SHALBY LIMITED
•Passion••Compassion••Innovation•

SHALBY MULTI-SPECIALTY HOSPITALS

DR. DILIP B GHEEWALA
M.D. (Medicine)
Reg No: G 17770,
Mo: 9825338408
Consultant Physician & Ex. Professor Of Medicine
OPD Days: Monday,Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:- Dipak B. Parmar
Age / Sex :- 40 M
Chief Complaints:- Nocb

Date: 29/3/24
Weight:- 89.1kg
Height:- 171.cm

Nutritional assessment:-

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

Drug / Food Allergy:- NAD
Past History :-

Pulse:- 65/min
BP:- 160/90
SpO2:- 98%

Family History:-
Systemic Examination:- RS, CVS, PA, CNS } WNL

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 :-

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

℞

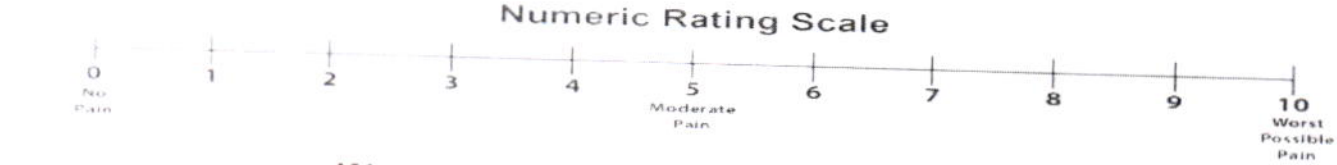
Tab. Telmisartan AM (3x)
- 9-2-18
Tab. Rosuvas 10 mg (3x)
- 9-2-18

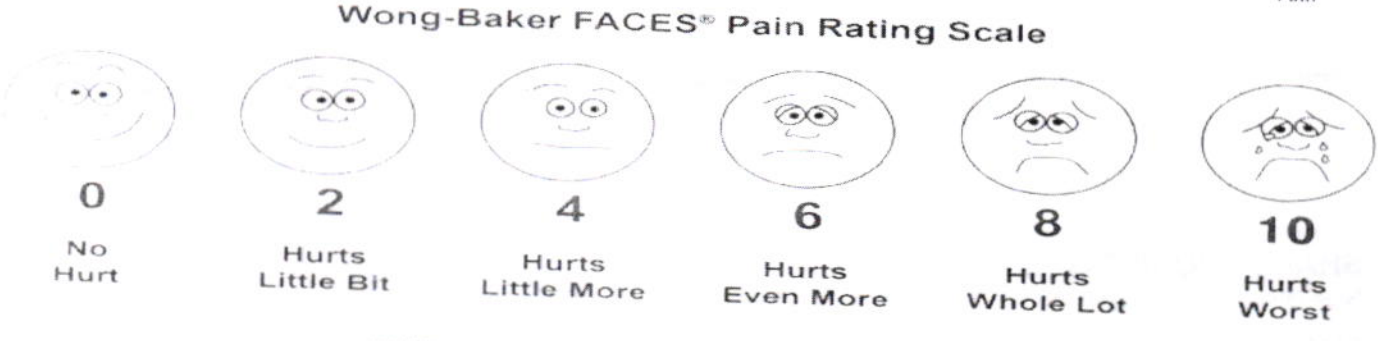
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:-

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





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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 : SUR0000337780 OP-001 **REPORT STATUS : Interim**

Patient Name	: **Mr Dipakbhai B Parmar** /	Registered On	: 29-Mar-2024 09:28 AM
Lab ID	: 403902274	Collected On	: 29-Mar-2024 09:30 AM
Gender/Age	: Male / 40 Years DOB : 06-Mar-1984	Received On	: 29-Mar-2024 09:47 AM
Ref. By	: Dr. Health Check Up . Shalby	Sample Type	: EDTA Whole Blood

Parameter		Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES				
HAEMOGLOBIN	*Colorimetric Non Cyanide*	13.5	g/dL	13.0 - 17.0
RBC COUNT	*Electrical Impendance*	4.62	mill/cmm	4.5 - 5.5
HCT	*Calculated*	40.7	%	40 - 50
MCV	*Calculated based on the RBC histogram*	88.1	fL	83 - 101
MCH	*Calculated*	29.2	pg	27 - 32
MCHC	*Calculated*	33.2	g/dL	31.5 - 34.5
RDW	*Calculated*	**12.6**	%	13.3 - 18.3
TOTAL LEUCOCYTE COUNT				
Total WBC Count	*Electrical Impendance*	6240	cells/cmm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy				
NEUTROPHILS	*Flow Cytometry*	56	%	40 - 80
LYMPHOCYTES	*Flow Cytometry*	35	%	20 - 40
EOSINOPHILS	*Flow Cytometry*	6	%	1 - 6
MONOCYTES	*Flow Cytometry*	3	%	2 - 10
BASOPHIL	*Flow Cytometry*	0	%	0 - 2
PLATELET INDICES				
PLATELET COUNT	*Electrical Impendance*	247000	/cmm	150000 - 410000
MPV	*Calculated based on PLT Histogram*	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
M.B., D.C.P
Consulting Pathologist

Certificate No. : MC-5200

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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		

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * *Modified Westergren Method*	10	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * *Boronate Affinity Assay*	**5.7**	%	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) * *Calculated*	117	mg/dL	

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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)	**109**	mg/dL	74 - 106
GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric			
Urine Sugar (F)	ABSENT	mg/dL	Absent
Glucose-oxidase/peroxidase reaction			
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP)	110	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric			
Urine Sugar (PP)	ABSENT	mg/dL	Absent
Glucose-oxidase/peroxidase reaction			

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

Parameter	Result	Unit	Biological Ref. Interval
	LIPID PROFILE		
LIPID PROFILE			
Cholesterol *Cholesterol Esterase, Oxidase, Peroxidase*	178	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE *Lipase/GK/GPO/POD*	109	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * *Phosphotungstic Acid/Mgcl2 - Enzymatic*	42	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol *Calculated*	**136**	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol *Calculated*	**114**	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL *Calculated*	22	mg/dL	6 - 38
LDL/dHDL * *Calculated*	2.7		2.5 - 3.5
Chol/dHDL * *Calculated*	4.2	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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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)	9	mg/dL	9 - 20
Urease, colorimetric			
UREA	19	mg/dL	19 - 43
Calculated			
Creatinine	0.91	mg/dL	0.66 - 1.25
Enzymatic - Creatinine amidohydrolase			
S. URIC ACID	6.3	mg/dL	3.5 - 8.5
Uricase/Peroxidase, Colorimetric			
Calcium	9.4	mg/dL	8.4 - 10.2
Arsenazo III dye			
Phosphorus *	3.7	mg/dL	2.5 - 4.5
Phosphomolybdate reduction (PMA Phenol)			
Sodium	143	mmol/L	137 - 145
Direct Ion Selective Electrode			
S. POTASSIUM	3.96	mmol/L	3.5 - 5.1
Direct Ion Selective Electrode			
Chloride	**109**	mmol/L	98 - 107
Direct Ion Selective Electrode			

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Gender/Age	: Male / 40 Years	DOB	: 06-Mar-1984	Received On	: 29-Mar-2024 10:05 AM
Ref. By	: Dr. Health Check Up . Shalby			Sample Type	: Serum

Parameter	Result	Unit	Biological Ref. Interval

IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	121	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 *	10.16	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in ug/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 *	2.120	µIU/mL	0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:
1. The principal clinical use for hTSH measurement is for the assessment of thyroid status.
2. In patients with intact hypothalamic-pituitary function, hTSH is measured to:
1) exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
2) monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
3) follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
4) assess the response to TRH stimulation testing.
3. 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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Ref. By	: Dr. Health Check Up . Shalby			Sample Type	: Serum

PROSTATE SPECIFIC ANTIGEN *	0.7	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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Gender/Age	: Male / 40 Years DOB : 06-Mar-1984	Received On	: 29-Mar-2024 10:01 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	*Glucose-oxidase/peroxidase reaction*	Negative		Negative
Bilirubin	*Azo coupling Reaction with diazonium*	Negative		Negative
Ketone	*Sodium Nitroprusside reation*	Negative		Negative
Specific Gravity	*Refractometric Method - Bromthymol blue*	1.025	S.G. value	1.001 - 1.035
Blood	*Peroxidase like activity of hemoglobin*	**Trace (+/-)**		Negative
pH	*Double Indicator principle*	6.0	PH value	4.6 - 8.0
Protein	*Protein Error of Indicator Principle*	Negative		Negative
Urobilinogen *	*Modified Ehrlich reaction*	0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
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		1-2/hpf	/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

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Parameter	Result	Unit	Biological Ref. Interval
	Liver Function Test		
Liver Function Test			
SGPT (ALTV) *Multi Point Rate with P-5-P*	68	U/L	21 - 72
SGOT (AST) *Multi Point Rate with P-5-P*	38	U/L	17 - 59
Alkaline Phosphatase *PNPP, AMP Buffer*	102	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT * *L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic*	25	U/L	15 - 73
S. PROTEIN *Biuret (Alkaline cupric sulfate), End Point*	7.3	g/dL	6.3 - 8.2
Albumin *Bromocresol Green (BCG), Colorimetric*	4.3	g/dL	3.5 - 5.0
S. GLOBULIN *Calculated*	3.0	g/dL	2.3 - 3.6
A/G Ratio *Calculated*	1.4	Ratio	1.0 - 2.3
Bilirubin Total *Azobilirubin/Dyphylline/Diazonium Salt*	0.8	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 *End-point Colorimetric (Dual wavelength spectrophotometric)*	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct *Calculated*	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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

Patient ID:	SUR0000337780	Patient Name:	DIPAK B PARMAR
Age:	40 Years	Sex:	M
Accession Number:	3518 MHC	Modality:	DX
Referring Physician:	DR.SHALBY	Study:	CHEST PA
Study Date:	29-Mar-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

DENTAL CHECK UP

Pre - op ☐ Post- op ☐ Health Check-up ☑

ate : 29/3/24 Patient Reg. No. : _____

atient Name : Dipak Patel Age / Sex : 40 / M

ddress : Surat

omplaints : NAD

ain : _____

eeding gums : _____ Swelling : _____

nsitivity : _____ Pus Discharge : _____

edical History : NAD

pertension : DM Acidity Pregnancy : _____

eeding Disor ders : _____ Asthma : _____ Allergy : _____

ast Surgical Intervention : _____

ny Medication :

on Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing T eeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 ☒ 2 ☐ 3 ☐ Deep ☐ Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentur es : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Patient Name: DIPAK B. PARMAR			UHID: 237780
Age / Sex: 40 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 29/03/2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade I 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 31 x 36 x 38 mm (Approx. vol- 22 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- **Grade I fatty liver.**
- **No other significant abnormality is seen.**

Thanks for referral.

DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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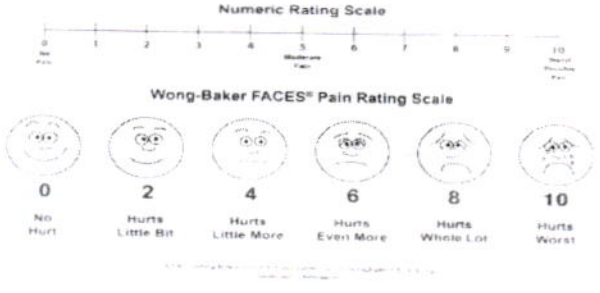
SHALBY® MULTI-SPECIALTY HOSPITALS

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

Name :- Dipak B PARMAR **Date:-** 29/03/24

Chief Complaints:- Gold Watering



Pain Asscessment:-

Past History:-

Family History:- Allergy:- No Drugs Allergy

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

General Examination:-
BP:- Pulse:- Temp:-

Systemic Examination:-
HT:- WT:-

Visual Acuity:- { 6/6 P / 6/6 P

PH Vision:- { 6/6 / 6/6

NCT { 18 / 18

SE +0.00/-0.50X65 6/6
+0.00 1-0.50X70 6/6 Add +1.00DS

ON Examination Ant. Segmenet Both Eye

WNL

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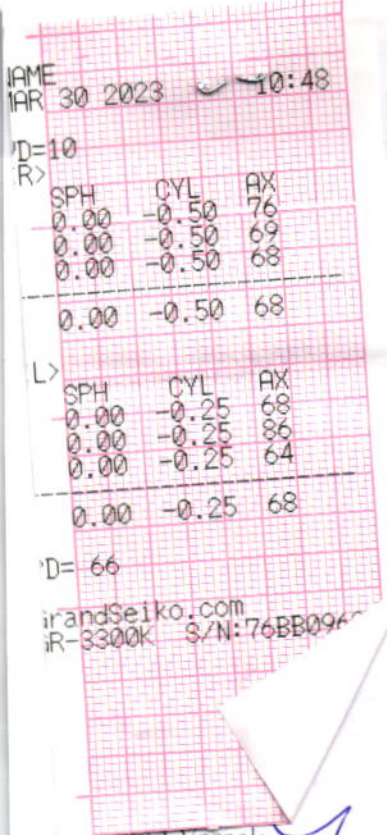
CIN: L85110GJ2004PLC044667



Anterior Chamber

Rt. EYE Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:- Refractive error Presbyopia

Treatment:- Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months /SOS

Signature of the Consultant

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SHALBY® MULTI-SPECIALTY HOSPITALS

Patient's Name: Dipak Parmar
UHID: 337786

Age: 40 yrs / male
Date:29 / 03 / 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:20

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

ID:
Name:

29-Mar-2024 AM8:43:22

:M Birth date: years

cm kg / mmHg

1100 Sinus rhythm
9110 ** normal ECG **

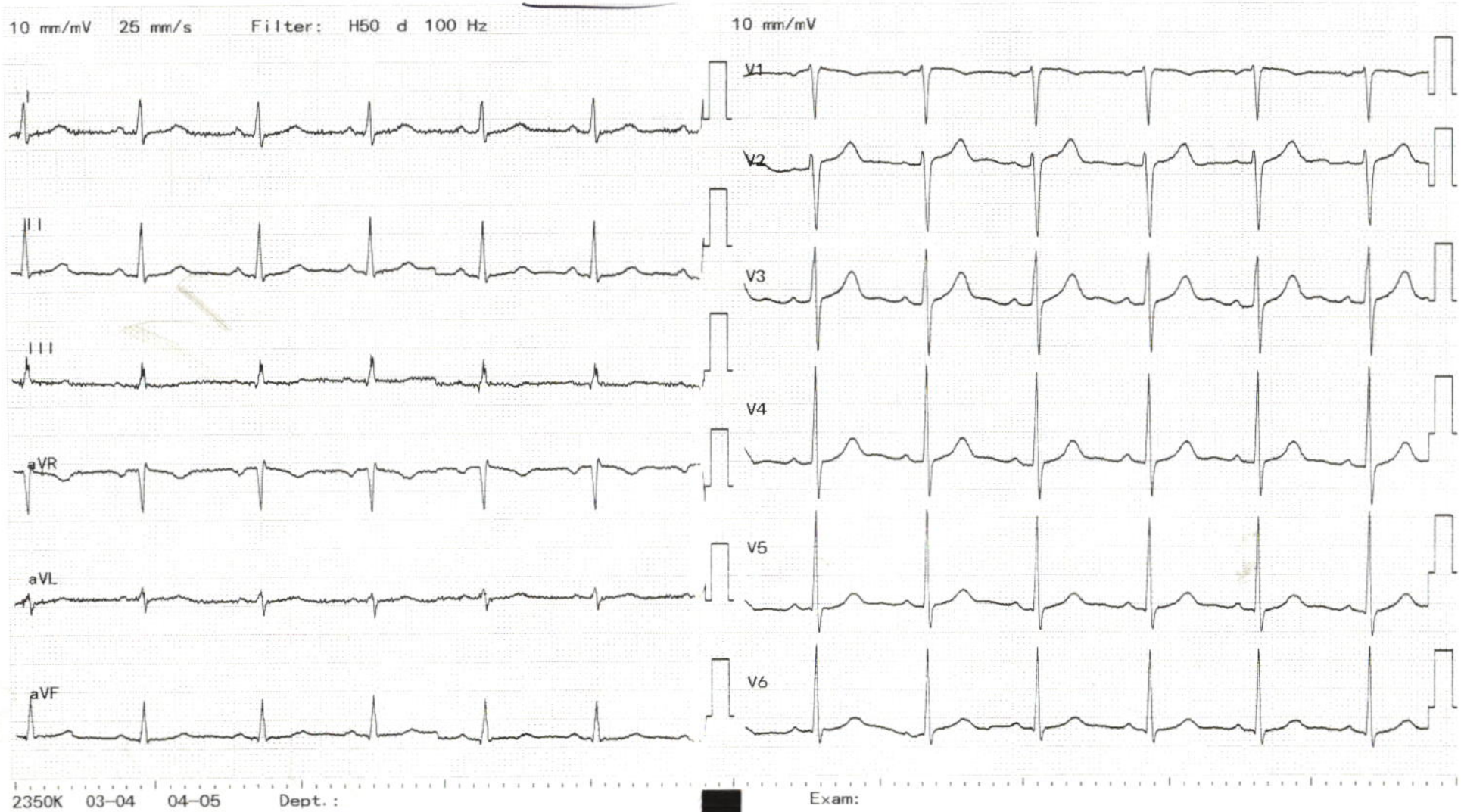
edication:
ymptoms:
istory:

ent. rate	77	bpm
R int	154	ms
RS dur	88	ms
T/QTc(E) int	390/ 422	ms
/QRS/T axis	37/ 63/ 38	°
V5/SV1 amp	1.68/ 0.92	mV
V5+SV1 amp	2.60	mV

Dipak Parmar

WNL

Unconfirmed Report
Reviewed by:



2350K 03-04 04-05 Dept.:

Exam: