



OPD ASSESSMENT FORM



Name Mr. Angad Kumar Bhugat Age.Sex 35 M MR.No. 5145802

Doctor Shailaja Desai Date 11/11/23

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 :

Asain

Provisional Diagnosis :

Nutritional Assessment :

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

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

Investigation advised :

Rx

1) scaling

D. P. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon **Signature**

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____



OPD ASSESSMENT FORM



Name Mr Anand Kumar Bhagat Age.Sex 35 M MR.No. 5145802

Doctor Dr Hardik Shroff Date 11-11-23

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No complaint

Prior Medication Reviewed : Yes No

On examination : BE Ant. Seg MAD

Past History :

Vn 6/6

Fundi (central)

BE MAD

Provisional Diagnosis :

NA ophthalmic

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

BE - Andue I-tant eye drops

[Signature]

Dr. Hardik Shroff

DOMS, DNB (Ophthalmology)

Regd. No. G-28902

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

Signature

Follow Up : Self Date : _____



MR No. : S145802 **Collection Date** : 11/11/2023 9:36AM
Patient Name : Mr. Angad Kumaftr Bhagat **Age** : 35 Y **Sex** : Male
Ref By : Dr. Hospital A Doctor **Report Date** : 11/11/2023 1:02 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	15.1	gm/dl	13.0 - 17.0
PCV	47.0	%	40 - 50
RBC COUNT	5.48	mill/cmm	4.5 - 5.5
MCV	85.8	fl	76 - 96
MCH	27.6	pg	26 - 32
MCHC	32.1	%	32 - 36
RDW	14.4	%	11 - 15
PLATELET COUNT	1.65	lacs/cmm	1.5 - 4.5
WBC COUNT	6320	/cmm	4000 - 11000
ESR	04	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	53	%	40 - 70
LYMPHOCYTES	35	%	20 - 40
EOSINOPHILS	06	%	1 - 6
MONOCYTES	06	%	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 *****

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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11/11/2023 01:28PM
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MR No. : S145802	Collection Date : 11/11/2023 9:36AM
Patient Name : Mr. Angad Kumafr Bhagat	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:03 PM

HAEMATOTOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	103	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		


CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.10	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.89	ug/dl	5.1 - 14.0
TSH (CLIA)	9.87	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.


Dr. Shobha Choksi
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MR No. : S145802	Collection Date : 11/11/2023 9:36AM
Patient Name : Mr. Angad Kumaftr Bhagat	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 1:04 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.3	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	105.41	mg/dl	

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

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

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 *****

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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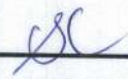


MR No. : S145802	Collection Date : 11/11/2023 9:36AM
Patient Name : Mr. Angad Kumafr Bhagat	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 2:26 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	104	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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


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MR No. : S145802	Collection Date : 11/11/2023 12:13PM
Patient Name : Mr. Angad Kumaftr Bhagat	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/11/2023 2:25 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
VITAMIN B12			
VITAMIN B12 (CLIA)	489.4	pg/ml	211 - 911

Chemiluminescence Assay.

Dietry sources of Vit.B12 are meat, eggs, milk & milk products. Vit.B12 requires intrinsic factor for absorption from intestine. Vit.B12 deficiency causes hematological and neurological abnormalities. Decreased Vit.B12 level causes increased excretion of methylmalonic acid. The impaired DNA synthesis associated with Vit.B12 deficiency causes macrocytic anaemia. In severe is characterized by abnormal maturation of erythrocytic myeloid precursors and megakaryocytes in bone marrow, which results in pancytopenia. Withhold Vit.B12 injection before the blood is drawn. Blood collected after Vit.B12 injection interfere with result. Preservatives such as fluorides & ascorbic acid interfere with the assay. Excessive exposure of the specimen to light may alter Vit.B12 result.

VITAMIN D3

VITAMIN D3 (CLIA)	12.18	ng/ml	Deficiency : < 10; Insufficiency: 10-30; Sufficiency : 30-100; Toxicity : > 100
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Note:-Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) & carried to the liver. In the liver it is transformed into 25 hydroxy vitamin D (calcidiol) which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed into the 1,25 dihydroxy-vitamin D (calcitriol) which is the biological active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children & osteomalacia in adults. Long insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes and autoimmune disease.

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

Dr. Shobha Choksi
Dr. Shobha Choksi
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PAT. NAME : Angad Bhagat	Date : 11/11/2023
REF. DOCTOR : Hosp. Dr.	AGE : 35 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S145802

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 – 01:27 PM

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PAT. NAME : Angad Bhagat	Date : 11/11/2023
REF. DOCTOR : Hosp. Dr.	AGE : 35 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S145802

Findings:

Liver is mildly enlarge in size (15.8 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 not visualized, post cholecystectomy status.
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.
Prostate appears normal in size, shape and echopattern.
No e/o free fluid in abdomen / pelvis.

IMPRESSION:

- Mild hepatomegaly with grade II fatty liver.


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

ID: S145802
Visit:
11-Nov-2023
11:13:13

35years

Caucasian

Male

BRUCE
Max HR: 197bpm 106% of max
Max BP: 190/105
Reason for Termination:
Comments:

Tot: Exercise time: 9:13
preacted 185bpm
Maximum workload: 10.4METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	7:15	0.5	0.0	1.3	88	79/80	114
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	151	79/80	195
	STAGE 2	3:00	2.5	12.0	7.0	173	140/90	242
	STAGE 3	3:00	3.4	14.0	10.1	196	145/90	284
	STAGE 4	0:13	4.2	16.0	10.4	197	145/90	286
RECOVERY	RECOVERY	4:05	**x	**x	1.0	136	90/105	258

TMT is negative for inducible ischemia

Technician:

Unconfirmed

MAC55 010B

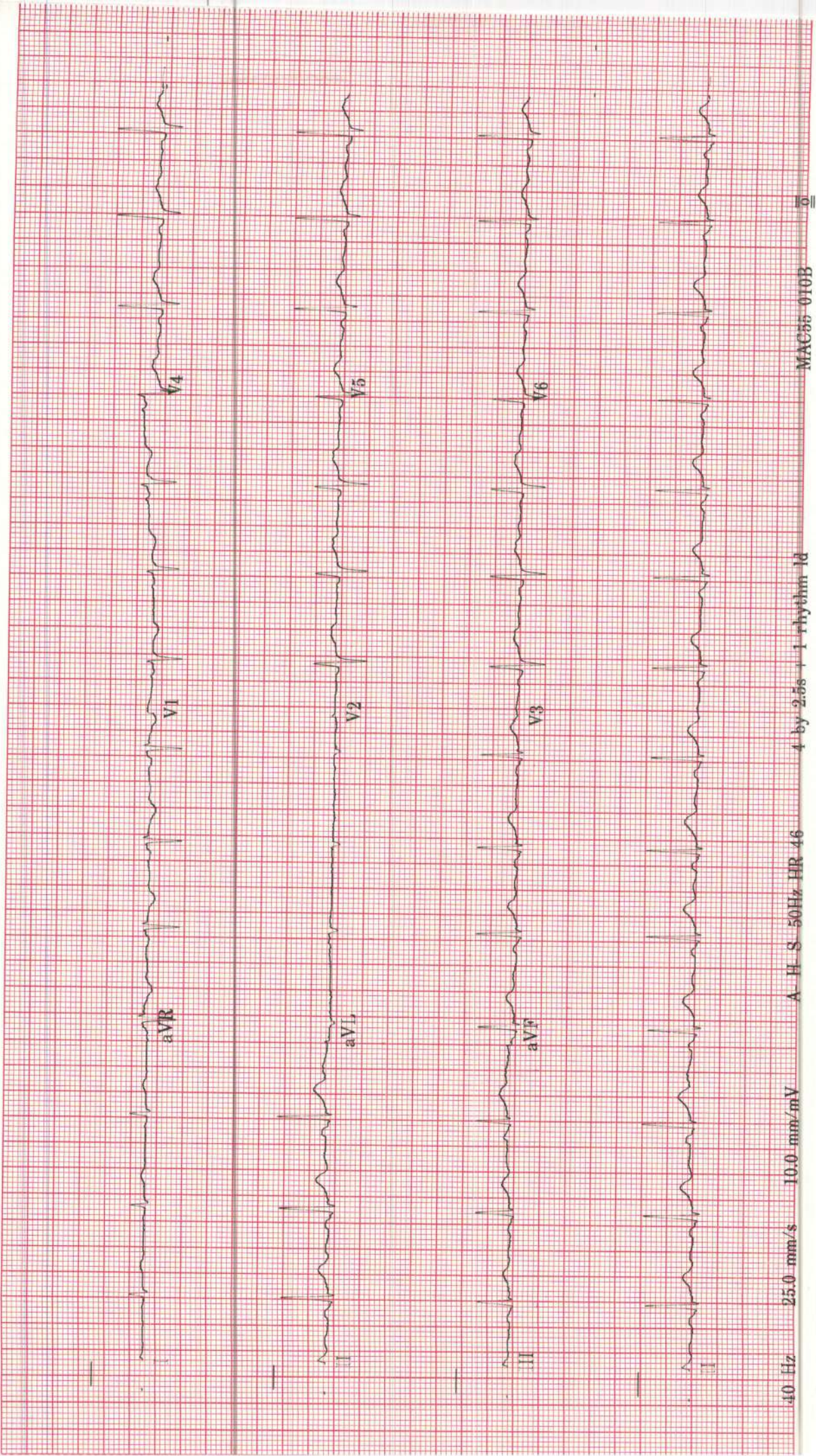
12 LEAD REPORT

ID: S145802
Vis: t
11-Nov-2023
11:20:04

BRUCE
** *mph
** *%

PRETEST
SUPINE
6:52

88bpm
BP: 129/80



BRUCE
1.7mph
10.0%

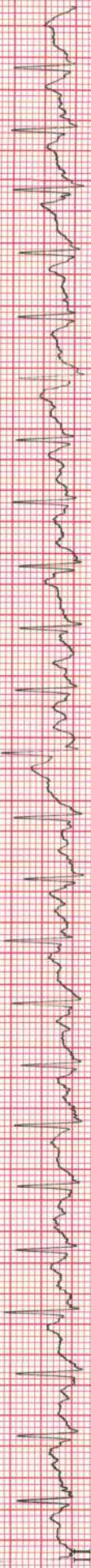
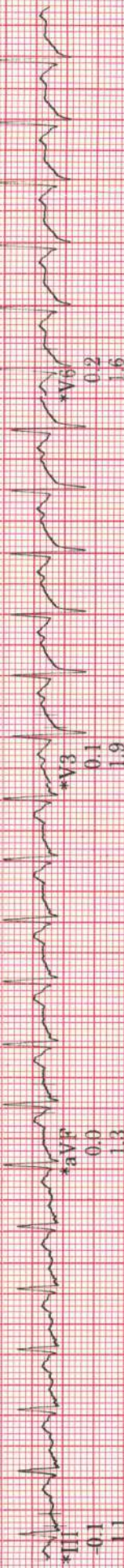
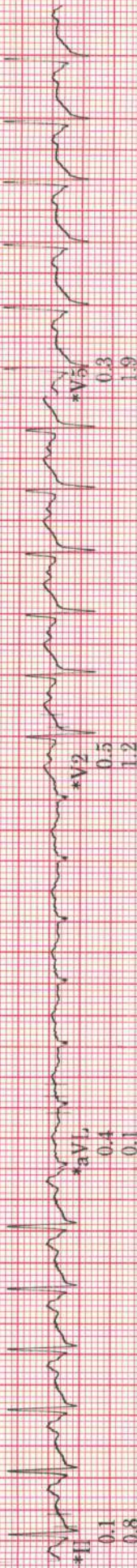
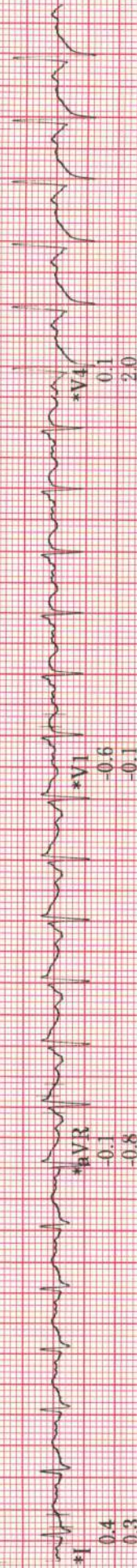
EXERCISE
STAGE 1
3:00

150bpm
BP: 129/80

Lead
ST(mm)
Slope(mV/s)

ID: S145802
Visit:
11-Nov-2023
11:23:27

ST @ 10mm/mV
80ms postJ



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

ID: S145802
Visit:
11-Nov-2023
11:26:27

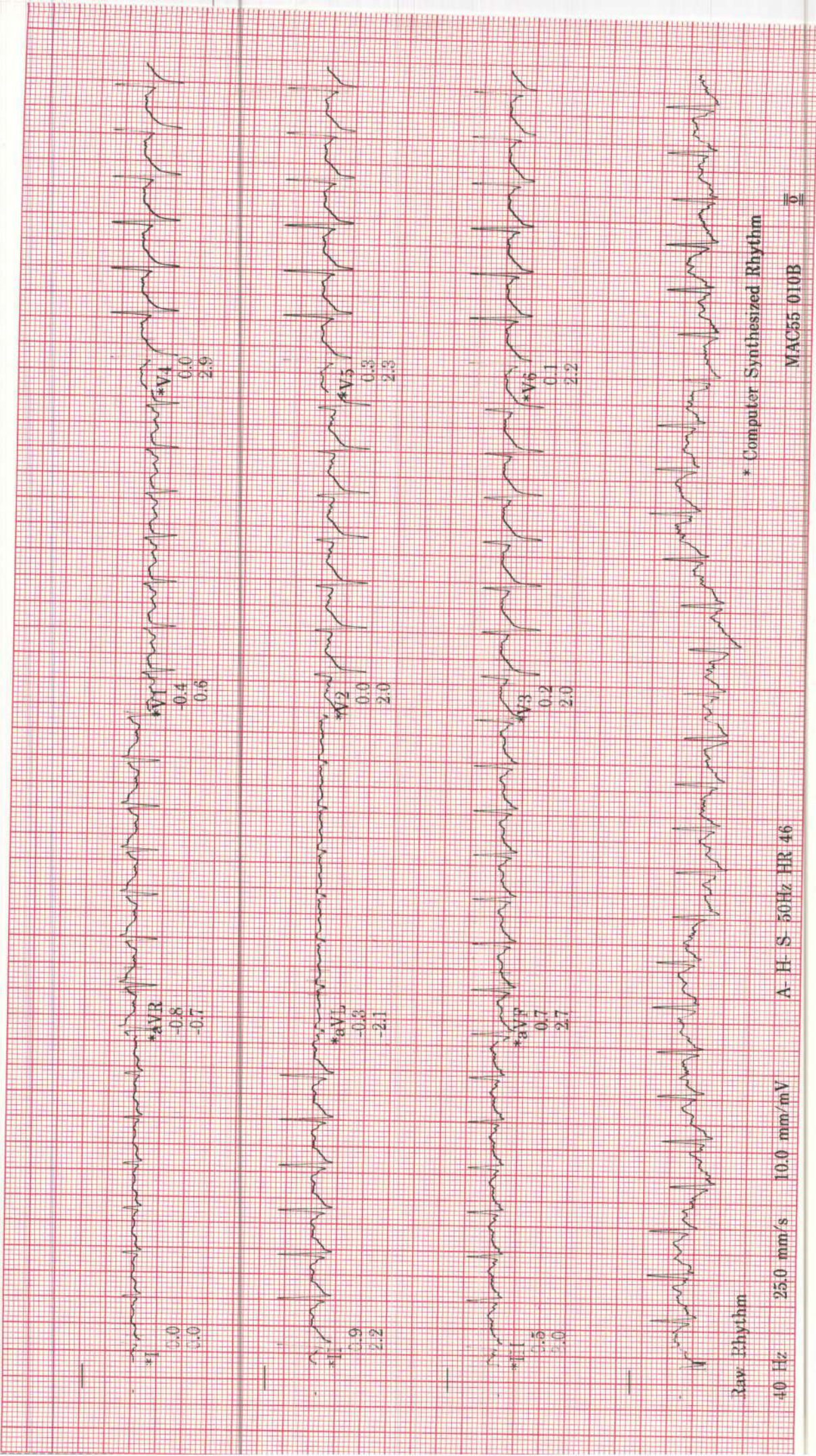
EXERCISE
STAGE 2
6:00

174bpm
BP: 140/90

ST @ 10mm/mV
80ms post_J

BRUCE
2.5mph
12.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

ID: S145802

Visit:

11-Nov-2023

11:29:27

196bpm

BP: 145/90

ST @ 10mm/mV

80ms postJ

EXERCISE

STAGE 3

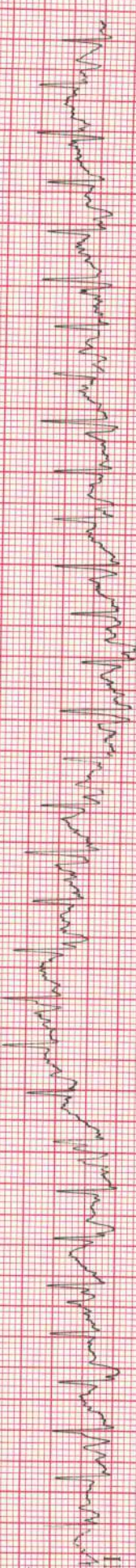
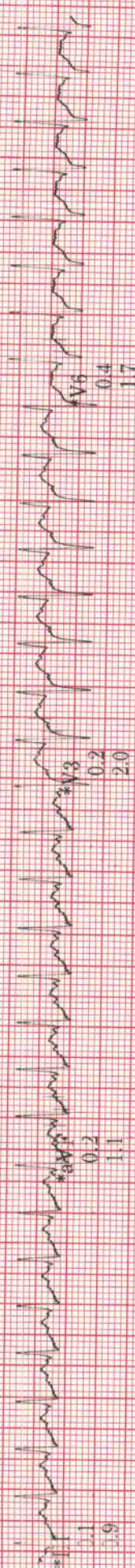
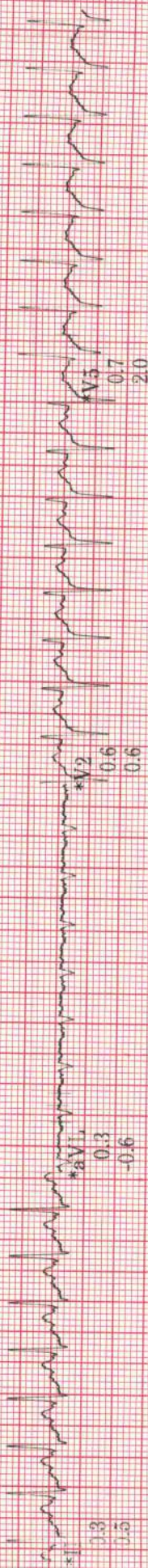
9:00

BRUCE

3.4mph

14.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

02

ID: S145802
Visit:
11-Nov-2023
11:29:41

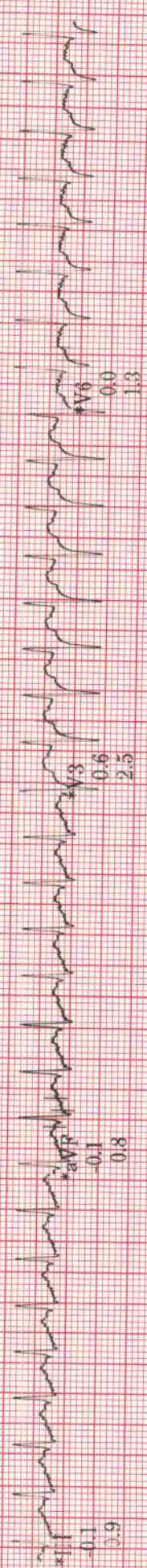
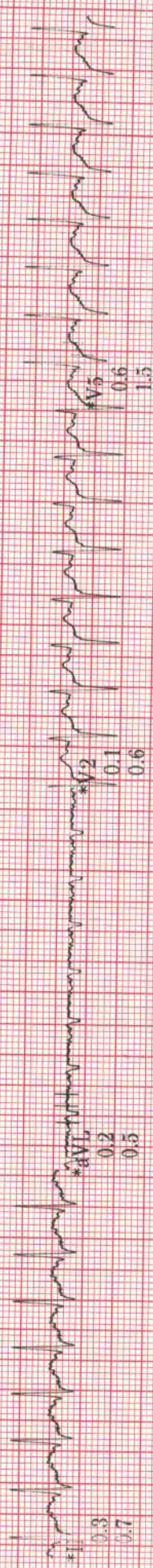
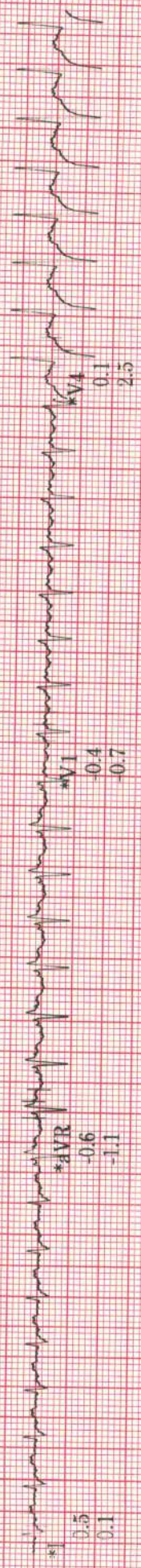
EXERCISE
STAGE 4
9:13

196bpm
BP: 145/90

ST @ 10mm/mV
80ms postJ

BRUCE
4.1mph
16.0%

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 010B

Q

ID: S145802

Visit:

11-Nov-2023

11:31:40

RECOVERY
RECOVERY

2:00

155bpm

BP: 181/95

ST @ 10mm/mV

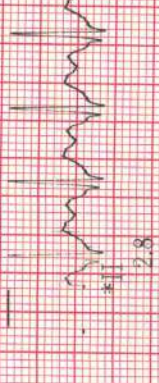
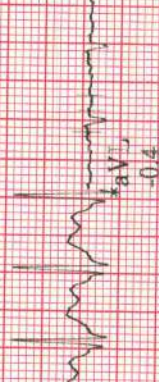
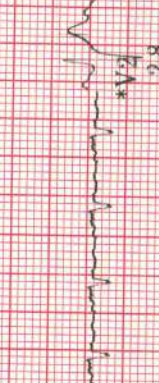
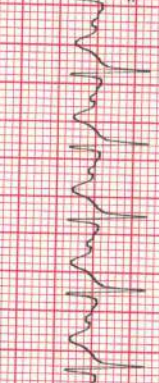
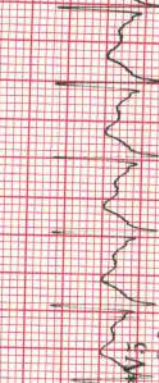
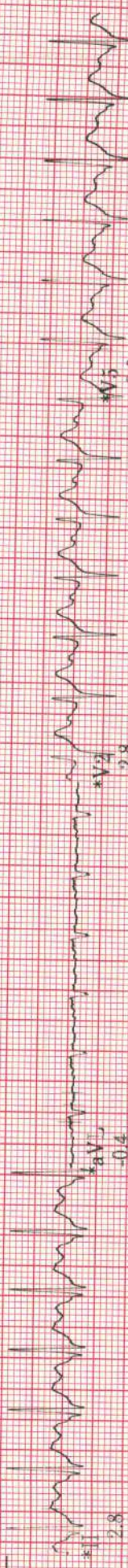
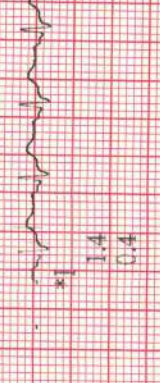
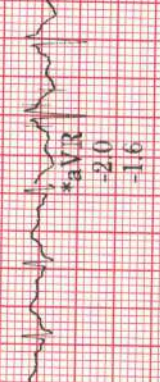
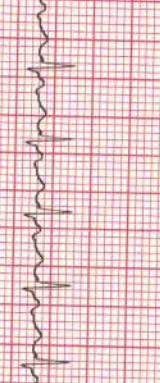
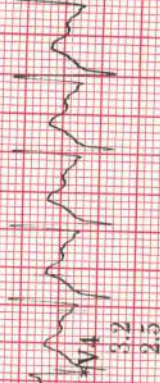
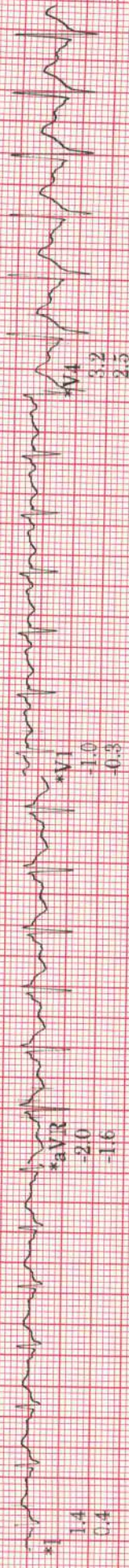
80ms postJ

BRUCE

***mph

***%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010B

0

ID: S145802

Visit:

11-Nov-2023

11:33:40

RECOVERY
RECOVERY

4:00

131bpm

BP: 190/105

ST @ 10mm/mV

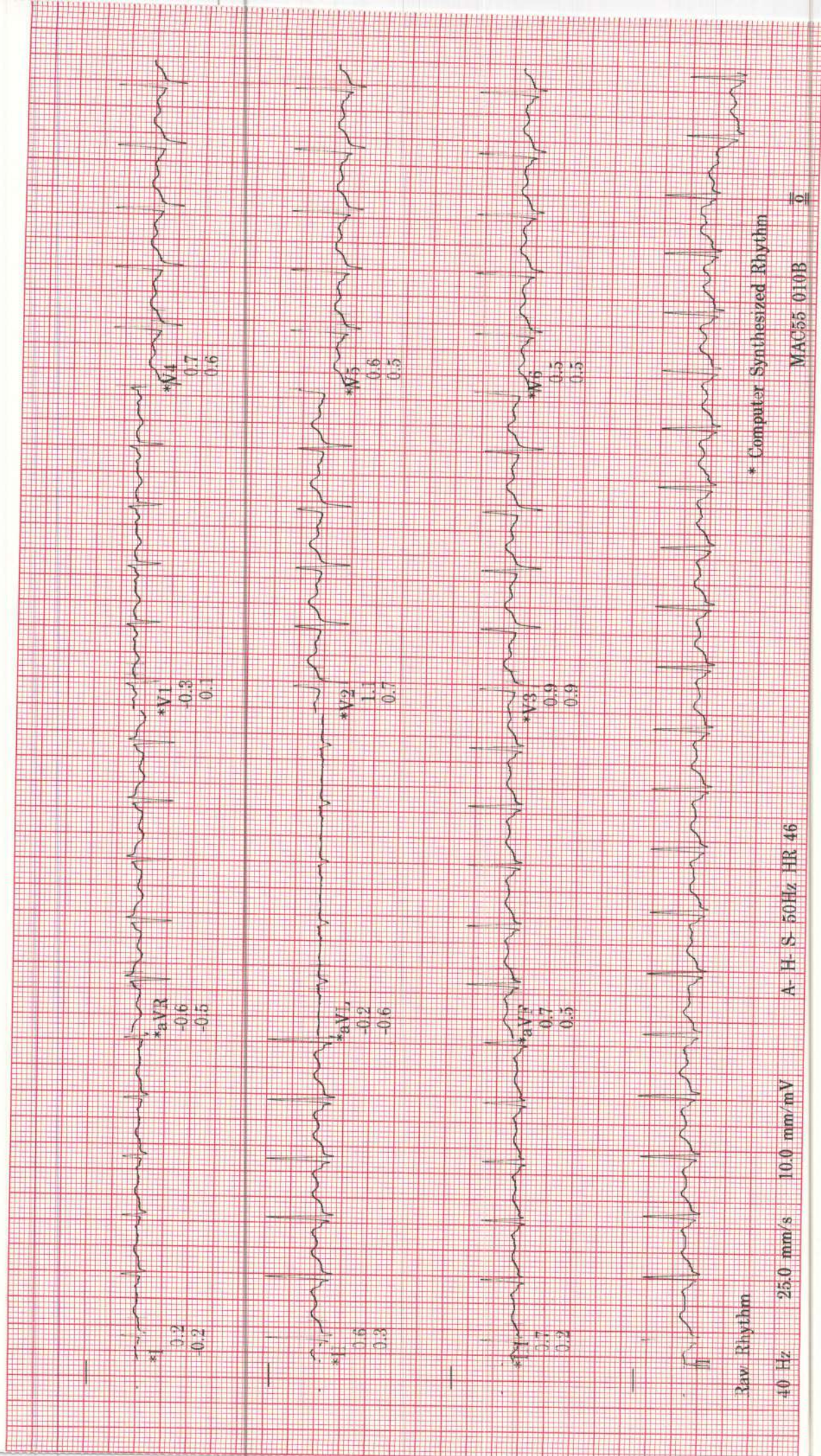
80ms post J

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***mph

***%

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Slope(mV/s)



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40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

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MAC55 010B

Q

ID: S145802

Visit:

11-Nov-2023

11:13:13

35 years

Caucasian

Male

Referred by:

Test id:

BRUCE

Tot Exercise time: 9:13

Max HR: 197bpm 106% of max predicted 185bpm

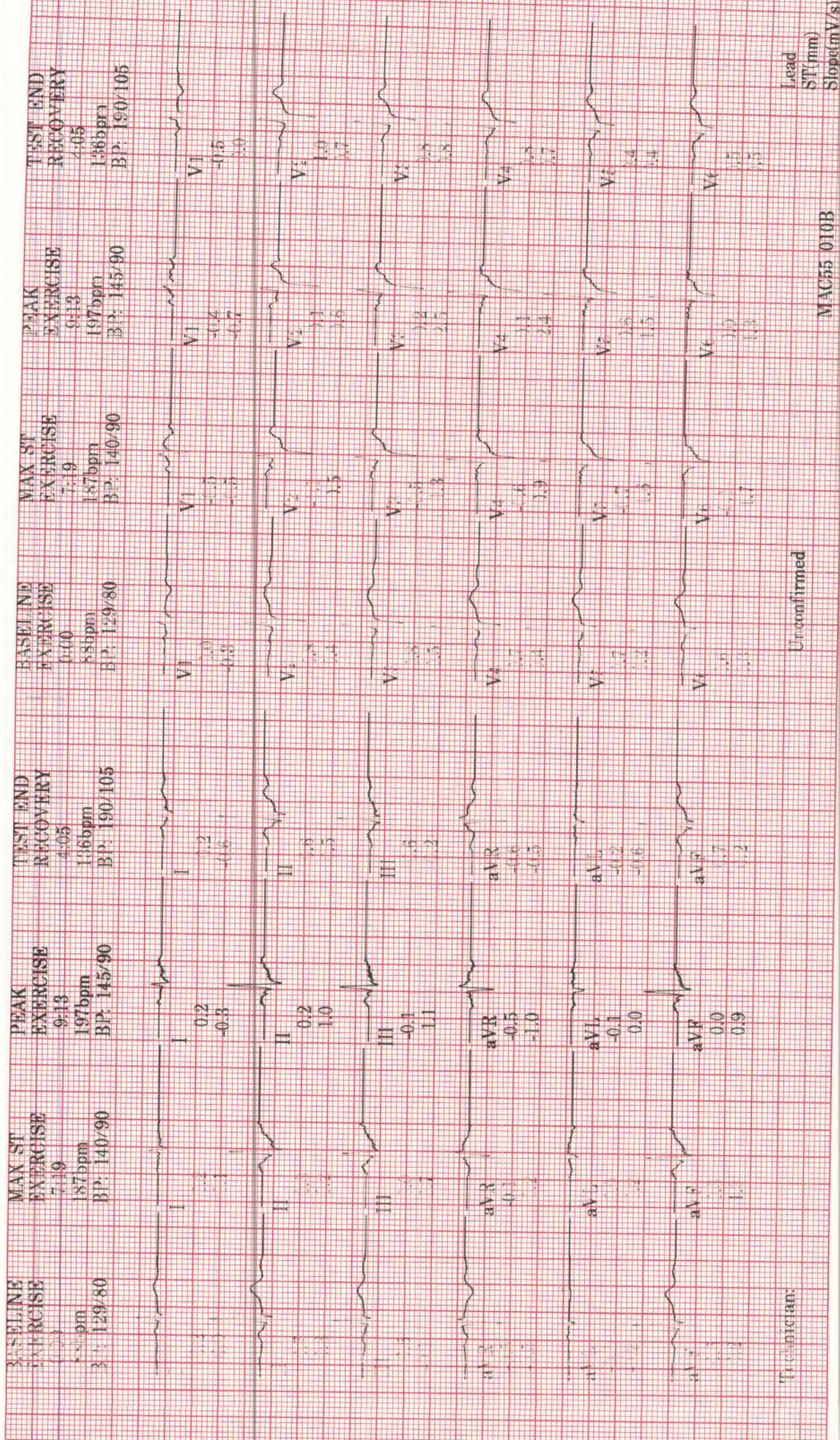
Max EP: 190/105

Maximum workload: 10.4 METS

Reason for Termination:

Comments:

25.0 mm/s
10.0 mm/mV
100hz



Technician:

Unconfirmed

MAC55 010B

Lead
ST (mm)
Slope (mV/s)

ID: S145802

Visit:

11-Nov-2023

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100hz

BASILINE

EXERCISE STAGE 1
0:00 1.3METS

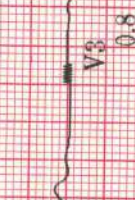
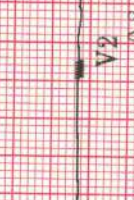
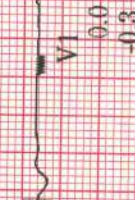
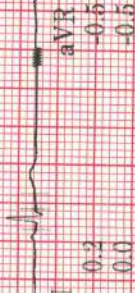
88bpm
BP: 129/80 ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3
7:19 8.8METS

187bpm
BP: 140/90 ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

MAC55 010B

ID: S143802

11-Nov-2023
11:13:13

PRETEST
SUPINE
6:52
88bpm
BP: 129/80
1.0METS

EXERCISE STAGE 1
0:00
88bpm
BP: 129/80
1.3METS

EXERCISE STAGE 1
1:00
143bpm
BP: 129/80
2.9METS

EXERCISE STAGE 1
2:00
152bpm
BP: 129/80
4.8METS

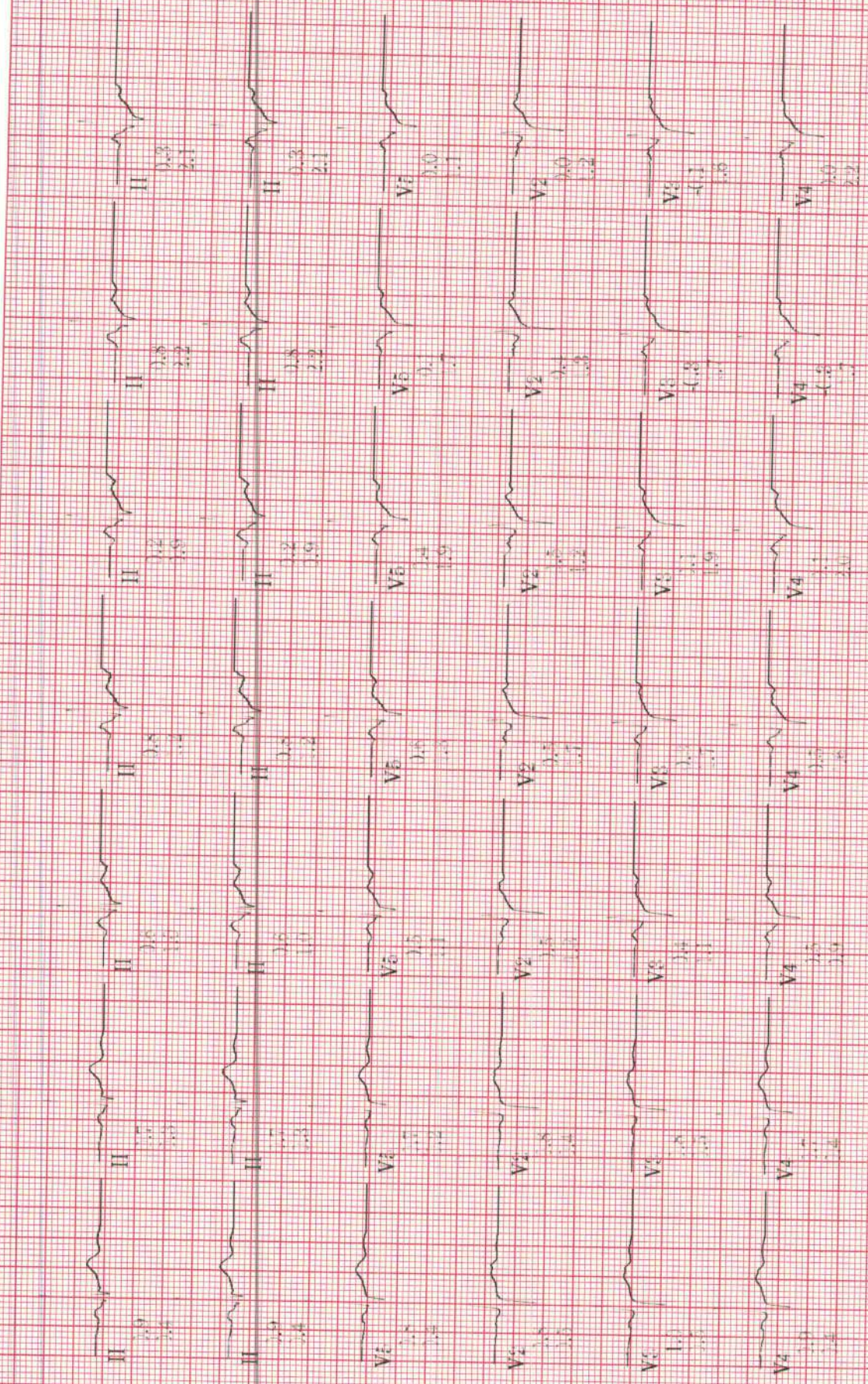
EXERCISE STAGE 1
3:00
151bpm
BP: 129/80
4.6METS

EXERCISE STAGE 2
4:00
160bpm
BP: 135/80
5.8METS

EXERCISE STAGE 2
5:00
167bpm
BP: 140/90
7.0METS

BRUCE

ST @ 10mm/mV
40ms postd
25.0 mm/s
10.0 mm/mV
100hz



Lead
ST(mm)
Slope(mV/s)

MAC55 010B

ID: S145802

11-Nov-2023
11:13:13

EXERCISE STAGE 2
6:00
173bpm
BP: 140/90
7.0METS

EXERCISE STAGE 3
7:00
186bpm
8.7METS

EXERCISE STAGE 3
7:19
187bpm
BP: 140/90
8.8METS

EXERCISE STAGE 3
8:00
190bpm
BP: 140/90
10.4METS

EXERCISE STAGE 3
9:00
196bpm
BP: 145/90
10.1METS

EXERCISE STAGE 4
9:13
197bpm
BP: 145/90
10.4METS

RECOVERY
1:00
169bpm
5.7METS

PEAK

BRUCE

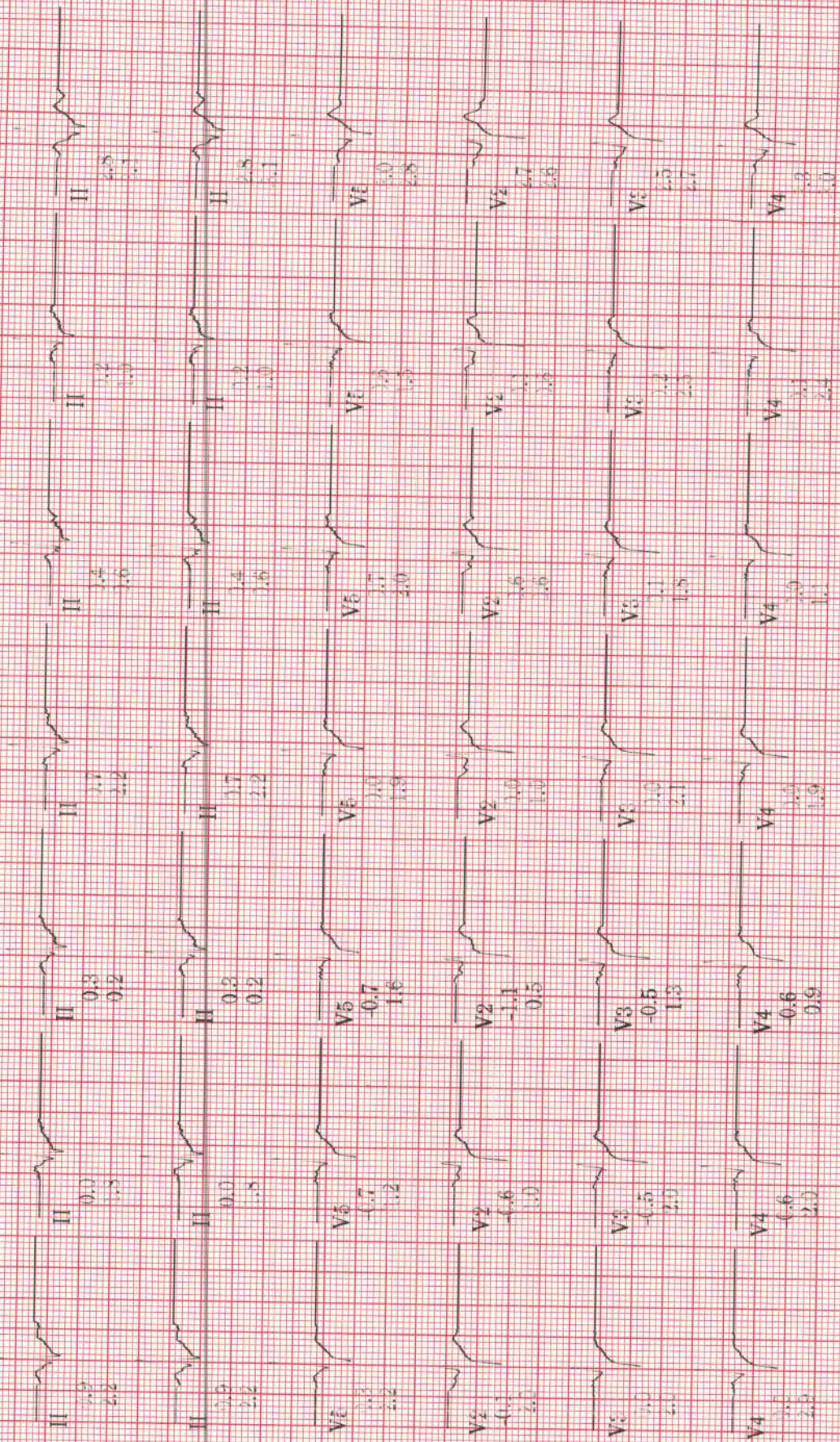
ST @ 10mm/mV

80ms postJ

25.0 mm/s

10.0 mm/mV

100hz



Lead
ST(mm)
Slope(mV/s)

MAC35 010B

ID: S145802

Visit:

11-Nov-2023

11:13:13

BRUCE

Heart Rate (bpm)

250 ---

200 ---

150 ---

100 ---

50 ---

0 ---

Time (min)

30

25

20

15

10

5

0

Time (min)

30

25

20

15

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Time (min)

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Time (min)

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Time (min)

30

25

20

DOB: 11/18/1974

yr. MALE

Bluggett

351M

Vent rate: 74 BPM
PR int: 116 ms
QRS dur: 84 ms
QT/QTc: 383/410 ms
P-R-T axes: 47 44 56

SINUS RHYTHM WITH SHORT PR INTERVAL
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Reviewed by -----

