



OPD ASSESSMENT FORM



Name Mrs. Sadhana Pathak Age.Sex 28 / F MR.No. 5139422
 Doctor Dr Krunal Gajjar Date 22/7/23
 Ht : 164 cm Wt. : 62.8 kg Temp : 98.5 Pulse : 67 B/M BP : 108/69
 SPO2 : 100 % Post of walk SPO2 : _____

Chief Complaints :

NOT - ANY.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

Ps : BSBE , clear

(VS : NAD)

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 _____

Investigation advised :

Krunal Gajjar
Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-20422
SUNSHINE GLOBAL HOSPITAL
SURAT.

Follow Up : _____ Date : _____

Signature _____



OPD ASSESSMENT FORM



Name Mrs. Sadhana Pathak G Age Sex 28 / F MR.No. 5139922

Doctor Dr Harshik Shroff Date 22/7/23

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No Complaints

Prior Medication Reviewed : Yes No

On examination :

Past History :

BE - Ant. seg MAD
In eye - G.O. N.I.B.
6x6
Fundus (Central) BE MAD

Provisional Diagnosis :

Nutritional Assessment :

MI Ophthalmic

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

Follow Up : SOS Date : _____

Signature



OPD ASSESSMENT FORM



Name Mrs. Sudhan Puthuk C. Age.Sex 28 / F MR.No. 5139422

Doctor Dr. Shailaja Desai Date 22/07/23

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 :

- NAD

Provisional Diagnosis :

Nutritional Assessment :

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

Rx

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

Investigation advised :

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

Follow Up : _____ Date : _____ Signature _____



PAT. NAME: Sadhana Pathak	Date : 22/07/2023
REF. DOCTOR : Hosp. Dr.	AGE : 28 Yrs / F
INV. : USG Abdomen & Pelvis	MR NO. : S139922

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.

Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted.


Endometrial thickness is normal.

Both ovaries appear normal in size, shape and echopattern.

No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- No significant abnormality seen.


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

Transcribed By: Fenali

Page: 1 out of 1
Date & Time of report: 22/07/2023 - 11:43 AM

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PAT. NAME: Sadhana Pathak	Date : 22/07/2023
REF. DOCTOR : Hosp. Dr.	AGE : 28 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S139922

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: Fenali

Page: 1 out of 1
Date & Time of report: 22/07/2023 -- 11:37 AM

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Toll Free No-1800 270 6666



MR No. : S139922
Patient Name : Mrs. Sadhana Pathak G
Ref By : Dr. Hospital A Doctor
Collection Date : 22/07/2023 10:34AM
Age : 28 Y **Sex** : Female
Report Date : 22/07/2023 11:41AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	11.9	gm/dl	12.0 - 15.0
PCV	36.7	%	36 - 46
RBC COUNT	4.05	mill/cmm	4.0 - 5.0
MCV	90.6	fl	76 - 96
MCH	29.4	pg	26 - 32
MCHC	32.4	%	32 - 36
RDW	12.7	%	11 - 15
PLATELET COUNT	3.13	lacs/cmm	1.5 - 4.5
WBC COUNT	5460	/cmm	4000 - 11000
ESR	09	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	54	%	40 - 70
LYMPHOCYTES	37	%	20 - 40
EOSINOPHILS	03	%	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		

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

SC

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S139922
Patient Name : Mrs. Sadhana Pathak G
Ref By : Dr. Hospital A Doctor
Collection Date : 22/07/2023 10:34AM
Age : 28 Y Sex : Female
Report Date : 22/07/2023 11:37AM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)		
FASTING BLOOD GLUCOSE (Hexokinase)	100 mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]		
TOTAL T3 (CLIA)	1.35 ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	10.71 ug/dl	5.1 - 14.0
TSH (CLIA)	2.35 uIU/ml	0.2 - 4.5

Note:-
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to 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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Reg. No.: G-9074

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MR No. : S139922
 Patient Name : Mrs. Sadhana Pathak G
 Ref By : Dr. Hospital A Doctor
 Collection Date : 22/07/2023 10:34AM
 Age : 28 Y Sex : Female
 Report Date : 22/07/2023 11:38AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	148	mg/dl	50 - 200
HDL CHOLESTEROL Direct	37	mg/dl	40 - 60
LDL CHOLESTEROL Direct	98.2	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	63	mg/dl	50 - 150
VLDL Calc	12.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4		0 - 5
LDL / HDL RATIO	2.65		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. : S139922
Patient Name : Mrs. Sadhana Pathak G
Ref By : Dr. Hospital A Doctor
Collection Date : 22/07/2023 10:34AM
Age : 28 Y **Sex** : Female
Report Date : 22/07/2023 11:38AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.5	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	111.15	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 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
MD, DCP (Pathology)

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MR No. : S139922

Patient Name : Mrs. Sadhana Pathak G

Ref By : Dr. Hospital A Doctor

Collection Date : 22/07/2023 10:34AM

Age : 28 Y Sex : Female

Report Date : 22/07/2023 11:39AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	63	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)	10	U/L	5 - 41
SGOT (IFCC)	14	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.9	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.7	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.2	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.14	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)	3.5	mg/dl	2.4 - 5.7
BUN [BLOOD UREA NITROGEN]			
BUN	2.5	mg/dl	8 - 23

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

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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22/07/2023 11:40AM
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Page 1 of 1



MR No. : S139922 **Collection Date** : 22/07/2023 10:34AM
Patient Name : Mrs. Sadhana Pathak G **Age** : 28 Y **Sex** : Female
Ref By : Dr. Hospital A Doctor **Report Date** : 22/07/2023 12:08 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.1	mg/L	
URINE CREATININE (JAFPE)	31.8	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	16.0	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

AC

Dr. Shobha Choksi
MD, DCP (Pathology)

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22/07/2023 12:09PM
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Page 1 of 1



MR No. : S139922	Collection Date : 22/07/2023 10:34AM
Patient Name : Mrs. Sadhana Pathak G	Age : 28 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 22/07/2023 11:42AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
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	Occasional	/hpf
EPITHELIAL CELLS	3-4	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9C74

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ID: s139922
Visit:
22-Jul-2023
10:29:17

28years Caucasian Female

Referred by:
Test ind:

BRUCE
Total Exercise time: 9:00
Max HR: 169bpm 88% of max predicted 192bpm
Max BP: 130/80
Reason for Termination: 10.1METS
Comments:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:41	0.7	0.0	1.4	86	108/69	93
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	118		
	STAGE 2	3:00	2.5	12.0	7.0	145	120/70	174
	STAGE 3	3:00	3.4	14.0	10.1	169	130/80	220
RECOVERY	RECOVERY	4:09	***	***	1.0	81	126/74	102

Test

is negative for inducible ischemia

Technician:

