



OPD ASSESSMENT FORM



Name ma Ravinder malhan Bahuguna Age Sex 57/m MR.No. S151112
 Doctor Dr. Hardik Shroff Date 15/03/2024
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaint

Drug / Food Allergy Nil

Prior Medication Reviewed : Yes No

On examination : RF Ant. Seg MAD

Vertical G6 dig ST
G6

Past History :

R+1-25T+0.75+180° G6
L+1-25T+1.0x180° G6
RF MAD dig 0.5

Provisional Diagnosis :

Bundii (central)

Nutritional Assessment :

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

RF Compound Hyperopia

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Change of gl

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Reg. No. 0-21902

Follow Up : 208 Date : _____

SUNSHINE GLOBAL HOSPITAL
Signature



OPD ASSESSMENT FORM



Name Mr. Ravinder Bahuguna Age.Sex 57/M MR.No. 515112

Doctor Dr. Kunal Goyal Date 15/03/2024

Ht: 172cm Wt: 82kg Temp: 98.4 Pulse: 68/M BP: 183/87 mmHg

SPO2: 98+ Post of walk SPO2: _____

Chief Complaints :

Not-Any.

Drug / Food Allergy :

Not taken today's medicine.

Prior Medication Reviewed : Yes No

On examination :

R } NAD
(VS) }

Past History :

KID DM + HTN

Provisional Diagnosis :

Nutritional Assessment :

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

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

Rx

Investigation advised :

→ Tab. Tazloc-Beta (40/25) 1-0-0. x (02) months.
ABF.

Repeat HbA1c & lipid-profile

after (03) months.
K. Goyal

Follow Up : _____ Date : _____

Signature



OPD ASSESSMENT FORM



Name Mr. Ravinder Mohan Age.Sex 57/m MR.No. 515112

Doctor Dr. Shailaja Desai Date 15/3/24

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 :

- stain calculus
- Root stump of $\frac{1}{46}$
- missing $\frac{9}{46}$

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

- 1) Scaling
- 2) Extraction of $\frac{1}{46}$
- 3) Replacement of $\frac{1}{46}$

Investigation advised :

U.F. Repair

Dr. Shailaja Desai

B.S.S. (Dental Surgeon)

A-9733

Dental Surgeon

Sunshine Global Hospital, Sur

Follow Up : _____ Date : _____

Signature



SPECTACLE CARD



Ref. No.

5151112

Name:

Mr. Ravinder M. Sahnguna

Date:

15th 5 20 24

RIGHT				
Sph.	Cyl.	Axis	V.A.	
+1.25	+0.75	180°	6/6	
+3.75	+0.75	180°	N/6	

LEFT				
Sph.	Cyl.	Axis	V.A.	
+1.25	+1.0	180°	6/6	
+3.75	+1.0	180°	N/6	

Remarks:

Progressive

INSTRUCTIONS:

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09:30 am to 11:30 am, Monday to Saturday
 Please obtain reporting time in advance & always bring OPD Fee

Consulting Eye Surgeon

Dr. Big Bazar, Piprod, Surat - 395 007. Ph. 0261-4111000, 4111002 ● www.sunshineglobalhospitals.com



NO-315112



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Balvinder Date : 15/03/2024

Sex : M Age : 57 Ref. by Dr. : _____ Done by Dr. Suavender Singh

LV Size : (n) LVEF : 66 % (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
PULMONARY VALVE : (n) TRICUSPID VALVE (n)

PAH : _____ PASP : 10 mmHg

RA : _____ LA : _____
RV : (n) IVC : (n)

IAS : _____
IVS : Intact

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

CONCLUSION :

no sig. chord IPE
2D echo for health checkup
S



PAT. NAME: Ravinder Bahuguna	Date : 15/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 57 Yrs / M
INV. : USG Whole Abdomen	MR NO. : S151112

Findings:

Liver is normal in size, 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.

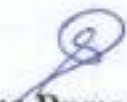
Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

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




PAT. NAME: Ravinder Bahuguna	Date : 15/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 57 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S151112

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: 15/03/2024 - 11:49 AM

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MR No. : S151112
Patient Name : Mr. Ravinder Mohan Bahuguna
Ref By : Dr. Hospital A Doctor
Collection Date : 15/03/2024 9:18AM
Age : 57 Y Sex : Male
Report Date : 15/03/2024 12:07 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	15.8	gm/dl	13.0 - 17.0
PCV	46.6	%	40 - 50
RBC COUNT	5.40	mill/cmm	4.5 - 5.5
MCV	86.3	fl	76 - 96
MCH	29.3	pg	26 - 32
MCHC	33.9	%	32 - 36
RDW	11.9	%	11 - 15
PLATELET COUNT	2.40	lacs/cmm	1.5 - 4.5
WBC COUNT	6480	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	58	%	40 - 70
LYMPHOCYTES	31	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	09	%	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 *****

Dr. Shobha Chokal
MD, DCP (Pathology)

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MR No. : S151112	Collection Date : 15/03/2024 9:18AM
Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:02 PM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"AB"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	5.8	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	150	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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MR No. : S151112	Collection Date : 15/03/2024 9:18AM
Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:03 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HbA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	<u>6.8</u>	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	148.46	mg/dl	

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

Note:- Criteria for the diagnosis of diabetes HbA1c >/=6.5*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemc control).
2. 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.
3. 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.
4. Long term complications of diabetes such as retinopathy,nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
5. 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 *****

Sh
Dr. Shobha Choksi
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MR No. : S151112	Collection Date : 15/03/2024 9:18AM
Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:03 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	198	mg/dl	50 - 200
HDL CHOLESTEROL Direct	25	mg/dl	40 - 60
LDL CHOLESTEROL Direct	118.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	272	mg/dl	50 - 150
VLDL Calc	54.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	7.92		0 - 5
LDL / HDL RATIO	4.75		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
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MR No. : S151112
Patient Name : Mr. Ravinder Mohan Bahuguna
Ref By : Dr. Hospital A Doctor
Collection Date : 15/03/2024 9:18AM
Age : 57 Y Sex : Male
Report Date : 15/03/2024 12:05 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	91	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.8	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.4	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	26	U/L	5 - 41
SGOT (IFCC)	22	U/L	5 - 40
SERUM TOTAL PROTEIN Bluret	8.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3.2	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.5	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.8	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	12.4	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	27.3	mg/L	
URINE CREATININE (JAFPE)	124	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	22.0	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
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Reg. No.: G-9074



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Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:05 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.06	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.09	ug/dl	5.1 - 14.0
TSH (CLIA)	5.35	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 *****

[Signature]
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Reg. No.: G-9074

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CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
PSA [PROSTATE SPECIFIC ANTIGEN]			
PSA (CLIA)	2.07	ng/ml	0 - 4.0

CHEMILUMINESCENCE

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/ml.
 Percentage of Free PSA = $\frac{\text{Free PSA}}{\text{Total PSA}} \times 100 = \text{Percent free PSA}$.
 Patient with prostate cancer generally have a lower percentage of free PSA compared to benign prostatic hyperplasia.
 Percentage free PSA of less than 25% is a high likelihood of prostatic cancer.

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

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

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Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:07 PM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	40	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
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	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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

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MR No. : S151112
Patient Name : Mr. Ravinder Mohan Bahuguna
Ref By : Dr. Hospital A Doctor
Collection Date : 15/03/2024 9:18AM
Age : 57 Y Sex : Male
Report Date : 15/03/2024 1:14 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	184	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

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DOB:
 yr, MALE
 Mr. Adirindale N. STAH
 Bathurmy

Vent rate: 58 BPM
 PR int: 130 ms
 QRS dur: 97 ms
 QT/QTc: 390/386 ms
 P-R-T axes: 42 18 89

SINUS BRADYCARDIA
 NONSPECIFIC T-WAVE ABNORMALITY
 BORDERLINE ECG
 INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
 Reviewed by -----

✓

