

ID: **vinod**

Sex: M Birth date: / mmHg years

1100 Sinus rhythm  
9110 \*\* normal ECG \*\*

Medication:

Symptoms:

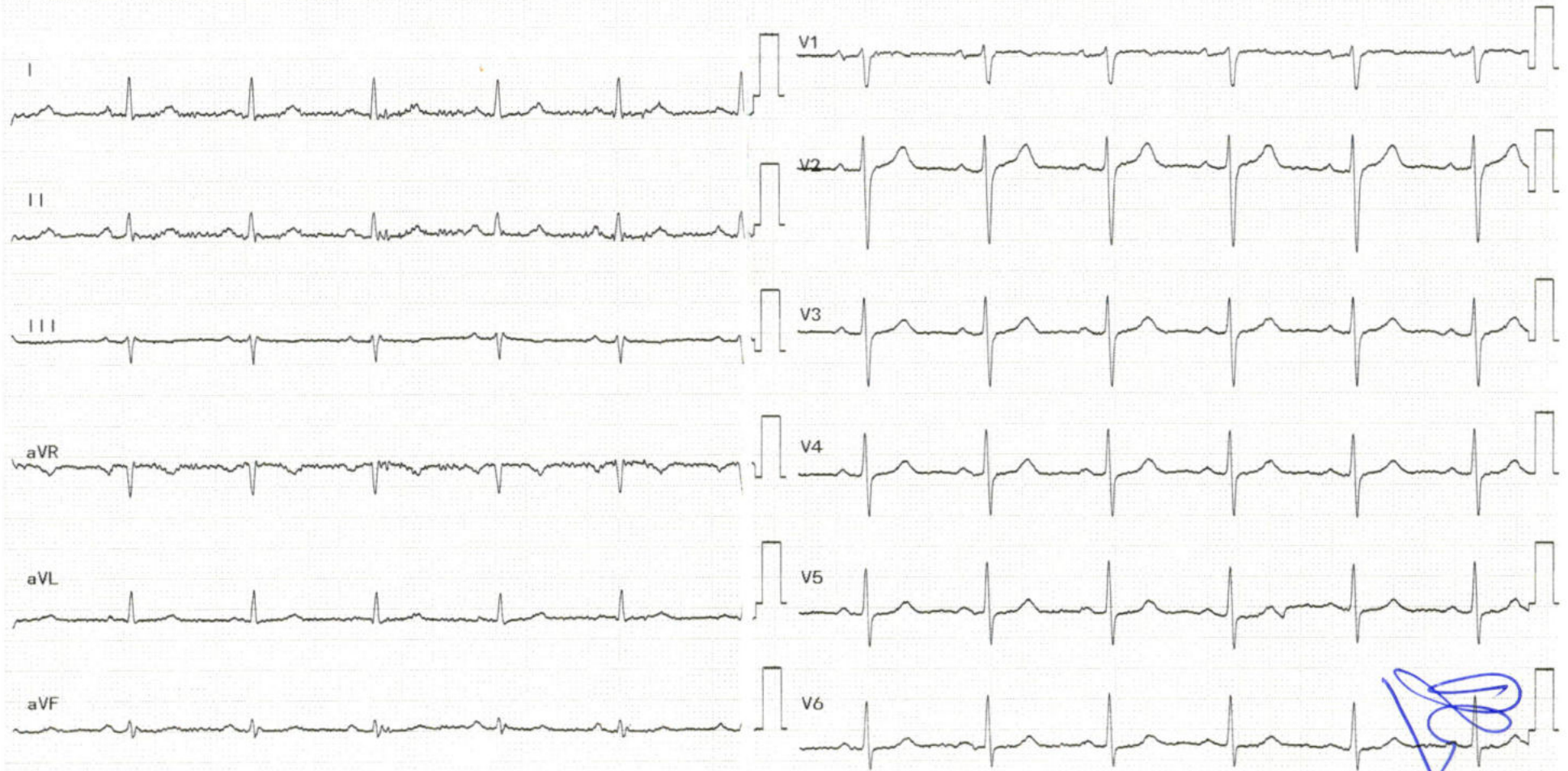
History:

Vent. rate	75	bpm
PR int	176	ms
QRS dur	84	ms
QT/QTc(E) int	374/ 404	ms
P/QRS/T axis	46/ 7/ 26	°
RV5/SV1 amp	0.87/ 0.56	mV
RV5+SV1 amp	1.44	mV

Unconfirmed Report  
Reviewed by:

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

10 mm/mV



*[Handwritten signature]*



<b>Patient Name: VINOD MAHESHWARI</b>	
<b>Age / Sex: 59 Yrs. / Male</b>	<b>Study: USG Abdomen + Pelvis</b>
<b>Referred By: Dr. at shalby Hospital</b>	<b>Date: 18/03/2023</b>

**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** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** Partially distended,,shows mildly trabeculated wall. No evidence of any intraluminal mass or calculi. Pvr 0.

