

ID:
 Name:

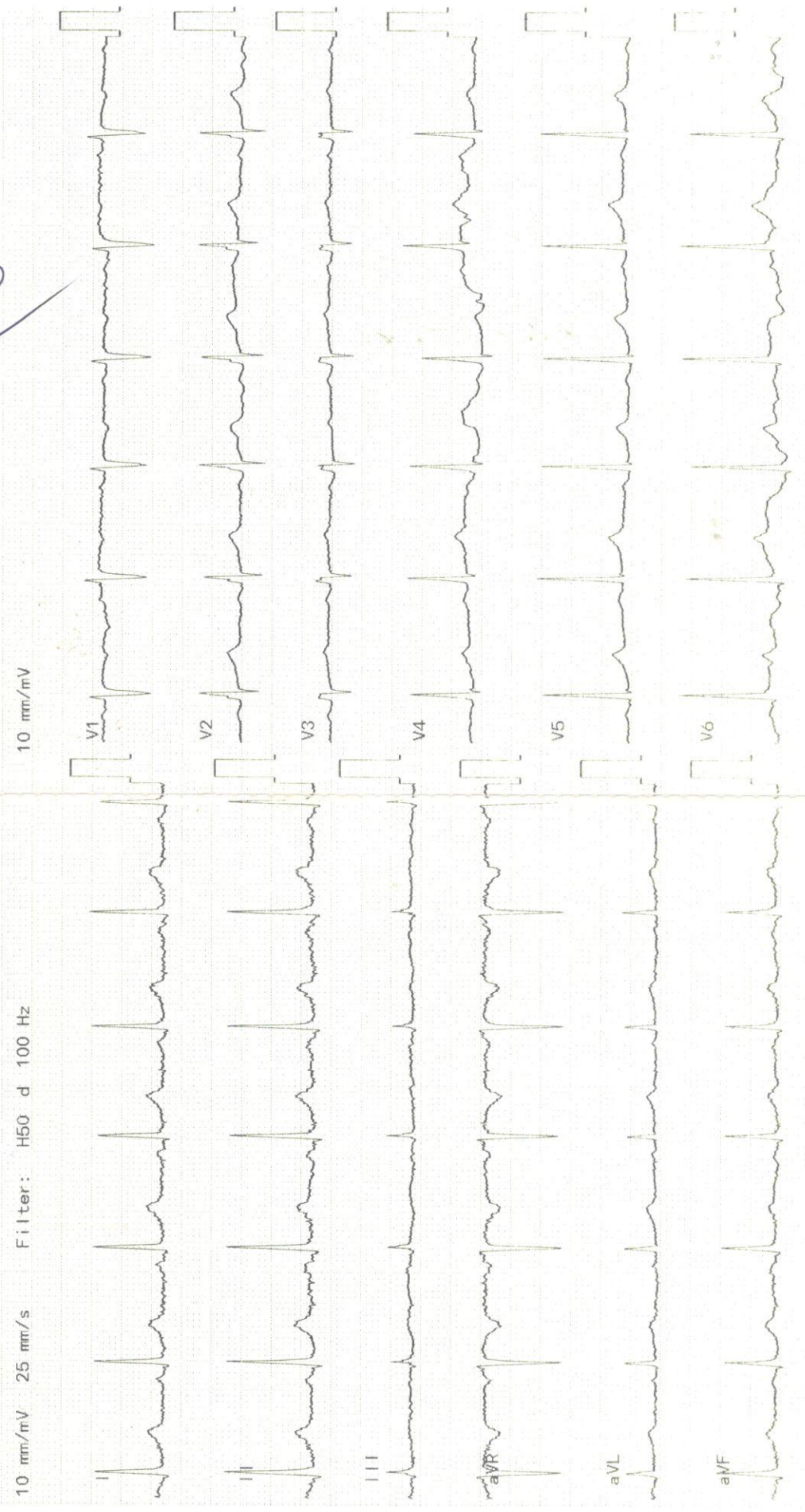
Sex: M cm kg Birth date: / / mmHg years

Medication:
 Symptoms:
 History:
 Vent. rate 80 bpm
 PR int 148 ms
 QRS dur 78 ms
 JT/QTc(E) int 378/ 414 ms
 P/QRS/T axis 35/ 39/ 35 °
 RV5/SV1 amp 1.47/ 0.76 mV
 RV5+SV1 amp 2.23 mV

33 female

Payalben Shirke

Unconfirmed Report
 Reviewed by: 



Patient's Name: Payal Shirke
UHID:373778

Age: 33 yrs / Female
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 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

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

SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.cg@shalby.org | www.shalby.org

Patient Name: PAYAL HITESH SHIRKE		UHID: SUR0000373778	
Age / Sex: 32 Yrs. / Female		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 and appearance. It shows normal parenchymal reflectivity. 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.

Uterus appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.

DR. NITIN DESAI
CONSULTANT RADIOLOGIST

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Patient ID:	SUR0000373778	Patient Name:	PAYAL SHIRKE
Age:	33 Years	Sex:	F
Accession Number:	10650 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.


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Certificate No.: MC-5200



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PID : SUR0000373778 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Payal Hitesh Shirke /	Registered On : 26-Oct-2024 08:43 AM
Lab ID : 410901993	Collected On : 26-Oct-2024 08:22 AM
Gender/Age : Female / 32 Years	DOB : 07-Dec-1991
Received On : 26-Oct-2024 09:39 AM	
Ref. By : Health Check Up Shalby	Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	87 ✓	mg/dL	74 - 106
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			

Urine Sugar (F)	SNR	mg/dL	Absent
<i>Glucose-oxidase/oxidase reaction</i>			

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	109 ✓	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			

Urine Sugar (PP)	SNR	mg/dL	Absent
<i>Glucose-oxidase/oxidase reaction</i>			

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

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



Certificate No. : MC-5200



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PID : SUR0000373778 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Payal Hitesh Shirke** / Registered On : 26-Oct-2024 08:43 AM
 Lab ID : 410901993 Collected On : 26-Oct-2024 08:22 AM
 Gender/Age : Female / 32 Years DOB : 07-Dec-1991 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	11.6 ✓	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.69	mill/cmm	3.8 - 4.8
HCT	Calculated	36.3	%	36 - 46
MCV	Calculated based on the RBC histogram	77.4	fL	83 - 101
MCH	Calculated	24.7	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	14.3	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	6610 ✓	cells/cmm	4000 - 10000
-----------------	----------------------	--------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	60	%	40 - 80
LYMPHOCYTES	Flow Cytometry	32	%	20 - 40
EOSINOPHILS	Flow Cytometry	5	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	386000 ✓	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.8	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs **Hypochromic microcytic with anisopoikilocytosis.**

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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Consulting Pathologist



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PID : SUR0000373778 OP-001 **REPORT STATUS : Interim** 

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 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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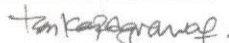
BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE ✓		

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Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	40	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.7 <i>(marks)</i>	%	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
Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	117 <i>7.0</i>	mg/dL	

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Patient Name : Mrs. Payal Hitesh Shirke /

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

Lab ID : 410901993

Collected On : 26-Oct-2024 08:22 AM

Gender/Age : Female / 32 Years

DOB : 07-Dec-1991

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

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	163	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	50	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	47	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	116	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	106	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	10	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	2.3		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	3.5	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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Lab ID : 410901993		Collected On : 26-Oct-2024 08:22 AM
Gender/Age : Female / 32 Years	DOB : 07-Dec-1991	Received On : 26-Oct-2024 09:38 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	146	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	11.24	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	3.417	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

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

10

mg/dL

7 - 17

*Urease, colorimetric -***UREA**

21

mg/dL

15 - 36

*Calculated***Creatinine**

0.52

mg/dL

0.52 - 1.04

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

4.8

mg/dL

2.5 - 6.2

*Uricase/Peroxidase, Colorimetric***Calcium**

9.7

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

140

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

4.4

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

105

mmol/L

98 - 107

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

4.6

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	22	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	25	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	81	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	13	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	3.7	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	4.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	0.9	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.3	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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.0	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist



Pre - op

Post- op

Health Check-up

Date : 26/10/24

Patient Reg. No. : 373778

Patient Name : Pooja H. Shirke

Age / Sex : 33 / F

Address : _____

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : 6/6

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

Crown & Bridge : _____

Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Document no. : (Clinical) 06 Date : 01/08/2017	
Pre-op	
Post-op	
Date : 26/10/2017	
Patient Name : JADESH V. SHAH	
Address :	

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 performed in an well maintained.

