



CHRF

HARUSAT  
HOSPITAL  
with compassion...

# ચારુસેટ હોસ્પિટલ, ચાંગા

વર્લ્ડ ક્લાસ મલ્ટી સ્પેશિયાલિટી હોસ્પિટલ

Body Profile

તારીખ / Date

23/3/24

રજીસ્ટ્રેશન નંબર / Registration Number

CH-2024-0054571

દર્દીનું નામ / Patient's Name

Swati Vasava

સંપર્ક નંબર / Contact Number

હેલ્થ લાઈન

એપોઈન્ટમેન્ટ માટે સંપર્ક

૨૪ કલાક ઈમરજન્સી સંપર્ક

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR
23-03-2024	SWATI M VASAVA	41Y	F	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



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

DATE	PATIENT NAME	AGE IN YEARS	SEX	REFERRED BY DR
23-03-2024	SWATI M VASAVA	41Y	F	BODY PROFILE

## **USG OF THE ABDOMEN/ PELVIS WAS PERFORMED**

The liver is normal in size and echotexture. No focal solid or cystic lesions are seen. The intra hepatic biliary radicles are normal. The portal vein and CBD are normal. The gall bladder is well distended with no calculi or polyp. The wall is not thickened.

The pancreas reveals a normal echopattern, with no focal calcification or a neoplasm. The spleen reveals a normal sonographic features.

Both kidneys are normal in size and echotexture. Evidence of good cortico medullary differentiation is noted. No evidence of any calculi or hydronephrosis.

No free fluid or lymphadenopathy is seen.  
The urinary bladder is well distended with no calculi or polyps.

The uterus is antverted, normal size.  
The endometrium is in the midline. No focal myoma is seen.  
Both the ovaries are normal in size and shape. No focal solid or cystic lesion is seen.

No adnexal abnormality is seen.  
No free fluid is seen in the pouch of Douglas.

Size in CM.

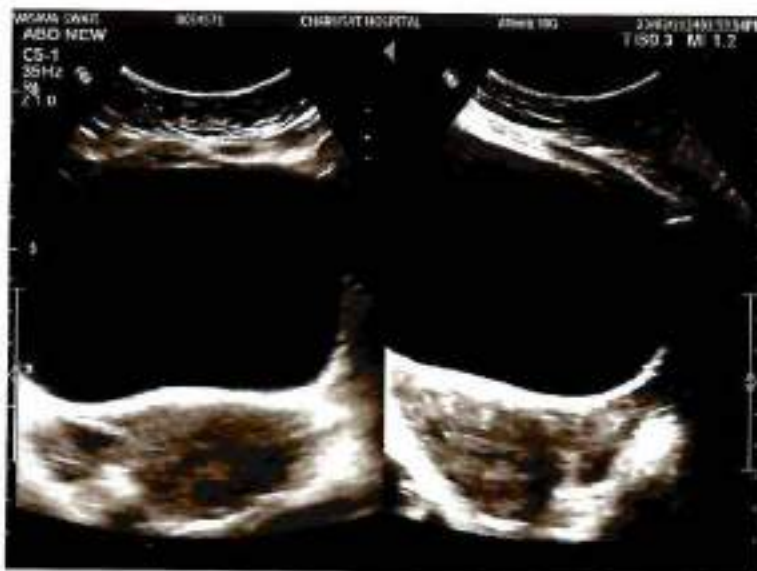
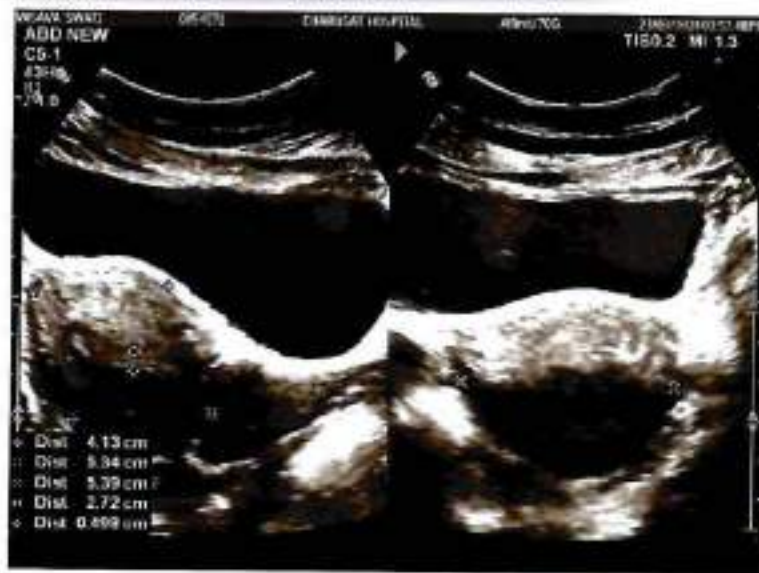
Right	Left Kidney
Kidney	
9X3.36	9.9X4.6

## **IMPRESSION :**


**NO ABNORMALITY DETECTED.**



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







Patient Name :	SWATI MANSUKHBHAI VASAVA	Sample No. :	SAMPLE-0108149 
Patient ID :	CH-2024-0054571	Visit No. :	OPD/2024/03/0001269
Age/Sex :	41y/Female	Call. Date :	23-Mar-2024 09:23
Referred By :	RIPAL PATEL	S. Coll. Date :	23-Mar-2024 14:28
Ward :	-	Report Date :	23-Mar-2024 14:43

## PP2BS

Investigation	Result	Normal Value
Post Prandial Blood Sugar (2Hrs) :	118.9 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)

Patient Name : SWATI MANSUKHBHAI VASAVA	Sample No. : SAMPLE-0108130 
Patient ID : CH-2024-0054571	Visit No. : OPD/2024/03/0001269
Age/Sex : 41y/Female	Call. Date : 23-Mar-2024 09:23
Referred By : RIPAL PATEL	S. Coll. Date : 23-Mar-2024 10:09
Ward : -	Report Date : 23-Mar-2024 13:44

### Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	12.3 gm/dl [NORMAL]	[M : 14-18, F : 12-16]

### WBC

Investigation	Result	Normal Value
R.B.C Count :	6.55 mill/c.mm [HIGH]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]
WBC :	5840 /c.mm [NORMAL]	4000 - 10000

### Platelet count

Investigation	Result	Normal Value
Platelets	2.85 Lakh/cmm [NORMAL]	1.5 - 4.5


### WBC count - Differential

Investigation	Result	Normal Value
Polymorphs	63 % [NORMAL]	40 - 70
Lymphocytes	29 % [NORMAL]	20 - 40
Eosinophils	01 % [NORMAL]	1 - 6
Monocytes	07 % [NORMAL]	2 - 10
Basophils	00 % [NORMAL]	0 - 1

### BLOOD UREA

Investigation	Result	Normal Value
Blood Urea	20.8 mg/dl [NORMAL]	15 - 40

### S.Creatinine

Patient Name :	SWATI MANSUKHBHAI VASAVA	Sample No. :	SAMPLE-0108130 
Patient ID :	CH-2024-0054571	Visit No. :	OPD/2024/03/0001269
Age/Sex :	41y/Female	Call. Date :	23-Mar-2024 09:23
Referred By :	RIPAL PATEL	S. Coll. Date :	23-Mar-2024 10:09
Ward :	-	Report Date :	23-Mar-2024 13:44

Investigation	Result	Normal Value
Serum Creatinine	0.58 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

### BUN

Investigation	Result	Normal Value
BUN :	10 [NORMAL]	8.0 to 23.0 (mg/dl)

### URIC ACID

Investigation	Result	Normal Value
Serum Uric Acid	4.98 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

### ESR

Investigation	Result	Normal Value
ESR - After One Hour	06 mm [NORMAL]	[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 :	98.4 mg/dl [NORMAL]	70 - 110


Fasting Urine Sugar : Absent

### HBA1C

Investigation	Result	Normal Value
Mean Blood Glucose	139.0 mg/dl	






Patient Name :	SWATI MANSUKHBHAI VASAVA	Sample No. :	SAMPLE-0108130 
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Age/Sex :	41y/Female	Call. Date :	23-Mar-2024 09:23
Referred By :	RIPAL PATEL	S. Coll. Date :	23-Mar-2024 10:09
Ward :	-	Report Date :	23-Mar-2024 13:44

Serum Cholesterol (Chol) :	198.8 mg/dl	<200 mg/dl Desirable 200-239 mg/dl Boderline High > 240 mg/dl High
Serum Triglyceride :	138.5 mg/dl	<150 mg/dl Normal 150-199 mg/dl Boderline High 200-499 mg/dl High
S.HDL Cholesterol :	46.1 mg/dl	Men : >55, Wo : >65 Standread Risk Level Men : 35-55, Wo : 46-65 Risk Men : <35, Wo : <46
LDLC :	112.94 mg/dl	
VLDL :	39.76 mg/dl [HIGH]	10.0 to 30.0 (mg/dl)
LDL/HDL Ratio :	2.45 - [NORMAL]	< 3.5
TC / HDL Ratio :	4.31 - [NORMAL]	4.0 to 6.0
LDL (DIRECT) :	150.6 mg/dl [Border line high]	< 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 :	0.63 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.20 mg/dl [NORMAL]	0.0 to 0.30
ALT (SGPT) :	16.5 IU/L [NORMAL]	[0.0 - 40]
AST (SGOT) :	10.8 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	78.7 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0

Patient Name :	SWATI MANSUKHBHAI VASAVA	Sample No. :	SAMPLE-0108130 
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Age/Sex :	41y/Female	Call. Date :	23-Mar-2024 09:23
Referred By :	RIPAL PATEL	S. Coll. Date :	23-Mar-2024 10:09
Ward :	-	Report Date :	23-Mar-2024 13:44

Total Protein (TP) :	7.80 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.40 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.43 [NORMAL]	0.0 to 0.75 (mg/dl)
Globulins :	3.40 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
A/G Ratio :	1.3	

## URINE R & M

Investigation	Result	Normal Value
<b>Physical Examination :</b>		
Quantity :	15 ml	
Colour :	Pale Yellow -	
Appearance :	Clear -	
Odour :	URINIOD -	
Reaction :	Acidic -	
Specific Gravity :	1.030 -	
<b>Chemical Examination :</b>		
Albumin :	Absent -	
Sugar :	Absent -	
Bile Salts :	Absent -	
Bile Pigments :	Absent -	
Acetone :	Absent -	
Urobilinogen :	Absent -	
<b>Microscopic Examination :</b>		
Pus Cells :	3-4 -	
RBCs :	Absent -	
Epithelial cells :	2-3 -	

Patient Name :	SWATI MANSUKHBHAI VASAVA	Sample No. :	SAMPLE-0108130 
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Referred By :	RIPAL PATEL	S. Coll. Date :	23-Mar-2024 10:09
Ward :	-	Report Date :	23-Mar-2024 13:44

Casts : Absent -  
Crystals : Absent -

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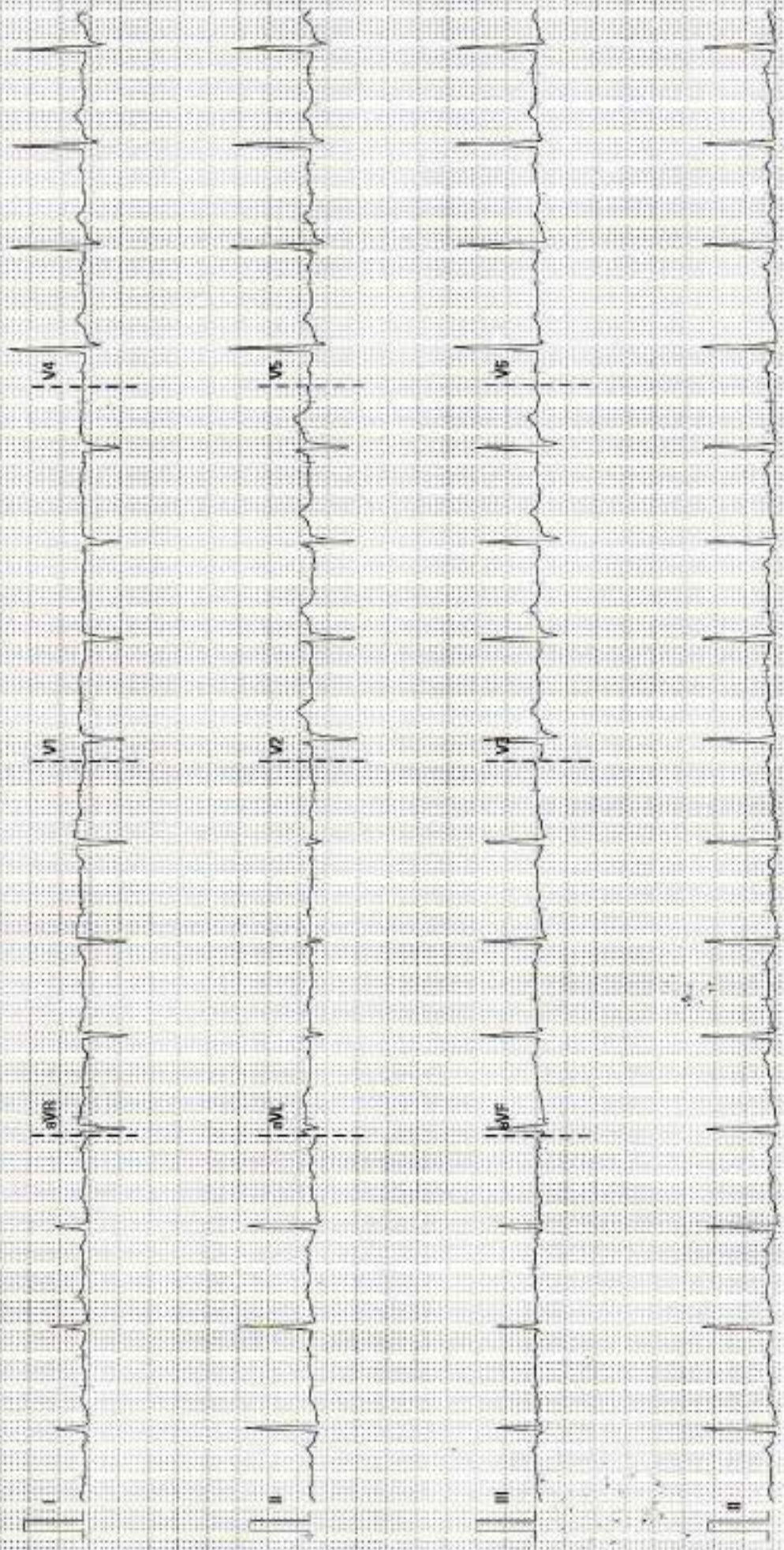
23-03-2024 09:52:11 AM

ID: 0054571  
Name: Vasava, Swati  
Age: 41 Years  
Gender: Female

Heart Rate: 91 bpm  
PR Interval: 150 ms  
QRS Duration: 88 ms  
QT/QTc Interval: 320/374 ms  
P/QRS/T Axes: 57/54/7 deg  
QTc Flags:

Sinus rhythm  
Inferior T wave abnormality is nonspecific

Unconfirmed Diagnosis





# LALITABEN P. D. PATEL OPD SERVICES

## REGISTRATION FORM (OPD)



Dr. Jainish

Date & Time : 23/3/24

Registration No. : CH-24-0054571

Name : Swati M Vasava Contact No. : (M) \_\_\_\_\_

Age : 41 Sex : F (O) \_\_\_\_\_

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

B.P. : 160/110 Pulse : 80/min SpO<sub>2</sub> : 99%

BMI : \_\_\_\_\_ Height : \_\_\_\_\_ Weight : \_\_\_\_\_

### OPD-INITIAL ASSESSMENT FORM

Chief Complaints : Regular health check up

\_\_\_\_\_

\_\_\_\_\_

### 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) : \_\_\_\_\_

Investigation/s Advised : \_\_\_\_\_

Provisional Diagnosis : \_\_\_\_\_

Allergy : \_\_\_\_\_

Nutritional Advice : \_\_\_\_\_

**TREATMENT ADVISED**

DATE	DOCTOR'S NOTE	REMARK
	<p style="text-align: center;"><i>[Handwritten Signature]</i></p> <p style="text-align: center;">T. Amlo 5mg 120-0 / (30) + 4</p> <p style="text-align: center;">↓</p>	

Signature with Stamp

Date & Time : 23/3/24  
Registration No. : Ch 2024-0054571

Name : Swati Valava  
Age : 41  
Sex : f

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

હું ..... ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપું છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાઇનાન્સ-ગેરફાયનાન્સ, દવાની કે ઈન્જેક્શનની સહાય અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી સારી 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 ચારુસાટ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની ડિપોઝીટ પેટે અપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : \_\_\_\_\_  
સ્મય : \_\_\_\_\_

\_\_\_\_\_

દર્દી / સગાની સહી

### CONSENT

I ..... 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 : \_\_\_\_\_  
Time : \_\_\_\_\_

\_\_\_\_\_

Patient's / Relative's Sign.

Investigation Advised : \_\_\_\_\_

Final Diagnosis : Calculus

Treatment Plan : Scaling

Date : 23/3/24  
Time : \_\_\_\_\_

Name of Doctor : Dr. Masluwal  
Signature : \_\_\_\_\_



**DENTAL DEPARTMENT**

Follow up

DATE	DOCTOR'S NAME	ESTIMATE	AMOUNT PAID	AMOUNT DUE
23/3/24	Scaling done	Rs. 400/-	<del>Rs. 400/-</del> 0019079 23-03-24	Nil



# OPHTHALMIC REGISTRATION FORM



Reg. No. : M 2024-0054571

Date : 29/3/24

Patient's Name : Swati Vasava Age : 41

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

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Referred by / Care of : \_\_\_\_\_

Profession : Banker

Type or work in daily routine : Driving / Watching TV / Computer / Reading / \_\_\_\_\_

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching /

routine Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia /

eye check-up Diplopia / Squinting / Blackout / Floaters / Flashes / Injury / wearing of

Eye Involva: RE / LE / BE Duration : Since 4 yrs

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

Treatment

Any Surgery : Cataract / Glaucoma / None / RE / LE / BE

Family History : Glaucoma / RP / DM / None

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

None

## EYE DETAILS :

V/A with PH 6/6 RE 6/6 LE

IOP 20 mm / Hg 19 mm / Hg

OWN GLASS : +1.75 / -0.25 x 50° +1.75 / -0.25 x 120°

AR : +1.75 / +0.25 x 170° +2.0 / +0.25 x 170°

## GLASS PRESCRIPTION

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

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

Remark :

Signature : [Signature]





# CHARUSAT HOSPITAL

Care with compassion...

CHRF

CHARUSAT HEALTHCARE & RESEARCH FOUNDATION

CHARUSAT Campus.Changa.District ANAND 388421 (GUJ) India. Ph No. +91-2697-265502

## Receipt

Receipt No. : 2024/03/0019079

Patient ID : CH-2024-0054571

Visit : OPD/2024/03/0001269 (OPD)

Bill No. : OPD/2024/03/0014903

Name : SWATI MANSUKHBHAI VASAVA

Pay Mode : Cash



Date : 23-Mar-2024 13:52

Sr	Particulars	Amount(Rs)
1	Advance Patient Payment	400.0
<b>Total</b>		<b>400.0</b>

(Four Hundred Only)

Generated By : ( KRUNAL VYAS )

For, Changa