

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Dr. Harin Vadodaria

Date: *31/04/23*

Age / Sex :-

Weight:- *100.8kg*

Chief Complaints:-

Height:- *176 cm*

no cmt

Nutritional assessment:-

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

Drug / Food Allergy:-

HI - Nihil CO
Eucopm d

Pulse:- *70b/min*

Past History :-

BP:- *169/98mmHg*

SpO2:- *99.1*

Family History:-

Systemic Examination:-

ok

*R
a
s
b*

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.

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

Investigation :-

GMT Positive

TRH 2/11

HSAc S.A

Treatment and further advices:-

(Write in Capital Letters)

ad,

- Carbamazepine ep/100mg
- Lifestyle changes.
- CASH

Rx

TAB TRH Roy 50
~~100~~

Cx Bthe Rx
=

100

8

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

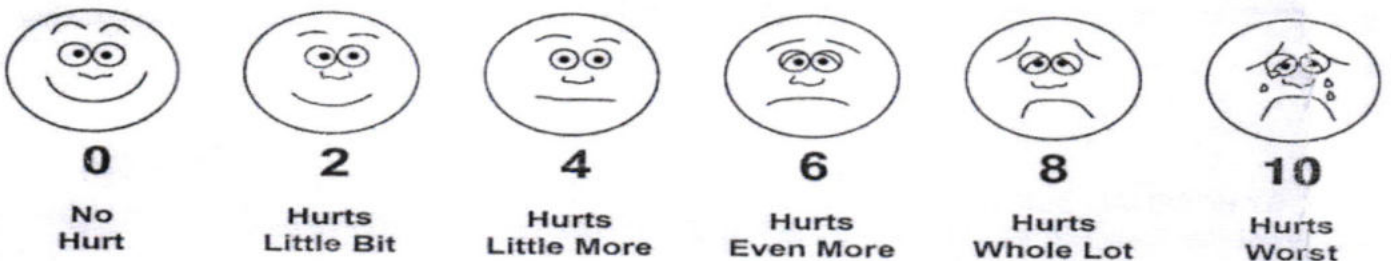
Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:53 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.72	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	43.4	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	92.0	fL	83 - 101
MCH <i>Calculated</i>	29.7	pg	27 - 32
MCHC <i>Calculated</i>	32.2	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.6	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* 7310 cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	57	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	35	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT *Electrical Impedance* 164000 /cmm 150000 - 410000
MPV *Calculated based on PLT Histogram* 12.6 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.

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM
Approved On : 03-Apr-2023 10:37 AM

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



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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:53 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

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

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour *	12	mm in 1 hour	0 - 20

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *	5.7	%	
--------------------------------	-----	---	--

Boronate Affinity Assay

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) *	117	mg/dL	
---	-----	-------	--

Calculated

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 11:48 AM

Dr Pankaj Agrawal

Dr Pankaj Agrawal

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



Certificate No. : MC-5200

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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
 Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
 Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:53 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP), Fluo

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

PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	95	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	91	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
----------------------------	----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	ABSENT
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

This is an Electronically Authenticated Report.

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

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 01:09 PM

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org**We are open 24 x 7 & 365 days**


 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 : SUR0000339091 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
 Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
 Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:54 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>	132	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	101	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	97	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	77	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	20	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.2		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.8	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.

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 11:48 AM

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



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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:54 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

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

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
UREA <i>Calculated</i>	15	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.69	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.0	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.8	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.3	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	144	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.80	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM
Approved On : 03-Apr-2023 11:48 AM

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

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

We are open 24 x 7 & 365 days


 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 : SUR0000339091 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
 Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
 Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:54 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

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

IMMUNOLOGY

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	115	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	6.70	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	7.11	µIU/mL	0.38 - 5.33

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 11:48 AM

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

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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : Mr Anilkumar Narendraprasad / Singh

Registered On : 03-Apr-2023 08:56 AM

Lab ID : 304900145

Collected On : 03-Apr-2023 12:00 AM

Gender/Age : Male / 53 Years

DOB : 25-Dec-1969

Received On : 03-Apr-2023 09:54 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN *

1.6

ng/mL

0.0 - 4.0

*Chemiluminescence immunoassay (CLIA)***Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 11:48 AM

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



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 : SUR0000339091 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM
Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM
Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:53 AM
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			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/μL Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL Absent
pH	<i>Double Indicator principle</i>	6.5	PH value 4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.025	S.G. value 1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/μL Absent
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM
Approved On : 03-Apr-2023 11:03 AM

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


 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 : SUR0000339091 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Anilkumar Narendraprasad Singh** / Registered On : 03-Apr-2023 08:56 AM

Lab ID : 304900145 Collected On : 03-Apr-2023 12:00 AM

Gender/Age : Male / 53 Years DOB : 25-Dec-1969 Received On : 03-Apr-2023 09:54 AM

Ref. By : Dr. 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>	38	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	24	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	119	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	39	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	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>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:13 PM

Approved On : 03-Apr-2023 11:48 AM

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

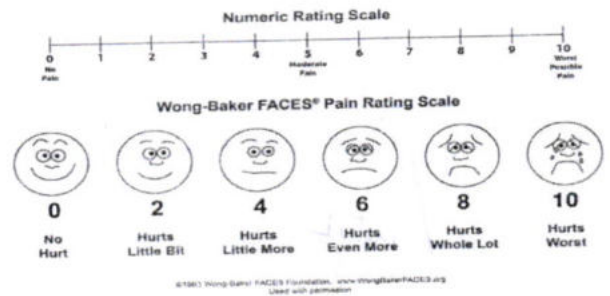
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- Anilkumar Singh

Date:- 3/4/23

Chief Complaints:-

nilc



Pain Assessment:-

Past History:-

BP 2 yrs

Family History:-

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:- 6/6
eglass

PH Vision:-

NCT 18 mm of ky

ON Examination Ant. Segmenet

Both Eye

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.

