



OPD ASSESSMENT FORM



Name Mr. Sumit Kanoji Age.Sex 33/M MR.No. 5149

Doctor Dr. Krunal Gajjar Date 27/01/2024

Ht : 169cm Wt. : 67.2kg Temp : 97.5 Pulse : 90b/m BP : 108/42mmHg

SPO2 : 98% Post of walk SPO2 : _____

Chief Complaints :

NOT-Any.

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

BS | NAD.
CNS

Past History :

KID DM.

- T. Gemes (0.5)
1-0-1.

Provisional Diagnosis :

Stop T. Gemes.

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

→ Tab. Gliiduo XR (60/500) x (03) months.
1-0-1.

Investigation advised :

Krunal

Dr. Krunal Gajjar

M.B.B.S., MD (MEDICINE)

CONSULTANT PHYSICIAN

Reg. No. G-20432

Follow Up : _____ Date : _____

SUNSHINE GLOBAL HOSPITALS Signature

SURAT.

In case of emergency Please report to Emergency Department of Hospital OR

Call : 75748 49465, 0261-4111000



OPD ASSESSMENT FORM



Name Mr. Sumit Kanoi Age.Sex 33/m MR.No. 5149020
 Doctor Dr Hardik Shroff Date 27/01/24
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Nil

Prior Medication Reviewed : Yes No

On examination : RE - Ant. Seg MAD

Past History :

Integ R G6 MB
Integ L G6 MB

Fundus (Central)

Provisional Diagnosis :

RE Myopia

Nutritional Assessment :

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

Investigation advised :

Treatment and further Advices :
(Write in Capital Letters)

Rx

Dr. Hardik Shroff
Post. MD (Ophthalmology)
Regd. No. G-28902

Follow Up : 7 weeks Date : _____

SUNSHINE GLOBAL HOSPITAL
Piplou, SURAT

Signature



OPD ASSESSMENT FORM



Name Mrs Sumit Karmoi Age.Sex 34/M MR.No. 5149020

Doctor Dr. Sateji Desai Date 22/1/24

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 :

- As stain dental caries

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

Follow Up : _____ Date : _____

Signature



PAT. NAME : Sumit Kanoi	Date : 27/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S149020

Findings:

Liver is enlarge in size (16.3 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

Transcribed By: Asha

Date & Time of report: 27/01/2024 - 11:26 AM

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F : +91 265 434073




PAT. NAME : Sumit Kanoi	Date : 27/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149020

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: 27/01/2024 - 11:23 AM

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MR No. : S149020	Collection Date : 27/01/2024 8:47AM
Patient Name : Mr. Sumit Kanol	Age : 34 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/01/2024 11:16AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.6	gm/dl	13.0 - 17.0
PCV	45.6	%	40 - 50
RBC COUNT	5.07	mill/cmm	4.5 - 5.5
MCV	89.9	fl	76 - 96
MCH	28.8	pg	26 - 32
MCHC	32.0	%	32 - 36
RDW	13.4	%	11 - 15
PLATELET COUNT	2.58	lacs/cmm	1.5 - 4.5
WBC COUNT	7660	/cmm	4000 - 11000
ESR	01	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	57	%	40 - 70
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	04	%	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		

SYSTEMEX XN-550

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

Dr. Shobha Choksi
MD, DCP (Pathology)

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Page 1 of 1



MR No.	: S149020	Collection Date	: 27/01/2024 8:47AM
Patient Name	: Mr. Sumit Kanol	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:12AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	176	mg/dl	50 - 200
HDL CHOLESTEROL Direct	38	mg/dl	40 - 60
LDL CHOLESTEROL Direct	96.3	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	207	mg/dl	50 - 150
VLDL Calc	41.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.63		0 - 5
LDL / HDL RATIO	2.53		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
CHQ/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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MD, DCP (Pathology)

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MR No.	: S149020	Collection Date	: 27/01/2024 8:47AM
Patient Name	: Mr. Sumit Kanol	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:11AM

HAEMATOLOGY

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

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.26	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.10	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.	: S149020	Collection Date	: 27/01/2024 8:47AM
Patient Name	: Mr. Sumit Kanol	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:12AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	8.1 ✓	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	185.77	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 glycemc control).
- 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.
- 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.
- 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)	163 ✓	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

Dr. Shobha Choksi
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MR No.	: S149020	Collection Date	: 27/01/2024 8:47AM
Patient Name	: Mr. Sumit Kanol	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:14AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	101	U/L	35 - 130
BILIRUBIN TOTAL Diazo	1.2	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.4	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.8	mg/dl	0.0 - 0.8
SGPT (IFCC)	59	U/L	5 - 41
SGOT (IFCC)	32	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.4	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.4	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.08	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFEE)	0.7	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	6.3	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	6.0	mg/dl	8 - 23

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

Dr. Shobha Choksi
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MR No.	: S149020	Collection Date	: 27/01/2024 8:47AM
Patient Name	: Mr. Sumit Kanol	Age	: 34 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:14AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.5	mg/L	
URINE CREATININE (JAFPE)	41.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	0.011	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
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MR No. : S149020	Collection Date : 27/01/2024 8:47AM
Patient Name : Mr. Sumit Kanol	Age : 34 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/01/2024 11:17AM

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	1.020	
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 *****

Handwritten signature

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : S149020	Collection Date : 27/01/2024 8:47AM
Patient Name : Mr. Sumit Kanol	Age : 34 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/01/2024 12:22 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	273	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

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

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Visit: 11-21-2024 11:55:07

34 years
Caucasian
Male
Referred by: Test Ind

Stage Name
SUPINE
STAGE 1
STAGE 2
STAGE 3
STAGE 4
RECOVERY

Time in Stage
2:53
3:00
3:00
3:00
0:42
4:21

Grade
0.0
0.0
0.0
0.0
0.0
0.0

Speed (mph)
0.6
1.7
2.5
3.3
4.2
4.4

Work Load (METS)
1.4
4.6
7.0
9.8
11.0
1.0

HR (bpm)
84
114
125
144
139
90

BP (mmHg)
104/72
104/72
100/60
100/90
100/60

RPP (x100)
91
133
147
243
190

25.0 mm/s
10.0 mm/mV
100hz

Max HR: 159bpm 83% of max predicted 157bpm
Max BP: 140/90
Maximum workload: 11.0 METS
Reason for Termination:
Comments:
-Pron 10 negative for inducible ischemia

Technician: Unidentified

JUPITER

MAC55-0108

ID: ST49020
Visit:
27-Jan-2024
11:57:21

78bpm
BP: 108/72
PRETEST
SUPINE
2-15
BRUCE
** mph
** %



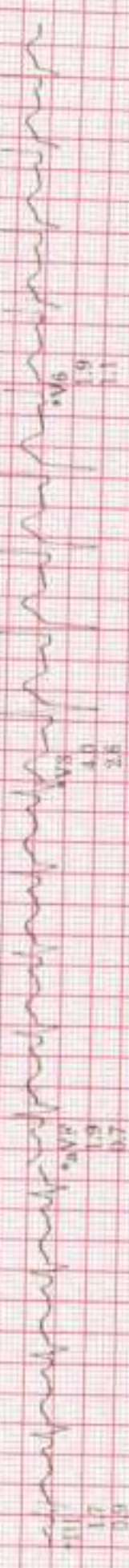
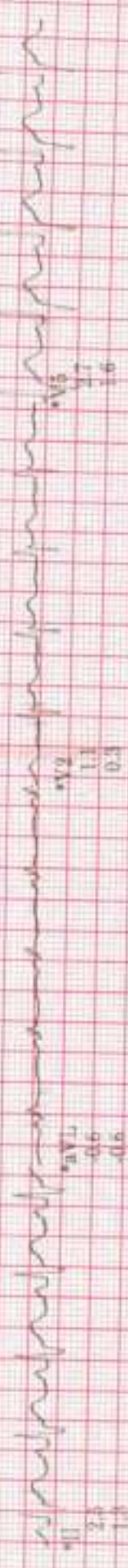
View: 27-Jan-2024 12:00:57

114bpm
BP: 108/72

ST @ 10mm/mV
-80mm/lead

1.7mph
10.0%

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 2

JUPITER

ID: S149020
Vital
27-Jan-2024
14:03:55

BRUCE
2.5mph
12.0%

EXERCISE
STAGE 1
6:00

125bpm

ST @ 10mm/mV
50ms postL

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm

40 Hr 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

JUPITER

MAC55 0:00

* Computer Synthesized Rhythm

II

ID: SI49020
Vart
27 Jan 2024
13:06:57

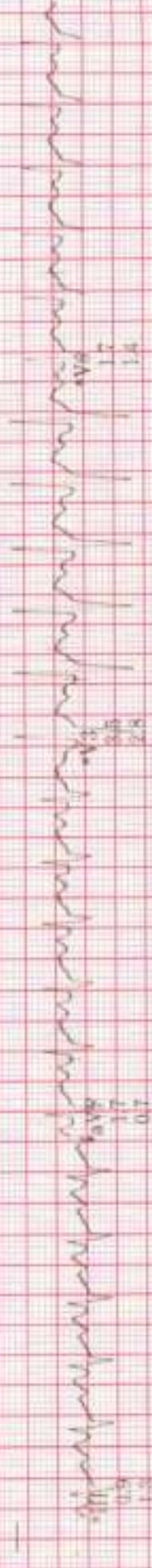
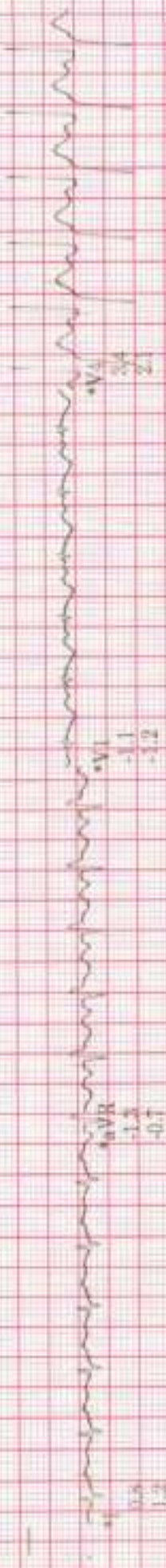
144bpm
BP: 130/80

ST @ 10mm/mV
80ms-poss

EXERCISE
STAGE 3
9:00

BRUCE
3.3mph
14.0%

Lead
(ST/nn)
Strip(mV/s)



* Computer Synthesized Rhythm

Saw rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

JUPITER

MAC35 0105

5

ID: S149020
V1 set
27-Jul-2024
12:07:40

156bpm
BP 140/90
STP @ 10mm/mV
80mm/pt

RECOVERY
RECOVERY
0:00

BRUCE
4.2mph
16.0%

Lead
STP (mm)
Slope (mV/s)



Low Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER

NAC55-010B

5

* Computer Synthesized Rhythm

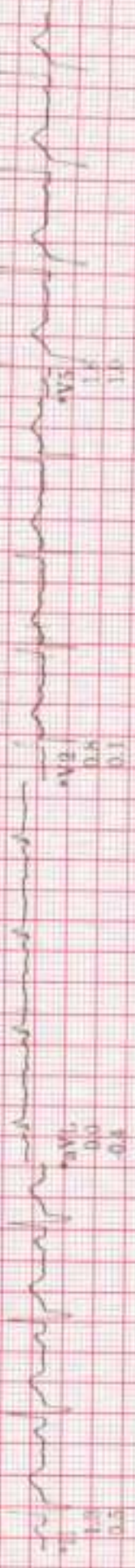
ID: S149020
Vest
27-Jan-2024
14:09:39

96bpm
BP 139/81
ST @ 10mm/mV
80ms post

RECOVERY
RECOVERY
200

BRUCE
** 4mph
** 4%

Lead
ST (mm)
ST per mV/s



New Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER

MAC56 010B

II

Computer Synthesized Rhythm

D: S149020
V: 12
27-06-2024
12:139

57bpm
BP: 139/80
ST @ 10mm/mV
80ms/pedal

RRCOVERY
RRCOVERY
4:00

BRUCE
see length
see page

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV

A: H: S: 50Hz: HE 40

JUPITER

* Computer Synthesized Rhythm
MAC55 010B
II

SI 49020

BR C-3

Max HR: 150bpm 85% of max. predicted 187bpm
Max EP: 139/90
Maximum workload: 11 METS

200 mm/s
10.0 mm/mV
100hr

33 years
Caucasian
Male

Referred by:
Test only

BASILINE EXERCISE
5:42
159bpm
B.P. 104/72

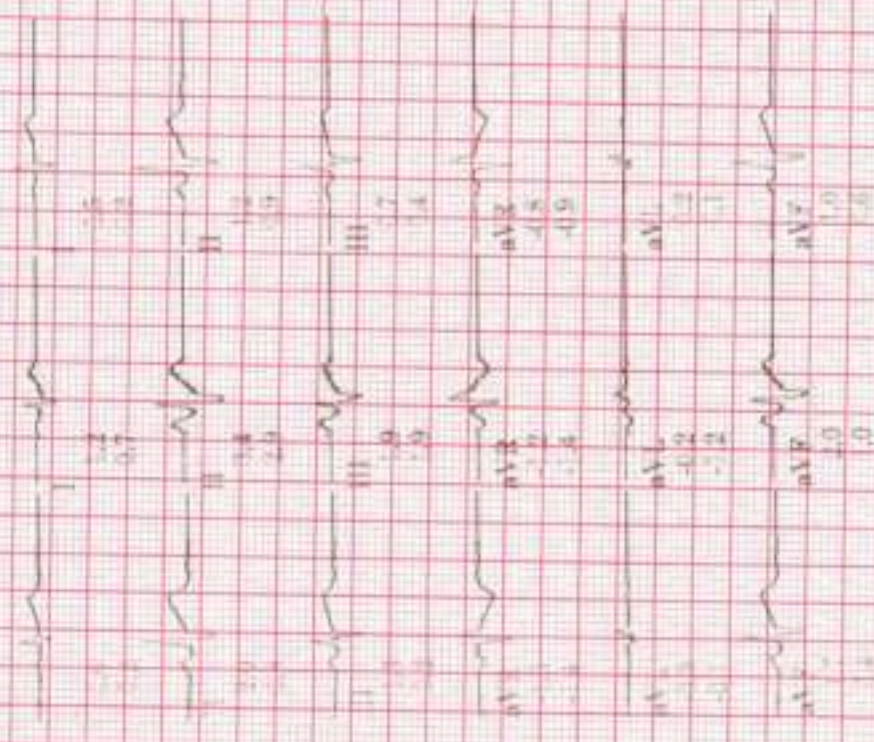
PEAK EXERCISE
5:42
159bpm
B.P. 140/90

TEST END RECOVERY
5:51
80bpm
B.P. 119/80

BASILINE EXERCISE
6:00
80bpm
B.P. 108/72

PEAK EXERCISE
6:02
110bpm
B.P. 140/90

TEST END RECOVERY
6:03
86bpm
B.P. 119/80



Technician:

Up-confirmed

JUPITER

MAC55 010B

Lead
STim
ShoranVv

Sumit Kanoo

ID: S149020

Visit: 27 Jan 2024
11:55:07

33 years

Caucasian

Male

Referred by:
Test Ind.

BASELINE

84 bpm
BP: 108/72

ST @ 10mm/mV
60mm postJ

Lead
ST(mm)
Slopes(mV/s)

EXERCISE STAGE 1
1.4 METS

9:42

11.0 METS

156 bpm
BP: 140/90

ST @ 10mm/mV
60mm postJ

Lead
ST(mm)
Slopes(mV/s)

Total Exercise time: 9:42

Max HR: 159 bpm 65% of max predicted 187 bpm
Maximum workload: 11.0 METS

25.0 mm/s
10.0 mm/mV
100b/s



Technician:

Uncertified

JUPITER

MAC35 0Y0B



Sumit Kansal
ID- S149920

SAMPLE CARDIAC CYCLES

Vmm



BRUCE
ST @ 10mm/mV
50ms post
25.0 mm/s
10.0 mm/mV
100Hz

Lead
ST (mm)
Slope (mV/r)

JUPITER

MAC55 D10B

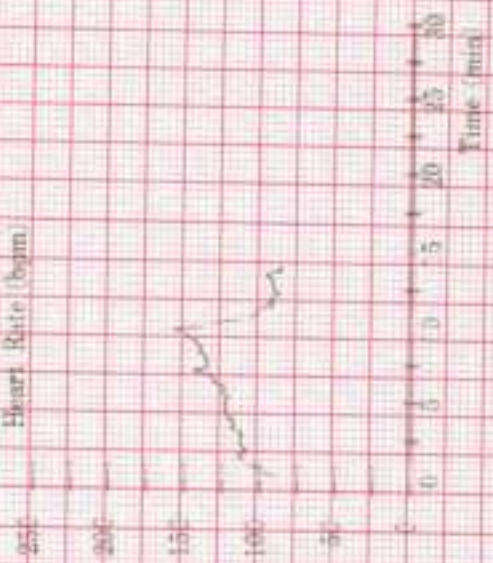
BRUCE

27 Jun 2024
1:55:07

ST @ 10mm/mV 40
40ms/pulse
EXERCISE
0:00

Heart Rate (b/min)

BP (mmHg)



Time (min)

Time (min)

ST Lev I (mV)

ST Lev II (mV)

ST Lev V5 (mV)



Time (min)

Time (min)

ST Slope I (mV/s)

ST Slope II (mV/s)

ST Slope V5 (mV/s)



Time (min)

Time (min)

DOB: 11/11/59

YF, MALE

Summers, F. S. Ketter

Vent rate: 92 BPM
PR int: 138 ms
QRS dur: 93 ms
QT/QTc: 341/380 ms
P-R-T axes: 52 35 24

SINUS RHYTHM
NORMAL ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____

