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

OPD ASSESSMENT FORM

Name Mr. Parth Vaghela Age.Sex 34/M MR.No. 5150070

Doctor Dr. Hardik Shroff Date 23/02/24

Ht : ____ Wt. : ____ Temp : ____ Pulse : ____ BP : ____

SPO2 : ____ Post of walk SPO2 : ____

Chief Complaints :

No complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination : BE Ant-Seg NAD

Vn { 6/6 6/6 N/6 Fundus (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 :

Follow Up : SOS 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

Name: Mr. Parth Vaghela Age.Sex: 34/M MR.No. S150070

Doctor: Dr Krunal Gajjar Date: 23/02/2024

Ht: 166 Cm Wt.: 82.6 kg Temp: 97°F Pulse: 99 b/m BP: 160/120 mm/Hg

SPO2: 97 %. Post of walk SPO2:

Chief Complaints:

NOT - Any.

Drug / Food Allergy:

NO

Prior Medication Reviewed: Yes ☑ No ☐

On examination:

RS / 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)

℞

→ Salt Restricted diet

→ Excersize.

→ Tab. Tazloc-Beta (40/25) 1-0-0. × (03) month. ABF.

B.P. monitoring

[signature]

Investigation advised:

Follow Up: Date: ______

Signature

In case of emergency Please report to Emergency Department of Hospital OR
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DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

OPD ASSESSMENT FORM

Name Mr. Parth Vaghela Age.Sex 34/M MR.No. S150070

Doctor Dr Shailaja Desai Date 23/02/24

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 :

- +stain +calculus

Past History :

Provisional Diagnosis :

Nutritional Assessment :

☐ Obese

☐ Well nourished

☐ Mild- moderate nourished

☐ Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

℞

1) Scaling

Investigation advised :

S.P. Desai

Dr. Shailaja Desai
B.D.S. (Dental Surgeon)
A-8793
Dental Surgeon
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/OPD007	DOI	14/06/2014	Rev. No.	0.0

MR No: 5150070

ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Parth Vaghela Date : 23/02/2024 12:45 PM

Sex : M Age : 34 Ref. by Dr. : Health Chekup Done by Dr. Sarvendra 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 :
PULMONARY VALVE : (n)

AORTIC VALVE
TRICUSPID VALVE (n)

PAH : —

PASP : 7 mmHg

RA :

LA :

RV : (n)

IVC :

IAS : Intact

IVS : (n)

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

CONCLUSION :

No vegi/clot IPG

for Health checkup plan

[signature]

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PAT. NAME : Parth Vaghela	
REF. DOCTOR : Hosp. Dr.	Date : 23/02/2024
INV. : USG Abdomen & Pelvis	AGE : 34 Yrs / M
	MR NO. : S150070

Findings:

Liver is enlarge in size (17.7 cm), shape and shows moderate 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 is not visualized, obscured by bowel gas.
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.
Prostate appears normal in size, shape and echopattern.
No e/o free fluid in pelvis.

IMPRESSION:

- **Hepatomegaly with grade II fatty liver.**

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

Transcribed By: Asha

Surat: Piplod
Beside Big Bazar, Gaurav Path
Vadodara : Manjalpur
Nr. Shreyas Vidyalaya, ...
Vadodara : Tilak Road

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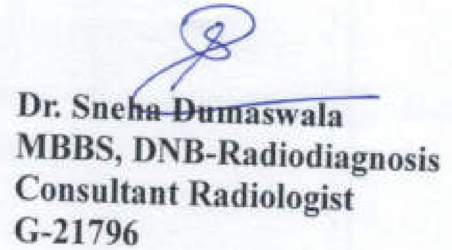
PAT. NAME : Parth Vaghela	
REF. DOCTOR : Hosp. Dr.	Date : 23/02/2024
INV. : Radiograph of Chest PA	AGE : 34 Yrs / M
	MR NO. : S150070

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: 23/02/2024 – 11:46 AM

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MR No	: S150070	**Collection Date**	: 23/02/2024 9:32AM
Patient Name	: **Mr. Parth Vaghela**	**Age**	: 34 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/02/2024 12:39 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	15.4	gm/dl	13.0 - 17.0
PCV	46.0	%	40 - 50
RBC COUNT	5.34	mill/cmm	4.5 - 5.5
MCV	86.1	fl	76 - 96
.CH	28.8	pg	26 - 32
MCHC	33.5	%	32 - 36
RDW	11.7	%	11 - 15
PLATELET COUNT	3.19	lacs/cmm	1.5 - 4.5
WBC COUNT	5210	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	51	%	40 - 70
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	05	%	1 - 6
MONOCYTES	09	%	2 - 11
BASOPHILS	01	%	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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MR No.	: S150070	Collection Date	: 23/02/2024 9:32AM
Patient Name	: Mr. Parth Vaghela	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 23/02/2024 12:33 PM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	97	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.28	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	8.56	ug/dl	5.1 - 14.0
TSH (CLIA)	2.28	uIU/ml	0.2 - 4.5

Note:-

yroid 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.

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MR No.	**: S150070**	**Collection Date**	**: 23/02/2024 9:32AM**
Patient Name	**: Mr. Parth Vaghela**	**Age**	**: 34 Y Sex : Male**
Ref By	: Dr. Hospital A Doctor	**Report Date**	**: 23/02/2024 12:34 PM**

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.7	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	**116.89**	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.

