

Shalby MD Physician Clinic

Naresh kumar G. Rathod
56 yrs M

OPR NO:

Date: 10/8/24

Weight: 82.3 kg

Height: 165 cm

Patient Name:-

Age / Sex :-

Chief Complaints:-

No c/o

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 85/min

BP:- 150/100 mmHg

SpO2:- 95% min

Family History:-

Systemic Examination:-

RS		NAD
CVS		
PA		
CNS		

Provisional Diagnosis:-

Investigation :-

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

Rx

- Tab. Telmidol AM (30)
- 1 - daily
- T. Rosuor 10mg (30)
1 tab after dinner
- Tab. Teulison M. = (30)
- 1 - daily
before breakfast

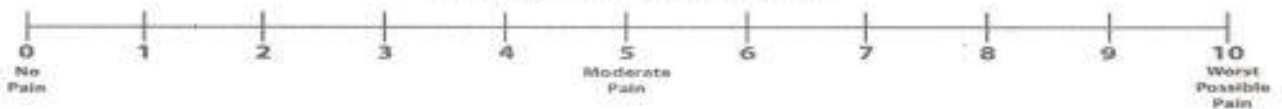
Follow Up:

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



DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- Naresh bhai

Date:- 10/08/2024.

Chief Complaints:- *Routin checkup for eyes*



Pain Assessment:- *No. Pain*

Past History:- *No.*

Family History:-

Allergy:- *No Allergy food & drug*

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:- *R 6/6 P L 6/6*

ST *R - 0.50 X 10' 6/6 PH Vision: R 6/6 L 6/6*

NCT

Add +2.00 P/6

ON Examination

Normal BE

Ant. Segment

(RE) Normal (LE) PCIO

Both Eye

P/6 +2.00

Cornea }
Lens } Normal BE
Fundus } Rt. EYE

Anterior Chamber

Lt. EYE

Media:-
Disc:-
Blood Vessel:-
Background:-
Macula:-
Diagnosis:-

} Normal
} Presbyopic. (BE)

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

glass Reading

Follow Up ON:-

6 month after / 1505

Signature of the Consultant

Dr. Raju
10/8/29



Pre - op

Post - op

Health Check-up

Date : 10/08/17

Patient Reg. No. : _____

Patient Name : Narreshbhai Rathod

Age / Sex : 56/M

Address : Saigal

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"

Adv: Scaling

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

Patient's Name: Nareshbhai Rathod
UHID: 369534

Age: 56 yrs / male
Date: 10 / 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 %.
Grade I 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
- 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

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph:- 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.
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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667



Certificate No.: MC-000

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 : SUR0000369534 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Naresh Gopalbhai Rathod** / Registered On : 10-Aug-2024 09:27 AM
 Lab ID : 408900778 Collected On : 10-Aug-2024 08:48 AM
 Gender/Age : Male / 56 Years DOB : 15-Aug-1967 Received On : 10-Aug-2024 09:52 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	17.6	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	7.33	mill/cmm	4.5 - 5.5
HCT	Calculated	57.1	%	40 - 50
MCV	Calculated based on the RBC histogram	77.9	fL	83 - 101
MCH	Calculated	24.0	pg	27 - 32
MCHC	Calculated	30.8	g/dL	31.5 - 34.5
RDW	Calculated	13.6	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	5370	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	58	%	40 - 80
LYMPHOCYTES	Flow Cytometry	34	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	6	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	219000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	9.6	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
Dr Pankaj Agrawal
 M.B., D.C.P.
 Consulting Pathologist



Certificate No. : 180-5208


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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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ESR 1st hour <i>Modified Westergren Method</i>	2	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) <i>Calculated</i>	131	mg/dL	

