

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 : SUR0000362131 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Jyotimayee Patel	/	Registered On : 26-Mar-2024 08:47 AM
Lab ID : 403901995		Collected On : 26-Mar-2024 08:25 AM
Gender/Age : Female / 33 Years	DOB : 03-Apr-1990	Received On : 26-Mar-2024 09:05 AM
Ref. By : Dr. 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	11.5 ✓	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.43	mill/cmm	3.8 - 4.8
HCT	Calculated	36.0	%	36 - 46
MCV	Calculated based on the RBC histogram	81.2	fL	83 - 101
MCH	Calculated	26.0	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	13.8	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	7200 ✓	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	72	%	40 - 80
LYMPHOCYTES	Flow Cytometry	18	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	7	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	238000 ✓	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	11.3	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

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

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Certificate No.: MC-5200

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B"

RH Type

POSITIVE

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ESR 1st hour * <i>Modified Westergren Method</i>	25 ✓	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.5 ✓ <i>(Jyotimayee)</i> <i>6.0</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) * 140 mg/dL
Calculated

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	111 ✓	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

Urine Sugar (F)	PRESENT[++]	mg/dL	Absent
------------------------	-------------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	131 ✓	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

Urine Sugar (PP)	PRESENT[+++]	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test**

SGPT (ALTV)	16	U/L	9 - 52
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Multi Point Rate with P-5-P

SGOT (AST)

SGOT (AST)	21	U/L	14 - 36
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Multi Point Rate with P-5-P

Alkaline Phosphatase

Alkaline Phosphatase	74	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

GGT *

GGT *	< 10 ✓	U/L	12 - 43
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

S. PROTEIN

S. PROTEIN	7.8	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

Albumin

Albumin	4.3	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN

S. GLOBULIN	3.5	g/dL	2.3 - 3.6
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Calculated

A/G Ratio

A/G Ratio	1.2	Ratio	1.0 - 2.3
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Calculated

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 Fluoride PP, Urine (F),S

Liver Function Test

Bilirubin Total <i>Azobilirubin/Dyphylline/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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Gender/Age : Female / 33 Years	DOB : 03-Apr-1990	Received On : 26-Mar-2024 09:06 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	166	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	63	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>	51	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	115	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	102	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	13	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.0		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.3	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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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	12	mg/dL	7 - 17
UREA <i>Calculated</i>	26	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.54	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	2.6	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	8.1	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.8	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	137	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.43	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	132	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	11.10	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	5.580	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

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Present (++) ✓		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> 1.020	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
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	NIL/hpf
Epithelial cells	8-10/hpf ✓	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Present		Nil
Others	Nil		Nil

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Consulting Pathologist

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Age:	33 Years	Sex:	F
Accession Number:	3357 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Mar-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. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

Patient's Name: Jyotimayee Patel

UHID: 362131

Age: 33 yrs / Female

Date: 26 / 03 / 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:11 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

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CIN: L85110GJ2004PLC044667

Patient Name: JYOTIMAYEE PATELE		UHID: 362131	
Age / Sex: 33 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 26/03/2024	

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 not seen, H/o Cholecystectomy. 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 Retroverted appears normal in size 69 x 50 x 50 mm, Et: 9 mm. 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. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
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DR. HIMANI THAKER (VYAS)

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

Shalby Women's Health Clinic

Name:- *Jyotimoyee*
Chief Complaints:-

Date: *26/3/24*
Weight:-
Height:-
OPR NO:-

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

Clonit .

M/H:- *Pain - $\frac{3-4}{30}$ days RLM*

LMP:- *before today*

O/H:-
*d/h - PILI
FTUS/O/ 10ym/L*

P/H:-
F/H
Examination:-

PLA soft

Provisional Diagnosis:-

P/s - co healthy

RAA taken

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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

DR. RUJUTA SHELAT

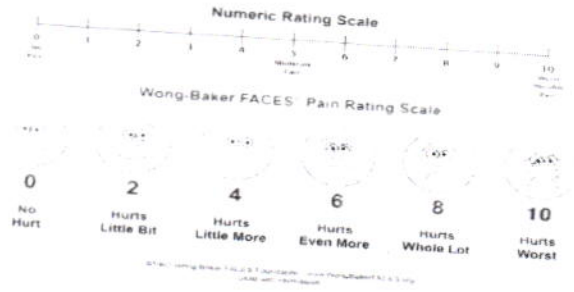
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Jyotimayee PATEL*

Date:- *26/03/2024*

Chief Complaints:- *Routine Eye check-up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *No drugs 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:- *6/36*
6/36

PH Vision:- *6/6*
6/6

NCT *18*
18

Ant. Segment *Stg - 1.75/-1.25 x 95 6/0, No*
- 1.50/-1.50 x 75 6/0, No
Both Eye

ON Examination

Net Clw

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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CIN: L85110GJ2004PLC044667

NAME
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D= 66 *m*

irandSeiko.com
IR-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

WMM
compound myopic astigmatism

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months/SOS

Signature of the Consultant

[Signature]



Pre - op

Post- op

Health Check-up

Date : 26/3/20

Patient Reg. No. : _____

Patient Name : Jyotimayee Patel Age / Sex : 33 / F

Address : Navsari

Complaints :

Pain : NAD

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

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

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"

Aditya Kumar

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

Birth date:

years

1100 Sinus rhythm

9110 ** normal ECG **

cm

kg

mmHg

Medication:

Symptoms:

History:

Heart rate	81	bpm
PR int	136	ms
QRS dur	80	ms
QT/QTc(E) int	360/ 397	ms
QT/QTc(T) axis	70/ 82/ 61	°
V5/SV1 amp	1.26/ 0.66	mV
V5+SV1 amp	1.92	mV

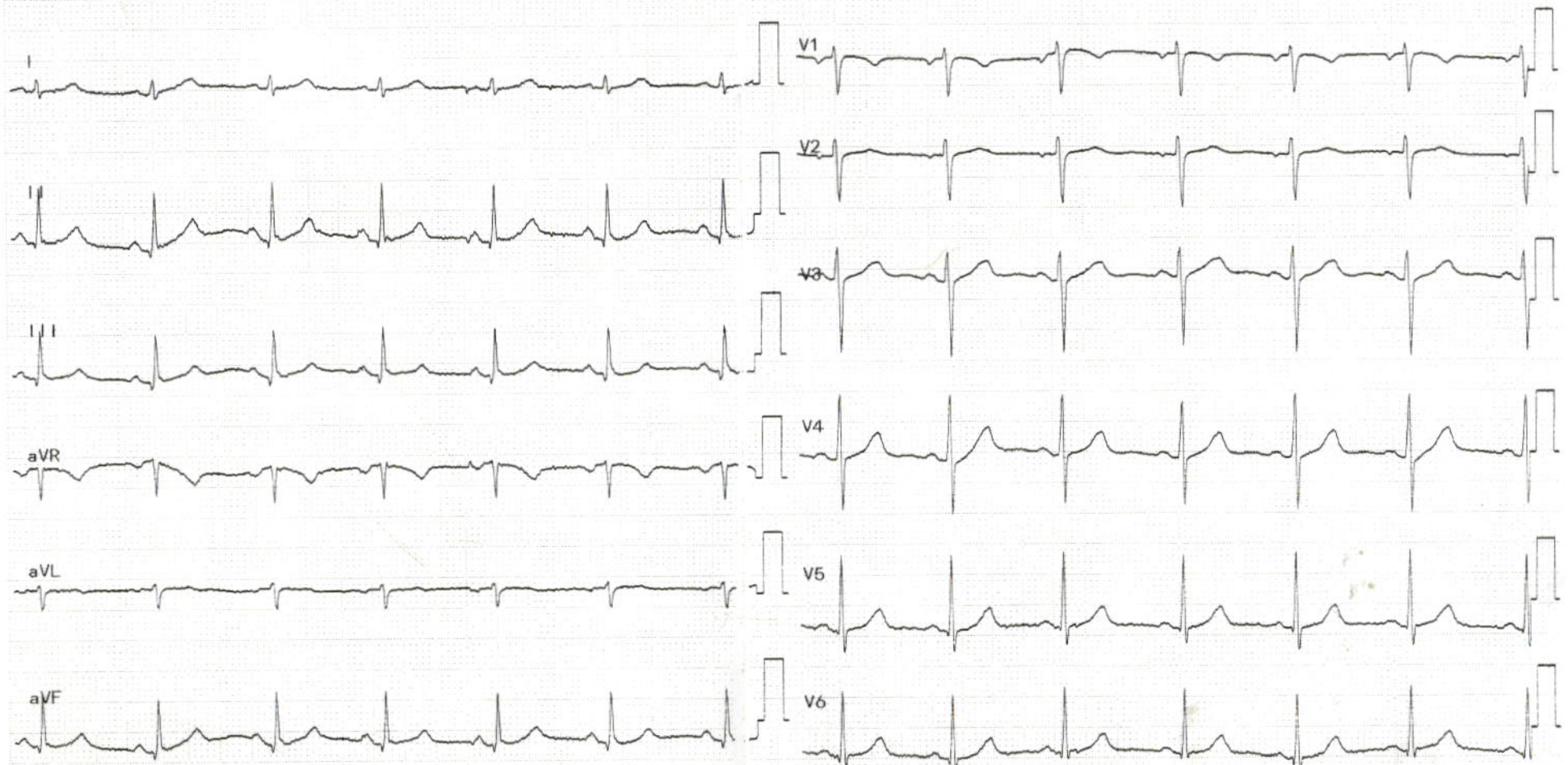
Jyoti M Patel

Unconfirmed Report

Reviewed by:

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

10 mm/mV



Consultant Physician Clinic

Patient Name:- Dyotimayee Patel

Age / Sex :- 32 yrs. Female

Chief Complaints:-

— Proximi
→ weakness
— weight loss

Drug / Food Allergy:-

Past History :-

→ Ictus san - Dependent
Iron

Family History:-

Systemic Examination:-

— M
— W

Provisional Diagnosis:

OPR NO:

Date: 26/3/20

Weight:- 48 kg

Height:- 160 cm

BMI:- 18.1

Nutritional assessment:-

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

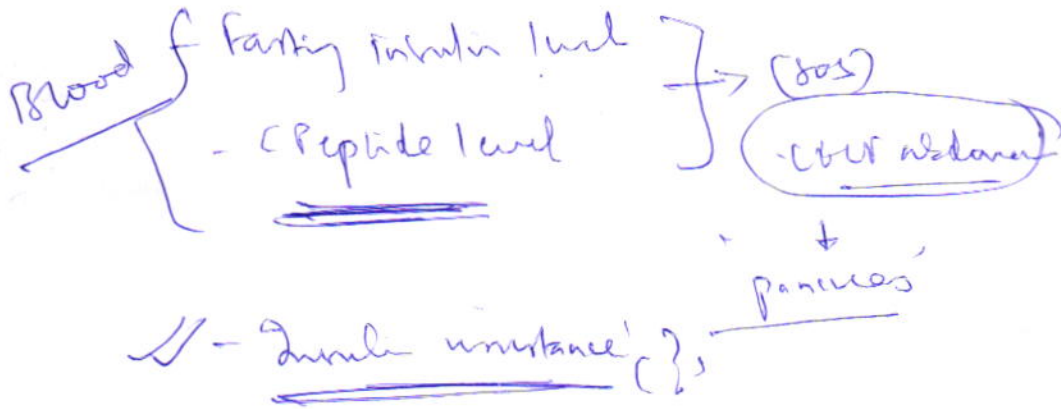
Pulse: 92

BP:- 140/70

SpO2:- 99%

Cap

Investigation :-



Treatment and further advices:-
(Write in Capital Letters)

Rx

- TABS CALCIUM D₃ 1000 (1 month)
- TABS ~~metformin~~ metformin 1000 (15 days)
- TABS GLYCOMET-SR (500) 1000 (15 days)
- ✓ FBS 7am 100

Follow Up Date:-

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

FBS 100