**Prostate** is normal in size (18GM). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

**IMPRESSION:**

- **UB shows mildly trabeculated wall .**
- **No any other significant abnormality is seen.**

*Thanks for referral.*

**Dr. Nimit R Desai**  
Consultant Radiologist

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SHALBY HOSPITAL  
NR. NAVYUG COLLAGE, RANER ROAD  
SURAT

Station  
Telephone:

### EXERCISE STRESS TEST REPORT

Patient Name: VINOD MAHESHWARI,  
Patient ID: 61832  
Height:  
Weight:

DOB: 08.04.1963  
Age: 59yrs  
Gender: Male  
Race: Asian

Study Date: 18.03.2023  
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	80	120/80	
	STANDING	00:17	0.80	0.00	85		
EXERCISE	STAGE 1	03:00	2.70	10.00	115		
	STAGE 2	02:06	4.00	12.00	133	140/80	
	STAGE 3	00:30	5.40	14.00	139		
RECOVERY		03:06	0.00	0.00	90	140/80	


The patient exercised according to the BRUCE for 5:34 min:s, achieving a work level of Max. METS: 8.40. The resting heart rate of 80 bpm rose to a maximal heart rate of 150 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 170/80 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 \_\_\_\_\_



**VINOD MAHESHWARI,**  
 Patient ID 61832  
 18.03.2023 Male  
 12:16:40 59yrs Asian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Total Exercise Time 05:34  
 Max HR: 150 bpm 93% of max predicted 161 bpm HR at rest: 80  
 Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 20740 mmHg\*bpm  
 Maximum Workload: 8.40 METS  
 Max. ST: -1.00 mm, 0.00 mV/s in II; EXERCISE STAGE 3 05:35  
 Arrhythmia: A:11, VBIG:1, PVC:2, PSVC:2  
**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 (II mm)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	80	120/80	9600	0	-6.55	
	STANDING	00:17	0.80	0.00	1.0	85			0	0.10	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	115			2	-0.25	
	STAGE 2	02:06	4.00	12.00	7.0	133	140/80	18620	0	-0.65	
	STAGE 3	00:30	5.40	14.00	8.4	139			0	-1.00	
RECOVERY		03:06	0.00	0.00	1.0	90	140/80	12600	0	0.05	



VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:17:00

84 bpm  
120/80 mmHg

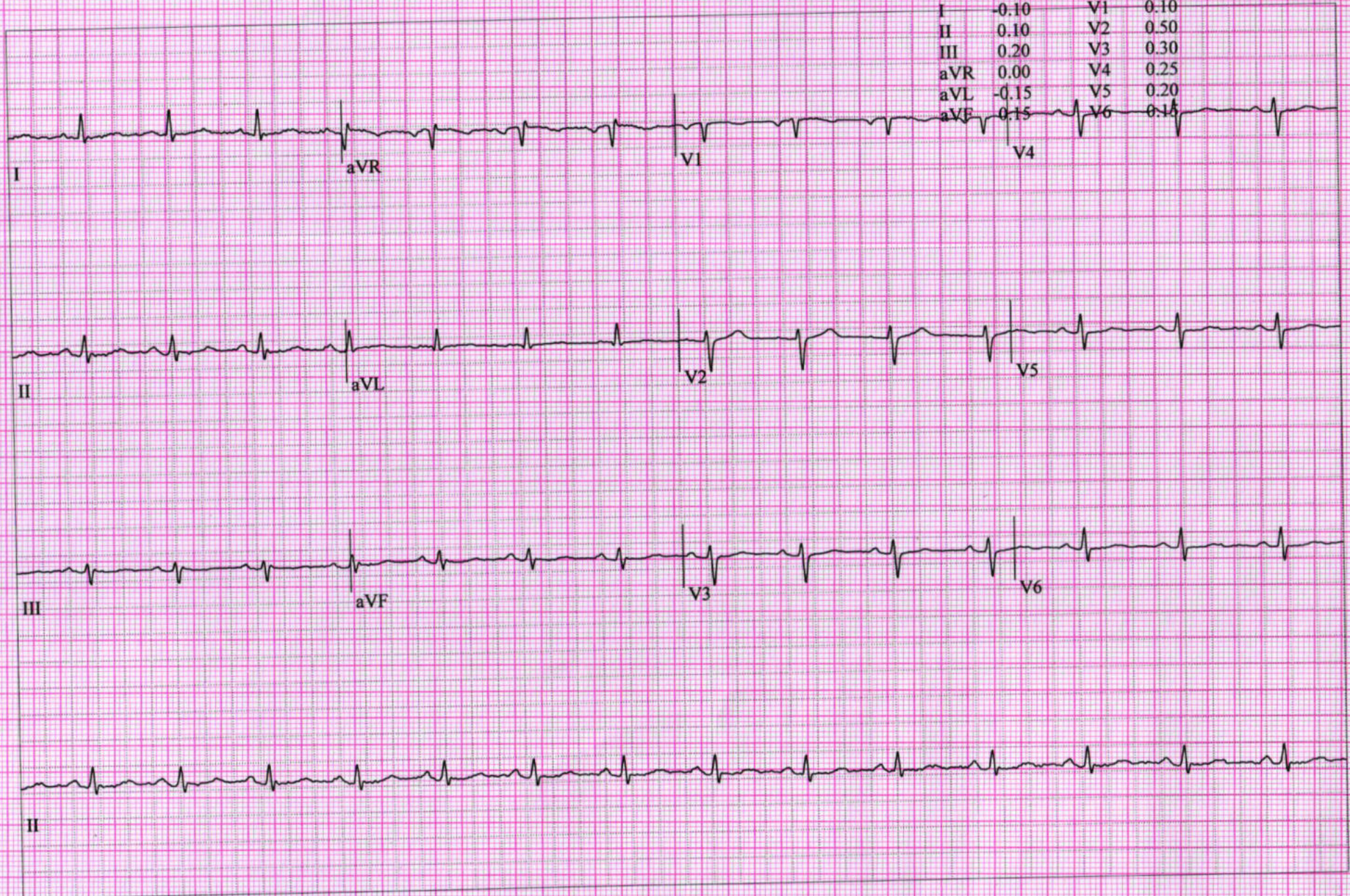
12-Lead Report  
PRETEST  
STANDING  
00:14

BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.10
II	0.10	V2	0.50
III	0.20	V3	0.30
aVR	0.00	V4	0.25
aVL	-0.15	V5	0.20
aVF	0.15	V6	0.15





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:19:56

115 bpm

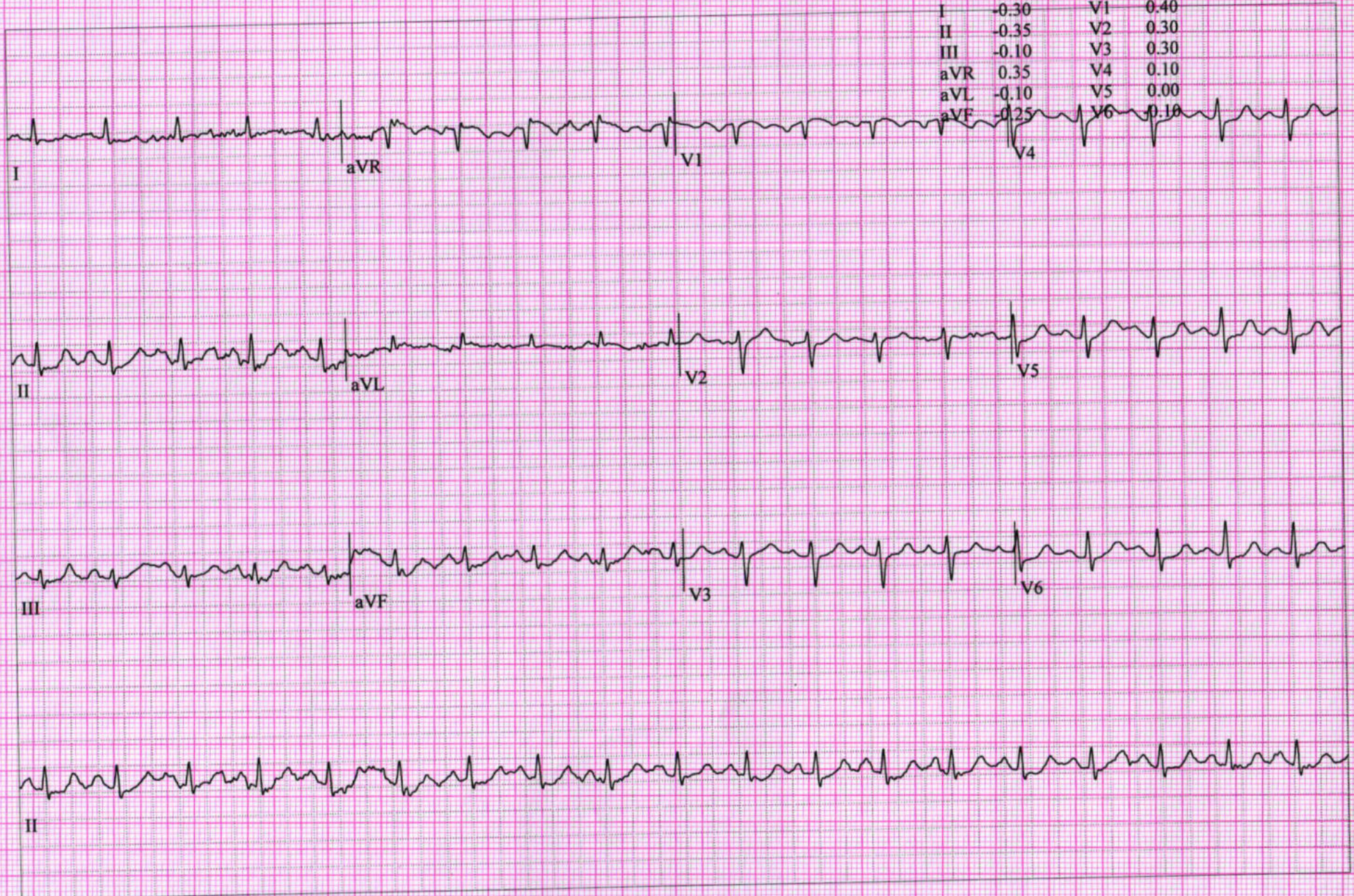
12-Lead Report  
EXERCISE  
STAGE I  
02:50

BRUC  
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	0.40
II	-0.35	V2	0.30
III	-0.10	V3	0.30
aVR	0.35	V4	0.10
aVL	-0.10	V5	0.00
aVF	-0.25	V6	0.10





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:22:09

131 bpm  
140/80 mmHg

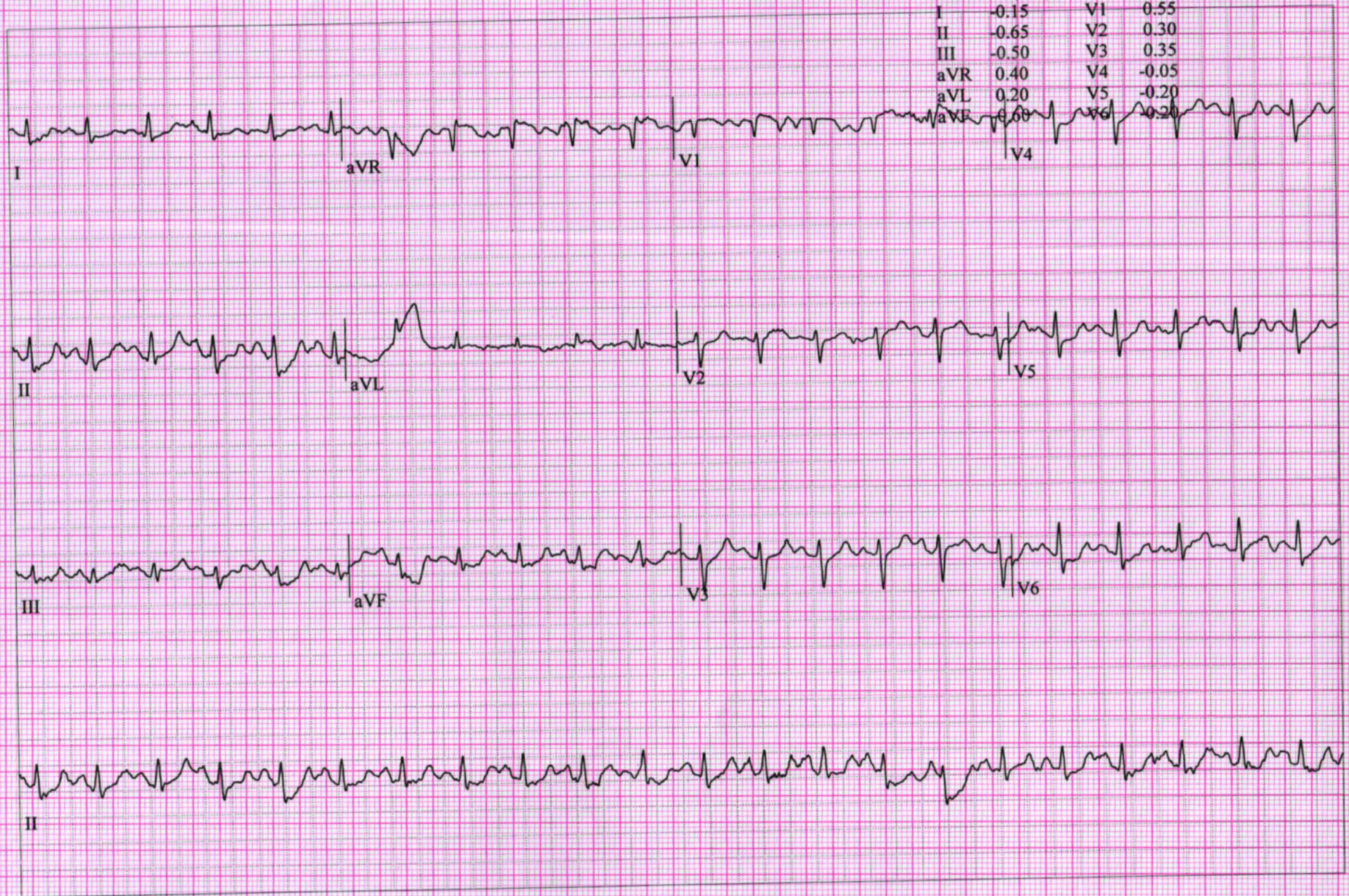
12-Lead Report  
EXERCISE  
STAGE 2  
05:02

BRUC  
4.0 km/h  
12.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.55
II	-0.65	V2	0.30
III	-0.50	V3	0.35
aVR	0.40	V4	-0.05
aVL	0.20	V5	-0.20
aVF	0.60	V6	0.20





