

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:- *Pratik Patel*
Age / Sex :- *3yrs 1 male*
Chief Complaints:-

Date: *1/21/23*
Weight:- *23 kg*
Height:- *170 cm*
BMI:- *25.3*

no any complaint

Nutritional assessment:-

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

Drug / Food Allergy:- *no any drug allergy*

Pulse:- *66/min*
BP:- *130/70*
SpO2:- *99%*

Past History :-

Family History:-
Systemic Examination:-

no
no

Provisional Diagnosis:

SHALBY HOSPITAL, SURAT

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MULTI-SPECIALTY HOSPITAL

PID : SUR0000339021 OP-001

REPORT STATUS : Interim



Patient Name : Mr Pratik Thakorbhai Patel
Lab ID : 304900033
Gender/Age : Male / 34 Years
Ref. By : Dr. Health Check Up . Shalby
DOB : 15-Mar-1989

Registered On : 01-Apr-2023 09:34 AM
Collected On : 01-Apr-2023 09:35 AM
Received On : 01-Apr-2023 10:22 AM
Sample Type : Serum, Urine (PP),
Fluoride P, Urine
Biological Ref. Interval

Parameter	Result	Unit	Biological Ref. Interval
FASTING PLASMA GLUCOSE			
Plasma Glucose (F) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	93	mg/dL	74 - 106
Urine Sugar (F) <small>Glucose-oxidase/oxidase reaction</small>	ABSENT	mg/dL	ABSENT
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP) <small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>	92	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
Urine Sugar (PP) <small>Glucose-oxidase/oxidase reaction</small>	ABSENT	mg/dL	ABSENT

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

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Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist



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Patient Name : **Mr Pratik Thakorbbhai Patel** / Registered On : 01-Apr-2023 09:34 AM
Lab ID : 304900033 Collected On : 01-Apr-2023 09:35 AM
Gender/Age : Male / 34 Years DOB : 15-Mar-1989 Received On : 01-Apr-2023 10:09 AM
Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.2 ✓	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.05	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.5	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	88.2	fL	83 - 101
MCH <i>Calculated</i>	28.1	pg	27 - 32
MCHC <i>Calculated</i>	31.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.6	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* 8140 ✓ cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	58	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	36	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	1	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	303000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.0 ✓	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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Ref. By : Dr. Health Check Up . Shalby	Received On : 01-Apr-2023 10:09 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"		
RH Type	POSITIVE		
ESR 1st hour *	5	mm in 1 hour	0 - 15
<i>Modified Westergren Method</i>			
HBA1C			
HbA1c - Glycated Haemoglobin *	5.4	%	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
<i>Boronate Affinity Assay</i>			
Estimated Average Glucose (eAG) (mg/dL) *	108	mg/dL	
<i>Calculated</i>			

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

Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test

Liver Function Test

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	30	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	20	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	58	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	22	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.7	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.7	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.0	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.4	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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <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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Received On : 01-Apr-2023 10:22 AM	Sample Type : Serum
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	166	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	103	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	37	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	129	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	108	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	21	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.5	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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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

15

mg/dL

9 - 20

Urease, colorimetric

UREA

32

mg/dL

19 - 43

Calculated

S. CREATININE

0.86

mg/dL

0.66 - 1.25

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

7.2

mg/dL

3.5 - 8.5

Uricase/Peroxidase, Colorimetric

Calcium

9.6

mg/dL

8.4 - 10.2

Arsenazo III dye

S. PHOSPHORUS *

3.9

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

Sodium

141

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.51

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

105

mmol/L

98 - 107

Direct Ion Selective Electrode

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

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	106	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	8.59	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.93	µIU/mL	0.38 - 5.33

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Gender/Age : Male / 34 Years

DOB : 15-Mar-1989

Received On : 01-Apr-2023 10:27 AM

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
Transperancy	Clear		Clear
Chemical Examination			
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	RBCs/ μ L
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	NIL	mg/dL
Urobilinogen	<i>Modified Ehrlich reaction</i>	NORMAL	mg/dL
Ketone	<i>Sodium Nitroprusside reation</i>	NIL	mg/dL
Protein	<i>Protein Error of Indicator Principle</i>	NIL	mg/dL
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i>	NEGATIVE	mg/dL
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	NIL	mg/dL
pH	<i>Double Indicator principle</i>	6.0	PH value
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.025	S.G. value
Leucocyte	<i>Leucocyte Esterase Test</i>	NEGATIVE	WBCs/ μ L
Microscopic Examination			
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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Fluoride P, Urine

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	93	mg/dL	74 - 106
--	----	-------	----------

Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	ABSENT
---	--------	-------	--------

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	92	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	ABSENT
--	--------	-------	--------

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Pre - op

Post - op

Health Check-up

Date : 01/08/23

Patient Reg. No. : _____

Patient Name : Pratik T. Patel Age / Sex : 34/M

Address : Morebhayeel

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : sterlin ++

On Examination :

Abscess : _____

Periodontitis : _____

Missing Teeth : _____

Food lodgement : _____

Gingivitis : _____

Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

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.

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

After ~~the~~ replacement any treatment should be done under "Antibiotic Coverage"

Spall.
- scaling

Dr. Darshini V. Sha
(Consultant Dental Surge)

Patient ID:	SUR00004119	Patient Name:	PRATIK T PATEL
Age:	34 Years	Sex:	M
Accession Number:	4119	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	1-Apr-2023		

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

Patient's Name: Mr. Pratik Patel

Age: 34 yrs/ male

Date: 01 / 04 / 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: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

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

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

ID:
Name:

Sex: M

cm kg

Birth date: / mmHg

years

Medication:

Symptoms:

History:

Vent. rate	78	bpm
PR int	138	ms
QRS dur	94	ms
QT/QTc(E) int	372/ 405	ms
P/QRS/T axis	46/ 44/ 30	°
RV5/SV1 amp	1.31/ 0.72	mV
RV5+SV1 amp	2.03	mV

