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↑

Dr. Umang Resa

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Besides Big Bazar,  
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Surat - 395007.  
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# OPD ASSESSMENT FORM



Name ms. Renuka Salpate Age.Sex 30/F MR.No. 5143366

Doctor Dr. Umang Desai Date 23-09-23

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 :**

- Astain

**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. Desai



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

Signature





# OPD ASSESSMENT FORM



Name Miss. Renuka satpute Age.Sex 30/F MR.No. 5143366  
 Doctor Dr. Krunal Gajjar Date 23-9-23  
 Ht : 156cm Wt. : 52.9kg Temp : \_\_\_\_\_ Pulse : 98 bpm BP : 129/86 60/100 mmHg  
 SPO2 : 100% Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

Not-Any.

**Drug / Food Allergy :**

NO.

Prior Medication Reviewed : Yes  No

**On examination :**

RS } 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 :**

Anti-TPO Antibody.

**Dr. Krunal Gajjar**  
 M.B.B.S., MD (MEDICINE)  
 CONSULTANT PHYSICIAN  
 Reg. No. G-20422  
 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





**GYNAECOLOGICAL CONSULTATION**



MR. NO. 5

Name: Ms. Renuka Satpute

Date: 23/09/23

Age: 30/A Ht.: 156cm Wt.: 52.9 B.P.: 129/86mmHg

**Clinical Evaluation / History / Presenting Complain:**

Spot bleed  
D.M + H.H.

**Gynecological History :**

Yes No

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

**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): 20/09/23

2. Obstetric History : M.L. 8mk  
Gravida ..... Pare ..... Abortion ..... Live .....  
Married life with cohabitation.....  
Children M: F: 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*
- b. Per abdomen examination *PM*
- c. Local examination Vulva: *is*
- d. Per Speculum Examination *is*

Left *→*

Vagina *Vaginitis +*

*breast*

e. Per vaginal examination :

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

*Not all over  
PW*

**Clinical Impression:**

**Recommendation:**

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

*Q*

*cept*

Followup Date

DR. BHAVNA DESAI  
MD, DGO  
REG. NO. 10538  
SUNSHINE GLOBAL HOSPITAL  
Gynaecologist's Signature





# OPD ASSESSMENT FORM



Name Mrs. Anurag Salpate Age.Sex 30/F MR.No. 5143360

Doctor Dr. Harshik Shroff Date 23-09-23

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

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

Chief Complaints :

Drug / Food Allergy :

No complaint

Prior Medication Reviewed : Yes  No

On examination : RC - Ant-Seq MAD

Past History :

Vn R 6/6 Nig Fundi (Central)

Provisional Diagnosis :

Nutritional Assessment :

NH ophthalmic

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Harshik Shroff

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

**SUNSHINE GLOBAL HOSPITAL**  
Piprod, SURAT.  
Signature

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

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





MR. NO! - S143366

ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mrs. Romyka Satpute Date : 23/09/23 11:25 AM  
Sex : F Age : 30 Ref. by Dr. : medicheep Done by Dr. suryambhar Singh

LV Size :

LVEF : 68 % (VISUAL)

DIASTOLIC DYSFUNCTION :

LVH :

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

NORMAL ECHO

MITRAL VALVE :

AORTIC VALVE

PULMONARY VALVE :

TRICUSPID VALVE

PAH :

PASP :

RA :

LA :

RV :

IVC :

IAS :

IVS :

IVS (s)	cm	LV(s)	cm	PW (s)	cm	LVEF =	68	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =		%

CONCLUSION :

L





<b>MR No.</b> : S143366	<b>Collection Date</b> : 23/09/2023 9:41AM
<b>Patient Name</b> : Ms. Renuka Kishor Satpute	<b>Age</b> : 30 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/09/2023 11:51AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	11.1	gm/dl	12.0 - 15.0
PCV	35.9	%	36 - 46
RBC COUNT	4.34	mill/cmm	4.0 - 5.0
CV	82.7	fl	76 - 96
MCH	25.6	pg	26 - 32
MCHC	30.9	%	32 - 36
RDW	17.5	%	11 - 15
PLATELET COUNT	4.29	lacs/cmm	1.5 - 4.5
WBC COUNT	8130	/cmm	4000 - 11000
ESR	18	mm/hr	0 - 15
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	59	%	40 - 70
LYMPHOCYTES	27	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	10	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic Normocytic, Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

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

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

Reg. No.: G-9074

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<b>MR No.</b> : S143366	<b>Collection Date</b> : 23/09/2023 9:41AM
<b>Patient Name</b> : Ms. Renuka Kishor Satpute	<b>Age</b> : 30 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/09/2023 11:47AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
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  $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore 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.

**FASTING BLOOD SUGAR (FBS)**

FASTING BLOOD GLUCOSE (Hexokinase)	87	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

*Signature*

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

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<b>MR No.</b> : S143366	<b>Collection Date</b> : 23/09/2023 9:41AM
<b>Patient Name</b> : Ms. Renuka Kishor Satpute	<b>Age</b> : 30 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/09/2023 11:46AM

**HAEMATOLOGY**

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

**CLINICAL CHEMISTRY**

**THYROID FUNCTION TEST [TFT]**

TOTAL T3 (CLIA)	1.28	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.36	ug/dl	5.1 - 14.0
TSH (CLIA)	<b>6.18</b>	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**

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MR No. : S143366  
 Patient Name : Ms. Renuka Kishor Satpute  
 Ref By : Dr. Hospital A Doctor  
 Collection Date : 23/09/2023 9:41AM  
 Age : 30 Y Sex : Female  
 Report Date : 23/09/2023 11:47AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	201	mg/dl	50 - 200
HDL CHOLESTEROL Direct	47	mg/dl	40 - 60
LDL CHOLESTEROL Direct	123.1	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	154	mg/dl	50 - 150
VLDL Calc	30.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.28	mg/dl	0 - 5
LDL / HDL RATIO	2.62		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 \*\*\*\*\*

*AS*

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

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<b>MR No.</b> : S143366	<b>Collection Date</b> : 23/09/2023 9:41AM
<b>Patient Name</b> : Ms. Renuka Kishor Satpute	<b>Age</b> : 30 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/09/2023 11:48AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	85	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)	23	U/L	5 - 41
SGOT (IFCC)	29	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.3	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.7	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.59	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFJE)	0.6	mg/dl	0.5 - 1.2
<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	3.6	mg/dl	2.4 - 5.7
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	3.7	mg/dl	8 - 23

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

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

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**MR No.** : S143366  
**Patient Name** : Ms. Renuka Kishor Satpute  
**Ref By** : Dr. Hospital A Doctor  
**Collection Date** : 23/09/2023 9:41AM  
**Age** : 30 Y **Sex** : Female  
**Report Date** : 23/09/2023 11:49AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.7	mg/L	
URINE CREATININE (JAFJE)	21.1	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	22.2	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

*BC*

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

*B*  
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<b>MR No.</b> : S143366	<b>Collection Date</b> : 23/09/2023 9:41AM
<b>Patient Name</b> : Ms. Renuka Kishor Satpute	<b>Age</b> : 30 Y <b>Sex</b> : Female
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 23/09/2023 11:52AM

**CLINICAL PATHOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Normal Range</b>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	40	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.010	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	5-6	/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**

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**Surat:**  
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**MR No.** : S143366  
**Patient Name** : Ms. Renuka Kishor Satpute  
**Ref By** : Dr. Hospital A Doctor  
**Collection Date** : 23/09/2023 9:41AM  
**Age** : 30 Y **Sex** : Female  
**Report Date** : 23/09/2023 1:44 PM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	93	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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23/09/2023 01:44PM  
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PAT. NAME : Renuka Satpute	Date : 23/09/2023
REF. DOCTOR : Hosp. Dr.	AGE : 30 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S143366

**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. Pratik R**  
Consultant Radiologist

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 23/09/2023 - 02:21 PM

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<b>PAT. NAME :</b> Renuka Satpute	<b>Date :</b> 23/09/2023
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 30 Yrs / F
<b>INV. :</b> USG Abdomen & Pelvis	<b>MR NO. :</b> S143366

**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 in 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 ovarian simple cyst (39 x 35 mm).

Left ovary appear normal in size, shape and echopattern.

No e/o free fluid in abdomen / pelvis.

**IMPRESSION:**

- **Right ovarian simple cyst.**

*[Signature]*

**Dr. Pratik R**  
**Consultant Radiologist**

Transcribed By: Asha

Page: 1 out of 1  
Date & Time of report: 23/09/2023 – 02:21 PM

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Mrs. Renuka  
satpute  
30/F

23-Sep-2023 11:06:09

SINUS RHYTHM  
BORDERLINE RIGHT AXIS DEVIATION  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Vent rate: 98 BPM  
PR int: 130 ms  
QRS dur: 90 ms  
QT/QTc: 355/410 ms  
P-R-T axes: 59 92 44

Reviewed by -----

DOB:  
yr,

