

DR. HARIN VADODARIA MD

M.D. (Internal Medicine)

Consultant Physician

Reg No: G 3394,

Mo: 9898053714

OPD Days:

Shalby MD Physician Clinic

Patient Name:-

Bhobank Tmud
53/M

Age / Sex :-

Chief Complaints:-

no cpl

Drug / Food Allergy:-

Past History :-

DM - as per

Family History:-

Systemic Examination:-

ole

Rp
as
Rz
ers
@

OPR NO:

Date: 03/04/23

Weight:- 93.1kg

Height:- 175cm

Nutritional assessment:-

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

Pulse:- 102 b/min

BP:- 160/98

SpO2:- 98%

Provisional Diagnosis:-

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

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CIN: L85110GJ2004PLC044667

Investigation :-

P
P2 118
128
HS Dec 77

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

ad
- Lifestyle measures

do better measures by taking

Rx

physical


A337

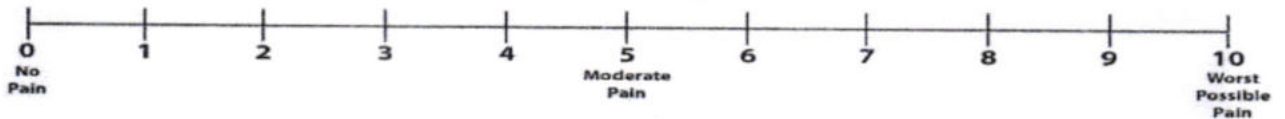
Follow Up:

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



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

Name :-

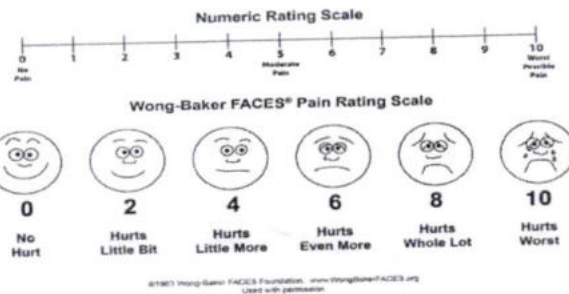
Bhadanath Jaineli

Date:-

3/4/23

Chief Complaints:-

nlc



Pain Assessment:-

Past History:-

DM x 2 yrs

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
2 class

PH Vision:-

NCT 18 mm of hg

ON Examination

Ant. Segmenet

Both Eye

- WNL -

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CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

2 BE
WNL


Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month


Signature of the Consultant

Patient's Name: Mr. Bholanath Trivedi

Age: 53 yrs/ male

Date: 03 / 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 %.

Grade I 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
- 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 : 03/04/23

Patient Reg. No. : _____

Patient Name : Bhola Nath Trivedi

Age / Sex : 53/M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____
Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : steron ++, Calcelest ++

On Examination :

Abscess : _____ Foreign Body : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : 46

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge : _____

Prosthetic : _____

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 an well maintained.

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

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

Adv.

- Deep scaling
- ~~Root~~ Extraction of 46

Dr. Darshini V. Shah
(Consultant Dental Surgeon)



Certificate No.: MC-5200

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PID : SUR0000339094 OP-001

REPORT STATUS : Interim



Patient Name : Mr Bholanath Trivedi	/	Registered On : 03-Apr-2023 10:30 AM
Lab ID : 304900164		Collected On : 03-Apr-2023 10:40 AM
Gender/Age : Male / 53 Years	DOB : 18-Oct-1969	Received On : 03-Apr-2023 11:01 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	14.3	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.01	mill/cmm	4.5 - 5.5
HCT	Calculated	44.8	%	40 - 50
MCV	Calculated based on the RBC histogram	89.4	fL	83 - 101
MCH	Calculated	28.5	pg	27 - 32
MCHC	Calculated	31.9	g/dL	31.5 - 34.5
RDW	Calculated	12.8	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	11970	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	252000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	12.5	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
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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Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"		
RH Type	POSITIVE		
ESR 1st hour *	38	mm in 1 hour	0 - 20
<i>Modified Westergren Method</i>			
HBA1C			
HbA1c - Glycated Haemoglobin *	7.9	%	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
<i>Boronate Affinity Assay</i>			

Estimated Average Glucose (eAG) (mg/dL) *	180	mg/dL
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Calculated

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 Gender/Age : Male / 53 Years DOB : 18-Oct-1969 Received On : 03-Apr-2023 11:00 AM
 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)	115	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
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Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	178	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
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Glucose-oxidase/oxidase reaction

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Gender/Age : Male / 53 Years DOB : 18-Oct-1969 Received On : 03-Apr-2023 11:00 AM
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>	139	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	115	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	104	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	81	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	23	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.3		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.0	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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DOB : 18-Oct-1969

Received On : 03-Apr-2023 11:00 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
UREA Nitrogen (BUN)	15	mg/dL	9 - 20
<i>Urease, colorimetric</i>			
UREA	32	mg/dL	19 - 43
<i>Calculated</i>			
S. CREATININE	0.94	mg/dL	0.66 - 1.25
<i>Enzymatic - Creatinine amidohydrolase</i>			
S. URIC ACID	6.5	mg/dL	3.5 - 8.5
<i>Uricase/Peroxidase, Colorimetric</i>			
Calcium	9.2	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
S. PHOSPHORUS *	4.6	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
Sodium	142	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
S. POTASSIUM	4.97	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
Chloride	102	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	125	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	10.18	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	5.10	µIU/mL	0.38 - 5.33

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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PROSTATE SPECIFIC ANTIGEN * 2.1 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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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	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>	Trace (+/-)	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	2-3/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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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org



PID : SUR0000339094 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Bholanath Trivedi** / Registered On : 03-Apr-2023 10:30 AM
Lab ID : 304900164 Collected On : 03-Apr-2023 10:40 AM
Gender/Age : Male / 53 Years DOB : 18-Oct-1969 Received On : 03-Apr-2023 11:00 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	42	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	26	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	106	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>	42	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.7	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>	3.3	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.3	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 -----

This is an Electronically Authenticated Report.

Generated On : 03-Apr-2023 01:16 PM

Approved On : 03-Apr-2023 12:39 PM

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

Patient Name: BHOLANATH TRIVEDI		
Age / Sex: 53 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 03-04-2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is enlarged in size and shows bright echopattern. 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 measures 105 x 39 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney measures 106 x 48 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder partially 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:

- **Fatty infiltration of liver.**
- **No any significant abnormality is seen.**

Thanks for referral.


Dr. BRIJESH CHAUHAN MD.
Consultant Radiologist

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Patient ID:	SUR00004173	Patient Name:	BHOLA NATH TRIVEDI
Age:	53 Years	Sex:	M
Accession Number:	4173	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	3-Apr-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. BRIJESH CHAUHAN MD.
Consultant Radiologist

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CIN: L85110GJ2004PLC044667

ID: _____ Name: _____
 Sex: M Birth date: _____ / _____ / _____
 cm kg mmHg years
 Medication: _____
 Symptoms: _____
 History: _____
 Vent. rate _____
 PR int _____ 93 bpm
 QRS dur _____ 148 ms
 QT/QTc(E) int _____ 92 ms
 P/QRS/T axis _____ 352/ 402 ms
 RV5/SV1 amp _____ 27/ -15/ 21
 RV5+SV1 amp _____ 1.26/ 0.83 mV
 _____ 2.10 mV

3-Apr-2023 AM8:45:29

1100 Sinus rhy.
 3614 Cannot rule out inferior myocardial infarction, age
 undetermined
 9150 ** abnormal ECG **

Bhole nath

Unconfirmed Report
 Reviewed by:

① Jainesi
 3/4/23

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

10 mm/mV



2350K 03-04 04-05 Dept.:

Exam: