

Consultant Physician Clinic

Patient Name:- Laxman Chauhan

Age / Sex :- 44 y/m

Chief Complaints:-

GO AWL

Drug / Food Allergy: AKDA

Past History :-

DM T2 x 5 yrs.

Family History:- AWL
Systemic Examination:-

NAD

Provisional Diagnosis: DM T2 (uncontrolled)

OPR NO:

Date: 27/05/23

Weight:- 72 kg

Height:- 184 cm

BMI:- 21.3

Nutritional assessment:-

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

Pulse:- 67 bpm

BP:- 150/90 mm

SpO2:- 98%

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

PID : SUR0000342329 OP-001

REPORT STATUS : Interim



Patient Name : Mr Laxmanbhai Chauhan	/	Registered On : 27-May-2023 09:23 AM
Lab ID : 305901827		Collected On : 27-May-2023 08:58 AM
Gender/Age : Male / 44 Years	DOB : 21-Sep-1978	Received On : 27-May-2023 09:47 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	14.8	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.45	mill/cmm	4.5 - 5.5
HCT	Calculated	46.2	%	40 - 50
MCV	Calculated based on the RBC histogram	84.7	fL	83 - 101
MCH	Calculated	27.2	pg	27 - 32
MCHC	Calculated	32.1	g/dL	31.5 - 34.5
RDW	Calculated	11.9	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	4510	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	51	%	40 - 80
LYMPHOCYTES	Flow Cytometry	36	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	10	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	261000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.8	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 Agrawal

Dr Pankaj Agrawal

M.B., D.C.P
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	"B"		
RH Type	POSITIVE		

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	3	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	11.0	%	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) * 269 mg/dL
Calculated

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Sample Type : Serum, Urine (PP),
Fluoride P, Urine, Serum

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)

152

mg/dL

74 - 106

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

PRESENT[TRACE]

mg/dL

ABSENT

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)

329

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

Live: Function Test

SGPT (ALTV)

23

U/L

21 - 72

Multi Point Rate with P-5-P

SGOT (AST)

22

U/L

17 - 59

Multi Point Rate with P-5-P

Alkaline Phosphatase

52

U/L

20-50 yrs : 53 - 128
4-19 yr : 54 - 369
>/=51 yr : 56 - 119

PNPP, AMP Buffer

GGT *

30

U/L

15 - 73

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

S. PROTEIN

6.6

g/dL

6.3 - 8.2

Biuret (Alkaline cupric sulfate), End Point

Albumin

4.2

g/dL

3.5 - 5.0

Bromocresol Green (BCG), Colorimetric

S. GLOBULIN

2.4

g/dL

2.3 - 3.6

Calculated

A/G Ratio

1.8

Ratio

1.0 - 2.3

Calculated

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Sample Type : Serum, Urine (PP),
Fluoride P, Urine, Serum**Liver Function Test****Bilirubin Total**

0.9

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

Azobilirubin/Dyphylline/Diazonium Salt

Adult : 0.2 - 1.3

Bilirubin Unconjugated

0.7

mg/dL

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

End-point Colorimetric (Dual wavelength spectrophotometric)

BILIRUBIN DIRECT

0.2

mg/dL

Conjugated bilirubin and

Delta bilirubin (Bilirubin

covalently bound to albumin)

0.0-0.4

Calculated

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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>	198	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	164	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	28	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	170	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	137	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
LDL <i>Calculated</i>	33	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	4.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	7.1	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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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, Colorimetric</i>	10	mg/dL	9 - 20
UREA <i>Calculated</i>	21	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.84	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.2	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.0	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	137	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.39	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	122	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	14.79	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.66	µIU/mL	0.38 - 5.33 -

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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

PROSTATE SPECIFIC ANTIGEN * 0.9 ng/mL 0 -4 ng/ml

Enzyme Linked Fluorescent Assay (ELFA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Received On : 27-May-2023 09:47 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	
Physical Examination				
Colour	PALE YELLOW		Pale yellow	
Transparency	Clear		Clear	
Chemical Examination				
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	Trace (+/-)	mg/dL	Absent
pH	<i>Double Indicator principle</i>	5.0	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.030	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L	Absent
Microscopic Examination				
Pus cells	3-4/hpf	/hpf		0-5/hpf
Red blood cells	NIL	/hpf		0-2/hpf
Epithelial cells	2-3/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	NIL			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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

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Patient ID:	SUR0000342329	Patient Name:	LAXMANBHAI CHAUHAN
Age:	44 Years	Sex:	M
Accession Number:	6460	Referring Physician:	DR DHAWAL MODI
Study Date:	27-May-2023	Study:	CHEST PA

CHEST X-RAY (PA)

Mild Cardiomegaly with unfolding of arch of aorta.

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.


Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Mild Cardiomegaly with unfolding of arch of aorta.

Thanks for referral.


DR. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

Patient's Name: Laxmanbhai Chauhan

Age: 44 yrs/ male

UHID: 342329

Date: 27 / 05 / 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:20

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

ID:

Name:

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhyt.

9110 ** normal ECG **

Medication:

Symptoms:

History:

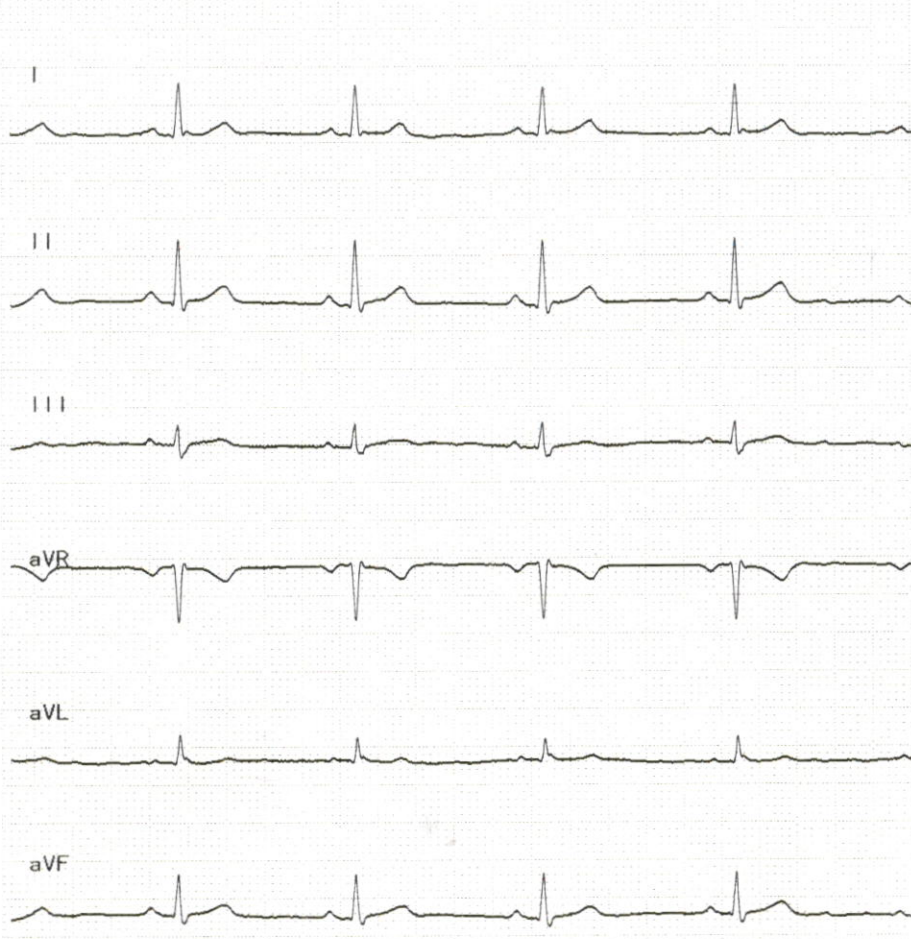
Vent. rate	62	bpm
PR int	148	ms
QRS dur	88	ms
QT/QTc(E) int	370/ 375	ms
P/QRS/T axis	52/ 36/ 40	°
RV5/SV1 amp	1.75/ 0.70	mV
RV5+SV1 amp	2.45	mV

*Leenamr bhai
chaubhan*

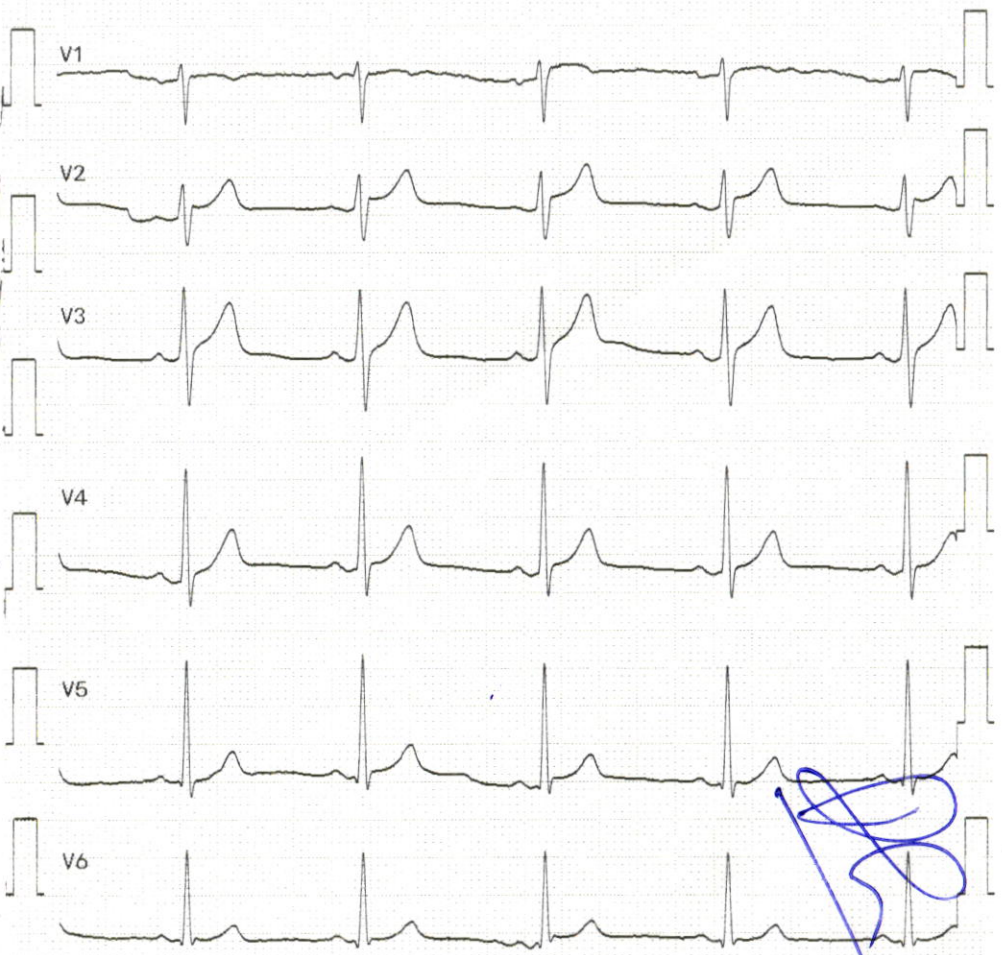
Unconfirmed Report

Reviewed by:

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



10 mm/mV



[Handwritten signature]

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Laxmumbhuni chunhan*

Date:- *27/5/23*

Chief Complaints:-

PLC

Pain Assessment:-

Past History:-

- DM x 5 YR

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*

PH Vision:-

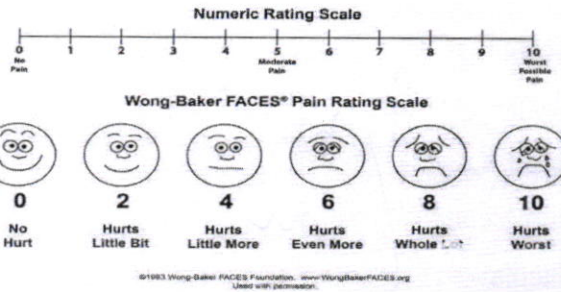
NCT *11/14 mm of hg*

ON Examination

Ant. Segmenet

Both Eye

- WNL -





Pre - op

Post- op

Health Check-up

Date : 07/05/23

Patient Reg. No. : _____

Patient Name : Jayrambhai Chauhan

Age / Sex : 44/M

Address : Sweet

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

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 : _____

43/34

3/23

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"

Adx : Sealy

Class V filling

43 | 34

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Patient Name: LAXMANBHAI CHAUHAN	
Age / Sex: 44 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 27/05/2023

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 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. Mid pole calculus of size 4 mm.

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:

- Left renal small calculus.
- No other significant abnormality is seen.

Thanks for referral.



DR. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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