

DR. MAYANK JAIN  
M.B.B.S. M.D (General Medicine)  
(Internal Medicine)  
Consultant Physician and Intensivist  
G-30769  
Phone. No. : 9638380768  
OPD Days :(Monday , Thursday)



OPR NO:

Consultant Physician Clinic

Patient Name:- *Jyotshma G. Chandra*

Age / Sex :- *52yrs / female*

Chief Complaints:-  
*→ no*

Date: *2/2/23*

Weight:- *65.6 kg*

Height:- *160 cm*

BMI:- *25.6*

Nutritional assessment:-

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

Drug / Food Allergy:-  
*- no*

Pulse:- *97/min*

BP:- *130/80*

SpO2:- *97%*

Past History :-  
*- no*

Family History:-  
Systemic Examination:-  
*- no*

Provisional Diagnosis:

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

Investigation :-

- Family type people  
- 6 months  
PSS, PPRS

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

Rx

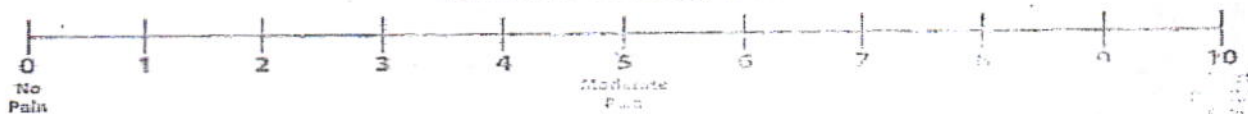
→ W,

Follow Up Date:- \_\_\_\_\_

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660

**Numeric Rating Scale**



**Wong-Baker FACES® Pain Rating Scale**



0

No Hurt



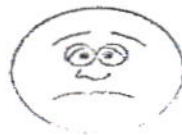
2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

Hurts Whole Lot



10

Hurts Worst



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PID : SUR0000339023 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Sushma Gandhi / Registered On : 01-Apr-2023 10:19 AM  
Lab ID : 304900036 Collected On : 01-Apr-2023 10:22 AM  
Gender/Age : Female / 52 Years DOB : 01-Jan-1971 Received On : 01-Apr-2023 10:25 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)	108 ✓	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)	139 ✓	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
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*Glucose-oxidase/oxidase reaction*

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

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*Dr Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

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Gender/Age : Female / 52 Years	DOB : 01-Jan-1971	Received On : 01-Apr-2023 10:27 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	11.7	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.25	mill/cmm	3.8 - 4.8
HCT	Calculated	37.3	%	36 - 46
MCV	Calculated based on the RBC histogram	87.7	fL	83 - 101
MCH	Calculated	27.5	pg	27 - 32
MCHC	Calculated	31.4	g/dL	31.5 - 34.5
RDW	Calculated	13.1	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	6010	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	55	%	40 - 80
LYMPHOCYTES	Flow Cytometry	36	%	20 - 40
EOSINOPHILS	Flow Cytometry	4	%	1 - 6
MONOCYTES	Flow Cytometry	5	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	265000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	7.9	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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Consulting Pathologist

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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 "O"  
RH Type POSITIVE  
ESR 1st hour \* 30 mm in 1 hour 0 - 30  
*Modified Westergren Method*

**HBA1C**

HbA1c - Glycated Haemoglobin \*

*Boronate Affinity Assay*

6.2  
7 6.5

%

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) \* 131 mg/dL

*Calculated*

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Parameter	Result	Unit	Biological Ref. Interval
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**Liver Function Test****Liver Function Test**

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	29	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	22	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	94	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	29	U/L	12 - 43
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.4	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.1	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <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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Gender/Age : Female / 52 Years	DOB : 01-Jan-1971	Received On : 01-Apr-2023 10:25 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	<b>244</b>	mg/dL	Desirable: <200 Borderline High: 200 - 239 High $\geq$ 240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	74	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	<b>69</b>	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : $\geq$ 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	<b>175</b>	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : $\geq$ 220
<b>S.LDL</b> <i>Calculated</i>	<b>160</b>	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	15	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.3		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.5	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
<b>RENAL FUNCTION TEST</b>			
<b>Urea Nitrogen (BUN)</b>	14	mg/dL	7 - 17
<i>Urease, colorimetric</i>			
<b>UREA</b>	30	mg/dL	15 - 36
<i>Calculated</i>			
<b>S. CREATININE</b>	0.72	mg/dL	0.52 - 1.04
<i>Enzymatic - Creatinine amidohydrolase</i>			
<b>S. URIC ACID</b>	4.7	mg/dL	2.5 - 6.2
<i>Uricase/Peroxidase, Colorimetric</i>			
<b>Calcium</b>	9.2	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
<b>Sodium</b>	142	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
<b>S. POTASSIUM</b>	4.85	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
<b>Chloride</b>	106	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	110	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	8.02	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	1.67	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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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

**URINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	<b>Present (+)</b>	RBCs/ $\mu$ 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 reaction</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>	1.030	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	<b>12-15/hpf</b>	/hpf	0-2/hpf
Epithelial cells	6-8/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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<b>Patient ID:</b>	<b>SUR00004120</b>	<b>Patient Name:</b>	<b>SUSHMABEN GANDHI</b>
<b>Age:</b>	<b>52 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>4120</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>1-Apr-2023</b>		

**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's Name: Mrs. Sushmaben Gandhi**

**Age: 52 yrs/ Female**

**Date: 01 / 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



Patient Name: SUSHMABEN GANDHI	
Age / Sex: 52Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 01/04/2023

**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** 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.



**Dr. Nimit R Desai**  
Consultant Radiologist

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

ID:

Name:

Sex: M

cm

kg

Birth date:

/

mmHg

years

Medication:

Symptoms:

History:

Vent. rate	85	bpm
PR int	148	ms
QRS dur	80	ms
QT/QTc(E) int	352/ 394	ms
P/QRS/T axis	38/ 6/ -5	°
RV5/SV1 amp	1.17/ 0.62	mV
RV5+SV1 amp	1.80	mV

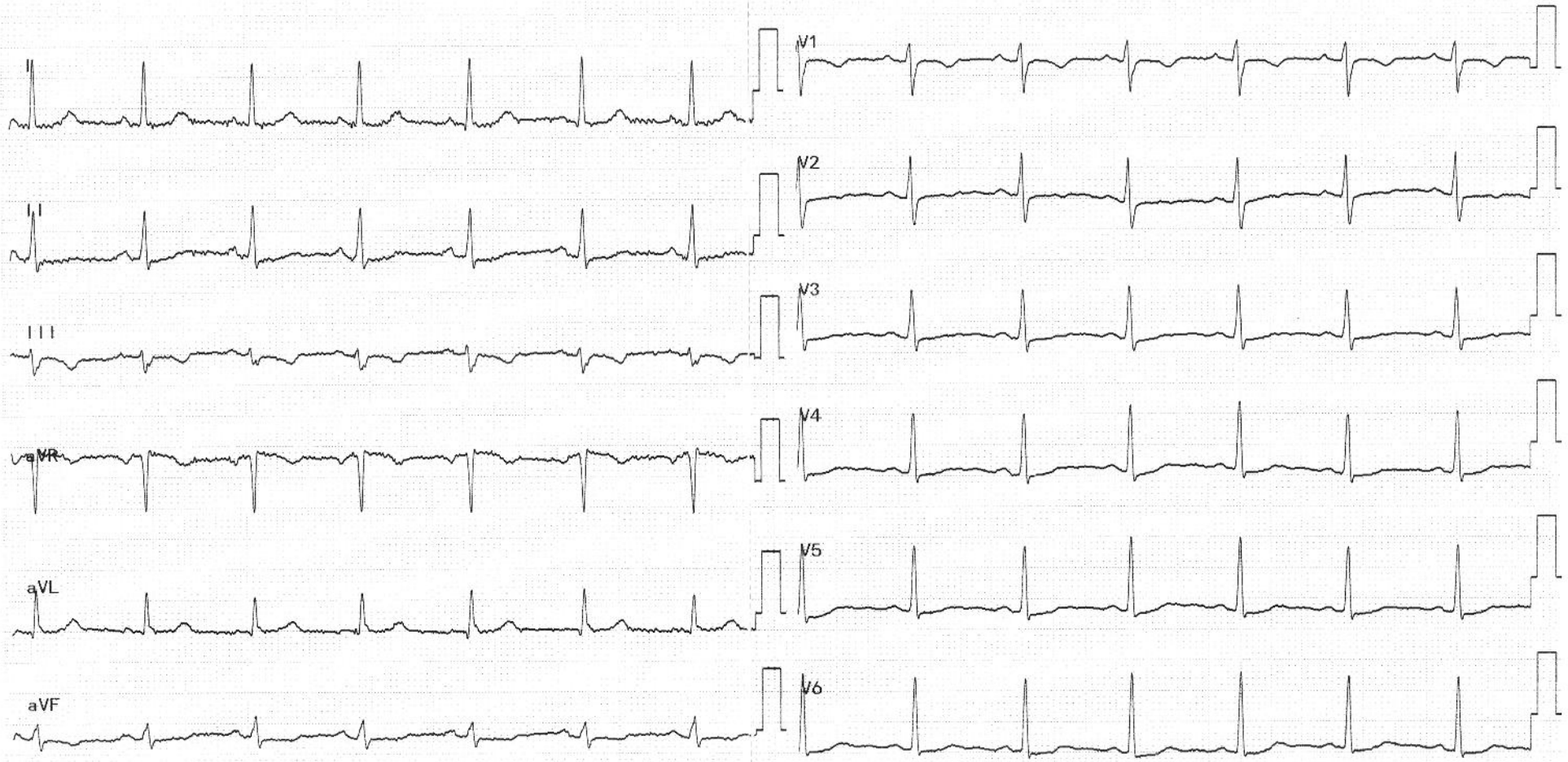
1100 Sinus rhythm  
 4068 Nonspecific Twave abnormality  
 0102 ARTIFACT PRESENT  
 9130 \*\* borderline ECG \*\*

Unconfirmed Report  
 Reviewed by:

*Wm*

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

10 mm/mV





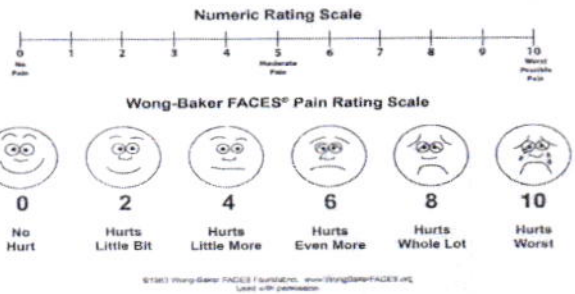
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Sushuben Gundhi*

Date:- *1/4/23*

Chief Complaints:-

*POC*



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:- *T6/6*

*29/45*

PH Vision:-

NCT *T 16 mm of H*

ON Examination

Ant. Segmenet

Both Eye

*- WNL -*

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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

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

RAS

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

**Shalby Women's Health Clinic**

Name:-

*Sushma Gandhi*

Chief Complaints:-

*Age-52yrs*

Date: *6/14/23*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

LMP:-

*Clo-nit*

*menopause since 7yrs*

M/H:-

O/H :-

*0/H-*

*P<sub>1</sub>L<sub>4</sub>*

*FTND / ♀ | 59yrs | L<sub>1</sub>*

P/H:-

F/H

Examination:-

*PIA-*

*PIA- soft*

Provisional Diagnosis:-

*P/S - Co healthy*

*PAP taken*

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

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

Investigaion Advised:-

do

-TAB SHELICAL 500 (30) }  
1000 } 3 months

-TAB VPIRE D3 60K (4) \_\_\_\_\_  
one wkly

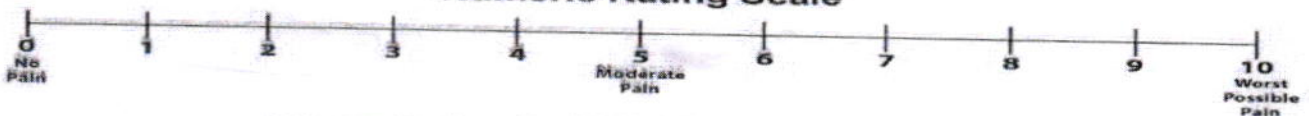
*[Handwritten signature]*

Follow Up:

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**





Pre - op

Post-op

Health Check-up

Date : 02/04/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Sushmaben Gandhi

Age / Sex : 52/F

Address : Surat

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_

Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterim +, cecelust

**On Examination :**

Abscess : \_\_\_\_\_

Periodontitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_

Foreign Body : \_\_\_\_\_

Gingivitis : \_\_\_\_\_

Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep

Periodontal Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_

Class IV Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_

Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_

Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_

Crown & Bridge : \_\_\_\_\_

Prosthodontics : \_\_\_\_\_

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"

solu.  
-sealing

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)