



OPD ASSESSMENT FORM



Name Mr. Manoj Kumar Roy Age.Sex 32/M MR.No. 5136794

Doctor Dr. Krunal Gajjar Date 13/05/23

Ht: 165cm Wt: 72 kg Temp: 98.6 F Pulse: 108 b/min BP 151/103 mm/Hg

SPO2: 98% Post of walk SPO2: _____

Chief Complaints :

1/0 back-pain.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

RS } NAD.
CVS }

Past History :

N.S.

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mid-moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx → Salt Restricted diet.

Investigation advised : (Fasting)

→ Frequent B.P. monitoring.

S. T3, T4.
Anti-TPO
Antibody.

→ Tab. Eltroxin (75 ug) 1-0-0.

x (02) months.

→ Repeat TSH after (02) months.

Dr. Krunal Gajjar
M.B.B.S., MD (MEDICINE)
CONSULTANT PHYSICIAN

Follow Up : _____ Date : _____

Reg. No. G-2012
SUNSHINE GLOBAL HOSPITAL
SURAT.



OPD ASSESSMENT FORM



Name Mr. Manoj Kumar Roy Age Sex 32/M MR.No. S136794
 Doctor Dr. Shailaja Desai Date 13/05/23
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine dental check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

- to stain
 - missing \rightarrow TG
 - decayed \rightarrow BT

Past History :

Provisional Diagnosis :

Nutritional Assessment :

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

**Treatment and further Advices :
(Write in Capital Letters)**

Rx
 1) Scaling
 2) Replacement \rightarrow TG
 3) Extraction of BT

Investigation advised :

Dr. Desai
Dr. Shailaja Desai

B.D.S. (Dental Surgeon)
 A-9793
 Dental Surgeon
 Sunshine Global Hospital, Surat

Signature

Follow Up : Date : _____



OPD ASSESSMENT FORM



Name Mr. Manoj Kumar Roy Age.Sex 32/M MR.No. 5136794

Doctor Dr. Hardik Shroff Date 13/05/23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints : No complain Drug / Food Allergy : _____
Prior Medication Reviewed : Yes No

On examination : RG Ant. Seg NAD Past History : _____
Vn 2/15 6/6 N16 ST R-0.5+ 20-4/6
6/6 L Plano 4/6

Provisional Diagnosis : Fundi (Central) RG NAD Nutritional Assessment : 6/6
 Obese
 Well nourished
 Mild- moderate nourished
 Severely mal-nourished

Treatment and further Advices : BE low Myopia
(Write in Capital Letters)

Rx _____ Investigation advised : _____

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Reg. No. G-28902
Signature

Follow Up : See Date : _____

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.



SPECTACLE CARD

Ref. No. S 136794 Name: Mr. Manoj Roy Date: 13/5/2023

RIGHT			
Sph.	Cyl.	Axis	V.A.
—	-0.5	20°	6/6
	—	—	nil

LEFT			
Sph.	Cyl.	Axis	V.A.
Plano	—	—	6/6
	—	—	nil

Remarks :

Anti-glc + Blue bladders

INSTRUCTION :

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09.00 am to 11.00 am, Monday to Saturday
Please obtain reporting time in advance & always bring OPD File

[Signature]
Consulting Eye Surgeon

B/s. Big Bazar, Piprod, Surat - 395 007. Ph. 0261-4111000, 4111002 www.sunshineglobalhospitals.com

PAT. NAME: Manoj Kumar Roy	Date : 13/05/2023
REF. DOCTOR : Hosp. Dr.	AGE : 32 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S136794

Findings:

Liver is enlarge in size (16 cm), shape and shows mild increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal in size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy. Urinary bladder appears well distended and normal. Prostate appears normal in size, shape and echopattern. No e/o free fluid in pelvis.

IMPRESSION:

- **Hepatomegaly with grade I fatty liver.**




PAT. NAME: Manoj Kumar Roy	Date : 13/05/2023
REF. DOCTOR : Hosp. Dr.	AGE : 32 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S136794

Clinical Details: HC.

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 13/05/2023 - 11:27 AM

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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:05AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	12.6	gm/dl	13.0 - 17.0
PCV	41.6	%	40 - 50
RBC COUNT	6.17	mill/cmm	4.5 - 5.5
MCV	67.4	fl	76 - 96
MCH	20.4	pg	26 - 32
MCHC	30.3	%	32 - 36
RDW	16.1	%	11 - 15
PLATELET COUNT	1.50	lacs/cmm	1.5 - 4.5
WBC COUNT	5410	/cmm	4000 - 11000
ESR	07	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	51	%	40 - 70
LYMPHOCYTES	39	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	07	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

***** End Report *****

Dr. Amrish Pandya
MD, DCP (Pathology)

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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:11AM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.14	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.64	ug/dl	5.1 - 14.0
TSH (CLIA)	17.72	uIU/ml	0.2 - 4.5

Note:-

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy also stimulate the thyroid gland to synthesize and secrete T3 and T4.

Quantification of TSH significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated while in secondary and tertiary hypothyroidism, TSH levels are low.

***** End Report *****

Dr. Amrish Pandya
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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:11AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.9	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	122.63	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

***** End Report *****

AD
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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:15AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	80	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.6	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	27	U/L	5 - 41
SGOT (IFCC)	20	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	8.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.67	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.7	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	7.2	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	8.8	mg/dl	8 - 23
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	105	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

***** End Report *****

Dr. Amrish Pandya
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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:13AM


BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	200	mg/dl	50 - 200
HDL CHOLESTEROL Direct	34	mg/dl	40 - 60
LDL CHOLESTEROL Direct	134	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	232	mg/dl	50 - 150
VLDL Calc	46.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.88		0 - 5
LDL / HDL RATIO	3.94		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****


Dr. Amrish Pandya
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MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:14AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.3	mg/L	
URINE CREATININE (JAFPE)	69.2	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	7.65	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

***** End Report *****

AP
Dr. Amrish Pandya
MD, DCP (Pathology)

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Reg. No.: G-5966

Page 1 of 1




MR No. : S136794	Collection Date : 13/05/2023 9:57AM
Patient Name : Mr. Manoj Kumar Roy	Age : 32 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/05/2023 11:16AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	20	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

***** End Report *****


Dr. Amrish Pandya
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ID: S136794
Visit:
13-May-2023
13:04:17

32years Caucasian Male

BRUCE
Max HR: 195bpm 103% of max predicted 188bpm
Max BP: 150/96
Reason for Termination: 10.4METS
Comments:

To Exercise time: 9:11
25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test ind:

Stage Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	4:38	0.6	0.0	1.4	70	130/96	133
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	78		
	STAGE 2	3:00	2.5	12.0	7.0	76		
	STAGE 3	3:00	3.4	14.0	10.1	74	150/96	291
	STAGE 4	0:11	4.1	16.0	10.3	75	150/96	293
RECOVERY	RECOVERY	4:09	rest	rest	1.0	70	140/90	168

Trest is negative for inducible ischemia

Technician:

Location: JRM-d

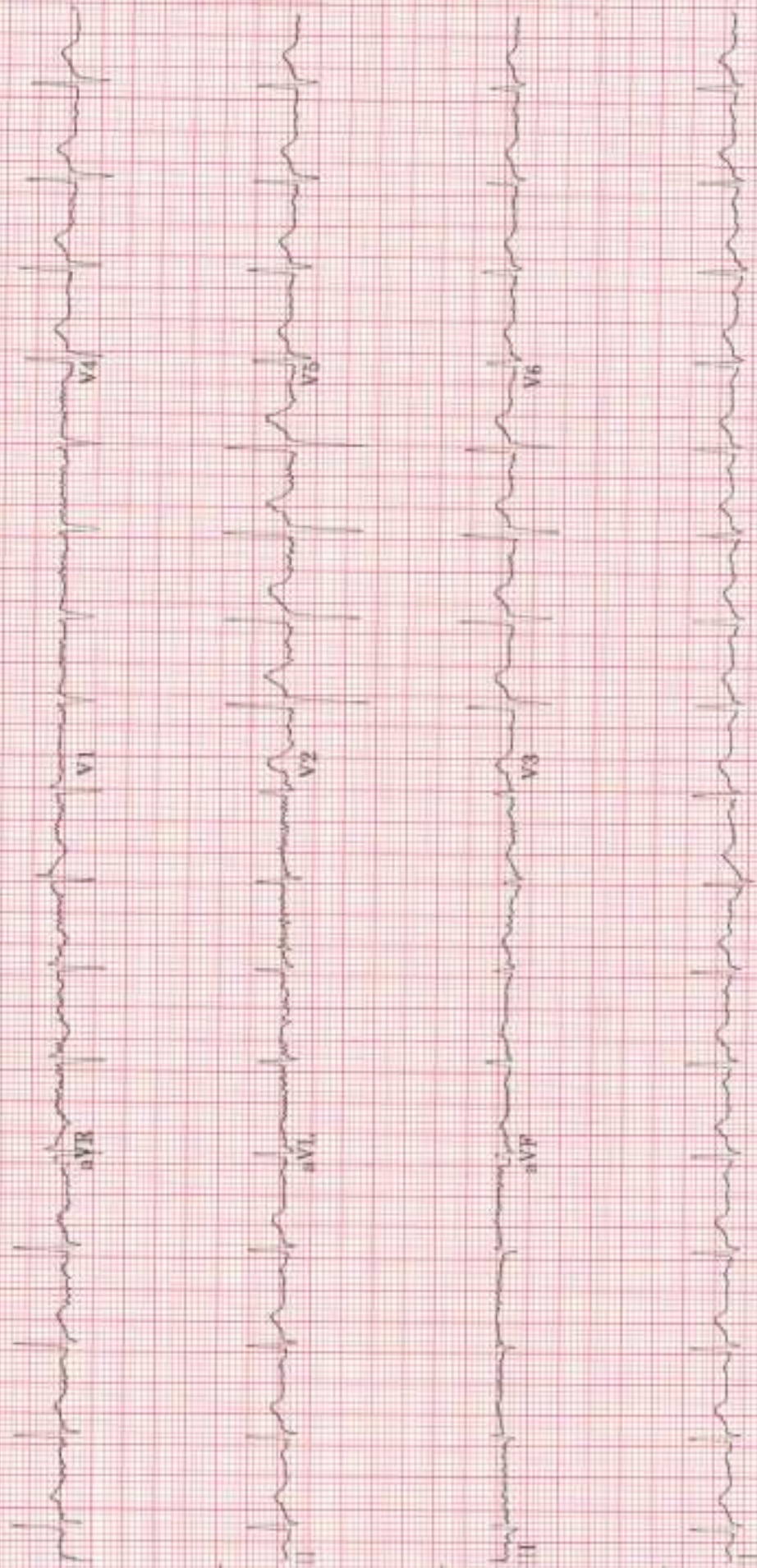
MAC55 010B

ID: S136794
Vis: t
13-May-2023
13:07:17

PRETEST
SUPINE
3:00

104bpm
BP: 130/96

RUCE
***mph
***%



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46 4 by 2.5s + 1 rhythm ld

MAC55 010B

JOPITER

ID: S136794
Visit
13-May-2023
13:11:55

EXERCISE
STAGE 1
3:00
127bpm
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms post



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

MAC55 010B

* Computer Synthesized Rhythm

JUPITER

ID: S136794

Visit:

13-May-2023

13:14:55

EXERCISE

STAGE 2

6:00

DRUG

2.5mph

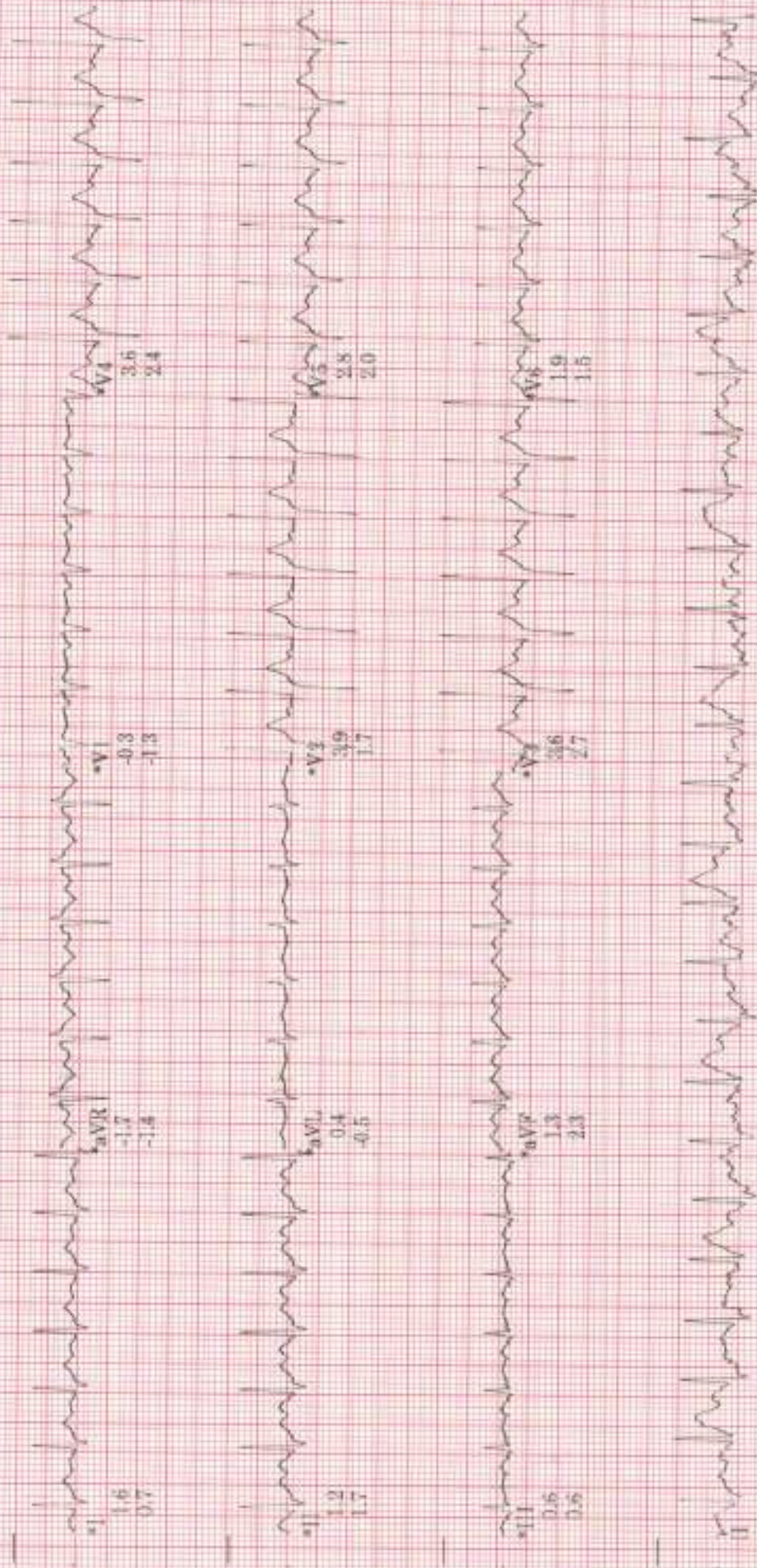
12.0%

156bpm

ST @ 10mm/mV

80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 45

• Computer Synthesized Rhythm

MAC55 010B

I

JUPITER

ID: S136794
V161E

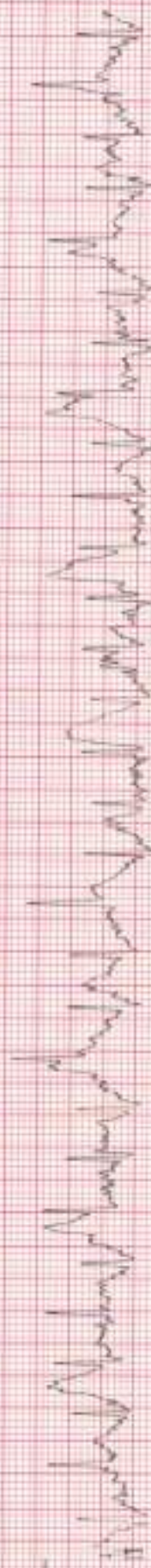
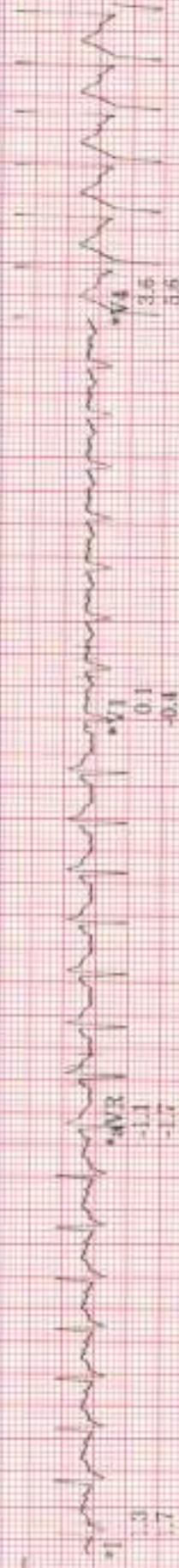
13-May-2023
13:17:55

194bpm
BP: 150/96

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 3
9:00

RUCF
3.4mph
14.0%



3aw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

• Computer Synthesized Rhythm

MAC55 010B

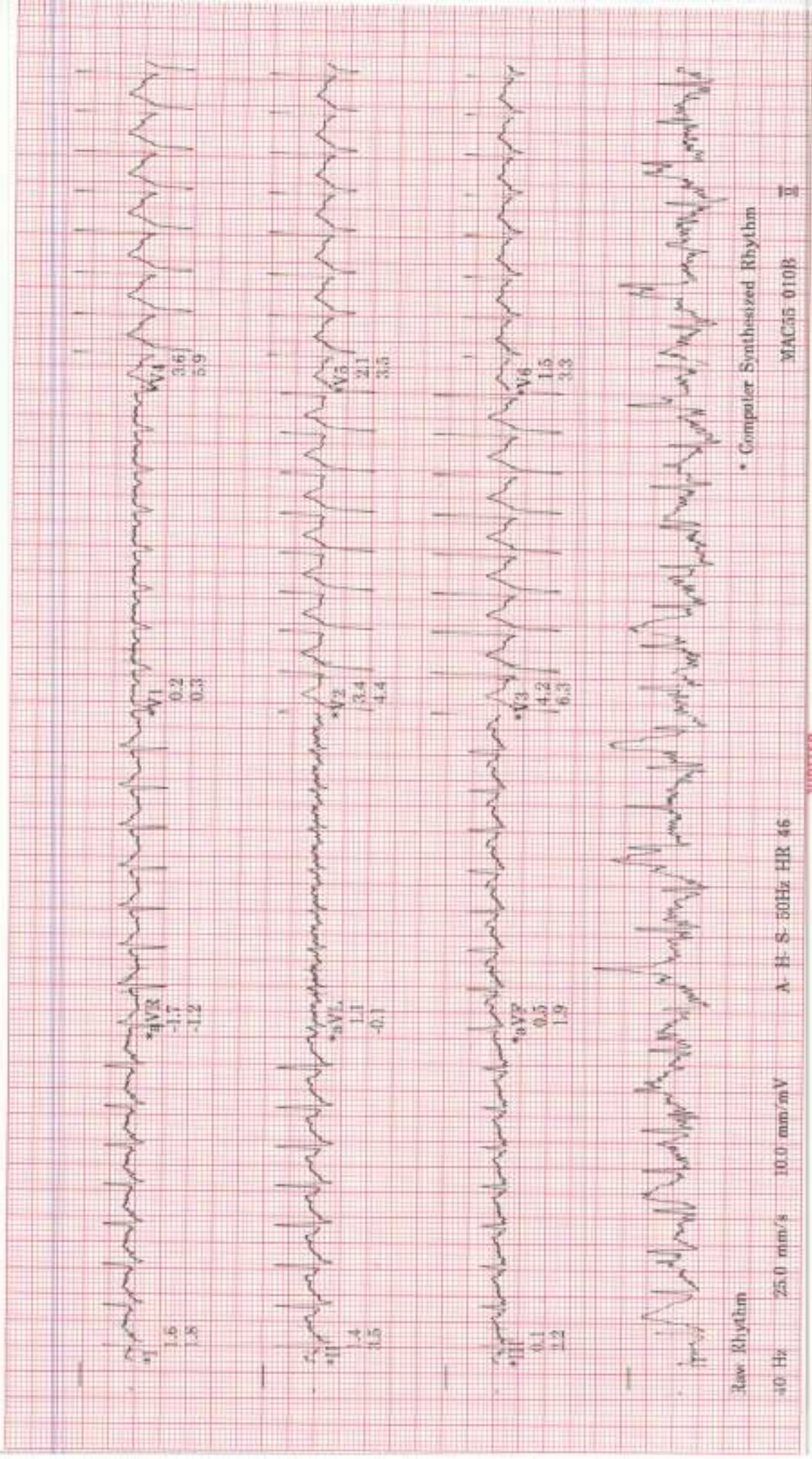
II

ID: S136794
Visit:
13-May-2023
13:18:07

EXERCISE
STAGE 4
9:11
RUCK
4.1mph
16.0%

196bpm
BP: 150/96
ST @ 10mm/mV
80ms postL

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
10 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46
Computer Synthesized Rhythm
MAC55-010B

ID: S136794
Visit
13-May-2023
13:20:06

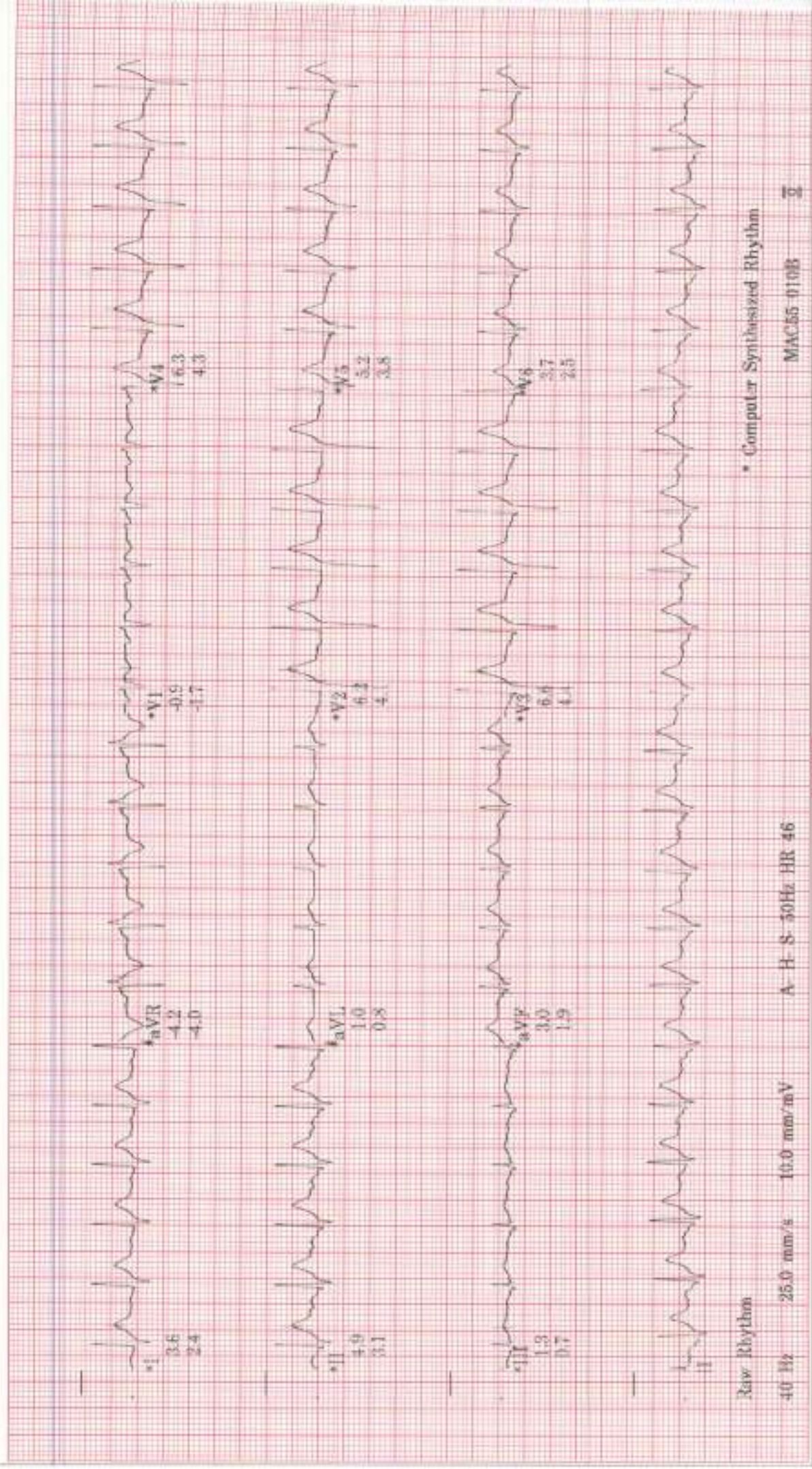
RECOVERY
RECOVERY
2:00

131bpm
BP: 150/100

ST @ 10mm/mV
80ms postL

RUCK
** *mph
** *%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 01085 3

JUPITER

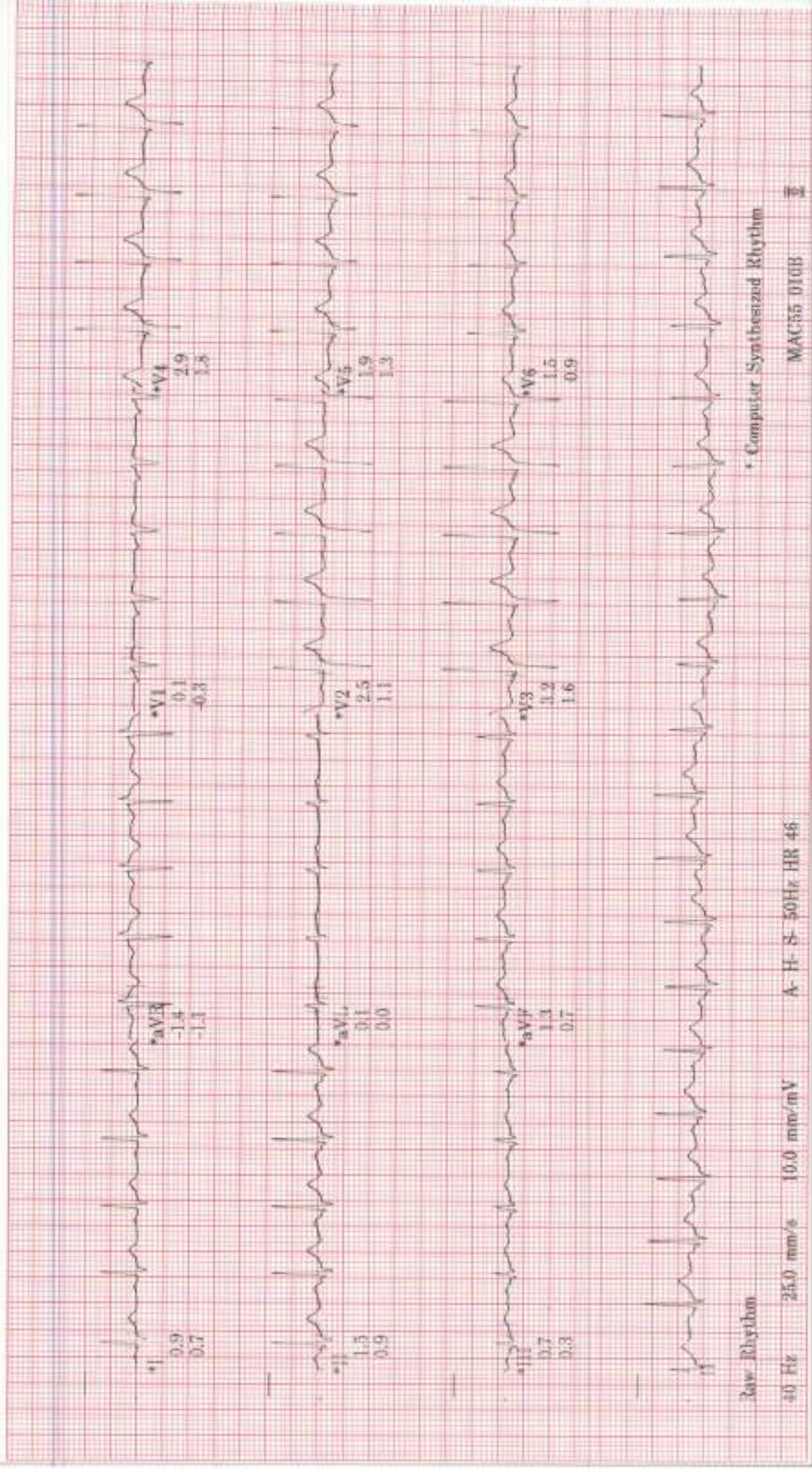
ID: S136794
Visit:
13-May-2023
13:22:05

RECOVERY
RECOVERY
4:00
116bpm
BP: 140/90

RUCB
** *mph
** *%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

Computer Synthesized Rhythm
MAC55 D10B

JUPITER

ID: S136794

Visit:

13-May-2023

13:04:17

32years

Caucasian

Male

ToV Exercise time: 9:11

Max HR: 195bpm 103% of max predicted 188bpm

Max BP: 150/96

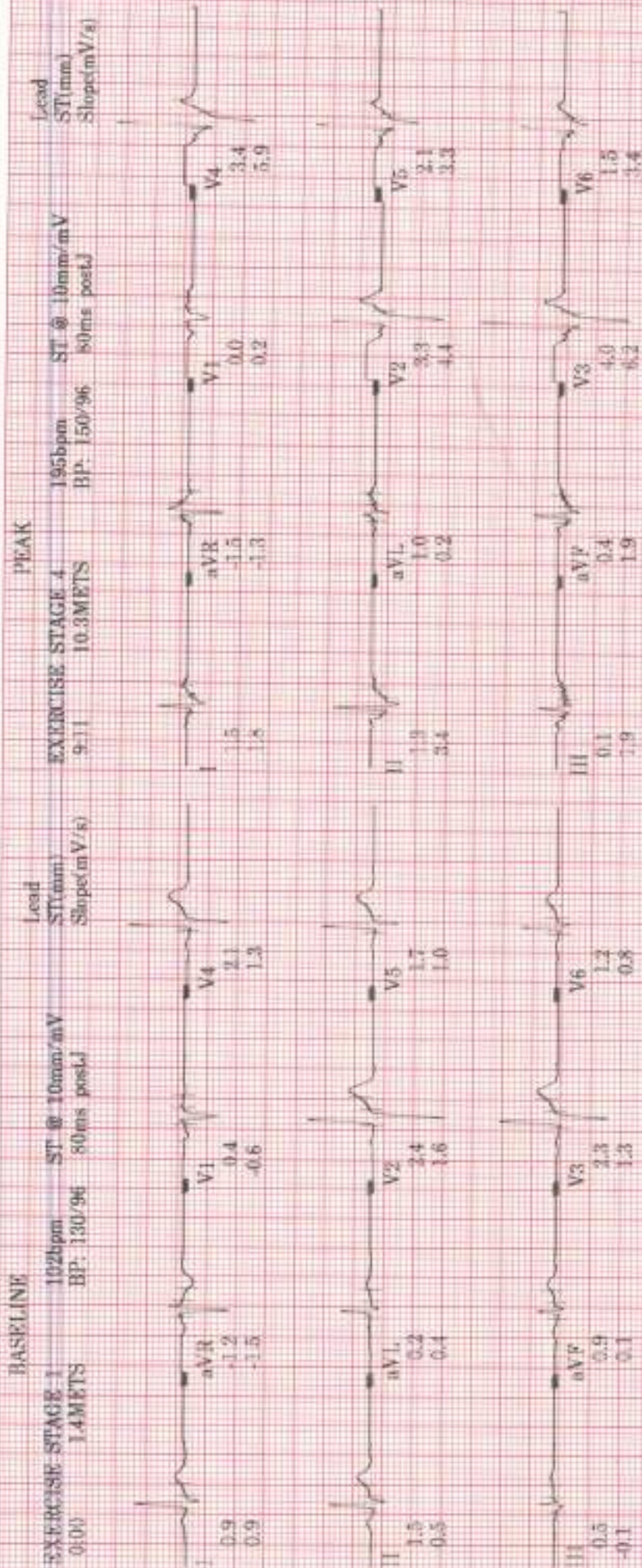
Maximum workload: 10.4 METS

Reason for Termination:

Comments:

Referred by:

Test ind:



Technician:

Unconfirmed

MAC55 010B

JUPITER

DL: 8136736

13-May-2023
13:04:17

PRETEST
SUPINE
3:00
104bpm
BP: 130/96
1.0METS

EXERCISE
STAGE 1
0:00
120bpm
BP: 130/96
3.0METS

EXERCISE
STAGE 1
1:00
120bpm
BP: 130/96
3.0METS

EXERCISE
STAGE 1
2:00
125bpm
BP: 130/96
4.6METS

EXERCISE
STAGE 1
3:00
128bpm
4.6METS

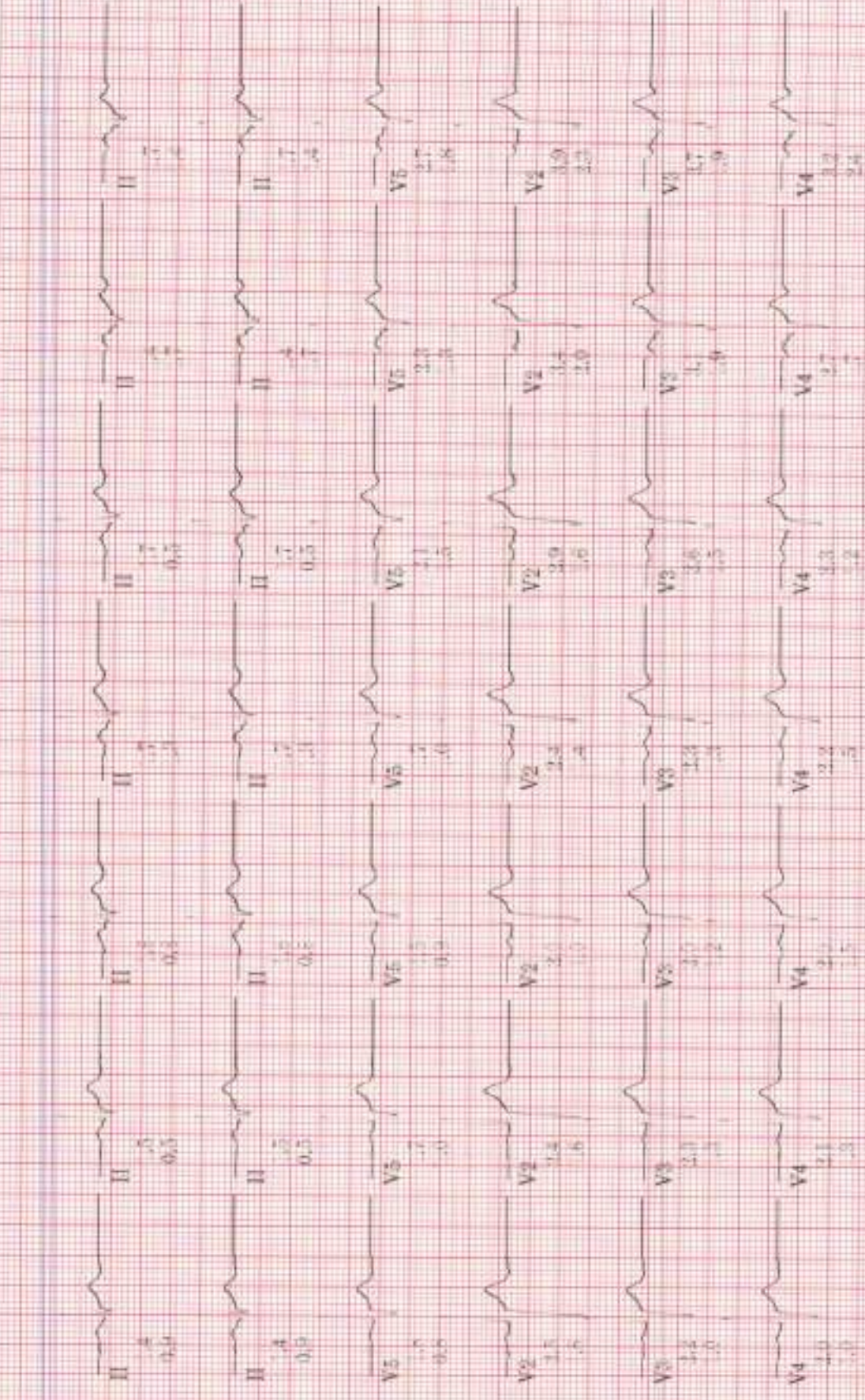
EXERCISE
STAGE 2
4:00
147bpm
BP: 130/96
5.8METS

EXERCISE
STAGE 2
5:00
149bpm
BP: 150/96
7.0METS

BASELINE

BRUCE

ST @ 10mm/mV
50ms postd
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC 15 D10B

JUPITER

ID: 8156734

13-May-2023
13:04:17

EXERCISE STAGE 2
6:00
156bpm
7.0METS

EXERCISE STAGE 3
7:00
178bpm
BP: 150/96
8.5METS

EXERCISE STAGE 3
8:00
188bpm
BP: 150/96
10.1METS

EXERCISE STAGE 3
9:00
194bpm
BP: 150/96
10.1METS

EXERCISE STAGE 4
9:11
195bpm
BP: 150/96
10.3METS
PEAK

RECOVERY
1:00
163bpm
BP: 150/96
5.7METS

RECOVERY
2:00
131bpm
BP: 150/100
1.0METS

BRUCE

ST @ 10mm/mV
80mm postd

25.0 mm/s

10.0 mm/mV

100hz



Lead
ST (mm)
Slope (mV/s)

MAC55 010B

JUPITER

ID: S136794
Visit:

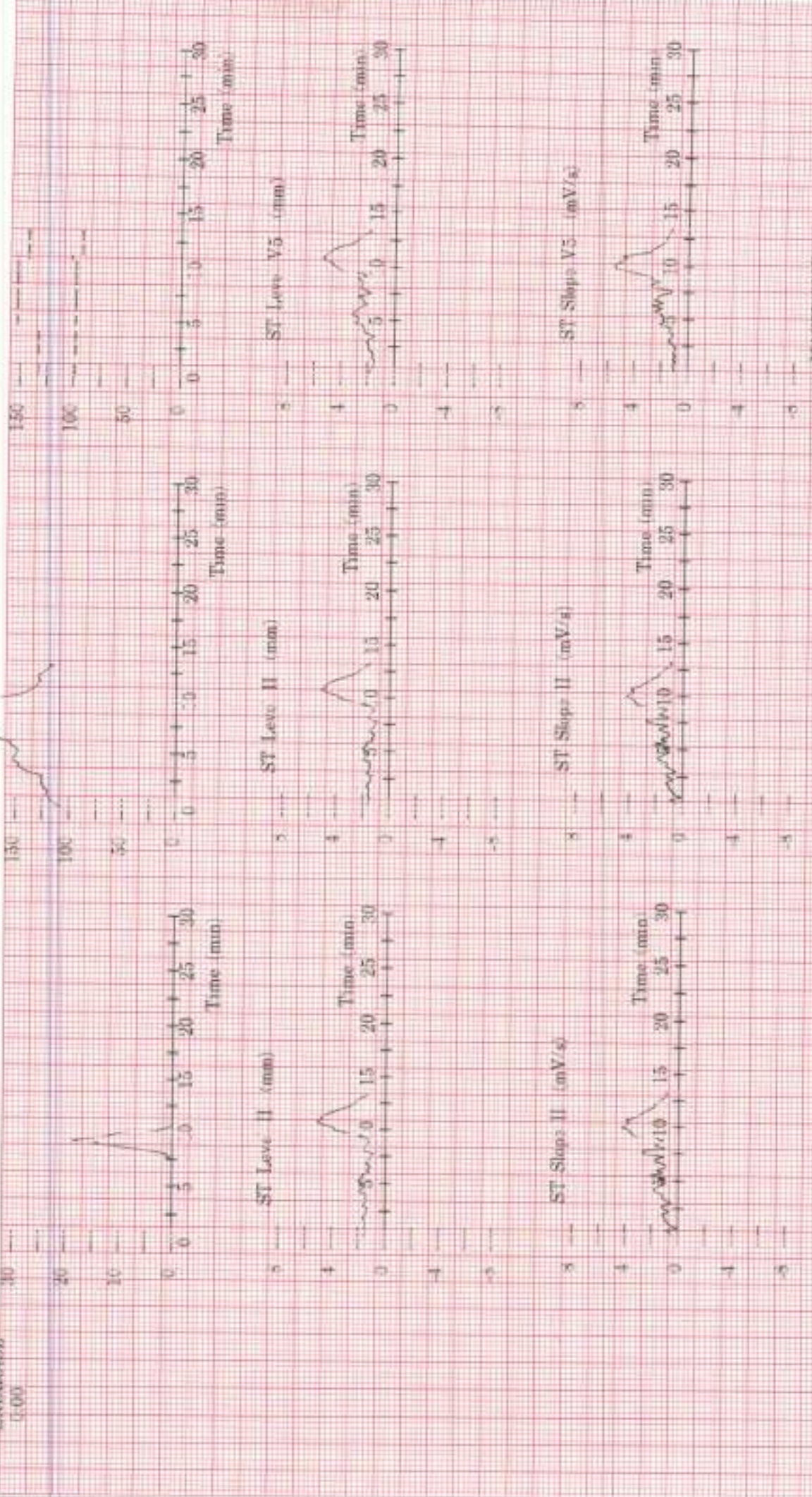
13-May-2023
13:04:17

BRUCE

ST @ 10mm/mV 40 --- PVC's/m ---
80ms postd ---
EXERCISE 0:00 ---

250 --- Heart Rate (bpm) ---
200 ---
150 ---
100 ---
50 ---
0 ---

250 --- BP (mm Hg) ---
200 ---
150 ---
100 ---
50 ---
0 ---



MAC55 010B

JUPITER

DOB: 32yr, MALE

Heart rate: 96 BPM
PR int: 159 ms
QRS dur: 83 ms
QT/QTc: 319/372 ms
p-R-T axes: 49 26 49

SINUS RHYTHM
NORMAL ECG

Reviewed by -----

money
32/m

