

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:-

Jagmeet A. Ahir

Age / Sex :-

28 F

Chief Complaints:-

No clo.

Date: 23/8/24

Weight:- 79.6 kg

Height:- 156 cm

Nutritional assessment:-

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

Pulse:- 94/min

BP:- 120/80 mmHg

SpO2:- 99%

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS / OAD
COPD
PA
CNS

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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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

→ Cap Evion 400mg (39)
- 2 -
- Udiliv 300mg (39)
- 2 - સ્પેજે

Follow Up: after 1 month 

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



Patient ID:	SUR0000370107	Patient Name:	JAGRUTI AHIR
Age:	28 Years	Sex:	F
Accession Number:	8559 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	23-Aug-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- **No significant abnormality seen.**

Thanks for referral.

DR. ASHUTOSH GANDHI

DMRD (Radio Diagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

DR. HIMANI THAKER (VYAS)

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

Shalby Women's Health Clinic

Name:- *Jagrutiben*
Chief Complaints:-

Date: *23/01/24*
Weight:-
Height:-
OPR NO:-

Nutritional Assessment:-

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

M/H:-

10- irregular menses + hypomenorrhoe

LMP:- *17/8/24*
only spotting.

O/H:-

amp- 1-2 days lhm
30

P/H:-

0/A - P/L

F/H

Examination:-

FTUS 1♀ 13 1/2 w/L

PLA - soft

Provisional Diagnosis:-

PLS - Cy healthy

PAP taken

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CIN: L8510GJ2004PLC044667

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

Pls

- SUP M₂ tone - (1)
2 - 0 - 2/3

Investigaion Advised:-

Adv

Keep after
[months

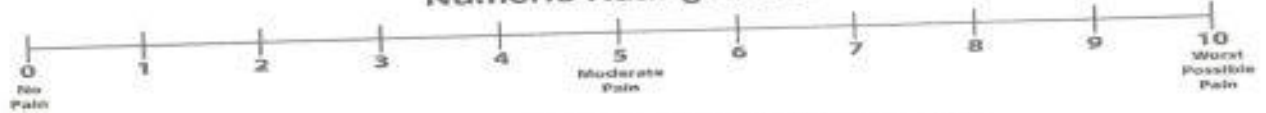
8

Follow Up:

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



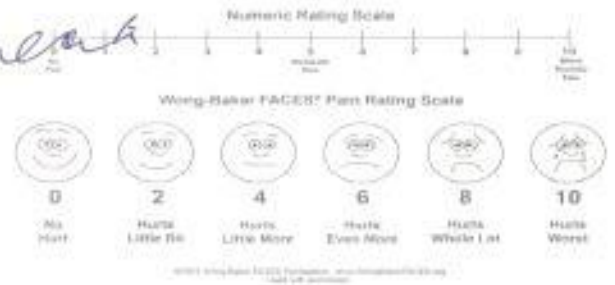
1 **DR. RUJUTA SHELAT**
Consultant Ophthalmologists
Reg. No.:- G-48712

Name:- Jagrati A Alvi

Date:- 23/08/2024

Chief Complaints:- Routine Eye checkup

ms



Pain Assessment:-

Past History:-

Family History:-

Allergy:- No drug Allergy

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

General Examination:-

BP: - Pulse: - Temp: -

Visual Acuity: - 6/9

NCT 16.7
17.3

ON Examination

Ant. Segment

WNL

Systemic Examination:-

HT: - 172 WT:-

PH Vision: - 6/9

IO: -0.50x -0.75D846
-0.50/-0.50x 180 6/6

Both Eye

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CIN: L85110GJ2004PLC044667

NAME:
DATE: 28/24/Aug/23 14:34
No. 00170
HUVITZ HNT-1P
Ver 1.1.1

(TONO-PACHY mode)

IOP	<R>	<L>
	16.6	17.6
	16.7	16.8
	17.0	17.5

AVG (mmHg) 16.7 17.3

CCT	<R>	<L>
	509	525
	508	530
	508	530

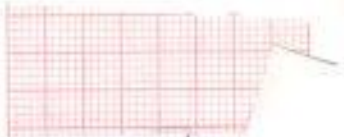
AVG (µm) 508.3 528.3

Huvitz Co., Ltd.
+82-31-428-9100

Anterior Chamber

Rt. EYE

Lt. EYE



Investigation:-

Blood Vessel:-
Background:-
Macula:-
Diagnosis:-

pt will come later on

- Refractive Error

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2 months / 6m

Signature of the Consultant

Dr. Ravi

Patient's Name: Jagruti Ahir
UHID: 370107

Age: 28 yrs / Female
Date: 23 / 08 / 2024

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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CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 23/8/2017

Patient Reg. No. : _____

Patient Name : Jagzati A Ahir

Age / Sex : 28 / F

Address : S212011

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 : _____ 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"

Jadav P.N.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID:

Name:

Sex: M

cm

kg

Birth date:

/

years

meds

meds

Medications:

Symptoms:

History:

Heart rate

HR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

81 bpm

140 ms

72 ms

368 / 406 ms

23 / 31 / -10 °

-1.36 / 0.99 mV

2.35 mV

Juguti Ahir

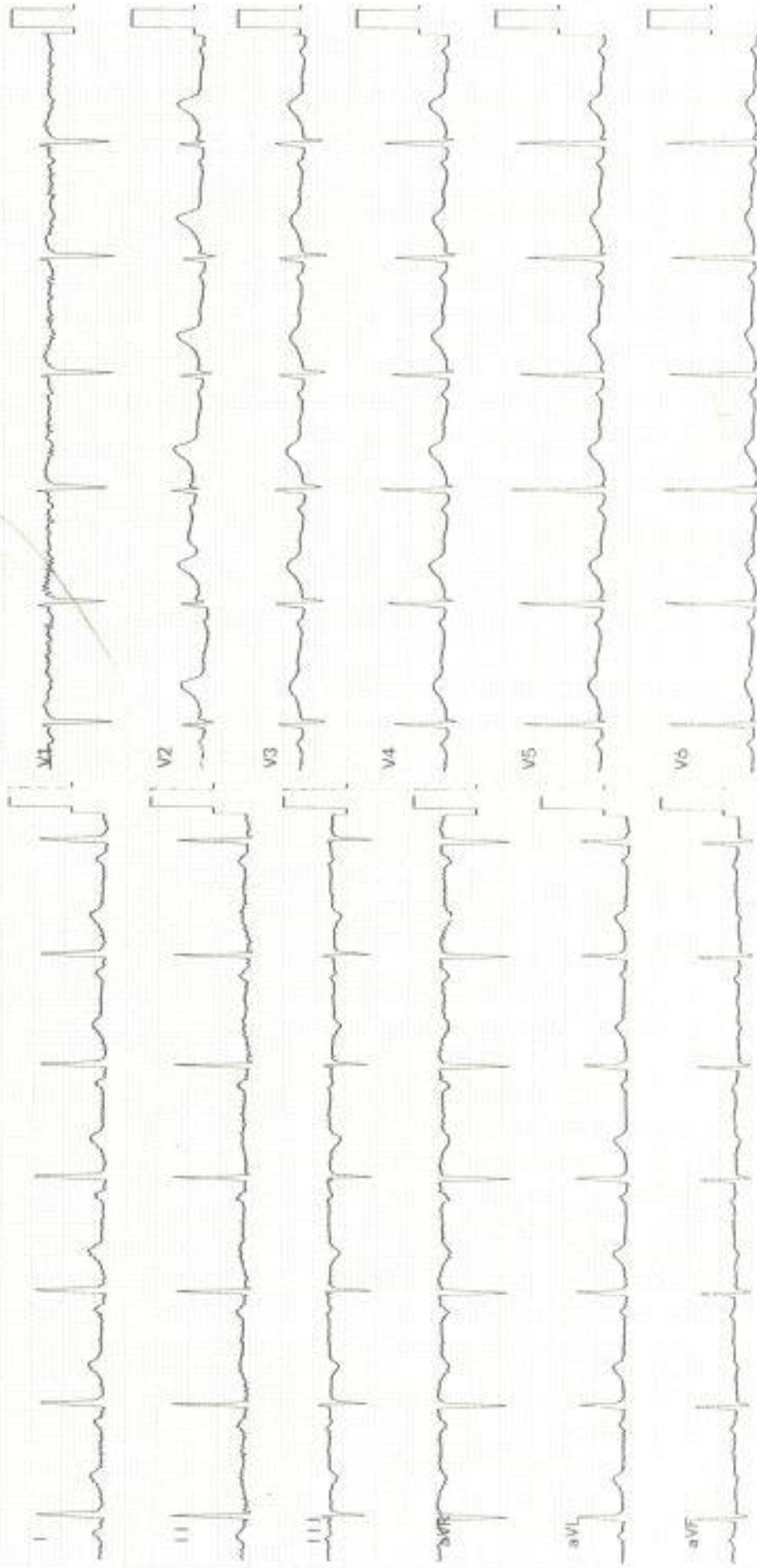
Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s

Filter: H50 d 100 Hz

10 mm/mV



Patient Name: JAGRUTI A AHIR		UHID: 370107
Age / Sex: 28 Yrs. / Female	Study:	USG Abdomen + Pelvis
Referred By: Dr. AT SHALBY HOSPITAL	Date: 23.08.2024	

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 appears normal in size and measures 45x33x40 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- **Grade I fatty liver.**

Thanks for referrals.

DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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PID : SUR0000370107 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Jagruti Anil Ahir	/	Registered On : 23-Aug-2024 09:57 AM
Lab ID : 408901751		Collected On : 23-Aug-2024 09:55 AM
Gender/Age : Female / 28 Years	DOB : 04-Jul-1996	Received On : 23-Aug-2024 10:09 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

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

BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.1	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	5.11	mill/cmm	3.8 - 4.8
HCT	Calculated	40.9	%	36 - 46
MCV	Calculated based on the RBC histogram	80.0	fL	83 - 101
MCH	Calculated	25.6	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	12.5	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	7330	cells/cmm	4000 - 10000
-----------------	----------------------	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	62	%	40 - 80
LYMPHOCYTES	Flow Cytometry	32	%	20 - 40
EOSINOPHILS	Flow Cytometry	1	%	1 - 6
MONOCYTES	Flow Cytometry	5	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	384000	/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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Approved On : 23-Aug-2024 12:30 PM

Dr Pankaj Agrawal
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.
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
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	5	mm in 1 hour	0 - 20
---------------------	---	--------------	--------

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
--	-----	-------

Calculated

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Consulting Pathologist


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

ESR 1st hour

5

mm in 1 hour

0 - 20

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

Boronate Affinity Assay

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

mg/dL

Calculated

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Lab ID : 408901751		Collected On : 23-Aug-2024 09:55 AM
Gender/Age : Female / 28 Years	DOB : 04-Jul-1996	Received On : 23-Aug-2024 10:05 AM
Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F),S

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

PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	101	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)	103	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

Liver Function Test

Liver Function Test

SGPT (ALT)	32	U/L	9 - 52
-------------------	----	-----	--------

Multi Point Rate with P-S-P

SGOT (AST)	31	U/L	14 - 36
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Multi Point Rate with P-S-P

Alkaline Phosphatase	81	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
-----------------------------	----	-----	---

PNPP, AMP Buffer

GGT	20	U/L	12 - 43
------------	----	-----	---------

L-gamma-glutamyl-4-nitroanilide/glycylglycine-Kinetic

S. PROTEIN	7.7	g/dL	6.3 - 8.2
-------------------	-----	------	-----------

Buret (Alkaline cupric sulfate), End Point

Albumin	4.6	g/dL	3.5 - 5.0
----------------	-----	------	-----------

Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	3.1	g/dL	2.3 - 3.6
--------------------	-----	------	-----------

Calculated

A/G Ratio	1.5	Ratio	1.0 - 2.3
------------------	-----	-------	-----------

Calculated

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Patient Name : Mrs. Jagruti Anil Ahir

/

Registered On : 23-Aug-2024 09:57 AM

Lab ID : 408901751

Collected On : 23-Aug-2024 09:55 AM

Gender/Age : Female / 28 Years

DOB : 04-Jul-1996

Received On : 23-Aug-2024 10:05 AM

Ref. By : Health Check Up Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F),S**Liver Function Test****Bilirubin Total**

0.6

mg/dL

0-1 day (premature) 1.0 - 8.0

0-1 day (full term) : 2.0 - 6.0

1-2 day (premature) : 6.0 - 12.0

1-2 day (full term) : 6.0 - 10.0

3-5 day (premature) : 10.0 - 14.0

3-5 day (full term) : 4.0 - 8.0

Azobilirubin/Cyphyline/Diazonvmr Salt

Adult: 0.2 - 1.3

Bilirubin Unconjugated

0.6

mg/dL

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

End-point Colorimetric (Dual wavelength spectrophotometric)

Bilirubin Direct

0.0

mg/dL

Conjugated bilirubin and

Delta bilirubin (Bilirubin

covalently bound to albumin)

0.0-0.4

Calculated

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Lab ID : 408901751		Collected On : 23-Aug-2024 09:55 AM
Gender/Age : Female / 28 Years	DOB : 04-Jul-1996	Received On : 23-Aug-2024 10:05 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>	170	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <small>Lipase/GK/GPO/POD</small>	189	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <small>Phosphotungstic Acid/MgCl2 - Enzymatic</small>	45	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <small>Calculated</small>	125	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <small>Calculated</small>	87	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <small>Calculated</small>	38	mg/dL	6 - 38
LDL/dHDL <small>Calculated</small>	1.9		2.5 - 3.5
Chol/dHDL <small>Calculated</small>	3.8	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


 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 : SUR0000370107 OP-001

REPORT STATUS : Interim



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THYROID PROFILE (TFT)

Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	172	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	9.58	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	4.611	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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RENAL FUNCTION TEST**NABL Accredited Parameters****Urea Nitrogen (BUN)**

11

mg/dL

7 - 17

Urease, colorimetric

UREA

24

mg/dL

15 - 36

Calculated

Creatinine

0.49

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

6.5

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

9.9

mg/dL

8.4 - 10.2

Arsenazo III dye

Sodium

143

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.6

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

108

mmol/L

98 - 107

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

3.9

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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