

Consultant Physician Clinic

Patient Name:- *Bhavik Waniya*
Age / Sex :- *45yrs Male*
Chief Complaints:-

→ Pk uram
→ ocs gastritis
→

Drug / Food Allergy:-

- no

Past History :-

- no

Family History:-

Systemic Examination:-

*Re
L*

Provisional Diagnosis:

OPR NO:

Date: *09/12/23*

Weight:- *70.350*

Height:- *172 cm*

BMI:- *23.7*

Nutritional assessment:-

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

Pulse:- *72 min*

BP:- *120/80*

SpO2:- *99%*

Investigation :-

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

Rx

→ { Paracetamol plus } Morphine plus
(oral) - 10 days

GAD
Anxiety

→ Paracetamol D

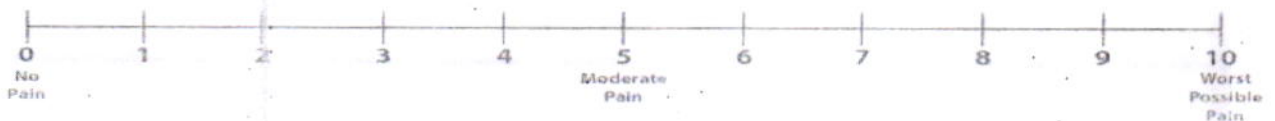
(10 days)

Follow Up Date:- _____

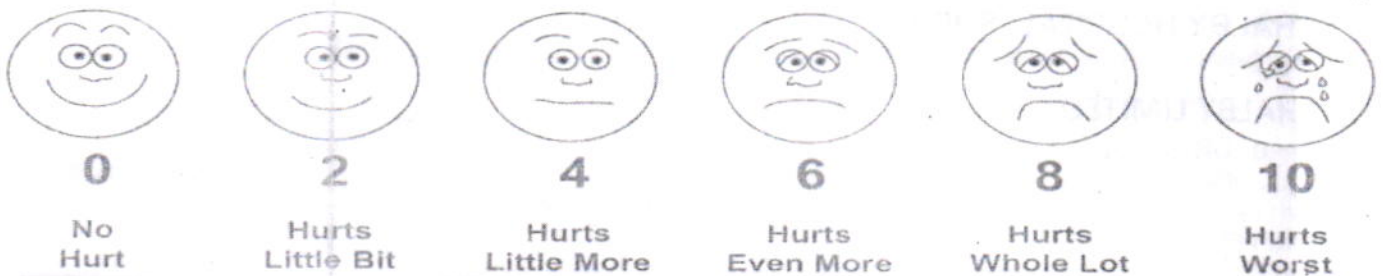
બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient ID:	SUR0000355164	Patient Name:	BHARAT D UMRIGAR
Age:	45 Years	Sex:	M
Accession Number:	14199	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	9-Dec-2023		

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

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



Pre - op

Post - op

Health Check-up

Date : 9/11/23

Patient Reg. No. : _____

Patient Name : Bhrookhbhai Dmzigela Age / Sex : 45 / m

Address : Dmze, 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 : 7

RCT : _____

Dentures : _____

Implants : _____

Perio Surgery : _____

Class V Fillings : _____

Extraction : _____

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"

Adv

filling ——— 67 ——— 800x2 - 1600/-
 scaling & polishing - 800/-



Aditya Jaiswal

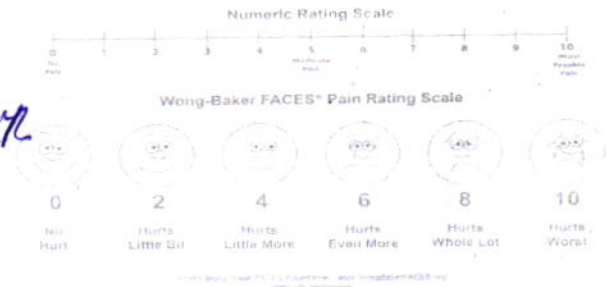
Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Name :- Bhurat Umrigar

Date:- 9/12/23

Chief Complaints:-

It has Routine eye checkup
clo: down Near (BI)



Pain Assessment:-

Past History:- no

Family History:- no

Allergy:- no

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:- 9/6
9/6

PH Vision:-

NCT

59
(BI)

pluse 6/6

ON Examination

Ant. Segmenet

N. Add: + 1.25 DSP
Both Eye

no
no

- WNL -

Patient Name: BHARAT D. UMRIGAR		UHID: 355164	
Age / Sex: 45 Yrs. / Male		Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 09/12/2023		

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 23 x 33 x 30 mm (Approx. vol 12 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.

