



# OPD ASSESSMENT FORM



Name MR. Mahammed fusion Age.Sex 37 M MR.No. SHS 198

Doctor Dr. Hardik shroff Date 11/11/13

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

no complaint

Drug / Food Allergy : HAU DM 21B

Prior Medication Reviewed : Yes  No

On examination :

BE - Ant-seg MAD

Past History :

MC 9-6 NCB ST R-0.5-ly  
L-0-5-6-ly

Provisional Diagnosis :

Fundic Central BE-MAD

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

BE Low Myopia

Rx

Investigation advised :

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

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



# OPD ASSESSMENT FORM



Name Mr. Muhammed Haseem Khan <sup>Partham</sup> Age.Sex 37/M MR.No. 5145798  
 Doctor Shailaja Desai Date 11/11/23  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

Routine Dental checkup

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

As stain

**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) Sealing

U.P. Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital Surat

Signature

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



# OPD ASSESSMENT FORM



Name Mr Muhammed yasin Khan Patelcham Age.Sex 37/M MR.No. 5145798  
 Doctor Dr Krunal Gajjar Date 11-11-23  
 Ht : 170 cm Wt. : 107.2 kg Temp : \_\_\_\_\_ Pulse : 82 bpm BP : 123/85  
 SPO2 : 98 % Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

pt for Health check-up.

**Drug / Food Allergy :**

NO.

Prior Medication Reviewed : Yes  No

**On examination :**

Rx } NAD  
CVS }

**Past History :**

KIDNEY DM. + HTN.

**Provisional Diagnosis :**

**Nutritional Assessment :**

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

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

**Rx**

→ wt Reduction.

→ cont. Same.

**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 \_\_\_\_\_



S 145798



### ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Muhammed Hashim. pathan Date : 11/11/2023 11:50

Sex : m Age : 37 Ref. by Dr. : medicoechoc Done by Dr. Saravendran 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 REMA

MITRAL VALVE :

| (n)

AORTIC VALVE

PULMONARY VALVE :

| (n)

TRICUSPID VALVE

PAH :

| (n)

PASP :

RA :

LA :

RV :

| (n)

IVC :

IAS :

| normal

IVS :

IVS (s)	cm	LV(s)	cm	PW (s)	cm	LVEF =	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =	%

CONCLUSION :

no regurgitation

✓



<b>PAT. NAME :</b> Mahammed Yasin Khan Pathan	<b>Date :</b> 11/11/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 37 Yrs / M
<b>INV. :</b> USG Abdomen & Pelvis	<b>MR NO. :</b> S145798

**Findings:**

Liver is enlarge in size (17.0 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 is not visualized , obscured by bowel gas.  
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:**

- Hepatomegaly with grade II fatty liver.

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




<b>PAT. NAME:</b> Muhammed Yasin Khan Pathan	<b>Date :</b> 11/11/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 37 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S145798

**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: 11/11/2023 – 11:25 AM

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Manjalpur, Vadodara - 390 011.

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MR No. : S145798  
 Patient Name : Mr. Muhammed Yasinkhan Pathan  
 Ref By : Dr. Hospital A Doctor  
 Collection Date : 11/11/2023 9:28AM  
 Age : 37 Y Sex : Male  
 Report Date : 11/11/2023 11:01AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	11.7	gm/dl	13.0 - 17.0
PCV	38.0	%	40 - 50
RBC COUNT	4.98	mill/cmm	4.5 - 5.5
MCV	76.3	fl	76 - 96
MCH	23.5	pg	26 - 32
MCHC	30.8	%	32 - 36
RDW	14.6	%	11 - 15
PLATELET COUNT	5.35	lacs/cmm	1.5 - 4.5
WBC COUNT	10100	/cmm	4000 - 11000
ESR	14	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	52	%	40 - 70
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	07	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
WBC MORPHOLOGY	Eosinophilia		
PLATELET ON SMEAR	Increased		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

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

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

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<b>MR No.</b> : S145798	<b>Collection Date</b> : 11/11/2023 9:28AM
<b>Patient Name</b> : Mr. Muhammed Yasinkhan Pathan	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:56AM

**HAEMATOLOGY**

Parameter	Result	Normal Range
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"B"	
RH FACTOR	Negative	

**BIOCHEMISTRY**

<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	174	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

**CLINICAL CHEMISTRY**

<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.37	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	8.72	ug/dl	5.1 - 14.0
TSH (CLIA)	1.63	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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<b>MR No.</b> : S145798	<b>Collection Date</b> : 11/11/2023 9:28AM
<b>Patient Name</b> : Mr. Muhammed Yasinkhan Pathan	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:57AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	7.0	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	154.2	mg/dl	

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

Note:- Criteria for the diagnosis of diabetes HbA1c >/=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 pas 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 therefor 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.

**SERUM URIC ACID**

SERUM URIC ACID (Uricase)	7.3	mg/dl	3.4 - 7.0
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\*\*\*\*\* End Report \*\*\*\*\*

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<b>Patient Name</b> : Mr. Muhammed Yasinkhan Pathan	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:57AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	188	mg/dl	50 - 200
HDL CHOLESTEROL Direct	31	mg/dl	40 - 60
LDL CHOLESTEROL Direct	118.8	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	187	mg/dl	50 - 150
VLDL Calc	37.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	6.06		0 - 5
LDL / HDL RATIO	3.83		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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<b>MR No.</b> : S145798	<b>Collection Date</b> : 11/11/2023 9:28AM
<b>Patient Name</b> : Mr. Muhammed Yasinkhan Pathan	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:59AM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	111	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)	30	U/L	5 - 41
SGOT (IFCC)	27	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.9	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.5	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.96	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	12.0	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	8.0	mg/L	
URINE CREATININE (JAFPE)	233.1	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	3.43	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> : S145798	<b>Collection Date</b> : 11/11/2023 9:28AM
<b>Patient Name</b> : Mr. Muhammed Yasinkhan Pathan	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 11:01AM

**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	20	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.010	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	4-5	/hpf
EPITHELIAL CELLS	2-3	/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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DOB:   
 yr, MALE

*Mr. Muhammad.  
Yasin Khan  
Puthan.*

Vent rate: 74 BPM  
PR int: 161 ms  
QRS dur: 86 ms  
QT/QTc: 346/374 ms  
P-R-T axes: 70 13 -3

SINUS RHYTHM  
MINIMAL VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT  
NONSPECIFIC T-WAVE ABNORMALITY  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

