



Pre - op

Post- op

Health Check-up

Date : 25-10-24

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

Patient Name : Ramdev Patil Age / Sex : 64

Address : Nisari

**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 : 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 per formed 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*

*Jade V. Shah*

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

**DR. RUJUTA SHELAT**

Consultant Ophthalmologists

Reg. No.:- G-48712

Name:-

Kanadas patil

Date:-

21/10/22

Chief Complaints:-

(R) Blurr. of vision  
for distance  
for few weeks



Pain Assessment:-

Past History:-

Family History:-

Allergy:-

No drug 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:-

6/9  
6/9

PH Vision:-

6/6  
6/6

NCT

12.5  
12.5

ON Examination

Ant. Segment

Both Eye

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

*Y or*

Investigation:-

Ⓜ Cataract

Treatment:-

Ⓛ Pseudophakia  
Ⓜ phaco + PIC or ↓ CR

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

26/10/2021

Signature of the Consultant

*Dr. Khyate Shetty*

### Consultant Physician Clinic

Patient Name:-

Ramdas Patel

Age / Sex :-

64yrs / male

Chief Complaints:-

- Ph arm

of Leg weakness

(a. Hb)

Drug / Food Allergy:-

Past History :-

Family History:-

Systemic Examination:-

Provisional Diagnosis:

OPR NO:

Date:- 25-10-24

Weight:- 77.8 kg

Height:- 158 cm

BMI:- 30.8 kg/m<sup>2</sup>

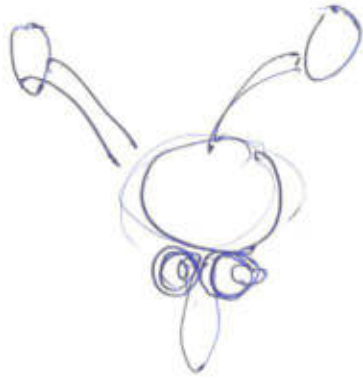
Nutritional assessment:-

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

Pulse:- 64 b/min

BP:- 130/70

SpO2:- 100%



— evolutionary species forces

Adv in

✓ TRB MIRAG (SB) 1001 - 10/15 days

— Diposbrate cream L LIA 107

CALAMINE COTTON L 4/10 107



Certificate No.: MC-028

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 : SUR0000373731 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ramdas Patil /

Registered On : 25-Oct-2024 10:00 AM

Lab ID : 410901928

Collected On : 25-Oct-2024 09:50 AM

Gender/Age : Male / 64 Years

DOB : 01-Jun-1960

Received On : 25-Oct-2024 10:02 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)**

83

mg/dL

74 - 106

*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric***Urine Sugar (F)**

ABSENT

mg/dL

Absent

*Glucose-oxidase/oxidase reaction***POST PRANDIAL PLASMA GLUCOSE****Plasma Glucose (PP)**

85

mg/dL

Normal: 100-140 Impaired: 140  
-199 Diabetic :=>200*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric***Urine Sugar (PP)**

ABSENT

mg/dL

Absent

*Glucose-oxidase/oxidase reaction*

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

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Generated On : 25-Oct-2024 02:00 PM

Approved On : 25-Oct-2024 01:57 PM

**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist

<b>Patient ID:</b>	SUR0000373731	<b>Patient Name:</b>	RAMDAS PATL
<b>Age:</b>	64 Years	<b>Sex:</b>	M
<b>Accession Number:</b>	10620 OP	<b>Modality:</b>	DX
<b>Referring Physician:</b>	DR SHALBY	<b>Study:</b>	CHEST PA
<b>Study Date:</b>	25-Oct-2024		

**CHEST X-RAY (PA)**

Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

*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

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Lab ID : 410901928		Collected On : 25-Oct-2024 09:50 AM
Gender/Age : Male / 64 Years	DOB : 01-Jun-1960	Received On : 25-Oct-2024 10:01 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	<i>Colorimetric Non Cyanide</i>	13.6	g/dL	13.0 - 17.0
RBC COUNT	<i>Electrical Impedance</i>	<b>4.31</b>	mill/cmm	4.5 - 5.5
HCT	<i>Calculated</i>	41.4	%	40 - 50
MCV	<i>Calculated based on the RBC histogram</i>	96.1	fL	83 - 101
MCH	<i>Calculated</i>	31.6	pg	27 - 32
MCHC	<i>Calculated</i>	32.8	g/dL	31.5 - 34.5
RDW	<i>Calculated</i>	13.4	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	<i>Electrical Impedance</i>	7450	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	<i>Flow Cytometry</i>	70	%	40 - 80
LYMPHOCYTES	<i>Flow Cytometry</i>	15	%	20 - 40
EOSINOPHILS	<i>Flow Cytometry</i>	8	%	1 - 6
MONOCYTES	<i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL	<i>Flow Cytometry</i>	1	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	<i>Electrical Impedance</i>	268000	/cmm	150000 - 410000
MPV	<i>Calculated based on PLT Histogram</i>	7.2	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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Approved On : 25-Oct-2024 11:49 AM

**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist



Certificate No. : MC-5288

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Gender/Age : Male / 64 Years

DOB : 01-Jun-1960

Received On : 25-Oct-2024 10:01 AM

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Sample Type : EDTA Whole Blood

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"AB"

RH Type

POSITIVE

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<b>ESR 1st hour</b> <i>Modified Westergren Method</i>	24	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin</b> <i>Boronate Affinity Assay</i>	5.5	%	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
<b>Estimated Average Glucose (eAG) (mg/dL)</b> <i>Calculated</i>	111	mg/dL	

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Sample Type : Serum

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**Liver Function Test****Liver Function Test****SGPT (ALTV)**

18

U/L

21 - 72

*Multi Point Rate with P-5-P***SGOT (AST)**

25

U/L

17 - 59

*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*PNPP, AMP Buffer***GGT**

17

U/L

15 - 73

*L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic***S. PROTEIN**

6.7

g/dL

6.3 - 8.2

*Biuret (Alkaline cupric sulfate), End Point***Albumin**

3.5

g/dL

3.5 - 5.0

*Bromocresol Green (BCG), Colorimetric***S. GLOBULIN**

3.2

g/dL

2.3 - 3.6

*Calculated***A/G Ratio**

1.1

Ratio

1.0 - 2.3

*Calculated***Bilirubin Total**

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*Azobilirubin/Dyphylline/Diazonium Salt*

Adult : 0.2 - 1.3

**Bilirubin Unconjugated**

0.1

mg/dL

Unconjugated bilirubin  
Adults: 0.0-1.1  
Neonates: 0.6-10.5*End-point Colorimetric (Dual wavelength spectrophotometric)***Bilirubin Direct**

0.5

mg/dL

Conjugated bilirubin and  
Delta bilirubin (Bilirubin  
covalently bound to albumin)  
0.0-0.4*Calculated*

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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>	172	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	101	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>	48	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>LDL Cholesterol</b> <i>Calculated</i>	104	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>	20	mg/dL	6 - 38
<b>LDL/dHDL</b> <i>Calculated</i>	2.2		2.5 - 3.5
<b>Chol/dHDL</b> <i>Calculated</i>	3.6	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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Collected On : 25-Oct-2024 09:50 AM

Gender/Age : Male / 64 Years

DOB : 01-Jun-1960

Received On : 25-Oct-2024 12:46 PM

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

71

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

8.56

µg/dL

99% Reference Interval  
(µg/dL)  
4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

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

1.653

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  $\mu$ U/mL Second Trimester : 0.2 to 3.0  $\mu$ U/mL Third trimester : 0.3 to 3.0  $\mu$ U/mL

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Certificate No. : MC-6298



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**RENAL FUNCTION TEST****NABL Accredited Parameters****Urea Nitrogen (BUN)**

17

mg/dL

9 - 20

*Urease, colorimetric***UREA**

36

mg/dL

19 - 43

*Calculated***Creatinine**

1.01

mg/dL

0.66 - 1.25

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

4.4

mg/dL

3.5 - 8.5

*Uricase/Peroxidase, Colorimetric***Calcium**

9.8

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

140

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

4.8

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

107

mmol/L

98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
<b>BIOCHEMISTRY</b>			
<b>Phosphorus (Not in NABL Scope)</b>	4.4	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			

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**Dr Pankaj Agrawal**

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


 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 : SUR0000373731 OP-001

REPORT STATUS : Interim



Patient Name : Mr Ramdas Patil	/	Registered On : 25-Oct-2024 10:00 AM
Lab ID : 410901928		Collected On : 25-Oct-2024 09:50 AM
Gender/Age : Male / 64 Years	DOB : 01-Jun-1960	Received On : 25-Oct-2024 10:01 AM
Ref. By : 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>			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reation</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bramthymol blue</i> >=1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
<b>Microscopic Examination</b>			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Calcium oxalate		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 Agrawal

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

Patient's Name: Ramdas Patil

UHID: 373731

Age: 64 yrs / male

Date: 24 / 10 / 2024

**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: 13 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**

**SHALBY HOSPITAL, SURAT**

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Corp. Office: B-301 &amp; 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Patient Name: RAMDAS PATIL		UHID: SUR0000373731	
Age / Sex: 64 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 25.10.2024	

**ULTRASOUND OF ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size shows grade II 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 28 X 28 X 29 mm (Approx. vol- 12 cc). It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- Grade II fatty liver.

Thanks for referral.



**DR. ASHUTOSH GANDHI**  
DMRD (Radiodiagnosis)  
G-14916

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ID: Name: Birth date: / / years

Sex: M Weight: kg Height: cm

Medication:

Symptoms:

History:

Heart rate: 55 bpm  
 PR interval: 158 ms  
 PRS duration: 66 ms  
 JT/QTc(E) interval: 406/396 ms  
 QT/QTc(T) axis: 54/23/28 °  
 V5/SV1 amplitude: 1.18/0.58 mV  
 V5+SV1 amplitude: 1.77 mV

Pandey m. Patel 641M

Unconfirmed Report Reviewed by:

(Signature)

10 mm/mV

Filter: H50 d 100 Hz

10 mm/mV 25 mm/s