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:22:41

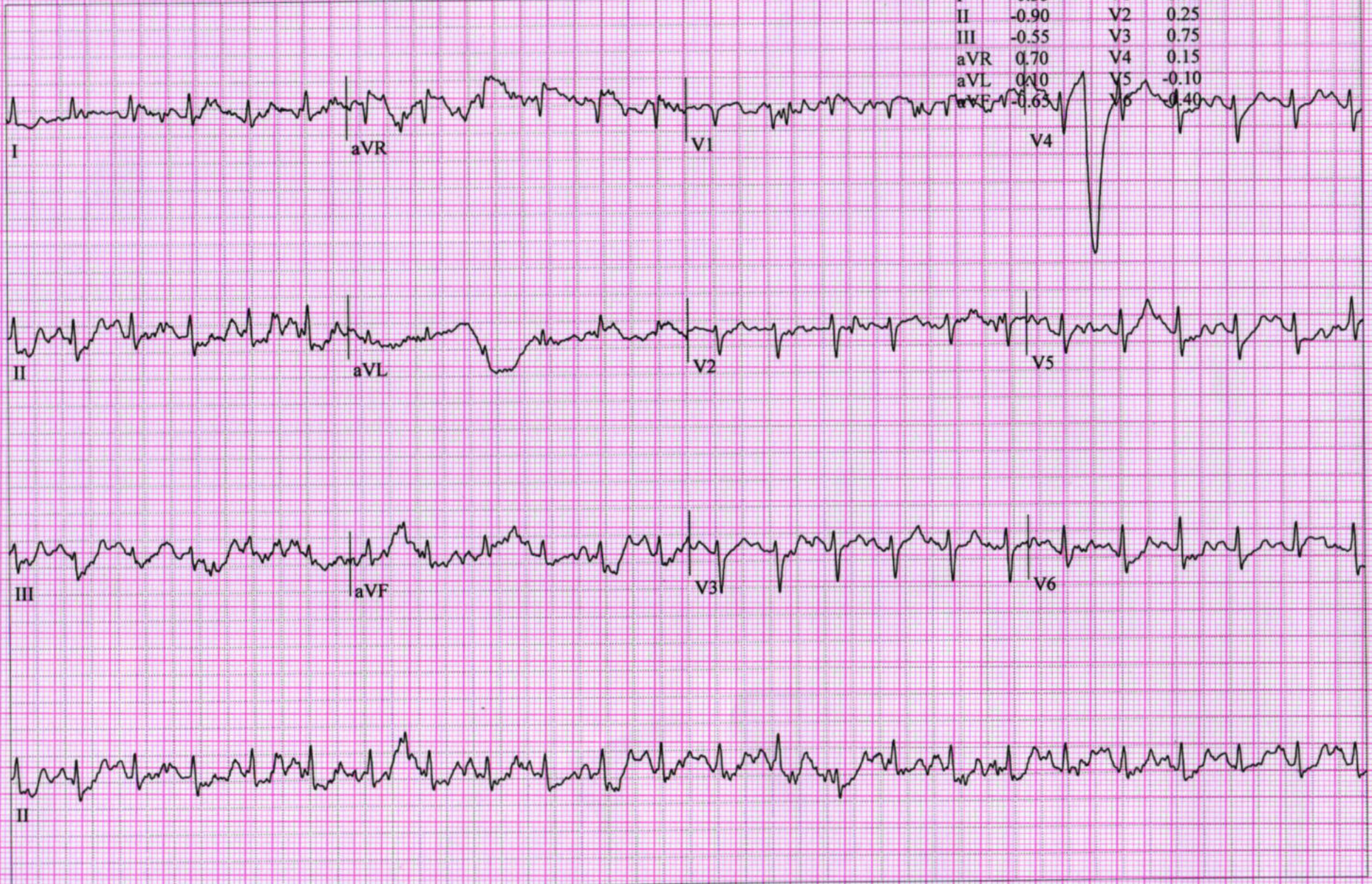
139 bpm  
140/80 mmHg

12-Lead Report ( PEAK EXERCISE )  
EXERCISE  
STAGE 3  
05:35  
BRUC  
5.4 km/h  
14.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	0.55
II	-0.90	V2	0.25
III	-0.55	V3	0.75
aVR	0.70	V4	0.15
aVL	0.10	V5	-0.10
aVF	-0.65	V6	0.40





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:23:30

118 bpm  
170/80 mmHg

### 12-Lead Report

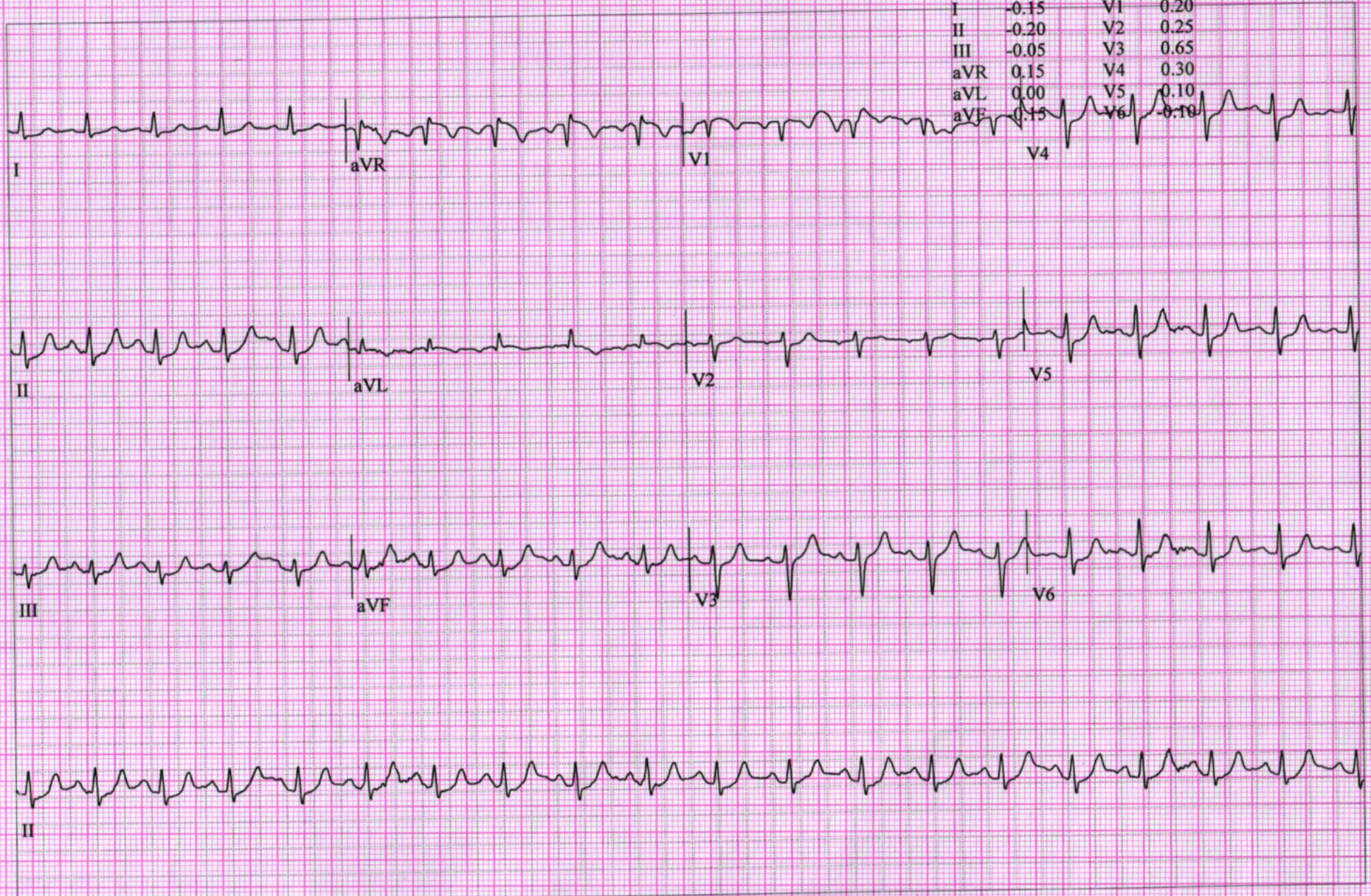
RECOVERY  
#1  
00:50

BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.20
II	-0.20	V2	0.25
III	-0.05	V3	0.65
aVR	0.15	V4	0.30
aVL	0.00	V5	0.10
aVF	0.15	V6	0.10





