

### Consultant Physician Clinic

Patient Name:- *Shailendra Thakur*

Age / Sex :- *47 yrs / male*

Chief Complaints:-

*→ no any complaint*

Drug / Food Allergy:-

Past History :-

*→ no*

Family History:-

Systemic Examination:-

*As / Ins*

Provisional Diagnosis:

OPR NO:

Date: *12/10/23*

Weight:- *81 kg*

Height:- *169 cm*

BMI:- *24.4*

Nutritional assessment:-

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

Pulse:- *82/min*

BP:- *120/80*

SpO2:- *97%*

Investigation :-

→ Fasting lipid profile

→ HbA1c, PPARG

14-20 days

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

Rx

→ ✓ Fast cardiores - A (10/150) 001 (-3 months)  
(10-15mg)

Follow Up Date:- \_\_\_\_\_

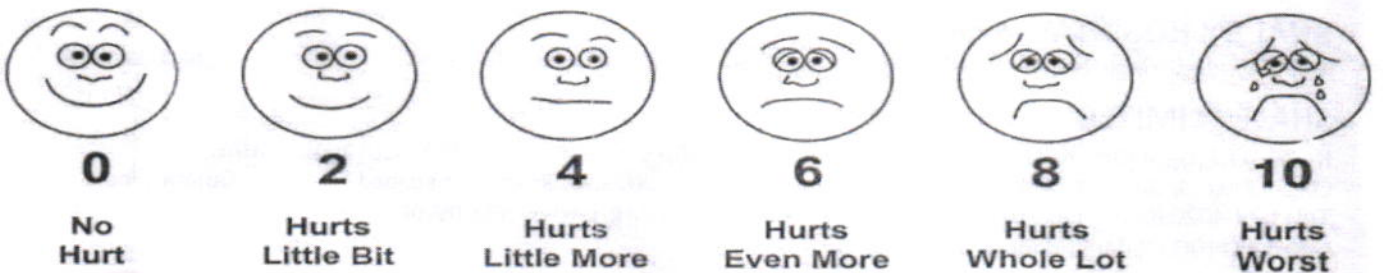
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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 : SUR0000351916 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Shailendrasinh Bharatsinh Thakor** / Registered On : 14-Oct-2023 09:38 AM  
 Lab ID : 310901091 Collected On : 14-Oct-2023 09:50 AM  
 Gender/Age : Male / 48 Years DOB : 26-Oct-1974 Received On : 14-Oct-2023 09:56 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>	16.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.13	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	48.3	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	94.2	fL	83 - 101
MCH <i>Calculated</i>	31.2	pg	27 - 32
MCHC <i>Calculated</i>	33.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.4	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**
 Total WBC Count *Electrical Impedance* 6460 cells/cmm 4000 - 10000
**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	59	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	34	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	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>	236000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.1	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**M.B., D.C.P  
Consulting Pathologist

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Approved On : 14-Oct-2023 12:58 PM

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<b>Parameter</b>	<b>Result</b>	<b>Unit</b>
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"O"

RH Type

POSITIVE

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<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 15
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**HBA1C**

**HbA1c - Glycated Haemoglobin \***

*Boronate Affinity Assay*

3 months

6.4 %  
70-75

Non-diabetic:  $\leq 5.6$  ✓  
Pre-diabetic: 5.7-6.4  
Diabetic:  $\geq 6.5$  ✓  
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) \*** 137 / mg/dL  
*Calculated* 24 (3) m 130

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**PLASMA GLUCOSE LEVEL****FASTING PLASMA GLUCOSE****Plasma Glucose (F)**

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

**131**

mg/dL

74 - 106

**Urine Sugar (F)**

Glucose-oxidase/oxidase reaction

**ABSENT**

mg/dL

Absent

**POST PRANDIAL PLASMA GLUCOSE****Plasma Glucose (PP)**

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

**224**

mg/dL

Normal: 100-140 Impaired: 140-199 Diabetic :&gt;=200

**Urine Sugar (PP)**

Glucose-oxidase/oxidase reaction

**PRESENT[++]**

mg/dL

Absent

180 140-150

**Liver Function Test****Liver Function Test****SGPT (ALTV)**

Multi Point Rate with P-5-P

52

U/L

21 - 72

**SGOT (AST)**

Multi Point Rate with P-5-P

51

U/L

17 - 59

**Alkaline Phosphatase**

PNPP, AMP Buffer

**129**

U/L

20-50 yrs : 53 - 128

4-19 yr : 54 - 369

&gt;=51 yr : 56 - 119

**GGT \***

L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

52

U/L

15 - 73

**S. PROTEIN**

Biuret (Alkaline cupric sulfate). End Point

6.9

g/dL

6.3 - 8.2

**Albumin**

Bromocresol Green (BCG), Colorimetric

4.2

g/dL

3.5 - 5.0

**S. GLOBULIN**

Calculated

2.7

g/dL

2.3 - 3.6

**A/G Ratio**

Calculated

1.6

Ratio

1.0 - 2.3

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**Liver Function Test**

<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	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>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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**LIPID PROFILE****LIPID PROFILE**

<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	<b>224</b>	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	<b>372</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>30</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>194</b>	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>120</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>74</b>	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	<b>4.0</b>		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	<b>7.5</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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**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.67	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	6.9	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.3	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	143	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.38	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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

## IMMUNOLOGY

THYROID PROFILE (TFT)
**Total T3 \*** 152 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

**Total T4 \*** 11.02 µg/dL 99% Reference Interval

(µg/dL)

4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

**TSH \*** 2.869 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

## 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 \*** 0.3 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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## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
<u>Glucose</u>	<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> 1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	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
<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		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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

This is an Electronically Authenticated Report.

Generated On : 14-Oct-2023 01:04 PM

Approved On : 14-Oct-2023 12:58 PM

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

 Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
 Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

Patient ID:	SUR00001217	Patient Name:	SHAIENDRASINH B THAKOR
Age:	48 Years	Sex:	M
Accession Number:	12317	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-2023		

**CHEST X-RAY (PA)**

Expiratory film.

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

**SHALBY HOSPITAL, SURAT**

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

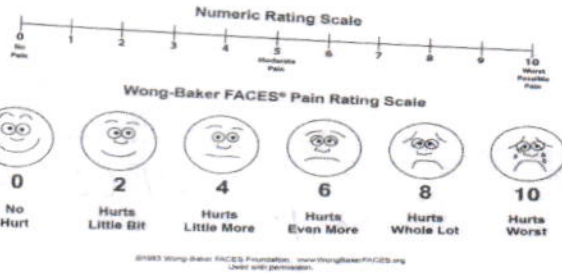
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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India  
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667

Name :- *Shalendra singh B Thakor*

Date:- *14/10/2023*

Chief Complaints:- *Medical check up*



Pain Assessment:- *None*

Past History:- *None*

Family History:- *None*

Allergy:- *no drugs Allergy*

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/24*  
*6/9*

NCT *12*  
*12*

ON Examination

Ant. Segmenet *Acc (ST) < -0.50/-1.25 x 120 96*  
*± 0.00/-0.50 x 90 96*

Systemic Examination:-  
HT:- WT:- *96*  
PH Vision:- *6/6*  
Both Eye *Add +1.75 DS NB*

NAME  
OCT 14 2022 10:3

VD=10  
(R)

SPH	CYL	AX
-0.25	-1.25	108
-0.25	-1.25	114
-0.50	-1.00	121
-0.25	-1.25	114

Rt. EYE

Lt. EYE

Anterior Chamber

SPH	CYL	AX
-0.50	-0.25	94
0.00	-0.75	79
0.00	-0.75	89
0.00	-0.75	89

PD= 57

GrandSeiko.com  
GR-3300K S/N:76BB096

Investigation:-

Background:-

Macula:-

Diagnosis:-

*pt will come*

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months*

Signature of the Consultant

*Rpr*

Patient's Name: Shailendrasinh Thakor

Age: 48 yrs/ male

Date: 14 / 10 / 2023

## ECHOCARDIOGRAPHY REPORT

### Valves:-

Mitral valve :Normal, Mild 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 %.  
**Grade I Diastolic Flow Pattern.**

### Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

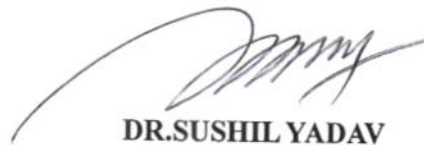
Pericardium:Normal.

IVC:12 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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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667



Patient Name: SHAIENDRASINGH THAKOR		UHID:	
Age / Sex: 48 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 14/10/2023	

**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 28 x 31 x 31 mm (Approx. vol- 14 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. ✓
- No other significant abnormality is seen.

Thanks for referral.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)  
G-14916**SHALBY HOSPITAL, SURAT**

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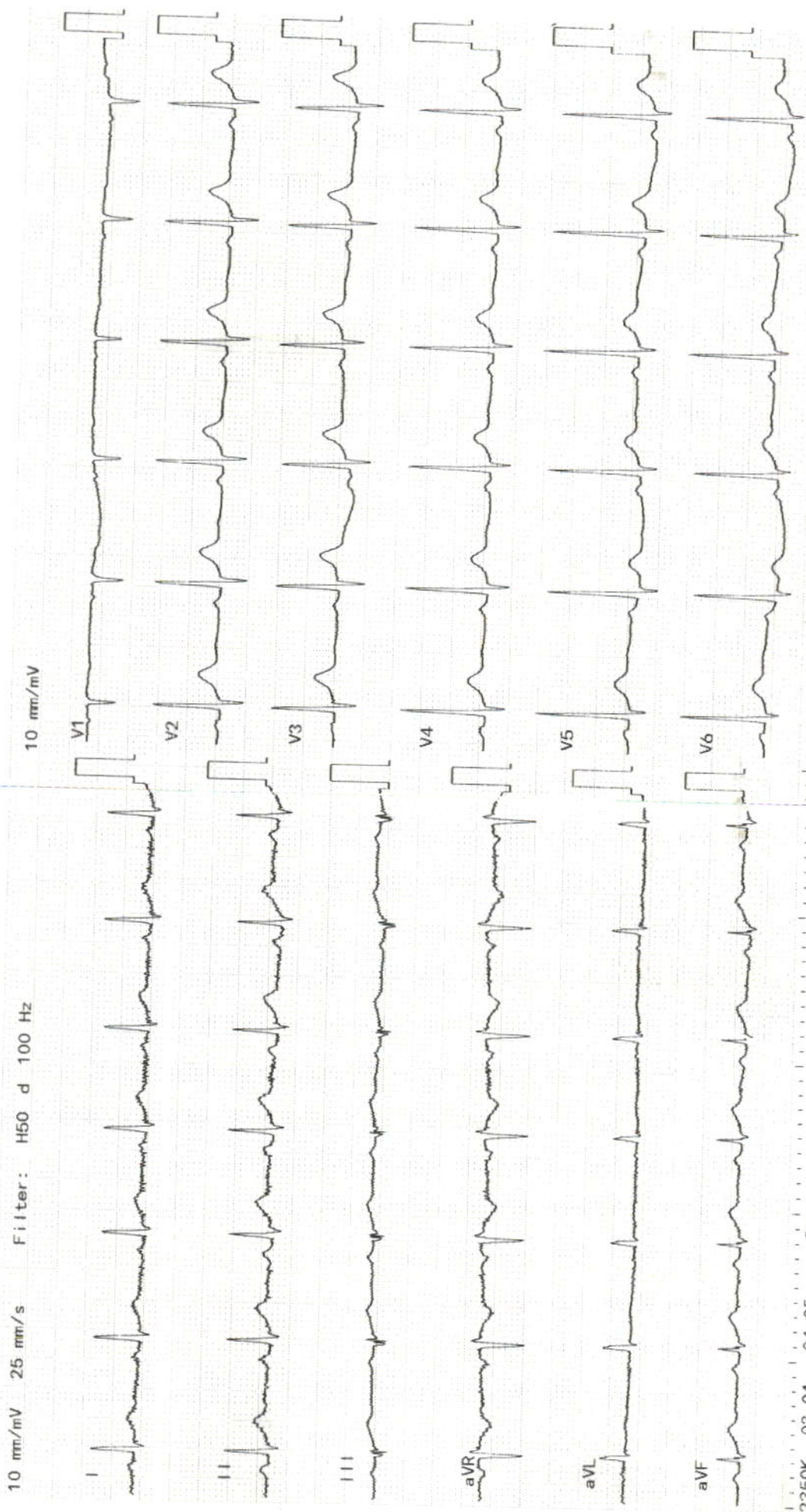
CIN: L85110GJ2004PLC044667

Saileendra Singh

NR

1100 Sinus rhy  
9110 \*\* normal ECG \*\*

Unconfirmed Report  
Reviewed by:



ID: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ years

Sex: M cm kg mmHg

Medication: \_\_\_\_\_

Symptoms: \_\_\_\_\_

History: \_\_\_\_\_

Heart rate: 79 bpm

PR int: 142 ms

QRS dur: 76 ms

QT/QTc(E) int: 334/ 368 ms

QRS/T axis: 46/ 28/ 56 °

V5/SV1 amp: 1.60/ 0.49 mV

V5+SV1 amp: 2.10 mV



Pre - op

Post- op

Health Check-up

Date : 14-10-23

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

Patient Name : Shaileshsinh Thakor

Age / Sex : 48/M

Address : Surat

**Complaints :**

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

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

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

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

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 : Sittings 1  2  3  Deep

Restoration : \_\_\_\_\_ Perio Surgery : \_\_\_\_\_

RCT : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

Dentures : \_\_\_\_\_ Extraction : \_\_\_\_\_

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 an well maintained.

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

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

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)