



OPD ASSESSMENT FORM



Name Mr. Rajendrasinh Rathod Age Sex 47/M MR.No. 5149568
 Doctor Dr. Krunal Gajjar Date 10/02/24
 Ht : 167cm Wt. : 74.9kg Temp : 97.8F Pulse : 72b/m BP : 135/80
 SPO2 : 98% on RA Post of walk SPO2 : _____

Chief Complaints :

NOT - ANY.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

RS | NAD
CVS

Past History : KID DM.

Past H/O Pancreatitis.

H/O cholecystectomy.

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

→ Cont. same medication.

Investigation advised :

Follow Up : _____ Date : _____

Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Signature

SUNSHINE GLOBAL HOSPITAL SURAT.



OPD ASSESSMENT FORM



Name Mr. Rajendra Singh Age.Sex 47/M MR.No. 5149568

Doctor Dr. Hardik shroff Date 10/02/24

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

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

cu now for neck

Prior Medication Reviewed : Yes No

On examination : *RF Ant seg MSD* Past History :

*✓ R (5/6) } BMH
L (5/6) } FEB*

*ST - 0.25 x 80-90
L - 0.25 - 120-130
NIG (A) - 75*

Fracture - central RF MSD

Provisional Diagnosis :

Nutritional Assessment :

Pseudogout

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

change of pt

Dr. Hardik Shroff
DOMS, DNB (Ortho) - 1

Follow Up : _____ Date : _____

SUNSHINE GLOBAL Signature
Piplod, SURAT.



ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mr. Rajendrasinh N. Rathod Date : 10/12/20 12:PM

Sex : M Age : 47 Ref. by Dr. : _____ Done by Dr. Somvendsinh

LV Size : (n) LVEF : 66 % (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)
PULMONARY VALVE : (n)

AORTIC VALVE : (n)
TRICUSPID VALVE : (n)

PAH : - PASP : 6 mmHg

RA : (n)
RV : (n)
IVC : (n)

IAS : (n)
IVS : Intact

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

CONCLUSION :

*echo screening for health checkups plan
 review SOS if required
 No veg / clot / PLE*

f



PAT. NAME : Rajendrasinh Rathod	Date : 10/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 47 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S149568

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 not visualized, post cholecystectomy status.
CBD and Portal Vein appears normal is size and calibre.


Pancreas is not visualized, obscured by bowel gas.
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:

- No significant abnormality seen.


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

Transcribed By: Asha

Date & Time of report: 02/10/2024 - 01:14 PM

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PAT. NAME: Rajendrasinh Rathod	Date : 10/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 47 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149568

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.


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Consultant Radiologist
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Page: 1 out of 1
Date & Time of report: 10/02/2024 – 12:58 PM

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MR No.	: S149568	Collection Date	: 10/02/2024 10:03AM
Patient Name	: Mr. Rajendrasinh N Rathod	Age	: 47 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 10/02/2024 12:09 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.8	gm/dl	13.0 - 17.0
PCV	46.9	%	40 - 50
RBC COUNT	5.39	mill/cmm	4.5 - 5.5
MCV	87.0	fl	76 - 96
MCH	27.5	pg	26 - 32
MCHC	31.6	%	32 - 36
RDW	11.9	%	11 - 15
PLATELET COUNT	2.61	lacs/cmm	1.5 - 4.5
WBC COUNT	7250	/cmm	4000 - 11000
ESR	09	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	64	%	40 - 70
LYMPHOCYTES	23	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	10	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
	Normocytic		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
SYSMEX XN-550			

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

Dr. Shobha Choksi
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MR No. : S149568	Collection Date : 10/02/2024 10:03AM
Patient Name : Mr. Rajendrasinh N Rathod	Age : 47 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:04 PM


HAEMATOLOGY

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

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.2	mg/dl	2.4 - 7
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	140	mg/dl	74 - 110
FASTING URINE GLUCOSE	Present(++)		
FASTING URINE KETONE	Absent		

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


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Page 1 of 1



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Patient Name : Mr. Rajendrasinh N Rathod	Age : 47 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:04 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	7.1	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	157.07	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.

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

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Page 1 of 1



MR No.	: S149568	Collection Date	: 10/02/2024 10:03AM
Patient Name	: Mr. Rajendrasinh N Rathod	Age	: 47 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 10/02/2024 12:05 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	154	mg/dl	50 - 200
HDL CHOLESTEROL Direct	33	mg/dl	40 - 60
LDL CHOLESTEROL Direct	94.8	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	129	mg/dl	50 - 150
VLDL Calc	25.8	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.67		0 - 5
LDL / HDL RATIO	2.87		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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Page 1 of 1



MR No.	: S149568	Collection Date	: 10/02/2024 10:03AM
Patient Name	: Mr. Rajendrasinh N Rathod	Age	: 47 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 10/02/2024 12:07 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	67	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.4	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.2	mg/dl	0.0 - 0.8
SGPT (IFCC)	59	U/L	5 - 41
SGOT (IFCC)	39	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)	0.8	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	10.9	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	9.3	mg/L	
URINE CREATININE (JAFFE)	127	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	7.32	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

SC
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Page 1 of 1



MR No. : S149568	Collection Date : 10/02/2024 10:03AM
Patient Name : Mr. Rajendrasinh N Rathod	Age : 47 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:40 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
PSA [PROSTATE SPECIFIC ANTIGEN]			
PSA (CLIA)	1.28	ng/ml	0 - 4.0

CHEMILUMINESCENCE

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/ml.

Percentage of Free PSA = $\frac{\text{Free PSA}}{\text{Total PSA}} \times 100 = \text{Percent free PSA}$.

Patient with prostate cancer generally have a lower percentage of free PSA compared to benign prostatic hyperplasia.

Percentage free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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



MR No. : S149568	Collection Date : 10/02/2024 10:03AM
Patient Name : Mr. Rajendrasinh N Rathod	Age : 47 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:07 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.31	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	9.45	ug/dl	5.1 - 14.0
TSH (CLIA)	1.60	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. : S149568	Collection Date : 10/02/2024 10:03AM
Patient Name : Mr. Rajendrasinh N Rathod	Age : 47 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:10 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	Present(++)	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	2-3	/hpf
EPITHELIAL CELLS	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

SC
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


MR No.	: S149568	Collection Date	: 10/02/2024 10:03AM
Patient Name	: Mr. Rajendrasinh N Rathod	Age	: 47 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 10/02/2024 12:52 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	234	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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


Dr. Shobha Choksi
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OPD ASSESSMENT FORM



Name Mr. Rajendrasinh N. Rathod Age.Sex 47/M MR.No. 5149558

Doctor Dr. Shailaja Desai Date 10/2/24

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 :

- Hbain teaculery

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mid- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

1) scaling

Dr. Shailaja Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-2793

Dental Surgeon

Sunshine Global Hospital, Warananagar

Signature

Follow Up : _____ Date : _____