CHRF
CHARUSAT HOSPITAL
Care with compassion...

ચારુસેટ હોસ્પિટલ, ચાંગા

વર્લ્ડ ક્લાસ મલ્ટી સ્પેશિયાલિટી હોસ્પિટલ

Mediwheel

તારીખ / Date: 23/11/25

રજીસ્ટ્રેશન નંબર / Registration Number	CH-24-0089452
દર્દીનું નામ / Patient's Name	Harshadkumar . B. Thakor
સંપર્ક નંબર / Contact Number	

હેલ્પ લાઈન

એપોઈન્ટમેન્ટ માટે સંપર્ક
+91-2697-265502/504
+91-95379 27873

૨૪ કલાક ઈમરજન્સી સંપર્ક
+91-2697-265500
+91-75748 38111

નોંધ : ફરી બતાવવા આવો ત્યારે આ ફાઈલ અચૂક સાથે લાવવી.

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CHARUSAT HOSPITAL

CHARUSA

DATE	PATIENT NAME	SEX	S...
29-01-2024	[illegible]	M	[illegible]

USG A...

Liver: show evidence of normal size,parenchymal ... Normal hepatic vasculature seen with no evide...

Gall bladder: is contracted with no evidence of calc... evidence of pericholecystic fluid collection. CBD portal vein & splenic vein size are normal.

Splenic size & parenchymal echotexture is normal w...

Pancreas: show evidence of normal size & parenchy...

Aorta: show normal caliber & no evidence of paraa...

Right kidney: show evidence of normal size,position,... No evidence of focal solid or cystic mass lesion seen.

Left Kidney: show evidence of normal size position,c... No evidence of focal solid or cystic mass lesion seen. Echogenic shadow of app 0.66 cm in right renal ... seen-possibility of calculi.Fullness of renal pelvis o... distended bladder.

Bladder: walls are normal & no evidence of stone o...

Prostate: show evidence of normal size & parenchyma... No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Volume cubic cms
10.6x3.9	10.6x4.9	8.5

COMMENTS:
Possibility of bilateral renal calculi.

No other obvious abnormality detected.

[illegible]

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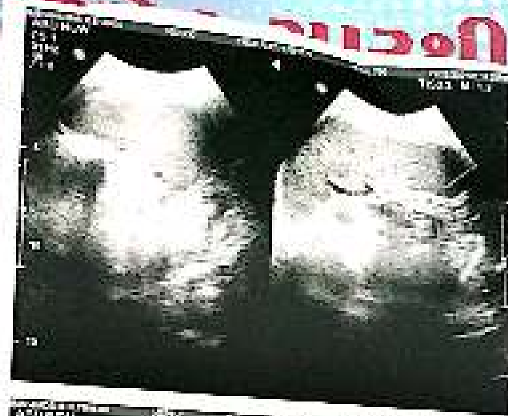
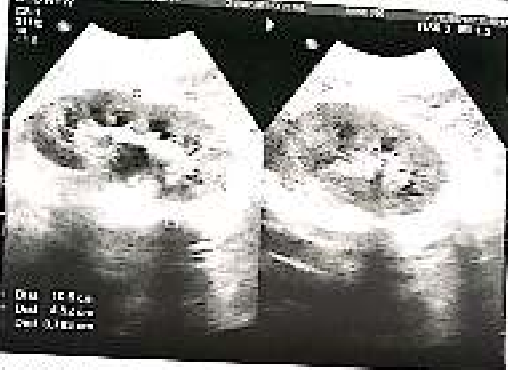
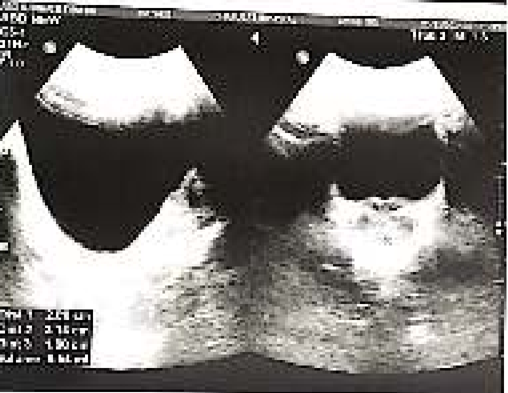
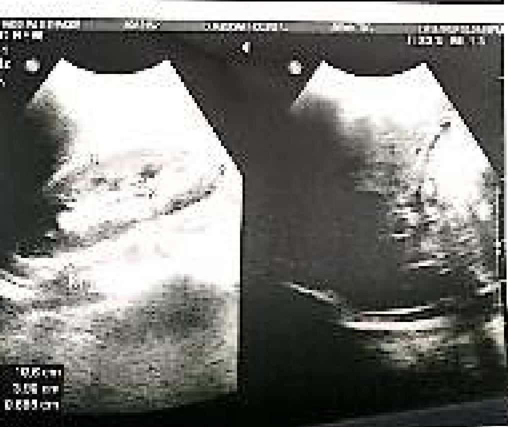
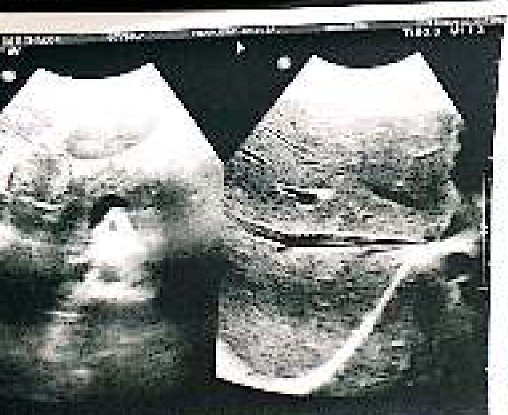
Web : www.ohf.org / www.charus...











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CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
23-11-2024	HARSHADKUMAR B THAKOR	M	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of abnormality seen involving both lungs.Costophrenic sinuses are clear.

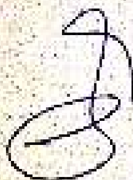
Hilar shadows show evidence of normal size , position & opacity.

Aortic shadow show evidence of normal position & Size.Cardiac size & position is normal.

Domes of diaphragm & bony cage show no evidence of abnormality.

COMMENTS:

NO ABNORMALITY DETECTED



Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

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23-11-2024	HARSHADKUMAR B THAKOR	M	BODY PROFILE	X-RAY

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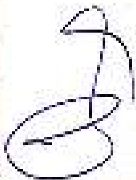

Thanks for reference
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Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

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ent Name	: Harshadkumar Babubhai Thakor	Sample No.	: 24000929
ent ID	: CH-2024-0059452	Visit No.	: OPD/2024/11/0001054
/ Sex	: 33y / Male	Coll. Date	: 23/11/2024 09:44
Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 23/11/2024 10:16
i	: -	Report Date	: 23/11/2024 12:27

HEMATOLOGY

ıoglobin (HB)

stigation	Result	Normal Value
ıoglobin	17.50 gm/dl	14.0 - 18.0 mg/dl

: Count

stigation	Result	Normal Value
Count	6.00 mill./c.mm	4.5 - 5.5 mill./c.mm

:

tigation	Result	Normal Value
: Count	7390 /c.mm	4000.0 to 10000.0 /c.mm

: count - Differential

tigation	Result	Normal Value
norphs	57.40 %	40.0 - 70.0 %
hocytes	33.40 %	20.0 - 40.0 %
ıophils	1.70 %	1.0 - 6.0 %
ıcytes	7.50 %	2.0 - 10.0 %
phils	0 %	0.0 - 1.0 %
	100.00	

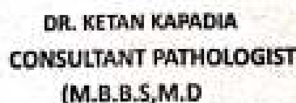
let count

tigation	Result	Normal Value
ets Count	213000 / cmm	1,50,000 - 4,50,000 /cmm

d Group

	RESULT
Group	O
ctor	Positive

igation	Result	Normal Value
After One Hour	4 mm	3.0 - 5.0 mm



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(M.B.B.S,M.D

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ard	: -	Report Date	: 23/11/2024 12:27

BIOCHEMISTRY

ASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
asting Blood Sugar	90.89 mg/dL	70 to 110 mg/dL

IPID PROFILE

Investigation	Result	Normal Value
holesterol (Chol)	194.01 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
iglyceride	131.82 mg/dl	Normal : < 150.0 Borderline high : 150 - 199 High : 200 - 499 Very High : > or = 500
DL Cholesterol	40.71 mg/dl	Negative risk : >or = 60 High risk : < 40
DLC	128.54 mg/dL	
LDL	26.36 mg/dl	Up to 0 to 34 mg/dl
DL/HDL Ratio	: 3.12	0.5 to 3.0(Low) 3.0 to 6.0(Moderarte) > 6.0(High)
tal Chol / HDL Ratio	4.77	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
tal Lipids	572.05 mg/dl	400 to 700 mg/dl

