DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

OPD ASSESSMENT FORM

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Name Mrs. Snehal R. Rathod Age.Sex 43/F MR.No. 5149569

Doctor Dr Komal Gajjar Date 10/02/2024

Ht : 151cm Wt. : 54.2kg Temp : 97.8°F Pulse : 92 b/m BP : 93/64 mm Hg

SPO2 : 98-1 on RA Post of walk SPO2 : —

Chief Complaints :

Not - Any.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes ☑ **No** ☐

On examination :

PS
CVS } NAD

Past History :

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. Tayo-total 1-0-0 × (01) month.

Dr. Komal Gajjar
M.B.B.S. (MEDICINE)
CONSULTANT PHYSICIAN
SUNSHINE GLOBAL HOSPITAL
SURAT.

Follow Up : **Date :** _____ **Signature**

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

DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

OPD ASSESSMENT FORM

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Name Mrs. Snehal R. Rathod Age.Sex 43/F MR.No. S149569

Doctor Dr. Shailaja Desai Date 10/2/24

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 :

- +s 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 :

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

Signature

Follow Up : **Date :** _____

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

DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

NABH

OPD ASSESSMENT FORM

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Name Mrs. Snehal Rathod Age.Sex 43/F MR.No. 514956

Doctor Dr. Hardik Shroff Date 10/02/24

Ht : ______ Wt. : ______ Temp : ______ Pulse : ______ BP : ______

SPO2 : ______ Post of walk SPO2 : ______

Chief Complaints :

c/o Dov for near

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination : BE Ant-Seg NAD

V/A C 6/6 6/6 N/6 c̄ +1.25

Fundii Central BE NAD

Past History :

Provisional Diagnosis :

Nil ophthalmic

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

℞

—

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophth...)
Regd. No. ...2
SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT

Signature

Follow Up : SOS Date : ______

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

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PAT. NAME: Snehal Rathod	**Date** : 10/02/2024
REF. DOCTOR : Hosp. Dr.	**AGE** : 43 Yrs / F
INV. : USG Abdomen & Pelvis	**MR NO.** : S149569

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 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.
Uterus appears normal size, shape and echopattern. No e/o any focal or diffuse lesion noted.
Endometrial thickness is normal.
Right ovary is not visualized. No gross lesion in right adnexa.
Left ovary appear normal in size, shape and echopattern.
No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- **No significant abnormality seen.**

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

Transcribed By: Asha

Date & Time of report: 02/10/2024 – 01:03 PM

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PAT. NAME: Snehal Rathod	**Date** : 10/02/2024
REF. DOCTOR : Hosp. Dr.	**AGE** : 43 Yrs / F
INV. : Radiograph of Chest PA	**MR NO.** : S149569

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

Date & Time of report: 10/02/2024 – 12:55 PM

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 12:10 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.0	gm/dl	12.0 - 15.0
PCV	40.4	%	36 - 46
RBC COUNT	4.59	mill/cmm	4.0 - 5.0
MCV	88.0	fl	76 - 96
MCH	28.3	pg	26 - 32
MCHC	32.2	%	32 - 36
RDW	12.8	%	11 - 15
PLATELET COUNT	3.02	lacs/cmm	1.5 - 4.5
WBC COUNT	4920	/cmm	4000 - 11000
ESR	**21**	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	59	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	05	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

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

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

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 11:07AM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	99	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.33	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.56	ug/dl	5.1 - 14.0
TSH (CLIA)	1.94	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 mechnism 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 whiled in secondary and tertiary hypothyroidism . TSH levels are low.

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

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Reg. No.: G-9074

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 11:07AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
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 >/=6.5*

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of long term glycemic 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 *******

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Reg. No.: G-9074

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 11:08AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	**211**	mg/dl	50 - 200
HDL CHOLESTEROL Direct	43	mg/dl	40 - 60
LDL CHOLESTEROL Direct	**127**	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	**311**	mg/dl	50 - 150
VLDL Calc	**62.2**	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.91		0 - 5
LDL / HDL RATIO	2.95		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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Reg. No.: G-9074

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 12:18 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	47	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)	25	U/L	5 - 41
SGOT (IFCC)	27	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.6	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.85	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.5	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.9	mg/dl	2.4 - 5.7
BUN [BLOOD UREA NITROGEN]			
BUN	10.6	mg/dl	8 - 23

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

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

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 12:19 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	**0.51**	mg/L	
URINE CREATININE (JAFFE)	**71.9**	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	7.09	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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Reg. No.: G-9074

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 12:11 PM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	**30** ml	
COLOUR	Pale Yellow	
APPEARANCE	Sl.turbid	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.030	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	3-4 /hpf	
EPITHELIAL CELLS	2-3 /hpf	
RBC	Absent /hpf	
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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Reg. No.: G-9074

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MR No.	: **S149569**	**Collection Date**	: 10/02/2024 10:01AM
Patient Name	: **Mrs. Snehal Rajendrasinh Rathod**	**Age**	: 43 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 10/02/2024 12:52 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	125	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

10/02/2024 12:52PM

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GYNAECOLOGICAL CONSULTATION

MR. NO.

Name: mrs. Snehal R. Rathod

Date: 10/02/24

Age : Ht. : Wt. : B.P. :

Clinical Evaluation / History / Presenting Complain:

Pewhi-x

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય વચ્ચે અનીયમીત બ્લીડીંગ થાય છે ?	☐	☑
2. Are / were your periods Irregular ? પીરીયડ રેગ્યુલર છે ?	☐	☑
3 Are you pregnant now ? અત્યારે તમે પ્રેગનન્ટ છો ?	☐	☑
4 Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ લક્ષણ ની તકલીફ છે ?	☐	☑
5 Are / were you taking birth control pills? તમે ગર્ભનિરોધક ગોળીઓ છે ?	☐	☑
6. Do you have a lump in your beast ? સ્તનમાં દુ:ખાવો / સોજો / ગાંઠ છે ?	☐	☑
7. Did anyone in your family suffer from beast cancer ? કુટુંબમાં કોઈએ બ્રેસ્ટ કેન્સર છે ?	☐	☑
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?	☐	☑

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):

2. Obstetric History :

Gravida .... Pare .... Abortion .... Live 3

Married life with cohabitation 20

Children M: 10 F: 12 Last Delivery: Yrs back

Any bad Obstetric event / history Yes / No

If yes Describe:

(Margin note: 8 FTND, 1 FTND)

History of Contraception & Family Planning: —

Examination

a. Breast Examination - Right NAD Left NAD

b. Per abdomen examination Scar + Lax

c. Local examination Vulva : NAD Vagina NAD

d. Per Speculum Examination

FS Cx hypertrophied everted.

e. Per vaginal examination :

Cervi : Uterus : AV/RV : ~~Normal~~ / Bulky

Adnexa :

PAP's Smear Taken ~~Yes~~ / No

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

c depth

B. Therapeutic Advice

DR. BHAVNA DESAI
MD,DGO
REG. NO.-40538
SUNSHINE GLOBAL HOSPITAL
SURAT.

c depth

Followup Date

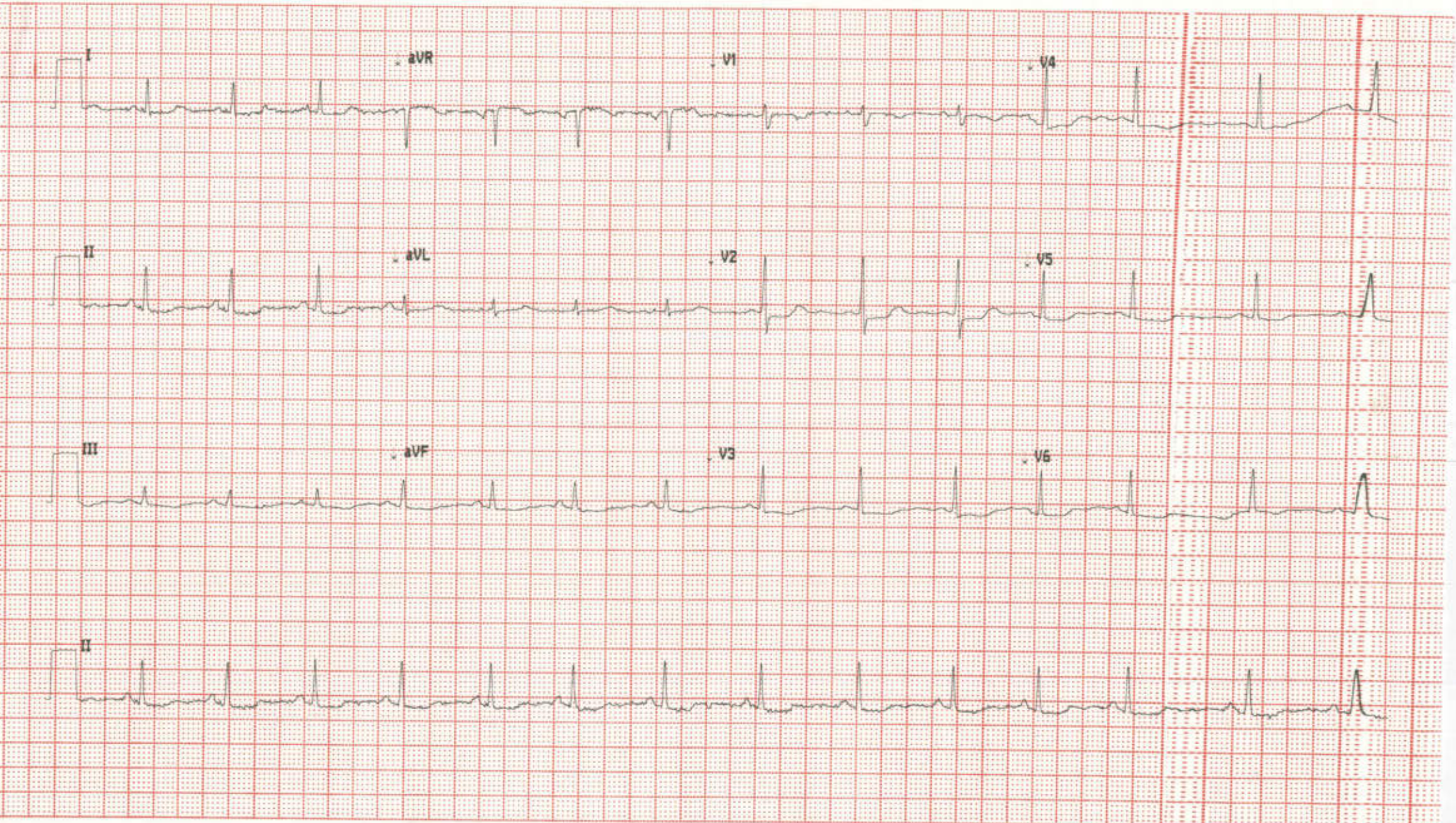
Gynaecologist's Signature

DOB:
yr, FEMALE

Vent rate: 83 BPM
PR int: 138 ms
QRS dur: 72 ms
QT/QTc: 359/399 ms
P-R-T axes: 64 48 -48

SINUS RHYTHM
NONSPECIFIC ST & T-WAVE ABNORMALITY
ABNORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____



Version 1.20.02 Sequence #12200 25mm/s 10mm/mV 0.05-40 Hz 50Hz