

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 : SUR0000351921 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Jashuben Lakshmanbhai Rathod** / Registered On : 14-Oct-2023 09:40 AM
 Lab ID : 310901093 Collected On : 14-Oct-2023 09:50 AM
 Gender/Age : Female / 52 Years DOB : 14-Oct-1971 Received On : 14-Oct-2023 09:57 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	12.0	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.73	mill/cmm	3.8 - 4.8
HCT	Calculated	37.3	%	36 - 46
MCV	Calculated based on the RBC histogram	78.8	fL	83 - 101
MCH	Calculated	25.4	pg	27 - 32
MCHC	Calculated	32.2	g/dL	31.5 - 34.5
RDW	Calculated	12.0	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	6610	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	54	%	40 - 80
LYMPHOCYTES	Flow Cytometry	38	%	20 - 40
EOSINOPHILS	Flow Cytometry	4	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	308000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	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 AgrawalM.B., D.C.P
Consulting Pathologist

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"O"

RH Type

POSITIVE

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ESR 1st hour *	5	mm in 1 hour	0 - 30
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Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *	6.0	%	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
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Boronate Affinity Assay

Estimated Average Glucose (eAG) (mg/dL) *	125	mg/dL
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Calculated

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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	93	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	92	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/oxidase reaction

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LIPID PROFILE**LIPID PROFILE****Cholesterol**

Cholesterol Esterase, Oxidase, Peroxidase

233

mg/dL

Desirable: <200
Borderline High: 200 - 239
High >=240**SERUM TRIGLYCERIDE**

Lipase/GK/GPO/POD

84

mg/dL

Normal : <150
Borderline High : 150-199
High : 200-499
Very High : > 500**HDL CHOLESTEROL DIRECT ***

Phosphotungstic Acid/Mgcl2 - Enzymatic

67

mg/dL

Major risk factor for heart disease : < 40
Negative risk factor for heart disease : >= 60**Non HDL Cholesterol**

Calculated

166

mg/dL

Optimal : <130
Desirable : 130-159
Borderline high : 159-189
High : 189-220
Very High : >=220**LDL Cholesterol**

Calculated

149

mg/dL

Optimal: <100
Near to above Optimal: 100 - 129
Borderline High: 130 - 159
High: 160 - 189
Very High: > 190**VLDL**

Calculated

17

mg/dL

6 - 38

LDL/dHDL *

Calculated

2.2

2.5 - 3.5

Chol/dHDL *

Calculated

3.5

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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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	14	mg/dL	7 - 17
UREA <i>Calculated</i>	30	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.65	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.8	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.2	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>	142	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.78	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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THYROID PROFILE (TFT)

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	138	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	14.01	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.033	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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 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	<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> 1.020	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	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
Microscopic Examination			
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		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	31	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	29	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	107	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	22	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.4	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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.3	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Patient ID:	SUR000012316	Patient Name:	JASUBEN L RATHOD
Age:	52 Years	Sex:	F
Accession Number:	12316	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-2023		

CHEST X-RAY (PA)

Mild cardiomegaly with unfolding of arch of aorta and prominent Bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Mild cardiomegaly with unfolding of arch of aorta and prominent Bronchovascular markings bilaterally.

Thanks for referral.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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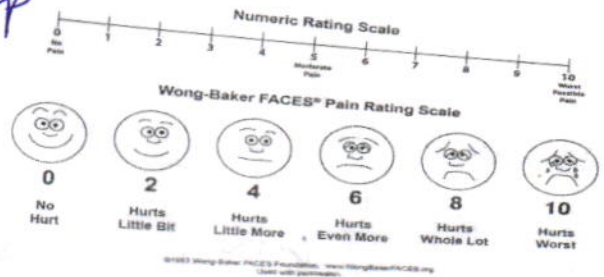
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CIN: L85110GJ2004PLC044667

