

**DR. HARIN VADODARIA MD**

M.D. (Internal Medicine)  
Consultant Physician  
Reg No: G 3394,  
Mo: 9898053714

### Shalby MD Physician Clinic

**OPR NO:**

Patient Name:- *Shailender Singh Thakur*  
Age / Sex:- *49/17*  
Chief Complaints:-

Date: *28/10/24*  
Weight:- *80.5 kg*  
Height:- *169 cm*

*no cur*

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- *76/m*  
BP:- *140/90*  
SpO2:- *99%*

Drug / Food Allergy:- *- syphilis*  
Past History :-

Family History:-  
Systemic Examination:- *ok RU Rg  
Lg  
Lg  
Lg* *one*

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

UJH - RL 2 II → UJW elastogram

Ch 203

UJ 103

12 315

P 128

P 224

USHC 8.4

- lifestyle as a patient

Q

T SITAREOM

o - 1 - o  
mini 4200

(40)

T ROEM 5 0 - 01

(40)

R G milk  
PSS  
Pubs

l



Pre - op

Post- op

Health Check-up

Date : 26/10/24

Patient Reg. No. : \_\_\_\_\_

Patient Name : Shailendrasinh Thakot Age / Sex : 49/M

Address : \_\_\_\_\_

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : DM Acidity Pregnancy : \_\_\_\_\_

Bleeding Disorders : Cholesterol Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : \_\_\_\_\_

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		

**Some Golden Rules :**

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

*Advis Scaling*

*Jadev...*

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

ID:   
 Name:   
 Sex: M   
 cm   
 Birth date: / /   
 Birth date: / /   
 years   
 kg   
 mmHg

Medication:

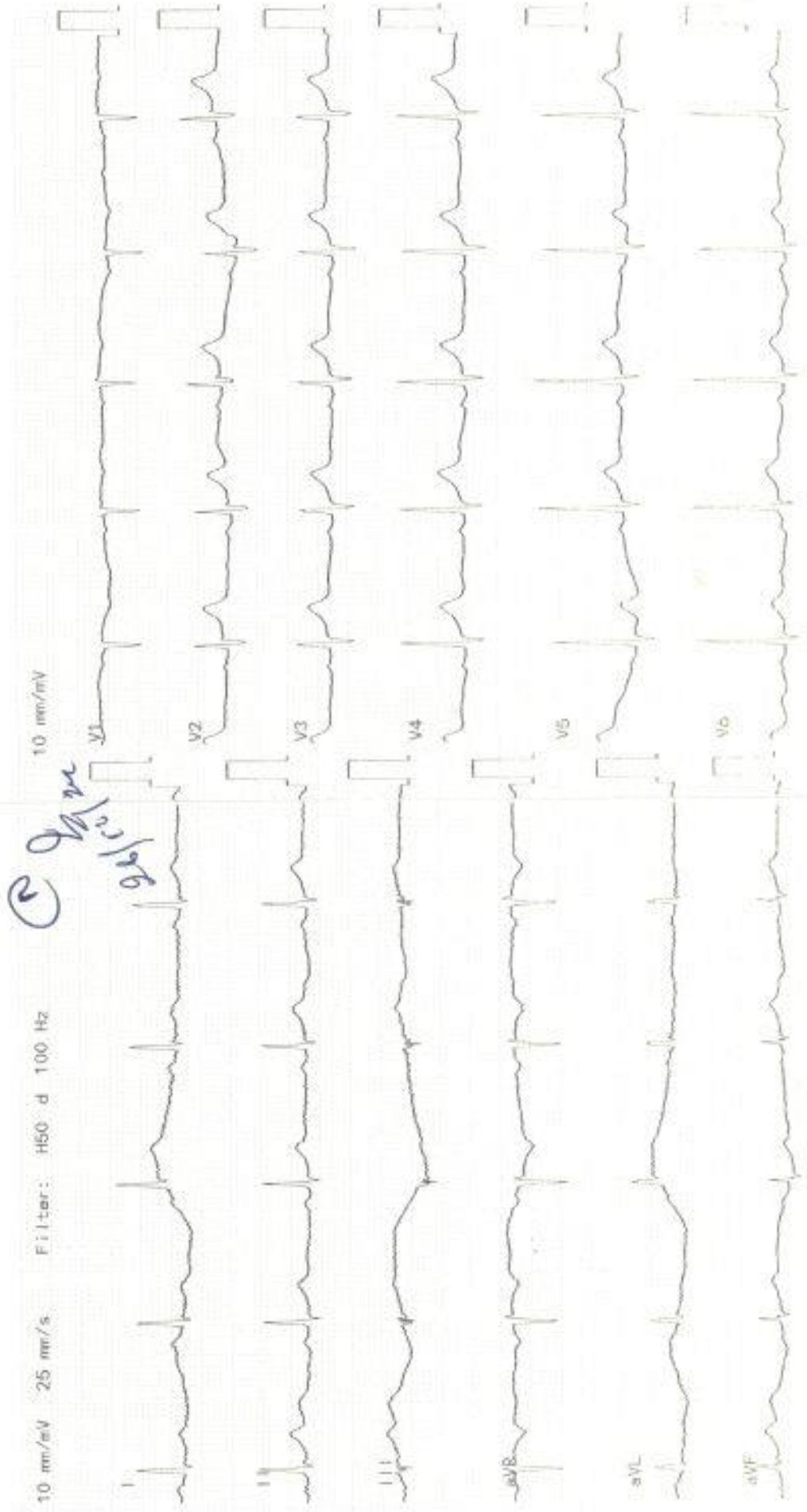
Symptoms:

