CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106924
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 15:12
Ward :	-	**Report Date :**	10-Feb-2024 15:55

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	109.3 mg/dl [NORMAL]	100 - 140
Post Prandial Urine Sugar (2Hrs) :	Absent	

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 15:38

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	122 mg/dl	
Hb A 1c	5.9 %	> 8 : Action Suggested 7-8 : Good Control < 7 : Goal 6-7 : Near Normal Glycemia < 6 : Non-diabetic Level

Comments

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.

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

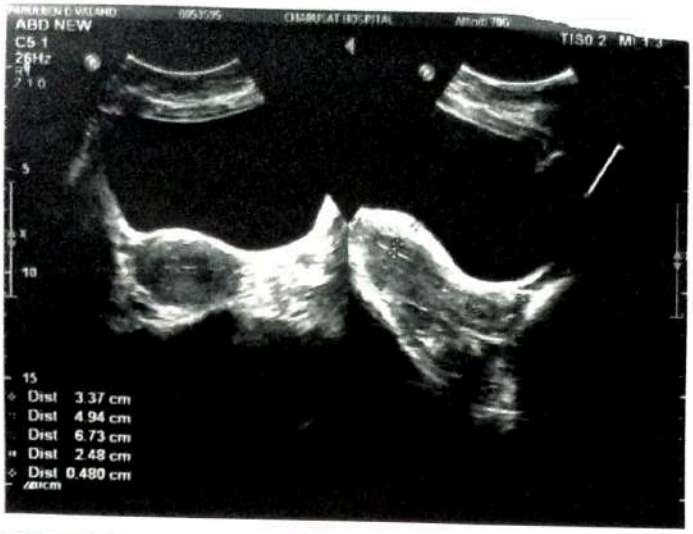
DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S,M.D)

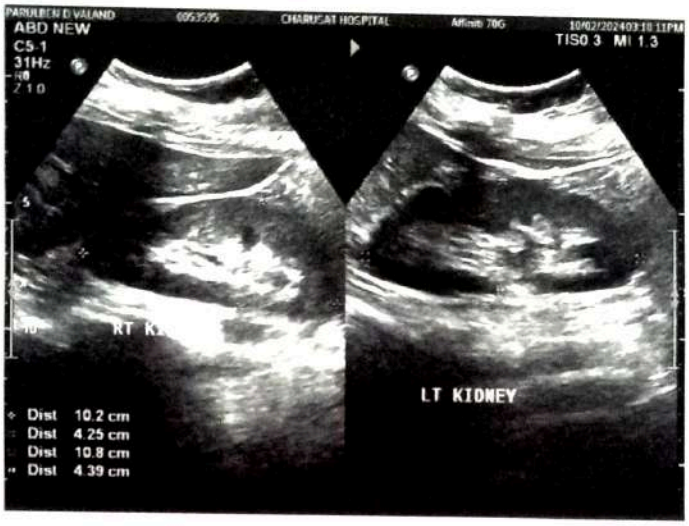
CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

