

Shalby MD Physician Clinic

Patient Name:-

Arasmita Sethy

Age / Sex :-

20y / F

Chief Complaints:-

No clo

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS }
CNS }
PA }
CNS } NAD

OPR NO:

Date:

12/10/24

Weight:-

58 kg

Height:-

154 cm

Nutritional assessment:-

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

Pulse:-

79 bpm

BP:-

100/60

SpO2:-

97%

Provisional Diagnosis:-

Normal health check up.

Sildenafil oral

→ T: Histafree (15)
120
mg

gent



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 : SUR0000373002 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Arasmita Sethy	/	Registered On : 12-Oct-2024 10:04 AM
Lab ID : 410900939		Collected On : 12-Oct-2024 10:00 AM
Gender/Age : Female / 29 Years	DOB : 26-May-1995	Received On : 12-Oct-2024 10:11 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD COUNT AND INDICES

HAEMOGLOBIN	Colorimetric Non Cyanide	12.7	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	4.44	mill/cmm	3.8 - 4.8
HCT	Calculated	39.0	%	36 - 46
MCV	Calculated based on the RBC histogram	87.9	fL	83 - 101
MCH	Calculated	28.6	pg	27 - 32
MCHC	Calculated	32.5	g/dL	31.5 - 34.5
RDW	Calculated	13.1	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	7380	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	52	%	40 - 80
LYMPHOCYTES	Flow Cytometry	38	%	20 - 40
EOSINOPHILS	Flow Cytometry	5	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	1	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	220000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	13.0	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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Approved On : 12-Oct-2024 10:40 AM

Dr Pankaj Agrawal

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



Certificate No.: MC-5200

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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"
RH Type	POSITIVE

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Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	6	mm in 1 hour	0 - 20
HbA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.2	%	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) <i>Calculated</i>	103	mg/dL	

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Lab ID : 410900939		Collected On : 12-Oct-2024 10:00 AM
Gender/Age : Female / 29 Years	DOB : 26-May-1995	Received On : 12-Oct-2024 10:12 AM
Ref. By : 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)	91	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)	108	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
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Glucose-oxidase/oxidase reaction

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Gender/Age : Female / 29 Years	DOB : 26-May-1995	Received On : 12-Oct-2024 10:11 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	163	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	124	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	51	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	112	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	87	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	25	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	1.7		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	3.2	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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Gender/Age : Female / , 29 Years	DOB : 26-May-1995	Received On : 12-Oct-2024 10:11 AM
Ref. By : 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>	8.84	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	3.858	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

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL Second Trimester : 0.2 to 3.0 µIU/mL Third trimester : 0.3 to 3.0 µIU/mL

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

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY**RENAL FUNCTION TEST****NABL Accredited Parameters****Urea Nitrogen (BUN)***Urease, colorimetric*

14

mg/dL

7 - 17

UREA*Calculated*

30

mg/dL

15 - 36

Creatinine*Enzymatic - Creatinine amidohydrolase*

0.52

mg/dL

0.52 - 1.04

S. URIC ACID*Uricase/Peroxidase, Colorimetric*

6.1

mg/dL

2.5 - 6.2

Calcium*Arsenazo III dye*

10.1

mg/dL

8.4 - 10.2

Sodium*Direct Ion Selective Electrode*

141

mmol/L

137 - 145

S. POTASSIUM*Direct Ion Selective Electrode*

4.3

mmol/L

3.5 - 5.1

Chloride

104

mmol/L

98 - 107

Phosphorus (Not in NABL Scope)*Phosphomolybdate reduction (PMA Phenol)*

4.7

mg/dL

2.5 - 4.5

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Ref. By : Health Check Up Shalby	Received On : 12-Oct-2024 10:11 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	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	27	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	151	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	20	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.8	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	3.9	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.9	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.0	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.1	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>	1.1	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Ref. By : 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	Glucose-oxidase/oxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.025	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Trace (+/-)	Negative
pH	Double Indicator principle	5.5	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Trace (+/-)	Negative
Microscopic Examination			
Pus cells	6-8/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	NIL/hpf
Epithelial cells	10-15/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

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Dr Pankaj Agrawal

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

Patient ID:	SUR0000373002	Patient Name:	ARASMITA SETHY
Age:	29 Years	Sex:	F
Accession Number:	10216 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	12-Oct-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. NITIN DESAI
CONSULTANT RADIOLOGIST

Name:- *Arasmita Sethy*

Date:- *12/10/24*

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: - Temp: -

Systemic Examination:-

HT: - *150* WT: - *60*

Visual Acuity: - *6/9*
6/9

PH Vision:- *6/6*
6/6

NCT *12.4*
13.8

SK

- 0.50x 180 *6/6*, *NG*
- 0.50x 180 *6/6*, *NG*

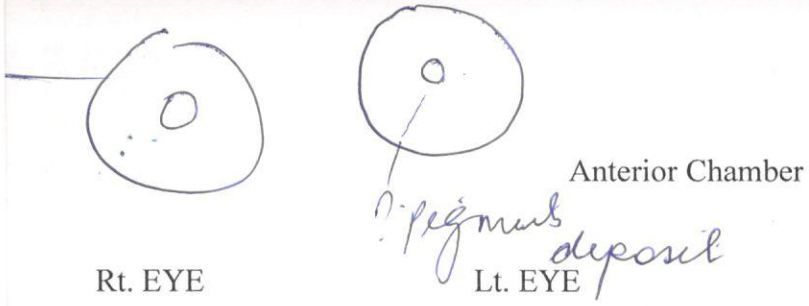
ON Examination

Ant. Segment

Both Eye

SPH	CYL	AX
-0.75	-0.50	175
-1.00	-0.50	178
-0.50	-1.00	2
-0.75	-0.50	175

SPH	CYL	AX
-1.50	-0.50	5
-1.50	-0.50	13
-1.50	-0.75	4
-1.50	-0.50	5



Rt. EYE

Lt. EYE

Anterior Chamber

pigment deposit

D= 62
 randSeiko.com
 R-3300K S/N:76BB0963

Investigation:-

Blood vessel:-
 Background:-
 Macula:-
 Diagnosis:-

PA will come later on
(OU) Refractive Error.

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2 months / 500

Signature of the Consultant

Dr. Kalyani Shinde

Patient's Name: Arasmita Setty

UHID:373003

Age: 29 yrs / Female

Date:12 / 10 / 2024

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:20

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:13 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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SHALBY LIMITED

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Corp. Office: B-301 & 302. Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laprosopic Surgeon
Infertily Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- Arasmith
Chief Complaints:-

Date: 12/10/24
Weight:-
Height:-
OPR NO:-

- Nutritional Assessment:-**
- Obese
 - Well Nourished
 - Mild-Moderate Nourished
 - Severely Mal-Nourished

60-wt
lactational amenorrhoea

LMP:-

M/H:-

O/H:- 0/H -

P14

misses / 3 months / HELLP syndrome /

P/H:-

F/H

Examination:-

no-pleural effusion.

PLA- soft

Provisional Diagnosis:-

PLS - Cp heavy
min discharge (+)

PAP taken

Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Advised:-

Rx

TAB CLEXIARD FORTE - (1) PK

0-07 P/W

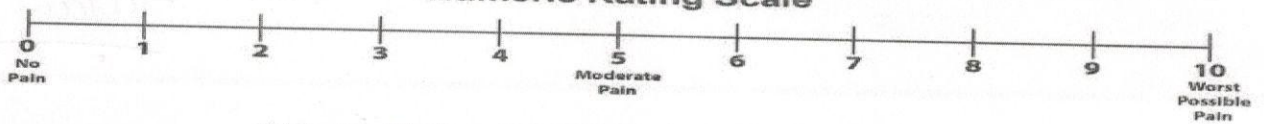


Follow Up:

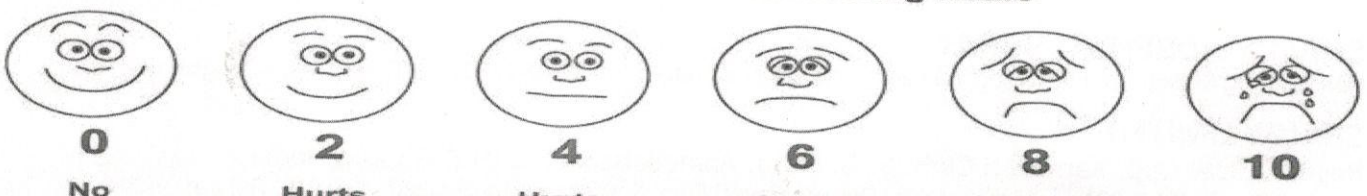
Date: _____

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

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Patient Name: ARASMITA SETTY	UHID: SUR0000373002
Age / Sex: 29 Yrs. / Female	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby hospital	Date: 12.10.2024

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 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.

Uterus appears normal in size and measures 47 x 31 x 73 mm. The uterine myometrial echotexture is homogenous. ET measures 5.1 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:

- **No significant abnormality detected.**

Thanks for referrals.

DR. NITIN DESAI
CONSULTANT RADIOLOGIST

SHALBY HOSPITAL, SURAT

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

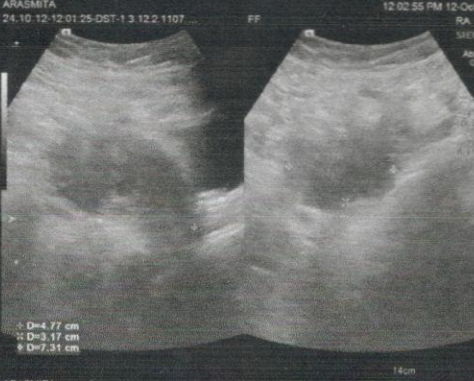
SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

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CIN: L85110G12004PLC014467





Pre - op

Post-op

Health Check-up

Date : 12-10-211

Patient Reg. No. : _____

Patient Name : Arusmitel Sethy Age / Sex : 29/F

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 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"

Jadav

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID: years

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

Medication:
Symptoms:
History:
Heart rate: 78 bpm
PR int: 118 ms
QRS dur: 68 ms
JT/QTc(E) int: 344/ 377 ms
P/QRS/T axis: 37/ 25/ 6 °
RV5/SV1 amp: 0.74/ 1.04 mV
RV5+SV1 amp: 1.78 mV

1100 Sinus thm
2210 Short PR interval
9150 ** abnormal ECG **

Arsmidey

Unconfirmed Report
Reviewed by:

10 mm/mV

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

