

**DR. HARIN VADODARIA MD**  
M.D. (Internal Medicine)  
Consultant Physician  
Reg No: G 3394,  
Mo: 9898053714  
OPD Days:

### Shalby MD Physician Clinic

OPR NO:

Patient Name:-  
Age / Sex :-  
Chief Complaints:-

Vipulkeev Mishra  
44/M  
NO cfm

Date: 7/11/23  
Weight:-  
Height:-

Nutritional assessment:-

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

Drug / Food Allergy:-  
Past History :-

T2DM | on M  
HT

Pulse:-  
BP:- 150/90  
SpO2:-

Family History:-  
Systemic Examination:-

Rd  
Ld  
M  
C

Provisional Diagnosis:-

### 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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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

Investigation :-

HbA1c 5.7

F 123  
R 104

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

cont  
to continue R for - H1  
- 1203

- Lifestyle Measures
- Regular Exercise

Rx

43294

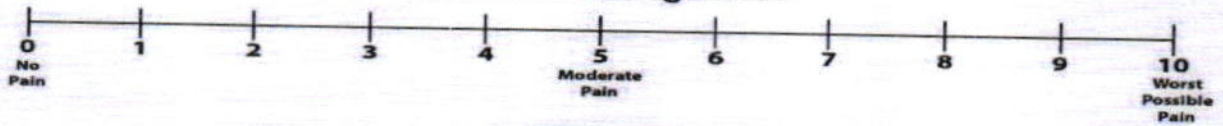
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

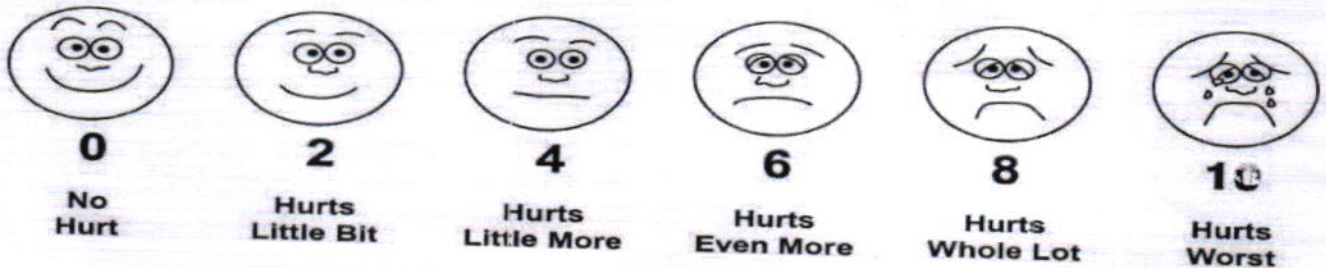
Date:- \_\_\_\_\_

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

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale



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 : SUR0000339361 OP-001

REPORT STATUS : Interim



Patient Name : Mr Vipulkumar G. Mistry /	Registered On : 07-Apr-2023 09:53 AM
Lab ID : 304900497	Collected On : 07-Apr-2023 09:53 AM
Gender/Age : Male / 43 Years DOB : 09-Oct-1979	Received On : 07-Apr-2023 10:09 AM
Ref. By : Dr. 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	13.9	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.88	mill/cmm	4.5 - 5.5
HCT	Calculated	42.9	%	40 - 50
MCV	Calculated based on the RBC histogram	87.9	fL	83 - 101
MCH	Calculated	28.5	pg	27 - 32
MCHC	Calculated	32.4	g/dL	31.5 - 34.5
RDW	Calculated	12.3	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	4760	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	3	%	1 - 6
MONOCYTES	Flow Cytometry	5	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	281000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	7.9	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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## HEMATOLOGY

**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"O"		
RH Type	NEGATIVE		
ESR 1st hour *	2	mm in 1 hour	0 - 15

*Modified Westergren Method*

## Comments / Interpretation :

- ESR is a nonspecific phenomenon, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

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

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**PLASMA GLUCOSE LEVEL**

**FASTING PLASMA GLUCOSE**

<b>Plasma Glucose (F)</b>	122	mg/dL	74 - 106
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	ABSENT
------------------------	--------	-------	--------

*Glucose-oxidase/oxidase reaction*

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	108	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic: $\geq$ 200
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*GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric*

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	ABSENT
-------------------------	--------	-------	--------

*Glucose-oxidase/oxidase reaction*

**Liver Function Test**

**Liver Function Test**

<b>SGPT (ALT)</b>	26	U/L	21 - 72
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*Multi Point Rate with P-5-P*

<b>SGOT (AST)</b>	19	U/L	17 - 59
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*Multi Point Rate with P-5-P*

<b>Alkaline Phosphatase</b>	50	U/L	20-50 yrs : 53 - 128
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*PNPP, AMP Buffer*

