



Pre - op

Post- op

Health Check-up

Date : 10/08/2017

Patient Reg. No. : _____

Patient Name : Ravi N Patel

Age / Sex : 32 / M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

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 : Sitings 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"

Adv: Scaling

Jadhav V. M.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. DILIP B. GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Rawin. Patel

Age / Sex :-

37 M

Chief Complaints:-

no clo

Date: 10/8/24

Weight:- 90 kg

Height:- 172 cm

Nutritional assessment:-

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

Pulse:- 82/min

BP:- 110/70 mmHg

SpO2:- 98%

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

AS }
CS }
PA }
CS }
NAD

Provisional Diagnosis:-

Investigation :-

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

Rx

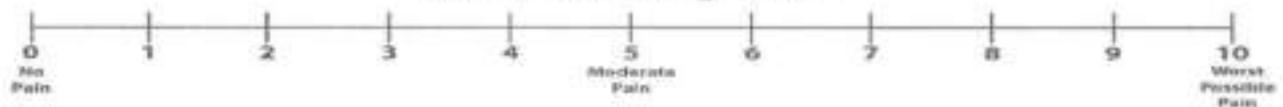
Tab. Vilasom M (34)
1 ^{50/500} daily
7. Depagold-M (34)
10:500
1 tab before Lunch
7. Rosucor 10mg (34)
T. Febrexostat 1 tab after
4mg (34) dinner

Follow Up: after 1 month 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 : SUR0000369536 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Ravikumar Natvarbhai Patel** / Registered On : 10-Aug-2024 09:28 AM
 Lab ID : 408900780 Collected On : 10-Aug-2024 08:52 AM
 Gender/Age : Male / 31 Years DOB : 09-Sep-1992 Received On : 10-Aug-2024 09:50 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	Colorimetric Non Cyanide	13.4	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.59	mill/cmm	4.5 - 5.5
HCT	Calculated	42.7	%	40 - 50
MCV	Calculated based on the RBC histogram	93.1	fL	83 - 101
MCH	Calculated	29.2	pg	27 - 32
MCHC	Calculated	31.4	g/dL	31.5 - 34.5
RDW	Calculated	13.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8220	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	56	%	40 - 80
LYMPHOCYTES	Flow Cytometry	35	%	20 - 40
EOSINOPHILS	Flow Cytometry	6	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	322000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.0	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 : 10-Aug-2024 10:29 AM

Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"O"

RH Type

POSITIVE

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	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <small>Modified Westergren Method</small>	21	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin <small>Boronate Affinity Assay</small>	6.5	%	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

Estimated Average Glucose (eAG) (mg/dL)	140	mg/dL
------------------------------------------------	-----	-------

Calculated

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 Gender/Age : Male / 31 Years DOB : 09-Sep-1992 Received On : 10-Aug-2024 09:50 AM
 Ref. By : Health Check Up Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
PLASMA GLUCOSE LEVEL			
FASTING PLASMA GLUCOSE			
Plasma Glucose (F) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	105	mg/dL	74 - 106
Urine Sugar (F) <small>Glucose-oxidase/peroxidase reaction</small>	ABSENT	mg/dL	Absent
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	98	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
Urine Sugar (PP) <small>Glucose-oxidase/peroxidase reaction</small>	ABSENT	mg/dL	Absent
Liver Function Test			
SGPT (ALT) <small>Multi Point Rate with P-S-P</small>	45	U/L	21 - 72
SGOT (AST) <small>Multi Point Rate with P-S-P</small>	43	U/L	17 - 59
Alkaline Phosphatase <small>PNPP, AMP Buffer</small>	70	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <small>L-gamma-glutamyl-L-nitrosaldehyde/glycylglycine Kinetic</small>	24	U/L	15 - 73
S. PROTEIN <small>Buret (Alkaline cupric sulfate), End Point</small>	7.9	g/dL	6.3 - 8.2
Albumin <small>Bromocresol Green (BCG), Colorimetric</small>	4.4	g/dL	3.5 - 5.0
S. GLOBULIN <small>Calculated</small>	3.5	g/dL	2.3 - 3.6
A/G Ratio <small>Calculated</small>	1.3	Ratio	1.0 - 2.3

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REPORT STATUS : Interim



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 Gender/Age : Male / 31 Years DOB : 09-Sep-1992 Received On : 10-Aug-2024 09:50 AM
 Ref. By : Health Check Up Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F),S

Liver Function Test

Bilirubin Total	0.9	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
<i>Azobillirubin/Diphenylamine/Diazotium Salt</i>			
Bilirubin Unconjugated	0.9	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
Bilirubin Direct	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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Gender/Age : Male / 31 Years	DOB : 09-Sep-1992
Ref. By : Health Check Up Shalby	Received On : 10-Aug-2024 09:50 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <small>Cholesterol Esterase, Ovidase, Peroxidase</small>	194	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <small>Lipase/GKG/GPO/PGO</small>	215	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <small>Phosphotungstic Acid/MgCl₂ - Enzymatic</small>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <small>Calculated</small>	159	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <small>Calculated</small>	116	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <small>Calculated</small>	43	mg/dL	6 - 38
LDL/dHDL <small>Calculated</small>	3.3		2.5 - 3.5
Chol/dHDL <small>Calculated</small>	5.5	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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Gender/Age : Male / 31 Years

DOB : 09-Sep-1992

Received On : 10-Aug-2024 09:50 AM

Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 Chemiluminescence immunoassay (CLIA)	108	ng/dL	87 - 178
Total T4 Chemiluminescence immunoassay (CLIA)	13.30	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH Chemiluminescence immunoassay (CLIA)	3.280	µIU/mL	0.38 - 5.33

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DOB : 09-Sep-1992	Sample Type : Serum
Ref. By : Health Check Up Shalby	

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
NABL Accredited Parameters			
Urea Nitrogen (BUN) <small>Urease, colorimetric</small>	7	mg/dL	9 - 20
UREA <small>Calculated</small>	15	mg/dL	19 - 43
Creatinine <small>Enzymatic - Creatinine amidohydrolase</small>	0.86	mg/dL	0.68 - 1.25
S. URIC ACID <small>Uricase/Peroxidase, Colorimetric</small>	13.3	mg/dL	3.5 - 8.5
Calcium <small>Rechecked Arsenazo III dye</small>	9.6	mg/dL	8.4 - 10.2
Sodium <small>Direct Ion Selective Electrode</small>	143	mmol/L	137 - 145
S. POTASSIUM <small>Direct Ion Selective Electrode</small>	4.9	mmol/L	3.5 - 5.1
Chloride	106	mmol/L	98 - 107

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	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)	3.3	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Ptenol)</i>			

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Gender/Age : Male / 31 Years	DOB : 09-Sep-1992
Received On : 10-Aug-2024 09:50 AM	Sample Type : Urine
Ref. By : Health Check Up Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	Glucose-oxidase/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling reaction with diazotium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.020	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Trace (+/-)	Negative
pH	Colour indicator principle	5.0	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	4-5/hpf	/hpf	NIL/hpf
Epithelial cells	0-2/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
Dr Pankaj Agrawal
 M.B., D.C.P.
 Consulting Pathologist

Patient ID:	SUR0000369536	Patient Name:	RAVI N PATEL
Age:	32 Years	Sex:	M
Accession Number:	8169 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	10-Aug-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

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- Rami N. Patel

Date:- 10/05/2024.

Chief Complaints:- *Routin checkup for eyes*



Pain Assessment:- *NO.*

Past History:-

Family History:-

Allergy:- *NO Allergy food & drugs*

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:- *NO*

HT:- *NO* WT:-

Visual Acuity:- *R6/6 .
L6/6.*

PH Vision:- *6/6 (BE)*

NCT

ON Examination

Ant. Segmenet

Both Eye

Normal

Normal

N16 @-glas

BE

BE

BE

Cornea

Lens

Fundus

} normal BE

Anterior Chamber

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

} normal BE

Treatment:-

Rx

Eld- Refresh Liquid gel x TDS x BE
1m

Nutritional Assessment:-

Preventive Care & Counsellings:-

Blue cut glass

Follow Up ON:-

6 month after/10s

Signature of the Consultant

Dr. Rajesh
10/0/24

Patient's Name: Ravi Patel

UHID: 369536

Age: 32 yrs / male

Date: 10 / 08 / 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:13 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

Patient Name: RAVI N PATEL		UHID:369536	
Age / Sex: 32 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 10.08.24	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade I 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 37 X 35 X 34 mm (Approx. vol- 17 cc). It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- **Grade I fatty liver.**

Thanks for referral.



DR. ASHUTOSH GANDHI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: 8-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

ID: _____ Name: _____ Birth date: _____ / _____ / _____ years
Sex: M _____ kg
Medication: _____
Symptoms: _____
History: _____
Heart rate: _____ bpm
PR int: _____ ms
QRS dur: _____ ms
JT/QTc(E) int: _____ ms
T/QTc(T) axis: _____ °
RV5/SV1 amp: _____ mV
RV5+SV1 amp: _____ mV

1100 Sinus rh, am
1102 Sinus arrhythmia
9110 ** normal ECG **

Ravi Patel

Unconfirmed Report
Reviewed by:

