



<b>MR No.</b> : S149526	<b>Collection Date</b> : 09/02/2024 8:59AM
<b>Patient Name</b> : Mr. Digesh C Shah	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/02/2024 11:37AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	11.6	gm/dl	13.0 - 17.0
PCV	38.8	%	40 - 50
RBC COUNT	6.20	mill/cmm	4.5 - 5.5
MCV	62.6	fl	76 - 96
MCH	18.7	pg	26 - 32
MCHC	29.9	%	32 - 36
RDW	17.3	%	11 - 15
PLATELET COUNT ON SMEAR	1.50	lacs/cmm	1.5 - 4.5
WBC COUNT	6540	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	50	%	40 - 70
LYMPHOCYTES	35	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	11	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), 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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MR No. : S149526	Collection Date : 09/02/2024 8:59AM
Patient Name : Mr. Digesh C Shah	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 09/02/2024 11:30AM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	9.7	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	111	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

Dr. Shobha Choksi  
MD, DCP (Pathology)

Reg. No.: G-9074

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# OPD ASSESSMENT FORM



Name Mr. Digesh C. Shah Age.Sex 37/m MR.No. S149526  
 Doctor Dr. Krunal Gajjar Date 09/02/24  
 Ht : 178cm Wt. : 117.9kg Temp : 98.7 Pulse : 75b/m BP : 153/72  
 SPO2 : 98% Post of walk SPO2 : mmHg

### Chief Complaints :

1/0 Lt Knee Pain.

### Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes  No

### On examination :

R } NAD.  
CVS }

### Past History :

— N.S. —

### Provisional Diagnosis :

### Nutritional Assessment :

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

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

### Investigation advised :

Rx  
→ weight Reduction.

→ Orthopedic opinion.

→ Tab. Febutaz (40) 1-0-0 x (03) months.  
ABF.

→ Tab. Lipaglyn (4mg) 1-0-0 x (03) months.  
f.ugent

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

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





# OPD ASSESSMENT FORM



Name Mr. Digesh Shukh Age.Sex \_\_\_\_\_ MR.No. \_\_\_\_\_  
 Doctor Dr. Shailaja Desai Date 9/2/24  
 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 :

- ts fair

- decayed 7/67

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

1) scaling

2) X-ray & review : 7/67

*U.P. Desai*

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9783

Dental Surgeon

Sunshine Global Hospitals

Signature

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



MR No. : S149526  
Patient Name : Mr. Digesh C Shah  
Ref By : Dr. Hospital A Doctor  
Collection Date : 09/02/2024 8:59AM  
Age : 37 Y Sex : Male  
Report Date : 09/02/2024 12:25 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	97	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



DOB: UJ, MALE

*Mr*

*Diagnosis: Sinus*

9-Feb-2024 10:12:12

Heart rate:	63 BPM
PR int:	135 ms
QRS dur:	98 ms
QT/QTc:	358/376 ms
P-R-T axes:	67 70 43

SINUS RHYTHM  
 NORMAL ECG  
 INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
 Reviewed by \_\_\_\_\_







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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/02/2024 11:31AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.9	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	122.63	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.

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

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

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<b>Patient Name</b> : Mr. Digesh C Shah	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 09/02/2024 11:33AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	123	mg/dl	50 - 200
HDL CHOLESTEROL Direct	38	mg/dl	40 - 60
LDL CHOLESTEROL Direct	68.1	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	88	mg/dl	50 - 150
VLDL Calc	17.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.24		0 - 5
LDL / HDL RATIO	1.79		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 \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
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MR No. : S149526  
Patient Name : Mr. Digesh C Shah  
Ref By : Dr. Hospital A Doctor  
Collection Date : 09/02/2024 8:59AM  
Age : 37 Y Sex : Male  
Report Date : 09/02/2024 11:35AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	87	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.7	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	<b>0.5</b>	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.2	mg/dl	0.0 - 0.8
SGPT (IFCC)	<b>65</b>	U/L	5 - 41
SGOT (IFCC)	34	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.5	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.5	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	10.4	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	<b>5.8</b>	mg/L	
URINE CREATININE (JAFPE)	<b>159.7</b>	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	0.004	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi  
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Patient Name : Mr. Digesh C Shah  
Ref By : Dr. Hospital A Doctor  
Collection Date : 09/02/2024 8:59AM  
Age : 37 Y Sex : Male  
Report Date : 09/02/2024 11:32AM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.09	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.94	ug/dl	5.1 - 14.0
TSH (CLIA)	3.00	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  
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MR No. : S149526	Collection Date : 09/02/2024 8:59AM
Patient Name : Mr. Digesh C Shah	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 09/02/2024 11:38AM

**CLINICAL PATHOLOGY**

Parameter	Result	Normal Range
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	20	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.030	
<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	1-2	/hpf
EPITHELIAL CELLS	Occasional	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

Dr. Shobha Choksi  
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MP No: 5149526

ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mr. Digesh C. Shah Date : 9/2/24 12:PM

Sex : M Age : 37 Ref. by Dr. : \_\_\_\_\_ Done by Dr. Sorenchou siraj

LV Size :

(n)

LVEF : 65 % (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 :

10 mmHg

RA :

LA :

RV :

(n)

IVC :

(n)

IAS :

Intact

IVS :

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

CONCLUSION :

No significant IPE

echo seen  
For health checkup  
from ses if advised

P





PAT. NAME : Digesh Shah	Date : 09/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S149526

**Findings:**

Liver is enlarge in size (18.6 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 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 pelvis.

**IMPRESSION:**

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

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




PAT. NAME : Digesh Shah	Date : 09/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149526

**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: 09/02/2024 - 11:25 AM

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