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

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

Adv! Restoration $\frac{6}{7} / \frac{6}{7}$

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

Consultant Ophthalmologists

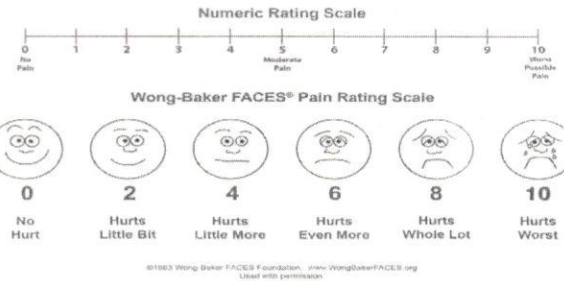
Reg. No.:- G-48712

Name:- Payal. Shirke

Date:- 26-10-24

Chief Complaints:-

- N/H/O recent eye complains
- Came for regular checkup



Pain Assessment:-

Past History:-

Nil

Family History:-

Allergy:- Not aware

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

General Examination: -

BP: - Pulse: - Temp: -

Systemic Examination:-

HT: - Nil WT: - Nil

Visual Acuity: -

6/6
6/12

PH Vision:-

NCT < 12/12

R: Plano
ST: L: +0.50/-0.75 x 145 > 6/6, NG

ON Examination

Ant. Segment

Both Eye

CONL

PACD = 1CT

CONL

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

NAME
OCT 27 2023 09:43

PD=10
(R)
SPH CYL AX
+ 1.75 -0.50 15
+ 2.25 -1.00 18
+ 2.50 -0.50 18
+ 2.25 -0.50 18

CONL

Anterior Chamber

(L)
SPH CYL AX
+ 3.50 -1.75 144
+ 3.75 -2.25 149
+ 3.00 -1.50 143
+ 3.50 -1.75 144

Rt. EYE

Lt. EYE

PD=58

GrandSeiko.com
GR-3300K S/N: 76BB0963

Investigation:-

Background:-

Macula:-

Diagnosis:-

- RE: Emmetropic
- LE: Con Mixed Astigmatism

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

Dr. Rujat Shakti

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laprosopic Surgeon
Infertily Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:-

Payal

Chief Complaints:-

Date:

26/10/24

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

M/H:-

Pamp - $\frac{3-4}{25}$ days then

LMP:-

26/10/24
(P2)

O/H :-

O/H - 1.4

P/H:-

FTUS/OI 7mm/L

F/H

Examination:-

PlA soft

Provisional Diagnosis:-

PAP not taken as pt is in menses

Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Adviced:-

Adv
flup after 20 days
for PAP test

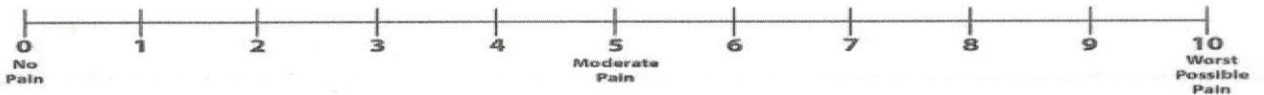
[Signature]

Follow Up:

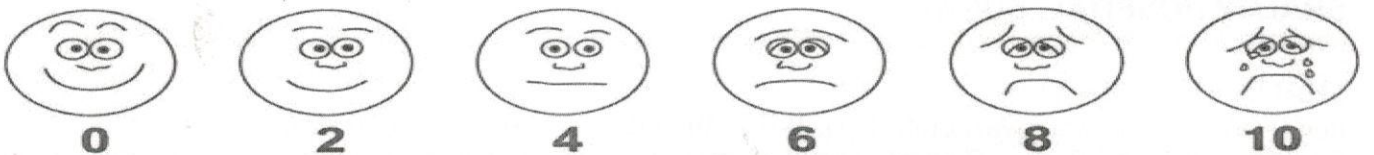
Date:- _____

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Consultant Physician Clinic

Patient Name:-

Royal shirke

Age / Sex :-

33 / F

Chief Complaints:-

Pteran

yp. wavy wptn

OPR NO:

Date: 26/10/24

Weight:- 93kg

Height:- 162cm

BMI:- 35.4

Nutritional assessment:-

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

Drug / Food Allergy:-

- lw

Past History :-

- AD past history

Pulse:- 80

BP:- 110/80

SpO2:- 99%

Family History:-

Systemic Examination:-

R

Provisional Diagnosis:

Liberal

Advice

Regula eximus | nicht control
weignot 70% | nicht händel
