



# OPD ASSESSMENT FORM



Name Mr. Chandrakant Babadi Age. Sex \_\_\_\_\_ MR.No. S137434

Doctor Dr. Shailaja Desai Date 27/05/23

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

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

**Chief Complaints :**

- Routine dental check

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

- As 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. r. Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon **Signature**

Sunshine Global Hospital, 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. Chandrakanta Bapujee Age.Sex 31/M MR.No. 5137204

Doctor Dr. Krunal Gajjar Date 27/05/23

Ht : 172cm Wt. : 85.2kg Temp : \_\_\_\_\_ Pulse : 70 bpm BP : 106/65 mm/Hg

SPO2 : 97% Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

40 constipation.

40 Dyspepsia.

**Drug / Food Allergy :**

NO

Prior Medication Reviewed : Yes  No

**On examination :**

As: soft

**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 :**

→ plenty of oral fluids

→ T. Pnucase (2 mg) 1-0-0.  
ABF

→ loose fiber 2 scoop = water

Hs.

→ Syp. Lactihep 20 ml Hs SOS

} x (01) month.

*[Signature]*

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

CONSULTANT PHYSICIAN

Reg. No. G-20422

SUNSHINE GLOBAL HOSPITAL  
SURAT.

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



<b>MR No.</b> : S137434	<b>Collection Date</b> : 27/05/2023 9:19AM
<b>Patient Name</b> : Mr. Barada Chandraketu Bapujee	<b>Age</b> : 31 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:47AM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>CBC with ESR</b>			
HAEMOGLOBIN	15.4	gm/dl	13.0 - 17.0
PCV	48.2	%	40 - 50
RBC COUNT	5.39	mill/cmm	4.5 - 5.5
MCV	89.4	fl	76 - 96
MCH	28.6	pg	26 - 32
MCHC	32.0	%	32 - 36
RDW	12.7	%	11 - 15
PLATELET COUNT	1.52	lacs/cmm	1.5 - 4.5
WBC COUNT	6530	/cmm	4000 - 11000
ESR	04	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	58	%	40 - 70
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
	Normocytic		
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

**Surat:**  
27/05/2023 11:47AM  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
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T: +91 265 3300400, 2633200, 2632044  
F: +91 265 2632400

**Vadodara :**  
Tilak Road  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:48AM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	102	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE .	Absent		

**CLINICAL CHEMISTRY**

**THYROID FUNCTION TEST [TFT]**

TOTAL T3 (CLIA)	1.09	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.86	ug/dl	5.1 - 14.0
TSH (CLIA)	2.47	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.

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:49AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	<b>105.41</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 glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemc 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.

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

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

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

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Patient Name : Mr. Barada Chandraketu Bapujee	Age : 31 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/05/2023 11:50AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	118	U/L	35 - 130
BILIRUBIN TOTAL Diazo	1.6	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.5	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	1.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	26	U/L	5 - 41
SGOT (IFCC)	15	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.3	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.17	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFEE)	0.7	mg/dl	0.5 - 1.2
<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	6.6	mg/dl	3.4 - 7.0
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	9.1	mg/dl	8 - 23

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

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

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:49AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	167	mg/dl	50 - 200
HDL CHOLESTEROL Direct	37	mg/dl	40 - 60
LDL CHOLESTEROL Direct	97	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	209	mg/dl	50 - 150
VLDL Calc	41.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.51		0 - 5
LDL / HDL RATIO	2.62		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. : S137434	Collection Date : 27/05/2023 9:19AM
Patient Name : Mr. Barada Chandraketu Bapujee	Age : 31 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/05/2023 11:51AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.0	mg/L	
URINE CREATININE (JAFPE)	118.6	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	4.21	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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

Reg. No.: G-9074

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<b>Patient Name</b> : Mr. Barada Chandraketu Bapujee	<b>Age</b> : 31 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:52AM

**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	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.015	
<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	1-2	/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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<b>Patient Name</b> : Mr. Barada Chandraketu Bapujee	<b>Age</b> : 31 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/05/2023 11:53AM

**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<b>STOOL R/M</b>		
SPECIMEN	STOOL	
<b>PHYSICAL EXAMINATION</b>		
COLOUR	Brownish	
CONSISTENCY	Solid	
MUCUS	Absent	
BLOOD	Absent	
<b>Chemical Examination</b>		
REACTION (pH)	Acidic	
OCCULT BLOOD	Absent	
REDUCING SUBSTANCE	Absent	
<b>Microscopic examination</b>		
PUS CELLS	1-2	/hpf
RBC	1-2	/hpf
MACROPHAGES	Absent	
OVA	Absent	
CYSTS	Absent	
TROPHOZOITES	Absent	
FAT	Absent	
LARVAE	Absent	
VEGETABLE CELLS	Present(+)	

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

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# OPD ASSESSMENT FORM



Name Mr. Chandraketa Barua Age.Sex 31/M MR.No. 5137434

Doctor Dr. Hardik Shroff Date 27/05/2023

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

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

**Chief Complaints :**

No complaint  
HIO LARIC

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

BE - Ant-Seq MAD  
IN (G6P) NIB

**Past History :**

**Provisional Diagnosis :**

Fundi (Central) BE MAD  
Nit ophthalmic

**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)

Regd. No. G-28002

**SUNSHINE GLOBAL HOSPITAL**  
Piplod, SURAT.

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

ID: s137434

Visit:

27-May-2023

11:48:40

31years

Caucasian

Male

BRUCE

Max HR: 164bpm 86% of max predicted 189bpm

Max BP: 140/78

Reason for Termination:

Comments:

Tc Exercise time: 10:09

Maximum workload: 12.2METS

Referred by:

Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	Bp (mmHg)	RPP (x100)
PRETEST	SUPINE	1:27	0.6	0.0	1.2	77	106/65	82
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	103	106/65	109
	STAGE 2	3:00	2.5	12.0	7.0	121	106/65	128
	STAGE 3	3:00	3.5	14.0	10.4	145	120/80	174
	STAGE 4	1:09	4.3	16.0	12.2	164	130/80	213
RECOVERY	RECOVERY	4:01	**.*	**.*	1.0	83	130/74	106

Technician:

Unconfirmed

MAC55 010B

JUPITER

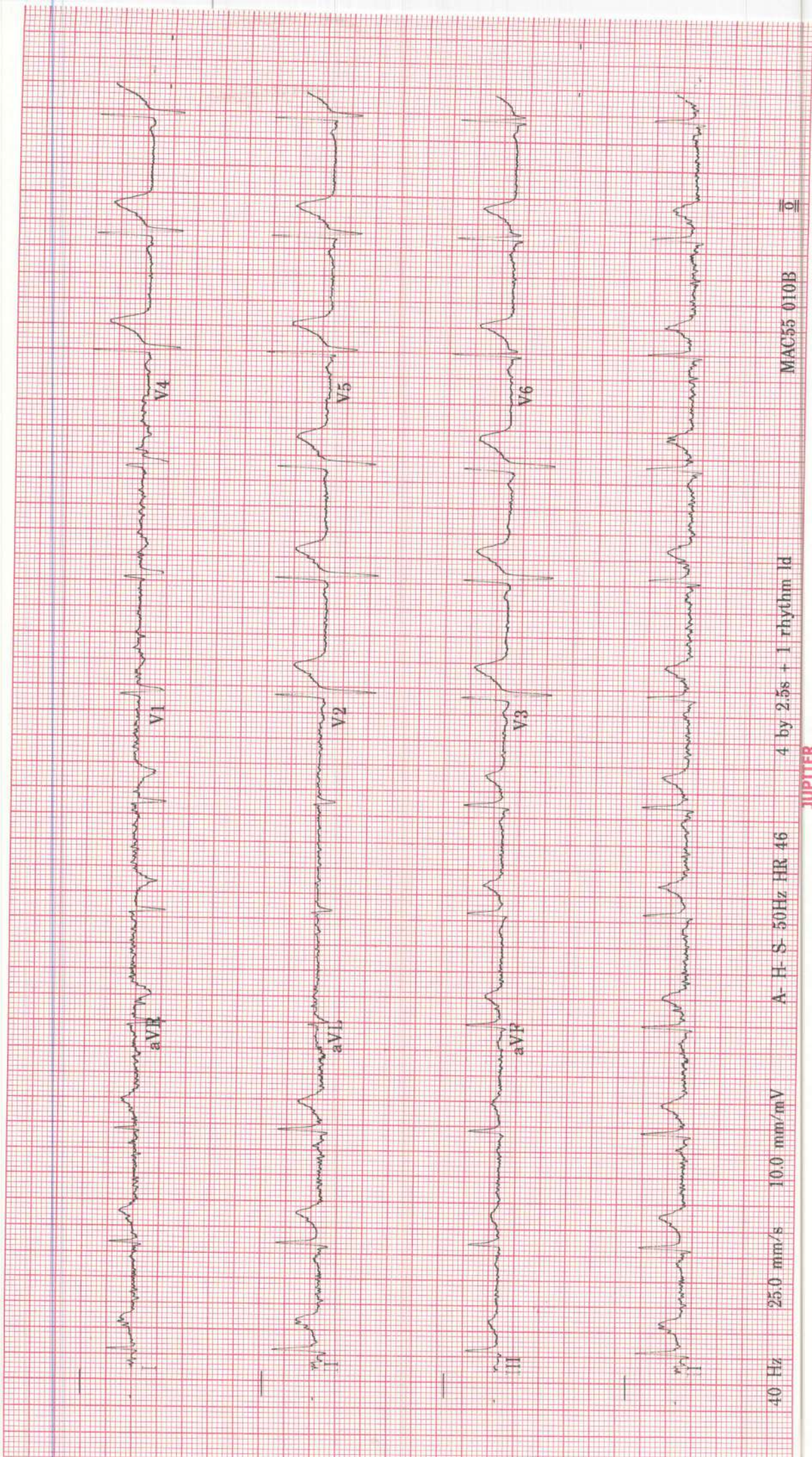
ID: s137434  
Visit:

27-May-2023  
11:49:28

70bpm  
BP: 106/65

PRETEST  
SUPINE  
0:48

BRUCE  
\*\*.\*mph  
\*\*.\*%



ID: s137434

Visit:

27-May-2023

11:53:07

EXERCISE

STAGE 1

3:00

103bpm

BP: 106/65

ST @ 10mm/mV

80ms postJ

BRUCE

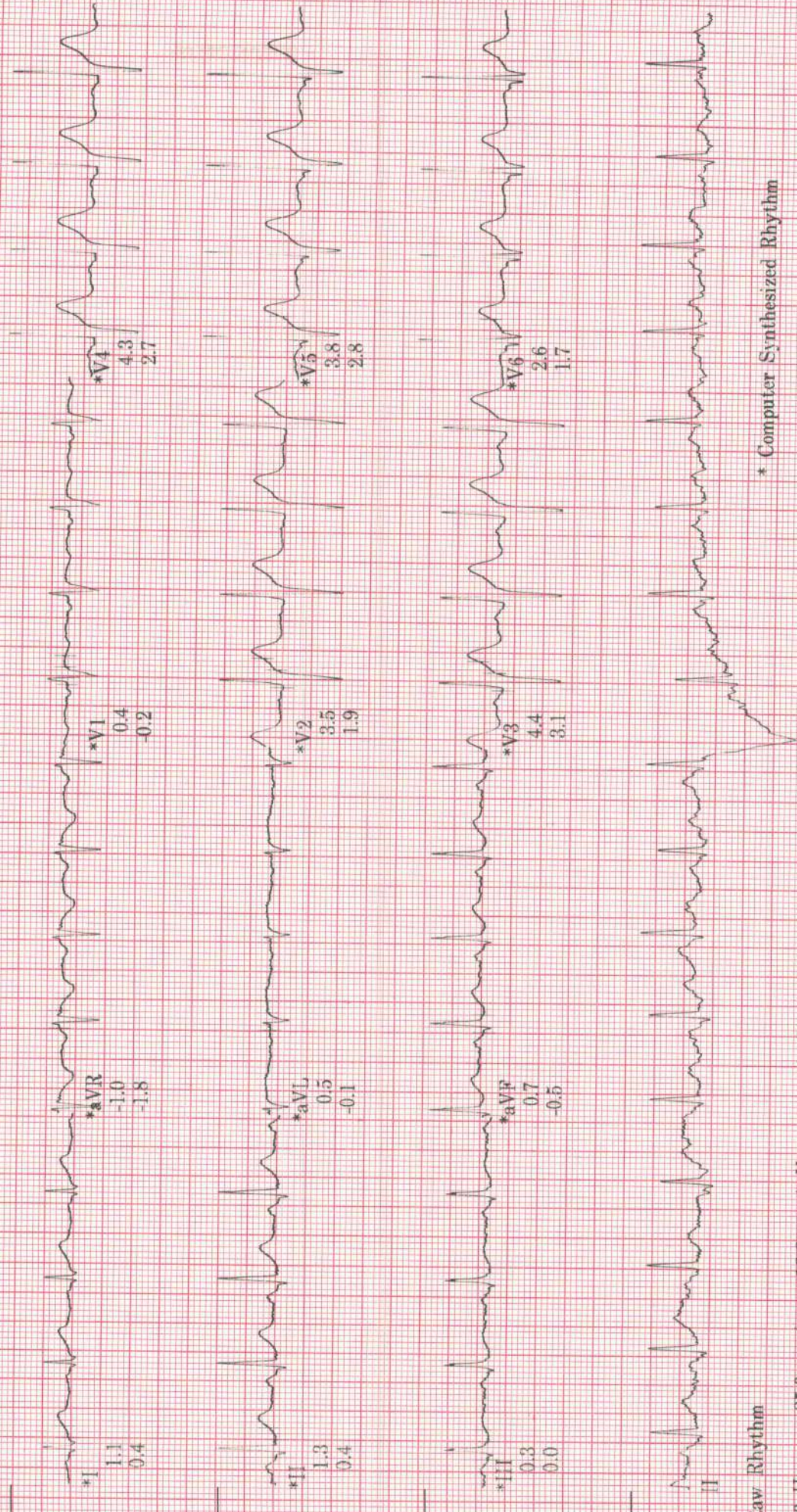
1.7mph

10.0%

Lead

ST(mm)

Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010B

0

\* Computer Synthesized Rhythm

JUPITER

ID: s137434

Visit:

