



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 : SUR0000362948 OP-001

REPORT STATUS : Interim



Patient Name : Mr Prathviraj . / Registered On : 11-Apr-2024 09:51 AM
Lab ID : 404900678 Collected On : 11-Apr-2024 09:25 AM
Gender/Age : Male / 37 Years DOB : 11-Apr-1987 Received On : 11-Apr-2024 10:19 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 <i>Colorimetric Non Cyanide</i>	15.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.90	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	43.8	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	89.4	fL	83 - 101
MCH <i>Calculated</i>	30.6	pg	27 - 32
MCHC <i>Calculated</i>	34.2	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.1	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* **6540** cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	66	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	25	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	301000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	7.9	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
Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist



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BLOOD GROUP

(Tube agglutination; Forward & reverse)

ABO Type

"O"

RH Type

POSITIVE

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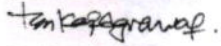
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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	38	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.5	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 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) * <i>Calculated</i>	111	mg/dL	

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

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	80	mg/dL	74 - 106
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Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
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POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	98	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
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Liver Function Test

Liver Function Test

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	30	U/L	21 - 72
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SGOT (AST) <i>Multi Point Rate with P-5-P</i>	23	U/L	17 - 59
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Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	51	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
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GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	26	U/L	15 - 73
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S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
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Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.4	g/dL	3.5 - 5.0
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S. GLOBULIN <i>Calculated</i>	2.4	g/dL	2.3 - 3.6
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A/G Ratio <i>Calculated</i>	1.8	Ratio	1.0 - 2.3
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Fluoride PP, Urine (F),S

Liver Function Test

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>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <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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Gender/Age : Male / 37 Years

DOB : 11-Apr-1987

Received On : 11-Apr-2024 10:24 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>	173	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	118	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	40	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	133	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	109	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	24	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.7		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.3	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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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)**Total T3 ***

112

ng/dL

87 - 178

Chemiluminescence immunoassay (CLIA)

Total T4 *

12.82

µg/dL

99% Reference Interval (µg/dL)

4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

TSH *

1.816

µIU/mL

0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

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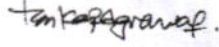
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Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
UREA <i>Calculated</i>	15	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.71	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	6.0	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.1	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.2	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.34	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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

Parameter	Result	Unit	Biological Ref. Interval
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**CLINICAL PATHOLOGY
URINE EXAMINATION**

Physical Examination

Colour * Pale Yellow Pale yellow

Transparency Clear Clear

Chemical Examination

Glucose Negative Negative
Glucose-oxidase/oxidase reaction

Bilirubin Negative Negative
Azo coupling Reaction with diazonium

Ketone Negative Negative
Sodium Nitroprusside reaction

Specific Gravity 1.010 S.G. value 1.001 - 1.035
Refractometric Method - Bromthymol blue

Blood NIL Negative
Peroxidase like activity of hemoglobin

pH 6.5 PH value 4.6 - 8.0
Double Indicator principle

Protein Negative Negative
Protein Error of Indicator Principle

Urobilinogen * 0.2 EU/dL Upto 1.0 mg/dL (EU/dL)
Modified Ehrlich reaction

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Nitrite *

Diazotization reaction of nitrite with an aromatic amine

Negative

Negative

Leucocyte

Leucocyte Esterase Test

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

Glucose, Urine Spot

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

0

mg/dL

< 30

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

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Patient ID:	SUR0000362948	Patient Name:	PRUTHVI RAJ
Age:	37 Years	Sex:	M
Accession Number:	4003 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	11-Apr-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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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEER ROAD
SURAT

Station
Telephone: _____

EXERCISE STRESS TEST REPORT

Patient Name: PRUTHVIRAJ,
Patient ID: 362948
Height:
Weight:

DOB: 16.08.1986
Age: 37yrs
Gender: Male
Race: Asian

Study Date: 11.04.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:03	0.00	0.00		120/80	
	STANDING	00:19	0.80	0.00	81		
EXERCISE	STAGE 1	03:00	2.70	0.00	115		
	STAGE 2	03:00	4.00	12.00	137	140/80	
	STAGE 3	01:32	5.40	14.00	157	170/80	
RECOVERY		03:17	0.00	0.00	105	140/80	

The patient exercised according to the BRUCE for 7:31 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 84 bpm rose to a maximal heart rate of 160 bpm. This value represents 87% of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician _____

Technician _____

PRUTHVIRAJ,

Patient ID 362948

11.04.2024

11:18:24

Male

37yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 07:31

Max HR: 160 bpm 87% of max predicted 183 bpm HR at rest: 84

Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 26690 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.45 mm, 0.00 mV/s in II; EXERCISE STAGE 3 06:30

