

Patient ID:	SUR00003737	Patient Name:	PRAGYA RANI
Age:	30 Years	Sex:	F
Accession Number:	3837	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	25-Mar-2023		

**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. Nimit R Desai  
Consultant Radiologist

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

PID : SUR0000338600 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Pragya Rani	/	Registered On : 25-Mar-2023 10:05 AM
Lab ID : 303901985		Collected On : 25-Mar-2023 10:06 AM
Gender/Age : Female / 30 Years	DOB : 08-Dec-1992	Received On : 25-Mar-2023 10:26 AM
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>	12.7	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.52	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	39.0	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	86.2	fL	83 - 101
MCH <i>Calculated</i>	28.1	pg	27 - 32
MCHC <i>Calculated</i>	32.6	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.5	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	6290	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	68	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	22	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	7	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	172000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	13.6	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

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

(Tube agglutination: Forward &amp; reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour *	18	mm in 1 hour	0 - 20
<i>Modified Westergren Method</i>			
<b>HBA1C</b>			
HbA1c - Glycated Haemoglobin *	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
<i>Boronate Affinity Assay</i>			

Estimated Average Glucose (eAG) (mg/dL) *	97	mg/dL
---	----	-------

*Calculated*

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

Parameter	Result	Unit	Biological Ref. Interval
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**LIPID PROFILE****LIPID PROFILE**

<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	173	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	94	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>	48	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	125	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	106	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>	19	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.2		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.6	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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Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	105	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.17	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	8.63	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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Certificate No.: MC-5200


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Gender/Age : Female / 30 Years	DOB : 08-Dec-1992	Received On : 25-Mar-2023 10:31 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	
<b>Physical Examination</b>				
Colour	COLOURLESS		Pale yellow	
Transparency	Clear		Clear	
<b>Chemical Examination</b>				
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL	Absent
pH	<i>Double Indicator principle</i>	7.0	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.010	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L	Absent
<b>Microscopic Examination</b>				
Pus cells	0-2/hpf	/hpf		0-5/hpf
Red blood cells	NIL	/hpf		0-2/hpf
Epithelial cells	0-2/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	NIL			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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Collected On : 25-Mar-2023 10:06 AM

Gender/Age : Female / 30 Years

DOB : 08-Dec-1992

Received On : 25-Mar-2023 10:26 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>RENAL FUNCTION TEST</b>			
<b>RENAL FUNCTION TEST</b>			
<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	8	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	17	mg/dL	15 - 36
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.50	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	3.4	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.51	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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**Liver Function Test****Liver Function Test**

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	28	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	26	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	86	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	20	U/L	12 - 43
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.4	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.1	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.5	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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <i>Calculated</i>	0.0	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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1100 Sinus rhyt  
9110 \*\* normal ECG \*\*

years

Sex: Birth date: / / mmHg

kg

Medication:

Symptoms:

History:

Vent. rate 86 bpm

PR int 136 ms

QRS dur 82 ms

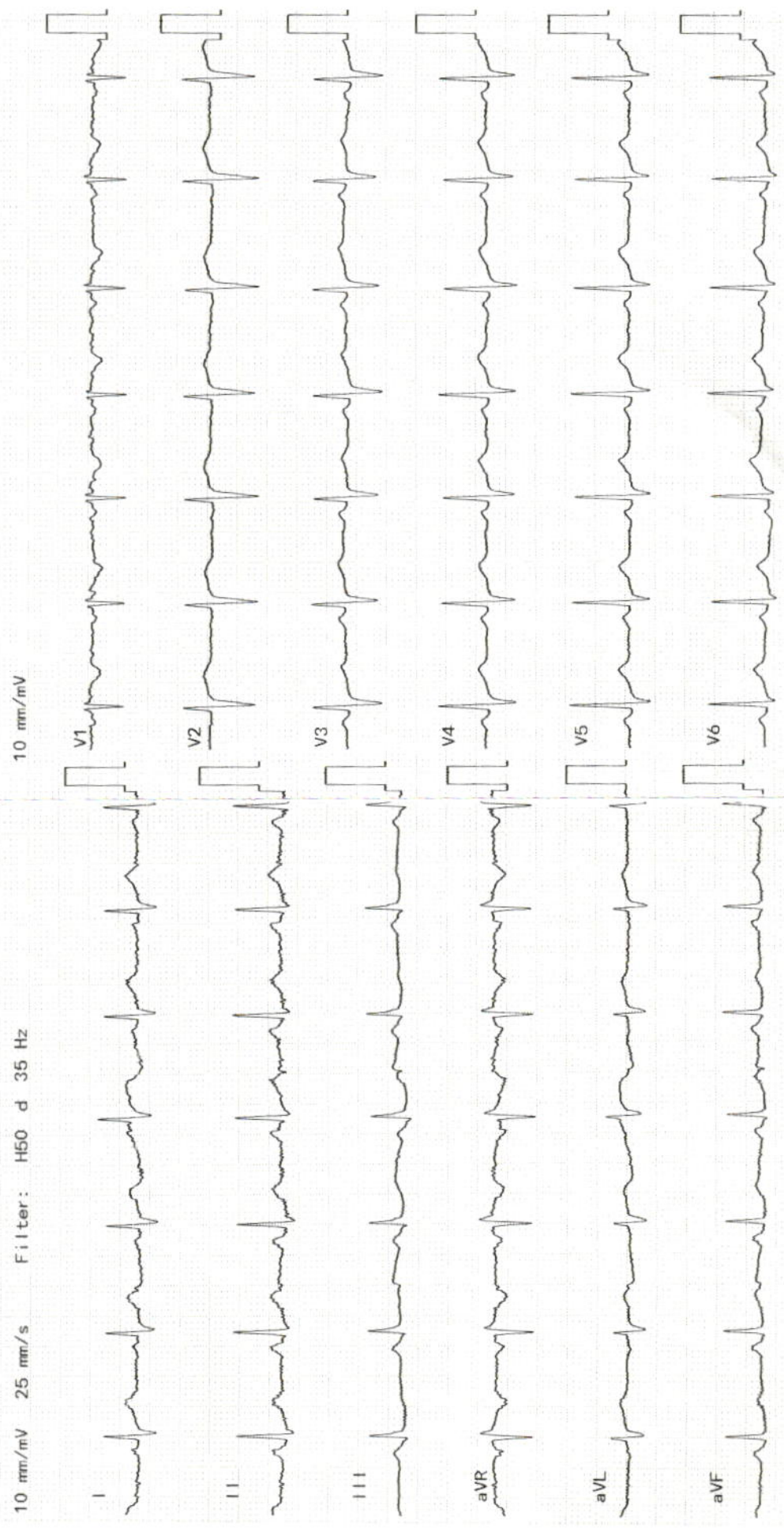
QT/QTc(E) int 334/ 377 ms

P/QRS/T axis 63/ 63/ 36 °

RV5/SV1 amp 1.07/ 0.64 mV

RV5+SV1 amp 1.71 mV

Unconfirmed Report  
Reviewed by:



**Patient's Name: Mrs. Pragya Rani**

**Age: 30 yrs/ Female**

**Date: 25 / 03 / 2023**

**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:19**

**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.**

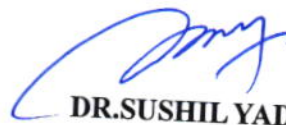
**Pericardium:Normal.**

**IVC: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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**Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai**



Patient Name: PRAGYA RANI	
Age / Sex: 30Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 10/03/2023

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size and appearance. It shows normal parenchymal reflectivity. 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** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** 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. 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:**

- No significant abnormality detected.

Thanks for referrals.

  
**Dr. Nimit R Desai**  
Consultant Radiologist

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Pre - op

Post-op

Health Check-up

Date : 25/03/23

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

Patient Name : Prayee Reini Age / Sex : 30/F

Address : Surest

**Complaints :**

Pain : \_\_\_\_\_

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

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

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

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

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

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

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

Any Medication : Stevim t

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

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

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

**Treatment Advised :**

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

Restoration : \_\_\_\_\_ 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 an well maintained.

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

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

Adv.

- Routine scaling

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



**DR. HIMANI THAKER (VYAS)**

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

**Shalby Women's Health Clinic**

Name:- *Pragya Rani*  
Chief Complaints:-

*Age-30 Yrs*

Date: *25/3/23*  
Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *19/3/23*

M/H:-

*Comp - 3-4 days P/BM*  
*30*

O/H :-

*OH - nulliparous*

P/H:-

F/H

Examination:-

*PLA - soft*

*Pls - brownish discharge (+)*

Provisional Diagnosis:-

*PAP not taken*

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CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**



**DR. RUJUTA SHELAT**  
 Consultant Ophthalmologist  
 Reg. No.:- G-48712

Name :-

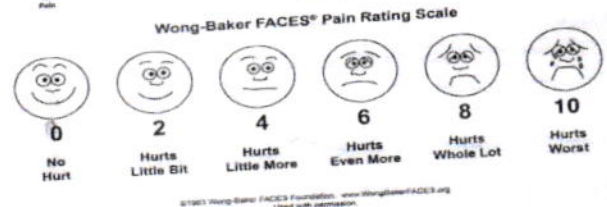
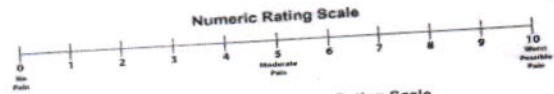
*Poojya Rumi*

Date:-

*25/3/23*

Chief Complaints:-

*PLC*



Pain Assessment:-

Past History:-

Family History:-

*- NAD -*

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*

*eglw*

PH Vision:-

NCT *12 mm of lg*

ON Examination

Ant. Segment

Both Eye

*- WNL -*

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

BE  
WNL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

*Renu*

Signature of the Consultant



DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday

Shalby MD Physician Clinic

Patient Name:-

Pragya Rani  
F. 30

Age / Sex :-

Chief Complaints:-

OPR NO:

Date: 25/3/23

Weight:- 61.6 Kg

Height:- 151 cm

Nutritional assessment:-

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

Pulse:- 87/min

BP:- 117/80

SpO2:- 99%

Drug / Food Allergy:-

Past History :-

No clon

NAD

Family History:-

Systemic Examination:-

RS / NAD  
PA  
CNS

Provisional Diagnosis:-

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Investigation :-

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

Rx

T. Eltroxin 25mg (50)

Quente D<sub>3</sub> 60K (12)  
1 Cap every Sunday.

normal  
Hypothyroidism  
25/3/23

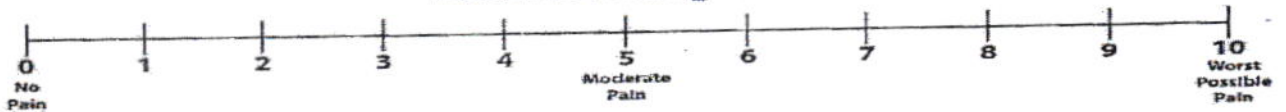
Follow Up:

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



0

No  
Hurt



2

Hurts  
Little Bit



4

Hurts  
Little More



6

Hurts  
Even More



8

Hurts  
Whole Lot



10

Hurts  
Worst