



# OPD ASSESSMENT FORM



Name Mr. Ashwinesh Pawale Age Sex 37/m MR.No. 5158353  
 Doctor Dr. Pravin Shukh Date 01/03/2022  
 Ht: 140cm Wt: 78kg Temp: 98°F Pulse: 99b/m BP: 150/100mmHg  
 SPO2: 95% Post of walk SPO2: 95%

Chief Complaints :

Drug / Food Allergy :

- SRI.

Prior Medication Reviewed : Yes  No

On examination :

- +. Thyroid 50mcg  
 1-0-0  
 - +. Solobex L (30)  
 (50)  
 1-0-0

Past History :

IV.  
 TSH ↑ Agly  
 ⇒ ① met

Provisional Diagnosis :

Ess. Bd  
Recovery.

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

Follow Up : Date : \_\_\_\_\_



Signature



# OPD ASSESSMENT FORM



Name Mr. Abinash Pousad Age.Sex 32/m MR.No. 3150353  
 Doctor Dr Hardik Shroff Date 11/3/24  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

**Chief Complaints :**

Go blurred near vision 06 mon.

**Drug / Food Allergy :**

Prior Medication Reviewed : Yes  No

**On examination :**

RG Ant. Seg MAD  
Vr <sup>GOP</sup> <sub>GOP</sub> NIG (stream)  
Fundus (Central) RG MAD

**Past History :**

ST R + 0.25 + 0.75 + 170°  
L + 0.25 + 0.5 + 10°  
M-G

**Provisional Diagnosis :**

RG low compound

**Nutritional Assessment :**

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

**Treatment and further Advices :** Hyperopia  
(Write in Capital Letters)

**Rx**

**Investigation advised :**

Use of gl.

RG - Andree plus eye drops

Dr. Hardik Shroff  
DOMS, DPM (Ophthalmology)  
Regd. No. G-28902

Follow Up : 303 Date : \_\_\_\_\_

SUNSHINE GLOBAL HOSPITAL  
Piplod, SURAT. Signature



### OPD ASSESSMENT FORM



Name Mr. Abhinash Prasad Age.Sex 37/M MR.No. 5150353  
 Doctor Dr. Shailaja Desai Date 1/3/24  
 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  
 - missing  $\rightarrow$   $\frac{1}{7}$

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

1) scaling  
 2) Replacement of  $\frac{1}{7}$

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

Follow Up : \_\_\_\_\_ Date : \_\_\_\_\_



R

1)

Senamel - F

with Parke - (1)

↑

Dr. Umang Patel

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DOC. No. ISGHS/FMT/OPD015 DOI 14/06/2014 Rev. No. 0.0



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### SPECTACLE CARD

Date: 13/20/24

Name: Mr. Abinash Paswad

Ref. No. S150353

LEFT			
Sph.	Cyl.	Axis	V.A.
+0.25	+0.5	10°	6/6
			Ni6

RIGHT			
Sph.	Cyl.	Axis	V.A.
+0.25	+0.75	170°	6/6
			Ni6

Remarks:

#### INSTRUCTIONS:

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09:00 am to 11:00 am, Monday to Saturday  
Please obtain reporting time in advance & always bring OPD File

  
Consulting Eye Surgeon

B/s. Big Bazar, Piplod, Surat - 395 007. Ph. 0261-4111000, 4111002 • www.sunshineglobalhospitals.com



MR No: S150353



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Abinash Prasad Date : 11/3/24 10:AM

Sex : M Age : 37 Ref. by Dr. : \_\_\_\_\_ Done by Dr. Srinivasu Singh

LV Size : (n) LVEF : 65 % (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 : (n) TRICUSPID VALVE (n)

PAH : \_\_\_\_\_ PASP : 6 mmHg

RA : \_\_\_\_\_ LA : \_\_\_\_\_  
RV : (n) IVC : (n)

IAS : Intact

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

CONCLUSION :

No regulated IPE

2D Echo  
for Health checkup plan



<b>PAT. NAME :</b> Abinash Prasad	<b>Date :</b> 01/03/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 37 Yrs / M
<b>INV. :</b> USG Abdomen & Pelvis	<b>MR NO. :</b> S150353

**Findings:**

Liver is enlarge in size (16.6 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






PAT. NAME : Abinash Prasad	Date : 01/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S150353

**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

Page: 1 out of 1  
Date & Time of report: 01/03/2024 – 11:43 AM

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MR No. : 5150353  
Patient Name : Mr. Abinash Prasad  
Ref By : Dr. Hospital A Doctor  
Collection Date : 01/03/2024 9:16AM  
Age : 37 Y Sex : Male  
Report Date : 01/03/2024 10:49AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.0	gm/dl	13.0 - 17.0
PCV	42.2	%	40 - 50
RBC COUNT	5.20	mill/cmm	4.5 - 5.5
MCV	81.2	f	76 - 96
MCH	<b>25.0</b>	pg	26 - 32
MCHC	<b>30.8</b>	%	32 - 36
RDW	13.5	%	11 - 15
PLATELET COUNT	1.86	lacs/cmm	1.5 - 4.5
WBC COUNT	5830	/cmm	4000 - 11000
ESR	07	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	65	%	40 - 70
LYMPHOCYTES	27	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
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)

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MR No. : S150353	Collection Date : 01/03/2024 9:16AM
Patient Name : Mr. Abinash Prasad	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/03/2024 10:45AM

**HAEMATOLOGY**

Parameter	Result	Normal Range
<b>BLOOD GROUP &amp; RH FACTOR</b>		
BLOOD GROUP	"O"	
RH FACTOR	POSITIVE	

**BIOCHEMISTRY**

Parameter	Result	Unit	Normal Range
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	116	mg/dl	74 - 110
PASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

**CLINICAL CHEMISTRY**

**THYROID FUNCTION TEST [TFT]**

TOTAL T3 (CLIA)	1.44	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	11.83	ug/dl	5.1 - 14.0
TSH (CLIA)	<b>6.27</b>	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.

Dr. Shobha Choksi  
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MR No. : S150353	Collection Date : 01/03/2024 9:16AM
Patient Name : Mr. Abinash Prasad	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/03/2024 10:46AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.8	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	119.76	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c  $\geq 6.5\%$

1. HbA1c is important test for the assessment of long term blood glucose control (also called glycemc control).
2. 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.
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)	4.2	mg/dl	3.4 - 7.0
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\*\*\*\*\* End Report \*\*\*\*\*

*SC*  
**Dr. Shobha Choksi**  
MD, DCP (Pathology)

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<b>MR No.</b> : S150353	<b>Collection Date</b> : 01/03/2024 9:16AM
<b>Patient Name</b> : Mr. Abinash Prasad	<b>Age</b> : 37 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 01/03/2024 10:47AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	167	mg/dl	50 - 200
HDL CHOLESTEROL Direct	49	mg/dl	40 - 60
LDL CHOLESTEROL Direct	86.9	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	152	mg/dl	50 - 150
VLDL Calc	30.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.41		0 - 5
LDL / HDL RATIO	1.77		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 \*\*\*\*\*

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

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MR No. : S150353	Collection Date : 01/03/2024 9:16AM
Patient Name : Mr. Abinash Prasad	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/03/2024 10:48AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	138	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.7	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	39	U/L	5 - 41
SGOT (IFCC)	26	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.7	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.3	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.4	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.21	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	10.3	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	18.3	mg/L	
URINE CREATININE (JAFPE)	106.4	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	17.1	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

\*\*\*\*\* End Report \*\*\*\*\*

**Dr. Shobha Choksi**  
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MR No. : S150353	Collection Date : 01/03/2024 9:16AM
Patient Name : Mr. Abinash Prasad	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/03/2024 10:50AM

**CLINICAL PATHOLOGY**

Parameter	Result	Normal Range
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.5	
SPECIFIC GRAVITY	1.030	
<b>CHEMICAL EXAMINATION</b>		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

\*\*\*\*\* End Report \*\*\*\*\*

*BC*  
Dr. Shobha Choksi  
MD, DCP (Pathology)

Reg. No.: G-9074

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DOB: \_\_\_\_\_  
YR. MALE

Vent rate: 100 BPM  
PR int: 165 ms  
QRS dur: 79 ms  
QT/QTc: 311/368 ms  
P-R-T axes: 55 41 -1

SINUS TACHYCARDIA  
MINIMAL VOLTAGE CRITERIA FOR  CONSIDER NORMAL VARIANT  
NONSPECIFIC T-WAVE ABNORMALITY  
ABNORMAL RHYTHM ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