Arrhythmia: A:11, PVC:3, PSVC:2, PERR:1, PCAP:1

ST/HR index: 1.90 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

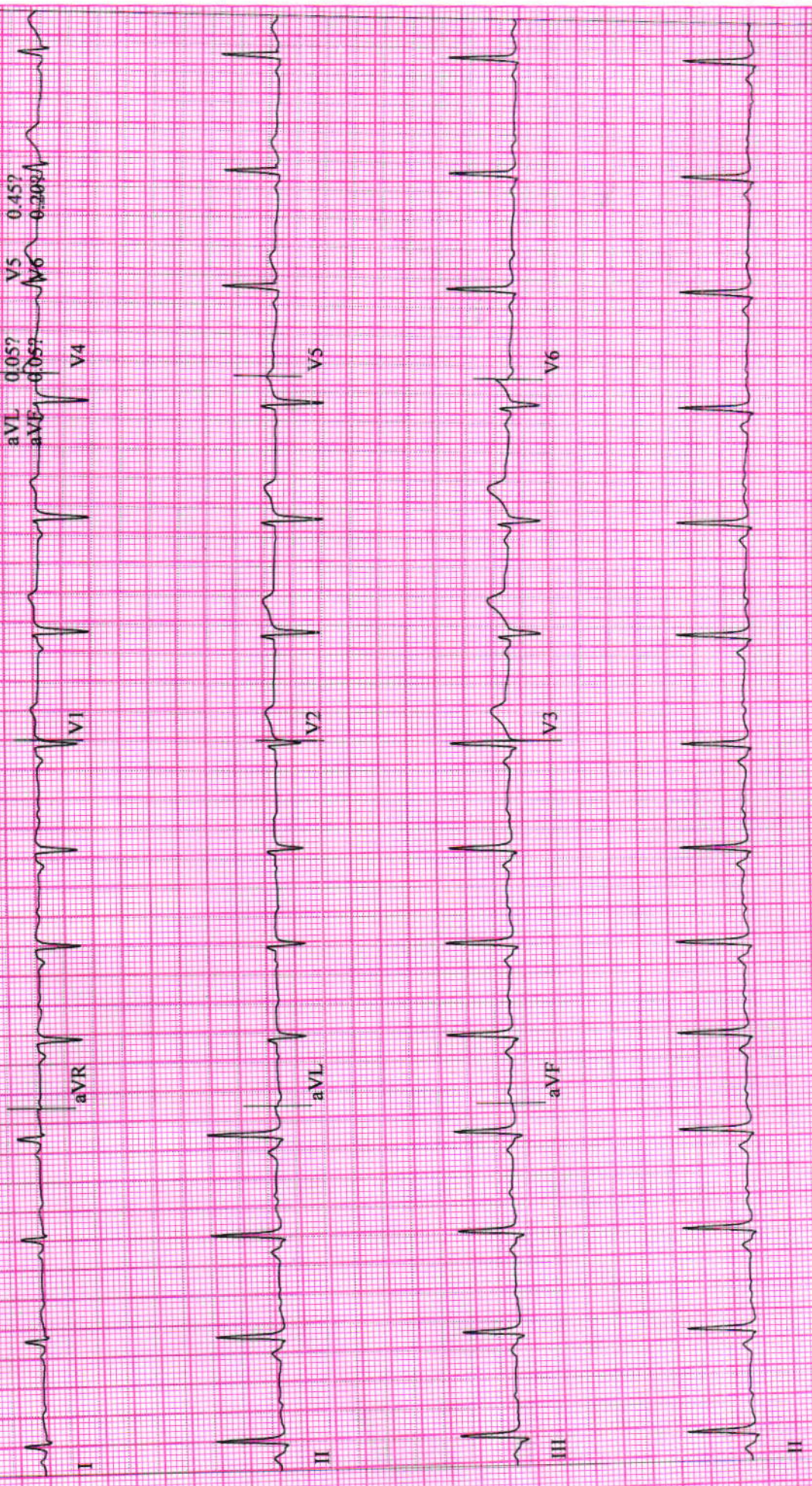
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:03	0.00	0.00	1.0		120/80		0	--	
	STANDING	00:19	0.80	0.00	1.0	81			0	0.10	
EXERCISE	STAGE 1	03:00	2.70	0.00	2.2	115			0	-0.25	
	STAGE 2	03:00	4.00	12.00	7.0	137	140/80	19180	0	-0.85	
	STAGE 3	01:32	5.40	14.00	10.0	157	170/80	26690	1	-1.40	
RECOVERY		03:17	0.00	0.00	1.0	105	140/80	14700	0	-0.65	

HR 60

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10?	V1	0.30?
II	0.10?	V2	0.55?
III	0.00?	V3	0.90?
aVR	-0.10?	V4	0.75?
aVL	0.05?	V5	0.45?
aVF	0.05?	V6	0.20?



11:18:24
11:21:29

EXERCISE
61:50

HRUC
0.0%

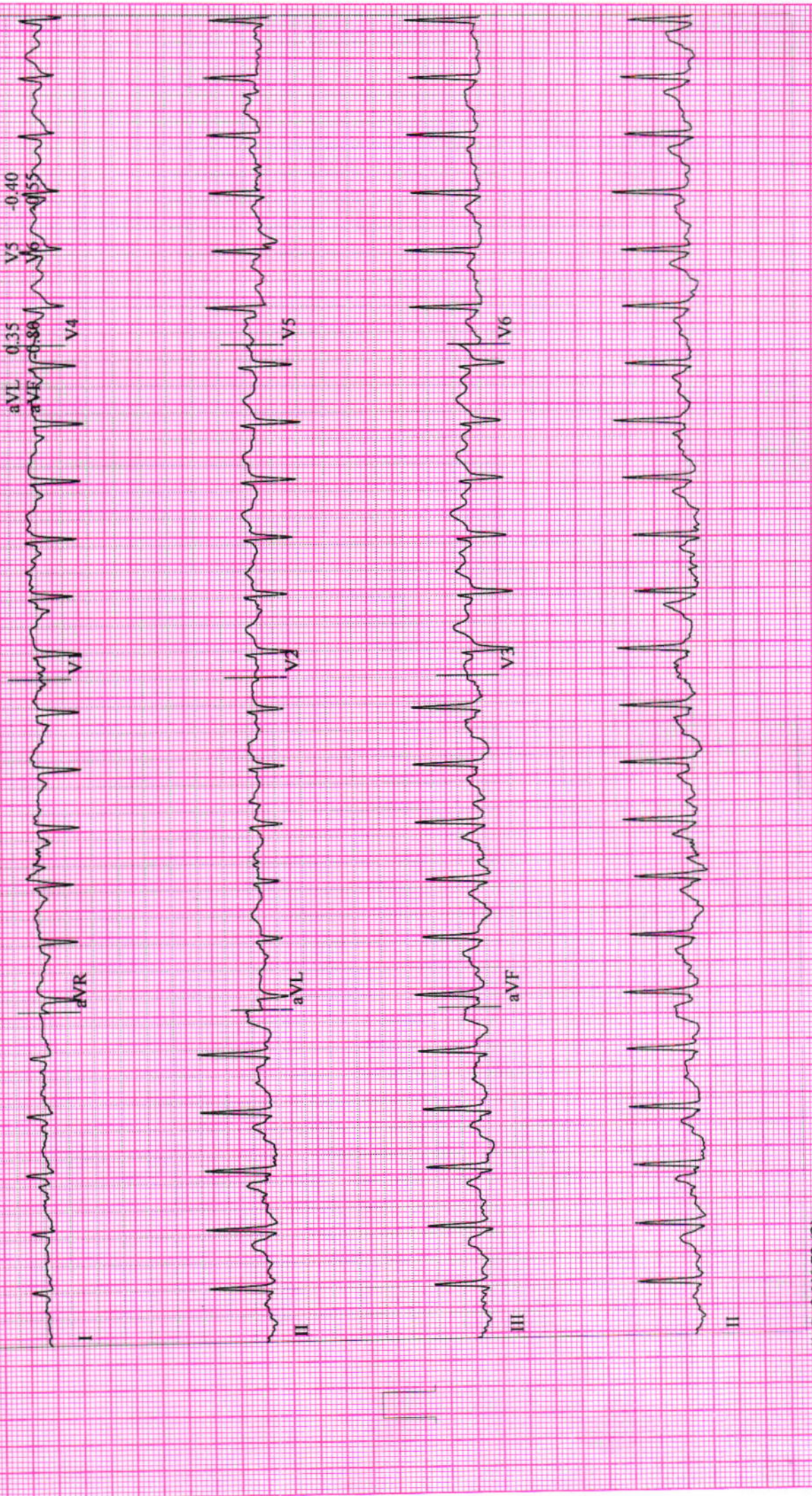
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.65
II	-0.20	V2	0.55
III	-0.20	V3	1.25
aVR	0.10	V4	0.95
aVL	0.15	V5	0.45
aVF	0.20	V6	0.10



Patient: [Name] (12/18/87)
 Date: 12/18/87
 Time: 12:08 PM
 Location: [Location]
 Physician: [Physician]
 Admit: [Admit]

Lead	ST (mm)	Lead	ST (mm)
I	-0.05	V1	0.80
II	-0.85	V2	0.75
III	-0.85	V3	0.95
aVR	0.45	V4	0.45
aVL	0.35	V5	-0.40
aVF	0.80	V6	0.55



12-Lead Report (PEAK EXERCISE)

SHALBY HOSPITAL

PRUTHVIRAJ,
Patient ID 362948
11.04.2024
11:26:21

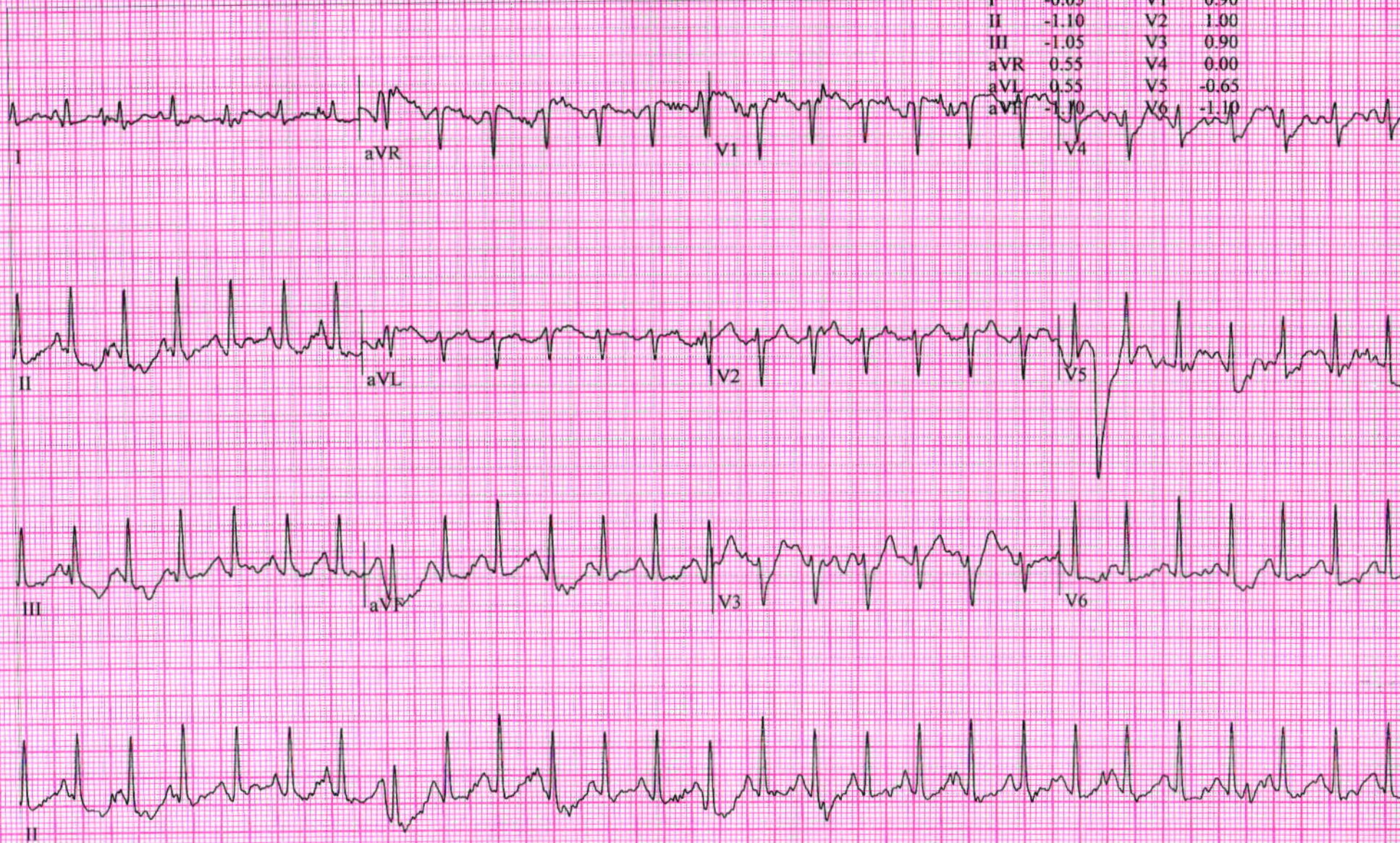
157 bpm
170/80 mmHg

EXERCISE
STAGE 3
07:32

BRUCE
5.4 km/h
14.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.90
II	-1.10	V2	1.00
III	-1.05	V3	0.90
aVR	0.55	V4	0.00
aVL	0.55	V5	-0.65
aVF	-1.10	V6	-1.10



PRUTHVIRAJ,
Patient ID 362948
11.04.2024
11:27:10

126 bpm

12-Lead Report

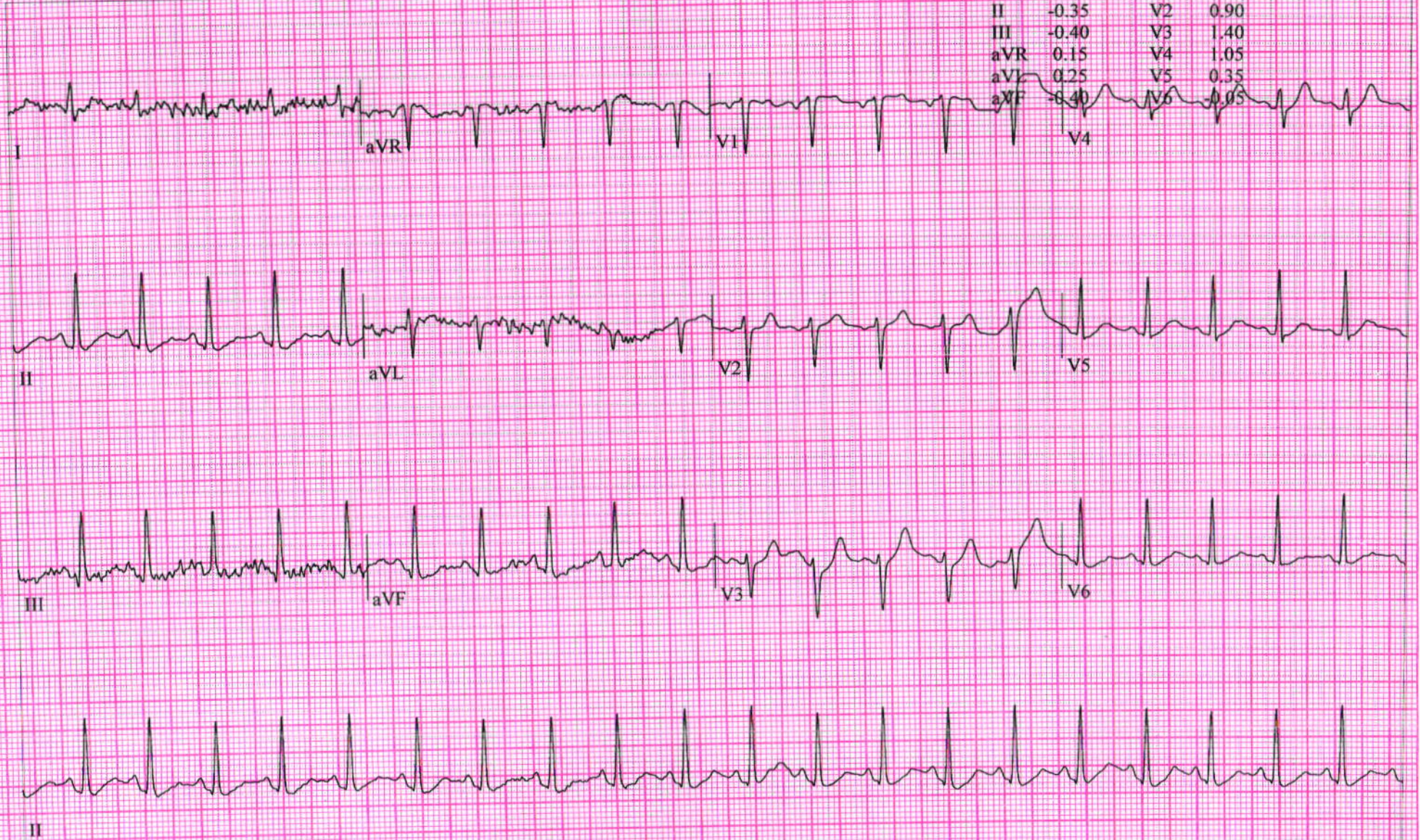
RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.65
II	-0.35	V2	0.90
III	-0.40	V3	1.40
aVR	0.15	V4	1.05
aVL	0.25	V5	0.35
aVF	-0.40	V6	-0.05



PRUTHVIRAJ,
Patient ID 362948
11.04.2024
11:28:10

109 bpm

12-Lead Report

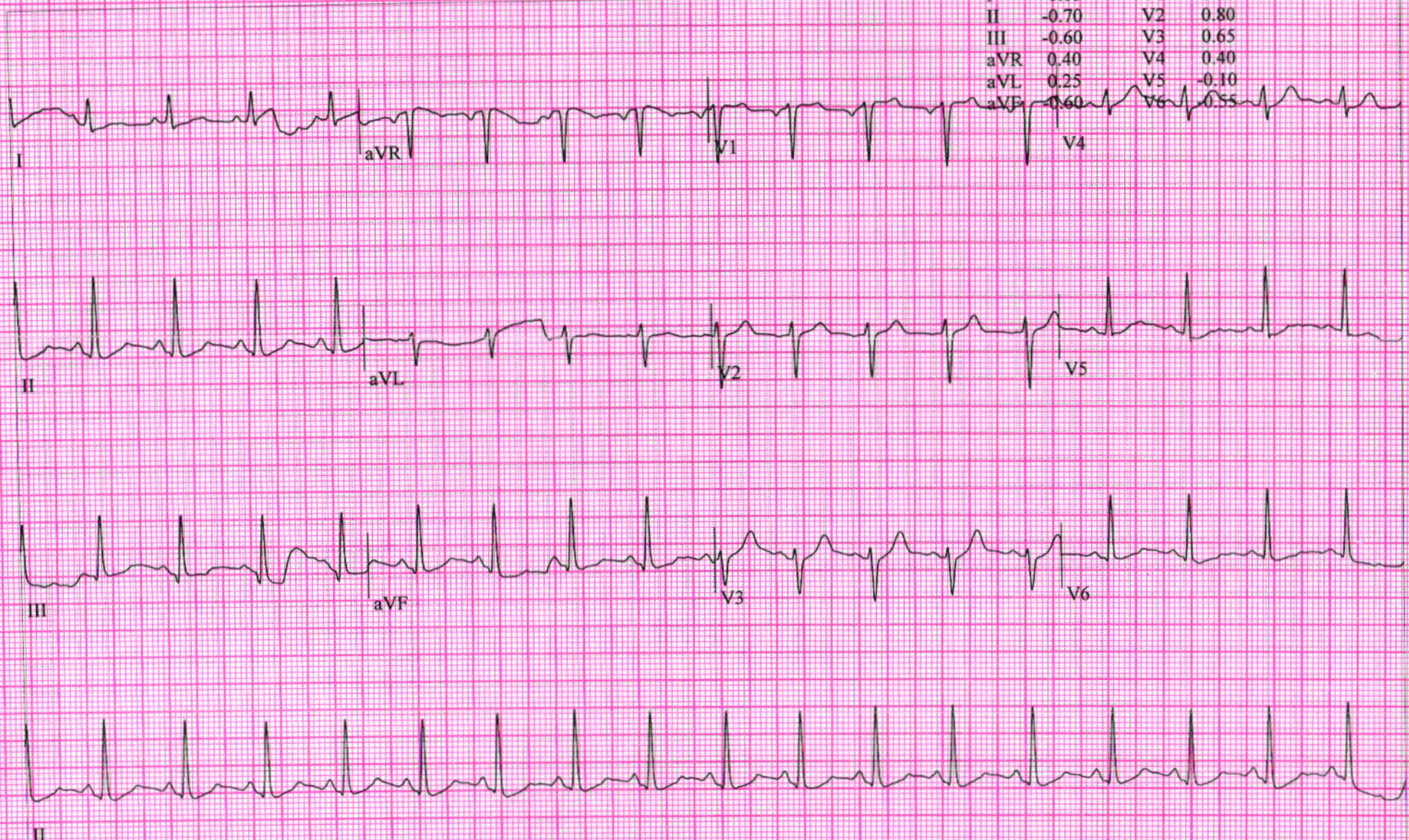
RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.75
II	-0.70	V2	0.80
III	-0.60	V3	0.65
aVR	0.40	V4	0.40
aVL	0.25	V5	-0.10
aVF	-0.60	V6	0.55



PRUTHIVIRAJ,
Patient ID 362948
11.04.2024
11:29:10

106 bpm
140/80 mmHg

12-Lead Report

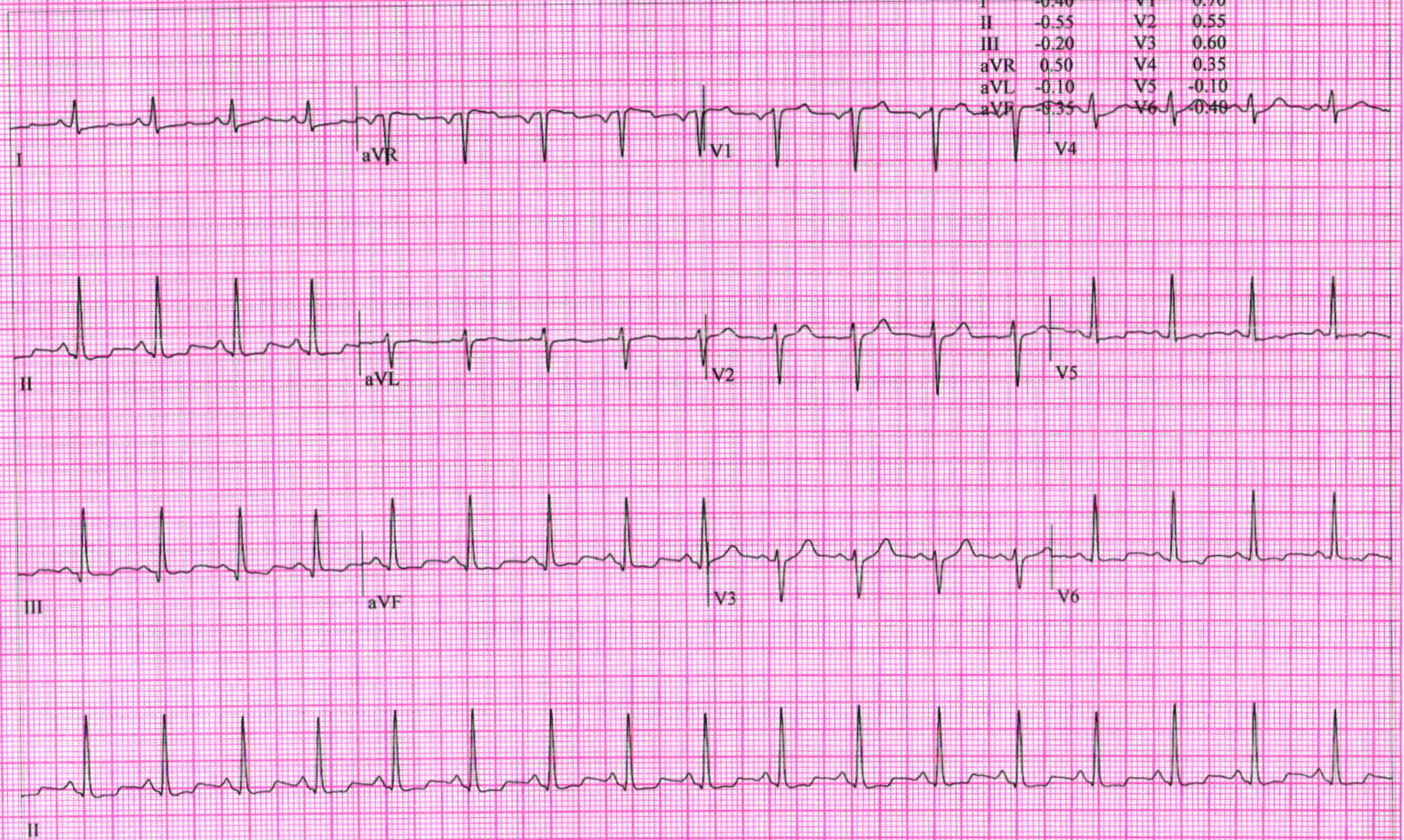
RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	0.70
II	-0.55	V2	0.55
III	-0.20	V3	0.60
aVR	0.50	V4	0.35
aVL	-0.10	V5	-0.10
aVF	-0.35	V6	-0.40



Patient Name: PRUTHVIRAJ		UHID: 362948	
Age / Sex: 37 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 11/04/2024	

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 29 x 43 x 32 mm (Approx. vol- 21 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

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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

ID:

Sex: M Name: Birth date: / / mmHg years

cm kg mmHg

Indication:

Symptoms:

History:

Heart rate: 76 bpm

PR int: 132 ms

PR dur: 86 ms

QT/QTc(E) int: 368/398 ms

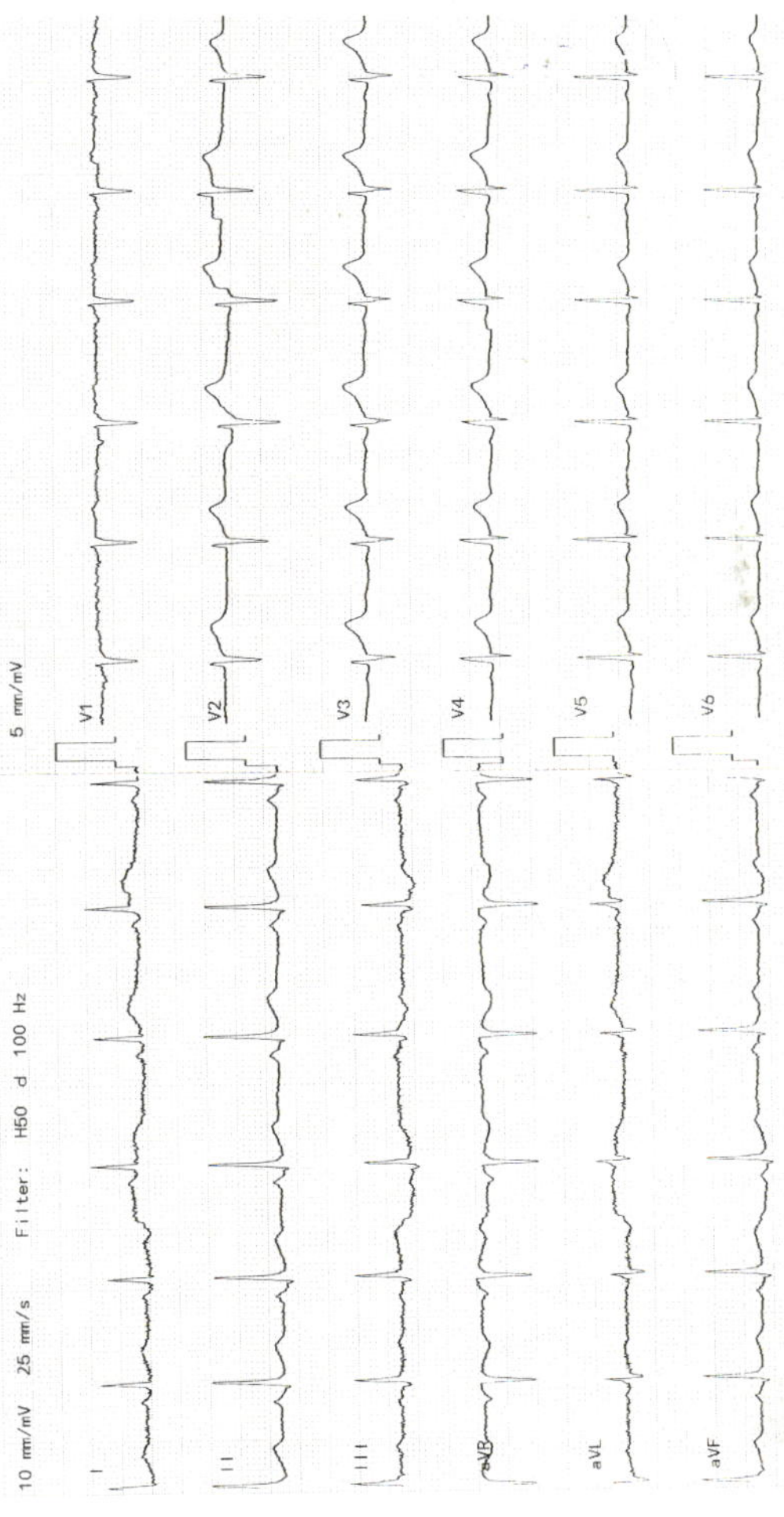
QT/QTc(T) axis: 48/47/55 °

RV5/SV1 amp: 1.89/1.26 mV

RV5+SV1 amp: 3.15 mV

1100 Sinus rhythm
1470 with occasional supraventricular premature complexes
6220 Possible left atrial enlargement
9140 ** abnormal rhythm ECG **

Unconfirmed Report
Reviewed by:



DR. RUJUTA SHELAT

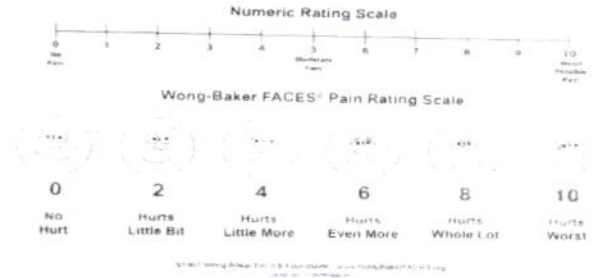
Consultant Ophthalmologis

Reg. No.:- G-48712

Name :- *Pruthviraj*

Date:- *11/03/24*

Chief Complaints:- *Reddened Eye
stuck up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *No drugs Allergies*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/6 NB
6/6 1 NB*

NCT *18
18*

Systemic Examination:-

HT:- *MW* WT:-

PH Vision:- *6/6
6/6*

ON Examination

Ant. Segmenet

Both Eye

war.

E 12 2023 11:46

10

SPH	CYL	AX
0.25	+0.25	140
0.25	-0.25	57
0.50	-0.50	74

0.25	+0.25	140
------	-------	-----

SPH	CYL	AX
0.50	0.00	
0.50	0.00	
0.50	0.00	

0.50	0.00	
------	------	--

= 67

andSeiko.com
R-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Background:-

Macula:-

Diagnosis:-

*PT will be
conclude on*

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months/so

Signature of the Consultant

Rm

M.D. (Medicine)

Reg No: G 17770.

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Prathviraj
37 M

Date: 11/04/24

Age / Sex :-

Weight:- 77cm

Chief Complaints:-

Height:- 78 kg

no clo

Nutritional assessment:-

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

Drug / Food Allergy:-

Pulse:- 74 bpm

Past History :-

NAD

BP:- 110/80 mm

SpO2:- 94%

Family History:-

Systemic Examination:-

RS }
CVS }
PA } NAD
ENT }

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

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срр 9.
срр 9.10и 600г (30)

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