



OPD ASSESSMENT FORM



Name Mr. Anil Patel Age.Sex 36/M MR.No. 5138881
 Doctor Dr. Krunal Gajjar Date 29/06/23
 Ht: 170cm Wt.: 87.1kg Temp: 97.6F Pulse: 101 b/m BP: 146/94 mm Hg
 SPO2: 97 % on RA Post of walk SPO2: 98

Chief Complaints :

Not-Any.

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

RS | NAD
CVS

Past History :

K140 HTN.
T. Telesartan - H 1-0-0.

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

→ Diet + Exercise. (Dietician Ref.).

→ Tab. V450V - M. (50/500) x (03) months.
1-0-1
BBF BD

Investigation advised :

Krunal
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 Mr. Anil P. Patel Age.Sex 36/m MR.No. S138881
 Doctor Dr Shailaja Desai Date 29/06/23
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

- Routine dental check up

Prior Medication Reviewed : Yes No

On examination :

Past History :

- Askin calculus

Provisional Diagnosis :

Nutritional Assessment :

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

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

R_x

Investigation advised :

1) scaling

U. F. 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 Mr. Anil Patel Age.Sex 36/m MR.No. S138881

Doctor Dr Hardik Shroff Date 29/06/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No occasional watery

Prior Medication Reviewed : Yes No

On examination :

Past History :

BE - RW - SEG MAD

Visual evoked G.O.C. 6/6

Fundus (central) BE - MAD

Provisional Diagnosis :

Nutritional Assessment :

BE - myopia

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

R_x

Dr. Hardik Shroff
 DOMS, DNB (Ophthalmology)
 Regd. No. G-28902
SUNSHINE GLOBAL HOSPITAL
 Piplod, SURAT.
 Signature

Follow Up : _____ Date : _____

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



PAT. NAME: Anil Patel	Date : 29/06/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S138881

Findings:

Liver is enlarge in size (17.6 cm), shape and shows moderate 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 is 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 II fatty liver.**


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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 29/06/2023 – 12:26 PM

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PAT. NAME : Anil Patel	Date : 29/06/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S138881

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

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Date & Time of report: 29/06/2023 – 12:19 PM

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MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:48AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.1	gm/dl	13.0 - 17.0
PCV	46.6	%	40 - 50
RBC COUNT	7.06	mill/cmm	4.5 - 5.5
MCV	66.0	fl	76 - 96
MCH	20.0	pg	26 - 32
MCHC	30.3	%	32 - 36
RDW	17.2	%	11 - 15
PLATELET COUNT	3.19	lacs/cmm	1.5 - 4.5
WBC COUNT	4530	/cmm	4000 - 11000
ESR	01	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	50	%	40 - 70
LYMPHOCYTES	39	%	20 - 40
EOSINOPHILS	01	%	1 - 6
MONOCYTES	10	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic, Hypochromasia(+), Microcytosis(+), Anisocytosis(+), Erythrocytosis		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:42AM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	171	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.10	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.23	ug/dl	5.1 - 14.0
TSH (CLIA)	1.80	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.

Dr. Shobha Choksi
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MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:42AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	8.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	191.51	mg/dl	

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

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

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemc control).
2. HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemc control than blood glucose determination.
3. 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.
4. Long term complications of diabetes such as retinopathy,nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
5. 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 *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:43AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	181	mg/dl	50 - 200
HDL CHOLESTEROL Direct	35	mg/dl	40 - 60
LDL CHOLESTEROL Direct	97.1	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	248	mg/dl	50 - 150
VLDL Calc	49.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.17		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 *****

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

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MR No. : S138881
Patient Name : Mr. Anil P Patel
Ref By : Dr. Hospital A Doctor

Collection Date : 29/06/2023 9:17AM
Age : 36 Y Sex : Male
Report Date : 29/06/2023 11:44AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	94	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)	33	U/L	5 - 41
SGOT (IFCC)	26	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.3	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.7	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.6	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.81	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFEE)	0.9	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	6.9	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	8.7	mg/dl	8 - 23

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


Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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29/06/2023 11:45AM
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MR No. : S138881
Patient Name : Mr. Anil P Patel
Ref By : Dr. Hospital A Doctor
Collection Date : 29/06/2023 9:17AM
Age : 36 Y **Sex** : Male
Report Date : 29/06/2023 11:45AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	35.5	mg/L	
URINE CREATININE (JAFTE)	84.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	42.0	mg/gm	
			Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Mo

SC

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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29/06/2023 11:46AM
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MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:49AM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
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	1.020	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Present(Trace)	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Occasional	/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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TABULAR SUMMARY REPORT

and, patient
 ID: s138881
 Visit:
 29-Jun-2023
 10:52:55

BRUCE
 Max HR: 169bpm 91% of max predicted 184bpm
 Max BP: 160/94
 Reason for Termination: 7.3METS
 Comments:

36years Caucasian Male
 Exercise time: 6:13
 25.0 mm/s
 10.0 mm/mV
 100hz

Referred by:
 Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	3:49	0.6	0.0	1.4	116	146/94	169
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	155	146/94	226
	STAGE 2	3:00	2.5	12.0	7.0	169	150/94	254
	STAGE 3	0:13	3.3	14.0	7.3	168	150/94	252
RECOVERY	RECOVERY	4:03	**.*	**.*	1.0	124	130/80	161

TMT is negative for moderate ischemia

Technician:

Unconfirmed

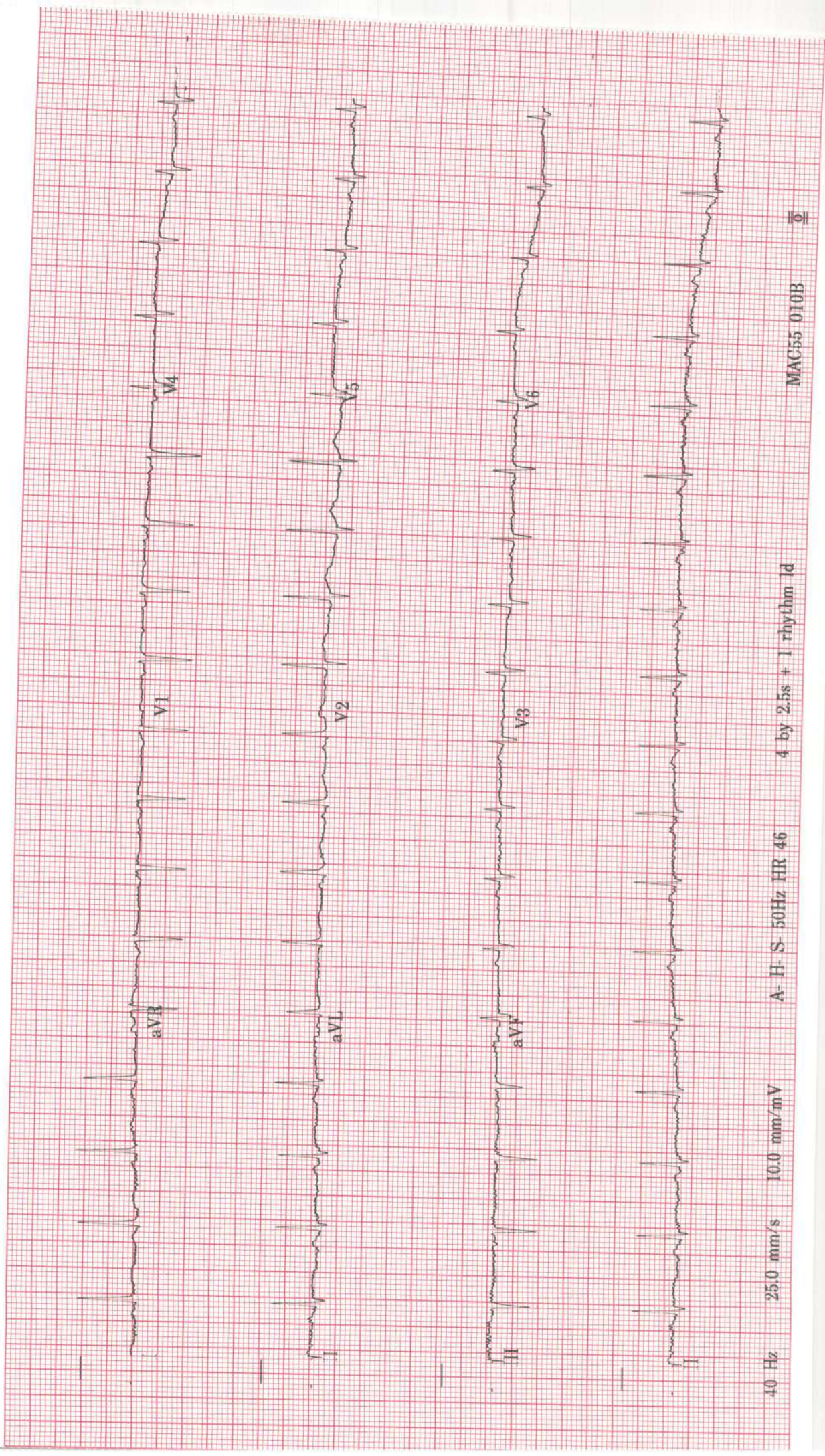
MAC55 010B

amr, Patel
ID: s138881
Visit:
29-Jun-2023
10:55:21

12 LEAD REPORT
PRETEST
SUPINE
2:27

109bpm
BP: 146/94

BRUCE
***mph
***%



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

LINKED MEDIANS REPORT

am, Patel

ID: s138881

Visit:

29-Jun-2023

10:59:43

155bpm

BP: 146/94

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 1

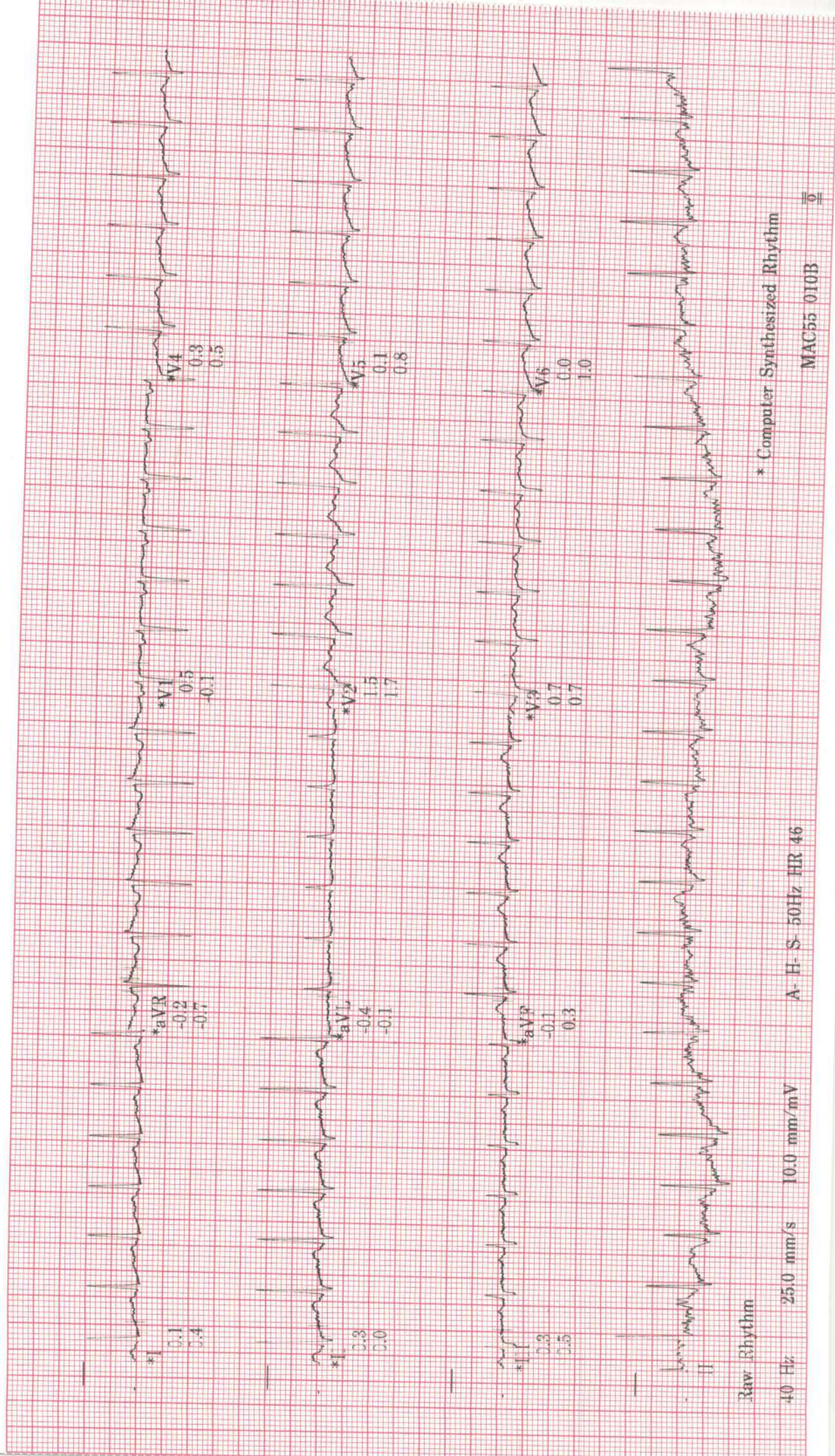
3:00

BRUCE

1.7mph

10.0%

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 010B

5

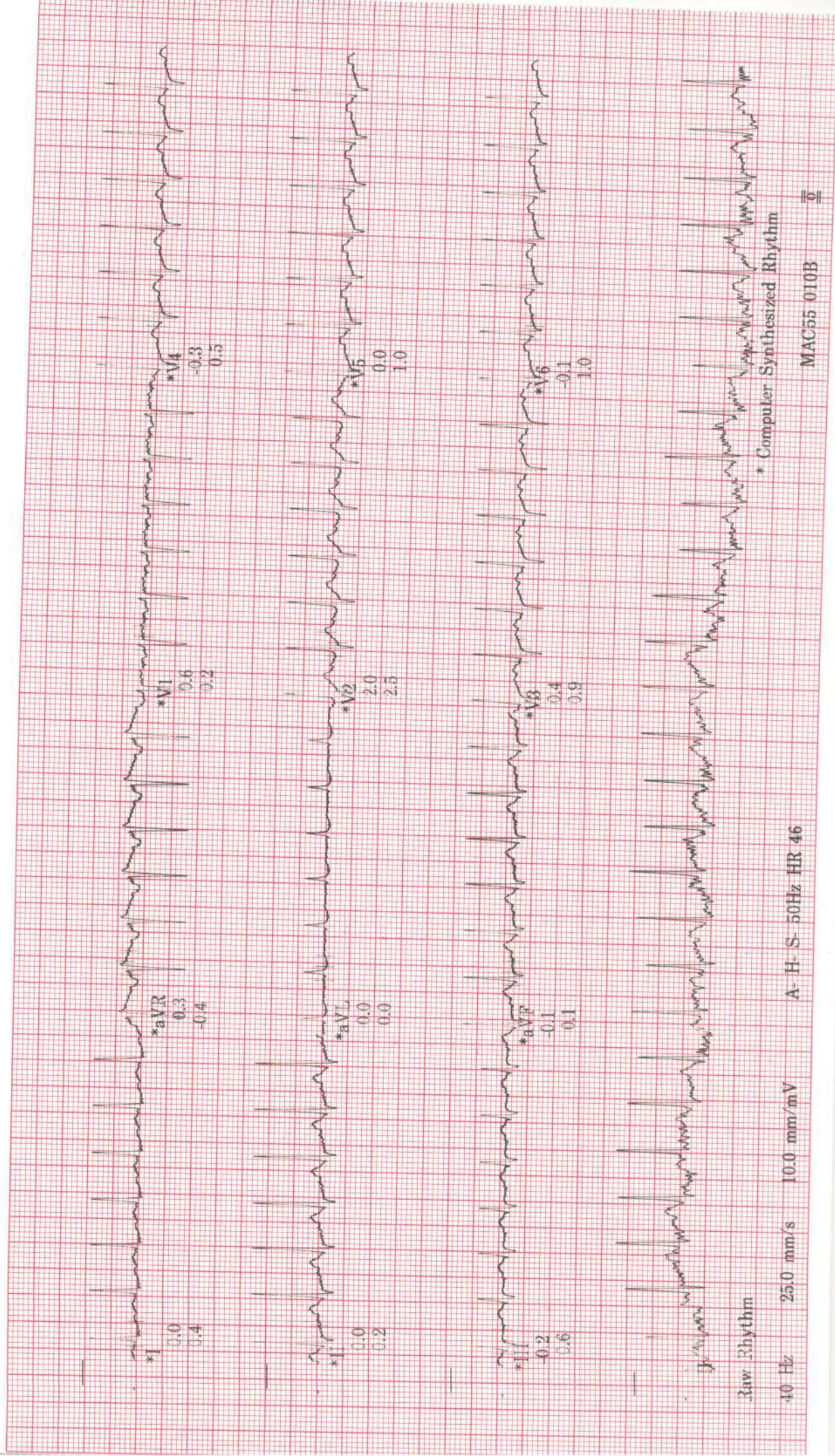
LINKED MEDIANS REPORT

ID: s138881
Visit:
29-Jun-2023
11:02:43

EXERCISE STAGE 2
6:00
169bpm
BP: 150/94
BRUCE
2.5mph
12.0%

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 46

* Computer Synthesized Rhythm

MAC55 010B

II

LINKED MEDIANS REPORT

ID: s138881

Visit: *

29-Jun-2023

11:02:57

BRUCE

EXERCISE

STAGE 3

6:13

168bpm

BP: 150/94

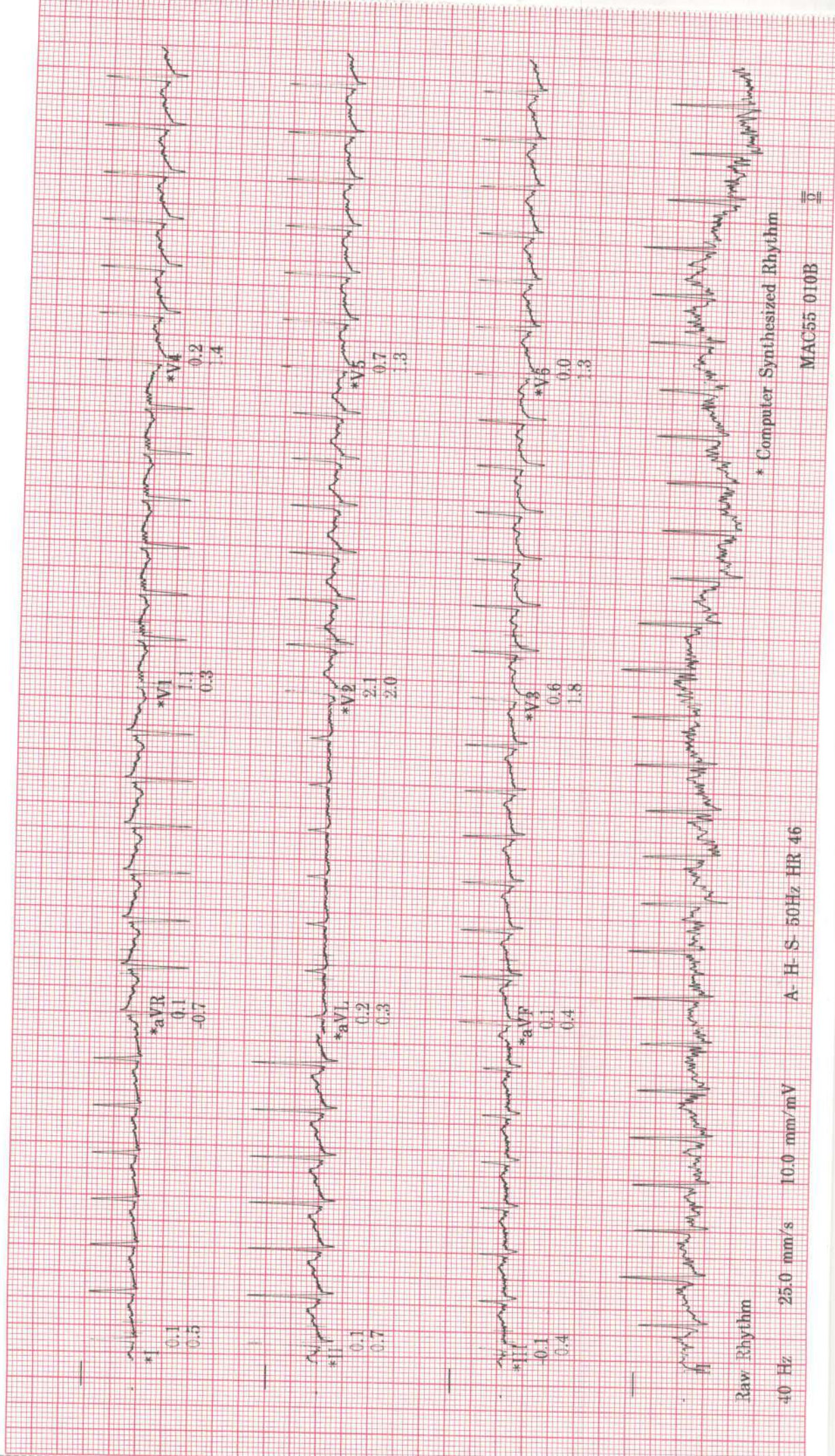
3.4mph

14.0%

ST @ 10mm/mV

80ms postJ

Lead
ST(mm)
Slope(mV/s)



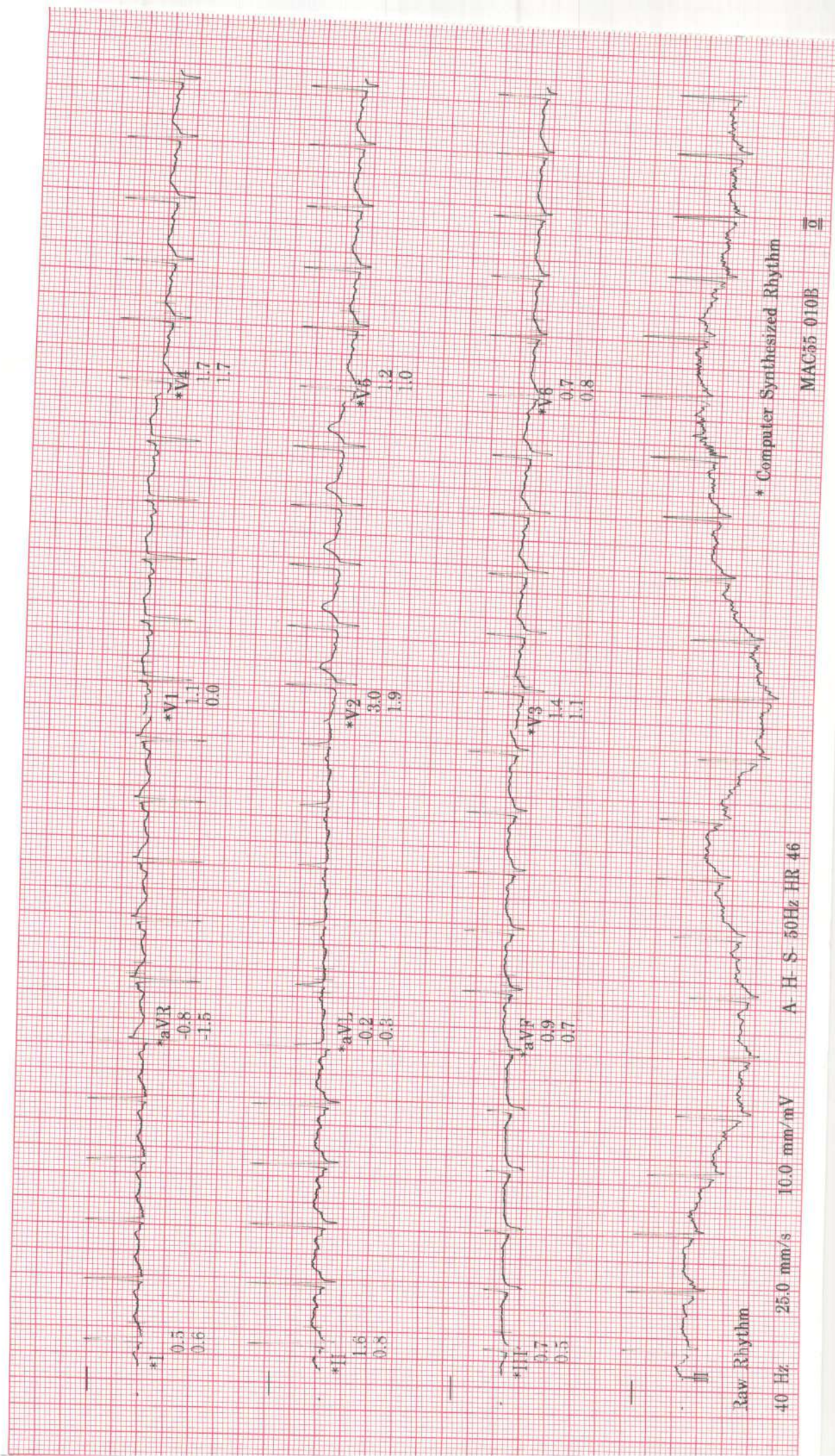
ami, Patel
ID: s138881
Visit:
29-Jun-2023
11:04:56

LINKED MEDIANS REPORT

129bpm
BP: 157/81
RECOVERY
RECOVERY
2:00
BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



LINKED MEDIANS REPORT

ID: s138881
Visit:
29-Jun-2023
11:06:56

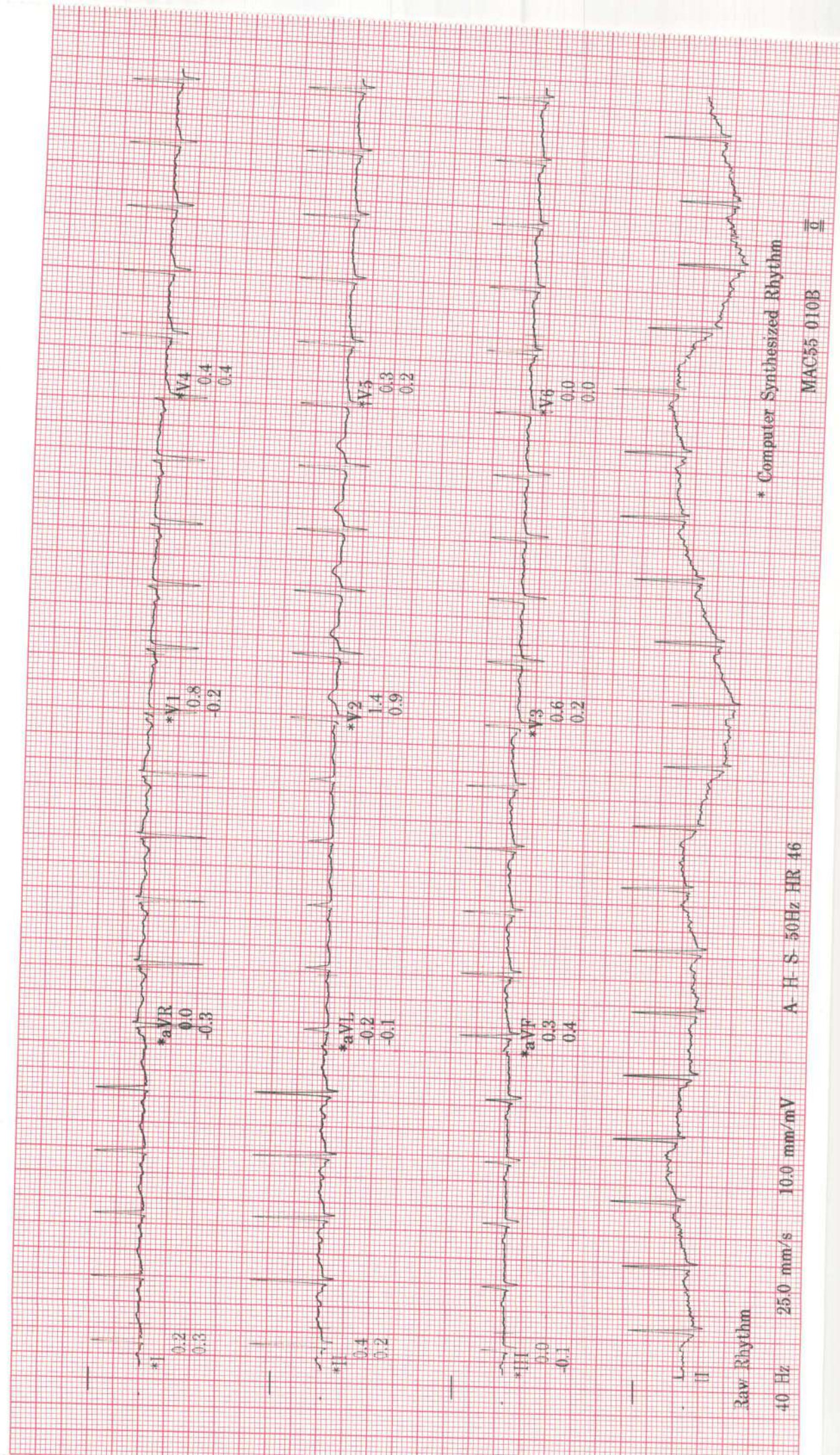
BRUCE
***mph
***%

RECOVERY
RECOVERY
4:00

123bpm
BP: 130/80

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



SELECTED MEDIANS REPORT

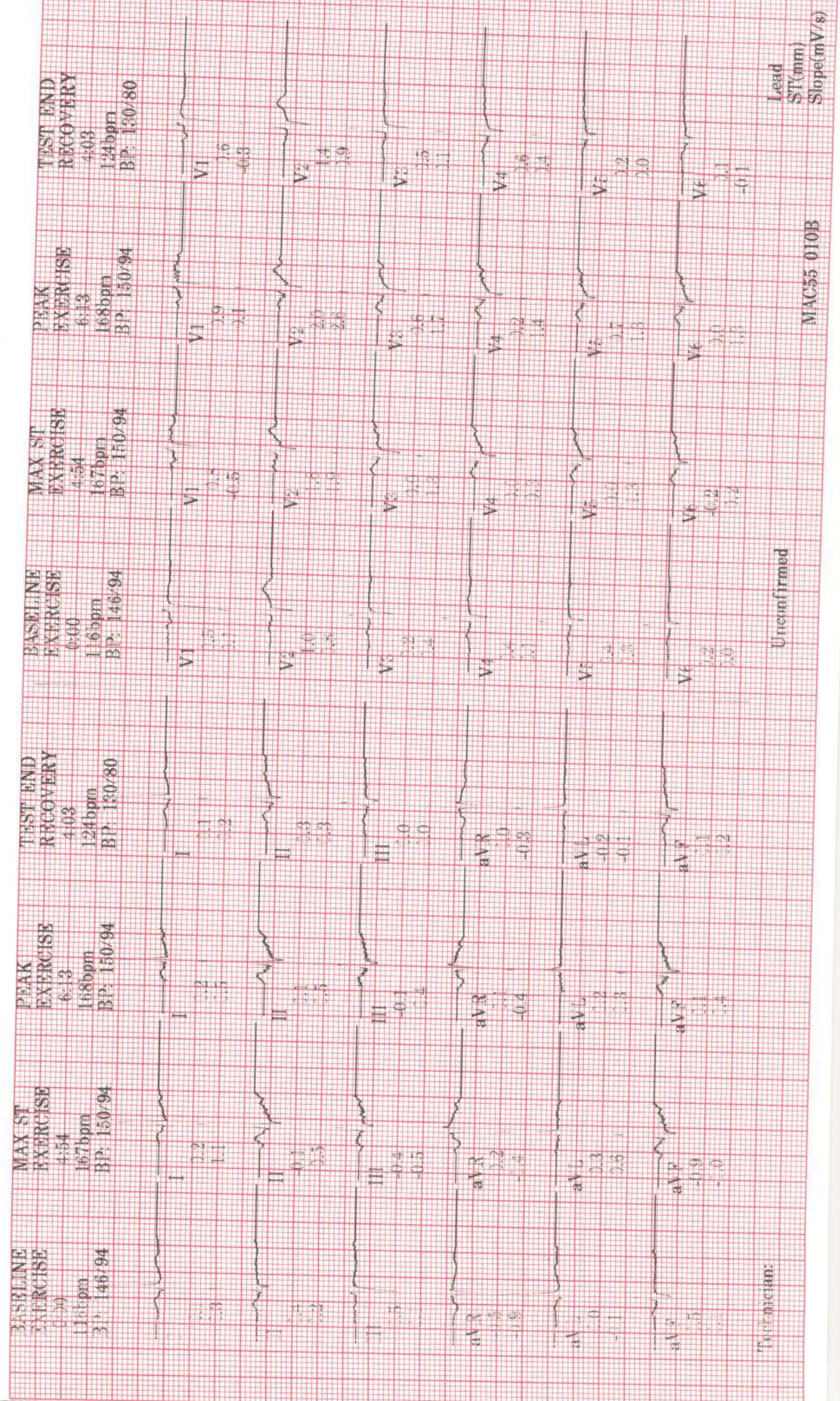
ID: s138881
 Visit:
 29-Jun-2023
 10:52:55

33years
 Referred by:
 Test ind:

Caucasian
 Male

BRUCE
 Max FR: 169bpm 91% of max predicted 184bpm
 Max EP: 160/94
 Reason for Termination:
 Comments:
 Exercise time: 6:13
 Maximum workload: 7.3METS

25.0 mm/s
 1.0 mm/mV
 100hz



Technician:

Unconfirmed

MAC55 010B

Lead
 STT(mm)
 Slope(mV/s)

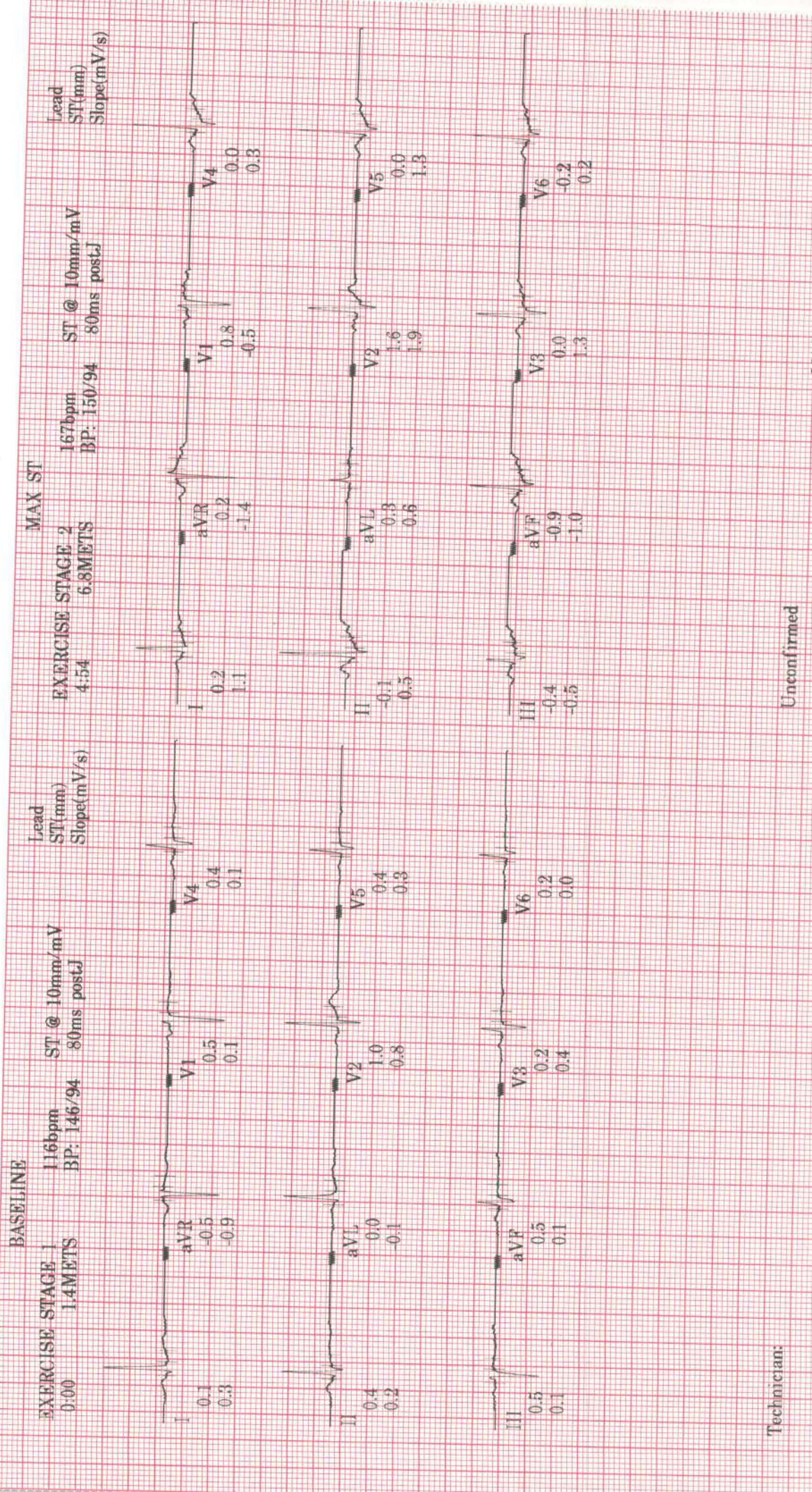
GRADED EXERCISE SUMMARY

ID: s138881
 Visit:
 29-Jun-2023
 10:52:55

BRUCE
 Max HR: 169bpm 91% of max predicted 184bpm
 Max BP: 160/94
 Reason for Termination: 7.3METs
 Comments:

36years Caucasian Male

Referred by:
 Test ind:



Technician:

Unconfirmed

MAC55 010B

ID: s138881

29-Jun-2023
10:52:55

PRETEST
SUPINE
2:27
109bpm
BP: 146/94
1.0METS

EXERCISE
STAGE 1
0:00
116bpm
BP: 146/94
1.4METS
BASELINE

EXERCISE
STAGE 1
1:00
142bpm
BP: 146/94
3.0METS

EXERCISE
STAGE 1
2:00
152bpm
BP: 146/94
4.6METS

EXERCISE
STAGE 1
3:00
155bpm
BP: 146/94
4.6METS

EXERCISE
STAGE 2
4:00
163bpm
BP: 150/94
5.8METS

EXERCISE
STAGE 2
4:54
167bpm
BP: 150/94
6.8METS
MAX ST

Visit:

BRUCE

ST @ 10mm/mV
80ms postJ
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

TREND GRAPH

amb, Patel
ID: s138881
Visit:

BRUCE

29-Jun-2023
10:52:55

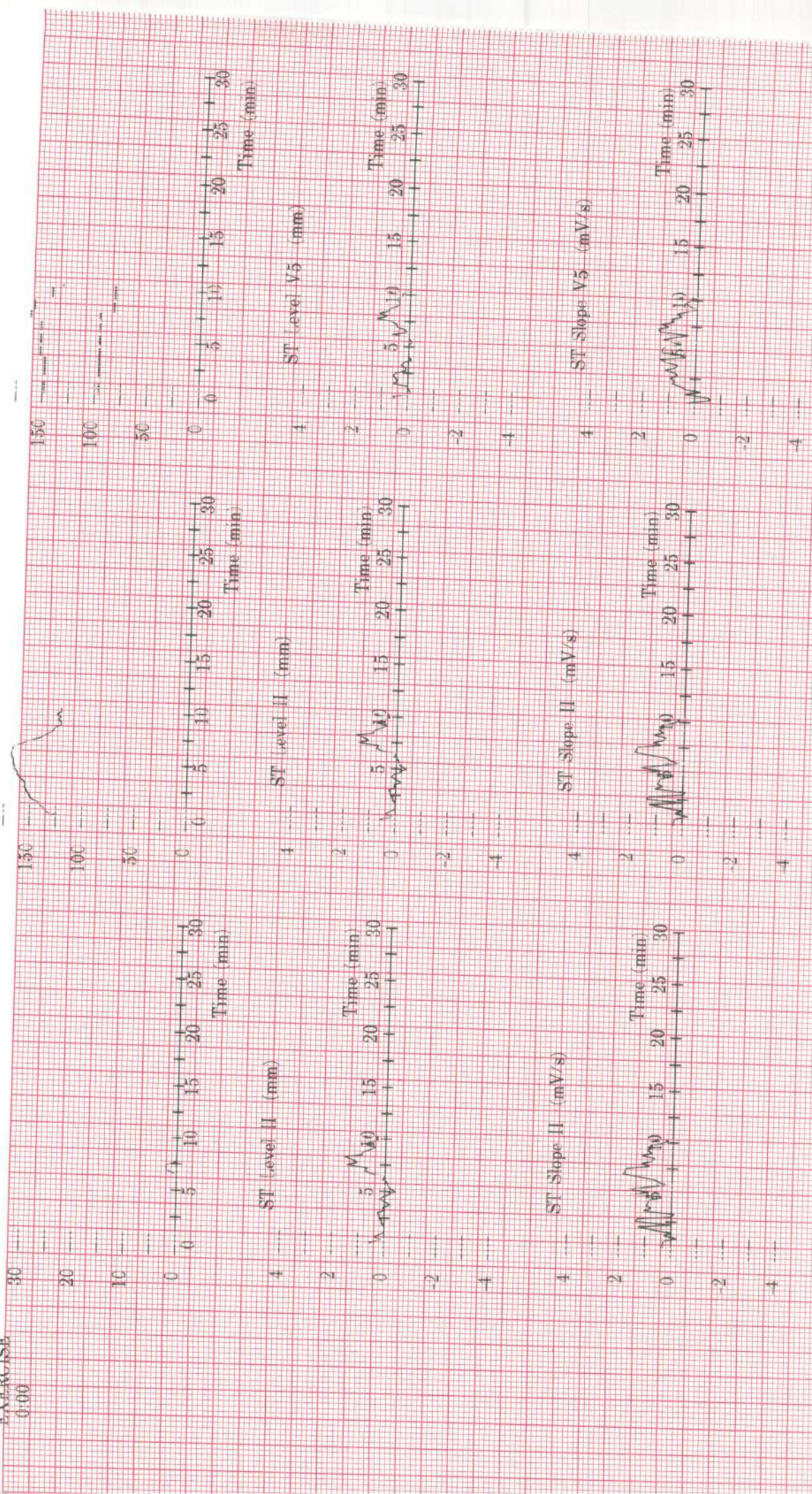
Heart Rate (bpm)
250 ---
200 ---

BP (mmHg)
250 ---
200 ---

ST @ 10mm/mV 40 ---
80ms postJ

PVC s/m

EXERCISE



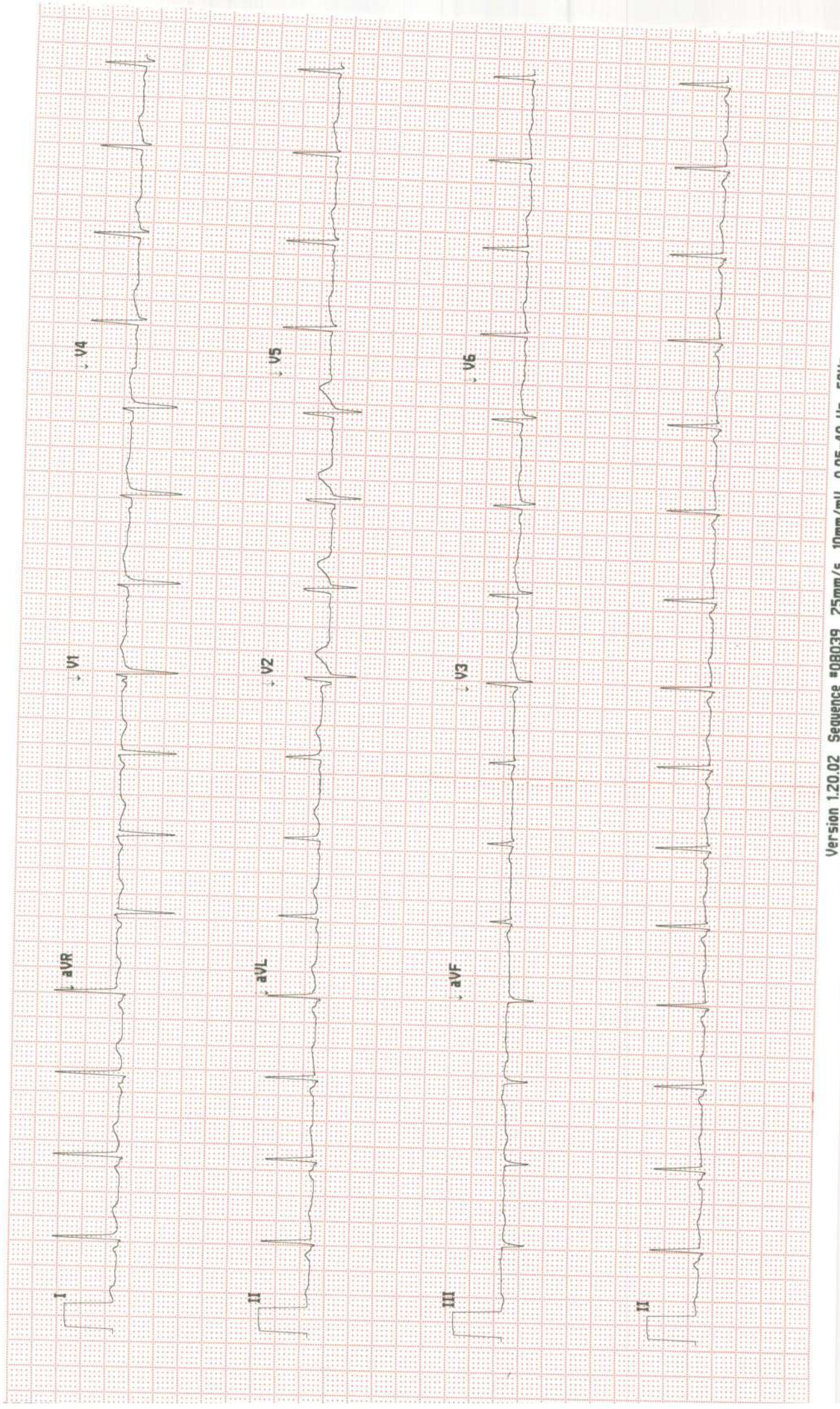
29-Jun-2023 10:43:31

DOB:
yr.

Mr. Arid. p. Patel

Heart rate: 89 BPM
PR int: 129 ms
QRS dur: 78 ms
QT/QTc: 319/365 ms
P-R-T axes: 31 14 5

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





MR No. : S138881	Collection Date : 29/06/2023 9:17AM
Patient Name : Mr. Anil P Patel	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 1:04 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	221	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi
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