



OPD ASSESSMENT FORM

sunshine
GLOBAL HOSPITALS
health & happiness... always!

Name Mrs. Nishu Keshari Age.Sex _____ MR.No. _____

Doctor Dr. Shailaja Desai Date _____

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 :

HS 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)**

Investigation advised :

Rx

1) Scaling

Dr. Shailaja Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Signature

Follow Up : _____ Date : _____

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



OPD ASSESSMENT FORM



Name 1785. Nisha 1288heroi Age.Sex 30/F MR.No. 3145803

Doctor Dr Hardik Shroff Date 11-11-23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No complaints

Prior Medication Reviewed : Yes No

On examination :

BE Ant. Leg MAS

Past History :

VR 6/6 6/6

Fundi (Central)

BE MAS

Provisional Diagnosis :

Nil ophthalmic

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

Follow Up : 50e Date : _____

SUNSHINE GLOBAL HOSPITALS
Piplod, SURAT.



GYNAECOLOGICAL CONSULTATION



MR. NO. 5145803

Name: Mrs. Nishu Keshari

Date: 11/11/23

Age: 30 Ht.: 149 Wt.: 89.8 B.P.: 141 / 74 mmHg

Clinical Evaluation / History / Presenting Complain:

Leucorrhoea

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): > 2dy

2. Obstetric History :

Gravida Pare Abortion Live 1

Married life with cohabitation.....

Children M: F: 1 Boy Last Delivery: Yrs back

Any bad Obstetric event / history Yes / No

If yes Describe:

History of Contraception & Family Planning:



S125803



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mrs. Nisha Keshari Date : 11/11/2025
Sex : ♀ Age : 20 Ref. by Dr. : medicinal Done by Dr. Sarp

LV Size :

(n)

LVEF : 76% % (VISUAL)

DIASTOLIC DYSFUNCTION :

no

LVH :

no

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

no RWMA

MITRAL VALVE :

(n)

AORTIC VALVE

PULMONARY VALVE :

TRICUSPID VALVE

(n)

PAH :

PASP :

RA :

LA :

RV :

IVC :

IAS :

(n)

IVS :

IVS (s)	cm	LV(s)	cm	PW (s)	cm	LVEF =	<u>68</u>	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =		%

CONCLUSION :

no reg. valve IPE




PAT. NAME: Nisha Keshari	Date : 11/11/2023
REF. DOCTOR : Hosp. Dr.	AGE : 30 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S145803

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



PAT. NAME: Nisha Keshari	Date : 11/11/2023
REF. DOCTOR : Hosp. Dr.	AGE : 30 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S145803

Findings:

Limited evaluation due to patient's body habitus.

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 could not be assessed, obscured by bowel gas.

Urinary bladder is minimally distended.


Uterus is sub-optimally visualized and grossly appears normal.

Both the ovaries are not visualized. No gross lesion in both adnexa.

No e/o free fluid in pelvis.

IMPRESSION:

- No significant abnormality seen.


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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 11/11/2023 – 12:44 PM

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MR No. : S145803	Collection Date : 11/11/2023 10:20AM
Patient Name : Mrs. Nisha Keshari	Age : 30 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:40 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	11.2	gm/dl	12.0 - 15.0
PCV	37.3	%	36 - 46
RBC COUNT	4.11	mill/cmm	4.0 - 5.0
MCV	90.8	fl	76 - 96
MCH	27.3	pg	26 - 32
MCHC	30.0	%	32 - 36
RDW	13.8	%	11 - 15
PLATELET COUNT	3.58	lacs/cmm	1.5 - 4.5
WBC COUNT	10000	/cmm	4000 - 11000
ESR	33	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	45	%	40 - 70
LYMPHOCYTES	43	%	20 - 40
EOSINOPHILS	06	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC 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)

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MR No. : S145803	Collection Date : 11/11/2023 10:20AM
Patient Name : Mrs. Nisha Keshari	Age : 30 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:45 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	6.0	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	125.5	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 pas 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 therefor 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 *****

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MR No. : S145803	Collection Date : 11/11/2023 10:20AM
Patient Name : Mrs. Nisha Keshari	Age : 30 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:44 PM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	125	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.31	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.99	ug/dl	5.1 - 14.0
TSH (CLIA)	3.53	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.

(Signature)
Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S145803
Patient Name : Mrs. Nisha Keshari
Ref By : Dr. Hospital A Doctor
Collection Date : 11/11/2023 10:20AM
Age : 30 Y **Sex** : Female
Report Date : 11/11/2023 1:45 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	190	mg/dl	50 - 200
HDL CHOLESTEROL Direct	45	mg/dl	40 - 60
LDL CHOLESTEROL Direct	124.5	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	104	mg/dl	50 - 150
VLDL Calc	20.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.22	mg/dl	0 - 5
LDL / HDL RATIO	2.77		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 *****

(Signature)
Dr. Shobha Choksi
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MR No. : S145803	Collection Date : 11/11/2023 10:20AM
Patient Name : Mrs. Nisha Keshari	Age : 30 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:47 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	110	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.3	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	13	U/L	5 - 41
SGOT (IFCC)	14	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.1	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3.1	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.29	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)	3.3	mg/dl	2.4 - 5.7
BUN [BLOOD UREA NITROGEN]			
BUN	8.8	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	0.51	mg/L	
URINE CREATININE (JAFPE)	56.2	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	9.07	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
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MR No. : S145803	Collection Date : 11/11/2023 10:20AM
Patient Name : Mrs. Nisha Keshari	Age : 30 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:49 PM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.020	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	5-6	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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

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MR No. : S145803
Patient Name : Mrs. Nisha Keshari
Ref By : Dr. Hospital A Doctor
Collection Date : 11/11/2023 10:20AM
Age : 30 Y **Sex** : Female
Report Date : 11/11/2023 2:27 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	102	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi
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DOB: yr, FEMALE

30/F

Vent rate: 79 BPM
PR int: 127 ms
QRS dur: 78 ms
QT/QTc: 368/403 ms
P-R-T axes: 39 41 -4

SINUS RHYTHM
NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

