

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

OPR NO:

Patient Name:-

Sandip R. Vekharic
32M

Date: 13/4/24

Age / Sex :-

Weight:- 79 kg

Chief Complaints:-

Height:- 178cm

Pain in great toes
→

Nutritional assessment:-

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

Drug / Food Allergy:-

NAD

Pulse:- 63/min

Past History :-

BP:- 130/90mm Hg

SpO2:- 100%

Family History:-

Systemic Examination:-

RS
CVS
PA
CONS
|
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

T. Telwinda Wong (3y)

- A -

al

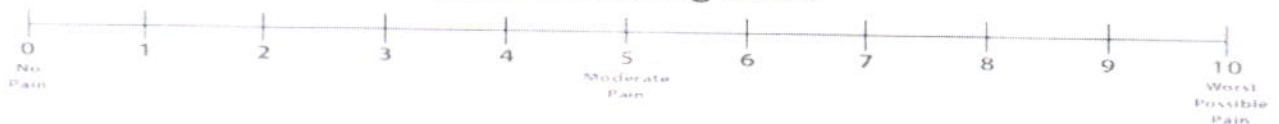
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

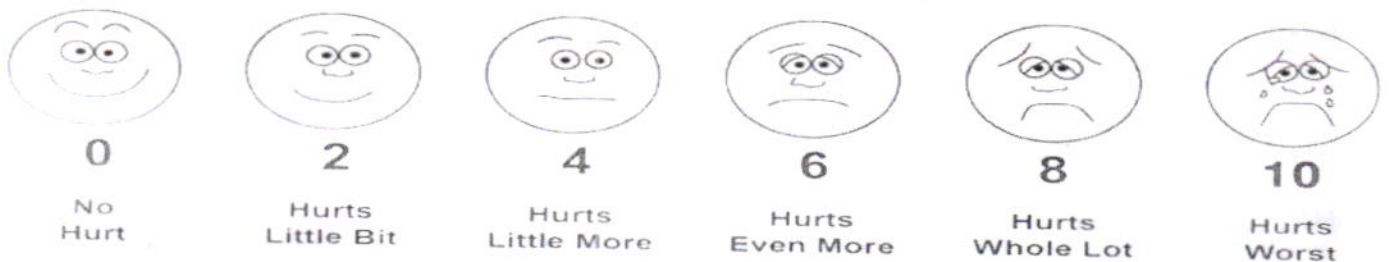
Date: _____

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 : SUR0000363079 OP-001

REPORT STATUS : Interim



Patient Name : Mr Sandip Ranchodbhai Vekariya /	Registered On : 13-Apr-2024 09:03 AM
Lab ID : 404900838	Collected On : 13-Apr-2024 08:40 AM
Gender/Age : Male / 32 Years	DOB : 13-Apr-1992
Received On : 13-Apr-2024 09:31 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>	14.3	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	5.08	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	44.2	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	87.1	fL	83 - 101
MCH <i>Calculated</i>	28.1	pg	27 - 32
MCHC <i>Calculated</i>	32.3	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	12.6	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	5960	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	45	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	44	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	5	%	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>	259000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	7.6	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 AgrawalM.B., D.C.P
Consulting Pathologist

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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	"A"
RH Type	POSITIVE

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Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	7	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.6	%	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) * 114 mg/dL
Calculated

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

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Certificate No.: MC-5200

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Gender/Age : Male / 32 Years

DOB : 13-Apr-1992

Received On : 13-Apr-2024 09:37 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)**

82

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)**

88

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	Received On : 13-Apr-2024 09:37 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	181	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	92	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	47	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	134	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	116	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	18	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.5		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.9	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 / 32 Years DOB : 13-Apr-1992 Received On : 13-Apr-2024 09:37 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	12	mg/dL	9 - 20
UREA <i>Calculated</i>	26	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.74	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.2	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.2	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.0	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.22	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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Gender/Age : Male / 32 Years

DOB : 13-Apr-1992

Received On : 13-Apr-2024 09:37 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	100	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	7.64	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	2.452	µIU/mL	0.38 - 5.33

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 Lab ID : 404900838 Collected On : 13-Apr-2024 08:40 AM
 Gender/Age : Male / 32 Years DOB : 13-Apr-1992 Received On : 13-Apr-2024 09:25 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 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> 5.5	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	2-3/hpf	/hpf	0-5/hpf
Red blood cells	8-10/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

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	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	148	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	106	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	74	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>	56	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.7	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.5	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>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.1	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Patient ID:	SUR00004098	Patient Name:	SANDIP R VEKARIYA
Age:	32 Years	Sex:	M
Accession Number:	4098 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	13-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



Pre - op

Post-op

Health Check-up

Date : 13/11/20

Patient Reg. No. : _____

Patient Name : Sandip vekariwal Age / Sex : 32 / M

Address : Surat

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 : 8/

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 an well maintained.

