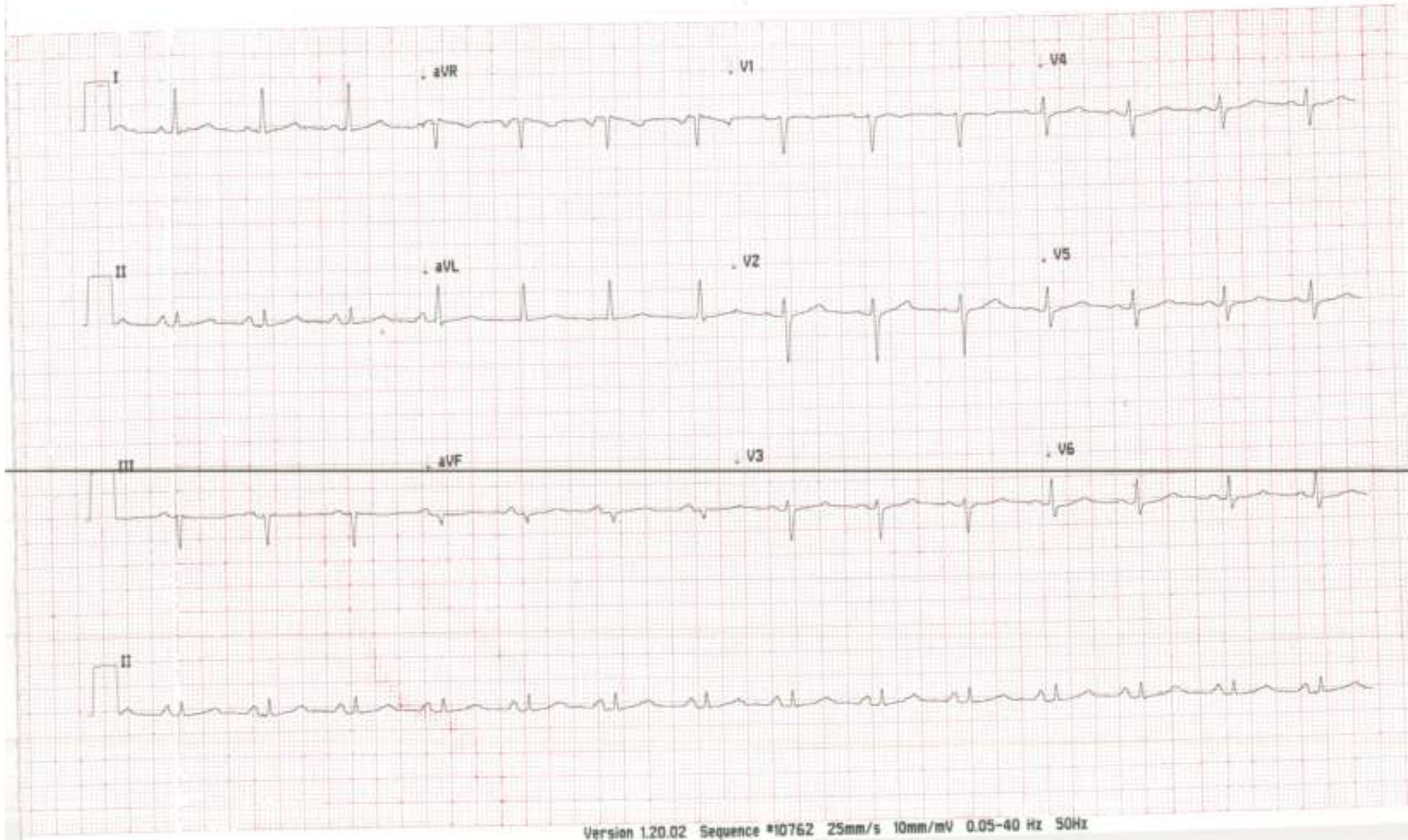
DOB:
yr. FEMALE

25-Nov-2023 13:15:45

Vent rate:	85 BPM
PR int:	151 ms
QRS dur:	79 ms
QT/QTc:	358/400 ms
P-R-T axes:	59 -7 29

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

Reviewed by _____ Mrs. Nisha Sharma



Version 1.20.02 Sequence #10762 25mm/s 10mm/mV 0.05-40 Hz 50Hz

DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

OPD ASSESSMENT FORM

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Name Mrs. Nisha Sharma Age.Sex 39/F MR.No. 514624R

Doctor Dr. Rajesh Patel. Date 25/11/2023

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

c/o - Lower Back Ache

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination :

- no tenderness
- no deformity

Past History :

X-Ray
L-S spine
AP/Lat

Provisional Diagnosis :

- myofascial pain

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

T. Sespar-P
1-0-1-10

T. miosyn-D3
1-0-0-30

Investigation advised :

Adv
- physiotherapy
- Isometric Lumber spinal Exercise

DR. RAJESH K. PATEL
CONSULTANT ORTHOPAEDIC & TRAUMA SURGEON
Reg. No. 29412
SUNSHINE GLOBAL HOSPITAL SURAT

Follow Up : Date : _____ Signature

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

DOC. No.	SGHS/FMT/IPD009	DOI	14/06/2014	Rev. No.	0.0

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GYNAECOLOGICAL CONSULTATION

MR. NO. 5146242

Name : Mrs. Nisha Sharma Date : 25/11/2023

Age : 39/F Ht. 169cm Wt. 90.7kg B.P. : 120/80 mmHg

Clinical Evaluation / History / Presenting Complain:

Routine

Gynecological History :

	Yes	No
1. Have you ever noticed any bleeding between menstrual periods ? માસિક ના સમય સિવાય ક્યારે બ્લીડિંગ બ્લીડીંગ થાય છે ?	☐	☑
2. Are / were your periods Irregular ? પીરીયડ રેગ્યુલર છે ?	☐	☑
3 Are you pregnant now ? અત્યારે તમે પ્રેગ્નન્ટ છો ?	☐	☑
4 Have you had your change of life (Menopause)? મેનોપોઝ ની કોઈ દવા ની તકલીફ છે ?	☐	☑
5 Are / were you taking birth control pills? તમે ગર્ભનિરોધક ગોળીઓ છે ?	☐	☑
6. Do you have a lump in your beast ? સ્તનમાં ગુંચળાં / ગોળો / ગાઠ છે ?	☐	☑
7. Did anyone in your family suffer from beast cancer ? કુટુંબમાં કોઈને બ્રેસ્ટ કેન્સર છે ?	☐	☑
8. Did anyone in you family suffer from any other cancer ? કુટુંબમાં કોઈને કોઈ પણ પ્રકારનું કેન્સર હતું ?	☐	☑

Obstetric History :

1. Menstrual History : Menarche at ..... Yrs
   Menses: a. Scanty / Average / Excess
   b. No of Days: 3-5 / 5-7 / More than 7 days
   c. Interval ..... days, Reg / Irregular
   d. Pain : Before / During / After / Painless
   Last menstrual Period (LMP): 15/11/23

2. Obstetric History :
   Gravida ..... Pare ..... Abortion 1 Live 1
   Married life with cohabitation.....
   Children M: 1 F: 1 Last Delivery: Yrs back
   Any bad Obstetric event / history Yes / No
   If yes Describe:

History of Contraception & Family Planning:

Examination

a. Breast Examination - Right NAD Left NAD
b. Per abdomen examination NAD. Soft & Plan

c. Local examination Vulva : Vagina
d. Per Speculum Examination

e. Per vaginal examination :

Cervi : Uterus : AV/RV : Normal / Bulky

Adnexa :

PAP's Smear Taken Yes / No

Clinical Impression:

Recommendation:

A. Additional Inv. / Referral Suggested

B. Therapeutic Advice

DR. BHAVNA DESAI
MD,DGO
REG. NO.-10538
SUNSHINE GLOBAL HOSPITAL
SURAT.

Followup Date

Gynaecologist's Signature

DOC. No.	SGHS/FMT/OPD002	DOI	14/06/2014	Rev. No.	0.1

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NABH

OPD ASSESSMENT FORM

Name Mrs. Nisha Sharma Age.Sex 39/F MR.No. S146242

Doctor Dr. Hardik Shroff Date 25/11/2023

Ht : ______ Wt. : ______ Temp : ______ Pulse : 93b/m BP : 120/80 mmHg

SPO2 : 98% Post of walk SPO2 : ______

Chief Complaints :

c/o Floaters off & on

Drug / Food Allergy :

H/o thyroid disorder

Prior Medication Reviewed : Yes ☐ No ☐

On examination :

BE Ant. seg NAD

Vn c̄ gl 6/6 6/6 N/6

Fundi (Central) BE NAD

Past History :

Provisional Diagnosis :

Nrl ophthalmic

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

℞

—

Investigation advised :

Follow Up : SOS Date : ______

Signature

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

OPD ASSESSMENT FORM

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Name Mrs. Nisha Sharma Age.Sex 39/F MR.No. S146242

Doctor Dr. Umang Desai Date 25/11/2023

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine Dental check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination :

- Stain

Past History :

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**

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

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MR No.	: **S146242**	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: **Mrs. Nisha Sharma**	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:42 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	**9.1**	gm/dl	12.0 - 15.0
PCV	**30.3**	%	36 - 46
RBC COUNT	**3.68**	mill/cmm	4.0 - 5.0
MCV	82.3	fl	76 - 96
MCH	**24.7**	pg	26 - 32
MCHC	**30.0**	%	32 - 36
RDW	14.8	%	11 - 15
PLATELET COUNT	3.05	lacs/cmm	1.5 - 4.5
WBC COUNT	8300	/cmm	4000 - 11000
ESR	**38**	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	64	%	40 - 70
LYMPHOCYTES	27	%	20 - 40
EOSINOPHILS	03	%	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 *******

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

25/11/2023 12:42PM

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MR No.	: **S146242**	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: **Mrs. Nisha Sharma**	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:37 PM

HAEMATOLOGY

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

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	108	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.41	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	10.31	ug/dl	5.1 - 14.0
TSH (CLIA)	**6.78**	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 mechnism 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 whiled in secondary and tertiary hypothyroidism . TSH levels are low.

