



Certificate No.: MC-5200

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 : SUR0000360487 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Renu . Jagnani	/	Registered On : 24-Feb-2024 11:41 AM
Lab ID : 402901835		Collected On : 24-Feb-2024 11:47 AM
Gender/Age : Female / 41 Years	DOB : 25-Aug-1982	Received On : 24-Feb-2024 11:52 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	10.8	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	3.72	mill/cmm	3.8 - 4.8
HCT	Calculated	33.9	%	36 - 46
MCV	Calculated based on the RBC histogram	91.2	fL	83 - 101
MCH	Calculated	29.0	pg	27 - 32
MCHC	Calculated	31.8	g/dL	31.5 - 34.5
RDW	Calculated	13.1	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	7150	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	59	%	40 - 80
LYMPHOCYTES	Flow Cytometry	35	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	258000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	11.7	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 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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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	9	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.3	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemc 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) * 105 mg/dL

Calculated

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

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	86	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	99	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test**

SGPT (ALT)	30	U/L	9 - 52
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Multi Point Rate with P-5-P

SGOT (AST)	26	U/L	14 - 36
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Multi Point Rate with P-5-P

Alkaline Phosphatase	86	U/L	20-50 yrs.: 42 - 98
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PNPP, AMP Buffer

GGT *	17	U/L	12 - 43
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

S. PROTEIN	7.3	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

Albumin	4.5	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	2.8	g/dL	2.3 - 3.6
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Calculated

A/G Ratio	1.6	Ratio	1.0 - 2.3
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Calculated

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

Liver Function Test

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
<i>Azobillirubin/Dyphylline/Diazonium Salt</i>			Adult : 0.2 - 1.3
Bilirubin Unconjugated	0.3	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>			
Bilirubin Direct	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4
<i>Calculated</i>			

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	173	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	111	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	52	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	121	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	99	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	22	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.3	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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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	10	mg/dL	7 - 17
UREA <i>Calculated</i>	21	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.49	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	3.4	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.3	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.9	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.39	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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Ref. By : Dr. 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>	Nil	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reation</i>	Nil	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>	NIL	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
Microscopic Examination			
Pus cells	1-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	4-5/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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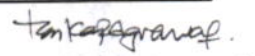


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Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	101	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	13.25	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	3.044	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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

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Patient ID:	SUR00002182	Patient Name:	RENU JAGNANI
Age:	41 Years	Sex:	F
Accession Number:	2182 OP	Modality:	DX
Referring Physician:	DR.SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	24-Feb-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. HAREESH BALAR

CONSULTANT RADIOLOGIST

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CIN: L85110GJ2004PLC044667

Patient Name: RENU JAGNANI		UHID:	
Age / Sex: 41 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 24/02/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

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 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.

Uterus appears normal in size. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.



DR. HARESH BALAR
CONSULTANT RADIOLOGIST

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Patient's Name: Renu Jagnani

Age: 41 yrs / Female

Date: 24 / 02 / 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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CIN: L85110GJ2004PLC044667

1100 Sinus rhythm
0102 ARTIFACT PRESENT
9110 ** normal ECG **

Remzi Dalgıç

WZK

Unconfirmed Report
Reviewed by:

ID: _____ Name: _____ Birth date: _____ / _____ / _____ years

Sex: **F** Weight: _____ kg

Indication: _____

Symptoms: _____

History: _____

Heart rate: 84 bpm

PR interval: 122 ms

QRS duration: 72 ms

QT/QTc (E) interval: 342 / 382 ms

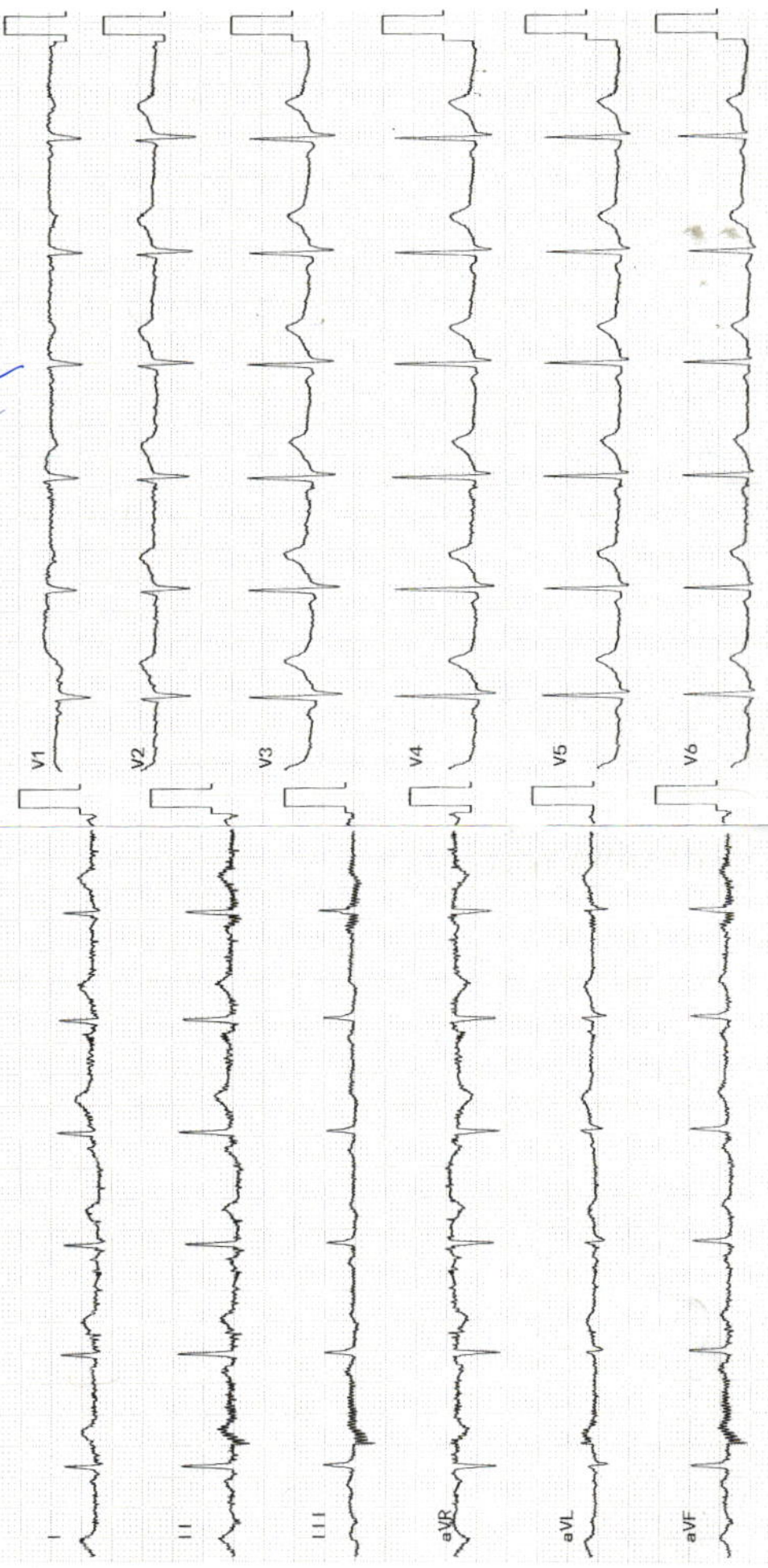
QT/QTc (T) interval: 47 / 55 / 30 ms

AV/AV1 amplitude: 1.29 / 0.50 mV

AV/AV1 amplitude: 1.79 mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV



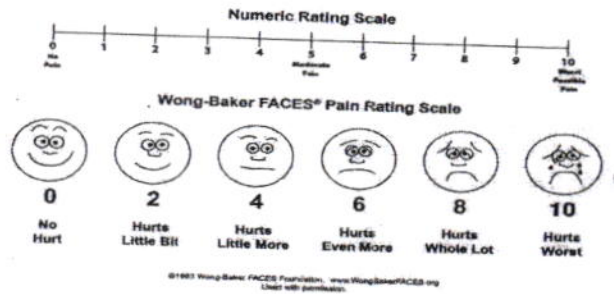
DR. RUJUTA SHELAT

Consultant Ophthalmologis
Reg. No.:- G-48712

Name :- *Aemal Jagmani*

Date:- *24/02/24*

Chief Complaints:- *Routine Eye
check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS ALLERGY.*

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

General Examination:-

BP:- Pulse:- Temp:-

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

NCT *12
12*

ON Examination

Ant. Segmenet

WNL

Systemic Examination:-

HT:- WT:- *Thyroid ... 7 months on Rx.*

PH Vision:- *6/6
6/6*

STG ± 0.00 6/6, Add +1.00 D.

Both Eye

NAME
FEB 24 2023 10:5

LB
ED
Innovation

SHALBY[®]
MULTI-SPECIALTY
HOSPITALS

VD=10

<R>

SPH	CYL	AX
-0.50	0.00	3
-0.25	-0.25	17
-0.25	-0.50	3
-0.25	-0.25	3

<L>

SPH	CYL	AX
0.00	-0.50	158
0.00	-0.25	150
-0.25	-0.25	162
0.00	-0.25	150

Anterior Chamber

Rt. EYE

Lt. EYE

PD= 51
GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:-
Macula:-
Diagnosis:-

pt will come later on

Presbyopia

Treatment:-

Classes for near

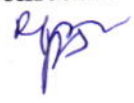
Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months/50s

Signature of the Consultant



SHALBY HOSPITAL, SURAT

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

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667



Pre - op

Post-op

Health Check-up

Date : 24/2/24

Patient Reg. No. : _____

Patient Name : Renzel Jorgmami

Age / Sex : 41 / F

Address : Seladit

Complaints :

Pain : NAD.

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : Hypothyroidism ↓ medication

Any Medication :

On Examination :

Abscess : NAD Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Restoration : 7 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 a well maintained.

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

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

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laparoscopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- Renu
Chief Complaints:-

Date: 24/2/24
Weight:-
Height:-
OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- 2/2/24

clo-heaviness in breast

M/H:- Pain - 3-4 days PLM
25

O/H:- 0/H - pain

P/H:-
F/H
Examination:-

24mm | 29 | 137mm
64mm | 62
TC not done

Provisional Diagnosis:-

PLA - soft
PL - Co healthy

DR Thaker

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

to

Ado

Mammography

12

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Renu Jagnani

Date: 24/2/24

Age / Sex :-

41 F.

Weight:- 57kg

Chief Complaints:-

Hypothyroidism
Eltroxin 50mg 100

Height:- 150cm

Nutritional assessment:-

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

Drug / Food Allergy:-

Pulse:- 93/min

Past History :-

NAD

BP:- 120/80mmHg

SpO2:- 99%

Family History:-

Systemic Examination:-

RS / NAD
COS /
PA /
CAS /

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

S.

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

Rx

Op. Haem up (6y)
 1 - 1 (6y)
 T. F. 500mg
 1 - 1
 normal healthy
 check up

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

