

Shalby MD Physician Clinic

OPR NO:

Date: 17/4/24
Weight: 87.7 kg
Height: 173 cm

Patient Name:-

Santosh Singh
48/M

Age / Sex :-

Chief Complaints:-

no cough

Nutritional assessment:-

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

Pulse:- 96/min
BP:- 130/90
SpO2:- 99.1

Drug / Food Allergy:-

No medications

Past History :-

Family History:-

ok
H
A
M
A
B
plus

Systemic Examination:-

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

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

Investigation :-

USM, gv II PL

F 114

R 236

USMC 6.2

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

Rx

1 TAB Glycopyrronium 500

40

0-1-0
before Pain

1 TAB Roserpin 5

30

0-0-1

8

Follow Up:

X 1 month

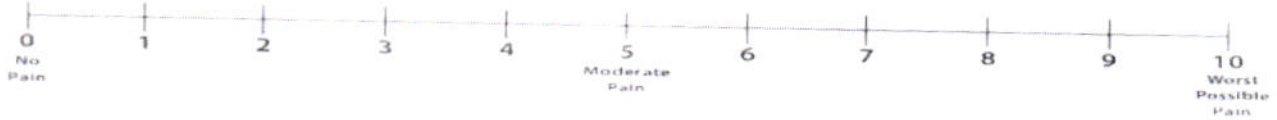
- ABs

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

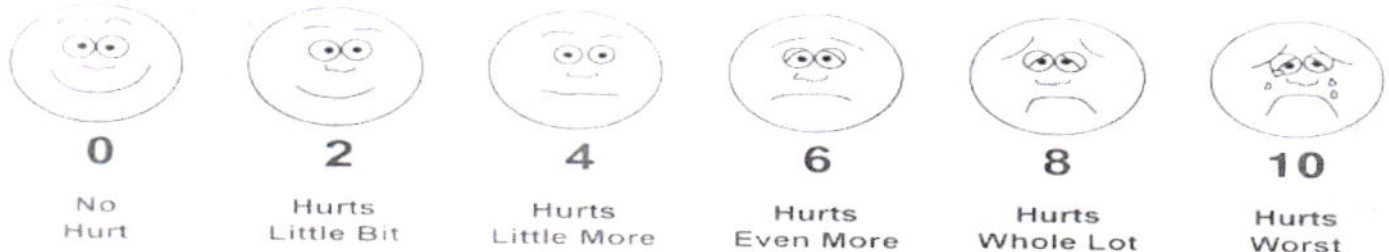
Date: - 1/2/23

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Certificate No. : MC-5200

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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:32 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.2	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.11	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.3	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	86.7	fL	83 - 101
MCH <i>Calculated</i>	27.8	pg	27 - 32
MCHC <i>Calculated</i>	32.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	14.3	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	5950	cells/cmm	4000 - 10000
---	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	65	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	29	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	152000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	10.8	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.

This is an Electronically Authenticated Report.

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 10:17 AM

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



Certificate No.: MC-5200

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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:32 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	POSITIVE

This is an Electronically Authenticated Report.

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:39 AM

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


 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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:32 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	4	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.2	%	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

Estimated Average Glucose (eAG) (mg/dL) * 131 mg/dL
Calculated

This is an Electronically Authenticated Report.

Generated On : 17-Apr-2024 12:08 PM
 Approved On : 17-Apr-2024 10:17 AM

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



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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh /	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133	Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:38 AM
Ref. By : Dr. Health Check Up . Shalby	Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	114	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)	236	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
----------------------------	------------	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	PRESENT[TRACE]	mg/dL	Absent
-------------------------	-----------------------	-------	--------

Glucose-oxidase/oxidase reaction

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 12:04 PM


 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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:17 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>	168	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	110	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	49	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	119	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	97	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	22	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.0		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.4	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.

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

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

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:19 AM

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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Santoshkumar Singh** / Registered On : 17-Apr-2024 08:43 AM
 Lab ID : 404901133 Collected On : 17-Apr-2024 08:20 AM
 Gender/Age : Male / 48 Years DOB : 16-Aug-1975 Received On : 17-Apr-2024 09:17 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	11	mg/dL	9 - 20
UREA <i>Calculated</i>	24	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.96	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	6.7	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.4	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.6	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	139	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.54	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

This is an Electronically Authenticated Report.

Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistGenerated On : 17-Apr-2024 12:08 PM
Approved On : 17-Apr-2024 11:19 AM


 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 : SUR0000363256 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Santoshkumar Singh** / Registered On : 17-Apr-2024 08:43 AM
 Lab ID : 404901133 Collected On : 17-Apr-2024 08:20 AM
 Gender/Age : Male / 48 Years DOB : 16-Aug-1975 Received On : 17-Apr-2024 10:08 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	138	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 *	10.38	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 *	3.073	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.

This is an Electronically Authenticated Report.

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:16 AM

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



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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 10:08 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * 0.6 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

This is an Electronically Authenticated Report.

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:16 AM

Dr Pankaj Agrawal

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


 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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:43 AM
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			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</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> 5.5	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	0-2/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

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

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

Generated On : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:19 AM


 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 : SUR0000363256 OP-001

REPORT STATUS : Interim



Patient Name : Mr Santoshkumar Singh	/	Registered On : 17-Apr-2024 08:43 AM
Lab ID : 404901133		Collected On : 17-Apr-2024 08:20 AM
Gender/Age : Male / 48 Years	DOB : 16-Aug-1975	Received On : 17-Apr-2024 09:17 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	52	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	40	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	86	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>	21	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.2	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.9	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.9	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>	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.3	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 : 17-Apr-2024 12:08 PM

Approved On : 17-Apr-2024 11:19 AM

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

Patient ID:	SUR0000363256	Patient Name:	SANTOSH K SINGH
Age:	48 Years	Sex:	M
Accession Number:	4236 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	17-Apr-2024		

CHEST X-RAY (PA)

Prominent bronchovascular markings bilaterally.

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:

- Prominent bronchovascular markings bilaterally.

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

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

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

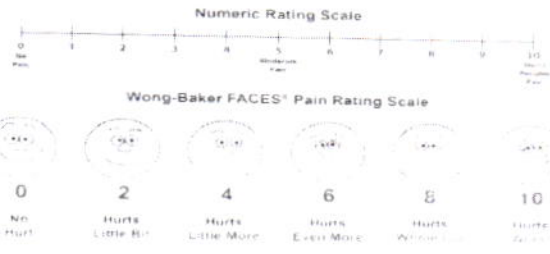
Santosh Kumar Singh

Date:-

17/04/2024

Chief Complaints:-

Longtime Eye
ache up.



Pain Assessment:-

Past History:-

Family History:-

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:-

6/18
6/18

NCT

18
18

ON Examination

Ant. Segment

WNL

Systemic Examination:-

HT:- WT:-

PH Vision:-

6/6
6/6

ST { -0.25 - 1.75 x 90 6/6
-0.50 - 1.00 x 80 6/6
Add +1.75 x 180

Both Eye

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.
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
APR 18 2023 12:27

VD=10
(R)
SPH CYL AX
- 0.25 -1.75 89
- 0.25 -1.50 90
- 0.25 -1.50 89

- 0.25 -1.50 89

Anterior Chamber

(L)
SPH CYL AX
- 0.50 -1.00 79
- 0.50 -0.75 82
- 0.25 -1.50 80

- 0.50 -1.00 79

Rt. EYE

Lt. EYE

PD= 66

GrandSeiko.com
GR-3300K S/N:76BB0963

Investigation:-

Background:-

Macula:-

Diagnosis:-

Refractive Error

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 502

Signature of the Consultant

[Signature]

Patient's Name: Santosh Kumar Singh

UHID: 363256

Age: 48 yrs / Male

Date: 17 / 04 / 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: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:10 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

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

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: SANTOSH KUMAR SINGH		UHID: 363256	
Age / Sex: 48 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 17/04/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and 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 26 x 30 x 26 mm (Approx. vol- 11 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

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

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

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



Pre - op

Post - op

Health Check-up

Date : 27/08/24

Patient Reg. No. : _____

Patient Name : Santosh Kumar Singh

Age / Sex : 45/M

Address : Udaipur

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 : 7/7

Periodontitis : _____ Gingivitis : _____

Missing Teeth : 6 Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : 7/7 Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : 7/65

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"

Hx: Scaling

Restoration 7/7

Bridge 7/7

Jadav V. N.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

1100 Sinus rhythm

9110 ** normal ECG **

Santosh Kumar

Medication:

Symptoms:

History:

Heart rate	86	bpm
PR int	130	ms
QRS dur	88	ms
QT/QTc(E) int	346/ 390	ms
QT/QTc(T) axis	50/ 18/ 41	°
V5/SV1 amp	1.36/ 0.21	mV
V5+SV1 amp	1.57	mV

Unconfirmed Report

Reviewed by:

Handwritten signature

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV

