

<b>Patient ID:</b>	<b>SUR00003828</b>	<b>Patient Name:</b>	<b>NIMESH M CHAUDHARI</b>
<b>Age:</b>	<b>36 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>3828</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>25-Mar-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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**Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai**

**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:-

Mimesh M. chaudhry  
36 M. Tapi

Age / Sex :-

Chief Complaints:-

nodo

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS  
CVS  
PA  
CNS  
/ NAD

**OPR NO:**

Date: 25/3/23

Weight: 66.5 kg

Height: 160 cm

Nutritional assessment:-

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

Pulse:- 83/min

BP:- 130/80

SpO2:- 99%

Provisional Diagnosis:-

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Investigation :-

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

Rx

T. Cardiosose 10mg (50)  
- 2.22/22  
normal healthy  
checkup  
25/3/23

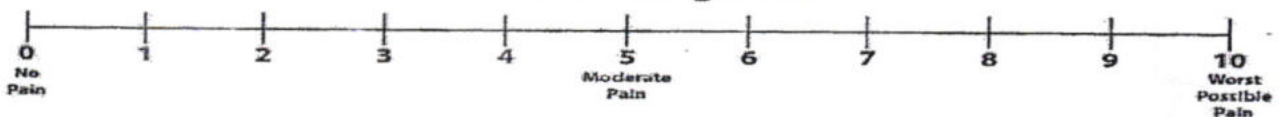
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

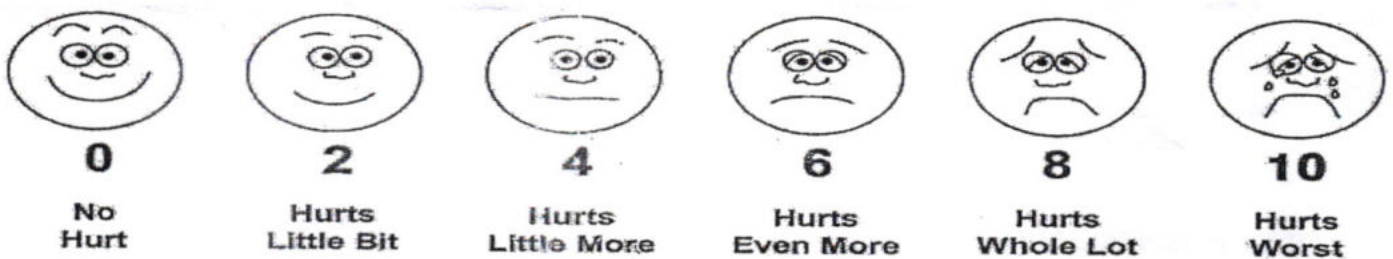
Date:- \_\_\_\_\_

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

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale





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PID : SUR0000338589 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Nimeshkumar Mahendrabhai / Chaudhari** / Registered On : 25-Mar-2023 09:18 AM  
 Lab ID : 303901976 Collected On : 25-Mar-2023 08:40 AM  
 Gender/Age : Male / 36 Years DOB : 30-Sep-1986 Received On : 25-Mar-2023 09:58 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.3	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	<b>6.16</b>	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.2	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	<b>71.7</b>	fL	83 - 101
MCH <i>Calculated</i>	<b>21.6</b>	pg	27 - 32
MCHC <i>Calculated</i>	<b>30.1</b>	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.4	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**Total WBC Count *Electrical Impedance* 5780 cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	60	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	31	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	239000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.2	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

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.

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

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*Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
 M.B., D.C.P  
 Consulting Pathologist



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Parameter Result Unit Biological Ref. Interval

**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"A"		
RH Type	POSITIVE		
ESR 1st hour *	2	mm in 1 hour	0 - 15
<i>Modified Westergren Method</i>			

**HBA1C**

HbA1c - Glycated Haemoglobin *	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
<i>Boronate Affinity Assay</i>			

Estimated Average Glucose (eAG) (mg/dL) *	120	mg/dL
<i>Calculated</i>		

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 Gender/Age : Male / 36 Years DOB : 30-Sep-1986 Received On : 25-Mar-2023 09:57 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP), Fluo

Parameter	Result	Unit	Biological Ref. Interval
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### PLASMA GLUCOSE LEVEL

