

ID:

Name:

kg

Birth date: / /

mmHg

years

- 1100 Sinus rhythm
- 5234 Left ventricular hypertrophy with repolarization abnormality
- 6220 Possible left atrial enlargement
- 9150 ** abnormal ECG **

Medication:

Symptoms:

History:

Heart rate: 86 bpm

PR int: 160 ms

QRS dur: 82 ms

QT/QTc(E) int: 374/ 417 ms

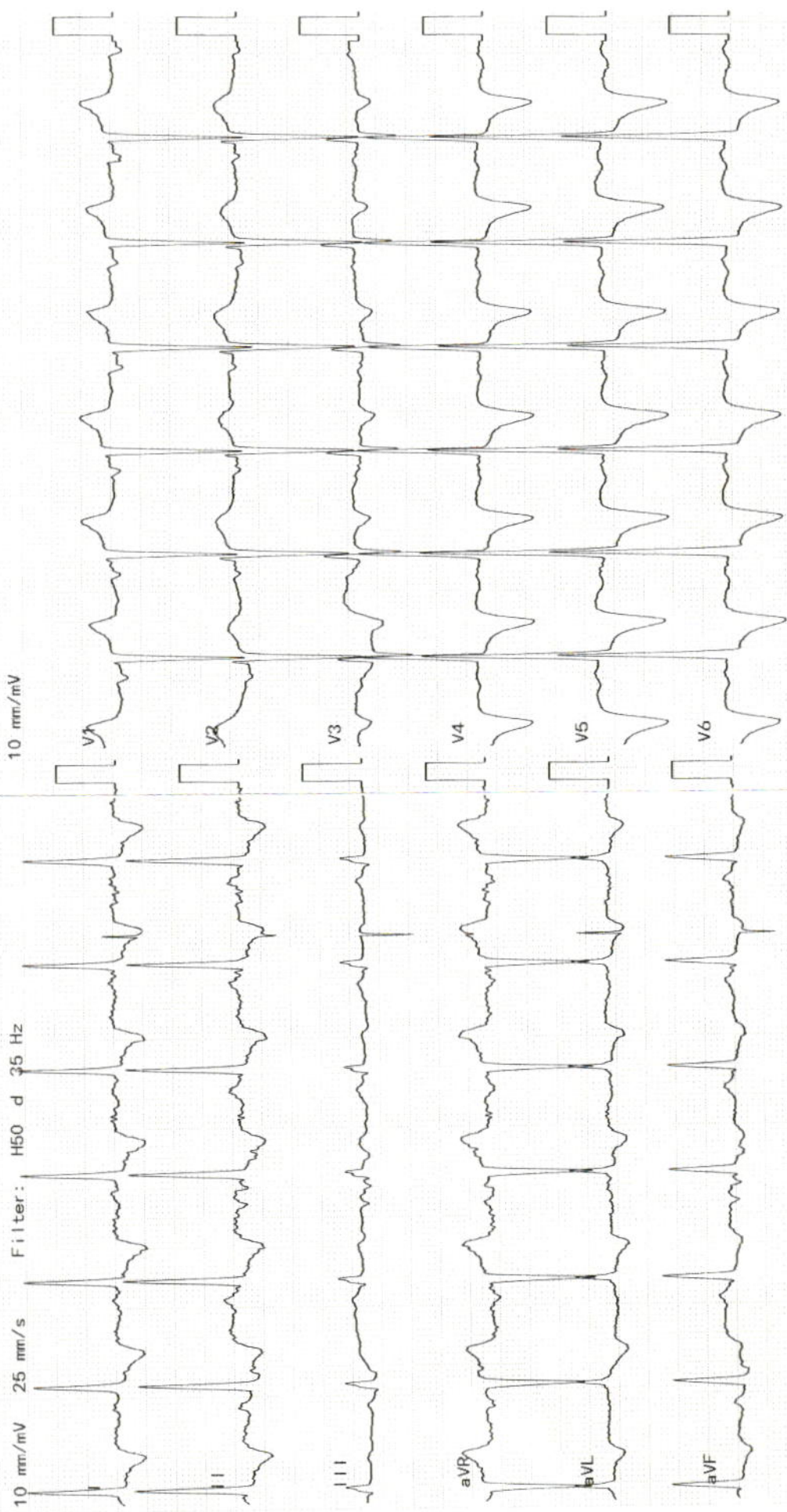
P/QRS/T axis: 48/ 38/ 199 °

RV5/SV1 amp: 3.15/ 2.34 mV

RV5+SV1 amp: 5.49 mV

Ashraf Jhey

Unconfirmed Report
Reviewed by:





Certificate No. : MC-5200

Patient ID:	SUR000334686	Patient Name:	ASHUTOSH A. JHA
Age:	49 Years	Sex:	M
Accession Number:	1620	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	11-Feb-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 NIMIT DESAI
Consultant Radiologist

SHALBY HOSPITAL, SURAT

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

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CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**



Patient's Name: Mr. Ashutosh Jha

Age: 49 yrs/ male

UHID: 334686

Date: 11 / 02 / 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: Gross Concentric LVH (IVS – 1.5 cm) no mid cavity gradient
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:14 mm with more than 50% collapsibility.

OTHER FINDINGS : Bilateral lung angle clear

CONCLUSION:

- HCM
- Normal LV Systolic function
- No RWMA
- Gross Concentric LVH
- Grade I LVDD
- EF 60 %

DR.SUSHIL YADAV
Consultant Clinical cardiologist

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**



Patient Name : ASHUTOSH JHA	
Age / Sex : 49Yrs / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. Shalby Hospital	Date: 11/02/2023

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. **MPD** appears in size. No mass lesion or calcification seen.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.
Ureters are not dilated.

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:

- **No any significant abnormality is seen.**

Thanks for referral.

Dr. Nimit R Desai
Consultant Radiologist

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PID : SUR0000334686 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ashutosh Ashish Jha	/	Registered On : 11-Feb-2023 09:23 AM
Lab ID : 302900851		Collected On : 11-Feb-2023 09:00 AM
Gender/Age : Male / 49 Years	DOB : 01-Feb-1974	Received On : 11-Feb-2023 09:37 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<u>BLOOD COUNT AND INDICIES</u>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.4	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.50	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.1	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	93.6	fL	83 - 101
MCH <i>Calculated</i>	29.8	pg	27 - 32
MCHC <i>Calculated</i>	31.8	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.8	%	13.3 - 18.3
<u>TOTAL LEUCOCYTE COUNT</u>			
Total WBC Count <i>Electrical Impedance</i>	8700	cells/cmm	4000 - 10000
<u>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</u>			
NEUTROPHILS <i>Flow Cytometry</i>	73	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	19	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<u>PLATELET INDICES</u>			
PLATELET COUNT <i>Electrical Impedance</i>	100000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	13.9	fL	7.5 - 12.0
<u>PERIPHERAL SMEAR EXAMINATION</u>			
RBCs	Normochromic and Normocytic.		
WBCs	Total and differential leucocyte counts are within normal limit		
PLATELETs	Adequate in number and normal in morphology. Giant platelets seen.		
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.		
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 500000

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

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
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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour *	24	mm in 1 hour	0 - 15

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *	7.3	%	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
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Boronate Affinity Assay

Estimated Average Glucose (eAG) (mg/dL) *	163	mg/dL
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Calculated

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Consulting Pathologist

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Lab ID : 302900851	Collected On : 11-Feb-2023 09:00 AM
Gender/Age : Male / 49 Years DOB : 01-Feb-1974	Received On : 11-Feb-2023 09:43 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

Plasma Glucose (F)	172	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)	245	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

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Consulting Pathologist

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Gender/Age : Male / 49 Years	DOB : 01-Feb-1974	Received On : 11-Feb-2023 12:38 PM
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
S.TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	236	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
S.dHDL * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	41	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	157	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	110	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	47	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.7		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.8	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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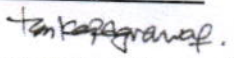
RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
UREA <i>Calculated</i>	15	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>	5.5	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	7.9	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.4	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	139	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	3.92	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	152	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	12.62	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	6.09	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 *

0.7

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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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
Transperancy	Clear		Clear
Chemical Examination			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ 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 reation</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>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.025	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/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
Others	Sperms		Nil

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Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org


 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 : SUR0000334686 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ashutosh Ashish Jha	/	Registered On : 11-Feb-2023 09:23 AM
Lab ID : 302900851		Collected On : 11-Feb-2023 09:00 AM
Gender/Age : Male / 49 Years	DOB : 01-Feb-1974	Received On : 11-Feb-2023 12:38 PM
Ref. By : Dr. Health Check Up . Shalby		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>	22	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	20	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	151	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	18	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	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>	1.4	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>	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal.

