

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

Patient Name:-

Archite
31 F

Age / Sex :-

Chief Complaints:-

Noelb

Date: 27/4/24

Weight:- 78 kg

Height:- 160cm

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 90/min

BP:- 120/80 mm Hg

SpO2:- 99.1

Family History:-

Systemic Examination:-

RS }
CVS }
PA }
CNS }
NAD

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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

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CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx
cap. Pantop dSR (30)
- 1 -
- 1 -
fab. domstal dt (20)
- 1 -
Pantop mps gel.
15-ml-2
Normal healthy
week up

Follow Up:

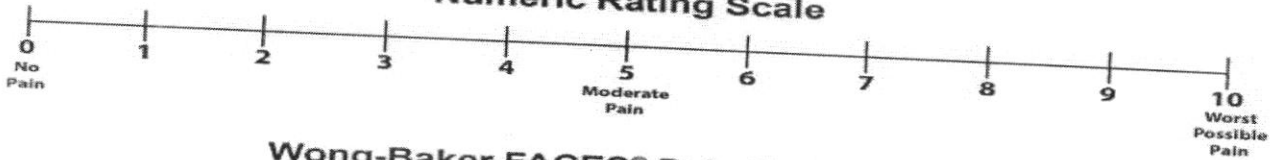


બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

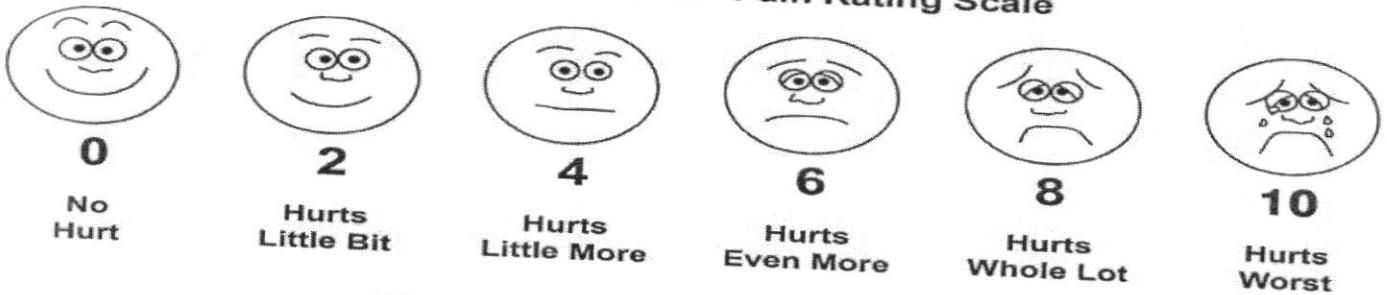
Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Certificate No.: MC-5200

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 : SUR0000363848 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Archita .	/	Registered On : 27-Apr-2024 10:01 AM
Lab ID : 404901890		Collected On : 27-Apr-2024 10:00 AM
Gender/Age : Female / 31 Years	DOB : 23-Oct-1992	Received On : 27-Apr-2024 10:03 AM
Ref. By : Dr. 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	11.6	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	3.99	mill/cmm	3.8 - 4.8
HCT	Calculated	35.2	%	36 - 46
MCV	Calculated based on the RBC histogram	88.1	fL	83 - 101
MCH	Calculated	29.1	pg	27 - 32
MCHC	Calculated	33.0	g/dL	31.5 - 34.5
RDW	Calculated	14.4	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8660	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	71	%	40 - 80
LYMPHOCYTES	Flow Cytometry	22	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	150000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	13.4	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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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>	42	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.1	%	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) * 100 mg/dL
Calculated

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 Lab ID : 404901890 Collected On : 27-Apr-2024 10:00 AM
 Gender/Age : Female / 31 Years DOB : 23-Oct-1992 Received On : 27-Apr-2024 10:04 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Fluoride PP, Urine (F), Serum

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

Plasma Glucose (F) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	102	mg/dL	74 - 106
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Urine Sugar (F) <i>Glucose-oxidase/oxidase reaction</i>	ABSENT	mg/dL	Absent
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POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP) <i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>	108	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
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Urine Sugar (PP) <i>Glucose-oxidase/oxidase reaction</i>	SNR	mg/dL	Absent
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Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	24	U/L	9 - 52
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SGOT (AST) <i>Multi Point Rate with P-5-P</i>	23	U/L	14 - 36
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Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	72	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
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GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	17	U/L	12 - 43
--	----	-----	---------

S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
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Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.4	g/dL	3.5 - 5.0
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S. GLOBULIN <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
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A/G Ratio <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
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Collected On : 27-Apr-2024 10:00 AM

Gender/Age : Female / 31 Years

DOB : 23-Oct-1992

Received On : 27-Apr-2024 10:04 AM

Ref. By : Dr. Health Check Up . Shalby

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

0.7

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

0.6

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

0.1

mg/dL

Calculated

Conjugated bilirubin and

Delta bilirubin (Bilirubin

covalently bound to albumin)

0.0-0.4

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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LIPID PROFILE**LIPID PROFILE**

Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	118	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	151	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	38	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	80	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	50	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	30	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.3		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.1	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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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST**

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	15	mg/dL	7 - 17
UREA <i>Calculated</i>	32	mg/dL	15 - 36
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.75	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.0	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.4	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.7	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>	4.69	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	109	mmol/L	98 - 107

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

Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	132	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	12.65	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.505	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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 Gender/Age : Female / 31 Years DOB : 23-Oct-1992 Received On : 27-Apr-2024 10:04 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	Slightly Turbid		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> ≥1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Present (+++)		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	0-2/hpf	/hpf	0-5/hpf
Red blood cells	70-80/hpf	/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

Patient ID:	SUR0000 4589 MHC	Patient Name:	ARCHITA
Age:	32 Years	Sex:	F
Accession Number:	4589 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
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CIN: L85110GJ2004PLC044667

DR. RUCHI THAKOR

M.S (Gynec) fmas, Infertility Specialist.
Consultant Obstetrician & Gynecologist
Email-ID:- ruchidesai24@yahoo.in
Regi. No. G-17927

Shalby Women's Health Clinic

Name:-

Chief Complaints:-

Date:-

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

M/H:-

P.4/2024/c.s./O³ (tongue-tie)

O/H:-

LMP:-

1st day of menses.

reg. Pds.

Lactating.

P/H:-

F/H

Examination:-

O/E:

folliculitis on Rt Breast

USG pelvis - NAD

Provisional Diagnosis:-

Adv - Metrogyl-P ointment - ①
twice BD

- 7. Zerodal-SP _____ ③ days
1-1-1

- flup for PAP smear after menses

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

Birth date:

years

cm

kg

/

mmHg

1100 Sinus thm

9110 ** normal ECG **

Medication:

Symptoms:

History:

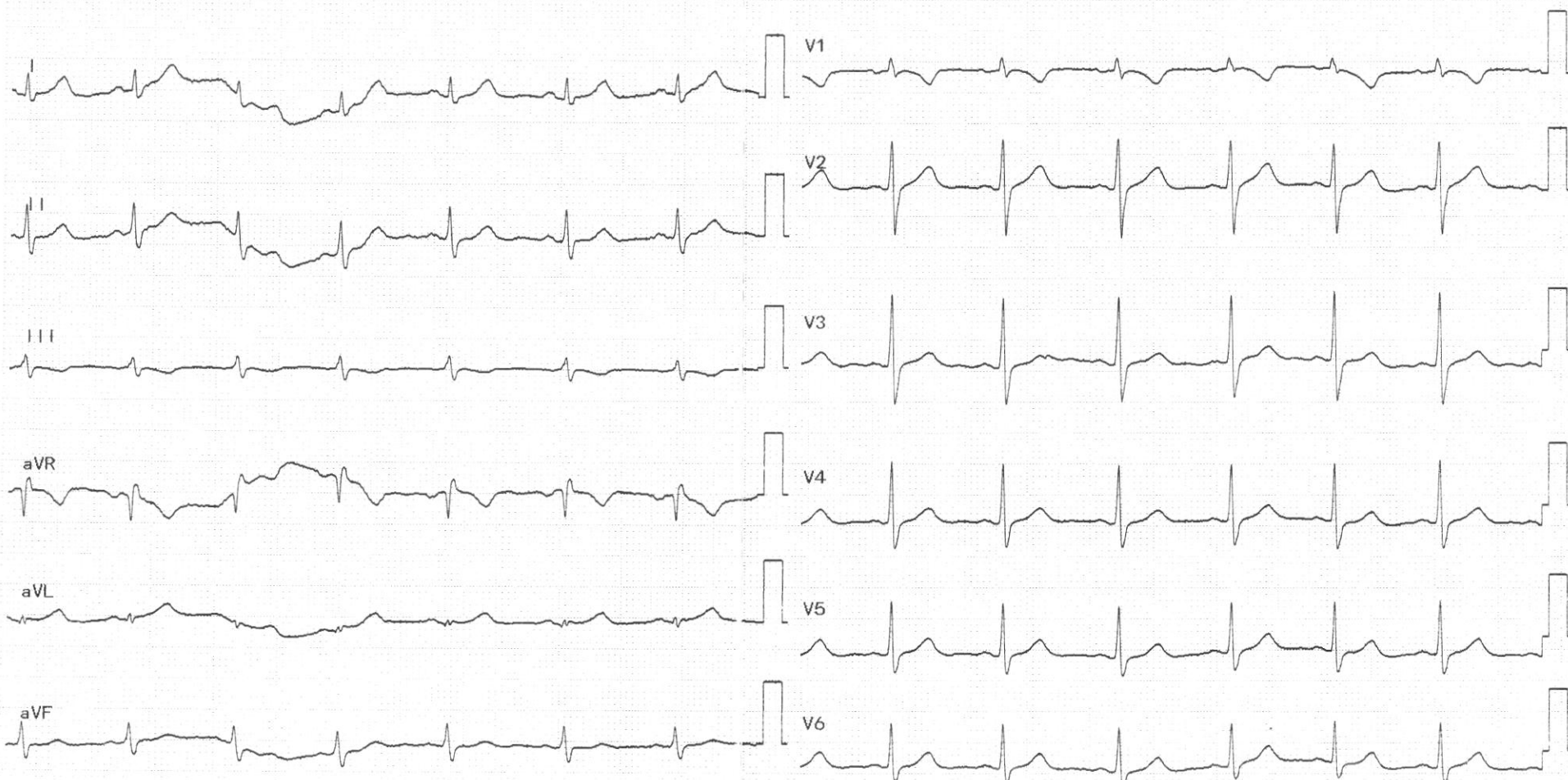
Vent. rate	86	bpm
PR int	124	ms
QRS dur	88	ms
QT/QTc(E) int	358/ 401	ms
P/QRS/T axis	26/ 42/ 17	°
RV5/SV1 amp	0.95/ 0.11	mV
RV5+SV1 amp	1.06	mV

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 35 Hz

10 mm/mV



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Shalby Limited, Surat.



BE

Refresh tea etc

DR. RUJUTA SHELAT

Consultant Ophthalmologis

Reg. No.:- G-48712

Name :-

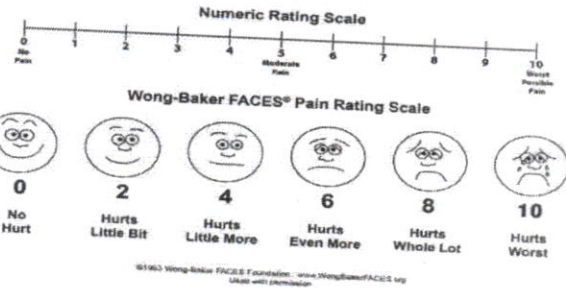
Archita

Date:-

27/04/2024.

Chief Complaints:-

Routine Eye check up



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:- *64/96* Temp:-

Visual Acuity:- *< 18/18*

Systemic Examination:-

HT:- WT:-

PH Vision:- *< 6/6*
< 6/6
- 0.25 10/6/6. 10/6.

NCT

DR

Both Eye

ON Examination

Ant. Segmenet

SHALBY HOSPITAL, SURAT

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

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

CIN: L85110GJ2004PLC044667

NAME
APR 28 2023 11:40

VD=10
<R>
SPH CYL AX
- 0.50 -0.25 158
- 0.50 0.00
- 0.75 0.00

Anterior Chamber

<L>
SPH CYL AX
- 0.75 -1.00 149
- 0.75 -0.75 139
0.00 -1.25 108

Rt. EYE

Lt. EYE

- 0.75 -0.75 139

PD= 64

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

Investigation:-

Macula:-

Diagnosis:-

in error

Treatment:-

*1 Cellulose
→ Refresh tear and 2/E
○○○○○○○○○○*

Nutritional Assessment:-

Preventive Care & Counsellings:-

*- Take Break after each
20 MINUTES*

Follow Up ON:-

2 months/105

*- look @ 20 Feet/6 meter
distance*

Signature of the Consultant

Rov

*- While looking @ 20 feet/6
meter distance
Blink 20 times*

- 2) Take water 5 ltr*
- 3) 3 WARM compression*

Patient's Name: Archita

Age: 32 yrs / Female

Date: 27 / 04 / 2024


2D ECHOCARDIOGRAPHY REPORT

B mode findings

- Normal LV size
- No LV hypertrophy.
- Normal LA/ RA/ RV size
- No RWMA at rest
- Normal LV systolic function, LVEF – 60 %
- Normal LV diastolic function
- Mitral Valve – Normal , No MR, Aortic Valve – Normal , No AR.
- Tricuspid Valve – Normal ,No TR.
- Pulmonary Valve – Normal , No PR
- No pulmonary arterial hypertension, RVSP - 20 mmHg
- IAS / IVS intact
- IVC is Normal > 50 % collapsible
- No clot / vegetation / effusion

IMPRESSION

- Normal LV Systolic Function
- No RWMA
- LVEF 60 %


Dr. Haresh Kaswala
Interventional Cardiologist

Note : Normal 2Decho study does not rule out underlying Coronary artery disease.

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CIN: L85110GJ2004PLC044667

Patient Name: ARCHITA		UHID:	
Age / Sex: 31 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 27/04/2024	

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. **Mobile GB calculus 17 MM.** 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 66 x 37x 50 mm in size. The uterine myometrial echotexture is homogenous. ET 7 mm 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:

- **Mobile GB calculus**

Thanks for referrals.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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Pre - op

Post- op

Health Check-up

Date : 27/04/24

Patient Reg. No. : _____

Patient Name : Architel

Age / Sex : 34/F

Address : Patempur

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. :

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

Jadav...
Dr. Darshini V. Shah
 (Consultant Dental Surgeon)