Name :- *Jashuben L Rathod*

Date:- *14/10/23*

Chief Complaints:- *Medical check up
NO visual complaints
& glasses*



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:- *6/12P
6/12P*

PH Vision:- *6/6
6/6*

NCT *12
18*

*SR +1.00/-1.00 X 90 6/6
+1.00/-1.50 X 90 6/6 Add +2.25 DS NB*

ON Examination

Ant. Segmenet

Both Eye

WML

NAME
09/14/2022 11:3

VD=10

	SPH	CYL	AX
<R>	+ 1.75	-1.75	88
	+ 2.00	-1.75	84
	+ 1.75	-1.50	86

Anterior Chamber

+ 1.75 -1.50 86

Rt. EYE

Lt. EYE

	SPH	CYL	AX
<L>	0.00	+1.25	176
	+ 1.75	-2.00	83
	+ 1.50	-1.50	85

+ 1.50 -1.50 85

PD= 63

GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:-

Macula:-

Diagnosis:-

} w m

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

Rm

DR. HIMANI THAKER (VYAS)

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

Shalby Women's Health Clinic

Name:- Jasuben
Chief Complaints:-

Age-52y₃

Date: 14/10/23

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

LMP:-

clo-nil

M/H:-

OH - P2L2

O/H:-

25000 | 5 | 6 before | L2
 | ♀ | 35y₃ |

P/H:-

F/H

Examination:-

P/H -

AH done before 10yrs (IIC - DUB)
Also Hypothyroidism & HCV.

Provisional Diagnosis:-

P/A soft

PAP not taken

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CIN: L85110GJ2004PLC044667

Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Advised:-

Rx.

TAB SHELCEL-D. (30)
500 / for
1000 / 3 months

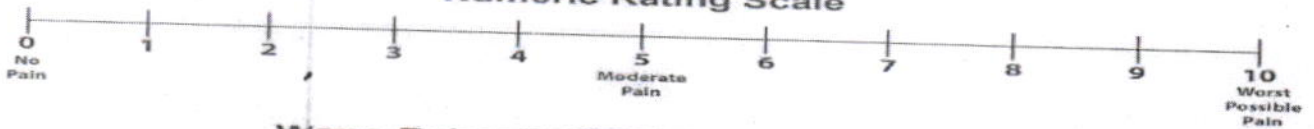
2

Follow Up:

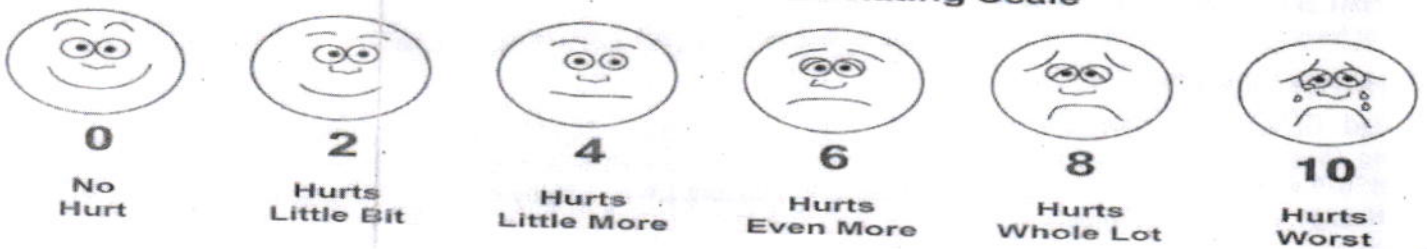
Date:- _____

Incase of emergency Please report to Emeregy Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient's Name: jashuben Rathod**Age: 52 yrs/ Female****Date: 14 / 10 / 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:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Grade I Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear**CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %

**DR.SUSHIL YADAV**

Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

Patient Name: JASUBEN L. RATHOD		UHID:	
Age / Sex: 52 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 14/10/2023	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

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.

Uterus is not seen, H/o Post-Hysterectomy status.

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

IMPRESSION:

- Grade I fatty liver.
- No other significant abnormality detected.

Thanks for referrals.

