



OPD ASSESSMENT FORM



Name Mrs. Shivkumari S. Yadav Age.Sex 39/F MR.No. S150213

Doctor Dr Hardik Shroff Date 7/3/24

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints : _____ Drug / Food Allergy : _____

No complaints

Prior Medication Reviewed : Yes No

On examination : *BE Ant-SEG MAD*

Past History :

BE Vnc 6/6 N/6 Anisocoria Central BE MAD

Provisional Diagnosis : *Not ophthalmic*

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Regd. No. G-28902

SUNSHINE GLOBAL HOSPITAL
Piploa, SURAT. Signature

Follow Up : *See* Date : _____



OPD ASSESSMENT FORM



Name Mrs. Shivkumari S. Yadav Age.Sex 37/F MR.No. S150713

Doctor Dr Krunal Gajjar Date 07/03/24

Ht : 156cm Wt. : 91.4kg Temp : 98 Pulse : 96 b/m BP : 130/82mmHg

SPO2 : 99% Post of walk SPO2 : _____

Chief Complaints :

NOT - Any.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

B } NAD
CVS }

Past History :

- N.S. -

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.

Follow Up : _____ Date : _____



MR No. 5150713



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mrs. Shivkumari Yadav Date : 7/3/24 12:5 PM

Sex : f Age : 39 Ref. by Dr. : _____ Done by Dr. Sanendra Singh

LV Size : (n)

LVEF : 65 % (VISUAL)

DIASTOLIC DYSFUNCTION : No

LVH : No

- RWMA : ANTERIOR WALL
- ANTERIOR SEPTUM
- IVS
- LV APEX
- POSTERIOR WALL
- LATERAL WALL
- INFERIOR WALL

No RWMA

MITRAL VALVE : (n)

AORTIC VALVE : (n)

PULMONARY VALVE : (n)

TRICUSPID VALVE : (n)

PAH : _____

PASP : 8 mmHg

RA :

LA :

RV : (n)

IVC : (n)

IAS : Intact

IVS :

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

CONCLUSION :

No veg / clt IPE

(Signature)



GYNAECOLOGICAL CONSULTATION

MR. NO. 21507B

Name : Mrs. Shivkumari Shushikant Yadav Date : 7/3/24

Age : 39 Ht. : 156 cm Wt. : 91.4 B.P. : 130/82 mmHg

Clinical Evaluation / History / Presenting Complain:

Flowchart

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડીંગ થાય છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are / were your periods Irregular ? પીરિયડ રેગ્યુલર છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you pregnant now ? અત્યારે તમે પ્રેગનન્ટ છો ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are / were you taking birth control pills? તમે ગર્ભનિરોધક ગોળીલો છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you have a lump in your breast ? સ્તનમાં દુઃખાવો / સોજો / ગાઠ છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did anyone in your family suffer from breast cancer ? કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?	<input type="checkbox"/>	<input type="checkbox"/>

Obstetric History :

1. Menstrual History : Menarche at 14 Yrs
 Menses: a. Scanty / Average / Excess
 b. No of Days: 3-5 / 5-7 / More than 7 days
 c. Interval days, Reg / Irregular
 d. Pain : Before / During / After / Painless

Last menstrual Period (LMP): 28/1/24

2. Obstetric History :

Gravida Pare Abortion Live 3

Married life with cohabitation.....

Children M: 1 F: 1 Last Delivery: Yrs back

Any bad Obstetric event / history Yes / No

If yes Describe:

History of Contraception & Family Planning:

Examination

a. Breast Examination - Right

NAB

Left NAB

b. Per abdomen examination

Flank & RU

c. Local examination

Vulva:

Vagina

d. Per Speculum Examination

1/5

Csc erosive + Ecthy per

e. Per vaginal examination :

Cervi : Uterus : AV/RV : Normal / Bulky

Adnexa :

PAP's Smear Taken Yes / No

Clinical Impression:

Adx. Csc Biopsy + Caeteringhm.

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

DR. BHAVNA DESAI

MD, DGO

REG. NO.-10538

SUNSHINE GLOBAL HOSPITAL
SURAT.

8 April

Followup Date

Gynaecologist's Signature



OPD ASSESSMENT FORM



Name Mrs. Shirkumari Yadav Age.Sex _____ MR.No. _____

Doctor Dr Shailaja Desai Date 7/3/24

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 :

- Heal ulcers

Provisional Diagnosis :

Nutritional Assessment :

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

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

Rx

Investigation advised :

1) scaling

U. r. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____

Signature



PAT. NAME: Shivkumari Yadav	Date : 07/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 39 Yrs / F
INV. : USG Whole Abdomen	MR NO. : S150713

Findings:

Liver is enlarge in size (16.6 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.

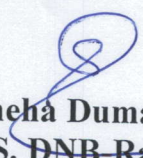
Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

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. No e/o free fluid in abdomen.

IMPRESSION:

- **Hepatomegaly.**


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

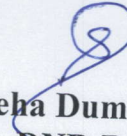


PAT. NAME: Shivkumari Yadav	Date : 07/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 39 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S150713

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.
- Left 1st rib appears hypoplastic.


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



MR No. : S150713
 Patient Name : Mrs. Shiv Kumari Shashikant Yadav
 Ref By : Dr. Hospital A Doctor
 Collection Date : 07/03/2024 9:10AM
 Age : 39 Y Sex : Female
 Report Date : 07/03/2024 12:03 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.2	gm/dl	12.0 - 15.0
PCV	41.0	%	36 - 46
RBC COUNT	4.83	mill/cmm	4.0 - 5.0
MCV	84.9	fl	76 - 96
MCH	27.3	pg	26 - 32
MCHC	32.2	%	32 - 36
RDW	13.0	%	11 - 15
PLATELET COUNT	3.83	lacs/cmm	1.5 - 4.5
WBC COUNT	6710	/cmm	4000 - 11000
ESR	14	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	58	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

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

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



MR No. : S150713
Patient Name : Mrs. Shiv Kumari Shashikant Yadav
Ref By : Dr. Hospital A Doctor
Collection Date : 07/03/2024 9:10AM
Age : 39 Y Sex : Female
Report Date : 07/03/2024 11:59AM

HAEMATOLOGY

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

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.0	mg/dl	2.4 - 5.7
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	106	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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



MR No. : S150713	Collection Date : 07/03/2024 9:10AM
Patient Name : Mrs. Shiv Kumari Shashikant Yadav	Age : 39 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 07/03/2024 11:59AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.0	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	96.8	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

Surat: Piplod 07/03/2024, 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
--	--	---



MR No. : S150713
Patient Name : Mrs. Shiv Kumari Shashikant Yadav
Ref By : Dr. Hospital A Doctor
Collection Date : 07/03/2024 9:10AM
Age : 39 Y **Sex** : Female
Report Date : 07/03/2024 12:00 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	197	mg/dl	50 - 200
HDL CHOLESTEROL Direct	32	mg/dl	40 - 60
LDL CHOLESTEROL Direct	143	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	109	mg/dl	50 - 150
VLDL Calc	21.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	6.16		0 - 5
LDL / HDL RATIO	4.47		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 *****

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

Surat:
Piplod
 07/03/2024 12:00PM
 B... Gaur...
 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



MR No. : S150713
 Patient Name : Mrs. Shiv Kumari Shashikant Yadav
 Ref By : Dr. Hospital A Doctor
 Collection Date : 07/03/2024 9:10AM
 Age : 39 Y Sex : Female
 Report Date : 07/03/2024 12:01 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	97	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)	18	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.5	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.7	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.8	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.68	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.7	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	11.5	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	10.2	mg/L	
URINE CREATININE (JAFPE)	138	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	7.3	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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

Surat:
 Piplod
 07/03/2024, 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



MR No. : S150713
Patient Name : Mrs. Shiv Kumari Shashikant Yadav
Ref By : Dr. Hospital A Doctor
Collection Date : 07/03/2024 9:10AM
Age : 39 Y Sex : Female
Report Date : 07/03/2024 12:14 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.53	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	10.33	ug/dl	5.1 - 14.0
TSH (CLIA)	2.89	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

Surat:
Piplod
07/03/2024 12:14 PM
Nr. Shreyas Vidyalaya, Nalini House,
Manjalpur, Vadodara - 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

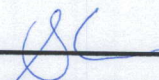


MR No. : S150713	Collection Date : 07/03/2024 9:10AM
Patient Name : Mrs. Shiv Kumari Shashikant Yadav	Age : 39 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 07/03/2024 12:04 PM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
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	3-4	/hpf
EPITHELIAL CELLS	4-6	/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

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



MR No. : S150713	Collection Date : 07/03/2024 9:10AM
Patient Name : Mrs. Shiv Kumari Shashikant Yadav	Age : 39 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 07/03/2024 1:20 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	111	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

Surat:
Piplod
Bairi, Pip Road, 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

Page 1 of 1

DOB:
yr, FEMALE

SINUS RHYTHM
NONSPECIFIC T-WAVE ABNORMA
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Vent ra 86 BPM
PR int: 131 ms
QRS dur: 81 ms
QT/QTc: 349/393 ms
P-R-T axes: 57 52 -5

Mrs. Shirkumersi Shershikent
yerdan 39F