History:

Heart rate: 66 bpm   
 PR int: 150 ms   
 QRS dur: 78 ms   
 QT/QTc(E) int: 366/ 379 ms   
 P/QRS/T axis: 30/ 28/ 51   
 RV5/SV1 amp: 1.46/ 0.60 mV   
 RV5+SV1 amp: 2.06 mV

Shailendra Singh B   
 Thakur Ugl male

Unconfirmed Report   
 Reviewed by:



**DR. RUJUTA SHELAT**

Consultant Ophthalmologists

Reg. No.: - G-48712

Name:- *Shademda Singh B Thakur*

Date:- *26/10/20*

Chief Complaints:- *Lenture eye*

*Check up*

*No Visual complaints*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *Drug allergy*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *6/6 N6*

*CORP*  
NCT *12*

ON Examination

*R:- 0.50/-1.00x110*  
*ST: L: 0.00/-1.00x90*  
Ant. Segment

PH Vision:- *6/6*

Both Eye

*Add: +1.50*  
*L Dsph*  
*N6*

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CIN: L85110GJ2004PLC044667

Cornea

Clear.

Clear. Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

- BE: Presbyopic.

CONV

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

PK. Prasad Shit

**Patient's Name: Shailendrasinh Thakor**

**Age: 49 yrs / male**

**Date:26 / 10 / 2024**

**ECHOCARDIOGRAPHY REPORT**

**Valves:-**

**Mitral valve :Normal, No MR**

**Aortic valve :Normal, No AR**

**Tricuspid valve :Normal, No TR**

**Pulmonary valve:Normal, No PR**

**Chambers:-**

**Left Atrium:Normal**

**Right Atrium:Normal**

**Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20**

**Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.  
Normal LV systolic function  
with Ejection Fraction 60 %.  
Grade I Diastolic Flow Pattern.**

**Septae:-**

**IVS: Intact. No residual VSD.**

**IAS :Intact,**

**Pericardium:Normal.**

**IVC:13 mm with more than 50% collapsibility.**

**OTHER FINDINGS :- Bilateral lung angle clear**

**CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



**DR.SUSHIL YADAV**  
Consultant Clinical cardiologist

**Note : Normal echo study does not rule out underlying Coronary artery disease**

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CIN: L85110GJ2004PLC044667



Patient Name: SHAILENDRASINH BHARATSINH THAKOR		UHID: SUR0000351916	
Age / Sex: 49 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 26.10.2024	

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

**Gall bladder** is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

**Pancreas** appears normal in size and echotexture.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Prostate** is normal in size. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- **Grade II fatty liver.**

*Thanks for referral.*

**DR. NITIN DESAI**  
CONSULTANT RADIOLOGIST

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PID : SUR0000351916 OP-002

REPORT STATUS : Interim



Patient Name : **Mr Shailendrasinh Bharatsinh Thakor** / Registered On : 26-Oct-2024 08:43 AM  
 Lab ID : 410901992 Collected On : 26-Oct-2024 08:20 AM  
 Gender/Age : Male / 50 Years DOB : 26-Oct-1974 Received On : 26-Oct-2024 09:35 AM  
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	15.4	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.07	mill/cmm	4.5 - 5.5
HCT	Calculated	45.6	%	40 - 50
MCV	Calculated based on the RBC histogram	90.0	fL	83 - 101
MCH	Calculated	30.4	pg	27 - 32
MCHC	Calculated	33.7	g/dL	31.5 - 34.5
RDW	Calculated	12.1	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	6000	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	63	%	40 - 80
LYMPHOCYTES	Flow Cytometry	32	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	215000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.3	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs Normochromic and Normocytic.

WBCs Total and differential leucocyte counts are within normal limit.

PLATELETs Adequate in number and normal in morphology.

MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist



Certificate No. - MC-526

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<b>Parameter</b>	<b>Result</b>	<b>Unit</b>
		<b>Biological Ref. Interval</b>

**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"O"

RH Type

POSITIVE

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<b>ESR 1st hour</b>	3	mm in 1 hour	0 - 15
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Modified Westergren Method

**HBA1C**

<b>HbA1c - Glycated Haemoglobin</b>	6.4	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
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Boronate Affinity Assay

<b>Estimated Average Glucose (eAG) (mg/dL)</b>	137	mg/dL
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Calculated

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 Gender/Age : Male / 50 Years DOB : 26-Oct-1974 Received On : 26-Oct-2024 09:38 AM  
 Ref. By : Health Check Up Shalby Sample Type : Fluoride F, Urine (PP), F  
 Parameter Result Unit Biological Ref. Interval

## PLASMA GLUCOSE LEVEL

## FASTING PLASMA GLUCOSE

**Plasma Glucose (F)** 128 mg/dL 74 - 106

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

**Urine Sugar (F)** ABSENT mg/dL Absent

*Glucose-oxidase/oxidase reaction*

## POST PRANDIAL PLASMA GLUCOSE

**Plasma Glucose (PP)** 224 mg/dL Normal: 100-140 Impaired: 140-199 Diabetic :>200

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

**Urine Sugar (PP)** PRESENT[++] mg/dL Absent

*Glucose-oxidase/oxidase reaction*

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Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**LIPID PROFILE****LIPID PROFILE**

<b>Cholesterol</b> <i>Cholesterol Esterase: Oxidase, Peroxidase</i>	<b>203</b>	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	<b>315</b>	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT</b> <i>Phosphotungstic Acid/MgCl<sub>2</sub> - Enzymatic</i>	<b>37</b>	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	<b>166</b>	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>103</b>	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	<b>63</b>	mg/dL	6 - 38
<b>LDL/dHDL</b> <i>Calculated</i>	<b>2.8</b>		2.5 - 3.5
<b>Chol/dHDL</b> <i>Calculated</i>	<b>5.5</b>	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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DOB : 26-Oct-1974

Received On : 26-Oct-2024 11:24 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

## IMMUNOLOGY

THYROID PROFILE (TFT)**Total T3**

153

ng/dL

87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

**Total T4**

9.89

µg/dL

99% Reference Interval

(µg/dL)

4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-5 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

**TSH**

2.534

µIU/mL

0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

**INTERPRETATION:**

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Health Check Up Shalby

Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN**

0.4

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals:**

- Pre-operatively ( Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5  $\mu$ U/mL Second Trimester : 0.2 to 3.0  $\mu$ U/mL Third trimester : 0.3 to 3.0  $\mu$ U/mL

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**RENAL FUNCTION TEST****NABL Accredited Parameters****Urea Nitrogen (BUN)**

Urease, colorimetric

8 mg/dL 9 - 20

**UREA**

Calculated

17 mg/dL 19 - 43

**Creatinine**

Enzymatic - Creatinine amidohydrolase

0.86 mg/dL 0.66 - 1.25

**S. URIC ACID**

Uricase/Peroxidase, Colorimetric

7.1 mg/dL 3.5 - 8.5

**Calcium**

Arsenazo III dye

10.3 mg/dL 8.4 - 10.2

**Sodium**

Direct Ion Selective Electrode

142 mmol/L 137 - 145

**S. POTASSIUM**

Direct Ion Selective Electrode

4.5 mmol/L 3.5 - 5.1

**Chloride**

105 mmol/L 98 - 107

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**Dr Pankaj Agrawal**M.B., D.C.P.  
Consulting Pathologist
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PID : SUR0000351916 OP-002

REPORT STATUS : Interim

Patient Name : Mr Shailendrasinh Bharatsinh  
Thakor /

Registered On : 26-Oct-2024 08:43 AM

Lab ID : 410901992

Collected On : 26-Oct-2024 08:20 AM

Gender/Age : Male / 50 Years

DOB : 26-Oct-1974

Received On : 26-Oct-2024 09:38 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

## BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

3.5

mg/dL

2.5 - 4.5

*Phosphomolybdate reduction (PMA Phenol)*

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Received On : 26-Oct-2024 09:46 AM

Ref. By : Health Check Up Shalby

Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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**Liver Function Test****Liver Function Test**

<b>SGPT (ALT)</b> <i>Multi Point Rate with P-S-P</i>	52	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-S-P</i>	44	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	119	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT</b> <i>L-gamma-glutamyl-4-nitroanilide-glycylglycine Kinetic</i>	47	U/L	15 - 73
<b>S. PROTEIN</b> <i>Buret (Alkaline cupric sulfate), End Point</i>	7.5	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.1	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Diphenylino/Diazonium Salt</i>	0.5	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.1	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.4	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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*Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

Patient ID:	SUR0000351916	Patient Name:	SHAIENDRASINH B THAKOR
Age:	49 Years	Sex:	M
Accession Number:	10645 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Oct-2024		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

Thanks for referral.

  
DR. NITIN DESAI  
CONSULTANT RADIOLOGIST

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