1100 Sinus rhythm
 1102 Sinus arrhythmia
 4068 Nonspecific Twave abnormality
 9130 ** borderline ECG **

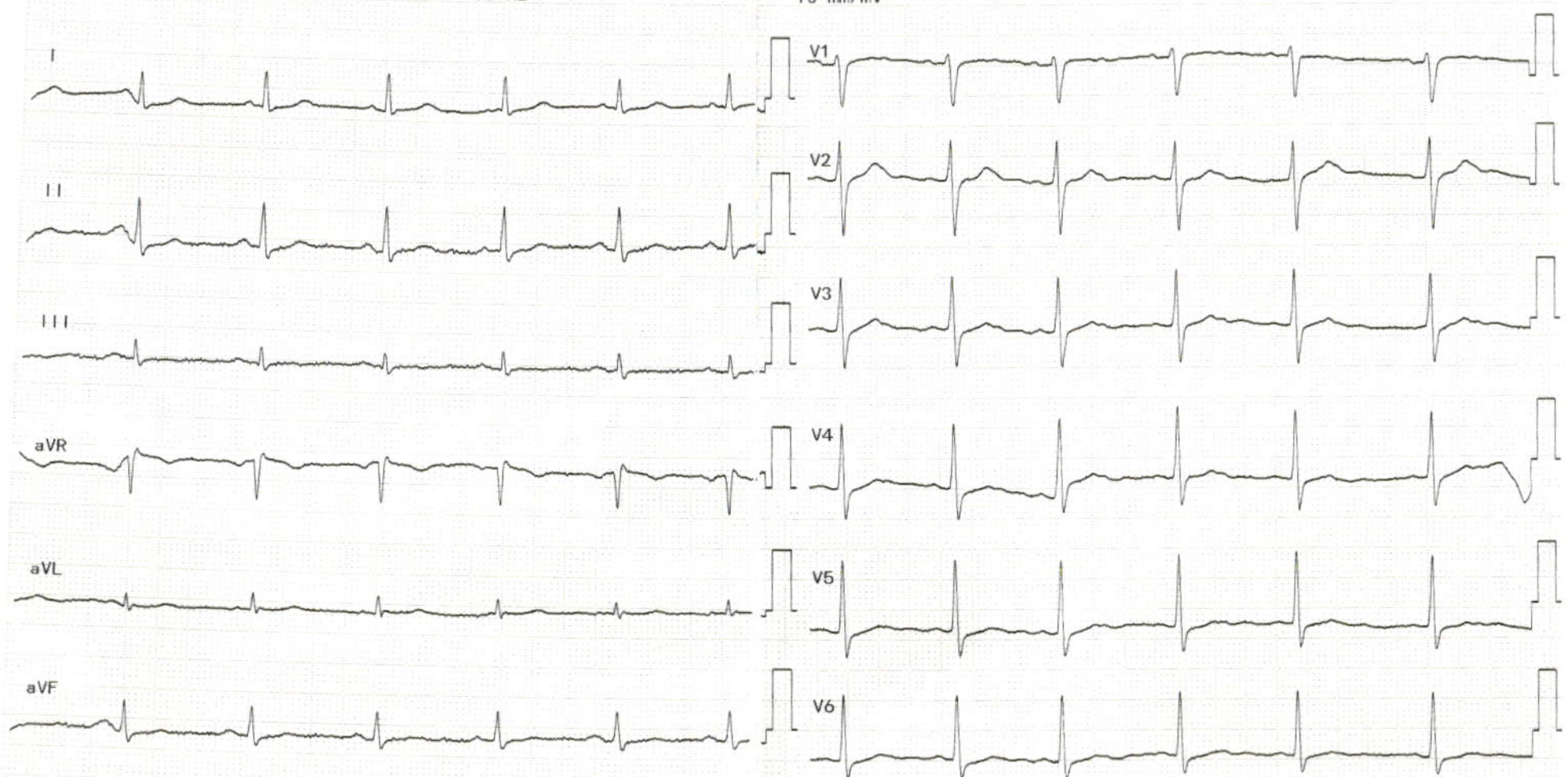
Ashtikbhai

Unconfirmed Report
Reviewed by:

[Signature]

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



Patient Name: PRATIK T PATEL	
Age / Sex: 34Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 01/04/2023

ULTRASOUND OF ABDOMEN AND PELVIS

Liver 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 shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney 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. It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- Fatty liver.
- No other significant abnormality is seen.

Thanks for referral.


Dr. Nimit R Desai
Consultant Radiologist

SHALBY HOSPITAL, SURAT

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

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

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

Name :- Pratik 2 Patel

Date:- 1/4/23

Chief Complaints:-

pk

(BE) Lasik done x 7 yrs

Pain Assessment:-

Past History:-

- NAD -

Family History:-

Allergy:-

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

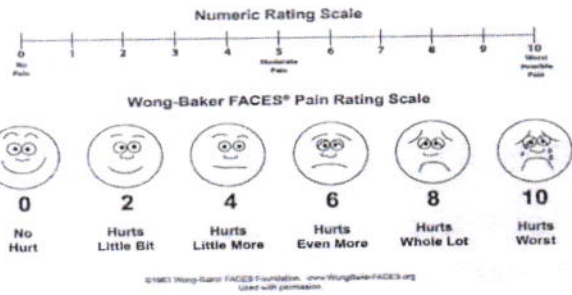
Visual Acuity:- 6/6

PH Vision:-

NCT T 13 mm of hg

ON Examination Ant. Segment Both Eye

- W/O L -



Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

2 BE
WOL

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:- After 6 month

Rans

Signature of the Consultant