

Shalby MD Physician Clinic

Patient Name:-

Pooja Tamadarwala
31/F

Age / Sex :-

Chief Complaints:-

no ceph

Drug / Food Allergy:-

Past History :-

nic

Family History:-

Systemic Examination:-

etc R
L
H
A

OPR NO:

Date:

Weight:-

Height:- 156 cm

Nutritional assessment:-

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

Pulse:- 92 b/min

BP:- 123/81 mmHg

SpO2:- 98%

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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CIN: L85110GJ2004PLC044667

Investigation :-

am.

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

8
9.9.23.

Rx

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

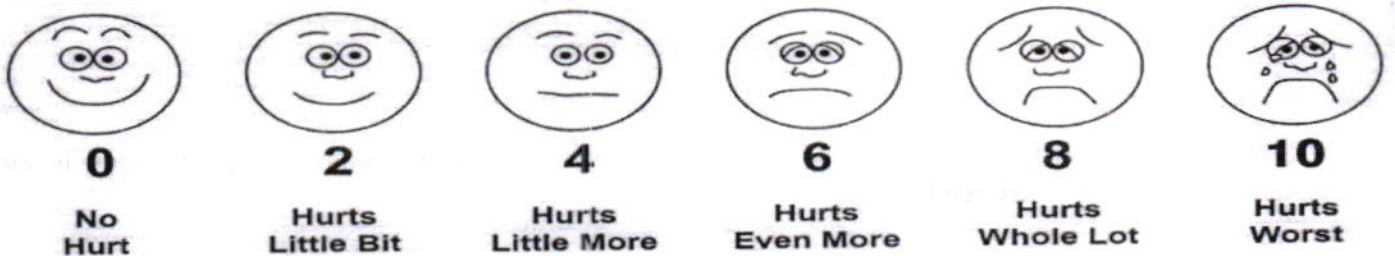
Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





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 : SUR0000349702 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Pooja Pratik Tamakuwala** / Registered On : 09-Sep-2023 10:41 AM
 Lab ID : 309900740 Collected On : 09-Sep-2023 10:45 AM
 Gender/Age : Female / 30 Years DOB : 18-Dec-1992 Received On : 09-Sep-2023 11:06 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.0	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	5.16	mill/cmm	3.8 - 4.8
HCT	Calculated	42.3	%	36 - 46
MCV	Calculated based on the RBC histogram	81.9	fL	83 - 101
MCH	Calculated	25.2	pg	27 - 32
MCHC	Calculated	30.8	g/dL	31.5 - 34.5
RDW	Calculated	13.1	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5850	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	61	%	40 - 80
LYMPHOCYTES	Flow Cytometry	33	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	291000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.9	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 AgrawalM.B., D.C.P
Consulting Pathologist



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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>	6	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.3	%	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) * 105 mg/dL
Calculated

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Ref. By : Dr. Health Check Up . Shalby	Received On : 09-Sep-2023 11:02 AM
	Sample Type : Serum, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	93	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)	111	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	-----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	184	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	63	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	56	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	128	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	115	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	13	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.1		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.3	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)**

7

mg/dL

7 - 17

*Urease, colorimetric***UREA**

15

mg/dL

15 - 36

*Calculated***S. CREATININE**

0.55

mg/dL

0.52 - 1.04

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

4.8

mg/dL

2.5 - 6.2

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

9.2

mg/dL

8.4 - 10.2

*Arsenazo III dye***S. PHOSPHORUS ***

4.2

mg/dL

2.5 - 4.5

*Phosphomolybdate reduction (PMA Phenol)***Sodium**

142

mmol/L

137 - 145

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

5.09

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

102

mmol/L

98 - 107

Direct Ion Selective Electrode

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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	91	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.58	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	3.666	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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Gender/Age : Female / 30 Years	DOB : 18-Dec-1992
Received On : 09-Sep-2023 11:10 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			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 7.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	10-15/hpf	/hpf	NA
Crystals	NIL		Nil
Cast *	Nil		Nil
Bacteria	PRESENT		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	15	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	16	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	96	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	14	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	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>	2.8	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>	0.6	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>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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Patient ID:	SUR0000349702	Patient Name:	POOJA P TAMAKUWALA
Age:	31 Years	Sex:	F
Accession Number:	10987	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	9-Sep-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. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

ID:

Name:

years

Birth date:

mmHg

kg

Sex: M

cm

Indication:

Symptoms:

History:

Heart rate

PR interval

QRS duration

QTc (E) interval

QRS/T axis

AV1/SV1 amplitude

AV5+SV1 amplitude

bpm

ms

ms

ms

ms

°

mV

mV

90

116

74

338/386

62/60/49

1.30/0.66

1.97

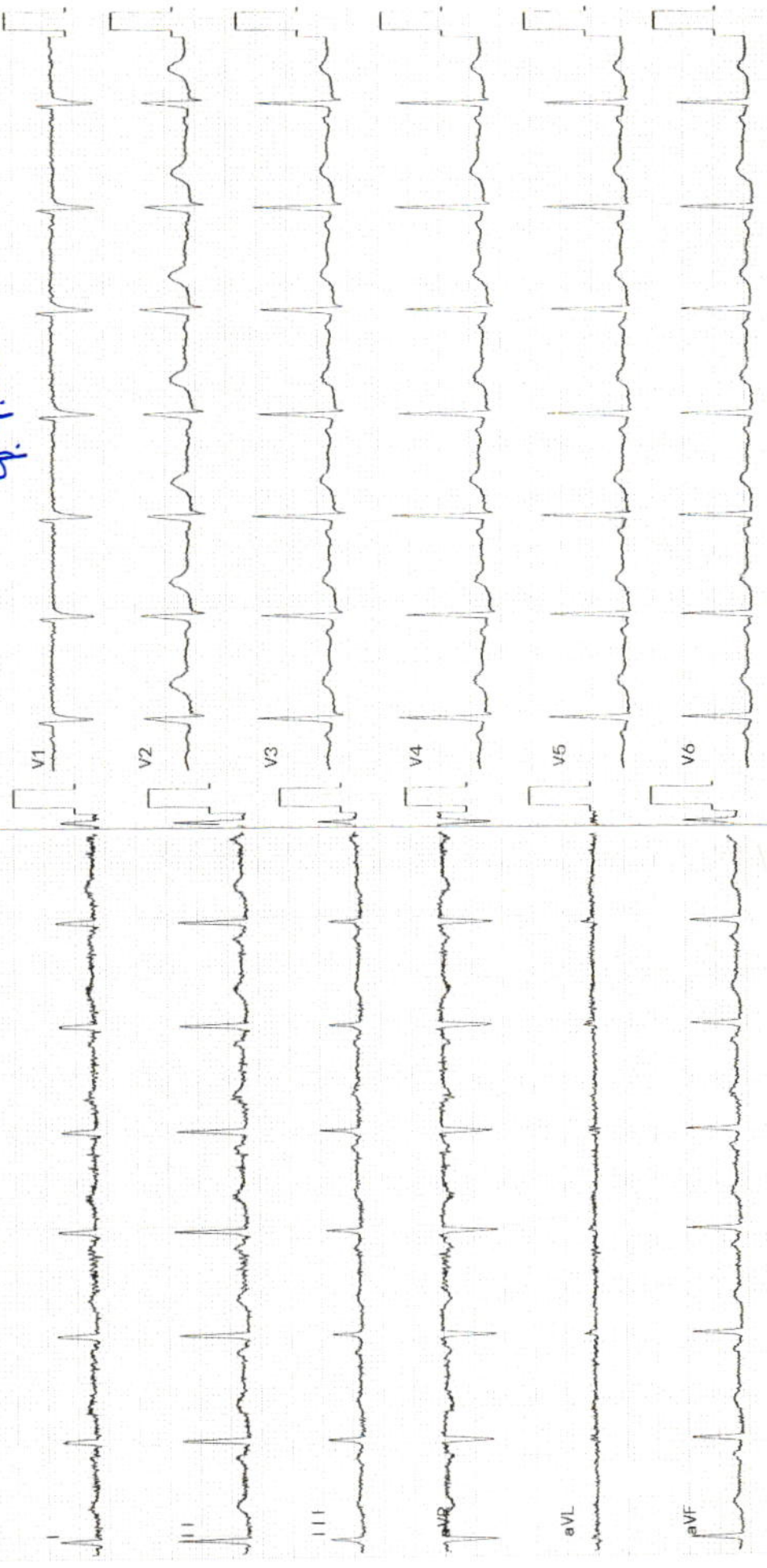
10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV

Pooja Patil Tammy 12/18/2019

Unconfirmed Report
Reviewed by: *Bl*
9.9.23

- 1100 Sinus rhythm
- 2210 Short PR interval
- 4011 Minimal ST depression
- 9150 ** abnormal ECG **



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:- *Roopaben*
Chief Complaints:-

Age-31 yrs
Date: 9/9/23
Weight:-
Height:-
OPR NO:-

- Nutritional Assessment:-
- Obese
 - Well Nourished
 - Mild-Moderate Nourished
 - Severely Mal-Nourished

No - irregular menses.

M/H:- *Pamp - 5-6 / 50-45 irregular painless moderate*

LMP:- 16/8/23

O/H:- *01H - Puz*

P/H:- *1 FWD / 20 / 94m*
F/H: *2nd FWD / 64m / L2*
Examination:- *TL done*

Plt:- _____

Provisional Diagnosis:-

PIA - soft
PLS - As healthy

PAP tabs

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Investigaion Advised:-

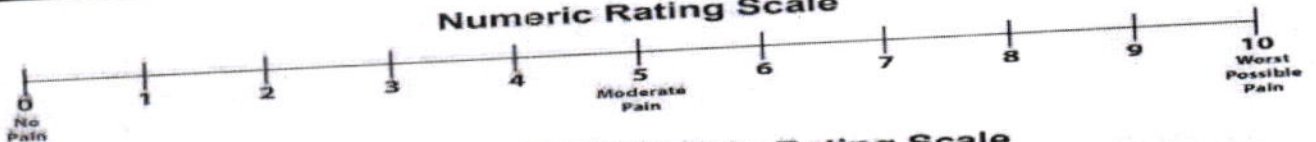
Treatment & Further Advices:-
(Write in Capital Letters)

Adv
fly on
D2/D3.
↓
ocp.
↓
diet
exercise.

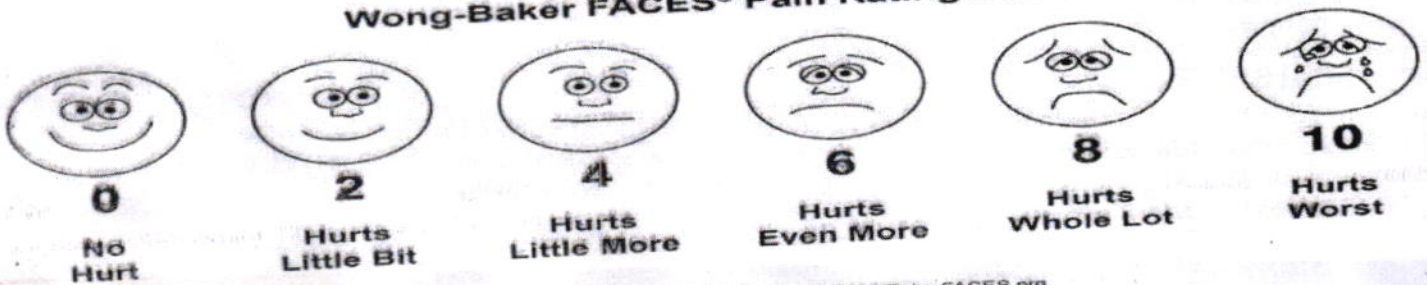
10

Follow Up: _____ Date:- _____
Incase of emergency Please report to Emergery Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient Name: POOJA PRATIK TAMAKUWALA		UHID: 349702	
Age / Sex: 31 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 09/09/2023	

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 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 or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus appears normal in size 58 x 37 x 47 mm, Et: 6.4 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.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**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's Name: Pooja Tamakuwala

Age: 31 yrs/ Female

UHID: 349702

Date: 09 / 09 / 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 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 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

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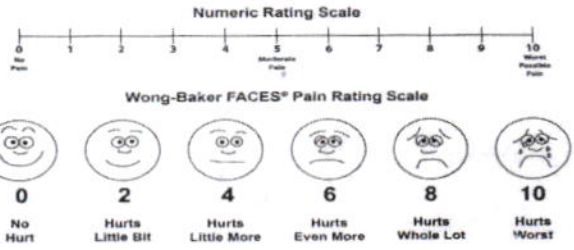
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- Pooja Tamakwala

Date:- 9/9/23

Chief Complaints:-

for routine check up



Pair. 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:- 6/6
6/6

PH Vision:-

NCT 12 mm of hg
14

ON Examination Ant. Segmenet Both Eye

- NAD -

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:- 2 6 month

RPR

Signature of the Consultant



Pre - op

Post - op

Health Check-up

Date : 9/9/17

Patient Reg. No. : _____

Patient Name : Pooja Pratik Timakumbar Age / Sex : 31/F

Address : Pulunpose gam.

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 : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 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"

Adv : Cap 5

Dr. Darshini V. Shah
(Consultant Dental Surgeon)