



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 : SUR0000372936 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Shankarbhai Ishvarbhai Gamit /** Registered On : 11-Oct-2024 09:23 AM
Lab ID : 410900844 Collected On : 11-Oct-2024 09:20 AM
Gender/Age : Male / 29 Years DOB : 05-Apr-1995 Received On : 11-Oct-2024 09:25 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)	104	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)	107	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

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

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Generated On : 11-Oct-2024 01:26 PM

Approved On : 11-Oct-2024 01:26 PM

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

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Age / Sex :-

Chief Complaints:-

shankar bhai Ishwar bhai
29 M. Garvit

Date: 11/10/24

Weight:- 74.5 kg

Height:- 174 cm

No c/o

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 96 mm r

BP:- 130/80

SpO2:- 98.1

Family History:-

Systemic Examination:-

RS }
CVS }
PA }
ANS } NAD

Provisional Diagnosis:-

Investigation :-

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

Rx

Normal health
check up
[Signature]

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

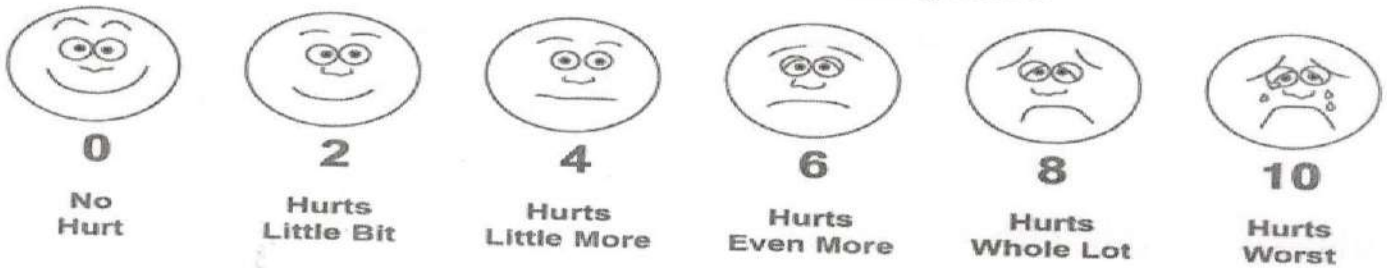
Date:- _____

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-5200

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Gender/Age : Male / 29 Years

DOB : 05-Apr-1995

Received On : 11-Oct-2024 09:24 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 INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	16.6	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	6.89	mill/cmm	4.5 - 5.5
HCT	Calculated	52.2	%	40 - 50
MCV	Calculated based on the RBC histogram	75.7	fL	83 - 101
MCH	Calculated	24.1	pg	27 - 32
MCHC	Calculated	31.8	g/dL	31.5 - 34.5
RDW	Calculated	13.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	8480	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	57	%	40 - 80
LYMPHOCYTES	Flow Cytometry	33	%	20 - 40
EOSINOPHILS	Flow Cytometry	6	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	420000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	7.9	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 Agrawal

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



Certificate No.: MC-5260



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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"A"
RH Type	POSITIVE

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ESR 1st hour <i>Modified Westergren Method</i>	7	mm in 1 hour	0 - 15
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HBA1C

HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.4	%	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
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Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	108	mg/dL	
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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>	229	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	178	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>	190	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	154	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	36	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	3.9		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	5.9	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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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	139	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	12.84	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	1.872	µIU/mL	0.38 - 5.33

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

9

mg/dL

9 - 20

*Urease, colorimetric***UREA**

19

mg/dL

19 - 43

*Calculated***Creatinine**

0.80

mg/dL

0.66 - 1.25

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

7.6

mg/dL

3.5 - 8.5

*Uricase/Peroxidase, Colorimetric***Calcium**

10.7

mg/dL

8.4 - 10.2

*Arsenazo III dye***Sodium**

142

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

5.3

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

105

mmol/L

98 - 107

Phosphorus (Not in NABL Scope)

3.3

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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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>	40	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	31	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-nitroanilide/glycylglycine Kinetic</i>	31	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	9.0	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.8	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	4.2	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.1	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	1.3	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>	1.3	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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	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> 1.015	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Trace (+/-)		Negative
pH	<i>Double Indicator principle</i> 6.0	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> Trace (+/-)		Negative
Microscopic Examination			
Pus cells	8-10/hpf	/hpf	0-5/hpf
Red blood cells	6-8/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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SHALBY LIMITED

• Passion • Compassion • Innovation •

DR. RUJUTA SHELAT

Consultant Ophthalmologists

Reg. No.: - G-48712

SHALBY[®] MULTI-SPECIALTY HOSPITALS

Name:- *Shankarbeni Ishwasbhai
Gami t.*

Date:- *11/10/24*

Chief Complaints:-



Pain Assessment:-

- Regular dull up-

Past History:-

Family History:-

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:- WT:-

Visual Acuity:- *12/6*

PH Vision:-

NCT *12*
16
ON Examination

Ant. Segment

Both Eye

- WNL

SHALBY HOSPITAL, SURAT

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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

Cornea

Lens

Fundus

Anterior Chamber

Rt. EYE

Lt. EYE

Media:-

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

Investigation:-

- WMO

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

(22 months)

Signature of the Consultant

Raj

Patient ID:	SUR0000372936	Patient Name:	SHANKARBHAI I. GAMIT
Age:	29 Years	Sex:	M
Accession Number:	10170 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	11-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. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

Patient Name: SANKARBHAI ISHVARBHAI GAMIT	UHID: SUR0000372936
Age / Sex: 29 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 11.10.2024

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.

Prostate is normal in size and measures 31 x 37 x 29 mm (Approx. vol- 18 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Grade I fatty liver.

Thanks for referral.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916



Patient's Name: Shankarbai I. Gamit

UHID: 372936

Age: 29 yrs / male

Date: 11 / 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



Pre - op

Post-op

Health Check-up

Date : 11/10/24

Patient Reg. No. : _____

Patient Name : Shankarbhau I. Ganmit

Age / Sex : 29 / M

Address : Dindoli

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	:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advised Crown / Bridge	:	<input type="checkbox"/>	<input type="checkbox"/>
Advised X - Ray / O.P.G.	:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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"

Jadar V.N.
Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

ID:

Name:

Sex: M

cm

Birth date: / /

mmHg

years

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

90 bpm
 144 ms
 82 ms
 336/384 ms
 39/33/97 °
 1.46/1.33 mV
 2.80 mV

11-Oct-2024 AM9:21:53

1100 Sinus r() hm

2420 RSR (QR) in lead V1/V2, consistent with right ventricular conduction delay

4068 Nonspecific T wave abnormality

9130 ** borderline ECG **

Shankarbhui Gunit

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s

Filter: H50 d 100 Hz

5 mm/mV

