

DR. HARIN VADODARIA MD

M.D. (Internal Medicine)
Consultant Physician
Reg No: G 3394,
Mo: 9898053714
OPD Days:

Shalby MD Physician Clinic

Patient Name:-

Deepika Mishra

Age / Sex :-

39 F

Chief Complaints:-

no cwl

Drug / Food Allergy:-

Past History :-

- HbA1c 60

Family History:-

Systemic Examination:-

ok
M
an
le
an

OPR NO:

7/1/23

Date:

Weight:-

Height:-

Nutritional assessment:-

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

Pulse:- 87

BP:- 140/80

SpO2:-

Provisional Diagnosis:-

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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CIN: L85110GJ2004PLC044667

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 : SUR0000339360 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Deepikaben Vipulkumar Mistry** / Registered On : 07-Apr-2023 09:52 AM
 Lab ID : 304900496 Collected On : 07-Apr-2023 09:52 AM
 Gender/Age : Female / 38 Years DOB : 22-Jun-1984 Received On : 07-Apr-2023 10:09 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> | 11.4 | g/dL | 12.0 - 15.0 |
| RBC COUNT <i>Electrical Impedance</i> | 4.96 | mill/cmm | 3.8 - 4.8 |
| HCT <i>Calculated</i> | 37.7 | % | 36 - 46 |
| MCV <i>Calculated based on the RBC histogram</i> | 76.1 | fL | 83 - 101 |
| MCH <i>Calculated</i> | 23.0 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 30.2 | g/dL | 31.5 - 34.5 |
| RDW <i>Calculated</i> | 14.7 | % | 11.6 - 14.0 |

TOTAL LEUCOCYTE COUNTTotal WBC Count *Electrical Impedance* 6860 cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

| | | | |
|-----------------------------------|----|---|---------|
| NEUTROPHILS <i>Flow Cytometry</i> | 57 | % | 40 - 80 |
| LYMPHOCYTES <i>Flow Cytometry</i> | 36 | % | 20 - 40 |
| EOSINOPHILS <i>Flow Cytometry</i> | 3 | % | 1 - 6 |
| MONOCYTES <i>Flow Cytometry</i> | 4 | % | 2 - 10 |
| BASOPHIL <i>Flow Cytometry</i> | 0 | % | 0 - 2 |

PLATELET INDICES

PLATELET COUNT *Electrical Impedance* 337000 /cmm 150000 - 410000
 MPV *Calculated based on PLT Histogram* 9.0 fL 7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs **Hypochromic microcytic with anisopoikilocytosis.**
 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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HEMATOLOGY

BLOOD GROUP

(Tube agglutination: Forward & reverse)

| | | | |
|----------------|----------|--------------|--------|
| ABO Type | "O" | | |
| RH Type | POSITIVE | | |
| ESR 1st hour * | 15 | 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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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

| | | | |
|---------------------------|------------|-------|----------|
| Plasma Glucose (F) | 129 | mg/dL | 74 - 106 |
|---------------------------|------------|-------|----------|

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

| | | | |
|------------------------|---------------|-------|--------|
| Urine Sugar (F) | ABSENT | mg/dL | ABSENT |
|------------------------|---------------|-------|--------|

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

| | | | |
|----------------------------|------------|-------|--|
| Plasma Glucose (PP) | 145 | mg/dL | Normal: 100-140 Impaired: 140-199 Diabetic :>200 |
|----------------------------|------------|-------|--|

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

| | | | |
|-------------------------|-------------------|-------|--------|
| Urine Sugar (PP) | PRESENT[+] | mg/dL | ABSENT |
|-------------------------|-------------------|-------|--------|

Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test**

| | | | |
|-------------------|-----------|-----|--------|
| SGPT (ALT) | 18 | U/L | 9 - 52 |
|-------------------|-----------|-----|--------|

Multi Point Rate with P-5-P

| | | | |
|-------------------|-----------|-----|---------|
| SGOT (AST) | 16 | U/L | 14 - 36 |
|-------------------|-----------|-----|---------|

Multi Point Rate with P-5-P

| | | | |
|-----------------------------|-----------|-----|---------------------|
| Alkaline Phosphatase | 54 | U/L | 20-50 yrs.: 42 - 98 |
|-----------------------------|-----------|-----|---------------------|

PNPP, AMP Buffer

| | | | |
|--------------|-----------|-----|---------|
| GGT * | 21 | U/L | 12 - 43 |
|--------------|-----------|-----|---------|

L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

| | | | |
|-------------------|------------|------|-----------|
| S. PROTEIN | 7.8 | g/dL | 6.3 - 8.2 |
|-------------------|------------|------|-----------|

Biuret (Alkaline cupric sulfate), End Point

| | | | |
|----------------|------------|------|-----------|
| Albumin | 4.3 | g/dL | 3.5 - 5.0 |
|----------------|------------|------|-----------|

Bromocresol Green (BCG), Colorimetric

| | | | |
|--------------------|------------|------|-----------|
| S. GLOBULIN | 3.5 | g/dL | 2.3 - 3.6 |
|--------------------|------------|------|-----------|

Calculated

| | | | |
|------------------|------------|-------|-----------|
| A/G Ratio | 1.2 | Ratio | 1.0 - 2.3 |
|------------------|------------|-------|-----------|

Calculated

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Sample Type : Serum, Urine (PP), Fluo

Liver Function Test**Bilirubin Total**

0.5

mg/dL

Azobilirubin/Dyphylline/Diazonium Salt

 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

0.5

mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

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

0.0

mg/dL

Calculated

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

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LIPID PROFILE**LIPID PROFILE**

| | | | |
|--|------------|-------|--|
| Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i> | 254 | mg/dL | Desirable: <200 Borderline High: 200 - 239 High >=240 |
| SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i> | 180 | 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> | 214 | mg/dL | Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220 |
| S.LDL <i>Calculated</i> | 178 | mg/dL | Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190 |
| VLDL <i>Calculated</i> | 36 | mg/dL | 6 - 38 |
| LDL/dHDL * <i>Calculated</i> | 4.5 | | 2.5 - 3.5 |
| Chol/dHDL * <i>Calculated</i> | 6.3 | 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)**

16

mg/dL

7 - 17

*Urease, colorimetric***UREA**

34

mg/dL

15 - 36

*Calculated***S. CREATININE**

0.59

mg/dL

0.52 - 1.04

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

4.6

mg/dL

2.5 - 6.2

*Uricase/Peroxidase, Colorimetric***Calcium**

8.9

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

142

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

4.18

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

103

mmol/L

98 - 107

Direct Ion Selective Electrode

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| Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i> | 83 | ng/dL | 87 - 178 |
| Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i> | 6.84 | µg/dL | 6.09 - 12.23 |
| TSH * <i>Chemiluminescence immunoassay (CLIA)</i> | 2.57 | 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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HBA1C

| | | | |
|---------------------------------------|------------|----------|--|
| HbA1c - Glycated Haemoglobin * | 6.4 | % | 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 |
|---------------------------------------|------------|----------|--|

Boronate Affinity Assay

Estimated Average Glucose (eAG) (mg/dL) * 137 mg/dL

Calculated

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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URINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|--------------------------------|---|-------------|--------------------------|
| Physical Examination | | | |
| Colour | PALE YELLOW | | Pale yellow |
| Transparency | Slightly Turbid | | Clear |
| Chemical Examination | | | |
| Blood | <i>Peroxidase like activity of hemoglobin</i> | NIL | RBCs/ μ 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 reation</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/peroxidase reaction</i> | NIL | mg/dL |
| pH | <i>Double Indicator principle</i> | 6.0 | PH value |
| Specific Gravity | <i>Refractometric Method - Bromthymol blue</i> | 1.025 | S.G. value |
| Leucocyte | <i>Leucocyte Esterase Test</i> | Trace (+/-) | WBCs/ μ L |
| Microscopic Examination | | | |
| Pus cells | 6-8/hpf | /hpf | 0-5/hpf |
| Red blood cells | NIL | /hpf | 0-2/hpf |
| Epithelial cells | 20-25/hpf | /hpf | NA |
| Crystals | NIL | | Nil |
| Cast | NIL/LPF | | Nil/LPF |
| Bacteria | PRESENT | | Nil |
| Amorphous | NIL | | Nil |
| Yeast | NIL | | Nil |