<b>GGT *</b>	25	U/L	15 - 73
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*L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic*

<b>S. PROTEIN</b>	7.4	g/dL	6.3 - 8.2
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*Biuret (Alkaline cupric sulfate), End Point*

<b>Albumin</b>	4.3	g/dL	3.5 - 5.0
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*Bromocresol Green (BCG), Colorimetric*

<b>S. GLOBULIN</b>	3.1	g/dL	2.3 - 3.6
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*Calculated*

<b>A/G Ratio</b>	1.4	Ratio	1.0 - 2.3
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*Calculated*

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*Pankaj Agrawal*

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

0.7

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**

0.7

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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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>	146	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	129	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>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	111	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	85	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>	26	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.4		2.5 - 3.5
<b>Chol/dHDL *</b> <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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**RENAL FUNCTION TEST****RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

14

mg/dL

9 - 20

*Urease, colorimetric***UREA**

30

mg/dL

19 - 43

*Calculated***S. CREATININE**

1.09

mg/dL

0.66 - 1.25

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

8.0

mg/dL

3.5 - 8.5

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

8.8

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

143

mmol/L

137 - 145

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

4.10

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

105

mmol/L

98 - 107

*Direct Ion Selective Electrode*

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## IMMUNOLOGY

<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	125	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.77	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.03	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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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

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**HBA1C****HbA1c - Glycated Haemoglobin \***

5.7

%

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

Boronate Affinity Assay

**Estimated Average Glucose (eAG) (mg/dL) \* 117 mg/dL**

Calculated

**Interpretation & Remark:**

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
  - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.
- Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour	PALE YELLOW		Pale yellow
Transperancy	Clear		Clear
<b>Chemical Examination</b>			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ 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>	1.025	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L
<b>Microscopic Examination</b>			
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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Generated On : 07-Apr-2023 01:12 PM

Approved On : 07-Apr-2023 12:57 PM

Dr Pankaj Agrawal

M.B., D.C.P  
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.  
Tel.: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | Web: www.shalby.org

We are open 24 x 7 &amp; 365 days

<b>Patient ID:</b>	<b>SUR004371</b>	<b>Patient Name:</b>	<b>VIPULKUMAR MISTRY</b>
<b>Age:</b>	<b>44 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>4371</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>7-Apr-2023</b>		

**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. BRIJESH CHAUHAN MD.**  
Consultant Radiologist

**SHALBY HOSPITAL, SURAT**

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

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai



Pre - op

Post- op

Health Check-up

Date : 07/08/23

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

Patient Name : Vipul Kumar G. Mishra Age / Sex : 44 / M

Address : Welsed

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : DM Acidity Acidity Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : sterin +

**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. :


**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"

*dw.*  
*Routine scaling*

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



**Patient's Name: Mr. Vipulkumar Mistry**

**Age: 44 yrs/ male**

**Date: 07 / 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: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: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**

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



Patient Name: VIPULKUMAR MISTRY	
Age / Sex: 44 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 07/04/2023

**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** measures 106 x 49 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** measures 105 x 51 mm and appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Urinary bladder** minimally distended. 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. BRIJESH CHAUHAN MD.  
Consultant Radiologist

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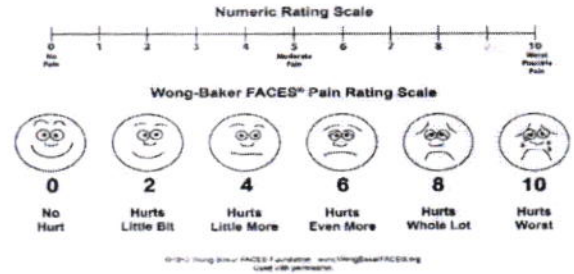
**DR. RUJUTA SHELAT**  
 Consultant Ophthalmologist  
 Reg. No.:- G-48712

Name :- Vipul Mistry

Date:- 7/4/23

Chief Complaints:-

nk



Pain Assessment:-

Past History:-

BP x 6-7 yrs

Family History:-

DM x 1 yrs

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:-

6/6  
E glass

PH Vision:-

NCT

13  
12 mm of hg

ON Examination

Ant. Segment

Both Eye

- WDL -

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} BE  
WML

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Rps

Signature of the Consultant

*vipulbani*  
*Q HWG*

Unconfirmed Report  
Reviewed by:

ID:

Name:

Sex: M

cm kg

Birth date:

mmHg

years

1100 Sinus rhyt.  
9110 \*\* normal ECG \*\*

Medication:

Symptoms:

History:

Heart rate	84	bpm
PR int	144	ms
QRS dur	94	ms
QT/QTc(E) int	342/ 383	ms
P/QRS/T axis	47/ 53/ 58	°
RV5/SV1 amp	0.77/ 0.64	mV
RV5+SV1 amp	1.41	mV

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

10 mm/mV