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

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE
WNL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Rms

Signature of the Consultant

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDER ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ANILKUMAR SINGH ,
Patient ID: 80591
Height:
Weight:

DOB: 25.12.1969
Age: 53yrs
Gender: Male
Race: Asian

Study Date: 03.04.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:57	0.00	0.00	83	150/90	
	STANDING	00:13	0.80	0.00	84		
EXERCISE	STAGE 1	03:00	2.70	10.00	117	150/90	
	STAGE 2	03:00	4.00	12.00	141	160/90	
	STAGE 3	01:31	5.40	14.00	164	180/90	
RECOVERY		03:05	0.00	0.00	103	170/100	

The patient exercised according to the BRUCE for 7:30 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 82 bpm rose to a maximal heart rate of 164 bpm. This value represents 98 % of the maximal, age-predicted heart rate. The resting blood pressure of 150/90 mmHg , rose to a maximum blood pressure of 200/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Positive stress test.

Conclusions

TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA

Physician _____

Technician _____

ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

Male

12:37:00

53yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Tabular Summary

SHALBY HOSPITAL

BRUCE: Total Exercise Time 07:30

Max HR: 164 bpm 98% of max predicted 167 bpm HR at rest: 82

Max BP: 200/100 mmHg BP at rest: 150/90 Max RPP: 29160 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -3.00 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:00

Arrhythmia: A:26, PVC:4

ST/HR index: 3.39 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Positive stress test.

Conclusion: TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:57	0.00	0.00	1.0	83	150/90	12450	0	-0.25	
	STANDING	00:13	0.80	0.00	1.0	84			1	-0.35	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	117	150/90	17550	1	-0.90	
	STAGE 2	03:00	4.00	12.00	7.0	141	160/90	22560	0	-1.95	
	STAGE 3	01:31	5.40	14.00	10.0	164	180/90	29520	0	-3.00	
RECOVERY		03:05	0.00	0.00	1.0	103	170/100	17510	0	-0.85	

ANILKUMAR SINGH,
Patient ID 80591
03.04.2023
12:38:08

84 bpm
150/90 mmHg

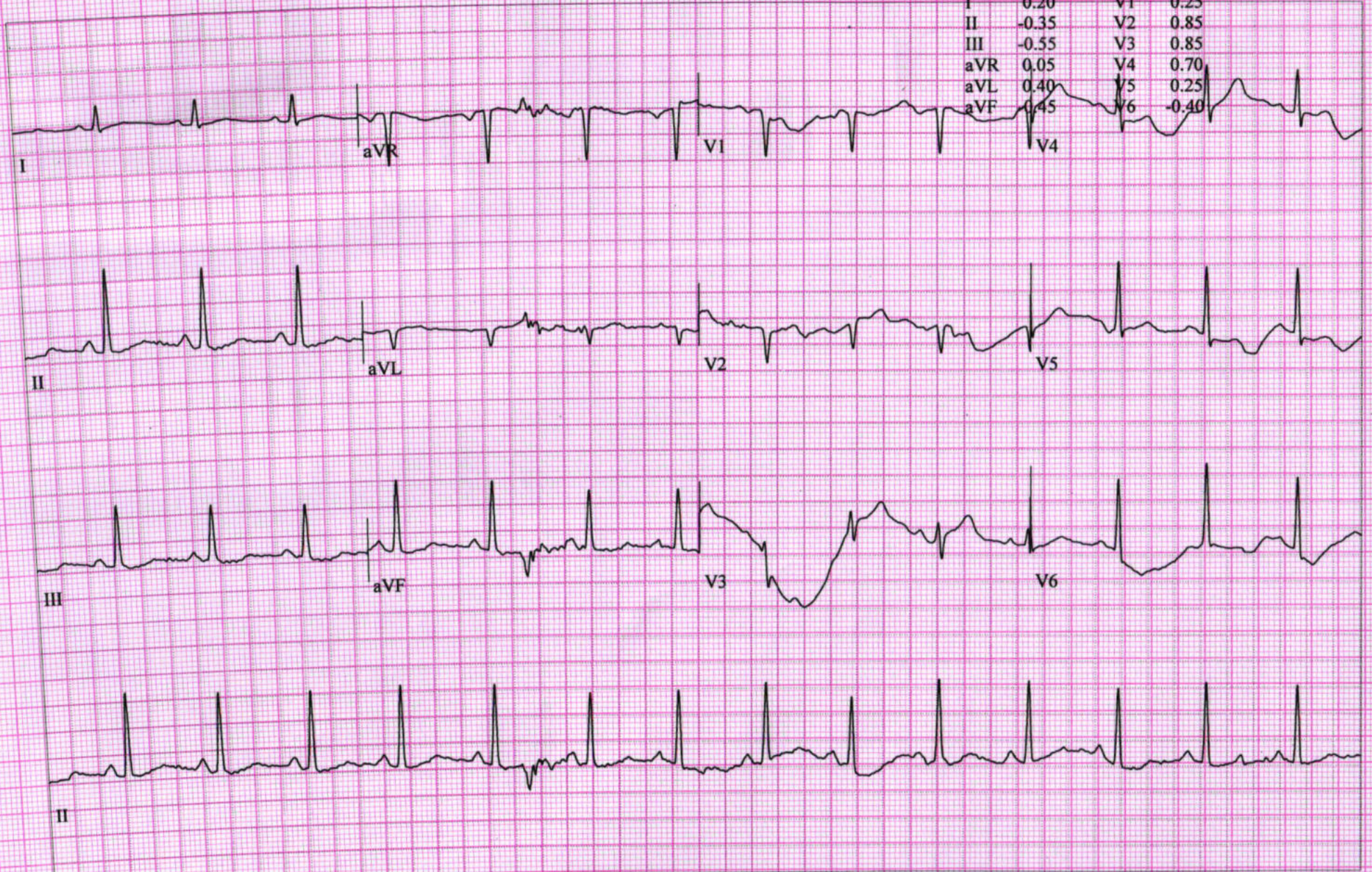
12-Lead Report
PRETEST
STANDING
01:03

BRUCE
0.8 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	-0.25
II	-0.35	V2	0.85
III	-0.55	V3	0.85
aVR	0.05	V4	0.70
aVL	0.40	V5	0.25
aVF	0.45	V6	-0.40



ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:41:03

12-Lead Report

113 bpm
150/90 mmHg

EXERCISE
STAGE 1
02:50

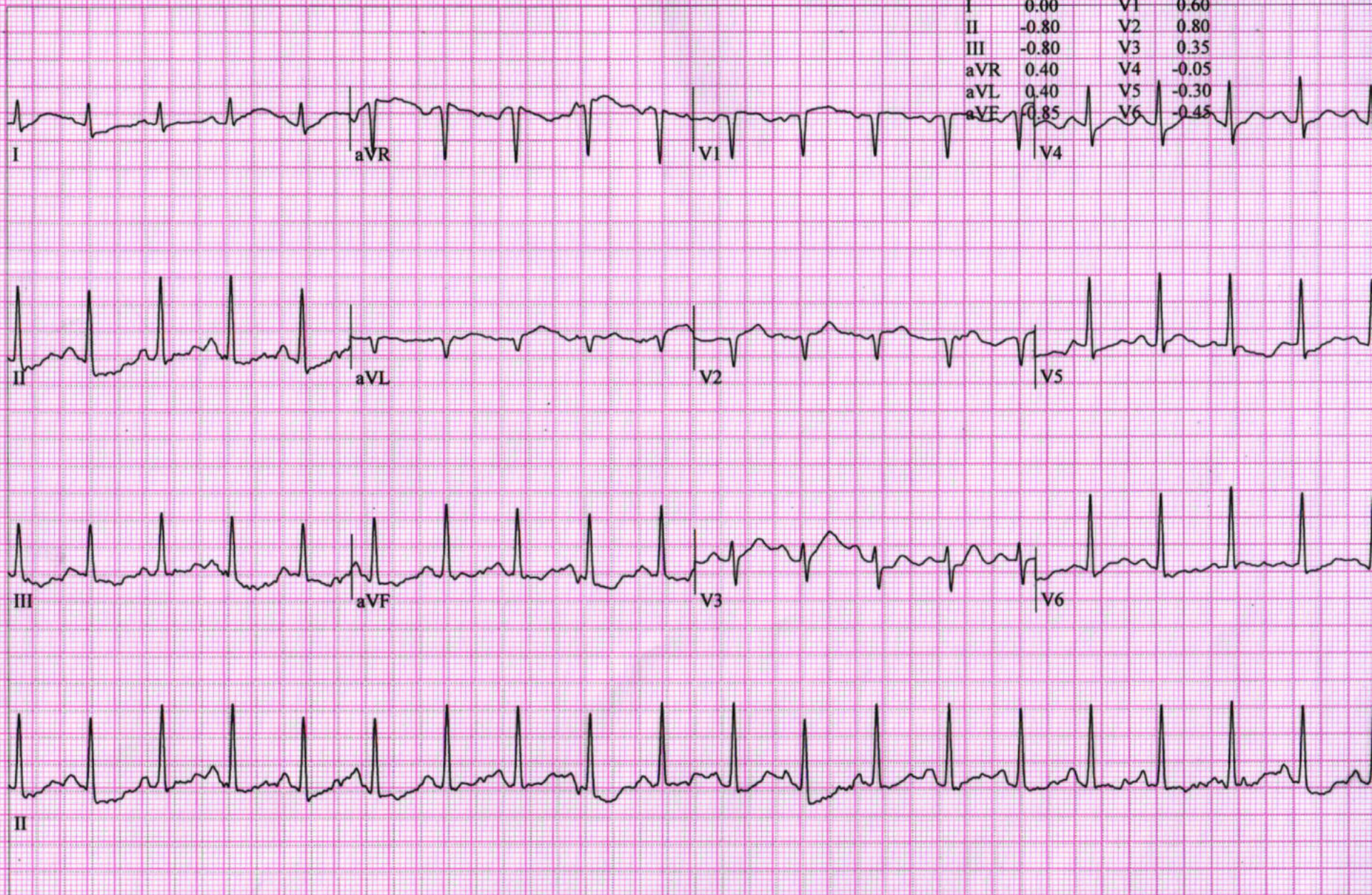
BRUCE
2.7 km/h
10.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.60
II	-0.80	V2	0.80
III	-0.80	V3	0.35
aVR	0.40	V4	-0.05
aVL	0.40	V5	-0.30
aVF	0.85	V6	-0.45



ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:44:03

139 bpm

160/90 mmHg

EXERCISE

STAGE 2

05:50

12-Lead Report

BRUCE

4.0 km/h

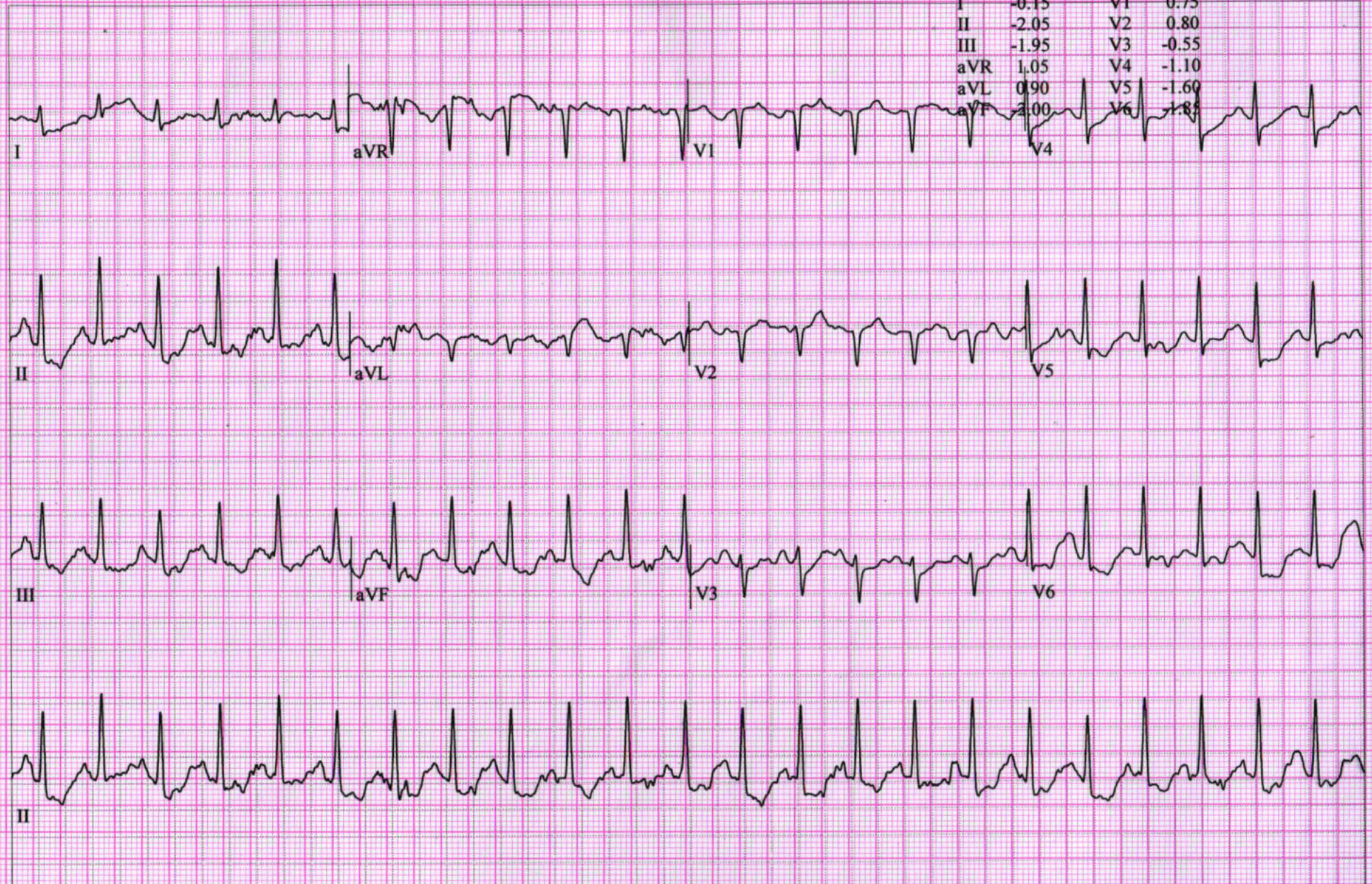
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.75
II	-2.05	V2	0.80
III	-1.95	V3	-0.55
aVR	1.05	V4	-1.10
aVL	0.90	V5	-1.60
aVF	-2.00	V6	-1.85



ANILKUMAR SINGH,
Patient ID 80591
03.04.2023
12:45:02

155 bpm
180/90 mmHg

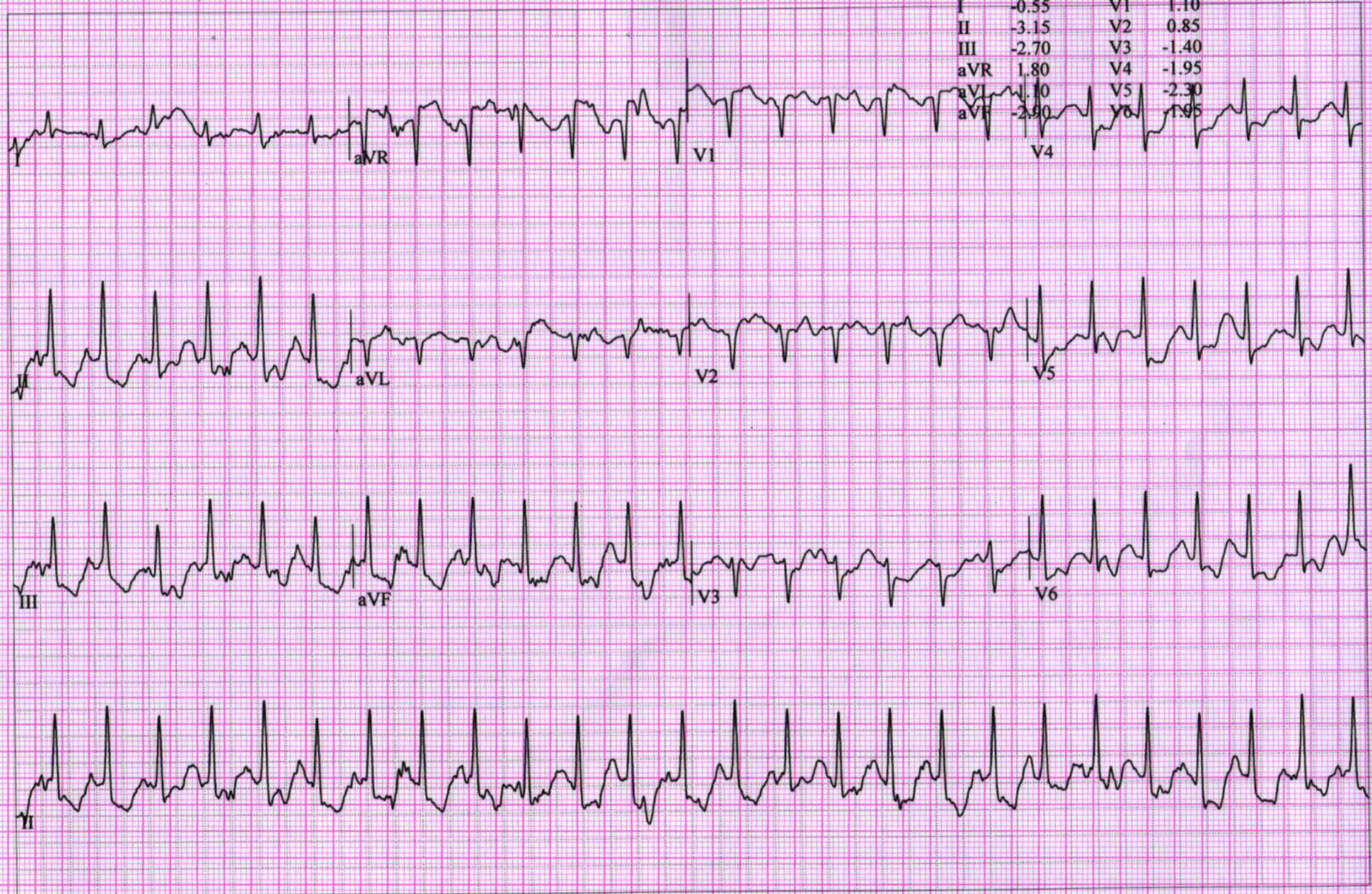
12-Lead Report
EXERCISE
STAGE 3
06:49

BRUCE
5.4 km/h
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.55	V1	1.10
II	-3.15	V2	0.85
III	-2.70	V3	-1.40
aVR	1.80	V4	-1.95
aVL	-1.10	V5	-2.30
aVF	-2.90	V6	-1.95



ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:45:44

164 bpm

180/90 mmHg

EXERCISE

STAGE 3

07:31

12-Lead Report (PEAK EXERCISE)

BRUCE

5.4 km/h

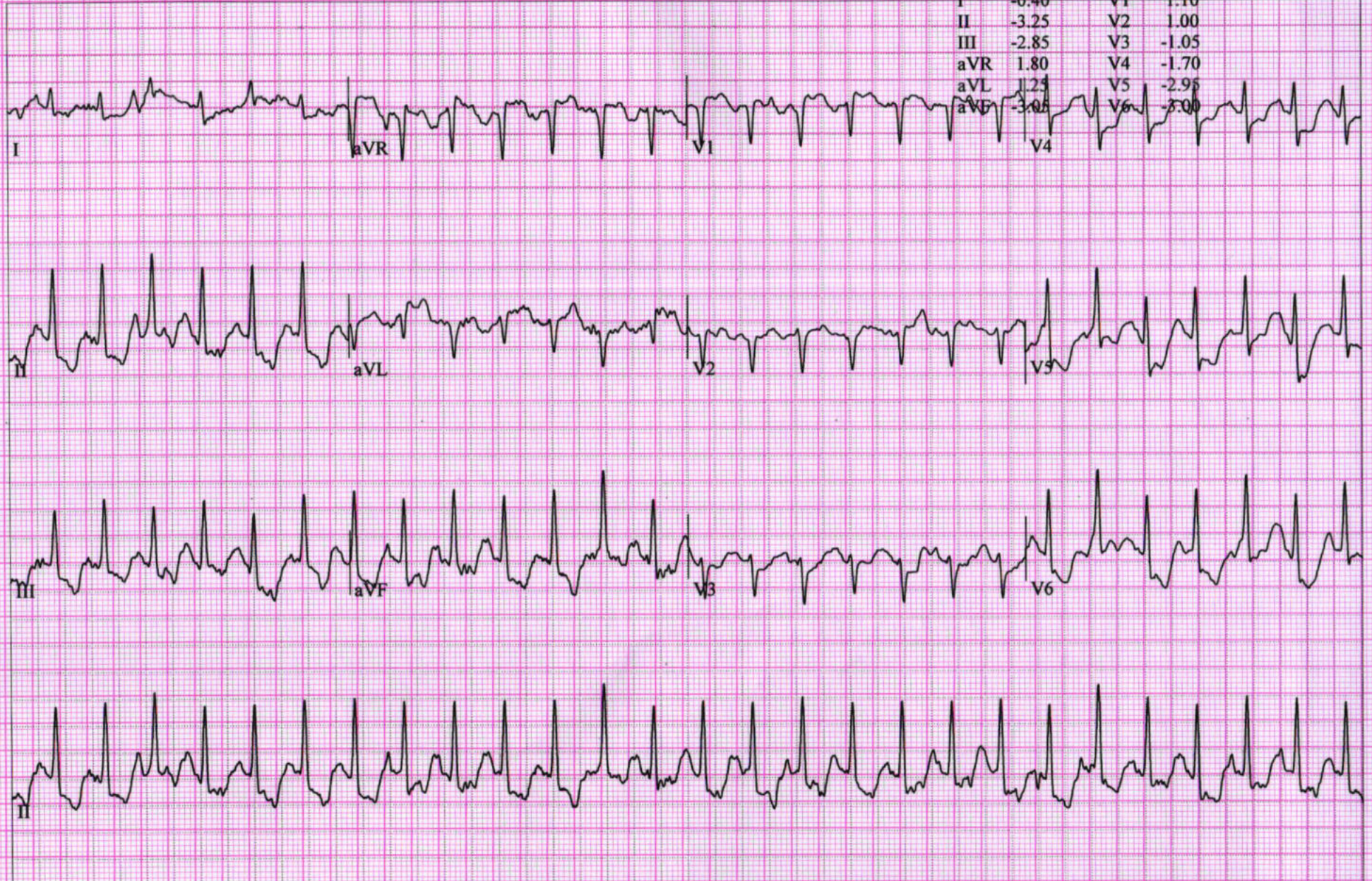
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	1.10
II	-3.25	V2	1.00
III	-2.85	V3	-1.05
aVR	1.80	V4	-1.70
aVL	1.25	V5	-2.95
aVF	-3.05	V6	-3.00



