

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770.

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday..Saturday

Shalby MD Physician Clinic

Patient Name:-

Amber sharma.

Age / Sex :-

31 M

Chief Complaints:-

No clo

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

RS }  
CNS }  
PA }  
CNS } NAD

OPR NO:

Date: 13/4/24

Weight:- 93 kg

Height:- 164cm

Nutritional assessment:-

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

Pulse:- 90/min

BP:- 110/70mmHg

SpO2:- 99%

Provisional Diagnosis:-

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

CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

Lifestyle modification  
Normal health check up  
[Signature]

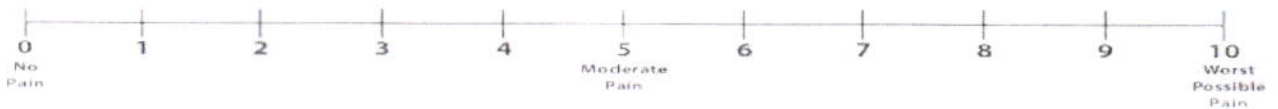
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

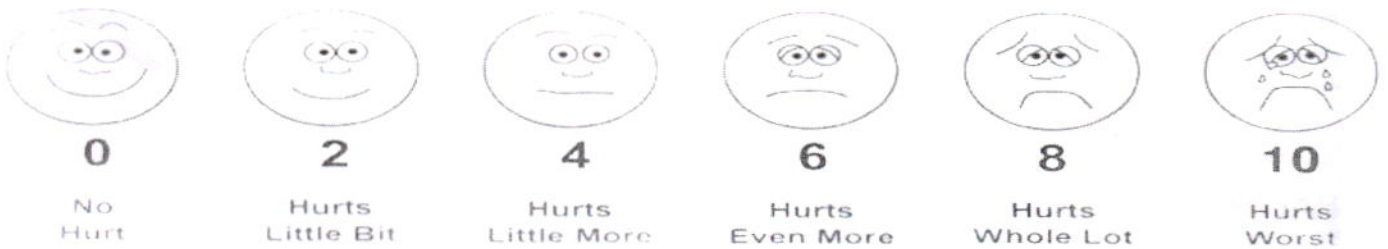
Date: \_\_\_\_\_

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

### Numeric Rating Scale



### Wong-Baker FACES® Pain Rating Scale



SHALBY HOSPITAL  
NR. NAVYUG COLLAGE, RANER ROAD  
SURAT

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: AMBER SHARMA ,  
Patient ID: 368086  
Height:  
Weight:

DOB: 15.11.1990  
Age: 33yrs  
Gender: Male  
Race: Asian

Study Date: 13.04.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:36	0.00	0.00	89	120/80	
	STANDING	00:09	0.00	0.00	88		
EXERCISE	STAGE 1	03:00	2.70	10.00	133	120/80	
	STAGE 2	03:00	4.00	12.00	157	140/80	
	STAGE 3	01:01	5.40	14.00	164	170/80	
RECOVERY		03:07	0.00	0.00	120	140/80	

The patient exercised according to the BRUCE for 7:01 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 93 bpm rose to a maximal heart rate of 187 bpm. This value represents 100 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

Technician

**AMBER SHARMA ,**  
 Patient ID 368086  
 13.04.2024 Male  
 12:57:04 33yrs Asian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

**BRUCE: Total Exercise Time 07:01**  
 Max HR: 187 bpm 100% of max predicted 187 bpm HR at rest: 93  
 Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 27200 mmHg\*bpm  
 Maximum Workload: 10.00 METS  
 Max. ST: -1.70 mm, 0.00 mV/s in V4; EXERCISE STAGE 3 06:29  
 Arrhythmia: A:27, PVC:1, PSVC:3  
 ST/HR index: 0.80  $\mu$ V/bpm

**Reasons for Termination:** Target heart rate achieved  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA  
 Location Number: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V4 mm)	Comment
PRETEST	SUPINE	01:36	0.00	0.00	1.0	89	120/80	10680	0	0.55	
	STANDING	00:09	0.00	0.00	1.0	88			0	0.50	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	133	120/80	15960	0	0.05	
	STAGE 2	03:00	4.00	12.00	7.0	157	140/80	21980	0	-0.55	
	STAGE 3	01:01	5.40	14.00	10.0	164	170/80	27880	1	-0.40	
RECOVERY		03:07	0.00	0.00	1.0	120	140/80	16800	0	0.15	

AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
12:58:51

88 bpm  
120/80 mmHg

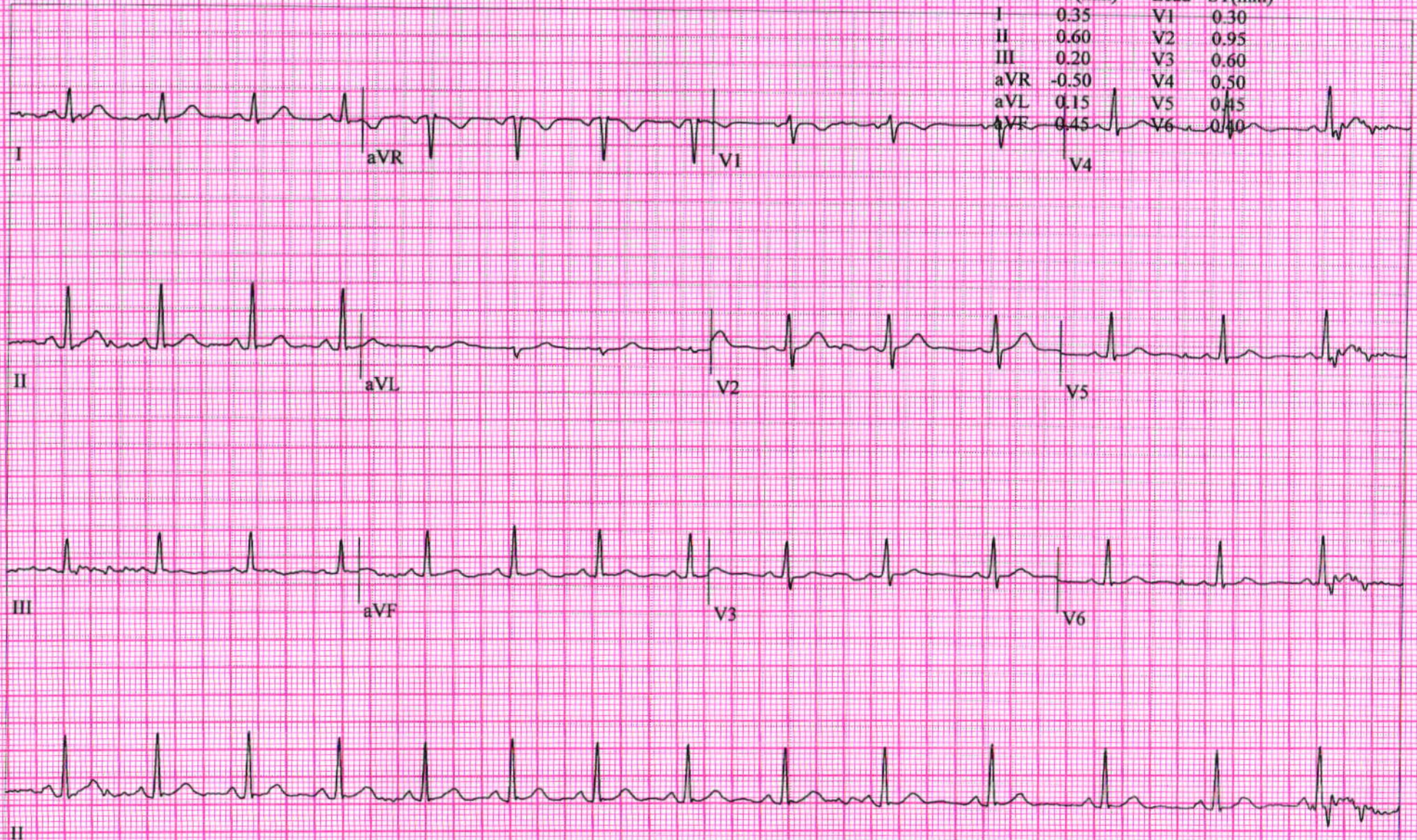
12-Lead Report  
PRETEST  
STANDING  
01:41

BRUC  
0.0 km/h  
0.0 %

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Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.30
II	0.60	V2	0.95
III	0.20	V3	0.60
aVR	-0.50	V4	0.50
aVL	0.15	V5	0.45
aVF	0.45	V6	0.40



AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:01:44

130 bpm  
120/80 mmHg

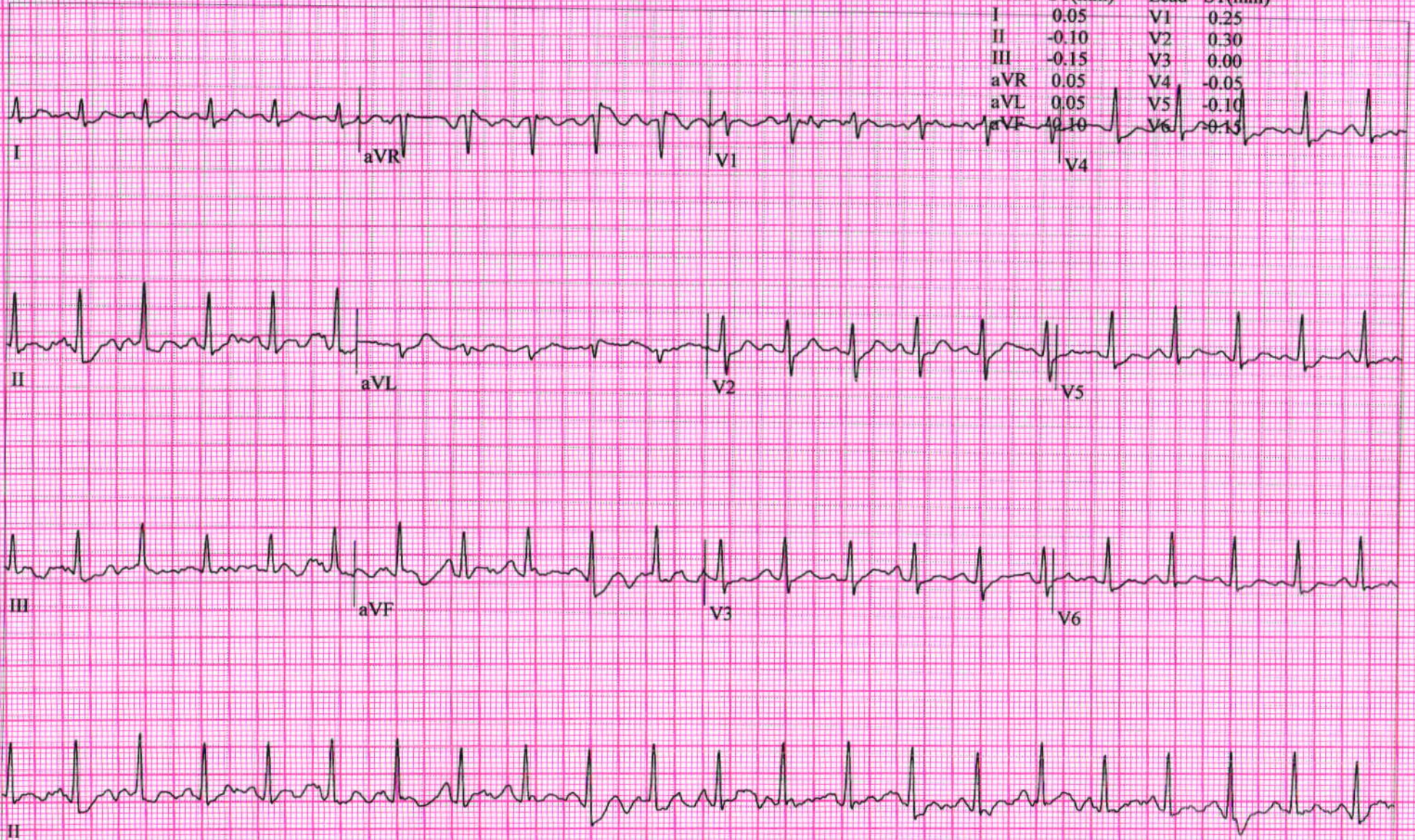
12-Lead Report  
EXERCISE  
STAGE 1  
02:50

BRUC  
2.7 km/h  
10.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.25
II	-0.10	V2	0.30
III	-0.15	V3	0.00
aVR	0.05	V4	-0.05
aVL	0.05	V5	-0.10
aVF	0.10	V6	-0.15



AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:04:44

155 bpm  
140/80 mmHg

EXERCISE  
STAGE 2  
05:50

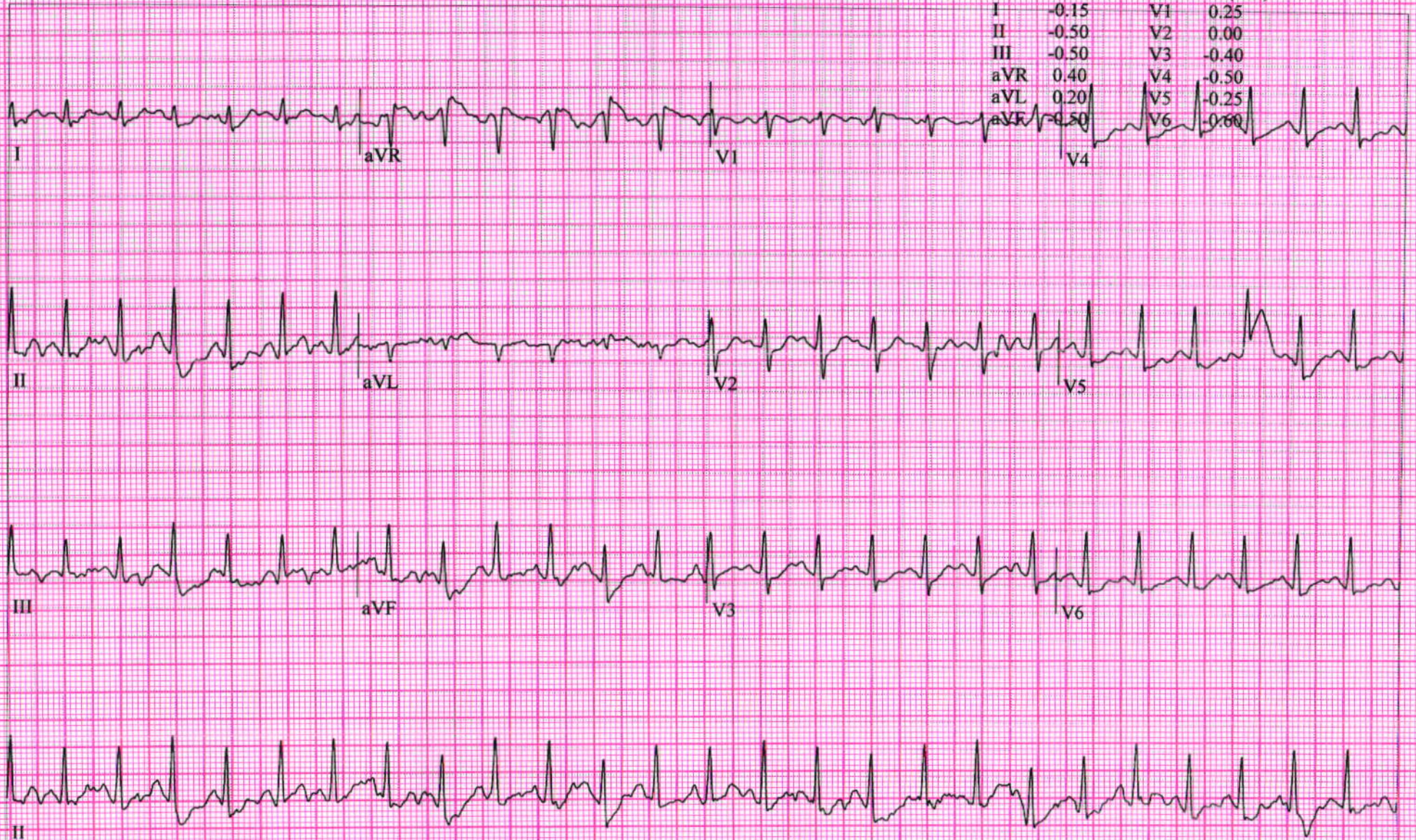
12-Lead Report

BRUC  
4.0 km/h  
12.0 %

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Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.25
II	-0.50	V2	0.00
III	-0.50	V3	-0.40
aVR	0.40	V4	-0.50
aVL	0.20	V5	-0.25
aVF	-0.50	V6	-0.60



AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:05:55

164 bpm  
170/80 mmHg

EXERCISE  
STAGE 3  
07:01

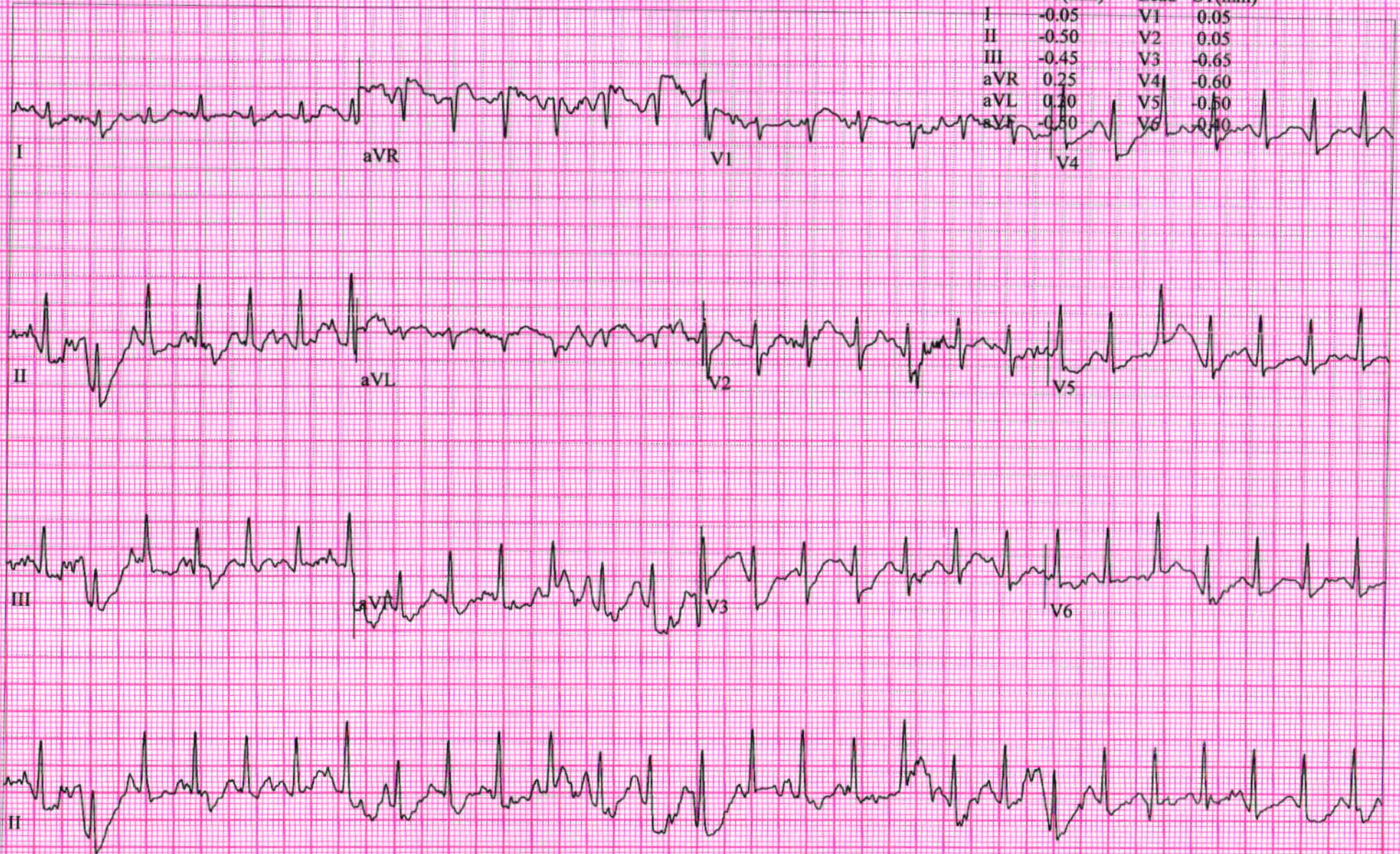
12-Lead Report ( PEAK EXERCISE )

BRUC  
5.4 km/h  
14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.05
II	-0.50	V2	0.05
III	-0.45	V3	-0.65
aVR	0.25	V4	-0.60
aVL	0.30	V5	-0.60
aVF	-0.60	V6	-0.40





AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:06:45

12-Lead Report

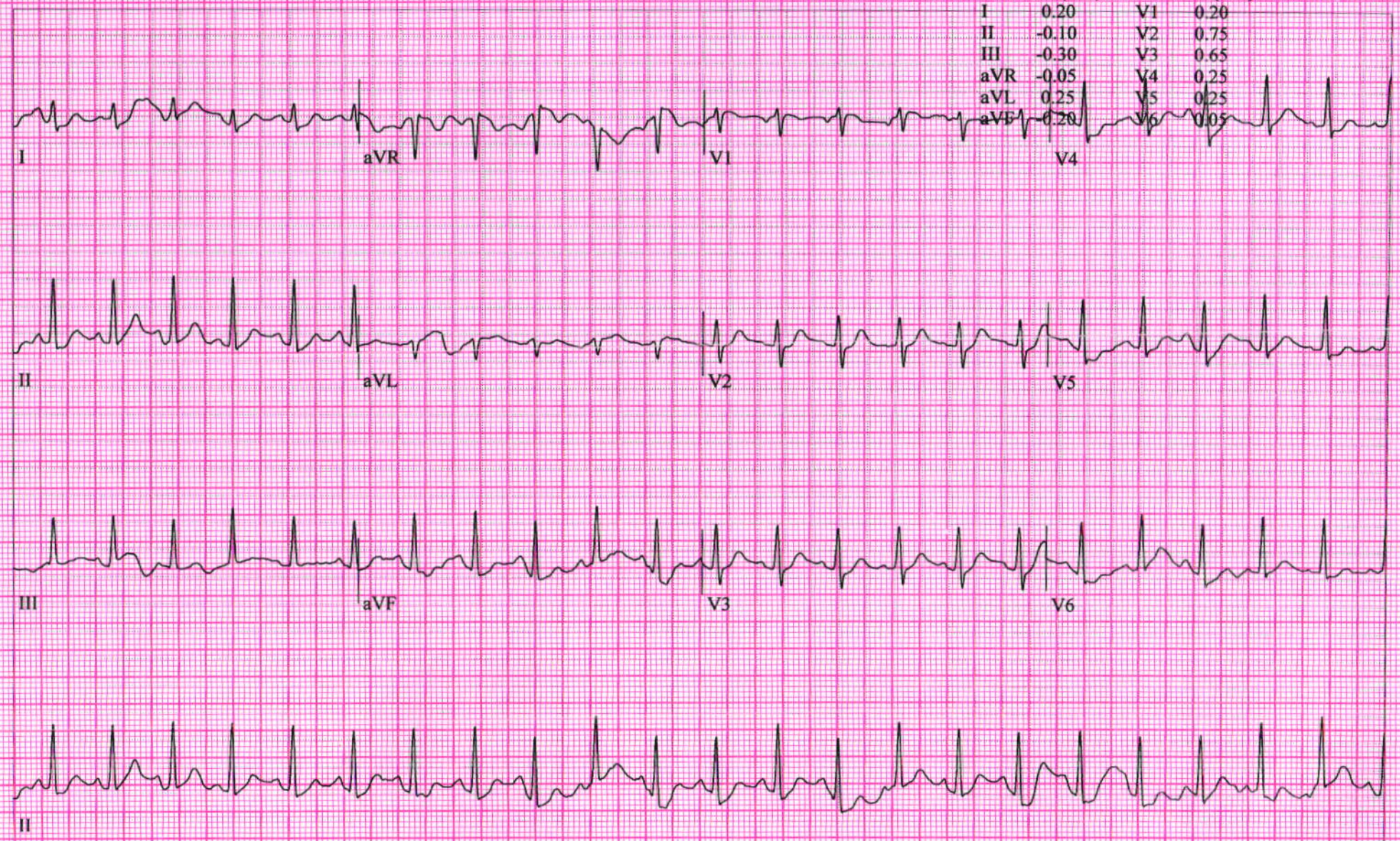
RECOVERY  
#1  
00:50

BRUC  
0.0 km/h  
0.0 %

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Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.20
II	-0.10	V2	0.75
III	-0.30	V3	0.65
aVR	-0.05	V4	0.25
aVL	0.25	V5	0.25
aVF	-0.20	V6	0.05



AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:07:45

12-Lead Report

122 bpm

RECOVERY  
#1  
01:50

BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.10
II	0.30	V2	0.50
III	0.25	V3	0.60
aVR	-0.15	V4	0.35
aVL	-0.10	V5	0.15
aVF	0.25	V6	0.10



AMBER SHARMA,  
Patient ID 368086  
13.04.2024  
13:08:45

12-Lead Report

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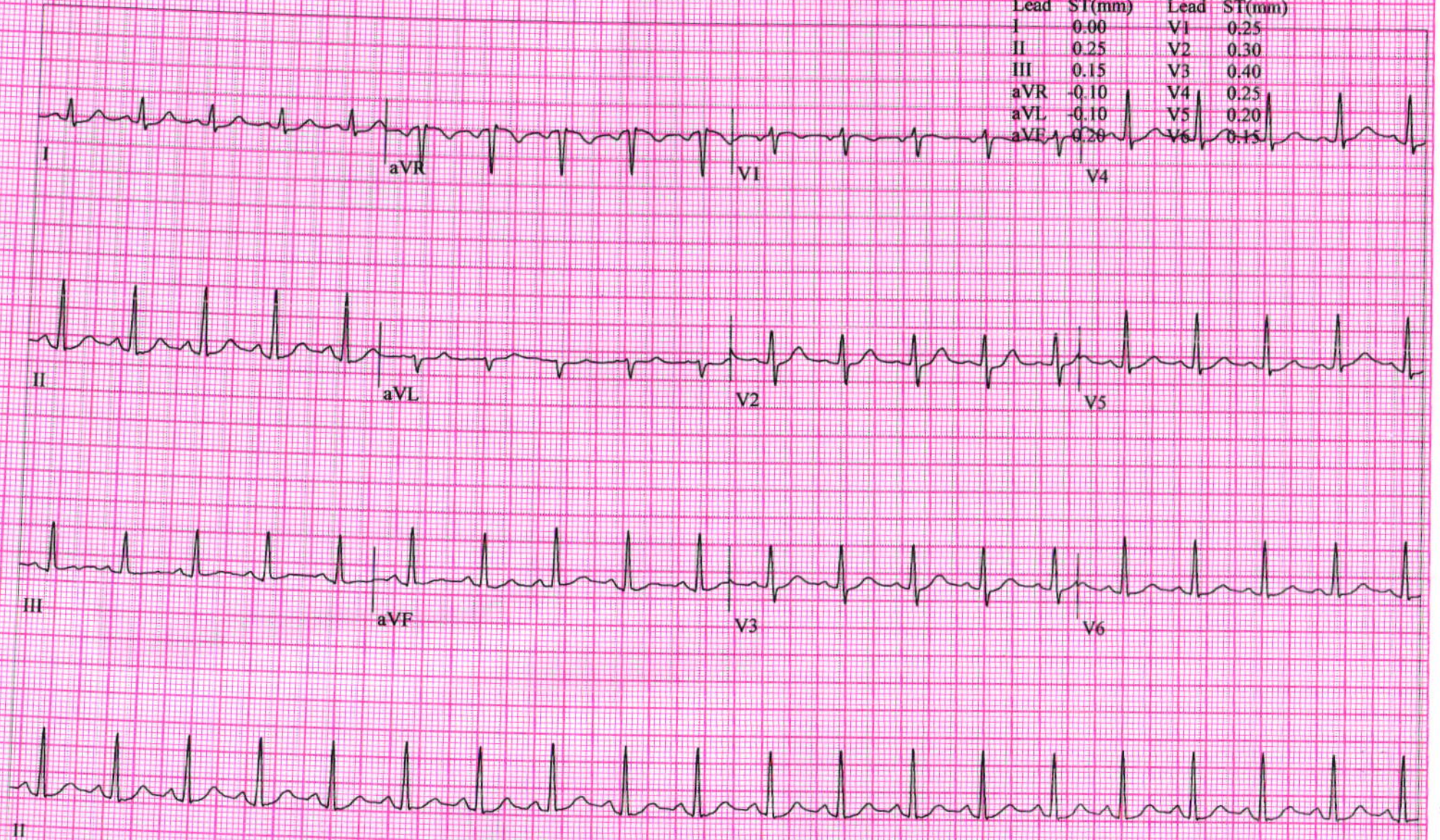
118 bpm  
140/80 mmHg

RECOVERY  
#1  
02:50

BRUC  
0.0 km/h  
0.0 %

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.25
II	0.25	V2	0.30
III	0.15	V3	0.40
aVR	-0.10	V4	0.25
aVL	-0.10	V5	0.20
aVF	0.20	V6	0.15



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PID : SUR0000363086 OP-001

REPORT STATUS : Interim



Patient Name : Mr Amber Sharma	/	Registered On : 13-Apr-2024 10:00 AM
Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:07 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	14.4	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.99	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.3	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	88.8	fL	83 - 101
MCH <i>Calculated</i>	28.9	pg	27 - 32
MCHC <i>Calculated</i>	32.5	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.2	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	9050	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	59	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	33	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	359000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.4	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**M.B., D.C.P  
Consulting Pathologist

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PID : SUR0000363086 OP-001

REPORT STATUS : Interim



Patient Name : Mr Amber Sharma /

Registered On : 13-Apr-2024 10:00 AM

Lab ID : 404900848

Collected On : 13-Apr-2024 10:00 AM

Gender/Age : Male / 33 Years

DOB : 15-Nov-1990

Received On : 13-Apr-2024 10:07 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"O"

RH Type

POSITIVE

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

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Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:07 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	9	mm in 1 hour	0 - 15
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	5.3	%	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) \*** 120 mg/dL  
*Calculated*

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**Dr Pankaj Agrawal**  
M.B., D.C.P  
Consulting Pathologist



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PID : SUR0000363086 OP-001

REPORT STATUS : Interim



Patient Name : Mr Amber Sharma	/	Registered On : 13-Apr-2024 10:00 AM
Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:41 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**

<b>Plasma Glucose (F)</b>	92	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	133	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Patient Name : <b>Mr Amber Sharma</b>	/	Registered On : 13-Apr-2024 10:00 AM
Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:43 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	154	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	77	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	42	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	112	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	97	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129  Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	15	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.3		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.7	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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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

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

**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	9	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	19	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.74	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	4.9	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	9.0	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.9	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.43	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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Consulting Pathologist

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Gender/Age : Male / 33 Years

DOB : 15-Nov-1990

Received On : 13-Apr-2024 10:43 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>THYROID PROFILE (TFT)</b>			
<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	137	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	13.08	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	1.853	µIU/mL	0.38 - 5.33

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**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist

Generated On : 13-Apr-2024 01:29 PM

Approved On : 13-Apr-2024 01:13 PM


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

PID : SUR0000363086 OP-001

REPORT STATUS : Interim



Patient Name : Mr Amber Sharma	/	Registered On : 13-Apr-2024 10:00 AM
Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:43 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
<b>Liver Function Test</b>			
<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	23	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	21	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	87	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	32	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.9	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.2	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <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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Generated On : 13-Apr-2024 01:29 PM

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**Dr Pankaj Agrawal**

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

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PID : SUR0000363086 OP-001

REPORT STATUS : Interim



Patient Name : Mr Amber Sharma	/	Registered On : 13-Apr-2024 10:00 AM
Lab ID : 404900848		Collected On : 13-Apr-2024 10:00 AM
Gender/Age : Male / 33 Years	DOB : 15-Nov-1990	Received On : 13-Apr-2024 10:09 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
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> 1.010	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> 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
<b>Microscopic Examination</b>			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	2-3/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

This is an Electronically Authenticated Report.

Dr Pankaj Agrawal

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

Generated On : 13-Apr-2024 01:29 PM

Approved On : 13-Apr-2024 01:12 PM



Pre - op

Post- op

Health Check-up

Date : 13/11/20

Patient Reg. No. : \_\_\_\_\_

Patient Name : Ambega Shalmod

Age / Sex : 31 / M

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

**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 : Sitzings 1  2  3  Deep

Restoration : \_\_\_\_\_ Perio Surgery : \_\_\_\_\_

RCT : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

Dentures : \_\_\_\_\_ Extraction : \_\_\_\_\_

Implants : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Crown & Bridge Present : \_\_\_\_\_

**DR. RUJUTA SHELAT**

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

*Amber Shaema*

Date:-

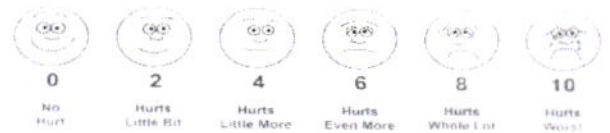
*13/04/24*

Chief Complaints:-

*Routine Eye check up  
Blurring of vision  
Even glasses*



Wong-Baker FACES® Pain Rating Scale



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *No drugs Allergy*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:-

*6/18  
6/24  
18  
18*

NCT

ON Examination

Ant. Segment

*STK ±0.00 - 2.50x75  
±0.00 - 3.50x105 @12*

Systemic Examination:-

HT:- WT:-

PH Vision:-

*L>R Accision movement*

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

CIN: L85110GJ2004PLC044667

NAME  
APR 14 2023 11:43

R	mm	D	AX
R1	7.81	43.25	64
R2	7.37	45.75	154
Ave	7.59	44.50	64
YL		-2.50	

p cornea

L	mm	D	AX
L1	7.75	43.50	111
L2	7.01	48.00	21
Ave	7.38	45.75	
YL		-4.50	111

Anterior Chamber

Rt. EYE

Lt. EYE

GrandSeiko.com  
SR-3300K S/N: 76BB0963

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:- ? keratoconus

Treatment:-

- ① glasses
- ② corneal operation (R/O k' conus)
- ③ scleral lens / RGP

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 802 -

Signature of the Consultant

Rpr

Patient Name: AMBER SHARMA		UHID: 368086	
Age / Sex: 34 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 13/04/2024	

**ULTRASOUND OF ABDOMEN AND PELVIS**

Liver is normal in size shows grade II fatty changes. 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 25 x 29 x 27 mm (Approx. vol- 10 cc). It has smooth outlines and normal reflectivity.

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

**IMPRESSION:**

- Grade II fatty liver.
- No other significant abnormality is seen.

Thank you for referral.

**DR. ASHUTOSH GANDHI**

D.M. (Radiodiagnosis)  
G-11/206

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CIN: L85110GJ2004PLC044667



ID:

Name:

years

Birth date: /

kg

mmHg

Sex: M

cm

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QTc(E) int

QRS/T axis

V5/SV1 amp

V5+SV1 amp

84 bpm

132 ms

74 ms

328/370 ms

26/54/8 °

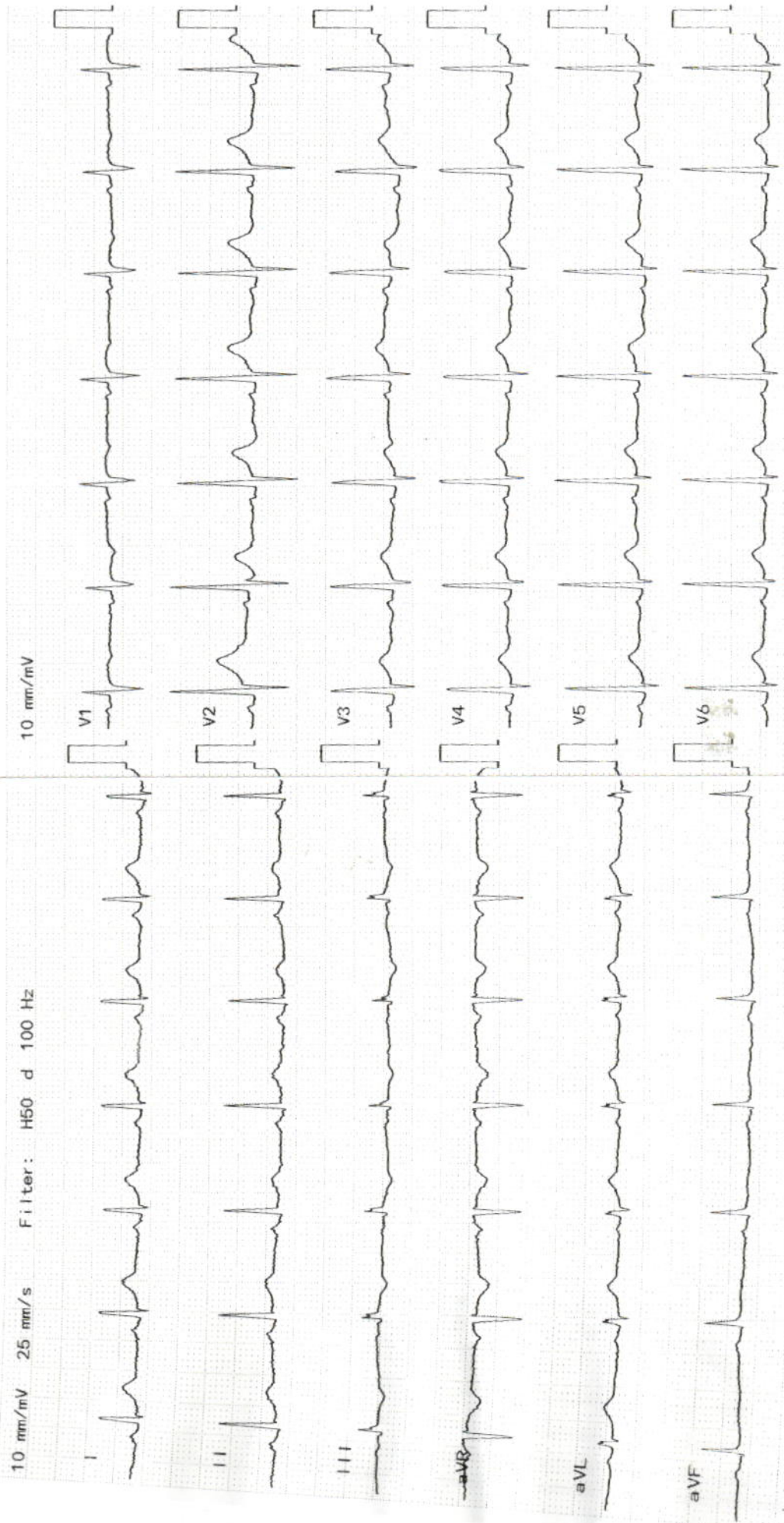
1.43/0.47 mV

1.90 mV

1100 Sinus rhyt  
9110 \*\* normal ECG \*\*

*Ambika Sheth*

Unconfirmed Report  
Reviewed by:



<b>Patient ID:</b>	<b>SUR 0000368086</b>	<b>Patient Name:</b>	<b>AMBER SHARMA</b>
<b>Age:</b>	<b>31 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>4107 OP</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>		<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>13-Apr-2024</b>		

**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

<b>Patient ID:</b>	<b>SUR00004113</b>	<b>Patient Name:</b>	<b>RASHMI GAWADE</b>
<b>Age:</b>	<b>29 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>4113 OP</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR SHALBY</b>	<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>13-Apr-2024</b>		

**CHEST X-RAY (PA)**

Both lung fields appear normal.

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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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