

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Chhavi pal
F 34 yrs

Date: 10/8/24

Age / Sex :-

Weight:- 67.0 kg

Chief Complaints:-

Height:- 158 cm

No c/o

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 104 bpm

BP:- 110/80 mmHg

SpO2:- 99%

Family History:-

Systemic Examination:-

Rx
CVS
PTA
CNS

|

NAD

Provisional Diagnosis:-

Investigation :-

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

Rx

T. zental 400mg (2)
- 2 - to be chewed
- cap. Fefol - 2 (30)
- T. FISSON MP (30)
- 2 - gel

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post - op

Health Check-up

Date : 10/08/17

Patient Reg. No. : _____

Patient Name : Chhavi Patel

Age / Sex : Self

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

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. :

tg	<input checked="" type="checkbox"/>

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

JOPA tg

Jeda⁺

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Charvi Pal
37/F

- c/o leucorrhoea.
- LMP - 24/8/24.

Adv
∴ Pap smear taken.

(Signature)

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Chavvi pal*

Date:- *10/08/24*

Chief Complaints:- *Routin checkup for eye*



Pain Assessment:- *No.*

Past History:-

Family History:-

Allergy:- *NO Allergy food & drug*

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:- *NO.*

HT:- *NO* WT:-

Visual Acuity:- *R 6/6
L 6/6*

PH Vision:-

NCT *R 14.0
L 13.0*

Add +1.00 M/G

ON Examination Ant. Segmenet

Both Eye

Normal to Both eyes.

Cornea } Normal to Both eyes Anterior Chamber
Lens }
Fundus Rt. EYE Lt. EYE

Media:-
Disc:-
Blood Vessel:-
Background:-
Macula:-
Diagnosis:-

} Normal

Investigation:-

Treatment:- Rx
Eld- Refresh Liquid gel x BDX BE x 1m

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

6 month after 1505

Signature of the Consultant

Dr Rujith /
10/08/29.

10-Aug-2024 AM9:23:13

ID:
Name:

years

Birth date: / / mmHg

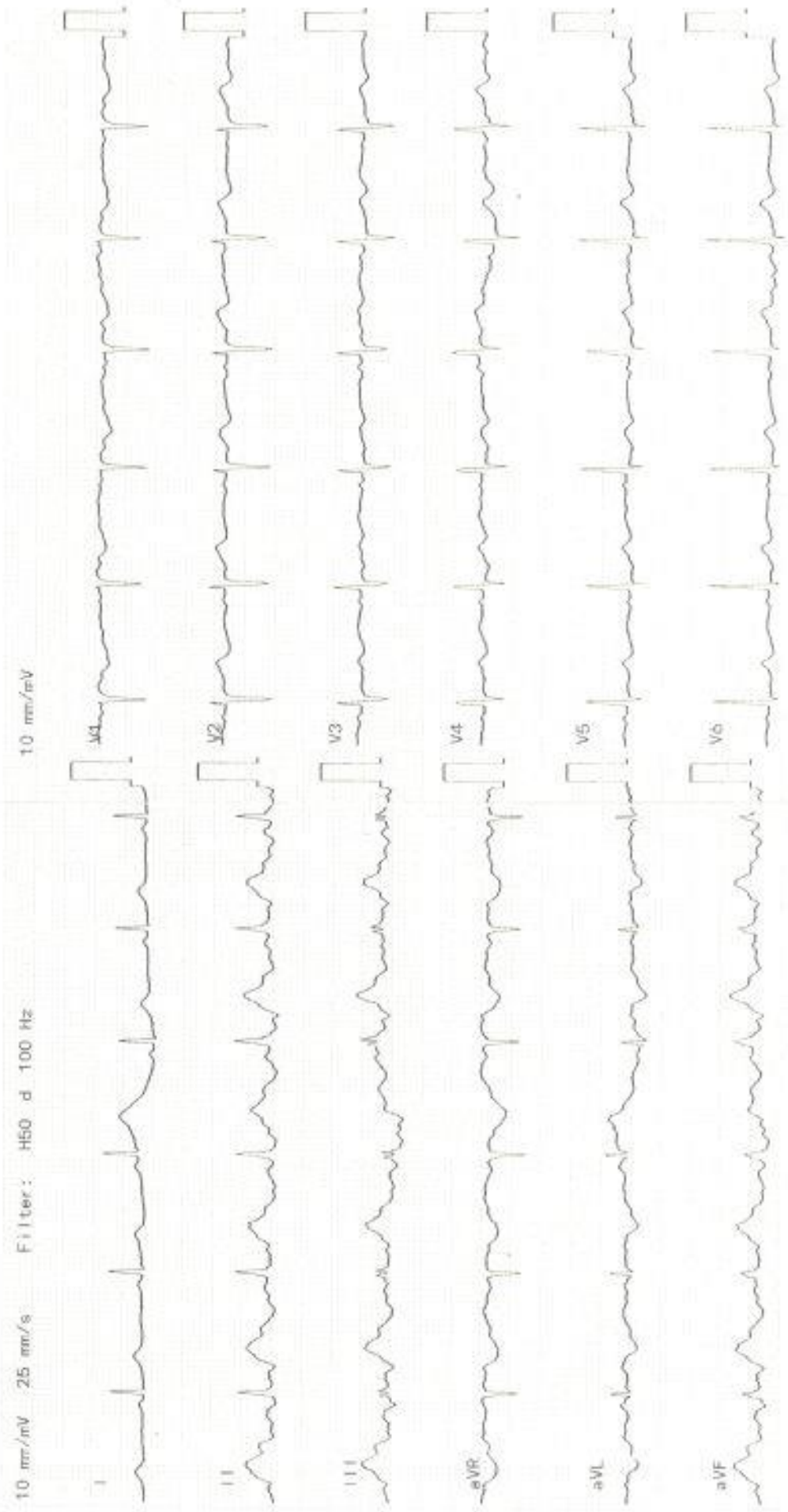
Sex: M
cm
kg

1100 Sinus r()_hm
4012 Moderate ST depression
4048 Nonspecific ST & Twave abnormality
9150 ** abnormal ECG **

Heart rate: 78 bpm
PR int: 176 ms
QRS dur: 66 ms
P/QTc(E) int: 404/ 437 ms
P/QRS/T axis: 90/ 35/ 60 °
RV5/SV1 amp: 0.75/ 0.75 mV
RV5+SV1 amp: 1.50 mV

Chavi Patel

Unconfirmed Report
Reviewed by:



Patient Name: CHHAVI PAL		UHID:	
Age / Sex: 32 Yrs. / Female	Study:	USG Abdomen + Pelvis	
Referred By: Dr. at shalby hospital	Date: 10.08.24		

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

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 not seen h/o surgery. CBD appears normal.

Pancreas appears normal in size and echotexture.

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

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis. Non obstructive calyceal calculi seen, largest 4.3mm at mid calyx.

Left kidney it 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.

Uterus appears normal in size and measures 37 x 37 x 46 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

IMPRESSION:

- Non obstructive calyceal calculi at right kidney.
- GB not seen h/o surgery.

Thanks for referrals.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14816

SHALBY HOSPITAL, SURAT

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

SHALBY LIMITED

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

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Patient's Name:Chhavi Pal

Age: 32 yrs / Female

Date: 10 / 08 / 2024

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:20

**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:11 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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Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
Tel: 0261 7190009 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000347132 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Chavi Pal / Registered On : 10-Aug-2024 09:41 AM
 Lab ID : 408900782 Collected On : 10-Aug-2024 09:25 AM
 Gender/Age : Female / 35 Years DOB : 22-Apr-1989 Received On : 10-Aug-2024 09:49 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	9.7	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.03	mill/cmm	3.8 - 4.8
HCT	Calculated	32.0	%	36 - 46
MCV	Calculated based on the RBC histogram	79.4	fL	83 - 101
MCH	Calculated	24.1	pg	27 - 32
MCHC	Calculated	30.3	g/dL	31.5 - 34.5
RDW	Calculated	15.9	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8190	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	64	%	40 - 80
LYMPHOCYTES	Flow Cytometry	32	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	2	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	338000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	11.0	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs Hypochromic microcytic with anisopoikilocytosis.
 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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Approved On : 10-Aug-2024 10:30 AM

Dr Pankaj Agrawal

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

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"B"
RH Type	NEGATIVE

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


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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <small>Modified Westergren Method</small>	39	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <small>Boronate Affinity Assay</small>	5.7	%	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) <small>Calculated</small>	117	mg/dL	

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Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	94	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	102	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

Liver Function Test

Liver Function Test

SGPT (ALT)	33	U/L	9 - 52
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Multi Point Rate with P-5-P

SGOT (AST)	40	U/L	14 - 36
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Multi Point Rate with P-5-P

Alkaline Phosphatase	105	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

GGT	46	U/L	12 - 43
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L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

S. PROTEIN	7.8	g/dL	6.3 - 8.2
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Buret (Alkaline cupric sulfate), End Point

Albumin	4.5	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

S. GLOBULIN	3.3	g/dL	2.3 - 3.6
--------------------	-----	------	-----------

Calculated

A/G Ratio	1.4	Ratio	1.0 - 2.3
------------------	-----	-------	-----------

Calculated

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Collected On : 10-Aug-2024 09:25 AM

Gender/Age : Female / 35 Years

DOB : 22-Apr-1989

Received On : 10-Aug-2024 09:49 AM

Ref. By : Health Check Up Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F).S**Liver Function Test****Bilirubin Total**

0.8

mg/dL

Azobilirubin/Dyphylline/Diazonium Salt
 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
Bilirubin Unconjugated

0.8

mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

Bilirubin Direct

0.0

mg/dL

Calculated
 Conjugated bilirubin and
 Delta bilirubin (Bilirubin
 covalently bound to albumin)
 0.0-0.4

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REPORT STATUS : Interim



Patient Name : Mrs. Chavi Pal / Registered On : 10-Aug-2024 09:41 AM
 Lab ID : 408900782 Collected On : 10-Aug-2024 09:28 AM
 Gender/Age : Female / 35 Years DOB : 22-Apr-1989 Received On : 10-Aug-2024 09:49 AM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

LIPID PROFILE**LIPID PROFILE**

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	137	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	76	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	53	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	84	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	69	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	15	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	1.3		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	2.6	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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Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 <small>Chemiluminescence immunoassay (CLIA)</small>	108	ng/dL	87 - 178
Total T4 <small>Chemiluminescence immunoassay (CLIA)</small>	10.14	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <small>Chemiluminescence immunoassay (CLIA)</small>	1.802	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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Certificate No. : NC-528

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RENAL FUNCTION TEST**NABL Accredited Parameters****Urea Nitrogen (BUN)**

10

mg/dL

7 - 17

Urease, colorimetric

UREA

21

mg/dL

15 - 36

Calculated

Creatinine**0.46**

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

3.0

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

9.5

mg/dL

8.4 - 10.2

Arsenazo III dye

Sodium

142

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.5

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride**109**

mmol/L

98 - 107

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)	3.8	mg/dL	2.5 - 4.5
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Phosphomolybdate reduction (PMA Phenol)

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

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

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Slightly Turbid		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Nil		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> 1.0	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	5-6/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	15-20/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

This is an Electronically Authenticated Report.

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Approved On: 10-Aug-2024 01:15 PM

Dr Pankaj Agrawal

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

Patient ID:	SUR0000347132	Patient Name:	CHHAVI PAL
Age:	32 Years	Sex:	F
Accession Number:	8176 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	10-Aug-2024		

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. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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