

Shalby MD Physician Clinic

Patient Name:-

Dhawal Rana  
34 M.

Age / Sex :-

Chief Complaints:-

No clo

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS  
CVS  
PA  
CNS  
|  
NAD

OPR NO:

Date: 12/10/23

Weight:- 62 Kg

Height:- 162cm

Nutritional assessment:-

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

Pulse:- 88/min

BP:- 110/70

SpO2:- 99%

Provisional Diagnosis:-

## SHALBY HOSPITAL, SURAT

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

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CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

- T. vilason M (20)  
50:500  
- 2 - 1/2 times
- T. DEXSON M (20)  
10:500
- Tab. glimison M (20)
- T. TORVASON 2 - 2 times  
10mg (20)

Follow Up:

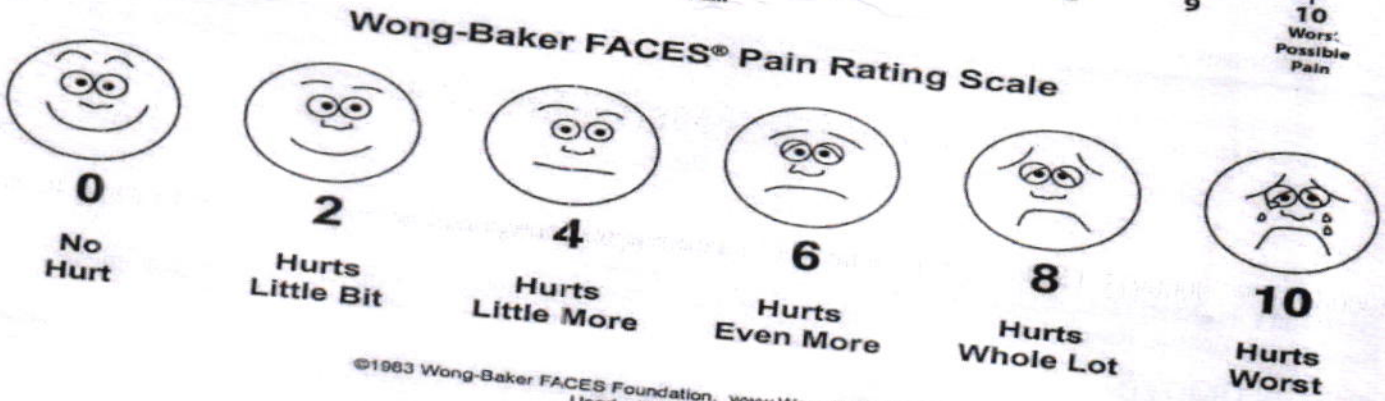
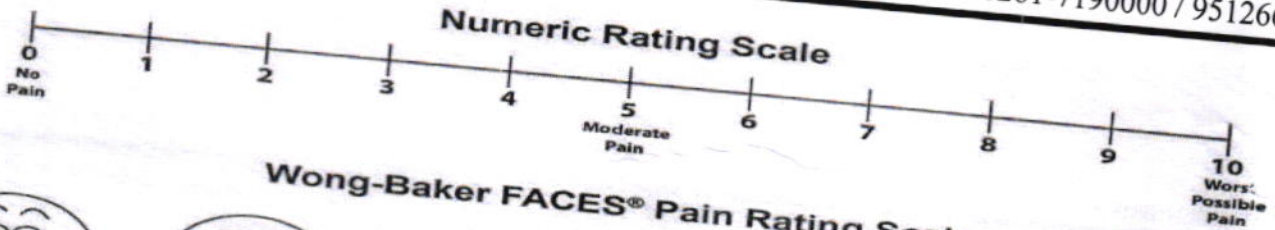
after 15 days

રસીલ જરૂર  
વેલ

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

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





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 : SUR0000351935 OP-001

REPORT STATUS : Interim



Patient Name : Mr Dhaval . Rana	/	Registered On : 14-Oct-2023 10:53 AM
Lab ID : 310901112		Collected On : 14-Oct-2023 12:10 PM
Gender/Age : Male / 34 Years	DOB : 18-Jul-1989	Received On : 14-Oct-2023 12:27 PM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	15.3	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.00	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	46.3	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	92.5	fL	83 - 101
MCH <i>Calculated</i>	30.6	pg	27 - 32
MCHC <i>Calculated</i>	33.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.0	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**Total WBC Count *Electrical Impedance* **3650** cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	63	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	31	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	1	%	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>	255000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.4	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	Normochromic and Normocytic.
WBCs	Shows mild leucopenia.
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 PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org



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DOB : 18-Jul-1989

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD GROUP</b>			
(Tube agglutination: Forward & reverse)			
ABO Type	"B"		
RH Type	POSITIVE		

