

Consultant Physician Clinic

Patient Name:- Manubhai Parmar

Age / Sex :- 59 yrs / male

Chief Complaints:-

→ Pharyngi

→

no any complain

OPR NO:

Date: 23/3/24

Weight:- 60 kg

Height:- 162 cm

BMI:-

Nutritional assessment:-

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

Drug / Food Allergy:-

→ no

Past History :-

✓ no

Family History:-

Systemic Examination:-

→ Re / AM

Pulse:- 88/min

BP:- 140/80

SpO2:- 98%

Provisional Diagnosis:

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
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Investigation :-

Saffola / sunflower / olive / sesame

→ FBS, PPUR, Fasting lipid profile (- 1 month)

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

Rx

Avoid oily food / sugary / Regular exercise

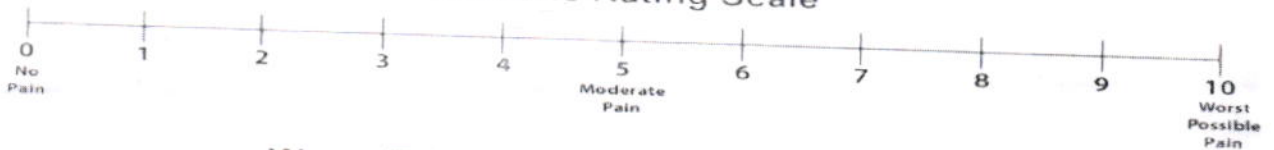
→ TABS CALCIMAX - D3 1 month

Follow Up Date:- _____

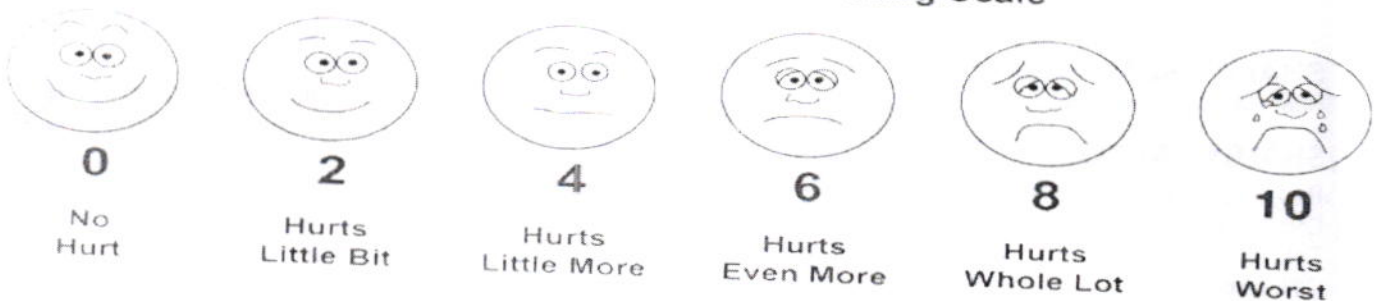
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale




 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000362072 OP-001

REPORT STATUS : Interim



Patient Name : Mr Manubhai Dhanjibhai Parmar /	Registered On : 23-Mar-2024 09:43 AM
Lab ID : 403901863	Collected On : 23-Mar-2024 09:49 AM
Gender/Age : Male / 59 Years	DOB : 22-Jan-1965
Received On : 23-Mar-2024 09:57 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.0	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.97	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.2	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	84.9	fL	83 - 101
MCH <i>Calculated</i>	28.2	pg	27 - 32
MCHC <i>Calculated</i>	33.2	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	4370	cells/cmm	4000 - 10000
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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>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	6	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	236000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.1	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
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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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"
RH Type	POSITIVE ✓

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ESR 1st hour *	5	mm in 1 hour	0 - 20
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Modified Westergren Method

HBA1C

HbA1c - Glycated Haemoglobin *

Boronate Affinity Assay

7.1 %

7.0 7.5

6.0

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) * 157 mg/dL

Calculated

3

157 20
130

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Lab ID : 403901863 Collected On : 23-Mar-2024 09:49 AM
Gender/Age : Male / 59 Years DOB : 22-Jan-1965 Received On : 23-Mar-2024 10:16 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)	<u>117</u> 110'	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)	<u>150</u> 140'	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	<u>PRESENT[++++]</u>	mg/dL	Absent
-------------------------	----------------------	-------	--------

Glucose-oxidase/oxidase reaction

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 Gender/Age : Male / 59 Years DOB : 22-Jan-1965 Received On : 23-Mar-2024 12:28 PM
 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>	199 ✓	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	67	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	35	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	164	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol (hand) <i>ghre oil butter</i> <i>Calculated</i>	151	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	13	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	4.3		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	5.7	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 / 59 Years

DOB : 22-Jan-1965

Received On : 23-Mar-2024 12:28 PM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	11	mg/dL	9 - 20
UREA <i>Calculated</i>	24	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.78	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.0 ✓	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.3	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.7	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>	108	mmol/L	98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
<u>Liver Function Test</u>			
<u>Liver Function Test</u>			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	26	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	22	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	79	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>	24	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	3.9	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.8	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.6	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>	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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 Gender/Age : Male / 59 Years DOB : 22-Jan-1965 Received On : 23-Mar-2024 10:13 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			
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> ≥ 1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	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> Negative		Negative
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 * 121 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4 * 13.84 µg/dL

99% Reference Interval
(µg/dL)
4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in ug/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH * 2.301 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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DOB : 22-Jan-1965

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN *

1.2

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Consulting Pathologist



Pre - op

Post-op

Health Check-up

Date: 23/03/24

Patient Reg. No. : _____

Patient Name : Mamebbhai D. Parmar Age / Sex : 59/M

Address : Surest

Complaints :

Chief Complaint : _____

Reddening gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Recent Surgical Intervention : _____

Current Medication :

General Examination :

Weight : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____ Class V Fillings : 5321/234

CT : _____ Extraction : _____

Prostheses : _____ Partial Denture : _____

Implants : _____ Crown & Bridge : _____

Present : _____

12 - 59 pm

DR. RUJUTA SHELAT

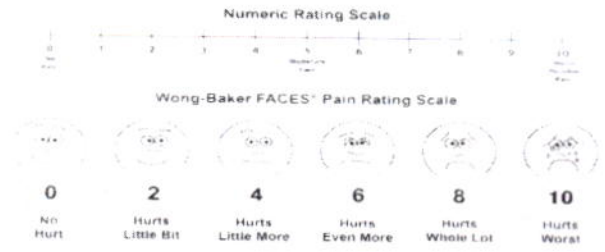
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- Mamubhai D PARMAR

Date:- 23/03/2024

Chief Complaints:- Routine Eye check up



Pain Assessment:-

Past History:-

Family History:-

Allergy:- NO DRUG ALLERGY

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- 6/8

PH Vision:- 6/6

NCT 18

STR +2.00/-1.00 X 110
+2.00/-1.00 X 65 66 ADD +2.50

ON Examination

Ant. Segment

Both Eye

WALD NAUSE SPECT (R)

Cornea

Lens

Fundus

} Wm

Rt. EYE

Anterior Chamber

Lt. EYE

Media:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

} Pt will come later

Investigation:-

Refractive error

Treatment:-

Glasses.

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 801

Signature of the Consultant

Rv

Patient's Name: Manubhai Parmar

UHID: 362072

Age: 59 yrs / male

Date: 23 / 03 / 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 %.
Grade I 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
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Patient Name: MANUBHAI PARMAR		UHID: 362072	
Age / Sex: 59 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 23/03/2024	

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 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.

Prostate is normal in size and measures 32 x 38 x 36 mm (Approx. vol- 24 cc). 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. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

ID:
Name:

Sex: M
cm kg

Birth date: / mmHg

years

1100 Sinus rhythm
9110 ** normal ECG **

Medication:

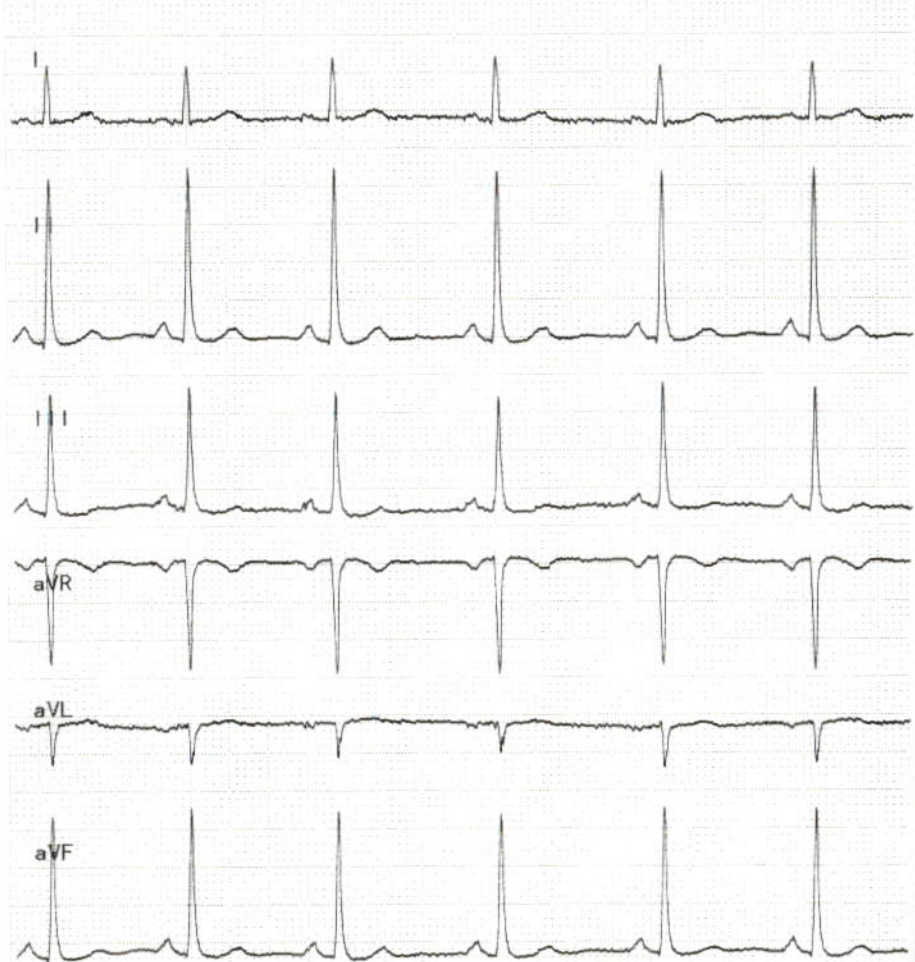
Symptoms:

History:

Heart rate	75	bpm
PR interval	148	ms
QRS duration	86	ms
QT/QTc (E) interval	344/ 373	ms
PR/QRST axis	76/ 70/ 41	°
V5/SV1 amplitude	2.82/ 0.96	mV
V5+SV1 amplitude	3.78	mV

Unconfirmed Report
Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz



5 mm/mV

