

Shalby MD Physician Clinic

Patient Name:-

Monika.

Age / Sex :-

33 F

Chief Complaints:-

fatigueability
weakness.

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

RS
wt
PA
CNS

NAD

OPR NO:

Date: 14/10/23

Weight:- 82.1kg

Height:- 161cm

Nutritional assessment:-

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

Pulse:- 104/min

BP:- 120/70

SpO2:- 99%

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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

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CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

- Citralka liq
10ml X 3,
- Tramaffin Pizla
15ml.
- T. eiprobid strong ~~20~~
- Mywi D¹ (10)

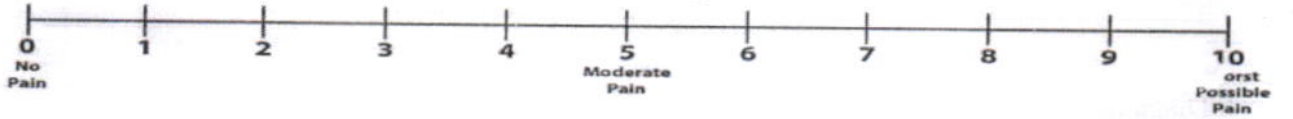
Follow Up:

after 15 days.
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

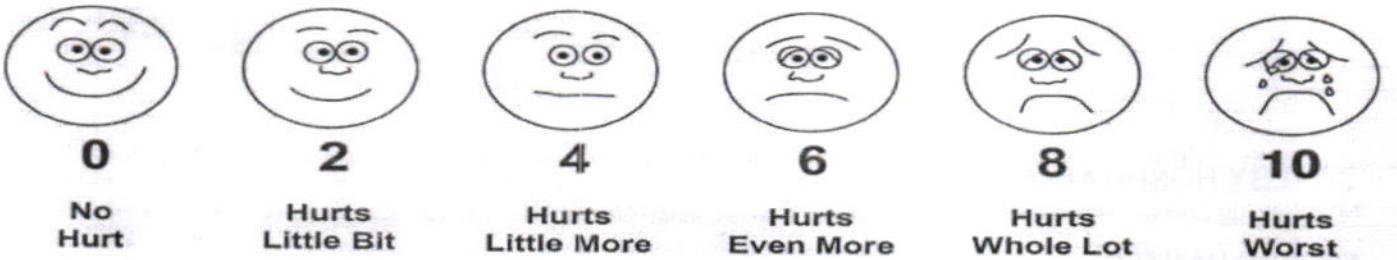
Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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

PID : SUR0000351944 OP-001

REPORT STATUS : Interim



Patient Name : Miss. Monika . .	/	Registered On : 14-Oct-2023 12:15 PM
Lab ID : 310901120		Collected On : 14-Oct-2023 12:00 PM
Gender/Age : Female / 33 Years	DOB : 26-Oct-1989	Received On : 14-Oct-2023 12:28 PM
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>	12.6	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.30	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	39.0	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	90.7	fL	83 - 101
MCH <i>Calculated</i>	29.3	pg	27 - 32
MCHC <i>Calculated</i>	32.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.7	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	7440	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	60	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	33	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	328000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.5	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.

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

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DOB : 26-Oct-1989

Received On : 14-Oct-2023 12:28 PM

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	"A"		
RH Type	POSITIVE		

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	20	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.0	%	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>	125	mg/dL	

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

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	88	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)	161	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 Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	199	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPOI/POD</i>	176	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	40	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	159	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	124	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	35	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.1		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	5.0	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>	8	mg/dL	7 - 17
UREA <i>Calculated</i>	17	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.51	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.1	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.3	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.4	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	5.12	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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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>	18	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	25	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	68	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>	< 10	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.3	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.2	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>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.4	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>	0.4	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

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Dr Pankaj Agrawal

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M.B., D.C.P
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			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Nil		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Nil		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> NIL		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> Normal	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	6-8/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	92	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.08	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.401	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

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

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Patient's Name: Monika

Age: 33 yrs/ Female

Date: 14 / 10 / 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: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:12 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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CIN: L85110GJ2004PLC044667

Patient ID:	SUR000012346	Patient Name:	MONIKA YADAV
Age:	33 Years	Sex:	F
Accession Number:	12346	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-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

DMRD (Radiodiagnosis)

G-14916

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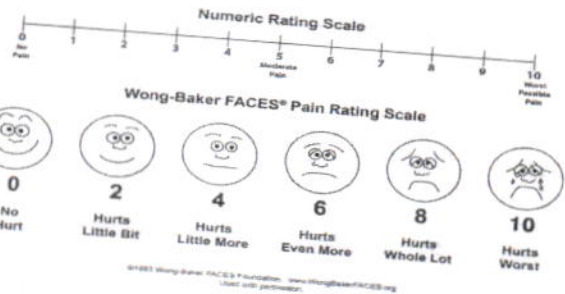
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CIN: L85110GJ2004PLC044667

Name :- *Monika*

Date:- *14/10/2023*

Chief Complaints:- *Routine Eye Checkup*



Pain Assessment:-

Past History:-

Family History:- *None*

Personal History:- **Habits:-** Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

Allergy:- *NO DRUGS ALLERGY*

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:- *on Rx For depression*

Visual Acuity:- *6/12 NB*
6/12 NB

PH Vision:- *6/6*
6/6

NCT *< 12*
12

SR *-0.50x/-0.50x80 GP, NB*
-0.50/-0.50x25 GP NB

ON Examination

Ant. Segment

Both Eye

WNZ

NAME ✓
OCT 14 2022 13:4

VD=10
<R>
SPH CYL AX
- 0.50 -1.00 165
- 0.75 -0.50 82
- 1.00 -0.50 78

- 0.75 -0.50 82

Rt. EYE

Lt. EYE

Anterior Chamber

<L>
SPH CYL AX
- 0.25 -1.25 6
- 0.75 -0.50 29
- 0.50 -0.50 20

- 0.50 -0.50 20

PD= 62

GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:-

Macula:-

Diagnosis:-

- (ov) Rotary nystagmus.

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

Rps

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 - 33 yrs

Shalby Women's Health Clinic

Name:- *Monica*

Chief Complaints:-

Date: *14/10/23*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *before 15 days*