27-May-2023

11:56:07

121bpm

BP: 106/65

ST @ 10mm/mV

80ms postJ

EXERCISE

STAGE 2

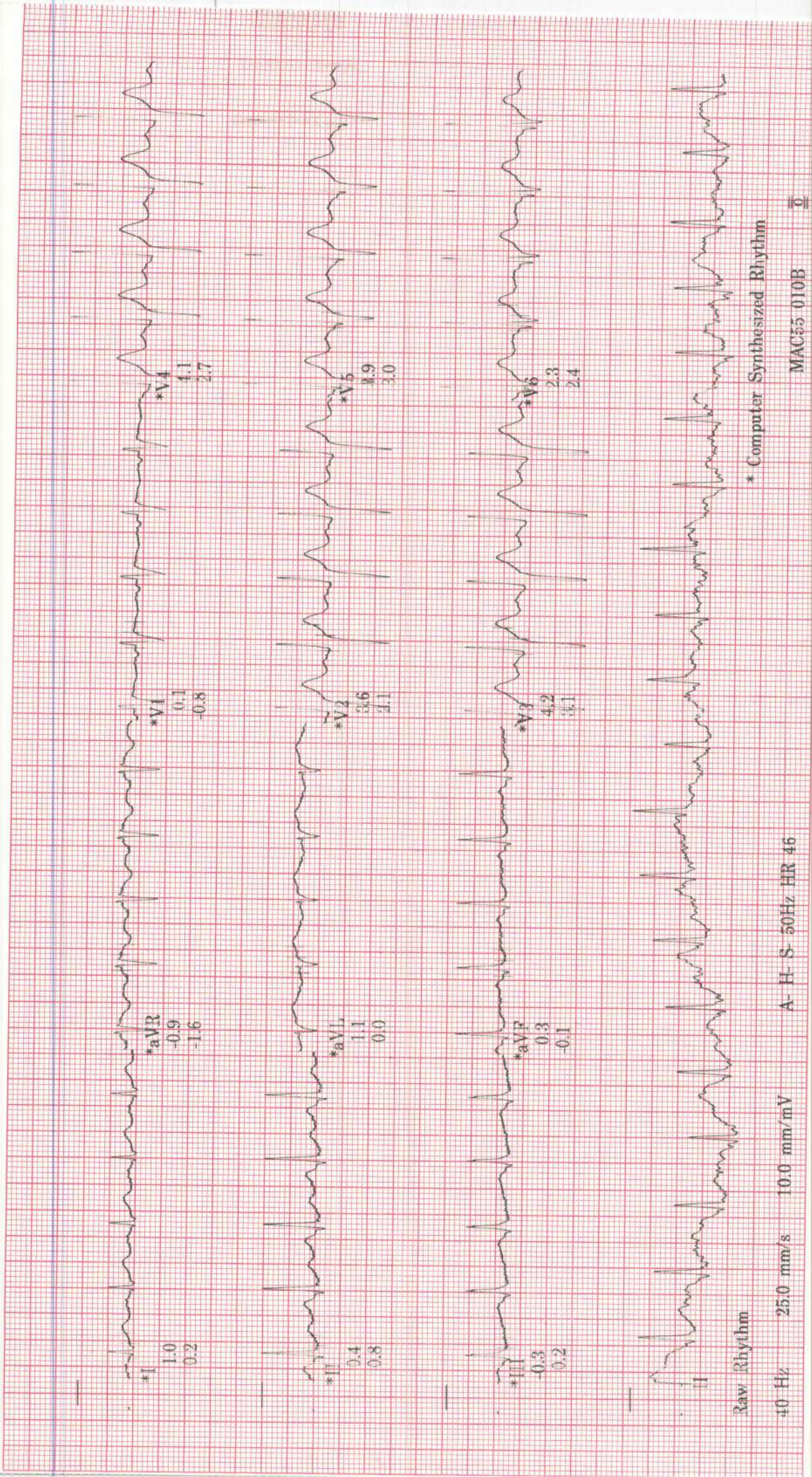
6:00

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

II

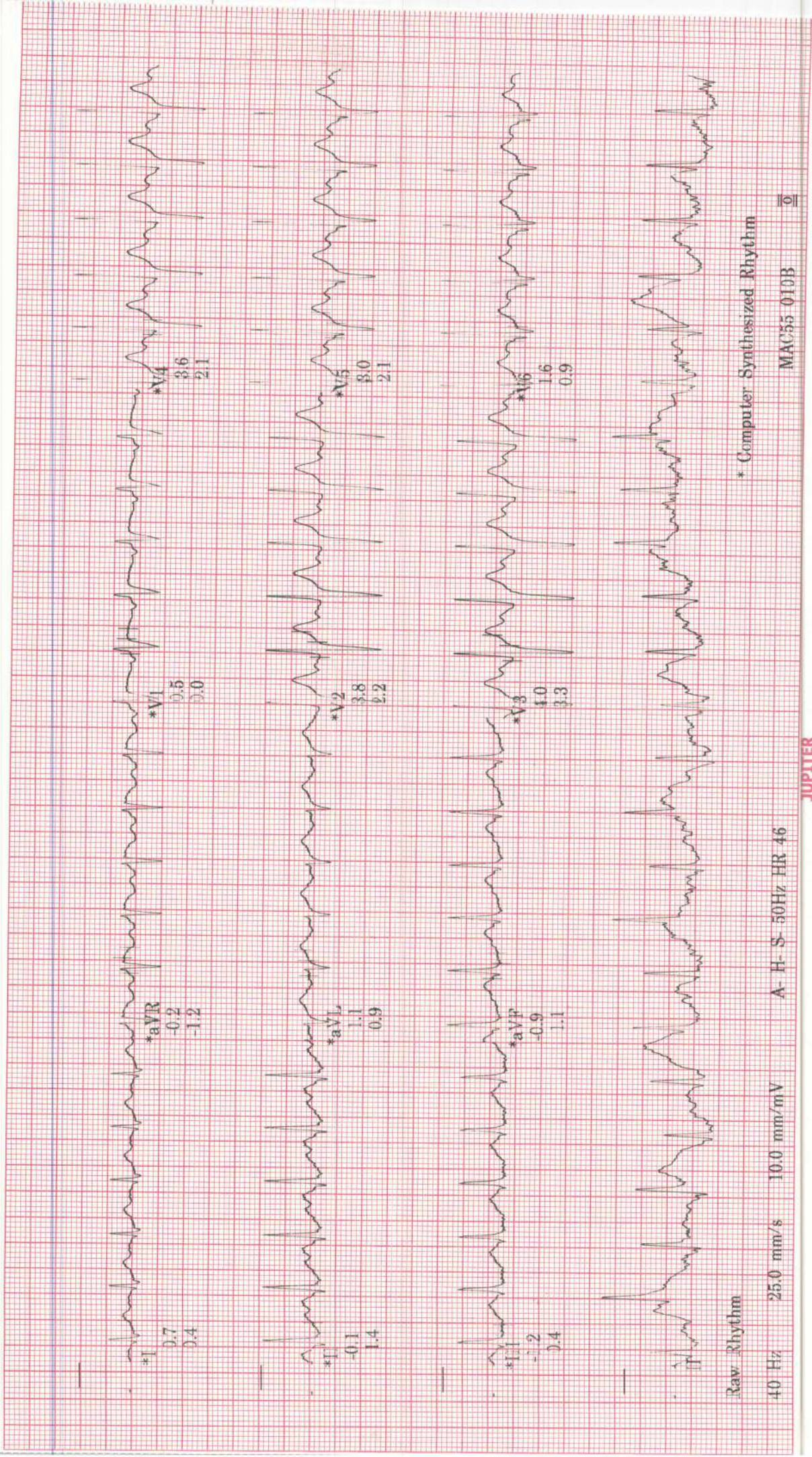
JUPITER

ID: s137434  
Visit:  
27-May-2023  
11:59:07

EXERCISE  
STAGE 3  
9:00  
BRUCE  
3.5mph  
14.0%

145bpm  
BP: 120/80  
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  
JUPITER

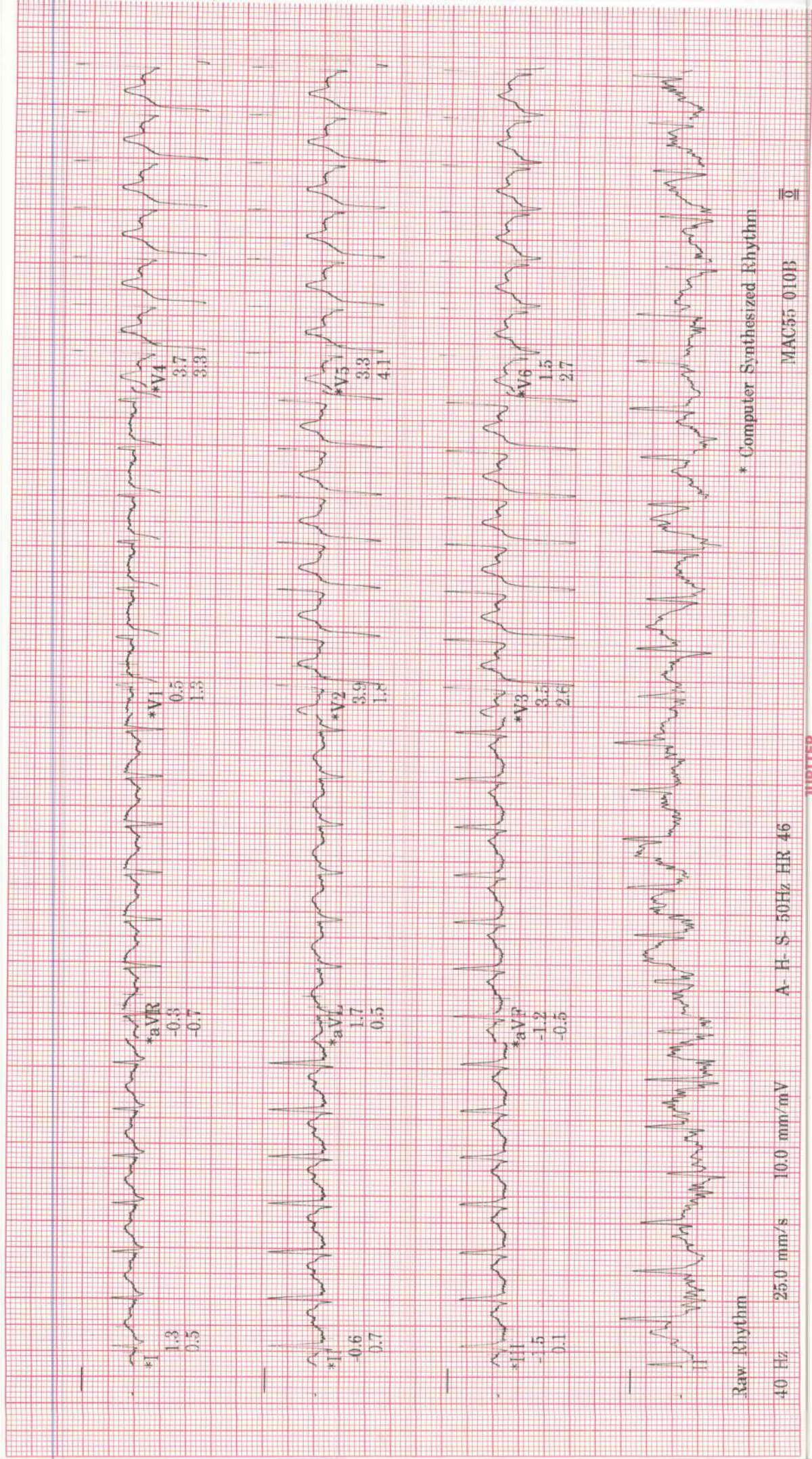


ID: s137434  
Vistt.  
27-May-2023  
12:00:17

EXERCISE  
STAGE 4  
10:09  
BRUCE  
4.2mph  
16.0%

164bpm  
BP: 130/80  
ST @ 10mm/mV  
80ms postJ

Lead  
ST (mm)  
Slope (mV/s)



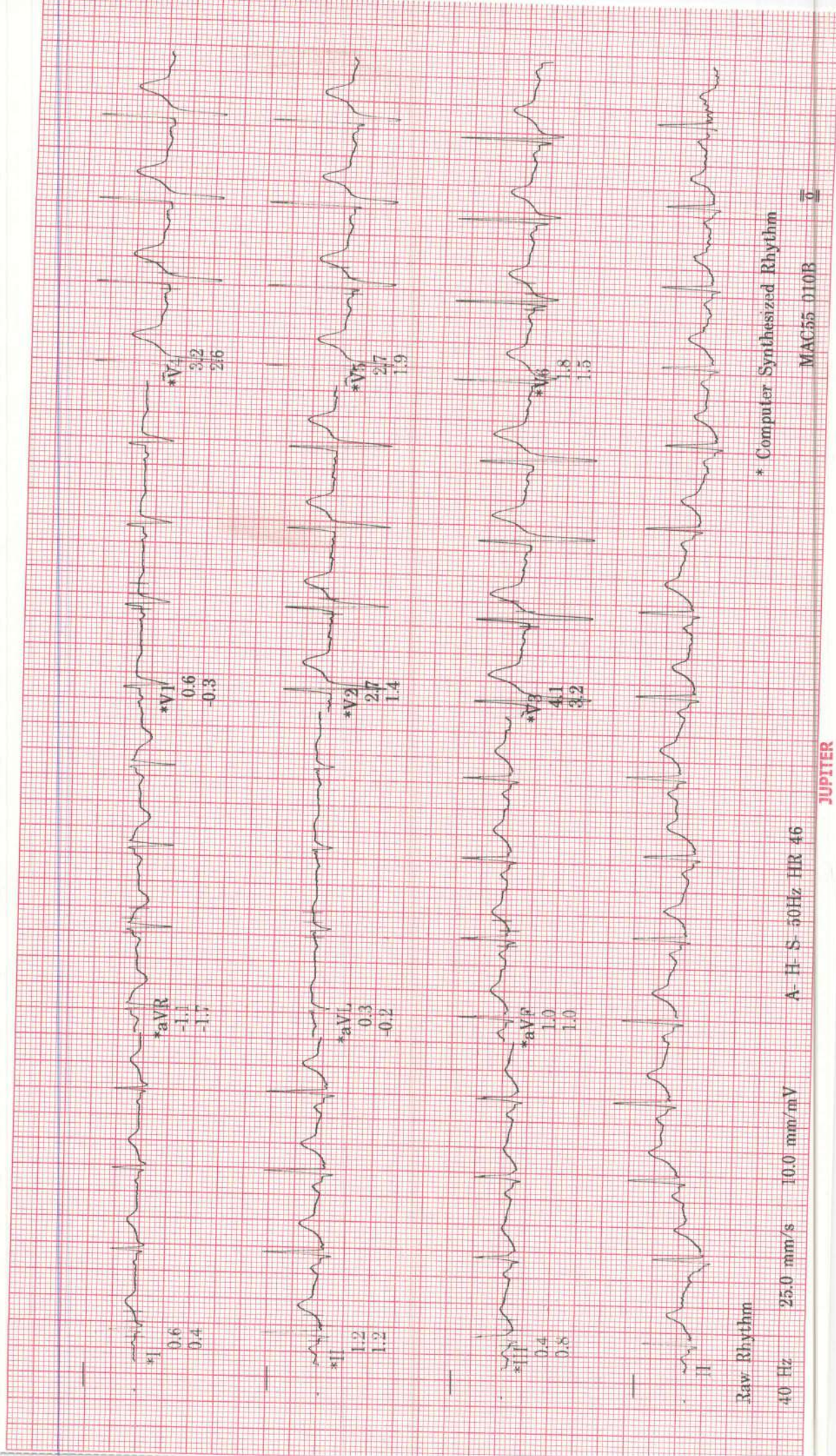
ID: s137434  
Visit:  
27-May-2023  
12:02:16

RECOVERY  
RECOVERY  
2:00  
97bpm  
BP: 140/78

BRUCE  
\*\* \*mph  
\*\* \*%

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms post J



ID: s137434

Visit:

27-May-2023

12:04:16

83bpm

BP: 130/74

ST @ 10mm/mV

80ms postL

RECOVERY  
RECOVERY

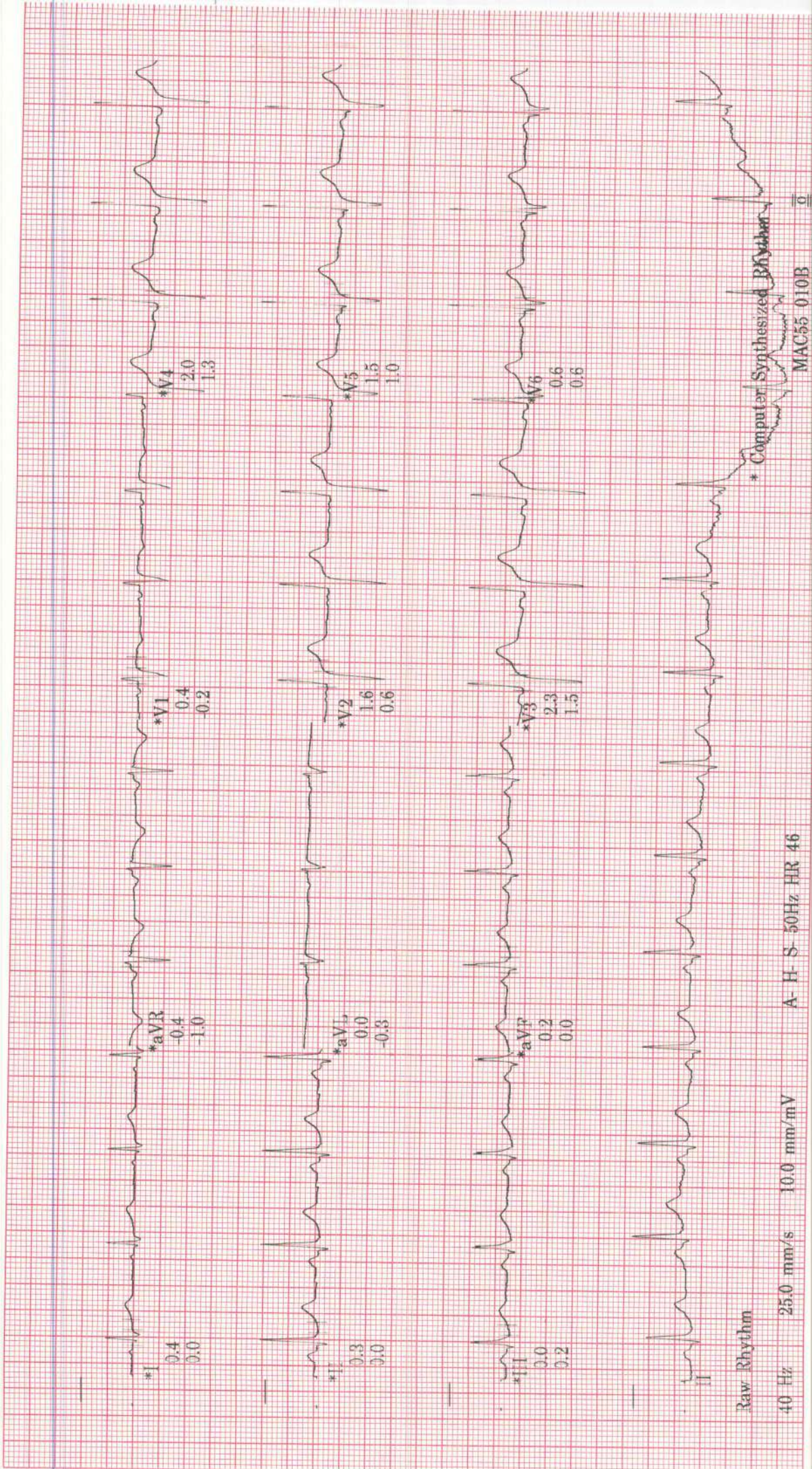
4:00

BRUCE

\*\*.\*mph

\*\*.\*%

Lead  
ST(mm)  
Slope(mV/s)



ID: s137434

Visit:

27-May-2023

11:48:40

31years

Caucasian

Male

Referred by:

Test ind:

BRUCE

Exercise time: 10:09

Max HR: 164bpm 86% of max predicted 189bpm

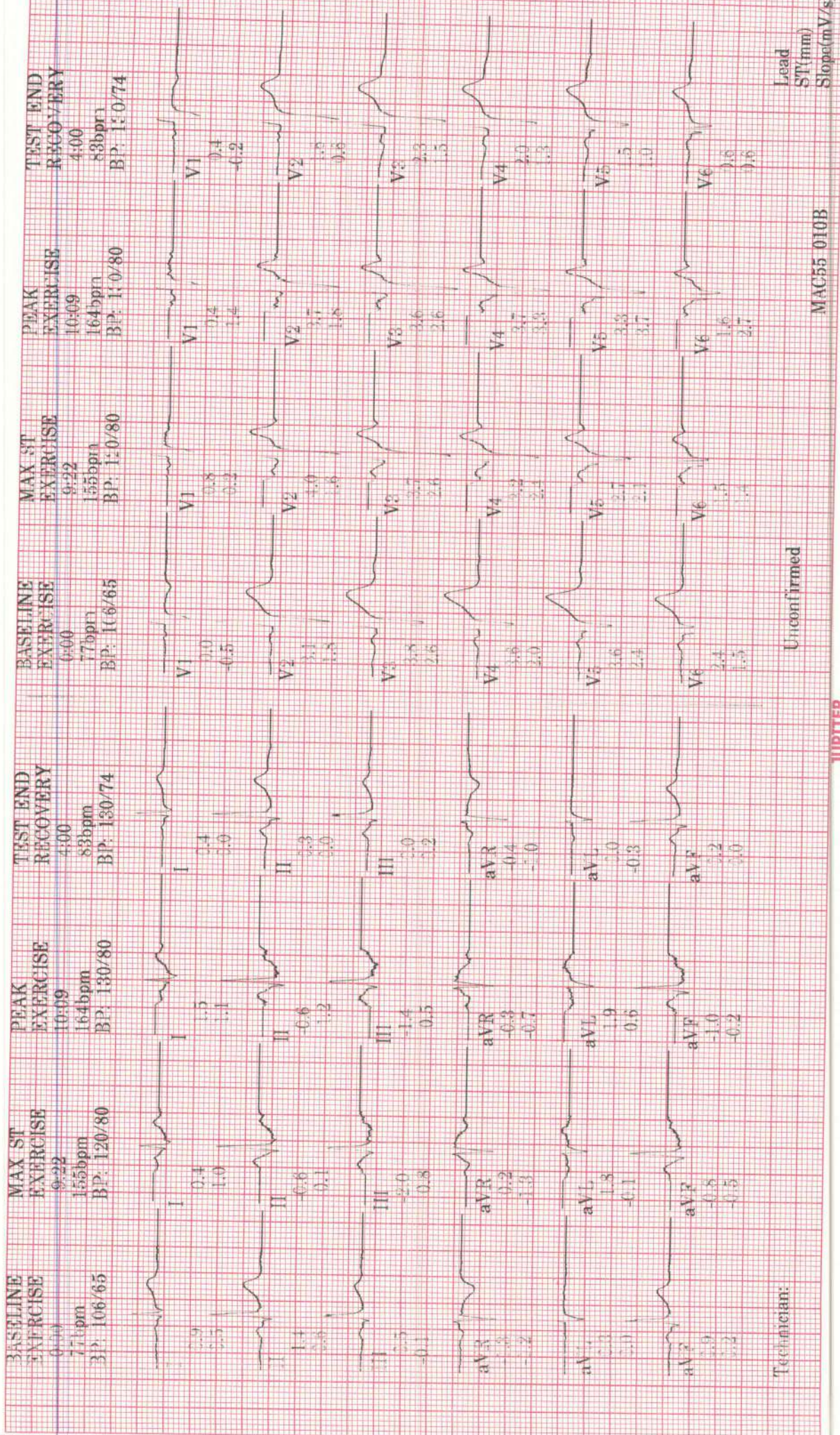
Max EP: 140/78

Maximum workload: 12.2METS

Reason for Termination:

Comments:

25.0 mm/s  
0.0 mm/mV  
50hz



Technician:

Unconfirmed

MAC55 010B

Lead ST(mm) Slope(mV/s)

JUPITER

ID: s137434  
 Visit:  
 27-May-2023  
 11:48:40

31years

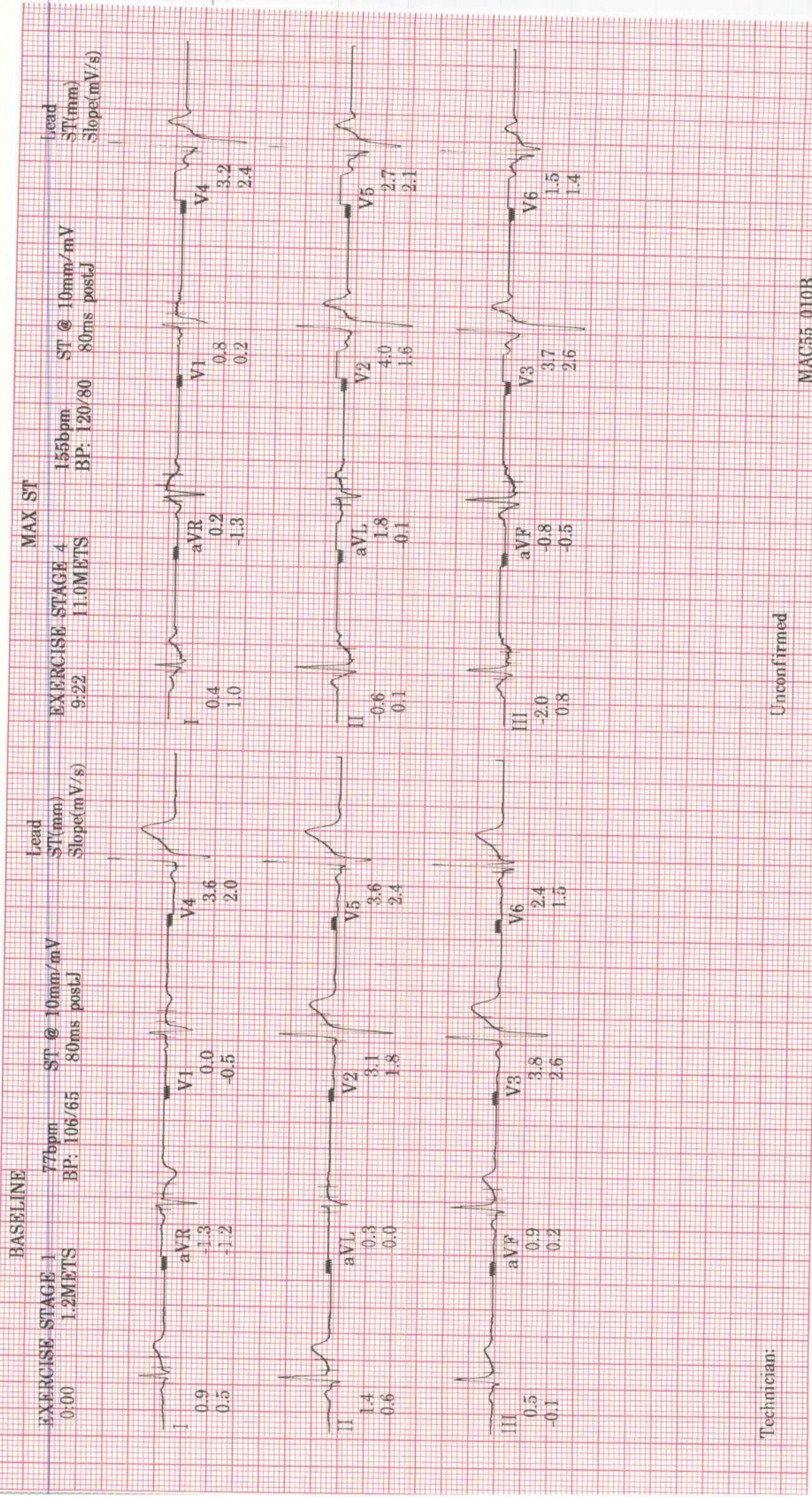
Caucasian

Male

BRUCE  
 Max HR: 164bpm 86% of max  
 Max BP: 140/78  
 Reason for Termination:  
 Comments:

Exercise time: 10:09  
 25.0 mm/s  
 10.0 mm/mV  
 100hz

Referred by:  
 Test ind:



Technician:

Unconfirmed

MAC55 010B

JUPITER

LD. 5101434

27-May-2023  
11:48:40

PRETEST  
SUPINE  
0:48  
70bprn  
BP: 106/65  
1.0METS

EXERCISE  
STAGE 1  
0:00  
77bprn  
BP: 106/65  
1.2METS

EXERCISE  
STAGE 1  
1:00  
98bprn  
BP: 106/65  
2.9METS

EXERCISE  
STAGE 1  
2:00  
97bprn  
4.6METS

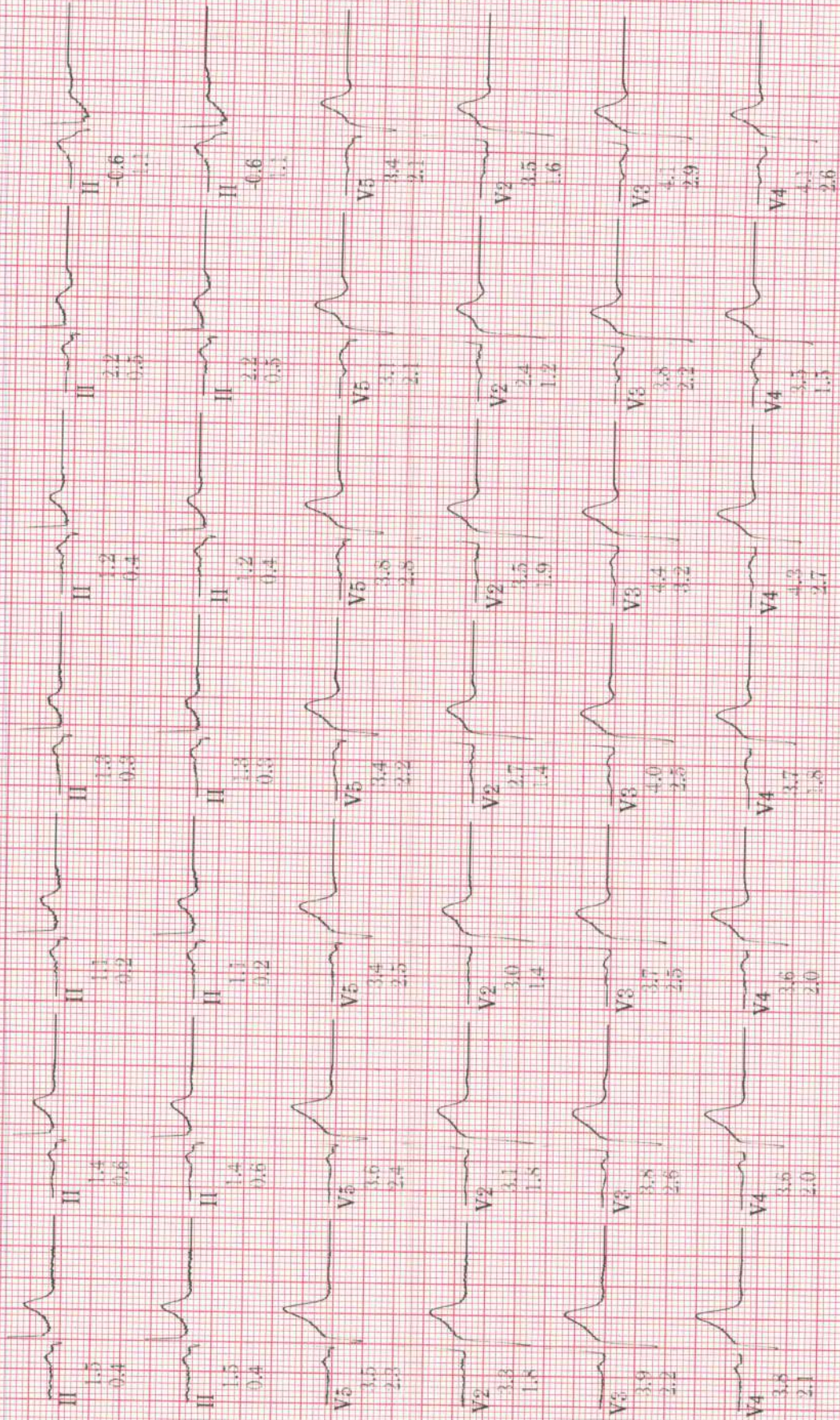
EXERCISE  
STAGE 1  
3:00  
103bprn  
BP: 106/65  
4.6METS

EXERCISE  
STAGE 2  
4:00  
110bprn  
5.8METS

EXERCISE  
STAGE 2  
5:00  
115bprn  
BP: 106/65  
7.0METS

BRUCE

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



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

JUPITER

ID: S137454

27-May-2023  
11:48:40

EXERCISE STAGE 2  
6:00  
121bprn  
BP: 106/65  
7.0METS

EXERCISE STAGE 3  
7:00  
131bprn  
BP: 120/80  
8.5METS

EXERCISE STAGE 3  
8:00  
137bprn  
BP: 120/80  
10.1METS

EXERCISE STAGE 3  
9:00  
145bprn  
BP: 120/80  
10.4METS

EXERCISE STAGE 4  
9:22  
155bprn  
BP: 120/80  
11.0METS

EXERCISE STAGE 4  
10:00  
162bprn  
BP: 120/80  
11.9METS

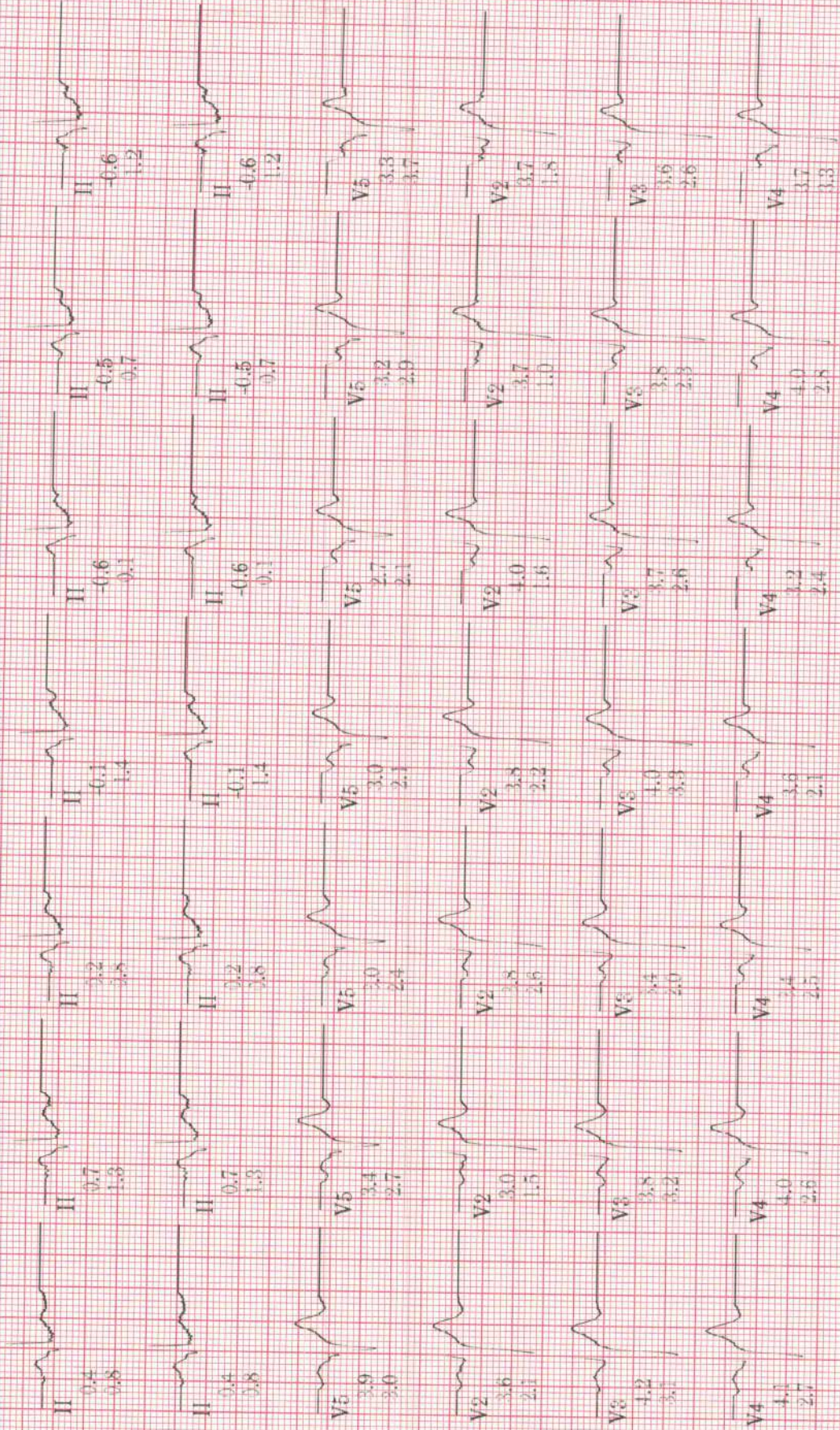
EXERCISE STAGE 4  
10:09  
164bprn  
BP: 120/80  
12.2METS

PEAK

MAX ST

BRUCE

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



Lead  
ST(mm)  
Slope(mV/s)

MAC55 010B

JUPITER

27-May-2023  
11:48:40

RECOVERY RECOVERY  
1:00 115bprn  
BP: 150/80  
6.6METS

RECOVERY RECOVERY  
2:00 98bprn  
BP: 140/78  
1.0METS

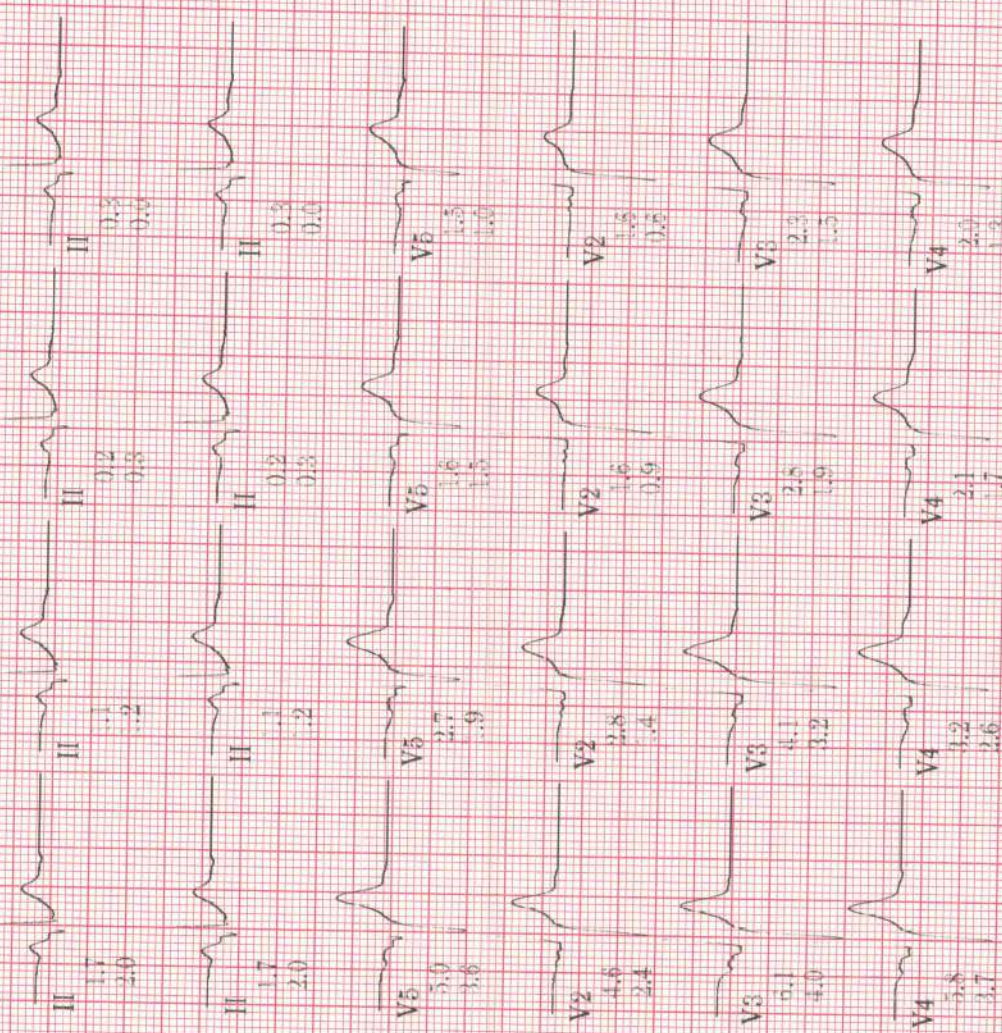
RECOVERY RECOVERY  
3:00 84bprn  
BP: 140/78  
1.0METS

RECOVERY RECOVERY  
4:00 83bprn  
BP: 150/74  
1.0METS

BRUCE

ST @ 10mm/mV  
80ms postd

25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)



ID: s137434  
Visit:

27-May-2023  
11:48:40

BRUCE

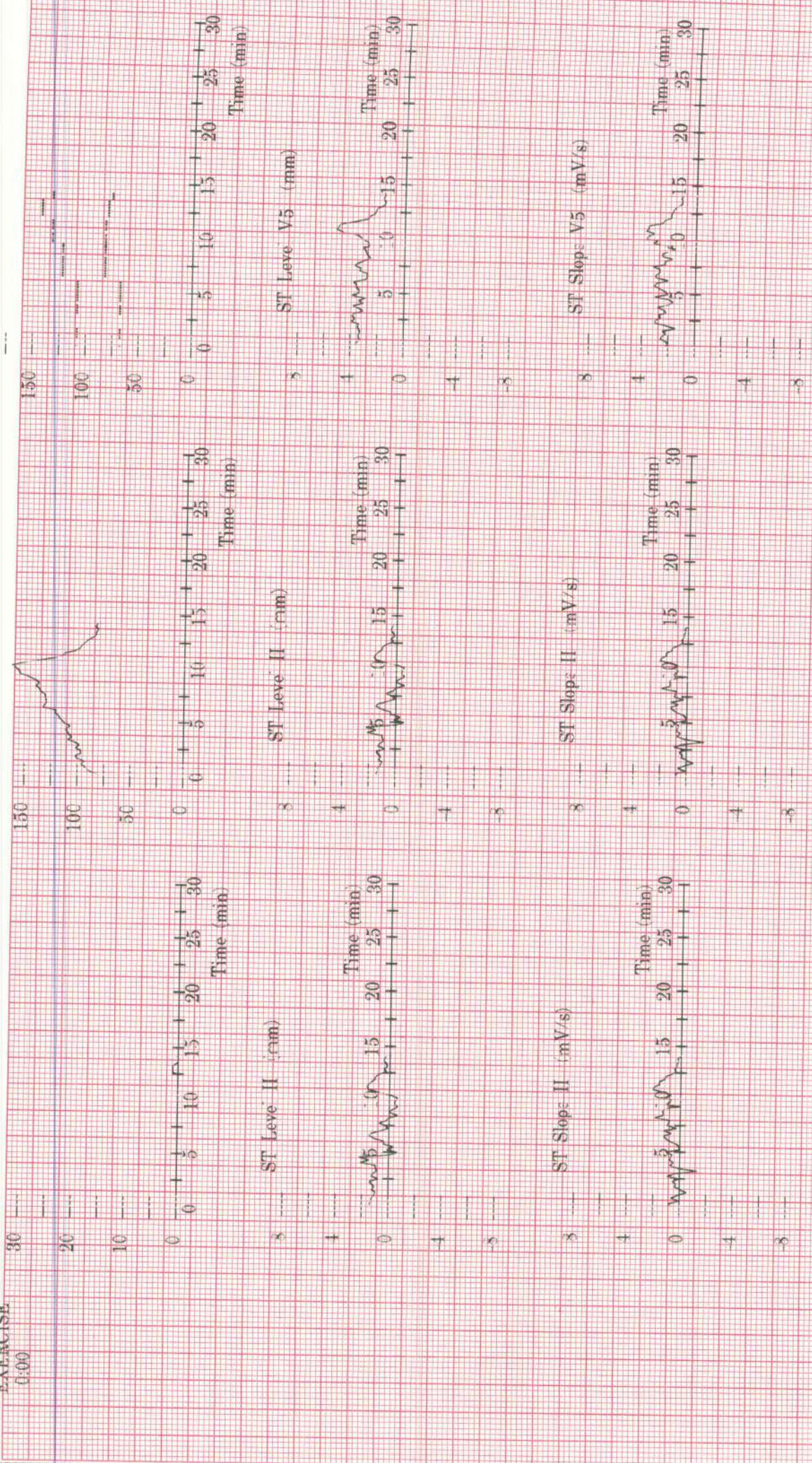
Heart Rate (bpm) 250 ---  
BP (mmHg) 250 ---  
200 ---  
150 ---

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

PVC's/m

30 ---  
20 ---  
10 ---  
0 ---

Time (min)





PAT. NAME: Mr. Barada Chandraketu Bapujee	Date : 27/05/2023
REF. DOCTOR : Hosp. Dr.	AGE : 31 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S137434

**Findings:**

Liver is enlarge in size (16.8 cm), 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:**

- Hepatomegaly.

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

Transcribed By: Fenali

Date & Time of report: 27/05/2023 – 11:36 AM

**Surat:**  
Piplod  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
T : + 91 0261 4111000  
F : + 91 0261 4111001

**Vadodara :**  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T : +91 265 3300400, 2633200, 2632044  
F : +91 265 2632400

**Vadodara :**  
Tilak Road  
Anant Apartment, B/s. Aradhna Cinema,  
Tilak Road, Vadodara - 390 001.  
T : +91 265 2429282, 2429262  
F : +91 265 434073

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**Toll Free No-1800 270 6666**

Info@sunshineglobalhospitals.com | www.sunshineglobalhospitals.com




<b>PAT. NAME:</b> Mr. Barada Chandraketu Bapujee	<b>Date :</b> 27/05/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 31 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S137434

**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: 27/05/2023 – 11:37 AM

**Surat:**  
**Piplod**  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
**T :** + 91 0261 4111000  
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DOB: 31yr, MALE

*Mrs. Becasola*  
*Becacola*  
*Espeyee*  
*Chenabekati*

Vent rate: 67 BPM  
PR int: 140 ms  
QRS dur: 94 ms  
QT/QTc: 374/390 ms  
P-R-T axes: 68 60 40

SINUS RHYTHM  
NORMAL ECG

Reviewed by -----