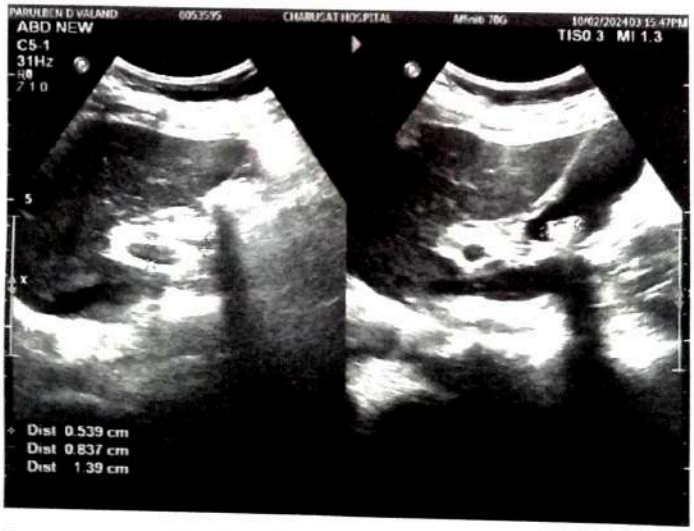
gynec

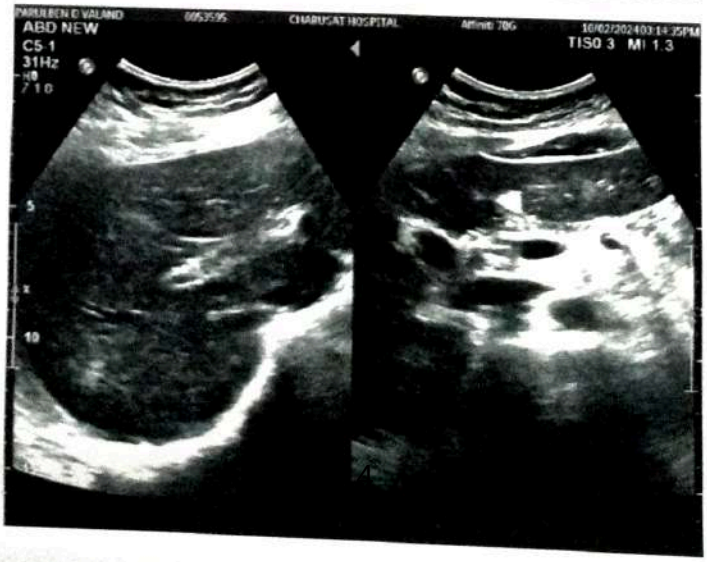
DOCTORS' NOTES

DATE & TIME	DOCTOR'S NOTES	SIGNATURE
10/02/2024	Dr. Janki Amin	Adv,
	A k/c/o Ca parotid gland? O/n: 1♀ – 24yrs } unmarried pns. 1♀ – 22yrs TL done – TVS (Adenomyosis)	(3)


ABD NEW
C5-1
26Hz
TIS0 2 MI 1.3
Dist 3.37 cm
Dist 4.94 cm
Dist 6.73 cm
Dist 2.48 cm
Dist 0.480 cm


ABD NEW
C5-1
31Hz
TIS0 3 MI 1.3
LT KIDNEY
Dist 10.2 cm
Dist 4.25 cm
Dist 10.8 cm
Dist 4.39 cm


ABD NEW
C5-1
31Hz
TIS0 3 MI 1.3
Dist 0.539 cm
Dist 0.837 cm
Dist 1.39 cm


ABD NEW
C5-1
31Hz
TIS0 3 MI 1.3

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
10-02-2024	PARULBEN D VALAND	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 polyp. The wall is not thickened.

App 1.39 cm size echogenic shadow seen in gall bladder freely mobile- possibiloity of calculus.

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.

CBD	Portal vein	Spleenic vein	Right Kidney	Left Kidney
0.53	0.84	0.5	10.2X4.2	10.8X4.4

IMPRESSION :
App 1.39 cm size echogenic shadow seen in gall bladder freely mobile- possibility of calculus.

NO OTHER OBVIOUS ABNORMALITY DETECTED.

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

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
10-02-2024	PARULBEN D VALAND	F	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of abnormality seen involving both lungs.Costophrenic sinuses are clear.

Hilar shadows show evidence of normal size , position & opacity.

Aortic shadow show evidence of normal position & Size.Cardiac size & position is normal.

Domes of diaphragm & bony cage show no evidence of abnormality.

COMMENTS:

NO ABNORMALITY DETECTED

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

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 12:12

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	12.7 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

WBC

Investigation	Result	Normal Value
R.B.C Count :	4.47 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	7130 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets	2.91 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	74 % [HIGH]	40 - 70
Lymphocytes	20 % [NORMAL]	20 - 40
Eosinophils	01 % [NORMAL]	1 - 6
Monocytes	05 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	20.6 mg/dl [NORMAL]	15 - 40

S.Creatinine

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 12:12

Investigation	Result	Normal Value
Serum Creatinine	0.53 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	10 [NORMAL]	8.0 to 23.0 (mg/dl)

URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	4.25 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

ESR

Investigation	Result	Normal Value
ESR - After One Hour	18 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	A	
Rh :	Positive	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	108.5 mg/dl [NORMAL]	70 - 110
Fasting Urine Sugar :	Absent	

TSH

Investigation	Result	Normal Value
TSH :	13.7 uIU/ml [HIGH]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 12:12

T3-Triodothyronine :	1.50 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	96.2 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value
Serum Cholesterol (Chol) :	184.6 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	85.5 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	52.2 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	95.48 mg/dl	
VLDL :	36.92 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	1.83 - [NORMAL]	< 3.5
TC / HDL Ratio :	3.54 - [LOW]	4.0 to 6.0
LDL (DIRECT) :	90.3 mg/dl [Optimal]	< 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)

LIVER FUNCTION TEST

Investigation	Result	Normal Value

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 12:12

Total Bilirubin :	0.67	mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.20	mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	11.7	IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	12.4	IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	64.5	IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0
Total Protein (TP) :	7.50	gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.39	gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.47	[NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.11	gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.4		

URINE R & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Colour :	Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.020 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. PH# +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in

CHARUSAT HOSPITAL

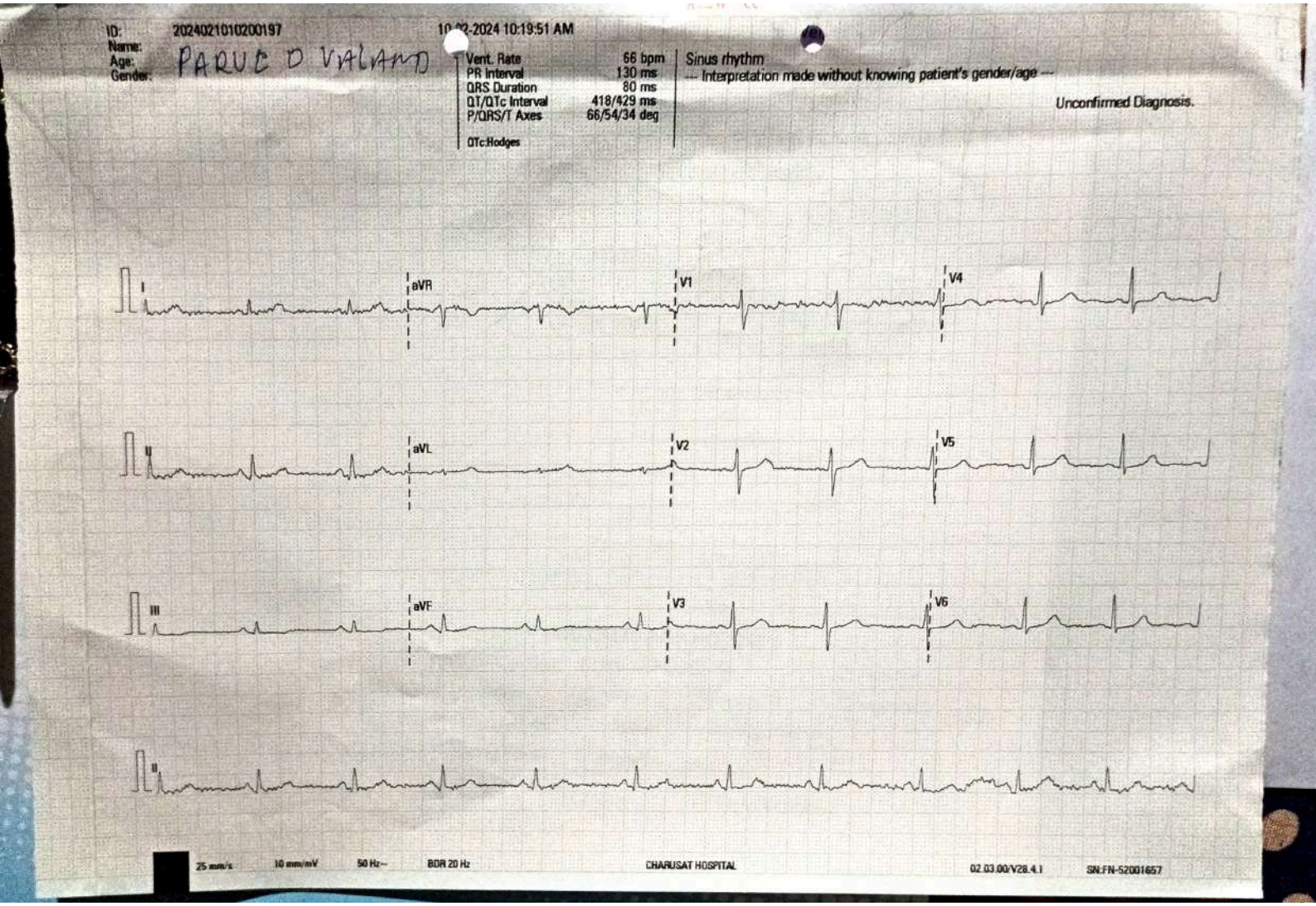
Patient Name :	PARULBEN DIPAKKUMAR VALAND	**Sample No. :**	SAMPLE-0106909
Patient ID :	CH-2024-0053595	**Visit No. :**	OPD/2024/02/0000527
Age/Sex :	43y/Female	**Call. Date :**	10-Feb-2024 09:39
Referred By :	RIPAL PATEL	**S. Coll. Date :**	10-Feb-2024 09:56
Ward :	-	**Report Date :**	10-Feb-2024 12:12

Acetone :	Absent	-
Urobilinogen :	Absent	-
Microscopie Examination :		
Pus Cells :	3-4	-
RBCs :	Occasional	-
Epithelial cells :	2-3	-
Casts :	Absent	-
Crystals :	Absent	-

DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S,D.C.P)

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

CHARUSAT Campus, Changa, District Anand 388 421 (Guj) India. Ph # +91-2697-265500/02/04 • Mobile : 95379 27873 / 75748 38111
Web : www.ch-rf.org / www.charusathospital.org • E-mail : chrf@charusat.ac.in


ID: 20240210102001 97
Name:
Age:
Gender:
PARUL D VALAND
10-02-2024 10:19:51 AM
Vent. Rate 66 bpm
PR Interval 130 ms
QRS Duration 80 ms
QT/QTc Interval 418/429 ms
P/QRS/T Axes 66/54/34 deg
QTc:Hodges
Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---
Unconfirmed Diagnosis.
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
25 mm/s
10 mm/mV
50 Hz--
BDR 20 Hz
CHARUSAT HOSPITAL
02.03.00/V28.4.1
SN:FN-52001657

CHARUSAT HOSPITAL
Care with compassion

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

Dr. Jainish sir

Date & Time : 10-02-24

Registration No. : CH-2024-0053595

Name : Parulben D. Valand Contact No. : (M) _____

Age : 43 Sex : F (O) _____

Address : _____

B.P. : 130/80 mm Hg Pulse : 96 bpm SpO_2 : 98%

BMI : _____ Height : 151 cm Weight : 73 kg

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Cough since 1 wk.

CASE ANALYSIS

Past History : NAD

Present History : _____

G/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) : _____

CHRF/OPD/5083

Investigation/s Advised : _____

_____

Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	Adv Surgeon opinion Diet & exercise advised	

Signature with Stamp

CHARUSAT HOSPITAL
Care with compassion

DENTAL REGISTRATION FORM

Date & Time : 10-02-24

Registration No. : CH-2024-0053595

Name : Parulben D. Valand

Age : 43

Sex : F

Contact No. :

Emergency Contact No. :

Address :

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup.

Family History :

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

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

Habits : ☐ Tobacco

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 ..... ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇંજેકશનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને 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 ડૉક્ટર કે ચારૂસેટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : _____

સમય : _____

_____

દર્દી / સગાની સહી

CONSENT

I ..... 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 : H/O. Tumor. Treatment on going.

Treatment Plan : _____

Date : 10/2/24

Time : _____

Name of Doctor Dr. Maulwala

Signature : _____

CHRF/DENTAL/5016

CHRF/OPTH/5082

CHARUSAT HOSPITAL

OPHTHALMIC REGISTRATION FORM

Reg. No. : CH-2024-0053595

Date : 10-02-24

Patient's Name : Parulben D. Valand Age : 43/F

Address : _____

Telephone No. : _____ Mobile No. : _____

Referred by / Care of : _____

Profession : _____

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 checkup.

Eye Involve : RE / LE / BE Duration : _____

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

Any Surgery : Cataract / Glaucoma / NAD. / RE / LE / BE

Family History : Glaucoma / RP / DM / _____

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

NAD.

EYE DETAILS :

	RE	LE
V/A with PH	6/6	6/6
IOP	19 mmHg	16 mmHg.
OWN GLASS :	—	—
AR :	-0.25 x 155°	-0.25/-0.25 x 101°

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	—	-0.25	160°		-0.25	101°
Nr. Add	+1.50		N6	+1.50		N6
Comp						

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

Remark :

Signature : _____

CHRF/OPTH/5089