



OPD ASSESSMENT FORM



Name Mr. Snehal mistroy Age.Sex 33/m MR.No. S144609
 Doctor Dr. Krunal Gajjar Date 17/10/2023
 Ht: 179 cm Wt.: 82.8 kg Temp: _____ Pulse: 97 B/m BP: 122/85 mmHg
 SPO2: 94 % Post of walk SPO2: _____

Chief Complaints :

No pain at lateral aspect

Drug / Food Allergy : NO

of Rt knee.

Prior Medication Reviewed : Yes No

On examination :

RS } NAD
CVS }

Past History :

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

Flup = Report.

Investigation advised :

- S. Vit B12, D3. ✓
- Anti-TPO Antibody

Krunal
Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN

Signature

SUNSHINE GLOBAL HOSPITALS
 SURAT.

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. Snehil D. Mistry Age.Sex 33/M MR.No. S144609

Doctor Dr Hardik Shroff Date 17/10/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

R

Prior Medication Reviewed : Yes No

Hx of. various mental disorders

Past History :

On examination :

BE Ant. Seg MAD

VS C 6/30 N16 STR-1-0 - G8.
L - 0.75/-0.25 / 90 - G6.

Nutritional Assessment :

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

Provisional Diagnosis :

BE - Myopia

Investigation advised :

Treatment and further Advices : (Write in Capital Letters)

Rx

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Regd. No. G-78902

Follow Up : _____ Date : _____

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT. Signature



OPD ASSESSMENT FORM



Name Mr. Snehal D. Mistrey Age.Sex 33/m MR.No. 5144609

Doctor Dr. Shailaja Desai Date 12/10/23

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 :

- 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)**

Rx

1) Scaling

Investigation advised :

U. P. Nerai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____



USG Abdomen.

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Emergency No. : 7574443400



MR No. : S144609

Patient Name : Mr. Snehal D Mistry

Ref By : Dr. Hospital A Doctor

Collection Date : 17/10/2023 8:58AM

Age : 33 Y Sex : Male

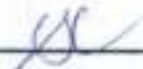
Report Date : 17/10/2023 11:28AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.6	gm/dl	13.0 - 17.0
PCV	45.2	%	40 - 50
RBC COUNT	4.93	mill/cmm	4.5 - 5.5
CV	91.7	fl	76 - 96
MCH	29.6	pg	26 - 32
MCHC	32.3	%	32 - 36
RDW	11.9	%	11 - 15
PLATELET COUNT	3.69	lacs/cmm	1.5 - 4.5
WBC COUNT	6040	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	56	%	40 - 70
LYMPHOCYTES	36	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSTEM XN-550

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


Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074



MR No. : S144609	Collection Date : 17/10/2023 8:58AM
Patient Name : Mr. Snehal D Mistry	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/10/2023 11:23AM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	108	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		


CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.33	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	8.86	ug/dl	5.1 - 14.0
TSH (CLIA)	6.49	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
MD, DCP (Pathology)

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MR No. : S144609	Collection Date : 17/10/2023 8:58AM
Patient Name : Mr. Snehal D Mistry	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/10/2023 11:24AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.6	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	114.02	mg/dl	

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

Note:- Criteria for the diagnosis of diabetes HbA1c >/=6.5*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. 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.
3. 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.
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
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MR No. : S144609	Collection Date : 17/10/2023 8:58AM
Patient Name : Mr. Snehal D Mistry	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/10/2023 11:25AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	218	mg/dl	50 - 200
HDL CHOLESTEROL Direct	44	mg/dl	40 - 60
LDL CHOLESTEROL Direct	146.2	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	141	mg/dl	50 - 150
VLDL Calc	28.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.95		0 - 5
LDL / HDL RATIO	3.32		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 *****

gc
Dr. Shobha Choksi
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MR No. : S144609	Collection Date : 17/10/2023 8:58AM
Patient Name : Mr. Snehal D Mistry	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/10/2023 11:26AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	55	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.6	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	28	U/L	5 - 41
SGOT (IFCC)	20	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)	0.9	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.8	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	13.3	mg/dl	8 - 23

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

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Patient Name : Mr. Snehal D Mistry	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/10/2023 11:27AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	6.5	mg/L	
URINE CREATININE (JAFPE)	262.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	2.47	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

SC
Dr. Shobha Choksi
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Reg. No.: G-9074

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MR No. : S144609
Patient Name : Mr. Snehal D Mistry
Ref By : Dr. Hospital A Doctor

Collection Date : 17/10/2023 8:58AM
Age : 33 Y Sex : Male
Report Date : 17/10/2023 11:29AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	25	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	5.8	
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	2-3	/hpf
EPITHELIAL CELLS	2-3	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

SC
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PAT. NAME: Snehal Mistry	Date : 17/10/2023
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S144609

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 well distended and shows two small echogenic calculi with in it. No e/o 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 abdomen / pelvis.

IMPRESSION:

- Cholelithiasis.


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

Transcribed By: Asha

Date & Time of report: 17/10/2023 - 11:27 AM

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PAT. NAME: Snehal Mistry	Date : 17/10/2023
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S144609

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: 17/10/2023 – 11:23 AM

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DOB:

VP, MALE Mr. Snehel S. Misra

Vent rate: 76 BPM
PR int: 163 ms
QRS dur: 96 ms
QT/QTc: 375/405 ms
P-R-T axes: 48 29 19

SINUS RHYTHM
NORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____