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CIN: L85110GJ2004PLC044667

Patient's Name: Bharat D Umrigar

Age: 45 yrs/ male

UHID: 355164

Date: 09 /12 / 2023

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:21

Left Ventricle: **Normal size cardiac chambers**, No Regional wall Motion abnormality.

Normal LV systolic function

with Ejection Fraction 60 %.

Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:11 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- EF 60 %



DR.SUSHIL YADAV

Consultant Clinical cardiologist

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

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

cm

kg

Birth date:

mmHg

years

1100 sinus rhythm

2210 Short PR interval

9150 ** abnormal ECG **

Indication:

Symptoms:

History:

Heart rate

PR int

PR dur

QTc(E) int

QRS/T axis

V5/SV1 amp

V5+SV1 amp

68 bpm

118 ms

86 ms

378/395 ms

45/77/62 °

1.50/0.53 mV

2.03 mV

Ⓡ

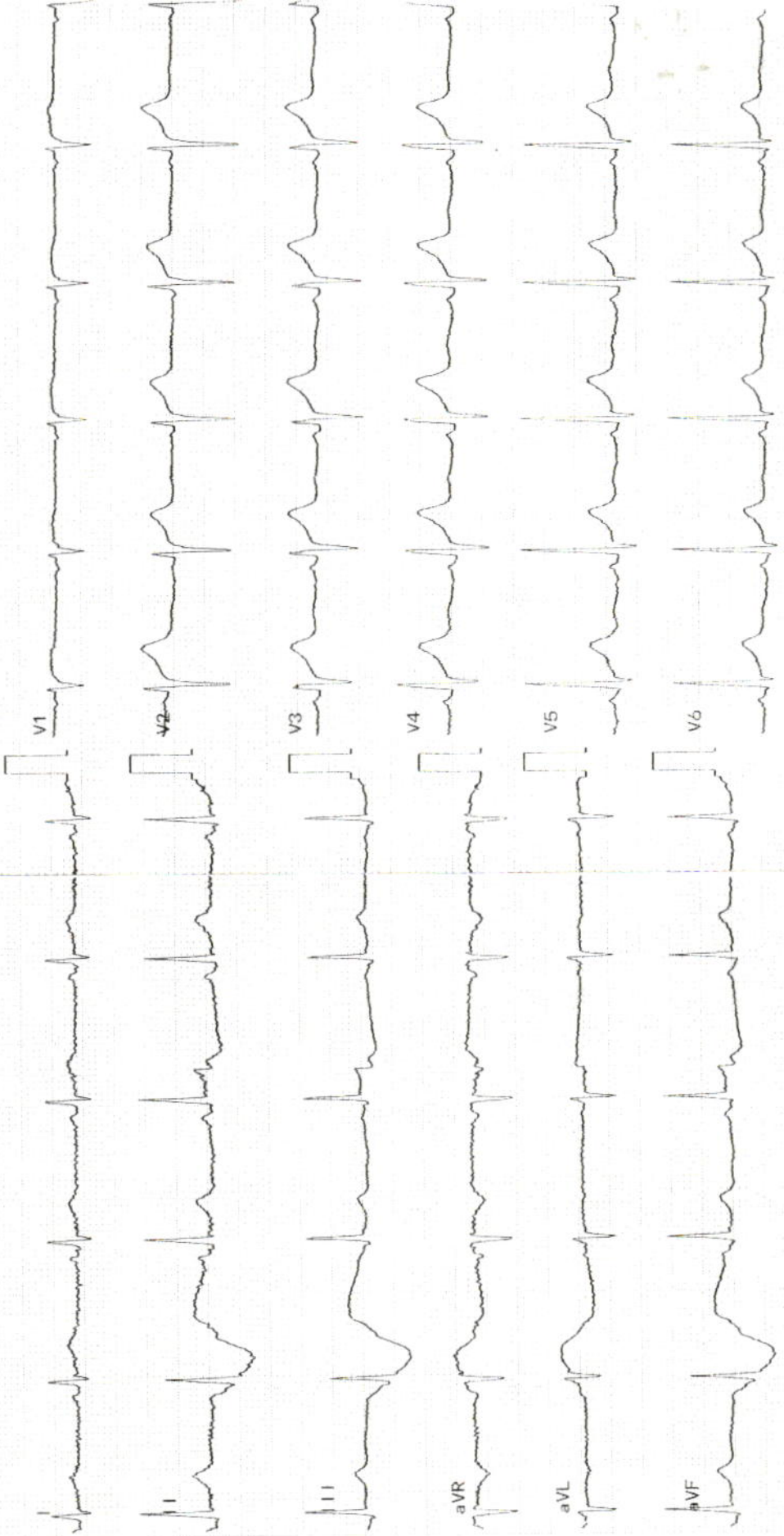
Bheroff
Urrigar

Unconfirmed Report

Reviewed by:

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

10 mm/mV





Certificate No. : MC-5200


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PID : SUR0000355164 OP-001

REPORT STATUS : Interim



Patient Name : Mr Bharat Dhansukh Umrigar /	Registered On : 09-Dec-2023 09:46 AM
Lab ID : 312900616	Collected On : 09-Dec-2023 09:22 AM
Gender/Age : Male / 44 Years	DOB : 29-Dec-1978
Received On : 09-Dec-2023 10:05 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>	13.8	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.82	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.9	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	89.0	fL	83 - 101
MCH <i>Calculated</i>	28.6	pg	27 - 32
MCHC <i>Calculated</i>	32.2	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>	3850	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	46	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	43	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	7	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	235000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	9.0	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs Normochromic and Normocytic.

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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Certificate No. : MC-5200



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Ref. By : Dr. Health Check Up . Shalby	Received On : 09-Dec-2023 10:05 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"
RH Type	POSITIVE

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ESR 1st hour * <i>Modified Westergren Method</i>	6	mm in 1 hour	0 - 15
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HBA1C

HbA1c - Glycated Haemoglobin *

Boronate Affinity Assay

6.0

%

6.5 - 7.0

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) * 125 mg/dL

Calculated