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BIOCHEMISTRY

OOD UREA

estigation	Result	Normal Value
od Urea	22.26 mg/dl	15 - 40 mg/dl

Creatinine

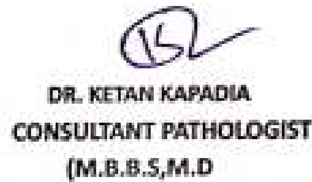
estigation	Result	Normal Value
eatinine	0.96 mg/dl	M : 0.7 to 1.5

IC ACID

estigation	Result	Normal Value
c Acid	6.30 mg/dl	2.5 to 7.0 mg/dl

N

estigation	Result	Normal Value
N	10.4 mg/dl	8.0 - 23.0 mg/dl



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ard	: -	Report Date	: 23/11/2024 12:27

BIOCHEMISTRY

IVER FUNCTION TEST

nvestigation	Result	Normal Value
GPT	37.4 IU/L	0 to 40 IU/L
GOT	21.59 U/L	0.0 to 45.0 U/L
otal Bilirubin	1.11 mg/dl	0.2 - 1.3 mg/dl
irect Bilirubin	0.26 mg/dl	0.0 to 0.3 mg/dl
ndirect Bilirubin	0.85 mg/dl	0.2-0.90 mg/dl
LP Alkaline Phosphatase	97.84 IU/L	15 - 100 years 37.0 - 147.0 IU/L
otal Protein	8.35 gm/dl	5.0 - 10.0 gm/dl
lbumin	4.3 gm/dl	3.5 to 5.0 gm/dl
lobulin	4.05 gm/dl	2.4 to 3.5 mg/dl
lb/Globulin	1.06	1.1 to 2.5

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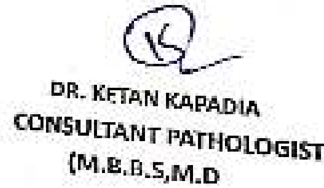

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rd	: -	Report Date	: 23/11/2024 12:27

IMMUNOLOGY

H

estigation	Result	Normal Value
H	1.34 uIU/ml	0.34 - 4.5 uIU/ml

estigation	Result	Unit	Reference Range
-Triodothyronine	1.52 ng/ml		0.69 - 2.15 ng/ml

estigation	Result	Normal Value
Free	67.8 ng/dl	52.0 - 127.0 ng/dl

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rd	: -	Report Date	: 23/11/2024 12:27

HEMATOLOGY

BA1C

vestigation	Result	Normal Value
ycosylated Hb	5.8 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level
timated Average Glucose	119.76	

xplanation :

[illegible] A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects th
erage blood glucose concentration it encounters.
The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended
period and remains unaffected by short-term fluctuations in blood glucose levels.
he measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complicatio
Because the average half life of a red blood cells is sixty days. HbA1c has been accepted as a measurement which reflects the mean daily blood glucos
concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.
A1C ASSAY Interferences :
[illegible] values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elut
with HbA1c (HbF) or differences in their glycation from that of HbA (HbS).
ference : ADA Guideline 2018

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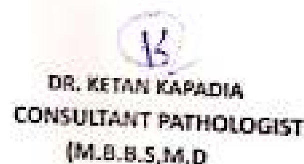

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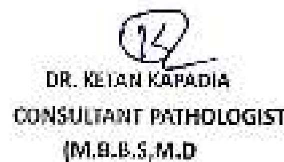
tient Name	: Harshadkumar Babubhai Thakor	Sample No.	: 24003929
tient ID	: CH-2024-0059452	Visit No.	: OPD/2024/11/0001054
e / Sex	: 33y / Male	Coll. Date	: 23/11/2024 09:44
t Doctor	: DR. NAITIK BHATIA	S. Coll. Date	: 23/11/2024 10:16
rd	: -	Report Date	: 23/11/2024 12:27

CLINICAL PATHOLOGY

RINE R & M

ST	RESULT
ysical Examination :	
antity	15
lour	Pale Yellow
pearance	Clear
lour	URINICO
action	Acidic
ecific Gravity	1.015
emical Examination :	
bumin	Absent
gar	Absent
e Salts	Absent
e Pigments	Absent
etone	Absent
obilinogen	Absent
croscopic Examination :	
s Cells	2-3
Cs	Absent
ithelial cells	1-2
sts	Absent
ystals	Absent



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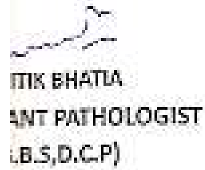
ame	: Harshadkumar Babubhai Thakor	Sample No.	: 24000945
	: CH-2024-0059452	Visit No.	: OPD/2024/11/0001054
	: 33y / Male	Coll. Date	: 23/11/2024 09:44
r	: DR. NAITIK BHATIA	S. Coll. Date	: 23/11/2024 14:47
	: -	Report Date	: 23/11/2024 15:00

BIOCHEMISTRY

on	Result	Normal Value
ial Blood Sugar (2Hrs)	101.7 mg/dl	Normal < 140 Impaired Tolerance : 140 - 199 Diabetes Mellitus : >= 200 (on more than one occasion) (American diabetes association guidelines 2014)



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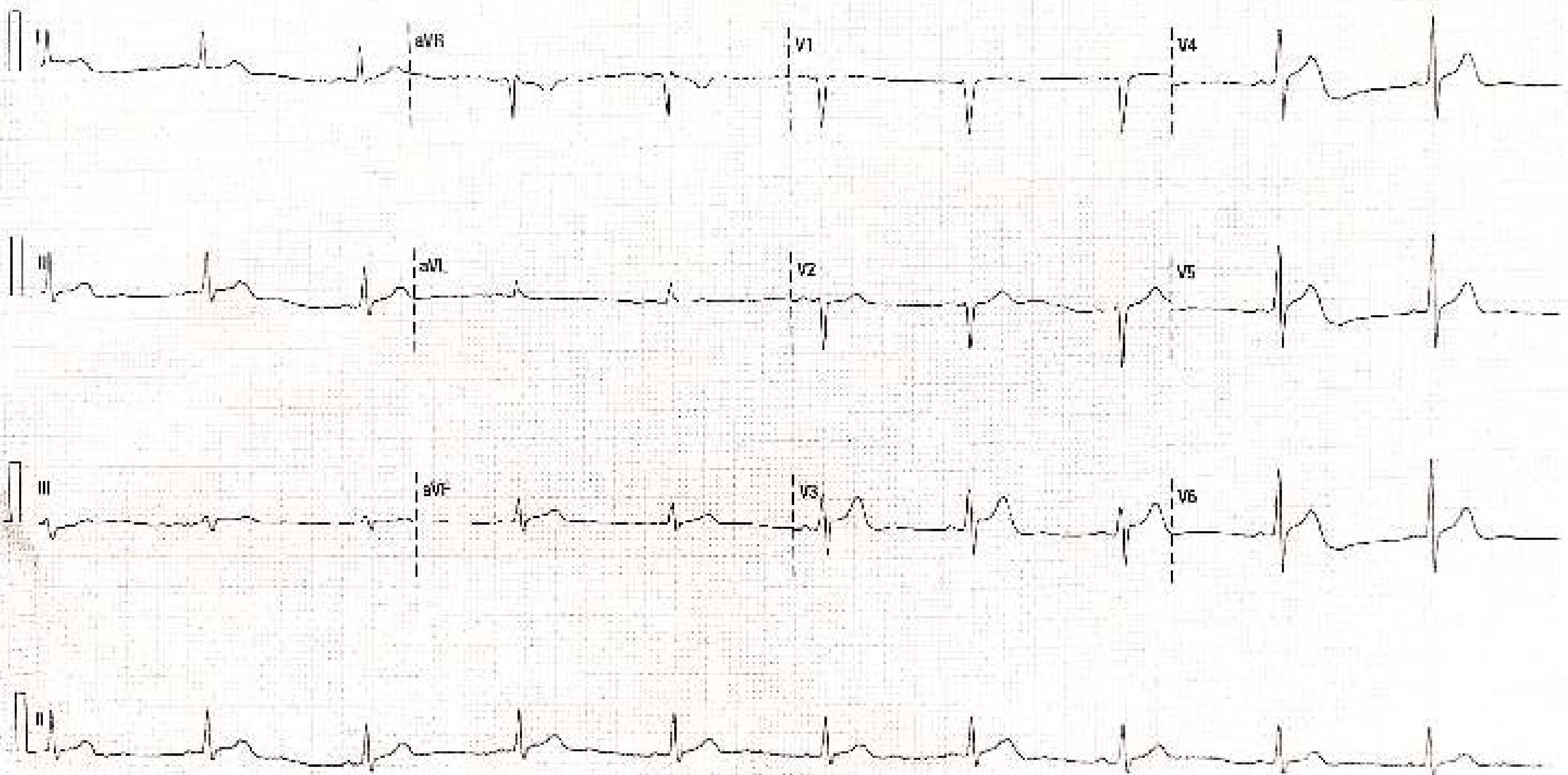
QT/QTc Interval 374/372 ms
P/QRS/T Axis -16/20/56 deg

QTc Hodges

Unconfirmed Diagnosis



25 mm/s 10 mm/mV 50 Hz~ BDR 20 Hz

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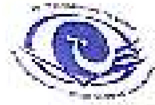
LALITABEN P. D. PATEL OPD SERVICES

REGISTRATION FORM (OPD)



Dr. Juinish

Date & Time : 23-11-24

Registration No. : CH-24-0059752

Name : Harshadkumar B. Thakor

Age : 33 Sex : M

Contact No. : (M)

Address :

(O)

B.P. : 140/90 mm

Pulse : 86/min R.

BMI :

Height :

SpO₂ : 99%

Weight :

OPD-INITIAL ASSESSMENT FORM

Chief Complaints :

~~Rel of Affirment~~

Came for Health

CASE ANALYSIS

Past History :

NAD

Present History :

O/E Vitals :

Systemic Examination :

FAMILY HISTORY :

☐ Diabetes

☐ IHD

☐ Hypertension

☐ Others (Specify) :

PATIENT'S MEDICAL/OTHER HISTORY :

☐ Hypertension	☐ IHD	☐ T.B.	☐ Jaundice
☐ Epilepsy	☐ Asthma	☐ Hepatitis B	☐ Hepatitis C
☐ Food Allergy	☐ AIDS/HIV	☐ Bleeding Disorder	
☐ Drug Allergy	☐ Pregnancy		

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) :

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LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)

Dr. Krutika

Date & Time : 23-11-24

Registration No. : CM-24-0059452

Name : Harshadkumar B. Thakor Contact No. : (M) ______

Age : 33 Sex : M (O) ______

Address : ______

B.P. : ______ Pulse : ______ SpO_2 : ______

BMI : ______ Height : ______ Weight : ______

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : ______

CASE ANALYSIS

Past History : ______

Present History : ______

O/E Vitals : ______

Systemic Examination : ______

FAMILY HISTORY :

- ☐ Diabetes
- ☐ IHD
- ☐ Hypertension
- ☐ Others (Specify) : ______

PATIENT'S MEDICAL/OTHER HISTORY :

☐ Hypertension ☐ IHD ☐ T.B. ☐ Jaundice

☐ Epilepsy ☐ Asthma ☐ Hepatitis B ☐ Hepatitis C

☐ Food Allergy ☐ AIDS/HIV ☐ Bleeding Disorder

☐ Drug Allergy ☐ Pregnancy

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) : ______

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Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMA[RKS]
23/11/24	No fresh ENT complaints. Ear / B/TM intact Nose / NAD OC Neck No LN / No swelling	[illegible]

Signature with Stamp

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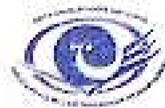
DENTAL REGISTRATION FORM



Date & Time : 23-11-24

Registration No. : CH-24-0259452

Name : Harshadkumar B Thakor
Contact No. :

Age : 33
Emergency Contact No. :

Sex : M
Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine Check up

Family History :
- Diabetes
- Hypertension
- IHD
- Others (Specify) :
- Habits : ☐ Tobacco
- ☐ Hypertension
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Bleeding Disorder
- ☐ Smoking

Medical/Other History :
- ☐ IHD
- ☐ T.B.
- ☐ Jaundice
- ☐ Asthma
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ AIDS/HIV
- ☐ Food Allergy
- ☐ Drug Allergy
- ☐ Pregnancy
- ☐ Others (Specify) :
- ☐ Other (Specify) :

સંમતિ પત્રક

.... ડોક્ટરને મારી સારવાર ની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈંજેકશનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડોક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડોક્ટર કે ચારુસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે આપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ :

સમય :

દર્દી / સગાની સહી

CONSENT

.... hereby request and authorize Doctor .... to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date :

Time :

Patient's / Relative's Sign.

Investigation Advised : Calcu + Stain +

Final Diagnosis :

Treatment Plan : Scaling

Date :

Time :

Name of Doctor : Falguni

Signature :

CHRF/DENTAL/0116

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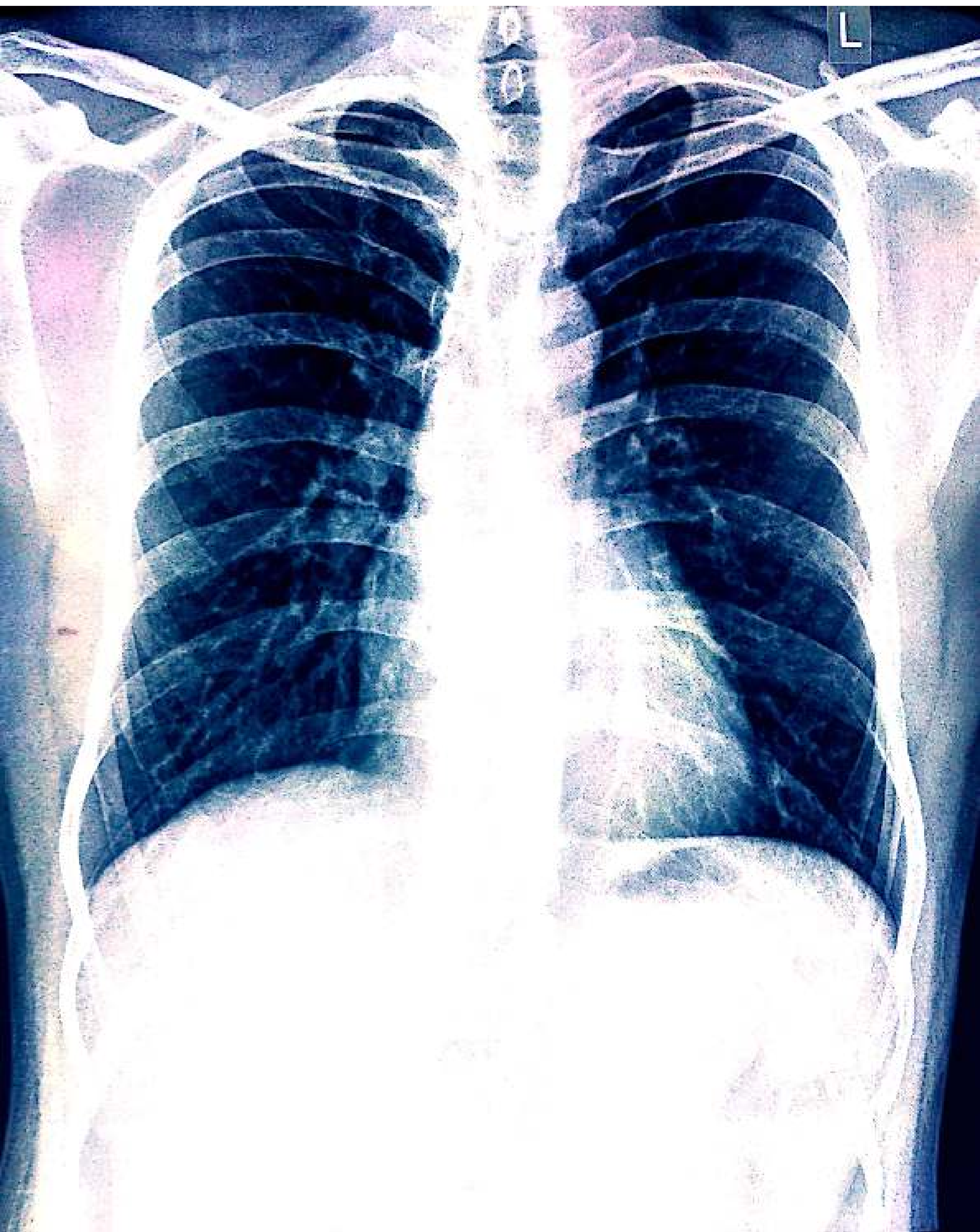

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