

Passion**Compassion**Innovation
M.B.B.S, D.N.B. (Family Medicine)

C.I.H(Industrial Health)
C.C.P.P.M(Pain & Palliative Medicine)
MNAMS ,Marine medical Examiner
C.C.E.B.D.M.[Diabetes]
Phone. No. : 9998480543
OPD Days :

Consultant Physician Clinic

Patient Name:- *Jatinkumar Patel*
Age / Sex :- *31 yrs / M*
Chief Complaints:-

*Chronic Pancreatic insufficiency.
X 5 yrs.*

OPR NO:

Date: *15/04/23*
Weight:- *57.2 kg*
Height:- *169 cm*
BMI:- *17.9*

Nutritional assessment:-

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

Drug / Food Allergy: *NADA .*

Pulse:- *65 b/min*
BP:- *120/80 mm*
SpO2:- *99%.*

Past History :-

[Scribbled out text]

Aspl.

Family History:- *And mother - same trouble*

Systemic Examination:-

NADA.

Provisional Diagnosis: *Pancreatic insufficiency.*

Investigation :-

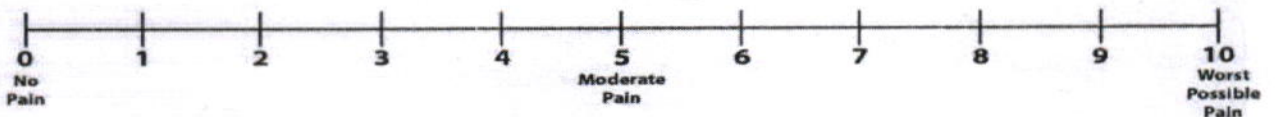
Treatment and further advices:-
(Write in Capital Letters)

Rx - Xglaxo pen-icillin 14 units SC OD.
- Lipase tablets OD x 30 days.
(with food)
- Tab. mymi-D OD x 30 days.

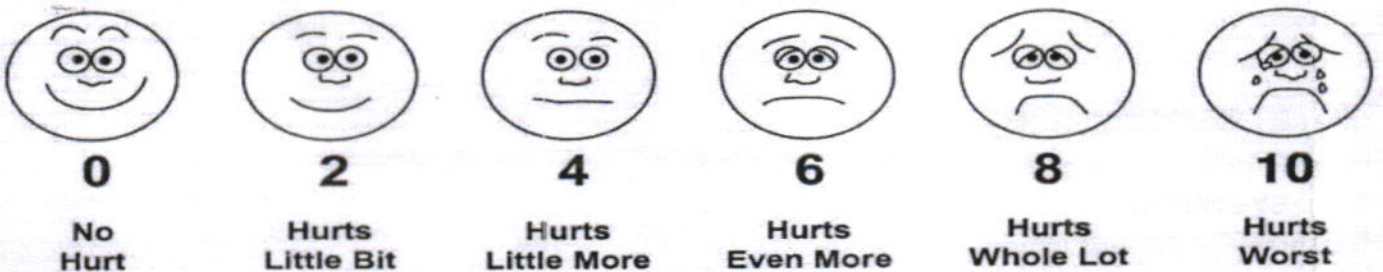
Follow Up Date:- 5 days to FBs/PP, BS. બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post - op

Health Check-up

Date : 15/04/23

Patient Reg. No. : _____

Patient Name : Jatin Kumar Patel Age / Sex : 31M

Address : Wgat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : sterin + , antibiotics +

On Examination :

Abscess : _____ Food 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 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"

Adv.
-scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)


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

PID : SUR0000339915 OP-001

REPORT STATUS : Interim



Patient Name : Mr Jatinkumar Natvarbhai Patel /	Registered On : 15-Apr-2023 09:15 AM
Lab ID : 304901064	Collected On : 15-Apr-2023 09:25 AM
Gender/Age : Male / 30 Years	DOB : 24-Apr-1992
Received On : 15-Apr-2023 09:50 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	11.2	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.20	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	37.2	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	71.5	fL	83 - 101
MCH <i>Calculated</i>	21.5	pg	27 - 32
MCHC <i>Calculated</i>	30.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	7000	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	50	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	44	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	2	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	265000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.0	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Mild hypochromic and microcytic.
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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Ref. By : Dr. Health Check Up . Shalby	Received On : 15-Apr-2023 09:50 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"
RH Type	POSITIVE

