CHARUSAT HOSPITAL

Patient Name	: Kristinaben Ambalal Vankar	**Sample No.**	: 24000631
Patient ID	: CH-2024-0059138	**Visit No.**	: OPD/2024/11/0000269
Age / Sex	: 35y / Female	**Coll. Date**	: 11/11/2024 09:13
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	12.40 gm/dl	12.0 - 16.0 g/dl

WBC

Investigation	Result	Normal Value
WBC Count	7950 /c.mm	4000.0 to 10000.0 /c.mm

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	70.90 %	40.0 - 70.0 %
Lymphocytes	24.90 %	20.0 - 40.0 %
Eosinophils	1.40 %	1.0 - 6.0 %
Monocytes	2.80 %	2.0 - 10.0 %
Basophils	0 %	0.0 - 1.0 %
Total	100.00	

Platelet count

Investigation	Result	Normal Value
Platelets Count	311000 / cmm	1,50,000 - 4,50,000 /cmm

Blood Group

TEST	RESULT
Blood Group	A
Rh Factor	Positive

ESR

Investigation	Result	Normal Value
ESR After One Hour	22 mm	4.0 - 7.0 mm

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

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

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BIOCHEMISTRY

ASTING BLOOD GLUCOSE

nvestigation	Result	Normal Value
Fasting Blood Sugar	93.6 mg/dL	70 to 110 mg/dL

LOOD UREA

nvestigation	Result	Normal Value
Blood Urea	21.9 mg/dl	15 - 40 mg/dl

.Creatinine

nvestigation	Result	Normal Value
Creatinine	0.7 mg/dl	F : 0.5 to 1.2

URIC ACID

Investigation	Result	Normal Value
Uric Acid	5.19 mg/dl	1.5 to 6.0 mg/dl

BUN

Investigation	Result	Normal Value
BUN	11.67 mg/dl	8.0 - 23.0 mg/dl

IMMUNOLOGY

TSH

Investigation	Result	Normal Value
TSH	1.87 uIU/ml	0.34 - 4.5 uIU/ml

T3

Investigation	Result	Unit	Reference Range
T3-Triodothyronine	1.66 ng/ml		0.69 - 2.15 ng/ml

T4

Investigation	Result	Normal Value
T4 Free	72.3 ng/dl	52.0 - 127.0 ng/dl

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HARUSAT C...

CHARUSAT HOSPITAL

ent Name	: Kristinaben Ambalal Vankar	Sample No.	: 24000631
ent ID	: CH-2024-0059138	Visit No.	: OPD/2024/11/0000269
/ Sex	: 35y / Female	Coll. Date	: 11/11/2024 09:13
Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 11/11/2024 09:37
d	: -	Report Date	: 11/11/2024 12:03

BIOCHEMISTRY

ER FUNCTION TEST

stigation	Result	Normal Value
PT	37 IU/L	0 to 40 IU/L
OT	31.75 U/L	0.0 to 45.0 U/L
l Bilirubin	0.54 mg/dl	0.2 - 1.3 mg/dl
ct Bilirubin	0.18 mg/dl	0.0 to 0.3 mg/dl
rect Bilirubin	0.36 mg/dl	0.2-0.90 mg/dl
Alkaline Phosphatase	86.62 IU/L	15 - 100 years 37.0 - 147.0 IU/L
l Protein	7.3 gm/dl	5.0 - 10.0 gm/dl
umin	4.2 gm/dl	3.5 to 5.0 gm/dl
bulin	3.1 gm/dl	2.4 to 3.5 mg/dl
Globulin	1.35	1.1 to 2.5

D PROFILE

stigation	Result	Normal Value
lesterol (Chol)	174.77 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
lyceride	102.39 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
- Cholesterol	**36.97** mg/dl [L]	Negative risk : >or = 60 High risk : < 40
C	117.32 mg/dL	
L	20.48 mg/dl	Up to 0 to 34 mg/dl
/HDL Ratio	: 3.17	0.5 to 3.0(Low) 3.0 to 6.0(Moderarte) > 6.0(High)
l Chol / HDL Ratio	4.73	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
al Lipids	499.74 mg/dl	400 to 700 mg/dl

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CHARUSAT HOSPITAL

atient Name	: Kristinaben Ambalal Vankar	**Sample No.**	: 24000640
atient ID	: CH-2024-0059138	**Visit No.**	: OPD/2024/11/0000269
ge / Sex	: 35y / Female	**Coll. Date**	: 11/11/2024 09:13
isit Doctor	: DR. NAITIK BHATIA	**S. Coll. Date**	: 11/11/2024 10:40
ard	: -	**Report Date**	: 11/11/2024 12:02

CLINICAL PATHOLOGY

URINE R & M TEST	RESULT
Physical Examination :	
Quantity	20
Colour	Pale Yellow
Appearance	Clear
Odour	URINIOD
Reaction	Acidic
Specific Gravity	1.010
Chemical Examination :	
Albumin	Absent
Sugar	Absent
Bile Salts	Absent
Bile Pigments	Absent
Acetone	Absent
Urobilinogen	Absent
Microscopic Examination :	
Pus Cells	3-4
RBCs	4-6
Epithelial cells	3-4

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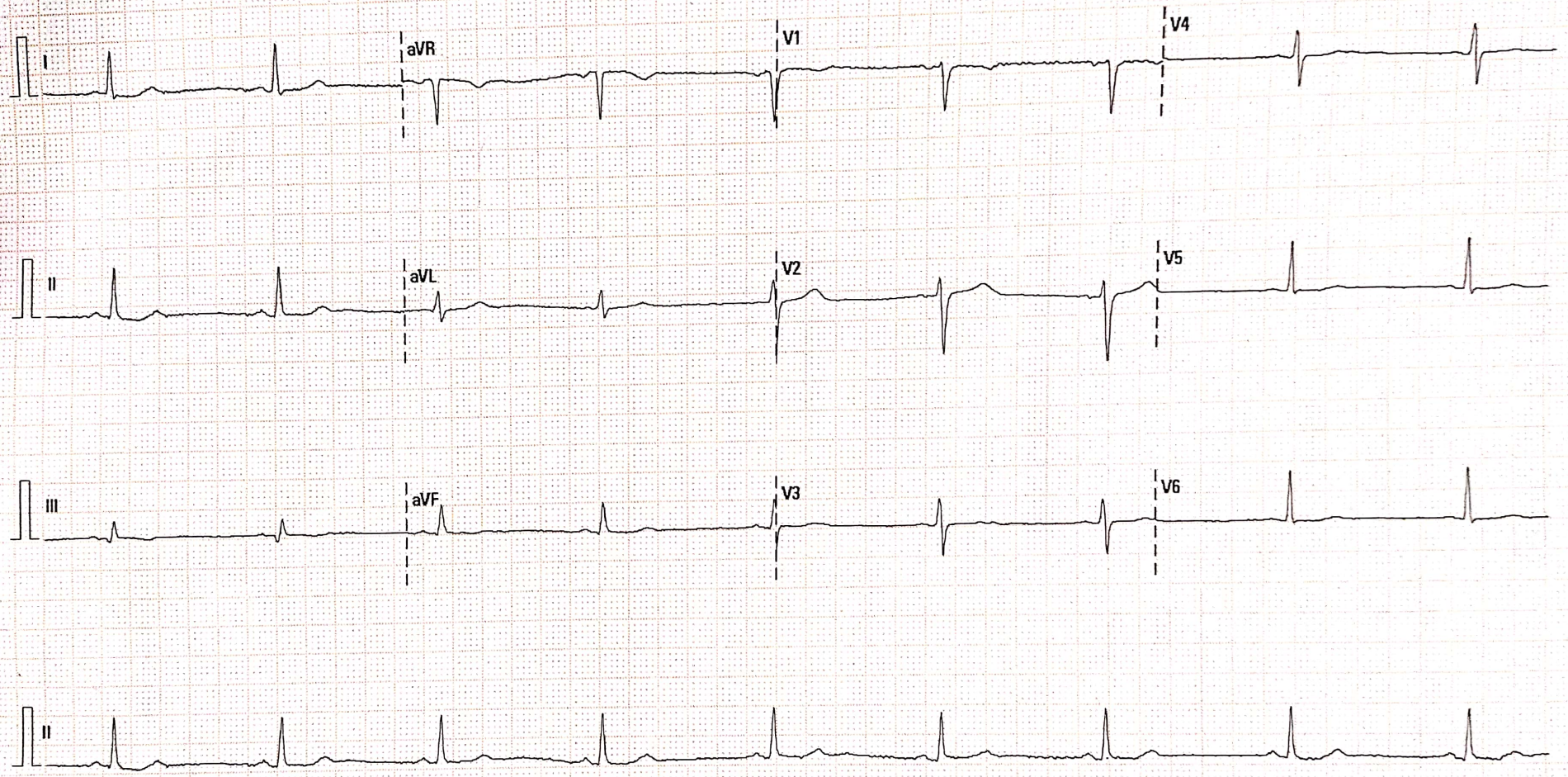
Gender: 85 | F

PR Interval	110 ms
QRS Duration	90 ms
QT/QTc Interval	428/416 ms
P/QRS/T Axes	45/42/22 deg
QTc:Hodges	

-- Interpretation made without knowing patient's age and gender
Anterior T wave abnormality is nonspecific

Unconfirmed Diagnosis.



25 mm/s 10 mm/mV 50 Hz-- BDR 35 Hz CHARUSAT HOSPITAL 02.03.00/V26.4.1 SN:FN-52001657

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

Dr. Alpesh

Date & Time : 11-11-24

Registration No. : CH-24-009913K

Name : Kristinaben A. Vankar Contact No. : (M) _____

Age : 35 Sex : F (O) _____

Address : _____

B.P. : 110/70 Pulse : 79 SpO_2 : 99

BMI : _____ Height : _____ Weight : 72

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : for Routine checkup

LMP - 11/11/24. No fresh complain.

MH - 5-6 days, 28-30

CASE ANALYSIS

Past History : O/H - $C_2P_2A_0L_2$ -

Present History : _____

G/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

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : _____

CHRF/OPD/5083

BMI : _____ Height : _____ SpO_2 : _____

Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : - for Routine checkup

LMP - 11/11/24. - No fresh complain.

MH - 5-6 days.
28-30

CASE ANALYSIS

Past History : O/H - $C_2 P_2 A_0 L_2$ -

Present History : _____

G/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- ☐ Diabetes
- ☐ IHD
- ☐ Hypertension
- ☐ Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- ☐ Hypertension
- ☐ IHD
- ☐ T.B.
- ☐ Epilepsy
- ☐ Asthma
- ☐ Hepatitis B
- ☐ Food Allergy
- ☐ AIDS/HIV
- ☐ Bleeding Disorder
- ☐ Drug Allergy
- ☐ Pregnancy

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : _____

Investigation/s Advised :

Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
11-11-2024	S/B Ω Alp 33 Po'v – Low Pur dlient.	
ENT.	Δ Allergic Rhinitis Fluticasone Ft Nose: Allergic changes (+) 2 Puff x	Nasal spray TDS x BD OD

Ear: (R) (L) | B TM Intact   T. Bilastine-M 0-0-1 x (10) day

OC: NAD.

Signature with Stamp

DENTAL REGISTRATION FORM

Date & Time : 11-11-24

Registration No. : CH-24-0059138

Name : Kristinaben A. Vankar Contact No. :

Age : 35 Emergency Contact No. :

Sex : F Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : routine checkup.

Family History :

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

Habits : ☐ Tobacco

- ☐ Hypertension
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Bleeding Disorder
- ☐ Smoking

Medical/Other History :

- ☐ IHD
- ☐ Asthma
- ☐ AIDS/HIV
- ☐ Pregnancy
- ☐ Other (Specify) :
- ☐ T.B.
- ☐ Hepatitis B
- ☐ Food Allergy
- ☐ Others (Specify) :
- ☐ Jaundice
- ☐ Hepatitis C
- ☐ Drug Allergy

સંમતિ પત્રક

હું ..... ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇંજેક્શનની 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 હકદાર 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 : C-I caries 46 | 7

Treatment Plan : filling 46 | 7 , Scaling

Date : 10:50 AM 11/11/24

Time : _____

Name of Doctor Dr. Hiral

Signature :

CHRF/DENTAL/5016

DENTAL DEPARTMENT

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AMOU DUE
11/11/24	Adv: cl-I filing 76/7 Scaling			

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
11-11-2024	KRISTINABEN S VANKAR	F	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

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
11-11-2024	KRISTINABEN A VANKAR	F	BODY PROFILE	UF-TOTAL ABDOMEN USG

USG OF THE ABDOMEN/ PELVIS WAS PERFORMED

The liver is normal in size and mild fatty echotexture. No focal solid or cystic lesions are seen. The intra hepatic biliary radicles are normal. The portal vein and CBD are normal. The gall bladder is well distended with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

No free fluid or lymphadenopathy is seen.
The urinary bladder is well distended with no calculi or polyps.

The uterus is anterverted, normal size.IUCD SEEN IN UTERUS.
The endometrium is in the midline. No focal myoma is seen.
Both the ovaries are nomal in size and shape. No focal solid or cystic lesion is seen.

No adnexal abnormality is seen.
No free fluid is seen in the pouch of douglas.
Size in CM.

Right Kidney	Left Kidney
10.5X3.3	10.6X5.0

IMPRESSION :

POSSIBILITY OF MILD FATTY LIVER PARENCHYMEL CHANGES

NO OTHER OBVIOUS ABNORMALITY DETECTED.

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

CHARUSAT

NT NAME	SEX	REFERRED B
EN A VANKAR	F	BODY PROFII

DOMEN/ PELVIS WA

al in size and mild fatty
a hepatic biliary radicle
all bladder is well diste

als a normal echopatt
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phadenopathy is se
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verted, normal size.IU
s in the midline. No fo
e nomal in size and sh

ality is seen.
in the pouch of doug

0

ILD FATTY LIVER

S ABNORMALITY