

OPR NO:

Consultant Physician Clinic

Patient Name:- *Rafiya Shaikh*
Age / Sex :- *27 yrs/F*
Chief Complaints:-

Go Nil

Date:

Weight:- *58.5*

Height:- *151cm*

BMI:- *25.5*

Nutritional assessment: *kg/m²*

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

Drug / Food Allergy:- *NKDA*

Pulse:- *82*
BP:- *133/90*
SpO2:- *97%*

Past History :-

Nil

Family History:- *DM T2*
Systemic Examination:-

NAD

Provisional Diagnosis: *Overweight.*

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

PID : SUR0000338015 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Rafiya Vasim Shaikh	/	Registered On : 18-Mar-2023 11:55 AM
Lab ID : 303901429		Collected On : 18-Mar-2023 11:50 AM
Gender/Age : Female / 27 Years	DOB : 14-Jan-1996	Received On : 18-Mar-2023 12:38 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	14.0	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.84	mill/cmm	3.8 - 4.8
HCT	Calculated	44.0	%	36 - 46
MCV	Calculated based on the RBC histogram	91.0	fL	83 - 101
MCH	Calculated	28.9	pg	27 - 32
MCHC	Calculated	31.8	g/dL	31.5 - 34.5
RDW	Calculated	12.2	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8330	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	59	%	40 - 80
LYMPHOCYTES	Flow Cytometry	34	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	294000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.6	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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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"AB"

RH Type

POSITIVE

ESR 1st hour *

8

mm in 1 hour 0 - 20

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

5.7

%

Boronate Affinity Assay

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) * 117 mg/dL

Calculated

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),
 Urine

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	112	mg/dL	74 - 106
Urine Sugar (F) <i>Glucose-oxidase/peroxidase reaction</i>	ABSENT	mg/dL	ABSENT

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	95	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
Urine Sugar (PP) <i>Glucose-oxidase/peroxidase reaction</i>	ABSENT	mg/dL	ABSENT

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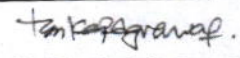
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Gender/Age : Female / 27 Years	DOB : 14-Jan-1996	Received On : 18-Mar-2023 12:01 PM	
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	185	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	88	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	53	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	132	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	114	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
LDL <i>Calculated</i>	18	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.2		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.5	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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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	7	mg/dL	7 - 17
UREA <i>Calculated</i>	15	mg/dL	15 - 36
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.59	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	3.3	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.2	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.0	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>	4.93	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	144	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	8.57	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	4.60	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			
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>	6.5	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.005	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
Pus cells	0-2/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

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Liver Function Test

Liver Function Test

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	19	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	22	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	66	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>	21	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate). End Point</i>	7.2	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.2	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.0	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>	0.4	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>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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DR. HIMANI THAKER (VYAS)
M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laprosopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- Rafiya Shaikh
Chief Complaints:-

Age - 27 yrs

Date: 18/3/23
Weight:-
Height:-
OPR NO:-

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

LMP:- 28/2/23

clonit

M/H:- hamp - 3-4 days rdm
30

O/H :- o/h - P, L, A

P/H:-
F/H
Examination:- ↓ frus / 0 / 1 1/2 ml L
1 mtr by pills not flb plc

PLA sp

Provisional Diagnosis:- pls - men co erosion (+)
on lower lip

PAP smear taken

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

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

Investigaion Advised:-

PO

TAB FOLVITE ACTIVE - (30)

0 - 10

sup next month

TAB UPRISE D3 - (4)

60k

once wily.

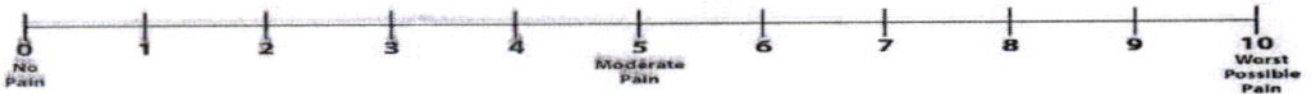
3-4

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 Name: RAFIYA V SHAIKH	
Age / Sex: 27 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 18/03/2023

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

Uterus appears normal in size. 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. Nimit R Desai
Consultant Radiologist

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

Name :-

Rafiqy Shaikh

Date:- 18/3/23

Chief Complaints:-

RLC

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:-

Visual Acuity:- 6/6

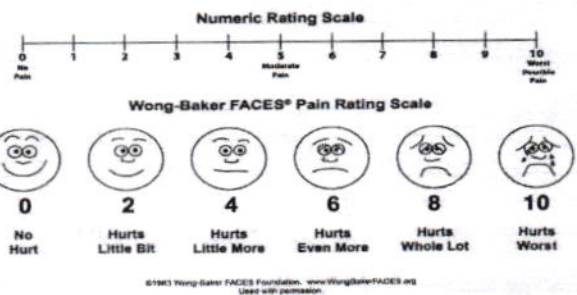
NCT 11/13 mm of hg

ON Examination

Ant. Segmenet

Both Eye

- WNL -



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

ID:

Name: *Realized*

Sex: M

Birth date: / /

kg / mmHg

years

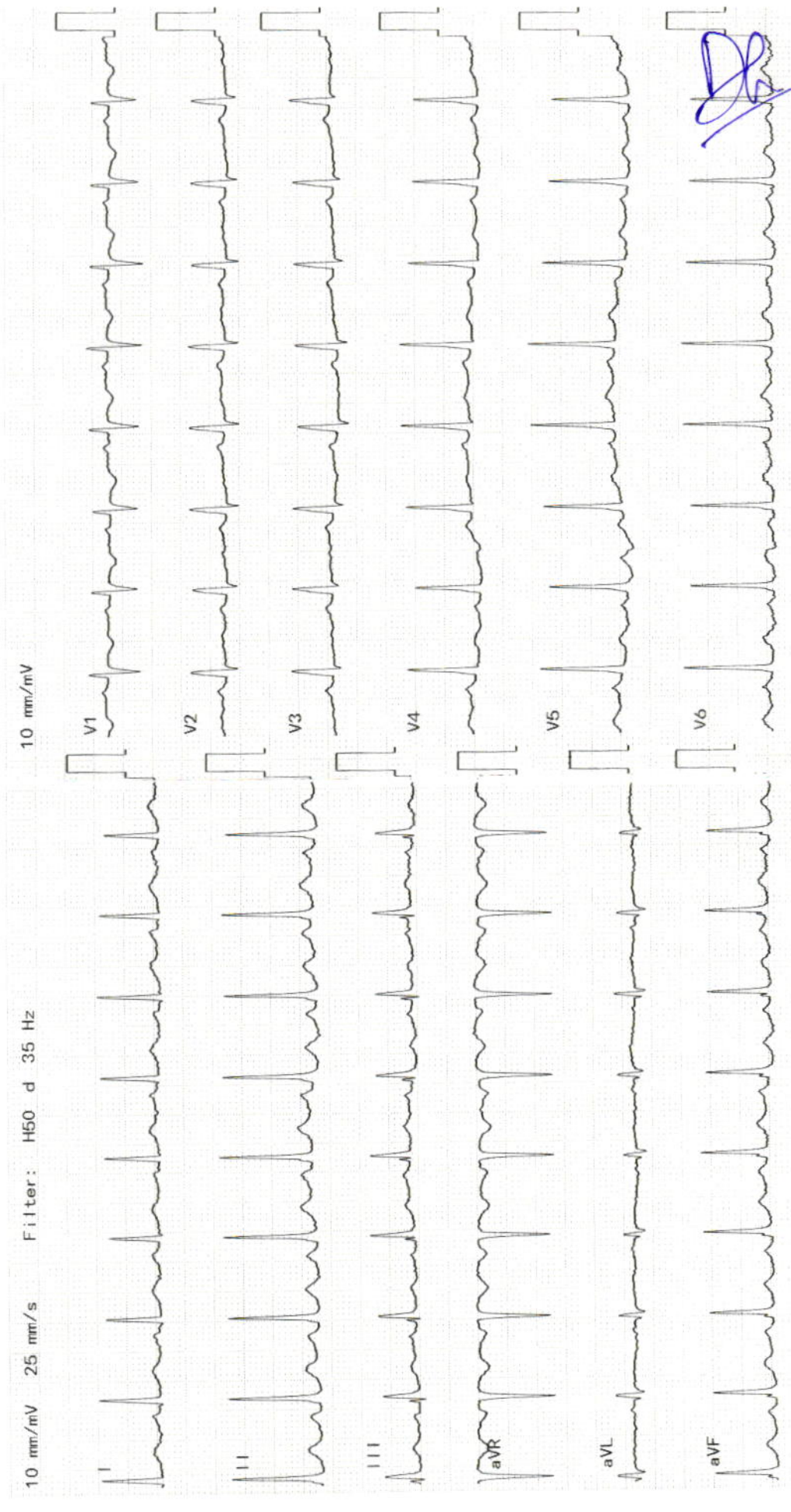
1120 Sinus tac. Cardia
4068 Nonspecific Twave abnormality
9140 ** abnormal rhythm ECG **

Medication:

Symptoms:

Heart rate	109	bpm
PR int	142	ms
QRS dur	72	ms
QT/QTc(E) int	308/ 372	ms
P/QRS/T axis	46/ 55/ 52	°
RV5/SV1 amp	1.49/ 0.58	mV
RV5+SV1 amp	2.07	mV

Unconfirmed Report
Reviewed by:



[Handwritten signature]

Patient's Name: Mrs. Rafiya Shailesh

Age: 27 yrs/ Female

Date: 18 / 03 / 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

LeftVentricle: **Normal size cardiac chambers**, 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:

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV

Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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

Pre - op

Post-op

Health Check-up

Date : _____

Patient Reg. No. : _____

Patient Name : _____ Age / Sex : _____

Address : _____

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 Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

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 a 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)