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,II)

Start of Test: 12:37:00

Page 5

ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:46:33

12-Lead Report

RECOVERY

#1

00:50

BRUCE

0.0 km/h

0.0 %

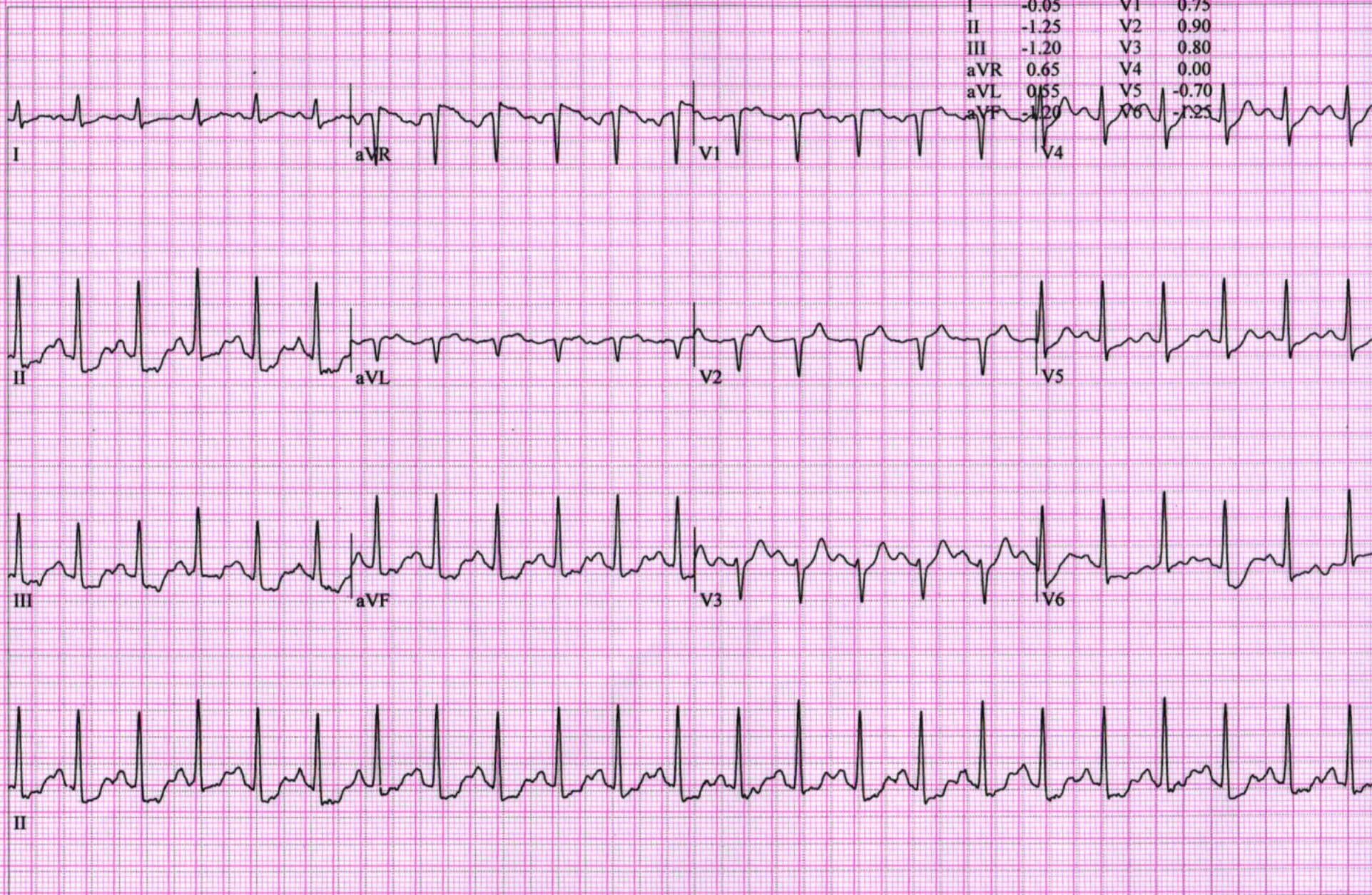
SHALBY HOSPITAL

137 bpm

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.75
II	-1.25	V2	0.90
III	-1.20	V3	0.80
aVR	0.65	V4	0.00
aVL	0.55	V5	-0.70
aVF	-1.20	V6	-1.25



ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:47:33

12-Lead Report

RECOVERY

#1

01:50

BRUCE

0.0 km/h

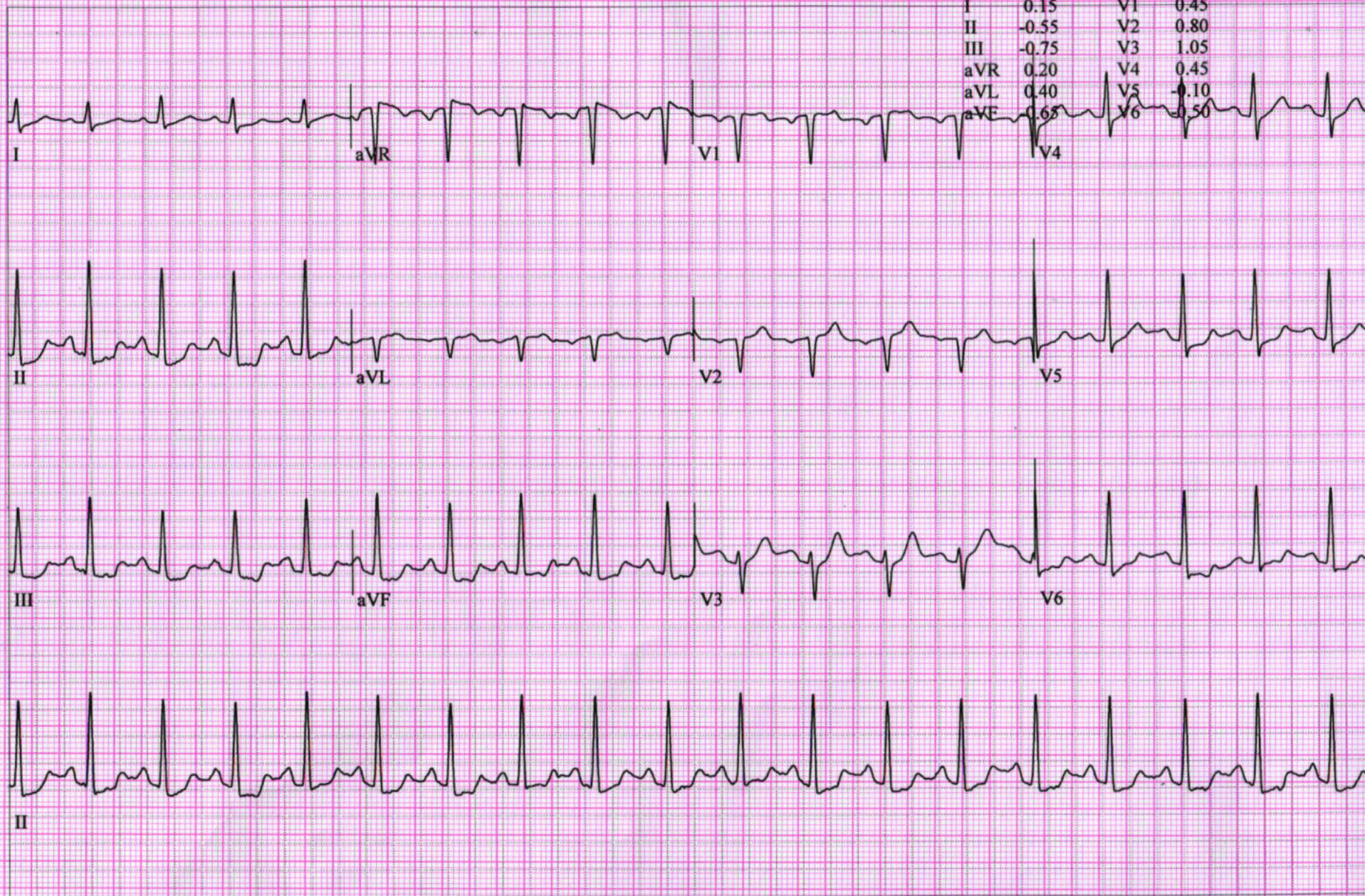
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.45
II	-0.55	V2	0.80
III	-0.75	V3	1.05
aVR	0.20	V4	0.45
aVL	0.40	V5	-0.10
aVF	0.65	V6	-0.50



ANILKUMAR SINGH,

Patient ID 80591

03.04.2023

12:48:33

12-Lead Report

RECOVERY

#1

02:50

BRUCE

0.0 km/h

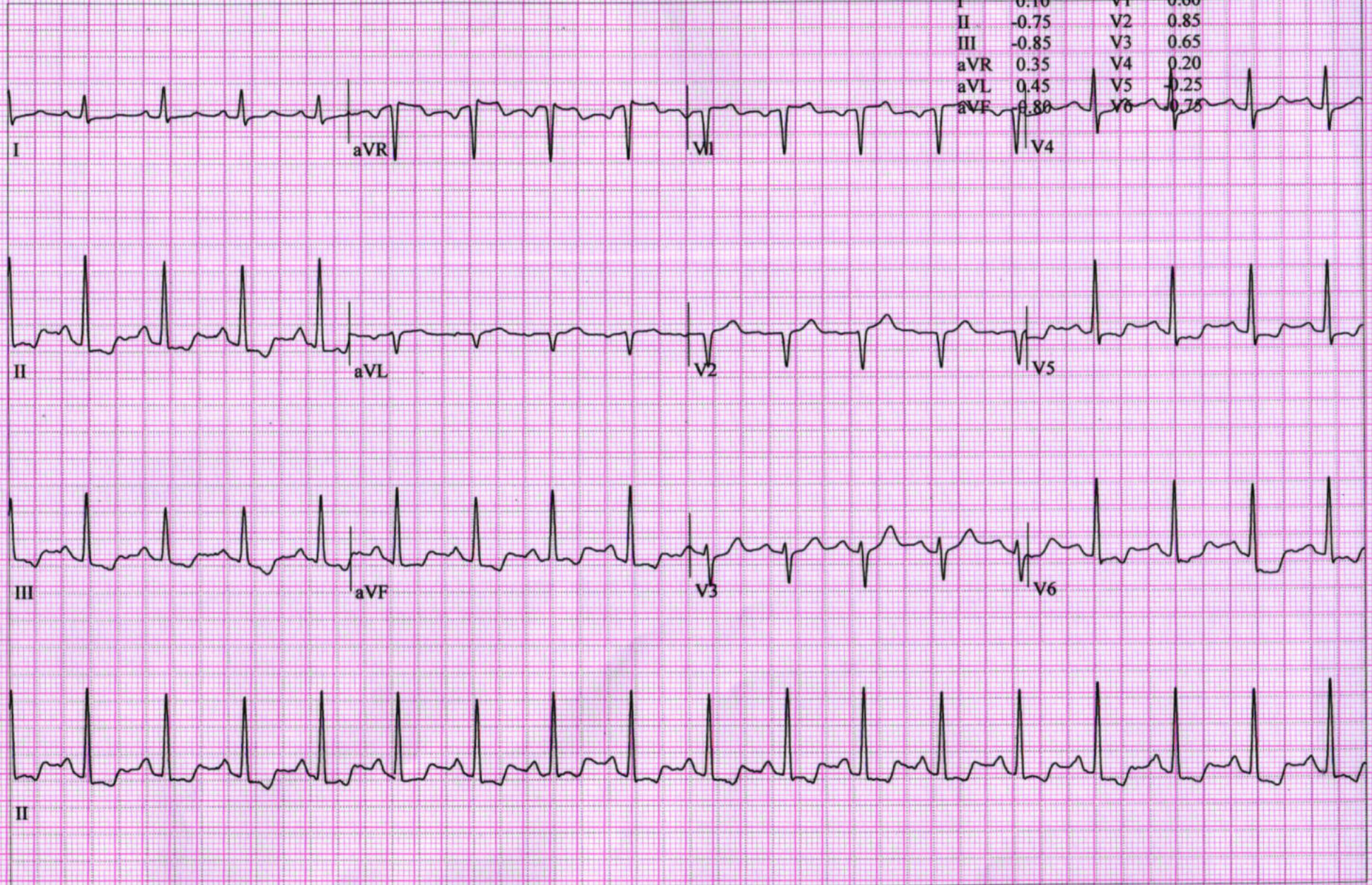
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.60
II	-0.75	V2	0.85
III	-0.85	V3	0.65
aVR	0.35	V4	0.20
aVL	0.45	V5	-0.25
aVF	-0.80	V6	-0.75



Pre - op

Post-op

Health Check-up

Date : 03/04/23

Patient Reg. No. : _____

Patient Name : Anilkumar Singh

Age / Sex : 53/M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : Stem 1

On Examination :

Abscess : _____ Face lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 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 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.
- Routine scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Patient Name: ANILKUMAR SINGH		
Age / Sex: 53 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 03-04-2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity.

The Hepatic veins appear normal. No evidence of dilated I.H.B.R.

Simple hepatic cyst of size 22 x 20 mm in left lobe of liver.

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 measures 133 x 56 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 128 x 57 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder partially distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is enlarged and measures 52 x 42 x 45 mm, volume 52 cc.

It has smooth outlines and normal reflectivity.

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

Approx 19 x 20 mm sized defect is noted anterior abdominal wall in umbilical region with herniated Omental fat.

IMPRESSION:

- **Fatty infiltration of liver with small simple hepatic cyst.**
- **Mild Prostatomegaly.**
- **Umbilical Hernia.**
- **No any other significant abnormality is seen.**

Thanks for referral.


Dr. BRIJESH CHAUHAN MD.
Consultant Radiologist

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.

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

Patient ID:	SUR00004172	Patient Name:	ANILKUMAR SINGH
Age:	53 Years	Sex:	F
Accession Number:	4172	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	3-Apr-2023		

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. BRIJESH CHAUHAN MD.
Consultant Radiologist

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.
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

ID:

Name:

Sex: M

Birth date:

years

cm

kg

/

mmHg

1100 Sinus rhythm

9110 ** normal ECG **

Medication:

Symptoms:

History:

Heart rate	77	bpm
PR int	174	ms
QRS dur	76	ms
QT/QTc(E) int	364/ 396	ms
P/QRS/T axis	62/ 53/ 11	°
RV5/SV1 amp	1.88/ 0.88	mV
RV5+SV1 amp	2.76	mV

Anil Kumar Singh

Unconfirmed Report
Reviewed by:

[Handwritten signature]
8/1/23

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV

