

### Consultant Physician Clinic

Patient Name:- Manoj Jha

Age / Sex :- 57 y/m

Chief Complaints:-

General

Drug / Food Allergy:- NADA

Past History :-

Nil

Family History:- Nil

Systemic Examination:-

NAD

Provisional Diagnosis:

Prediabetes.

OPR NO:

Date: 11/3/23

Weight:- 86

Height:- 169

BMI:- 30.4

Nutritional assessment:-

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

Pulse:-

BP:- 150/90

SpO2:-



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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000337389 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manojkumar Jha / Registered On : 11-Mar-2023 09:16 AM  
Lab ID : 303900767 Collected On : 11-Mar-2023 09:16 AM  
Gender/Age : Male / 56 Years DOB : 30-Jun-1966 Received On : 11-Mar-2023 09:50 AM  
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),  
Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
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**PLASMA GLUCOSE LEVEL**

**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	100	mg/dL	74 - 106
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
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*Glucose-oxidase/oxidase reaction*

**POST PRANDIAL PLASMA GLUCOSE**

Plasma Glucose (PP)	153	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

Urine Sugar (PP)	PRESENT[+++]	mg/dL	ABSENT
------------------	--------------	-------	--------

*Glucose-oxidase/oxidase reaction*

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

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*Dr Pankaj Agrawal*

**Dr Pankaj Agrawal**

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

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Approved On : 11-Mar-2023 01:24 PM

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Registered On : 11-Mar-2023 09:16 AM

Lab ID : 303900767

Collected On : 11-Mar-2023 09:16 AM

Gender/Age : Male / 56 Years

DOB : 30-Jun-1966

Received On : 11-Mar-2023 09:42 AM

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>	12.2	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.79	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	40.5	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	70.0	fL	83 - 101
MCH <i>Calculated</i>	21.1	pg	27 - 32
MCHC <i>Calculated</i>	30.1	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	15.4	%	13.3 - 18.3
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <i>Electrical Impedance</i>	5730	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <i>Flow Cytometry</i>	51	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	36	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	10	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
<b>PLATELET INDICES</b>			
PLATELET COUNT <i>Electrical Impedance</i>	185000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	11.0	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs

WBCs

PLATELETs

MALARIAL PARASITE

**Mild hypochromic and microcytic.**

Total and differential leucocyte counts are within normal limit

Adequate in number and normal in morphology.

Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV &amp; 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 &amp; other parameters calculated). All Haemograms are reviewed &amp; confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"A"

RH Type

POSITIVE

ESR 1st hour \*

1

mm in 1 hour 0 - 20

Modified Westergren Method

**HBA1C**

HbA1c - Glycated Haemoglobin \*

5.7

%

Boronate Affinity Assay

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

Estimated Average Glucose (eAG) (mg/dL) \* 117 mg/dL

Calculated

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

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	153	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	162	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>	29	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	124	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	92	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>	32	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	3.2		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	5.3	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
<b>RENAL FUNCTION TEST</b>			
<b>RENAL FUNCTION TEST</b>			
<b>Urea Nitrogen (BUN)</b>	9	mg/dL	9 - 20
<i>Urease, colorimetric</i>			
<b>UREA</b>	19	mg/dL	19 - 43
<i>Calculated</i>			
<b>S. CREATININE</b>	1.08	mg/dL	0.66 - 1.25
<i>Enzymatic - Creatinine amidohydrolase</i>			
<b>S. URIC ACID</b>	5.1	mg/dL	3.5 - 8.5
<i>Uricase/Peroxidase, Colorimetric</i>			
<b>Calcium</b>	9.1	mg/dL	8.4 - 10.2
<i>Arsenazo III dye</i>			
<b>S. PHOSPHORUS *</b>	3.7	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			
<b>Sodium</b>	139	mmol/L	137 - 145
<i>Direct Ion Selective Electrode</i>			
<b>S. POTASSIUM</b>	5.1	mmol/L	3.5 - 5.1
<i>Direct Ion Selective Electrode</i>			
<b>Chloride</b>	104	mmol/L	98 - 107
<i>Direct Ion Selective Electrode</i>			

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Parameter	Result	Unit	Biological Ref. Interval
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## IMMUNOLOGY

<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	151	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.59	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	3.21	µIU/mL	0.38 - 5.33

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

**PROSTATE SPECIFIC ANTIGEN \*** 0.4 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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Gender/Age : Male / 56 Years	DOB : 30-Jun-1966	Received On : 11-Mar-2023 09:56 AM
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>			
Blood	<i>Peroxidase like activity of hemoglobin</i> <b>Present (+)</b>	RBCs/ $\mu$ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i> NIL	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i> NORMAL	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i> NIL	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i> NIL	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> NEGATIVE	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i> NIL	mg/dL	Absent
pH	<i>Double Indicator principle</i> 6.5	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i> <b>Trace (+/-)</b>	WBCs/ $\mu$ L	Absent
<b>Microscopic Examination</b>			
Pus cells	<b>10-12/hpf</b>	/hpf	0-5/hpf
Red blood cells	<b>10-12/hpf</b>	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast	NIL/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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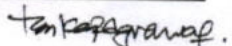
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<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	31	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	25	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	50	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>	19	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.9	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.8	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	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  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.6	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <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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Certificate No. : MC-5200

<b>Patient ID:</b>	<b>SUR 3077</b>	<b>Patient Name:</b>	<b>MANOJ JHA</b>
<b>Age:</b>	<b>57 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>3077</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>11-Mar-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. Nimit R Desai**  
**Consultant Radiologist**

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CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

Pre - op

Post- op

Health Check-up

1/03/23

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

Name : Munoy Jha

Age / Sex : 57

: Sweet

**Complaints :**

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterim ++ , coelculus ++

**On Examination :**

Abscess : \_\_\_\_\_

Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_

Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_

Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sittings  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. :


Document no : 12/03/23	Pre-op
Post-op	12/03/23
Age & sex	Female
Address	Shalby

**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"

ll.  
Deep scaling

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

# SHALBY

MULTI-SPECIALTY  
HOSPITAL

Name: Munoj Jhu Gender:  M /  F Age: 57

Date: 11/3/23 Address: \_\_\_\_\_

RIGHT

LEFT

	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Dist.	+1.75	—		6/6	+2.00	—		6/6
Near Add	+2.50		—	N26	+2.50	—		N26

Remarks

Constant use

Distance use

Near Glasses

Progressive

- B/F

00



Patient Name: MANOJ JHA	
Age / Sex: 57Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 11/03/2023

**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** shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** 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. 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. Nimit R Desai**  
Consultant Radiologist

**SHALBY HOSPITAL, SURAT**

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

Ph. : 0261-7190000 | Email : info.surat@shalby.org.

**SHALBY LIMITED**

Regd. Office : Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad - 380 015. Gujarat, India

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

CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

Patient's Name: Mr. Manoj Jha

Age: 57 yrs/ male

Date: 11 / 03 / 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:19

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:14 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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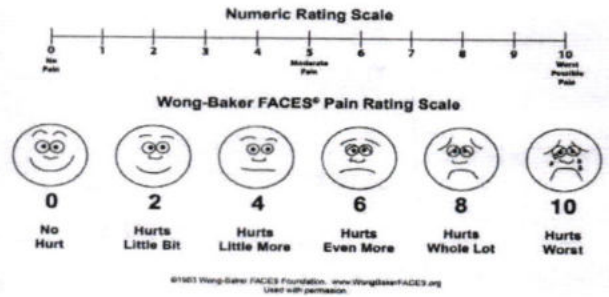
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Manoj Jnu*

Date:- *11/3/23*

Chief Complaints:-

*nlc*



Pain Assessment:-

Past History:- *- PAD -*

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*

PH Vision:-

NCT *13 mm of hg*

ON Examination Ant. Segmenet

Both Eye

*WNL*

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

*rcs*

Signature of the Consultant

ID:

Name:

11-Mar-2023 AM9:29:24

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhythm

4068 Nonspecific Twave abnormality

9130 \*\* borderline ECG \*\*

Medication:

Symptoms:

History:

vent. rate

80

bpm

PR int

140

ms

QRS dur

88

ms

QT/QTc(E) int

350/ 386

ms

P/QRS/T axis

55/ 17/ 30

°

RV5/SV1 amp

1.30/ 0.55

mV

RV5+SV1 amp

1.85

mV

*Manoj Jey*

Unconfirmed Report

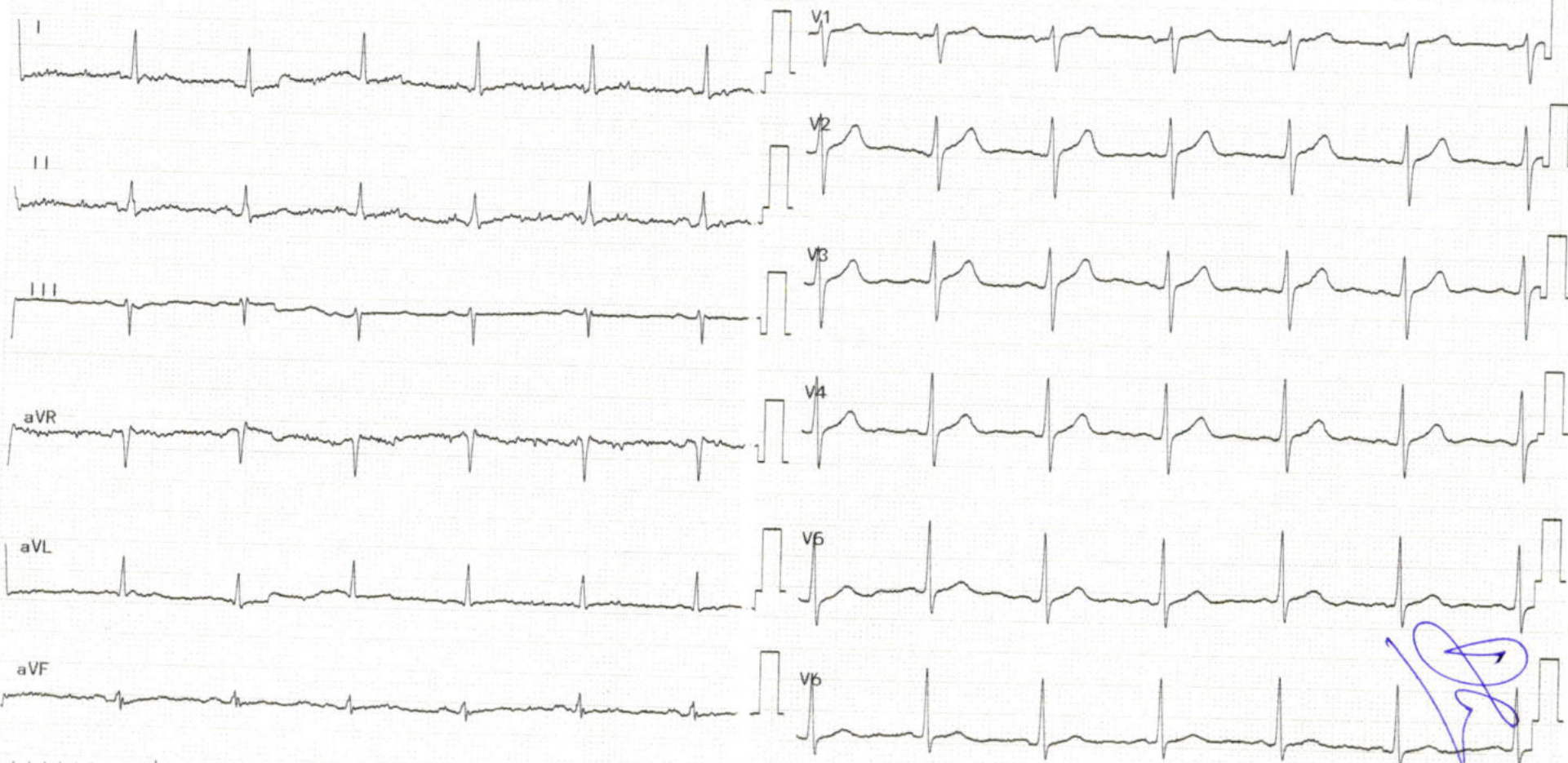
Reviewed by:

10 mm/mV

25 mm/s

Filter: H50 d 35 Hz

10 mm/mV



2350K 03-04 04-05 Dept.:

Exam: