

Shalby MD Physician Clinic

Patient Name:- *manjeet singh*

Age / Sex :-

29/M

Chief Complaints:-

no cgm

Drug / Food Allergy:-

Past History :-

nu

Family History:-

Systemic Examination:-

*okly
as
to
cgm*

OPR NO:

Date: *31/10/23*

Weight:- *78 kg*

Height:- *178 cm*

Nutritional assessment:-

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

Pulse:- *61/min*

BP:- *130/80*

SpO2:- *99%*

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

Investigation :-

S Uric Acid 8.6

HbA1c 5.9

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

at

- low sugar / low fat diet
- High fiber diet
- Regular Exercise

R:

Follow Up:

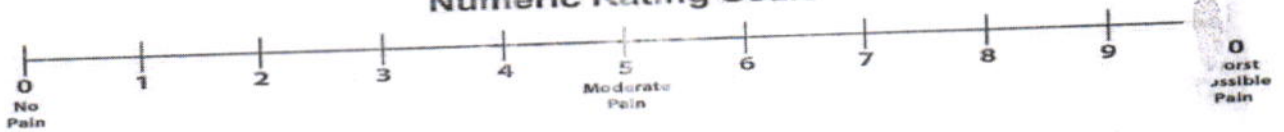
13 June

- S. URIC ACID બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

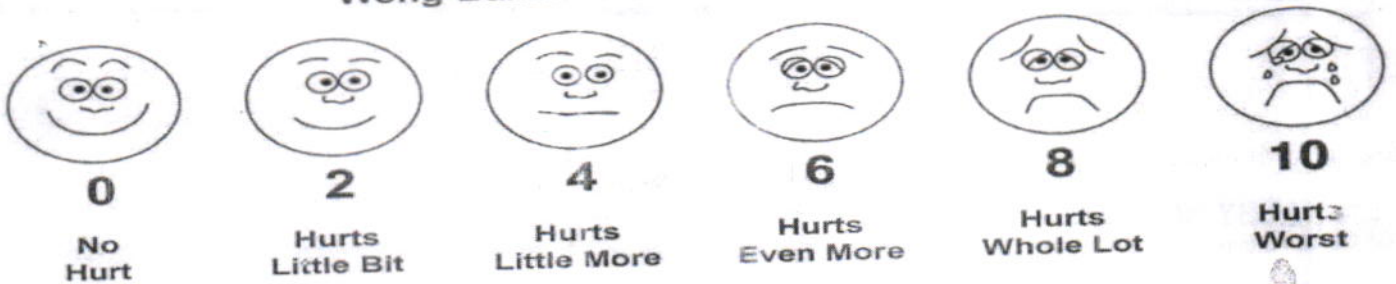
Date:- HbA1c

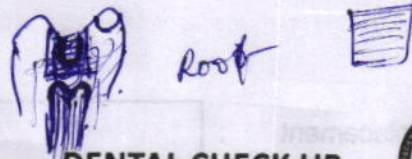
Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post-op

Health Check-up

Date : 31/10/23

Patient Reg. No. : _____

Patient Name : Manjeet Singh Age / Sex : 29/M

Address : Palsuna

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 : Sitzings 1 2 3 Deep

Restoration : 6/6 Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : 6

7000-10000/-

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"

Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

ID:

Name:

Sex: M

cm

Birth date:

/

mmHg

years

1100 Sinus rhythm

9110 ** normal ECG **

Medication:

Symptoms:

History:

Heart rate 66 bpm
 PR int 146 ms
 QRS dur 100 ms
 QT/QTc(E) int 366/ 379 ms
 P/QRS/T axis 63/ 75/ 34 °
 RV5/SV1 amp 1.31/ 0.80 mV
 RV5+SV1 amp 2.11 mV

