

Shalby MD Physician Clinic

Patient Name:-

Prityank Kumar K. Chaudhri

Age / Sex :-

34 yrs

Chief Complaints:-

No clw

Drug / Food Allergy:-

MAA

Past History :-

Family History:-

Systemic Examination:-

RS / MAA
PA
CNS

Provisional Diagnosis:-

OPR NO:

Date: 14/9/24

Weight:- 91 kg

Height:- 177 cm

Nutritional assessment:-

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

Pulse:- 80/min

BP:- 120/80

SpO2:- 100+

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

Investigation :-

Adv. after 1 month
S-uric acid

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

Rx

F - Febuxostat 40mg I(30)
- 9 - phewaly

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:- _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 95126600

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Certificate No.: MC-628


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PID : SUR0000371389 OP-001

REPORT STATUS : Interim



Patient Name : Mr Priyank Chaudhari	/	Registered On : 14-Sep-2024 12:07 PM
Lab ID : 409901141		Collected On : 14-Sep-2024 12:00 PM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 14-Sep-2024 12:11 PM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <small>Colorimetric Iron Cyanide</small>	14.3	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	6.70	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	44.2	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	66.0	fL	83 - 101
MCH <small>Calculated</small>	21.3	pg	27 - 32
MCHC <small>Calculated</small>	32.3	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	15.0	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <small>Electrical Impedance</small>	5440	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <small>Flow Cytometry</small>	56	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	32	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	3	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	8	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT <small>Electrical Impedance</small>	291000	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	9.4	fL	7.5 - 12.0

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



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Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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Lab ID: 409901141

Gender/Age: Male / 33 Years

Ref. By: Health Check Up Shalby

DOB: 15-Nov-1990

Registered On: 14-Sep-2024 12:07 PM

Collected On: 14-Sep-2024 12:00 PM

Received On: 14-Sep-2024 12:11 PM

Sample Type: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <small>Modified Westergren Method</small>	3	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin <small>Boronate Affinity Assay</small>	5.8	%	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) <small>Calculated</small>	120	mg/dL	

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Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F), S

Parameter	Result	Unit	Biological Ref. Interval
PLASMA GLUCOSE LEVEL			
FASTING PLASMA GLUCOSE			
Plasma Glucose (F)	91	mg/dL	74 - 106
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			
Urine Sugar (F)	ABSENT	mg/dL	Absent
<small>Glucose-oxidase/oxidase reaction</small>			
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP)	116	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			
Urine Sugar (PP)	ABSENT	mg/dL	Absent
<small>Glucose-oxidase/oxidase reaction</small>			
Liver Function Test			
Liver Function Test			
SGPT (ALTV)	36	U/L	21 - 72
<small>Multi Point Rate with P-S-P</small>			
SGOT (AST)	28	U/L	17 - 59
<small>Multi Point Rate with P-S-P</small>			
Alkaline Phosphatase	67	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<small>PNPP, AMP Buffer</small>			
GGT	47	U/L	15 - 73
<small>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</small>			
S. PROTEIN	8.2	g/dL	6.3 - 8.2
<small>Buret (Alkaline cupric sulfate), End Point</small>			
Albumin	5.0	g/dL	3.5 - 5.0
<small>Bromocresol Green (BCG), Colorimetric</small>			
S. GLOBULIN	3.2	g/dL	2.3 - 3.6
<small>Calculated</small>			
A/G Ratio	1.6	Ratio	1.0 - 2.3
<small>Calculated</small>			

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Registered On : 14-Sep-2024 12:01

Lab ID : 409901141

Collected On : 14-Sep-2024 12:00

Gender/Age : Male / 33 Years

DOB : 15-Nov-1990

Received On : 14-Sep-2024 12:11

Ref. By : Health Check Up Shalby

 Sample Type : Fluoride F, Urine (F)
 Fluoride PP, Urine

Bilirubin Total
Azobilirubin/Dyphytime/Diazonium Salt
Liver Function Test

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

1-2 day (full term) : 6.0 - 10.0

3-5 day (premature) : 10.0 - 1

3-5 day (full term) : 4.0 - 8.0

Bilirubin Unconjugated
End-point Colorimetric (Dual wavelength spectrophotometric)

0.6 mg/dL

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

Bilirubin Direct
Calculated

0.0 mg/dL

 Conjugated bilirubin and
 Delta bilirubin (Bilirubin
 covalently bound to albumin)
 0.0-0.4

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Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 14-Sep-2024 12:11 PM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	221	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	169	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	37	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	184	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	150	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	34	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	4.1		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	6.0	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 : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	196	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	11.26	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	3.059	µIU/mL	0.38 - 5.33

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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Consulting Pathologist



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Received On : 14-Sep-2024 12:11 PM	Sample Type : Serum
Ref. By : Health Check Up Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**NABL Accredited Parameters**

Urea Nitrogen (BUN) <small>Urease, colorimetric</small>	16	mg/dL	9 - 20
UREA <small>Calculated</small>	34	mg/dL	19 - 43
Creatinine <small>Enzymatic - Creatinine amidohydrolase</small>	0.95	mg/dL	0.66 - 1.25
S. URIC ACID <small>Uricase/Peroxidase, Colorimetric</small>	9.1	mg/dL	3.5 - 8.5
Calcium <small>Arsenazo III dye</small>	10.0	mg/dL	8.4 - 10.2
Sodium <small>Direct Ion Selective Electrode</small>	141	mmol/L	137 - 145
S. POTASSIUM <small>Direct Ion Selective Electrode</small>	4.5	mmol/L	3.5 - 5.1
Chloride	102	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)	4.4	mg/dL	2.5 - 4.5
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Phosphomolybdate reduction (PMA Phenol)

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Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 14-Sep-2024 12:11 PM
Ref. By : 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			
Glucose	<i>Glucose-oxidase/oxidase reaction.</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue.</i> 1.020	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine.</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

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Patient ID:	SUR0000371389	Patient Name:	PRIYANK CHAUDHARY
Age:	33 Years	Sex:	M
Accession Number:	9265 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	14-Sep-2024		

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. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

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

Name:- *Prayan Kumar Khimchandbhai Chaudhari*

Date:- *14/03/24*

Chief Complaints:- *Routine eye check*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drugs*

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, 6/6*

PH Vision: - *6/6*

NCT *18.7*
17.2 *WME*

ON Examination Ant. Segment

Both Eye

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CIN: L85110GJ2004PLC044667

HME
 SEP 15 2023 13:27
 D=10
 R>

SPH	CYL	AX
+ 0.25	-0.50	16
0.00	-0.50	4
0.00	-0.50	37
0.00	-0.50	16

 L>

SPH	CYL	AX
0.00	-0.25	56
+ 0.25	-0.50	89
+ 0.25	-0.50	84
+ 0.25	-0.50	84

 D= 64
 randseiko.com
 R-5300K S/N: 76880963

Anterior Chamber

Rt. EYE

Lt. EYE

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

pt will come later

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2 months / 5es

Signature of the Consultant

R. Gyute Shiner

14 ID: Name:

Birth dat. / mmHg

kg

1100 Sinus rhythm
 4068 Nonspecific Twave
 5222 Moderate voltage
 9130 **borderline
 history:

lent. rate 90 bpm
 PR int 144 ms
 PR dur 90 ms
 QT/QTc(E) int 324/378 ms
 T/QTc/T axis 37/ -14/ 10 °
 I/QRS/T axis 0.90/ 0.88 mV
 V5+SV1 amp 1.78 mV