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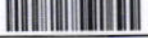
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Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	7	mm in 1 hour	0 - 15
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	<b>12.9</b>	%	Non-diabetic: <= 5.6 Pre-diabetic: 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) \*** 324 mg/dL  
*Calculated*

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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)**

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

255

mg/dL

74 - 106

**Urine Sugar (F)**

*Glucose-oxidase/oxidase reaction*

PRESENT[+++]

mg/dL

Absent

**POST PRANDIAL PLASMA GLUCOSE**

**Plasma Glucose (PP)**

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

433

mg/dL

Normal: 100-140 Impaired: 140-199 Diabetic :>200

**Urine Sugar (PP)**

*Glucose-oxidase/oxidase reaction*

PRESENT[+++]

mg/dL

Absent

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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>	196	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	98	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>	41	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	155	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	135	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>	20	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	3.3		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	4.8	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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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST**

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**Urea Nitrogen (BUN)**

9

mg/dL

9 - 20

*Urease, colorimetric*

**UREA**

19

mg/dL

19 - 43

*Calculated*

**Creatinine**

0.59

mg/dL

0.66 - 1.25

*Enzymatic - Creatinine amidohydrolase*

**S. URIC ACID**

3.8

mg/dL

3.5 - 8.5

*Uricase/Peroxidase, Colorimetric*

**Calcium**

9.8

mg/dL

8.4 - 10.2

*Arsenazo III dye*

**Phosphorus \***

4.1

mg/dL

2.5 - 4.5

*Phosphomolybdate reduction (PMA Phenol)*

**Sodium**

136

mmol/L

137 - 145

*Direct Ion Selective Electrode*

**S. POTASSIUM**

5.12

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode*

**Chloride**

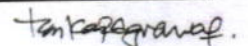
99

mmol/L

98 - 107

*Direct Ion Selective Electrode*

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Parameter	Result	Unit	Biological Ref. Interval
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**THYROID PROFILE (TFT)**

<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	107	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	10.71	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.177	µIU/mL	0.38 - 5.33

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<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	20	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	20	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	104	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	22	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.6	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.5	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.8	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.9	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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.7	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

**URINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> <b>Present (+++)</b>		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Nil		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> NIL		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> Normal	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	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

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

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<b>Patient ID:</b>	<b>SUR000012339</b>	<b>Patient Name:</b>	<b>DHAVAL RANA</b>
<b>Age:</b>	<b>34 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>12339</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>SHALBY HOSPITAL</b>	<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>14-Oct-2023</b>		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- No significant abnormality seen.

*Thanks for referral.*



**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

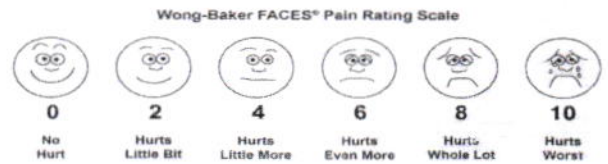


Name :- *Dhaval Rana*

Date:- *14/10/23*

Chief Complaints:-

*For routine check up*



Pain Assessment:-

Past History:-

*- NAD -*

Family History:-

Allergy:-

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:-

*6/6  
6/6*

PH Vision:-

NCT *13* mm of hg  
*11*

ON Examination

Ant. Segmenet

Both Eye

*- WNL -*

## SHALBY HOSPITAL, SURAT

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

## SHALBY LIMITED

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CIN: L85110GJ2004PLC044667

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

y BC  
WNL

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- 2 5 month

RNS

Signature of the Consultant



ID:

Name:

years

Birth date:

mmHg

kg

Sex: M

cm

Medication:

Symptoms:

History:

