



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 : SUR0000338599 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Roshni Girishkumar Patel /	Registered On : 25-Mar-2023 10:13 AM
Lab ID : 303901989	Collected On : 25-Mar-2023 10:00 AM
Gender/Age : Female / 35 Years	Received On : 25-Mar-2023 10:26 AM
DOB : 26-Sep-1987	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.4	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	5.18	mill/cmm	3.8 - 4.8
HCT	Calculated	43.0	%	36 - 46
MCV	Calculated based on the RBC histogram	83.1	fL	83 - 101
MCH	Calculated	25.9	pg	27 - 32
MCHC	Calculated	31.1	g/dL	31.5 - 34.5
RDW	Calculated	12.9	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5870	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	59	%	40 - 80
LYMPHOCYTES	Flow Cytometry	33	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	6	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	303000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.8	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.

Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

Generated On : 25-Mar-2023 01:01 PM

Approved On : 25-Mar-2023 12:47 PM

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"		
RH Type	POSITIVE		
ESR 1st hour *	12	mm in 1 hour	0 - 20
<i>Modified Westergren Method</i>			
HBA1C			
HbA1c - Glycated Haemoglobin *	5.6	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
<i>Boronate Affinity Assay</i>			

Estimated Average Glucose (eAG) (mg/dL) *	114	mg/dL
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Calculated

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 Gender/Age : Female / 35 Years DOB : 26-Sep-1987 Received On : 25-Mar-2023 10:27 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),
 Fluoride P, Urine

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

Plasma Glucose (F)	103	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)	101	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic: =>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

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Ref. By : Dr. Health Check Up . Shalby	

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LIPID PROFILE**LIPID PROFILE**

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	170	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	127	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	41	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	129	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	104	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	25	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.1	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>	9	mg/dL	7 - 17
UREA <i>Calculated</i>	19	mg/dL	15 - 36
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.72	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.7	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.4	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.95	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	115	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	10.23	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.68	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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Received On : 25-Mar-2023 10:31 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

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/ μ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.015	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
Pus cells	2-3/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

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Liver Function Test**Liver Function Test**

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	17	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	14	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	46	U/L	20-50 yrs.: 42- 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	26	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.2	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.1	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.3	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 -----

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Patient's Name: Mrs. Roshni Patel

Age: 36 yrs/ Female

Date: 25 / 03 / 2023

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:19

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:14 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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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

Patient ID:	SUR00003836	Patient Name:	ROSHNI G PATEL
Age:	36 Years	Sex:	F
Accession Number:	3836	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	25-Mar-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. Nimit R Desai
Consultant Radiologist

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Patient Name: ROSHNI PATEL	
Age / Sex: 36Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 10/03/2023

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 shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney 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.



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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Sex: **F**
cm

Birth date: / mmHg

years

1100 Sinus rhythm
7202 Moderate left axis deviation
9110 ** normal ECG **

Rashmi Patel

Medication:

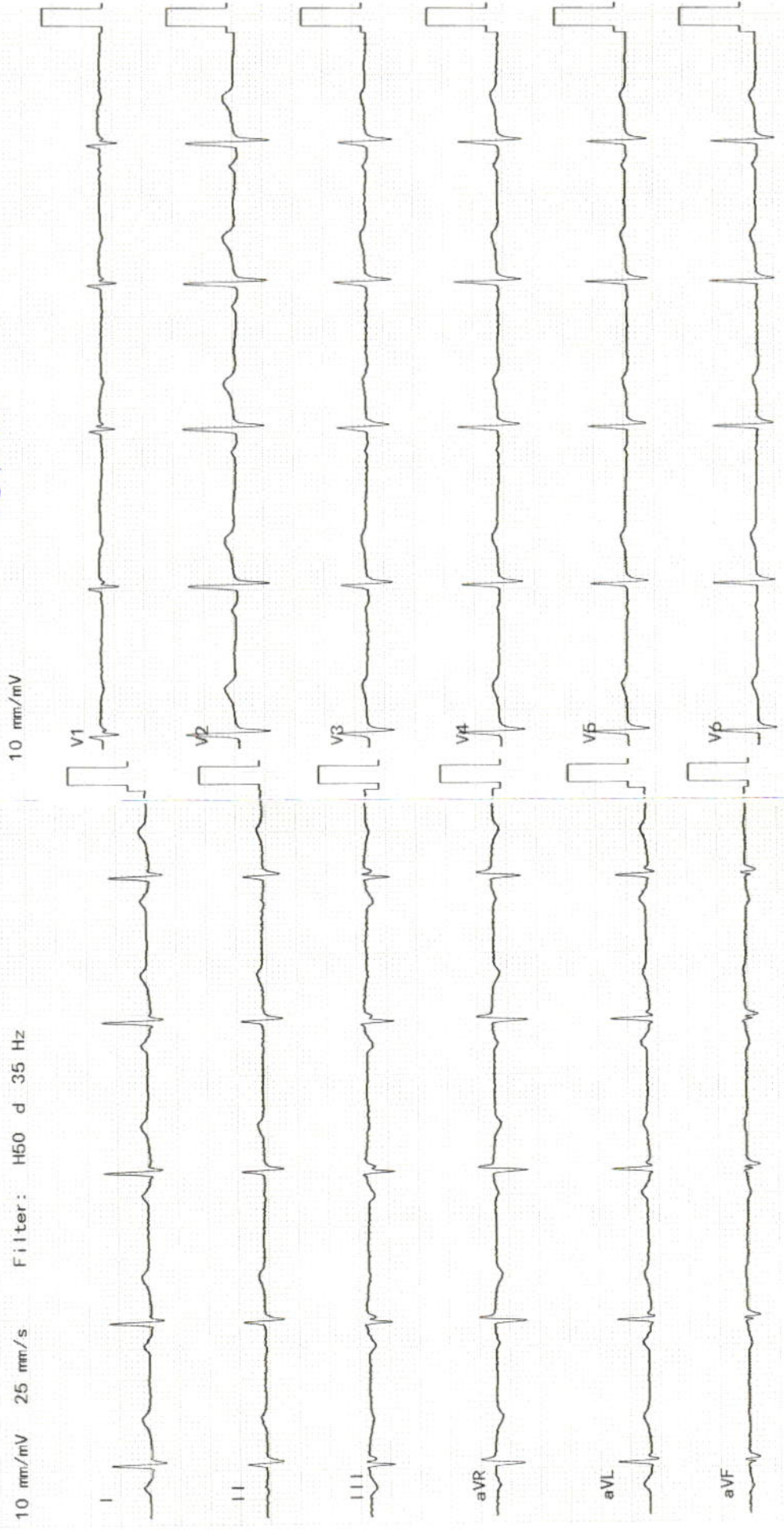
Symptoms:

History:

vent. rate	62	bpm
PR int	160	ms
QRS dur	84	ms
QT/QTc(E) int	408/ 412	ms
P/QRS/T axis	-16/ -25/ 8	°
RV5/SV1 amp	0.77/ 0.32	mV
RV5+SV1 amp	1.10	mV

Unconfirmed Report
Reviewed by:

WNL



DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Roshni G. Patel

Age / Sex :-

F 36,

Chief Complaints:-

Nodo

Date: 25/3/23

Weight:- 67.8 kg

Height:- .

Nutritional assessment:-

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

Pulse:- 64/mr

BP:- 100/60

SpO2:- 94%

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

RS
CS
PA
CS | N

Provisional Diagnosis:-

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Investigation :-

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

Rx

T. F. Dison MP = 30

Quente D3 = (12)

Every Sunday 2. Cap

normal health
checkup 

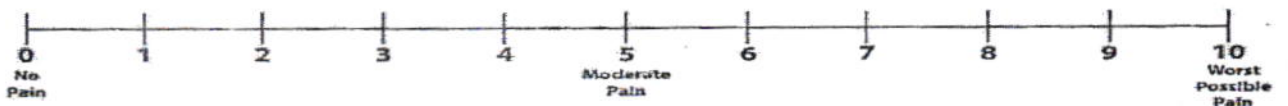
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