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 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) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	113	mg/dL	74 - 106
Urine Sugar (F) <small>Glucose-oxidase/oxidase reaction</small>	ABSENT	mg/dL	Absent
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	139	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic: =>200
Urine Sugar (PP) <small>Glucose-oxidase/oxidase reaction</small>	SNR	mg/dL	Absent
Liver Function Test			
Liver Function Test			
SGPT (ALT) <small>Multi Point Rate with P-5-P</small>	31	U/L	21 - 72
SGOT (AST) <small>Multi Point Rate with P-5-P</small>	30	U/L	17 - 59
Alkaline Phosphatase <small>PNPP, AMP Buffer</small>	90	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <small>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</small>	28	U/L	15 - 73
S. PROTEIN <small>Biluret (Alkaline cupric sulfate), End Point</small>	7.0	g/dL	6.3 - 8.2
Albumin <small>Bromocresol Green (BCG), Colorimetric</small>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <small>Calculated</small>	2.9	g/dL	2.3 - 3.6
A/G Ratio <small>Calculated</small>	1.4	Ratio	1.0 - 2.3

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Liver Function Test

Bilirubin Total <i>Azobilirubin/Diphenylmercuric Diazonium Salt</i>	1.9	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>	1.9	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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

Cholesterol <small>Cholesterol Esterase, Oxidase, Peroxidase</small>	140	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <small>Lipase/GK/GPO/POD</small>	93	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <small>Phosphotungstic Acid/Mpoc2 - Enzymatic</small>	32	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <small>Calculated</small>	108	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <small>Calculated</small>	89	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <small>Calculated</small>	19	mg/dL	6 - 38
LDL/dHDL <small>Calculated</small>	2.8		2.5 - 3.5
Chol/dHDL <small>Calculated</small>	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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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3	120	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4	11.50	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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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	2.997	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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PROSTATE SPECIFIC ANTIGEN	0.8	ng/mL	0.0 - 4.0
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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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RENAL FUNCTION TEST			
NABL Accredited Parameters			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	5	mg/dL	9 - 20
UREA <i>Calculated</i>	11	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.66	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	7.1	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.0	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.0	mmol/L	3.5 - 5.1
Chloride	106	mmol/L	98 - 107

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)	4.0	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			

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Lab ID : 408900778		Collected On : 10-Aug-2024 08:48 AM
Gender/Age : Male / 56 Years	DOB : 15-Aug-1967	Received On : 10-Aug-2024 09:52 AM
Ref. By : Health Check Up Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	Glucose-oxidase/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Nil	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.025	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Negative	Negative
pH	Double indicator principle	5.0	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Calcium oxalate		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

This is an Electronically Authenticated Report.

Generated On : 10-Aug-2024 01:03 PM

Approved On : 10-Aug-2024 12:33 PM

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

Patient ID:	SUR0000369534	Patient Name:	NARESHBHAI RATHOD
Age:	56 Years	Sex:	M
Accession Number:	8167 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	10-Aug-2024		

CHEST X-RAY (PA)

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

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 prominent bronchovascular markings bilaterally and unfolding of arch of aorta.

Thanks for referral.


DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

SHALBY HOSPITAL, SURAT

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SHALBY LIMITED

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Tel: 079 40303000 | Fax: 079 40303108 | info.corp@shalby.org | www.shalby.org

Patient Name: NARESHBHAI G RATHOD		UHID:369534	
Age / Sex: Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 10.08.24	

ULTRASOUND OF ABDOMEN AND PELVIS

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 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 moderate in size and measures 40X46X45mm (Approx. vol- 43 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Moderate prostatic enlargement

Thanks for referral.



DR. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

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heart rate 78 bpm
 RR int 130 ms
 PRS dur 82 ms
 JT/QTc(E) int 370/403 ms
 T/QRS/T axis 57/49/111
 W5/SV1 amp 1.83/1.54 mV
 W5+SV1 amp 3.38 mV

1100 Sinus rit
 4068 Nonspecific Twave abnormality
 0102 ARTIFACT PRESENT
 9130 ** border line ECG **

Naveshbhai Rathod

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: 150 d 100 Hz

5 mm/mV

