CHARUSAT HOSPITAL

Patient Name :	ALOKKUMAR . OJHA	**Sample No. :**	SAMPLE-0111336
Patient ID :	CH-2024-0057605	**Visit No. :**	OPD/2024/08/0001219
Age/Sex :	33y/Male	**Call. Date :**	24-Aug-2024 09:54
Referred By :	RIPAL PATEL	**S. Coll. Date :**	24-Aug-2024 14:47
Ward :	-	**Report Date :**	24-Aug-2024 15:00

PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	120.8 mg/dl [NORMAL]	100 - 140

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

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

CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-08-2024	ASHOKBHAI OJHA	M	BODY PROFILE	UM-TOTAL ABDOMEN USG

USG ABDOMEN report.

Liver: show evidence of normal size,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 & spleenic vein size are normal.

Spleen: size & parenchymel echotexture is normal with no focal mass lesion seen.

Pancreas: show evidence of normal size & parenchymel echotexture with no evidence of focal mass lesion.

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.
10.5X3.9	10,7X4.9	8.7

COMMENTS:
No abnormality detected.

CHARUSAT

DATE	PATIENT NAME	SEX	REFERRED BY DR
24-08-2024	ASHOKBHAI OJHA	M	BODY PROFILE

USG ABI

Liver: show evidence of normal size,parenc
cystic mass lesion seen.Normal hepatic v
biliary dilatation seen.

Gall bladder: is physiologically distended w
gall bladder wall is normal with no evidenc
CBD,portal vein & spleenic vein size are nc

Spleen: size & parenchymel echotexture is

Pancreas: show evidence of normal size & p
mass lesion.

Aorta: show normal caliber & no evidence

Right kidney: show evidence of normal
parenchymel echotexture. No evidence of ol
No evidence of focal solid or cystic mass les

Left kidney: show evidence of normal
parenchymel echotexture. No evidence of ol
No evidence of focal solid or cystic mass les

Bladder: walls are normal & no evidence of

Prostate: show evidence of normal size & p
No evidence of ascitis or abnormal bowel lo

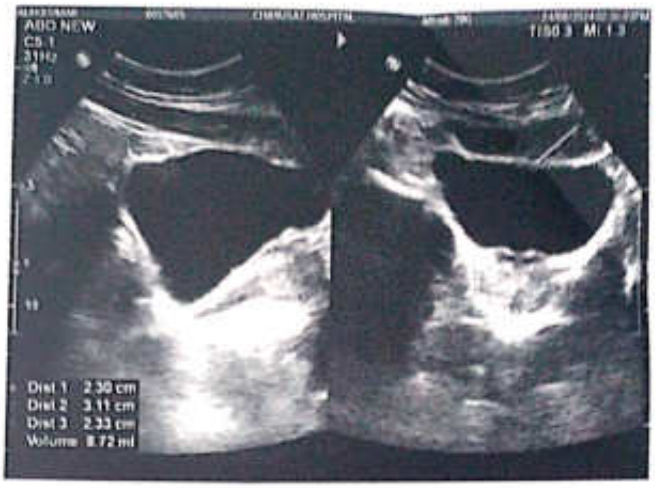
Size cm app

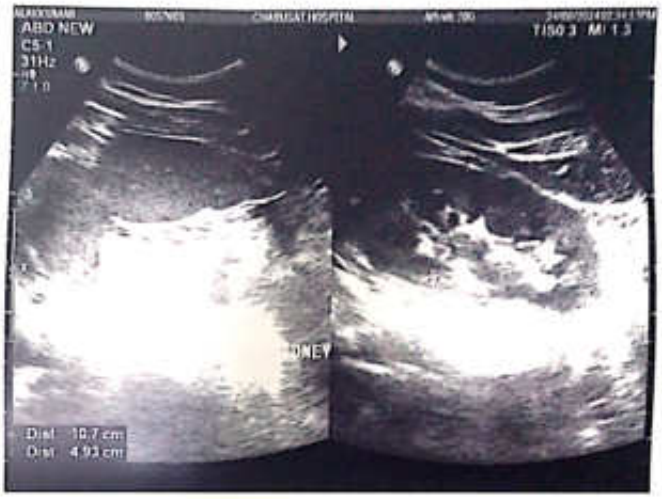
Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms.
10.5X3.9	10,7X4.9	8.7

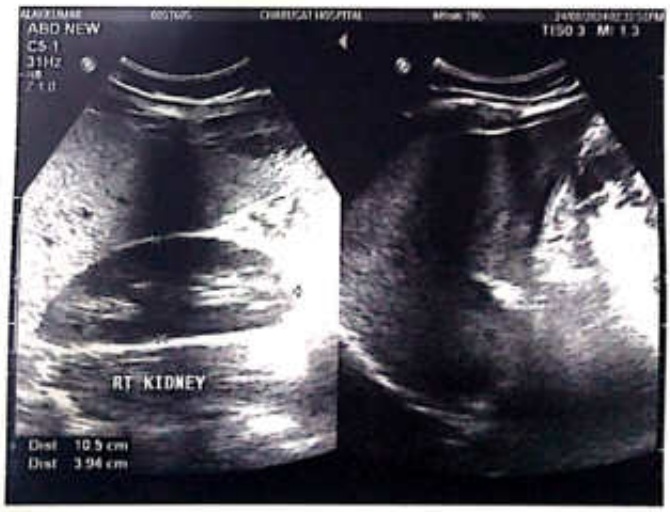
COMMENTS:
No abnormality detected.

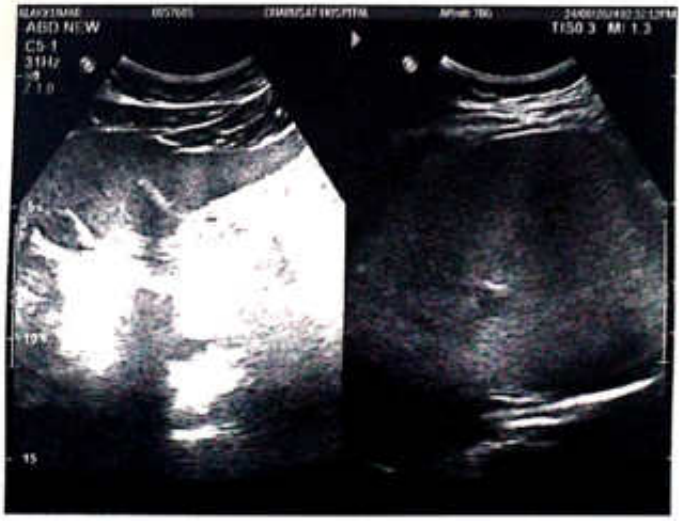
Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D

ISAT Campus, Changa, District Anand 388 421 (Guj)
Web : www.ch-rf.org / www.char









CHARUSAT HOSPITAL

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-08-2024	ASHOKBHAI OJHA	M	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of consolidation or infilteration seen involving both lungs.

Costophrenic sinuses are clear.

Vascular shadows are normal on both sides.

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

Heart & aortic shadows show evidence of normal position & size.

Position of domes of diaphragm is normal.Bony cage show no abnormality.

COMMENTS:

NO EVIDENCE OF ABNORMALITY DETECTED.

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

CHARUSAT HOSPITAL

Patient Name :	ALOKKUMAR . OJHA	Sample No. :	SAMPLE-0111334
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Referred By :	RIPAL PATEL	S. Coll. Date :	24-Aug-2024 11:10
Ward :	-	Report Date :	24-Aug-2024 12:02

lemoglobin (HB)

nvestigation	Result	Normal Value
lemoglobin	16.0 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

/BC

nvestigation	Result	Normal Value
.B.C Count :	5.06 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
/BC :	5610 /c.mm [NORMAL]	4000 - 10000

latelet count

nvestigation	Result	Normal Value
latelets	1.58 Lakh/cmm [NORMAL]	1.5 - 4.5

/BC count - Differential

nvestigation	Result	Normal Value
olymorphs	57 % [NORMAL]	40 - 70
ymphocytes	35 % [NORMAL]	20 - 40
osinophils	01 % [NORMAL]	1 - 6
onocytes	07 % [NORMAL]	2 - 10
asophils	00 % [NORMAL]	0 - 1

LOOD UREA

nvestigation	Result	Normal Value
lood Urea	28.9 mg/dl [NORMAL]	15 - 40

.Creatinine

CHARUSAT HOSPITAL

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ard :	-	Report Date :	24-Aug-2024 12:02

Investigation	Result	Normal Value
Serum Creatinine :	0.97 mg/dl [NORMAL]	Male : 0.7 to 1.5 mg/dl Female : 0.5 to 1.2 mg/dl

BUN

Investigation	Result	Normal Value
BUN :	14 [NORMAL]	8.0 to 23.0 (mg/dl)

URIC ACID

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

ESR

Investigation	Result	Normal Value
ESR - After One Hour	02 mm [LOW]	[M : 3 - 5, F : 4 - 7]

Blood Group

Investigation	Result	Normal Value
ABO :	AB	
Rh :	Positive	

FASTING BLOOD GLUCOSE

Investigation	Result	Normal Value
Fasting Blood Sugar :	87.1 mg/dl [NORMAL]	70 - 110

HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	128.3 mg/dl	

CHARUSAT HOSPITAL

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Hb A 1c	6.1 %	> 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.

TSH

Investigation	Result	Normal Value
TSH :	1.95 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

T3

Investigation	Result	Normal Value
T3-Triodothyronine :	2.07 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

T4

Investigation	Result	Normal Value
T4-thyroxine :	54.4 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

LIPID PROFILE

Investigation	Result	Normal Value

CHARUSAT HOSPITAL

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rd :	-	Report Date :	24-Aug-2024 12:02

erum Cholesterol (Chol) :	165.4	mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
erum Triglyceride :	79.4	mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
.HDL Cholesterol :	41.0	mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <45
DLC :	91.32	mg/dl	
/LDL :	33.08	mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
DL/HDL Ratio :	2.23	- [NORMAL]	< 3.5
TC / HDL Ratio :	4.03	- [NORMAL]	4.0 to 6.0
LDL (DIRECT) :	113.7	mg/dl [Near 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)

IVER FUNCTION TEST

Investigation	Result		Normal Value
Total Bilirubin :	0.56	mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.20	mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	42.1	IU/L [HIGH]	[0.0 - 40]
AST (SGOT) :	23.6	IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	74.8	IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0

CHARUSAT HOSPITAL

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otal Protein (TP) :	7.5 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
lbumin (ALB) :	4.4 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
ndirect Bilirubin (IBIL) :	0.36 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.1 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 :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.030 -	
Chemical Examination :		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	
Acetone :	Absent -	
Urobilinogen :	Absent -	
Microscopie Examination :		
Pus Cells :	2-3 -	
RBCs :	Absent -	
Epithelial cells :	1-2 -	

CHARUSAT HOSPITAL

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rd :	-	Report Date :	24-Aug-2024 12:02

asts :	Absent	-
rystals :	Absent	-

L. NAITIK BHATIA
NSULTANT PATHOLOGIST
.B.B.S,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
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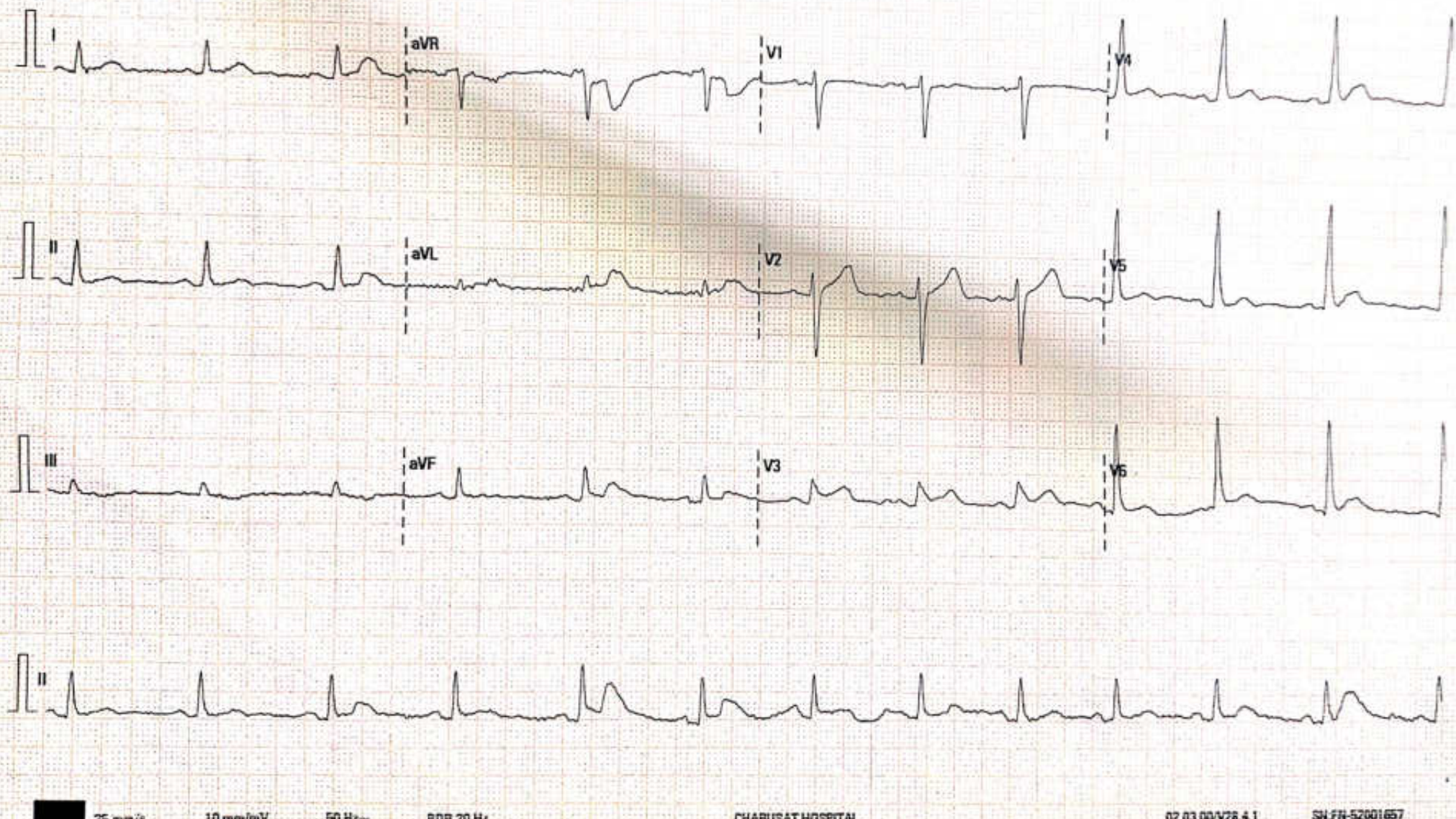
QTcHodges

Unconfirmed Diagnosis



25 mm/s 10 mm/mV 50 Hz— BDR 20 Hz CHARUSAT HOSPITAL 02.03.00/V26.4.1 SN:FN-52001657

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

Dr. Jainish

Date & Time : 24/8/24

Registration No. : CH-24-0057605

e : Alok Kumar Ojha Contact No. : (M)

: 33 Sex : m (O)

ress :

: 130/80 mm Hg Pulse : 84/min SpO_2 : 97% RA

: Height : Weight :

OPD-INITIAL ASSESSMENT FORM

ef Complaints : came for Health check up

CASE ANALYSIS

st History : NAD

resent History :

/E Vitals :

ystemic 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 : A/A
→ All Reports (N)

Provisional Diagnosis :

Allergy :

Nutritional Advice :

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARKS
24/8/24 11:15am	4/5/18 Dr Kaizun	
	- C/o Ma < 0/1 LBA	
	- No H/o trauma / blow	
	- No H/o radiculopathy	
	Adv	
	- Physiotherapy - Back extension exercise	
	- Tab BAN-MR 1 tab HS (10)	
	- R/A HS	
	Kaizun	
SB ENT		Ady
	Ant done - High DNS to (L) side	
	Ear - (R) (L) | BTM Intact — fluticone (f) Nasal spray 2puff	

OC: Tonsillopharyngitis (+)

Signature with Stamp

DENTAL REGISTRATION FORM

Date & Time : 24/8/24

Registration No. : CHF-24-0057605

me : Alok Kumar Otha

Age : 33

Sex : m

Contact No. :

Emergency Contact No. :

Address :

OPD-INITIAL ASSESSMENT FORM

ief Complain : Routine Check up

mily History :

Diabetes
Hypertension
IHD
Others (Specify) :
bits : ☐ 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 વાની મંજૂરી આપુ છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઈંજેકશનની આડ અસર અને સારવારની સફળતા, ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી પેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચારૂસેટ હોસ્પિટલ ાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હકકદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ ાર આપું છું.

રીખ :

મય :

દર્દી / સગાની સહી

CONSENT

..... hereby request and authorize Doctor .....
o perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in etails with success and failure of the treatment with all expenditure, possible complications from medicines or ocal anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any ircumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be esponsible 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 : Scaling

Final Diagnosis :

Treatment Plan :

Date :
Time :

Name of Doctor Faldu

Signature :

CHRF/DENTAL/5016

DENTAL DEPARTMENT

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	A
24/8/24	Scaling	400/-	Rs. 400/-	N
			0009703	
			24-8-24	

OPHTHALMIC REGISTRATION FORM

Reg. No. : CH-24-005760

Date : 24/8/24

ient's Name : Alokkumar Otha. Age : 33

dress : _____

ephone No. : _____ Mobile No. : _____

erred by / Care of : _____

fession : _____

e or work in daily routine : Driving / Watching TV / Computer / Reading / _____

tory / 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 /

e Involve : RE / LE / BE Duration : _____

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

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

mily History : Glaucoma / RP / DM / _____

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

YE DETAILS :	RE	LE
/A with PH		
DP		
WN GLASS :		
AR :		

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis						
Nr.						
Comp						

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

Remark :

Signature :

CHRF/OPTH/5089