



# OPD ASSESSMENT FORM



Name Mrs Karmlesh Ruthval Age.Sex 41/M MR.No. 5137988

Doctor Dr. Krunal Gajjar Date 09/06/2023

Ht : 171 cm Wt. : 75.7 kg Temp : 97.6 F Pulse : 86 b/min BP : 129/75 mmHg

SPO2 : 98% Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

40 Bil Pedal odema.

40 Dyspepsia.

**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
- Mild- moderate nourished
- Severely mal-nourished

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

Rx

→ T. Febutaz (40) 1-0-0. x (03) months.

→ Cap. Somprass-D (40) 1-0-0 x (15) days.

**Investigation advised :**

Krunal  
**Dr. Krunal Gajjar**  
M.B.B.S., MD (MEDICINE)  
CONSULTANT PHYSICIAN  
Reg. No. G-20422

**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. Kamlash Rathod Age.Sex 41/m MR.No. 5137988

Doctor Dr. Hardik Shroff Date 9/6/23

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 - Mut. seg MAD

Past History :

Mn eye f 6/6  
6/6

Provisional Diagnosis :

Fundi (Central) BE MAD

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

all normal

Rx \_\_\_\_\_

Investigation advised :

Dr. Hardik Shroff  
DOMS, DNB (Ophthalmology)

Regd. No. G-78902

SUNSHINE GLOBAL HOSPITAL  
Piplod, SURAT. Signature

Follow Up : see Date : \_\_\_\_\_

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





# OPD ASSESSMENT FORM



Name Mr. Kumblesh Rathod Age.Sex 41/m MR.No. 8137988  
 Doctor Dr. Shailaja Desai Date 9/6/23  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

Antibone rental

**Drug / Food Allergy :**

check up

Prior Medication Reviewed : Yes  No

**On examination :**

Asstain calculus  
missing 17

**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  
2) Replacement of 17

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

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_

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



MR. NO: S137988



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Kamlesh Rathod Date : 9/06/23 12:35 PM

Sex : M Age : 42 Ref. by Dr. : \_\_\_\_\_ Done by Dr. Sunanda Singh

LV Size : (n) LVEF : > 60% (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 (n)

PULMONARY VALVE : (n) TRICUSPID VALVE (n)

PAH : \_\_\_\_\_ PASP : \_\_\_\_\_

RA : (n) LA : \_\_\_\_\_

RV : \_\_\_\_\_ IVC : (n)

IAS : 1 mm

IVS : \_\_\_\_\_

IVS (s) 1.4 cm LV(s) 2.5 cm PW(s) 1.4 cm LVEF = 70 %

IVS (d) 1.1 cm LV (d) 4.2 cm PW (d) 1.0 cm FS = 39 %

CONCLUSION :

MVE 0.71 m/s  
A 0.40 m/s  
E 0.11 m/s  
EVE 7

no veg / clt / PE

J





<b>PAT. NAME</b> : Kamlesh Rathod	<b>Date</b> : 09/06/2023
<b>REF. DOCTOR</b> : Hosp. Dr.	<b>AGE</b> : 41 Yrs / M
<b>INV.</b> : USG Abdomen & Pelvis	<b>MR NO.</b> : S137988

**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 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:**

- **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: 09/06/2023 – 11:10 AM

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PAT. NAME : Kamlesh Rathod	Date : 09/06/2023
REF. DOCTOR : Hosp. Dr.	AGE : 41 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S137988

**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: 09/06/2023 – 11:08 AM

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MR No. : S137988  
Patient Name : Mr. Kamlesh Ishwarbhai Rathod  
Ref By : Dr. Hospital A Doctor  
Collection Date : 09/06/2023 11:10AM  
Age : 41 Y Sex : Male  
Report Date : 09/06/2023 11:48AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	11.8	gm/dl	13.0 - 17.0
PCV	41.1	%	40 - 50
RBC COUNT	6.01	mill/cmm	4.5 - 5.5
MCV	68.4	fl	76 - 96
MCH	19.6	pg	26 - 32
MCHC	28.7	%	32 - 36
RDW	18.3	%	11 - 15
PLATELET COUNT	3.55	lacs/cmm	1.5 - 4.5
WBC COUNT	5390	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	45	%	40 - 70
LYMPHOCYTES	41	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	11	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

\*\*\*\*\* End Report \*\*\*\*\*

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

Reg. No.: G-9074

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09/06/2023 11:48AM  
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<b>MR No.</b> : S137988	<b>Collection Date</b> : 09/06/2023 11:10AM
<b>Patient Name</b> : Mr. Kamlesh Ishwarbhai Rathod	<b>Age</b> : 41 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/06/2023 11:44AM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	<b>8.3</b>	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	106	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

\*\*\*\*\* End Report \*\*\*\*\*

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

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<b>Patient Name</b> : Mr. Kamlesh Ishwarbhai Rathod	<b>Age</b> : 41 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/06/2023 11:44AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	6.1	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	<b>128.37</b>	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 \*\*\*\*\*

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

**Reg. No.: G-9074**

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09/06/2023 11:44AM  
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**MR No.** : S137988 **Collection Date** : 09/06/2023 11:10AM  
**Patient Name** : Mr. Kamlesh Ishwarbhai Rathod **Age** : 41 Y **Sex** : Male  
**Ref By** : Dr. Hospital A Doctor **Report Date** : 09/06/2023 11:45AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	195	mg/dl	50 - 200
HDL CHOLESTEROL Direct	41	mg/dl	40 - 60
LDL CHOLESTEROL Direct	<b>142.3</b>	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	61	mg/dl	50 - 150
VLDL Calc	12.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.76		0 - 5
LDL / HDL RATIO	<b>3.47</b>		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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09/06/2023 11:45AM  
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<b>MR No.</b> : S137988	<b>Collection Date</b> : 09/06/2023 11:10AM
<b>Patient Name</b> : Mr. Kamlesh Ishwarbhai Rathod	<b>Age</b> : 41 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/06/2023 11:46AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	61	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.2	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.1	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	22	U/L	5 - 41
SGOT (IFCC)	16	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.5	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.6	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.9	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.59	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	1.0	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	6.6	mg/dl	8 - 23

\*\*\*\*\* End Report \*\*\*\*\*

*[Signature]*

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

**Reg. No.: G-9074**

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09/06/2023 11:46 AM  
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MR No. : S137988      Collection Date : 09/06/2023 11:10AM  
Patient Name : Mr. Kamlesh Ishwarbhai Rathod      Age : 41 Y Sex : Male  
Ref By : Dr. Hospital A Doctor      Report Date : 09/06/2023 11:47AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>5.4</b>	mg/L	
URINE CREATININE (JAFPE)	<b>138.3</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	<b>3.90</b>	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

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

**Reg. No.: G-9074**

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<b>MR No.</b> : S137988	<b>Collection Date</b> : 09/06/2023 11:10AM
<b>Patient Name</b> : Mr. Kamlesh Ishwarbhai Rathod	<b>Age</b> : 41 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/06/2023 11:45AM

**CLINICAL CHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.04	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.74	ug/dl	5.1 - 14.0
TSH (CLIA)	1.05	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. Shobha Choksi**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

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<b>MR No.</b> : S137988	<b>Collection Date</b> : 09/06/2023 11:10AM
<b>Patient Name</b> : Mr. Kamlesh Ishwarbhai Rathod	<b>Age</b> : 41 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/06/2023 11:49AM

**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	25	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.030	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	1-2	/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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Sunshine Global Hospital, Vadodara & Surat are NABH Accredited

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Mr. Kamlesh Rathod  
41/M

9-Jun-2023 9:42:26

DOB:  
yr, MALE

Vent rate: 71 BPM  
PR int: 147 ms  
QRS dur: 98 ms  
QT/QTc: 361/383 ms  
P-R-T axes: 50 8 -22

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

