

OPR NO:

Date: 11/3/23

Weight:-

Height:- 67.7kg

BMI:-

Nutritional assessment:-

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

Pulse:- 100/min
BP:- 140/88
SpO2:- 99%

Patient Name:-

Pankaj. Ashwad

Age / Sex :-

33 yrs/m

Chief Complaints:-

General

Consultant Physician Clinic

Drug / Food Allergy:- NADA

Past History :-

P/H/O Pulm. Koch.

Family History:- Nil

Systemic Examination:-

NAD

Provisional Diagnosis:

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Investigation :-

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

Rx

- Tab. Myomi-D OD x 40 days
- Tab. Pantopraz (40mg) OD x 10 days

Follow Up Date:-

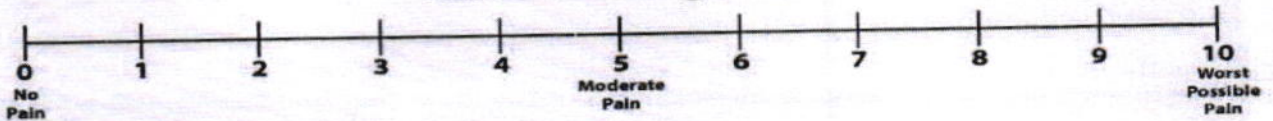
5/09

Dr

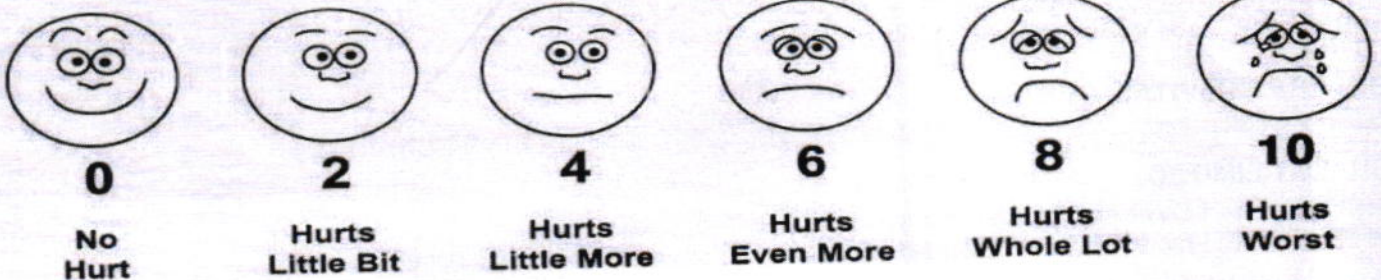
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Patient ID:	SUR 3078	Patient Name:	PANKAJ ASWAL
Age:	33 Years	Sex:	M
Accession Number:	3078	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	11-Mar-2023		

CHEST X-RAY (PA)

Linear opacity seen along right lower lateral chest wall with crowding of ribs and blunting of C.P. angle. USG shows no pleural effusion

Remaining visualized lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Left costo-phrenic angle appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- **Linear opacity seen along right lower lateral chest wall with crowding of ribs and blunting of C.P. angle, s/o pleural thickening due to old Koch's.**
- **No other significant abnormality seen.**

Thanks for referral.

Dr. Nimit R Desai
Consultant Radiologist

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PID: SUR0000337387 OP-001

REPORT STATUS: Interim



Patient Name: Mr Pankaj Aswal

Lab ID: 303900776

Gender/Age: Male / 34 Years

DOB: 13-Feb-1989

Ref. By: Dr. Health Check Up . Shalby

Registered On: 11-Mar-2023 09:31 AM

Collected On: 11-Mar-2023 09:31 AM

Received On: 11-Mar-2023 09:46 AM

Sample Type: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.7	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.81	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	45.9	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	95.4	fL	83 - 101
MCH <i>Calculated</i>	30.6	pg	27 - 32
MCHC <i>Calculated</i>	32.0	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.2	%	13.3 - 18.3
TOTAL LEUCOCYTE COUNT			
Total WBC Count <i>Electrical Impedance</i>	3730	cells/cmm	4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)			
NEUTROPHILS <i>Flow Cytometry</i>	54	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	37	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	5	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2
PLATELET INDICES			
PLATELET COUNT <i>Electrical Impedance</i>	176000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	11.6	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs

PLATELETS

MALARIAL PARASITE

Normochromic and Normocytic.

Adequate in number and normal in morphology.