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

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CIN: L85110GJ2004PLC044667

Jasuben Rathod

1100 Sinus rhythm
9110 ** normal ECG **

years

mmHg

Birth date: /

kg

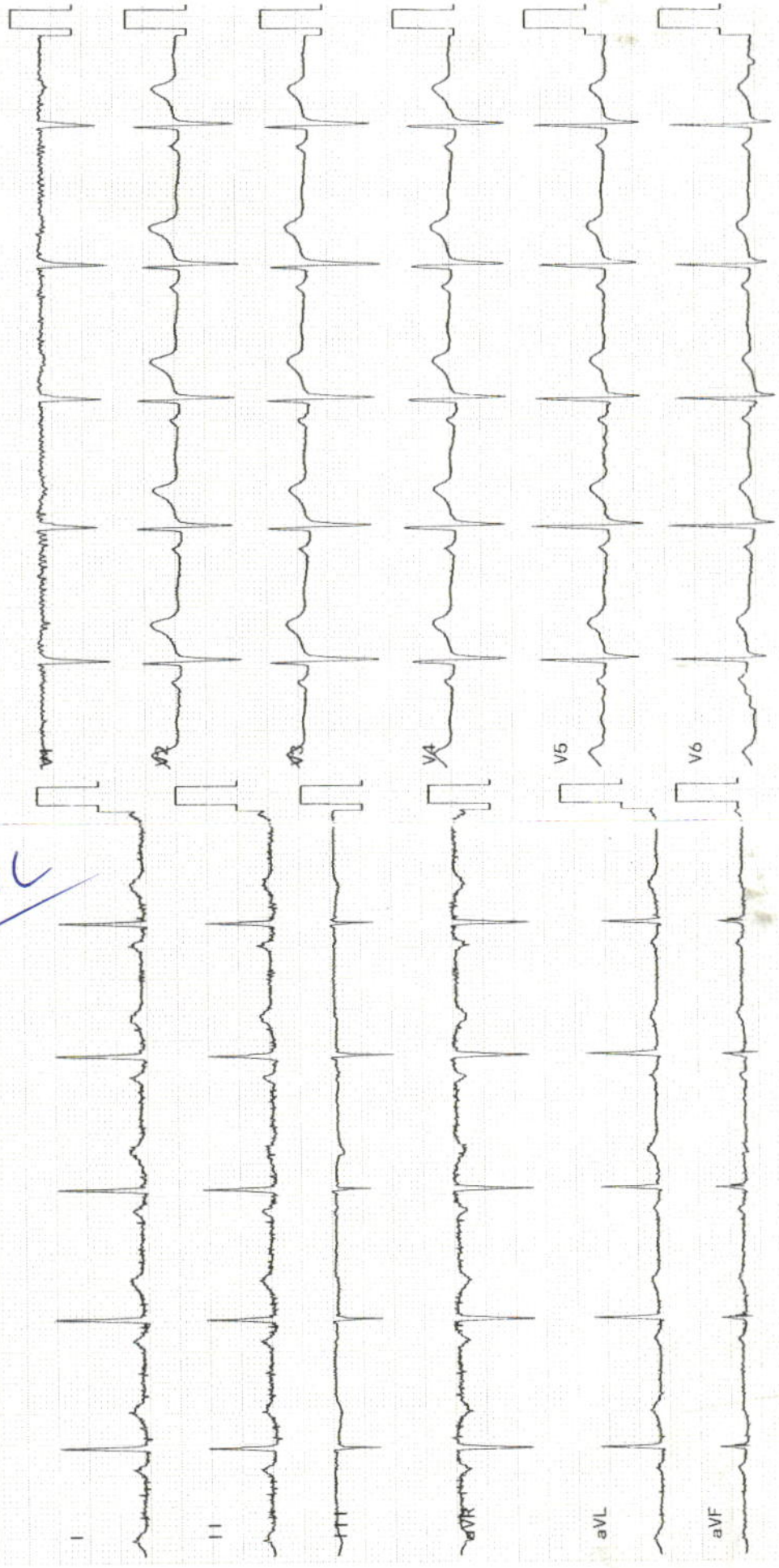
70 bpm
 162 ms
 74 ms
 352/ 373 ms
 30/ 18/ 18 °
 1.19/ 1.00 mV
 2.19 mV

Unconfirmed Report
Reviewed by:

WNC

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV



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

Jashuben L. Rathod
52 yrs

Date: 14/10/23
Weight:- 80 kg
Height:- 156 cm

Nutritional assessment:-

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

Pulse:- 88b/min
BP:- 160/80
SpO2:- 99+

H.T.
Hypothyroidism

NAD

RS
CV
PA
CNS | NA

Patient Name:-
Age:-
Chief Complaint:-

Drug Allergy:-

Family History:-
Systemic Disease:-

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Tr... and further advices:-
(Write in Capital Letters)

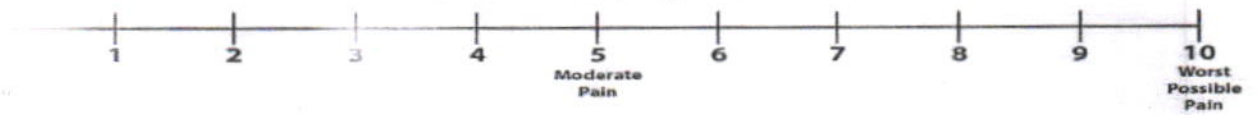
- T. Telmisartan AM (30)
 - १ - २०० mg
 - T. Lipitab 10mg (30)
 - १ - २० mg
 - ~~100 mg~~ Mym - 2 (30)
 - १ - २० mg
 14/10/23

अधी दवाओ डोक्टरने बतावीने लेवी.

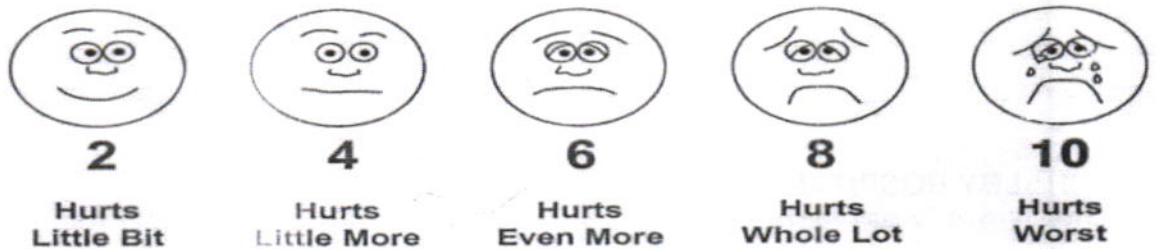
D...

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post - op

Health Check-up

Date : 14-10-23

Patient Reg. No. : _____

Patient Name : Jashuben Rathod Age / Sex : 52 / F

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

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 : 6-7c Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

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 E-mail : info.surat@shalby.org

Registered Hospital : Shalby Hospital - Opp. Karnavati Club, S. G. Road, Ahmedabad - 380015 (India) Tel. No. (079) 40203000 Fax (079) 4020310
 Website : www.shalby.org | Email : info@shalby.org

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :	705/207	

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 : Scaling

Bridge 705/207

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Pre - op

Post - op

Health Check-up

Date : 14-10-23

Patient Reg. No. : _____

Patient Name : Laxmanbhai Ratvad Age / Sex : 54 / M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

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 : 7/6 Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge 2/6 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 : Bridge Cost

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

Medication:

Symptoms:

History:

Heart rate	73	bpm
PR int	146	ms
QRS dur	88	ms
QT/QTc(E) int	382/ 408	ms
QT/QRST axis	38/ 42/ 39	°
V5/SV1 amp	1.23/ 0.60	mV
V5+SV1 amp	1.83	mV

1100 Sinus rhythm

9110 ** normal ECG **

Laxman Bhai

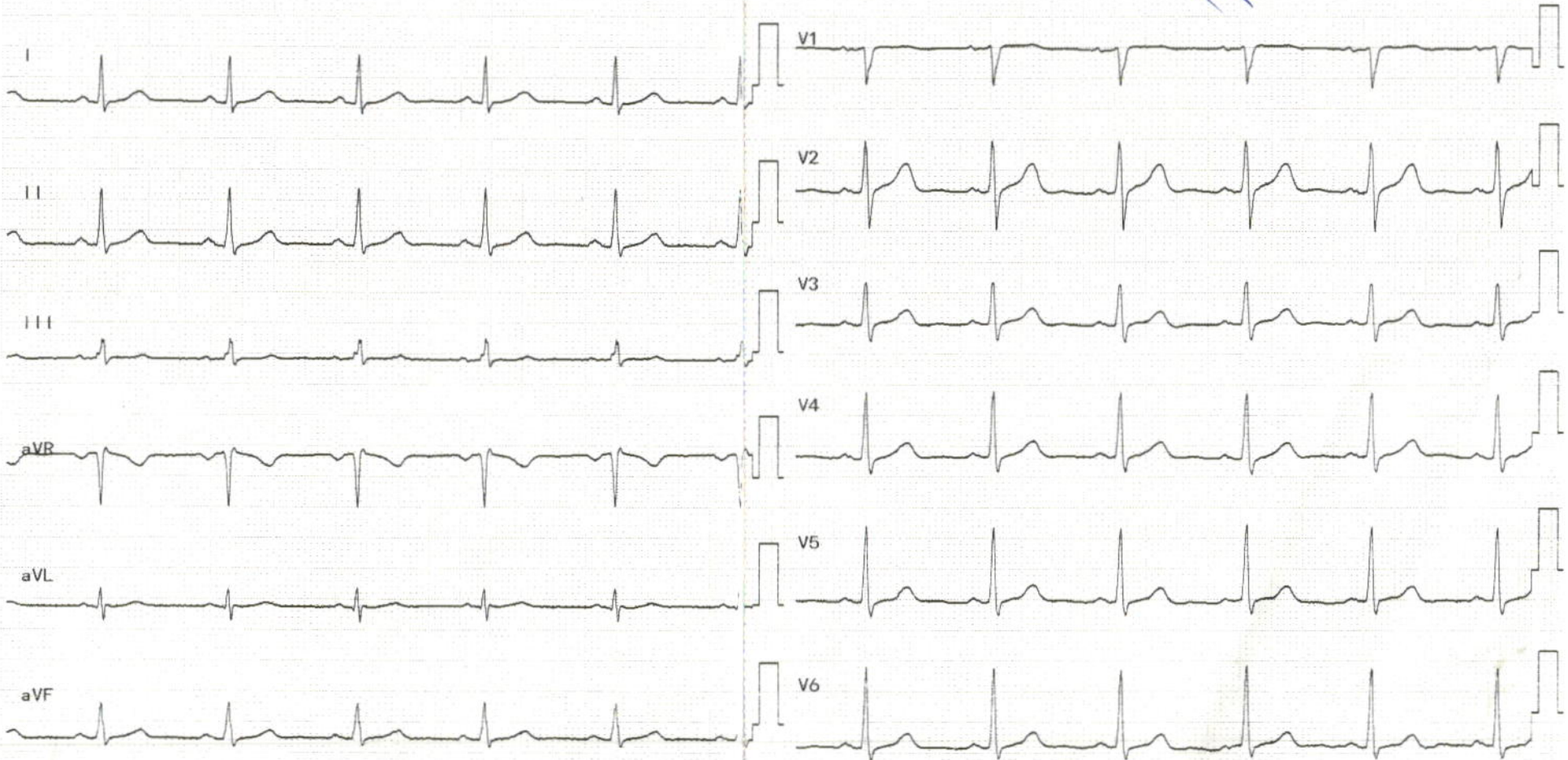
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Reviewed by:

EMR

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV



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

Kaymanabhai G. Rathod
SHM

Date: 14/10/23

Weight:- 65 kg

Height:- 163 cm

No dx except
Joint Pain - 3 months

Nutritional assessment:-

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

Pulse:- 76b/min

BP:- 150/80

SpO2:- 99+

Drug / Food Allergy:-

NAD

Family History / Social History:-

RS
AS
PA
AS | *NAD*

Diagnosis:-

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CIN: L85110GJ2004PLC044667

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

→ Tab. Telecure AM (30)
- ૧-૨/૧૨ કલાક

→ Tab. Cardiosse 10mg (30)
- ૧-૨ સીને
→ Quente D3 60k (8)
- ૧-૨ દરરોજ
- ૧.

