

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:-

Shelna Pathviraj Poojary
37 ~~M~~ F

Date: 11/06/24

Age / Sex :-

Weight:- 120kg

Chief Complaints:-

Hypothyroidism
Thyronorm 25mg
10D

Height:- 168cm

Nutritional assessment:-

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

Drug / Food Allergy:-

NA

Pulse:- 96/min

Past History :-

BP:- 120/80mm

SpO2:- 98+

Family History:-

Systemic Examination:-

Re }
CVS }
RA }
CNS }
NA

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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

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CIN: L85110GJ2004PLC044667

Adv

S. T. S. Testi
after 3 months

T. Phylloporum 500g

T. Telukison 10g x 30
20:500

- 2 - alkalysthi





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 : SUR0000362949 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Chetna Prathviraj Poojary / Registered On : 11-Apr-2024 09:45 AM
Lab ID : 404900677 Collected On : 11-Apr-2024 09:20 AM
Gender/Age : Female / 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
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.0	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.97	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	41.2	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	82.8	fL	83 - 101
MCH <i>Calculated</i>	26.2	pg	27 - 32
MCHC <i>Calculated</i>	31.6	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.4	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* 10160 cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	58	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	36	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	2	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	351000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.2	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
RH Type

"B"
POSITIVE

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	43	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.3	%	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>	134	mg/dL	

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Gender/Age : Female / 37 Years DOB : 11-Apr-1987 Received On : 11-Apr-2024 10:29 AM
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>	135	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>	127	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
---	-----	-------	---

Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
--	--------	-------	--------

Liver Function Test

Liver Function Test

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	17	U/L	9 - 52
--	----	-----	--------

SGOT (AST) <i>Multi Point Rate with P-5-P</i>	17	U/L	14 - 36
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Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	65	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	14	U/L	12 - 43
--	----	-----	---------

S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.3	g/dL	6.3 - 8.2
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Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
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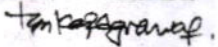
S. GLOBULIN <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
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A/G Ratio <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
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Received On : 11-Apr-2024 10:29 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F),S

Liver Function Test

Bilirubin Total

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

Azobilirubin/Dyphylline/Diazonium Salt

Adult : 0.2 - 1.3

Bilirubin Unconjugated

0.5 mg/dL

Unconjugated bilirubin
Adults: 0.0-1.1
Neonates: 0.6-10.5

End-point Colorimetric (Dual wavelength spectrophotometric)

Bilirubin Direct

0.2 mg/dL

Conjugated bilirubin and
Delta bilirubin (Bilirubin
covalently bound to albumin)
0.0-0.4

Calculated

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Gender/Age : Female / 37 Years	DOB : 11-Apr-1987
Ref. By : Dr. Health Check Up . Shalby	Received On : 11-Apr-2024 10:29 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	158	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	214	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	34	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	124	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	81	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	43	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.4		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.6	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			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	8	mg/dL	7 - 17
UREA <i>Calculated</i>	17	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.57	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.9	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	8.7	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.5	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	137	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.21	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	116	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	11.94	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	6.998	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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Gender/Age : Female / 37 Years DOB : 11-Apr-1987	Received On : 11-Apr-2024 10:27 AM	
Ref. By : Dr. Health Check Up . Shalby	Sample Type : Urine	

Parameter	Result	Unit	Biological Ref. Interval
CLINICAL PATHOLOGY URINE EXAMINATION			
Physical Examination			
Colour *	Pale yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose <i>Glucose-oxidase/peroxidase 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>	Trace (+/-)		Negative
Urobilinogen * <i>Modified Ehrlich reaction</i>	0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)

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	Sample Type : Urine

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	4-5/hpf	0-5/hpf
Red blood cells	NIL	NIL/hpf
Epithelial cells	10-15/hpf	NA
Crystals	Nil	Nil
Cast *	Nil	Nil
Bacteria	Present	Nil
Amorphous	Nil	Nil
Yeast	Nil	Nil
Others	Nil	Nil
Glucose, Urine Spot <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	0	< 30

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

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Patient ID:	SUR0000362949	Patient Name:	CHEटना POOJARI
Age:	37 Years	Sex:	F
Accession Number:	4004 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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CIN: L85110GJ2004PLC044667

DR. RUJUTA SHELAT

Consultant Ophthalmologist
 Reg. No.:- G-48712

Name :- *Chetna Prachi Vraj Poojary*

Date:- *11/04/2024*

Chief Complaints:- *Fracture Eye
 check up*

*No other ocular
 specific
 complaints*



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:- *6/36 R, no
 6/24 L, no*

NCT *10
 12*
 ON Examination

*Ant. Segment -1.5 D -0.75 x 150 bu
 -1.5 D -0.50 x 180 bu*

WNV

Systemic Examination:-

HT:- WT:- *Thyroid: 10yrs
 out*

PH Vision:- *bu
 bu*

NAME
APR 12 2023 11:51

D=10
(R)
SPH CYL AX
- 1.50 -1.25 10
- 1.50 -1.25 13
- 1.50 -1.00 20
- 1.50 -1.25 13

(L)
SPH CYL AX
- 1.50 -0.25 179
- 1.50 -0.50 180
- 1.50 -0.50 178
- 1.50 -0.50 178

D= 58
GrandSeiko.com
R-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Refractive Error, R

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 103

Signature of the Consultant

Rpr

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANER ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: CHETNA POOJARY,
Patient ID: 362949
Height:
Weight:

DOB: 15.06.1986
Age: 37yrs
Gender: Female
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	00:20	0.00	0.00	118	120/80	
	STANDING	00:03	0.00	0.00	120		
	WARM-UP	00:14	1.60	0.00	118		
EXERCISE	STAGE 1	03:00	2.70	10.00	162	120/80	
	STAGE 2	01:29	4.00	12.00	171	150/80	
RECOVERY		02:51	0.00	0.00	122	120/80	

The patient exercised according to the BRUCE for 4:29 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 118 bpm rose to a maximal heart rate of 171 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Fatigue.

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: inconclusive, poor cooperation.

Conclusions

TMT IS INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

Physician

Technician

Patient ID 362949

11.04.2024 Female
 11:35:06 37yrs Asian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 04:29
 Max HR: 171 bpm 93% of max predicted 183 bpm HR at rest: 118
 Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 25650 mmHg*bpm
 Maximum Workload: 7.00 METS
 Max. ST: -1.70 mm, 0.00 mV/s in V6; EXERCISE STAGE 1 01:59
 Arrhythmia: A:26, PVC:11, PSVC:2
 ST/HR index: 1.79 μ V/bpm

Reasons for Termination: Fatigue

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: inconclusive, poor cooperation.

Conclusion: TMT IS INCONCLUSIVE 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 (V6 mm)	Comment
PRETEST	SUPINE	00:20	0.00	0.00	1.0	118	120/80	14160	0	-0.30	
	STANDING	00:03	0.00	0.00	1.0	120			0	-0.25	
	WARM-UP	00:14	1.60	0.00	1.1	118			0	-0.30	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	162	120/80	19440	0	-1.05	
	STAGE 2	01:29	4.00	12.00	7.0	171	150/80	25650	1	-1.25	
RECOVERY		02:51	0.00	0.00	1.0	122	120/80	14640	0	-0.30	

CHETNA POOJARY,
Patient ID 362949
11.04.2024
11:35:32

118 bpm
120/80 mmHg

12-Lead Report

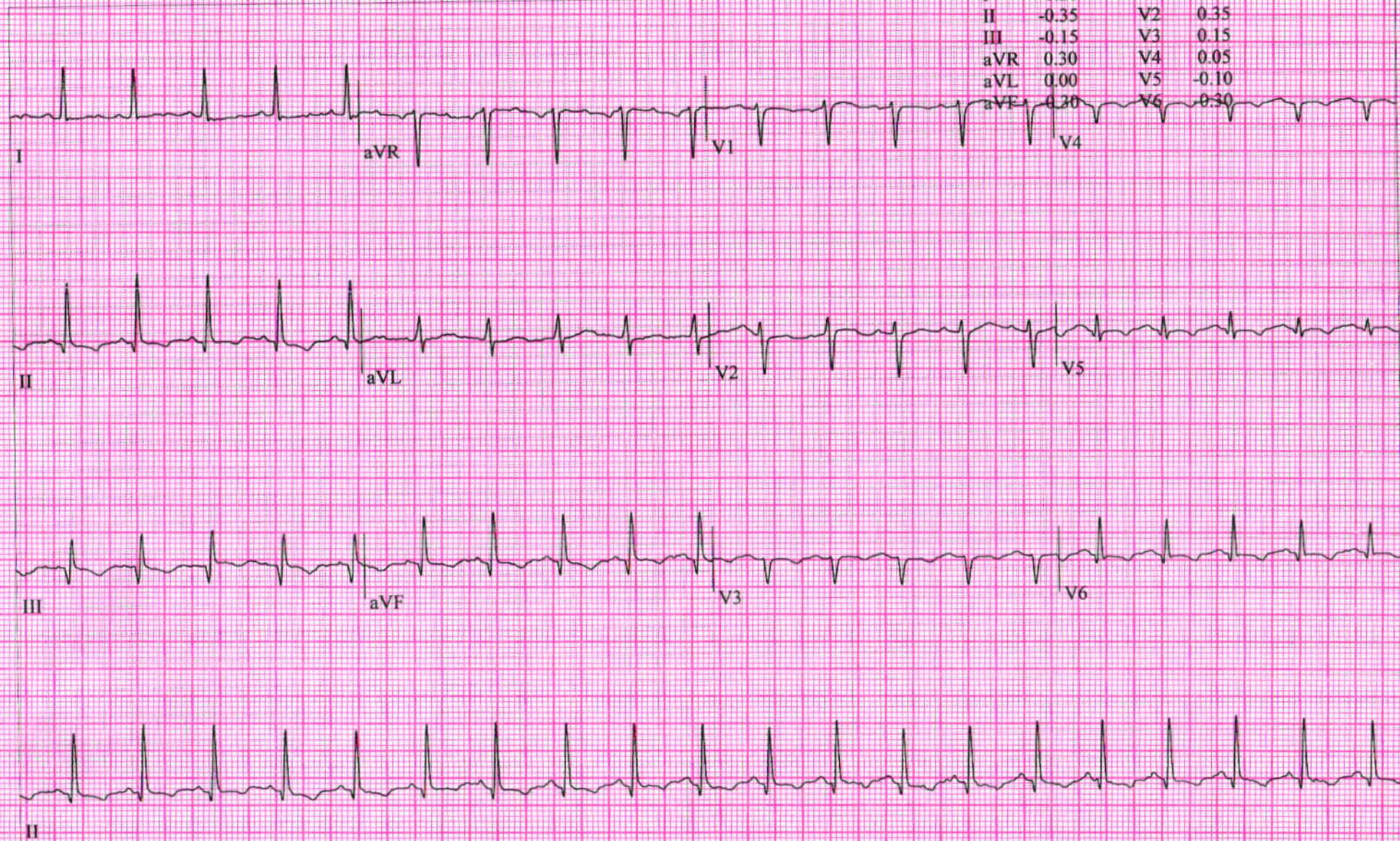
PRETEST
STANDING
00:20

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	-0.20	V1	0.35
II	-0.35	V2	0.35
III	-0.15	V3	0.15
aVR	0.30	V4	0.05
aVL	0.00	V5	-0.10
aVF	0.30	V6	-0.30



CHETNA POOJARY,
Patient ID 362949
11.04.2024
11:38:37

162 bpm

12-Lead Report

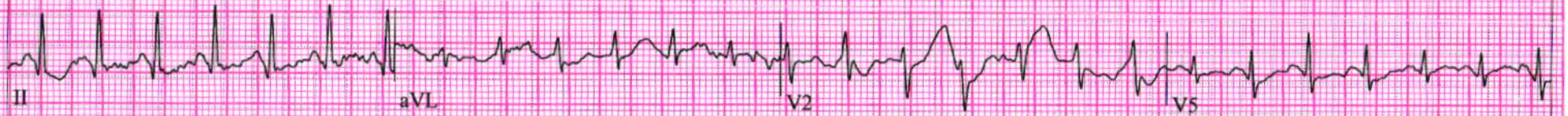
EXERCISE
STAGE I
02:50

BRUCE
2.7 km/h
10.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	-0.65
II	-0.85	V2	0.15
III	-0.55	V3	0.05
aVR	0.55	V4	-0.10
aVL	0.10	V5	-0.45
aVF	-0.75	V6	-0.55



CHETNA POOJARY,
Patient ID 362949
11.04.2024
11:40:16

12-Lead Report (PEAK EXERCISE)

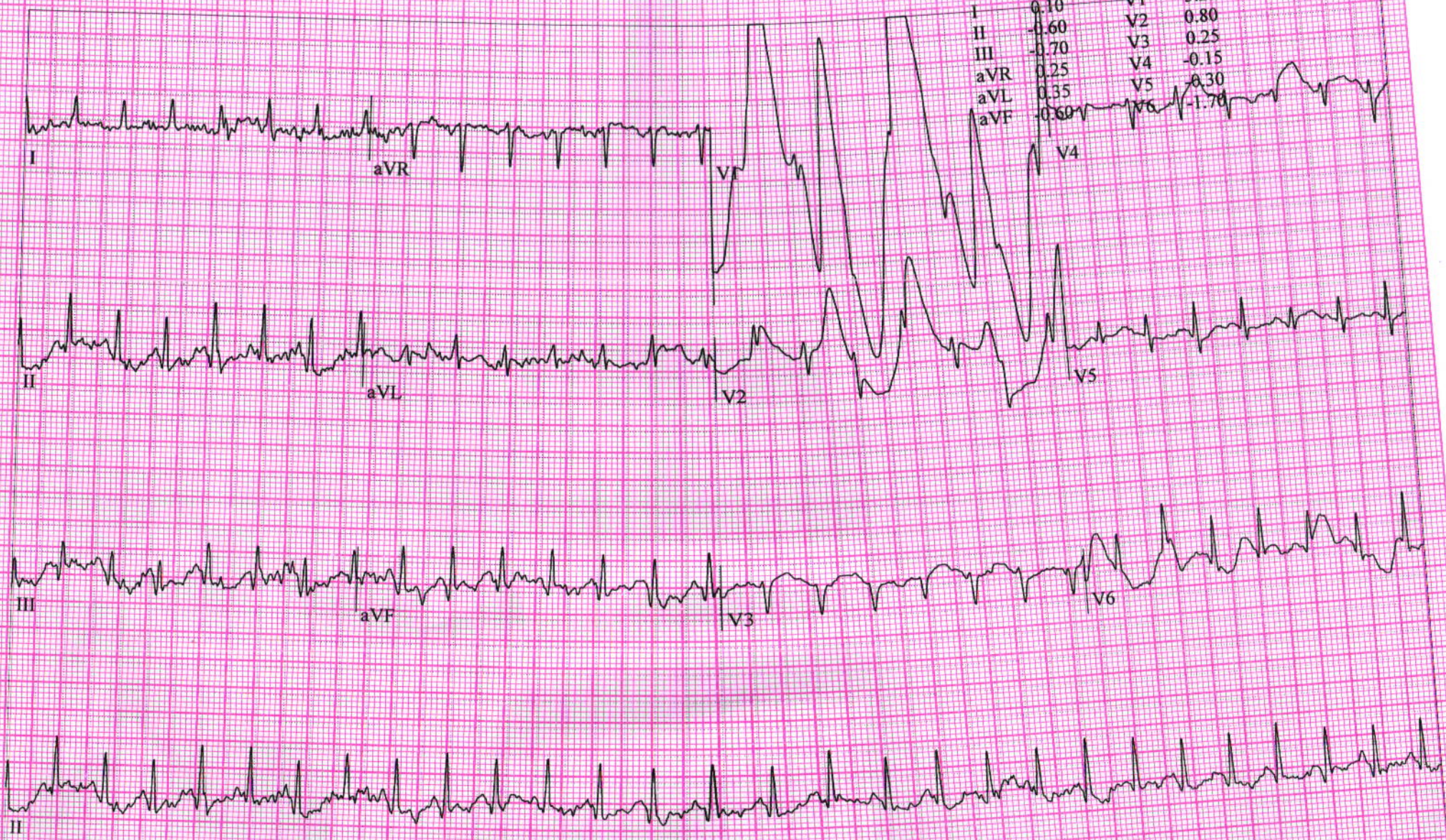
171 bpm
150/80 mmHg

EXERCISE
STAGE 2
04:29

BRUCE
4.0 km/h
12.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-3.25
II	-0.60	V2	0.80
III	-0.70	V3	0.25
aVR	0.25	V4	-0.15
aVL	0.35	V5	0.30
aVF	-0.60	V6	-1.70



CHETNA POOJARY,
Patient ID 362949
11.04.2024
11:41:06

150 bpm
150/80 mmHg

12-Lead Report

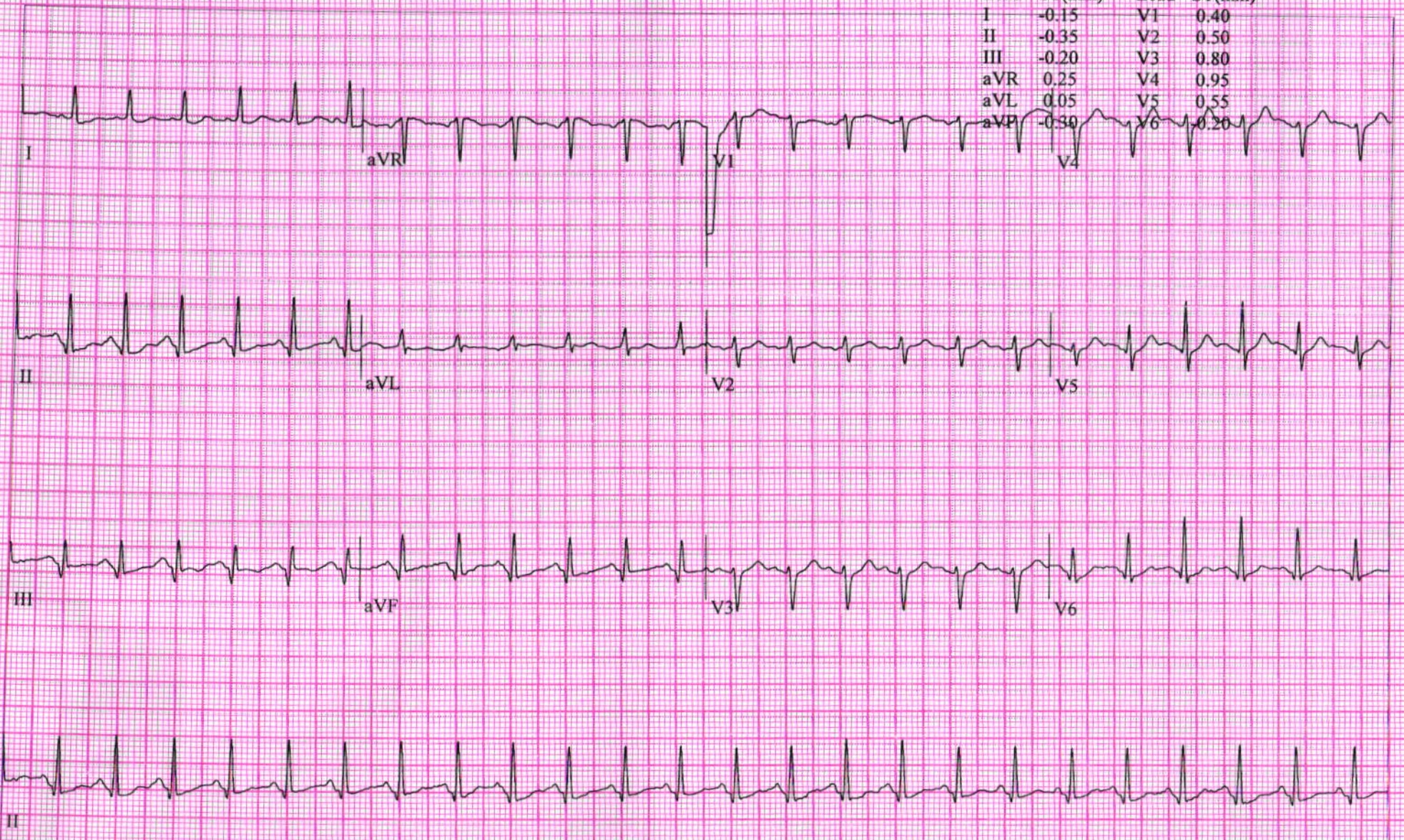
RECOVERY
#1
00:50

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	-0.15	V1	0.40
II	-0.35	V2	0.50
III	-0.20	V3	0.80
aVR	0.25	V4	0.95
aVL	0.05	V5	0.55
aVF	-0.30	V6	-0.20



CHETNA POOJARY,

Patient ID 362949

11.04.2024

11:42:06

12-Lead Report

129 bpm

RECOVERY

#1

01:50

BRUCE

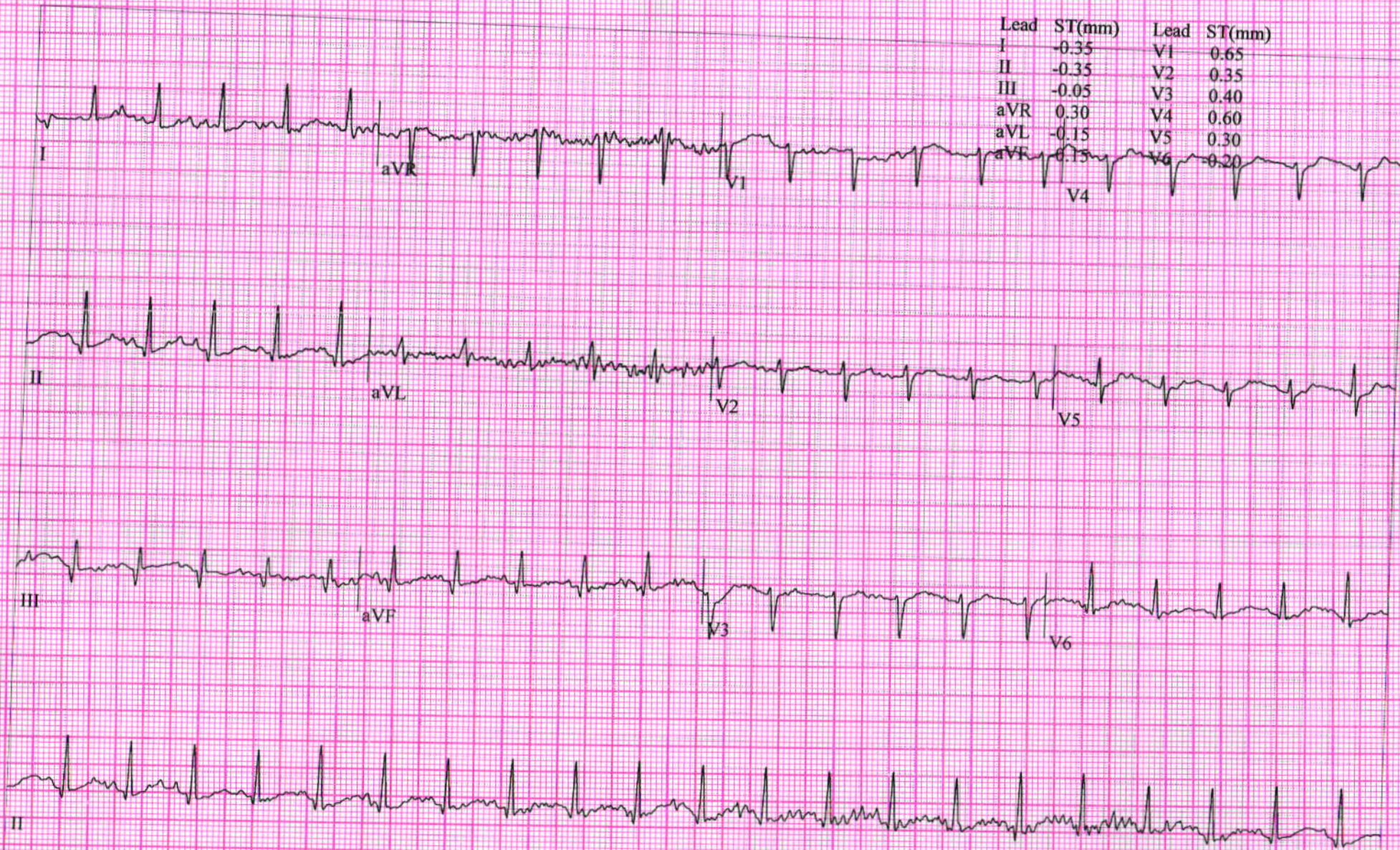
0.0 km/h

0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	0.65
II	-0.35	V2	0.35
III	-0.05	V3	0.40
aVR	0.30	V4	0.60
aVL	-0.15	V5	0.30
aVF	0.15	V6	0.20



CHETNA POOJARY,

Patient ID 362949

11.04.2024

11:43:06

12-Lead Report

RECOVERY

#1

02:50

BRUC.

0.0 km/h

0.0 %

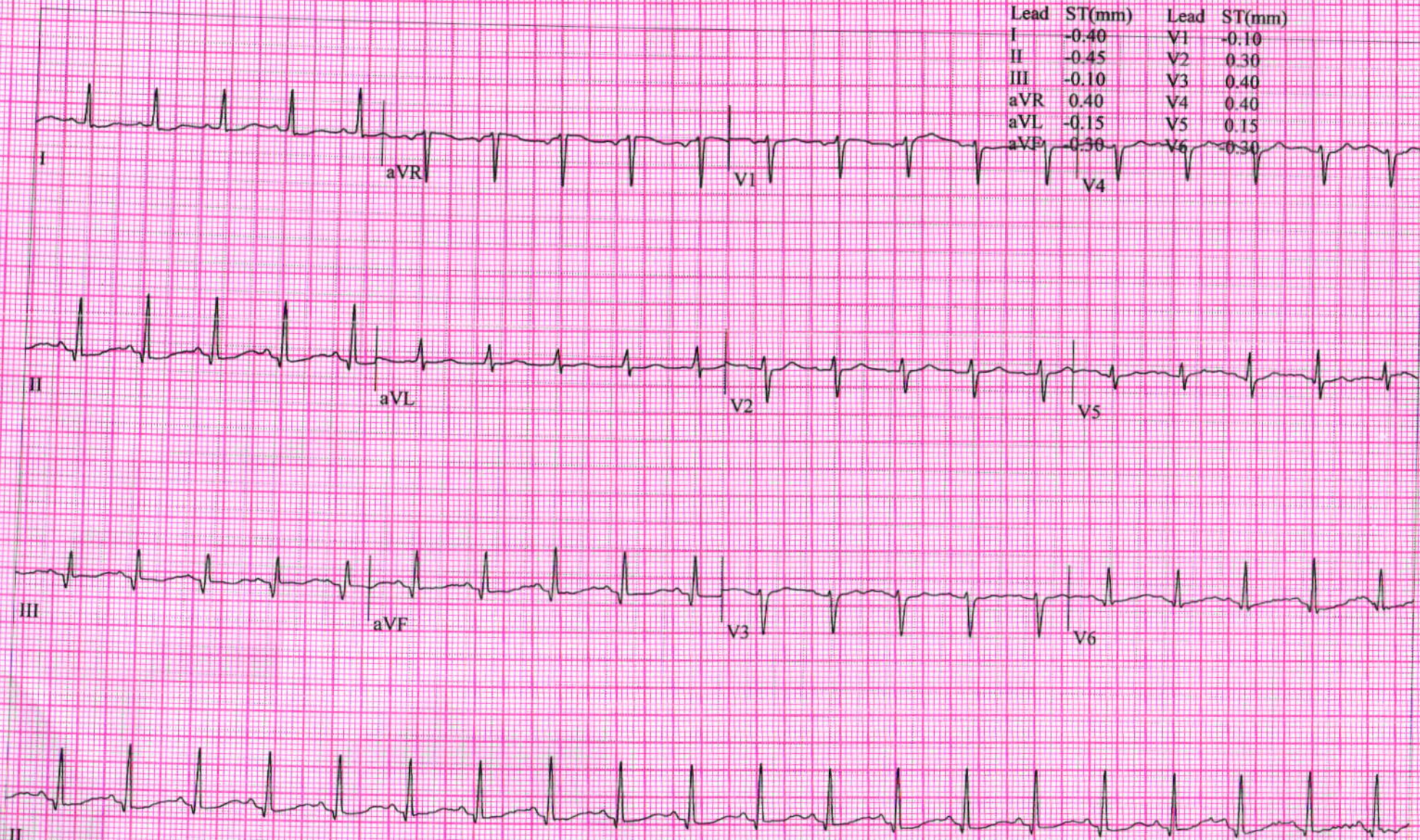
SHALBY HOSPITAL

122 bpm

120/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	-0.10
II	-0.45	V2	0.30
III	-0.10	V3	0.40
aVR	0.40	V4	0.40
aVL	-0.15	V5	0.15
aVF	0.30	V6	0.30



DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laposcopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- Chetana
Chief Complaints:-

Date: 11/9/23
Weight:-
Height:-
OPR NO:-

Nutritional Assessment:-
 Obese
 Well Nourished
 Mild-Moderate Nourish
 Severely Mal-Nourished

no nil

M/H:-

amp - 3-4 days irregularly
80-90 regular

LMP:- M

O/H :-

O/H - E

P/H:-

F/H

Examination:-

2FTCSU | 200 | Gyn. 32yr | L

TL not done

Provisional Diagnosis:-

P/A soft

P/S - pt refuses for PAP

SHALBY HOSPITAL, SURAT

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SHALBY LIMITED

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CIN: L85110GJ2004PLC044667

Patient Name: CHETNA P. POOJARY		UHID: 362949	
Age / Sex: 37 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 11/04/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is enlarged 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. Mobile GB calculi, largest 9 mm at fundic region. 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.

Uterus appears normal in size 65 x 41 x 46 mm, Et: 5 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- Hepatomegaly with Grade II fatty liver.
- Mobile GB calculi.

Thanks for referrals.

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

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

ID: _____ Name: _____ Birth date: _____ / _____ / _____ years
 Sex: M Weight: _____ kg
 Medication: _____
 Symptoms: _____
 History: _____
 Heart rate: 91 bpm
 PR int: 136 ms
 PRS dur: 82 ms
 JT/QTc(E) int: 336/ 385 ms
 I/ORS/T axis: 20/ 21/ -64 °
 IV5/SV1 amp: 0.76/ 1.07 mV
 IV5+SV1 amp: 1.83 mV

Chetnuban

1100 Sinus rhythm
 4068 Nonspecific T wave abnormality
 9130 ** borderline ECG **

Unconfirmed Report
 Reviewed by: _____