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 Agrawal

M.B., D.C.P
Consulting Pathologist

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PID : SUR0000337387 OP-001

REPORT STATUS : Interim



Patient Name : Mr Pankaj Aswal /

Registered On : 11-Mar-2023 09:31 AM

Lab ID : 303900776

Collected On : 11-Mar-2023 09:31 AM

Gender/Age : Male / 34 Years

DOB : 13-Feb-1989

Received On : 11-Mar-2023 09:46 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"A"

RH Type

POSITIVE

ESR 1st hour *

12

mm in 1 hour 0 - 15

Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

5.4

%

Boronate Affinity Assay

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

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

Calculated

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REPORT STATUS : Interim



Patient Name : Mr Pankaj Aswal	/	Registered On : 11-Mar-2023 09:31 AM
Lab ID : 303900776		Collected On : 11-Mar-2023 09:31 AM
Gender/Age : Male / 34 Years	DOB : 13-Feb-1989	Received On : 11-Mar-2023 09:52 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

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	94	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>	114	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	ABSENT

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REPORT STATUS : Interim



Patient Name : Mr Pankaj Aswal /

Registered On : 11-Mar-2023 09:31 AM

Lab ID : 303900776

Collected On : 11-Mar-2023 09:31 AM

Gender/Age : Male / 34 Years

DOB : 13-Feb-1989

Received On : 11-Mar-2023 09:52 AM

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>	189	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	124	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>	152	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	127	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	25	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.4		2.5 - 3.5
Chol/dHDL * <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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Gender/Age : Male / 34 Years	DOB : 13-Feb-1989	Received On : 11-Mar-2023 09:52 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	16	mg/dL	9 - 20
UREA <i>Calculated</i>	34	mg/dL	19 - 43
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.84	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.2	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.9	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	2.7	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>	4.55	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	105	mmol/L	98 - 107

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Lab ID : 303900776		Collected On : 11-Mar-2023 09:31 AM
Gender/Age : Male / 34 Years	DOB : 13-Feb-1989	Received On : 11-Mar-2023 09:52 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	107	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	11.88	µg/dL	6.09 - 12.23
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.87	µIU/mL	0.38 - 5.33

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Consulting Pathologist

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REPORT STATUS : Interim



Patient Name : Mr Pankaj Aswal	/	Registered On : 11-Mar-2023 09:31 AM
Lab ID : 303900776		Collected On : 11-Mar-2023 09:31 AM
Gender/Age : Male / 34 Years	DOB : 13-Feb-1989	Received On : 11-Mar-2023 09:56 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
Transparency	Clear		Clear
Chemical Examination			
Blood	<i>Peroxidase like activity of hemoglobin</i> NIL	RBCs/ μ 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> 6.0	PH value	4.6 - 8.0
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.030	S.G. value	1.003 - 1.035
Leucocyte	<i>Leucocyte Esterase Test</i> NEGATIVE	WBCs/ μ L	Absent
Microscopic Examination			
Pus cells	2-3/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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Lab ID : 303900776		Collected On : 11-Mar-2023 09:31 AM
Gender/Age : Male / 34 Years	DOB : 13-Feb-1989	Received On : 11-Mar-2023 09:52 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	47	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	34	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	78	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>	7.4	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.5	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.9	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>	0.8	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
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.8	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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Dr Pankaj Agrawal
Dr Pankaj Agrawal
M.B., D.C.P
Consulting Pathologist



Patient Name: PANKAJ ASWAL	
Age / Sex: 33Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 11/03/2023

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.

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:

- No any significant abnormality is seen.

Thanks for referral.


Dr. Nimit R Desai
Consultant Radiologist

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Pre - op

Post - op

Health Check-up

Date : 11/03/23

Patient Reg. No. : _____

Patient Name : Pankaj Ashwad

Age / Sex : 33/M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : sterim, Calceles +

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		
		Date: 22/03/23
		Patient Name: [unclear]

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"

All
- Deep scaling

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Patient's Name: Mr. Pankaj Aswad

Age: 33 yrs/ male

Date: 11 / 03 / 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

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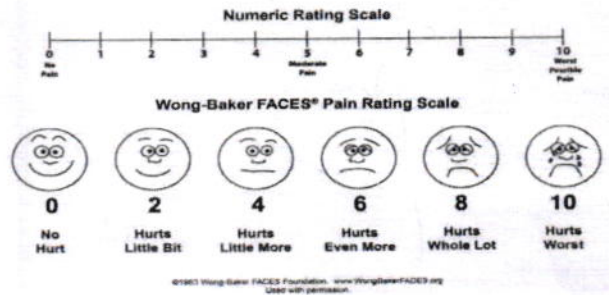
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

Name :- Pankaj Aswad

Date:- 11/3/23

Chief Complaints:-

n/c



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:-

Systemic Examination:-

P:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:- *6/6*
with glasses

PH Vision:-

NCT *T 14 mm of hg*

ON Examination Ant. Segmenet

Both Eye

- whole -

Cornea

Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

After 6 month

PM

Signature of the Consultant

ID:

Name:

Sex: M

cm kg

Birth date: /

mmHg

years

Medication:

Symptoms:

History:

fent. rate 89 bpm

PR int 142 ms

QRS dur 94 ms

QT/QTc(E) int 352/ 399 ms

P/QRS/T axis 55/ 84/ 25 °

RV5/SV1 amp 1.40/ 0.52 mV

RV5+SV1 amp 1.92 mV

1100 Sinus rhythm

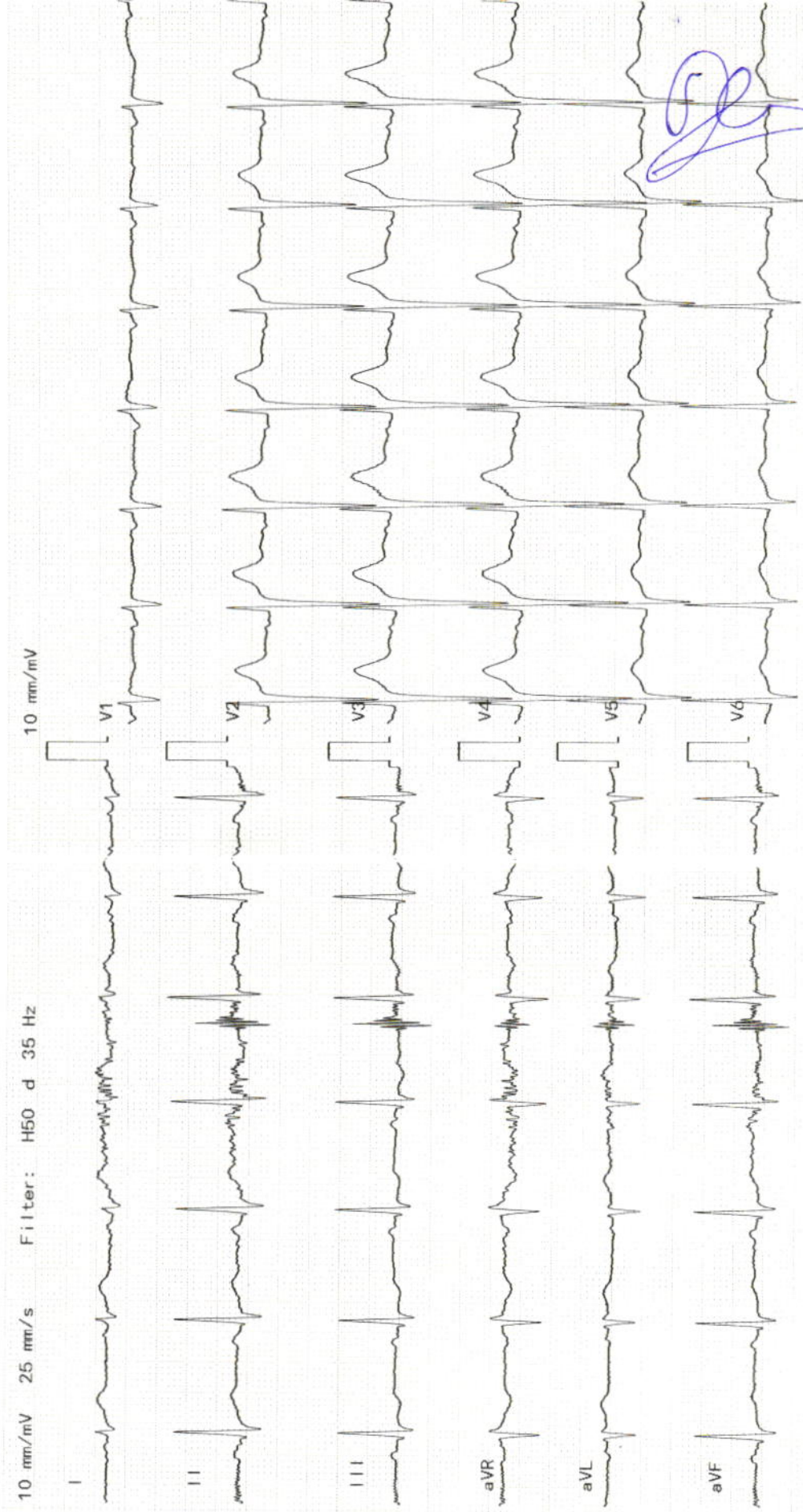
0102 ARTIFACT PRESENT

0104 ELECTRODE(S) DETACHED ... Repeat ECG is requested

9110 ** normal ECG **

Pankaj Aswari

Unconfirmed Report
Reviewed by:



10 mm/mV

Filter: H50 d 35 Hz

10 mm/mV 25 mm/s