CHARUSAT HOSPITAL

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR
23-03-2024	HIREN K DHAMESHA	44	M	BODY PROFILE

USG ABDOMEN report.

Liver:show evidence of normal size,parenchymel echotexture & no evidence of focal solid or cystic mass lesion seen.Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder is physiologically distended with no evidence of calculus or sludge.Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection.
CBD,portal vein & spleenic vein size are normal.

Spleen size & parenchymel echotexture is normal with no focal mass lesion seen.
Pancreas show evidence of normal size & parenchymel echotexture with no evidence of focal mass lesion.

Aorta show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Left kidney show evidence of normal size,position,corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Bladder walls are normal & no evidence of stone or mass seen.
Prostate show evideance of normal size & parenchymel echotexture.
No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms
10.1x3.5	10.5x4.3	10.6

COMMENTS:

No abnormality detected.

Thanks for reference
DR KIRTI C [illegible]
M.B.B.S,D.M.R.D

CHARUSAT HOSPITAL

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR
23-03-2024	HIREN K DHAMESHA	44	M	BODY PROFILE

X-ray CHEST PA view.

No evidence of abnormality seen involving both lungs.Costophrenic sinuses are clear.

Hilar shadows show evidence of normal size , position & opacity.

Aortic shadow show evidence of normal position & Size.Cardiac size & position is normal.

Domes of diaphragm & bony cage show no evidence of abnormality.

COMMENTS:

NO ABNORMALITY DETECTED

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

CHARUSAT HOSPITAL

Patient Name :	HIREN K DHAMESHA	**Sample No. :**	SAMPLE-0108150
Patient ID :	CH-2024-0054578	**Visit No. :**	OPD/2024/03/0001276
Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
Referred By :	RIPAL PATEL	**S. Coll. Date :**	23-Mar-2024 14:28
Ward :	-	**Report Date :**	23-Mar-2024 14:43

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	117.7 mg/dl [NORMAL]	100 - 140

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CHARUSAT HOSPITAL

Patient Name :	HIREN K DHAMESHA	**Sample No. :**	SAMPLE-0108138
Patient ID :	CH-2024-0054578	**Visit No. :**	OPD/2024/03/0001276
Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
Referred By :	RIPAL PATEL	**S. Coll. Date :**	23-Mar-2024 11:41
Ward :	-	**Report Date :**	23-Mar-2024 14:01

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	8.5 gm/dl [LOW]	[M : 14-18, F : 12-16]

RBC

Investigation	Result	Normal Value
R.B.C Count :	4.37 mill./c.mm [LOW]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	5760 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets	3.46 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	55 % [NORMAL]	40 - 70
Lymphocytes	37 % [NORMAL]	20 - 40
Eosinophils	02 % [NORMAL]	1 - 6
Monocytes	06 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	24.5 mg/dl [NORMAL]	15 - 40

S.Creatinine

CHARUSAT HOSPITAL

Patient Name :	HIREN K DHAMESHA	**Sample No. :**	SAMPLE-0108138
Patient ID :	CH-2024-0054578	**Visit No. :**	OPD/2024/03/0001276
Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
Referred By :	RIPAL PATEL	**S. Coll. Date :**	23-Mar-2024 11:41
Ward :	-	**Report Date :**	23-Mar-2024 14:01

Investigation	Result	Normal Value
Serum Creatinine	0.79 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	11 [NORMAL]	8.0 to 23.0 (mg/dl)

URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	5.30 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

ESR

Investigation	Result	Normal Value
ESR - After One Hour	08 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	B	
Rh :	Positive	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	96.8 mg/dl [NORMAL]	70 - 110
Fasting Urine Sugar :	Absent	

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	131 mg/dl	

CHARUSAT HOSPITAL

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Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
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Hb A 1c	6.2 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level

Comments

Hb A1C also know asGlycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 69-8 week and provides a much better indicationn of longterm glycemic contril than blood glucose determination.
This Reaction is irreverdible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications).
nephropathy(Kidney-complications) & neuropathy(never complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

TSH

Investigation	Result	Normal Value
TSH :	3.64 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value
T3-Triodothyronine :	1.61 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	58.7 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value

CHARUSAT HOSPITAL

Patient Name :	HIREN K DHAMESHA	**Sample No. :**	SAMPLE-0108138
Patient ID :	CH-2024-0054578	**Visit No. :**	OPD/2024/03/0001276
Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
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Serum Cholesterol (Chol) :	172.1 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	69.2 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	37.2 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	100.48 mg/dl	
VLDL :	34.42 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	2.7 - [NORMAL]	< 3.5
TC / HDL Ratio :	4.63 - [NORMAL]	4.0 to 6.0
LDL (DIRECT) :	132.5 mg/dl [Border line high]	< 100.0 (Optimal), 100.0 to 120.0 (Near Optimal), 130.0 to 159.0 (Border line high), 160.0 to 189.0 (High), > 190.0 (Very high)

LIVER FUNCTION TEST

Investigation	Result	Normal Value
Total Bilirubin :	0.64 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.19 mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	15.9 IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	18.1 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	80.1 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0

CHARUSAT HOSPITAL

Patient Name :	HIREN K DHAMESHA	**Sample No. :**	SAMPLE-0108138
Patient ID :	CH-2024-0054578	**Visit No. :**	OPD/2024/03/0001276
Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
Referred By :	RIPAL PATEL	**S. Coll. Date :**	23-Mar-2024 11:41
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Total Protein (TP) :	6.8 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.1 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.45 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	2.7 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.5	

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.030 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	
Acetone :	Absent -	
Urobilinogen :	Absent -	
Microscopie Examination :		
Pus Cells :	1-2 -	
RBCs :	Absent -	
Epithelial cells :	2-3 -	

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Age/Sex :	44y/Male	**Call. Date :**	23-Mar-2024 09:38
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Ward :	-	**Report Date :**	23-Mar-2024 14:01

Casts : Absent -

Crystals : Absent -

PSA

Investigation	Result		Normal Value
PSA	0.076	ng/ml	0.0 - 4.0 ng/ml 4.0 - 10.0 ng/ml Gray Z 10.0 - 30.0 ng/ml suspi of malignancy Above 30 ng/ml Highly suspicious of malignan
FREE PSA	-	ng/ml	

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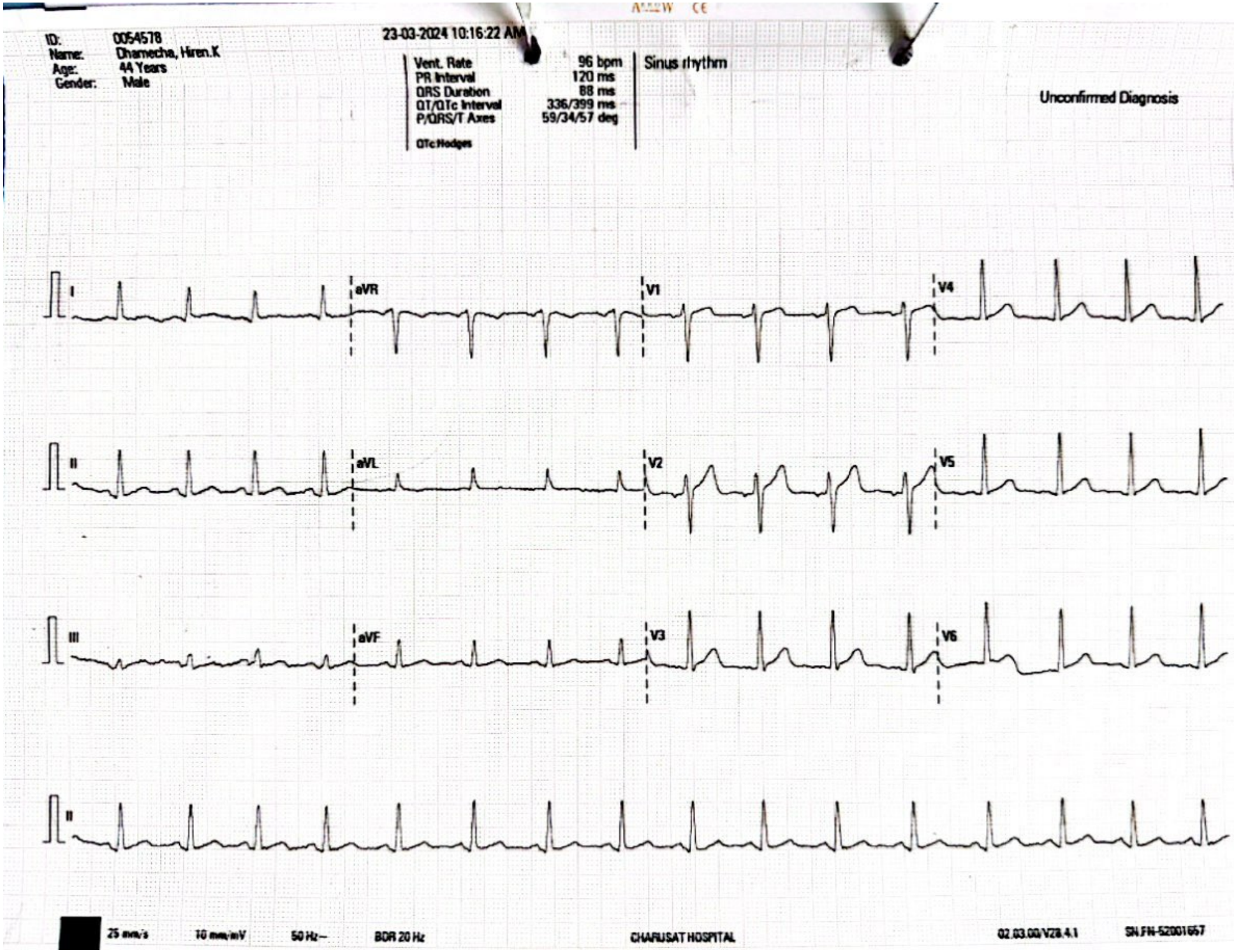

LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)

Dr Jairish

Date & Time : 23/3/24

Registration No. : CH2024-005578

Name : Hiren K. Dhamecha Contact No. : (M) 8141446604

Age : 44 Sex : M (O) _____

Address : Shaligram Greens 1, Bakrol

B.P. : 130/80 mm Pulse : 90 SpO, : low room

BMI : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : _____

Reports follow up

CASE ANALYSIS

Past History : _____

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

DENTAL REGISTRATION FORM

Date & Time : 23/3/24

Registration No. : CH2024-005578

Name : Hiren Dhamecha

Age : 44

Sex : M

Contact No. :

Emergency Contact No. :

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 હકકદાર 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 : Caries ī ⁻¹/₇

Treatment Plan : filling ī ⁻¹/₇

Date : 23/3/24

Time : _____

Name of Doctor Dr. Madhuri

Signature : _____

CHIF/DENTAL/5016

CHARUSAT HOSPITAL

OPHTHALMIC REGISTRATION FORM

Reg. No. : CH2024-0054578

Date : 23/3/24

Patient's Name : Hiren Dhamecha Age : 44

Address :

Telephone No. : Mobile No. :

Referred by / Care of :

Profession :

Type or work in daily routine : Driving / Watching TV / Computer / Reading /

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching / Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia / Diplopia / Squinting / Blackout / Floaters / Flashes / Injury / Routine check-up. wear gl. since 11 yr.

Eye Involve : RE / LE / BE Duration :

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia / Treatment last eye check up 1 yr. ago.

Any Surgery : Cataract / Glaucoma / none / RE / LE / BE

Family History : Glaucoma / RP / DM / none.

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

none.

EYE DETAILS :

	RE	LE
V/A with PH	c gl. 6/6 - N6	6/6 — N6.
IOP	13 mm/Hg	19 mm/Hg
OWN GLASS :	-0.25/-0.25 x 170°	-0.25/-0.50 x 70° N.Add +0.75
AR :	-0.50 Dsph.	-0.50/-0.75 x 100° +1.25.

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis		Same	Pas			
Nr.						
Comp						

Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

Remark :

Signature :

CHRF/OPTH/5089