

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Anjali Jariwala
31 F

Date: 31/12/23

Weight:- 62.4kg

Height:- 153cm

Patient Name:-

Age / Sex :-

Chief Complaints:-

Nutritional assessment:-

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

No c/o

NAD

Pulse:- 78b/min

BP:- 130/83mm

SpO2:- 98%

Drug / Food Allergy:-

Past History :-

Family History:-

Systemic Examination:-

RS / NAD
CNS /
PA /
CNS /

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

T. Sipitablong (30)
 - ૧-સિંગ
 ઝરુવેલ
 - Supradyn (30)
 - 1 -

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

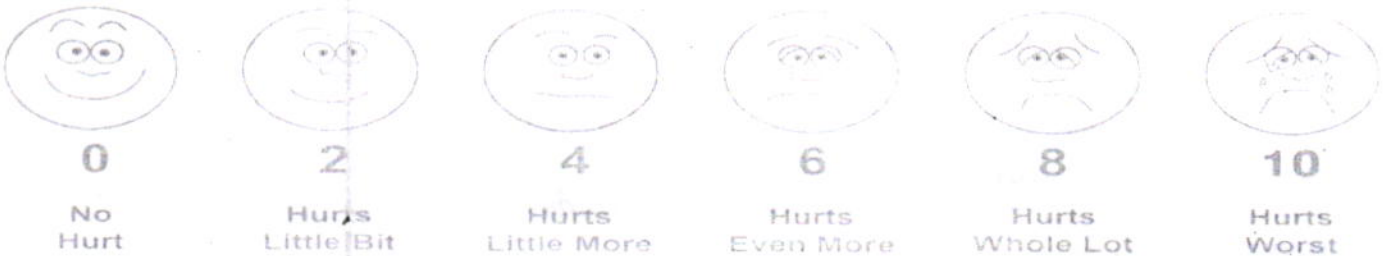
Date:- _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





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 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000355161 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Anjali Prakashkumar Jariwala /** Registered On : 09-Dec-2023 09:44 AM
 Lab ID : 312900614 Collected On : 09-Dec-2023 09:18 AM
 Gender/Age : Female / 31 Years DOB : 04-Apr-1992 Received On : 09-Dec-2023 10:07 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>	13.2	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	5.17	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	42.5	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	82.3	fL	83 - 101
MCH <i>Calculated</i>	25.5	pg	27 - 32
MCHC <i>Calculated</i>	31.0	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.3	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* 7470 cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	60	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	33	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT *Electrical Impedance* 253000 /cmm 150000 - 410000
 MPV *Calculated based on PLT Histogram* 10.2 fL 7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs **Mild hypochromic and microcytic.**
 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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Dr Pankaj Agrawal

Dr Pankaj Agrawal

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

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Approved On : 09-Dec-2023 12:21 PM



Certificate No. : MC-5200

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DOB : 04-Apr-1992

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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

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	11	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.0	%	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) * 97

mg/dL

Calculated

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 Lab ID : 312900614 Collected On : 09-Dec-2023 09:18 AM
 Gender/Age : Female / 31 Years DOB : 04-Apr-1992 Received On : 09-Dec-2023 10:28 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	80	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	81	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

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

Glucose-oxidase/oxidase reaction

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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>	202	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	131	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	57	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	145	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	119	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	26	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.1		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.5	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)**

11

mg/dL

7 - 17

Urease, colorimetric

UREA

24

mg/dL

15 - 36

Calculated

Creatinine

0.75

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

4.6

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

8.7

mg/dL

8.4 - 10.2

Arsenazo III dye

Phosphorus *

4.2

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

Sodium

137

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.17

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

101

mmol/L

98 - 107

Direct Ion Selective Electrode

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	103	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.04	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.800	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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Ref. By : Dr. Health Check Up . Shalby	Received On : 09-Dec-2023 10:07 AM
	Sample Type : Serum,Urine

Liver Function Test

Parameter	Result	Unit	Biological Ref. Interval	
Liver Function Test				
SGPT (ALTV)	Multi Point Rate with P-5-P	32	U/L	9 - 52
SGOT (AST)	Multi Point Rate with P-5-P	27	U/L	14 - 36
Alkaline Phosphatase	AMP, AMP Buffer	74	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT *	L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic	23	U/L	12 - 43
S. PROTEIN	Biuret (Alkaline cupric sulfate), End Point	7.4	g/dL	6.3 - 8.2
Albumin	Bromocresol Green (BCG), Colorimetric	4.1	g/dL	3.5 - 5.0
S. GLOBULIN	Calculated	3.3	g/dL	2.3 - 3.6
A/G Ratio	Calculated	1.2	Ratio	1.0 - 2.3
Bilirubin Total	Azobilirubin/Dyphylline/Diazonium Salt	0.9	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
Bilirubin Unconjugated	End-point Colorimetric (Dual wavelength spectrophotometric)	0.7	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct	Calculated	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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CLINICAL PATHOLOGY
URINE EXAMINATION
Physical Examination

Colour *	Pale Yellow	Pale yellow
Transparency	Clear	Clear

Chemical Examination

Glucose	<i>Glucose-oxidase/oxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reaction</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.020	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	6.5	PH value 4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i>	Negative	Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i>	0.2	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>	Present (+)	Negative

Microscopic Examination

Pus cells	8-10/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	4-5/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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

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Consulting Pathologist

Patient ID:	SUR0000355161	Patient Name:	ANJALI P JARIWALA
Age:	31 Years	Sex:	F
Accession Number:	14198	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	9-Dec-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. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laparoscopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- *Anyali*
Chief Complaints:-

Age 34
Date: *21/11/23*
Weight:-
Height:-
OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *29/11/23*

M/H:-

Ab-nil.

*Period - 34 days then
30*

O/H:-

O/H - R/L

FTND 17/2yrs 1L

P/H:-

F/H

Examination:-

P/A - soft

P/L - Gp healthy

Provisional Diagnosis:-

PAP taken

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Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Advised:-

R

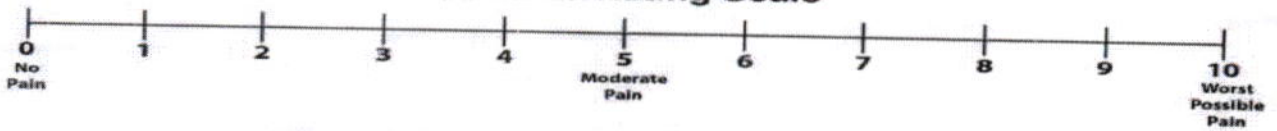
TAB TRAPIC MF (10) day 1 & 2.
125 J. nurses

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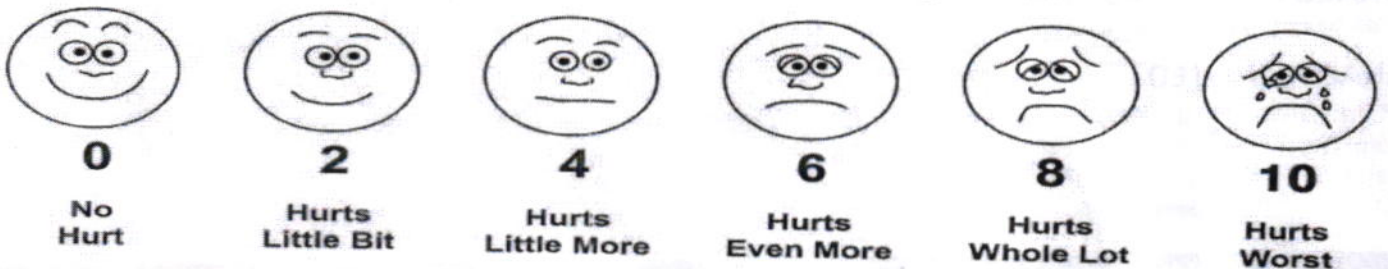
Follow Up:

Date: _____

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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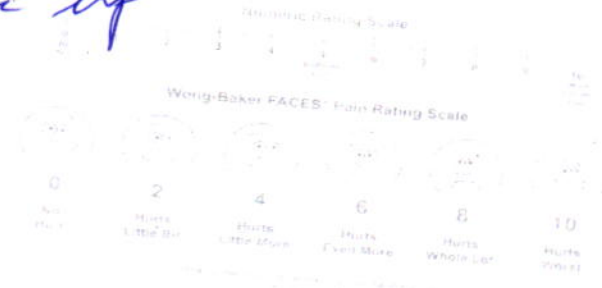
DR. RUJUTA SHELAT
Consultant Ophthalmologist
Reg. No.:- G-48712

SHALBY[®] MULTI-SPECIALTY HOSPITALS

Name :- *Anjali JARWALA*

Date:- *09/12/2023*

Chief Complaints:- *Routine eye check up*



Pain Assessment:-

Past History:-

Family History:-

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

Allergy:- *no drugs allergy*

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

Visual Acuity:- *96 1000*
66 102

HT:- WT:-

PH Vision:- *96*
66

NCT *18*
20

ON Examination

Ant. Segmenet

Both Eye

WNL

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CIN: L85110GJ2004PLC044667

NAME
DEC 09 2022 11:0

VD=10

<R>

SPH	CYL	AX
0.00	-1.00	68
0.00	-0.75	63
0.00	-0.25	70

0.00 -0.75 63

Anterior Chamber

Rt. EYE

Lt. EYE

<L>

SPH	CYL	AX
-0.25	-0.50	104
+0.25	-0.50	103
0.00	-0.25	00

0.00 -0.50 103

PD= 59

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Investigation:-

Macula:-

Diagnosis:-

EMMETROPIA

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months/00

Signature of the Consultant

Rpv

Patient's Name: Anjali Jariwala**UHID: 355161****Age: 31 yrs/ Female****Date: 09 /12 / 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: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: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****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.

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

CIN: L85110GJ2004PLC044667

Patient Name: ANJALI P. JARIWALA		UHID: 355161	
Age / Sex: 31 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 09/12/2023	

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

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 52 x 37 x 44 mm, ET: 9 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:

- No significant abnormality detected.

Thanks for referrals.



DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

ID: Name: Birth date: / / mmHg years

Sex: M kg Birth date: / / mmHg years

Weight: kg
Heart rate: bpm
PR interval: ms
QRS duration: ms
QT/QTc (E) interval: ms
QT/QTc (T) interval: ms
P/QRS/T axis: °
RV5/SV1 amplitude: mV
RV5+SV1 amplitude: mV

Anguli Juajwala

- 1100 Sinus rhythm
- 1102 Sinus arrhythmia
- 4012 Moderate ST depression
- 9150 ** abnormal ECG **

Unconfirmed Report
Reviewed by:





Pre - op

Post- op

Health Check-up

Date : 9/12/23

Patient Reg. No. : _____

Patient Name : Amjali P. Joshiwale

Age / Sex : 31 / F

Address : Susut

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

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 : Sittings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ 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 a well maintained.

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

After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. Shah
(Consultant Dental Surgeon)