

DR. MAYANK JAIN

M.B.B.S. M.D (General Medicine) (Internal Medicine)
Consultant Physician and Intensivist
G-30769
Phone. No. : 9638380768
OPD Days :(Monday , Thursday)

OPR NO:

Consultant Physician Clinic

Patient Name:- *Buddhi Mishra*

Date: *17/12/23*

Age / Sex :- *33yrs / Female*

Weight:-

Chief Complaints:-

Height:- *162cm*

BMI:- *26.7*

→ bodyache weakness

Nutritional assessment:-

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

Drug / Food Allergy:-

→ no allergy

Pulse:- *94*

BP:- *150/90*

Past History :-

→ no

SpO2:- *99%*

Family History:-

Systemic Examination:-

→ no

Provisional Diagnosis:

SHALBY HOSPITAL, SURAT

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

Investigation :-

→ Kluw Thalassemia minor

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

Rx

rich mod. heshw

→ no any fresh

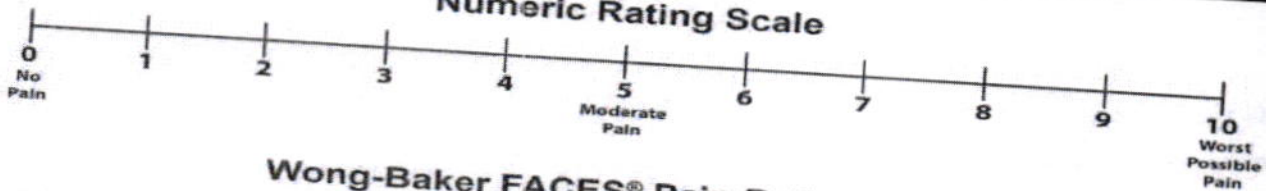
Follow Up Date:-

→ 6 months fasting lipid profile

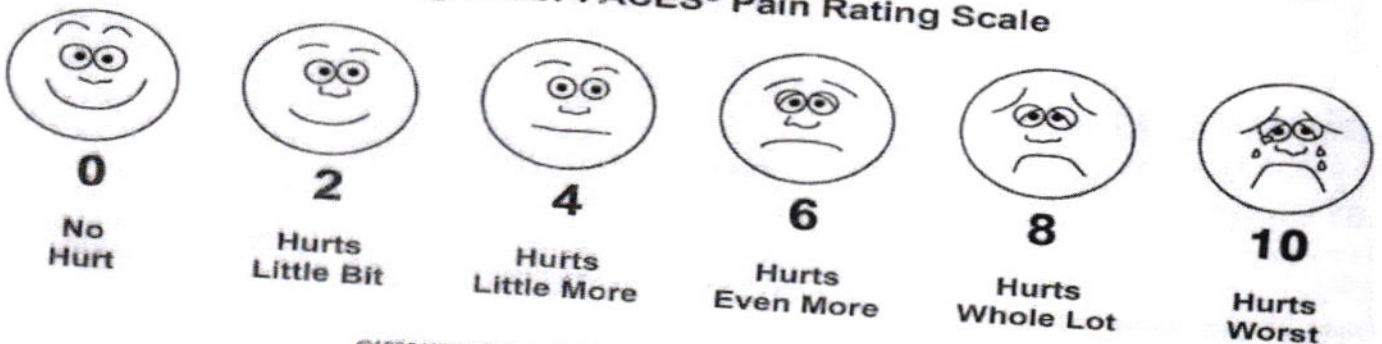
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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 : SUR0000335098 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Riddhi Snehal Mistry	/	Registered On : 17-Feb-2023 09:54 AM
Lab ID : 302901198		Collected On : 17-Feb-2023 09:51 AM
Gender/Age : Female / 33 Years	DOB : 23-Dec-1989	Received On : 17-Feb-2023 10:04 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>	12.8 ✓	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	5.01 ✓	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	40.8	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	81.5 ✓	fL	83 - 101
MCH <i>Calculated</i>	25.5	pg	27 - 32
MCHC <i>Calculated</i>	31.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.6	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	8150	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	83	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	13	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	1	%	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>	310000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.0	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

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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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 "A"
RH Type NEGATIVE
ESR 1st hour * 14 mm in 1 hour 0 - 20
Modified Westergren Method
HBA1C
HbA1c - Glycated Haemoglobin * 5.6 %
Boronate Affinity Assay
Non-diabetic: <= 5.6
Pre-diabetic: 5.7-6.4
Diabetic: >= 6.5
Therapeutic goals for glycemc 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) * 114 mg/dL
Calculated