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	**7.9**	mg/dl	3.4 - 7.0

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

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MR No.	: S150070	Collection Date	: 23/02/2024 9:32AM
Patient Name	: Mr. Parth Vaghela	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 23/02/2024 12:35 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	**214**	mg/dl	50 - 200
HDL CHOLESTEROL Direct	41	mg/dl	40 - 60
LDL CHOLESTEROL Direct	**130.1**	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	**219**	mg/dl	50 - 150
VLDL Calc	**43.8**	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	**5.22**		0 - 5
LDL / HDL RATIO	**3.17**		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

23/02/2024 12:35PM

Page 1 of 1

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MR No.	**: S150070**	**Collection Date**	: 23/02/2024 9:32AM
Patient Name	**: Mr. Parth Vaghela**	**Age**	: 34 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/02/2024 12:37 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	65	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.6	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	**70**	U/L	5 - 41
SGOT (IFCC)	39	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.6	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	**5.3**	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.3	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.9	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	8.9	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	**50.8**	mg/L	
URINE CREATININE (JAFFE)	**217.9**	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	23.3	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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MR No.	**: S150070**	**Collection Date**	: 23/02/2024 9:32AM
Patient Name	**: Mr. Parth Vaghela**	**Age**	: 34 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/02/2024 12:40 PM

CLINICAL PATHOLOGY

Parameter	Result		Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION			
TYPE OF SPECIMEN - URINE	Random		
PHYSICAL EXAMINATION			
QUANTITY	**20**	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	2-3	/hpf	
EPITHELIAL CELLS	1-2	/hpf	
RBC	Absent	/hpf	
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		
YEAST CELLS	Absent		

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

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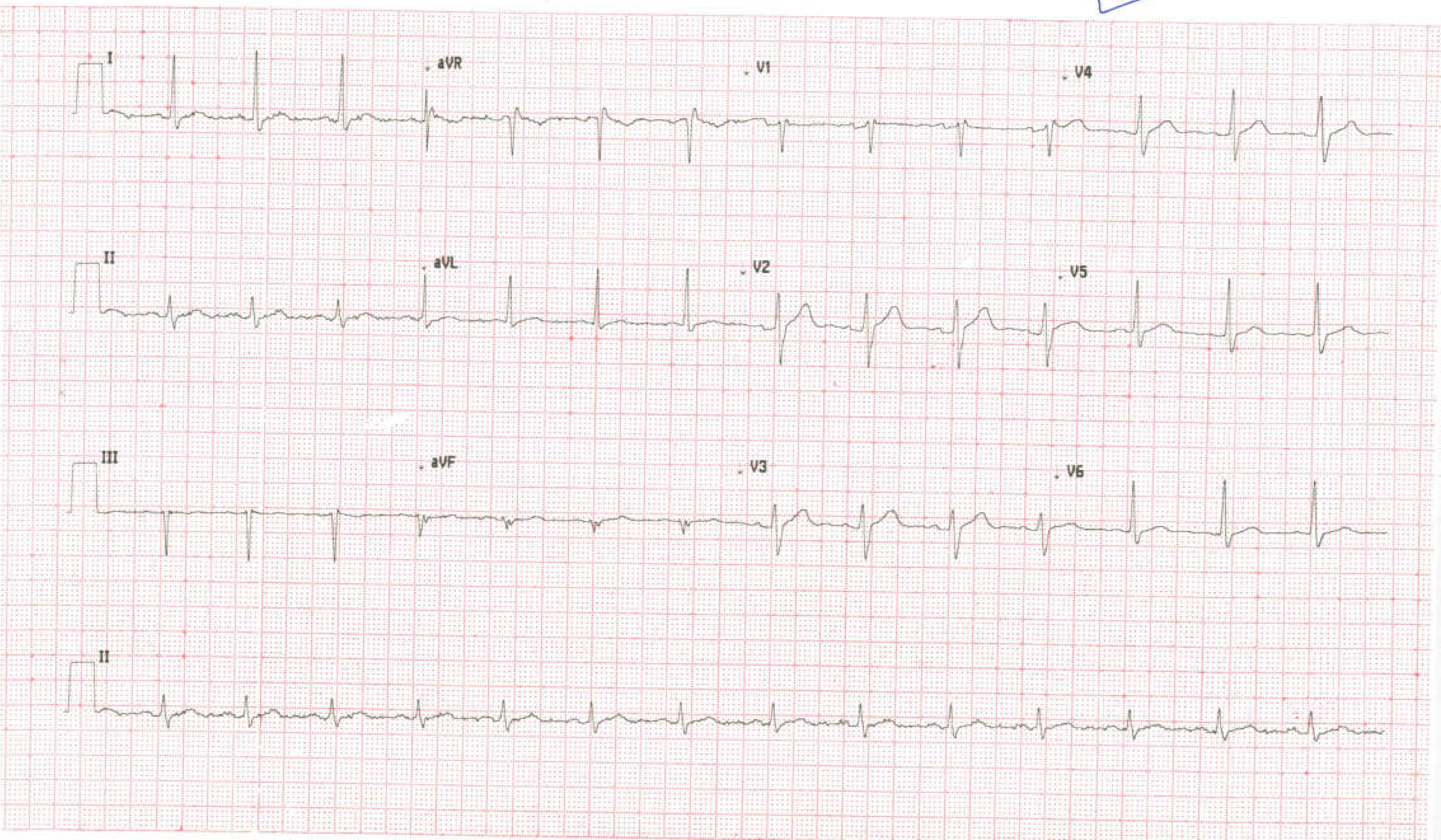
DOB:
yr, MALE

Vent rat	86 BPM
PR int:	159 ms
QRS dur:	102 ms
QT/QTc:	343/387 ms
P-R-T axes:	46 -14 36

SINUS RHYTHM
INCOMPLETE RIGHT BUNDLE BRA BLOCK
MINIMAL VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT
NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by ________________



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