



OPD ASSESSMENT FORM



Name Mr. Sandeep Gurnit Age.Sex 31/M MR.No. 5152719

Doctor Dr. Krunal Gajjar Date 17/4/24

Ht : 164 cm Wt. : 67.4 kg Temp : 98 Pulse : 78 bpm BP : 132/84 mmHg

SPO2 : 99% Post of walk SPO2 : _____

Chief Complaints :

- No fresh complaints
- Came for health checkup

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

R
LVS | NAD

Past History : - MTD

Provisional Diagnosis :

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

Rx _____

Nutritional Assessment :

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

Investigation advised :

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

**SUNSHINE GLOBAL HOSPITAL
SURAT.**

Signature

Follow Up : _____ Date : _____



OPD ASSESSMENT FORM



Name Mr. Sandip Kumar S. Gomit Age.Sex 37/m MR.No. S152719
 Doctor Dr. Shailaja Desai Date 17/4/24
 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 :

- stain calculus

Provisional Diagnosis :

Nutritional Assessment :

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

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

R_x

1) Scaling

Investigation advised :

Follow Up : _____ Date : _____

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

Signature



OPD ASSESSMENT FORM



Name Mrs. Sandipbhai S. Gami Age.Sex 37 / m MR.No. S15279
 Doctor Dr. Hardik Shroff Date 17/04/24
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

BE Ant. Seg NAD

Past History :

Vr [G9/G16] NIG (numbers) Fundus (Central)

BE NAD

Provisional Diagnosis :

Nil 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-28902

SUNSHINE GLOBAL HOSPITALS
 Piplod, SURAT.

Follow Up : SOS Date : _____



MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:03AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	170	mg/dl	50 - 200
HDL CHOLESTEROL Direct	30	mg/dl	40 - 60
LDL CHOLESTEROL Direct	117.9	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	113	mg/dl	50 - 150
VLDL Calc	22.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.67		0 - 5
LDL / HDL RATIO	3.93		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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PAT. NAME : Sandip Gamit	Date : 17/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : USG Whole Abdomen	MR NO. : S152719

Findings:

Liver is normal in size (15.8 cm), shape and shows mild 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. No e/o free fluid in abdomen.

IMPRESSION:

- **Grade I fatty liver.**


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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 04/17/2024 – 12:22 PM

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PAT. NAME : Sandip Gamit	Date : 17/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S152719

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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Date & Time of report: 17/04/2024 – 12:34 PM

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:06AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.9	gm/dl	13.0 - 17.0
PCV	46.1	%	40 - 50
RBC COUNT	5.77	mill/cmm	4.5 - 5.5
MCV	79.9	fl	76 - 96
MCH	24.1	pg	26 - 32
MCHC	30.2	%	32 - 36
RDW	14.4	%	11 - 15
PLATELET COUNT	2.40	lacs/cmm	1.5 - 4.5
WBC COUNT	7030	/cmm	4000 - 11000
ESR	02	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	38	%	40 - 70
LYMPHOCYTES	45	%	20 - 40
EOSINOPHILS	12	%	1 - 6
MONOCYTES	05	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Lymphocytosis with		
HEMOPARASITES	Eosinophilia		
	Adequate		
	Not Seen		

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

Handwritten Signature

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:03AM

HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"A"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

SERUM URIC ACID		
SERUM URIC ACID (Uricase)	5.6	mg/dl
FASTING BLOOD SUGAR (FBS)		
FASTING BLOOD GLUCOSE (Hexokinase)	116	mg/dl
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

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

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:04AM

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 $\geq 6.5\%$

- 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 *****

[Signature]
Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:05AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	29	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)	16	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.4	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.08	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.9	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	8.5	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.0	mg/L	
URINE CREATININE (JAFFE)	74.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	6.7	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

mb

SC

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MR No. : S152719	Collection Date : 17/04/2024 9:18AM
Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:04AM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.18	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.22	ug/dl	5.1 - 14.0
TSH (CLIA)	3.33	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.

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

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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Patient Name : Mr. Sandipbhai Surjibnhai Gamit	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 17/04/2024 11:07AM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	25	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	5.5	
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	Occasional	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

Dr. Shobha Choksi
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ID: S152719

Visit:

17-Apr-2024

10:13:55

37years

Caucasian

Male

Referred by:
Test ind:

BRUCE

Tot Exercise time: 9:10

Max HR: 168bpm 91% of max predicted 183bpm
Max BP: 163/79
Maximum workload: 10.3METS

Reason for Termination:

Comments:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PREFTEST	SUPINE	1:13	0.6	0.0	1.2	75	132/84	99
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	127	132/84	168
	STAGE 2	3:00	2.5	12.0	7.0	147	140/84	206
	STAGE 3	3:00	3.4	14.0	10.1	167	150/90	251
	STAGE 4	0:10	4.1	16.0	10.3	168	150/90	252
RECOVERY	RECOVERY	4:02	***	***	1.0	111	153/81	170

test is negative for indeedable ischemia

Technician:

Unconfirmed

MAC55-010B

ID: S152719

Visit:

17-Apr-2024

10:16:05

EXERCISE

STAGE 1

1:00

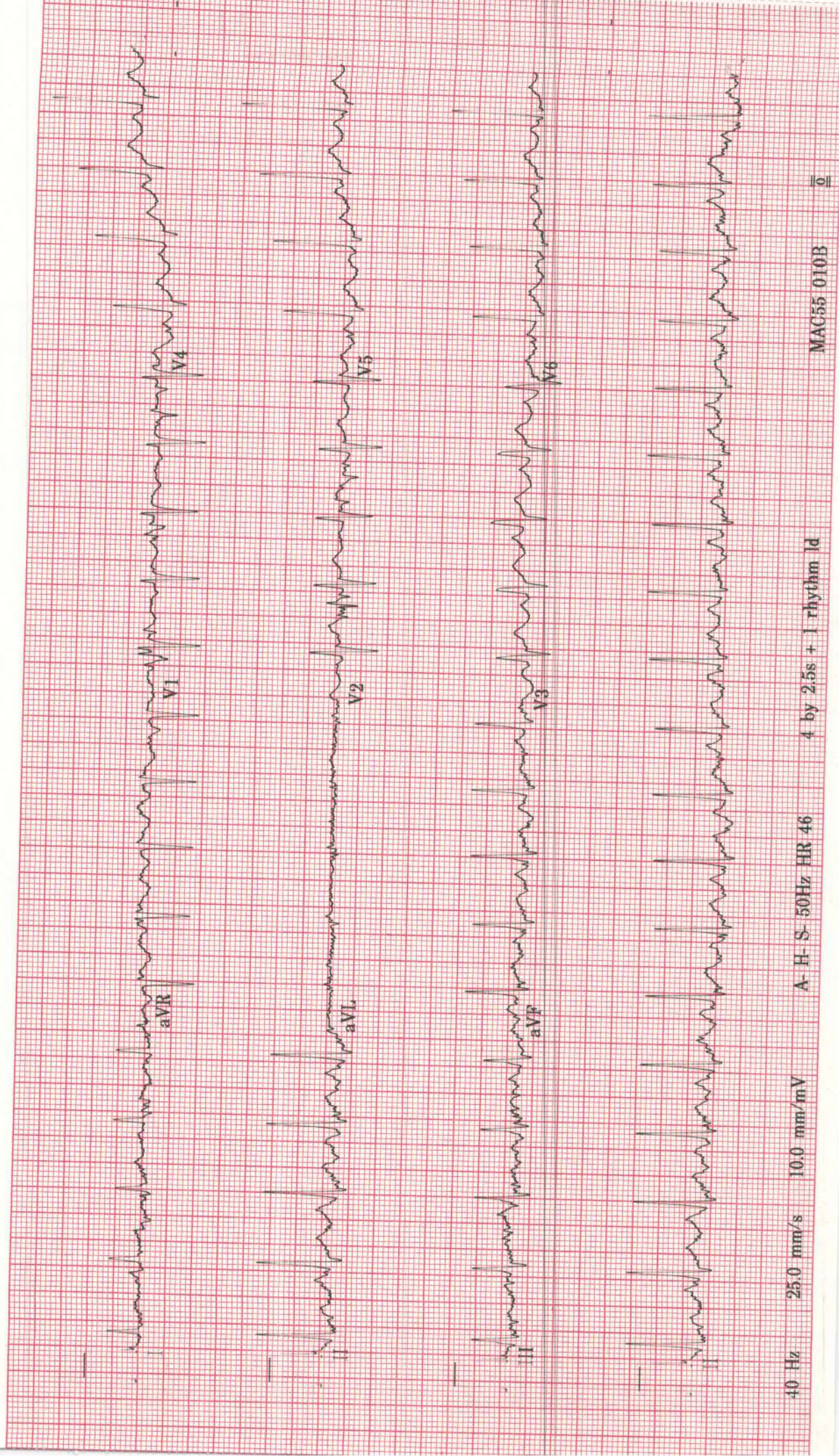
116bpm

BP: 132/84

RUCÉ

1.7mph

10.0%



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010B

0

ID: S152719

Visit:

17-Apr-2024

10:18:08

EXERCISE
STAGE 1

3:00

127bpm

BP: 132/84

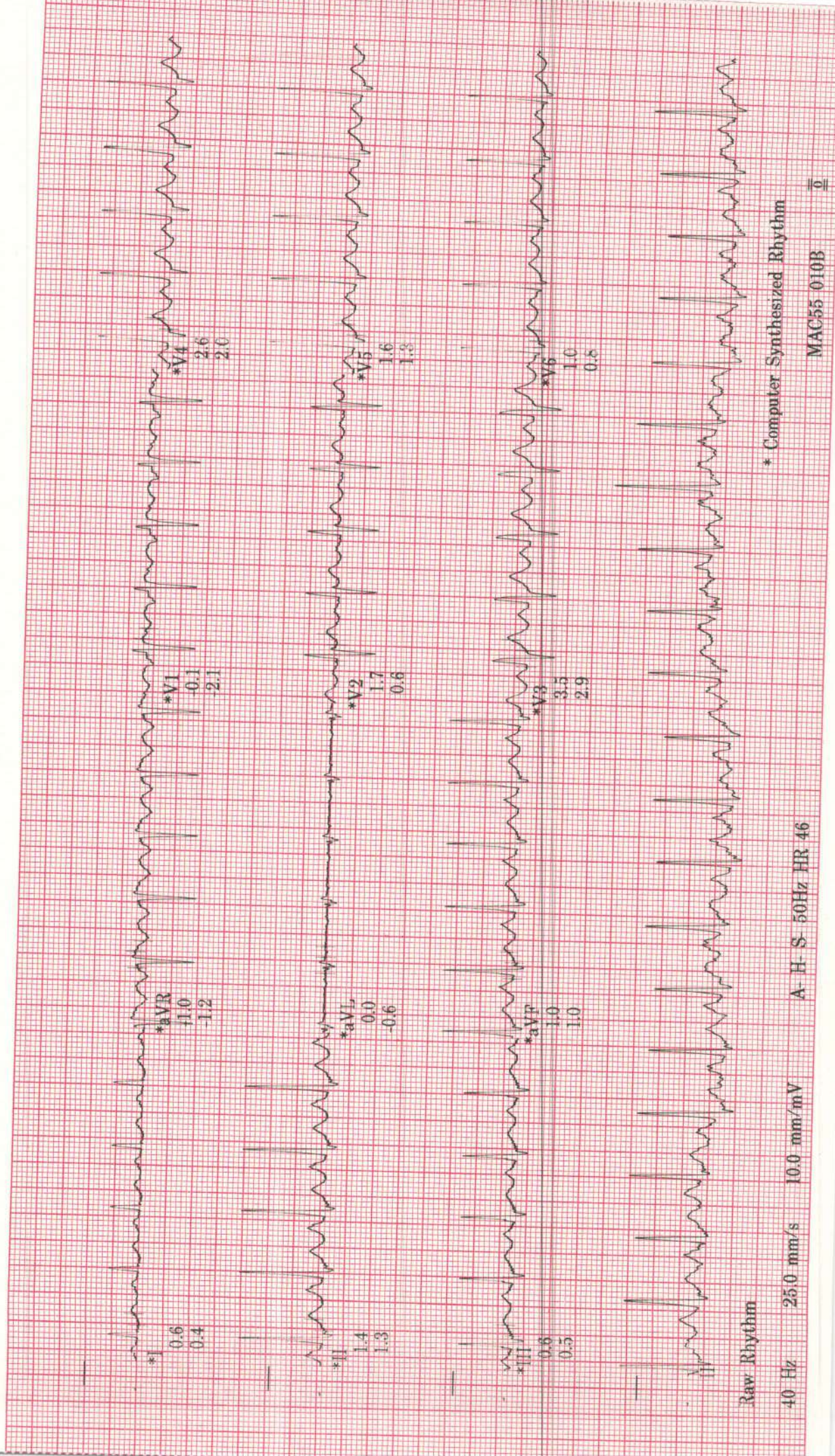
ST @ 10mm/mV
80ms postJ

RUCE

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

* Computer Synthesized Rhythm

MAC55 010B

0

ID: S152719

Visit:

