

**DR. DILIP B GHEEWALA**

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday

### Shalby MD Physician Clinic

Patient Name:-

Shrikant G. Madani

Age / Sex :-

31 M

Chief Complaints:-

No clo

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS  
CVS  
PA  
CNS  
|  
NAD

OPR NO:

Date: 14/04/23

Weight:- 69.4kg

Height:- 166cm

Nutritional assessment:-

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

Pulse:- 87b/min

BP:- 120/80mm

SpO2:- 98.1

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

Adv. to see  
skin specialist.

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

Rx

T. Cardiostrong 30  
- 1 - daily  
T. Beplex forte 30  
- 1 - daily

Follow Up:

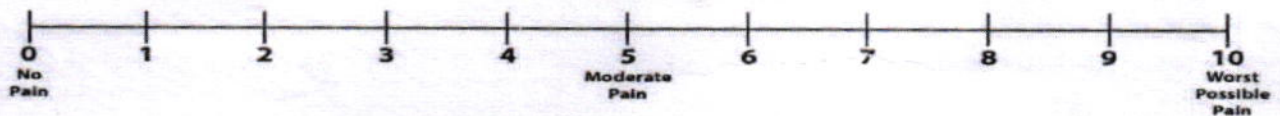
after 1 month. gand  
14/4/23

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

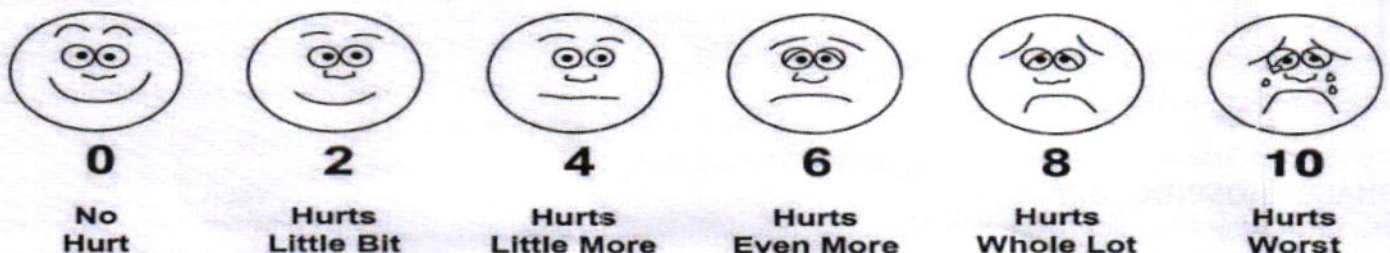
Date:- \_\_\_\_\_

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 : SUR0000339864 OP-001

REPORT STATUS : Interim



Patient Name : Mr Shrikant Govardhan Madavi /	Registered On : 14-Apr-2023 10:24 AM
Lab ID : 304900990	Collected On : 14-Apr-2023 10:00 AM
Gender/Age : Male / 31 Years	DOB : 23-Sep-1991
Received On : 14-Apr-2023 10:42 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD COUNT AND INDICIES**

HAEMOGLOBIN	Colorimetric Non Cyanide	14.4	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.85	mill/cmm	4.5 - 5.5
HCT	Calculated	43.7	%	40 - 50
MCV	Calculated based on the RBC histogram	90.1	fL	83 - 101
MCH	Calculated	29.7	pg	27 - 32
MCHC	Calculated	33.0	g/dL	31.5 - 34.5
RDW	Calculated	11.9	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	7430	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	64	%	40 - 80
LYMPHOCYTES	Flow Cytometry	30	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	272000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.0	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*

**Dr Pankaj Agrawal**

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

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Gender/Age : Male / 31 Years DOB : 23-Sep-1991

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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 &amp; reverse)

ABO Type

"O"

RH Type

POSITIVE

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	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	5	mm in 1 hour	0 - 15
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.5	%	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) \* 111 mg/dL**
*Calculated*

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

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	17	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	19	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	62	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>	21	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.5	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.5	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.0	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobillirubin/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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <i>Calculated</i>	0.0	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
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	196	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	161	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>	30	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	166	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	134	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>	32	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	4.5		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	6.5	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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**RENAL FUNCTION TEST**

**RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.85	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	4.0	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.3	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>	4.07	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	93	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	11.43	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	1.92	µIU/mL	0.38 - 5.33

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Consulting Pathologist

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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>	NIL	RBCs/ $\mu$ L Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL Absent
pH	<i>Double Indicator principle</i>	6.5	PH value 4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.010	S.G. value 1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L Absent
<b>Microscopic Examination</b>			
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

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

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<b>Patient ID:</b>	<b>SUR00004707</b>	<b>Patient Name:</b>	<b>SRIKANT G MADAVI</b>
<b>Age:</b>	<b>31 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>4707</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>14-Apr-2023</b>		

### 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 R Desai  
Consultant Radiologist

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CIN: L85110GJ2004PLC044667





Pre - op

Post- op

Health Check-up

Date : 24/04/23

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

Patient Name : Srikant Sr. Madani Age / Sex : 32/M

Address : Narsari

Complaints : Routine checkup

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

Patient's Name: Mr. Srikant Madavi

Age: 31 yrs/ male

Date: 14 / 04 / 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:13 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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Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad – 380 015, Gujarat, India.

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



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

Name :- *Srikant Madan*

Date:- *14/2/23*

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*

PH Vision:-

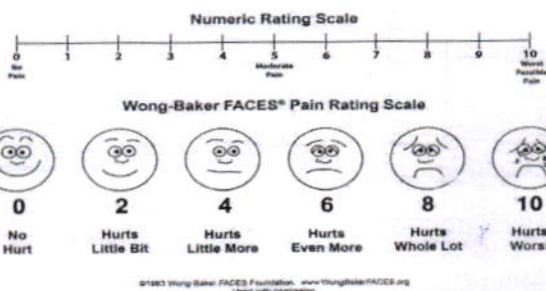
NCT *T 13*  
*11 mm of hg*

ON Examination

Ant. Segment

Both Eye

*- WNL -*



Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE  
WNL

Investigation:-

Treatment:-

E/D. Tears Rupture QD

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

After 6 month

Signature of the Consultant

*[Handwritten Signature]*



Patient Name: SHRIKANT GOVARDHAN MADAVI	
Age / Sex: 31 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 14/04/2023

### 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 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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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhythm

0102 ARTIFACT PRESENT

9110 \*\* normal ECG \*\*

*Safford*

*WNL*

Medication:

Symptoms:

History:

vent. rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

66

168

88

364/ 377

64/ 42/ 12

1.59/ 1.08

2.67

bpm

ms

ms

ms

°

mV

mV

Unconfirmed Report

Reviewed by:

10 mm/mV

Filter: H50 d 35 Hz

25 mm/s

