

Patient ID:	SUR0000 4590 MHC	Patient Name:	GAUTAM A JETHVA
Age:	31 Years	Sex:	M
Accession Number:	4590 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	27-Apr-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
SHALBY HOSPITAL, SURAT

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

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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 : SUR0000363843 OP-001

REPORT STATUS : Interim



Patient Name : Mr Gautamkumar A Jethva	/	Registered On : 27-Apr-2024 09:06 AM
Lab ID : 404901884		Collected On : 27-Apr-2024 08:35 AM
Gender/Age : Male / 30 Years	DOB : 08-Jul-1993	Received On : 27-Apr-2024 09:29 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>	13.9	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.38	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	43.7	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	81.2	fL	83 - 101
MCH <i>Calculated</i>	25.8	pg	27 - 32
MCHC <i>Calculated</i>	31.8	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.7	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNTTotal WBC Count *Electrical Impedance* 6800 cells/cmm 4000 - 10000**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	59	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	29	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	7	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	307000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.0	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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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 & reverse)

ABO Type	"A"		
RH Type	POSITIVE		

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	14	mm in 1 hour	0 - 15
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.9	%	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) * 123 mg/dL
Calculated

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Gender/Age : Male / 30 Years

DOB : 08-Jul-1993

Received On : 27-Apr-2024 09:30 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Fluoride F, Urine (PP),
Fluoride PP, Urine (F),S

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

PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE****Plasma Glucose (F)**

106

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)**

112

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

Liver Function Test**Liver Function Test****SGPT (ALT)**

50

U/L

21 - 72

Multi Point Rate with P-5-P

SGOT (AST)

26

U/L

17 - 59

Multi Point Rate with P-5-P

Alkaline Phosphatase

63

U/L

20-50 yrs : 53 - 128
4-19 yr : 54 - 369
>=51 yr : 56 - 119

PNPP, AMP Buffer

GGT *

16

U/L

15 - 73

L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

S. PROTEIN

7.8

g/dL

6.3 - 8.2

Biuret (Alkaline cupric sulfate), End Point

Albumin

4.5

g/dL

3.5 - 5.0

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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Ref. By : Dr. Health Check Up . Shalby

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

0.5

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

0.5

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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Consulting Pathologist

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 Gender/Age : Male / 30 Years DOB : 08-Jul-1993 Received On : 27-Apr-2024 09:30 AM
 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>	113	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	73	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	32	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	81	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	66	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>	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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DOB : 08-Jul-1993

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Received On : 27-Apr-2024 09:30 AM
Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	10	mg/dL	9 - 20
UREA <i>Calculated</i>	21	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.88	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.6	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.7	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.3	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.74	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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

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Collected On : 27-Apr-2024 08:35 AM

Gender/Age : Male / 30 Years

DOB : 08-Jul-1993

Received On : 27-Apr-2024 09:30 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)**Total T3 ***

203

ng/dL

87 - 178

Chemiluminescence immunoassay (CLIA)

Total T4 *

14.97

µg/dL

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

Chemiluminescence immunoassay (CLIA)

TSH *

2.357

µIU/mL

0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

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 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 reation</i> Negative		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> 5.5	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> Negative		Negative
Microscopic Examination			
Pus cells	0-2/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

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

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Consulting Pathologist

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GAUTAM JETHVA,
 Patient ID: 08702
 27.04.2024
 10:30:37

Male
 50yrs Asian
 Meds:

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 07:02
 Max HR: 166 bpm 87% of max predicted 190 bpm HR at rest: 88
 Max BP: 170/80 mmHg BP at rest: 130/80 Max RPP: 26690 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max. ST: -2.30 mm, 0.00 mV/s in V5; EXERCISE STAGE 3 06:59
 Arrhythmia: A:28

ST/HR index: 2.75 μ 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: Positive stress test suggestive of ischemia.
Conclusion: TMT IS POSITIVE FOR INDUCIBLE ISCHEMIA
 Location Number: * 0 *

Tabular Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (V5 mm)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0	88	130/80	11440	0	-0.05	
EXERCISE	STANDING	00:52	0.80	0.00	1.2	94			0	-0.05	
	STAGE 1	03:00	2.70	0.00	2.2	110	130/80	14300	0	-0.05	
	STAGE 2	03:00	4.00	12.00	7.0	151	150/80	22650	0	-1.30	
	STAGE 3	04:02	5.40	14.00	10.0	166	170/80	28220	0	-2.20	
RECOVERY		02:52	0.00	0.00	1.0	104	140/80	14560	0	-0.15	

GAUTAM JETHVA

Patient ID 08702

27.04.2024

10:31:27

12-Lead Report

SHALBY HOSPITAL

95 bpm
130/80 mmHg

PRETEST
STANDING
00:44

BRUCE
0.0 km/h
0.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	-0.25
II	-0.05	V2	1.10
III	-0.20	V3	-0.10
aVR	-0.05	V4	0.00
aVL	0.20	V5	-0.05
aVF	-0.15	V6	-0.05



GAUTAM JETHVA,
Patient ID 08702
27-04-2024
10:34:30

12-Lead Report

EXERCISE
STAGE 1
02:50

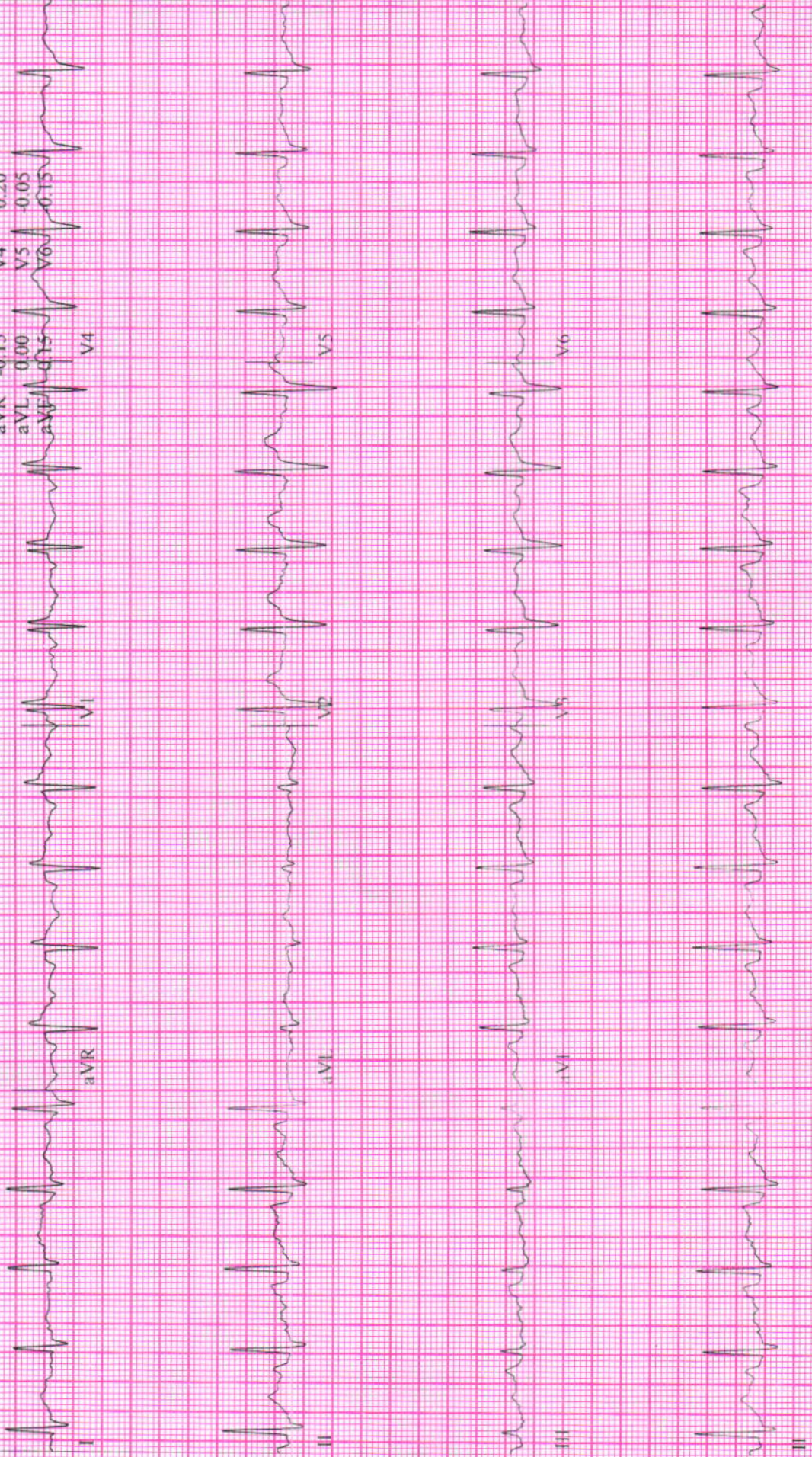
109 bpm

BRUCE
2.7 km/h
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-0.15
II	0.20	V2	1.05
III	0.10	V3	0.20
aVR	-0.15	V4	0.20
aVL	0.00	V5	-0.05
aVF	0.15	V6	0.15



GAUTAM JETHVA,
Patient ID 08702
27.04.2024
10:37:30

150 bpm
150/80 mmHg

12-Lead Report

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.05
II	-0.80	V2	0.20
III	-0.55	V3	-0.85
aVR	0.45	V4	-0.95
aVL	0.25	V5	-1.20
aVF	-0.65	V6	-1.10



GAUTAM JETHVA,
Patient ID 08702
27.04.2024
10:38:43

12-Lead Report (PEAK-EXERCISE)

EXERCISE
STAGE 3
07:02

BRUCE
5.4 km/h
14.0 %

166 bpm
170/80 mmHg

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.75	V1	-0.15
II	-1.90	V2	-0.70
III	-1.40	V3	-1.90
aVR	1.45	V4	2.05
aVL	0.40	V5	2.40
aVF	0.65	V6	2.15



GAUTAM JETHVA
Patient ID 08702
27-04-2024
10:39:32

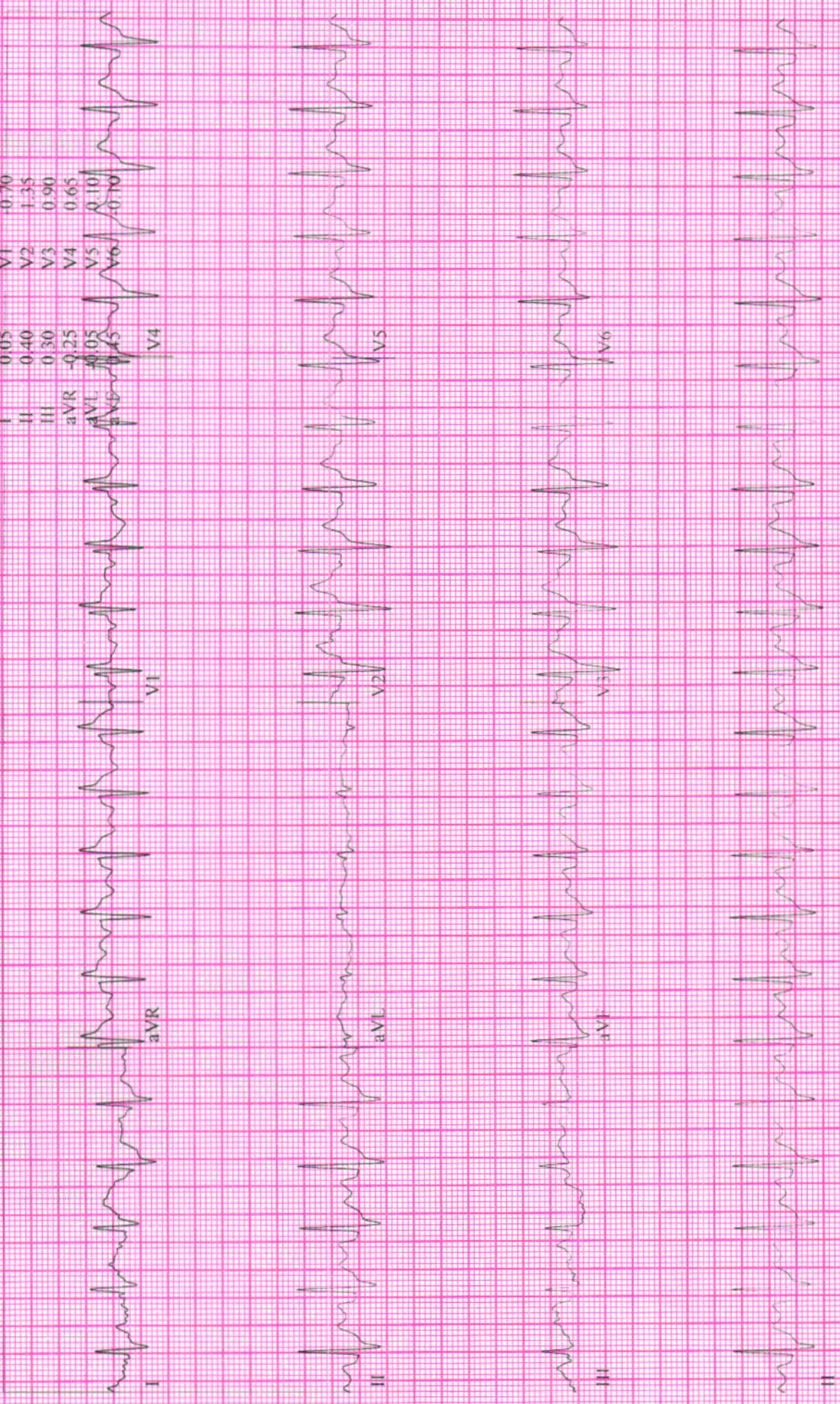
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
00:50

134 bpm
170/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	-0.70
II	0.40	V2	1.35
III	0.30	V3	0.90
aVR	-0.25	V4	0.65
aVL	0.05	V5	0.10
aVF	0.15	V6	0.10



12-Lead Report

GAUTAM JETHVA,
Patient ID 08702
27.04.2024
10:40:33

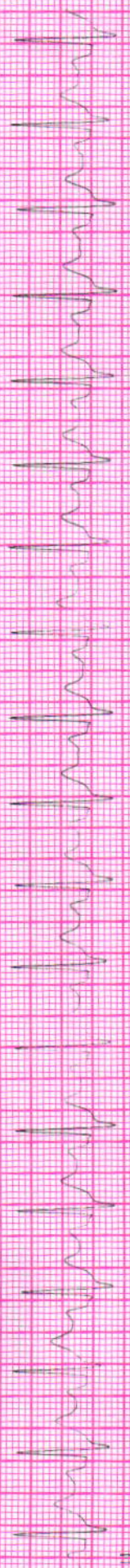
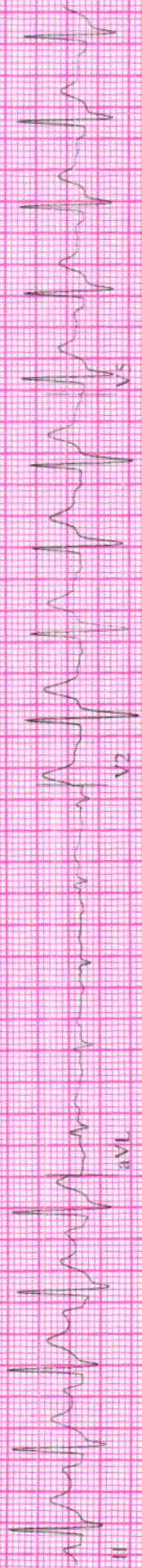
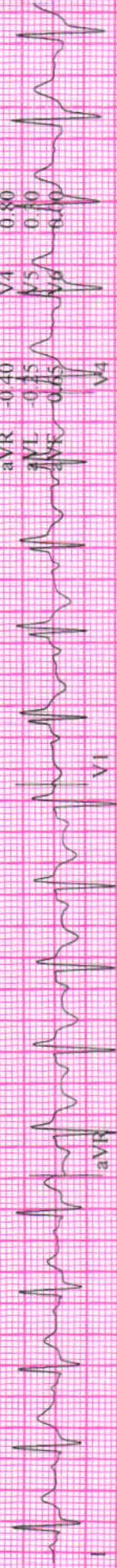
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:50

116 bpm
140/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-0.55
II	0.70	V2	1.30
III	0.60	V3	1.05
aVR	-0.40	V4	0.80
aVL	0.15	V5	0.10
aVF	0.45	V6	0.40



GAUTAM JETHVA,
Patient ID: 08702
27.04.2024
10:41:33

12-Lead Report

104 bpm
140/80 mmHg

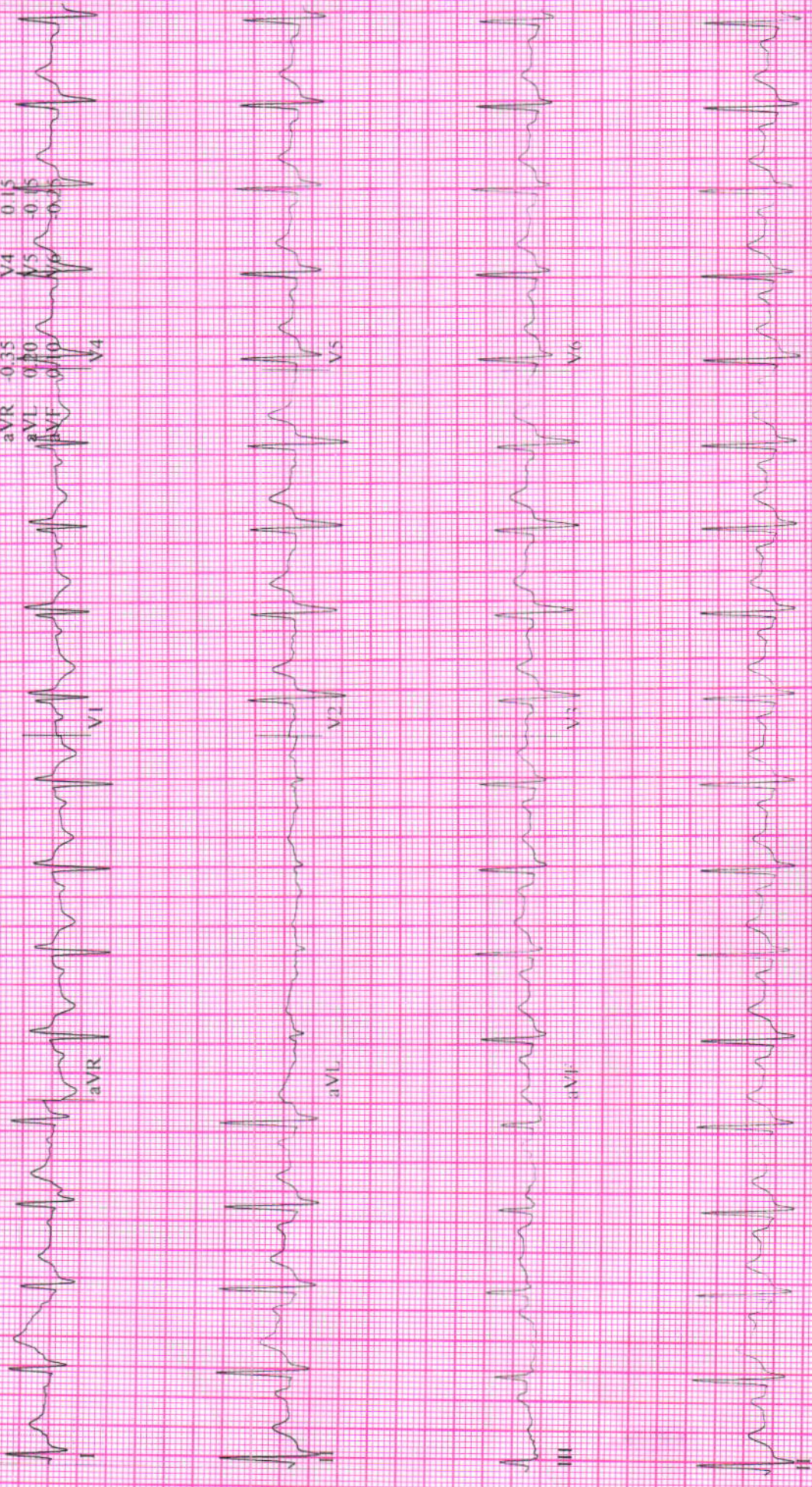
RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	-0.65
II	0.30	V2	0.55
III	-0.10	V3	0.20
aVR	-0.35	V4	0.15
aVL	0.20	V5	0.15
aVF	0.10	V6	-0.35



Patient Name: Gautam Jethva		UHID:	
Age / Sex: 31 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 27/04/2024	

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 28 x 32 x 31 mm (Approx. vol- 15 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**

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

SHALBY LIMITEDRegd. 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

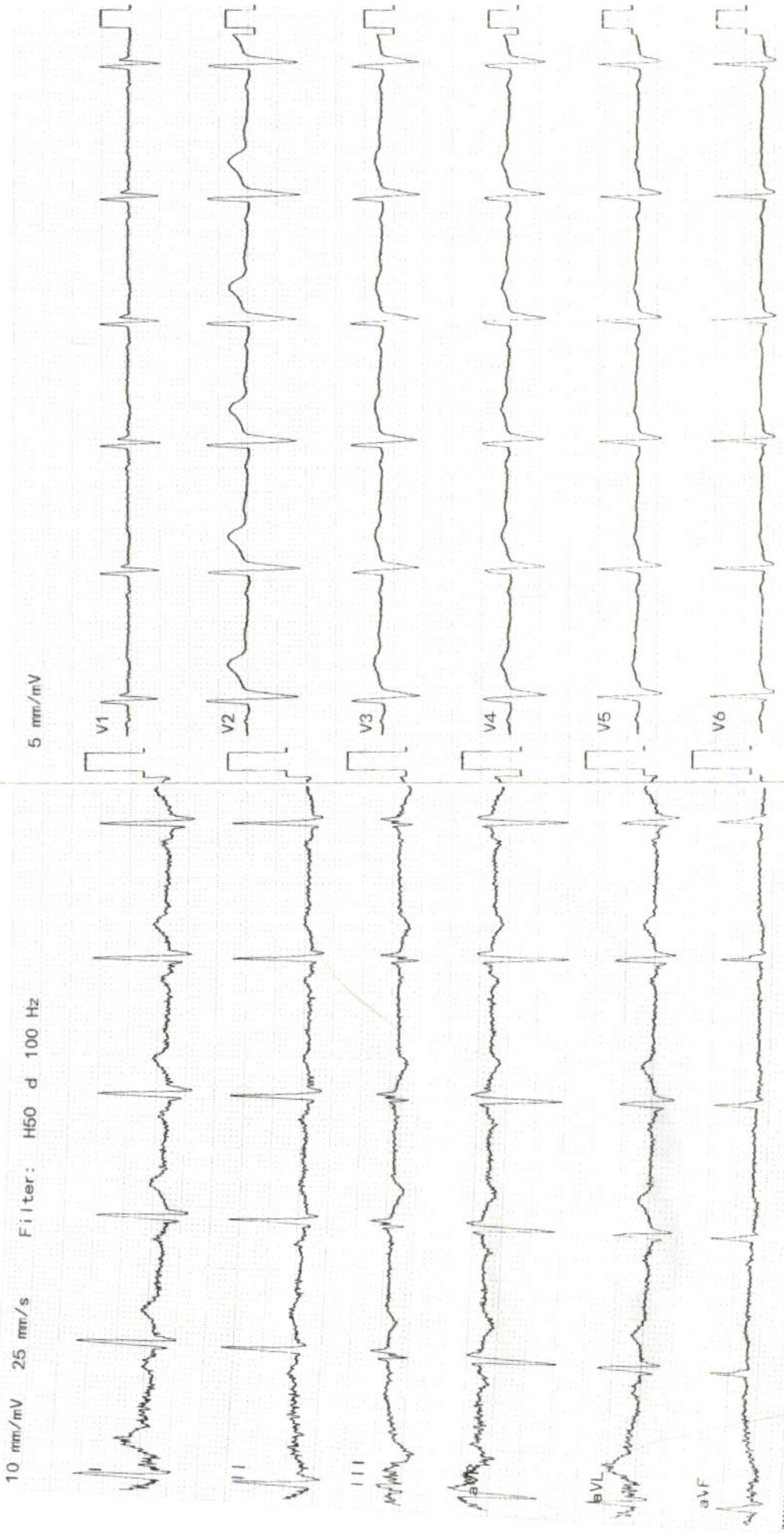
Sex: M Birth date: / / years
 Name: kg mmHg

Medication: bpm
 Symptoms: 154 ms
 History: 108 ms
 Int/QTc(E) int 372/ 392 ms
 P/QRS/T axis 11/ 39/ -6 °
 IV5/SV1 amp 1.41/ 1.04 mV
 IV5+SV1 amp 2.45 mV

1100 Sinus rhythm
 2440 Incomplete right bundle branch block
 4068 Nonspecific T wave abnormality
 0102 ARTIFACT PRESENT
 9130 ** borderline ECG **

Parvathy
Jethuvel

Unconfirmed Report
 Reviewed by:



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



Pre - op

Post-op

Health Check-up

Date : 27/04/24

Patient Reg. No. : _____

Patient Name : Gautam A. Jethva Age / Sex : 32/M

Address : Surest

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 : Generalised

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. :

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"

Adv. : Scaling

brushed

Jalau V. V.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

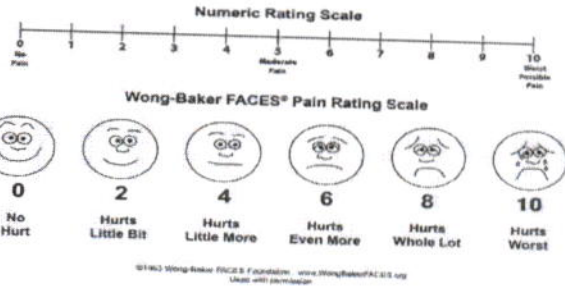
Gautam A Jethava

Date:-

27/04/2024

Chief Complaints:-

Intermittent



Pain Assessment:-

Past History:-

Family History:-

Allergy:-

to things Allergies to aspirin. ovidazole.

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:-

6/60
6/60

PH Vision:-

6/6
6/6

NCT

18
18

RT - 4.00 m 6/6, 18
LT - 4.50 m 6/6, 18

ON Examination

Ant. Segment

Both Eye

Clear foveal fixation

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CIN: L85110GJ2004PLC044667

ME PR 28 2023 11:30

D=10

R>

SPH	CYL	AX
-3.25	-0.50	33
-3.75	0.00	87
-3.50	-0.25	87
-3.50	-0.25	87

<L>

SPH	CYL	AX
-4.75	-0.50	2
-4.50	-0.50	9
-4.50	-0.50	172
-4.50	-0.50	2

D= 53

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GR-3300K S/N:76BB0963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

- Blood Vessel:-
- Background:-
- Macula:-
- Diagnosis:-

Squint exotropia

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / sm

Signature of the Consultant

[Handwritten Signature]