

Consultant Physician Clinic

Patient Name:- Ashok Kumar Singh

Age / Sex:- 52 / M

Chief Complaints:-

Phrenh
no is anple

+

Drug / Food Allergy:-

Past History :-

plus om an hllls

Family History:-

Systemic Examination:-

no

OPR NO:

Date: 27/08/24

Weight:- 74.5 kg

Height:- 168 cm

BMI:- 26.2

Nutritional assessment:-

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

Pulse:- 86/min
BP:- 140/90 mmHg
SpO2:- 98%

⊖ Rf

130/70

140/90

1st
HTN

Provisional Diagnosis:

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

PP monitoring

→ Inventory FRS ✓ 110-115
PT. ORS → 140-150

→ dan

Advisie → Angar kelles


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

PID : SUR0000351071 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ashok Kumar Singh /

Registered On : 27-Sep-2024 10:19 AM

Lab ID : 409902193

Collected On : 27-Sep-2024 10:20 AM

Gender/Age : Male / 51 Years

DOB : 18-Jul-1973

Received On : 27-Sep-2024 10:32 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	14.4	g/dL	13.0 - 17.0
RBC COUNT	Electrical impedance	5.46	mill/cmm	4.5 - 5.5
HCT	Calculated	45.2	%	40 - 50
MCV	Calculated based on the RBC histogram	82.7	fL	83 - 101
MCH	Calculated	26.4	pg	27 - 32
MCHC	Calculated	31.9	g/dL	31.5 - 34.5
RDW	Calculated	13.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical impedance	5640	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	60	%	40 - 80
LYMPHOCYTES	Flow Cytometry	27	%	20 - 40
EOSINOPHILS	Flow Cytometry	6	%	1 - 6
MONOCYTES	Flow Cytometry	6	%	2 - 10
BASOPHIL	Flow Cytometry	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical impedance	125000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	13.3	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit.
PLATELETs	Mildly Reduced on smear examination.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.
PLATELET COUNT (MANUAL)	130000 /cmm 150000 - 500000

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

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B"

RH Type

POSITIVE

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	6.7	%	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>	146	mg/dL	

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Certificate No: MC-529

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DOB : 18-Jul-1973

Received On : 27-Sep-2024 10:38 AM

Ref. By : Health Check Up Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F)

Parameter

Result

Unit

Biological Ref. Interval

PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

126

mg/dL

74 - 106

110/15

Urine Sugar (F)

Glucose-oxidase/peroxidase reaction

ABSENT

mg/dL

Absent

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

174

mg/dL

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

Urine Sugar (PP)

Glucose-oxidase/peroxidase reaction

PRESENT[++]

mg/dL

Absent

16

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Gender/Age : Male / 51 Years	DOB : 18-Jul-1973	Received On : 27-Sep-2024 10:28 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	198	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPG/POD</i>	130	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mpct2 - Enzymatic</i>	47	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	151	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol (bad) <i>Calculated</i>	125	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	26	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	2.7		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	4.2	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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 Lab ID : 409902193 Collected On : 27-Sep-2024 10:20 AM
 Gender/Age : Male / 51 Years DOB : 18-Jul-1973 Received On : 27-Sep-2024 11:56 AM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 100 ng/dL 87 - 178

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 9.46 µg/dL 99% Reference Interval

Chemiluminescence immunoassay (CLIA)

(µg/dL)
4.82 - 15.65

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 1.652 µIU/mL 0.38 - 5.33

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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Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN

0.6

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

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 μ U/mL Second Trimester : 0.2 to 3.0 μ U/mL Third trimester : 0.3 to 3.0 μ U/mL

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

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
NABL Accredited Parameters			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	17	mg/dL	9 - 20
UREA <i>Calculated</i>	36	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.72 ✓	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.7 ✓	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.7 ✓	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	146	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.5	mmol/L	3.5 - 5.1
Chloride	110	mmol/L	98 - 107

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

3.3

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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Gender/Age : Male / 51 Years

DOB : 18-Jul-1973

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Ref. By : Health Check Up Shalby

Sample Type : Serum,Urine

Liver Function Test

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
SGPT (ALT)	Multi Point Rate with P-5-P	29	U/L
			21 - 72
SGOT (AST)	Multi Point Rate with P-5-P	33	U/L
			17 - 59
Alkaline Phosphatase	PP, AMP Buffer	90	U/L
			20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT	L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic	70	U/L
			15 - 73
S. PROTEIN	Buret (Alkaline cupric sulfate), End Point	8.4	g/dL
			6.3 - 8.2
Albumin	Bromocresol Green (BCG), Colorimetric	4.4	g/dL
			3.5 - 5.0
S. GLOBULIN	Calculated	4.0	g/dL
			2.3 - 3.6
A/G Ratio	Calculated	1.1	Ratio
			1.0 - 2.3
Bilirubin Total	End-point Colorimetric (Dual wavelength spectrophotometric)	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
Bilirubin Unconjugated	End-point Colorimetric (Dual wavelength spectrophotometric)	0.1	mg/dL
			Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct	Calculated	0.5	mg/dL
			Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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CLINICAL PATHOLOGY
URINE EXAMINATION
Physical Examination

Colour	Pale Yellow	Pale yellow
Transparency	Clear	Clear

Chemical Examination

Glucose	Glucose-oxidase/peroxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.005	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	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

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

Patient ID:	SUR0000351071	Patient Name:	ASHOK KUMAR SINGH
Age:	52 Years	Sex:	M
Accession Number:	9717 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	27-Sep-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 (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ASHOKKUMAR, SINGH
Patient ID: 18958
Height:
Weight:

DOB: 18.07.1973
Age: 51yrs
Gender: Male
Race: Indian

Study Date: 27.09.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRE-TEST	SUPINE	00:29	0.00	0.00	93	130/80	
	STANDING	00:12	0.00	0.00	91		
EXERCISE	STAGE 1	03:00	2.70	10.00	146	140/90	
	STAGE 2	03:00	4.00	12.00	166	160/90	
	STAGE 3	01:06	5.40	14.00	179	170/90	
RECOVERY		04:48	0.00	0.00	107	160/100	

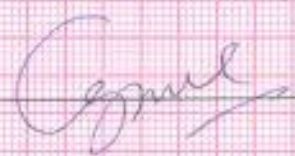
The patient exercised according to the BRUCE for 7:06 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 94 bpm rose to a maximal heart rate of 181 bpm. This value represents 107 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 180/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician  Technician _____

Patient ID: 18958
 27.09.2024
 11:49:51

Male
 51yrs Indian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time: 07:06
 Max HR: 181 bpm 107% of max predicted 169 bpm HR at rest: 94
 Max BP: 180/100 mmHg BP at rest: 130/80 Max RPP: 28730 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max ST: -0.60 mm, 0.00 mV/s in I, RECOVERY 01:50
 Arrhythmia: A:19
 ST/HR index: 0.58 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA
 Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (mm)	Comment
PRETEST	SUPINE	00:29	0.00	0.00	1.0	93	130/80	12090	0	0.45	
	STANDING	00:12	0.00	0.00	1.0	91			0	0.40	
	STAGE 1	03:00	2.70	10.00	4.6	146	140/90	20440	0	0.15	
EXERCISE	STAGE 2	03:00	4.00	12.00	7.0	166	160/90	26560	0	-0.15	
	STAGE 3	01:06	5.40	14.00	10.0	179	170/90	30430	0	-0.50	
	RECOVERY	04:48	0.00	0.00	1.0	107	160/100	17120	0	0.30	

12-lead Report

PRETEST

STANDING

00:31

SHALBY HOSPITAL

93 bpm
130/80 mmHg

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.45	V1	-0.65
II	0.60	V2	0.30
III	0.20	V3	0.85
aVR	-0.50	V4	1.45
aVL	0.10	V5	1.35
aVF	0.40	V6	1.35

Technician

Physician



Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	-0.85
II	0.60	V2	0.30
III	0.40	V6	1.15
aVR	-0.35	V4	1.75
aVL	0.15	V5	1.80
		V3	1.20

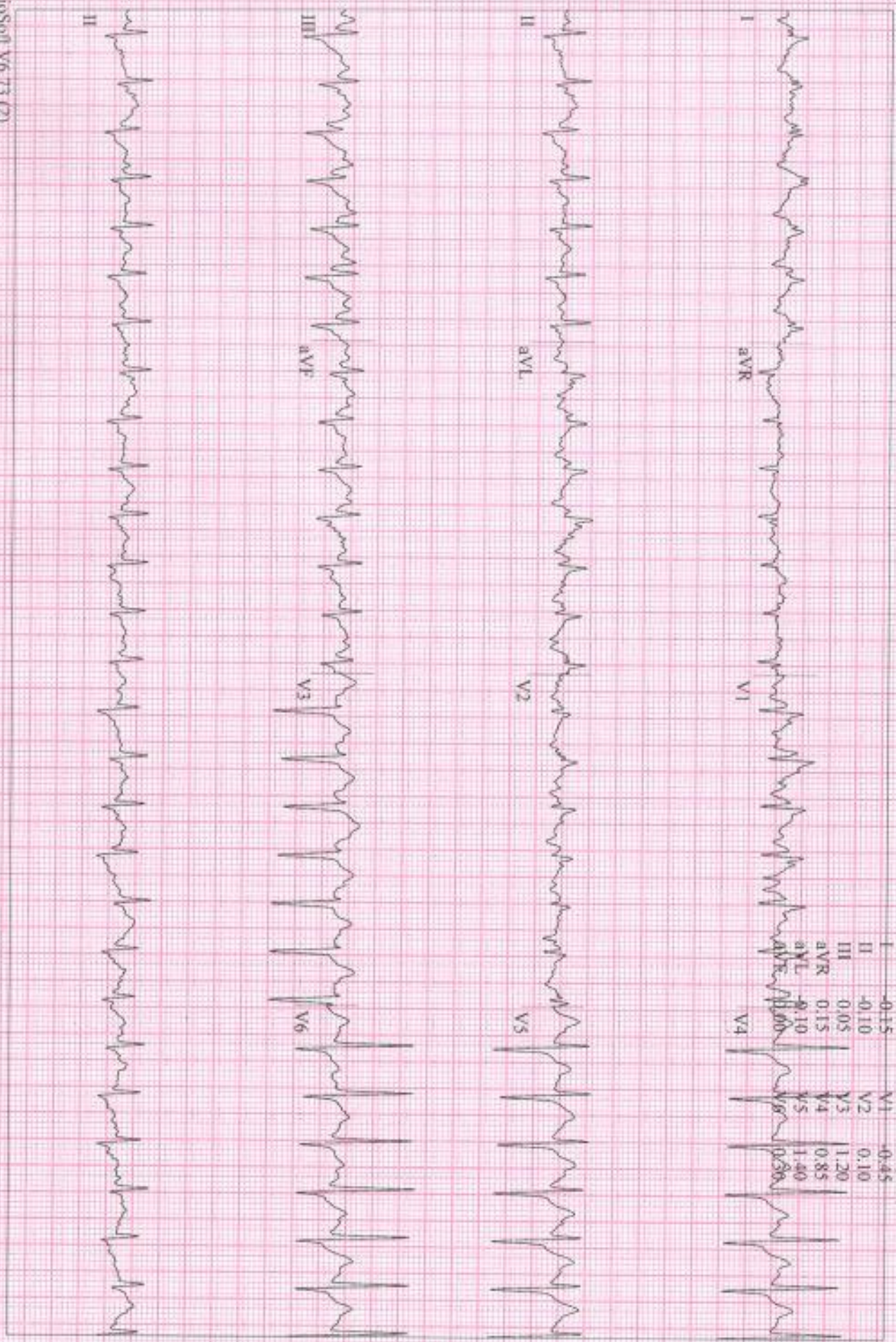


166 bpm
 160/90 mmHg

12-Lead Report
 EXERCISE
 STAGE 2
 05:50

BRLICE
 4.0 km/h
 12.0 %

Measured at 60ms Post J (10mm/mV)
 Auto Points



179 bpm
 170/90 mmHg
 STAGE 3
 07:06

14.0%
 Auto Points



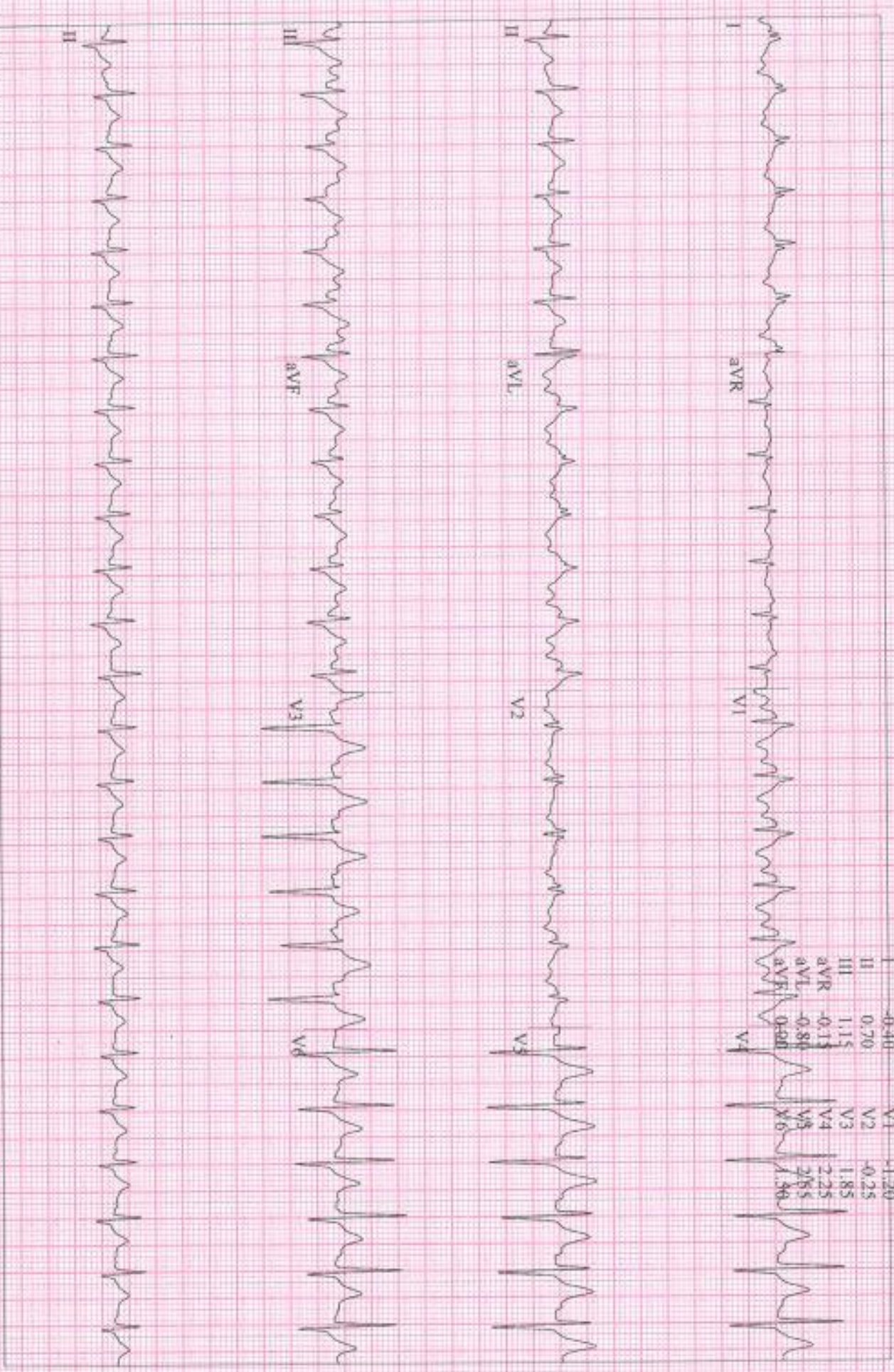
Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	-0.15
II	-0.25	V2	-0.05
III	0.15	V3	1.15
aVR	0.25	V4	0.80
aVL	-0.24	V5	1.15
aVF	0.08	V6	-0.25

153 bpm

12-Lead Report
 RECOVERY
 #1
 00:50

BRUCE
 0.0 km/h
 0.0 %

Measured at 60ms Post J (10mm/mV)
 Auto Points



Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	-1.20
II	0.70	V2	-0.25
III	1.15	V3	1.85
aVR	-0.15	V4	2.25
aVL	-0.80	V5	2.65
aVF	0.40	V6	1.90

127 bpm
 180/100 mmHg

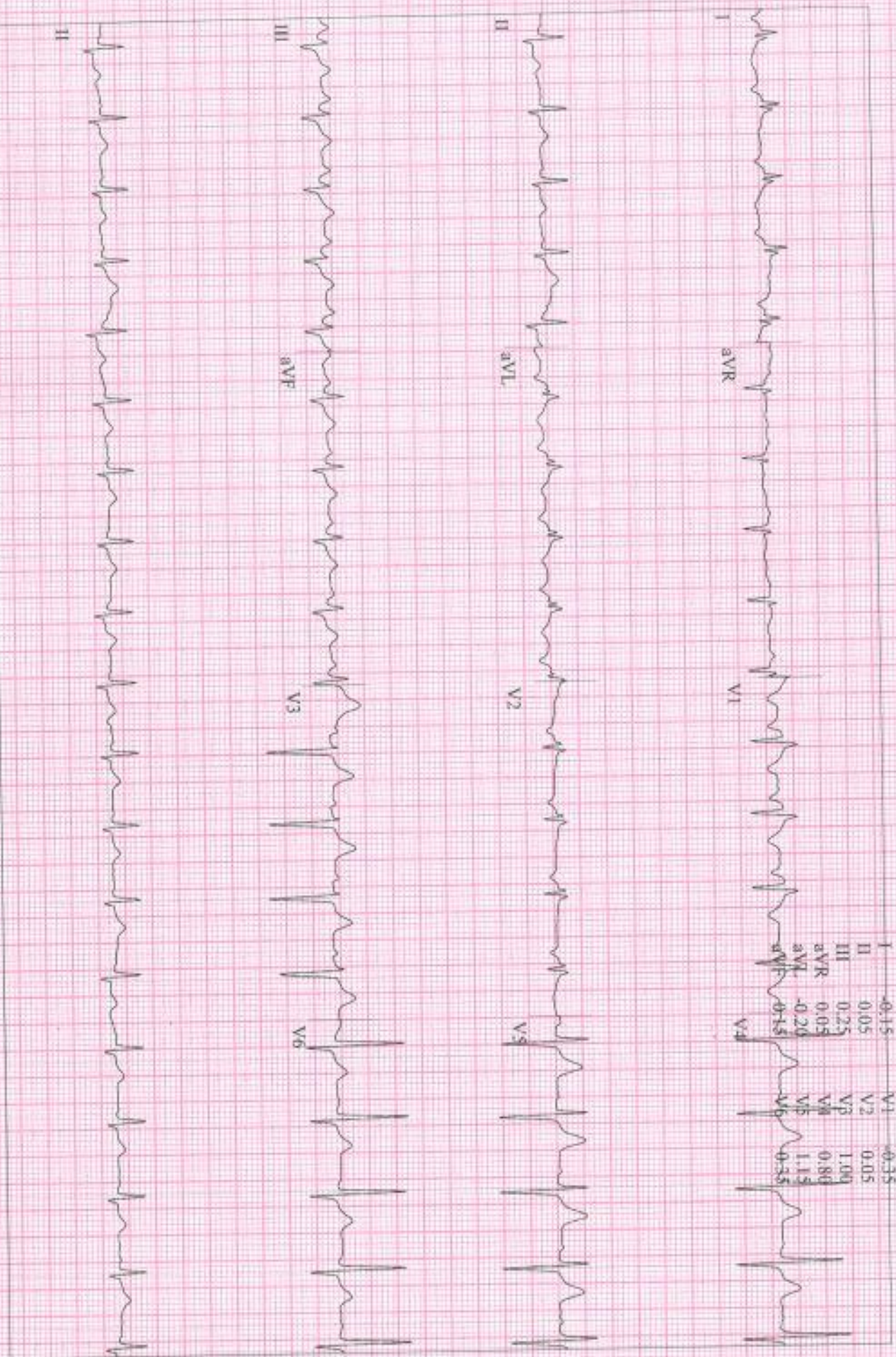
RECOVERY
 #1
 01:50

BRUCE
 0.0 km/h
 0.0 %

Measured at 60ms Post J (10mm/mV)
 Auto Points



112 bpm



104 bpm

RECOVERY
#1
03:50

BRUCE
0.0 km/h
0.0 %

Measured at 600ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	-0.20
II	0.10	V2	0.15
III	0.10	V3	0.95
aVR	-0.10	V4	0.75
aVL	0.00	V5	1.15
aVF	0.10	V6	0.35



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V6,V5)

Start of Test: 11 51

Patient Name: ASHOK KUMAR SINGH	UHID: 351071
Age / Sex: 52 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 27.09.2024

ULTRASOUND OF ABDOMEN AND PELVIS

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.

Prostate is normal in size and measures 33 X 40 X 36 mm (Approx. vol- 25 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Grade I fatty liver.

Thanks for referral.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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



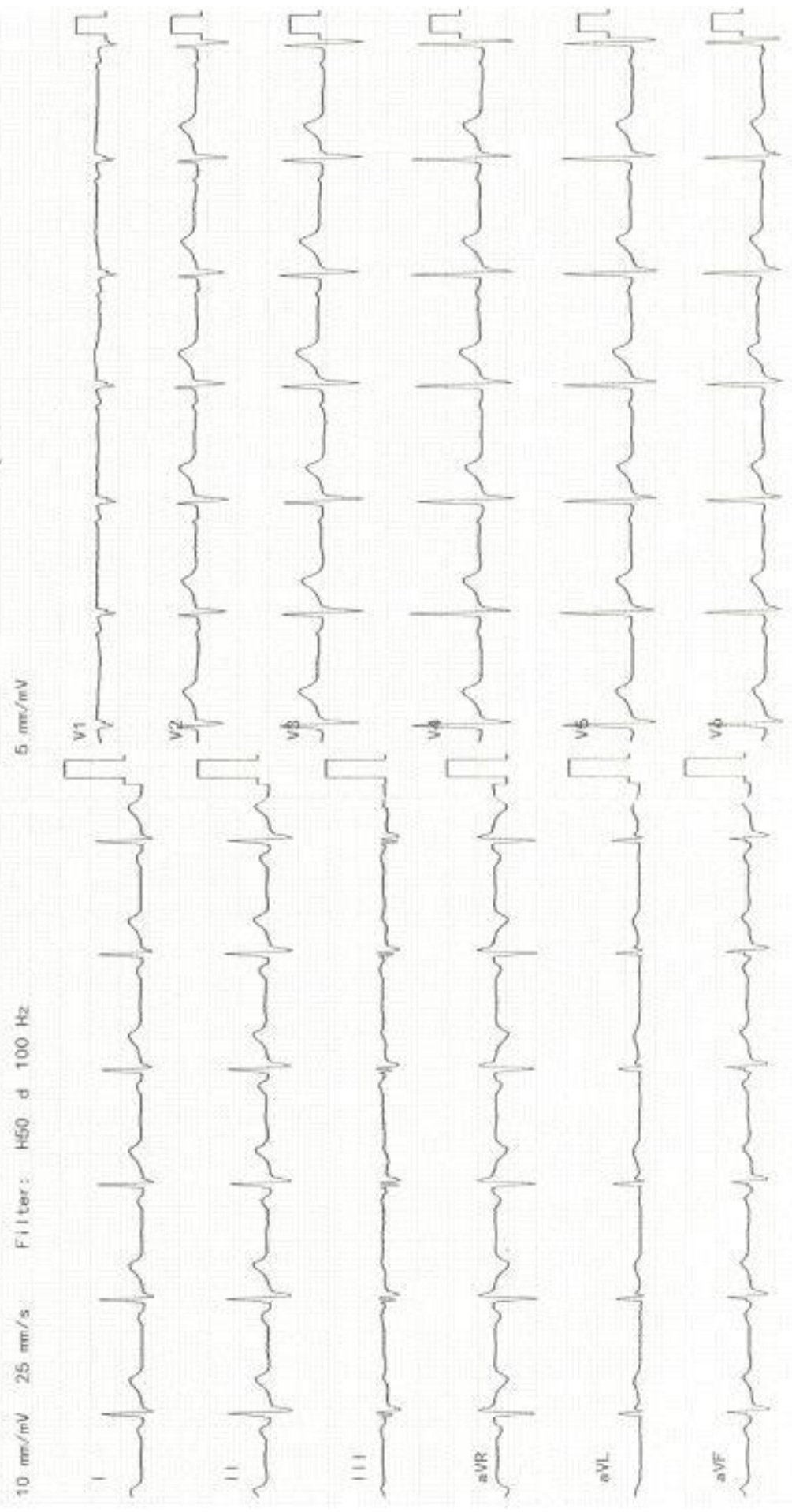
ID: Name: Birth date: / / mm/tyg years

1100 Sinus rK am
9110 ** normal ECG **

AShok

Medication:
Symptoms:
History:
Heart rate: 78 bpm
PR int: 142 ms
QRS dur: 88 ms
JT/QTc(E) int: 354/387 ms
P/QRS/T axis: 55/ 9/ 36
V5/SV1 amp: 2.37/ 0.60 mV
V5+SV1 amp: 2.97 mV

Unconfirmed Report
Reviewed by: 





Pre - op

Post-op

Health Check-up

Date : 27/09/24

Patient Reg. No. : _____

Patient Name : Ashok Kumar Singh Age / Sex : 52 / M

Address : _____

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

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 a well maintained,

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv: Scaling

Night Guard

Jadav

Dr. Darshini V. Shah
(Consultant Dental Surgeon)