

Consultant Physician Clinic

Patient Name:- *Ajt Kumar*

Age / Sex :- *34y / male*

Chief Complaints:-

→ *stomach pain (occasionally)*
→ *nausea.*

Drug / Food Allergy:-

Past History :-

→ *no*

Family History:-

Systemic Examination:-

Provisional Diagnosis:

OPR NO:

Date: *28/2/23*

Weight:- *63.81kg*

Height:- *172cm*

BMI:- *21.6*

Nutritional assessment:-

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

Pulse:- *78b/min*

BP:- *124/80mmHg*

SpO2:- *99%*

Investigation :-

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

Rx

→ Diet modification

→ Tab Pantop - A (10)

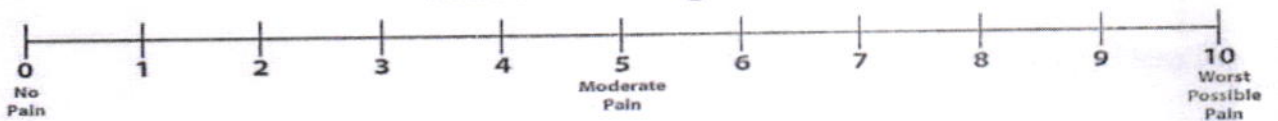
→ Tab Aripino (500) 1-00 - 2 days

Follow Up Date:- _____

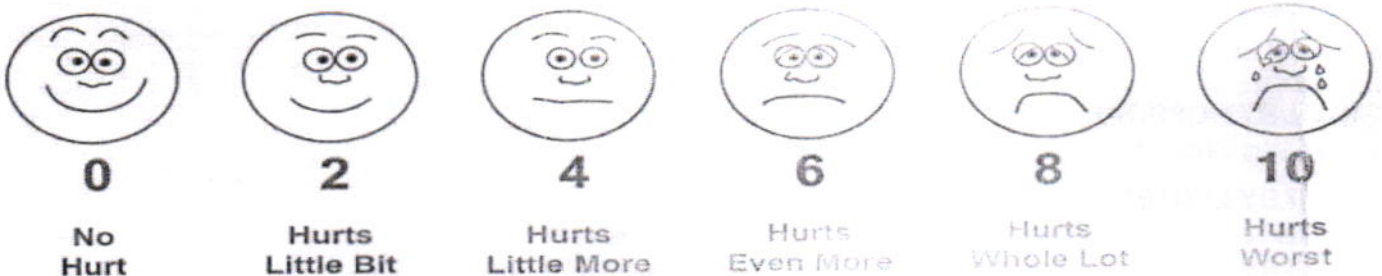
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





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 : SUR0000336757 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ajit Kumar . .	/	Registered On : 28-Feb-2023 09:17 AM
Lab ID : 302901998		Collected On : 28-Feb-2023 09:19 AM
Gender/Age : Male / 31 Years	DOB : 15-Jul-1991	Received On : 28-Feb-2023 09:45 AM
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	14.5	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.02	mill/cmm	4.5 - 5.5
HCT	Calculated	44.2	%	40 - 50
MCV	Calculated based on the RBC histogram	88.1	fL	83 - 101
MCH	Calculated	28.9	pg	27 - 32
MCHC	Calculated	32.8	g/dL	31.5 - 34.5
RDW	Calculated	12.0	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8320	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	68	%	40 - 80
LYMPHOCYTES	Flow Cytometry	27	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	291000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	9.9	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

Dr Pankaj Agrawal

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

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Approved On : 28-Feb-2023 11:44 AM

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour *	26	mm in 1 hour	0 - 15
<i>Modified Westergren Method</i>			
HBA1C			
HbA1c - Glycated Haemoglobin *	5.2	%	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
<i>Boronate Affinity Assay</i>			

Estimated Average Glucose (eAG) (mg/dL) *	103	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)	94	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)	90	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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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>	192	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	135	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	34	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	158	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	131	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	27	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	5.6	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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Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

Urease, colorimetric

18

mg/dL

9 - 20

UREA

Calculated

39

mg/dL

19 - 43

S. CREATININE

Enzymatic - Creatinine amidohydrolase

0.70

mg/dL

0.66 - 1.25

S. URIC ACID

Uricase/Peroxidase, Colorimetric

3.4

mg/dL

3.5 - 8.5

Calcium

Arsenazo III dye

9.1

mg/dL

8.4 - 10.2

S. PHOSPHORUS *

Phosphomolybdate reduction (PMA Phenol)

3.1

mg/dL

2.5 - 4.5

Sodium

Direct Ion Selective Electrode

144

mmol/L

137 - 145

S. POTASSIUM

Direct Ion Selective Electrode

4.59

mmol/L

3.5 - 5.1

Chloride

Direct Ion Selective Electrode

107

mmol/L

98 - 107

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	130	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	10.48	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.69	µIU/mL	0.38 - 5.33

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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>	RBCs/ μ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	mg/dL	Absent
pH	<i>Double Indicator principle</i>	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	WBCs/ μ L	Absent
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 (ALTV) <i>Multi Point Rate with P-5-P</i>	32	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	27	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	63	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	15	U/L	15 - 73
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>	4.4	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>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.3	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>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Pre - op

Post - op

Health Check-up

Date : 28/02/23

Patient Reg. No. : _____

Patient Name : Ajitkumar

Age / Sex : 32/M

Address : Narsari

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : steroid , analgesic +

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

Food lodgement : _____

Gingivitis : _____

Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

IOPA 36	2/10/20

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"

dlu.
 - scaling
 - IOPA of 36

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Patient ID:	SUR0000336757	Patient Name:	AJITKUMAR
Age:	31 Years	Sex:	M
Accession Number:	2372	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	28-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

Patient's Name: Mr. Ajitkumar

Age: 31 yrs/ male

UHID:336757

Date: 28 / 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

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

Patient Name: Ajit kumar		Study: USG Abdomen + Pelvis	
Age / Sex : 31 Yrs / Male		Date: 28/02/2023	
Referred By: Dr. at shalby Hospital			

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

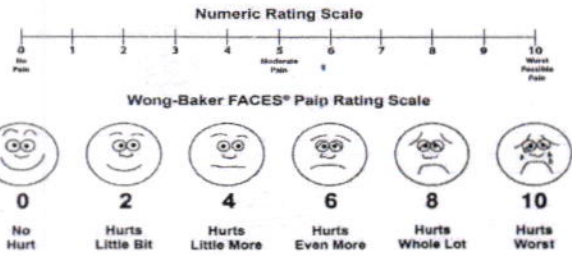
DR. RUJUTA SHELAT
 Consultant Ophthalmologist
 Reg. No.:- G-48712

Name :- *Ajithkumar*

Date:- *28/2/23*

Chief Complaints:-

N/C



Pain Assessment:-

Past History:-

- DAD -

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*
13 mm of hg

ON Examination

Ant. Segmenet

Both Eye

- WNL -

ID:

Name: *Ajit Kumar*

Sex: M

Birth date: / / mmHg

kg

years

1100 Sinus rhythm
40303 Early repolarization
9110 ** normal ECG **

Medication:

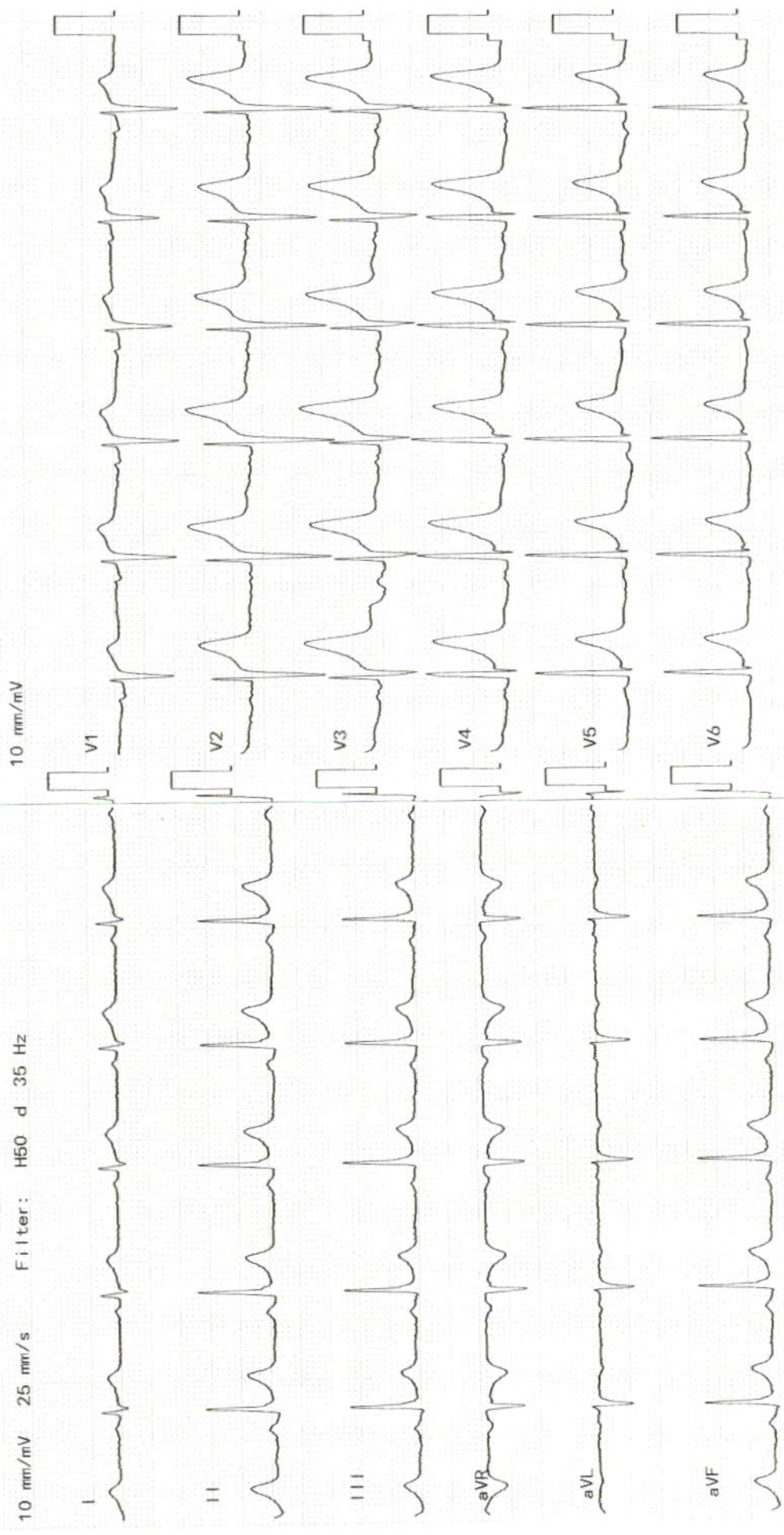
Symptoms:

History:

vent. rate	76	bpm
PR int	148	ms
QRS dur	84	ms
QT/QTc(E) int	362/ 393	ms
P/QRS/T axis	53/ 82/ 65	°
RV5/SV1 amp	1.78/ 1.03	mV
RV5+SV1 amp	2.81	mV

Unconfirmed Report

Reviewed by:



Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} BE
WNL

Investigation:-

Treatment:-

ELD. Refresh Tear 7Ds

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

After 6 month

RNR

Signature of the Consultant