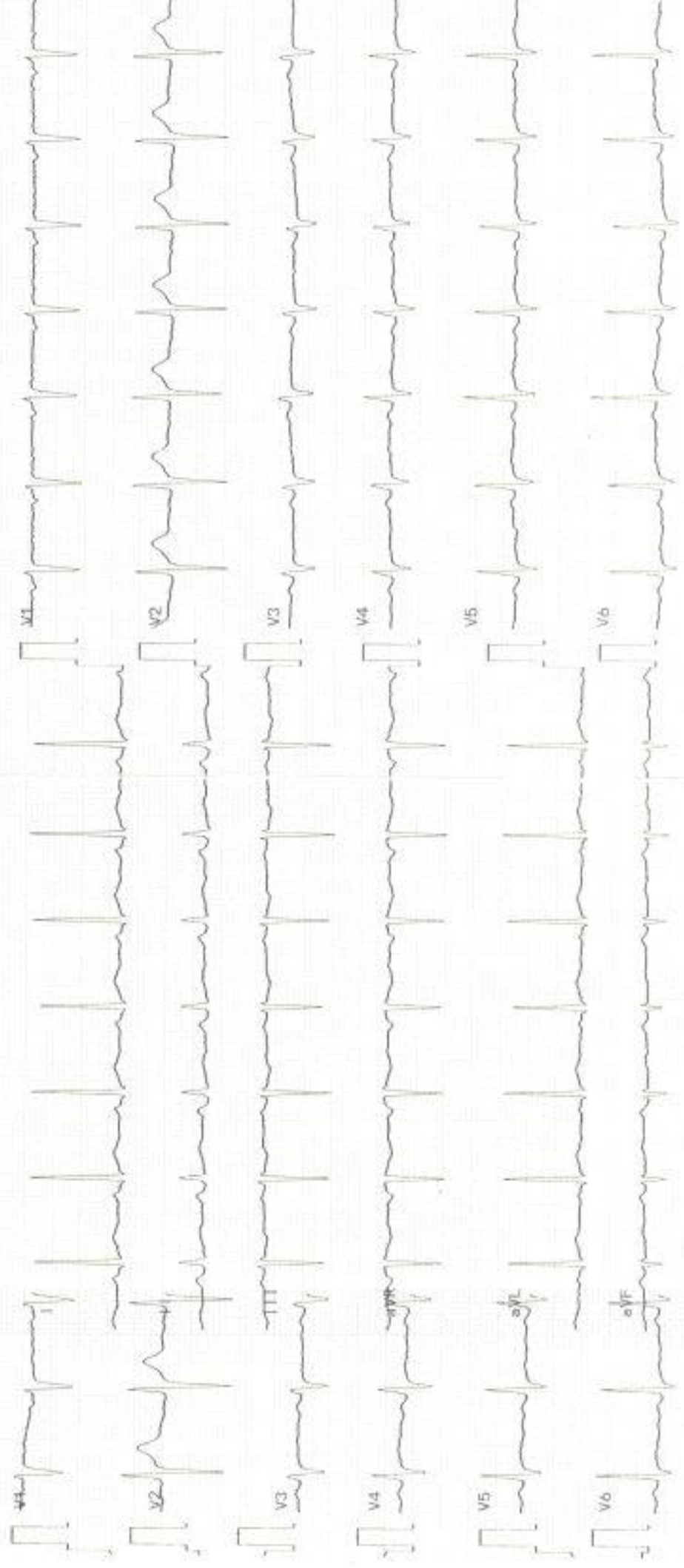
11 years
 Sinus rhythm
 4068 Nonspecific Twave abnormality
 5233 Voltage criteria for LVH
 9150 ** abnormal ECG **

WNL

Unconfirmed Report
 Reviewed by:

Unconfirmed Report V5/SV1 amp
 Reviewed by:

10 mm/mV 10 mm/sV 25 mm/s Filter: H50 d 35 Hz 10 mm/mV



Patient's Name: Priyankkumar Chaudhari
UHID:351389

Age: 33 yrs / male
Date: 14/ 09 / 2024

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:20

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

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

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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

Patient Name: PRIYANK CHAUDHARI	UHID: SUR0000371389
Age / Sex: 33 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 14.09.2024

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade II fatty changes. 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 and measures 30 X 30 X 32 mm (Approx. vol- 15 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- **Grade II fatty liver.**

Thanks for referral.

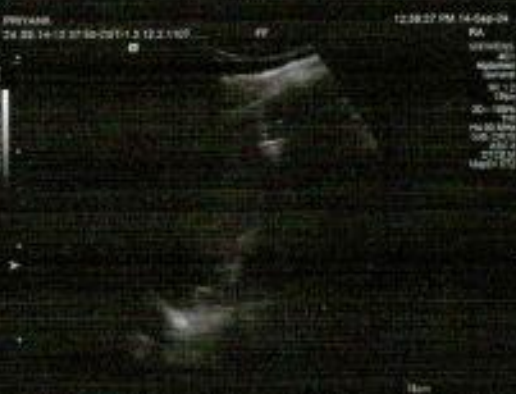

DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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Pre - op

Post - op

Health Check-up

Date : 11/11/17

Patient Reg. No. : _____

Patient Name : Priyanka Kumar Chaudhary

Age / Sex : 33 / M

Address : _____

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

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 : 1/2 Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :		
Advised Crown / Bridge :	7 6	
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 an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv: Scaling

Restoration $\frac{15}{57}$

Crown 6

Dr. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)