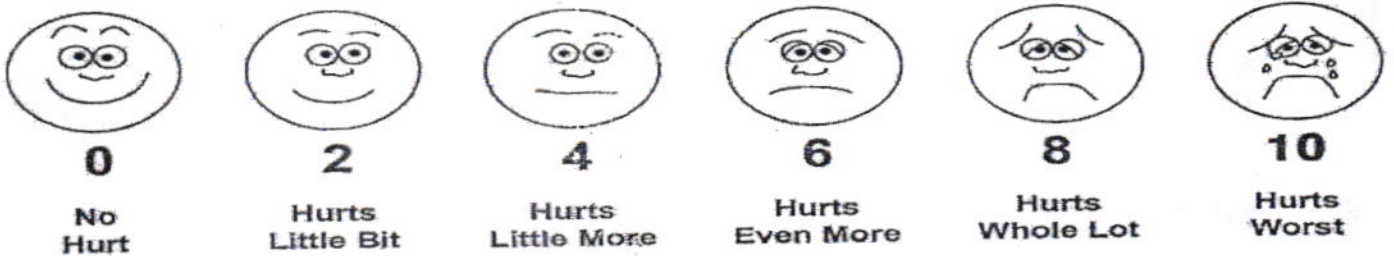
Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



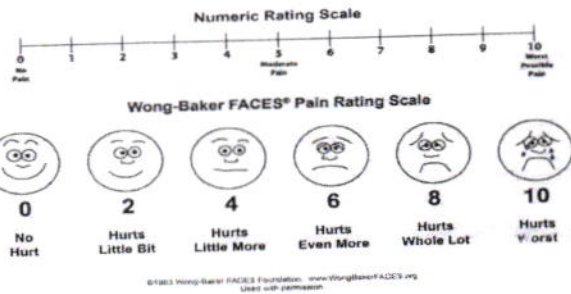
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- *Roshmi Patel*

Date:- *25/3/23*

Chief Complaints:-

NLC



Pain Assessment:-

Past History:-

- NAD -

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*

PH Vision:-

NCT *12 mm of hg*

ON Examination Ant. Segmenet Both Eye

- WNL -

SHALBY HOSPITAL, SURAT

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

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

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

Rang

Signature of the Consultant



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

Age - 36 yrs

Shalby Women's Health Clinic

Name:- *Roshni Patel*
Chief Complaints:-

Date: *25/3/23*
Weight:-
Height:-
OPR NO:-

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

No - spotting after menses.

LMP:-
20/5/23

M/H:- *lump - $\frac{34}{30}$ days RHM*

O/H:-
OH-

P/H:-
F/H
Examination:-
*2 FT LSCS | ♀ | 940 | L2
 | ♂ | 440 |
 is done.*

Provisional Diagnosis:-
HA - soft

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

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

Investigaion Advised:-

- CAP DOXY — (14) mln
100 100

- TAB PAN-D — (14)
100 mln 42-1

Adv.

Flup after
10 days

MS + PAB
(injection)
2 of 2nd)

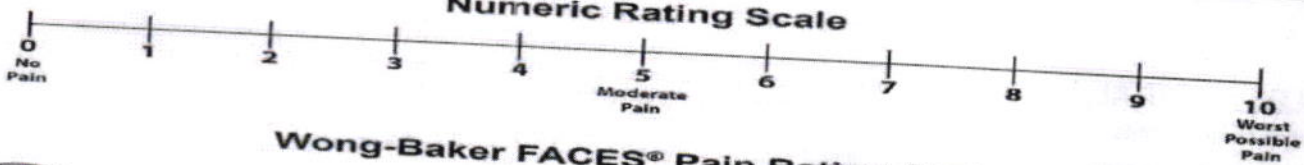
8460659500
Dr. Harman

Follow Up:

Date: _____

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

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