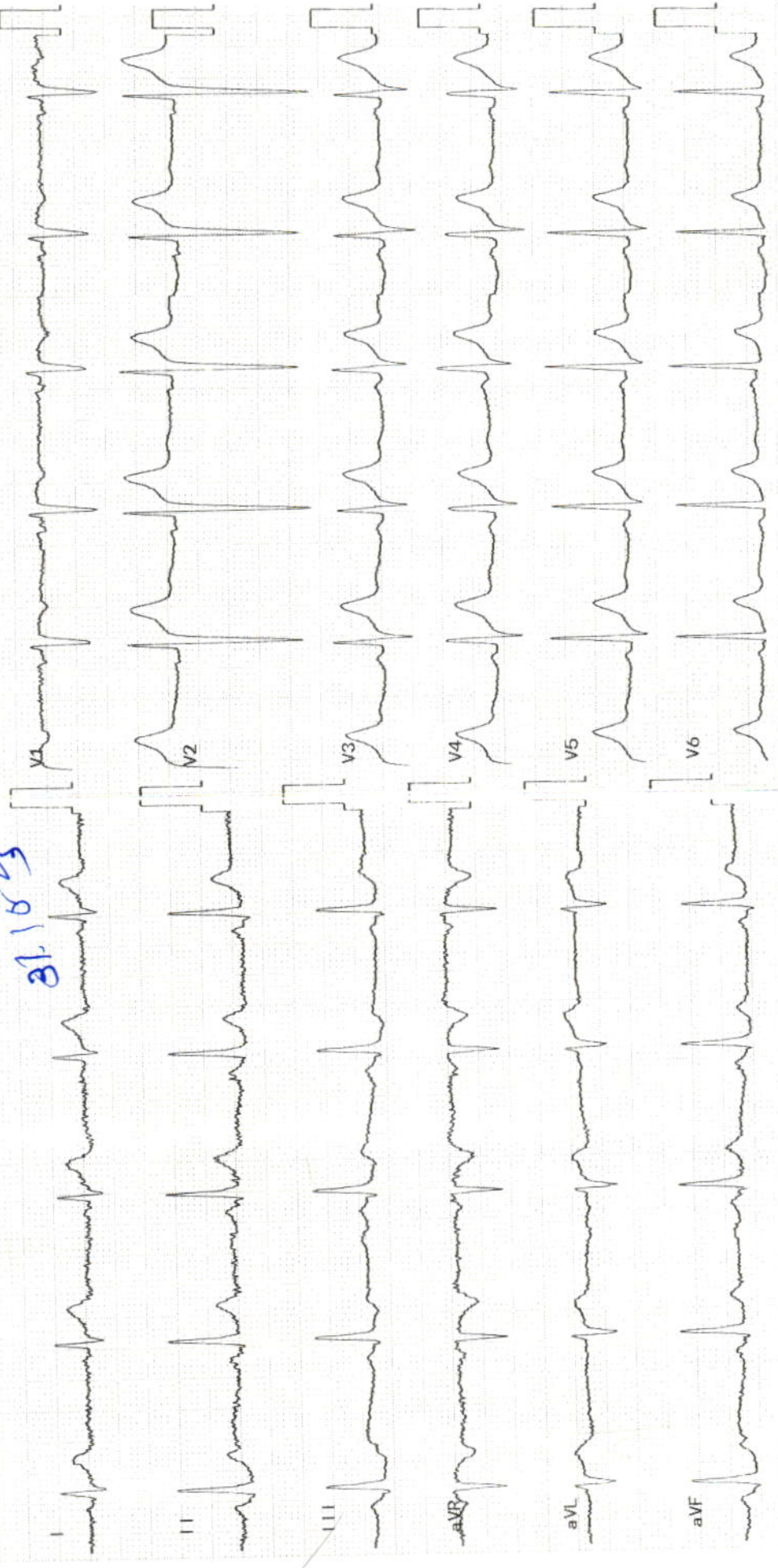
Unconfirmed Report
Reviewed by:

Handwritten signature and date: 31-10-23

10 mm/mV

Filter: H50 d 100 Hz

10 mm/mV 25 mm/s



Exam:

Name :-

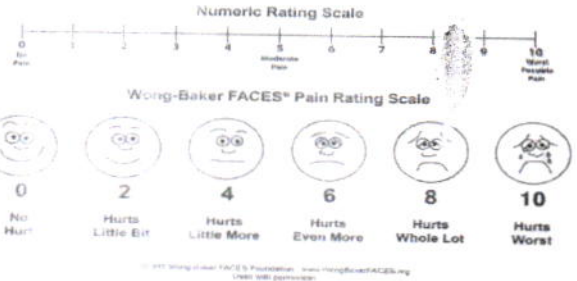
MANGEE SINKH

Date:-

31/10/2023

Chief Complaints:-

Medical
Eye check up.



Pain Assessment:-

Past History:-

Family History:-

Allergy:- NO drugs 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:-

6/12
6/12

PH Vision:-

6/6
20/20

NCI

12
4

ST ± 0.00/-1.50x180 6/12
± 0.00/-1.75x180 6/6

ON Examination

Ant. Segment

Both Eye

Wm

NAME ✓
OCT 31 2022 12:2

VD=10

<R>

SPH	CYL	AX
- 0.25	-1.25	163
- 0.25	-2.50	173
- 0.25	-2.50	172

Anterior Chamber

- 0.25 -2.50 173

Rt. EYE

Lt. EYE

<L>

SPH	CYL	AX
- 0.25	-1.75	3
0.00	-2.25	1
0.00	-2.00	175

0.00 -2.25 1

PD= 65

GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:-

Macula:-

Diagnosis:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

Signature of the Consultant

Rpm

Patient's Name: Manjeet Singh

Age: 29 yrs/ male

Date: 31 / 10 / 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.

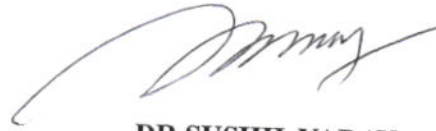
Pericardium:Normal.

