



CHARUSAT

ABD NEW
CS-1
31Hz
-40



CHARUSAT HOSPITAL



DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR
23-03-2024	ROSHAN KUMAR	32	M	BODY PROFILE

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

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23-03-2024	ROSHAN KUMAR	32	M	BODY PROFILE

USG ABDOMEN report.

Liver: show evidence of normal size, fatty parenchymel echotexture & no evidence of focal solid or cystic mass lesion seen. Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder is physiologically distended with no evidence of calculus or sludge. Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection.
CBD, portal vein & splenic vein size are normal.

Spleen size & parenchymel echotexture is normal with no focal mass lesion seen.
Pancreas difficult to visualize due to overlying bowels.

Aorta show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney show evidence of normal size, position, corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Left kidney show evidence of normal size, position, corticomedullary differentiation & parenchymel echotexture. No evidence of obvious calcification or hydronephrosis seen.
No evidence of focal solid or cystic mass lesion seen.

Bladder walls are normal & no evidence of stone or mass seen.
Prostate show evidence of normal size & parenchymel echotexture.
No evidence of ascitis or abnormal bowel loops seen.

Size cm app

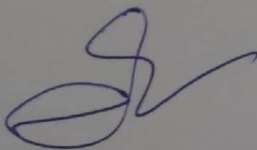
Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms
9.7x4.2	9.36x3.71	14.2

COMMENTS:

POSSIBILITY OF MILD FATTY LIVER PARENCHYMEL CHANGES.

No other obvious abnormality detected.


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






CHARUSAT HOSPITAL



Patient Name :	ROSHAN . KUMAR	Sample No. :	SAMPLE-0108147 
Patient ID :	CH-2024-0054581	Visit No. :	OPD/2024/03/0001281
Age/Sex :	32y/Male	Call. Date :	23-Mar-2024 09:53
Referred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 14:28
Ward :	-	Report Date :	23-Mar-2024 14:43

P2BS Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	129.8 mg/dl [NORMAL]	100 - 140


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CHARUSAT HOSPITAL



Patient Name :	ROSHAN . KUMAR	Sample No. :	SAMPLE-0108133 
Patient ID :	CH-2024-0054581	Visit No. :	OPD/2024/03/0001281
Age/Sex :	32y/Male	Call. Date :	23-Mar-2024 09:53
Referred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 10:28
Ward :	-	Report Date :	23-Mar-2024 14:07

Investigation	Result	Normal Value
Hemoglobin (HB)		
Hemoglobin	14.0 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

Investigation	Result	Normal Value
WBC		
R.B.C Count :	4.43 mill./c.mm [LOW]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	6830 /c.mm [NORMAL]	4000 - 10000

Investigation	Result	Normal Value
Platelet count		
Platelets	2.70 Lakh/cmm [NORMAL]	1.5 - 4.5

Investigation	Result	Normal Value
WBC count - Differential		
Polymorphs	50 % [NORMAL]	40 - 70
Lymphocytes	42 % [HIGH]	20 - 40
Eosinophils	02 % [NORMAL]	1 - 6
Monocytes	06 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1


Investigation	Result	Normal Value
BLOOD UREA		
Blood Urea	33.3 mg/dl [NORMAL]	15 - 40

3.Creatinine



CHARUSAT HOSPITAL



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Age/Sex :	32y/Male	Call. Date :	23-Mar-2024 09:53
Referred By :	KRUNAL VYAS	S. Coll. Date :	23-Mar-2024 10:28
Ward :	-	Report Date :	23-Mar-2024 14:07

Investigation	Result	Normal Value
Serum Creatinine	1.04 mg/dl [NORMAL]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

Investigation	Result	Normal Value
BUN	16 [NORMAL]	8.0 to 23.0 (mg/dl)

Investigation	Result	Normal Value
Serum Uric Acid	6.79 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

Investigation	Result	Normal Value
ESR - After One Hour	08 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Investigation	Result	Normal Value
ABO :	B	
Rh :	Positive	


Investigation	Result	Normal Value
Fasting Blood Sugar :	115.0 mg/dl [HIGH]	70 - 110
Fasting Urine Sugar :	Absent	

Investigation	Result	Normal Value
Mean Blood Glucose	134 mg/dl	



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Hb A1c

6.3 %

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

Comments

Hb A1C also known as Glycosylated 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 indication of longterm glycemic control than blood glucose determination.
This Reaction is irreversible & therefore remains unaffected glucose & Haemoglobin. Long term complications of diabetes such as Retinopathy (Eye-complications), nephropathy(Kidney-complications) & neuropathy(nerve complications) are potentially serious and can lead to blindness, kidney failure etc. Glycemic control as monitored by Hb A1C measurement is considered most important.

TSH

Investigation	Result	Normal Value
TSH :	7.77 uIU/ml [HIGH]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value
T3-Triiodothyronine :	1.58 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	67.0 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)


LIPID PROFILE

Investigation	Result	Normal Value
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Patient ID : CH-2024-0054581	Visit No. : OPD/2024/03/0001281
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Referred By : KRUNAL VYAS	S. Coll. Date : 23-Mar-2024 10:28
Ward :	Report Date : 23-Mar-2024 14:07

Serum Cholesterol (Chol) :	199.0 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Trglycoende :	179.1 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	34.1 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
LDLC :	125.1 mg/dl	
VLDL :	39.8 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	3.67 - [HIGH]	< 3.5
TC / HDL Ratio :	5.84 - [NORMAL]	4.0 to 6.0
LDL (DIRECT) :	159.7 mg/dl	< 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
Total Bilirubin :	0.44 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.15 mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	50.2 IU/L [HIGH]	[0.0 - 40]
AST (SGOT) :	24.3 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	101.6 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0



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Total Protein (TP) :	7.7 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.5 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.29 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.2 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.4	

URINE R & M

Investigation

Physical Examination :

Investigation	Result	Normal Value
Physical Examination :	15 ml	
Quantity :	Pale Yellow -	
Colour :	Clear -	
Appearance :	URINIOD -	
Odour :	Acidic -	
Reaction :	1.025 -	
Specific Gravity :		

Chemical Examination :

Albumin :	Absent -
Sugar :	Absent -
Bile Salts :	Absent -
Bile Pigments :	Absent -
Acetone :	Absent -
Urobilinogen :	Absent -

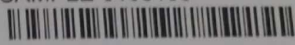
Microscopic Examination :

Pus Cells :	1-2 -
RBCs :	Absent -
Epithelial cells :	1-2 -



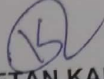
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Hb : Absent -
 WBC : Absent -
 Platelets :
 Crystals :

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



Dr Jainish

Name: Roshankumar
Age: 32 Sex: M
Address: Manglam Residence, Boriyan
B.P.: 130/8 Pulse: 106/well
BMI: _____ Height: _____
Date & Time: 23/3/24
Registration No.: CH-2024-0054581
Contact No.: (M) 8969068199
(O) _____
SpO₂: 98
Weight: _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints: came for health checkup

CASE ANALYSIS

Past History : _____
Present History : _____
G/E Vitals : _____
Systemic Examination : _____

FAMILY HISTORY :

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

PATIENT'S MEDICAL/OTHER HISTORY :

- | | | | |
|---------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> IHD | <input type="checkbox"/> T.B. | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Bleeding Disorder | |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Pregnancy | | |

HABBITTS :

- Smoking
- Alcohol
- Tobacco
- Others (Specify) : _____

CHRF/OPD/5083

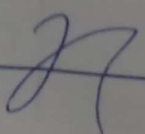
Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
	<p style="text-align: right;">AD</p> <p>⇒ Diet & exercise advised</p> <hr/> <p><u>High or Low</u> low milk fat like low fat diet</p>	


Signature with Stamp

DENTAL REGISTRATION FORM



Date & Time : 23/3/24

Registration No. : CH2024-0054581

Name : Rushan Kumar
Age : 32
Sex : M

Contact No. : _____

Emergency Contact No. : _____

Address : _____

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

..... ડૉક્ટરને મારી સારવાર
રવાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇન્જેક્શનની આડ અસર અને સારવારની સફળતા,
સફળતા 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 ચાર્જેડ હોસ્પિટલ
વાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ
બર આપું છું.

રીખ : _____
મય : _____

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 : _____
me : _____

Patient's / Relative's Sign.

Investigation Advised : _____

Final Diagnosis : _____

Treatment Plan : _____

Calculus +
Scaling.

Name of Doctor

Signature :

Dr. Maskevali

23/3/24

DENTAL DEPARTMENT

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AMOUNT DUE
23/3/24	Scaling done.	Rs. 400/-	Rs. 400/- 0019084	Nil

OPHTHALMIC REGISTRATION FORM



Reg. No. : CH2024-0054581
 Date : 23/3/24

Age : 32



Patient's Name : Rashankumar

Mobile No. : _____

Address : _____

Referred by / Care of : Ben Kes

Type or work in daily routine : Driving / Watching TV / Computer / Reading / _____
 History / Complain of : Diminution of Vision (Pain) / Watery / Redness / Eyeache / Headache / Itching /
Routine check-up / Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia /
 Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Duration : 6 months

Eye Involve : RE / LE / BE

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia /
 Treatment _____ / RE / LE / BE

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

Family History : Glaucoma / RP / DM / _____

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

EYE DETAILS :

V/A with PH

RE
6/6

LE

6/6

IOP

19 mm/Hg

17 mm/Hg

OWN GLASS :

not using

AR :

+0.50 / +0.25 x 150°

+0.25 / +0.50 x 20°

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	<u>plano</u>					
Nr.						
Comp						

Remark : carboxy methyl cellulose 0.5% w/v eld.
 Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

Signature : [Signature]

1 - [] - 1 x day