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

OPD ASSESSMENT FORM

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Name Mr. Neeraj Tomar Age.Sex 38/m MR.No. S151557

Doctor Dr Kunal Gajjar Date 23/08/2024

Ht : 177cm Wt. : 92.3kg Temp : 97.6°F Pulse : 94 b/m BP : 160/76 mm Hg

SPO2 : 98% on RA Post of walk SPO2 :

Chief Complaints :

Not - Any.

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes ☐ No ☐

On examination :

P } 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

→ SRD.

→ Frequent B.P. monitoring.

— S. Vit B12, D3 level.

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

→ Tab. Lipaglyn (4) 0-0-1 × (03) months

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

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MR No.	: **S151557**	**Collection Date**	: 23/03/2024 9:31AM
Patient Name	: **Mr. Neeraj Tomar**	**Age**	: 38 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/03/2024 1:08 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	**88**	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

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PAT. NAME : Neeraj Tomar	**Date** : 23/03/2024
REF. DOCTOR : Hosp Dr.	**AGE** : 38 Yrs / M
INV. : USG Whole Abdomen	**MR NO.** : S151557

Findings:

Liver is enlarge in size (16.5 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: 03/23/2024 – 10:46 AM

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PAT. NAME : Neeraj Tomar	**Date** : 23/03/2024
REF. DOCTOR : Hosp Dr.	**AGE** : 38 Yrs / M
INV. : Radiograph of Chest PA	**MR NO.** : S151557

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: Fenali

Date & Time of report: 23/03/2024 – 10:46 AM

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MR No.	: **S151557**	**Collection Date**	: 23/03/2024 9:31AM
Patient Name	: **Mr. Neeraj Tomar**	**Age**	: 38 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/03/2024 12:22 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.4	gm/dl	13.0 - 17.0
PCV	45.7	%	40 - 50
RBC COUNT	**4.47**	mill/cmm	4.5 - 5.5
MCV	**102.2**	fl	76 - 96
MCH	**32.2**	pg	26 - 32
MCHC	**31.5**	%	32 - 36
RDW	13.8	%	11 - 15
PLATELET COUNT	2.52	lacs/cmm	1.5 - 4.5
WBC COUNT	7170	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	52	%	40 - 70
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	**07**	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic, Macrocytosis(+),		
WBC MORPHOLOGY	Eosinophilia		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

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

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

23/03/2024 12:22PM

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MR No.	: **S151557**	**Collection Date**	: 23/03/2024 9:31AM
Patient Name	: **Mr. Neeraj Tomar**	**Age**	: 38 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/03/2024 12:18 PM

HAEMATOLOGY

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

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	**9.1**	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	**122**	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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

23/03/2024 12:18PM

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MR No.	**: S151557**	**Collection Date**	**: 23/03/2024 9:31AM**
Patient Name	**: Mr. Neeraj Tomar**	**Age**	**: 38 Y Sex : Male**
Ref By	: Dr. Hospital A Doctor	**Report Date**	**: 23/03/2024 12:18 PM**

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.6	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	**114.02**	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.

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

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

23/03/2024 12:18PM

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MR No.	**: S151557**	**Collection Date**	**: 23/03/2024 9:31AM**
Patient Name	**: Mr. Neeraj Tomar**	**Age**	**: 38 Y Sex : Male**
Ref By	**: Dr. Hospital A Doctor**	**Report Date**	**: 23/03/2024 12:19 PM**

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	**229**	mg/dl	50 - 200
HDL CHOLESTEROL Direct	**35**	mg/dl	40 - 60
LDL CHOLESTEROL Direct	**152.6**	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	**209**	mg/dl	50 - 150
VLDL Calc	**41.8**	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	**6.54**		0 - 5
LDL / HDL RATIO	**4.36**		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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MR No.	**: S151557**	**Collection Date**	**: 23/03/2024 9:31AM**
Patient Name	**: Mr. Neeraj Tomar**	**Age**	**: 38 Y Sex : Male**
Ref By	: Dr. Hospital A Doctor	**Report Date**	**: 23/03/2024 12:20 PM**

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	121	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.5	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	**77**	U/L	5 - 41
SGOT (IFCC)	32	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.1	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.09	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFFE)	1.1	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	9.4	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	**5.8**	mg/L	
URINE CREATININE (JAFFE)	**175**	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	3.31	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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

23/03/2024 12:20PM

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MR No.	: **S151557**	**Collection Date**	: 23/03/2024 9:31AM
Patient Name	: **Mr. Neeraj Tomar**	**Age**	: 38 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/03/2024 12:20 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.19	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.49	ug/dl	5.1 - 14.0
TSH (CLIA)	2.93	uIU/ml	0.2 - 4.5

ote:-

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.

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

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

23/03/2024 12:20PM

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MR No.	: **S151557**	**Collection Date**	: 23/03/2024 9:31AM
Patient Name	: **Mr. Neeraj Tomar**	**Age**	: 38 Y **Sex** : Male
Ref By	: Dr. Hospital A Doctor	**Report Date**	: 23/03/2024 12:22 PM

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)	6.0	
SPECIFIC GRAVITY	1.030	
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	2-3 /hpf	
RBC	Absent /hpf	
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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

23/03/2024 12:22PM

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

NABH ACCREDITED — PATIENT SAFETY & QUALITY OF CARE

OPD ASSESSMENT FORM

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Name Mr. Neeraj Tomar Age.Sex 38/m MR.No. 5151557

Doctor Dr. Hardik Shroff Date 23/03/2024

Ht : ______ Wt. : ______ Temp : ______ Pulse : ______ BP : ______

SPO2 : ______ Post of walk SPO2 : ______

Chief Complaints :

No complains

Drug / Food Allergy :

Prior Medication Reviewed : Yes ☐ No ☐

On examination : BE - Ant - Seg NAD

Vn cgl c 6/6 N 6. Fundii (central) BE - NAD
6/6.

Past History :

Provisional Diagnosis :

BE - Myopia

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

℞

—

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophthalmolo...)
Regd. No. G-28...
SUNSHINE GLOBAL HOSPI...
Piplod, SURAT.

Follow Up : SOS Date : ______ Signature

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

DOC. No.	SGHS/FMT/OPD007	DOI	14/06/2014	Rev. No.	0.0

MRNO: 5151557

ECHO CARDIOGRAPHIC REPORT

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Patient's Name : Mr. Neeraj Tomar Date : 23/3/24 11:35AM

Sex : M Age : 38 Ref. by Dr. : _____ Done by Dr. Surender Singh

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 : | (n)

AORTIC VALVE | (n)

PULMONARY VALVE :

TRICUSPID VALVE

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 wall/clot/PE

2D echo for Health checkup plan

B:
, MALE

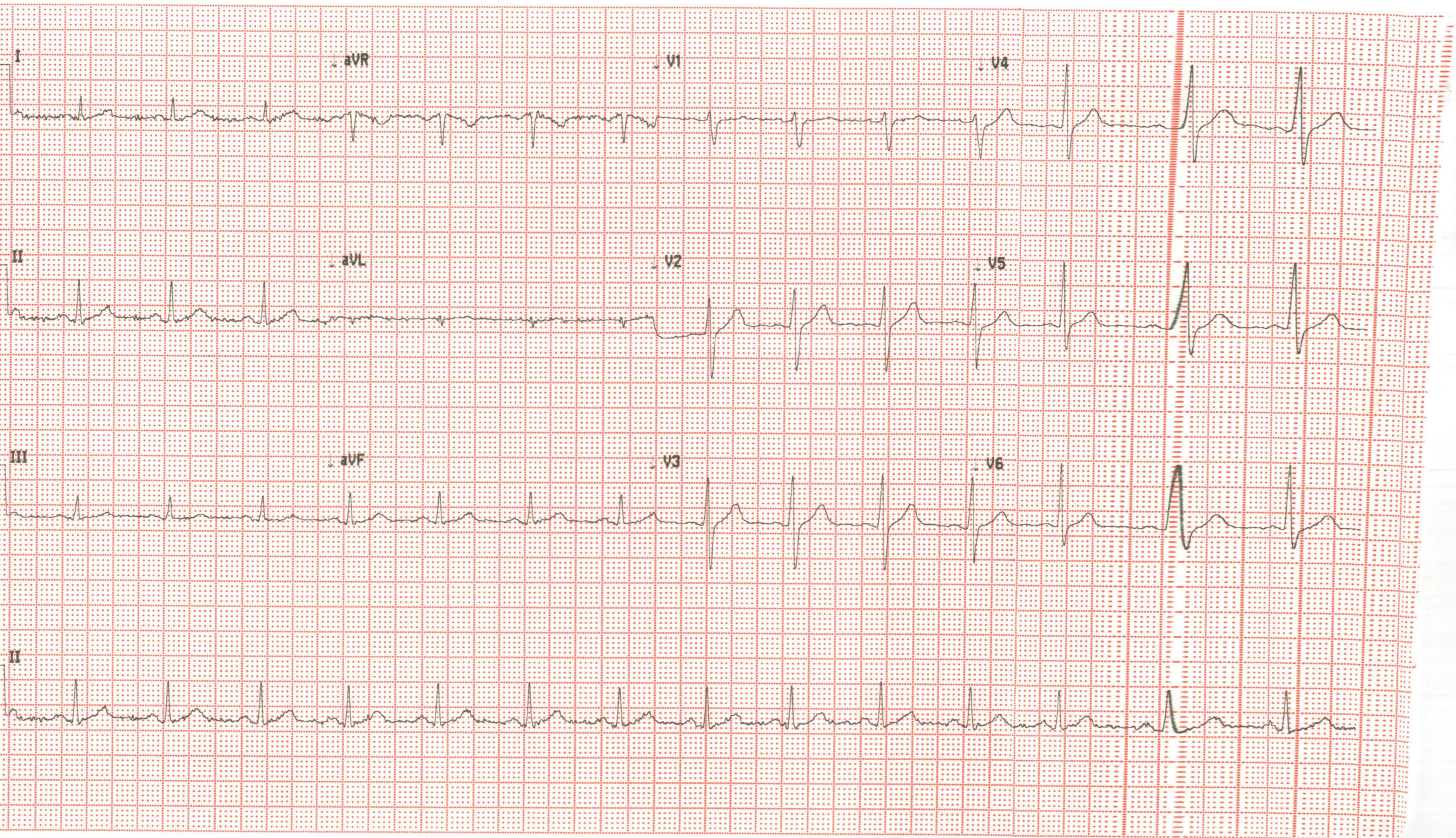
Vent rate:	86 BPM
PR int:	151 ms
QRS dur:	100 ms
QT/QTc:	340/383 ms
P-R-T axes:	59 63 56

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

Reviewed by ----------

38/M

MR NO: 5151557



Version 1.20.02 Sequence #21106 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 Mr. Neeraj Tomar **Age.Sex** _____ **MR.No.** _____

Doctor Dr. Shailaja Desai **Date** 23/03/2024

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 :

- NAD

Past History :

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

D. S. Desai

Dr. Shailaja Desai
B.D.S. (Dental Surgeon)
A-9793 **Signature**
Dental Surgeon
Sunshine Global Hospital, Surat

Follow Up : **Date :** _____

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