

Patient Name: Kumar Baumbum	
Age / Sex: 36 Yrs / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. Shalby Hospital	Date: 17/02/2023

**ULTRASOUND OF ABDOMEN AND PELVIS**

**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. **MPD** appears in size. No mass lesion or calcification seen.

**Spleen** appears normal in size and appearance. No focal lesion seen.

**Right kidney** appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

**Left kidney** appears normal. It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.  
**Ureters** are not dilated.

**Urinary bladder** well distended and appears normal. No evidence of any intraluminal mass or calculi.

**Prostate** is normal in size. It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- No any significant abnormality is seen.

Thanks for referral.

  
Dr. Nimit R Desai  
Consultant Radiologist

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

## DR. MAYANK JAIN

M.B.B.S. M.D (General Medicine) (Internal Medicine )

Consultant Physician and Intensivist

G-30769

Phone. No. 9638380768 ✓

OPD Days :(Monday , Thursday )

### OPR NO:

### Consultant Physician Clinic

Patient Name:- Bumbum Kumeef

Date: 17/12/23

Age / Sex :- 36/m

Weight:-

Height:- 1.68m

Chief Complaints:-

BMI:-

→ nausea  
audibly x (out of b)  
chest pain (out of b)

Nutritional assessment:-

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

Drug / Food Allergy:-

Pulse:- 106

Past History :-

BP:- 145/100

SpO2:- 98%

→ Rx  
1mm

Family History:-

Systemic Examination:-

→

↓ VLDL, LDL, VLDL ↑

Provisional Diagnosis:

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Investigation :-

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

Rx

Avoid  
- High fibre diet / hot spicy food

→ Paracetamol - P 001 - (1 month)

→ ✓ Paracetamol - P 001 - 10 days  
45 mg - 3 strips

1 month  
10 Hyp succalate '0' - 10ml - BD - ①

10 Hyp mucosin gel - 10ml - BD - ①

Follow Up Date: → 18 months / fine / Endog

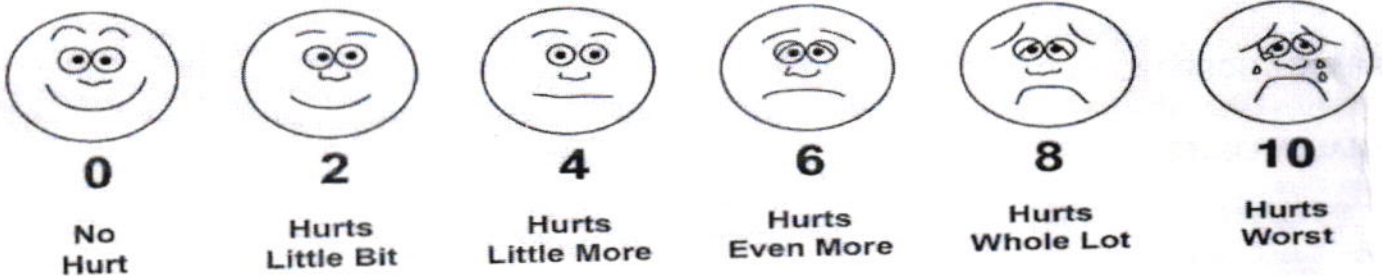
अधी दवाओ डोक्टरने बतावीने लेवी.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale



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PID : SUR0000335099 OP-001

REPORT STATUS : Interim



Patient Name : Mr Bumbum Kumar .	/	Registered On : 17-Feb-2023 09:51 AM
Lab ID : 302901197		Collected On : 17-Feb-2023 09:47 AM
Gender/Age : Male / 35 Years	DOB : 20-Aug-1987	Received On : 17-Feb-2023 10:04 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum, Urine (PP), Fluoride P, Urine

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

<b>Plasma Glucose (F)</b>	89	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	ABSENT
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	130	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	-----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	ABSENT
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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

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Gender/Age : Male / 35 Years	DOB : 20-Aug-1987	Received On : 17-Feb-2023 10:04 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <small>Colorimetric Non Cyanide</small>	14.0	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	4.96	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	43.7	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	88.2	fL	83 - 101
MCH <small>Calculated</small>	28.2	pg	27 - 32
MCHC <small>Calculated</small>	32.0	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	13.2	%	13.3 - 18.3
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <small>Electrical Impedance</small>	5240	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <small>Flow Cytometry</small>	68	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	25	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	2	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	4	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	1	%	0 - 2
<b>PLATELET INDICES</b>			
PLATELET COUNT <small>Electrical Impedance</small>	177000	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	11.7	fL	7.5 - 12.0
<b>PERIPHERAL SMEAR EXAMINATION</b>			
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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Sample Type : EDTA Whole Blood

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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"A"

RH Type

POSITIVE

ESR 1st hour \*

5

mm in 1 hour 0 - 15

Modified Westergren Method

**HBA1C**

HbA1c - Glycated Haemoglobin \*

5.4

%

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

Estimated Average Glucose (eAG) (mg/dL) \* 108

mg/dL

Calculated

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

Parameter	Result	Unit	Biological Ref. Interval
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**LIPID PROFILE**

**LIPID PROFILE**

<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	185	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	299	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	36	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	149	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>S.LDL</b> <i>Calculated</i>	89	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	60	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.5		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	5.1	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**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	6 ✓	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	13 ✓	mg/dL	19 - 43
<b>S. CREATININE</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.85	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	5.5	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.6	mg/dL	8.4 - 10.2
<b>S. PHOSPHORUS *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	2.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.65	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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Consulting Pathologist

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Parameter	Result	Unit	Biological Ref. Interval
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	123	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	9.91	µg/dL	6.09 - 12.23
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	2.00	µIU/mL	0.38 - 5.33

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

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	
<b>Physical Examination</b>				
Colour	PALE YELLOW		Pale yellow	
Transperancy	Clear		Clear	
<b>Chemical Examination</b>				
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ $\mu$ L	Absent
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL	Absent
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL	Absent
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL	Absent
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL	Absent
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL	Absent
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	NIL	mg/dL	Absent
pH	<i>Double Indicator principle</i>	6.5	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.005	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ $\mu$ L	Absent
<b>Microscopic Examination</b>				
Pus cells	0-2/hpf	/hpf		0-5/hpf
Red blood cells	NIL	/hpf		0-2/hpf
Epithelial cells	0-2/hpf	/hpf		NA
Crystals	NIL			Nil
Cast	NIL/LPF			Nil/LPF
Bacteria	NIL			Nil
Amorphous	NIL			Nil
Yeast	NIL			Nil

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**Liver Function Test****Liver Function Test**

<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	<b>108</b>	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	55	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	77	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	41	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.8	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.5	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.3	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	2.0	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.8	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  Adult : 0.2 - 1.3
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.8	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>BILIRUBIN DIRECT</b> <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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<b>Patient ID:</b>	<b>SUR00001868</b>	<b>Patient Name:</b>	<b>BUMBUM KUMAR</b>
<b>Age:</b>	<b>36 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>1868</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>17-Feb-2023</b>		

**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. Nimit R Desai  
Consultant Radiologist

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Pre - op

Post- op

Health Check-up

Date : 17/02/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Kumar

Age / Sex : 36/M

Address : \_\_\_\_\_

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Swelling : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity \_\_\_\_\_ Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

Any Medication : Statin+++

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings 1  2  3  Deep

Restoration : \_\_\_\_\_ 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 an well maintained.

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

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

*Adv*  
*- scaling*

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)



**Patient's Name: Mr. Kumar Baumbum**

**Age: 36 yrs/ male**

**Date: 17 / 02 / 2023**

**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:19

**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**:14 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

**SHALBY HOSPITAL, SURAT**

(A Unit of Shalby Limited)

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India.

Ph. : 0261-7190000 | Email : info.surat@shalby.org.

**SHALBY LIMITED**

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

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

CIN : L85110GJ2004PLC044667

Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur **Upcoming Hospitals : Mumbai - Nasik**

ID:

Name: Birth date: / / mmHg kg cm years

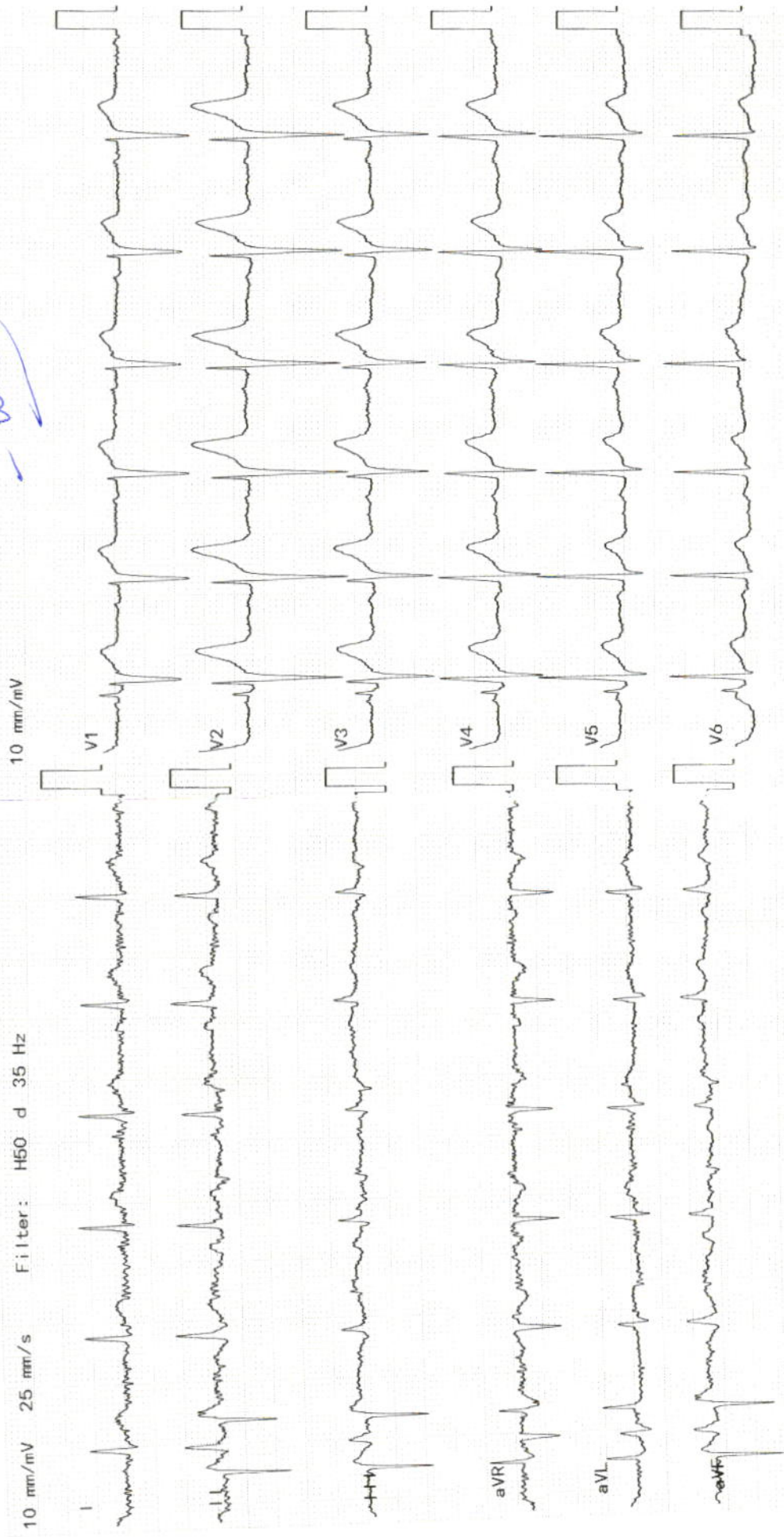
1100 Sinus rhythm  
19708 with occasional ectopic premature complexes (Unreliable analysis due to noise)  
0102 ARTIFACT PRESENT  
9140 \*\* abnormal rhythm ECG \*\*

Medication:  
Symptoms:  
History:  
vent. rate 88 bpm  
PR int 170 ms  
QRS dur 82 ms  
QT/QTc(E) int 316/ 362 ms  
P/QRS/T axis 56/ 41/ 37 °  
RV5/SV1 amp 1.62/ 1.21 mV  
RV5+SV1 amp 2.83 mV

*UPC*  
*Berny burn*

*Kumar*

Unconfirmed Report  
Reviewed by:





**DR. NIKITA PATEL**

M.B.B.S, M.S (ENT SURGEON)

EMAIL : nikitapatel93@quclock.com

Mo. No.:- +919712993275

Regi. No. G-57620

**Shalby ENT Clinic**

Name:-

*Kumma Bumbun*

Age : -

Date:-

*17/02/23*

Chief Complaints:-

Weight:-

Height:-

OPR NO:-

*Routine checkup*

Past History :-

Family History:-

Systemic Examination:-

*Good*

Provisional Diagnosis:-

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Vapi - Indore - Jabalpur - Mohali - Naroda (Ahmedabad) - Surat - Jaipur - Mumbai

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

Investigation Advised:-

Rx

—

Wd

Follow Up:

Date:- \_\_\_\_\_

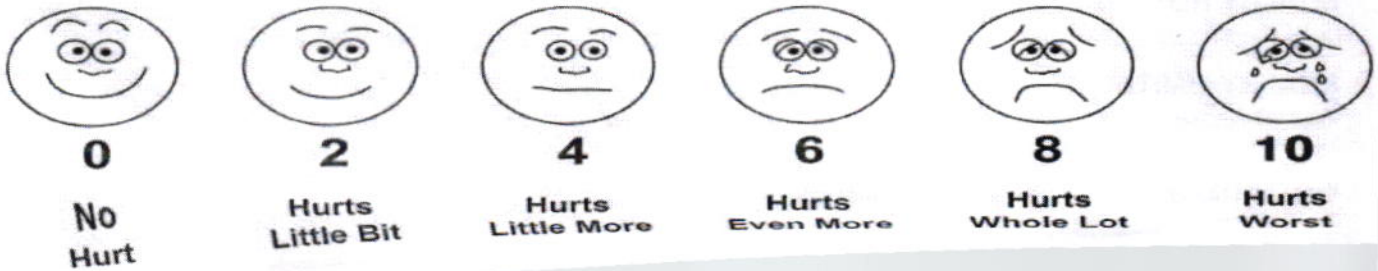
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale



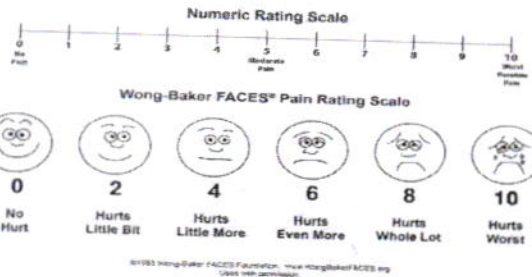
**DR. RUJUTA SHELAT**  
Consultant Ophthalmologist  
Reg. No.:- G-48712

Name :- *Bumbum Kumar*

Date:- *17/2/23*

Chief Complaints:-

*WOLC*



Pain Assessment:-

Past History:-

*WAD*

Family History:-

Allergy:-

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

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:- *T6/6P*  
*(glasses)*

PH Vision:-

NCT

ON Examination

Ant. Segmenet

Both Eye

*WOLC*

RX-850K

2016-02-25 21:19

SHOP: SHELAT GEN HOSP

NAME:

Anterior Chamber

REF. DATA	S	C	A
<R>	-8.50	-0.25	9
	-8.50	-0.50	10
*	-8.50	-0.50	9
<L>	-6.50	-2.50	166
	-6.50	-1.75	166
	-6.75	-1.25	172
*	-6.50	-2.25	166

Rt. EYE

Lt. EYE

VD=0  
PD=63

Investigation:-

Background:-

Macula:-

Diagnosis:-

*WNL*

Treatment:-

*Glxes*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- *After 6 month*

*RSB*

Signature of the Consultant