

Patient ID:	SUR0000335504	Patient Name:	RAJANIKUMARI SAH
Age:	32 Years	Sex:	F
Accession Number:	9760 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	28-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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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000335498 OP-001

REPORT STATUS : Interim



Patient Name : Mr Surendra Prasad /	Registered On : 28-Sep-2024 09:25 AM
Lab ID : 409902292	Collected On : 28-Sep-2024 09:26 AM
Gender/Age : Male / 39 Years	DOB : 21-Jun-1985
Ref. By : Health Check Up Shalby	Received On : 28-Sep-2024 09:37 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	13.6	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	5.03	mill/cmm	4.5 - 5.5
HCT	Calculated	42.5	%	40 - 50
MCV	Calculated based on the RBC histogram	84.4	fL	83 - 101
MCH	Calculated	27.0	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	13.5	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8030	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	62	%	40 - 80
LYMPHOCYTES	Flow Cytometry	30	%	20 - 40
EOSINOPHILS	Flow Cytometry	5	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	198000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	11.4	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
M.B., D.C.P
Consulting Pathologist



Certificate No. MC-0200


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DOB : 21-Jun-1985

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"AB"

RH Type

POSITIVE

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ESR 1st hour	19	mm in 1 hour	0 - 15
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Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin	7.7	%	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
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Boronate Affinity Assay

Estimated Average Glucose (eAG) (mg/dL)	174	mg/dL
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Calculated

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Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	159	mg/dL	74 - 106
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			

Urine Sugar (F)	ABSENT	mg/dL	Absent
<small>Glucose-oxidase/peeroxidase reaction</small>			

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	249	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			

Urine Sugar (PP)	PRESENT[+++]	mg/dL	Absent
<small>Glucose-oxidase/peeroxidase reaction</small>			

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Gender/Age : Male / 39 Years	DOB : 21-Jun-1985
Ref. By : Health Check Up Shalby	Received On : 28-Sep-2024 09:37 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	216	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	229	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i>	37	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	179	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	133	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	46	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	3.6		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	5.8	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 : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	108	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	12.25	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	7.104	µIU/mL	0.38 - 5.33

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 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

RENAL FUNCTION TEST

NABL Accredited Parameters

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	14	mg/dL	9 - 20
UREA <i>Calculated</i>	30	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolyase</i>	0.57	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	7.1	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.6	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>	4.6	mmol/L	3.5 - 5.1
Chloride	105	mmol/L	98 - 107
Phosphorus (Not in NABL Scope) <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.9	mg/dL	2.5 - 4.5

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Collected On : 28-Sep-2024 09:26 AM

Gender/Age : Male / 39 Years

DOB : 21-Jun-1985

Received On : 28-Sep-2024 09:37 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	59	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	37	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	78	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-L-nitroanilide/glycylglycine Kinetic</i>	33	U/L	15 - 73
S. PROTEIN <i>Buret (Alkaline cupric sulfate), End Point</i>	6.7	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.3	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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.3	mg/dL	Adult : 0.2 - 1.3 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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Ref. By : 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			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> <=1.005	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	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
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	10-15/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 Agrawal
 M.B., D.C.P.
 Consulting Pathologist

