

<b>Patient ID:</b>	<b>SUR00002183</b>	<b>Patient Name:</b>	<b>ADARSH JAGNANI</b>
<b>Age:</b>	<b>45 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>2183 OP</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR.SHALBY HOSPITAL</b>	<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>24-Feb-2024</b>		

**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. HAREESH BALAR

CONSULTANT RADIOLOGIST

**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

Patient Name: ADARSH JAGNANI		UHID:	
Age / Sex: 45 Yrs. / Male	Study:	USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 24/02/2024		

**ULTRASOUND OF ABDOMEN AND PELVIS**

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

**Approx 24 x 23 mm hypoechoic lesion seen at right lobe of liver, P/o? atypical hemangioma.**

**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 mm (Approx. vol- cc). It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- Hypoechoic lesion seen at right lobe of liver, P/o? atypical Hemangioma.  
- Advice: Clinico-Pathology correlation and triphasic CT sos.

*Thanks for referral.*

  
**DR. HARESH BALAR**  
**CONSULTANT RADIOLOGIST**

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CIN: L85110GJ2004PLC044667

Patient's Name: Adarsh Jagrani

Date: 24 / 02 / 2024

Age: 45 yrs / male

## 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

Left Ventricle: 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:13 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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Certificate No.: MC-5200


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 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000360489 OP-001

REPORT STATUS : Revised



Patient Name : <b>Mr Adarsh . Jagnani</b>	/	Registered On : 24-Feb-2024 12:24 PM
Lab ID : 402901847		Collected On : 24-Feb-2024 12:28 PM
Gender/Age : Male / 45 Years	DOB : 26-Jan-1979	Received On : 24-Feb-2024 12:30 PM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	<b>10.6</b>	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.01	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	<b>34.7</b>	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	<b>69.2</b>	fL	83 - 101
MCH <i>Calculated</i>	<b>21.2</b>	pg	27 - 32
MCHC <i>Calculated</i>	<b>30.6</b>	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	15.2	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	5190	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	61	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	34	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	<b>128000</b>	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	11.7	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	<b>Mild hypochromic and microcytic.</b>
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Mildly Reduced on smear examination.
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



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Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"O"
RH Type	POSITIVE

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

Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	7	mm in 1 hour	0 - 15
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.0	%	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) \* 97 mg/dL

*Calculated*

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 Gender/Age : Male / 45 Years DOB : 26-Jan-1979 Received On : 24-Feb-2024 01:58 PM  
 Ref. By : Dr. 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)	91	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)	109	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
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Glucose-oxidase/oxidase reaction

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 Gender/Age : Male / 45 Years DOB : 26-Jan-1979 Received On : 24-Feb-2024 12:31 PM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	169	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	115	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	38	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	131	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	108	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	23	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.8		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	4.4	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.

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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.71	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	6.5	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.4	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.33	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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

Parameter	Result	Unit	Biological Ref. Interval
<b>BIOCHEMISTRY</b>			
<b><u>Liver Function Test</u></b>			
<b>Liver Function Test</b>			
<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	25	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	35	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	75	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	11	U/L	15 - 73
GGT is sensitive indicator of occult alcoholism. GGt aids in diagnosis of liver disease in presence of bone disease, pregnancy which increases ALP but not GGT.			
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.7	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.5	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.2	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.4	Ratio	1.0 - 2.3

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

<b>Bilirubin Total</b>	<b>1.5</b>	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
<i>Azobilirubin/Dyphylline/Diazonium Salt</i>			
<b>Bilirubin Unconjugated</b>	<b>1.1</b>	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
<b>Bilirubin Direct</b>	<b>0.4</b>	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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## IMMUNOLOGY

**PROSTATE SPECIFIC ANTIGEN \***                      1.9                      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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Lab ID : 402901847

Collected On : 24-Feb-2024 12:28 PM

Gender/Age : Male / 45 Years

DOB : 26-Jan-1979

Received On : 24-Feb-2024 12:32 PM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
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> 1.010	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.5	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
<b>Microscopic Examination</b>			
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.

Generated On : 24-Feb-2024 03:04 PM

Approved On : 24-Feb-2024 01:58 PM

  
 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 : SUR0000360489 OP-001

REPORT STATUS : Revised



Patient Name : Mr Adarsh . Jagnani /

Registered On : 24-Feb-2024 12:24 PM

Lab ID : 402901847

Collected On : 24-Feb-2024 12:28 PM

Gender/Age : Male / 45 Years

DOB : 26-Jan-1979

Received On : 24-Feb-2024 01:58 PM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>THYROID PROFILE (TFT)</b>			
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	71	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	12.55	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.623	µIU/mL	0.38 - 5.33

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

This is an Electronically Authenticated Report.

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

Generated On : 24-Feb-2024 03:04 PM

Approved On : 24-Feb-2024 01:58 PM

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
 Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

We are open 24 x 7 &amp; 365 days

ID:  
Name:

Sex: M  
cm kg

Birth date: / mmHg

years

1100 Sinus rhythm  
9110 \*\* normal ECG \*\*

Medication:

Symptoms:

History:

Heart rate	64	bpm
PR int	176	ms
QRS dur	90	ms
QT/QTc(E) int	360/ 369	ms
QT/QTc(T) axis	7/ -18/ 25	°
RV5/SV1 amp	1.76/ 0.45	mV
RV5+SV1 amp	2.21	mV

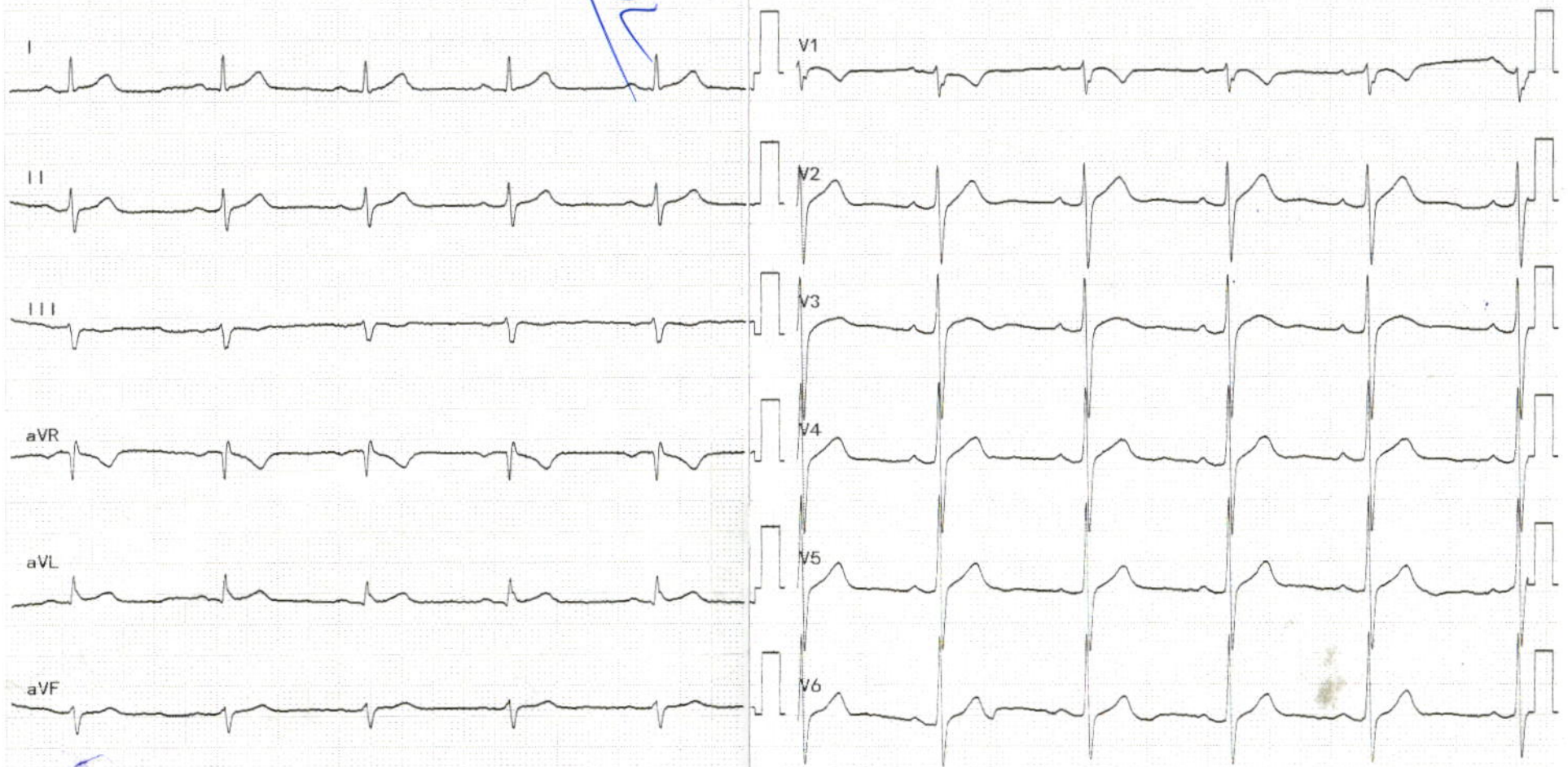
Adarsh Jaisani

Unconfirmed Report  
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV

*Handwritten blue scribble*



**DR. RUJUTA SHELAT**

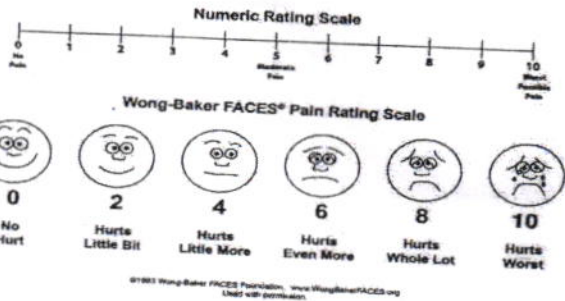
Consultant Ophthalmologis

Reg. No.:- G-48712

Name :- Adarsh Jagmani

Date:- 24/02/24

Chief Complaints:- Routine Eye check up  
no visual 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:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/6  
6/6

PH Vision:- 6/6  
6/6

NCT 18  
12

ON Examination

Sig  $\pm 0.00$  6/6  
Ant. Segmenet

Add +1.5 D M<sub>6</sub>  
Both Eye

WM



NAME  
FEB 24 2023 11:0

**SHALBY**  
**ED**  
on Innovation

**SHALBY**<sup>®</sup>  
**MULTI-SPECIALTY**  
**HOSPITALS**

VD=10  
<R>  
SPH CYL AX  
0.00 -0.50 89  
0.00 -0.50 100  
+ 0.25 -0.50 99

Anterior Chamber

0.00 -0.50 100

<L>  
SPH CYL AX  
+ 0.25 -0.75 86  
+ 0.25 -0.75 89  
+ 0.25 -0.75 90

Rt. EYE

Lt. EYE

+ 0.25 -0.75 89

PD= 65

GrandSeiko.com  
GR-3300K S/N:76BB00

Investigation:-

Background:-

Macula:-

Diagnosis:-

*Presbyopia*

Treatment:-

*Glasses*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months/60s*

Signature of the Consultant

*RM*

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



Pre - op

Post - op

Health Check-up

Date : 24/2/21

Patient Reg. No. : \_\_\_\_\_

Patient Name : Adresh Jagmani Age / Sex : 45 / M

Address : Safat

**Complaints :**

Pain : \_\_\_\_\_ *NAD*

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_ *NAD*

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_ *NAD*

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT : \_\_\_\_\_ Extraction : 18 - impacted

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 per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

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

*Dr. Darshini V. Shah*

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

**Shalby MD Physician Clinic**

Patient Name:-

Adarsh Jagrani  
45 M.

Age / Sex :-

Chief Complaints:-

NO CLD.

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS / NAD  
CNS  
PA  
CNS

**OPR NO:**

Date: 24/2/24

Weight:- 60.5 kg

Height:- 157 cm

Nutritional assessment:-

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

Pulse:- 72/min

BP:- 120/90

SpO2:- 98%

Provisional Diagnosis:-

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

CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

Tonofolic - 2 (3y)  
1 -  
FOSOMM (3y)  
1 daily  
normal health checkup  
per

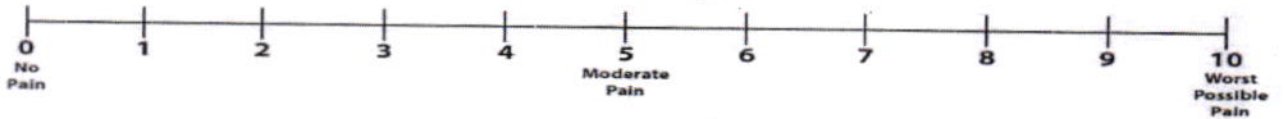
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date: \_\_\_\_\_

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

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale

