

**Shalby MD Physician Clinic**

Patient Name:-

Sejal Patel  
W.F.

Age / Sex :-

Chief Complaints:-

Nocto

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS  
CNS  
PA  
CNS | NAD

**OPR NO:**

Date: 22/12/25

Weight:- 71 kg

Height:- 147 cm

Nutritional assessment:-

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

Pulse:- 85/min

BP:- 120/70 mmHg

SpO2:- 100%

Provisional Diagnosis:-

## SHALBY HOSPITAL, SURAT

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

## SHALBY LIMITED

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CIN: L85110GJ2004PLC044667

Investigation :-

CHALSA  
HOSPITALS

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

Rx

Normal healthy chest  
[Signature]

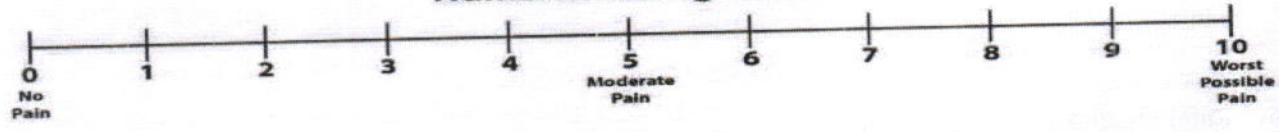
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

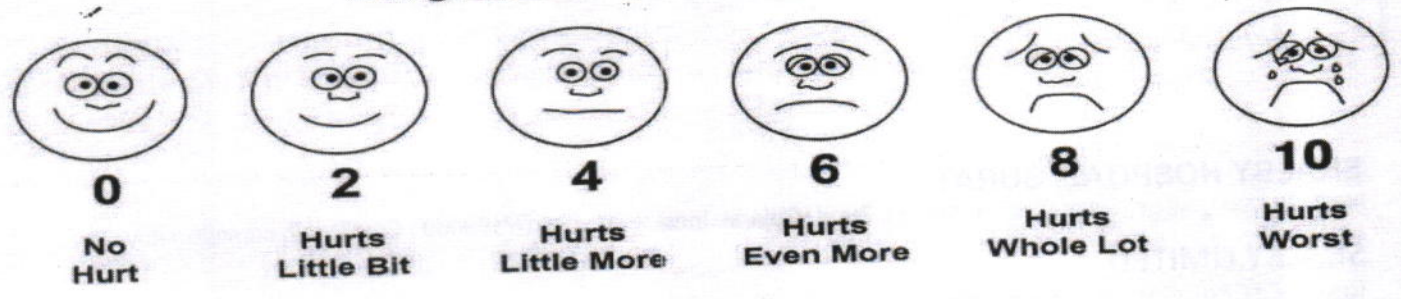
Date:- \_\_\_\_\_

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-5290

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 : SUR0000356087 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Sejalben Kunal Patel	/	Registered On : 22-Dec-2023 09:46 AM
Lab ID : 312901612		Collected On : 22-Dec-2023 09:40 AM
Gender/Age : Female / 40 Years	DOB : 03-May-1983	Received On : 22-Dec-2023 09:51 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	<b>11.6</b>	g/dL	12.0 - 15.0
RBC COUNT	Electrical Impedance	<b>5.53</b>	mill/cmm	3.8 - 4.8
HCT	Calculated	38.8	%	36 - 46
MCV	Calculated based on the RBC histogram	<b>70.1</b>	fL	83 - 101
MCH	Calculated	<b>21.0</b>	pg	27 - 32
MCHC	Calculated	<b>29.9</b>	g/dL	31.5 - 34.5
RDW	Calculated	13.6	%	11.6 - 14.0

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	7390	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	59	%	40 - 80
LYMPHOCYTES	Flow Cytometry	35	%	20 - 40
EOSINOPHILS	Flow Cytometry	3	%	1 - 6
MONOCYTES	Flow Cytometry	3	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	<b>418000</b>	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.4	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	<b>Mild hypochromic and microcytic.</b>
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.

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



Certificate No. : MC-5200

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

Parameter	Result	Unit	Biological Ref. Interval
<b>BLOOD GROUP</b> (Tube agglutination: Forward & reverse)			
ABO Type	"O"		
RH Type	POSITIVE		

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

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Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	<b>36</b>	mm in 1 hour	0 - 20
<b>HBA1C</b>			
<b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	<b>5.9</b>	%	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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*Pankaj Agrawal*  
**Dr Pankaj Agrawal**  
 M.B., D.C.P  
 Consulting Pathologist



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Gender/Age : Female / 40 Years	DOB : 03-May-1983	Received On : 22-Dec-2023 10:33 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**

<b>Plasma Glucose (F)</b>	104	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	103	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

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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**

<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	142	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	103	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT *</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	42	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	100	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	79	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	21	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	1.9		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	3.4	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**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	5	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	11	mg/dL	15 - 36
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.68	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	6.1	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	9.3	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.8	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.70	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	104	mmol/L	98 - 107

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

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

<b>Total T3 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	118	ng/dL	87 - 178
<b>Total T4 *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	13.30	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH *</b> <i>Chemiluminescence immunoassay (CLIA)</i>	4.654	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 / 40 Years DOB : 03-May-1983 Received On : 22-Dec-2023 09:51 AM  
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/oxidase reaction</i>	Nil	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reaction</i>	Nil	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>	NIL	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>	Normal	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
<b>Microscopic Examination</b>			
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

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**Liver Function Test****Liver Function Test**

<b>SGPT (ALTV)</b> <i>Multi Point Rate with P-5-P</i>	20	U/L	9 - 52
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	17	U/L	14 - 36
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	83	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	16	U/L	12 - 43
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	4.4	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.2	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
<b>Bilirubin Direct</b> <i>Calculated</i>	0.4	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 Agrawal**M.B., D.C.P  
Consulting Pathologist

<b>Patient ID:</b>	<i>SUR0000356087</i>	<b>Patient Name:</b>	<i>SEJAL PATEL</i>
<b>Age:</b>	<i>40 Years</i>	<b>Sex:</b>	<i>F</i>
<b>Accession Number:</b>	<i>14780</i>	<b>Modality:</b>	<i>DX</i>
<b>Referring Physician:</b>	<i>DR. SHALBY</i>	<b>Study:</b>	<i>CHEST PA</i>
<b>Study Date:</b>	<i>22-Dec-2023</i>		

**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 : 22/12/23

Patient Reg. No. : \_\_\_\_\_

Patient Name : Sejal Patel

Age / Sex : 40/F

Address : Sweet

**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 : 6 Perio Surgery : \_\_\_\_\_

RCT : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

Dentures : \_\_\_\_\_ Extraction : \_\_\_\_\_

Implants : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

mid line diastema (+) Crown & Bridge : \_\_\_\_\_

A Unit of Shalby Limited : Shalby Hospital - Nr. Navyug College, Rander Road, Adajan, Surat, Gujarat (India) Tel. No. : 0261-7190000

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Website : www.shalby.org | Email : info@shalby.org

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 composite 6/11  
Dental Veneer 1/1

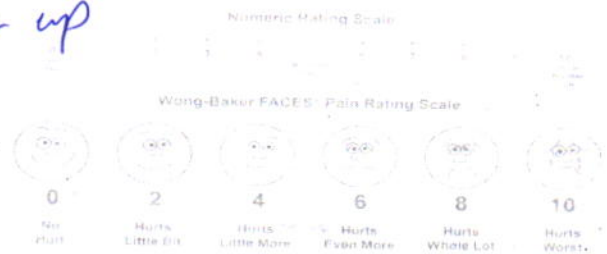
**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT  
 Consultant Ophthalmologist  
 Reg. No.:- G-48712

Name :- *Sejal PATEL*

Date:- *22/12/2023*

Chief Complaints:- *Routine eye check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS ALLERGEN*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity: *6/9*  
*6/12*

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

NCT *18*  
*20*

*STR ± 0.00 / -0.50 x 20*  
*± 0.00 / -0.75 x 180* Add +1.00ms NB

ON Examination

Ant. Segment

Both Eye

*WNL*

NAME  
DEC 22 2022

11:2

VD=10  
(R)  
SPH -0.25  
CYL -0.75  
AX 30  
-0.50  
-0.50  
21  
-0.25  
-0.50  
24

(L)  
SPH 0.00  
CYL -1.25  
AX 157  
+0.25  
-1.00  
157  
-1.25  
152  
0.00  
-1.25  
157

PD= 60

GrandSeiko.COM  
GR-3300K S/N: 76BB096

Macula:- *Watz*

Diagnosis:-

Investigation:-

Anterior Chamber

RI. EYE

LI. EYE

Treatment:-

*Glasses*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months / ses*

Signature of the Consultant

*Rpm*



**Patient's Name:Sejal Patel**

**UHID:356087**

**Age: 40 yrs/ Female**

**Date: 22 /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: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**:12 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

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

## DR. HIMANI THAKER (VYAS)

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

### Shalby Women's Health Clinic

Name:- *Sejal Patel*  
Chief Complaints:-

Date: *22/12/23*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

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

M/H:-

*menstr - 34 days from 30*

LMP:- *before 7 days*

O/H:-

*O/H - 2/2*

P/H:-

F/H

Examination:-

*2frus | ♀ | 11 yrs |  
          | ♂ | 19 months |*

Provisional Diagnosis:-

*PA - soft*

*Pls - Cp healthy*

*PAP taken*

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CIN: L85110GJ2004PLC044667

Adv

surgeon  
opinion

\_\_\_\_\_

✓  
S

Patient Name: SEJAL PATEL		UHID: 356087	
Age / Sex: 40Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 22/12/2023	

### 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. Wall appears normal. No pericholecystic fluid seen. CBD appears normal. Multiple tiny GB calculi

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 51 x 32 x 48 mm. ET 7 mm. The uterine myometrial echotexture is homogenous. 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:

- Multiple tiny GB calculi. ✓

Thanks for referrals.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)  
G-14916

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

1100 Sinus rhythm

9110 \*\* normal ECG \*\*

Medication:

Symptoms:

History:

Heart rate	75	bpm
PR int	132	ms
QRS dur	78	ms
QT/QTc(E) int	384/ 414	ms
PR/QRST axis	30/ 38/ 34	°
RV5/SV1 amp	1.16/ 0.74	mV
RV5+SV1 amp	1.90	mV

*Sejalben*

Unconfirmed Report  
Reviewed by:

*WNL*

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

10 mm/mV