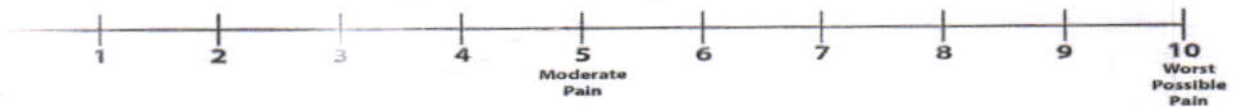
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બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

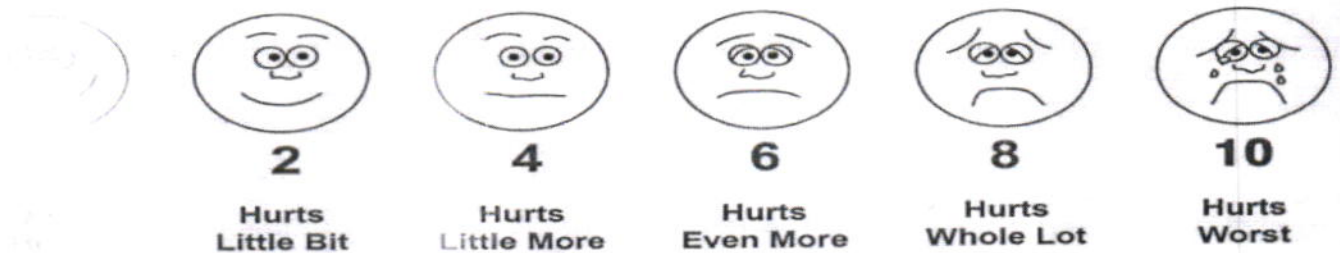
Date: _____

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Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





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 : SUR0000351920 OP-001

REPORT STATUS : Interim



Patient Name : Mr Lakshmanbhai G Rathod /	Registered On : 14-Oct-2023 09:41 AM
Lab ID : 310901094	Collected On : 14-Oct-2023 09:50 AM
Gender/Age : Male / 54 Years	DOB : 01-Jun-1969
Received On : 14-Oct-2023 09:58 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	12.7	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.98	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.0	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	70.3	fL	83 - 101
MCH <i>Calculated</i>	21.2	pg	27 - 32
MCHC <i>Calculated</i>	30.2	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.7	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	4980	cells/cmm	4000 - 10000
---	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	57	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	36	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	251000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.3	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

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.

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

Generated On : 14-Oct-2023 01:06 PM

Approved On : 14-Oct-2023 01:00 PM

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Gender/Age : Male / 54 Years DOB : 01-Jun-1969	Received On : 14-Oct-2023 09:58 AM
Ref. By : Dr. Health Check Up . Shalby	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"
RH Type	POSITIVE

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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 Gender/Age : Male / 54 Years DOB : 01-Jun-1969 Received On : 14-Oct-2023 09:58 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	6.2	%	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) * 131 mg/dL

Calculated

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Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

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Gender/Age : Male / 54 Years DOB : 01-Jun-1969	Received On : 14-Oct-2023 09:58 AM
Ref. By : Dr. Health Check Up . Shalby	Sample Type : Serum, 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)	93	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	112	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/oxidase reaction

