

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:-

Dipavali H. Parmar

Date:

Age / Sex :-

37 F.

Weight:- 74kg

Chief Complaints:-

Height:- 166cm

Nutritional assessment:-

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

Pulse:- 92/min

BP:- 130/80mm

SpO2:- 98%

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

RS }
CVS }
PA }
CNS }
NAD

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

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CIN: L85110GJ2004PLC044667

Investigation :-

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

Rx

cap. ASSOM - 2 (20)
- 2 - 200 mg
T. ASSOM 5mg (30)
1 - 1 - 100 mg

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




 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 : SUR0000368803 OP-001

REPORT STATUS : Interim


 Patient Name : Mrs. Dipavali Hiren Parmar / Registered On : 27-Jul-2024 09:39 AM
 Lab ID : 407901767 Collected On : 27-Jul-2024 09:35 AM
 Gender/Age : Female / 37 Years DOB : 21-Sep-1986 Received On : 27-Jul-2024 09:40 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	10.2	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.23	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	32.9	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	77.8	fL	83 - 101
MCH <i>Calculated</i>	24.1	pg	27 - 32
MCHC <i>Calculated</i>	31.0	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	14.7	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT
 Total WBC Count *Electrical Impedance* 5270 cells/cmm 4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	56	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	37	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	4	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	3	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES
 PLATELET COUNT *Electrical Impedance* 347000 /cmm 150000 - 410000
 MPV *Calculated based on PLT Histogram* 8.1 fL 7.5 - 12.0
PERIPHERAL SMEAR EXAMINATION
 RBCs **Hypochromic microcytic with anisopoikilocytosis.**
 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 : 27-Jul-2024 10:08 AM

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>	46	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.8	%	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>	120	mg/dL	

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DOB : 21-Sep-1986

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Ref. By : Health Check Up Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-S-P</i>	46	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-S-P</i>	37	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	62	U/L	20-50 yrs.: 42 - 98 4-19 yr: 54 - 369 >/=51 yr: 56 - 119
GGT <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	31	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.4	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.3	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphytine/Diazonium Salt</i>	0.5	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>	0.3	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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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	205	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	171	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/MgCl₂ - Enzymatic</i>	39	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	166	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	132	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	34	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	3.4		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	5.3	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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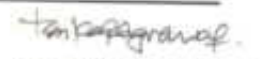
Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 <small>Chemiluminescence immunoassay (CLIA)</small>	137	ng/dL	87 - 178
Total T4 <small>Chemiluminescence immunoassay (CLIA)</small>	11.09	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <small>Chemiluminescence immunoassay (CLIA)</small>	1.324	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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Sample Type : Serum

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

8

mg/dL

7 - 17

Urease, colorimetric

UREA

17

mg/dL

15 - 36

Calculated

Creatinine

0.52

mg/dL

0.52 - 1.04

Enzymatic - Creatinine amidohydrolase

S. URIC ACID

3.3

mg/dL

2.5 - 6.2

Uricase/Peroxidase, Colorimetric

Calcium

10.2

mg/dL

8.4 - 10.2

Arsenazo III dye

Sodium

142

mmol/L

137 - 145

Direct Ion Selective Electrode

S. POTASSIUM

4.1

mmol/L

3.5 - 5.1

Direct Ion Selective Electrode

Chloride

106

mmol/L

98 - 107

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DOB : 21-Sep-1986

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
BIOCHEMISTRY			
Phosphorus (Not in NABL Scope)	3.6	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			

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Lab ID : 407901767	Collected On : 27-Jul-2024 09:35 AM
Gender/Age : Female / 37 Years	DOB : 21-Sep-1986
Received On : 27-Jul-2024 10:01 AM	Sample Type : Urine
Ref. By : 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 reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Trace (+/-)		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	2-3/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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Dr Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

Patient ID:	SUR0000368803	Patient Name:	DIPAVALI PARMAR
Age:	37 Years	Sex:	F
Accession Number:	7683 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	27-Jul-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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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:- Dinavali
Chief Complaints:-

Date: 29/7/24
Weight:-
Height:-
OPR NO:-

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

clo - nil.

M/H:-

amp - $\frac{3-4}{30}$ days then

LMP:- 16/7/24

O/H:-

off - Peru

P/H:-

1st PMS | 20/8/24 | 8 1/2 days | LN
2nd PMS | 3/9/24 |

F/H

Examination:-

no not done

Provisional Diagnosis:-

PLA - sof
P/S - Op bulky discharge (+)
PAP taken

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CIN: L85110GJ2004PLC044667

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

Investigaion Advised:-

Rx

Adv

TAB CLEXIWARD forte - ① PK

Mammography

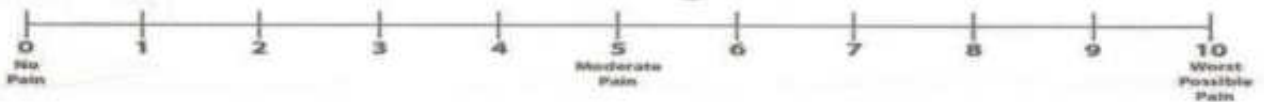
OUT PK

Follow Up:

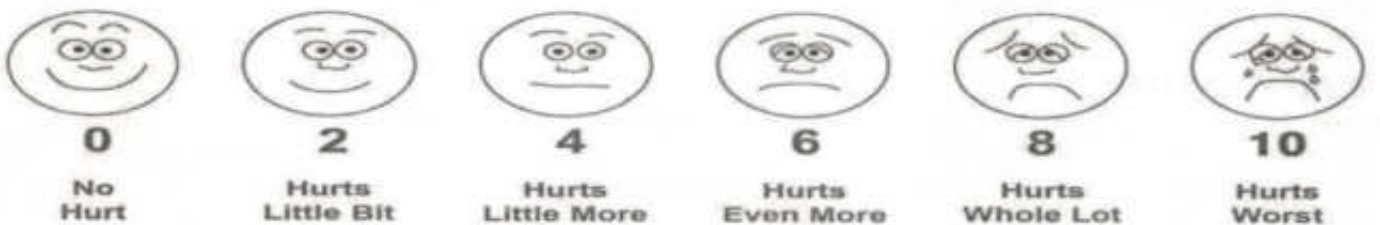
Date: _____

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's Name: Dipavali Parmar
UHID: 368803

Age: 37 yrs / Female
Date: 27 / 07 / 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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CIN: L85110GJ2004PLC044667

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

Name:- Dipavali H. Pasiman,

Date:- 27/07/2024.

Chief Complaints:- Routin checkup for eyes.



Pain Assessment:-

Past History:-

Family History:-

Allergy:- No Allergy food.

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: - 6/9
6/9

STK R - 0.50 X 90°/C PH Vision:- R 6/6
L - 0.50 SPH 6/6 L 6/6

NCT R 15 S
L 17.0 mmHg

ON Examination

Ant. Segment

Both Eye

WNL

WNL

WNL
N/S

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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
JUL 28 2022 11:1

VD=10

SPH	CYL	AX
-0.25	-0.25	84
-0.25	-0.50	92
-0.25	-0.50	77
-0.25	-0.50	92

SPH	CYL	AX
-0.50	0.00	
-0.50	0.00	
-0.50	0.00	
-0.50	0.00	

PD= 71

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

N
D
BI

Background:-
Macula:-
Diagnosis:-

WNL

Anterior Chamber Anterior Chamber

Rt. EYE Lt. EYE Lt. EYE Lt. EYE

WNL

Investigation:- Investigation:-

Treatment:-

Rx
Eld LUBREX x QID x BEXIM

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

6 month after 1503

Signature of the Consultant

DR. Rujutsy
27/07/20

Patient Name: DIPAVALI H PARMAR		UHID:368803	
Age / Sex: 37 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 27/07/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size shows grade I fatty changes. 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 mild bulky in size, measures 76X49X65 mm. The uterine myometrial echotexture is inhomogeneous. 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:

- **Grade I fatty liver.**
- **Mild bulky uterus with changes of adenomyosis.**

Thanks for referrals.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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

27-Jul-2024 AM9:08:50

ID:
 Name:

Sex: M
 cm
 kg
 Birth date: / /
 mmHg

years

1100 Sinus rhythm
 4068 Nonspecific T wave abnormality
 9130 *a borderline ECG **

Medication:

Symptoms:

History:

Heart rate

HR int

QRS dur

QT/QTc(E) int

QT/QTc(T) axis

QT5/SV1 amp

QT5+SV1 amp

89 bpm
 126 ms
 84 ms
 334/ 381 ms
 60/ 6/ 13 *
 1.01/ 0.48 mV
 1.49 mV

Dipswalliben
 ~~Estimovif~~
 ~~Estimovif~~

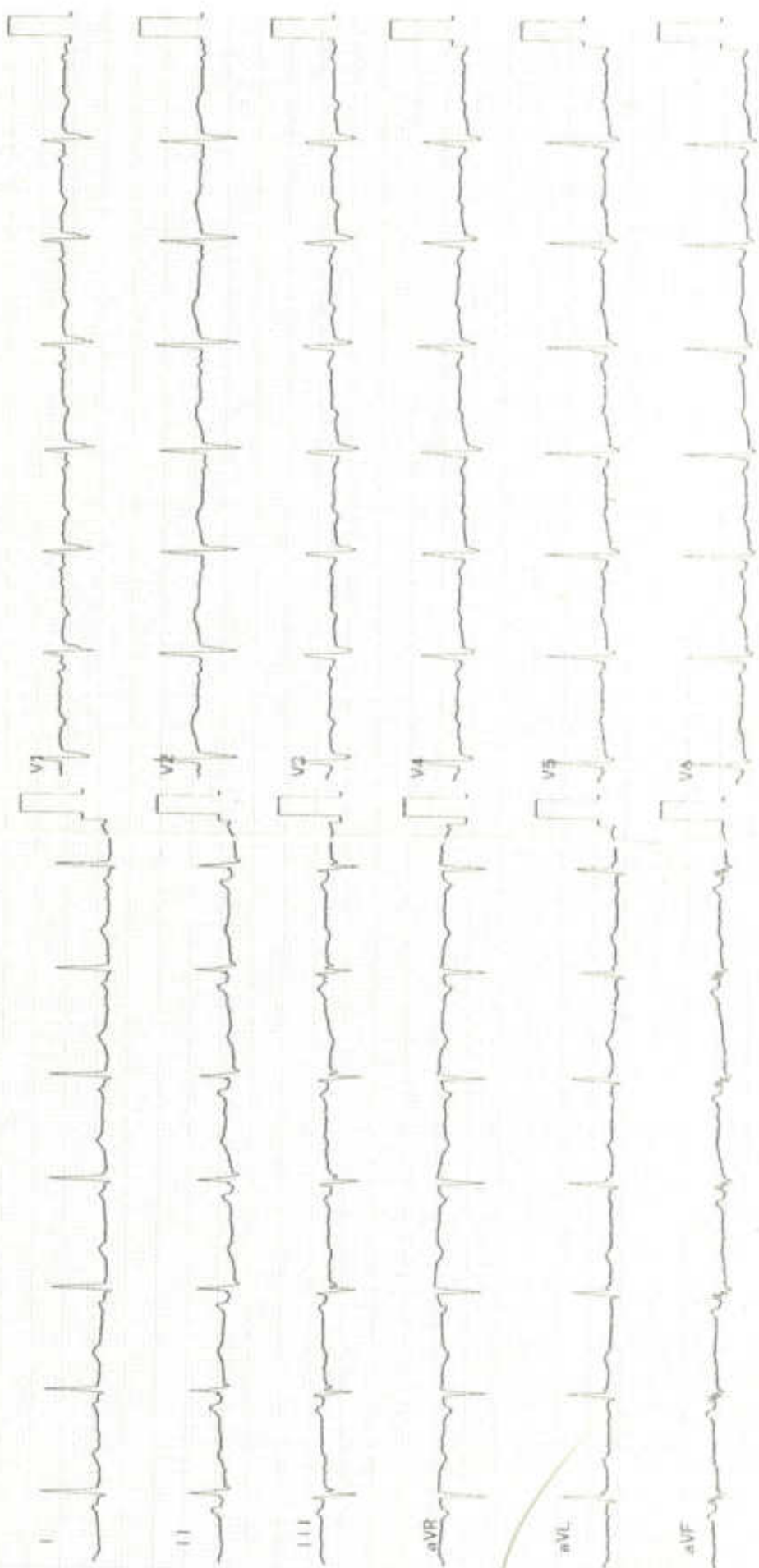
ewar

Unconfirmed Report
 Reviewed by:

10 mm/mV

Filter: H50 d 100 Hz

10 mm/mV 25 mm/s





Pre - op

Post - op

Health Check-up

Date : 21/8/2024

Patient Reg. No. : _____

Patient Name : Dipavali H. Parmar

Age / Sex : 37/F

Address : Gupdt

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 : 6/6

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
 Restoration 6/78

Dr. Darshini V. Shah
 (Consultant Dental Surgeon)