

Consultant Physician Clinic

Patient Name:-

Shashi Kant Kumar

Age / Sex :-

42 yrs/M

Chief Complaints:-

Conit

OPR NO:

Date: 11/3/23

Weight:- 75 kg

Height:- 172

BMI:-

Nutritional assessment:-

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

Drug / Food Allergy:-

AKDA

Past History :-

DM T₂ / on Rx.

Family History:-

Systemic Examination:-

NAD

Provisional Diagnosis:

Uncontrolled DM T₂ / Hypothyroidism.

Pulse:-

BP:- 150/100

SpO₂:- 99%

Investigation :-

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

Rx

- Tab. Glycomet GP, \rightarrow (4/500) /
- Tab. Thyronorm (somy) OD (BBF)
- Tab. mymi-D OD x 40 days.

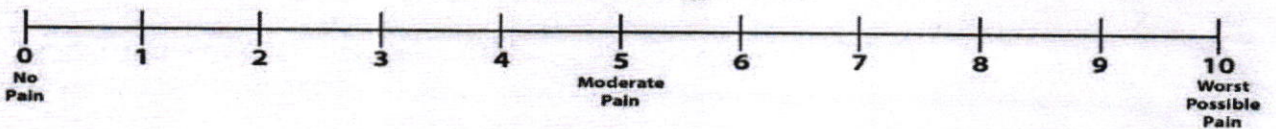
Follow Up Date:-

2 wk. 17/08/2021

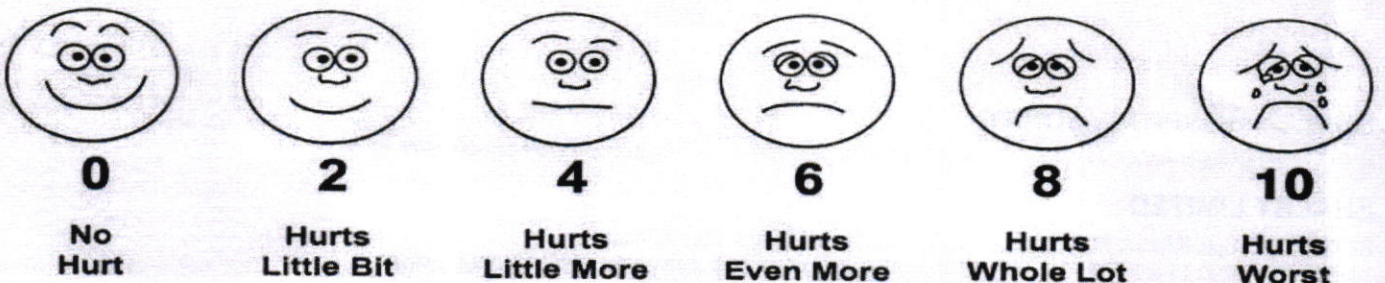
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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 : SUR0000337384 OP-001

REPORT STATUS : Interim



Patient Name : Mr Shashikant Kumar	/	Registered On : 11-Mar-2023 09:38 AM
Lab ID : 303900781		Collected On : 11-Mar-2023 09:38 AM
Gender/Age : Male / 41 Years	DOB : 06-Feb-1982	Received On : 11-Mar-2023 09:47 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	16.6	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.61	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	52.5	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	93.5	fL	83 - 101
MCH <i>Calculated</i>	29.6	pg	27 - 32
MCHC <i>Calculated</i>	31.6	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.1	%	13.3 - 18.3
TOTAL LEUCOCYTE COUNT			
Total WBC Count <i>Electrical Impedance</i>	5360	cells/cmm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)			
NEUTROPHILS <i>Flow Cytometry</i>	51	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	40	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	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>	279000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.9	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

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BLOOD GROUP

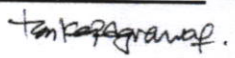
(Tube agglutination: Forward & reverse)

ABO Type	"B"		
RH Type	POSITIVE		
ESR 1st hour * <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	7.5	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc . 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) * 169 mg/dL
Calculated

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Gender/Age : Male / 41 Years DOB : 06-Feb-1982 Received On : 11-Mar-2023 09:53 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),
Fluoride P, Urine, Serum

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

Plasma Glucose (F)	156	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	ABSENT
------------------------	---------------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	278	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
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Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test**

SGPT (ALTV)	26	U/L	21 - 72
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Multi Point Rate with P-5-P

SGOT (AST)	29	U/L	17 - 59
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Multi Point Rate with P-5-P

