



**OPD ASSESSMENT FORM**

Name Mrs Yasminbenu Mh Yassin <sup>Phone No. 2234</sup> Age.Sex 32 IF MR.No. S145799  
 Doctor Dr Kameel Gujjari Date 11-11-23  
 Ht: 158 cm Wt: 86.9 kg Temp:      Pulse: 75 bpm BP: 139/80  
 SPO2: 98 % Post of walk SPO2:     

Chief Complaints :

NOT - ANY

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes  No

On examination :

Rx } NAD.  
CVS }

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  
 → Tab. Zifi (200)  
     1-0-1.  
 → Tab. Levoflox (500)  
     1-0-0.  
 → citro-soda sachet

Investigation advised :  
— Urine  $\leftarrow$  S.

x (5)  
days

f. neg.

1 in 1/2 glw bd.

Follow Up :

Date :     

Signature

Singh



ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mrs. Yashminbany. pathan Date : 11/11/2023 10:00am

Sex : F Age : 32 Ref. by Dr. Dr. Meditheel Done by Dr. Dr. Sarvendra Singh

LV Size :

(n)

LVEF : 69 % (VISUAL)

DIASTOLIC DYSFUNCTION :

NO

LVH :

NO

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

NO

MITRAL VALVE :

(n)

AORTIC VALVE

PULMONARY VALVE :

TRICUSPID VALVE

PAH :

PASP :

RA :

LA :

RV :

IVC :

IAS :

IVS :

IVS (s) cm

LV (s) cm

PW (s) cm

LVEF = %

IVS (d) cm

LV (d) cm

PW (d) cm

FS = %

CONCLUSION :

NO NEG/CL/PE

J



### OPD ASSESSMENT FORM



Name Mrs Yasminbany Malyasin <sup>From</sup> Age Sex 32/F MR.No. 3145799

Doctor Dr Hardik Shroff Date 11/11/23

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

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

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes  No

On examination : BC - Ant-Seq MAD

Past History :

V - E (6-11) N. 6  
(6-11)

Functi (Central) BC - MAD

Provisional Diagnosis :

NH opthalmia

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, (Ophthalmology)

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

SUNSHINE GLOBAL HOSPITAL  
Piplod, SURAT.



# OPD ASSESSMENT FORM



Name Mrs Yasminbama Kham Puthem Age.Sex 32/F MR.No. 5145799

Doctor Shailaja Desai Date 11/11/23

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

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

**Chief Complaints :**

Routine dental check up

**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)**

Rx

1) Scaling

**Investigation advised :**

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

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

In case of emergency Please report to Emergency Department of Hospital OR  
Call : 75748 49465, 0261-4111000



MR. NO.

Name:

Age: 32

*Yasunbary mh. Yasin Khan*

Ht.: 158 Wt. 86.9 B.P.: 170/90

Date: 11/11/23

Clinical Evaluation / History / Presenting Complain:

*Ruled out*

Gynecological History :

1. Have you ever noticed any bleeding between menstrual periods?  
મારિસ ના સમય વિવાચ વચ્ચે કશીકશીય વ્હીડીંગ થાય છે ?
2. Are / were your periods Irregular?  
પીરિયડ રેગ્યુલર છે ?
3. Are you pregnant now?  
સાચાંદે હવે પ્રેગ્નન્ટ છો ?
4. Have you had your change of life (Menopause)?  
મેનોપોઝ ની સોઈ લક્ષણ ની વ્હીડીંગ છે ?
5. Are / were you taking birth control pills?  
એ કન્ટ્રોલ પીલ્સ ખોલીલી છે ?
6. Do you have a lump in your breast?  
સાંનમાં દુઃખાવી / સોજો / ગાંઠ છે ?
7. Did anyone in your family suffer from breast cancer?  
કુટુંબમાં કોઈને બ્રેસ્ટ કેન્સર છે ?
8. Did anyone in you family suffer from any other cancer?  
કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Obstetric History :

1. Menstrual History : Menarche at ..... 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):

*8th*

2. Obstetric History :  
Gravida ..... Pare ..... Abortion ..... Live .....  
Married life with cohabitation.....  
Children M: 12 F: 9 Last Delivery: ..... Yrs back  
Any bad Obstetric event / history Yes / No  
If yes Describe:

*2*

History of Contraception & Family Planning:

*Dr. P. A. Bhatt*

# Examination

- a. Breast Examination - Right *Normal* Left *Normal*
- b. Per abdomen examination *Soft Ca*
- c. Local examination Vulva: *Normal* Vagina *Normal*
- d. Per Speculum Examination

*P.P. Cervix*  
e. Per vaginal examination:

Cervi: Uterus: AV/RV : Normal / Bulky  
Adnexa:  Normal / Bulky  
PAP's Smear Taken Yes / No

## Clinical Impression:

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## Recommendation:

A. Additional Inv. / Referral Suggested

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B. Therapeutic Advice

	<i>Q</i>
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*2 weeks*

Followup Date

**DR. BHAVNA DESAI**  
MD, DGO

REG. NO. - 10538

Gynaecologist's Signature  
**SUNSHINE GLOBAL HOSPITAL**  
SURAT.



<b>PAT. NAME:</b> Yasminbanu Mh. Yasin khan Pathan	<b>Date :</b> 11/11/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 32 Yrs / F
<b>INV. :</b> USG Abdomen & Pelvis	<b>MR NO. :</b> S145799

**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 enlarge in size (12.6 cm), 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 on left side.  
Right kidney: Two non obstructing calculi are noted at interpole region, measuring 2.3 mm and 4 mm.

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:**

- Splenomegaly.
- Two non obstructing right renal calculi.



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




PAT. NAME: Yasminbanu Mh. Yasin khan Pathan	Date : 11/11/2023
REF. DOCTOR : Hosp. Dr.	AGE : 32 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : 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 - 11:24 AM

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**Vadodara :**  
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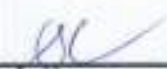
<b>MR No.</b> : S145799	<b>Collection Date</b> : 11/11/2023 9:29AM
<b>Patient Name</b> : Mrs. Yasminbanu Muhammed	<b>Age</b> : 32 Y <b>Sex</b> : Female
<b>Ref By</b> : Yasinkhan Pathan Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:43AM

### HAEMATOLOGY

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	11.1	gm/dl	12.0 - 15.0
PCV	36.5	%	36 - 46
RBC COUNT	4.56	mill/cmm	4.0 - 5.0
MCV	80.0	fl	76 - 96
MCH	24.3	pg	26 - 32
MCHC	30.4	%	32 - 36
RDW	14.3	%	11 - 15
PLATELET COUNT	3.18	lacs/cmm	1.5 - 4.5
WBC COUNT	7990	/cmm	4000 - 11000
ESR	20	mm/hr	0 - 15
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	63	%	40 - 70
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	07	%	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

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<b>Ref By</b> : Yasinkhan Pathan : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:37AM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	101	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

**CLINICAL CHEMISTRY**

<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.17	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.56	ug/dl	5.1 - 14.0
TSH (CLIA)	4.61	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.

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

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

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<b>Ref By</b> : Yasinkhan Pathan Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:38AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.8	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	119.76	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.

**SERUM URIC ACID**

SERUM URIC ACID (Uricase)	5.1	mg/dl	2.4 - 5.7
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\*\*\*\*\* End Report \*\*\*\*\*

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

Reg. No.: G-9074

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<b>Ref By</b> : Yasinkhan Pathan Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:39AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	203	mg/dl	50 - 200
HDL CHOLESTEROL Direct	35	mg/dl	40 - 60
LDL CHOLESTEROL Direct	151.9	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	84	mg/dl	50 - 150
VLDL Calc	16.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.8		0 - 5
LDL / HDL RATIO	4.34		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 \*\*\*\*\*

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

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<b>Ref By</b> : Yasinkhan Pathan : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:40AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	119	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.3	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	28	U/L	5 - 41
SGOT (IFCC)	22	U/L	5 - 40
SERUM TOTAL PROTEIN Bluret	7.3	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.4	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.9	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.52	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFEE)	0.7	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)	26.6	mg/L	
URINE CREATININE (JAFEE)	135.2	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	19.6	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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**11/11/2023 10:41AM**  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 11/11/2023 10:43AM

**CLINICAL PATHOLOGY**

Parameter	Result	Normal Range
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Sl.Turbid	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.010	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Present(Trace)	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	80-100	/hpf
EPITHELIAL CELLS	10-15	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Present(++++)	
YEAST CELLS	Absent	

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

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

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

**Surat :**  
Piplod  
11/11/2023 10:50AM  
Beed Gaurav P  
Dumas Road, Surat - 395007  
T : + 91 0261 4111000  
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**Vadodara :**  
Manjalpur  
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**Vadodara :**  
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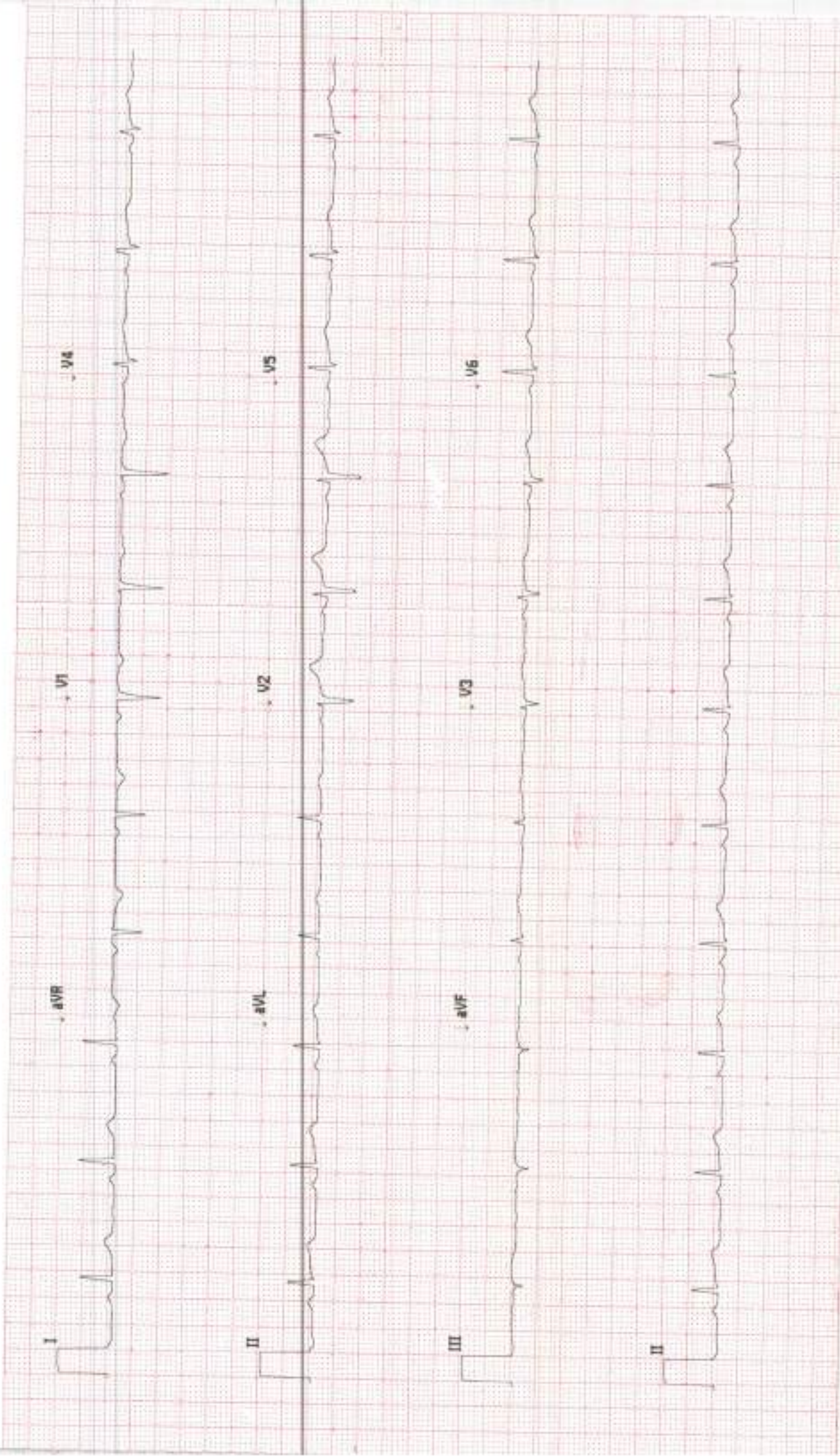
Page 1 of 1

DOB: [redacted]  
YR, FEMALE

*The Jashnabadi*  
32/F

Heart rate: 67 BPM  
PR int: 163 ms  
QRS dur: 85 ms  
QT/QTc: 402/418 ms  
P-R-T axes: 25 13 29

SINUS RHYTHM  
NORMAL ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by \_\_\_\_\_





MR No. : S145799  
Patient Name : Mrs. Yasminbanu Muhammed  
Ref By : Yasinkhan Pathan  
          : Dr. Hospital A Doctor  
Collection Date : 11/11/2023 9:29AM  
Age : 32 Y Sex : Female  
Report Date : 11/11/2023 1:11 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	114	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

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

Surat:  
11/11/2023 01:11PM  
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