



OPD ASSESSMENT FORM



Name Mrs. Beena A. Patel Age.Sex 36 | F MR.No. 5138882
 Doctor Dr Krunal Gajjar Date 29/06/23.
 Ht : 163 cm Wt. : 66 kg. Temp : _____ Pulse : 91 B/m BP : 137/86
 SPO2 : 99 Post of walk SPO2 : _____

Chief Complaints :

not any

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

RS] NAD
CNS]

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

Green leafy vegetables.

Follow Up :

Date : _____

Signature _____



OPD ASSESSMENT FORM



Name Mrs. Beena A. Patel Age.Sex 36/F MR.No. 8138882

Doctor Dr Shailaja Desai Date 29/6/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

- Routine dental checkup

Prior Medication Reviewed : Yes No

On examination :

Past History :

- Asbain calculus

Provisional Diagnosis :

Nutritional Assessment :

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

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

Investigation advised :

R_x

1) scaling

Dr. Shailaja Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital **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 Mrs. Beena Age.Sex _____ MR.No. _____

Doctor Dr Hardik Shroff Date 29/06/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

no complain

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

BE AU. seg MAA

Past History :

inc 6/4-6 NIB
6/6 P

Fundi (Central) BE MAA

Provisional Diagnosis :

BE - Low Hyperopia

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)

Reg. No. G 28902

Follow Up : See Date : _____

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

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



GYNAECOLOGICAL CONSULTATION

MR. NO. 3138882

Name: Mrs. Beeny Anil Patel

Date: 29/06/23

Age: 36 Ht.: 163 cm Wt.: 66 kg B.P.: 137/86 mmHg

Clinical Evaluation / History / Presenting Complain:

Lump

Clinical Impression:

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 ?
આત્યારે 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): 6 16 128.

2. Obstetric History :

Gravida Pare Abortion 1 Live 2

Married life with cohabitation.....

Children M: 5 F: Last Delivery: Yrs back

Any bad Obstetric event / history Yes / No

If yes Describe:

History of Contraception & Family Planning:



PAT. NAME: Beena Patel	Date : 29/06/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S138882

Findings:

Liver is enlarge in size (17 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.

Uterus appears bulky in size, shape and mildly heterogeneous in echopattern. Two small hypoechoic lesions (~ 10 mm) are noted likely representing fibroids. Endometrial thickness is normal.

Both ovaries appear normal in size, shape and echopattern.

No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- Hepatomegaly with grade II fatty liver.
- Bulky uterus with small intramural fibroids.

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 - 01:09 PM

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PAT. NAME: Beena Patel	Date : 29/06/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S138882

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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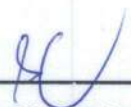
MR No. : S138882	Collection Date : 29/06/2023 9:17AM
Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:50AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	10.4	gm/dl	12.0 - 15.0
PCV	35.0	%	36 - 46
RBC COUNT	4.81	mill/cmm	4.0 - 5.0
MCV	72.8	fl	76 - 96
MCH	21.6	pg	26 - 32
MCHC	29.7	%	32 - 36
RDW	15.8	%	11 - 15
PLATELET COUNT	3.87	lacs/cmm	1.5 - 4.5
WBC COUNT	8940	/cmm	4000 - 11000
ESR	22	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	64	%	40 - 70
LYMPHOCYTES	27	%	20 - 40
EOSINOPHILS	02	%	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. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074


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MR No. : S138882	Collection Date : 29/06/2023 9:17AM
Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:51AM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	95	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.63	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.49	ug/dl	5.1 - 14.0
TSH (CLIA)	1.21	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.

Handwritten signature

Dr. Shobha Choksi
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MR No. : S138882	Collection Date : 29/06/2023 9:17AM
Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:52AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	6.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	134.11	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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Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:52AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	191	mg/dl	50 - 200
HDL CHOLESTEROL Direct	47	mg/dl	40 - 60
LDL CHOLESTEROL Direct	98	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	228	mg/dl	50 - 150
VLDL Calc	45.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.06		0 - 5
LDL / HDL RATIO	2.09		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. : S138882	Collection Date : 29/06/2023 9:17AM
Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:54AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	58	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)	15	U/L	5 - 41
SGOT (IFCC)	14	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.3	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.6	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.7	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.7	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.6	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	6.9	mg/dl	2.4 - 5.7
BUN [BLOOD UREA NITROGEN]			
BUN	9.2	mg/dl	8 - 23

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

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Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:55AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.8	mg/L	
URINE CREATININE (JAFJE)	127.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	4.5	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 11:56AM

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	1.030	
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	2-3	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

SC

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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TABULAR SUMMARY REPORT

beena, patel
 ID: s138882
 Visit:
 29-Jun-2023
 12:00:19

BRUCE
 Max HR: 183bpm 100% of max predicted 182bpm
 Max BP: 156/101
 Reason for Termination:
 Comments:

Total Exercise time: 6:13
 Maximum workload: 7.3METS

25.0 mm/s
 10.0 mm/mV
 100hz

38years Caucasian Female

Referred by:
 Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	6:33	0.6	0.0	1.4	119	137/86	163
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	162	137/86	222
	STAGE 2	3:00	2.5	12.0	7.0	181	140/90	253
	STAGE 3	0:13	3.4	14.0	7.3	182	140/90	255
RECOVERY	RECOVERY	4:12	**x	**x	1.0	107		

TM7 is negative for inducible ischemia

Technician:

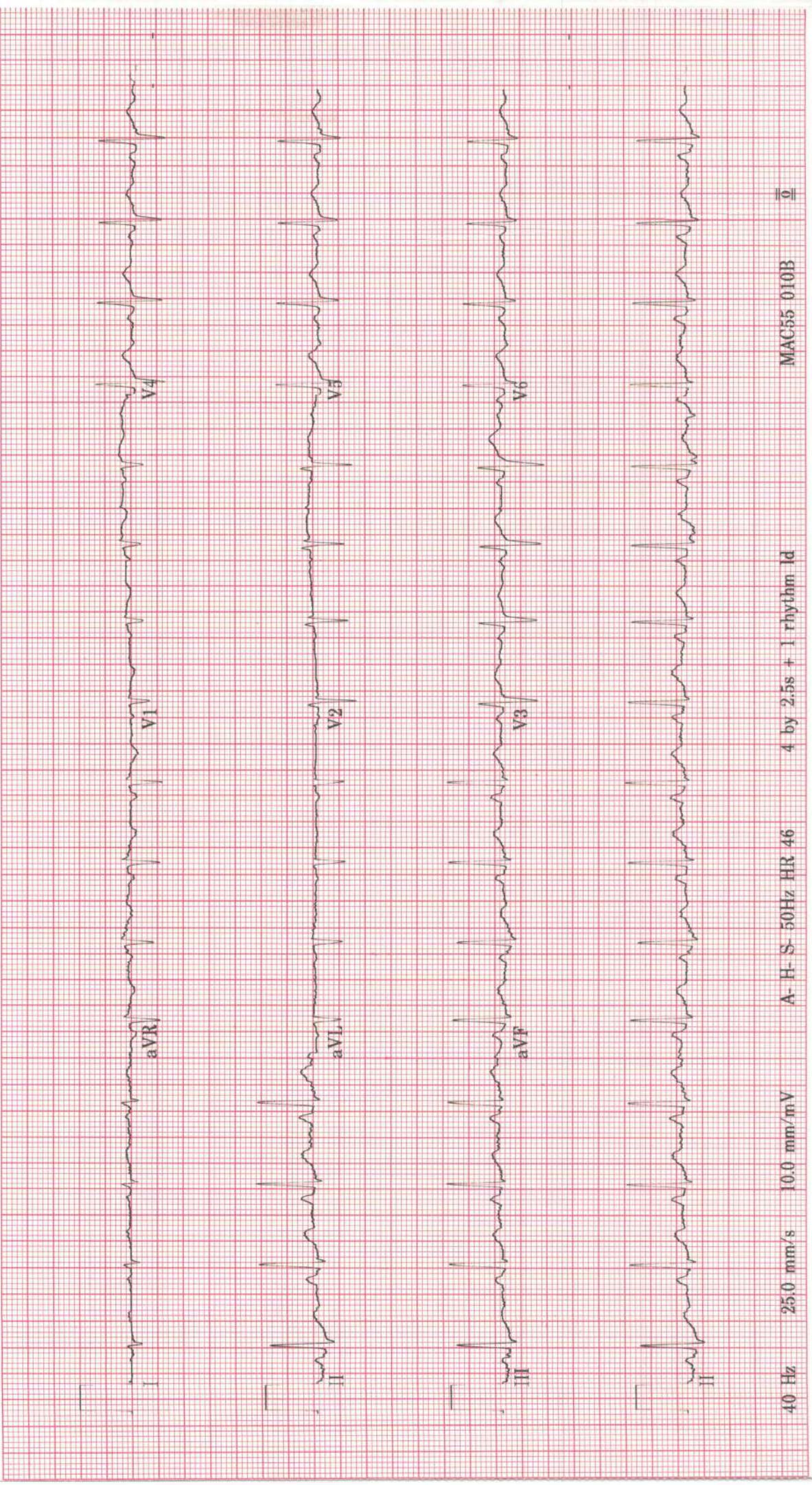
Unconfirmed

MAC55 010B

beena, patel
ID: s138882
Visit:
29-Jun-2023
12:05:13

12 LEAD REPORT
PRETEST
SUPINE
4:55
99bpm
BP: 137/86

BRU
**mph
**%



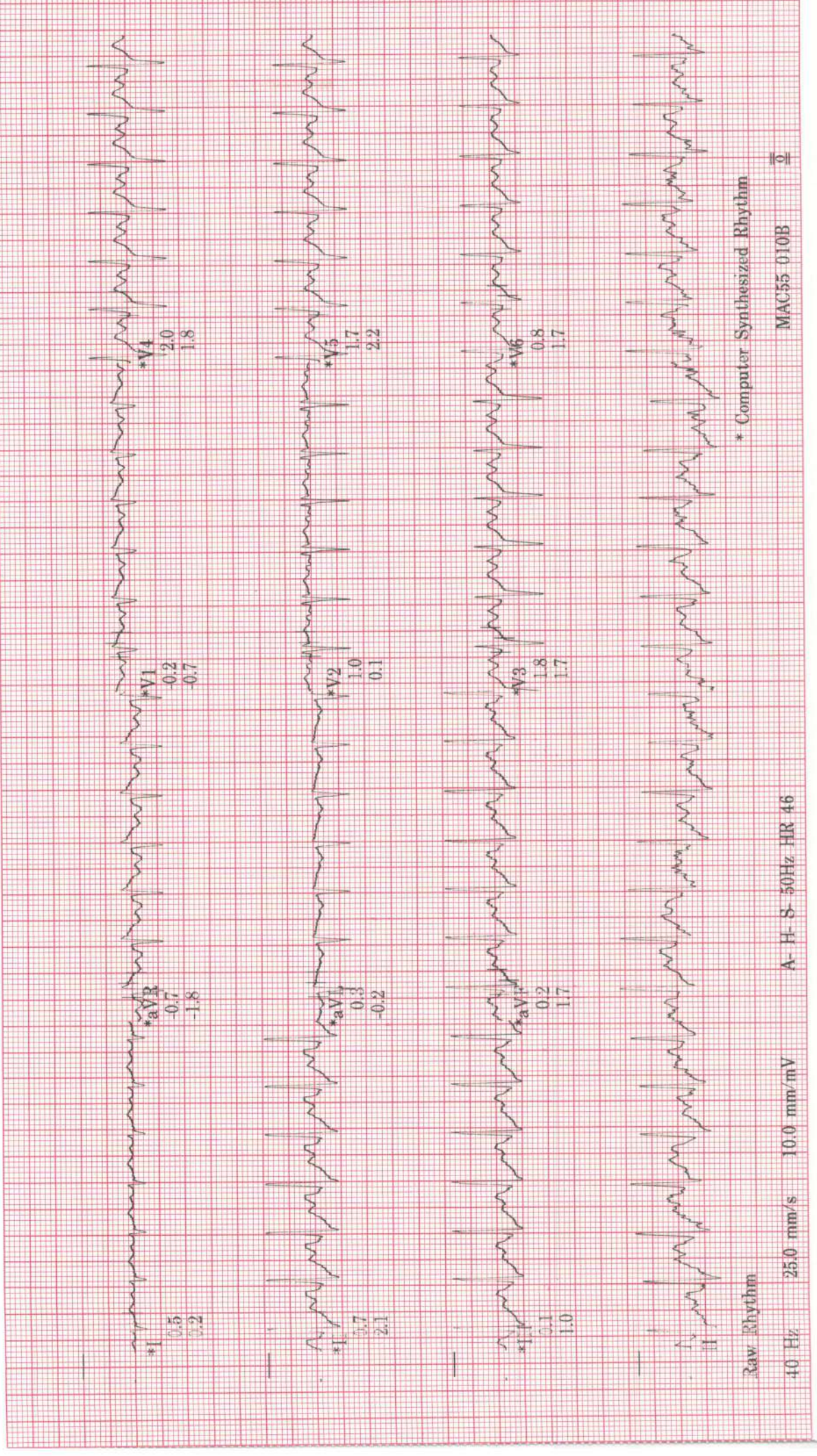
beena, patel
ID: s138882
Visit:
29-Jun-2023
12:09:51

LINKED MEDIANS REPORT

162bpm
BP: 137/86
EXERCISE
STAGE 1
3:00
BRU
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



beena, patel

ID: s138882

Visit:

29-Jun-2023

12:12:51

LINKED MEDIANS REPORT

BK DE

EXERCISE

181bpm

STAGE 2

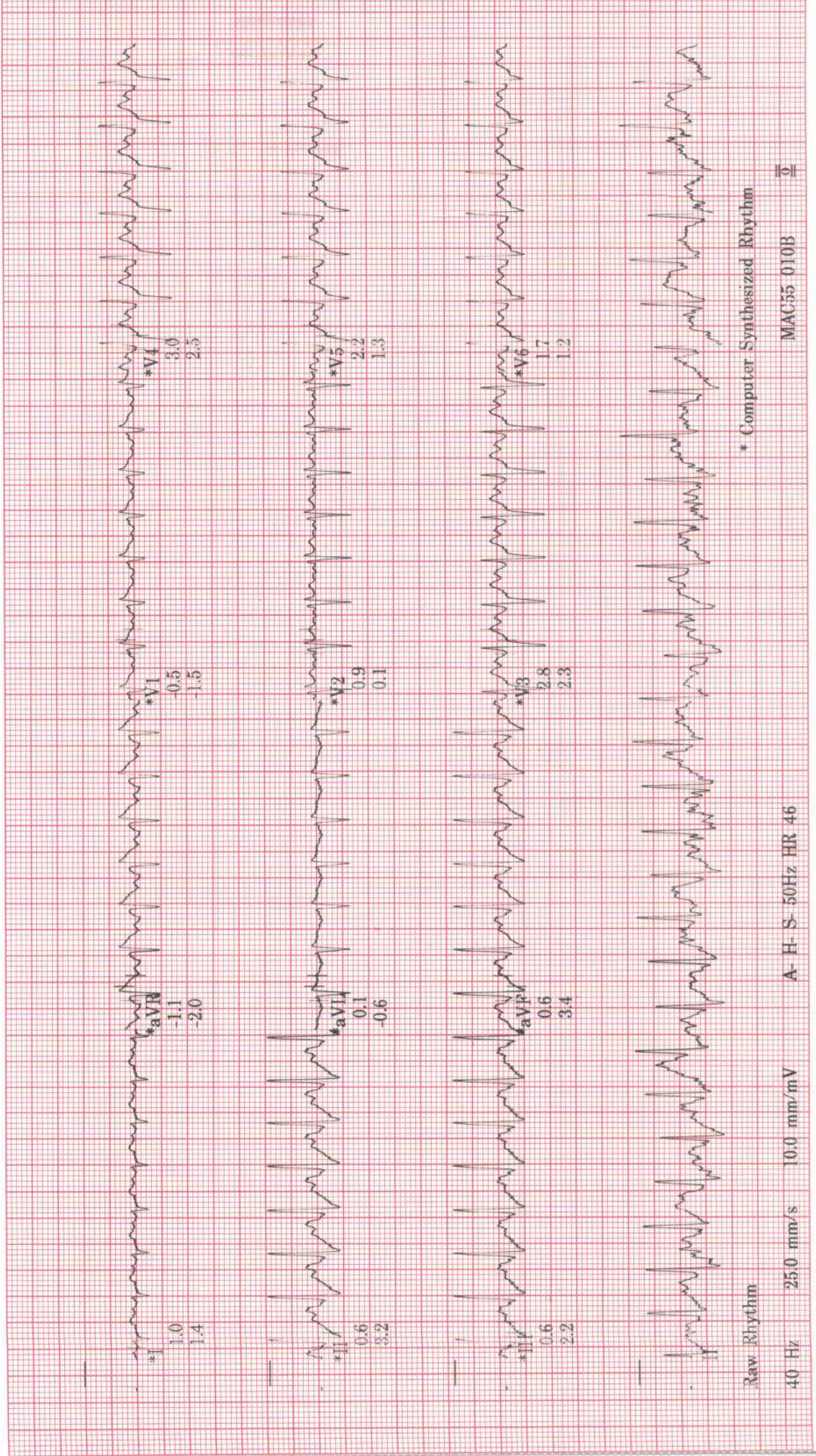
2.5mph

BP: 140/90

12.0%

Lead
ST(mm)
Slope(mV/s)

ST @ 10mm/mV
80ms postJ



Raw Rhythm

40 Hz 250 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

2

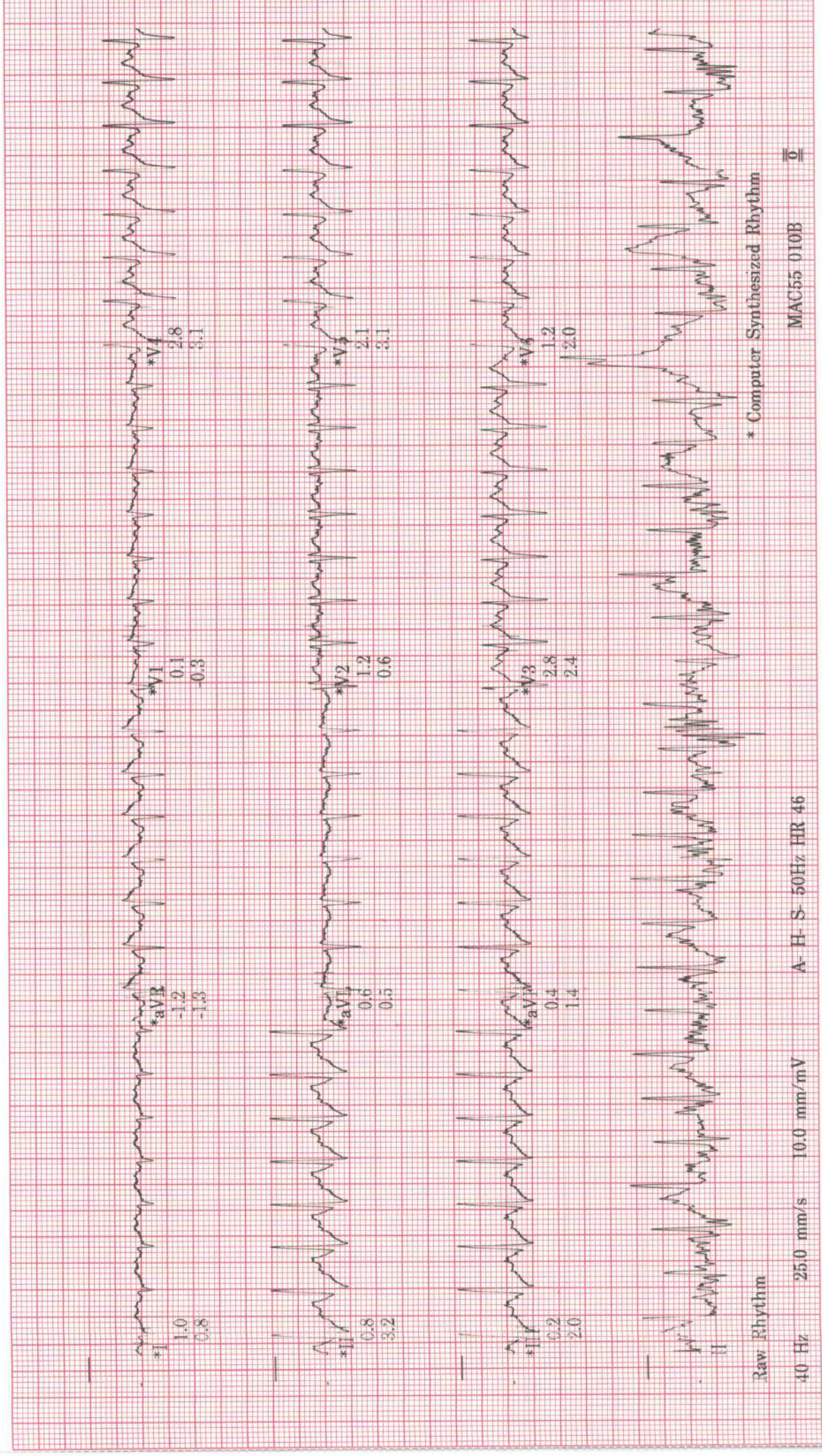
beena, patel
ID: s138882
Visi:
29-Jun-2023
12:13:05

LINKED MEDIANS REPORT
182bpm
BP: 140/90
EXERCISE STAGE 3
6:13

Lead
ST'(mm)
Slope(mV/s)

BK DE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ



LINKED MEDIANS REPORT

beena, patel

ID: s138882

Visit:

29-Jun-2023

12:15:04

147bpm

RECOVERY
RECOVERY
2:00

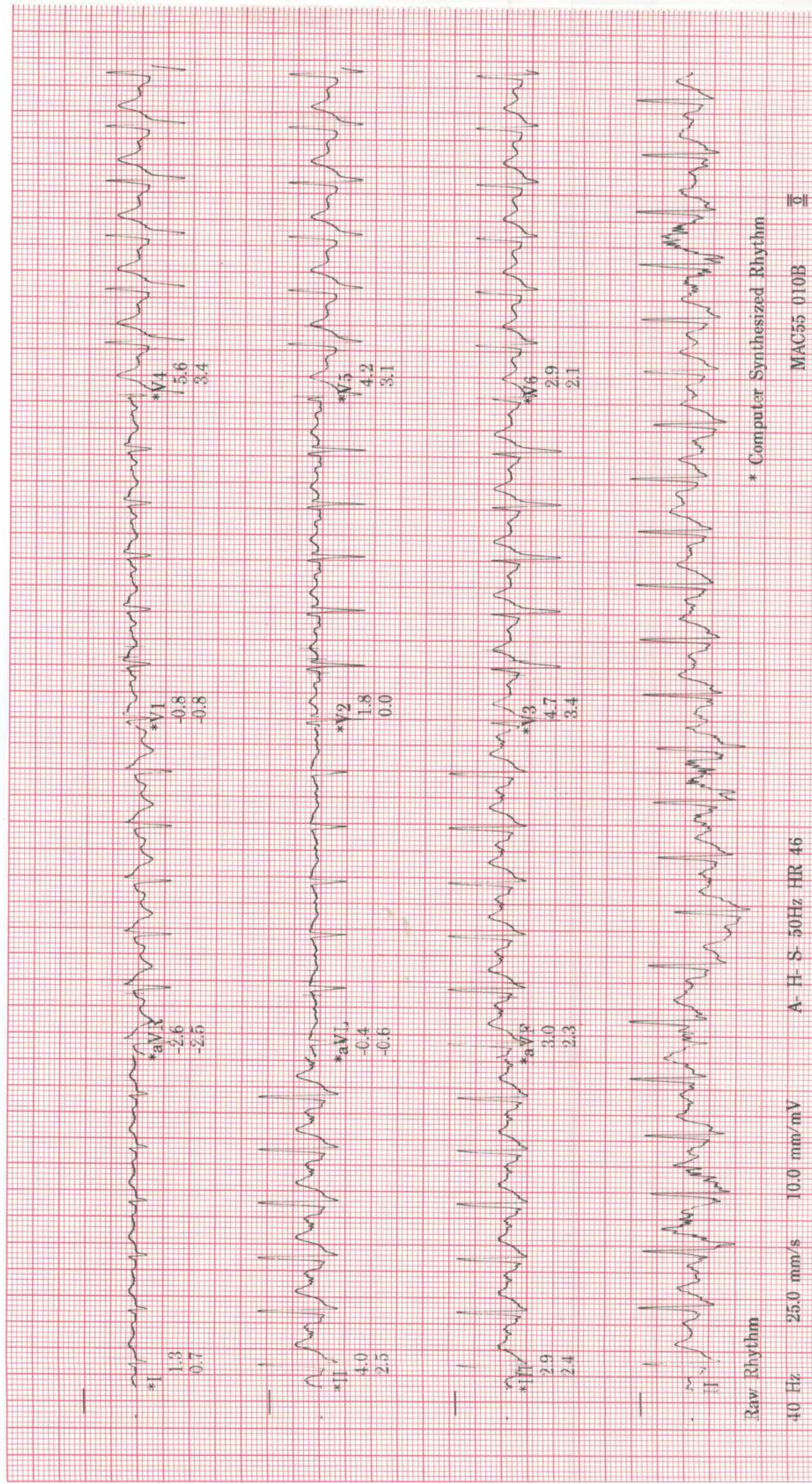
ST @ 10mm/mV
80ms postJ

Bl. DE

**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

MAC55 010B

II

* Computer Synthesized Rhythm

beena, patel
ID: s138882
Visit:
29-Jun-2023
12:17:04

LINKED MEDIANS REPORT

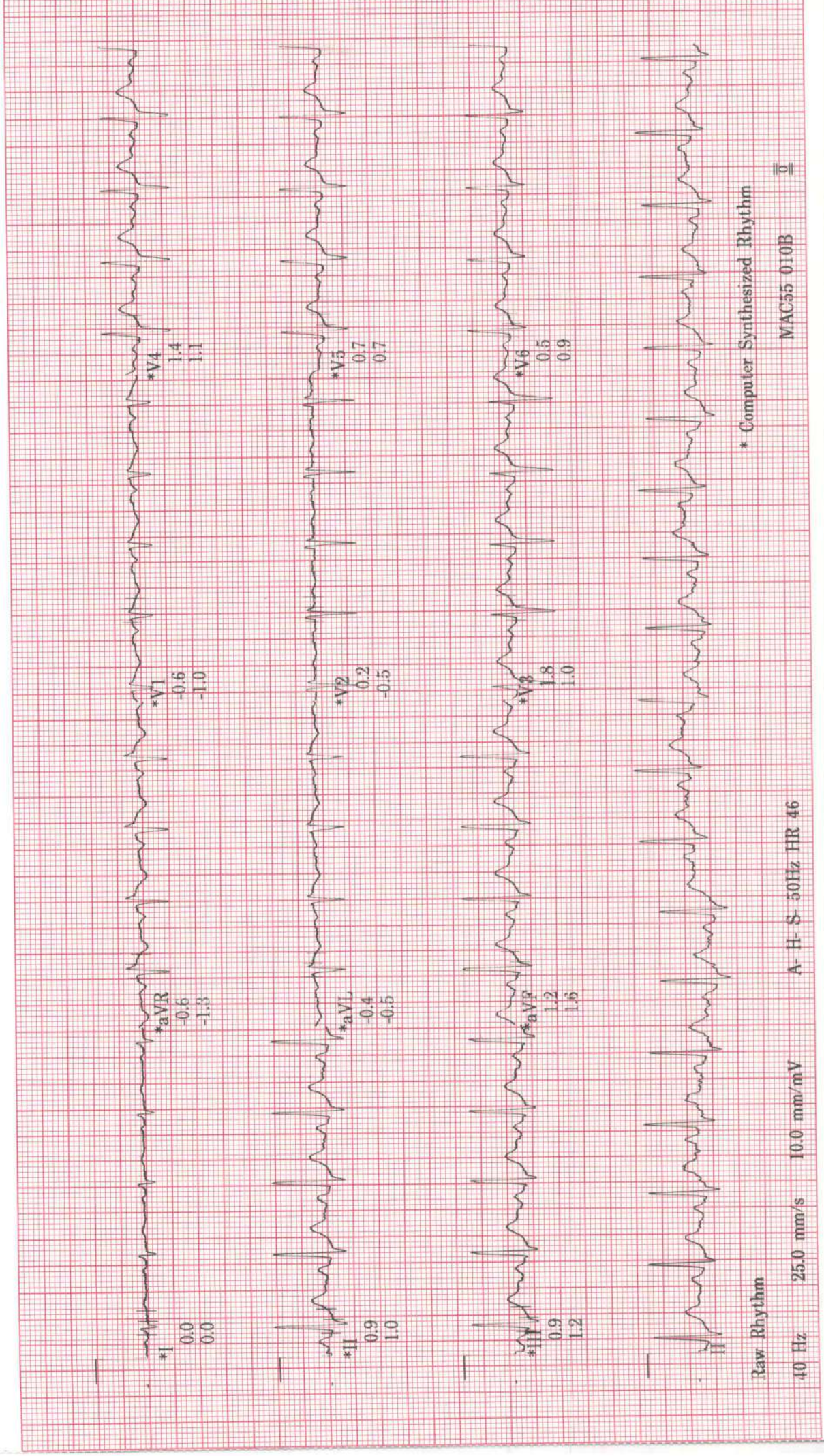
BR
** *mph
** *%

RECOVERY
RECOVERY
4:00

110bpm

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

9

SELECTED MEDIANS REPORT

beena, Patel
 ID: s138882
 V5 SW: 29-Jun-2023
 12:00:19

BRUCE
 Max HR: 183bpm 100% of max predicted 182bpm
 Max EP: 156/101
 33years Caucasian Female

Total Exercise time: 6:13
 25.0 mm/s
 10.0 mm/mV
 100hz

Maximum workload: 7.3METS

Referred by:
 Test ind:



Uncconfirmed

MAC55 010B

Lead
 ST(mm)
 Slope(mV/s)

Technician:

GRADED EXERCISE SUMMARY

beena, patel
 ID: s138882
 Visit:
 29-Jun-2023
 12:00:19

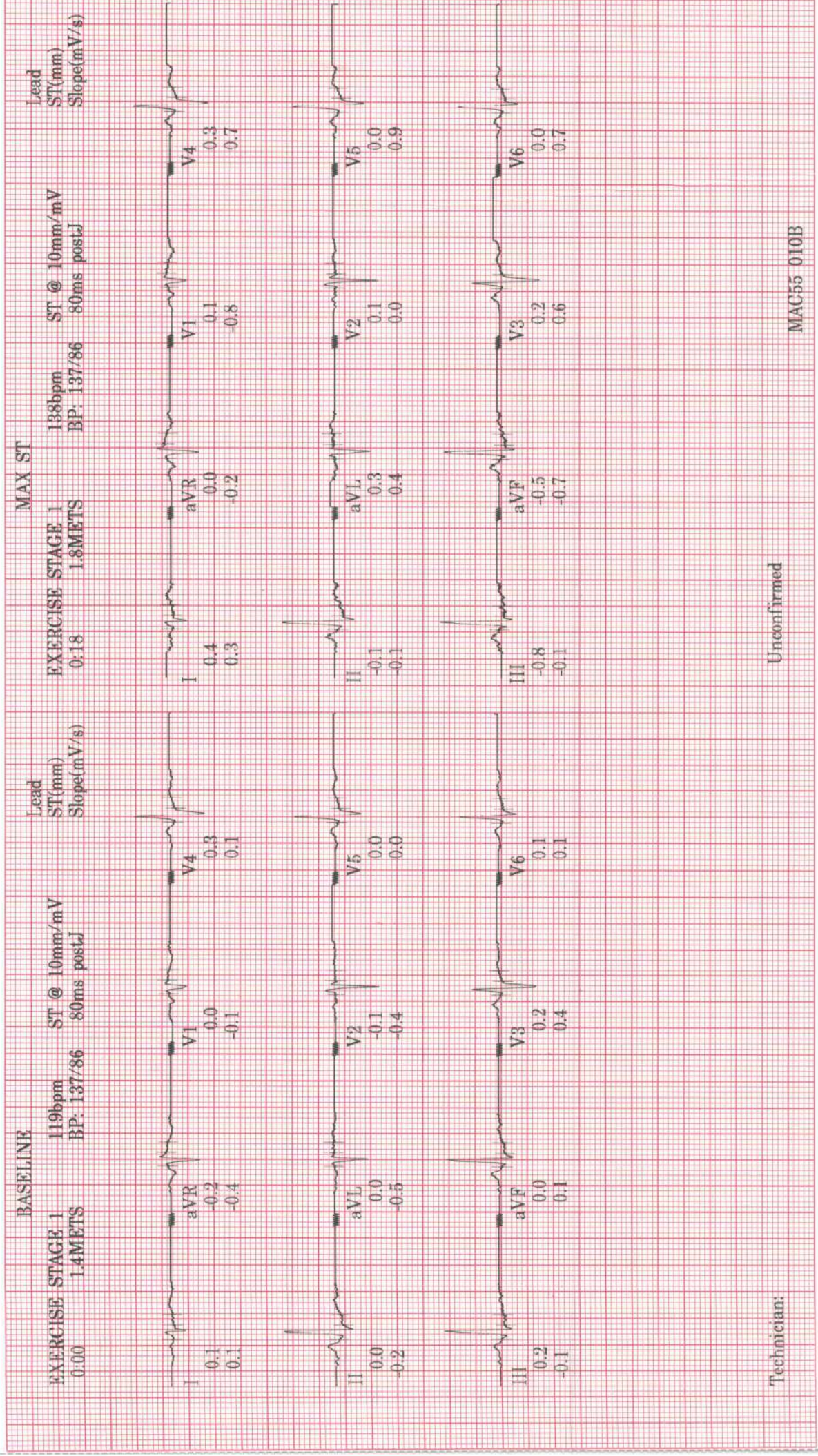
38years
 Caucasian
 Female

BRUCE
 Max HR: 183bpm 100% of max predicted 182bpm
 Max BP: 156/101
 Reason for Termination:
 Comments:

25.0 mm/s
 10.0 mm/mV
 100hz

Total Exercise time: 6:13
 Maximum workload: 7.3METS

Referred by:
 Test ind:



Technician:

Unconfirmed

MAC55 010B

beena, patel
 ID: s138882
 29-Jun-2023
 12:00:19

PRETEST
 SUPINE
 4:55
 99bpm
 BP: 137/86
 1.0METS

EXERCISE
 STAGE 1
 0:00
 119bpm
 BP: 137/86
 1.4METS

EXERCISE
 STAGE 1
 0:18
 138bpm
 BP: 137/86
 1.8METS

EXERCISE
 STAGE 1
 1:00
 153bpm
 BP: 137/86
 3.0METS

EXERCISE
 STAGE 1
 2:00
 161bpm
 4.6METS

EXERCISE
 STAGE 1
 3:00
 162bpm
 BP: 137/86
 4.6METS

EXERCISE
 STAGE 2
 4:00
 175bpm
 BP: 140/90
 5.8METS

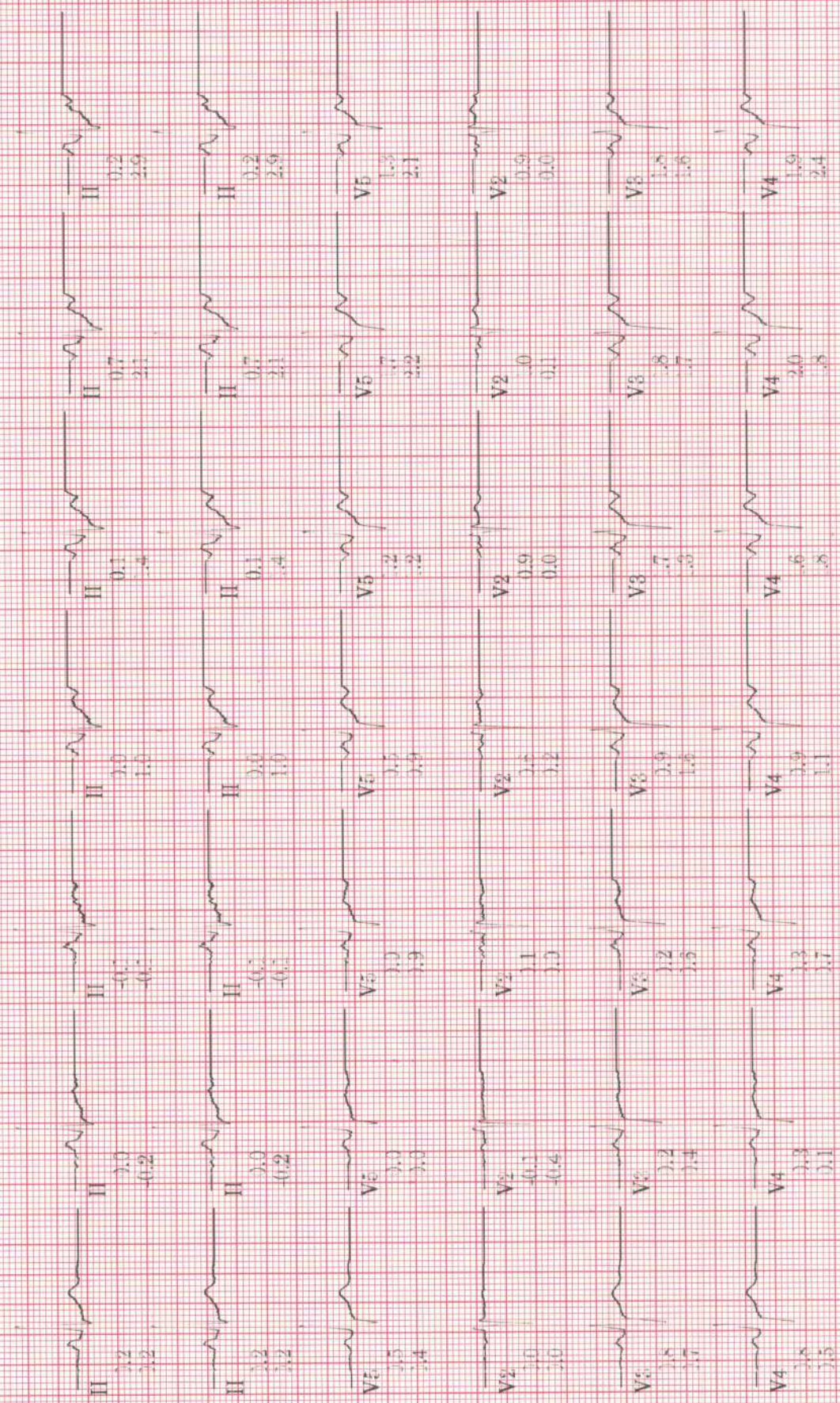
Visit:

SAMPLE CARDIAC CYCLES

BRUCE

SF @ 10mm/mV
 80ms postJ

25.0 mm/s
 10.0 mm/mV
 100Hz



Lead
 ST(mm)
 Slope(mV/s)

MAC55 010B

beena, patel
 ID: s138882
 29-Jun-2023
 12:00:19

EXERCISE
 STAGE 2
 5:00
 180bpm
 BP: 140/90
 7.0METS

EXERCISE
 STAGE 2
 6:00
 181bpm
 BP: 140/90
 7.0METS

EXERCISE
 STAGE 3
 6:13
 182bpm
 BP: 140/90
 7.3METS
 PEAK

RECOVERY
 RECOVERY
 1:00
 162bpm
 4.2METS

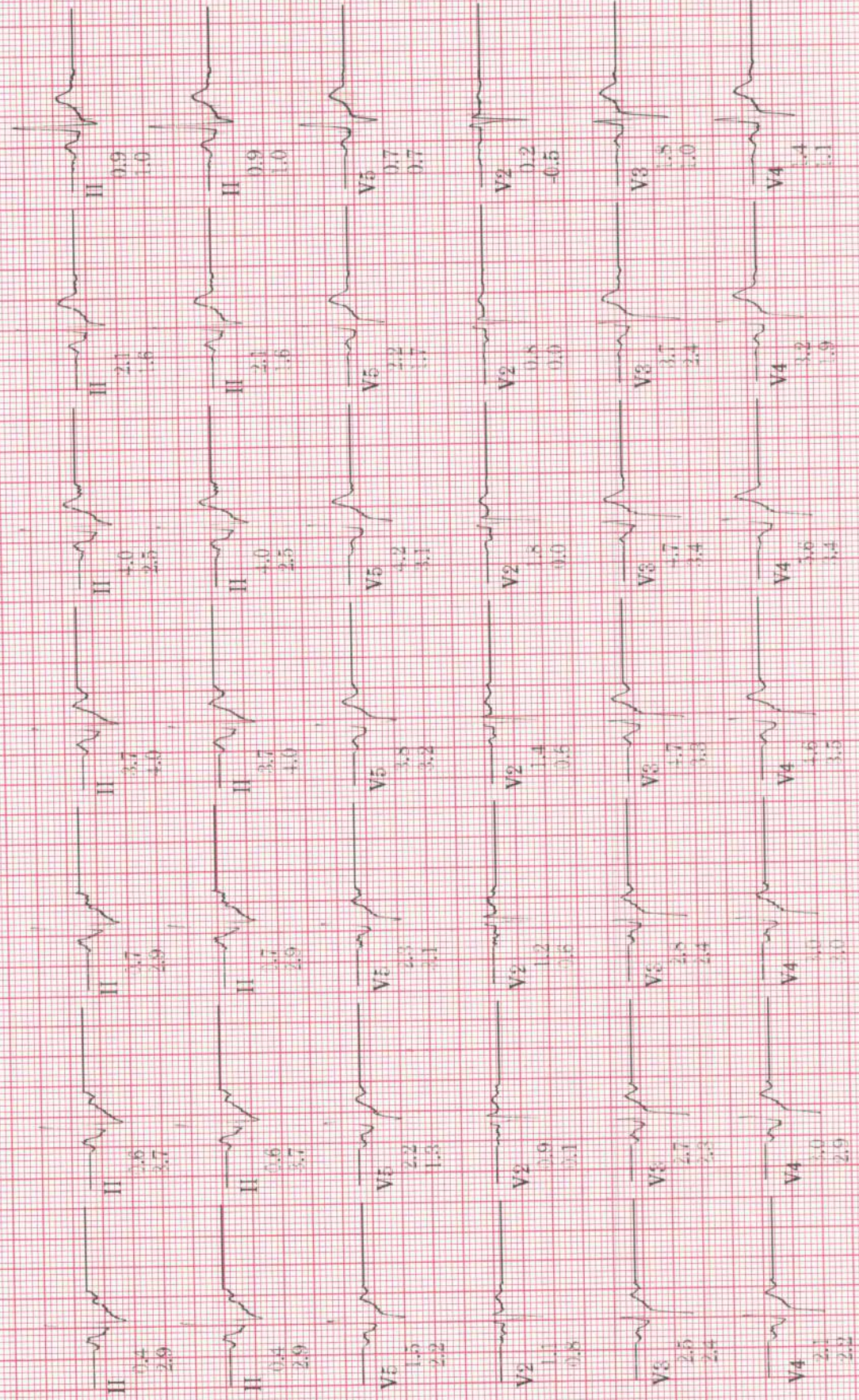
RECOVERY
 RECOVERY
 2:00
 147bpm
 1.0METS

RECOVERY
 RECOVERY
 3:00
 116bpm
 BP: 156/101
 1.0METS

RECOVERY
 RECOVERY
 4:00
 110bpm
 1.0METS

BRUCE

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



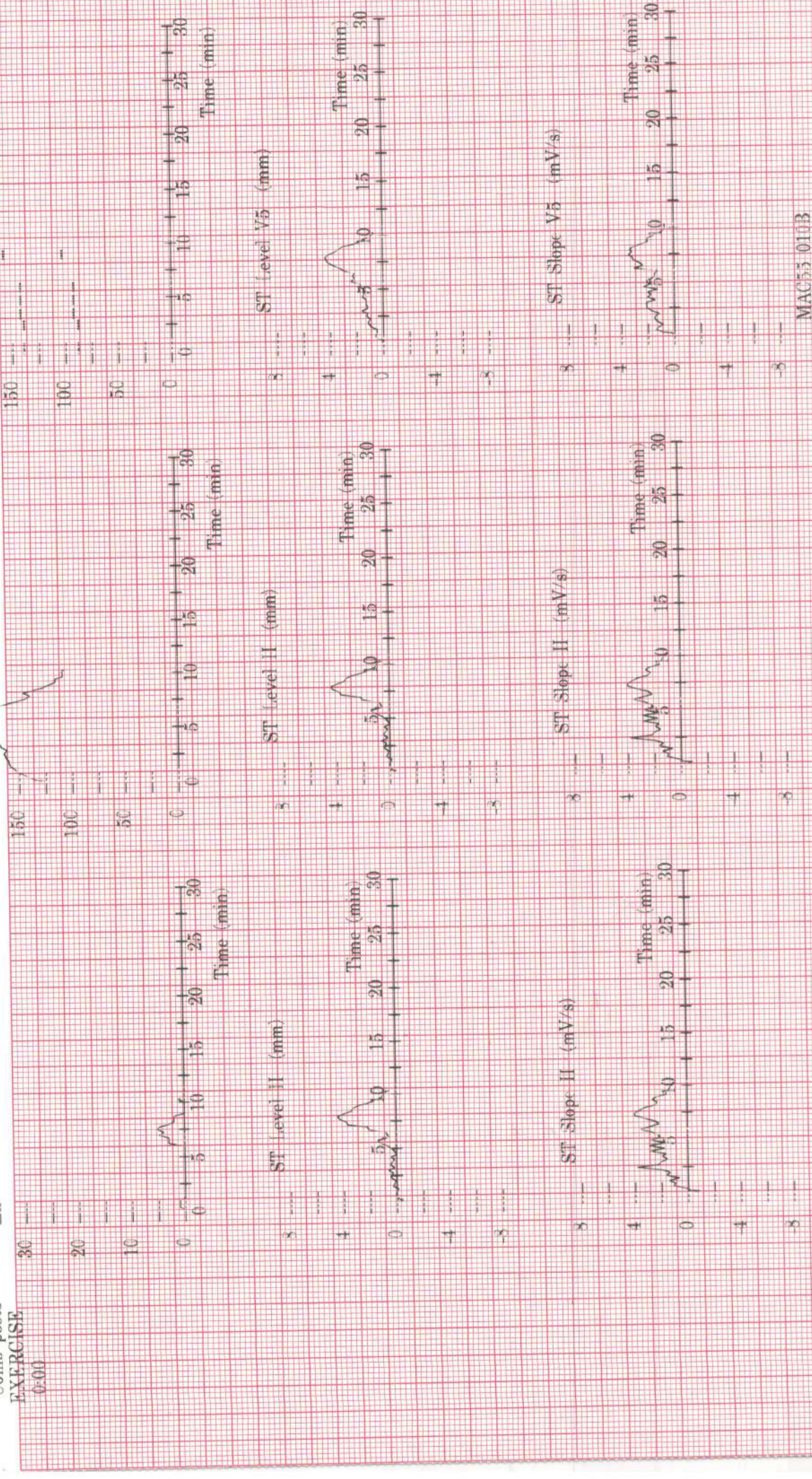
Lead
 ST(mm)
 Slope(mV/s)

TREND GRAPH

beena, patel
ID: s138882
Visit:

29-Jun-2023
12:00:19
BRUCE

Heart Rate (bpm) 250 ---
BP (mmHg) 250 ---
PVC s/m 200 ---
ST @ 10mm/mV 40 ---
80ms postJ ---



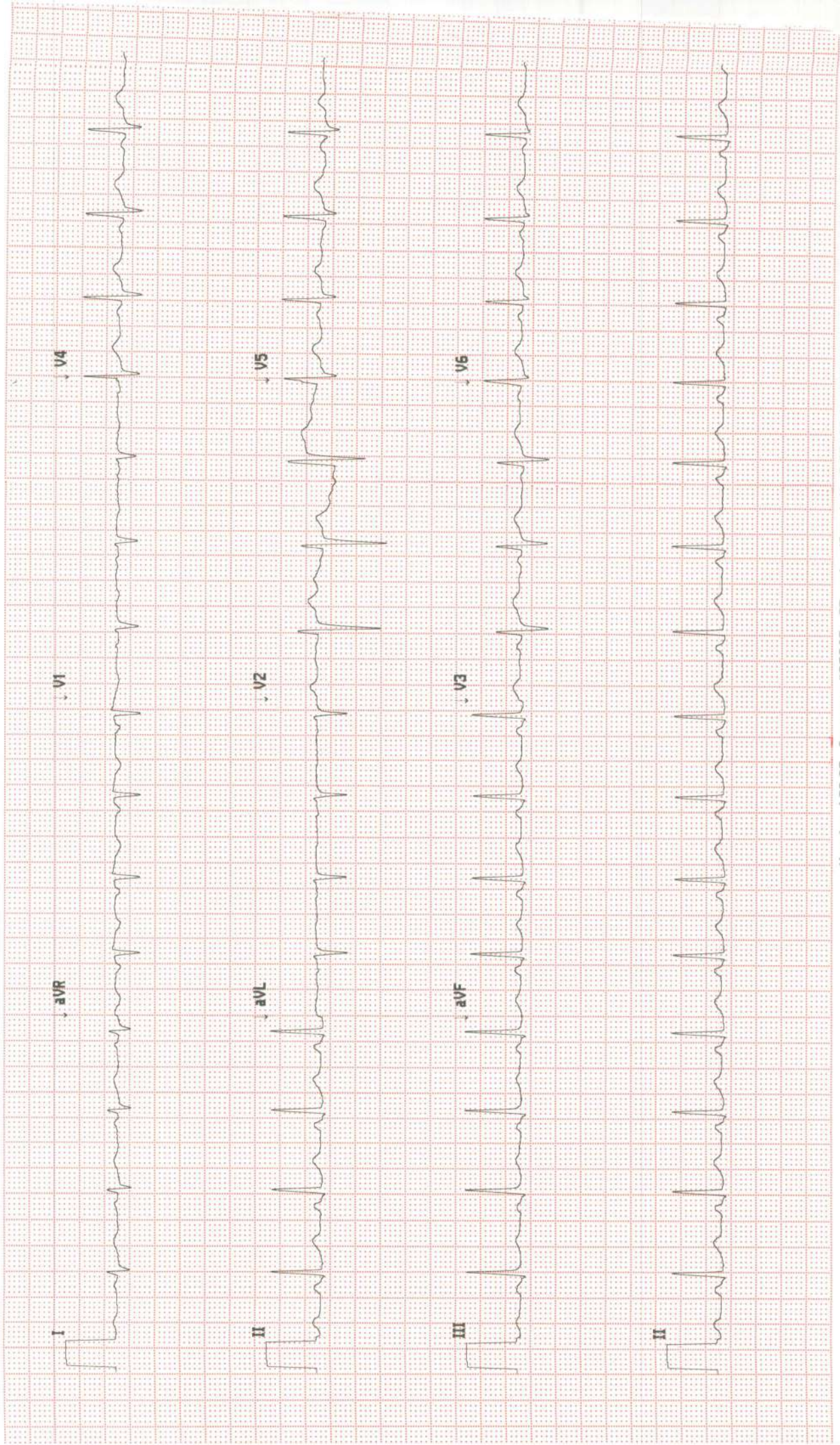
29-Jun-2023 10:50:56

DOB:
yr,

Beeneben

Vent rate: 94 BPM
PR int: 138 ms
QRS dur: 91 ms
QT/QTc: 344/395 ms
P-R-T axes: 64 94 64

SINUS RHYTHM
BORDERLINE RIGHT AXIS DEVIATION
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Reviewed by -----





sunshine
GLOBAL HOSPITALS
health & happiness... always!
:Arcofemi Healthcare Ltd
:Dr.Hospital Doctor

MR No :S138882
Patient Name :Beena Anil Patel
Date :29 Jun 2023
Bed Name :
Ref.Doctor :
Result Entry Date :29/06/2023
OPD/IPD No :
Age :
Sex :
Company Name :
Admitted / Visited Doc Name :

CYTOPATHOLOGY REPORT

PAP No.253/23

Specimen

Two unstained slide received, for PAP smear evaluation.

Microscopic Description

Smears are adequate for evaluation.
Transformational zone component not seen.
Smears predominantly show superficial, many intermediate squamous cells.
Polymorphs (+)

IMPRESSION:

No evidence of intraepithelial lesion or malignancy.

Note- The pap test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Population	ACS/ASCCP/ASCPs
Younger than 21 years	No screening
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing ("co-testing") every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines. If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

***** END OF REPORT *****

Dr Shobha R
Choksi

Printed Date:- 30/06/2023

Printed By:- [PrintedBy]

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info@sunshineglobalhospitals.com | www.sunshineglobalhospitals.com



MR No. : S138882	Collection Date : 29/06/2023 9:17AM
Patient Name : Mrs. Beena Anil Patel	Age : 36 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 29/06/2023 1:07 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	106	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

Page 1 of 1

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