



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 : SUR0000340521 OP-001

REPORT STATUS : Interim



Patient Name : Mr Kishor Arjun Baria / Registered On : 25-Apr-2023 08:50 AM
Lab ID : 304901732 Collected On : 25-Apr-2023 08:35 AM
Gender/Age : Male / 48 Years DOB : 22-Apr-1975 Received On : 25-Apr-2023 01:15 PM
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) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	98 ✓	mg/dL	74 - 106
Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	ABSENT
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	128 ✓	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	ABSENT

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

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

Generated On : 25-Apr-2023 01:30 PM

Approved On : 25-Apr-2023 01:23 PM

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

Investigation :-

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

Rx

→ Plenty of fluid orally.

✓ Par, Parazol 1000' → (2months)
(Rabepazole/PT)

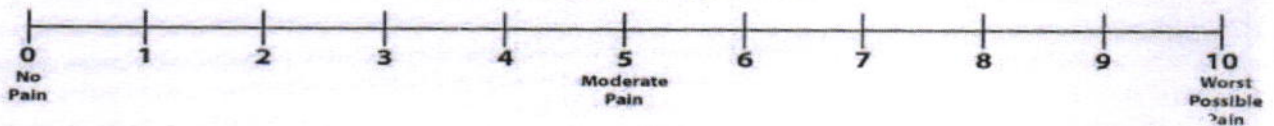
Par Amlo/Atenolo (1000) ✓

⊙ Par CTD (12.5) 1000' ✓ (More)

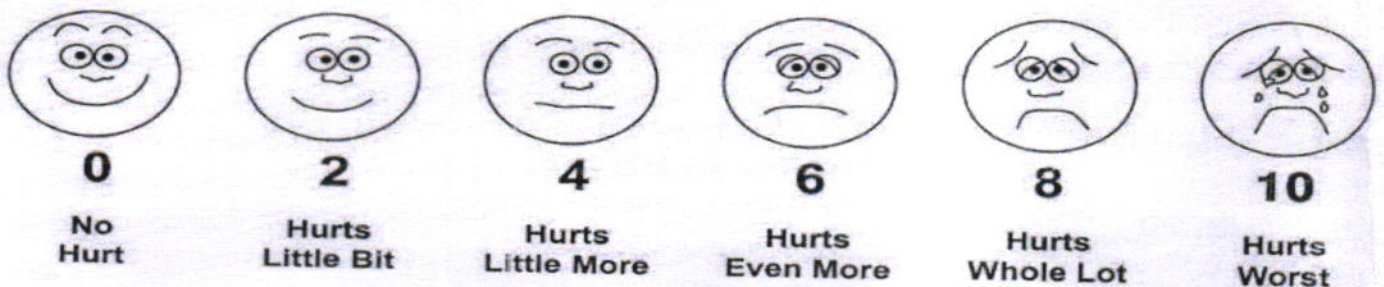
Follow Up Date (1 month) hyp. mucain gel - (5ml) (5ml) ✓
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient ID:	SUR00005145	Patient Name:	KISHORBHAI A BARIA
Age:	48 Years	Sex:	M
Accession Number:	5145	Referring Physician:	DR MJ
Study Date:	25-Apr-2023	Study:	CHEST PA

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 DESAI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667



Certificate No. : MC-5200


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Lab ID : 304901732

Collected On : 25-Apr-2023 08:35 AM

Gender/Age : Male / 48 Years

DOB : 22-Apr-1975

Received On : 25-Apr-2023 08:56 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

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

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Generated On : 25-Apr-2023 01:13 PM

Approved On : 25-Apr-2023 11:06 AM

Dr Pankaj Agrawal

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	5	mm in 1 hour	0 - 15
HbA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.8	%	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) * 120 mg/dL

Calculated

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Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test**

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	40	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	41	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	68	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	24	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	8.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.6	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.0	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 <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	1.0	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <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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Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	103	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	60	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	31	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	72	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	60	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	12	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.3	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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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	8	mg/dL	9 - 20
UREA <i>Calculated</i>	17	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.90	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>	9.1	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.4	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.55	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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IMMUNOLOGY

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	137	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	11.73	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.61	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 * 1.5 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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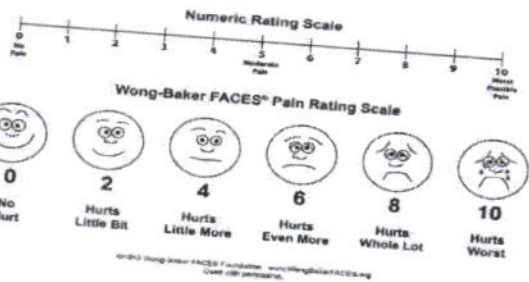
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- Kishorbhai Buriq

Date:- 25/4/23

Chief Complaints:-

Dot in BE



Pain Assessment:-

Past History:-

BP 7 7-8

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:- 6/12 P
2 glasses 6/9 P

NCT 16
12 mm of Hg

ON Examination Ant. Segment

Systemic Examination:-

HT:- WT:-

PH Vision:-

Both Eye

NS2

RX-850K

2016-02-25 21:02

SHOP: SHELAT GEN HOSP

NAME:

REF DATA	S	C	A
<R>	-10.75	-3.00	3
	-12.00	-3.00	170
*	-12.00	-3.00	170
<L>	-8.75	-4.25	2
	-9.00	-3.75	3
*	-9.00	-4.00	2

VD=0
PD=79

1E
102

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Macula:-

Diagnosis:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling's:-

Follow Up ON:- After 1 month

Rps

Signature of the Consultant

Patient's Name: Mr. Kishorbhai Baria

Age: 48 yrs/ Male

Date: 25 / 04 / 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:20

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:11 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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CIN: L85110GJ2004PLC044667

ID: _____ Name: _____ Birth date: _____ / _____ / _____ years

Sex: M cm kg mmHg

Medication: _____

Symptoms: _____

History: _____

Heart rate: 80 bpm

PR int: 160 ms

QRS dur: 100 ms

QT/QTc(E) int: 352/ 388 ms

P/QRS/T axis: 55/ 65/ 50 °

RV5/SV1 amp: 2.68/ 0.86 mV

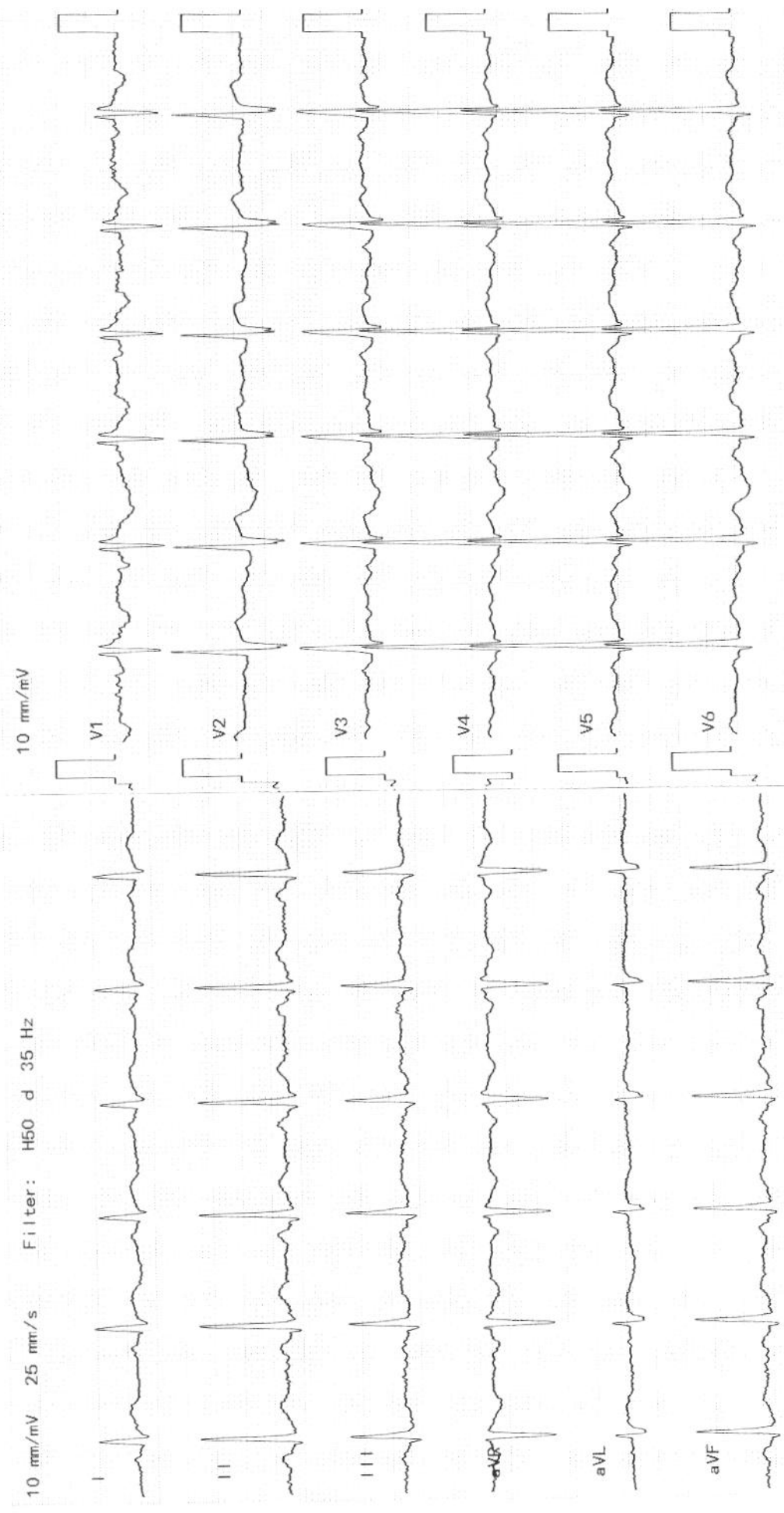
RV5+SV1 amp: 3.55 mV

1100 Sinus rh, Δ m
 2420 RSR (QR) in lead V1/V2, consistent with right ventricular conduction delay
 4068 Nonspecific T wave abnormality
 9130 ** borderline ECG **

Kishorobhai

RRR

Unconfirmed Report
 Reviewed by:



Patient Name: KISHORBHAI BARAIYA	
Age / Sex: 48 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 25/04/2023

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. 5.5 mm sized in mid calyx and 2.5 mm sized in lower calyx.

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.

Developing right inguinal hernia noted.

IMPRESSION:

- **Left renal calculi.**
- **Developing right inguinal hernia noted.**
- **No any other significant abnormality is seen.**

Thanks for referral.

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CIN: L85110GJ2004PLC044667



Pre - op

Post - op

Health Check-up

Date : 25/04/23

Patient Reg. No. : _____

Patient Name : Kishorbhenu A. Banice

Age / Sex : 48/M

Address : Surest

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 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. :	OPG	

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"

Ad : OPG

Dr. Harmit

Dr. Darshini V. Sha
(Consultant Dental Surgeon)