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ESR 1st hour *	4	mm in 1 hour	0 - 15
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Modified Westergren Method

HBA1C**HbA1c - Glycated Haemoglobin ***

7.6

%

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) *	171	mg/dL
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Calculated

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Gender/Age : Male / 30 Years DOB : 24-Apr-1992 Received On : 15-Apr-2023 09:49 AM
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)	147	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	298	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :>=200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Liver Function Test

Liver Function Test

SGPT (ALT)	22	U/L	21 - 72
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Multi Point Rate with P-5-P

SGOT (AST)	15	U/L	17 - 59
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Multi Point Rate with P-5-P

Alkaline Phosphatase	77	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

GGT *	21	U/L	15 - 73
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

S. PROTEIN	7.6	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

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

S. GLOBULIN	3.0	g/dL	2.3 - 3.6
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Calculated

A/G Ratio	1.5	Ratio	1.0 - 2.3
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Calculated

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Lab ID : 304901064

Collected On : 15-Apr-2023 09:25 AM

Gender/Age : Male / 30 Years DOB : 24-Apr-1992

Received On : 15-Apr-2023 09:49 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),
Fluoride P, Urine, Serum

Liver Function Test

Bilirubin Total

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

Azobilirubin/Dyphylline/Diazonium Salt

Adult : 0.2 - 1.3

Bilirubin Unconjugated

0.7 mg/dL

Unconjugated bilirubin
Adults: 0.0-1.1
Neonates: 0.6-10.5

End-point Colorimetric (Dual wavelength spectrophotometric)

BILIRUBIN DIRECT

0.0 mg/dL

Conjugated bilirubin and
Delta bilirubin (Bilirubin
covalently bound to albumin)
0.0-0.4

Calculated

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Ref. By : Dr. Health Check Up . Shalby	Received On : 15-Apr-2023 09:49 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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LIPID PROFILE

LIPID PROFILE

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	151	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	416	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	27	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	124	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
VLDL <i>Calculated</i>	83	mg/dL	6 - 38
Chol/dHDL * <i>Calculated</i>	5.6	Ratio	3.5 - 5.0

Remarks: Estimation of LDL by direct method is recommended as TG is >400 mg/dl.
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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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	10	mg/dL	9 - 20
UREA <i>Calculated</i>	21	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.85	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.9	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.6	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.7	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	139	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.93	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	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>	95	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.98	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.22	µIU/mL	0.38 - 5.33

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Gender/Age : Male / 30 Years	DOB : 24-Apr-1992
Ref. By : Dr. Health Check Up . Shalby	Received On : 15-Apr-2023 09:54 AM
	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/ 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 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> 6.0	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.005	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i> NEGATIVE	WBCs/ μ L	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

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Patient ID:	SUR000004741	Patient Name:	JATINKUMAR PATEL
Age:	31 Years	Sex:	M
Accession Number:	4741	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	15-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. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Patient's Name: Mr. Jatinkumar Patel

Date: 15 / 04 / 2023

Age: 31 yrs/ male

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:21

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

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 Name: JATINKUMAR PATEL	
Age / Sex: 31 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 15/04/2023

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.



DR. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

Birth date:

years

cm

kg

/

mmHg

Medication:

Symptoms:

History:

Vent. rate	57	bpm
PR int	140	ms
QRS dur	108	ms
QT/QTc(E) int	422/ 417	ms
P/QRS/T axis	13/ 58/ 30	°
RV5/SV1 amp	2.28/ 1.45	mV
RV5+SV1 amp	3.74	mV

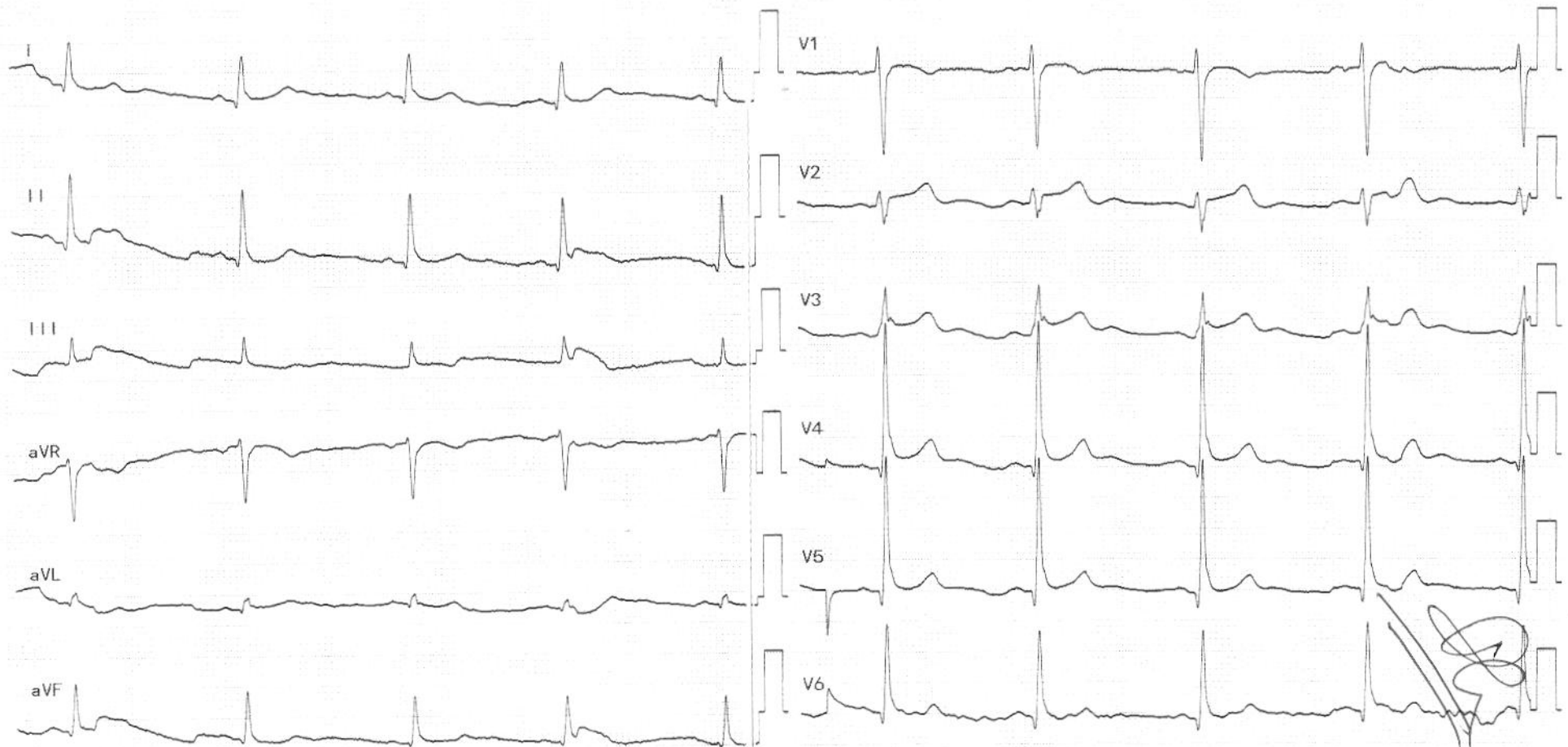
1100 Sinus rhyt
 40371 ST elevation, consistent with subepicardial injury,
 pericarditis, or early repolarization
 9150 ** abnormal ECG **

Janin Patel

Unconfirmed Report
 Reviewed by:

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

10 mm/mV



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

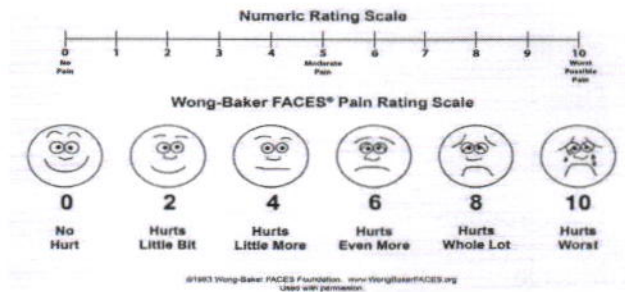
Name :-

Date:-

15/4/23

Chief Complaints:-

- Regular cnd. up -



Pain Assessment:-

Past History:-

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:- 1/6

PH Vision:-

NCT

ON Examination

Ant. Segmenet

Both Eye

- WNC -

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Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

- WNL -

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

(x 2 visits)

Signature of the Consultant

Rag