Alkaline Phosphatase	63	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

GGT *	27	U/L	15 - 73
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L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

S. PROTEIN	7.1	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

Albumin	4.3	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	2.8	g/dL	2.3 - 3.6
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Calculated

A/G Ratio	1.5	Ratio	1.0 - 2.3
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Calculated

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DOB : 06-Feb-1982

Received On : 11-Mar-2023 09:53 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),
Fluoride P, Urine, Serum**Liver Function Test****Bilirubin Total**

0.6

mg/dL

Azobilirubin/Dyphylline/Diazonium Salt

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

0.6

mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

BILIRUBIN DIRECT

0.0

mg/dL

Calculated

Conjugated bilirubin and

Delta bilirubin (Bilirubin
covalently bound to albumin)

0.0-0.4

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Gender/Age : Male / 41 Years	DOB : 06-Feb-1982
Ref. By : Dr. Health Check Up . Shalby	Received On : 11-Mar-2023 09:53 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	158	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	179	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	123	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	87	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	36	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.5	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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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	13	mg/dL	9 - 20
UREA <i>Calculated</i>	28	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	1.01	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.8	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.53	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	102	mmol/L	98 - 107

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IMMUNOLOGY

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	100	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.42	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	<u>10.08</u>	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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PROSTATE SPECIFIC ANTIGEN * 0.3 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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Certificate No. : MC-5200

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Ref. By : Dr. 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			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.015	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
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/LPF		Nil/LPF
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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

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Certificate No. : MC-5200

Patient ID:	SUR 3072	Patient Name:	SHASHIKANT KUMAR
Age:	42 Years	Sex:	M
Accession Number:	3072	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	11-Mar-2023		

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

SHALBY HOSPITAL, SURAT

(A Unit of Shalby Limited)

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

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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

103/23

Patient Reg. No. : _____

Name : Sheshikant kumar
Suresh

Age / Sex : 42

Chief Complaint : _____

History : _____

Swelling : _____

Pus Discharge : _____

Medical History :

DM Acidity Pregnancy : _____

Orders : _____ Asthma : _____ Allergy : _____

Intervention : _____

Medication : steimtr

Examination :

Food lodgement : _____

Gingivitis : _____

Mobility : _____

Advised :

Prophylaxis 1 2 3 Deep

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

Partial Denture : _____

Crown & Bridge : _____

Present : _____

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		4/10/22
Age / Sex :	42 / M	Dr. Darshini V. Shah

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

Dr. Darshini V. Shah
(Consultant Dental Surgeon)



Certificate No. : MC-5200

Patient Name: SASHIKANT KUMAR	
Age / Sex: 42Yrs. / 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

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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**

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

Name :- *Shushikant Kumar*

Date:- *11/3/23*

Chief Complaints:-

MLC

Pain Assessment:-

Past History:-

DM

Family History:-

Allergy:-

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/9P*

Systemic Examination:-

HT:- WT:-

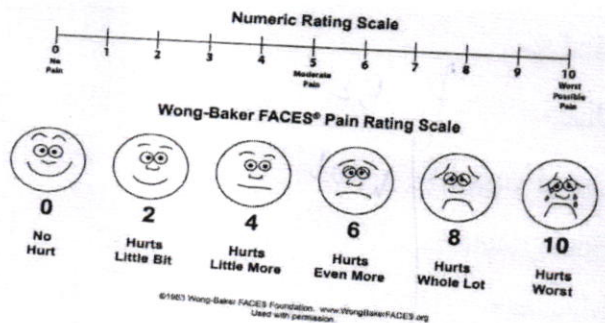
PH Vision:-

NCT *15 mm of ky*

ON Examination

Ant. Segmenet

WNL -
Both Eye



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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:-

BE
WNL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

RAM

Signature of the Consultant



Patient's Name: Mr. Shashikant Kumar

Age: 42 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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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

ID:

Name:

11-Mar-2023 AM8:36:13

Sex: M

cm kg

Birth date: / mmHg

years

Medication:

Symptoms:

History:

Vent. rate	75	bpm
PR int	172	ms
QRS dur	98	ms
QT/QTc(E) int	396/ 425	ms
P/QRS/T axis	52/ 30/ 40	°
RV5/SV1 amp	1.00/ 0.66	mV
RV5+SV1 amp	1.66	mV

1100 Sinus rhythm
 0102 ARTIFACT PRESENT
 9110 ** normal ECG **

Shushkova!

Unconfirmed Report
Reviewed by:

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

10 mm/mV

