



OPD ASSESSMENT FORM



Name Mrs. Vinay Laxmi Saxena Age.Sex 54/F MR.No. 5151269

Doctor Sandhu R Date 18/09/2024

Ht : 158cm Wt. : 69.kg Temp : 37 Pulse : 83/100 BP : 132/73 mm/Hg

SPO2 : 98% Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

No

Prior Medication Reviewed : Yes No

On examination :

Past History :

W m / N/A

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

ECCOK
School

Investigation advised :

Blood Report Random
Glucose with report

✓

Follow Up : _____ Date : _____

Signature



OPD ASSESSMENT FORM



Name Mrs Vinay Laxmi Saxena Age.Sex 54/F MR.No. 5151269

Doctor Dr Shailaja Desai Date 18/03/24

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 :

Aslain

Provisional Diagnosis :

Nutritional Assessment :

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

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

Rx

Investigation advised :

M/S scaling

U.P. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____

Signature



ECHO CARDIOGRAPHIC REPORT



Sis 289
18/03/2020

Patient's Name : Ms. Vineet Gami Saxena Date : 18/03/2020 10 AM

Sex : f Age : 54 Ref. by Dr. : medilchook Done by Dr. Surendra Singh

LV Size :

(n)

LVEF : 60 % (VISUAL)

DIASTOLIC DYSFUNCTION :

No

LVH :

No

RWMA : ANTERIOR WALL

ANTERIOR SEPTUM

IVS

LV APEX

POSTERIOR WALL

LATERAL WALL

INFERIOR WALL

No Rumor

MITRAL VALVE :

PULMONARY VALVE :

| (n)

AORTIC VALVE

TRICUSPID VALVE

| (n)

PAH :

—

PASP :

10 mm

RA :

LA :

RV :

| (n)

IVC :

| (n)

IAS :

| Intact

IVS :

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 ch



PAT. NAME : Vinay Laxmi Saxena	Date : 18/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 54 Yrs / F
INV. : USG Whole Abdomen	MR NO. : S151269

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 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:

- No significant abnormality seen.


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

Transcribed By: Asha

Date & Time of report: 03/18/2024 – 12:10 PM

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PAT. NAME : Vinay Laxmi Saxena	Date : 18/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 54 Yrs / F
INV. : Radiograph of Chest PA	MR NO. : S151269

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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Page: 1 out of 1
Date & Time of report: 18/03/2024 – 12:06 PM

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MR No. : S151269	Collection Date : 18/03/2024 9:13AM
Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 10:58AM

HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
CBC with ESR			
HAEMOGLOBIN	12.2	gm/dl	12.0 - 15.0
PCV	38.1	%	36 - 46
RBC COUNT	4.50	mill/cmm	4.0 - 5.0
MCV	84.7	fl	76 - 96
MCH	27.1	pg	26 - 32
MCHC	32.0	%	32 - 36
RDW	15.5	%	11 - 15
PLATELET COUNT	1.83	lacs/cmm	1.5 - 4.5
WBC COUNT	6260	/cmm	4000 - 11000
ESR	21	mm/hr	0 - 15
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	69	%	40 - 70
LYMPHOCYTES	20	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic, Anisocytosis(+)		
WBC MORPHOLOGY	Within Normal Range		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

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

Dr. Shobha Choksi
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MR No. : S151269	Collection Date : 18/03/2024 9:13AM
Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 10:54AM

HAEMATOLOGY

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

BIOCHEMISTRY

SERUM URIC ACID		
SERUM URIC ACID (Uricase)	3.9	mg/dl 2.4 - 5.7
FASTING BLOOD SUGAR (FBS)		
FASTING BLOOD GLUCOSE (Hexokinase)	97	mg/dl 74 - 110
FASTING URINE GLUCOSE	Absent	
FASTING URINE KETONE	Absent	

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

Y

Sh

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Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 10:55AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.6	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
*MEAN BLOOD GLUCOSE	114.02	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 glycemic control).
 2. 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.
 3. 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.
 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.

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

[Signature]
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Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 10:55AM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	181	mg/dl	50 - 200
HDL CHOLESTEROL Direct	67	mg/dl	40 - 60
LDL CHOLESTEROL Direct	92.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	106	mg/dl	50 - 150
VLDL Calc	21.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	2.7		0 - 5.
LDL / HDL RATIO	1.38		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)
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MR No.	: S151269	Collection Date	: 18/03/2024 9:13AM
Patient Name	: Mrs. Vinay Laxmi Saxena	Age	: 54 Y Sex : Female
Ref By	: Dr. Hospital A Doctor	Report Date	: 18/03/2024 10:57AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	168	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.3	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.2	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.1	mg/dl	0.0 - 0.8
SGPT (IFCC)	14	U/L	5 - 41
SGOT (IFCC)	18	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.2	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.7	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.67	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.6	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	10.4	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	4.6	mg/L	
URINE CREATININE (JAFPE)	53.1	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	8.66	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
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MR No. : S151269	Collection Date : 18/03/2024 9:13AM
Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 11:15AM

CLINICAL CHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.40	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.67	ug/dl	5.1 - 14.0
TSH (CLIA)	2.57	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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Page 1 of 1



MR No. : S151269	Collection Date : 18/03/2024 9:13AM
Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 11:00AM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	40	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
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	3-4	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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Patient Name : Mrs. Vinay Laxmi Saxena	Age : 54 Y Sex : Female
Ref By : Dr. Hospital A Doctor	Report Date : 18/03/2024 12:48 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	114	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi
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DOB:
yr, FEMALE

SINUS RHYTHM
NORMAL ECG

INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

Vent rate: 90 BPM
PR int: 142 ms
QRS dur: 96 ms
QT/QTc: 338/385 ms
P-R-T axes: 72 71 51

Mrs. Viney Cerami Saxena 84/M

