



OPD ASSESSMENT FORM



Name Mr. Kumar Bumbum Age.Sex 37/m MR.No. 5150709
 Doctor Dr Krunal Gajjar Date 07/03/2024
 Ht : 167cm Wt. : 78.1kg Temp : 97.5F Pulse : 78b/m BP : 146/86 mmHg
 SPO2 : 98.1 on RA Post of walk SPO2 : _____

Chief Complaints :

40 Dyspepsia.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

RS } NAD
CVS }

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 :

→ Cap. Sompras-D (40) 1-0-0 . x (01) month.
BBF.

→ Tab. stalip (145) 0-0-1 x (03) months.
AD.

Krunal Gajjar
Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-2042 **Signature**

Follow Up : _____ Date : _____

**SUNSHINE GLOBAL HOSPITAL
SURAT.**



OPD ASSESSMENT FORM



Name Mr. Kumar Bumbum Age.Sex 37/m MR.No. 3150709
 Doctor Dr. Shailaja Desai Date 7/03/24
 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 :

- Asain

Past History :

Provisional Diagnosis :

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

Rx

1) Scaling

Nutritional Assessment :

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

Investigation advised :

U. P. 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. Kumar Bumbum Age.Sex 37/m MR.No. 3150209
 Doctor Dr. Hardik Shroff Date 02/3/24
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination : BE Ant Seg MAP Past History :

VR eye 6/9-6P mb
6/7-6P mb

SR R-8-751-0.25+20°-6/4-b
L-7-01-0.25 160-6/6

Provisional Diagnosis : fundus central

BE MAP Nutritional Assessment :

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

BE Myopia

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Hardik Shroff
 DOMS, DNS (Ophthalmology)
 Regd. No. G-20702

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT. Signature

Follow Up : See Date : _____

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



SPECTACLE CARD



Ref. No.

S 150709

Name :

M. P. Umade Bhumbar

Date :

7 / 3 / 24

| RIGHT | | | |
|-------|-------|------|-------|
| Sph. | Cyl. | Axis | V.A. |
| -8.75 | -0.25 | 80° | 67-68 |

| LEFT | | | |
|------|-------|------|------|
| Sph. | Cyl. | Axis | V.A. |
| -7.0 | -0.25 | 160° | 66 |

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: 5150709



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Kumar Bumbum Date : 07/03/2024 11:45 AM
 Sex : M Age : 37 Ref. by Dr. : Medhaheel Done by Dr. Sanvendra 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 Rumor

MITRAL VALVE : | (n)
 PULMONARY VALVE : | (n)

AORTIC VALVE
 TRICUSPID VALVE (n)

PAH : —

PASP : 10 mmHg

RA :
 RV : (n)

LA :
 IVC : | (n)

IAS :
 IVS : | Intact

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

CONCLUSION :

No veg / clots / PE

2D echo for health checkup plus



| | |
|---------------------------------|--------------------------|
| PAT. NAME: Kumar Bumbum | Date : 07/03/2024 |
| REF. DOCTOR : Hosp. Dr. | AGE : 37 Yrs / M |
| INV. : USG Whole Abdomen | MR NO. : S150709 |

Findings:

Liver is mildly enlarge in size (15.8 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 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. No e/o free fluid in abdomen.

IMPRESSION:

- Mild hepatomegaly with grade I fatty liver.


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




| | |
|--------------------------------------|--------------------------|
| PAT. NAME: Kumar Bumbum | Date : 07/03/2024 |
| REF. DOCTOR : Hosp. Dr. | AGE : 37 Yrs / M |
| INV. : Radiograph of Chest PA | MR NO. : S150709 |

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: 07/03/2024 – 11:02 AM

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| | |
|--|--|
| MR No. : S150709 | Collection Date : 07/03/2024 9:08AM |
| Patient Name : Mr. Kumar Bumbum | Age : 37 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 07/03/2024 11:29AM |

HAEMATOLOGY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|-------------------------------|---------------------|--------------|---------------------|
| CBC with ESR | | | |
| HAEMOGLOBIN | 14.0 | gm/dl | 13.0 - 17.0 |
| PCV | 43.2 | % | 40 - 50 |
| RBC COUNT | 5.01 | mill/cmm | 4.5 - 5.5 |
| MCV | 86.2 | fl | 76 - 96 |
| MCH | 27.9 | pg | 26 - 32 |
| MCHC | 32.4 | % | 32 - 36 |
| RDW | 14.1 | % | 11 - 15 |
| PLATELET COUNT | 1.82 | lacs/cmm | 1.5 - 4.5 |
| WBC COUNT | 5280 | /cmm | 4000 - 11000 |
| ESR | 06 | mm/hr | 0 - 10 |
| DIFFERENTIAL WBC COUNT | | | |
| NEUTROPHIL | 65 | % | 40 - 70 |
| LYMPHOCYTES | 27 | % | 20 - 40 |
| EOSINOPHILS | 01 | % | 1 - 6 |
| MONOCYTES | 07 | % | 2 - 11 |
| BASOPHILS | 00 | % | 0 - 2 |
| PERIPHERAL SMEAR | | | |
| RBC MORPHOLOGY | Normochromic | | |
| | Normocytic | | |
| WBC MORPHOLOGY | Within Normal Range | | |
| PLATELET ON SMEAR | Adequate | | |
| HEMOPARASITES | Not Seen | | |

SYSTEMEX XN-550

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

Dr. Shobha Choksi
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| Patient Name : Mr. Kumar Bumbum | Age : 37 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 07/03/2024 11:25AM |

HAEMATOLOGY

| <u>Parameter</u> | <u>Result</u> | <u>Normal Range</u> |
|------------------------------------|---------------|---------------------|
| BLOOD GROUP & RH FACTOR | | |
| BLOOD GROUP | "A" | |
| RH FACTOR | POSITIVE | |

BIOCHEMISTRY

| | | | |
|------------------------------------|--------|-------|----------|
| SERUM URIC ACID | | | |
| SERUM URIC ACID (Uricase) | 5.8 | mg/dl | 2.4 - 7 |
| FASTING BLOOD SUGAR (FBS) | | | |
| FASTING BLOOD GLUCOSE (Hexokinase) | 95 | mg/dl | 74 - 110 |
| FASTING URINE GLUCOSE | Absent | | |
| FASTING URINE KETONE | Absent | | |

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

SC
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BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|---|--------|-------|---|
| HBA1C [GLYCOSYLATED HEAMOGLOBIN] | | | |
| HbA1C | 5.0 | % | Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8 |
| MEAN BLOOD GLUCOSE | 96.8 | 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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| Ref By : Dr. Hospital A Doctor | Report Date : 07/03/2024 11:26AM |

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|----------------------------|---------------|--------------|---------------------|
| LIPID PROFILE | | | |
| SERUM CHOLESTEROL CHOD PAP | 184 | mg/dl | 50 - 200 |
| HDL CHOLESTEROL Direct | 36 | mg/dl | 40 - 60 |
| LDL CHOLESTEROL Direct | 109 | mg/dl | 0 - 100 |
| SERUM TRIGLYCERIDE GPO PAP | 304 | mg/dl | 50 - 150 |
| VLDL Calc | 60.8 | mg/dl | 0 - 30 |
| CHOLESTEROL / HDL RATIO | 5.11 | | 0 - 5 |
| LDL / HDL RATIO | 3.03 | | 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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Report Date : 07/03/2024 11:26AM

BIOCHEMISTRY

| Parameter | Result | Units | Normal Range |
|----------------------------------|---------------|--------------|---------------------|
| LIVER FUNCTION TEST | | | |
| ALKALINE PHOSPHATASE (IFCC) | 85 | 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) | 58 | U/L | 5 - 41 |
| SGOT (IFCC) | 32 | U/L | 5 - 40 |
| SERUM TOTAL PROTEIN Biuret | 7.2 | gm/dl | 6.6 - 8.7 |
| SERUM ALBUMIN BCG | 5.0 | gm/dl | 3.5 - 5.2 |
| SERUM GLOBULIN Calc | 2.2 | gm/dl | 1.5 - 3.5 |
| SERUM A/G RATIO Calc | 2.27 | gm/dl | 1.5 - 2.5 |
| SERUM CREATININE | | | |
| SERUM CREATININE (JAFPE) | 0.9 | mg/dl | 0.5 - 1.2 |
| BUN [BLOOD UREA NITROGEN] | | | |
| BUN | 7.0 | mg/dl | 8 - 23 |

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

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| Ref By : Dr. Hospital A Doctor | Report Date : 07/03/2024 11:27AM |

CLINICAL CHEMISTRY

| Parameter | Result | Units | Normal Range |
|------------------------------------|---------------|--------------|---------------------|
| THYROID FUNCTION TEST [TFT] | | | |
| TOTAL T3 (CLIA) | 1.42 | ng/ml | 0.846 - 2.02 |
| TOTAL T4 (CLIA) | 7.82 | ug/dl | 5.1 - 14.0 |
| TSH (CLIA) | 3.38 | 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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| Patient Name : Mr. Kumar Bumbum | Age : 37 Y Sex : Male |
| Ref By : Dr. Hospital A Doctor | Report Date : 07/03/2024 12:15 PM |

BIOCHEMISTRY

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Normal Range</u> |
|--|----------------------|---------------------|--|
| ALBUMIN-CREATININE RATIO | | | |
| URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry) | 5.0 | mg/L | |
| URINE CREATININE (JAFPE) | 36.2 | mg/dl | |
| ALBUMIN-CREATININE RATIO (Calculated) | 13.8 | mg/gm | Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300 |

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

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CLINICAL PATHOLOGY

| <u>Parameter</u> | <u>Result</u> | <u>Normal Range</u> |
|--|---------------|---------------------|
| URINE ROUTINE & MICROSCOPIC EXAMINATION | | |
| TYPE OF SPECIMEN - URINE | Random | |
| PHYSICAL EXAMINATION | | |
| QUANTITY | 50 | ml |
| COLOUR | Pale Yellow | |
| APPEARANCE | Sl.Turbid | |
| REACTION (pH) | 6.0 | |
| SPECIFIC GRAVITY | 1.020 | |
| 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 | 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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7-Mar-2024 9:41:25

Vent ra 83 BPM
PR int: 167 ms
QRS dur: 84 ms
QT/QTc: 317/357 ms
P-R-T axes: 48 43 29

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

Reviewed by -----

Mr. Kumar Bumbum 37M

DOB: yr, MALE

