



OPD ASSESSMENT FORM



Name Mrs. Khusbuben Age.Sex 31/F MR.No. 3148871

Doctor Dr. Umang Desai Date 29/9/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine dental checkup

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

- + stain calculus

Past History :

Provisional Diagnosis :

Nutritional Assessment :

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

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

R_x

1) scaling

Investigation advised :

U. P. Desai



Follow Up : _____ Date : _____

Signature

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



GYNAECOLOGICAL CONSULTATION



MR. NO. 5143371

Name : Ms. Khushkuben Teivedi

Date : 23-09-23

Age : 31/F Ht. : Wt. : B.P. :

Clinical Evaluation / History / Presenting Complain:

.....
 Irregular

Gynecological History :

Yes No

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડીંગ થાય છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are / were your periods Irregular ? પીરિયડ રેગ્યુલર છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you pregnant now ? અત્યારે તમે પ્રેગનન્ટ છો ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are / were you taking birth control pills? તમે ગર્ભનિરોધક ગોળીઓ છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you have a lump in your breast ? સ્તનમાં દુઃખાવો / સોજો / ગાઠ છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Did anyone in your family suffer from breast cancer ? કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Obstetric History :

1. Menstrual History : Menarche at 14 Yrs
 Menses: a. Scanty / Average / Excess
 b. No of Days: 3-5 / 5-7 / More than 7 days
 c. Interval days, Reg / Irregular
 d. Pain : Before / During / After / Painless

Last menstrual Period (LMP): 15/9/23

2. Obstetric History :
 Gravida Pare Abortion Live 1
 Married life with cohabitation.....
 Children M: 2 F: Last Delivery: Yrs back
 Any bad Obstetric event / history Yes / No
 If yes Describe:

History of Contraception & Family Planning: T.C.

Examination

a. Breast Examination - Right

PTG

Left

AY

b. Per abdomen examination

KUP

c. Local examination

Vulva:

AY

Vagina

AY

d. Per Speculum Examination

1/5

Cervix hypertrophy + erosion

e. Per vaginal examination :

Cervi :

Uterus : AV/RV : Normal / Bulky

Adnexa :

PAP's Smear Taken

Yes / No

Cervix

Clinical Impression:

[Empty box for Clinical Impression]

P. G. Cervix

Recommendation:

A. Additional Inv. / Referral Suggested

[Empty box for Recommendation A]

B. Therapeutic Advice

[Empty box for Recommendation B]

2 Sept

Followup Date

DR. BHAVNA DESAI
MD, DGO

REG. NO. -10538

Gynaecologist's Signature

SWISS GLOBAL HOSPITAL
COCHIN



OPD ASSESSMENT FORM



Name Mrs. Khushbuben V. Tavadi Age.Sex 31/F MR.No. 5143371

Doctor Dr. Krunal Gajjar Date 23-9-23

Ht : 151cm Wt. : 52.9kg Temp : 96.6f Pulse : 74b/min BP : 103/64 mmHg

SPO2 : 100% Post of walk SPO2 : _____

Chief Complaints :

no Headache.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

Rx } NAP
CVS }

Past History :

N.S.

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

→ Tab. Nuronext forte 1-0-0 x (02) months.

→ Tab. Naxdom (500 mg)
1 tab sos.

Investigation advised :

K. Gajjar
Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-20422
SUNSHINE GLOBAL HOSPITAL
SURAT.

Follow Up : _____ Date : _____

Signature _____

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



OPD ASSESSMENT FORM



Name ms. Khushbu Trivedi Age.Sex 31/F MR.No. 5143371

Doctor Dr. Hardik Shroff Date 23-09-23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No complain

Prior Medication Reviewed : Yes No

On examination : BE AW. Seg NAD Past History :

MC G6
G6 M16

Fundi (central) BEMAD

Provisional Diagnosis :

NA ophthalmure

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

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

SUNSHINE GLOBAL HOSPITAL
Piplodan, Pimpri, Maharashtra

Follow Up : 808 Date : _____

In case of emergency Please report to Emergency Department of Hospital OR
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MR. No:- S143371



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mrs Khushbuben Trivedi Date : 23/09/23 11:35 AM

Sex : F Age : 87 Ref. by Dr. : medicheel Done by Dr. : susyendou singh

LV Size :

LVEF : 69 % (VISUAL)

DIASTOLIC DYSFUNCTION :

LVH :

- RWMA : ANTERIOR WALL
- ANTERIOR SEPTUM
- IVS
- LV APEX
- POSTERIOR WALL
- LATERAL WALL
- INFERIOR WALL

NORMAL ECHO

MITRAL VALVE :

AORTIC VALVE

PULMONARY VALVE :

TRICUSPID VALVE

PAH :

PASP :

RA :

LA :

RV :

IVC :

IAS :

IVS :

| | | | | | | | | |
|---------|----|--------|----|--------|----|--------|----|---|
| IVS (s) | cm | LV(s) | cm | PW (s) | cm | LVEF = | 69 | % |
| IVS (d) | cm | LV (d) | cm | PW (d) | cm | FS = | | % |

CONCLUSION :

h



| | |
|-----------------------------------------------------|--------------------------------------------|
| MR No. : S143371 | Collection Date : 23/09/2023 9:50AM |
| Patient Name : Mrs. Khushbuben Vikas Trivedi | Age : 31 Y Sex : Female |
| Ref By : Dr. Hospital A Doctor | Report Date : 23/09/2023 12:20 PM |

HAEMATOLOGY

| Parameter | Result | Units | Normal Range |
|-------------------------------|---------------------|----------|--------------|
| CBC with ESR | | | |
| HAEMOGLOBIN | 12.4 | gm/dl | 12.0 - 15.0 |
| PCV | 38.5 | % | 36 - 46 |
| WBC COUNT | 4.79 | mill/cmm | 4.0 - 5.0 |
| MCV | 80.4 | fl | 76 - 96 |
| MCH | 25.9 | pg | 26 - 32 |
| MCHC | 32.2 | % | 32 - 36 |
| RDW | 13.0 | % | 11 - 15 |
| PLATELET COUNT | 2.91 | lacs/cmm | 1.5 - 4.5 |
| WBC COUNT | 6390 | /cmm | 4000 - 11000 |
| ESR | 03 | mm/hr | 0 - 15 |
| DIFFERENTIAL WBC COUNT | | | |
| NEUTROPHIL | 47 | % | 40 - 70 |
| LYMPHOCYTES | 46 | % | 20 - 40 |
| EOSINOPHILS | 03 | % | 1 - 6 |
| MONOCYTES | 04 | % | 2 - 11 |
| BASOPHILS | 00 | % | 0 - 2 |
| PERIPHERAL SMEAR | | | |
| WBC MORPHOLOGY | Normochromic | | |
| WBC MORPHOLOGY | Normocytic | | |
| PLATELET ON SMEAR | Within Normal Range | | |
| HEMOPARASITES | Adequate | | |
| | Not Seen | | |

SYSMEX XN-550

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

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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| MR No. : S143371 | Collection Date : 23/09/2023 9:50AM |
| Patient Name : Mrs. Khushbuben Vikas Trivedi | Age : 31 Y Sex : Female |
| Ref By : Dr. Hospital A Doctor | Report Date : 23/09/2023 12:16 PM |

HAEMATOLOGY

| Parameter | Result | Normal Range |
|------------------------------------|----------|--------------|
| BLOOD GROUP & RH FACTOR | | |
| BLOOD GROUP | "A" | |
| RH FACTOR | POSITIVE | |

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

| | | | |
|-----------------|------|--------|--------------|
| TOTAL T3 (CLIA) | 1.36 | ng/ml | 0.846 - 2.02 |
| TOTAL T4 (CLIA) | 8.53 | ug/dl | 5.1 - 14.0 |
| TSH (CLIA) | 2.52 | 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 *****

Signature

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

Signature
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| Patient Name : Mrs. Khushbuben Vikas Trivedi | Age : 31 Y Sex : Female |
| Ref By : Dr. Hospital A Doctor | Report Date : 23/09/2023 12:16 PM |

BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|-----------------------------------------|--------|-------|-------------------------------------------------------------------------------------------------|
| HBA1C [GLYCOSYLATED HEAMOGLOBIN] | | | |
| HbA1C | 5.8 | % | Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8 |
| MEAN BLOOD GLUCOSE | 119.76 | 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.

FASTING BLOOD SUGAR (FBS)

| | | | |
|------------------------------------|--------|-------|----------|
| FASTING BLOOD GLUCOSE (Hexokinase) | 97 | mg/dl | 74 - 110 |
| FASTING URINE GLUCOSE | Absent | | |
| FASTING URINE KETONE | Absent | | |

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

SC
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MD, DCP (Pathology)

Reg. No.: G-9074

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Patient Name : Mrs. Khushbuben Vikas Trivedi
Ref By : Dr. Hospital A Doctor
Collection Date : 23/09/2023 9:50AM
Age : 31 Y **Sex** : Female
Report Date : 23/09/2023 12:17 PM

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|----------------------------|---------------|--------------|---------------------|
| LIPID PROFILE | | | |
| SERUM CHOLESTEROL CHOD PAP | 179 | mg/dl | 50 - 200 |
| HDL CHOLESTEROL Direct | 60 | mg/dl | 40 - 60 |
| LDL CHOLESTEROL Direct | 106 | mg/dl | 0 - 100 |
| SERUM TRIGLYCERIDE GPO PAP | 62 | mg/dl | 50 - 150 |
| VLDL Calc | 12.4 | mg/dl | 0 - 30 |
| CHOLESTEROL / HDL RATIO | 2.98 | | 0 - 5 |
| LDL / HDL RATIO | 1.77 | | 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 *****

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MR No. : S143371
Patient Name : Mrs. Khushbuben Vikas Trivedi
Ref By : Dr. Hospital A Doctor
Collection Date : 23/09/2023 9:50AM
Age : 31 Y **Sex** : Female
Report Date : 23/09/2023 12:18 PM

BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|----------------------------------|---------------|--------------|---------------------|
| LIVER FUNCTION TEST | | | |
| ALKALINE PHOSPHATASE (IFCC) | 66 | U/L | 35 - 130 |
| BILIRUBIN TOTAL Diazo | 0.4 | mg/dl | 0.0 - 1.2 |
| BILIRUBIN DIRECT Diazo | 0.2 | mg/dl | 0.0 - 0.4 |
| BILIRUBIN INDIRECT (Calc) | 0.2 | mg/dl | 0.0 - 0.8 |
| SGPT (IFCC) | 13 | U/L | 5 - 41 |
| SGOT (IFCC) | 16 | U/L | 5 - 40 |
| SERUM TOTAL PROTEIN Biuret | 6.9 | gm/dl | 6.6 - 8.7 |
| SERUM ALBUMIN BCG | 4.8 | gm/dl | 3.5 - 5.2 |
| SERUM GLOBULIN Calc | 2.1 | gm/dl | 1.5 - 3.5 |
| SERUM A/G RATIO Calc | 2.29 | gm/dl | 1.5 - 2.5 |
| SERUM CREATININE | | | |
| SERUM CREATININE (JAFPE) | 0.5 | mg/dl | 0.5 - 1.2 |
| SERUM URIC ACID | | | |
| SERUM URIC ACID (Uricase) | 3.9 | mg/dl | 2.4 - 5.7 |
| BUN [BLOOD UREA NITROGEN] | | | |
| BUN | 6.6 | mg/dl | 8 - 23 |

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

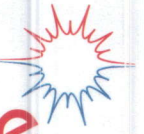
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Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

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MR No. : S143371
Patient Name : Mrs. Khushbuben Vikas Trivedi
Ref By : Dr. Hospital A Doctor
Collection Date : 23/09/2023 9:50AM
Age : 31 Y **Sex** : Female
Report Date : 23/09/2023 12:21 PM

BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|----------------------------------------------------|---------------|--------------|----------------------------------------------------------------------------|
| ALBUMIN-CREATININE RATIO | | | |
| URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry) | 4.9 | mg/L | |
| URINE CREATININE (JAFPE) | 26.4 | mg/dl | |
| ALBUMIN-CREATININE RATIO (Calculated) | 18.5 | mg/gm | Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300 |

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

SC

Dr. Shobha Choksi
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| Patient Name : Mrs. Khushbuben Vikas Trivedi | Age : 31 Y Sex : Female |
| Ref By : Dr. Hospital A Doctor | Report Date : 23/09/2023 12:22 PM |

CLINICAL PATHOLOGY

| Parameter | Result | Normal Range |
|----------------------------------------------------|-------------|--------------|
| URINE ROUTINE & MICROSCOPIC EXAMINATION | | |
| TYPE OF SPECIMEN - URINE | Random | |
| PHYSICAL EXAMINATION | | |
| QUANTITY | 50 | ml |
| COLOUR | Pale Yellow | |
| APPEARANCE | Clear | |
| REACTION (pH) | 6.0 | |
| SPECIFIC GRAVITY | 1.010 | |
| CHEMICAL EXAMINATION | | |
| PROTEIN | Absent | |
| GLUCOSE | Absent | |
| KETONE | Absent | |
| BILE SALT | Absent | |
| BILE PIGMENT | Absent | |
| OCCULT BLOOD | Absent | |
| NITRITE | Absent | |
| MICROSCOPIC EXAMINATION | | |
| PUS CELLS | 1-2 | /hpf |
| EPITHELIAL CELLS | 3-4 | /hpf |
| RBC | Absent | /hpf |
| CASTS | Absent | |
| CRYSTALS | Absent | |
| BACTERIA | Absent | |
| YEAST CELLS | Absent | |

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

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

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| | |
|---------------------------------------|--------------------------|
| PAT. NAME : Khushbuben Trivedi | Date : 23/09/2023 |
| REF. DOCTOR : Hosp. Dr. | AGE : 31 Yrs / F |
| INV. : USG Abdomen & Pelvis | MR NO. : S143371 |

Findings:

Liver is normal in size, shape and shows normal 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.

Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted.

Endometrial thickness is normal.

Both ovaries appear normal in size, shape and echopattern.

No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- No significant abnormality seen.


Dr. Pratik R
Consultant Radiologist

Transcribed By: Asha

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| | |
|---------------------------------------|--------------------------|
| PAT. NAME : Khushbuben Trivedi | Date : 23/09/2023 |
| REF. DOCTOR : Hosp. Dr. | AGE : 31 Yrs / F |
| INV. : Radiograph of Chest PA | MR NO. : S143371 |

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.
- Bilateral cervical ribs are seen.

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DOB:
yr,

23-Sep-2023 11:22:40

Vent rate: 66 BPM
PR int: 150 ms
QRS dur: 73 ms
QT/QTc: 370/383 ms
P-R-T axes: 58 18 10

SINUS RHYTHM
LOW QRS VOLTAGE IN PRECORDIAL LEADS
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Reviewed by -----

Ms. Khushbu Trivedi
31/F

