



Pre - op

Post-op

Health Check-up

Date : 26/10/24

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

Patient Name : Krishnaben Thakor Age / Sex : 44 / 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 : 76 Mobility : \_\_\_\_\_

**Treatment Advised :**

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

Restoration : 76 Class V Fillings : \_\_\_\_\_

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

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

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

Crown / Bridge Replacement :		
Advised Crown / Bridge :	1562	
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 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  $\frac{6}{6}$   
 Bridge  $\frac{1562}{}$

Jadav...

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

**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:- Kristina  
Chief Complaints:-

Date: 28/10/22  
Weight:-  
Height:-  
OPR NO:-

Nutritional Assessment:-  
 Obese  
 Well Nourished  
 Mild-Moderate Nourished  
 Severely Mal-Nourished

LMP:-

clo-wt

M/H:-

PH - P14

O/H:-

FTND | ♂ | 24 yrs | 4

P/H:-  
F/H

Examination:-

PH - CUH done before 2 yrs (3-0-0-0-0)

P/A - soft

Provisional Diagnosis:-

PAP smear not done

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India  
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

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

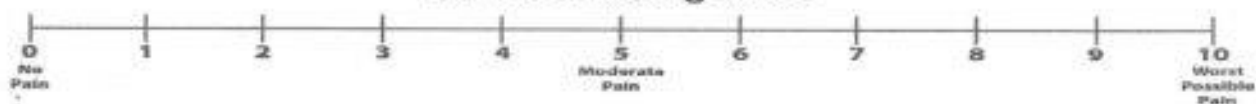
Investigaion Adviced:-

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



**DR. RUJUTA SHELAT**  
Consultant Ophthalmologists  
Reg. No.: G-48712

Name:- Krishnaben.

Date:- 26-10-24

**Chief Complaints:-**

- N/H/O recent eye complaints.
- Come for regular checkup.



**Pain Assessment:-**

**Past History:-**

**Family History:-**

} Nil

Allergy:- Not aware.

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

**General Examination:-**

BP: - Pulse: - Temp: -

Visual Acuity: -  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$  NG

NCT  $\leq \begin{array}{l} 12 \\ 12 \end{array}$

ON Examination

Ant. Segment

Both Eye

OML

PA CD = 1CT

OML

**Systemic Examination:-**

HT: - Nil WT: - Nil

PH Vision:-

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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

WNL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

DR. Rajiv Shetty

### Shalby MD Physician Clinic

Patient Name:- *Keishamben Thakur*

Age / Sex :- *44y / F*

Chief Complaints:-

*no any*

Drug / Food Allergy:-

Past History :-

*None*

Family History:-

Systemic Examination:-

*ole p. n. e*

*N  
A  
B  
C*

Provisional Diagnosis:-

OPR NO:

Date: *26/10/24*

Weight:- *77kg*

Height:- *158cm*

Nutritional assessment:-

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

Pulse:- *86mg*

BP:- *120/80*

SpO2:- *99%*

Wsh, 9 I R2

Ch 196

L02105

Wesley as explained

R

7 Roseau 5 0-07

x (3) 100

h

ay

Part 1 (3) 100

2  
5 West Prof 100



ID:

Name:

Sex: M      cm      kg

Birth date:      /      /      mmHg

years

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

80 bpm

128 ms

78 ms

318/353 ms

3/30/27 °

1.03/0.77 mV

1.80 mV

Krishneben S Thakor  
U3/Female

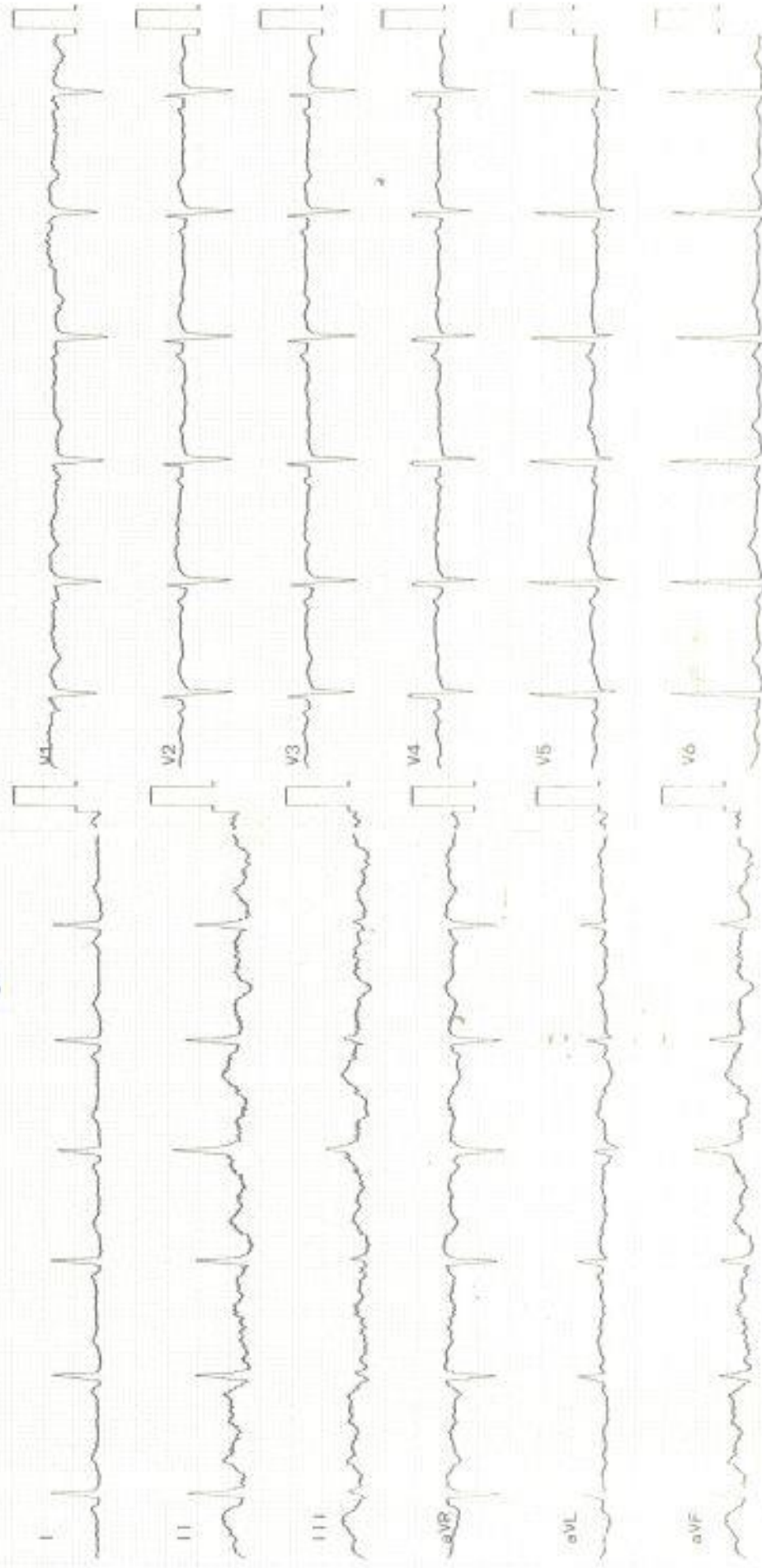
Unconfirmed Report

Reviewed by:

*Dr. [Signature]*  
*26/10/2024*

10 mm/mV    25 mm/s    Filter: H50 d 100 Hz

10 mm/mV





Certificate No. MC-020

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.  
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000351914 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Krishnaben S Thakor	/	Registered On : 26-Oct-2024 08:42 AM
Lab ID : 410901991		Collected On : 26-Oct-2024 08:15 AM
Gender/Age : Female / 44 Years	DOB : 11-Jul-1980	Received On : 26-Oct-2024 09:37 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**

<b>Plasma Glucose (F)</b>	85	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/peroxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

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

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	Absent
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Glucose-oxidase/peroxidase reaction

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

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



Certificate No. - KC-008



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 Lab ID : 410901991 Collected On : 26-Oct-2024 08:15 AM  
 Gender/Age : Female / 44 Years DOB : 11-Jul-1980 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
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN	Colorimetric Non Cyanide	14.5	g/dL 12.0 - 15.0
RBC COUNT	Electrical Impedance	4.80	mill/cmm 3.8 - 4.8
HCT	Calculated	44.2	% 38 - 46
MCV	Calculated based on the RBC histogram	92.1	fL 83 - 101
MCH	Calculated	30.2	pg 27 - 32
MCHC	Calculated	32.8	g/dL 31.5 - 34.5
RDW	Calculated	11.6	% 11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count Electrical Impedance 6320 cells/cmm 4000 - 10000

**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	56	% 40 - 80
LYMPHOCYTES	Flow Cytometry	32	% 20 - 40
EOSINOPHILS	Flow Cytometry	6	% 1 - 6
MONOCYTES	Flow Cytometry	6	% 2 - 10
BASOPHIL	Flow Cytometry	0	% 0 - 2

**PLATELET INDICES**

PLATELET COUNT Electrical Impedance 300000 /cmm 150000 - 410000  
 MPV Calculated based on PLT Histogram 8.2 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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DOB : 11-Jul-1980

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"B"

RH Type

POSITIVE

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Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour</b> <i>Modified Westergren Method</i>	2	mm in 1 hour	0 - 20
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin</b> <i>Baronate Affinity Assay</i>	5.3	%	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

<b>Estimated Average Glucose (eAG) (mg/dL)</b>	105	mg/dL
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*Calculated*

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Ref. By : Health Check Up Shalby	Received On : 26-Oct-2024 09:37 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-S-P</i>	54	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-S-P</i>	33	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PIAPP, AMP Buffer</i>	74	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
<b>GGT</b> <i>L-gamma-glutamyl-4-nitroanilideglycylglycine Kinetic</i>	16	U/L	12 - 43
<b>S. PROTEIN</b> <i>Buret (Alkaline cupric sulfate), End Point</i>	7.4	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	3.8	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.6	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/Diphtylsine/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

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Gender/Age : Female / 44 Years	DOB : 11-Jul-1980
Ref. By : Health Check Up Shalby	Received On : 26-Oct-2024 09:37 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	196	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPD/POD</i>	100	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT</b> <i>Phosphotungstic Acid/Mgo2 - Enzymatic</i>	70	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	126	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	106	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>	20	mg/dL	6 - 38
<b>LDL/dHDL</b> <i>Calculated</i>	1.5		2.5 - 3.5
<b>Chol/dHDL</b> <i>Calculated</i>	2.8	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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Ref. By : Health Check Up Shalby	

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<b>THYROID PROFILE (TFT)</b>			
<b>Total T3</b> <small>Chemiluminescence immunoassay (CLIA)</small>	135	ng/dL	87 - 178
<b>Total T4</b> <small>Chemiluminescence immunoassay (CLIA)</small>	10.32	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH</b> <small>Chemiluminescence immunoassay (CLIA)</small>	2.617	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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**RENAL FUNCTION TEST****NABL Accredited Parameters****Urea Nitrogen (BUN)**

11

mg/dL

7 - 17

Urease, colorimetric

**UREA**

24

mg/dL

15 - 36

Calculated

**Creatinine**

0.65

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

**S. URIC ACID**

5.3

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

**Calcium**

10.0

mg/dL

8.4 - 10.2

Arsenazo III dye

**Sodium**

140

mmol/L

137 - 145

Direct Ion Selective Electrode

**S. POTASSIUM**

4.8

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

**Chloride**

104

mmol/L

98 - 107


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<b>BIOCHEMISTRY</b>			
<b>Phosphorus (Not in NABL Scope)</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.3	mg/dL	2.5 - 4.5

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Patient Name : Mrs. Krishnaben S Thakor	/	Registered On : 26-Oct-2024 08:42 AM
Lab ID : 410901991		Collected On : 26-Oct-2024 08:15 AM
Gender/Age : Female / 44 Years	DOB : 11-Jul-1980	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> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double indicator principle</i> 6.0	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	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	15-20/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	<b>Present</b>		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

This is an Electronically Authenticated Report.

Generated On : 26-Oct-2024 12:43 PM

Approved On : 26-Oct-2024 12:36 PM

Dr Pankaj Agrawal

M.B., D.C.P  
Consulting Pathologist

Patient ID:	SUR0000351914	Patient Name:	KRISHNABEN S THAKOR
Age:	44 Years	Sex:	F
Accession Number:	10646 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

**SHALBY HOSPITAL, SURAT**

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**SHALBY LIMITED**

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

Patient Name: KRISHNABEN S THAKOR	UHID: SUR0000351914
Age / Sex: 44 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 shows grade I 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.

**Uterus** post hysterectomy status .

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

**IMPRESSION:**

- Grade I fatty liver.

*Thanks for referrals.*

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CIN: L85110GJ2004PLC044667



**Patient's Name: Krishnaben Thakor****Age: 44 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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