

DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-02-2024	RAHULKUMAR	M	BODY PROFILE	UM-TOTAL ABDOMEN USG

USG ABDOMEN report.

Liver: show evidence of normal size, mild fatty parenchymal echotexture & no evidence of focal solid or cystic mass lesion seen. Normal hepatic vasculature seen with no evidence of intrahepatic biliary dilatation seen.

Gall bladder contracted with no evidence of calculus or sludge. Thickness of gall bladder wall is normal with no evidence of pericholecystic fluid collection. CBD, portal vein & splenic vein size are normal.

Spleen size & parenchymal echotexture is normal with no focal mass lesion seen.

Pancreas difficult to visualize due to overlying bowels.

Aorta show normal caliber & no evidence of paraaortic mass lesion seen.

Right kidney show evidence of normal size, position, corticomedullary differentiation & parenchymal echotexture. No evidence of obvious calcification or hydronephrosis seen.

No evidence of focal solid or cystic mass lesion seen.

Left kidney show evidence of normal size, position, corticomedullary differentiation & parenchymal echotexture. No evidence of obvious calcification or hydronephrosis seen.

No evidence of focal solid or cystic mass lesion seen.

Bladder walls are normal & no evidence of stone or mass seen.

Prostate show evidence of normal size & parenchymal echotexture.

No evidence of ascitis or abnormal bowel loops seen.

Size cm app

Right Kidney	Left Kidney	Prostate Vol/Wt cc/gms
10.3x3.9	11.1x5.2	15.8

COMMENTS:

Possibility of mild fatty liver parenchymal changes.

No other obvious abnormality detected.

Thank for reference
DR KIRTI C THAKKAR
M.B.B.S,D.M.R.D



CHARUSAT HOSPITAL



DATE	PATIENT NAME	SEX	REFERRED BY DR	INVESTIGATION
24-02-2024	RAHULKUMAR	M	BODY PROFILE	X-RAY

X-ray CHEST PA view.

No evidence of consolidation or infiltration seen involving both lungs.

Costophrenic sinuses are clear.

Vascular shadows are normal on both sides.


Hilar shadows show evidence of normal size, position & opacity.


Heart & aortic shadows show evidence of normal position & size.

Position of domes of diaphragm is normal. Bony cage show no abnormality.

COMMENTS:

NO EVIDENCE OF ABNORMALITY DETECTED.


Thanks for reference
DR KIRTI C THAKKAR
M.B.B.S, D.M.R.D

Patient Name : RAHULKUMAR ...	Sample No. : SAMPLE-0107364 
Patient ID : CH-2024-0053931	Visit No. : OPD/2024/02/0001408
Age/Sex : 36y/Male	Call. Date : 24-Feb-2024 10:30
Referred By : RIPAL PATEL	S. Coll. Date : 24-Feb-2024 11:00
Card : -	Report Date : 24-Feb-2024 12:49

Hemoglobin (HB)

Investigation	Result	Normal Value
Hemoglobin	13.7 gm/dl [LOW]	[M : 14-18, F : 12-16]

Investigation	Result	Normal Value
WBC Count :	4.77 mill./c.mm [NORMAL]	[M : 4.5 - 5.5 , F : 3.8 - 5.2]

Investigation	Result	Normal Value
Platelet Count :	6860 /c.mm [NORMAL]	4000 - 10000

Platelet count

Investigation	Result	Normal Value
Platelets	2.14 Lakh/cmm [NORMAL]	1.5 - 4.5

WBC count - Differential

Investigation	Result	Normal Value
Neutrophils	54 % [NORMAL]	40 - 70

Investigation	Result	Normal Value
Lymphocytes	40 % [NORMAL]	20 - 40

Investigation	Result	Normal Value
Eosinophils	01 % [NORMAL]	1 - 6

Investigation	Result	Normal Value
Monocytes	05 % [NORMAL]	2 - 10

Investigation	Result	Normal Value
Basophils	00 % [NORMAL]	0 - 1

Urea and Creatinine


Investigation	Result	Normal Value
Urea	10.77 mg/dl [LOW]	15 - 40

Creatinine



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Investigation	Result	Normal Value
Serum Creatinine	0.89 mg/dl [LOW]	Male : 0.9 to 1.5 mg/dl Female : 0.8 to 1.2 mg/dl

Investigation	Result	Normal Value
UN :	5 [LOW]	8.0 to 23.0 (mg/dl)

Investigation	Result	Normal Value
Serum Uric Acid	7.0 mg/dl [NORMAL]	Male : 2.5 to 7.0 Female : 1.5 to 6.0

Investigation	Result	Normal Value
SR - After One Hour	08 mm [HIGH]	[M : 3 - 5, F : 4 - 7]

Investigation	Result	Normal Value
Blood Group	A	
h :	Positive	

Investigation	Result	Normal Value
Fasting Blood Sugar :	111.2 mg/dl [HIGH]	70 - 110
Fasting Urine Sugar :	Absent	


Investigation	Result	Normal Value
SH :	1.38 uIU/ml [NORMAL]	0.34 to 4.5 (uIU/ml)

Investigation	Result	Normal Value
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Investigation	Result	Normal Value
Triiodothyronine :	1.75 ng/ml [NORMAL]	0.69 to 2.15 (ng/ml)

Investigation	Result	Normal Value
Thyroxine :	89.6 ng/ml [NORMAL]	52.0 to 127.0 (ng/mL)

RENAL FUNCTION TEST

Investigation	Result	Normal Value
Total Bilirubin :	0.71 mg/dl [NORMAL]	0.0 to 1.2
Direct Bilirubin (DBIL) :	0.20 mg/dl [NORMAL]	0.0 to 0.30
Alanine Aminotransferase (SGPT) :	43.1 IU/L [HIGH]	[0.0 - 40]
Aspartate Aminotransferase (SGOT) :	25.2 IU/L [NORMAL]	<= 45.0
Alkaline Phosphatase (ALP) :	72.9 IU/L [NORMAL]	15 - 80 - : 37.0 to 147.0
Total Protein (TP) :	7.8 gm/dl [NORMAL]	[Adult 6.0 to 7.8]
Albumin (ALB) :	4.6 gm/dl [NORMAL]	3.5 to 5.0 (gm/dl)
Indirect Bilirubin (IBIL) :	0.51 [NORMAL]	0.0 to 0.75 (mg/dl)
Urea :	3.2 gm/dl [NORMAL]	2.4 to 3.5 (gm/dl)
Urea/Creatinine Ratio :	1.4	


URINE & M

Investigation	Result	Normal Value
Physical Examination :		
Quantity :	15 ml	
Color :	Pale Yellow -	
Appearance :	Clear -	



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Sex :	36y/Male	Call. Date :	24-Feb-2024 10:30
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Age :	-	Report Date :	24-Feb-2024 12:49

Colour : URINIOD -
Reaction : Acidic -
Specific Gravity : 1.015 -
Chemical Examination :
Albumin : Absent -
Sugar : Absent -
Bile Salts : Absent -
Bile Pigments : Absent -
Ketone : Absent -
Urobilinogen : Absent -
Microscopic Examination :
RBCs : 1-2 -
WBCs : Absent -
Epithelial cells : 1-2 -
Casts : Absent -
Crystals : Absent -


NAITIK BHATIA
CONSULTANT PATHOLOGIST
B.B.S.,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S.,M.D)



CHARUSAT HOSPITAL



Patient Name : RAHULKUMAR ...	Sample No. : SAMPLE-0107379
Patient ID : CH-2024-0053931	Visit No. : OPD/2024/02/0001408
Age/Sex : 36y/Male	Call. Date : 24-Feb-2024 10:30
Referred By : RIPAL PATEL	S. Coll. Date : 24-Feb-2024 14:30
Ward : -	Report Date : 24-Feb-2024 14:52

PP2BS	Result	Normal Value
Investigation		
Post Prandial Blood Sugar (2Hrs) :	146.6 mg/dl [HIGH]	100 - 140

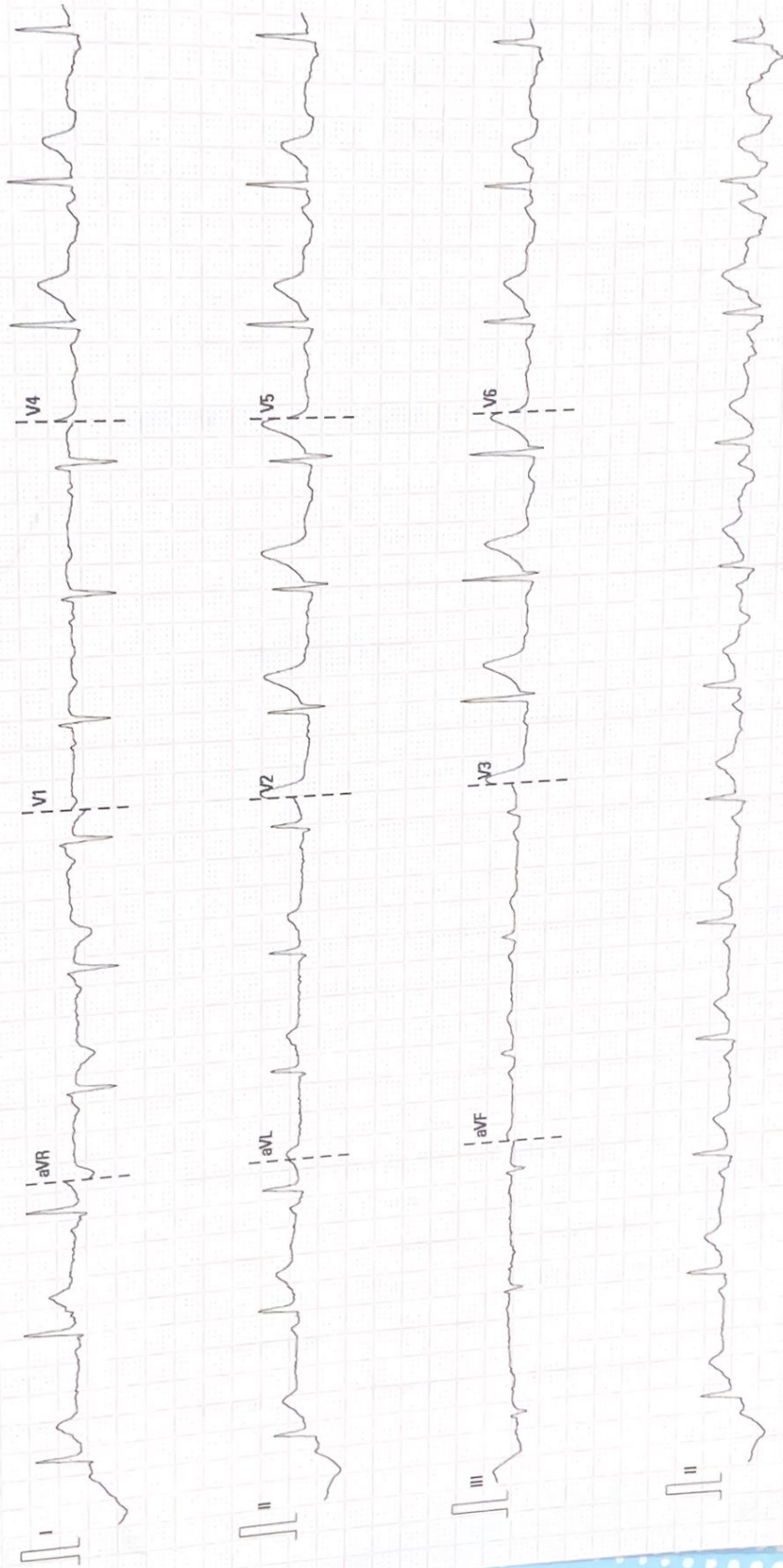
DR. NAITIK BHATIA
CONSULTANT PATHOLOGIST
(M.B.B.S.,D.C.P)

DR. KETAN KAPADIA
CONSULTANT PATHOLOGIST
(M.B.B.S.,M.D)

P/QRST Axes

50/21/73 deg

QTc: Hodges



25 mm/s

10 mm/mV

50 Hz

BOR 20 Hz

CHARUSAT HOSPITAL

02.03.00.V28.4.1

SN FN-52001657



LALITABEN P. D. PATEL OPD SERVICES REGISTRATION FORM (OPD)



Dr. Paven

Date & Time : 24/2/24

Registration No. : CH-24-0058931

Name : Bahukumar Contact No. : (M) _____

Age : 38 Sex : m (O) _____

Address : _____

B.P. : 136/80 mmHg Pulse : 96/min SpO₂ : 98%

BMI : _____ Height : _____ Weight : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complaints : same day health checkup

CASE ANALYSIS

Past History : No

Present History : _____

G/E Vitals : _____

Systemic Examination : _____

FAMILY HISTORY :

- Diabetes
- IHD
- Hypertension
- Others (Specify) : _____

PATIENT'S MEDICAL/OTHER HISTORY :

- Hypertension IHD T.B. Jaundice
- Epilepsy Asthma Hepatitis B Hepatitis C
- Food Allergy AIDS/HIV Bleeding Disorder
- Drug Allergy Pregnancy

HABITS : Smoking Alcohol Tobacco Others (Specify) : _____

Investigation/s Advised : _____

Provisional Diagnosis : _____

Allergy : _____

Nutritional Advice : _____

TREATMENT ADVISED

DATE	DOCTOR'S NOTE	REMARK
<p><u>2A/2/24</u></p>	<p style="text-align: right;">Dr 7</p> <p>Rx 2</p> <p>① T. Rosuvastatin (10) 001</p> <p style="text-align: right;">→ 1 month</p> <p>→ Diet & exercise advice given</p> <hr/> <p><u>2A/2/24</u></p> <p>C/S/O Surgery (</p> <p>no other complaints</p> <p>Atk</p> <ul style="list-style-type: none">- Scapular / low back isometric physiotherapy- Calcium rich diet <p>S/By Dr. Nayan</p> <p>No surgery related complaints</p> <p><u>USG Abdo.</u> changes of fatty Liver.</p> <p style="text-align: right;">Nayan</p>	

Signature _____ Stamp _____



DENTAL REGISTRATION FORM



Date & Time : 24/2/24
Registration No. : CH-24-0053931

Name : Rahul Kumar
Age : 36
Sex : M

Contact No. : _____
Emergency Contact No. : _____
Address : _____

OPD-INITIAL ASSESSMENT FORM

Chief Complain : Routine checkup

Family History :

- Diabetes
 Hypertension
 IHD
 Others (Specify) : _____
- Hypertension
 Diabetes
 Epilepsy
 Bleeding Disorder
 Smoking

Medical/Other History :

- IHD
 Asthma
 AIDS/HIV
 Pregnancy
 Other (Specify) : _____
- T.B.
 Hepatitis B
 Food Allergy
 Others (Specify) : _____
- Jaundice
 Hepatitis C
 Drug Allergy

સંમતિ પત્રક

હું ડૉક્ટરને મારી સારવાર કરવાની મંજૂરી આપું છું. આ સારવારનો પૂરેપૂરો ખર્ચો, ફાયદા-ગેરફાયદા, દવાની કે ઇન્જેક્શનની આડ અસર અને સારવારની સફળતા, નિષ્ફળતા વિશે મને તથા મારા સંબંધીઓને સમજૂતી આપેલ છે. મેં ડૉક્ટરને મારી શારીરિક સ્થિતિ તથા તેને લગતી દવા વિશે સંપૂર્ણ માહિતી આપેલ છે. જો કોઈપણ સંજોગોમાં સારવાર અધૂરી છોડીશ કે અનિયમિત રહીશ તો તેની નિષ્ફળતા માટે ડૉક્ટર કે ચાર્જેડ હોસ્પિટલ જવાબદાર નથી. તથા સારવારની કિંમતો પેટે અપાયેલ રકમ મેળવવા માટે હક્કદાર રહીશ નહીં. આ સંમતિ હું સ્વેચ્છાએ કોઈપણ દબાણ વગર આપું છું.

તારીખ : _____
સમય : _____

દર્દી / સગાની સહી

CONSENT

I hereby request and authorize Doctor to perform the required dental treatment. Doctor has informed me and my relatives about the treatment plan in details with success and failure of the treatment with all expenditure, possible complications from medicines or local anesthesia. I have informed the Doctor about my medical history and drug history in details. If in any circumstances, I am irregular or leave the treatment in between, the doctor and CHARUSAT Hospital will not be responsible for the same and treatment charges will not be returned back.

I give my consent to proceed with my dental treatment.

Date : _____
Time : _____

Patient's / Relative's Sign.

Investigation Advised : _____
Final Diagnosis : Stains +
Treatment Plan : Scaling.

Date : 24/2/24

Name of Doctor Dr. Mashwahi

Signature : _____



OPHTHALMIC REGISTRATION FORM



Reg. No. : CH-24-0053931

Date : 24/2/24

Patient's Name : Rahul Kumar Age : 36

Address : _____

Telephone No. : _____ Mobile No. : _____

Referred by / Care of : _____

Profession : _____

Type or work in daily routine : Driving / Watching TV / Computer / Reading / _____

History / Complain of : Diminution of Vision / Pain / Watering / Redness / Eyeache / Headache / Itching /

routine eye checkup Stickness / Swelling / Irritation / Burning / F. B. Sensation / Photophobia /

Diplopia / Squinting / Blackout / Floaters / Flashes / Injury /

Eye Involve : RE / LE / BE Duration : _____

Ophthalmic History : Surgery / Laser / FFA / Oct / Glaucoma / RP / Corneal Opacity / Injury / Amblyopia /

Treatment

Any Surgery : Cataract / Glaucoma / N.A.D / RE / LE / BE

Family History : Glaucoma / RP / DM / _____

SYSTEMIC : DM / HT / IHD / COPD / PROSTATE / WROID / ALLERGY / SMOKING / ALCOHOL

N.A.D

EYE DETAILS :

V/A with PH RE 6/6 LE 6/6

IOP 10 mmHg 9 mmHg

OWN GLASS : -

AR : -0.50 Dsph -0.75 / -0.25 x 116'

GLASS PRESCRIPTION

	R. E. V/A			L. E. V/A		
		CYL.	AXIS	SPH.	CYL.	AXIS
Dis	<u> plano</u>		<u> 6/6</u>	<u> plano</u>		<u> 6/6</u>
Nr.						
Comp						

Bifocal / Distant / Near only / Constant / Progressive / Photocromatic

Remark :
Signature : [Signature]

સાથે
કર
વડ
રજી
ભાગ
ઇજ

CHRE/OPHTH/5089