do - nil

M/H:-

Pamp - $\frac{34}{30}$ days P/M

O/H:-

O/H - P/L

FMD / ♀ / Gyn / L

P/H:-

F/H

Examination:-

P/H - —

PLA - soft

Provisional Diagnosis:-

*PLS - Pt keeps tight & non cooperative
PAP not taken*

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

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

CIN: L85110GJ2004PLC044667

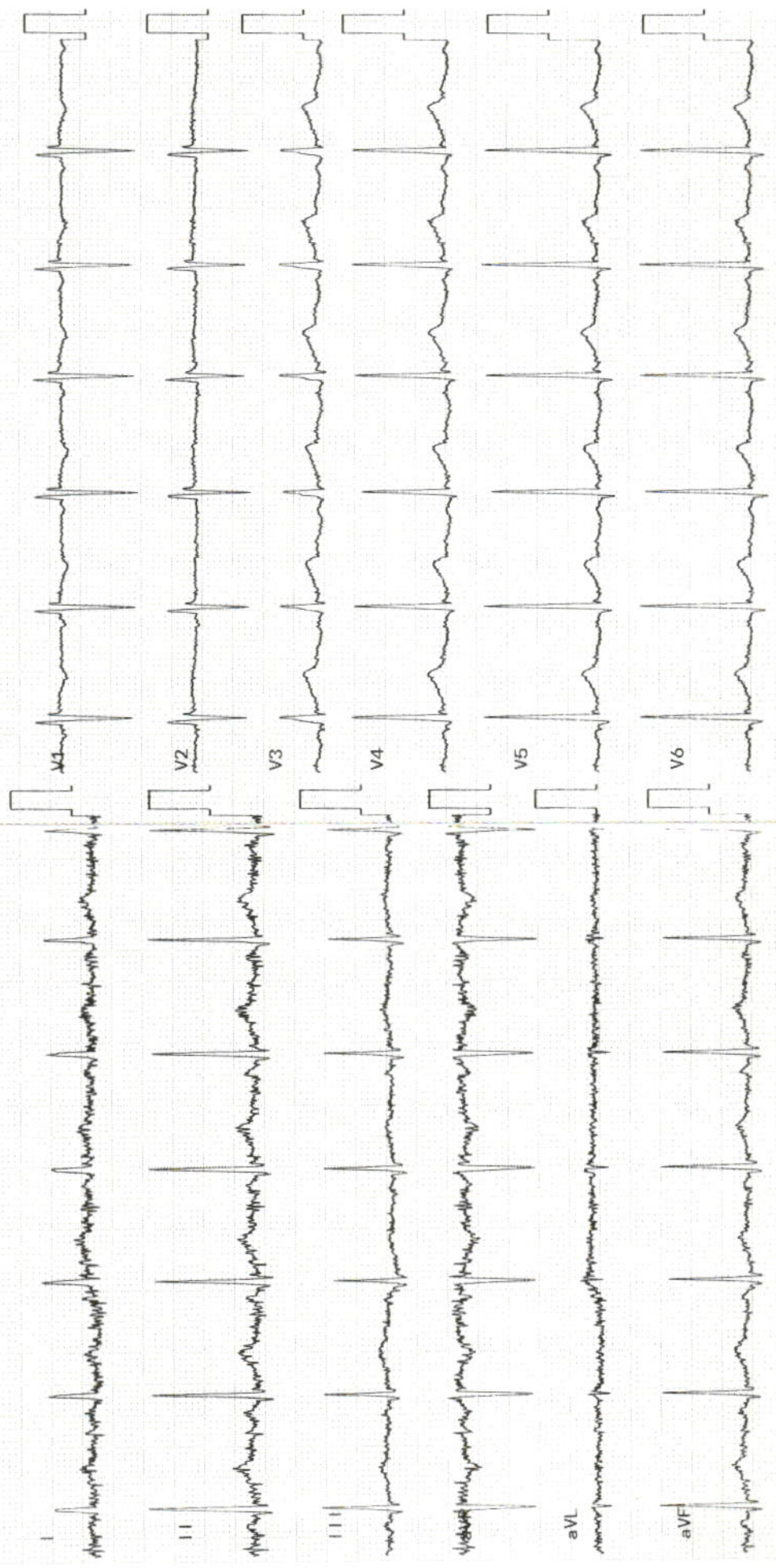
1100 Sinus rhyt
 2420 RSR (QR) in lead V1/V2, consistent with right ventricular conduction delay
 0102 ARTIFACT PRESENT
 9130 ** borderline ECG **

MOMICKA

Unconfirmed Report
 Reviewed by:

Sex: M Birth date: / mmHg years
 kg
 Medication:
 Symptoms:
 History:
 Heart rate: 82 bpm
 RR int: 120 ms
 PR dur: 86 ms
 JT/QTc(E) int: 394/ 432 ms
 P/QRS/T axis: 42/ 60/ 53 °
 IV5/SV1 amp: 1.86/ 1.23 mV
 IV5+SV1 amp: 3.09 mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz



Patient Name: MONIKA YADAV		UHID:	
Age / Sex: 33 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 14/10/2023	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size shows grade I fatty changes. 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. Mild UB wall thickening (wall thickness 3 to 4 mm).

Uterus appears normal in size 55 x 44 x 52 mm, Et: 6 mm. 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:

- Mild Cystitis.
- Grade I fatty liver.

Thanks for referrals.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667



Pre - op

Post - op

Health Check-up

Date : 10/10/23

Patient Reg. No. : _____

Patient Name : Monika Age / Sex : 33/F

Address : Adajan

Complaints : _____

Loosening gums :

Swelling : _____

Sensitivity :

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Existing Disorders : _____ Asthma : _____ Allergy : _____

Surgical Intervention : _____

Medication :

Examination :

Access : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Loosening Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

OT : _____ Extraction : _____

Prostheses : _____ 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 a well maintained.
 - hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
 - After knee replacement any treatment should be done under "Antibiotic Coverage"

Sh Sealing

Dr. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)