



# OPD ASSESSMENT FORM



Name Mr. Purnabhai V. Chaturhanis Age.Sex 38/m MR.No. Sur2091  
 Doctor Dr Karmal Gujar Date 27/01/24  
 Ht: 168cm Wt: 56.5kg Temp: \_\_\_\_\_ Pulse: 68 B/m BP: 129/80 mm/Hg  
 SPO2: 99% Post of walk SPO2: \_\_\_\_\_

**Chief Complaints :**

Not - Any

Drug / Food Allergy : NO

Prior Medication Reviewed : Yes  No

**On examination :**

B | 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)**

Rx

**Investigation advised :**

[Signature]

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

Signature



# OPD ASSESSMENT FORM



Name Mrs. Pamubhai V-Cherudhuri Age.Sex 38/M MR.No. SI49021  
 Doctor Dr Hardik Shroff Date 27/1/24  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

Co loss of VA RE

Prior Medication Reviewed : Yes  No

after 2 years,

No multiple S<sub>2</sub> RE

On examination :

RE R<sub>2</sub> atropia

Past History :

VA No PNR - pseudo, pseudo.  
 (G<sub>1</sub> NIB) LC - WNL

fundus + RE no details  
 LC WNL

Provisional Diagnosis :

ST C NIT  
 10. 25-40 NIB

Nutritional Assessment :

RE blind eye

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

Treatment and further Advices.  
 (Write in Capital Letters)

Investigation advised :

R<sub>x</sub>

Use of gl

*Dr. Hardik Shroff*

DOMS, Department of Ophthalmology  
 Reg. No. G-22982

**SUNSHINE GLOBAL HOSPITAL**  
 Piplod, SURAT.

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

Signature



PAT. NAME : Panubhai Chaudhari	Date : 27/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 38 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S149021

**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 is minimally distended.  
Prostate could not be assessed, due to poor window.  
No e/o free fluid in pelvis.

**IMPRESSION:**

- No significant abnormality seen.

  
**Dr. Sneha Dumaswala**  
MBBS, DNB-Radiodiagnosis  
Consultant Radiologist  
G-21796

Transcribed By: Ashu

Page: 1 out of 1

Date & Time of report: 27/01/2024 - 12:05 PM

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**SPECTACLE CARD**

Date: 27/1/2024

Name: Mr. Pannulohi Chandrakant

LEFT

Sph.	Cyl.	Axis	V.A.
+0.75			6/6
			N.I.B

Ref. No. S14021

RIGHT

Sph.	Cyl.	Axis	V.A.
Pluse			N.I.T
			N.I.T

Remarks:

**INSTRUCTIONS:**

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Bring your glasses checked every six months to one year if necessary.
- 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.
- 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



PAT. NAME : Panubhai Chaudhari	Date : 27/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 38 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149021

**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

Page: 1 out of 1  
Date & Time of report: 27/01/2024 - 11:41 AM

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<b>MR No.</b> : S149021	<b>Collection Date</b> : 27/01/2024 10:30AM
<b>Patient Name</b> : Mr. Panubhai V Chaudhari	<b>Age</b> : 38 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/01/2024 11:24AM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.5	gm/dl	13.0 - 17.0
PCV	45.9	%	40 - 50
RBC COUNT	<b>6.15</b>	mill/cmm	4.5 - 5.5
MCV	<b>74.6</b>	fl	76 - 96
MCH	<b>22.0</b>	pg	26 - 32
MCHC	<b>29.4</b>	%	32 - 36
RDW	14.6	%	11 - 15
PLATELET COUNT	2.77	lacs/cmm	1.5 - 4.5
WBC COUNT	7630	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	64	%	40 - 70
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	04	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Hypochromasia(+), Microcytosis(+), Anisocytosis(+)		
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

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<b>MR No.</b> : S149021	<b>Collection Date</b> : 27/01/2024 10:30AM
<b>Patient Name</b> : Mr. Panubhal V Chaudhari	<b>Age</b> : 38 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/01/2024 11:18AM

**HAEMATOLOGY**

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

**CLINICAL CHEMISTRY**

**THYROID FUNCTION TEST [TFT]**

TOTAL T3 (CLIA)	1.55	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.62	ug/dl	5.1 - 14.0
TSH (CLIA)	1.05	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 \*\*\*\*\*

Dr. Shobha Choksi  
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MR No. : S149021	Collection Date : 27/01/2024 10:30AM
Patient Name : Mr. Panubhal V Chaudhari	Age : 38 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 27/01/2024 11:19AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.9	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	122.63	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 glycemc control).
- 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.
- 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)	106	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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<b>MR No.</b> : S149021	<b>Collection Date</b> : 27/01/2024 10:30AM
<b>Patient Name</b> : Mr. Panubhal V Chaudhari	<b>Age</b> : 38 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/01/2024 11:20AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	160	mg/dl	50 - 200
HDL CHOLESTEROL Direct	49	mg/dl	40 - 60
LDL CHOLESTEROL Direct	<b>102.8</b>	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	<b>42</b>	mg/dl	50 - 150
VLDL Calc	8.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.27		0 - 5
LDL / HDL RATIO	2.1		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.	: S149021	Collection Date	: 27/01/2024 10:30AM
Patient Name	: Mr. Panubhai V Chaudhari	Age	: 38 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 27/01/2024 11:21AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	53	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.7	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.5	mg/dl	0.0 - 0.8
SGPT (IFCC)	14	U/L	5 - 41
SGOT (IFCC)	19	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	8.2	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.6	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3.6	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.28	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.7	mg/dl	0.5 - 1.2
<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	5.3	mg/dl	3.4 - 7.0
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	16.6	mg/dl	8 - 23

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

Dr. Shobha Choksi  
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<b>Patient Name</b> : Mr. Panubhal V Chaudhari	<b>Age</b> : 38 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/01/2024 11:23AM

**BIOCHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	8.5	mg/L	
URINE CREATININE (JAFPE)	124.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	0.007	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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

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<b>Patient Name</b> : Mr. Panubhal V Chaudhari	<b>Age</b> : 38 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 27/01/2024 11:25AM

**CLINICAL PATHOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Normal Range</b>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	50	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	1-2	/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**

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27/01/2024 11:25AM  
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Page 1 of 1



ID: 3149021  
 Visit  
 07-Jan-2024  
 10:46:28

36 years

Caucasian

Male

Referred by:  
 Test Ind.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)	BRUCE	
									Max HR	85% of max
WETTEST EXERCISE	SUPINE	2:02	0.6	0.0	1.4	90	129/59	116	182bpm	10.6 METS
	STAGE 1	2:00	1.7	0.0	4.3	108	129/59	139	182bpm	10.6 METS
	STAGE 2	3:00	4.5	2.0	7.1	148	150/66	166	182bpm	10.6 METS
	STAGE 3	3:00	3.4	4.0	10.1	148	150/66	162	182bpm	10.6 METS
	STAGE 4	0:21	4.2	6.0	10.6	160	150/50	202	182bpm	10.6 METS
RECOVERY	RECOVERY	4:30	** *	** *	1.0	92	137/46	124	182bpm	10.6 METS

7007 is negative for inducible ischemia

Technician

Unconfirmed

**JUPITER**

MAC55 0103



10-313592A

Vent.

15-Jan-89 2024  
10:47:43

736

BP: 120/80

PRETEST  
SUPINE  
1:16

BRUCE

0 mph  
0.0 kg

aVR

V1

V4

aVL

V2

V4

aVF

V3

V6

10 Hz

25.0 mm/s

10.0 mm/mV

A. H. S. 50Hz HR 46

4 by 2.5s + 1.10.4000 in

JUPITER

MAC56 0108

II

10-313592A





ID: S149021  
Visit:  
27-Jan-2024  
10:51:30

108bpm  
BP: 129/88  
ST: 0 (0mm/mV  
50ms-post)

EXERCISE  
STAGE 2  
3:00

B. CR  
1.7mph  
10.0%

Lead  
System  
Strip(s) (mV/s)



3aw-31ythm  
40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER

• Computer Synthesized Rhythm

MAC55 016B



D: S149021  
Vital  
27-Jan-2024  
10:54:30

EXERCISE  
STAGE 2  
6:00  
128bpm  
BP 130/90

Load  
2.5mph  
12.0%

Lead  
S (mm)  
Speed (mV/s)

ST @ 10mm/mV  
80ms-pool



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46 JUPITER

Computer Synthesized Rhythm

MAC55 0103



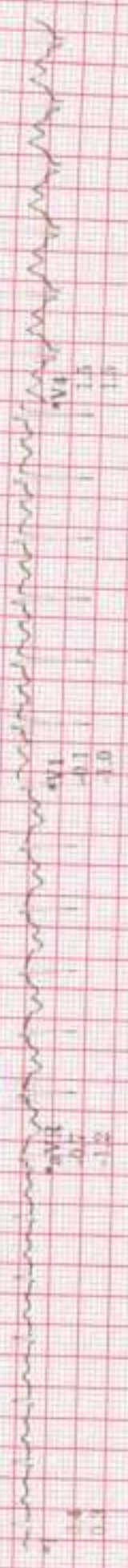
(1) S149021  
V1c1  
27-11-83-2024  
10.5.30

EXERCISE  
STAGE 4  
9:00

ACE  
3.4 mph  
14.0%

144 bpm  
BP 120/90  
ST @ 10mm/mV  
80mm paper

Lead  
ST (mm)  
ST slope (mV/s)



Saw Myochem  
A-H S 50Hz HR 46  
JUPITER  
MAC65 01DB  
2



(1) S149021

V1a1

27-1-1980-2024

10:57:51

155bpm

BP 130/90

ST @ 10mm/mV  
is (mm - post)

EXERCISE  
STAGE 4

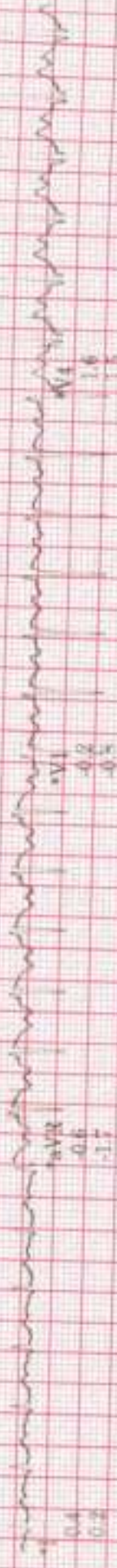
9/21

JACK

4.2mph

16.0%

Lead  
ST (mm)  
Slope (mV/s)



