

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 : SUR0000339183 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Roopali Rastogi /

Registered On : 04-Apr-2023 10:31 AM

Lab ID : 304900250

Collected On : 04-Apr-2023 12:00 AM

Gender/Age : Female / 24 Years

DOB : 26-Aug-1998

Received On : 04-Apr-2023 10:39 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	12.0	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.03	mill/cmm	3.8 - 4.8
HCT	Calculated	37.6	%	36 - 46
MCV	Calculated based on the RBC histogram	93.2	fL	83 - 101
MCH	Calculated	29.8	pg	27 - 32
MCHC	Calculated	31.9	g/dL	31.5 - 34.5
RDW	Calculated	13.0	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8090	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	65	%	40 - 80
LYMPHOCYTES	Flow Cytometry	28	%	20 - 40
EOSINOPHILS	Flow Cytometry	4	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	206000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	11.2	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs

WBCs

PLATELETs

MALARIAL PARASITE

Normochromic and Normocytic.

Total and differential leucocyte counts are within normal limit

Adequate in number and normal in morphology.

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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HEMATOLOGY

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"O"

RH Type

POSITIVE

ESR 1st hour *

13

mm in 1 hour 0 - 20

Modified Westergren Method

Comments / Interpretation :

- ESR is a nonspecific phenomenon, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

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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 (ALT) <i>Multi Point Rate with P-5-P</i>	33	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	40	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	83	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	29	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>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.9	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>	0.4	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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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>	176	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	138	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	65	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	111	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	83	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	28	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.3		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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RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

9

mg/dL

7 - 17

Urease, colorimetric

UREA

19

mg/dL

15 - 36

Calculated

S. CREATININE

0.53

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

6.2

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

9.0

mg/dL

8.4 - 10.2

Arsenazo III dye

Sodium

139

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.70

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

105

mmol/L

98 - 107

Direct Ion Selective Electrode

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

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

Plasma Glucose (F)	160	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	320	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	111	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.48	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.52	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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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Generated On : 04-Apr-2023 01:33 PM

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Pre - op

Post-op

Health Check-up

Date : 01/08/17

Patient Reg. No. : _____

Patient Name : Roopali Rastogi

Age / Sex : 44/F

Address : Surest

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____
Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : sterion +, celcelest

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

Foreign body : _____
Gingivitis : _____
Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Period Surgery : _____ Age : _____
Class V Fillings : _____
Extraction : _____
Partial Denture : _____
Crown & Bridge : _____
Prevent : _____

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.
scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

cm

Birth date:

/

mmHg

kg

years

1100 Sinus rhythm

9110 ** normal ECG **

Roopali

Medication:

Symptoms:

History:

Heart rate 76 bpm

PR int 124 ms

QRS dur 92 ms

QT/QTc(E) int 362/ 393 ms

P/QRS/T axis 32/ 28/ 10 °

RV5/SV1 amp 0.80/ 0.61 mV

RV5+SV1 amp 1.41 mV

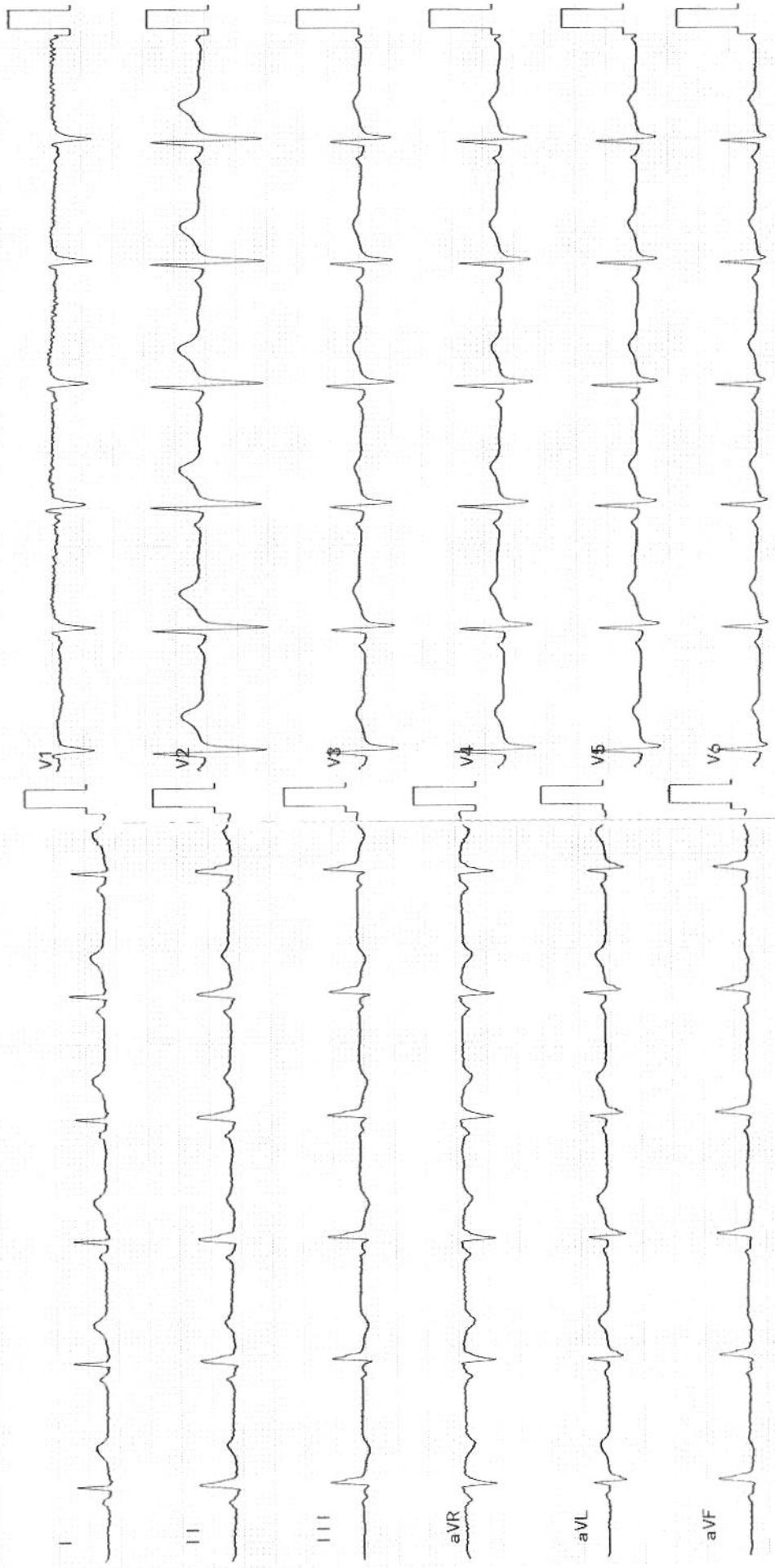
Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s

Filter: H50 d 35 Hz

10 mm/mV



Patient ID:	SUR00004236	Patient Name:	ROOPALI RASTOGI
Age:	44 Years	Sex:	F
Accession Number:	4236	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	4-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

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

Patient Name: ROOPALI RASTOGI	
Age / Sex: 44 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 04/04/2023

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 measures 104 x 43 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 108 x 45 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder empty.

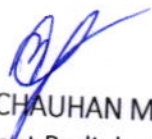
Uterus appears normal in size 87 x 47 x 59 mm. ET: 6 mm.
The uterine myometrial echotexture is homogenous. No focal lesion is seen.
There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.


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Consultant Radiologist

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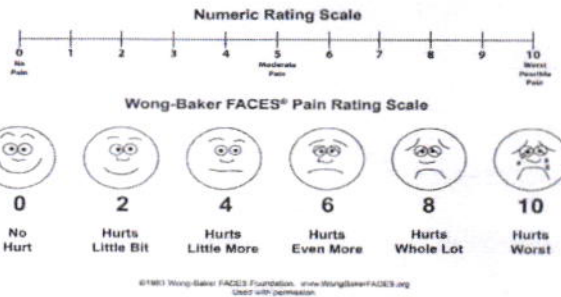
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- *Roopali Rustogi*

Date:- *4/4/23*

Chief Complaints:-

NLC



Pain Assessment:-

DM - 2 yrs

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:-

2 glasses

PH Vision:-

NCT *13*
18 mm of Hg

ON Examination

Ant. Segment

Both Eye

- WNL -

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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

Rupa

Signature of the Consultant

Patient's Name: Mrs. Roopali Rastogi

Age: 44 yrs/ Female

Date: 04 / 04 / 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 %.

Grade I 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
- Grade I LVDD
- 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 - Mumbai

DR. HIMANI THAKER (VYAS)

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

Shalby Women's Health Clinic

Name:-

Roopali Kestogi

Chief Complaints:-

Age-44yr

Date:

4/4/23

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

M/H:-

Clomif
Ramp - $\frac{3-4}{30}$ days RHM

LMP:- 2/4/23

D3

O/H:-

OH - P, L

P/H:-

Muscle 2040/4

F/H

Examination:-

P/H - 1440 PM-II on medication

Provisional Diagnosis:-

PIA - soft

PAP not taken as PT is in menses

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