17-Apr-2024

10:21:08

147bpm

BP: 140/84

ST @ 10mm/mV
80ms post_d

EXERCISE
STAGE 3

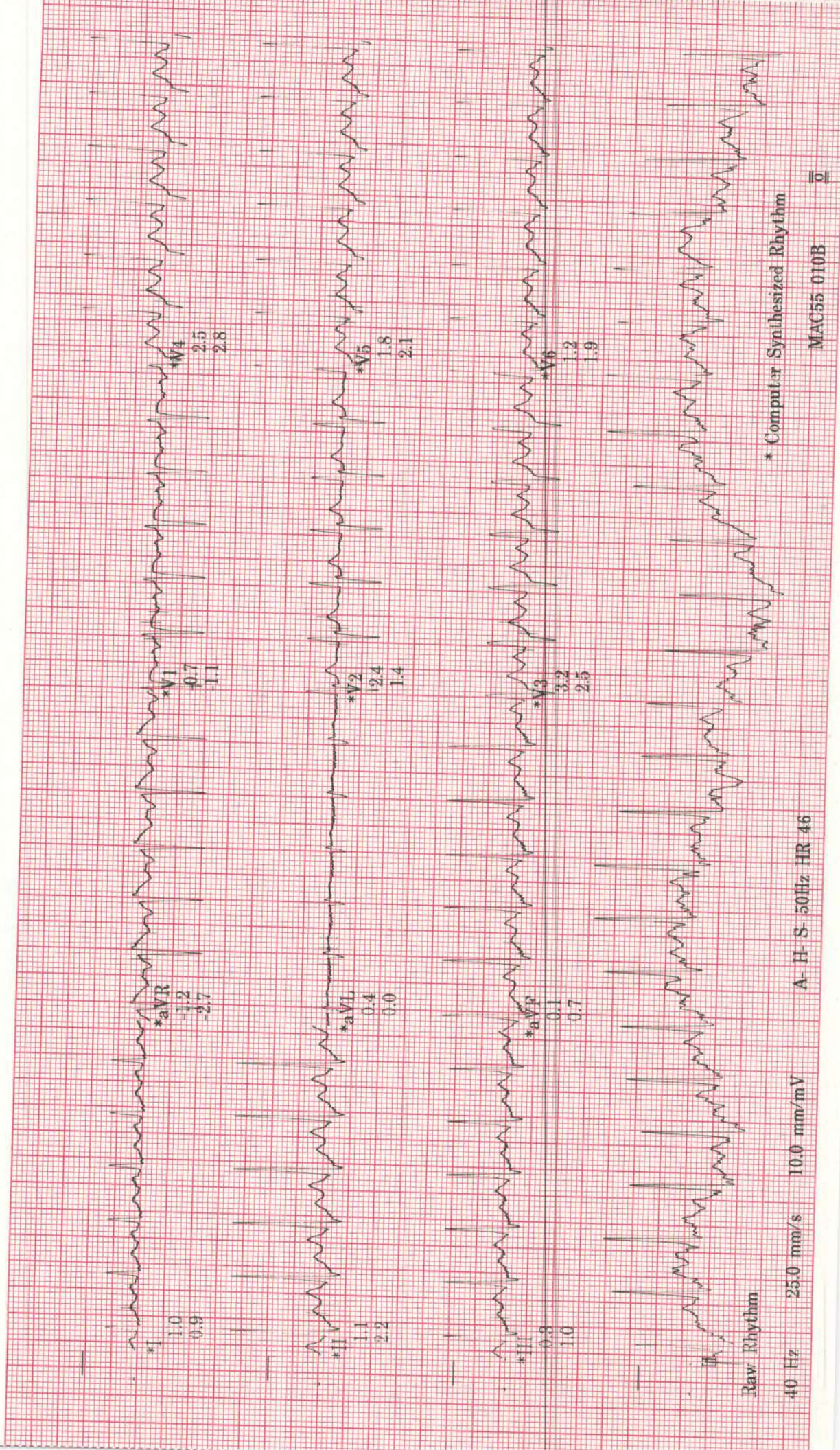
6:00

RUCE

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

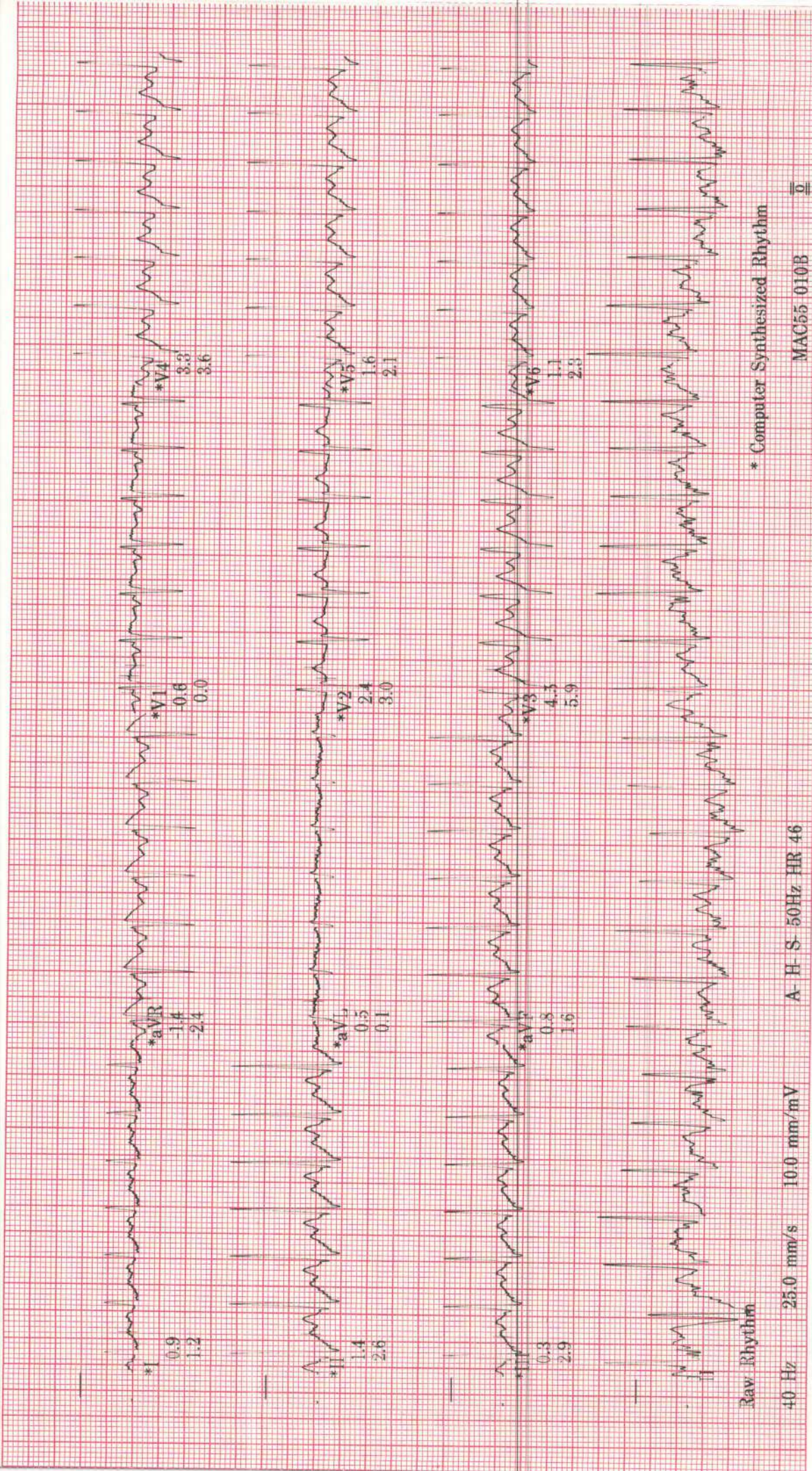
5

ID: S152719
Visit:
17-Apr-2024
10:23:35

EXERCISE
STAGE 3
8:27
165bpm
BP: 150/90

ST @ 10mm/mV
80ms postJ

Lead
STT(mm)
Slope(mV/s)



ID: S152719

Visit:

17-Apr-2024

10:24:08

167bpm

BP: 150/90

ST @ 10mm/mV

80ms postJ

EXERCISE

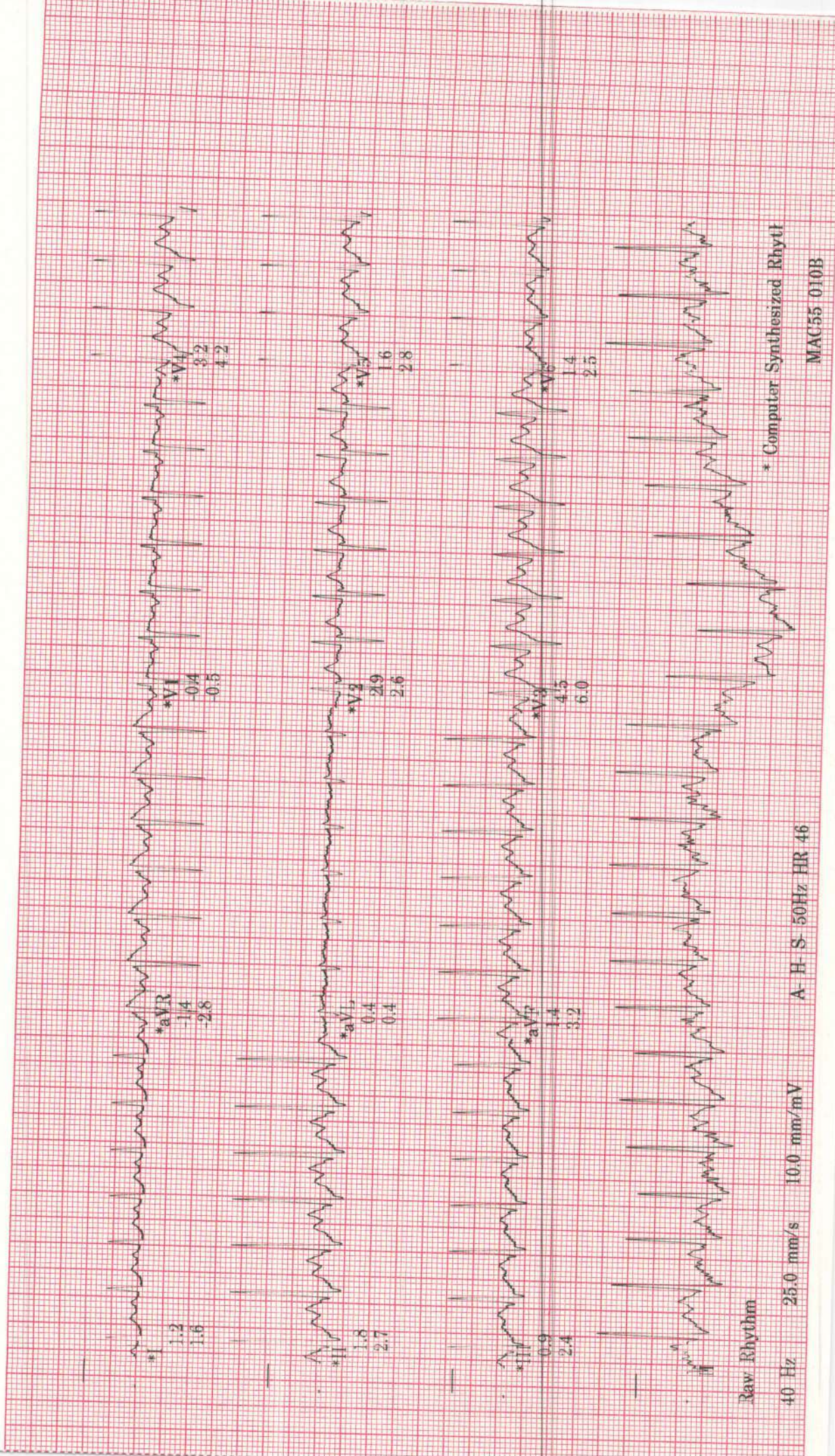
STAGE 3

9:00

BRUCE

3.4mph

14.0%



* Computer Synthesized Rhythm

MAC55 010B

A H S 50Hz HR 46

10.0 mm/mV

25.0 mm/s

Raw Rhythm

ID: S152719

Visit:

17-Apr-2024

10:24:19

167bpm

BP: 150/90

ST @ 10mm/mV

80ms postJ

EXERCISE

STAGE 4

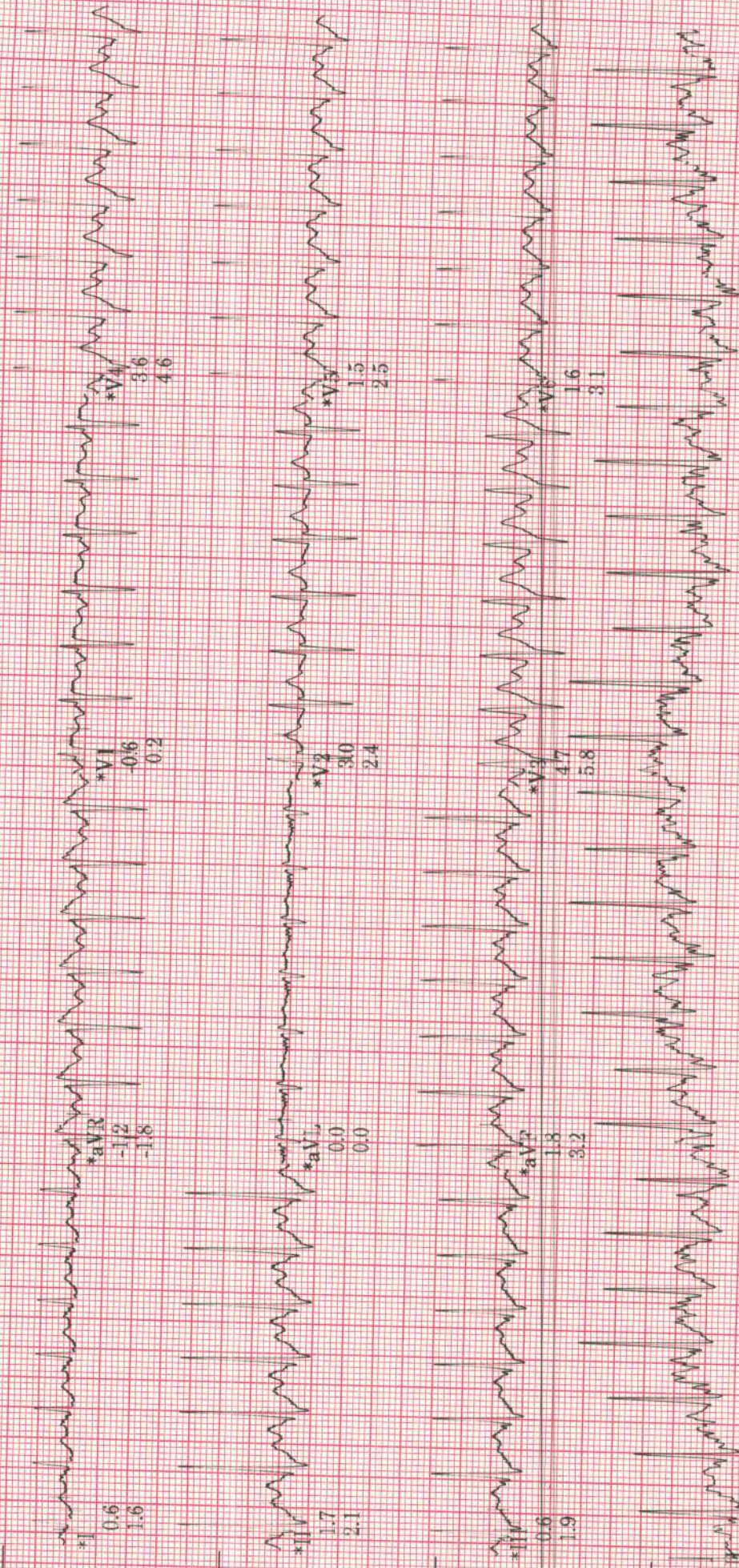
9:10

RUCE

4.2mph

16.0%

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

6

ID: S152719

Visit:

17-Apr-2024

10:26:18

RECOVERY
RECOVERY

115bpm

BP: 163/79

ST @ 10mm/mV

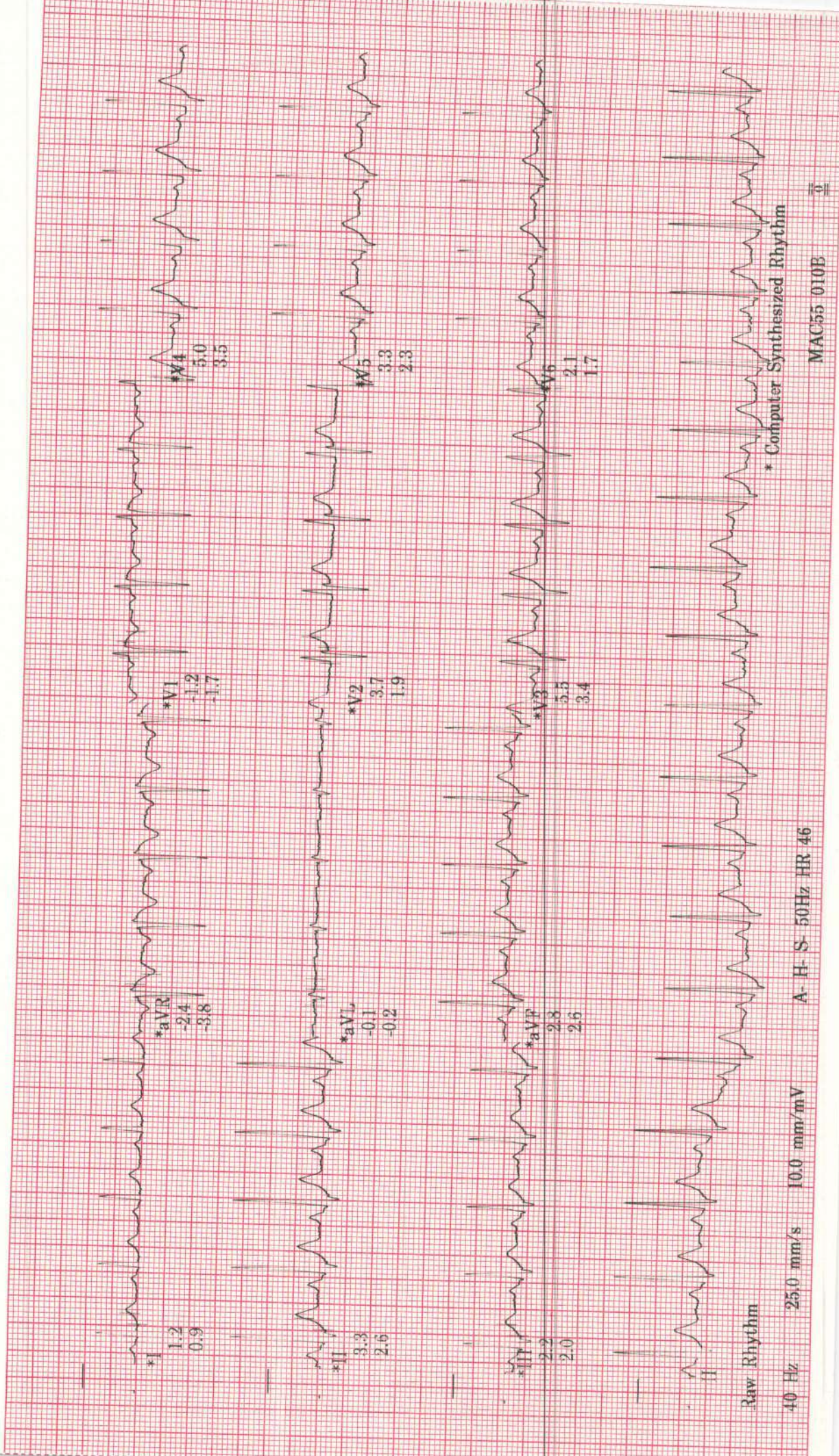
80ms postJ

RUCE

** *mph

** *%

Lead
ST(mm)
Slope(mV/s)



ID: S152719

Visit:

17-Apr-2024

10:28:18

110bpm

BP: 153/81

ST @ 10mm/mV

80ms postJ

RECOVERY
RECOVERY

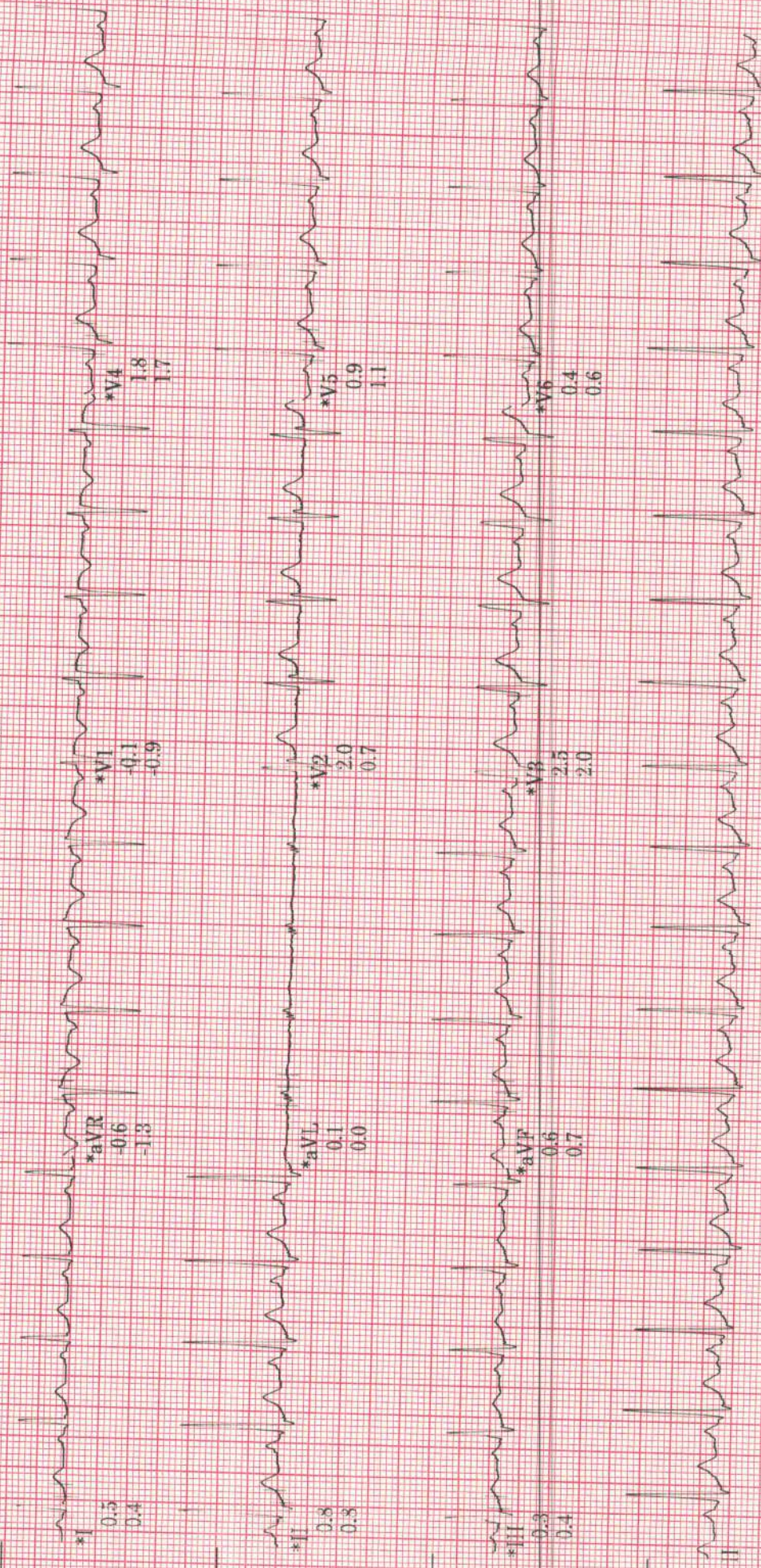
4:00

RUCE

** *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

6

ID: S152719

Visit:

17-Apr-2024

10:13:55

37years

Caucasian

Male

Referred by:

Test ind:

T₁ Exercise time: 9:10

Max HR: 168bpm 91% of max predicted 183bpm

Max EP: 163/79

Maximum workload: 10.3METS

Reason for Termination:

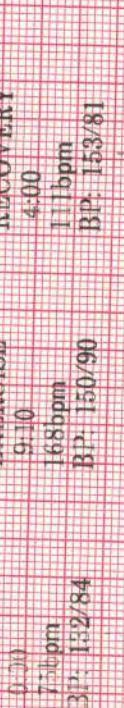
Comments:

BASILINE EXERCISE
0:00
75bpm
BP: 132/84

PEAK EXERCISE
9:10
168bpm
BP: 150/90

TEST END RECOVERY
4:00
111bpm
BP: 153/81

TEST END RECOVERY
4:00
111bpm
BP: 153/81



Technician:

Unconfirmed

MAC55 010B

Lead
ST(mm)
Slope(mV/s)

ID: S152719

Visit:

17-Apr-2024

10:13:55

37years

Caucasian

Male

Referred by:

Test ind:

BRUCE

Exercise time: 9:10

Max HR: 168bpm 91% of max predicted 183bpm

Max BP: 163/79

Maximum workload: 10.3METS

Reason for Termination:

Comments:

BASELINE

EXERCISE STAGE I
0:00 1.2METS

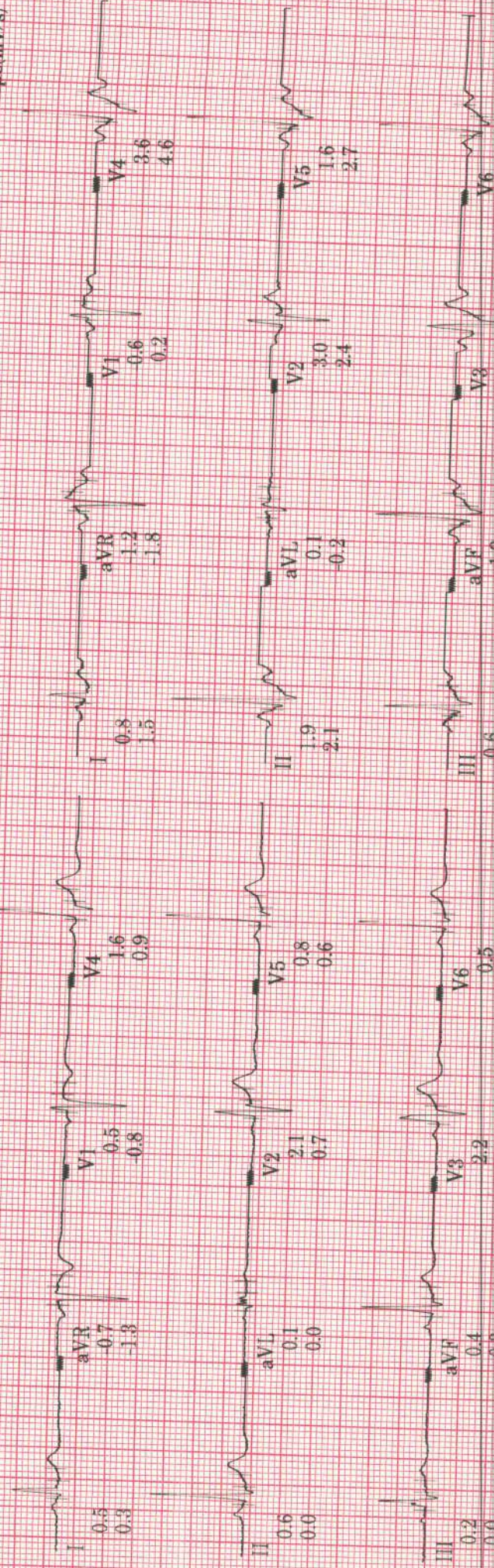
75bpm
BP: 132/84 ST @ 10mm/mV
80ms postJ

PEAK

EXERCISE STAGE 4
9:10 10.3METS

168bpm
BP: 150/90 ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

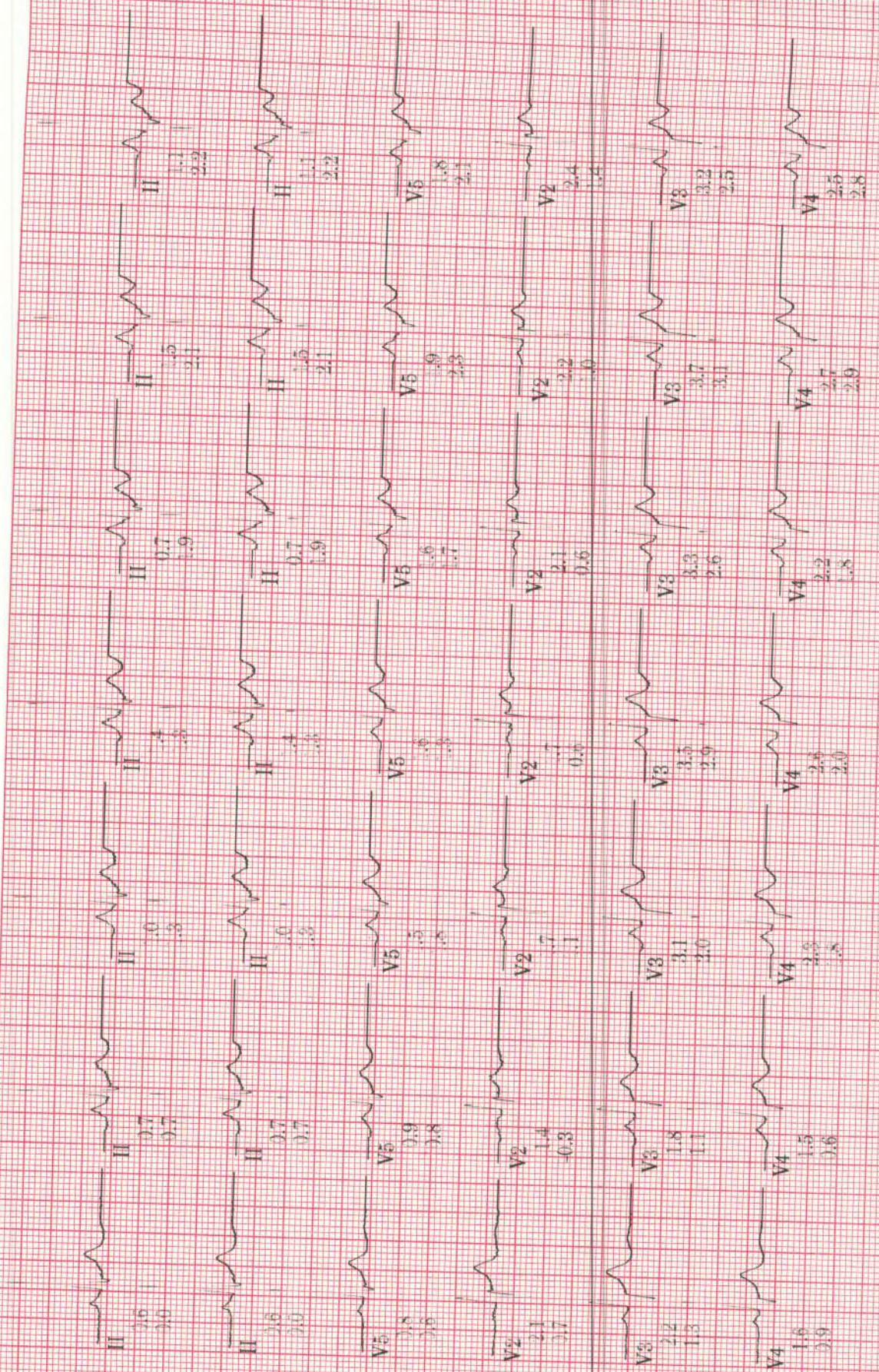
MAC55 010B

VISIT:

EXERCISE STAGE 1 0:00 75bpm BP: 132/84 1.2METS BASELINE	EXERCISE STAGE 1 1:00 117bpm BP: 132/84 2.9METS	EXERCISE STAGE 1 2:00 121bpm 4.6METS	EXERCISE STAGE 1 3:00 127bpm BP: 132/84 4.6METS	EXERCISE STAGE 2 4:00 137bpm BP: 132/84 5.8METS	EXERCISE STAGE 2 5:00 141bpm BP: 140/84 7.0METS	EXERCISE STAGE 2 6:00 147bpm BP: 140/84 7.0METS
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BRUCE

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



MAC55 010B

LD: 0102113

17-Apr-2024
10:13:55

EXERCISE STAGE 3
7:00
159bpm
BP: 150/90
8.5METS

EXERCISE STAGE 3
8:00
165bpm
BP: 150/90
9.8METS

EXERCISE STAGE 3
9:00
167bpm
BP: 150/90
10.1METS

EXERCISE STAGE 4
9:10
168bpm
BP: 150/90
10.3METS

RECOVERY
1:00
132bpm
5.7METS

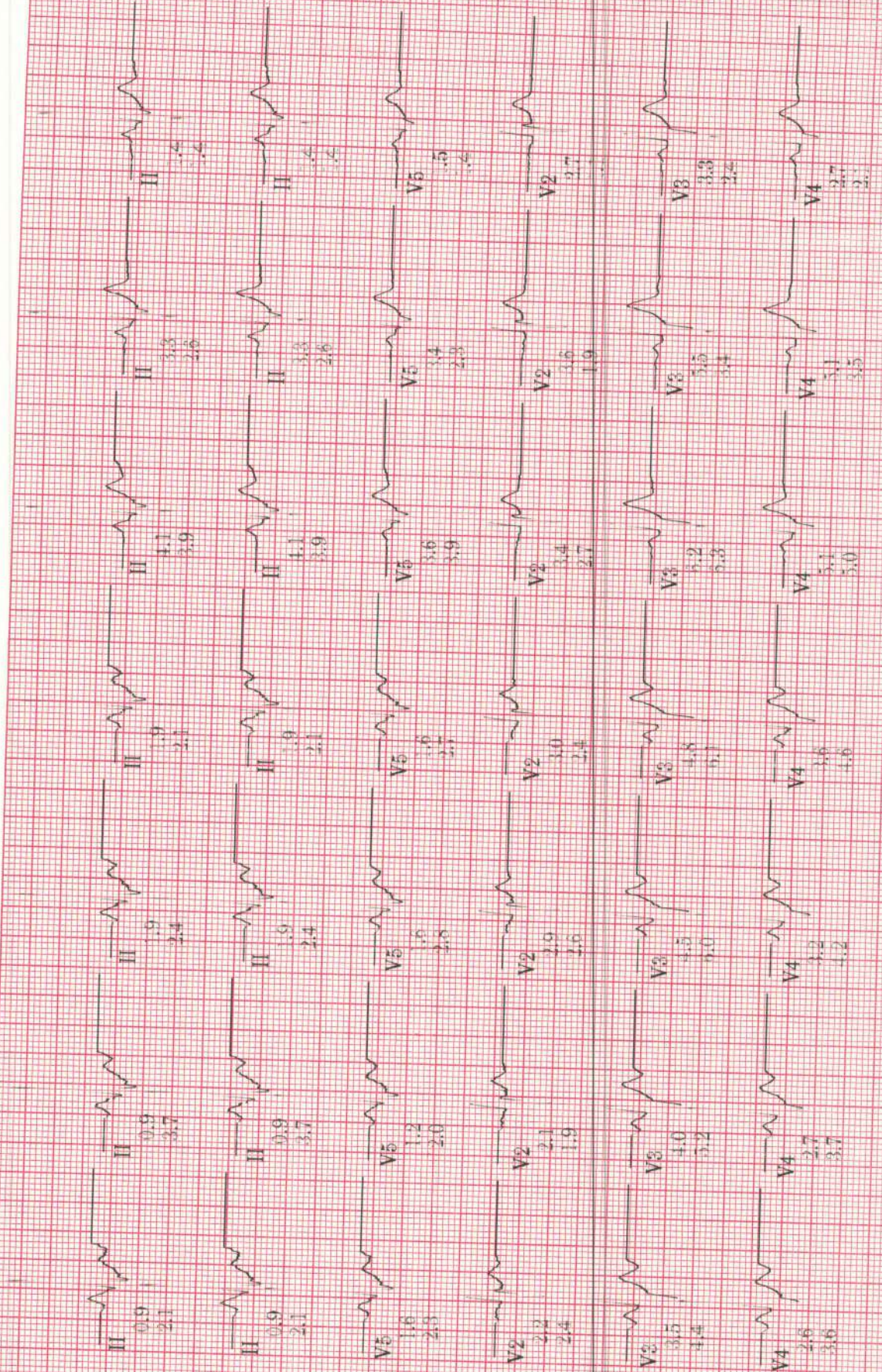
RECOVERY
2:00
115bpm
BP: 163/79
1.0METS

RECOVERY
3:00
113bpm
BP: 153/81
1.0METS

BRUCE

ST @ 10mm/mV
80ms postJ

25.0 mm/s
10.0 mm/mV
100hz



Lead
STT(mm)
Slope(mV/s)

MAC55 010B

ID: S152719

BRUCE

17-Apr-2024
10:13:55

Heart Rate (bpm)

BP (mmHg)

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

250 ---
200 ---
150 ---
100 ---
50 ---
0

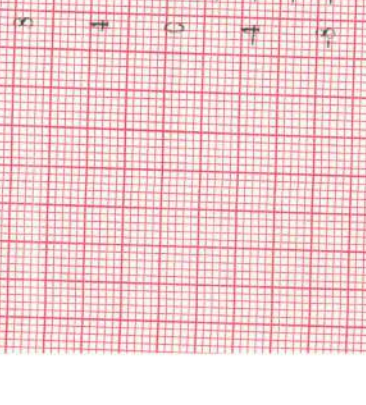
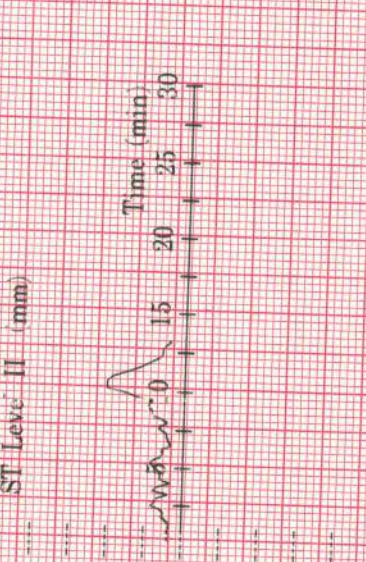
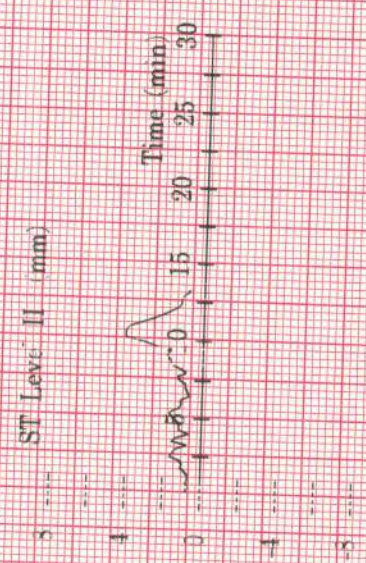
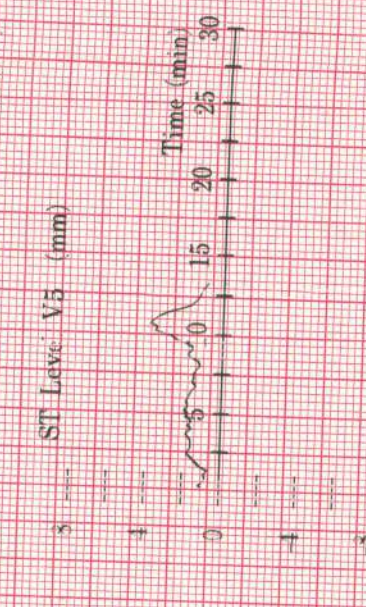
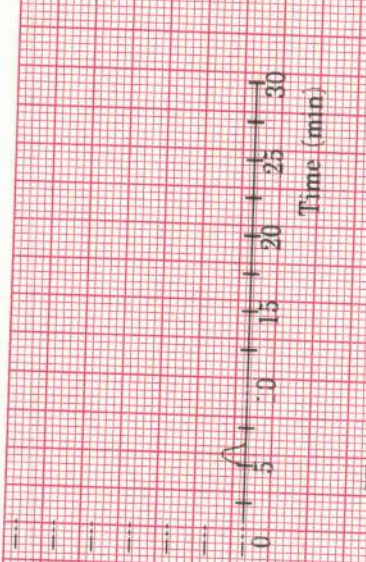
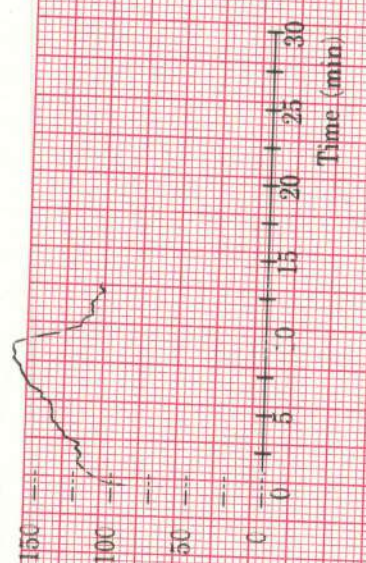
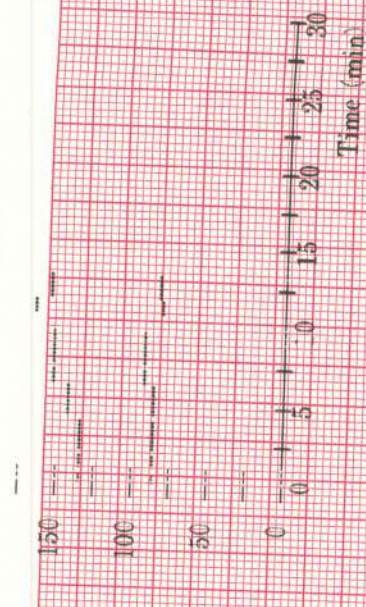
250 ---
200 ---
150 ---
100 ---
50 ---
0

ST @ 10mm/mV 40 --- PVC's/m

80ms postJ

EXERCISE

0:00



DOB: yr, MALE

Vent rate: 86 BPM
PR int: 127 ms
QRS dur: 98 ms
QT/QTc: 339/382 ms
P-R-T axes: 48 47 38

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

Reviewed by -----

Mr. Sandeep Kumar Grewal