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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CIN: L85110GJ2004PLC044667

Patient Name: MANJEET SINGH		UHID:	
Age / Sex: 29 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 31/10/2023	

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 or calculi.

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

Prostate is normal in size and measures 22 x 28 x 23 mm (Approx. vol- 8 cc). 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. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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Certificate No. : MC-5200

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PID : SUR0000353220 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manjeet . Singh	/	Registered On : 31-Oct-2023 11:55 AM
Lab ID : 310902330		Collected On : 31-Oct-2023 11:40 AM
Gender/Age : Male / 29 Years	DOB : 19-Dec-1993	Received On : 31-Oct-2023 12:15 PM
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	14.1	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.42	mill/cmm	4.5 - 5.5
HCT	Calculated	47.2	%	40 - 50
MCV	Calculated based on the RBC histogram	87.0	fL	83 - 101
MCH	Calculated	26.0	pg	27 - 32
MCHC	Calculated	29.9	g/dL	31.5 - 34.5
RDW	Calculated	13.8	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5450	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	52	%	40 - 80
LYMPHOCYTES	Flow Cytometry	40	%	20 - 40
EOSINOPHILS	Flow Cytometry	4	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	228000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	10.3	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

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

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Approved On : 31-Oct-2023 12:30 PM

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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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
ESR 1st hour * <i>Modified Westergren Method</i>	13	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc 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) * 123 mg/dL

Calculated

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 Lab ID : 310902330 Collected On : 31-Oct-2023 11:40 AM
 Gender/Age : Male / 29 Years DOB : 19-Dec-1993 Received On : 31-Oct-2023 12:16 PM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	85	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/peroxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	122	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
------------------	--------	-------	--------

Glucose-oxidase/peroxidase reaction

Liver Function Test

Liver Function Test

SGPT (ALTV)	22	U/L	21 - 72
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Multi Point Rate with P-5-P

SGOT (AST)	20	U/L	17 - 59
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Multi Point Rate with P-5-P

Alkaline Phosphatase	71	U/L	20-50 yrs : 53 - 128
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PNPP, AMP Buffer

4-19 yr : 54 - 369

>=51 yr : 56 - 119

GGT *	17	U/L	15 - 73
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

S. PROTEIN	7.5	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

Albumin	4.5	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	3.0	g/dL	2.3 - 3.6
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Calculated

A/G Ratio	1.5	Ratio	1.0 - 2.3
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Calculated

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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 : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Liver Function Test

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>	0.3	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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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	190	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<i>Cholesterol Esterase, Oxidase, Peroxidase</i>			
SERUM TRIGLYCERIDE	163	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<i>Lipase/GK/GPO/POD</i>			
HDL CHOLESTEROL DIRECT *	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>			
Non HDL Cholesterol	155	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<i>Calculated</i>			
LDL Cholesterol	122	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<i>Calculated</i>			
VLDL	33	mg/dL	6 - 38
<i>Calculated</i>			
LDL/dHDL *	3.5		2.5 - 3.5
<i>Calculated</i>			
Chol/dHDL *	5.4	Ratio	3.5 - 5.0
<i>Calculated</i>			

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)**

11

mg/dL

9 - 20

*Urease, colorimetric***UREA**

24

mg/dL

19 - 43

*Calculated***Creatinine**

0.81

mg/dL

0.66 - 1.25

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

8.6

mg/dL

3.5 - 8.5

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

8.7

mg/dL

8.4 - 10.2

*Arsenazo III dye***Phosphorus ***

4.1

mg/dL

2.5 - 4.5

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

141

mmol/L

137 - 145

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

4.87

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

103

mmol/L

98 - 107

Direct Ion Selective Electrode

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REPORT STATUS : Interim



Patient Name : Mr Manjeet . Singh / Registered On : 31-Oct-2023 11:55 AM
 Lab ID : 310902330 Collected On : 31-Oct-2023 11:40 AM
 Gender/Age : Male / 29 Years DOB : 19-Dec-1993 Received On : 31-Oct-2023 12:16 PM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	106	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.38	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.033	µIU/mL	0.38 - 5.33

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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PID : SUR0000353220 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manjeet . Singh	/	Registered On : 31-Oct-2023 11:55 AM
Lab ID : 310902330		Collected On : 31-Oct-2023 11:40 AM
Gender/Age : Male / 29 Years	DOB : 19-Dec-1993	Received On : 31-Oct-2023 01:16 PM
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
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> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	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	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	NIL/hpf
Epithelial cells	2-3/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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

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Generated On : 31-Oct-2023 03:32 PM

Approved On : 31-Oct-2023 03:01 PM

Dr Pankaj Agrawal

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

Patient ID:	SUR0000 12922 OPD	Patient Name:	MANJEET SINGH
Age:	29 Years	Sex:	M
Accession Number:	12922	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	31-Oct-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

SHALBY HOSPITAL, SURAT

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