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| | | | |
|-----------------------------|--------------------|----------------------|-------------------------|
| Patient ID: | SUR00004370 | Patient Name: | DEEPIKA V MISTRY |
| Age: | 38 Years | Sex: | F |
| Accession Number: | 4370 | Modality: | DX |
| Referring Physician: | | Study: | CHEST PA |
| Study Date: | 7-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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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai



Pre - op

Post- op

Health Check-up

Date : 07/04/23

Patient Reg. No. : _____

Patient Name : Deepika V. Mishra

Age / Sex : 38 F

Address : Nelsaid

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : sterin +

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : 45, 46

Food lodgement : _____

Gingivitis : _____

Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

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 an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

APW.

- Routine scaling
 - FPD or Implant of us, us

Dr. Darshini V. Shah
(Consultant Dental Surgeon)



Patient's Name: Mrs. Deepika Mistry

Age: 38 yrs/ Female

Date: 07 / 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 %.
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

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

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 - 38 yrs

Shalby Women's Health Clinic

Name:- Deepika Mistry
Chief Complaints:-

Date: 7/4/23

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

LMP:- 17/3/23

M/H:- Pain - 34/30 days RLM

O/H :-

P/H:- 0/1 - h/l

F/H

Examination:-

1st LSC
2nd forcept 20 | in 2019 | L2
PC done

Provisional Diagnosis:-

PH - KLEB DM-II. not taking any medicine at present
PLA - soft
PLS - healthy

PH takes

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

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

Investigaion Adviced:-

Follow Up:

Date:- _____

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

| | |
|-------------------------------------|-----------------------------|
| Patient Name: DEEPIKA MISTRY | |
| Age / Sex: 38 Yrs. / Female | Study: USG Abdomen + Pelvis |
| Referred By: Dr. at shalby hospital | Date: 07/04/2023 |

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 95 x 48 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 111 x 54 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.

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. BRIJESH CHAUHAN MD.
Consultant Radiologist

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

DR. RUJUTA SHELAT

Consultant Ophthalmologist

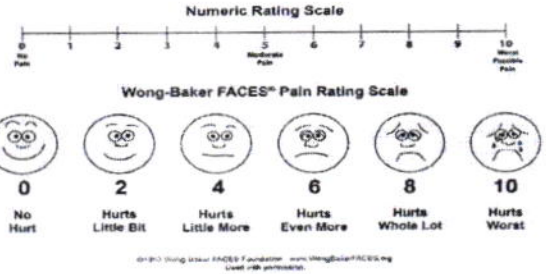
Reg. No.:- G-48712

Name :- *Deepika Mistry*

Date:- *7/4/23*

Chief Complaints:-

nlc



Pain Assessment:-

Past History:-

*DM * 3-4 yrs*

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*
8/9

PH Vision:-

NCT *17 mm of hy*

ON Examination

Ant. Segmenet

Both Eye

- nlc -

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CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} BE

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 1 month

RAV

Signature of the Consultant

ID:
 Name:

Sex: **F**
 Birth date: / /
 cm kg mmHg

years
 1100 Sinus rhyt.
 9110 ** normal ECG **

Dipirica

Medication:
 Symptoms:
 History:
 Tent. rate 73 bpm
 PR int 158 ms
 QRS dur 86 ms
 QT/QTc(E) int 354/ 380 ms
 P/QRS/T axis 56/ 14/ 43 °
 RV5/SV1 amp 1.09/ 1.24 mV
 RV5+SV1 amp 2.33 mV

Unconfirmed Report
 Reviewed by:

R
 Dipirica

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

10 mm/mV