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S: 50Hz HR 46

JUPITER

MAC55 010B

3

Low Rhythm

Computer Synthesized Rhythm



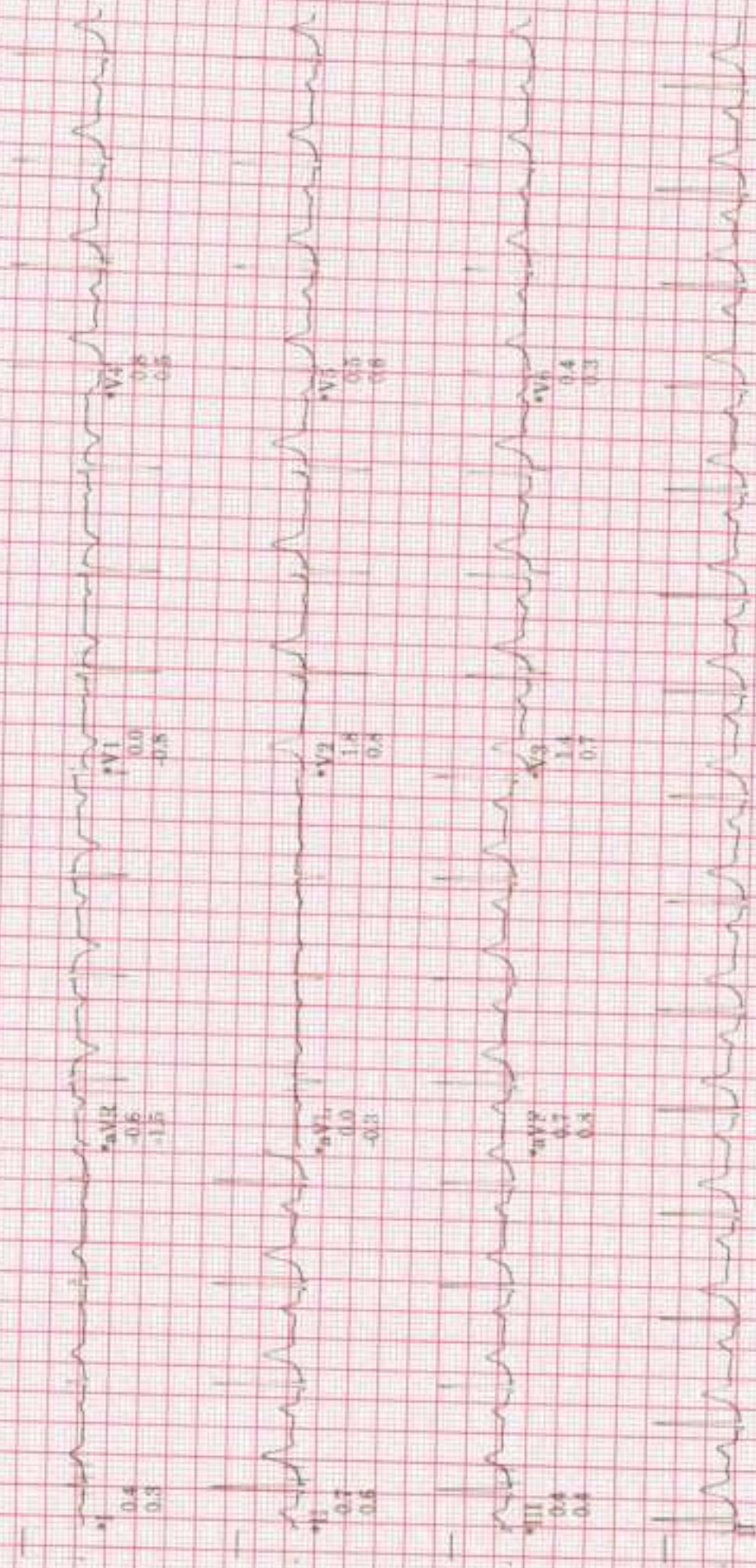
ID: S149021  
Visit:  
27-Jan-2024  
10:59:51

59bpm  
BP: 134/39  
ST @ 10mm/mV  
20ms post/d

RECOVERY  
RECOVERY  
400

ACE  
50 mmph  
50 mmph

Lead  
ST (mm)  
Slope (mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 48

JUPITER

• Computer Synthesized Rhythm

MAC55 0108

3



ID: S149021  
Visit  
27-Jan-2024  
11:01:51

RECOVERY  
RECOVERY  
4:00

ADUCE  
\*\* 2 mph  
\*\* 1 mg

Lead  
ST (mm)  
Slope (mV/s)

92bpm  
B.P. 135/89  
ST @ 10mm/mV  
80mm postol



Law Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER

\* Computer Synthesized Rhythm

MAC55 010B

2



CONNECTED TO MONITOR REPORT

1144021  
V120  
27 Jan 2024  
10 13:28

Referred by  
Test and

Age: years

Gender: Male

BRUC3

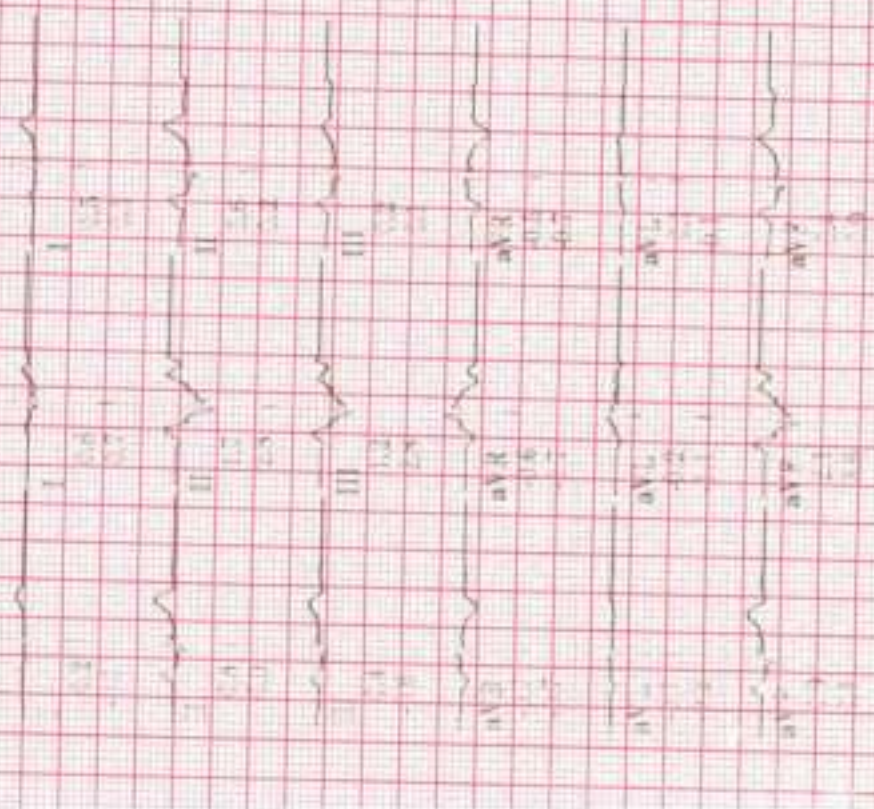
Max HR: 150bpm 85% of max predicted 192bpm  
Max BP: 150/80

Max Exercise Time: 3:21  
Maximum workload: 10.0 METS

25.0 mm/s  
10.0 mm/mV  
100Hz

BASELINE EXERCISE TEST END RECOVERY  
100 4:30  
150bpm 100bpm  
BP: 150/90 BP: 150/80

BASELINE EXERCISE TEST END RECOVERY  
100 4:30  
150bpm 100bpm  
BP: 150/90 BP: 150/80



Technician

Is confirmed

JUPITER

MNC55-010B

Lead  
STV/mm  
Slope(mV/s)



UJ-S144021

Visit:

27-Jan-2024

10:46:28

38years

Caucasian

Male

Referred by:  
Test site

BRUCE

Max HR: 155bpm 85% of max pred @ 182bpm

Max BP: 154/89

Reason for Termination:  
Communicate

Total Exercise time: 9:21

Max HR: 155bpm 85% of max pred @ 182bpm

Max BP: 154/89

Reason for Termination:  
Communicate

**BASBLINE**

EXERCISE STAGE 1

14 METS

90bpm

ST @ 10mm/mV

Load

ST (mm)

**PEAK**

EXERCISE STAGE 4

10 METS

155bpm

ST @ 10mm/mV

Load

ST (mm)

Slope (mV/s)



Technician:

Unconfirmed

**JUPITER**

MAC55 010B



27-Jan-2024  
10:46:28

**PRETEST**  
STAGE 1  
0:00  
90bpm  
BP: 129/89  
1.4 METS  
BASELINE

**EXERCISE STAGE 1**  
1:00  
106bpm  
BP: 129/89  
3.0 METS

**EXERCISE STAGE 1**  
2:00  
166bpm  
BP: 129/89  
4.6 METS

**EXERCISE STAGE 1**  
3:00  
168bpm  
BP: 129/89  
4.8 METS

**EXERCISE STAGE 2**  
4:00  
119bpm  
5.8 METS

**EXERCISE STAGE 2**  
5:00  
130bpm  
BP: 129/89  
7.0 METS

BRUCE

ST @ 10mm/mV  
80ms postJ  
25.0 mm/s  
10.0 mV/mV  
150Hz



Lead  
ST (mm)  
Slope (mV/s)

MAC 1010B

JUPITER



ID: S14B021

BRUCE

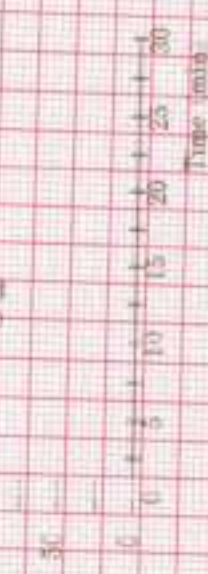
25-Jan-2024  
10:46:28

ST 3 10mm/mV 40  
50ms post  
EXERCISE  
0.07

PVC s/m

Heart Rate (bpm)

BP (mmHg)





DOB:   
 yr, MALE

*Mr. Purnish N. Chatterjee*

Vent rate: 59 BPM  
PR int: 191 ms  
QRS dur: 94 ms  
QT/QTc: 374/374 ms  
P-R-T axes: 60 45 52

SINUS BRADYCARDIA  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by \_\_\_\_\_