Unconfirmed

MAC55-010B

ID: s139922

Visit:

22-Jul-2023

10:30:27

71bpm

BP: 108/69

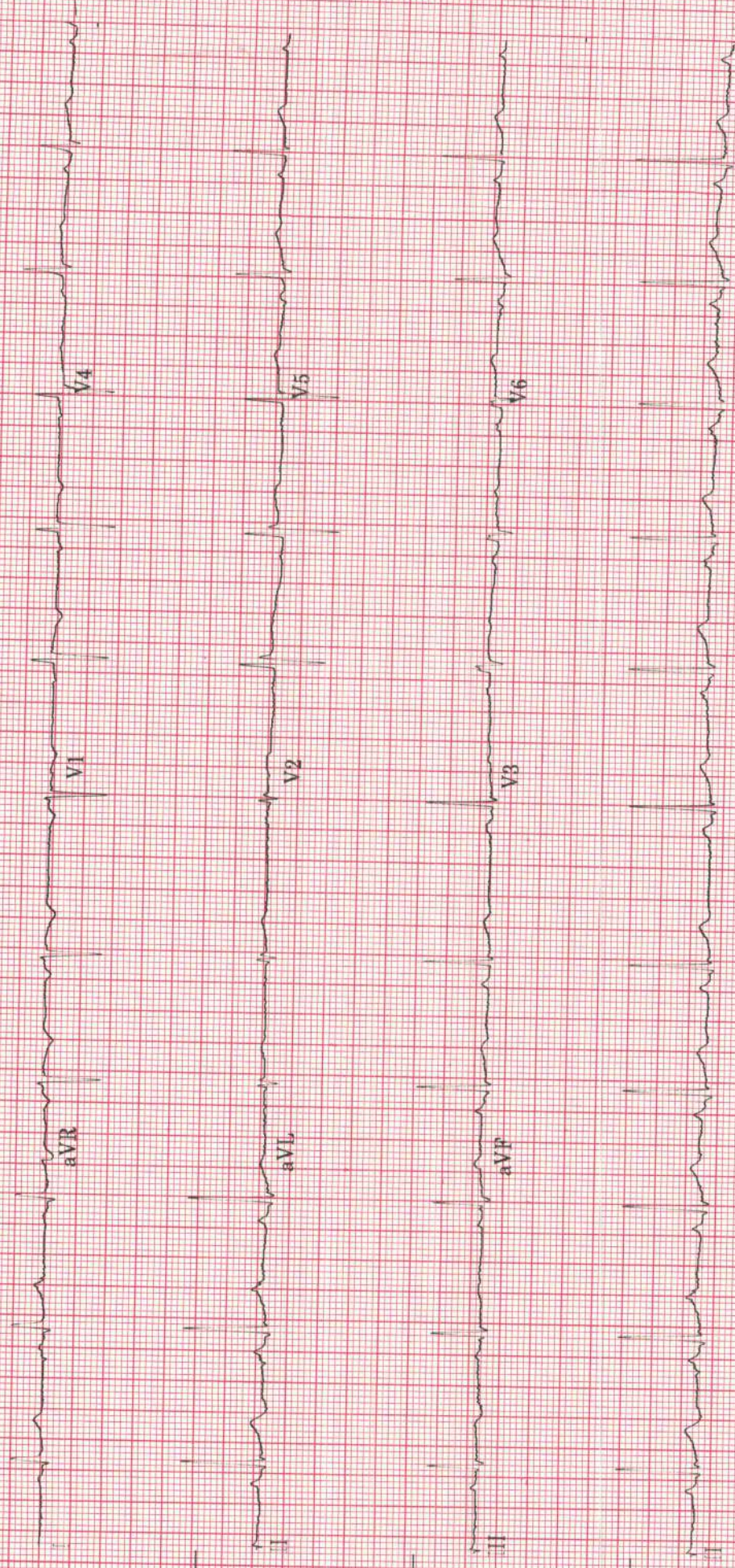
PRETEST
SUPINE

1:11

BRUCE

***mph

***%



40 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

4 by 2.5s + 1 rhythm ld

MAC55 010B

0

ID: s139922

Visit:

22-Jul-2023

10:33:58

EXERCISE
STAGE 1
3:00

BRUCE

1.7mph

10.0%

118bpm

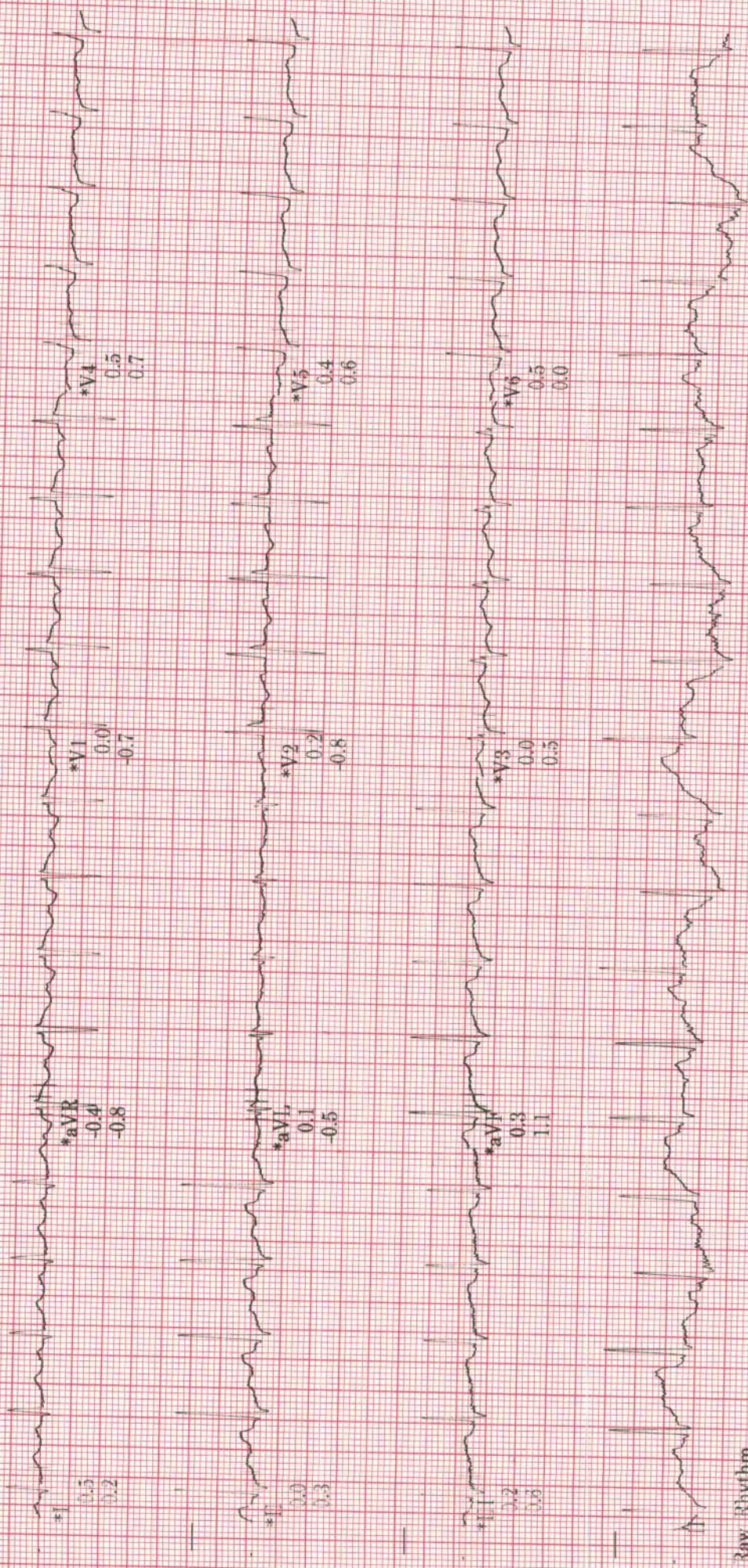
ST @ 10mm/mV

80ms post_LJ

Lead

ST(mm)

Slope(mV/s)



* Computer Synthesized Rhythm

A H S 50Hz HR 46

40 Hz 25.0 mm/s 10.0 mm/mV

MAC55 010B

2

Raw Rhythm

ID: s139922

Visit:

22-Jul-2023

10:36:58

145bpm

BP: 120/70

ST @ 10mm/mV

80ms postJ

EXERCISE

STAGE 2

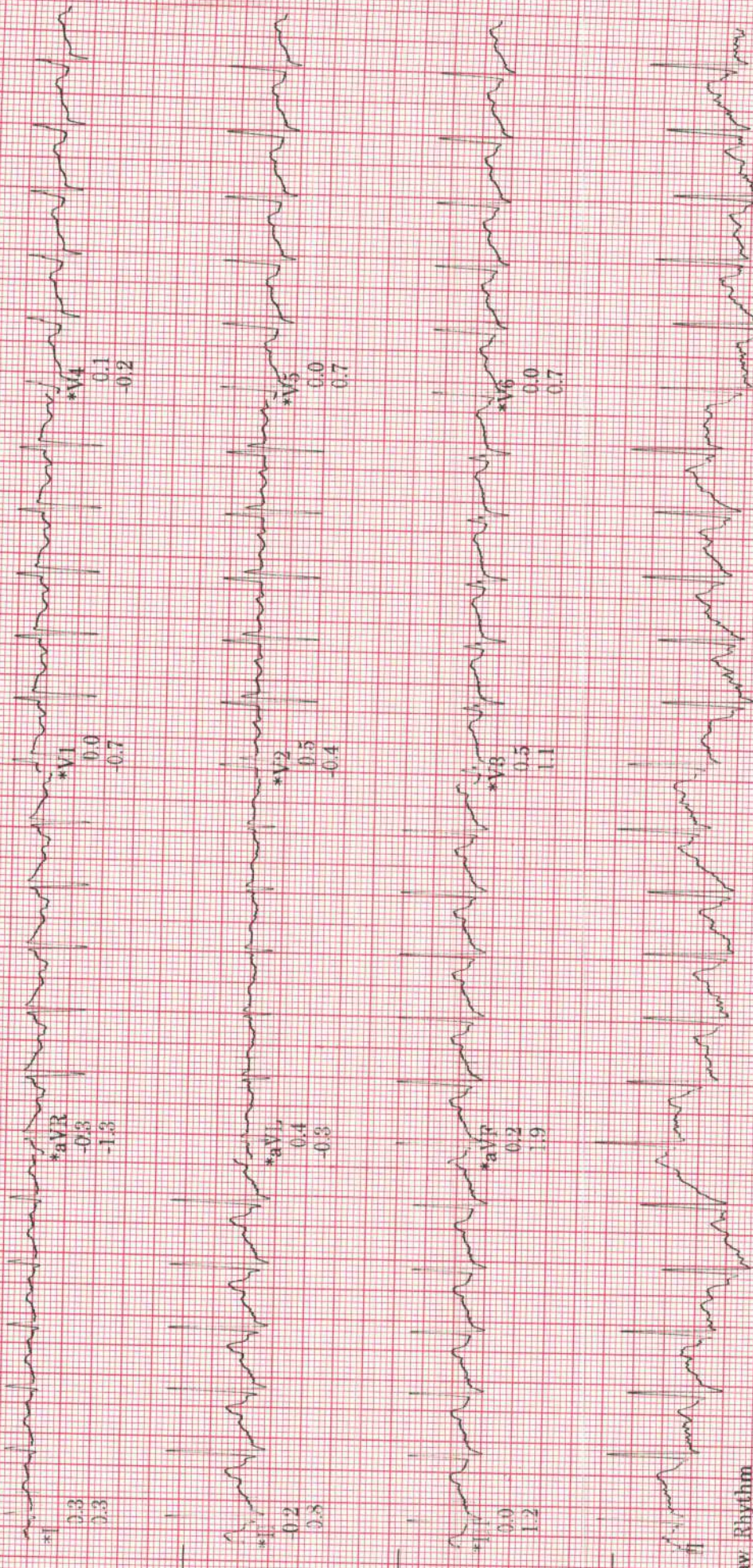
6:00

BRUCE

2.5mph

12.0%

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

ID: s139922

Visit:

22-Jul-2023

10:39:59

RECOVERY
RECOVERY

0:00

169bpm

BP: 130/80

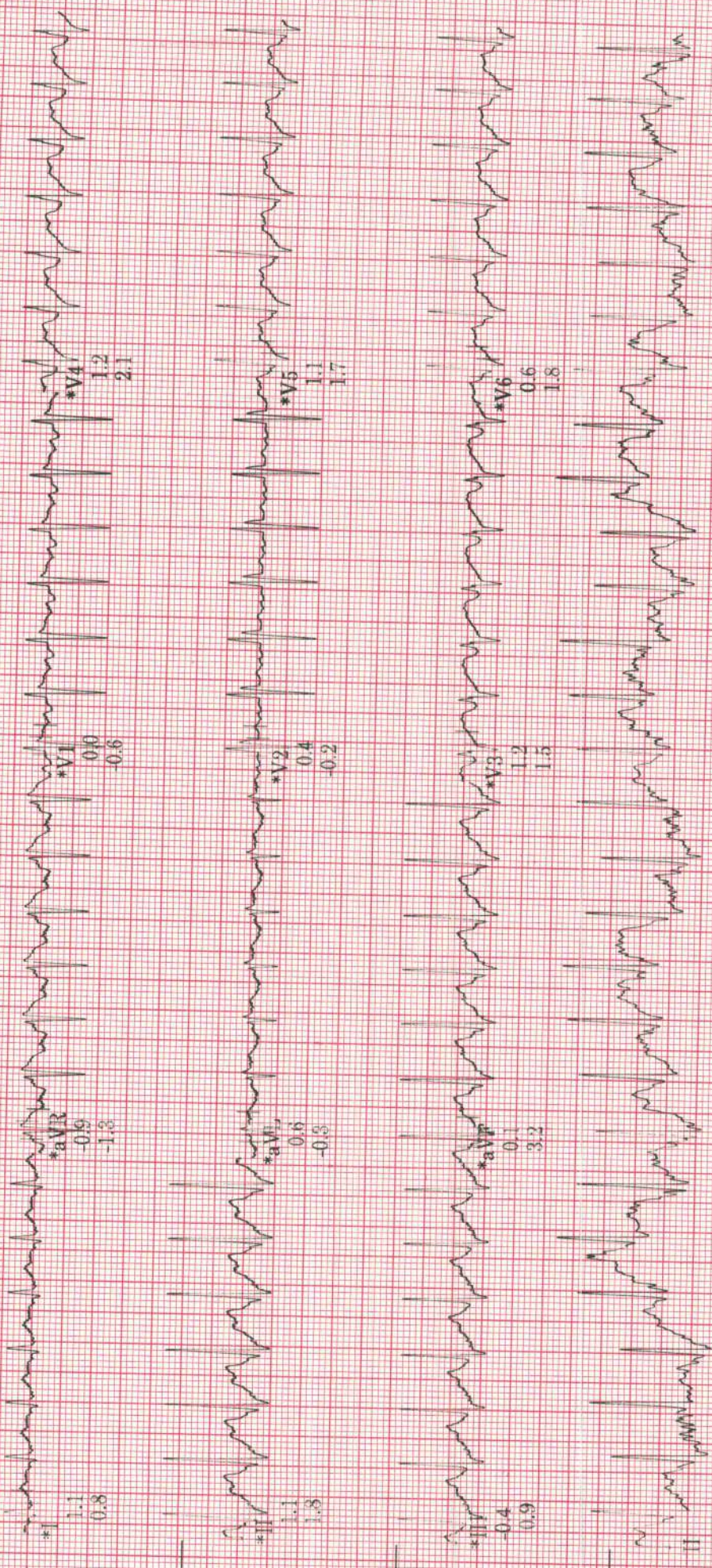
BRUCE

3.4mph

14.0%

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

ID: s139922

Visit:

22-Jul-2023

10:41:58

96bpm

BP: 130/80

ST @ 10mm/mV

80ms postJ

RECOVERY
RECOVERY

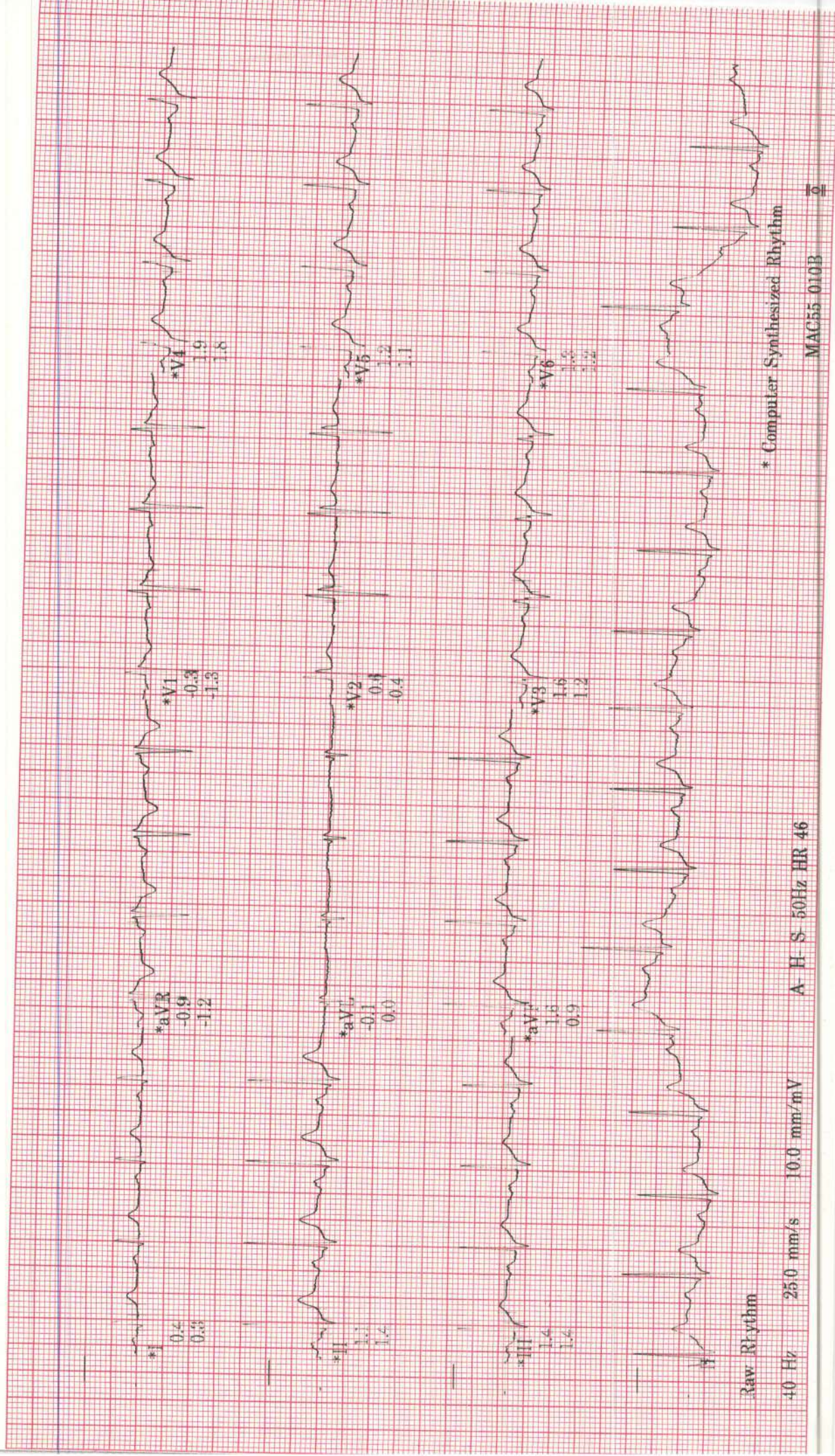
2:00

BRUCE

** *mph

** *%

Lead
ST(mm)
Slope(mV/s)



ID: s139922

Visit:

22-Jul-2023

10:43:58

80bpm

BP: 126/74

ST @ 10mm/mV

80ms postJ

RECOVERY
RECOVERY

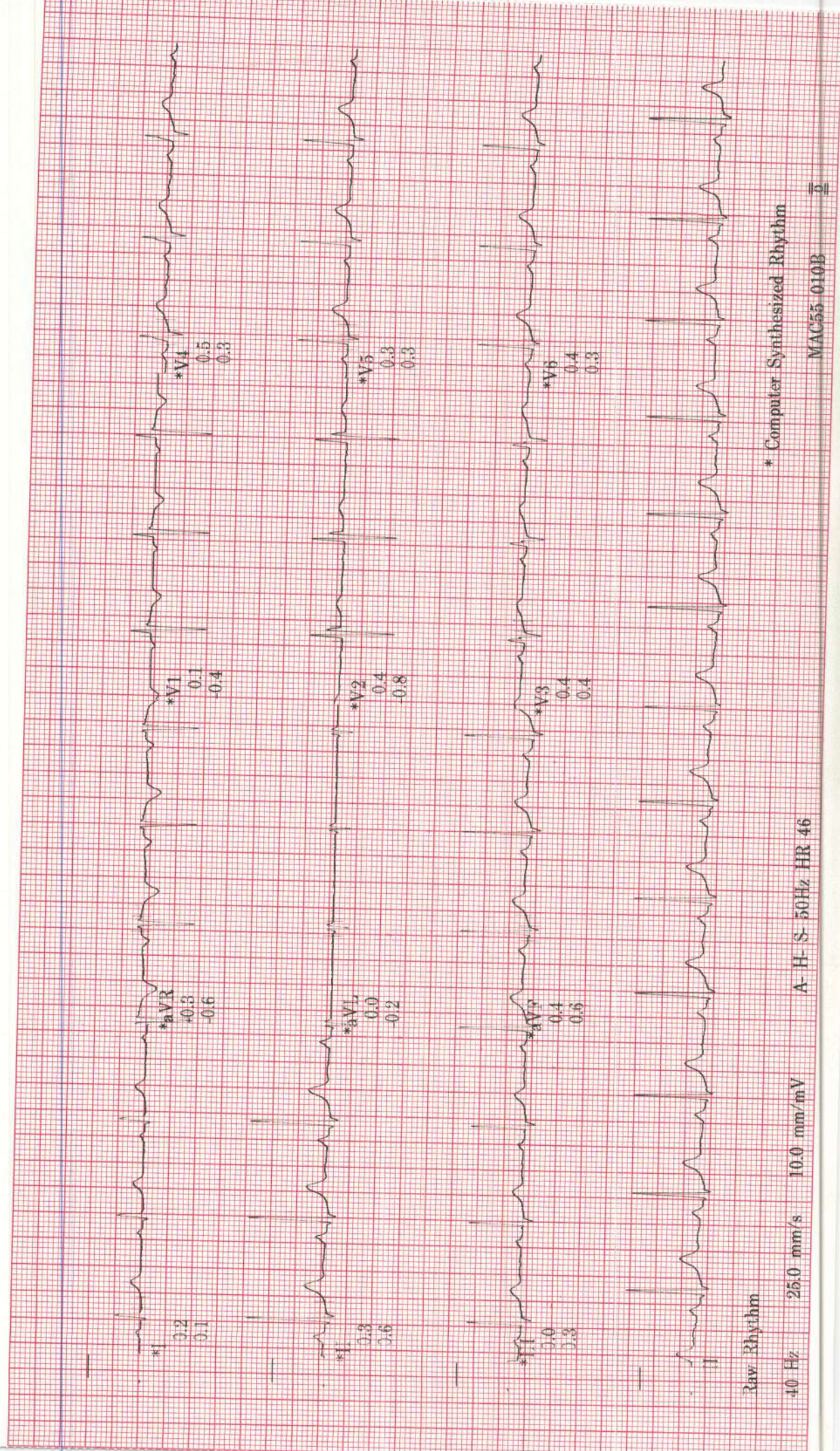
4:00

BRUCE

** *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

* Computer Synthesized Rhythm

MAC55 010B

ID: s139922

V: sit

22-Jul-2023

10:29:17

23 years

Caucasian

Female

Referred by:

Test end:

BRUCE

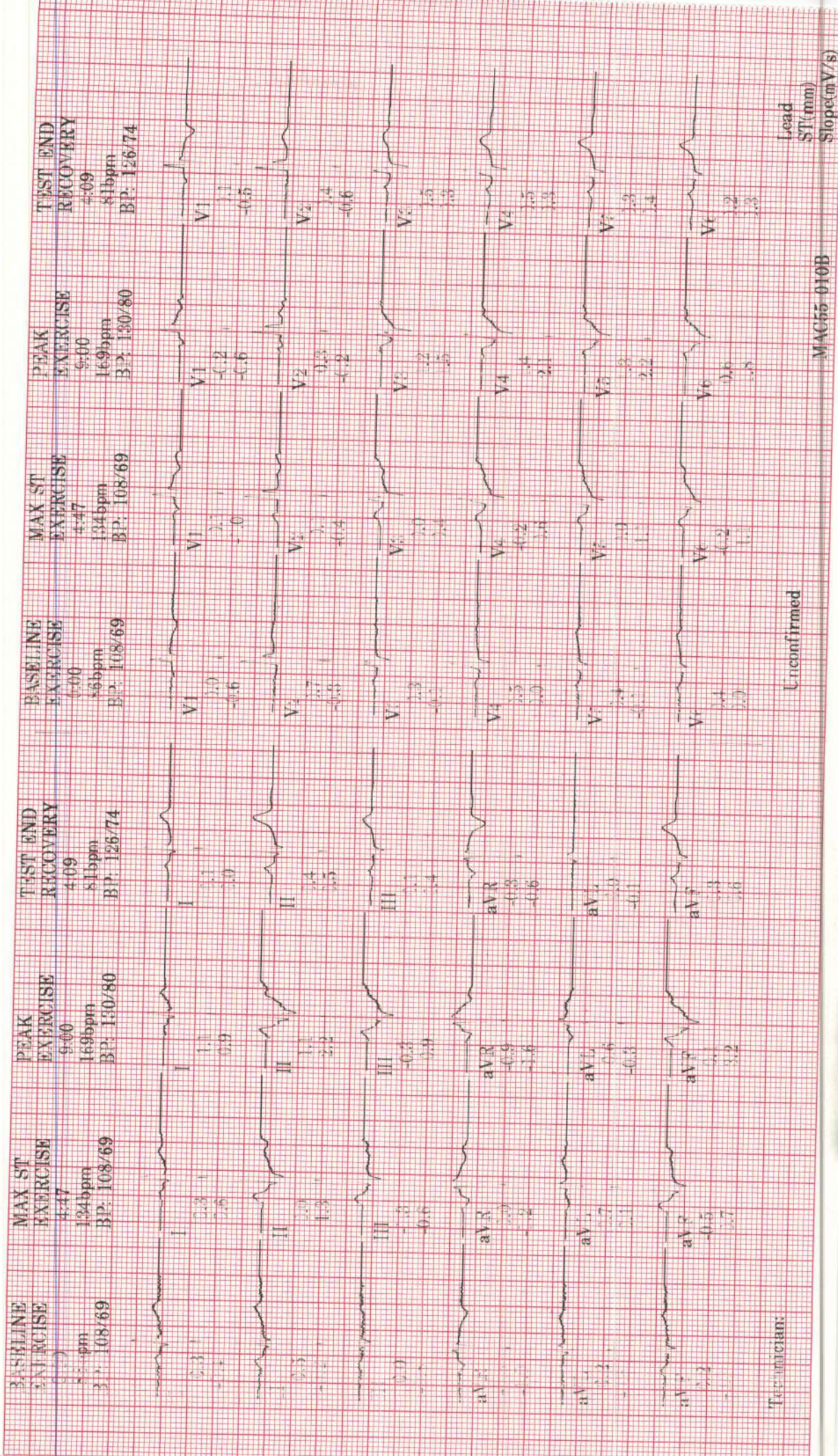
Total Exercise time: 9:00

Max HR: 169bpm 88% of max predicted 192bpm

Max EP: 130/80
Maximum workload: 10.1 METS

Reason for Termination:

Comments:



Technician:

Unconfirmed

MAC55-010B

Lead ST (mm) Slope (mV/s)

ID: s139922

Visit:

22-Jul-2023

10:29:17

28years

Caucasian

Female

BRUCE

Total Exercise time: 9:00

Max HR: 169bpm 88% of max predicted 192bpm

Max BP: 130/80

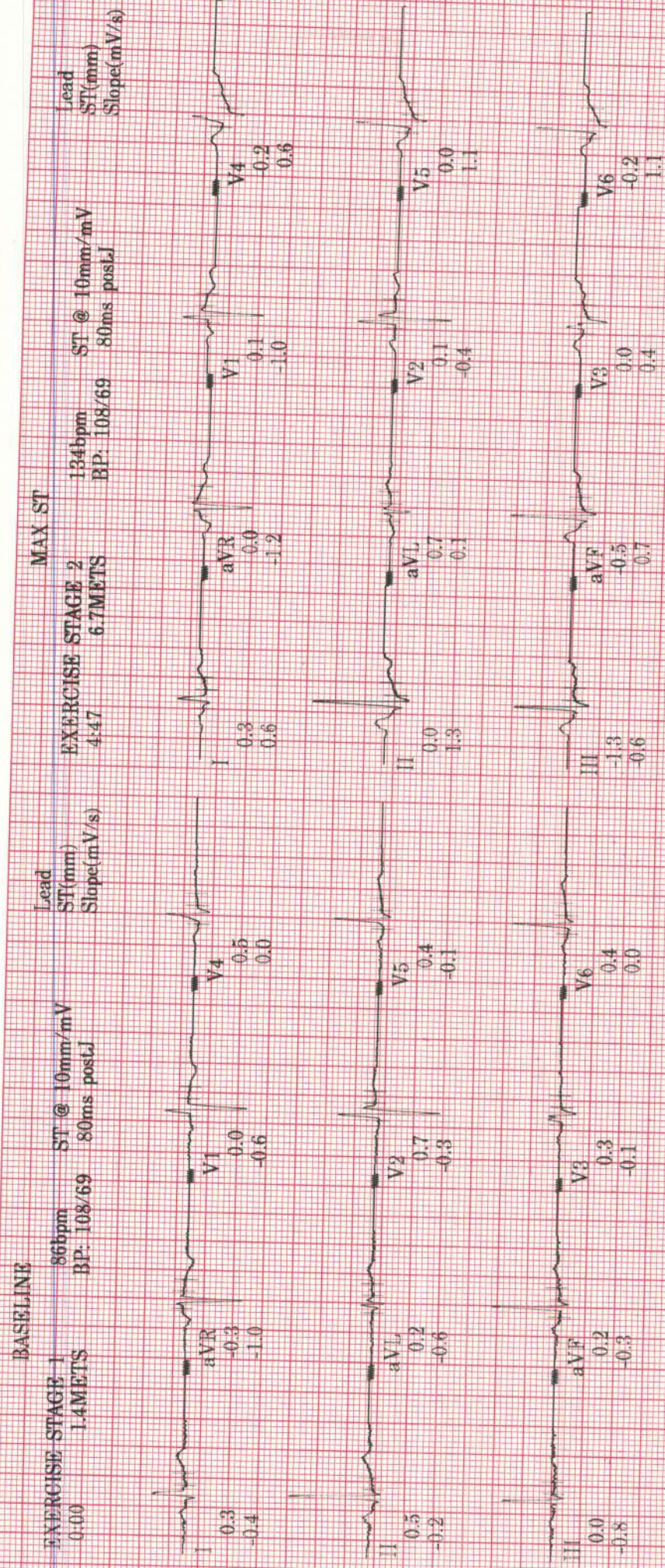
Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

Reason for Termination:

Comments:

Referred by:
Test ind:



Technician:

Unconfirmed

MAC55 010B

ID: S159922

22-Jul-2023
10:29:17

PRETEST
SUPINE
1:11
71bpm
BP: 108/69
1.0METS

EXERCISE
STAGE 1
0:00
86bpm
BP: 108/69
1.4METS
BASELINE

EXERCISE
STAGE 1
1:00
114bpm
BP: 108/69
3.0METS

EXERCISE
STAGE 1
2:00
119bpm
BP: 108/69
4.6METS

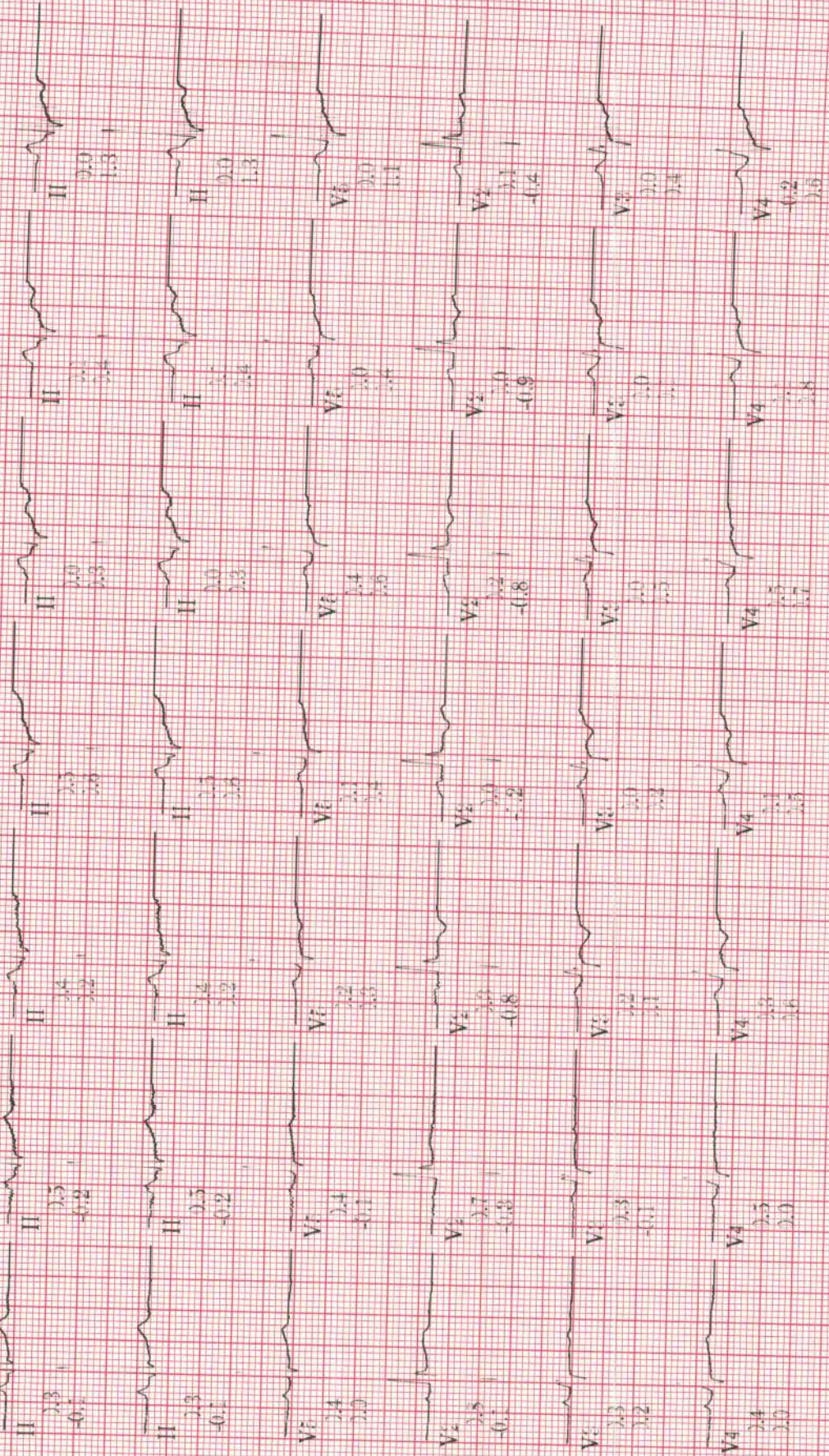
EXERCISE
STAGE 1
3:00
118bpm
4.6METS

EXERCISE
STAGE 2
4:00
127bpm
BP: 108/69
5.8METS

EXERCISE
STAGE 2
4:47
134bpm
BP: 108/69
6.7METS
MAX ST

BRUCE

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



Lead
ST(mm)
Slopes(mV/s)

MAC55 010B

Dr. Stojanovic

22-Jul-2023
10:29:17

EXERCISE STAGE 2
5:00
135bpm
BP: 108/69
7.0METS

EXERCISE STAGE 2
6:00
145bpm
BP: 120/70
7.0METS

EXERCISE STAGE 3
7:00
161bpm
BP: 130/80
8.5METS

EXERCISE STAGE 3
8:00
169bpm
BP: 130/80
10.1METS

EXERCISE STAGE 3
9:00
169bpm
BP: 130/80
10.1METS

RECOVERY
1:00
123bpm
5.6METS

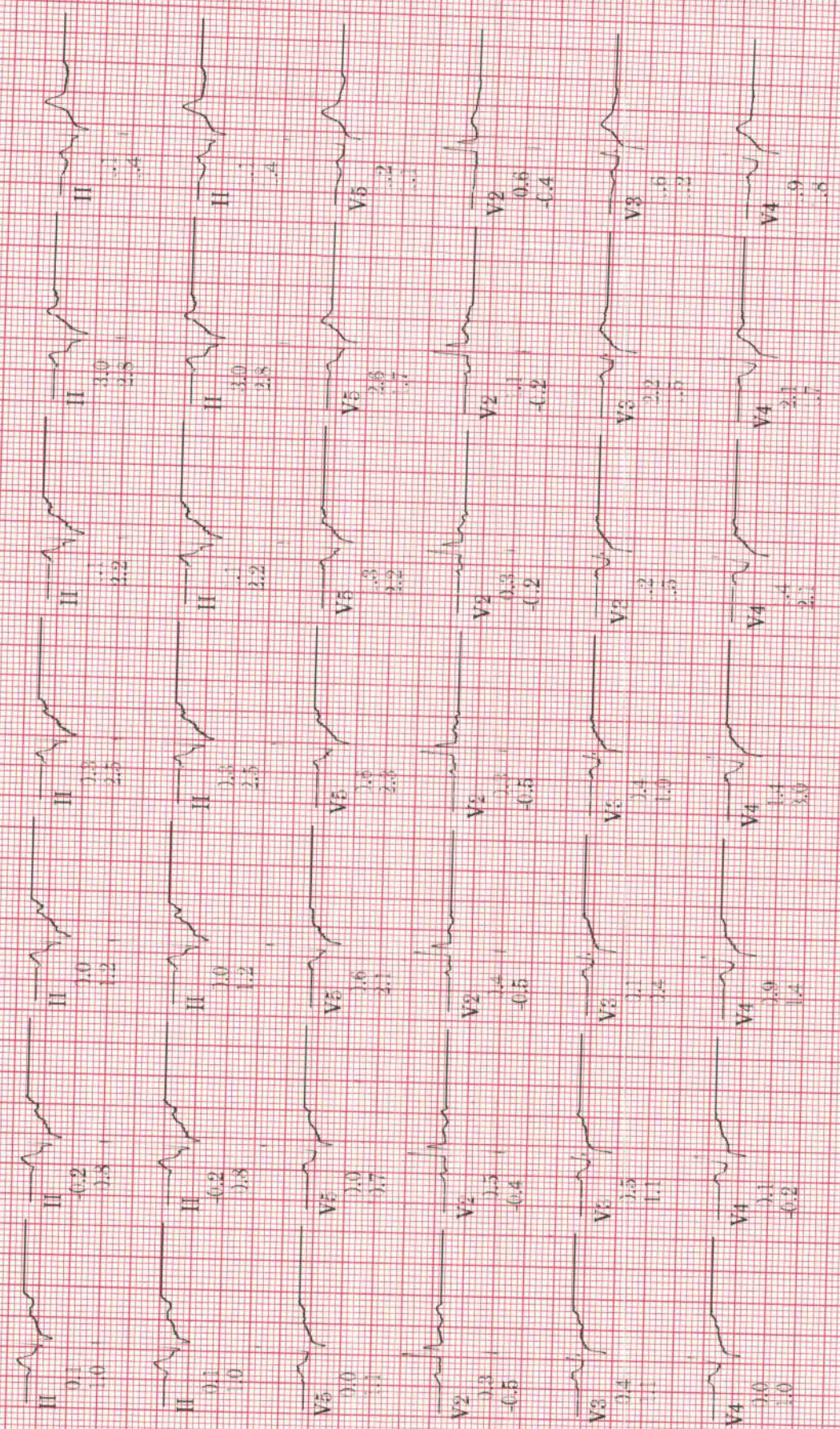
RECOVERY
2:00
96bpm
BP: 130/80
1.0METS

Visit:

BRUCE

ST @ 10mm/mV
80ms postJ

25.0 mm/s
10.0 mm/mV
100hz



Lead
ST (mm)
Slope (mV/s)

MAC55 010B

ID: s139922
Visit:

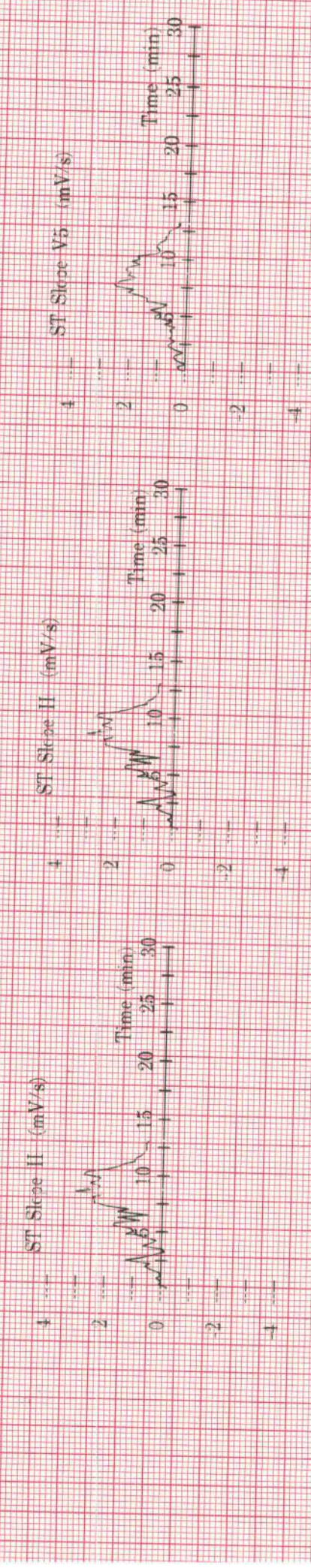
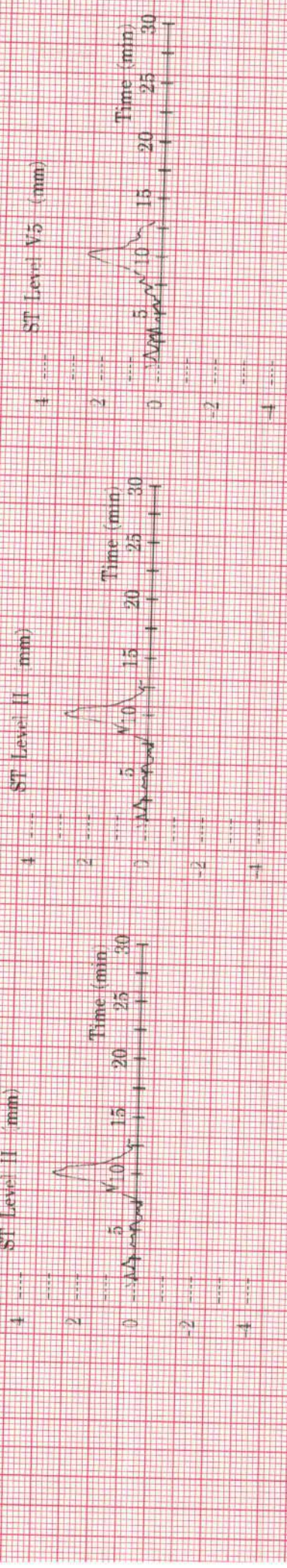
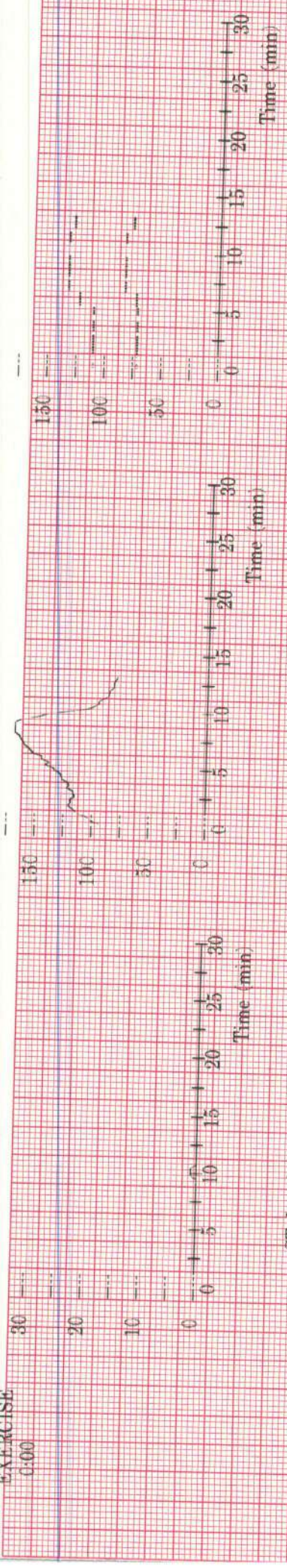
22-Jul-2023
10:29:17

BRUCE

Heart Rate (bpm) 250 ---
BP (mmHg) 250 ---
200 ---
150 ---

PVC's/r 250 ---
200 ---
150 ---

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



DOB: 28yr, FEMALE

281F

SINUS RHYTHM
NORMAL ECG

Reviewed by -----

Vent rate: 72 BPM
 PR int: 157 ms
 QRS dur: 86 ms
 QT/QTc: 372/397 ms
 P-R-T axes: 44 60 30

