



# OPD ASSESSMENT FORM



Name Mr. Shailesh Sinhy Age.Sex 48/m MR.No. 5150207  
 Doctor Dr Umang Desai Date 23/24  
 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 :

to stain

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

R<sub>x</sub>

Investigation advised :

1) Scaling

U. S. Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

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

Signature



# OPD ASSESSMENT FORM



Name Mr. Shubhesh Sinha Age.Sex 48/M MR.No. 5150707

Doctor Dr Krunal Gajjar Date 07/03/2024

Ht : 166 cm Wt. : 75.9 kg Temp : 37 Pulse : 75 bpm BP : 110/73 mm/Hg

SPO2 : 97% Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Not-Any.

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes  No

On examination :

RS } NAD.  
CVS }

Past History :

Provisional Diagnosis :

Plantar Fascitis.

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

→ Physiotherapy.

Investigation advised :

S. vit B12, S. vit D3. ✓

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

Reg. No. G-20422  
Signature

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



# OPD ASSESSMENT FORM



Name Mr. Shailesh Sinha Age.Sex 48/m MR.No. 8150707

Doctor Dr. Hardik Shroff Date 07/3/24

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

*No complaints*

Prior Medication Reviewed : Yes  No

On examination : *BE Ant-seg MAD*

Past History :

*BE NB  
N6*

*SE R + 0.5 - 6.*

*C + 0.25 + 0.5 + 1.70 - 6  
N.6 E + 1.75*

Provisional Diagnosis :

*Essential (central) BE MAD*

Nutritional Assessment :

*BE Hypertension*

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

*change of gl.*

*Dr. Hardik Shroff*  
DOMS, DNB (Ophthalmology)  
Reg. No. 0-28902

SUNSHINE GLOBAL HOSPITAL  
Piplod, S. **Signature**

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



<b>PAT. NAME:</b> Shailesh Sinha	<b>Date :</b> 07/03/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 48 Yrs / M
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S150707

**Findings:**

Liver is enlarge in size (17 cm), shape and shows mild increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is partially distended and appears grossly normal. 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. No e/o free fluid in pelvis.

**IMPRESSION:**

- **Hepatomegaly with grade I fatty liver.**

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



<b>MR No.</b> : S150707	<b>Collection Date</b> : 07/03/2024 9:07AM
<b>Patient Name</b> : Mr. Sailesh Sinha	<b>Age</b> : 48 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:17AM

**HAEMATOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>CBC with ESR</b>			
HAEMOGLOBIN	13.0	gm/dl	13.0 - 17.0
PCV	<b>39.5</b>	%	40 - 50
RBC COUNT	4.82	mill/cmm	4.5 - 5.5
MCV	82.0	fl	76 - 96
MCH	27.0	pg	26 - 32
MCHC	32.9	%	32 - 36
RDW	13.2	%	11 - 15
PLATELET COUNT	2.78	lacs/cmm	1.5 - 4.5
WBC COUNT	7620	/cmm	4000 - 11000
ESR	<b>14</b>	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	63	%	40 - 70
LYMPHOCYTES	22	%	20 - 40
EOSINOPHILS	<b>09</b>	%	1 - 6
MONOCYTES	06	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Eosinophilla		
HEMOPARASITES	Adequate		
	Not Seen		

SYSTEM XN-550

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

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

**Reg. No.: G-9074**

**Page 1 of 1**

**Surat:**

**Piplod**  
07/03/2024 Gaurav 11:17AM  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**

**Manjalpur**  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
F: +91 265 2632400

**Vadodara :**

**Tilak Road**  
Anant Apartment, B/s. Aradhna Cinema,  
Tilak Road, Vadodara - 390 001.  
T: +91 265 2429282, 2429262  
F: +91 265 434073



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<b>Patient Name</b> : Mr. Sailesh Sinha	<b>Age</b> : 48 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:13AM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	6.8	mg/dl	2.4 - 7
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	113	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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

**Surat:**  
Piplod  
07/03/2024 11:13AM  
Beside Gaurav Piplod, Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**  
Manjalpur  
Mr. Shreyas Vidyalaya, Nalini House, Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
F: +91 265 2632400

**Vadodara :**  
Tilak Road  
Anant Apartment, B/s. Aradhna Cinema, Tilak Road, Vadodara - 390 001.  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:13AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<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 glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore 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 \*\*\*\*\*

*SC*

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**Piplod**

07/03/2024 11:13AM  
Beside Gaurav Piplod  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**  
**Manjalpur**

Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
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**Tilak Road**

Anant Apartment, B/s. Aradhna Cinema,  
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**Age** : 48 Y **Sex** : Male  
**Report Date** : 07/03/2024 11:14AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	152	mg/dl	50 - 200
HDL CHOLESTEROL Direct	30	mg/dl	40 - 60
LDL CHOLESTEROL Direct	99.6	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	112	mg/dl	50 - 150
VLDL Calc	22.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.07		0 - 5
LDL / HDL RATIO	3.32		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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MD, DCP (Pathology)  
Reg. No.: G-9074

**Surat:**  
Piplod  
07/03/2024 11:14AM  
Be... Mr. Gaurav Pat...  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

**Vadodara :**  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
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Tilak Road  
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Patient Name : Mr. Sailesh Sinha  
Ref By : Dr. Hospital A Doctor  
Collection Date : 07/03/2024 9:07AM  
Age : 48 Y Sex : Male  
Report Date : 07/03/2024 11:16AM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	104	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.6	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.3	mg/dl	0.0 - 0.8
SGPT (IFCC)	35	U/L	5 - 41
SGOT (IFCC)	31	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
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	9.8	mg/dl	8 - 23

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

Dr. Shobha Choksi  
MD, DCP (Pathology)

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Surat:  
Piplod  
07/03/2024 11:16AM  
Beside Big Center, Gaurav Road,  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

Vadodara :  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
F: +91 265 2632400

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Tilak Road  
Anant Apartment, B/s. Aradhna Cinema,  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:14AM

**CLINICAL CHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.29	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.13	ug/dl	5.1 - 14.0
TSH (CLIA)	3.71	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**  
**MD, DCP (Pathology)**

**Reg. No.: G-9074**

**Page 1 of 1**

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**Piplod**

07/03/2024 11:14AM  
Beside Gaurav P...  
Dumas Road, Surat - 395007  
T: + 91 0261 4111000  
F: + 91 0261 4111001

**Vadodara :**  
**Manjalpur**

Mr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
T: +91 265 3300400, 2633200, 2632044  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:15AM

**CLINICAL CHEMISTRY**

<b>Parameter</b>	<b>Result</b>	<b>Units</b>	<b>Normal Range</b>
<b>PSA [PROSTATE SPECIFIC ANTIGEN]</b>			
PSA (CLIA)	0.942	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 = Free PSA / Total PSA x 100 = 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 \*\*\*\*\*

**Dr. Shobha Choksi**  
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Dumas Road, Surat - 395007  
**T:** +91 0261 4111000  
**F:** +91 0261 4111001

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Mr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 11:54AM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.6	mg/L	
URINE CREATININE (JAFPE)	19.0	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	24.2	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

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**Piplod**  
Beside Big Bazar, Gaurav Path,  
Dumas Road, Surat - 395007  
**T:** + 91 0261 4111000  
**F:** + 91 0261 4111001

**Vadodara :**  
**Manjalpur**  
Nr. Shreyas Vidyalaya, Nalini House,  
Manjalpur, Vadodara - 390 011.  
**T:** +91 265 3300400, 2633200, 2632044  
**F:** +91 265 2632400

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**Tilak Road**  
Anant Apartment, B/s. Aradhna Cinema,  
Tilak Road, Vadodara - 390 001.  
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**Dr. Shobha Choksi**  
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**CLINICAL PATHOLOGY**

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
<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	1.010	
<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 \*\*\*\*\*

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

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Piplod  
07/03/2024 11:18AM  
Beech Road, Gaurav, Dumas Road, Surat - 395007  
T: +91 0261-4111000  
F: +91 0261 4111001

**Vadodara :**  
Manjalpur  
Nr. Shreyas Vidyalaya, Nalini House,  
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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/03/2024 1:17 PM

**BIOCHEMISTRY**

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
<b>POST PRANDIAL BLOOD GLUCOSE [PPBS]</b>			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	138	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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Piplod  
Borich, B/s. Bazar, Gaura Pal  
Dumas Road, Surat - 395007  
T: +91 0261 4111000  
F: +91 0261 4111001

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**Manjalpur**  
Nr. Shreyas Vidyalaya, Nalini House,  
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ID: S150707  
Visit  
7-Mar-2024  
9:37:01

BRUCE  
48 years  
Male  
Caucasian

Max HR 174bpm  
Max BP 177/79  
Reason for Termination:  
Comments:

Total Exercise time: 9:11  
Maximum workload 10.4METS  
25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test ind:

Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	2:40	0.6	0.0	1.4	85	110/73	94
EXERCISE	3:00	1.8	10.0	4.8	118	119/73	130
	3:00	2.5	12.0	7.0	137	120/80	164
	3:00	3.4	14.0	10.1	170	130/90	221
	0:11	4.2	16.0	10.4	174	130/90	226
RECOVERY	4:03	**	**	1.0	96	143/84	142

TMT is negative for inducible ischemia

Technician:

Unconfirmed

JUPITER

MAC55 010B

ID: S150707  
Visit:  
7-Mar-2024  
9:38:31

74bpm  
BP: 110/73

PRETEST  
SUPINE  
1:30

BRUCE  
\*\*\*mph  
\*\*\*%



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER 2.5s + 1 rhythm ld

MAC55 010B



ID: S150707

V<sub>ST1</sub>

7-Mar-2024  
9:39:24

80bpm

BP: 110/73

ST @ 10mm/mV  
80ms post

PRETEST  
SUPINE  
2:23

BRUCE  
\*\*\*mph  
\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H S- 50Hz HR 46

JUPITER

Computer Synthesized Rhythm

MAC55-010R

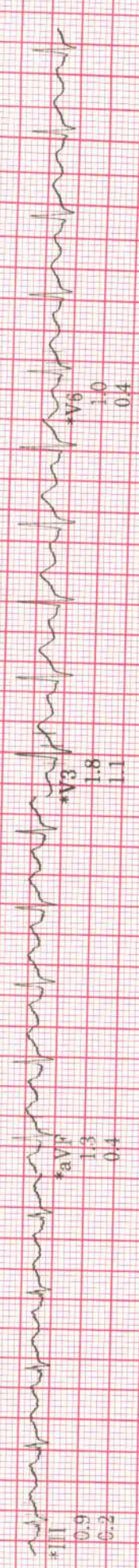
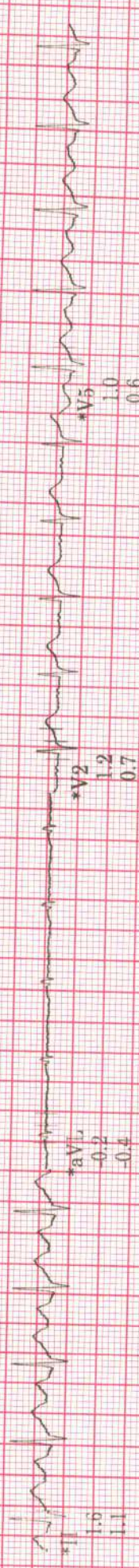
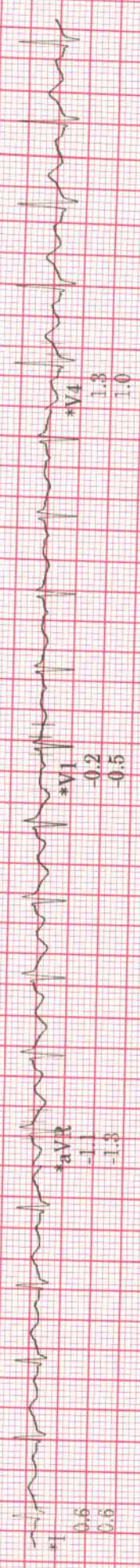
6

ID: S150707  
Visit:  
7-Mar-2024  
9:42:41

118bpm  
BP 110/73  
ST @ 10mm/mV  
80ms postJ

EXERCISE  
STAGE 1  
3:00  
BRUCE  
1.6mph  
10.0%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

JUPITER

MAC55 010B

\* Computer Synthesized Rhythm

ID: S150707

Vis.L.

7-Mar-2024

9:45:41

BRUCE

2.5mph

12.0%

EXERCISE  
STAGE 2

6:00

137bpm

BP: 120/80

ST @ 10mm/mV

80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz

25.0 mm/s

10.0 mm/mV

A-H S-50Hz HR 46

JUPITER

\* Computer Synthesized Rhythm

MAC55 010B

ID: S150707

V1st

7-Mar-2024  
9:49:03

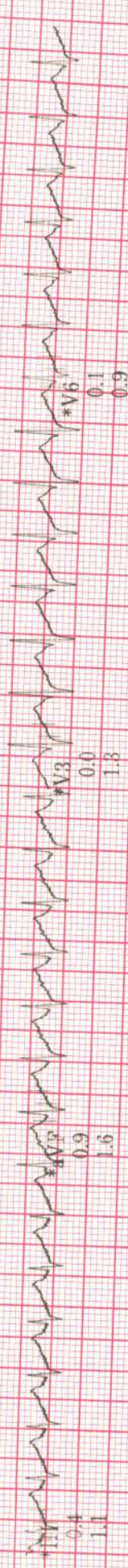
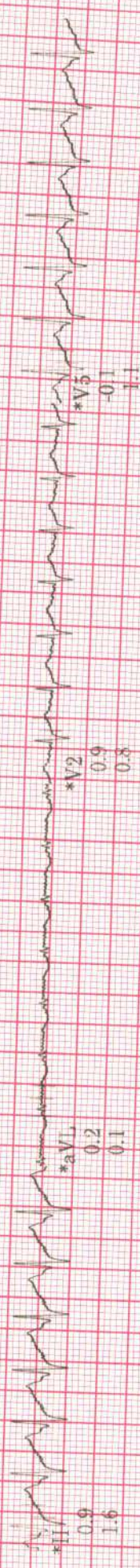
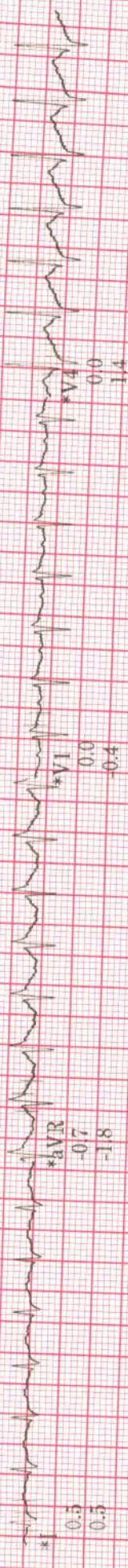
RECOVERY  
RECOVERY  
0.12

175bpm  
BP: 130/90

ST @ 10mm/mV  
80ms postL

RUCE  
27mph  
13.8%

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A H S 50Hz HR 46

JUPITER

\* Computer Synthesized Rhythm

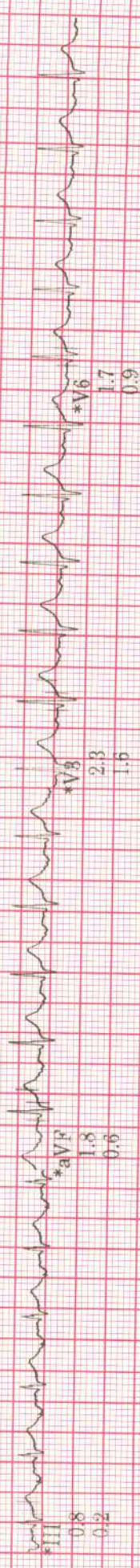
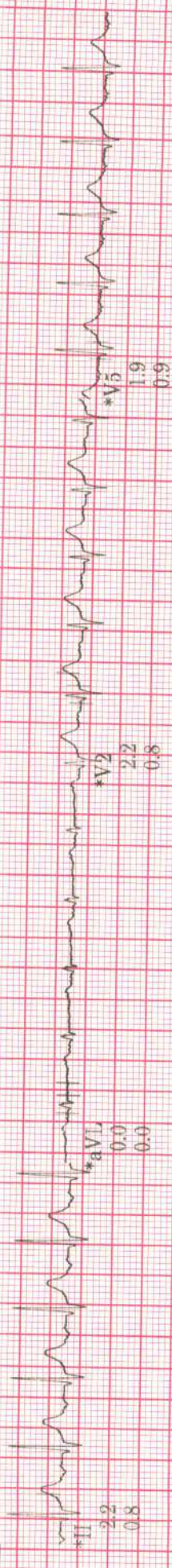
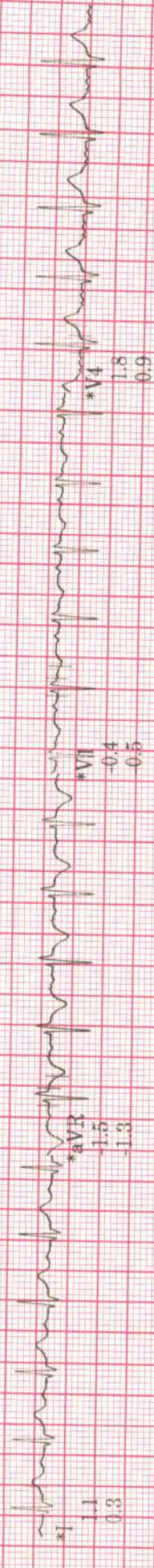
MAC55 010B

ID: S150707  
Visit  
7-Mar-2024  
9:50:52

133bpm  
BP: 177/79  
ST @ 10mm/mV  
80ms postLJ

BRUCE  
\*\* \*mph  
\*\*\* \*\*%

Lead  
ST (mm)  
Slope (mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

JUPITER

\* Computer Synthesized Rhythm

MAC55-010B

ID: S150707  
Visit:  
7-Mar-2024  
9:52:52

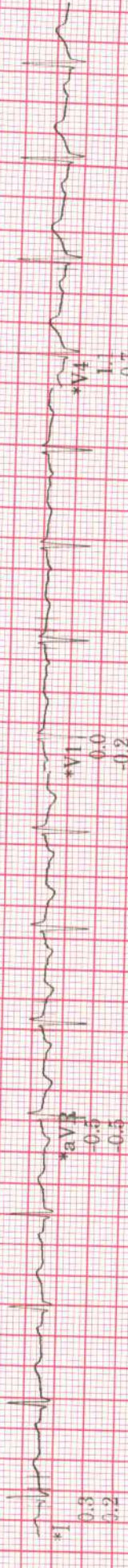
BRUCE  
\*\* \*mph  
\*\* \*%

RECOVERY  
RECOVERY  
4:00

96bpm  
BP: 148/84

ST @ 10mm/mV  
80ms postJ

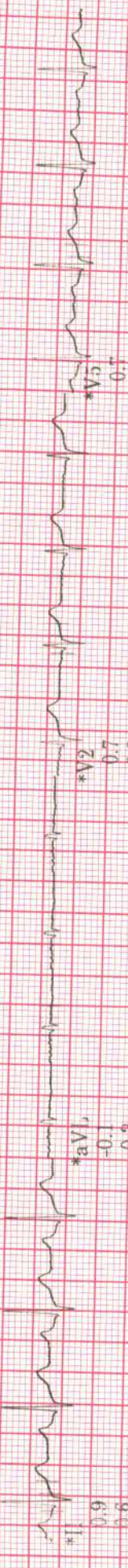
Lead  
ST(mm)  
Slope(mV/s)



\*aV1  
-0.3  
-0.3

\*aV1  
-0.1  
-0.3

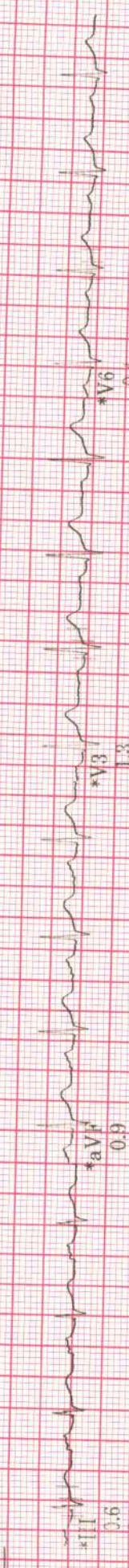
\*aV1  
0.9  
0.6



\*V2  
0.7  
0.3

\*aV1  
-0.1  
-0.3

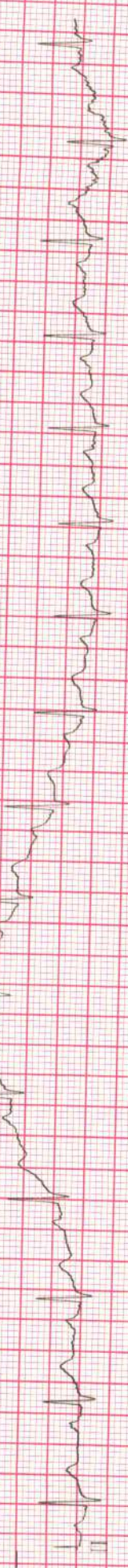
\*II  
0.6  
0.1



\*V3  
1.3  
0.7

\*aV1  
0.9  
0.4

\*III  
0.6  
0.1



\*V6  
0.4  
0.1

\*aV1  
0.9  
0.4

\*aVR  
0.6  
0.1

ID: S150707  
 VISIT: 1  
 Date: 7-Mar-2024  
 Time: 9:37:01

45-years  
 Caucasian  
 Male

25.0 mm/s  
 10.0 mm/mV  
 100hz

Total Exercise time: 9:11  
 Max HR: 174bpm 101% of max predicted 172bpm  
 Max EP: 177.79  
 Maximum workload: 10.4 METS

Referred by:  
 Test indi:

**BASILINE EXERCISE**  
 0:00  
 85bpm  
 BP: 110/73

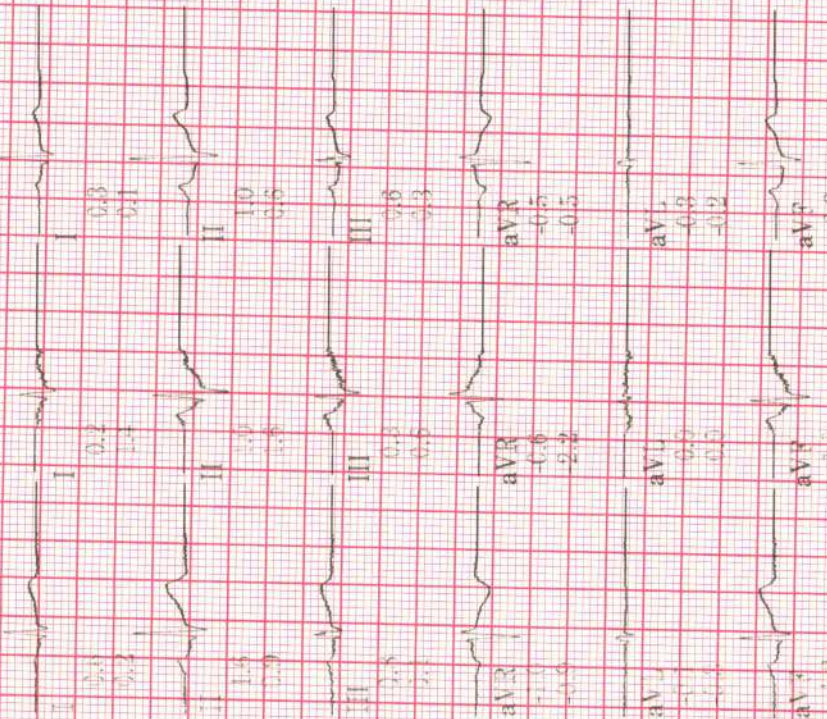
**PEAK EXERCISE**  
 9:11  
 174bpm  
 BP: 130/90

**TEST END RECOVERY**  
 4:03  
 96bpm  
 BP: 148/84

**BASILINE EXERCISE**  
 0:00  
 85bpm  
 BP: 110/73

**PEAK EXERCISE**  
 9:11  
 174bpm  
 BP: 130/90

**TEST END RECOVERY**  
 4:03  
 96bpm  
 BP: 148/84



Technician:

Unconfirmed

MAG55-010B

Lead  
 ST (mm)  
 Slope (mV/s)

**JUPITER**

ID: S150707  
 Visit:  
 7-Mar-2024  
 9:37:01

Referred by:  
 Test ind:

48years

Caucasian

Male

BRUCE Tr Exercise time: 9:11  
 Max HR: 174bpm 101% of max predicted 172bpm  
 Max BP: 177/79  
 Maximum workload: 10.4METS  
 Reason for Termination:  
 Comments:

**BASELINE**

EXERCISE STAGE I  
 0:00 1.4METS  
 85bpm  
 BP: 110/73 80ms postJ

Lead ST(mm) Slope(mV/s)

I  
 aVR -1.0 -0.9  
 0.6 0.2  
 V1 -0.1 -0.6  
 1.2 0.3  
 V4

II  
 aVL -0.1 -0.3  
 1.6 0.9  
 V2 1.1 0.6  
 1.0 0.3  
 V5

III  
 aVF 1.3 0.6  
 0.8 0.1  
 V3 1.5 0.7  
 0.8 0.3  
 V6

**PEAK**

EXERCISE STAGE 4  
 9:11 10.4METS  
 174bpm  
 BP: 130/90 80ms postJ

I  
 aVR -0.6 -2.2  
 0.2 1.4  
 V1 0.0 -0.3  
 0.2 1.2  
 V4

II  
 aVL 0.0 0.0  
 1.0 1.6  
 V2 0.9 1.0  
 0.2 1.0  
 V5

III  
 aVF 1.0 1.2  
 0.3 0.6  
 V3 0.4 0.5  
 0.6 1.0  
 V6

Lead ST(mm) Slope(mV/s)

Technician:

Unconfirmed

**JUPITER**

MAC55 010B



7 Mar 2024  
9:37:01

**TEST**  
SUPINE  
2:24  
80bpm  
BP: 110/73  
1.0METS

**EXERCISE**  
STAGE I  
0:00  
85bpm  
BP: 110/73  
1.4METS

**EXERCISE**  
STAGE I  
1:00  
110bpm  
BP: 110/73  
3.0METS

**EXERCISE**  
STAGE I  
2:00  
114bpm  
BP: 110/73  
4.6METS

**EXERCISE**  
STAGE I  
3:00  
118bpm  
BP: 110/73  
4.8METS

**EXERCISE**  
STAGE 2  
4:00  
133bpm  
5.9METS

**EXERCISE**  
STAGE 2  
5:00  
164bpm  
BP: 120/80  
7.0METS

**BRUCE**

ST @ 10mm/mV  
80ms post

25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)

**JUPITER**

MAC55 010B

V s/s

7-Mar-2024  
9:37:01

BRUCE

ST @ 10mm/mV 40

80ms post  
EXERCISE

0:00

Heart Rate (bpm)

250  
200  
150  
100  
50  
0



BP (mm Hg)

250  
200  
150  
100  
50  
0



Time (min)

0 5 10 15 20 25 30

ST Level II (mm)

4  
2  
0  
-2  
-4



Time (min)

0 5 10 15 20 25 30

ST Level II (mm)

4  
2  
0  
-2  
-4



Time (min)

0 5 10 15 20 25 30

ST Slope II (mV/s)

4  
2  
0  
-2  
-4



Time (min)

0 5 10 15 20 25 30

Time (min)

0 5 10 15 20 25 30

ST Level V5 (mm)

4  
2  
0  
-2  
-4



Time (min)

0 5 10 15 20 25 30

ST Slope V5 (mV/s)

4  
2  
0  
-2  
-4



Time (min)

0 5 10 15 20 25 30

57, MALE

vent rat:  
PR int:  
QRS dur:  
QT/QTc:  
P-R-T axes:

70 BPM  
188 ms  
79 ms  
379/400 ms  
66 49 42

SINUS RHYTHM  
NORMAL ECG

INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

Mr. Shevlesh Sinha 28/11