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

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

A. Mathur

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SANDIP VEKARIYA,
Patient ID: 31060
Height:
Weight:

DOB: 12.05.1991
Age: 32yrs
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	00:06	0.00	0.00		130/80	
	STANDING	00:23	0.80	0.00	76		
EXERCISE	STAGE 1	03:00	2.70	0.00	93		
	STAGE 2	03:00	4.00	12.00	136	130/80	
	STAGE 3	02:01	5.40	14.00	169	150/80	
RECOVERY		03:16	0.00	0.00	98	120/80	

The patient exercised according to the BRUCE for 8:00 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 67 bpm rose to a maximal heart rate of 169 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/80 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.

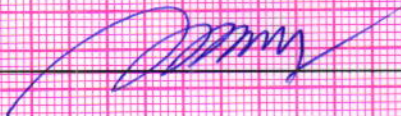
ST Changes: none.

Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

SANDIP VEKARIYA,

Patient ID 31060

13.04.2024

Male

11:39:19

32yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 08:00

Max HR: 169 bpm 89% of max predicted 188 bpm HR at rest: 67

Max BP: 150/80 mmHg BP at rest: 130/80 Max RPP: 25350 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.60 mm, 0.00 mV/s in II; EXERCISE STAGE 3 08:00

Arrhythmia: PVC:2, PSVC:1

ST/HR index: 1.72 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: Normal stress test.

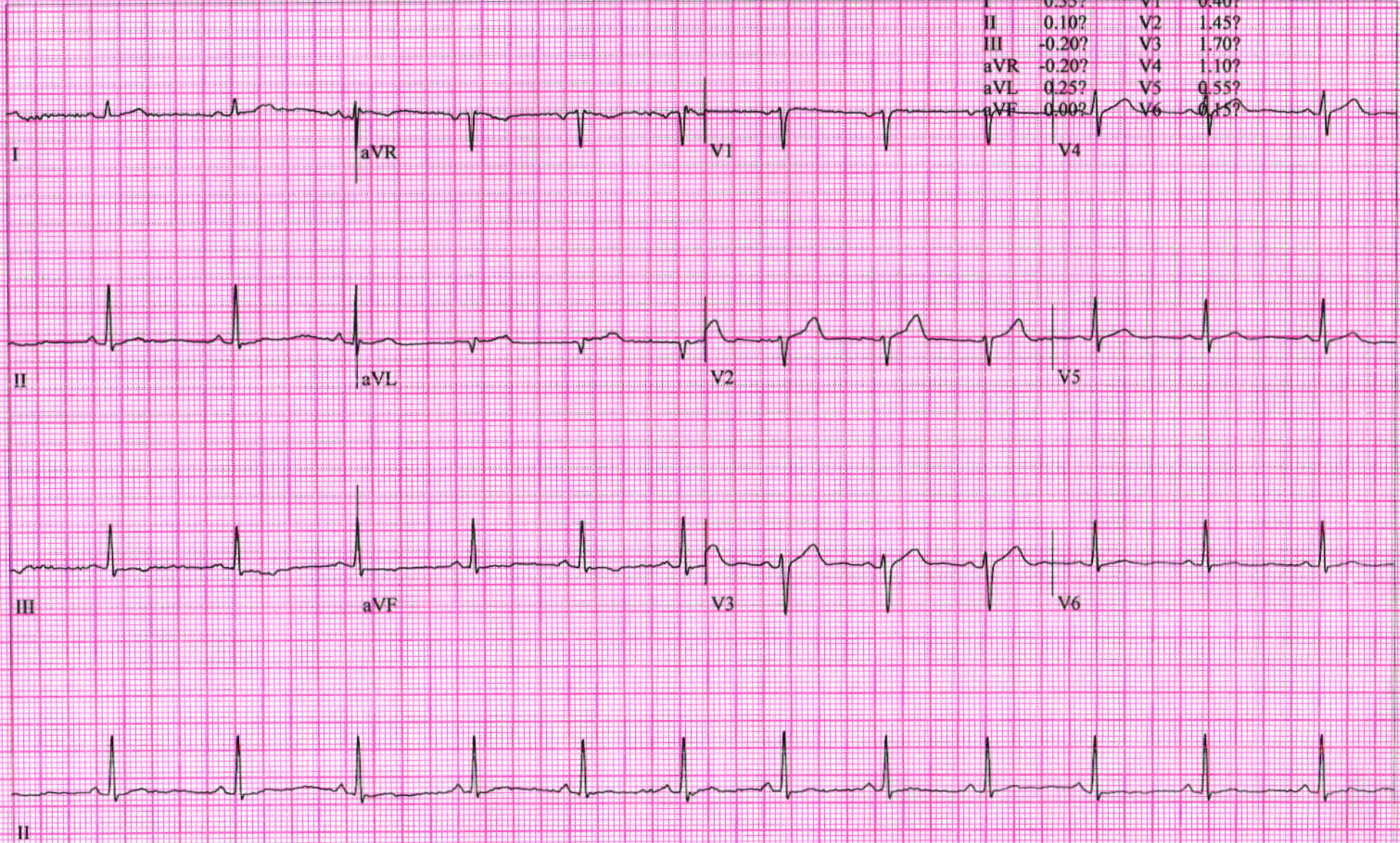
Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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 (H mm)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0		130/80		0	--	
	STANDING	00:23	0.80	0.00	1.1	76			0	0.05	
EXERCISE	STAGE 1	03:00	2.70	0.00	2.2	93			0	0.20	
	STAGE 2	03:00	4.00	12.00	7.0	136	130/80	17680	0	-0.75	
	STAGE 3	02:01	5.40	14.00	10.0	169	150/80	25350	1	-1.60	
RECOVERY		03:16	0.00	0.00	1.0	98	120/80	11760	0	-0.45	

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

Lead	ST(mm)	Lead	ST(mm)
I	0.35?	V1	0.40?
II	0.10?	V2	1.45?
III	-0.20?	V3	1.70?
aVR	-0.20?	V4	1.10?
aVL	0.25?	V5	0.55?
aVF	0.00?	V6	0.15?



SANDIP VEKARIYA,
Patient ID 31060
13.04.2024
11:42:42

91 bpm

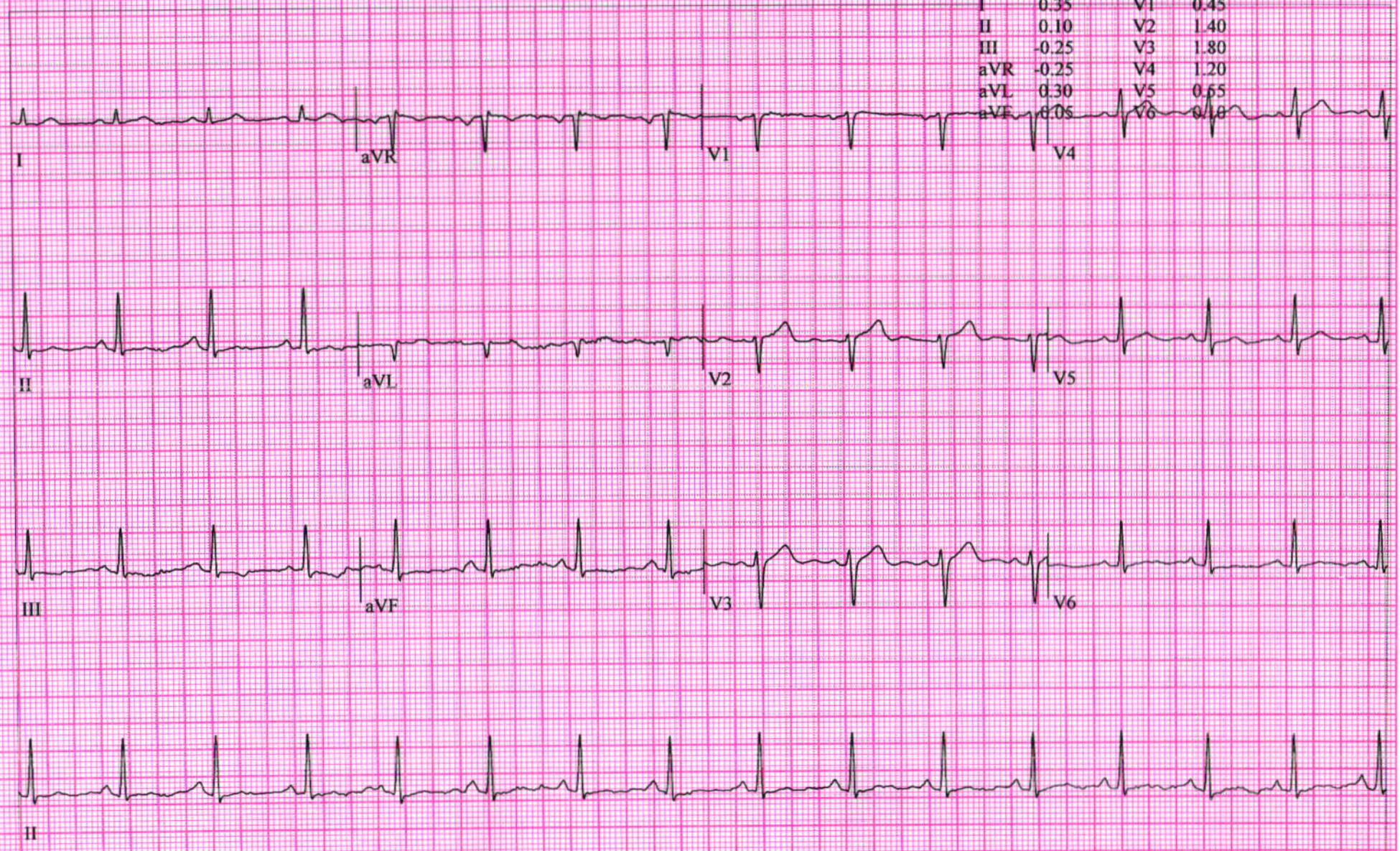
EXERCISE
STAGE I
02:50

BT CE
2.7 km/h
0.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.45
II	0.10	V2	1.40
III	-0.25	V3	1.80
aVR	-0.25	V4	1.20
aVL	0.30	V5	0.55
aVF	0.05	V6	0.70



SANDIP VEKARIYA,
Patient ID 31060
13.04.2024
11:45:42

136 bpm
130/80 mmHg

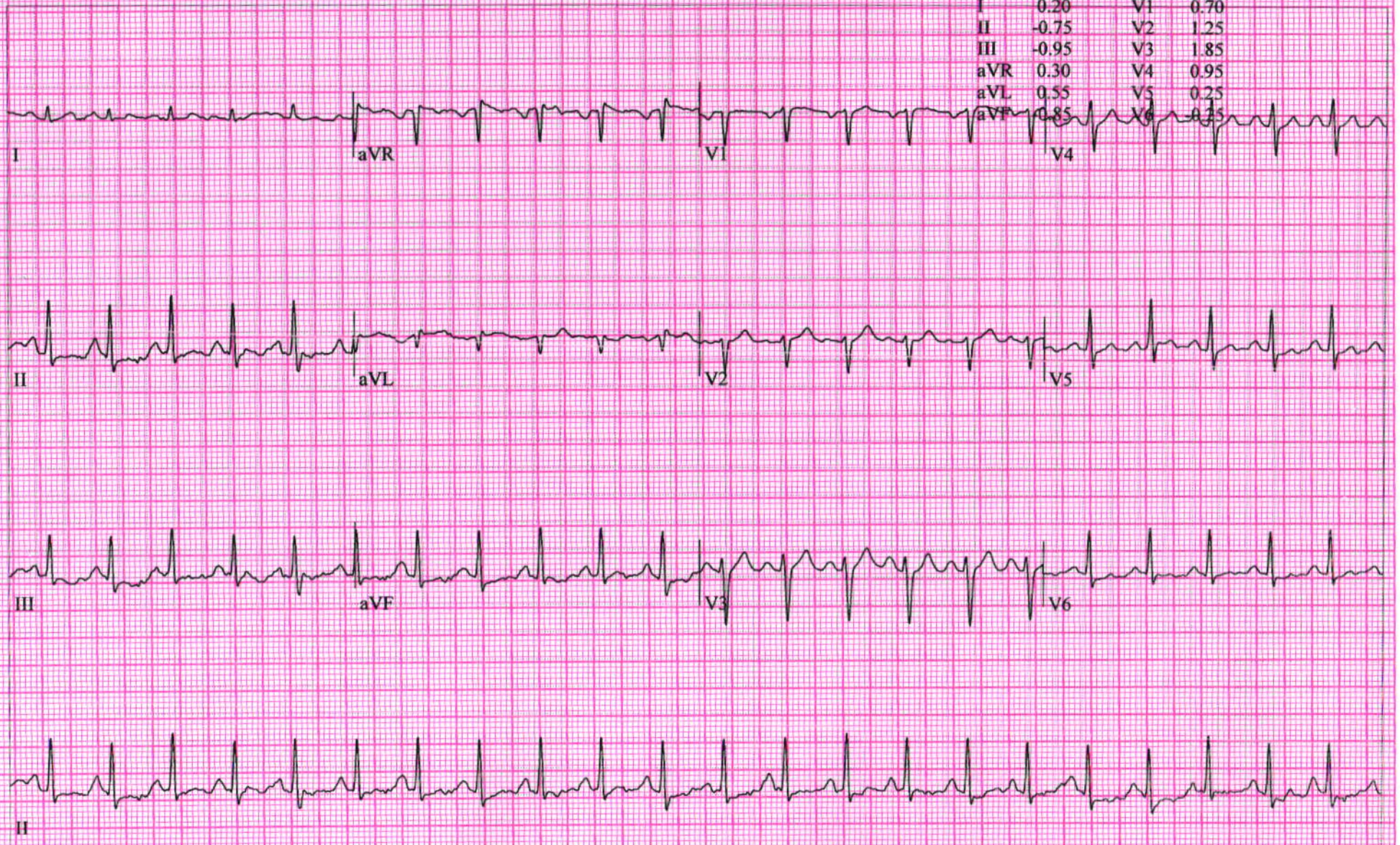
12-Lead Report
EXERCISE
STAGE 2
05:50

BT CE
4.0 km/h
12.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.70
II	-0.75	V2	1.25
III	-0.95	V3	1.85
aVR	0.30	V4	0.95
aVL	0.55	V5	0.25
aVF	0.85	V6	0.35



SANDIP VEKARIYA,

Patient ID 31060

13.04.2024

11:47:53

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

08:01

B*CE

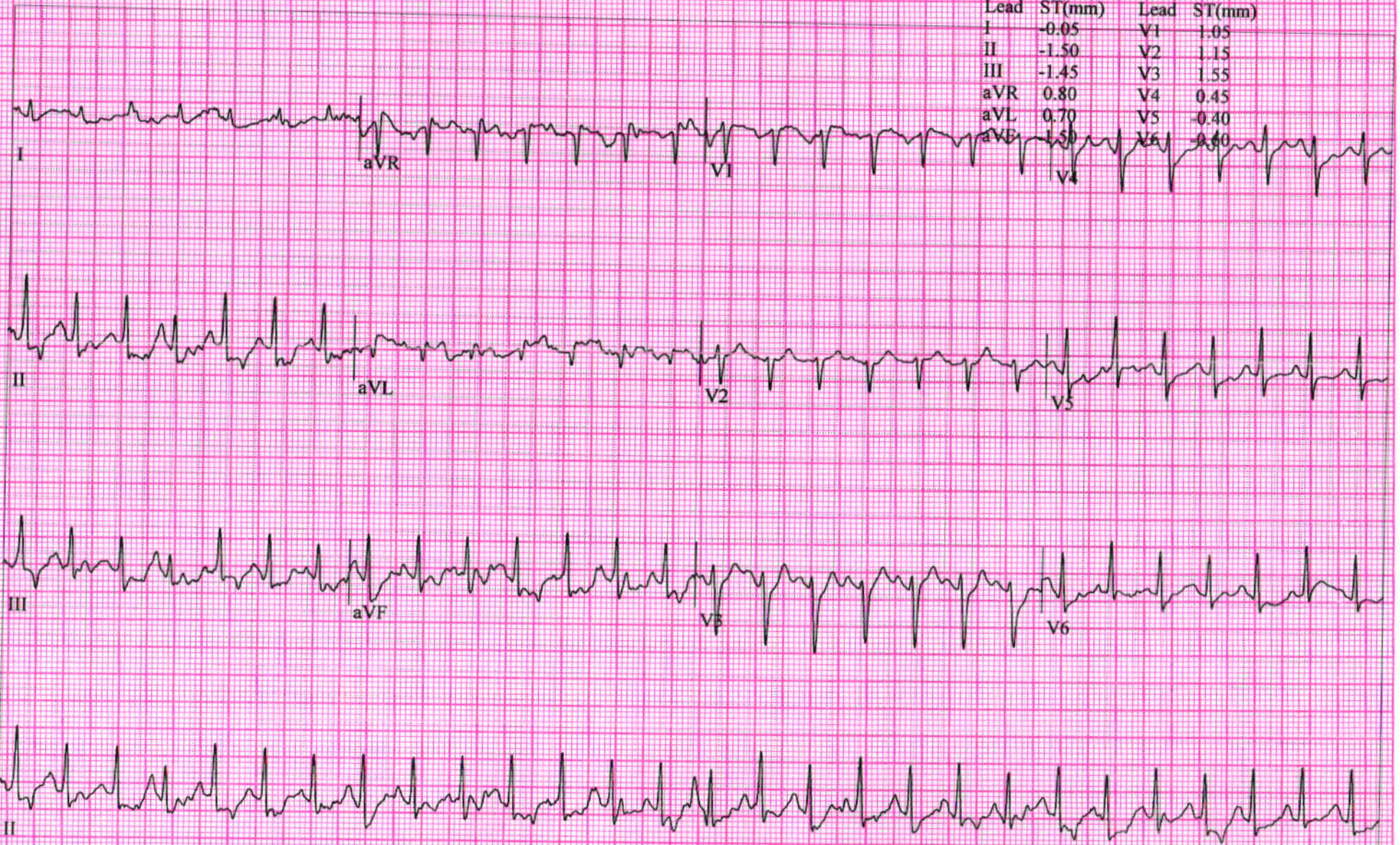
5.4 km/h

14.0 %

SHALBY HOSPITAL

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

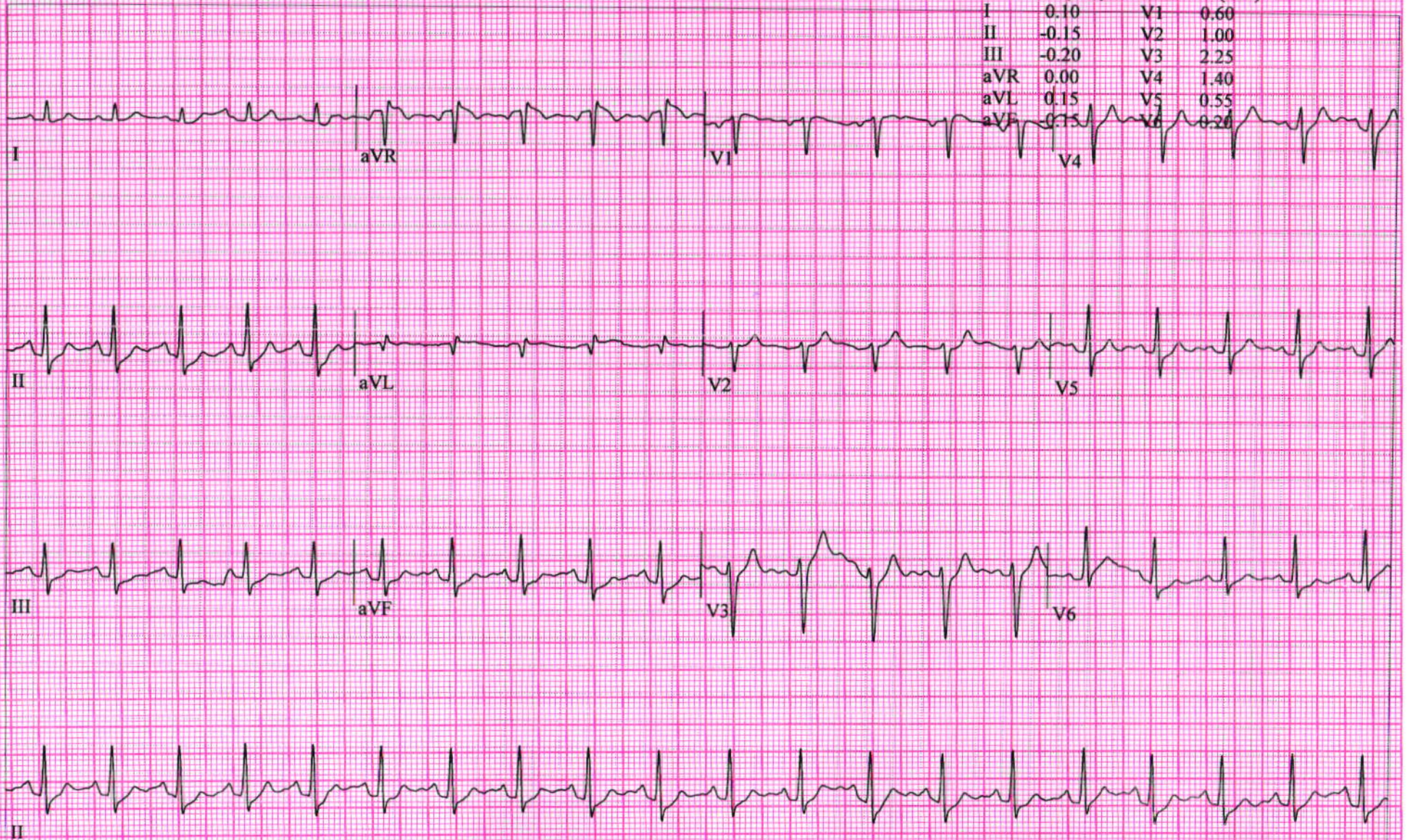
Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	-1.05
II	-1.50	V2	1.15
III	-1.45	V3	1.55
aVR	0.80	V4	0.45
aVL	0.70	V5	-0.40
aVF	-1.50	V6	-0.60



123 bpm
150/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.60
II	-0.15	V2	1.00
III	-0.20	V3	2.25
aVR	0.00	V4	1.40
aVL	0.15	V5	0.55
aVF	-0.75	V6	0.20



SANDIP VEKARIYA,
Patient ID 31060
13.04.2024
11:49:42

109 bpm
150/80 mmHg

RECOVERY
#1
01:50

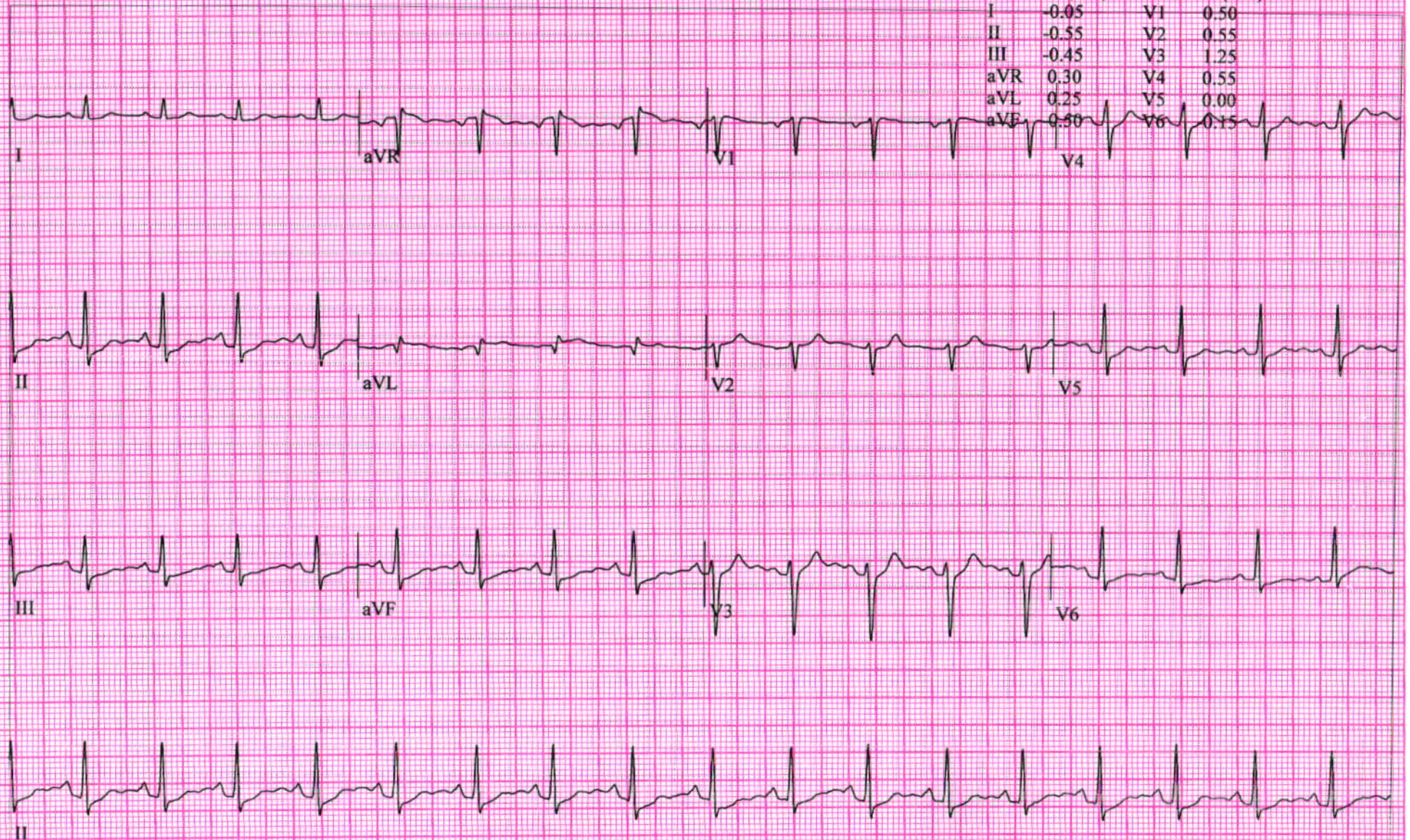
12-Lead Report

B'CE
0.0 km/h
0.0 %

SHALBY HOSPITAL

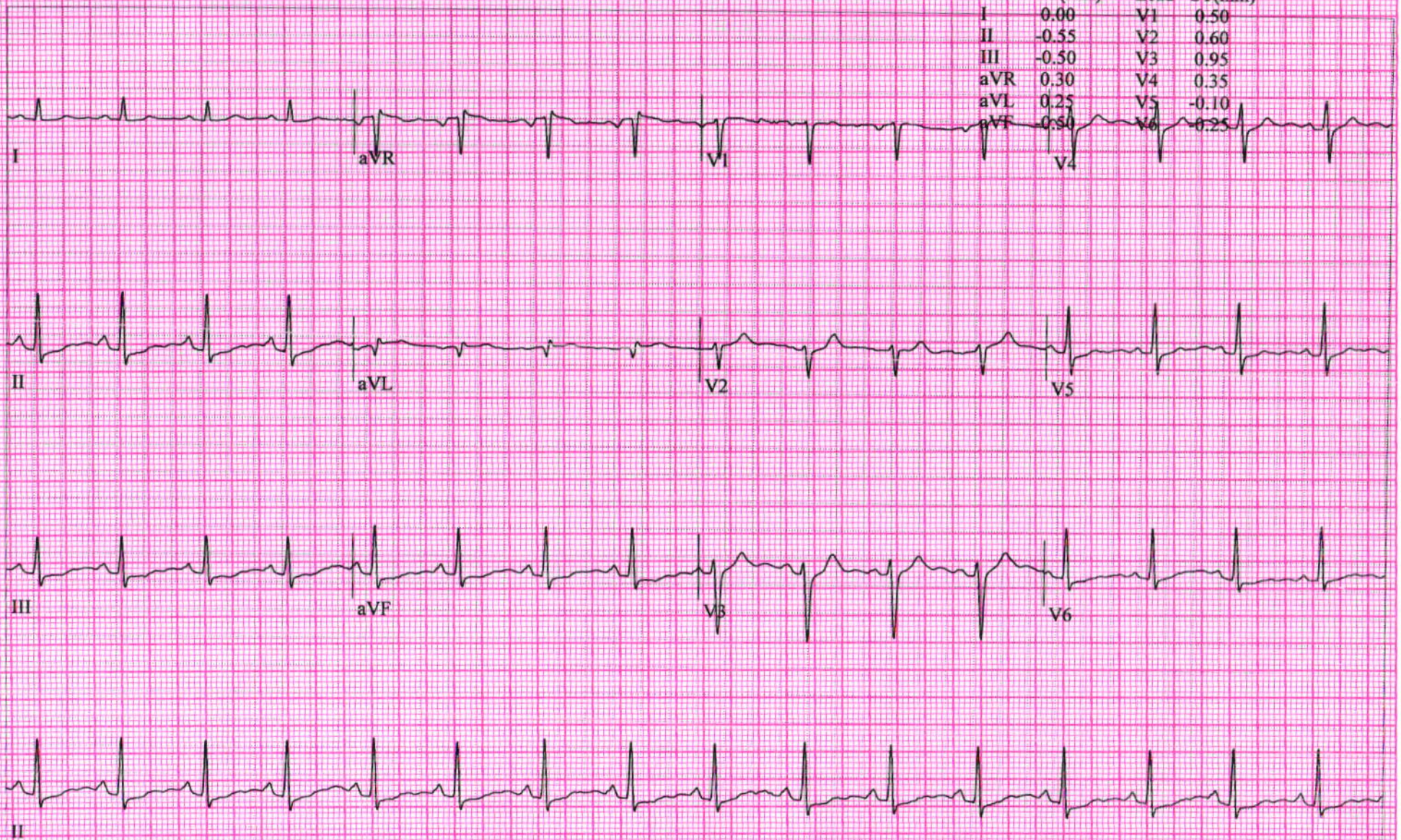
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.50
II	-0.55	V2	0.55
III	-0.45	V3	1.25
aVR	0.30	V4	0.55
aVL	0.25	V5	0.00
aVF	0.50	V6	0.15



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

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.50
II	-0.55	V2	0.60
III	-0.50	V3	0.95
aVR	0.30	V4	0.35
aVL	0.25	V5	-0.10
aVF	0.50	V6	0.25



DR. RUJUTA SHELAT

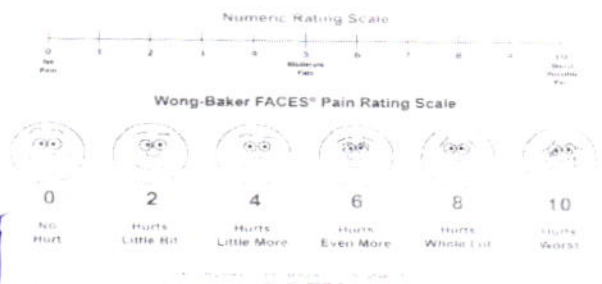
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- Sandip K. Vekariya.

Date:- 13/04/2024.

Chief Complaints:- Routine Eye check up



Pain Assessment:- S/P Refractive surgery done 2 yrs back

Past History:-

Family History:-

Allergy:- NO ALLERGIC

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:- 6/6
6/6

PH Vision:- 6/6
6/6

NCT 18
ON Examination

Ant. Segment

Both Eye

WNL

SHALBY HOSPITAL, SURAT

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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

NAME
APR 14 2023 10:13

VD=10
 <R>

SPH	CYL	AX
0.00	+0.25	65
+ 0.25	-1.00	4
+ 0.25	-0.50	173

+ 0.25	-0.50	173
--------	-------	-----

Anterior Chamber

<L>

SPH	CYL	AX
0.50	-1.00	10
+ 0.50	-0.75	5
+ 0.25	-0.75	177

+ 0.50	-0.75	5
--------	-------	---

Rt. EYE

Lt. EYE

PD= 64
 GrandSeiko.com
 SR-3300K S/N:76BB0963

Investigation:-

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

At least come later on

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months / SOS

Signature of the Consultant

[Handwritten Signature]

Patient Name: SANDIP R. VEKARIYA		UHID:
Age / Sex: 32 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 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 33 x 34 x 31 mm (Approx. vol- 19 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

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

Sandip Bhej

1100 Sinus rhythm
4068 Nonspecific Twave abnormality
0102 ARTIFACT PRESENT
9130 ** borderline ECG **

Unconfirmed Report
Reviewed by:

ID: _____ Name: _____ Birth date: _____ / _____ / _____ years

Sex: M cm kg mmHg

Medication:

Symptoms:

History:

Heart rate 63 bpm
PR int 138 ms
QRS dur 84 ms
QT/QTc(E) int 368 / 375 ms
P/QRS/T axis 53 / 70 / -18 °
RV5/SV1 amp 1.24 / 1.03 mV
RV5+SV1 amp 2.27 mV

