



Certificate No.: MC-5200

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 : SUR0000339100 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nikunj Chaudhari	/	Registered On : 03-Apr-2023 10:33 AM
Lab ID : 304900166		Collected On : 03-Apr-2023 10:40 AM
Gender/Age : Male / 39 Years	DOB : 17-Aug-1983	Received On : 03-Apr-2023 11:01 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>	12.9	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.14	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.6	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	82.8	fL	83 - 101
MCH <i>Calculated</i>	25.1	pg	27 - 32
MCHC <i>Calculated</i>	30.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.1	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	4870	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	64	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	30	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	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>	342000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.4	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

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 Agrawal

M.B., D.C.P
Consulting Pathologist

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B"

RH Type

POSITIVE

ESR 1st hour *

8

mm in 1 hour 0 - 15

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

5.7

%

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) * 117

Calculated

mg/dL

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Gender/Age : Male / 39 Years	DOB : 17-Aug-1983	Received On : 03-Apr-2023 11:00 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)	94	mg/dL	74 - 106
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			
Urine Sugar (F)	ABSENT	mg/dL	ABSENT
<i>Glucose-oxidase/oxidase reaction</i>			
<u>POST PRANDIAL PLASMA GLUCOSE</u>			
Plasma Glucose (PP)	117	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			
Urine Sugar (PP)	ABSENT	mg/dL	ABSENT
<i>Glucose-oxidase/oxidase reaction</i>			

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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>	153	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	198	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	32	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	121	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	81	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	40	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.8	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
RENAL FUNCTION TEST			
Urea Nitrogen (BUN)	9	mg/dL	9 - 20
<i>Urease, colorimetric</i>			
UREA	19	mg/dL	19 - 43
<i>Calculated</i>			
S. CREATININE	0.73	mg/dL	0.66 - 1.25
<i>Enzymatic - Creatinine amidohydrolase</i>			
S. URIC ACID	5.8	mg/dL	3.5 - 8.5
<i>Uricase/Peroxidase, Colorimetric</i>			
Calcium	9.1	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
S. PHOSPHORUS *	4.8	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
Sodium	142	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
S. POTASSIUM	4.78	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
Chloride	102	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
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	110	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.09	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.05	µIU/mL	0.38 - 5.33

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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
Transperancy	Clear		Clear
Chemical Examination			
Blood	<i>Peroxidase like activity of hemoglobin</i>	RBCs/ μ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	mg/dL	Absent
pH	<i>Double Indicator principle</i>	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	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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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test

Liver Function Test

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	32	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	22	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	54	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	35	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.4	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.6	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	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>	0.5	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

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

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M.B., D.C.P
Consulting Pathologist

ID:

Name:

Sex: M

Birth date:

years

cm kg

mmHg

1120 Sinus ta. cardia

9140 ** abnormal rhythm ECG **

Medication:

Symptoms:

History:

Vent. rate	115	bpm
PR int	128	ms
QRS dur	70	ms
QT/QTc(E) int	318/ 386	ms
P/QRS/T axis	76/ 53/ 39	°
RV5/SV1 amp	1.88/ 0.45	mV
RV5+SV1 amp	2.33	mV

Unconfirmed Report

Reviewed by:

sho
[Signature]
BT/ly

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

10 mm/mV



SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDER ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: NIKUNJ CHAUDHARI ,
Patient ID: 41670
Height:
Weight:

DOB: 17.08.1983
Age: 39yrs
Gender: Male
Race: Asian

Study Date: 03.04.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:05	0.00	0.00		120/80	
	STANDING	00:21	0.00	0.00	104		
EXERCISE	STAGE 1	03:00	2.70	10.00	137	120/80	
	STAGE 2	03:00	4.00	12.00	164	130/80	
	STAGE 3	01:00	5.40	14.00	179	150/80	
RECOVERY		02:58	0.00	0.00	134	130/80	

The patient exercised according to the BRUCE for 6:59 min:s, achieving a work level of Max. METS: 9.90. The resting heart rate of 100 bpm rose to a maximal heart rate of 179 bpm. This value represents 98 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician _____

Technician _____

NIKUNJ CHAUDHARI,

Patient ID 41670

03.04.2023

11:17:48

Male

39yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Tabular Summary

SHALBY HOSPITAL

BRUCE: Total Exercise Time 06:59

Max HR: 179 bpm 98% of max predicted 181 bpm HR at rest: 100

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 24600 mmHg*bpm

Maximum Workload: 9.90 METS

Max. ST: -1.30 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:59

Arrhythmia: A:76, PVC:1

ST/HR index: 1.40 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0		120/80		0	--	
	STANDING	00:21	0.00	0.00	1.0	104			0	-0.25	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	137	120/80	16440	0	-0.45	
	STAGE 2	03:00	4.00	12.00	7.0	164	130/80	21320	0	-0.75	
	STAGE 3	01:00	5.40	14.00	9.9	179	150/80	26850	0	-1.25	
RECOVERY		02:58	0.00	0.00	1.0	134	130/80	17420	0	-0.10	

NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:18:12

101 bpm
120/80 mmHg

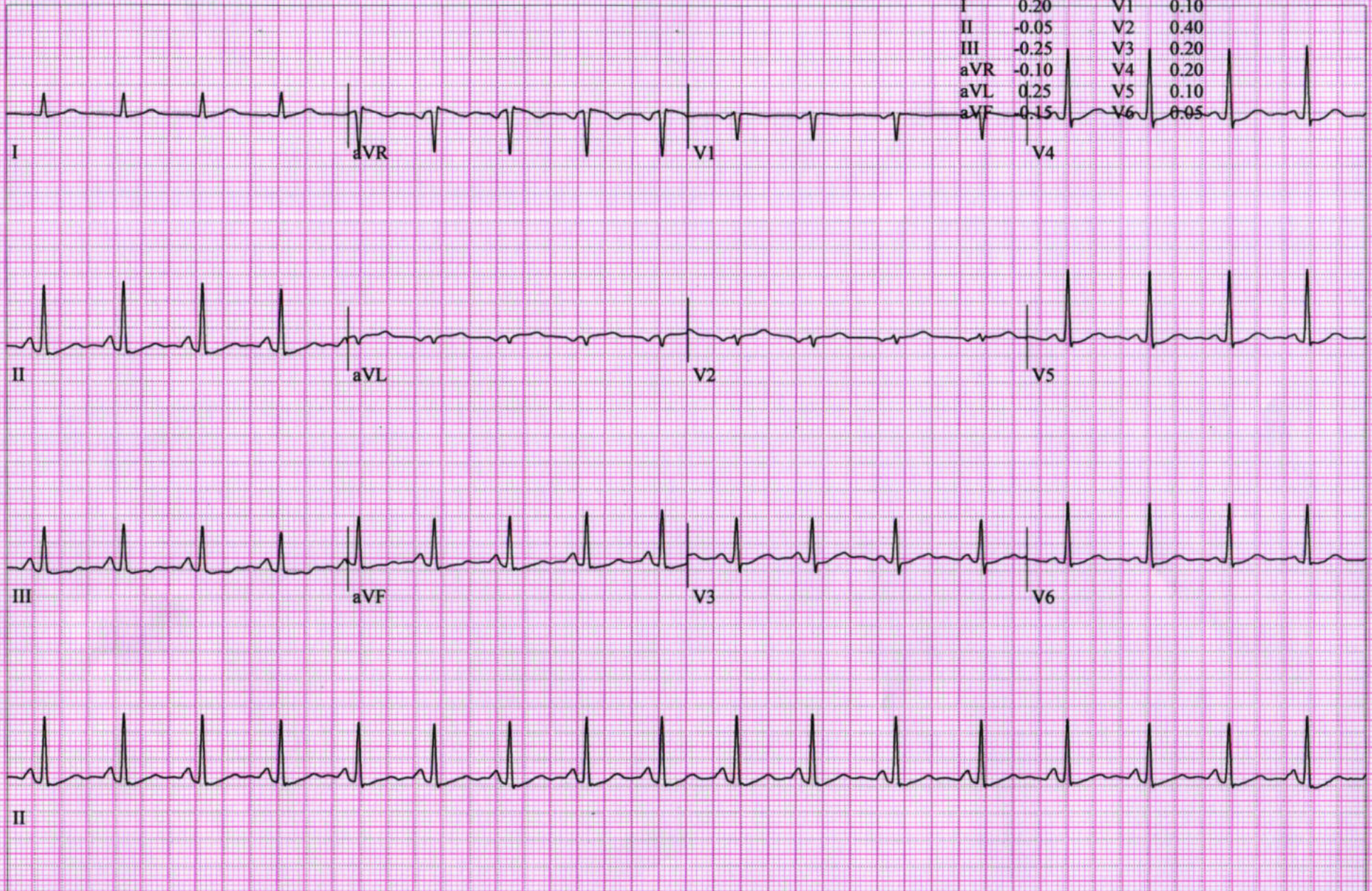
12-Lead Report
PRETEST
STANDING
00:19

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.10
II	-0.05	V2	0.40
III	-0.25	V3	0.20
aVR	-0.10	V4	0.20
aVL	0.25	V5	0.10
aVF	0.15	V6	0.05



NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:21:08

12-Lead Report

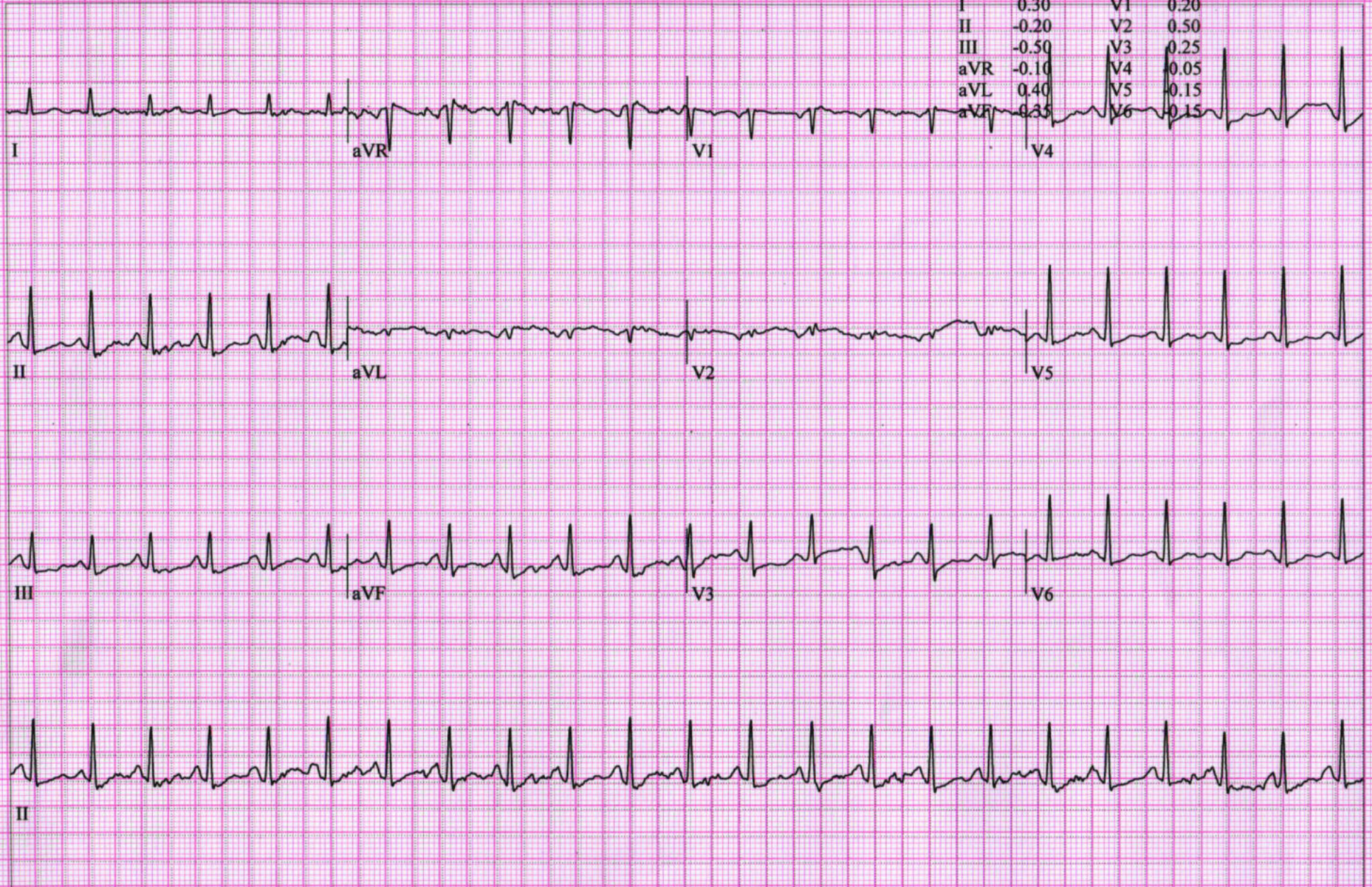
EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	0.20
II	-0.20	V2	0.50
III	-0.50	V3	0.25
aVR	-0.10	V4	0.05
aVL	0.40	V5	0.15
aVF	0.35	V6	0.15



NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:24:08

164 bpm

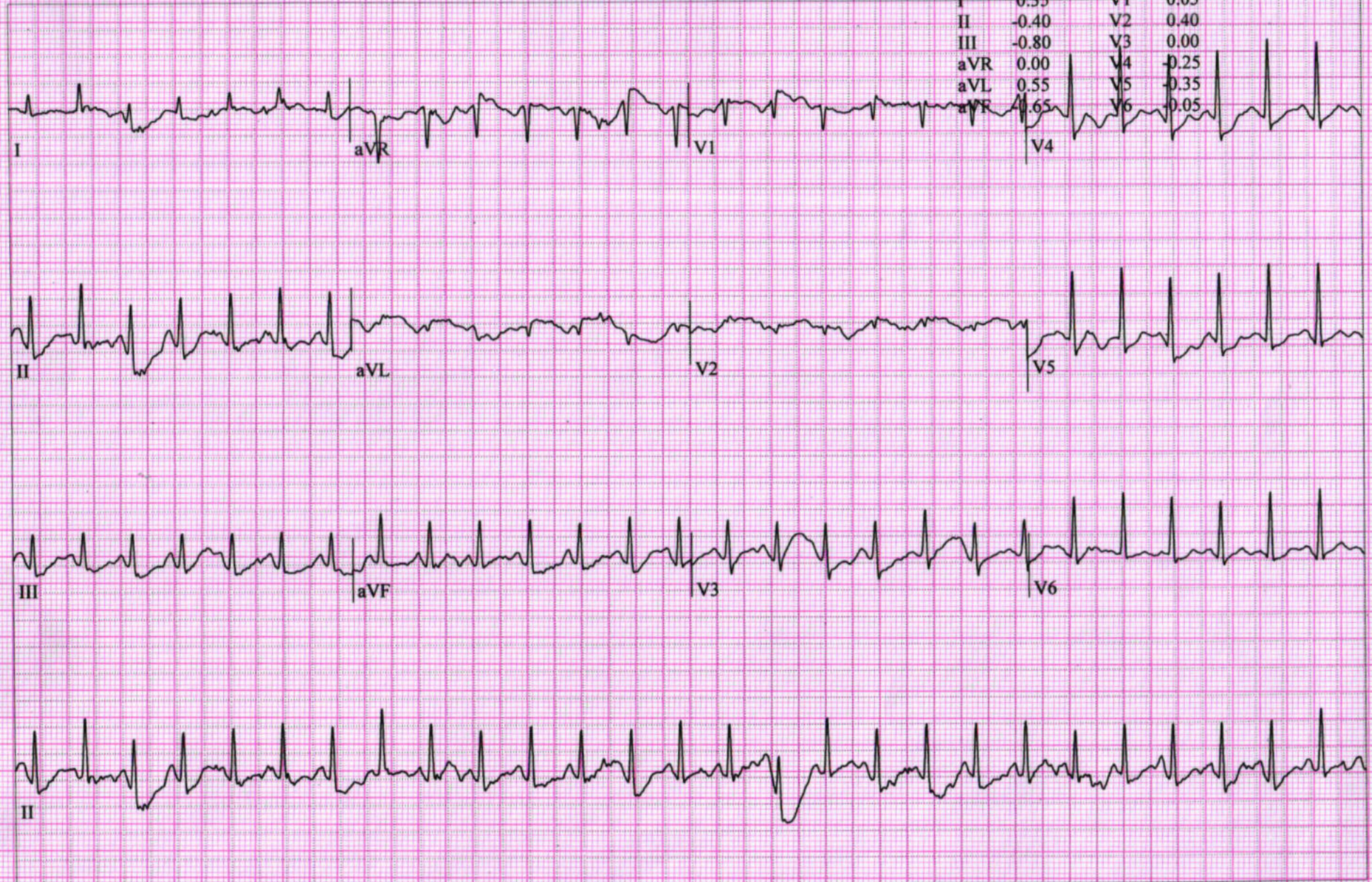
12-Lead Report
EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.05
II	-0.40	V2	0.40
III	-0.80	V3	0.00
aVR	0.00	V4	-0.25
aVL	0.55	V5	-0.35
aVF	0.65	V6	0.05



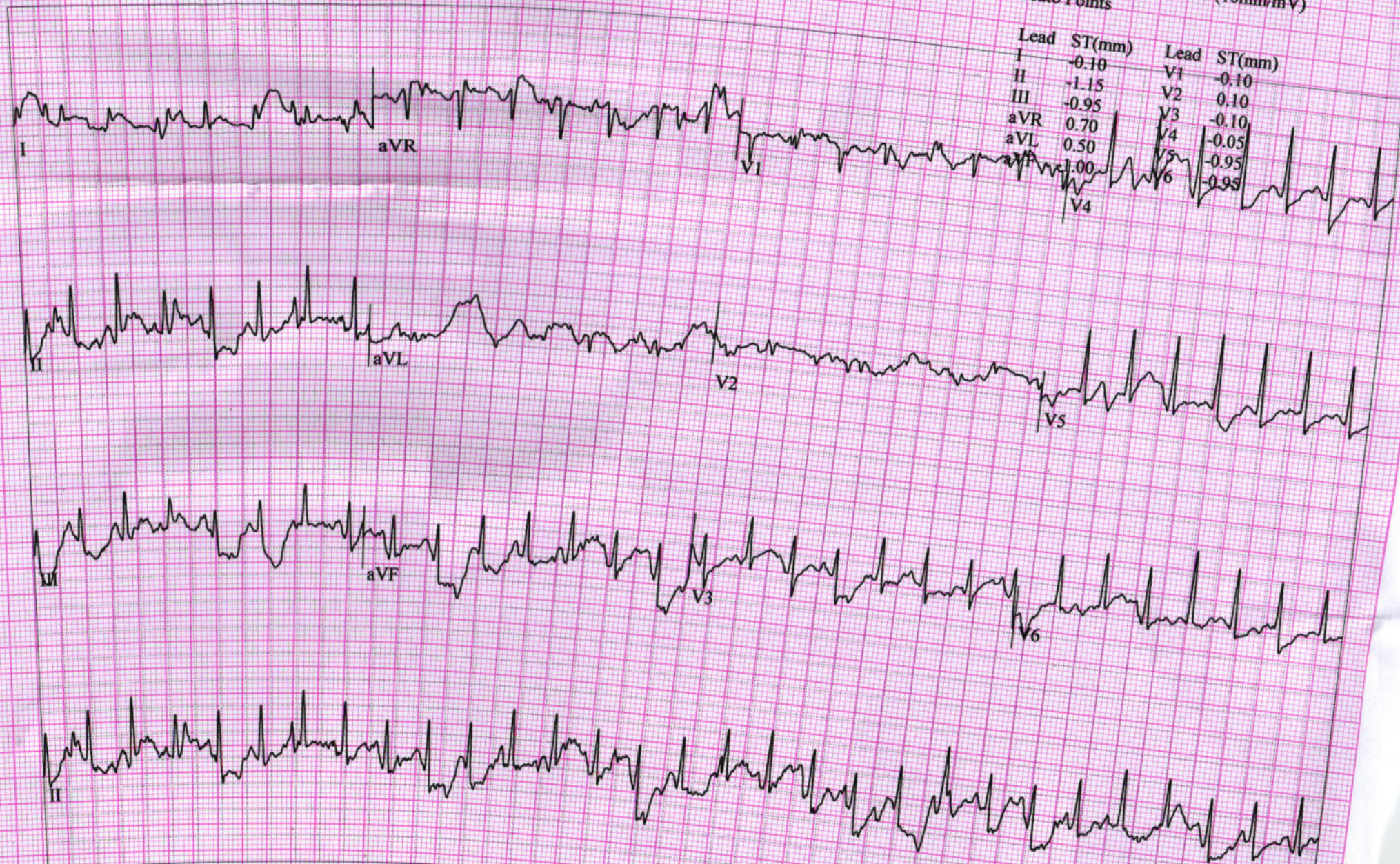
NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:25:18

179 bpm
150/80 mmHg

12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE 3
07:00
BRUCE
5.4 km/h
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	-0.10
II	-1.15	V2	0.10
III	-0.95	V3	-0.10
aVR	0.70	V4	-0.05
aVL	0.50	V5	-0.95
aVF	1.00	V6	-0.95
V4			

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V4)

Start of Test: 11:17:48

NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:26:07

12-Lead Report

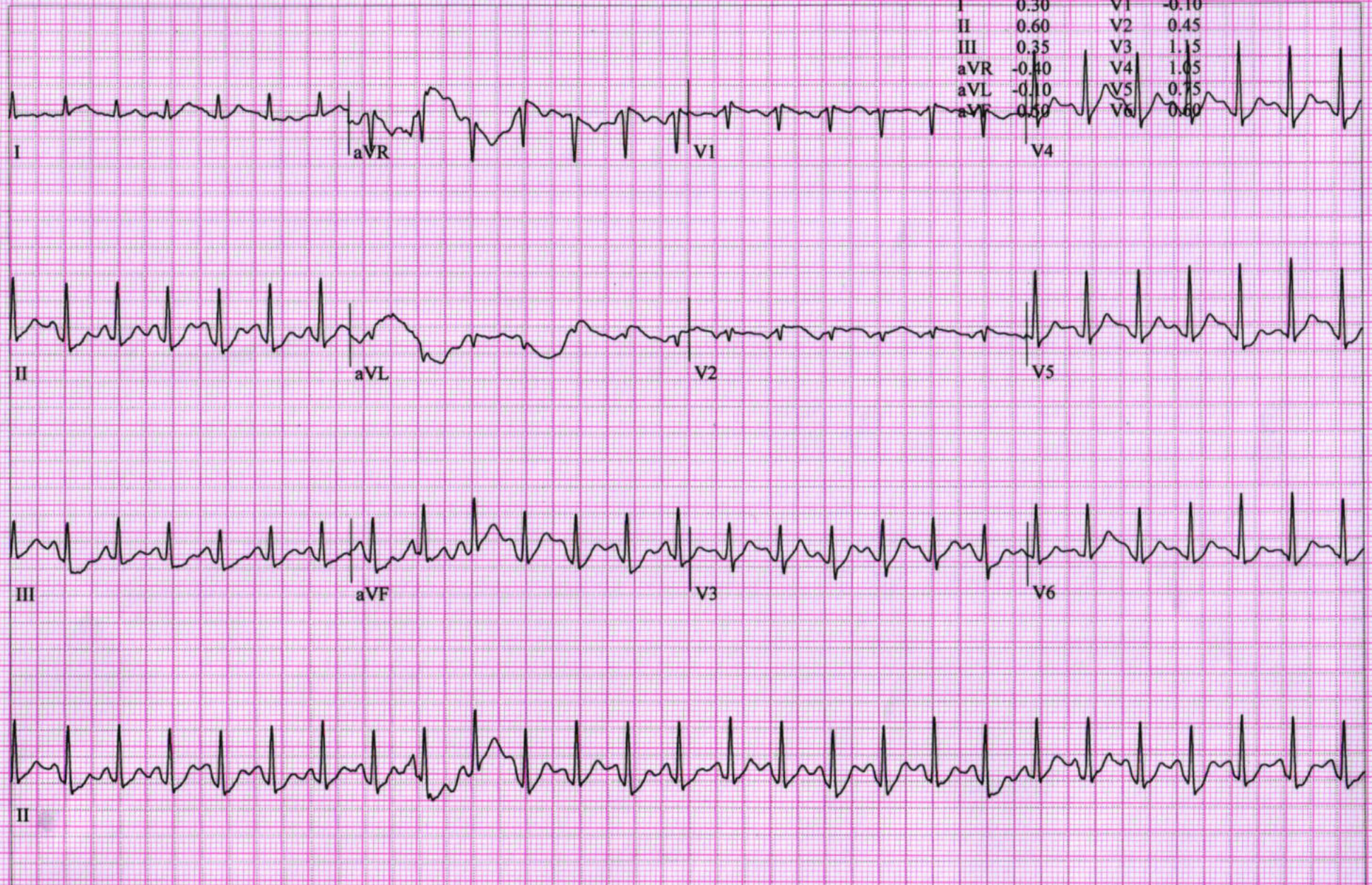
RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	-0.10
II	0.60	V2	0.45
III	0.35	V3	1.15
aVR	-0.40	V4	1.05
aVL	-0.10	V5	0.75
aVF	0.50	V6	0.60



NIKUNJ CHAUDHARI,

Patient ID 41670

03.04.2023

11:27:07

142 bpm

150/80 mmHg

12-Lead Report

RECOVERY

#1

01:50

BRUCE

0.0 km/h

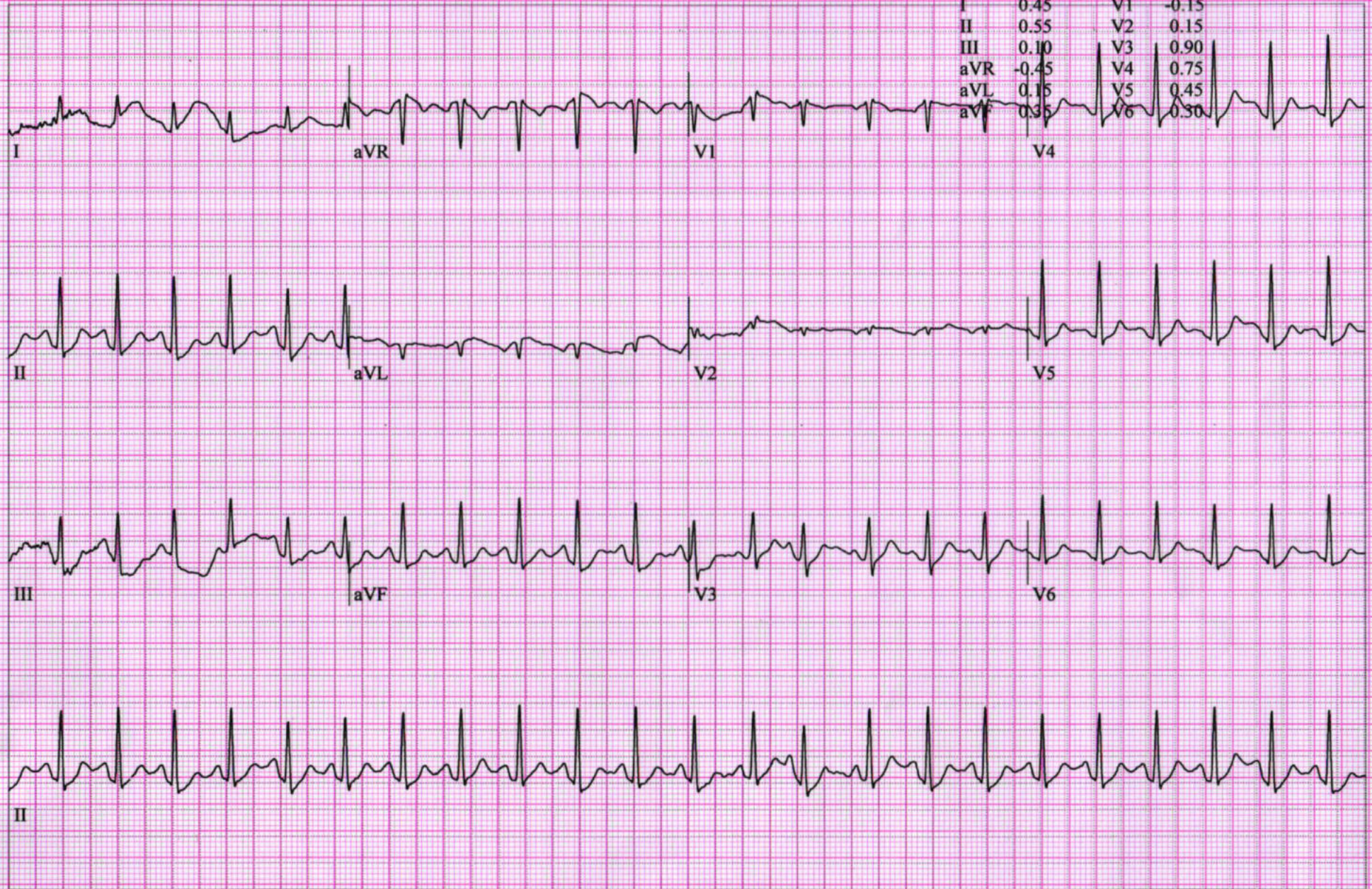
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.45	V1	-0.15
II	0.55	V2	0.15
III	0.10	V3	0.90
aVR	-0.45	V4	0.75
aVL	0.15	V5	0.45
aVF	0.35	V6	0.30



NIKUNJ CHAUDHARI,
Patient ID 41670
03.04.2023
11:28:07

136 bpm
130/80 mmHg

12-Lead Report

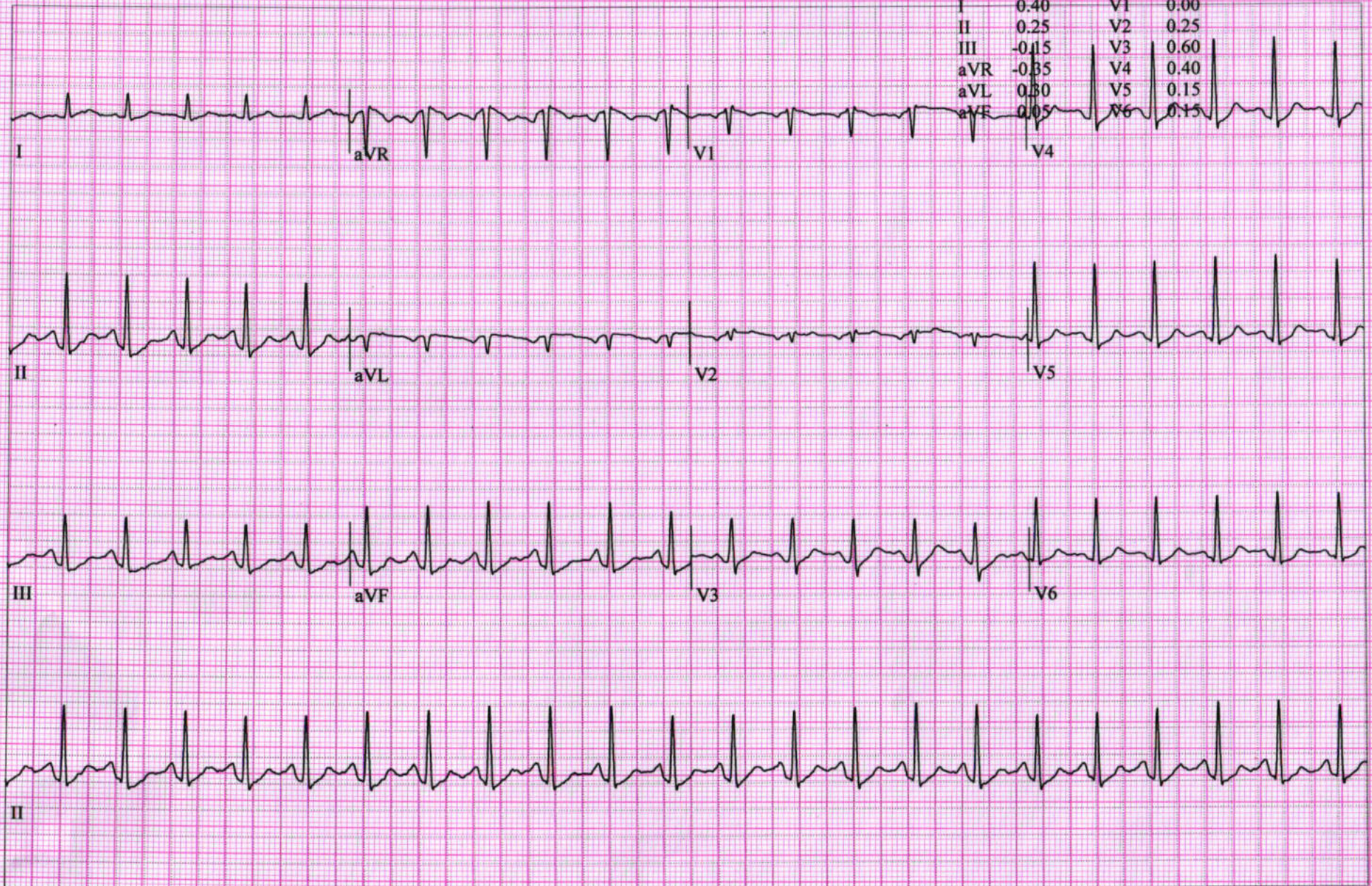
RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	0.00
II	0.25	V2	0.25
III	-0.15	V3	0.60
aVR	-0.35	V4	0.40
aVL	0.30	V5	0.15
aVF	0.05	V6	0.15



Patient ID:	SUR00004166	Patient Name:	NIKUNJ CHAUDHARI
Age:	40 Years	Sex:	M
Accession Number:	4166	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	3-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

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: NIKUNJ CHAUDHARI		
Age / Sex: 40 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 03-04-2023	

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 measures 114 x 31 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 117 x 55 mm and appears normal. 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. BRIJESH CHAUHAN
Consultant Radiologist

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

CIN: L85110GJ2004PLC044667

DR. HARIN VADODARIA MD

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

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Nilesh Chandrey

Age / Sex :-

46/M

Date: 3 4 23

Weight:-

Chief Complaints:-

no eye

Height:-

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

low

Pulse:-

BP:- 117/71

SpO2:-

Family History:-

Systemic Examination:-

ble
R
S
A
B

Provisional Diagnosis:-

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

Investigation :-

~~DR. AB Patel~~

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

Art of employee

Rx

8
43394

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

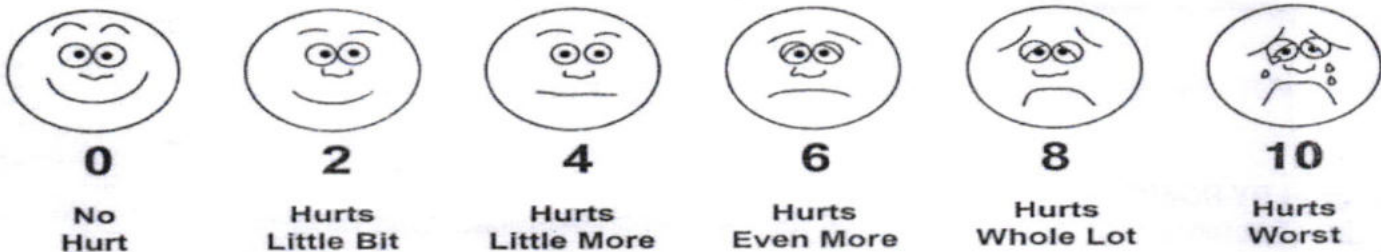
Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

Nikunj Chaudhary

Date:- 3/2/23

Chief Complaints:-

nilc

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:-

Visual Acuity:- 6/6

NCT 12
14 mm of hg

ON Examination Ant. Segmenet

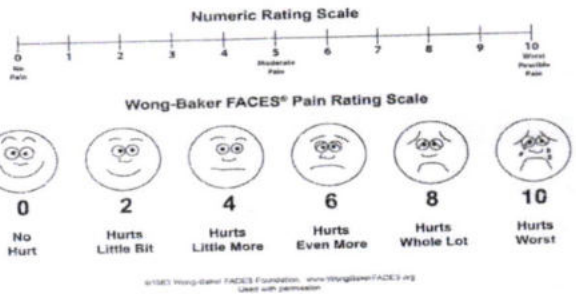
Systemic Examination:-

HT:- WT:-

PH Vision:-

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:-

Investigation:-

BE
WOL

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

RAS

Signature of the Consultant

Pre - op

Post-op

Health Check-up

Date : 03/04/23

Patient Reg. No. : _____

Patient Name : Nikunj chaudhary

Age / Sex : 40/M

Address : Nyara

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Spitting : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____

Acidity _____

Pregnancy : _____

Bleeding Disorders : _____

Asthma : _____

Allergy : _____

Past Surgical Intervention : _____

Any Medication : Statin + statins +

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

Food lodgement : _____

Gingivitis : _____

Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : 46

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

Crown & Bridge : _____

Pres : _____

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

- Restoration 2 46

Dr. Darshini V. Shah
(Consultant Dental Surgeon)