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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)	92 ✓	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
-----------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	101	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	ABSENT
------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Gender/Age : Female / 33 Years	DOB : 23-Dec-1989
Ref. By : Dr. Health Check Up . Shalby	Received On : 17-Feb-2023 10:05 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	205	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	118	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	42	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	163	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	139	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	24	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.3		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.9	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 Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	7 - 17
UREA <i>Calculated</i>	19	mg/dL	15 - 36
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.58	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	3.6	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	8.7	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.8	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>	4.61	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	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>	113	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	10.82	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	3.19	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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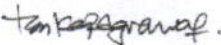
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Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	
Physical Examination				
Colour	PALE YELLOW		Pale yellow	
Transparency	Slightly Turbid		Clear	
Chemical Examination				
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ 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>	6.0	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.030	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L	Absent
Microscopic Examination				
Pus cells	4-5/hpf	/hpf		0-5/hpf
Red blood cells	0-1/hpf	/hpf		0-2/hpf
Epithelial cells	20-25/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	PRESENT			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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Consulting Pathologist

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

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	18	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>	61	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>	22	U/L	12 - 43
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>	4.5	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.3	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	2.0	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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Patient ID:	SUR00001858	Patient Name:	RIDDHI S MISTRY
Age:	33 Years	Sex:	F
Accession Number:	1858	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	17-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 R Desai
Consultant Radiologist

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

Pre - op

Post-op

Health Check-up

Date : 17/02/23

Patient Reg. No. : _____

Patient Name : Riddhi S. Mistry

Age / Sex : 33/F

Address : Sweet

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : Stent

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : 38, 48

Implants : _____ Partial Denture : _____

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"

plw.
- scaling
- extraction of 38, 48

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

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

Shalby Women's Health Clinic

Name:- *Riddhi*
Chief Complaints:-

Date: *17/2/23*
Weight:-
Height:-
OPR NO:-

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

*Cl - pain in
stitch line*

M/H:- *Period - 3-4 days
30 R/O*

LMP:- *24/1/23*

O/H:-
0/1/1 P, L

P/H:-
F/H
Examination:-
FTSUS | 1/2/23 | Dic - NPO, L

Provisional Diagnosis:-
P/H
*P/A - keloidal es
sigs scar ⊕
P/sr minimal
discharge ⊕*

*PAP smear
taken*

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

Investigaion Advised:-

Rx

Flup after
10 days

- CANDID VAG TAB - ① PK
o-o-1 P/V.

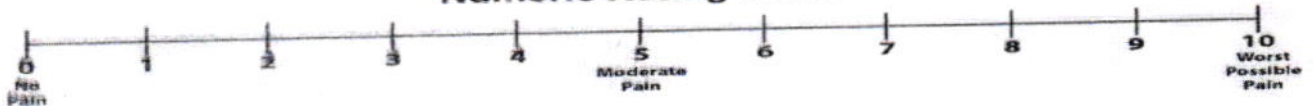
Dr. Human

Follow Up:

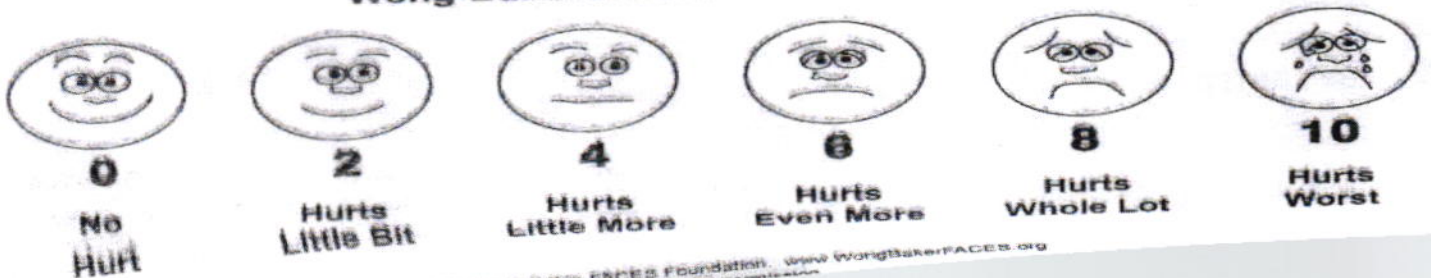
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Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Patient's Name: Mrs. Riddhi Mistry

Age: 33 yrs/ Female

Date: 17 / 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: 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:14 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

(A Unit of Shalby Limited)

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

Ph. : 0261-7190000 | Email : info.surat@shalby.org.

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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**

DR. NIKITA PATEL

M.B.B.S, M.S (ENT SURGEON)
EMAIL : nikitapatel93@quclock.com
Mo. No.:- +919712993275
Regi. No. G-57620

Shalby ENT Clinic

Name:-

Riddhiben

Age :-

Date:-

17/02/23

Chief Complaints:-

Choking
X 1-2 days

Weight:-

Height:-

OPR NO:-

Past History :-

Family History:-

Systemic Examination:-

BTM - wax (+)

Provisional Diagnosis:-

nose
nasal polyp

DC
nasal polyp (+)
Tonsillo-pharyngitis (+)

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

Investigation Advised:-

Rx

1. Augmentin (625)

1. Pantol

1. Avil

1. Dant

H-H
H-H
H-H
H-H
x 5 days

w/s gingles
Solivan Ed (BB) using

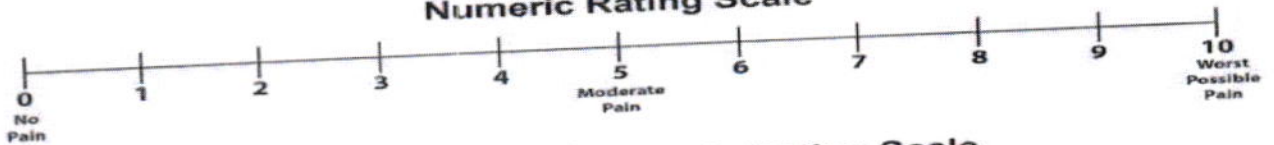
Follow Up:

Date: _____

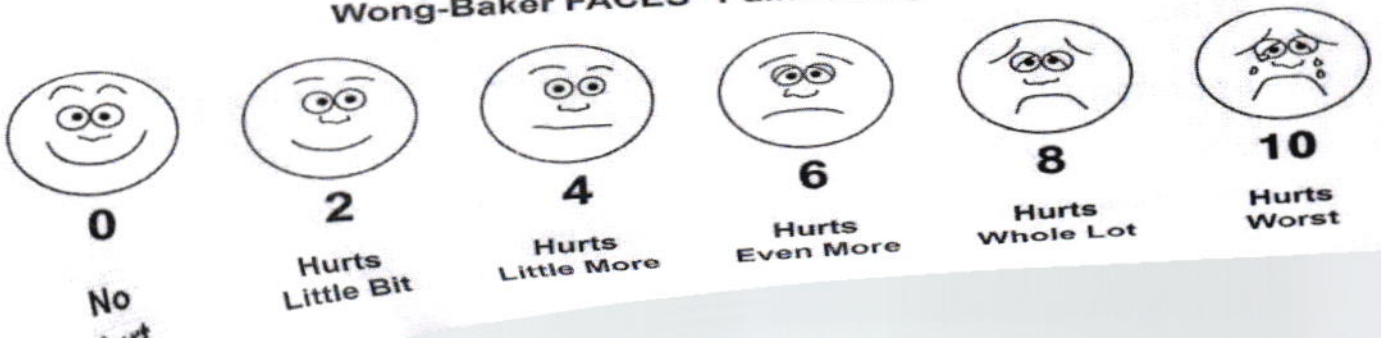
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient Name: Riddhi S. Mistry	
Age / Sex: 33 Yrs / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. shalby hospital	Date: 17/02/2023

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. **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.

Uterus appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen.

Both ovaries are well visualized and appear normal in size and reflectivity.
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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Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

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

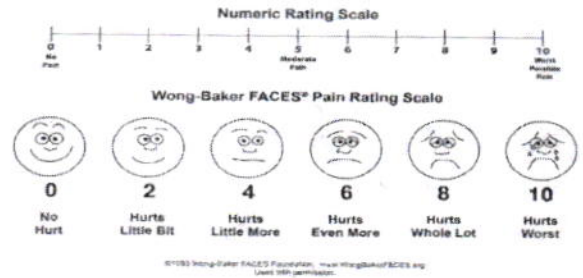
Name :- **Riddhi**

Date:- **17/2/23**

Chief Complaints:-

NLC

BE lasik don



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 **14 mm of hg**

ON Examination Ant. Segment

Both Eye

WNL

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Anterior Chamber

Cornea

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

RCS
Signature of the Consultant

ID:

Name:

Birth date: / /

1100 Sinus rhythm

4068 Nonspecific Twave abnormality

8102 Low QRS voltage in chest leads

9130 ** borderline ECG **

Sex: M

cm

mmHg

years

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

91 bpm

128 ms

68 ms

364/ 413 ms

56/ 51/ 41 °

0.53/ 0.39 mV

0.92 mV

Riddhi

[Signature]

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s

Filter: H50 d 35 Hz

10 mm/mV