Heart rate 91 bpm

PR interval 148 ms

QRS duration 82 ms

QT/QTc(E) interval 324/372 ms

QT/QTc(T) interval 61/48/59 ms

RV5/SV1 amplitude 1.45/1.07 mV

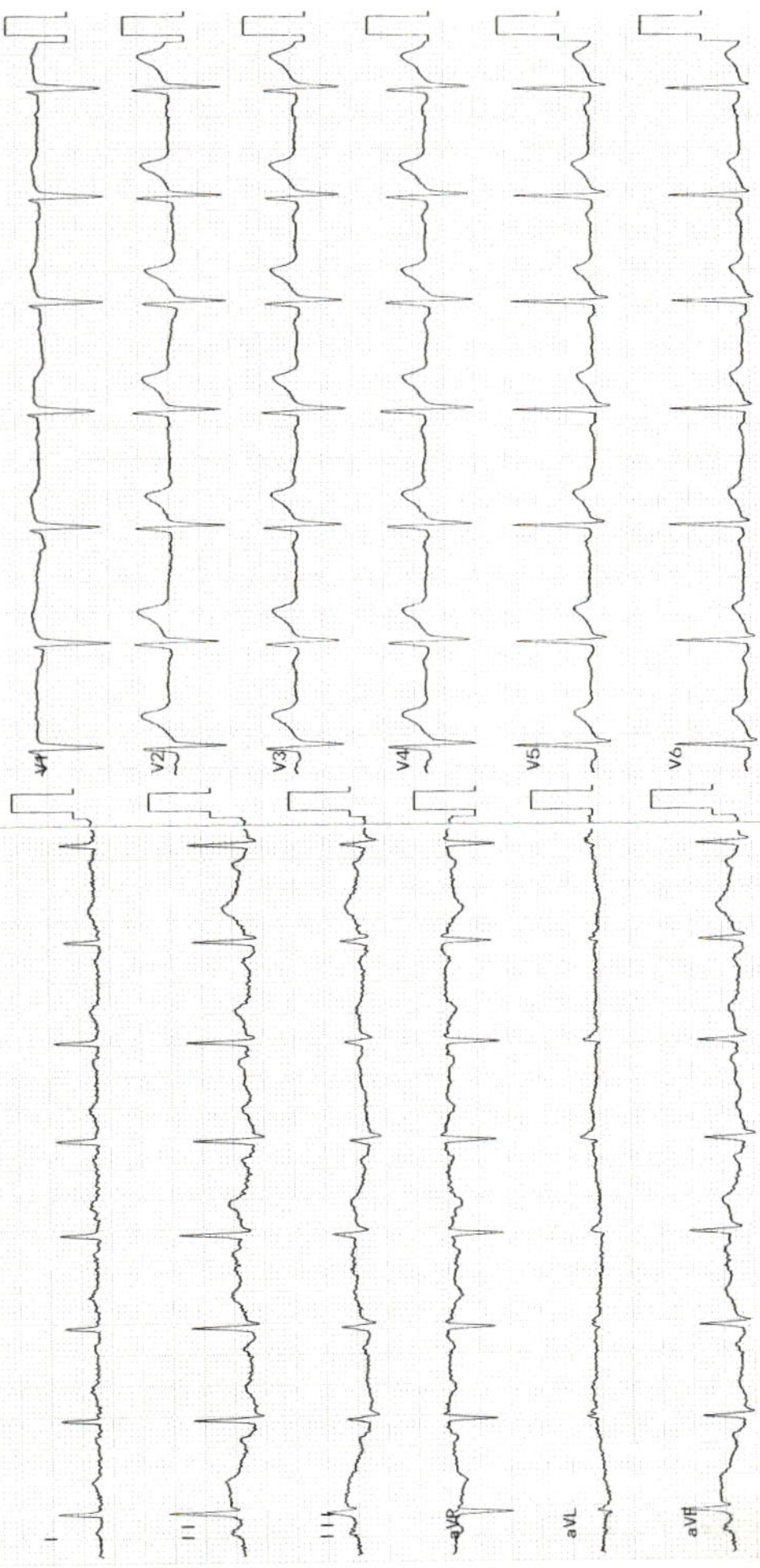
RV5+SV1 amplitude 2.52 mV

1100 Sinus rhythm  
1102 Sinus arrhythmia  
9110 \*\* normal ECG \*\*

Unconfirmed Report  
Reviewed by:

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

10 mm/mV



Patient's Name: Dhaval Rana

Age: 34 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:21

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.

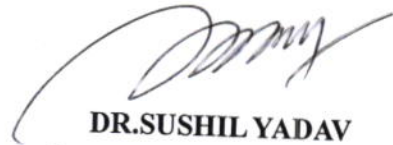
IAS :Intact.

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****SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667





Pre - op

Post- op

Health Check-up

Date : 14/10/23

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

Patient Name : Dhaval Ramesh

Age / Sex : 34/m

Address : Vijaya

**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 : Sittings 1  2  3  Deep   
 Restoration : \_\_\_\_\_ Perio Surgery : \_\_\_\_\_  
 Extraction : \_\_\_\_\_  
 Partial Denture : \_\_\_\_\_  
 Crown & Bridge : \_\_\_\_\_  
 Implants : \_\_\_\_\_ 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 a well maintained, hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.
- After knee replacement any treatment should be done under "Antibiotic Coverage"

*AK*

*Scaling*

*Dr. Darshini V. Shah*

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



Patient Name: DHAVAL RANA		UHID:	
Age / Sex: 34 Yrs. / Male	Study:	USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 31/07/2023		

**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 normal in size and measures 26 X 33 X 32 mm (Approx. vol- 15 cc). It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- No any significant abnormality is seen.

Thanks for referral.



**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)  
G-14916

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