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 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)	96 ✓	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)	98 ✓	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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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	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	203	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	136	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	48	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	155	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol (bad) <i>Calculated</i>	128	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	27	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.7		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.2	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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RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea Nitrogen (BUN)

Urease, colorimetric

6

mg/dL

9 - 20

UREA

Calculated

13

mg/dL

19 - 43

Creatinine

Enzymatic - Creatinine amidohydrolase

0.91

mg/dL

0.66 - 1.25

S. URIC ACID

Uricase/Peroxidase, Colorimetric

6.5

mg/dL

3.5 - 8.5

Calcium

Arsenazo III dye

9.0

mg/dL

8.4 - 10.2

Phosphorus *

Phosphomolybdate reduction (PMA Phenol)

3.4

mg/dL

2.5 - 4.5

Sodium

Direct Ion Selective Electrode

138

mmol/L

137 - 145

S. POTASSIUM

Direct Ion Selective Electrode

4.71

mmol/L

3.5 - 5.1

Chloride

Direct Ion Selective Electrode

104

mmol/L

98 - 107

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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 *	100	ng/dL	87 - 178
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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 *	6.64	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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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 *	1.448	µIU/mL	0.38 - 5.33
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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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	Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN * 0.4 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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Pankaj Agrawal
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PID : SUR0000355164 OP-001

REPORT STATUS : Interim



Patient Name : Mr Bharat Dhansukh Umrigar /	Registered On : 09-Dec-2023 09:46 AM
Lab ID : 312900616	Collected On : 09-Dec-2023 09:22 AM
Gender/Age : Male / 44 Years	DOB : 29-Dec-1978
Ref. By : Dr. Health Check Up . Shalby	Received On : 09-Dec-2023 10:05 AM
	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>	30	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	28	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	70	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>	36	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>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.6	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.6	Ratio	1.0 - 2.3
Bilirubin Total <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
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>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Lab ID : 312900616	Collected On : 09-Dec-2023 09:22 AM
Gender/Age : Male / 44 Years	DOB : 29-Dec-1978
Received On : 09-Dec-2023 10:06 AM	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase 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>	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

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

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