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

Generated On : 11-Feb-2023 12:40 PM

Approved On : 11-Feb-2023 10:34 AM

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For OPD & Billing Use

DR.NISHA . A. PATEL
B.D.S. DENTAL SURGEON
email ID : dr.nishapatel.2890@gmail.com
Mob. No. : 8758175452

SHALBY
MULTI-SPECIALTY
HOSPITAL

OPR NO:

Shalby Dental Clinic

Patient Name:- **Ashutosh A. Jha**
Age / Sex :- **29/M**
Chief Complaints:-

Date: **11/02/23**

Weight:-

Height:-

Nutritional assessment:-

Routine check up

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

Drug / Food Allergy:-
Past History :-

Family History:-
Systemic Examination:-

Provisional Diagnosis:-

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

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

Investigation :-

- stein^t, calculus

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

slow.
- Routine scaling

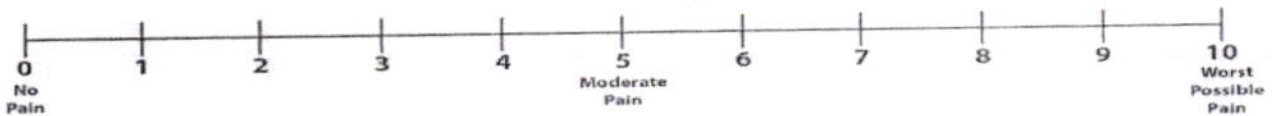
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

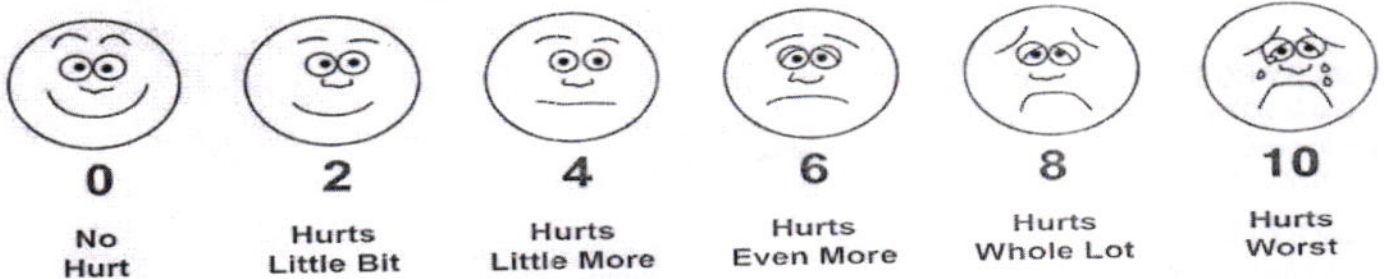
Date:- 11/2/23

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



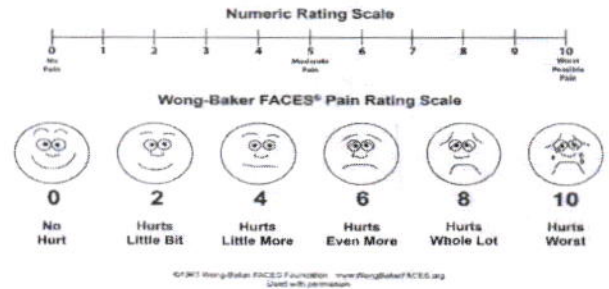
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- **Ashutosh Jha**

Date:- **11/2/23**

Chief Complaints:-

nil



Pain Assessment:-

Past History:-

ROAD

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 glass

PH Vision:-

NCT **< 16 mm of fg**

ON Examination

Ant. Segmenet

Both Eye

WNL

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

Cornea

- PUPIL -

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:- After 6 month

RRR

Signature of the Consultant

OPR NO:

Consultant Physician Clinic

Patient Name:- Ashutosh Jha.

Date:

Age / Sex :- 49 yrs/m.

Weight:-

Wt - 73.4

Chief Complaints:-

Height:- 164cm

BMI:- 27.3

90 cold/cough.
nil

Nutritional assessment:-

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

Drug / Food Allergy:- NKDA.

Pulse:- 82/min

Past History :-

BP:- 160/100mmHg

SpO2:- 100%

nil

Family History:-

Systemic Examination:-

NAD.

Provisional Diagnosis:

DMT₂ (not on Rx) / HTN. not on Rx.

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

Investigation :-

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

Rx Review 3 days.

Follow Up Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale

