



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Bhavutbhai. S. Vasava UHID Number: - 4288

Consultant Name: - Dr. Kapesh Vadodariya Date: 29/3/23 Start Time: - 11:22 Age: 40 (Years)
Sex: M (M/F)

Height: - 164 cms, Weight: 78-9 kgs. Temp. —, Pulse: - — (Per minute), SPO2 —

B.P. :- — (mm of Hg), RBS:- — First Visit / Follow Up

Visit: First visit (Pek) Sudhu

Nursing Staff Name & Signature: - — End Time: - —

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: - NO

Family History: - —

Nutritional Screening: - —

Psychosocial Assessment: - —

Immunization Status: - —

To be filled by Clinician) Start Time: - —

Clinical Findings: - parietal heave check up
- NO acidity

(SE) P/A - soft
non-tender
P/A

Diagnosis: - —

Investigations and Advice: - USG abdomen



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Bhadrabhai S Vasava UHID Number: - 10123-4208

Consultant Name: - D. Manubhai Date: - 29/3/23 Start Time: - 11 AM Age: - 40 (Years)

Sex: - M (M/F) Shaver

Height: - 164 cms, Weight: - 78.9 kgs. Temp. - h, Pulse: - _____ (Per minute), SPO2 _____

B.P. :- _____ (mm of Hg), RBS:- _____ First Visit / Follow Up

Visit: - T. U / S / F

Nursing Staff Name & Signature: - S. S. S. End Time: - 11:30

Past History: - (TICK MARK)
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

BIL knee pain
x
1 month

Diagnosis:-

Investigations and Advice:-

X-RAY BIL knee
ARTIC

DR. MAULIK JHAVERI

MS. Orthopedics / Fellow
(Joint Replacement P.D. Hinduja)



SARDAR
PATEL HOSPITAL
& HEART INSTITUTE

Consultant Joint Replacement
Orthopedics Reconstructive Surgery
Head of The Department

Name : Bhagat bhai

Date : 29/3/23

OPD Time : 10.00 am - 01.00 pm
04.00 pm - 07.00 pm

Age : 40 Sex : M

Diagnosis :

B/L knee pain

R_x

	Medicine	Morn	Aft.	Evening	Night	No of Days	Remarks
1	T. LONIDINUS	✓			✓	(10)	
2							
3							
4							
5							
6							

P.T.O.



Patient Name :-	BHARAT S VASAVA	Date :-	28/03/2023
Age & Sex :-	40Y M		
Referred By :-	HEALTH CHECK UP		

X RAY CHEST PA VIEW

Both lung zones are clear.

Cardiac silhouette is normal

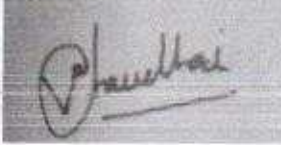
Both costophrenic angles clear.

Both domes of diaphragm are at normal level.

Bony thorax is unremarkable

Impression-No significant abnormality detected in present study.

Please correlate with clinical findings and relevant investigations.



Dr. Vivek Chaudhari
D.M.R.E.
Consultant Radiologist

Patient's Name:-	BHARATBHAI VASAVA	Date :-	28/3/2023
Age & Sex :-	40Y/ M		
Referred By :-	REGULAR PACKAGE		

USG ABDOMEN & PELVIS

LIVER : normal in size shape and show fatty changes. grade II

No focal solid or cystic mass seen.

Portal & biliary radicals normal.

PV & CBD normal.

G.B. : well distended and show minimal sludge in it appear normal. No stone or inflammation seen.

PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

SPLEEN : Normal size & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 81 x41 mm. , LK : 91 x46 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : well distended & normal. No mass or filling defect seen.


PROSTATE: Normal in size (13 cc) & echotexture. No mass or calcification seen.

BOWEL LOOPS : peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

- Grade II fatty liver.


Dr. Chaitali
MDRD

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.



Routine check-up.

Name: Bhavant bhay Vaidya

Date: 28/3/23

Age: 40 Sex: M

Vn $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

near Vn $\left\{ \begin{array}{l} NG \\ NG \end{array} \right.$

BE ASOM
RRe
clear lens

F O.M

Adv

BE minidrop eds
o o o o

S

Dr Shreya Shah
Consultant Ophthalmologist &
Phaco Surgeon
REG NO:-G 28895

Age / Gender : 40 years / Male

Patient ID : 21336

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 12:17 PM

Sample ID :



001908723

Test Description	Value(s)	Unit(s)	Reference Range
CBC			
Complete Blood Count (CBC)			
Hemoglobin (Hb)* Method : Cymath Photometric Measurement	13.7	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* Method : Electrical Impedance	6.14	mil/cu.mm	4.7 - 6.0
Packed Cell Volume(Hematocrit) Method : Calculated	45.3	%	42 - 52
Red cell Indices			
Method - Calculated/Electrical Impedance			
MCV	73.78	fL	78 - 100
MCH	22.31	pg	27 - 31
MCHC	30.24	gm/dL	32 - 36
RDW - CV	15.8	%	11.5 - 14.0
Total and Differential count			
Method - Electrical Impedance and VCSN Technology			
Total Leucocytes (WBC) Count*	6510	cell/cu.mm	4000-10000
Neutrophils	52	%	40 - 80
Lymphocytes	36	%	20 - 40
Monocytes	08	%	2 - 10
Eosinophils*	04	%	1 - 6
Basophils	00	%	0 - 2
Platelet Count	329	10 ³ /ul	150 - 450
Method : Electrical Impedance Sample Type : EDTA Whole Blood.			
E.S.R			
Erythrocyte Sedimentation Rate	06	mm/hr	<15
Method : EDTA Whole Blood, modified westergren			
Interpretation:			
It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.			

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Scan to Validate



Age / Gender : 40 years / Male

Patient ID : 21336

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 12:40 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
RENAL PROFILE			
Urea *	24.5	mg/dL	17- 55 mg/dL
Method : Serum, Urease			
Creatinine*	0.88	mg/dL	0.6 - 1.4 mg/dl
Method : Serum, Enzymatic			
Uric Acid*	5.9	mg/dL	3.5 - 7.2
Method : Serum, Uricase/POD			
Blood Urea Nitrogen-BUN*	11.45	mg/dL	7 - 25 mg/dL
Method : Calculated			
Calcium*	9.68	mg/dL	8.8 - 10.6
Method : Arsenazo III			
Sodium*	141.3	mmol/L	136 - 146
Method : Serum, Indirect ISE			
Potassium*	4.92	mmol/L	3.5 - 5.1
Method : Serum, Indirect ISE			
Chloride*	99.5	mmol/L	97.0 - 108.0
Method : Serum, Indirect ISE			
LIVER FUNCTION TEST-1			
Bilirubin - Total	0.64	mg/dL	0.3 - 1.2
Method : Diazotization			
Bilirubin - Direct	0.25	mg/dL	Adults and Children: 0.0 - 0.4
Method : Serum, Diazotization			
Bilirubin - Indirect	0.39		
Method : Calculated			
SGOT	36.5	U/L	< 50
Method : Serum, UV without PSP			
SGPT	52.6	U/L	< 50
Method : Serum, UV without PSP			
Alkaline Phosphatase-ALPI	148.0	U/L	30-120
Method : Serum, PNPP, AMP Buffer, IFCC 37 degree			
Total Protein	7.33	g/dL	6.6 - 8.3
Method : Serum, Biuret, reagent blank end point			
Albumin	3.98	g/dL	Adults: 3.5 - 5.2
Method : Serum, Bromocresol green			
Globulin	3.35	g/dL	1.6 - 3.6
Method : Calculated			
A/G Ratio	1.19	ratio	1.2 - 2.2
Method : Calculated			

END OF REPORT

B. Dholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Scan to Validate



Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 01:24 PM

Sample ID :



001908723

Test Description	Value(s)	Unit(s)	Reference Range
GLYCOSYLATED HB (HBA1C)			
Glyco Hb (HbA1C)	7.1	%	Non-Diabetic: <=5.6 Pre Diabetic: 5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	157.07		mg/dL
Interpretations			
1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%			
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.			
3. In known diabetic patients, following values can be considered as a tool for monitoring the glyceric control.			
Excellent control-6-7 %			
Fair to Good control - 7-8 %			
Unsatisfactory control - 8 to 10 %			
Poor Control - More than 10 %			
BLOOD GLUCOSE FASTING (FBS)			
Glucose fasting Method : GOD-POD	150.9	mg/dL	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent		
BLOOD GLUCOSE POST PRANDIAL (PP2BS)			
Blood Glucose-Post Prandial Method : GOD-POD	244.4	mg/dL	70 - 140
Urine Post Prandial	Absent		

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Scan to Validate



Age / Gender : 40 years / Male

Patient ID : 21338

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 12:39 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD

Blood Group Method : Forward and Reverse By Tube Method	"B"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

THYROID FUNCTION TEST 1

T3-Total Method : Serum, CLIA	1.55	ng/mL	0.69 - 2.15 ng/mL
T4-Total Method : Serum, CLIA	7.50	ug/dL	5.2 - 12.7 ug/dL
TSH Method : Serum, CLIA	2.28	uIU/mL	0.3 - 4.5 uIU/mL

Interpretation

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Scan to Validate



Age / Gender : 40 years / Male

Patient ID : 21336

Source : Sardar Patel Hospital (OPD)

Maharashtra | Goa | Gujarat

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 10:25 AM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	183.0	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239
Triglycerides Method : Serum, Enzymatic, endpoint	124	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	40.9	mg/dL	Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol Method : Calculated	117.30	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : calculated	142.10	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : calculated	24.80	mg/dL	6 - 38
CHOL/HDL RATIO Method : calculated	4.47	ratio	3.5 - 5.0
LDL/HDL RATIO Method : calculated	2.87	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : calculated	0.35	ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations; seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

****END OF REPORT****

B. Dhaliya

Dr. Bhavika Dhaliya
M. D. Pathology
Registration No: G-32571

Scan to Validate



Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 28/03/2023, 07:43 AM

Reporting Time : 28/03/2023, 12:15 PM

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
URINE ROUTINE			
Volume*	10	ml	ml -
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)*	5.5		4.5 - 8
Specific Gravity*	1.030		1.010 - 1.030
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent		Absent
Urine Protein (Albumin)*	Absent		Absent
Urine Ketones (Acetone)*	Absent		Absent
Blood*	Absent		Absent
Bile pigments*	Absent		Absent
Nitrite*	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs)*	Occasional	/hpf	0 - 5
Epithelial Cells*	Absent	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent
Bacteria*	Absent		Absent

END OF REPORT

B. Dholya

Dr. Bhavika Dholya
M. D. Pathology
Registration No: G-32571

Scan to Validate






Patient Name : Mr. Bharatbhai S Vasava
Registration No : 101-023-4288-000
Sex : Male
Patient Arrived At : 27-Mar-2023 09:00:00 AM
Test Name : ECHO STUDY

DOB : 27-Mar-1983
Age : 40 Yrs/
Result Verified At : 28-Mar-2023 14:25

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- MV – Normal, No MS/MR
- AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR
- PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Sardar Patel Hospital & Heart Institute

Chikuwadi, Opp. Railway Yard, Ankleshwar - 393001 | Phone: +91 2646 247882/83
Emergency: +91 72270 34848 | Email: info@sardarpatelhospital.com | www.sardarpatelhospital.com

Location:
Order Num:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

80 bpm
--/-- mmHg

Shreejitbhai

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 342 / 394 ms
PR : 136 ms
P : 76 ms
RR / PP : 750 / 750 ms
P / QRS / T : 24 / 45 / -35 degrees

