CHRF
CHARUSAT HOSPITAL
Care with compassion

ચારૂસેટ હોસ્પિટલ, ચાંગા

વર્લ્ડ ક્લાસ મલ્ટી સ્પેશિયાલિટી હોસ્પિટલ

Body Profile

તારીખ / Date: 23-03-24

રજીસ્ટ્રેશન નંબર / Registration Number: CH-2024-0054567

દર્દીનું નામ / Patient's Name: Rita Vishal Khristi

સંપર્ક નંબર / Contact Number:

હેલ્પ લાઈન

એપોઈન્ટમેન્ટ માટે સંપર્ક
+91-2697-265502/504
+91-95379 27873

૨૪ કલાક ઈમરજન્સી સંપર્ક
+91-2697-265500
+91-75748 38111

નોંધ : ફરી બતાવવા આવો ત્યારે આ ફાઈલ અચુક સાથે લાવવી.

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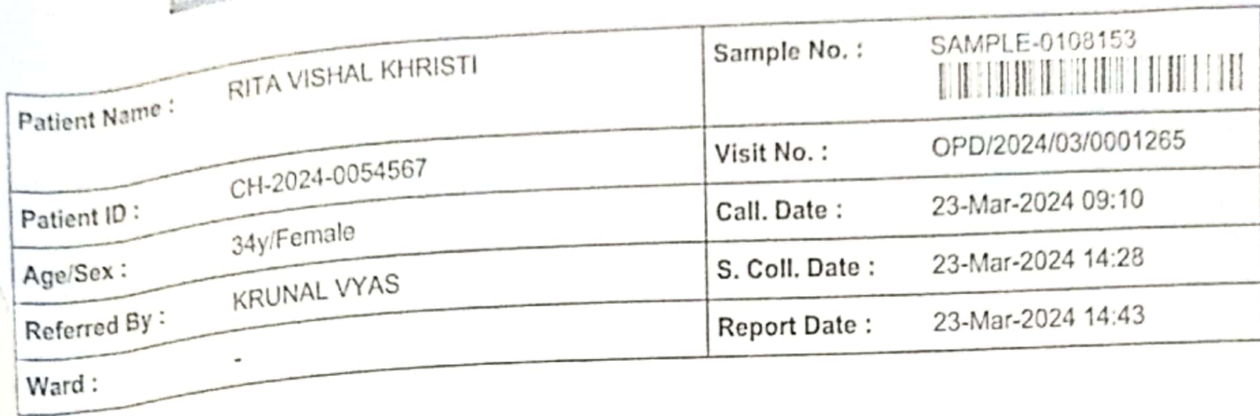
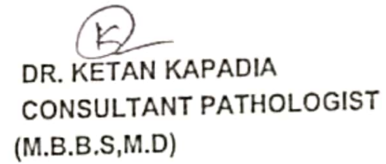


Patient Name :	RITA VISHAL KHRISTI	Sample No. :	SAMPLE-0108153
Patient ID :	CH-2024-0054567	Visit No. :	OPD/2024/03/0001265
Age/Sex :	34y/Female	Call. Date :	23-Mar-2024 09:10
Referred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 14:28
Ward :	-	Report Date :	23-Mar-2024 14:43

'2BS

estigation	Result	Normal Value
st Prandial Blood Sugar (2Hrs) :	150.3 mg/dl [HIGH]	100 - 140

NAITIK BHATIA
ISULTANT PATHOLOGIST
.B.S,D.C.P)



DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D)

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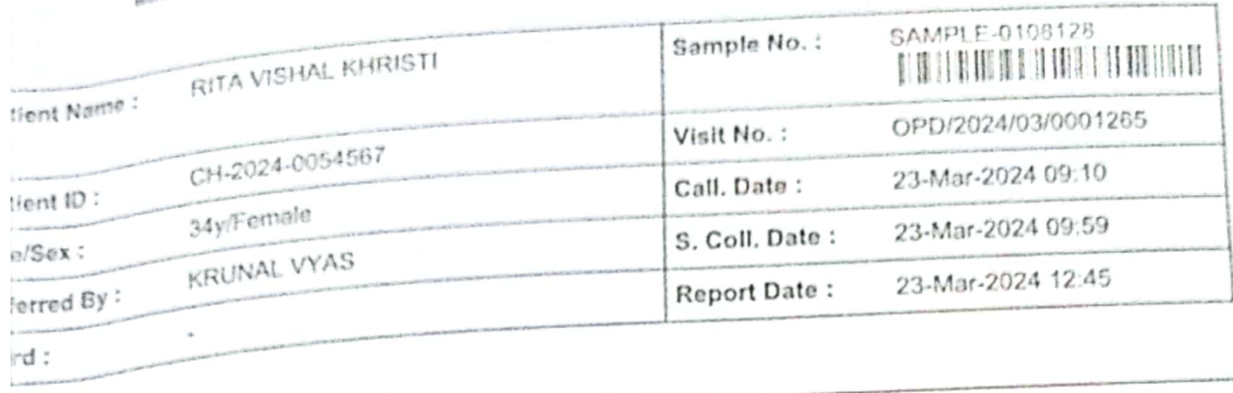

tient Name :	RITA VISHAL KHRISTI	Sample No. :	SAMPLE-0108128
tient ID :	CH-2024-0054567	Visit No. :	OPD/2024/03/0001265
e/Sex :	34y/Female	Call. Date :	23-Mar-2024 09:10
ferred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 09:59
rd :	-	Report Date :	23-Mar-2024 12:45

ioglobin (HB)

stigation	Result	Normal Value
ioglobin	11.7 gm/dl [LOW]	[M : 14-18, F : 12-16]

:

stigation	Result	Normal Value
: Count :	4.51 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
:	7840 /c.mm [NORMAL]	4000 - 10000

elet count

tigation	Result	Normal Value
lets	2.21 Lakh/cmm [NORMAL]	1.5 - 4.5

count - Differential

tigation	Result	Normal Value
norphs	55 % [NORMAL]	40 - 70
hocytes	37 % [NORMAL]	20 - 40
ophils	02 % [NORMAL]	1 - 6
cytes	06 % [NORMAL]	2 - 10
hils	00 % [NORMAL]	0 - 1

D UREA

igation	Result	Normal Value
Urea	18.2 mg/dl [NORMAL]	15 - 40

tinine

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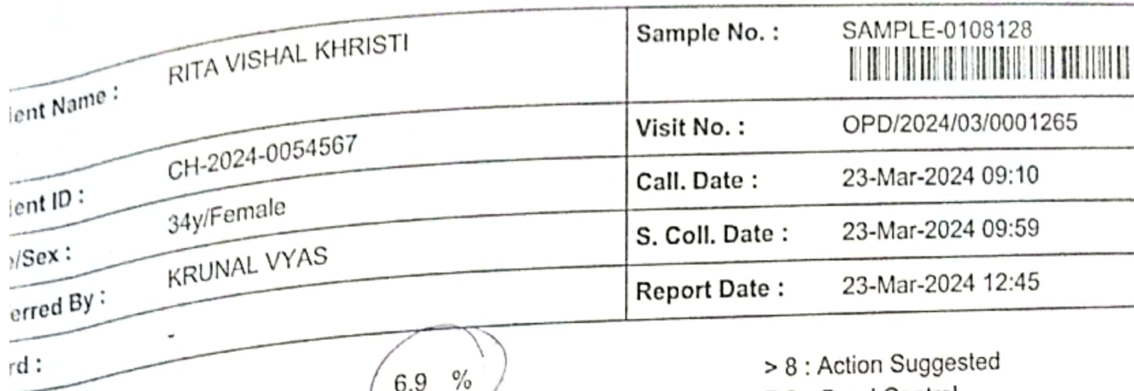

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rd :	-	Report Date :	23-Mar-2024 12:45

b A 1c — 6.9 %

> 8 : Action Suggested
7-8 : Good Control
< 7 : Goal
6-7 : Near Normal Glycemia
< 6 : Non-diabetic Level

omments

Hb A1C also know asGlycosylated Haemoglobin is the most important test for the assessment of longterm Blood glucose control (also called glycemic control).
Hb A1C reflects mean glucose concentration over past 69-8 week and provides a much better indicationn of longterm glycemic contril than blood glucose determination.
This Reaction is irreverdible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications).
nephropathy(Kidney-complications) & neuropathy(never complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

SH

vestigation	Result	Normal Value
SH :	1.95 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

3

vestigation	Result	Normal Value
3-Triodothyronine :	1.40 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

vestigation	Result	Normal Value
4-thyroxine :	73.0 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

PID PROFILE

vestigation	Result	Normal Value

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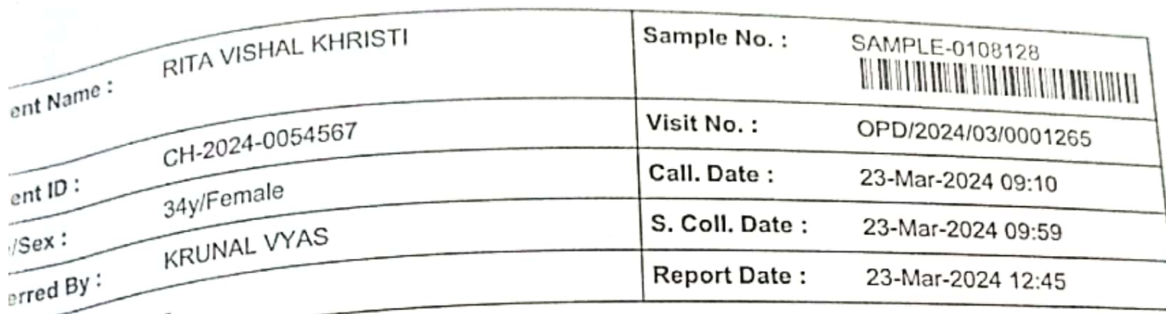

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erred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 09:59
d :	-	Report Date :	23-Mar-2024 12:45

erum Cholesterol (Chol) :	210.7	mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
erum Triglyceride :	110.2	mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
HDL Cholesterol :	38.4	mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
	130.16	mg/dl	
DLC :	42.14	mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL :			
DL/HDL Ratio :	3.39	- [NORMAL]	< 3.5
C / HDL Ratio :	5.49	- [NORMAL]	4.0 to 6.0
DL (DIRECT) :	167.7	mg/dl [High]	< 100.0 (Optimal), 100.0 to 120.0 (Near Optimal), 130.0 to 159.0 (Border line high), 160.0 to 189.0 (High), > 190.0 (Very high)

/ER FUNCTION TEST

estigation	Result		Normal Value
tal Bilirubin :	0.62	mg/dl [NORMAL]	0.0 to 1.2
rect Bilirubin (DBIL) :	0.18	mg/dl [NORMAL]	0.0 to 0.30
T (SGPT) :	23.0	IU/L [NORMAL]	[0.0 - 40]
ST (SGOT) :	15.4	IU/L [NORMAL]	<= 45.0
kaline Phosphatase (ALP) :	47.3	IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0

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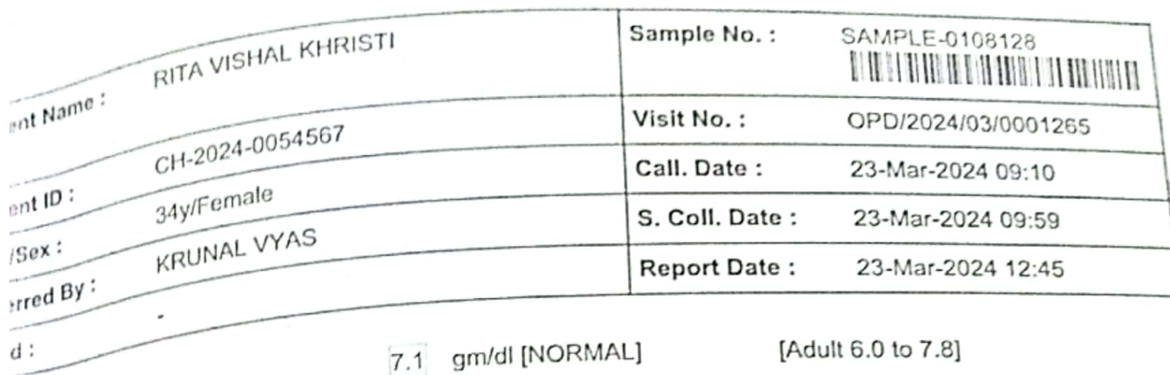

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rred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 09:59
d :	-	Report Date :	23-Mar-2024 12:45

tal Protein (TP) :	7.1 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
bumin (ALB) :	4.0 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
direct Bilirubin (IBIL) :	0.44 [NORMAL]	0.0 to 0.75 (mg/dl)
lobulins :	3.1 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
G Ratio :	1.3	

RINE R & M	Result	Normal Value
vestigation		
ıysical Examination :		
uantity :	15 ml	
olour :	Pale Yellow -	
ppearance :	Clear -	
dour :	URINIOD -	
eaction :	Acidic -	
pecific Gravity :	1.030 -	
ıemical Examination :		
bumin :	Absent -	
ıgar :	Absent -	
le Salts :	Absent -	
le Pigments :	Absent -	
etone :	Absent -	
obilinogen :	Absent -	
icroscopic Examination :		
ıs Cells :	3-4 -	
BCs :	Absent -	
oithelial cells :	6-8 -	

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DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR	INVESTIGATION
23-03-2024	RITA V KHRISHTI	34Y	F	BODY PROFILE	UF-TOTAL ABDOMEN USG

USG OF THE ABDOMEN/ PELVIS WAS PERFORMED

The liver is normal in size and echotexture. No focal solid or cystic lesions are seen.
The intra hepatic biliary radicles are normal. The portal vein and CBD are normal.
The gall bladder is well distended with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

No free fluid or lymphadenopathy is seen.
The urinary bladder is well distended with no calculi or polyps.

The uterus is anterverted, normal size.
The endometrium is in the midline. No focal myoma is seen.
Both the ovaries are nomal in size and shape. No focal solid or cystic lesion is seen.

No adnexal abnormality is seen.
No free fluid is seen in the pouch of douglas.

Size in CM. Right Kidney	Left Kidney
8.76X4.34	9.28X4.52

IMPRESSION :

NO ABNORMALITY DETECTED.

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR	INVESTIGATION
23-03-2024	RITA V KHRISHTI	34Y	F	BODY PROFILE	X-RAY

Thanks for reference
DR. KIRTI C THAKKAR
M.B.B.S,D.M.R.D

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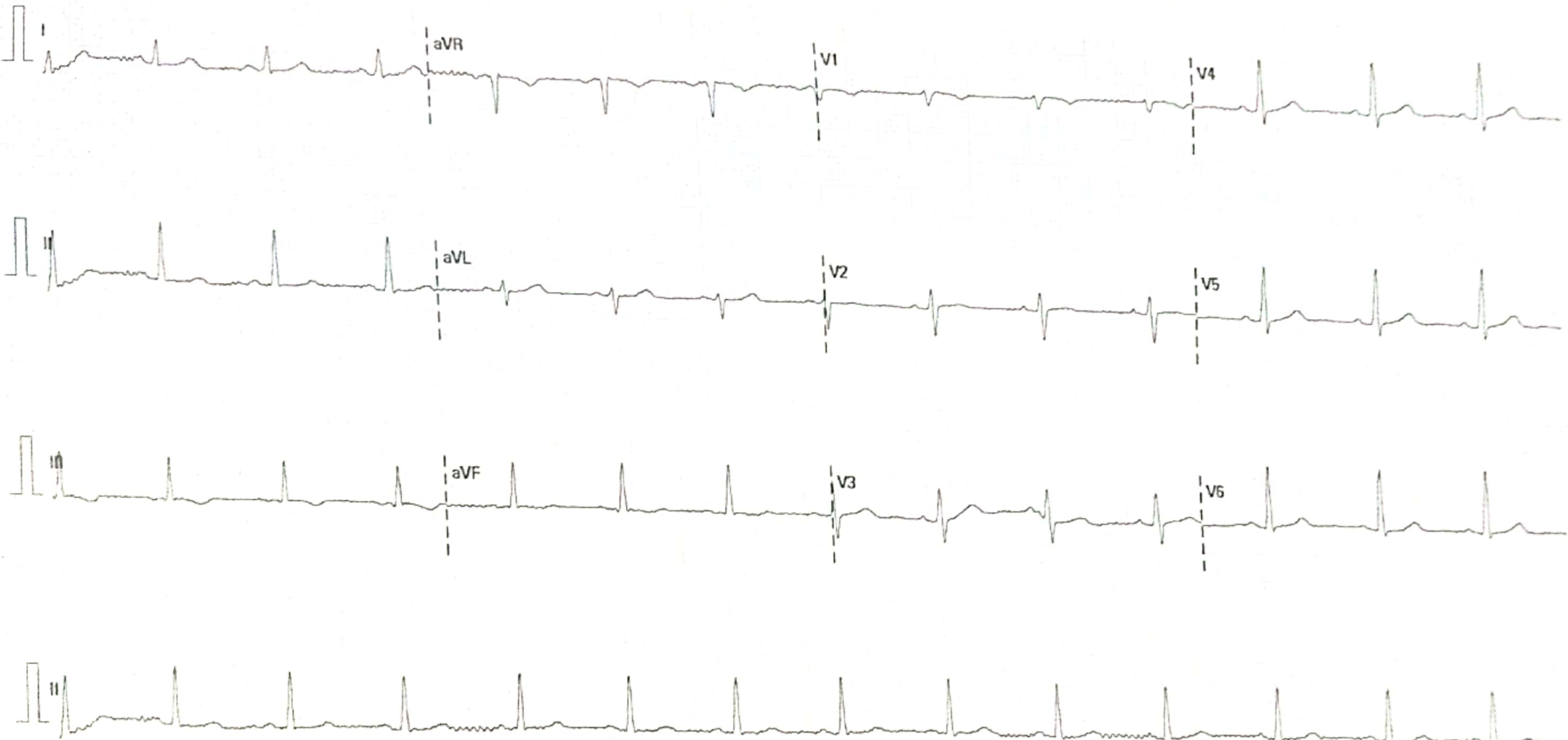

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આરસોદ આરોગ્ય

LALITABEN P. D. PATEL OPD SERVICES
REGISTRATION FORM (OPD)

Dr. Jainish sir

Date & Time : 23-03-24

Registration No. : CH-2024-0054567

Name : Ritu V. Khristi

Contact No. : (M)

Age : 34 Sex : F

(O)

Address :

B.P. : 130/80 mmHg

Pulse : 86 /min

SpO₂ : 98% on RA

Height :

Weight :

BMI :

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : C/o for Health check up

CASE ANALYSIS

Past History : DM on Rx

Present History :

O/E Vitals :

Systemic Examination :

FAMILY HISTORY :

☐ Diabetes

☐ IHD

☐ Hypertension

Others (Specify) :

PATIENT'S MEDICAL/OTHER HISTORY :

☐ Hypertension ☐ IHD ☐ T.B. ☐ Jaundice

☐ Epilepsy ☐ Asthma ☐ Hepatitis B ☐ Hepatitis C

☐ Food Allergy ☐ AIDS/HIV ☐ Bleeding Disorder

☐ Drug Allergy ☐ Pregnancy

HABBITS : ☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Others (Specify) :

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Investigation/s Advised :

Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARKS
23/3/24	S/B Dr Gynec LMP - 10/3/24 M/H 2-3/28-30 Regu. Painless Mode P/H - ... USG (N)	Adv NO R Reassurance
23/3/2024	Adv T. ADD Fat free Diet T. Rosuvas (10) 0-0-1 2 months F/U After 2 months	

Signature with Stamp

Gujarat Sarkar (Gujarati text, partially visible)

DENTAL REGISTRATION FORM

CHARUSAT HOSPITAL

Date & Time : 23-03-24

Registration No. : CH-2024-00545
Contact No. :

Emergency Contact No. :

Address :

Name : Ritu V. Khristi

Age : 34

Sex : F

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup.

Family History :
- ☐ Diabetes
- ☐ Hypertension
- ☐ IHD
- ☐ Others (Specify) :

Habits : ☐ Tobacco

- ☐ Hypertension
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Bleeding Disorder
- ☐ Smoking

Medical/Other History :
- ☐ IHD
- ☐ Asthma
- ☐ AIDS/HIV
- ☐ Pregnancy
- ☐ Other (Specify) :
- ☐ T.B.
- ☐ Hepatitis B
- ☐ Food Allergy
- ☐ Others (Specify) :
- ☐ Jaundice
- ☐ Hepatitis C
- ☐ Drug Allergy

સંમતિ પત્રક

હું .... ડોક્ટરને મારી સારવાર કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈંજેકશનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડોક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડોક્ટર કે ચારુસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ :

સમય :

દર્દી / સગાની સહી

CONSENT

.... hereby request and authorize Doctor .... to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date :

Time :

Patient's / Relative's Sign.

Investigation Advised :

Final Diagnosis :

Treatment Plan : No treatment needed.

Date : 23/3/24

Time :

Name of Doctor : Dr. Maslewali

Signature :

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શારદો સારથી

OPHTHALMIC REGISTRATION FORM

Reg. No. : 41-24-0054567

Date : 23-03-24

Patient's Name : Rita V. Khristi Age : 34/F

Address :

Telephone No. : Mobile No. :

Referred by / Care of :

Profession : Teacher

Type or work in daily routine : Driving / Watching TV / Computer / Reading /

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching / Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia / Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Routine eye check-up — Last eye check 3 months ago

Eye Involve : RE / LE / BE Duration : 3 months ago

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia /

Treatment

Any Surgery : Cataract / Glaucoma / ______ / RE / LE / BE

Family History : Glaucoma / RP / DM / — None —

SYSTEMIC : (DM) / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

↓ medication since 5 years.

EYE DETAILS :

	RE	LE
V/A with PH	6/6	6/6
IOP	13 mm/Hg	11 mm/Hg.
OWN GLASS :	-0.50 DCyl x 50°	plano
AR :	-1.00/-0.25 x 30°	-0.50 x 80°

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	— same PGP —					
Nr.						
Comp						

Bifocal / (Distant) / Near only / Constant / Progressive / Photocromatic

Remark :

Signature : [signature]

સાથે
કટર
મ઼ડ.
કેટલું
માળ
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