

<b>Patient ID:</b>	<b>SUR0000359019</b>	<b>Patient Name:</b>	<b>MAYANK KOTAK</b>
<b>Age:</b>	<b>58 Years</b>	<b>Sex:</b>	<b>M</b>
<b>Accession Number:</b>	<b>1593 MHC</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR. SHALBY</b>	<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>10-Feb-2024</b>		

**CHEST X-RAY (PA)**

Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

Both costo-phrenic angles appear clear.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

**IMPRESSION:**

- Mild cardiomegaly with prominent Bronchovascular markings bilaterally.

*Thanks for referral.*

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

DR. DILIP B. GHETWALA

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:-

Mangank V. Katak  
~~58~~ 59 M

Date: 10/2/24

Age / Sex :-

Weight: 68 kg

Chief Complaints:-

Height: 166 cm

H.T. +  
Wt. +

Nutritional assessment:-

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

Pulse: 88/min

BP: 100/100

SpO2: 95%  
MP 160/90

Drug / Food Allergy:-

Past History :-

NAD

Family History:-

Systemic Examination:-

RS  
CVS  
PA  
CNS

NAD

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Adv CAGE

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

Rx

- Tab. cardioase ASP/25 (30) 10mg  
1 tab. after dinner
- Tab. Telmikind AM (30) ST40  
1 - morning
- Tab. Bisohart 2.5mg (30)  
1 - evening
- Tab. Nilason OD 100 (30)
- Tab. glimestai M (30) 1 tab. B.B.F.

Follow Up:

after 1 month.

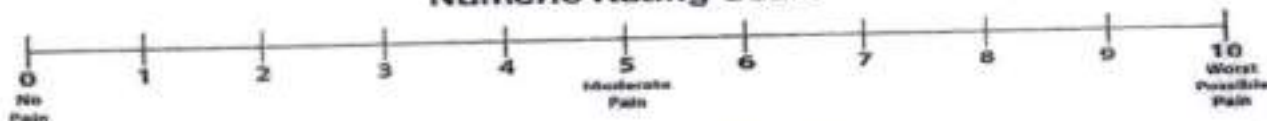
अधी दवाओ डोक्टरने बतावीने लेवी.

1 tab. before dinner

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-088


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PID : SUR0000359019 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Mayankkumar Vanmalidas** / Registered On : 10-Feb-2024 09:28 AM  
**Kotak**  
 Lab ID : 402900768 Collected On : 10-Feb-2024 09:25 AM  
 Gender/Age : Male / 59 Years DOB : 19-Jan-1965 Received On : 10-Feb-2024 09:47 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	15.3	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	<b>5.57</b>	mill/cmm	4.5 - 5.5
HCT	Calculated	47.8	%	40 - 50
MCV	Calculated based on the RBC histogram	85.8	fL	83 - 101
MCH	Calculated	27.5	pg	27 - 32
MCHC	Calculated	32.0	g/dL	31.5 - 34.5
RDW	Calculated	13.9	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count	Electrical Impedance	9010	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS	Flow Cytometry	72	%	40 - 80
LYMPHOCYTES	Flow Cytometry	21	%	20 - 40
EOSINOPHILS	Flow Cytometry	2	%	1 - 6
MONOCYTES	Flow Cytometry	5	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT	Electrical Impedance	342000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.8	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

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Approved On : 10-Feb-2024 10:43 AM



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Collected On : 10-Feb-2024 09:25 AM

Gender/Age : Male / 59 Years

DOB : 19-Jan-1965

Received On : 10-Feb-2024 09:47 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter

Result

Unit

Biological Ref. Interval

**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type

"AB"

RH Type

POSITIVE

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 Gender/Age : Male / 59 Years DOB : 19-Jan-1965 Received On : 10-Feb-2024 09:47 AM  
 Ref. By : Dr. Health Check Up, Shalby Sample Type : Citrated Whole Blood, E

Parameter	Result	Unit	Biological Ref. Interval
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<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	<b>71</b>	mm in 1 hour	0 - 20
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**HBA1C****HbA1c - Glycated Haemoglobin \****Boronate Affinity Assay***7.3**

%

Non-diabetic: &lt;= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: &gt;= 6.5

Therapeutic goals for glycemic control

Age &gt; 19 years Goal of therapy:

&lt; 7.0 Action suggested: &gt; 8.0

Age &lt; 19 years Goal of therapy:

&lt;7.5

<b>Estimated Average Glucose (eAG) (mg/dL) *</b> <i>Calculated</i>	<b>163</b>	mg/dL
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Lab ID : 402900768

Collected On : 10-Feb-2024 09:25 AM

Gender/Age : Male / 59 Years

DOB : 19-Jan-1965

Received On : 10-Feb-2024 09:48 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : Fluoride F, Urine (PP), F

Parameter	Result	Unit	Biological Ref. Interval
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## PLASMA GLUCOSE LEVEL

## FASTING PLASMA GLUCOSE

Plasma Glucose (F)

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

154

mg/dL

74 - 106

Urine Sugar (F)

Glucose-oxidase/oxidase reaction

ABSENT

mg/dL

Absent

## POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

170

mg/dL

Normal: 100-140 Impaired: 140  
-199 Diabetic :=>200

Urine Sugar (PP)

Glucose-oxidase/oxidase reaction

ABSENT

mg/dL

Absent

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DOB : 19-Jan-1965

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

## LIPID PROFILE

## LIPID PROFILE

## Cholesterol

Cholesterol Esterase, Oxidase, Peroxidase

222

mg/dL

Desirable: <200  
Borderline High: 200 - 239  
High >=240

## SERUM TRIGLYCERIDE

Lipase/GK/GPO/POD

172

mg/dL

Normal : <150  
Borderline High : 150-199  
High : 200-499  
Very High : > 500

## HDL CHOLESTEROL DIRECT \*

Phosphotungstic Acid/Mgo2 - Enzymatic

35

mg/dL

Major risk factor for heart disease  
: < 40  
Negative risk factor for heart  
disease : >= 60

## Non HDL Cholesterol

Calculated

187

mg/dL

Optimal : <130  
Desirable : 130-159  
Borderline high : 159-189  
High : 189-220  
Very High : >=220

## LDL Cholesterol

Calculated

153

mg/dL

Optimal: <100  
Near to above Optimal: 100 - 129  
Borderline High: 130 - 159  
High: 160 - 189  
Very High: > 190

## VLDL

Calculated

34

mg/dL

6 - 38

## LDL/dHDL \*

Calculated

4.4

2.5 - 3.5

## Chol/dHDL \*

Calculated

6.3

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

Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <small>Urease, colorimetric</small>	9	mg/dL	9 - 20
<b>UREA</b> <small>Calculated</small>	19	mg/dL	19 - 43
<b>Creatinine</b> <small>Enzymatic - Creatinine amidohydrolase</small>	<b>0.58</b>	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <small>Uricase/Peroxidase, Colorimetric</small>	4.5	mg/dL	3.5 - 8.5
<b>Calcium</b> <small>Arsenazo III dye</small>	8.4	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <small>Phosphomolybdate reduction (PMA Phenol)</small>	<b>4.6</b>	mg/dL	2.5 - 4.5
<b>Sodium</b> <small>Direct Ion Selective Electrode</small>	139	mmol/L	137 - 145
<b>S. POTASSIUM</b> <small>Direct Ion Selective Electrode</small>	4.54	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct Ion Selective Electrode</small>	98	mmol/L	98 - 107

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Collected On : 10-Feb-2024 09:25 AM

Gender/Age : Male / 59 Years

DOB : 19-Jan-1965

Received On : 10-Feb-2024 11:18 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : Serum

Parameter

Result

Unit

Biological Ref. Interval

## IMMUNOLOGY

## THYROID PROFILE (TFT)

**Total T3 \*** 108 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

**Total T4 \*** 12.61 µg/dL 99% Reference Interval (µg/dL)  
 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

**TSH \*** 1.567 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN \***

0.8

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals:**

- Pre-operatively ( Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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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	Glucose-oxidase/oxidase reaction	Nil	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Nil	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.020	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	NIL	Negative
pH	Double Indicator principle	6.0	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen *	Modified Ehrlich reaction	Normal	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
<b>Microscopic Examination</b>			
Pus cells	1-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	1-2/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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**Liver Function Test****Liver Function Test**

<b>SGPT (ALT)</b> <i>Multi Point Rate with P-5-P</i>	21	U/L	21 - 72
<b>SGOT (AST)</b> <i>Multi Point Rate with P-5-P</i>	16	U/L	17 - 59
<b>Alkaline Phosphatase</b> <i>PNPP, AMP Buffer</i>	65	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
<b>GGT *</b> <i>L-gamma-glutamyl-4-nitroanilide/glycyglycine Kinetic</i>	33	U/L	15 - 73
<b>S. PROTEIN</b> <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.5	g/dL	6.3 - 8.2
<b>Albumin</b> <i>Bromocresol Green (BCG), Colorimetric</i>	3.8	g/dL	3.5 - 5.0
<b>S. GLOBULIN</b> <i>Calculated</i>	2.7	g/dL	2.3 - 3.6
<b>A/G Ratio</b> <i>Calculated</i>	1.4	Ratio	1.0 - 2.3
<b>Bilirubin Total</b> <i>Azobilirubin/Diaphenylmethane/Diazonium Salt</i>	0.8	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
<b>Bilirubin Unconjugated</b> <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Adult : 0.2 - 1.3 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

This is an Electronically Authenticated Report.

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

Generated On : 10-Feb-2024 12:58 PM

Approved On : 10-Feb-2024 12:57 PM



Pre - op

Post - op

Health Check-up

Date: 10/2/24

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

Patient Name: Malyank V Kotek Age / Sex: 55 / M

Address : \_\_\_\_\_

Complaints : NAD

History : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_ Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_ Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension : \_\_\_\_\_ DM \_\_\_\_\_ Acidity + Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Last Surgical Intervention : \_\_\_\_\_

**Any Medication :**

On Examination : NAD

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : 6, 12, 19 Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sitzings  2  3  Deep  Perio Surgery : \_\_\_\_\_

Restoration : \_\_\_\_\_ Class V Fillings : 4

RCT : \_\_\_\_\_ Extraction : 65

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"

*Aditi Jain*

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

**DR. RUJUTA SHELAT**

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *mayank V KOTAK*

Date :- *10/07/24*

Chief Complaints:- *40 (or) blurring & glares*  
*K/40 p/corr*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *< 6/6*  
*< 6/12*

NCT *12*  
*12*

ON Examination

Ant. Segment

Systemic Examination:-

HT:- WT:-

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

*SP ± 0.00*  
*+0.25 - P -1.00 x 90 6/6p*

Both Eye

*ADD +2.50 12*



NAME  
FEB 10 2023 12:00

VD=10

SPH	CYL	AX
0.00	-0.50	123
0.00	-0.25	92
-0.25	-0.50	79

0.00 -0.25 92

SPH	CYL	AX
+0.25	-0.75	90
+0.50	-1.00	88
+0.25	-1.00	89

+0.25 -1.00 88

PD=66

GrandBetko.com  
OR-3390K S/N:76880963

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

*pseudophakia*

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months / SOS*

Signature of the Consultant

*Ru*

Patient Name: MAYANK KOTAK		UHID: 359019	
Age / Sex: 58Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 10/02/2024	

**ULTRASOUND OF ABDOMEN AND PELVIS**

**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** not seen h/o cholecystectomy

**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. Upper calyx calculus measuring 6.5 mm

**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 mildly enlarged in size and measures 35 x 51 x 37 mm (Approx. vol- 35cc). It has smooth outlines and normal reflectivity.

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

**Mid line umbilical omental hernia with defect size 18 mm.**

**IMPRESSION:**

- Grade I fatty liver. ✓
- Upper calyx calculus at right kidney. ✓
- Mild prostatic enlargement.
- Mid line umbilical omental hernia.

Thanks for referral.

**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

**SHALBY LIMITED**

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

Corp. Office: B-301 &amp; 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



**Patient's Name: Mayank Kotak****UHID: 359019****Age: 58 Yrs./ male****Date: 10 / 02 / 2024****ECHOCARDIOGRAPHY REPORT****Valves:-****Mitral valve :Normal,Mild 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, Akinetic mid antero septum, apico & mid septum, apico & mid anterior wall other walls contracting normally  
Mild LV systolic dysfunction  
with Ejection Fraction 45 %.  
Grade I 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:-**

- IHD
- Mild LV Systolic dysfunction
- RWMA+
- Grade I LVDD
- EF 45 %
- Mild MR

**DR.SUSHIL YADAV**  
Consultant Clinical cardiologist**Note : Normal echo study does not rule out underlying Coronary artery disease****SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

ID: \_\_\_\_\_

Sex: M  
Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
kg mmHg

years

10-Feb-2024 AM8:48:07

- 1100 Sinus rhythm
- 2330 Nonspecific intraventricular conduction block
- 6220 Possible left atrial enlargement
- 0102 ARTIFACT PRESENT
- 9150 \*\* abnormal ECG \*\*

*LSBB*

*Myxomatous mitral valve*

Heart rate: 82 bpm  
 PR int: 190 ms  
 PRS dur: 162 ms  
 QT/QTc(E) int: 438/476 ms  
 T/QTc/T axis: 33/ -1/ 148 °  
 IV5/SV1 amp: 0.10/ 2.88 mV  
 IV5+SV1 amp: 2.98 mV

Unconfirmed Report  
Reviewed by:

5 mm/mV 25 mm/s Filter: 150 d 100 Hz

2.5 mm/mV