Patient's Name: Surendra Prasad
UHID:335498

Age:39 yrs / male
Date:28 / 09 / 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 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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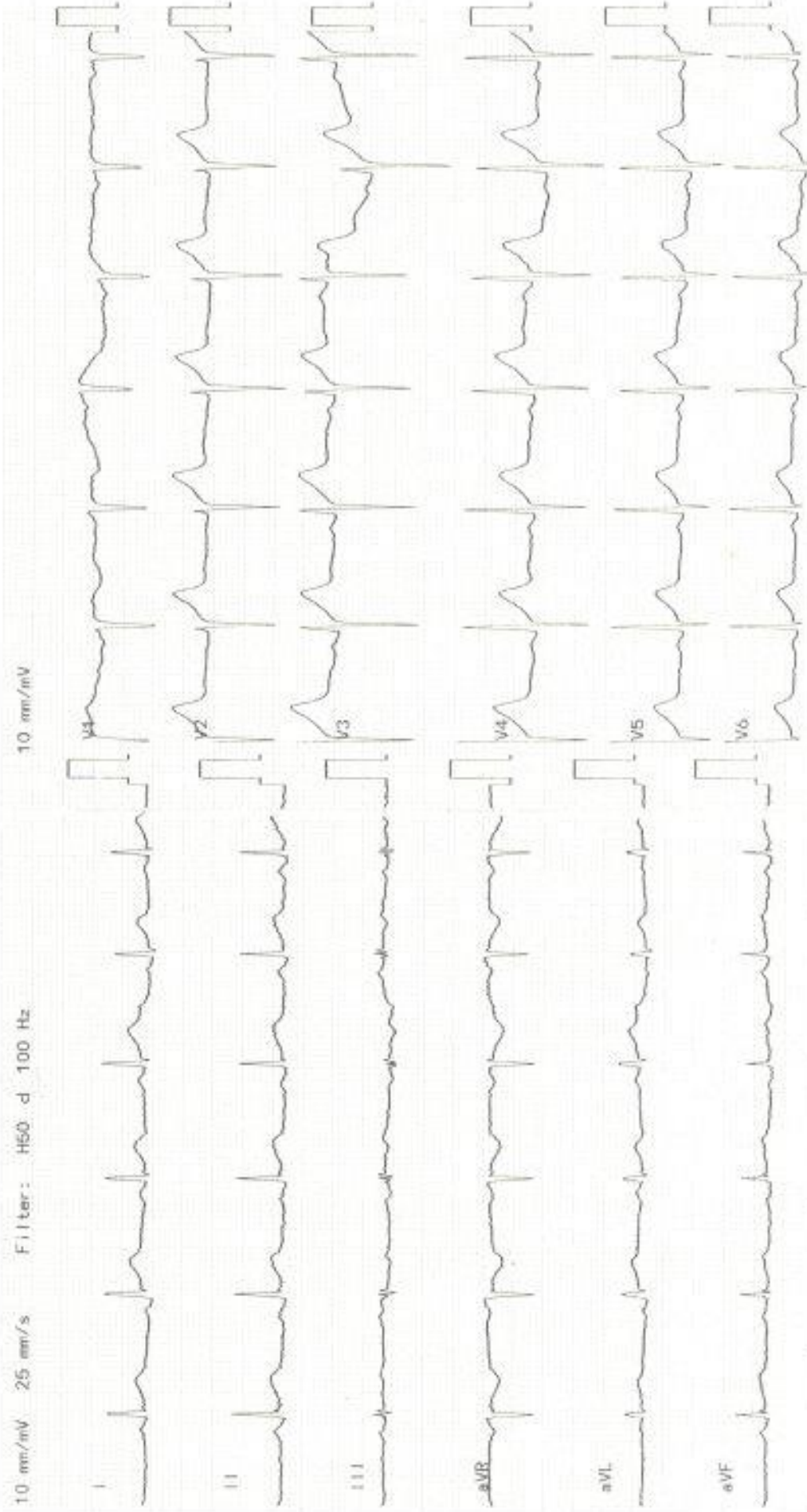
Surrendra Prasad

ID:
 Name:
 Sex: M
 Birth date: / /
 Birth date: / /
 Birth date: / /

cm
 kg
 mmHg
 bpm
 ms
 ms
 ms
 ms
 *
 mV
 mV

Medication:
 Symptoms:
 History:
 vent. rate 79
 PR int 136
 PRS dur 78
 JT/QTc(E) int 360/ 395
 P/QRS/T axis 54/ 37/ 25
 RS/SV1 amp 1.18/ 0.91
 RS+SV1 amp 2.09

Unconfirmed Report
Reviewed by:



Patient Name: SURENDRA PRASAD	UHID: SUR0000335498
Age / Sex: 39 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 28.09.2024

ULTRASOUND OF ABDOMEN AND PELVIS

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 27 x 30 x 31 mm (Approx. vol- 13 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Mild hepatomegaly with Grade II fatty liver.

Thanks for referral.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 28-09-24

Patient Reg. No. : _____

Patient Name : Suzendra Prasad

Age / Sex : 39/M

Address : Adajan

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity _____

Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : Thyroid

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

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 an well maintained.

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

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

Adv. Scaling

Jada V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.: G-48712

Name :- *Sumantra Prasad.*

Date:- *28-9-25*

Chief Complaints:-

- N/H/O complains.
- Come for regular checkup.



Pain Assessment:- *Nil*

Past History:- *Nil*

Family History:- *Nil*

Allergy:- *No allergic to drugs*

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- *since 10 yrs*
DM, TH - *2 yrs* ↓ Rx.
PH Vision:-

Visual Acuity:- *< 6/6*
6/6

NCT *< 15.5*
15.5

ON Examination

Ant. Segment
PACD > ICT

Both Eye

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Corp. Office: B-301 & 302, Mondeal Heights, 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

Cornea
Lens
Fundus

Clar

Clare.

Anterior Chamber

Rt. EYE

Lt. EYE



Q/M

Media:-
Disc:-
Blood Vessel:-
Background:-
Macula:-

Investigation:-

Diagnosis:-
- Emmetropic

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-
- Use UV ~~glasses~~

Follow Up ON:-

After 1 year

Signature of the Consultant

DR. R.S

Shalby MD Physician Clinic

Patient Name:-

Surendra Bhasal

Age / Sex :-

39 M

Chief Complaints:-

Hypothyroidism
HT +
DM +

Drug / Food Allergy:-

Past History :-

NA2

Family History:-

Systemic Examination:-

RS }
CVS }
PA }
CVS } NA2

OPR NO:

Date: 24/9/24

Weight:- 88.2 kg

Height:- 173 cm

Nutritional assessment:-

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

Pulse:- 72/min

BP:- 136/60

SpO2:- 94%

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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Investigation :-

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

Rx

- EITroxin 100mg 1daily
- Tab. Telmiride AM (30)
- 1 - સવારે.
- Tab. Sitasoy 2M (30)
- 1 - સવારે.
- Tab. glycomet SR 500 (60)

Follow Up:

after 1 month

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

MBSOASL (30) gul

Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale

