

Consultant Physician Clinic

Patient Name:- *Sagar Gupta*
Age / Sex :- *31 yrs / M*
Chief Complaints:-

90 ml

Drug / Food Allergy:- *NKDA*

Ethanollic

Past History :-

Epilepsy

Family History:-

Systemic Examination:-

MAD.

Provisional Diagnosis: *UTI*

OPR NO:

Date: *27/05/23*
Weight:- *58.9 kg*
Height:- *174 cm*
BMI:- *19.5*

Nutritional assessment:-

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

Pulse:- *63 b/min*
BP:- *120/90 mm*
SpO2:- *99%*

Investigation :-

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

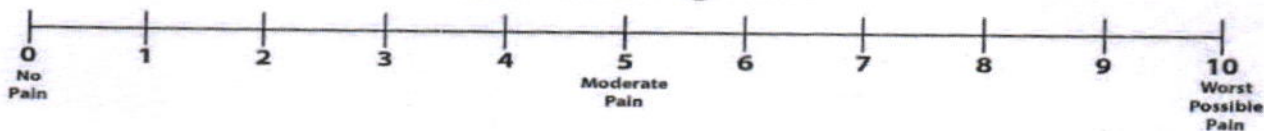
Rx

- Syf. Cytalka 15ml BD x 7 days.

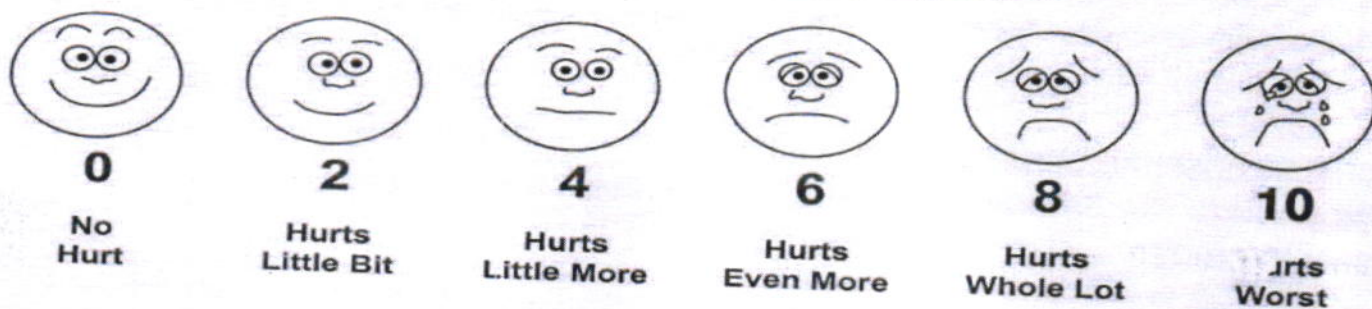
Follow Up Date:- 20/01/2020 બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale




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 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000342328 OP-001

REPORT STATUS : Interim



Patient Name : Mr Sagar Gupta	/	Registered On : 27-May-2023 09:22 AM
Lab ID : 305901825		Collected On : 27-May-2023 08:55 AM
Gender/Age : Male / 31 Years	DOB : 30-Mar-1992	Received On : 27-May-2023 09:48 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>	18.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.83	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	56.1	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	96.3	fL	83 - 101
MCH <i>Calculated</i>	30.9	pg	27 - 32
MCHC <i>Calculated</i>	32.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.3	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	7630	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	61	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	24	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	10	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	153000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	10.9	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
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 AgrawalM.B., D.C.P
Consulting Pathologist

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	POSITIVE

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate 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
Estimated Average Glucose (eAG) (mg/dL) * <i>Calculated</i>	105	mg/dL	

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

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

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

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
<i>Glucose-oxidase/oxidase reaction</i>			

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	84	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			

Urine Sugar (PP)	ABSENT	mg/dL	ABSENT
<i>Glucose-oxidase/oxidase reaction</i>			

Liver Function Test**Liver Function Test**

SGPT (ALTV)	29	U/L	21 - 72
<i>Multi Point Rate with P-5-P</i>			

SGOT (AST)	32	U/L	17 - 59
<i>Multi Point Rate with P-5-P</i>			

Alkaline Phosphatase	88	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<i>PNPP, AMP Buffer</i>			

GGT *	24	U/L	15 - 73
<i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>			

S. PROTEIN	7.0	g/dL	6.3 - 8.2
<i>Biuret (Alkaline cupric sulfate), End Point</i>			

Albumin	4.6	g/dL	3.5 - 5.0
<i>Bromocresol Green (BCG), Colorimetric</i>			

S. GLOBULIN	2.4	g/dL	2.3 - 3.6
<i>Calculated</i>			

A/G Ratio	1.9	Ratio	1.0 - 2.3
<i>Calculated</i>			

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

Liver Function Test

Bilirubin Total	1.1	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
<i>Azobilirubin/Dyphylline/Diazonium Salt</i>			Adult : 0.2 - 1.3
Bilirubin Unconjugated	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
BILIRUBIN DIRECT	0.4	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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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>	160	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	58	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	60	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	100	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	88	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	12	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	2.7	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 : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
UREA <i>Calculated</i>	19	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.75	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.3	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.1	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	5.09	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	134	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	8.80	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	0.96	µIU/mL	0.38 - 5.33

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Consulting Pathologist

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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				
Blood	<i>Peroxidase like activity of hemoglobin</i>	Trace (+/-)	RBCs/ μ L	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 reaction</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>	5.5	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.020	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	Present (++)	WBCs/ μ L	Absent
Microscopic Examination				
Pus cells	25-30/hpf	/hpf		0-5/hpf
Red blood cells	4-5/hpf	/hpf		0-2/hpf
Epithelial cells	2-3/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	NIL			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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

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Patient ID:	SUR0000 6459 MHC	Patient Name:	SAGAR GUPTA
Age:	31 Years	Sex:	M
Accession Number:	6459	Referring Physician:	DR DHAWAL MODI
Study Date:	27-May-2023	Study:	CHEST PA

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
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2004PLC044667

Patient Name: SAGAR GUPTA	
Age / Sex: 31 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 27/05/2023

ULTRASOUND OF ABDOMEN AND PELVIS

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 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.

Prostate is normal in size. It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- No any significant abnormality is seen.

Thanks for referral.



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CIN: L85110GJ2004PLC044667

Patient's Name: Sagar Gupta

Age: 31 yrs/ male

UHID: 342325

Date: 27 / 05 / 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: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:13 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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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

Sagar Gupta

1100 Sinus r
1102 Sinus arrhythmia
9110 ** normal ECG **

years

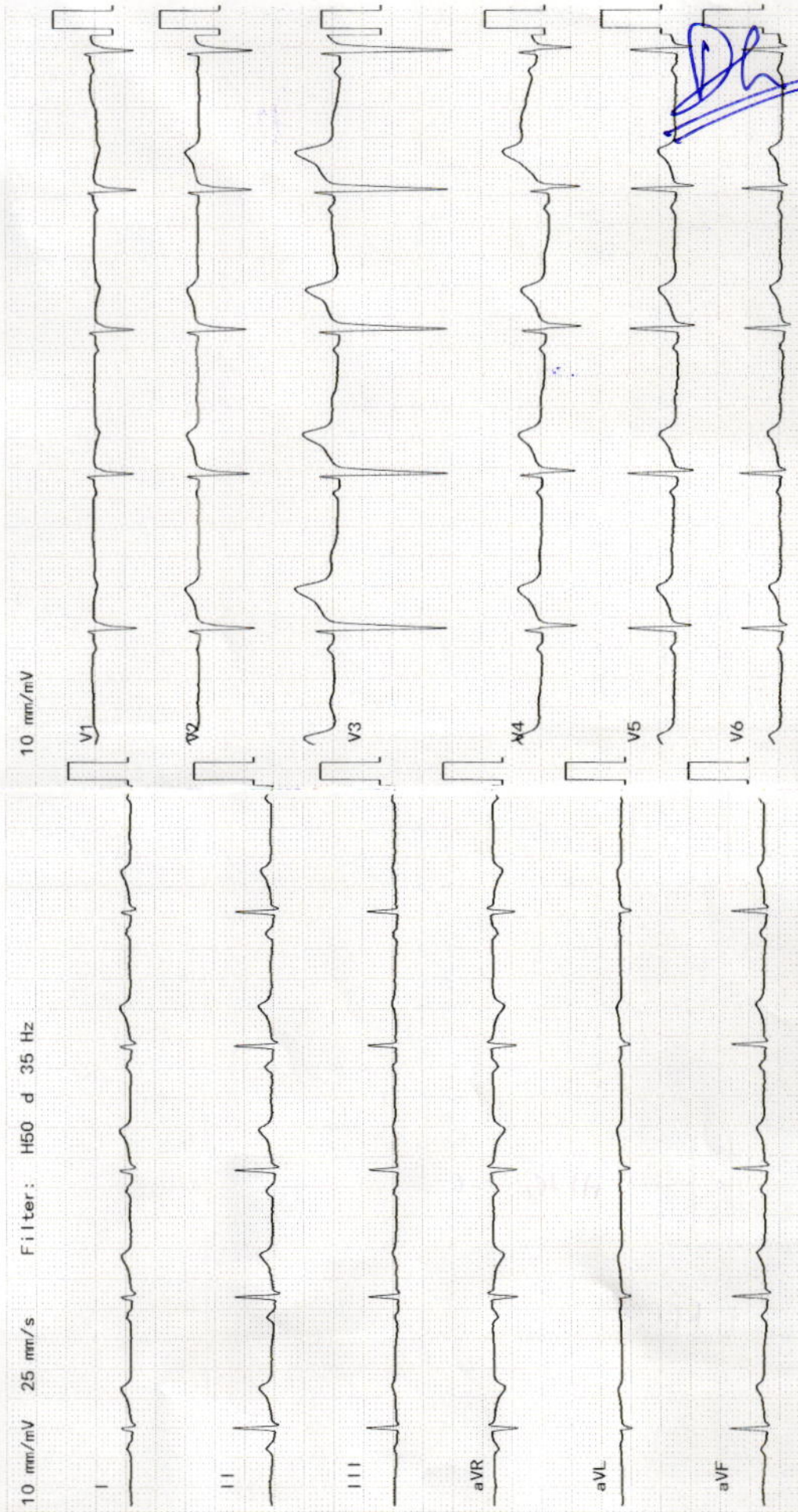
Birth date: / mmHg

kg

Sex: M
ID:
Name:
Medication:
Symptoms:
History:
fent. rate
PR int
QRS dur
QT/QTc(E) int
P/QRS/T axis
RV5/SV1 amp
RV5+SV1 amp

65 bpm
148 ms
84 ms
384/ 395 ms
50/ 80/ 45 °
0.87/ 0.78 mV
1.65 mV

Unconfirmed Report
Reviewed by:



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

Name :- *Sugar Gupty*

Date:- *27/5/23*

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:-

with glasses

NCT *13 mm of hg*

ON Examination Ant. Segment

Both Eye

- WNL -

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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

Rps

Signature of the Consultant



Pre - op

Post - op

Health Check-up

Date : 27/05/23

Patient Reg. No. : _____

Patient Name : Sayal Gupta

Age / Sex : 32 / M

Address : Sweet

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 : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : 6+6

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : +6

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"

Ad : x^y $\frac{G}{6}$

Dr. Darshini V. Shah
 (Consultant Dental Surgeon)