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Dr Pankaj Agrawal

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

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 Gender/Age : Male / 54 Years DOB : 01-Jun-1969 Received On : 14-Oct-2023 09:58 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	206	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	128	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	31	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	175	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	149	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	26	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	4.8		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	6.6	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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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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Received On : 14-Oct-2023 09:58 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN)	20	mg/dL	9 - 20
<i>Urease, colorimetric</i>			
UREA	43	mg/dL	19 - 43
<i>Calculated</i>			
Creatinine	0.82	mg/dL	0.66 - 1.25
<i>Enzymatic - Creatinine amidohydrolase</i>			
S. URIC ACID	5.7	mg/dL	3.5 - 8.5
<i>Uricase/Peroxidase, Colorimetric</i>			
Calcium	9.1	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
Phosphorus *	3.5	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
Sodium	144	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
S. POTASSIUM	4.44	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
Chloride	109	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Generated On : 14-Oct-2023 01:06 PM

Approved On : 14-Oct-2023 01:00 PM

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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 : SUR0000351920 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Lakshmanbhai G Rathod** / Registered On : 14-Oct-2023 09:41 AM
 Lab ID : 310901094 Collected On : 14-Oct-2023 09:50 AM
 Gender/Age : Male / 54 Years DOB : 01-Jun-1969 Received On : 14-Oct-2023 12:19 PM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 * 119 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 * 13.83 µg/dL 99% Reference Interval (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	9.80-16.60
	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 * 2.225 µIU/mL 0.38 - 5.33

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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DOB : 01-Jun-1969

Received On : 14-Oct-2023 12:19 PM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN *

0.8

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 : 310901094	Collected On : 14-Oct-2023 09:50 AM
Gender/Age : Male / 54 Years	DOB : 01-Jun-1969
Received On : 14-Oct-2023 09:58 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reaction</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>	5.0	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
Microscopic Examination			
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		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	42	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	34	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	101	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	44	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.0	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	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 <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	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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We are open 24 x 7 & 365 days

Patient ID:	SUR000012315	Patient Name:	LAXMANBHAI G RATHOD
Age:	54 Years	Sex:	M
Accession Number:	12315	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-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. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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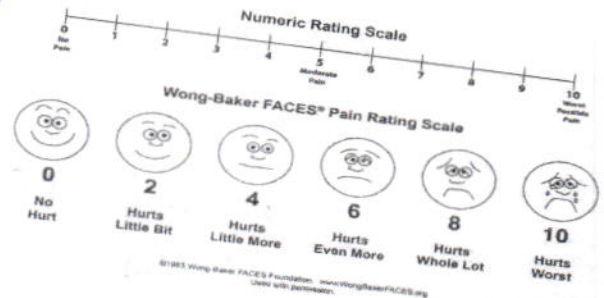
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Name :- **LAXMANBHAD**

G RATHOD,
Date:- **14/10/2023**

Chief Complaints:- **medical 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
6/9**

PH Vision:- **6/6
6/6**

NCT **12 mmHg
18**

**Sr ± 0.00 6/6
+ 0.50 DS 6/6 Add + 2.25 Mx**

Ant. Segmenet

Both Eye

was.

NAME
OCT 14 2022 11:0

VD=10
<R>

SPH	CYL	AX
0.00	0.00	
0.00	-0.25	39
0.00	0.00	

Anterior Chamber

0.00 0.00

Rt. EYE

Lt. EYE

<L>

SPH	CYL	AX
+0.75	0.00	
+0.50	+0.25	104
+0.50	+0.25	27

+0.50 0.00

PD=65

GrandSeiko.com
GR-3300K S/N:76BB0967

Investigation:-

Background:-

Macula:-

Diagnosis:-

Presbyopia

*pt will come
later on*

Treatment:-

- Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

Rpr

Patient's Name: Laxmanbhai Rathod

Age: 54 yrs/ male

Date: 14 / 10 / 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:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %
Grade I Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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CIN: L85110GJ2004PLC044667

Patient Name: LAXMANBHAI RATHOD		UHID:	
Age / Sex: 54 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 14/10/2023	

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. Multiple simple hepatic cysts, largest of size 27 x 29 mm in right lobe of liver.

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 32 x 35 x 31 mm (Approx. vol- 18 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Multiple simple hepatic cysts in right lobe of liver.
- No other significant abnormality is seen.

Thanks for referral.



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