#### FASTING PLASMA GLUCOSE

<b>Plasma Glucose (F)</b>	96	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	ABSENT
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

#### POST PRANDIAL PLASMA GLUCOSE

<b>Plasma Glucose (PP)</b>	161	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic: =>200
----------------------------	-----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (PP)</b>	PRESENT [TRACE]	mg/dL	ABSENT
-------------------------	-----------------	-------	--------

Glucose-oxidase/oxidase reaction

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Parameter	Result	Unit	Biological Ref. Interval
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**LIPID PROFILE****LIPID PROFILE**

<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	<b>218</b>	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	<b>183</b>	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>	<b>44</b>	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	<b>174</b>	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	<b>137</b>	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>	<b>37</b>	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	<b>3.1</b>		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	<b>5.0</b>	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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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	6	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	13	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.84	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	6.5	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.2	mg/dL	8.4 - 10.2
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	137	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.31	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	100	mmol/L	98 - 107

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Collected On : 25-Mar-2023 08:40 AM

Gender/Age : Male / 36 Years

DOB : 30-Sep-1986

Received On : 25-Mar-2023 09:57 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	95	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	8.40	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.34	µIU/mL	0.38 - 5.33

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 Gender/Age : Male / 36 Years DOB : 30-Sep-1986 Received On : 25-Mar-2023 10:29 AM  
 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>	7.0	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

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**Liver Function Test****Liver Function Test**

<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	28	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	24	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	66	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>	31	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>	4.7	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.7	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.1	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>	1.1	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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Consulting Pathologist

Pre - op

Post- op

Health Check-up

Date : 25/03/23

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

Patient Name : Nimesh M. choudhary Age / Sex : 36/M

Address : Tapi

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterim t

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sittings  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 performed in a well maintained.

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

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

Adv.  
Routine scaling

**Dr. Darshini V. Sh**  
(Consultant Dental Surg)



**Patient's Name: Mr. Nimesh Chaudhari**

**Age: 36 yrs/ male**

**Date: 25 / 03 / 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 Upcoming Hospitals : Mumbai - Nasik**



Patient Name: NIMESH M CHAUDHARI	
Age / Sex: 36Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 25/03/2023

**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 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** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** 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**

**SHALBY HOSPITAL, SURAT**

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

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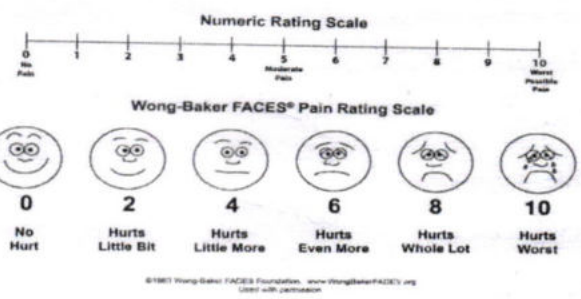
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Nimesh chandness*

Date:- *25/3/23*

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:- *R 6/6  
L 6/6  
w/ glass*

PH Vision:-

NCT *T 15  
18 mm of hg*

ON Examination Ant. Segmenet

Both Eye

*- N/C -*



RX-850K

2016-02-25 18:35

SHOP: SHELAT GEN HOSP

NAME:

REF. DATA

<R>	S	C	A
	-0.25	-1.50	11
	-0.25	-1.50	11
*	-0.25	-1.50	11
<L>	S	C	A
	-0.25	-1.25	160
	-0.25	-1.00	162
*	-0.25	-1.25	161

VD=0

PD=65

Anterior Chamber

Rt. EYE

Lt. EYE

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

2 BE  
WNL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Rrs

Signature of the Consultant

ID:  
Name:

Sex: M  
cm kg

Birth date: / mmHg

years

1100 Sinus rhythm  
9110 \*\* normal ECG \*\*

*Wimesh*

Medication:

Symptoms:

History:

Vent. rate	79	bpm
PR int	166	ms
QRS dur	76	ms
QT/QTc(E) int	332/ 366	ms
P/QRS/T axis	43/ 51/ 31	°
RV5/SV1 amp	1.31/ 0.48	mV
RV5+SV1 amp	1.79	mV

Unconfirmed Report  
Reviewed by:

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

10 mm/mV