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

25/11/2023 12:37PM

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MR No.	: S146242	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: Mrs. Nisha Sharma	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:38 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	6.0	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	**125.5**	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay
Note:- Criteria for the diagnosis of diabetes HbA1c >/=6.5*
1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
2. 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.
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.

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	**5.8**	mg/dl	2.4 - 5.7

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

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

25/11/2023 12:38PM

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MR No.	: **S146242**	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: **Mrs. Nisha Sharma**	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:38 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	163	mg/dl	50 - 200
HDL CHOLESTEROL Direct	48	mg/dl	40 - 60
LDL CHOLESTEROL Direct	88.8	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	134	mg/dl	50 - 150
VLDL Calc	26.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.4		0 - 5
LDL / HDL RATIO	1.85		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 *******

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Reg. No.: G-9074

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25/11/2023 12:39PM

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MR No.	: **S146242**	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: **Mrs. Nisha Sharma**	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:40 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	122	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)	32	U/L	5 - 41
SGOT (IFCC)	29	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.8	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.9	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.9	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.69	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	0.5	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	9.4	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	**106.8**	mg/L	
URINE CREATININE (JAFFE)	**209**	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	51.1	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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

25/11/2023 12:41PM

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MR No.	: **S146242**	**Collection Date**	: 25/11/2023 11:23AM
Patient Name	: **Mrs. Nisha Sharma**	**Age**	: 39 Y **Sex** : Female
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 25/11/2023 12:44 PM

CLINICAL PATHOLOGY

Parameter	Result		Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION			
TYPE OF SPECIMEN - URINE	Random		
PHYSICAL EXAMINATION			
QUANTITY	25	ml	
COLOUR	Pale Yellow		
APPEARANCE	Sl.Turbid		
REACTION (pH)	6.0		
SPECIFIC GRAVITY	1.030		
CHEMICAL EXAMINATION			
PROTEIN	Present (Trace)		
GLUCOSE	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILE PIGMENT	Absent		
OCCULT BLOOD	Absent		
NITRITE	Absent		
MICROSCOPIC EXAMINATION			
PUS CELLS	80-100	/hpf	
EPITHELIAL CELLS	10-12	/hpf	
RBC	Absent	/hpf	
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Present(+)		
YEAST CELLS	Absent		

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

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

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PAT. NAME: Nisha Sharma	**Date** : 25/11/2023
REF. DOCTOR : Hosp. Dr.	**AGE** : 39 Yrs / F
INV. : Radiograph of Chest PA	**MR NO.** : S146242

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

Date & Time of report: 25/11/2023 – 11:24 AM

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PAT. NAME: Nisha Sharma	**Date** : 25/11/2023
REF. DOCTOR : Hosp. Dr.	**AGE** : 39 Yrs / F
INV. : USG Abdomen & Pelvis	**MR NO.** : S146242

Findings:

Liver is enlarge in size (18.3 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 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 is minimally distended.
Uterus is sub-optimally visualized and grossly appears normal.
Both ovaries appear normal in size, shape and echopattern.
No e/o free fluid in abdomen / 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: 25/11/2023 – 11:27 AM

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ECHO CARDIOGRAPHIC REPORT

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Patient's Name : Mrs. Nisha Sharma Date : 25/11/23

Sex : F Age : 39 Ref. by Dr. : Medicheck Done by Dr. Dr. Saurendra Singh Sir

LV Size : (N)

LVEF : 70 % (VISUAL)

DIASTOLIC DYSFUNCTION : NO

LVH : NO

RWMA : ANTERIOR WALL
ANTERIOR SEPTUM
IVS
LV APEX
POSTERIOR WALL
LATERAL WALL
INFERIOR WALL

NO RWMA at rest

MITRAL VALVE : (N)

AORTIC VALVE (N)

PULMONARY VALVE : (N)

TRICUSPID VALVE (N)

PAH : —

PASP : ? mmHg

RA :

RV : (N) in size, c good RV function.

LA : (N)

IVC : (N) mm in size

IAS :

IVS : Intact

IVS (s)	cm	LV(s)	cm	PW (s)	cm	LVEF = 70	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =	%

CONCLUSION : For Health checkup.

1

. Norvg/clot/PE.