



OPD ASSESSMENT FORM



Name Mr. Pankaj sagitray Age.Sex 39 / M MR.No. 5149952
 Doctor Dr Krunal Gajjar Date 15/1/24
 Ht : 155 cm Wt. : 49 kg Temp : 97 Pulse : 96 b/m BP : 124 / 79
 SPO2 : 99% Post of walk SPO2 : m/140

Chief Complaints :

NOT - Any.

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes No

On examination :

R } NAD
CVS }

Past History :

H/O poliomyelitis.

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx
→ Refer to Dermatologist.

Investigation advised :

Krunal
Dr. Krunal Gajjar
 M.B.B.S. (MD (MEDICINE))
 CONSULTING PHYSICIAN
 Registrar
 Signature

Follow Up : Date : _____

**SUNSHINE GLOBAL HOSPITAL
SURAT.**



OPD ASSESSMENT FORM



Name Ms. Pankaj Sajibhai Age.Sex 39/m MR.No. S/49252
 Doctor Dr. Shailaja Desai Date 15/01/24
 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 :

- stain calculus

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mid- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

1) scaling

U.P. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)
A-9793
Dental Surgeon
Sunshine Global Hospital, Surat

Signature

Follow Up : _____ Date : _____

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



OPD ASSESSMENT FORM



Name Mr. Pankaj Sojitra Age.Sex 39/m MR.No. 3149252

Doctor Dr Hardik Shroff Date 15/02/24

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination : RE Ant. seg WAD Past History :

V. neg TB

Provisional Diagnosis :

Acute (Central)

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

RE myepia

Rx

Investigation advised :

Dr. Hardik Shroff
DOSE, SURAT

Follow Up : 503 Date : _____

SUNSHINE GLOBAL HOSPITALS
Piplod, SURAT. Signature



MR NO: 5149752
ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mr Pankaj S. Saitra Date : 15/12/24 10:40AM

Sex : M Age : 39 Ref. by Dr. : _____ Done by Dr. Sunendra

LV Size : (n) LVEF : 63 % (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 REGICLOT / PE

2D Echo study
for health checkup plan
Reu SOS if required

S



PAT. NAME: Pankaj Sojitra

Date : 15/02/2024

REF. DOCTOR : Hosp. Dr.

AGE : 39 Yrs / M

INV. : USG Abdomen & Pelvis

MR NO. : S149752

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 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:

- No significant abnormality seen.


Dr. Pratik R
Consultant Radiologist



PAT. NAME: Pankaj Sojitra	Date : 15/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 39 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149752

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



MR No. : S149752
 Patient Name : Mr. Pankaj S Sojitra
 Ref By : Dr. Hospital A Doctor
 Collection Date : 15/02/2024 10:05AM
 Age : 39 Y Sex : Male
 Report Date : 15/02/2024 10:37AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.5	gm/dl	13.0 - 17.0
PCV	45.9	%	40 - 50
RBC COUNT	5.67	mill/cmm	4.5 - 5.5
MCV	81.0	fl	76 - 96
MCH	25.6	pg	26 - 32
MCHC	31.6	%	32 - 36
RDW	14.0	%	11 - 15
PLATELET COUNT	3.15	lacs/cmm	1.5 - 4.5
WBC COUNT	5650	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	51	%	40 - 70
LYMPHOCYTES	40	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	07	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

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

HC

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

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MR No. : S149752	Collection Date : 15/02/2024 10:05AM
Patient Name : Mr. Pankaj S Sojitra	Age : 39 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/02/2024 10:32AM

HAEMATOLOGY

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

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]

TOTAL T3 (CLIA)	1.47	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.33	ug/dl	5.1 - 14.0
TSH (CLIA)	3.19	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 *****

SC

Dr. Shobha Choksi
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Reg. No.: G-9074

Page 1 of 1

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MR No. : S149752	Collection Date : 15/02/2024 10:05AM
Patient Name : Mr. Pankaj S Sojitra	Age : 39 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/02/2024 10:33AM

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 $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- 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.
- 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)	98	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

[Signature]
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MR No. : S149752
 Patient Name : Mr. Pankaj S Sojltra
 Ref By : Dr. Hospital A Doctor
 Collection Date : 15/02/2024 10:05AM
 Age : 39 Y Sex : Male
 Report Date : 15/02/2024 10:33AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	198	mg/dl	50 - 200
HDL CHOLESTEROL Direct	43	mg/dl	40 - 60
LDL CHOLESTEROL Direct	127.6	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	140	mg/dl	50 - 150
VLDL Calc	28	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.6	mg/dl	0 - 5
LDL / HDL RATIO	2.97		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
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MR No. : S149752
Patient Name : Mr. Pankaj S Sojitra
Ref By : Dr. Hospital A Doctor
Collection Date : 15/02/2024 10:05AM
Age : 39 Y Sex : Male
Report Date : 15/02/2024 10:35AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	99	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.3	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.1	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.2	mg/dl	0.0 - 0.8
SGPT (IFCC)	21	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Bluret	7.3	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.0	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.17	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.4	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	5.4	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	12.9	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.3	mg/L	
URINE CREATININE (JAFPE)	11.1	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	47.7	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
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Page 1 of 1



MR No. : S149752	Collection Date : 15/02/2024 10:05AM
Patient Name : Mr. Pankaj S Sojitra	Age : 39 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/02/2024 10:38AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.010	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

Dr. Shobha Choksi
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MR No.	: S149752	Collection Date	: 15/02/2024 10:05AM
Patient Name	: Mr. Pankaj S Sojltra	Age	: 39 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 15/02/2024 12:41 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	106	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi
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DOB:
5/1, MALE

Vent rate: 84 BPM
PR int: 131 ms
QRS dur: 68 ms
QT/QTc: 356/398 ms
P-R-T axes: 68 64 59

NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by _____

Mr. Pankaj

Sojitra

39/M

