

DR. DILIP B. GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:- *Pooja Shetma*

Age / Sex :- *35 / f*

Chief Complaints:-

Date: *28/10/23*

Weight:- *56.1 kg*

Height:- *159 cm*

Nutritional assessment:-

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

NO DO

Drug / Food Allergy:-

Past History :-

*H/O: Rt. ovarian artery 1 yr
Radiointervention ago.*

Pulse:- *78 bpm*

BP:- *120/80 mmHg*

SpO2:- *100%*

Family History:-

Systemic Examination:-

*RS
CVS
PA
CAES* / *N*

Provisional Diagnosis:-

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.

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CIN: L85110GJ2004PLC044667

Investigation :-

Iron Profile

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

Rx

Thyrocare solo x 3 months

FASOL 5 mg (60)

Cap Myvit D (30)

Quente 1 - daily
D3 60% (8)

Follow Up:

after 1 month, 1 cap. every Sunday.

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

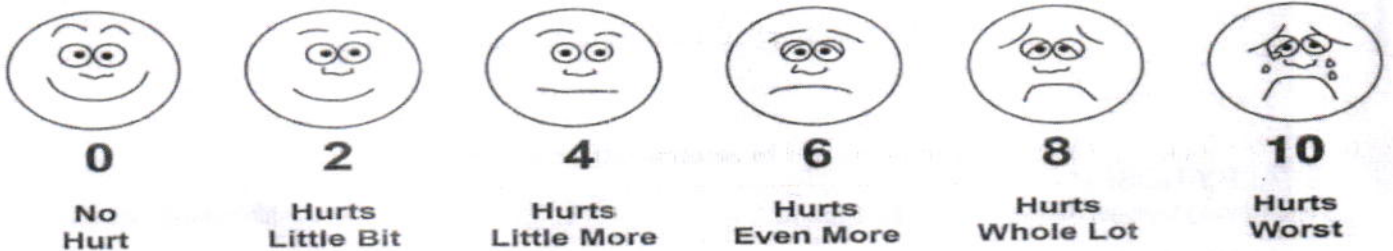
Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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

PID : SUR0000353036 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Pooja Sharma	/	Registered On : 28-Oct-2023 09:32 AM
Lab ID : 310902126		Collected On : 28-Oct-2023 09:10 AM
Gender/Age : Female / 35 Years	DOB : 15-Aug-1988	Received On : 28-Oct-2023 09:34 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>	11.7	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.11	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	37.4	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	90.9	fL	83 - 101
MCH <i>Calculated</i>	28.5	pg	27 - 32
MCHC <i>Calculated</i>	31.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.8	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNTTotal WBC Count *Electrical Impedance* 6630 cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	58	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	33	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	6	%	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>	178000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	12.9	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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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	"AB"		
RH Type	POSITIVE		

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	19	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) * <i>Calculated</i>	105	mg/dL	

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 Gender/Age : Female / 35 Years DOB : 15-Aug-1988 Received On : 28-Oct-2023 09:35 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
FASTING PLASMA GLUCOSE			
Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	97	mg/dL	74 - 106
Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	99	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic : =>200
Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	SNR	mg/dL	Absent

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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	175	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<i>Cholesterol Esterase, Oxidase, Peroxidase</i>			
SERUM TRIGLYCERIDE	100	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<i>Lipase/GK/GPO/POD</i>			
HDL CHOLESTEROL DIRECT *	50	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	125	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<i>Calculated</i>			
LDL Cholesterol	105	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129
<i>Calculated</i>			
VLDL	20	mg/dL	Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<i>Calculated</i>			
LDL/dHDL *	2.1		6 - 38
<i>Calculated</i>			
Chol/dHDL *	3.5	Ratio	2.5 - 3.5
<i>Calculated</i>			
			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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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	8	mg/dL	7 - 17
UREA <i>Calculated</i>	17	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.50	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	3.2	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	8.4	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.7	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.44	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	107	mmol/L	98 - 107

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DOB : 15-Aug-1988

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	125	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	12.15	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	7.123	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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 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> <=1.005	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.5	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	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	10-15/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	21	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	20	U/L	14 - 36
Alkaline Phosphatase <i>PNPP. AMP Buffer</i>	59	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	12	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.6	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.5	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.1	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>	0.7	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>	0.4	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 : 28/9/23

Patient Reg. No. : _____

Patient Name : Pooja Sharma

Age / Sex : 35 / F

Address : Jehangir Plaza

Complaints :

Pain : none

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History : NAD

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination : NAD

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : Disimpaction of 78

Dentures : _____ Partial Denture : _____

Implants : _____ 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"

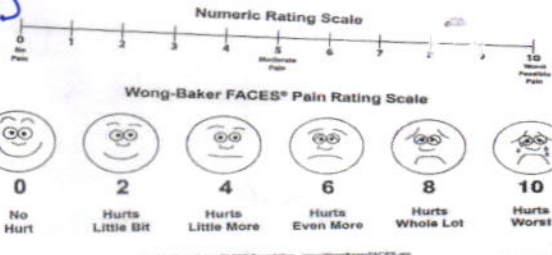
Aditi

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Name :- *Pooja sharma*

Date:- *28/10/2023*

Chief Complaints:- *medical eye chump*



Pain Assessment:-

Past History:-

Family History:-

WMM

Allergy:-

no mugs

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:-

PH Vision:-

Visual Acuity:-

NCT

ON Examination

18 mmHg

WMM.

Ant. Segmenet

dilated sr
 $+2.50 - 1.00 \times 25$
 $+2.50$

Glasses
 $+1.00 - 0.75 \times 25$
 $+1.25 D$

Both Eye

ace

$+2.25$
 $+3.00$
 $+3.25$

$+1.00 - 0.50 \times 25$
 $+1.00$
6/6
D 6/6
W

NAME
OCT 28 2022 12:4

VD=10
<R>
SPH CYL AX
+ 1.75 +1.00 111
+ 1.75 +1.00 120
+ 1.75 +1.00 112

+ 1.75 +1.00 111

Anterior Chamber

Rt. EYE

Lt. EYE

<L>
SPH CYL AX
+ 2.75 0.00 56
+ 2.75 +0.25 56
+ 2.50 +0.75 33

+ 2.75 0.00

PD= 59

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

Investigation:-

Background:-

Macula:-

Diagnosis:-

hyperopia

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

[Signature]

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:-

Pooja

Chief Complaints:-

Shame

Date:

28/10/23

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:-

10/10/23

M/H:-

Pain

3-5 days rhm
50

O/H:-

0/4 -

P/L

End/0/8yr/L

P/H:-

F/H

Examination:-

P/A -

—

H/O. Pseudoaneurysm in R. ovary artery

ovarian artery

P/A - soft

coiling done at Barode

Provisional Diagnosis:-

PAP not taken as

pt planning for pregnancy

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

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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

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

Investigaion Advised:-

do

TAB

COLUITE — (30)

0-10

1

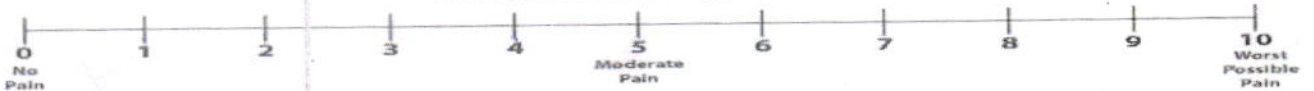
5

Follow Up:

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



0

No Hurt



2

Hurts Little Bit



4

Hurts Little More



6

Hurts Even More



8

Hurts Whole Lot



10

Hurts Worst

Patient's Name: Pooja Sharma**UHID: 353036****Age: 35 yrs/ Female****Date: 28 / 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:19****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:11 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**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

Birth date: / / years

cm kg / mmHg

Medication:

Symptoms:

History:

Heart rate	61	bpm
PR int	120	ms
QRS dur	70	ms
QT/QTc(E) int	380/ 384	ms
P/QRS/T axis	42/ 66/ 56	°
RV5/SV1 amp	1.56/ 0.87	mV
RV5+SV1 amp	2.43	mV

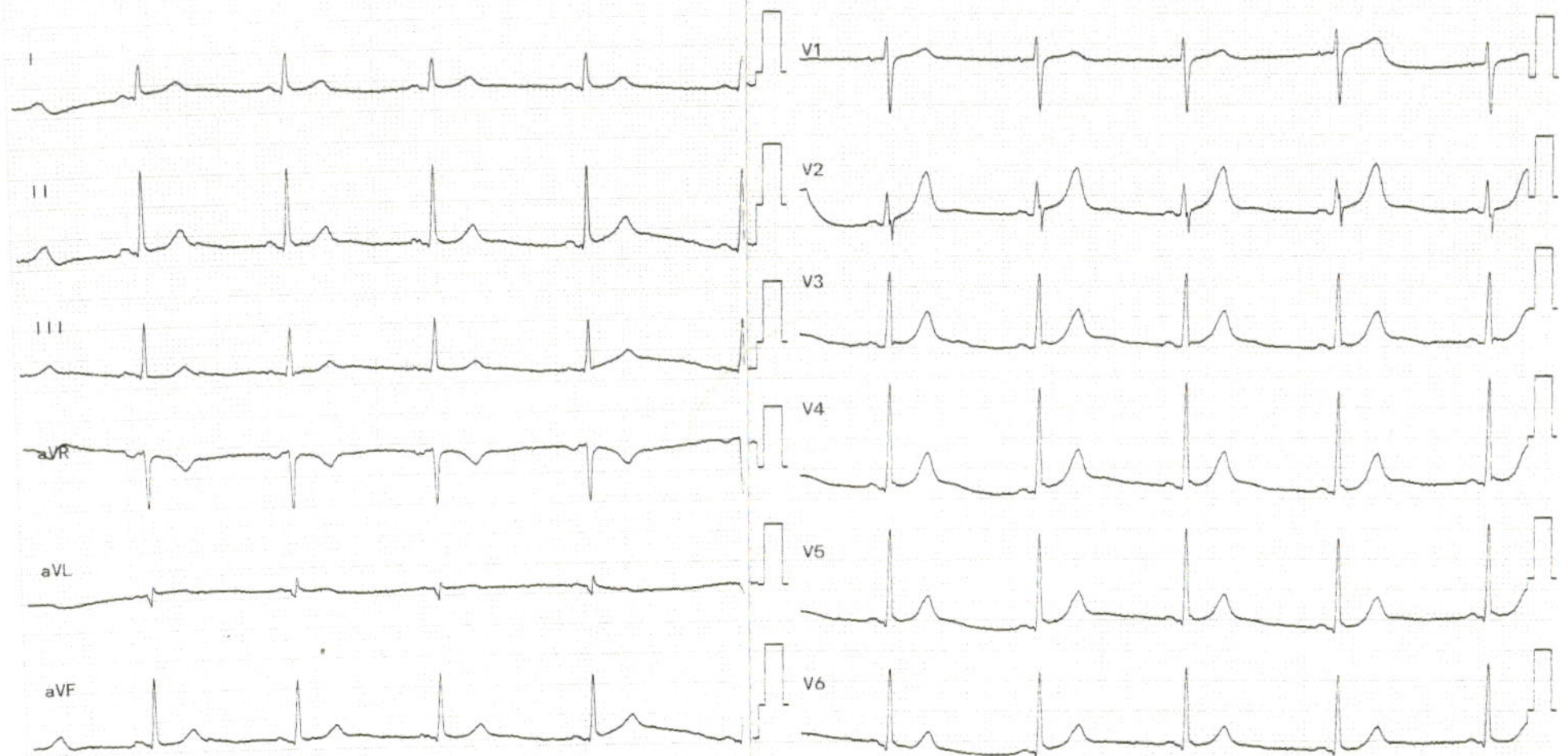
1100 Sinus rhythm
9110 ** normal ECG **

Pooja

Unconfirmed Report
Reviewed by:

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

10 mm/mV



Patient Name: POOJA SHARMA		UHID: 353036
Age / Sex: 35 Yrs. / Female		Study: USG Abdomen + Pelvis
Referred By: DR. at shalby hospital	Date: 28/10/2023	

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 Retroverted appears mild bulky in size 68 x 42 x 44 mm, Et: 8 mm. The uterine myometrial echotexture is in 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:

- Mild bulky uterus with changes of early adenomyosis.

Thanks for referrals.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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