

Patient ID:	SUR0000371442	Patient Name:	MANOJKUMAR D DALAL
Age:	55 Years	Sex:	M
Accession Number:	9293 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	16-Sep-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. ASHUTOSHI 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.surat@shalby.org | www.shalby.org

Patient Name: MANOJKUMAR D DALAL	UHID: 371442
Age / Sex: 55 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 16.09.2024

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 33 X 37 X 36 mm (Approx. vol- 23 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.

Thanks for referral.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

SHALBY HOSPITAL

JUPITER Station

NR. NAVYUG COLLAGE, RANER ROAD
SURAT

Telephone:

EXERCISE STRESS TEST REPORTPatient Name: MANOJKUMAR DALAL
Patient ID: 371442
Height:
Weight:DOB: 01.04.1969
Age: 55yrs
Gender: Male
Race: AsianStudy Date: 16.09.2024
Test Type: -
Protocol: BRUCEReferring 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	00:12	0.00	0.00	88	150/90	
	STANDING	00:06	0.80	0.00	86		
EXERCISE	STAGE-1	01:00	2.70	10.00	139		
	STAGE-2	02:03	4.00	12.00	155	160/90	
RECOVERY		03:07	0.00	0.00	105	150/90	

The patient exercised according to the BRUCE for 5:02 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 88 bpm rose to a maximal heart rate of 155 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 150/90 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Fatigue.

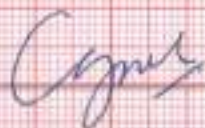
Interpretation

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 INCONCLUSIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

Ref to Dr. Hareesh Kawada
sin

120/110

Ref to Dr. Hareesh Kawada
sin

Patient ID: 371442

16.09.2024

10:04:42

Male

55yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comments:

BRUCE: Total Exercise Time: 05:02
 Max HR: 155 bpm 93% of max predicted 165 bpm HR at rest: 88
 Max BP: 160/90 mmHg BP at rest: 150/90 Max RPP: 24800 mmHg*bpm
 Maximum Workload: 7.00 METS
 Max ST: 1.05 mm, 0.00 mV/s. in EXERCISE STAGE 1 01:00
 Arrhythmia: A:135, PVC:1, PSYC:4
 ST/HR index: 1.26 at Y:5gpo
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 INCONCLUSIVE FOR INDUCIBLE ISCHEMIA
 Location: Number: * q *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (mm)	Comments
PRETEST	SLEEPING	00:12	0.00	0.00	1.0	88	150/90	13200	0	0.00	
	STANDING	00:06	0.80	0.00	1.0	86			0	-0.05	
EXERCISE	STAGE 1	05:00	2.70	10.00	4.6	139			1	0.30	
	STAGE 2	02:03	4.00	12.00	7.0	135	160/90	24800	0	0.80	
RECOVERY		05:07	0.00	0.00	1.0	105	150/90	15750	0	-0.45	

12-Lead Report

SHALBY HOSPITAL

MANOJKUMAR DALAL

Patient ID: 171442

16.09.2024

10:05:01

88 bpm
150/90 mmHg

PRETEST
STANDING
00-13

BRUCE
0.0 km/h
0.0 %

Measured at 64ms Post r (10mm/sV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.20
II	0.00	V2	0.30
III	0.10	V3	0.30
aVR	0.05	V4	0.15
aVL	-0.10	V5	0.25
aVF	0.15	V6	0.10



JUPITER

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V1,V6)

Start of Test: 10:04:42

Patient ID 371442
16.09.2024
10:07:54

139 bpm

EXERCISE STAGE 1
02:50

BRIECE 2.7 km/h
10.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.45
II	0.20	V2	0.15
III	0.35	V3	0.25
aVR	0.00	V4	0.30
aVL	0.25	V5	0.30



GE Cardiosoft V6.23 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S + HR(V6,V1)

Start of Test: 10:04:42

Patient ID: J71442
16/09/2024
10:10:07

155 bpm
160-90 mmHg
EXERCISE
STAGE 2
05:03

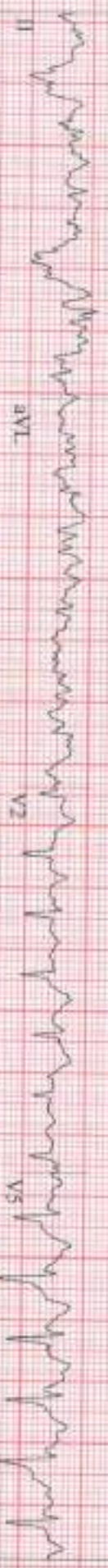
BRUCE
4.0 km/h
12.0%

SHALBY HOSPITAL

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



Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	-0.70
II	-0.45	V2	0.35
III	-0.75	V3	-0.25
aVR	0.05	V4	-0.70
aVL	0.65	V5	0.15



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V4)

Start of Test: 10:04:42

MANOJKUMAR DALAL

Patient ID: 371442

16.09.2024

10:10:56

131 bpm
160-90 mmHg

REGGOLARI
#1
60-50

BRUCE
0.0 mm/h
0.0 %

Measured at filters Post J (10mm to V)
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.65	V1	-0.30
II	-0.15	V2	0.60
III	0.55	V3	1.15
aVR	0.40	V4	0.55
aVL	-0.60	V5	1.10
aVF	1.00	V6	0.55

JUPITER



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V4)

Start of Test: A-12

112 bpm

RECOVERY #1

01:50

BRLICE

0.0 bpmh

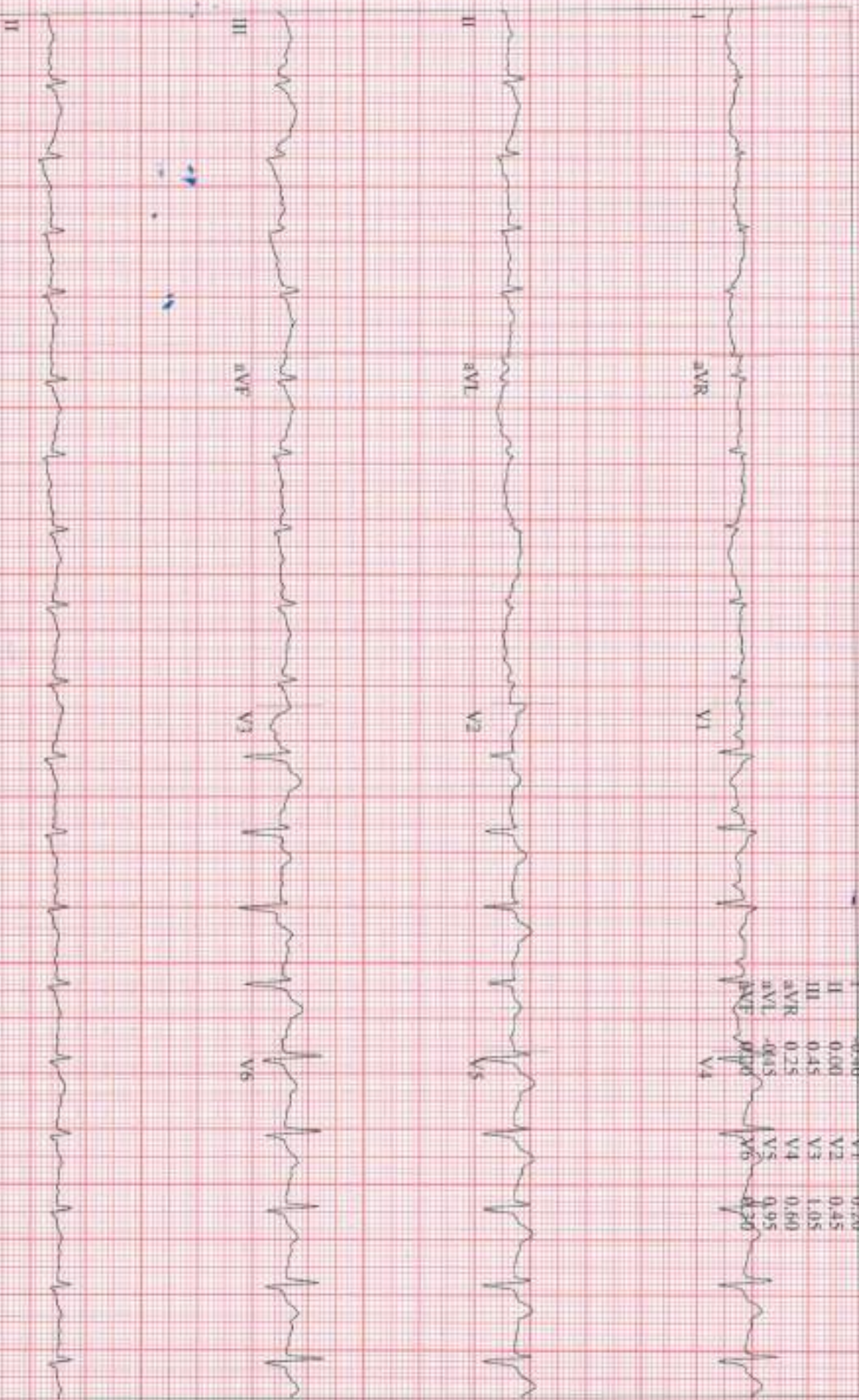
0.0 %

Measured at 60ms Post J (10minAV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	0.20
II	0.00	V2	0.45
III	0.45	V3	1.05
aVR	0.25	V4	0.60
aVL	-0.05	V5	0.95
aVF	0.00	V6	0.20

JUPITER



104 bpm

RECOVERY #1

02:50

BRUCE

0.0 km/h

0.0%

Measured at 6mins Post J (10mmV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	0.25
II	0.00	V2	0.35
III	0.30	V3	0.75
aVR	0.15	V4	0.30
aVL	-0.30	V5	10.60
aVF	0.30	V6	10.60

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	0.25
II	0.00	V2	0.35
III	0.30	V3	0.75
aVR	0.15	V4	0.30
aVL	-0.30	V5	10.60
aVF	0.30	V6	10.60



JUPITER

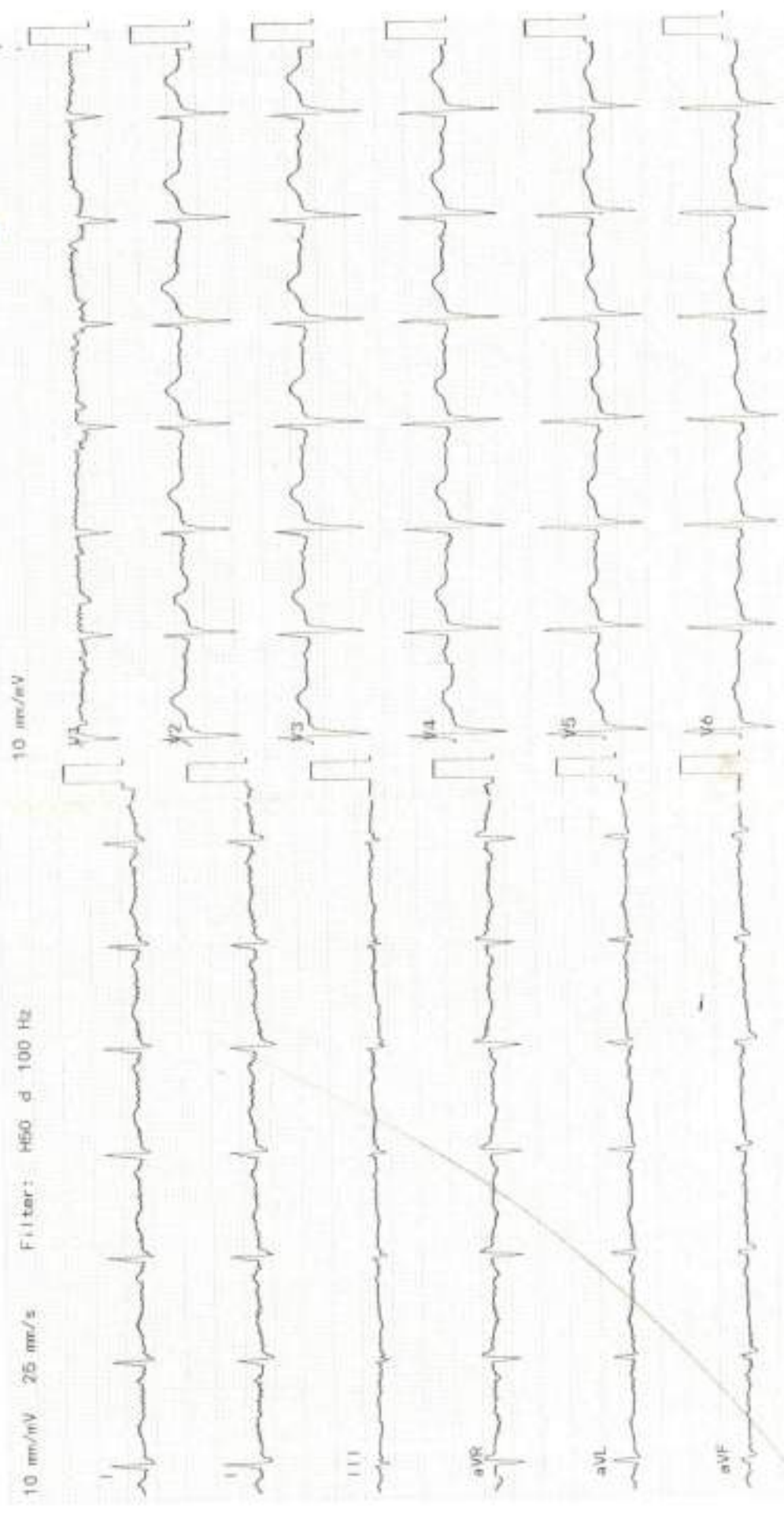
ID:
 Name:
 Sex: M
 Age: years
 Birth date: / /
 Weight: kg
 Height: mmHg

Indications:
 Symptoms:
 History:
 Heart rate: 85 bpm
 RR int: 140 ms
 PR dur: 94 ms
 QT/QTc(E) int: 372/414 ms
 P/QRS/T axis: 30/4/18 °
 HV5/SV1 amp: 0.99/0.58 mV
 HV5+SV1 amp: 1.57 mV

1106 Strub (H) m
 9119 ** normal ECG **

Nomaj bhai Datta

Unconfirmed Report
 Reviewed by:



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 : SUR0000371442 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Dalal	/	Registered On : 16-Sep-2024 09:25 AM
Lab ID : 409901254		Collected On : 16-Sep-2024 09:31 AM
Gender/Age : Male / 55 Years	DOB : 01-Apr-1969	Received On : 16-Sep-2024 09:50 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colormetric Non Cyanide	12.5	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.34	mill/cmm	4.5 - 5.5
HCT	Calculated	36.8	%	40 - 50
MCV	Calculated based on the RBC histogram	84.7	fL	83 - 101
MCH	Calculated	28.8	pg	27 - 32
MCHC	Calculated	34.0	g/dL	31.5 - 34.5
RDW	Calculated	13.3	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	6470	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	52	%	40 - 80
LYMPHOCYTES	Flow Cytometry	39	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	6	%	2 - 10
BASOPHIL	Flow Cytometry	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	230000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.4	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 AgrawalM.B., D.C.P.
Consulting Pathologist



Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	POSITIVE

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Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <small>Modified Westergren Method</small>	8	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <small>Boronate Affinity Assay</small>	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) <small>Calculated</small>	117	mg/dL	

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Patient Name : Mr Manojkumar Dalal / Registered On : 16-Sep-2024 09:25 AM
 Lab ID : 409901254 Collected On : 16-Sep-2024 09:32 AM
 Gender/Age : Male / 55 Years DOB : 01-Apr-1969 Received On : 16-Sep-2024 10:54 AM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <small>Cholesterol Esterase, Oxidase, Peroxidase</small>	182	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <small>Lipase/GK/GPO/POD</small>	422	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <small>Phosphotungstic Acid/MgCl₂ - Enzymatic</small>	37	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <small>Calculated</small>	145	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
VLDL <small>Calculated</small>	84	mg/dL	6 - 38
Chol/dHDL <small>Calculated</small>	4.9	Ratio	3.5 - 5.0

Remarks: Estimation of LDL by direct method is recommended as TG is >400 mg/dl.

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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Gender/Age : Male + / 55 Years

DOB : 01-Apr-1969

Received On : 16-Sep-2024 10:54 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3	152	ng/dL	87 - 178
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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	9.81	µg/dL	99% Reference Interval
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			(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	9.80-15.60
	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	4.183	µIU/mL	0.38 - 5.33
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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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Gender/Age : Male / 55 Years

DOB : 01-Apr-1969

Received On : 16-Sep-2024 10:54 AM

Ref. By : 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 15% 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

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 μ U/mL Second Trimester : 0.2 to 3.0 μ U/mL Third trimester : 0.3 to 3.0 μ U/mL

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RENAL FUNCTION TEST**NABL Accredited Parameters****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**

5.3

mg/dL

3.5 - 8.5

*Uricase/Peroxidase, Colorimetric***Calcium**

9.1

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

144

mmol/L

137 - 145

*Direct ion Selective Electrode***S. POTASSIUM**

3.9

mmol/L

3.5 - 5.1

*Direct ion Selective Electrode***Chloride**

107

mmol/L

98 - 107

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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 : 9512036048 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000371442 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Dalal	/	Registered On : 16-Sep-2024 09:25 AM
Lab ID : 409901254		Collected On : 16-Sep-2024 09:32 AM
Gender/Age : Male / 55 Years	DOB : 01-Apr-1969	Received On : 16-Sep-2024 10:54 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

5.5

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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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 : SUR0000371442 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Dalal /

Registered On : 16-Sep-2024 09:25 AM

Lab ID : 409901254

Collected On : 16-Sep-2024 09:33 AM

Gender/Age : Male / 55 Years

DOB : 01-Apr-1969

Received On : 16-Sep-2024 09:53 AM

Ref. By : 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/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.020	S.G. value 1.001 - 1.035
Blood	Peroxiase like activity of hemoglobin	Negative	Negative
pH	Double Indicator principle	5.0	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	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

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PID : SUR0000371442 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Dalal	/	Registered On : 16-Sep-2024 09:25 AM
Lab ID : 409901254		Collected On : 16-Sep-2024 09:32 AM
Gender/Age : Male / 55 Years	DOB : 01-Apr-1969	Received On : 16-Sep-2024 10:54 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <small>Multi Point Rate with P-S-P</small>	112	U/L	21 - 72
SGOT (AST) <small>Multi Point Rate with P-S-P</small>	63	U/L	17 - 59
Alkaline Phosphatase <small>PHPP, AMP Buffer</small>	129	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 58 - 119
GGT <small>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</small>	19	U/L	15 - 73
S. PROTEIN <small>Buret (Alkaline cupric sulfate), End Point</small>	6.6	g/dL	6.3 - 8.2
Albumin <small>Bromocresol Green (BCG) Colorimetric</small>	3.9	g/dL	3.5 - 5.0
S. GLOBULIN <small>Calculated</small>	2.7	g/dL	2.3 - 3.6
A/G Ratio <small>Calculated</small>	1.4	Ratio	1.0 - 2.3
Bilirubin Total <small>Azobilirubin/Diphenylamine/Diazotized Salt</small>	0.3	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 <small>End-point Colorimetric (Dual wavelength spectrophotometry)</small>	0.0	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <small>Calculated</small>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

End of Report

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 Consulting Pathologist


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PID : SUR0000371442 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Dalal	/	Registered On : 16-Sep-2024 09:25 AM
Lab ID : 409901254		Collected On : 16-Sep-2024 09:31 AM
Gender/Age : Male / 55 Years	DOB : 01-Apr-1969	Received On : 16-Sep-2024 09:53 AM
Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	96	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	137	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :>=200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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

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Generated On : 16-Sep-2024 12:43 PM

Approved On : 16-Sep-2024 12:35 PM

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

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:- નામોજી કાંભેજી ઠાકર

Date: 16/09/24

Age / Sex :- 53 / M

Weight :- 63.4 kg

Chief Complaints:-

Height :- 172 cm

no clo

Nutritional assessment:-

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

Pulse :- 90 min

BP :- 150 / 100 mm/hg

SpO2 :- 100 %

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

*RS }
CVS }
PA }
CNS }
NAD*

Provisional Diagnosis:-

Name:- *Mang K...*

Date:- *16/9/24*

Chief Complaints:-



don't (Regular check up)

Pain Assessment:-

Past History:-

Family History:-

Allergy:-

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

General Examination:-

Systemic Examination:-

BP: - Pulse: - Temp: -

HT: - WT:-

Visual Acuity: - *16/6 (aided)*

PH Vision:- *1*

NCT *12*
14
ON Examination Ant. Segment

Both Eye

early cataract

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE



Media:-

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

(x) nuth

Signature of the Consultant



Pre - op

Post - op

Health Check-up

Date : 16/9/24

Patient Reg. No. : _____

Patient Name : Manoj Kumar Doley

Age / Sex : 55/M

Address : Sugant

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 : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : TRA _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ 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 a well maintained hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

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

Adv: Scaling
Restoration $\frac{1}{57}$

Dr. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)