidence of normal position & size.

Position of domes of diaphragm is normal.Bony cage show no abnormality.

COMMENTS:

NO EVIDENCE OF ABNORMALITY DETECTED.



Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

Scanned with OKEN Scanner