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:24:30

93 bpm

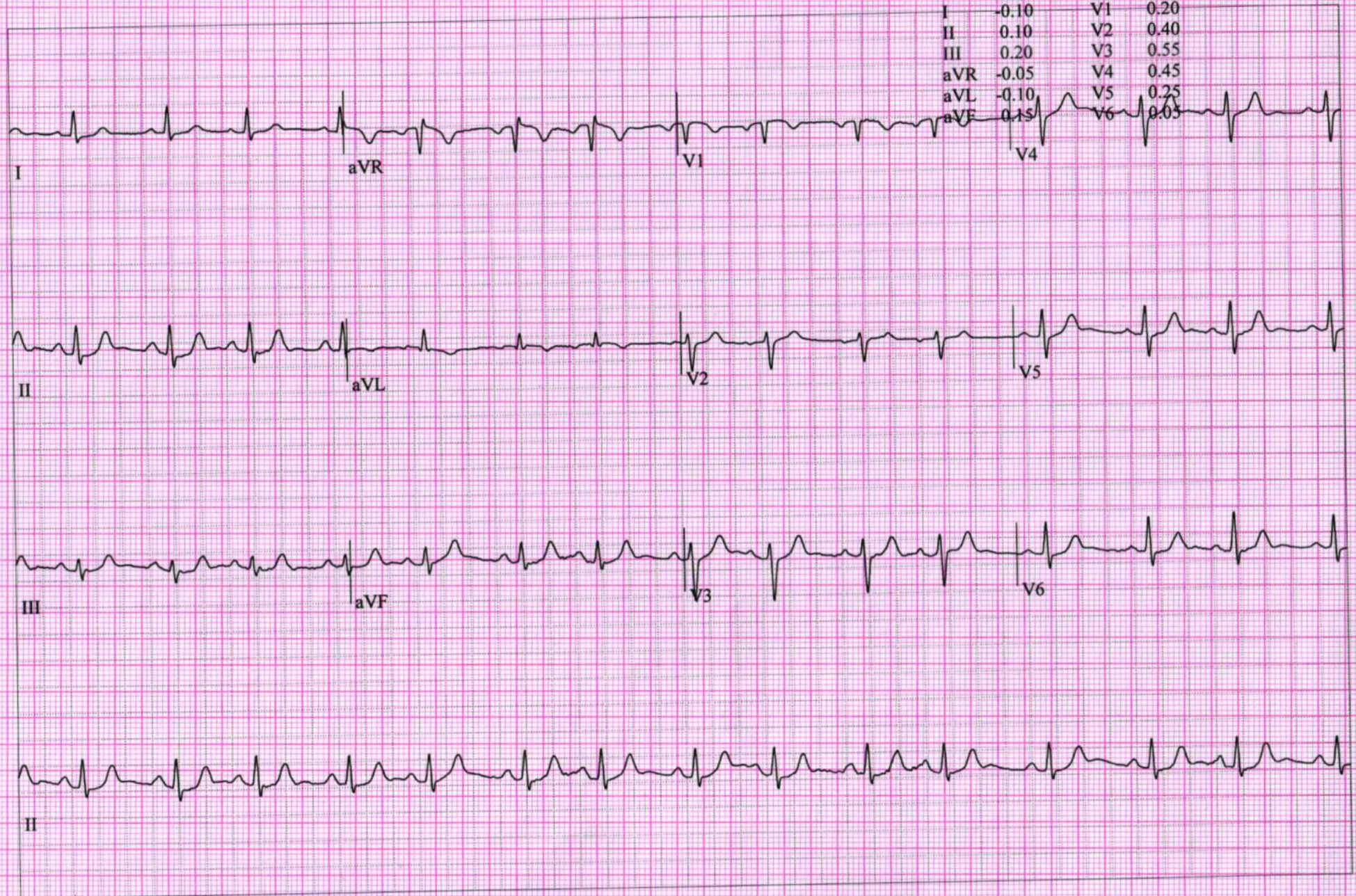
12-Lead Report  
RECOVERY  
#1  
01:50

BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.20
II	0.10	V2	0.40
III	0.20	V3	0.55
aVR	-0.05	V4	0.45
aVL	-0.10	V5	0.25
aVF	0.15	V6	0.05





VINOD MAHESHWARI,  
Patient ID 61832  
18.03.2023  
12:25:30

91 bpm

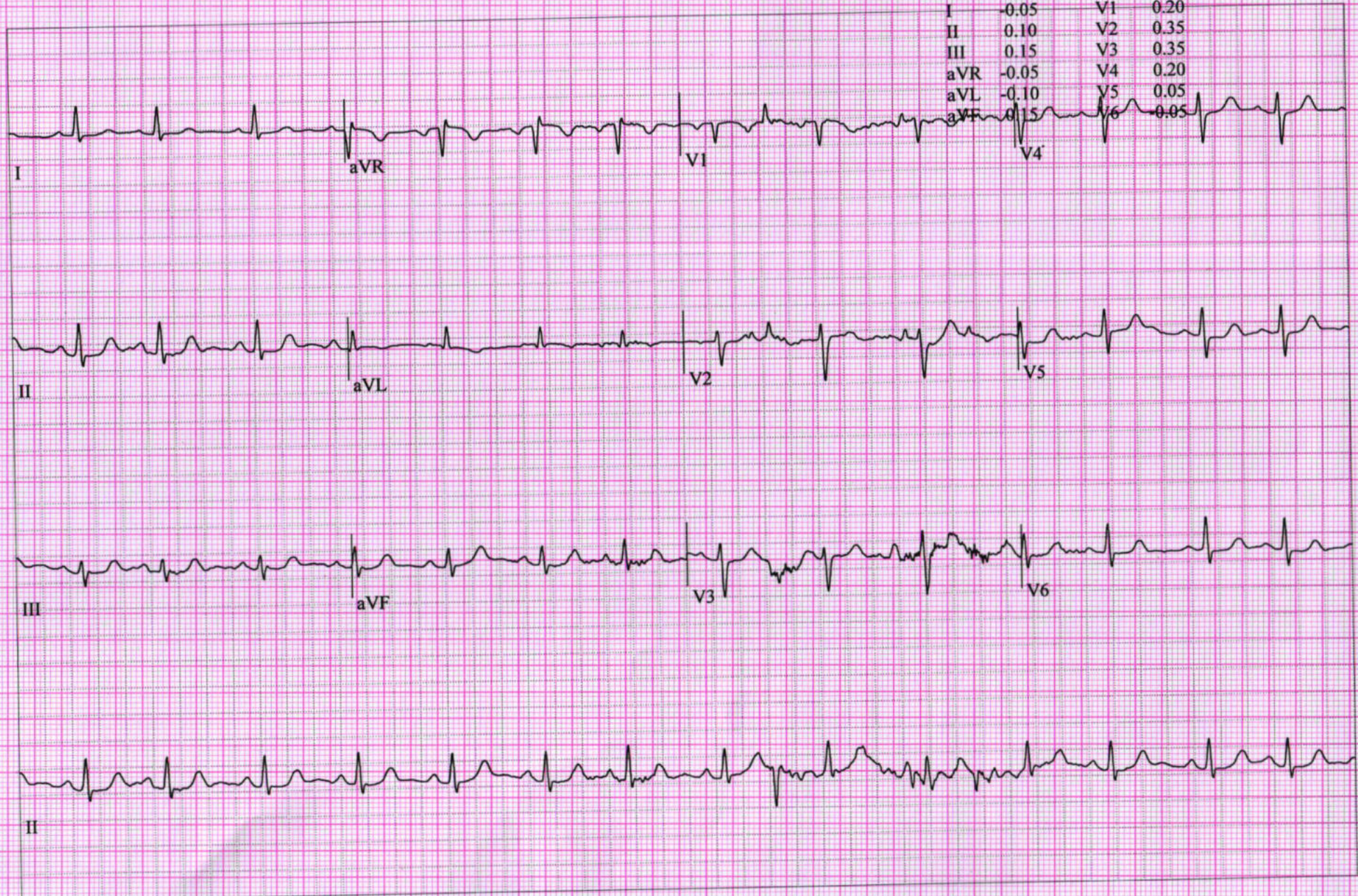
12-Lead Report  
RECOVERY  
#1  
02:50

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	-0.05	V1	0.20
II	0.10	V2	0.35
III	0.15	V3	0.35
aVR	-0.05	V4	0.20
aVL	-0.10	V5	0.05
aVF	0.15	V6	0.05







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PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : Mr Vinodkumar Maheshwari /	Registered On : 18-Mar-2023 09:38 AM
Lab ID : 303901398	Collected On : 18-Mar-2023 09:39 AM
Gender/Age : Male / 59 Years	DOB : 08-Apr-1963
Received On : 18-Mar-2023 09:55 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.9	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.99	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.9	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	86.0	fL	83 - 101
MCH <i>Calculated</i>	27.9	pg	27 - 32
MCHC <i>Calculated</i>	32.4	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	<b>12.4</b>	%	13.3 - 18.3
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <i>Electrical Impedance</i>	4830	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <i>Flow Cytometry</i>	58	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	31	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	7	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<b>PLATELET INDICES</b>			
PLATELET COUNT <i>Electrical Impedance</i>	268000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.3	fL	7.5 - 12.0
<b>PERIPHERAL SMEAR EXAMINATION</b>			
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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Approved On : 18-Mar-2023 11:08 AM

*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

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





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PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Vinodkumar Maheshwari** / Registered On : 18-Mar-2023 09:38 AM  
Lab ID : 303901398 Collected On : 18-Mar-2023 09:39 AM  
Gender/Age : Male / 59 Years DOB : 08-Apr-1963 Received On : 18-Mar-2023 09:55 AM  
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)

<b>ABO Type</b>	"B"		
<b>RH Type</b>	POSITIVE		
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	19	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.8	%	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) \*** 120 mg/dL  
*Calculated*

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**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist

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PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Vinodkumar Maheshwari** / Registered On : 18-Mar-2023 09:38 AM  
 Lab ID : 303901398 Collected On : 18-Mar-2023 12:00 AM  
 Gender/Age : Male / 59 Years DOB : 08-Apr-1963 Received On : 18-Mar-2023 10:07 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**

<b>Plasma Glucose (F)</b>	101	mg/dL	74 - 106
---------------------------	-----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	ABSENT
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	86	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	ABSENT
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Generated On : 18-Mar-2023 01:38 PM

Approved On : 18-Mar-2023 01:34 PM

**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
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PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : <b>Mr Vinodkumar Maheshwari</b>	/	Registered On : 18-Mar-2023 09:38 AM
Lab ID : 303901398		Collected On : 18-Mar-2023 09:39 AM
Gender/Age : Male / 59 Years	DOB : 08-Apr-1963	Received On : 18-Mar-2023 10:07 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	<b>251</b>	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	<b>147</b>	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	<b>32</b>	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	<b>219</b>	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	<b>190</b>	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	<b>29</b>	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	<b>5.9</b>		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	<b>7.8</b>	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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**Dr Pankaj Agrawal**  
 M.B., D.C.P  
 Consulting Pathologist




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PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : Mr Vinodkumar Maheshwari /	Registered On : 18-Mar-2023 09:38 AM
Lab ID : 303901398	Collected On : 18-Mar-2023 09:39 AM
Gender/Age : Male / 59 Years	DOB : 08-Apr-1963
Received On : 18-Mar-2023 10:07 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

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

**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	8	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	17	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.82	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	5.5	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.8	mg/dL	8.4 - 10.2
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.90	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist

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Approved On : 18-Mar-2023 12:42 PM

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

PID : SUR0000338002 OP-001

REPORT STATUS : Interim



Patient Name : Mr Vinodkumar Maheshwari /	Registered On : 18-Mar-2023 09:38 AM
Lab ID : 303901398	Collected On : 18-Mar-2023 09:39 AM
Gender/Age : Male / 59 Years	DOB : 08-Apr-1963
Ref. By : Dr. Health Check Up . Shalby	Received On : 18-Mar-2023 12:15 PM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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## IMMUNOLOGY

<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	131	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	12.02	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	1.88	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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**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist
 Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
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**PROSTATE SPECIFIC ANTIGEN \*** 0.3 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**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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Lab ID : 303901398		Collected On : 18-Mar-2023 09:39 AM
Gender/Age : Male / 59 Years	DOB : 08-Apr-1963	Received On : 18-Mar-2023 10:10 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	<b>Trace (+/-)</b>	RBCs/ $\mu$ 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 reaction</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/oxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	7.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.005	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	<b>Trace (+/-)</b>	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
Pus cells	5-6/hpf	/hpf	0-5/hpf
Red blood cells	6-8/hpf	/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**

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	19	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	20	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	91	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	26	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	8.0	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.7	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.2	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobillirubin/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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.3	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <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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Pre - op

Post- op

Health Check-up

Date : 18/03/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Vinod Maheshwari Age / Sex : 59/M

Address : Sumel

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : Present

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 : \_\_\_\_\_ Class V Fillings : Class V Filling

RCT : \_\_\_\_\_ Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : \_\_\_\_\_




Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		

Adv. Class V Restoration. (6)

**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"

5 @ Class V Rest

  
**Dr. Darshini V. Shah**  
 (Consultant Dental Surgeon)



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

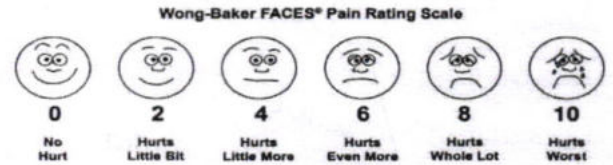
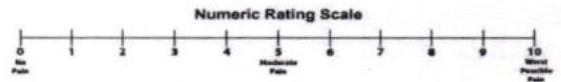
Name :-

Vinod Maheshwari

Date:- 18/3/23

Chief Complaints:-

N/C



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:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/6

with glasses

NCT 13 mm

of eye

ON Examination

Ant. Segment

Both Eye

- WNL -

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



Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE  
WNL

Investigation:-

Treatment:- AELD. Refresh Tear TDs

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

RMS

Signature of the Consultant



**Consultant Physician Clinic**

Patient Name:- Vinod maheshwari  
Age / Sex :- 59 yrs/m.  
Chief Complaints:-

90 nil  
DOE

Drug / Food Allergy:- NKDA.

Past History :-

No comorbidities

Family History:-

Systemic Examination:-

NAD.

Provisional Diagnosis:

**OPR NO:**

Date: 19/3/23  
Weight:- 77.41kg  
Height:- 174.1cm  
BMI:- 24.2

Nutritional assessment:-

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

Pulse:- 74b/min  
BP:- 112/67mmHg  
SpO2:- 93%



Investigation :-

Stress 2D ECHO

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

Rx

- Cardiologist opinion. for DOE

- Tab. Myni-D OD x 40 days.

- Tab. Cardo-ASP 1HS x 3 months.

Follow Up Date:-

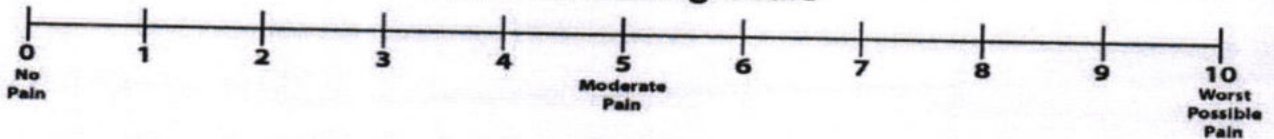
3 months = 1 lipid profile

*Dh*

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

In case of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale

