



OPD ASSESSMENT FORM



Name Mr. Rahul Raghunomshi Age.Sex 33/m MR.No. 5149566
 Doctor Dr. Kavya Date 10/02/2024
 Ht : 170cm Wt. : 75.5kg Temp : 97.8F Pulse : 80b/m BP : 136/70
 SPO2 : 98.1 on RA Post of walk SPO2 : _____

Chief Complaints :

Not any complaints

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

CVS		NAD.
CNS		
RS		

Past History :

Nil

Provisional Diagnosis :

*S. Uric acid ↑
S. chol + S.TGL ↑*

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Follow Up : _____ Date : _____



Signature



OPD ASSESSMENT FORM



Name Ms. Rahul Raghuramshi Age.Sex _____ MR.No. _____

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 :

- Arterial

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

1) scaling

U. R. Desai
Dr. Shailaja Desai
B.D.S. (Dental Surgeon)

Follow Up : _____ Date : _____

A-9783
Dental Surgeon
Sunshine Global Hospitals
Signature Suresh



OPD ASSESSMENT FORM

Name Mrs. Rahul Raghuvanshi Age.Sex 33 / M MR.No. 5149566

Doctor Dr. Hardik Shroff Date 10/02/24

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 :

Vis ^{6/6} _{6/6} N, 6 Fundus (Central)
N BE-MAD

Provisional Diagnosis :

Nutritional Assessment :

not opththalmic

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

Treatment and further Advices :
(Write in Capital Letters)

Investigation advised :

Rx

Dr. Hardik Shroff

DOMS, DNB (Ophthalmology)

Regd. No. G-28902

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

Follow Up : SOG Date : _____




PAT. NAME: Rahul Raghuwanshi	Date : 10/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 33 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S149566

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: 10/02/2024 - 02:57 PM

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PAT. NAME: Rahul Raghuwanshi

REF. DOCTOR : Hosp. Dr.

INV. : USG Abdomen & Pelvis

Date : 10/02/2024

AGE : 33 Yrs / M

MR NO. : S149566

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 in 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.
Prostate appears normal in size, shape and echopattern.
No e/o free fluid in pelvis.

IMPRESSION:

- No significant abnormality seen.


Dr. Pratik R
Consultant Radiologist

Transcribed By: Asha

Date & Time of report: 02/10/2024 - 02:58 PM

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MR No. : S149566
Patient Name : Mr. Rahul Raghuvanshi
Ref By : Dr. Hospital A Doctor
Collection Date : 10/02/2024 10:00AM
Age : 33 Y Sex : Male
Report Date : 10/02/2024 12:01 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	15.7	gm/dl	13.0 - 17.0
PCV	50.1	%	40 - 50
RBC COUNT	5.70	mill/cmm	4.5 - 5.5
MCV	87.9	fl	76 - 96
MCH	27.5	pg	26 - 32
MCHC	31.3	%	32 - 36
RDW	13.6	%	11 - 15
PLATELET COUNT	3.67	lacs/cmm	1.5 - 4.5
WBC COUNT	6860	/cmm	4000 - 11000
ESR	01	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	57	%	40 - 70
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

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

Dr. Shobha Choksi
MD, DCP (Pathology)

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Page 1 of 1



MR No. : S149566
Patient Name : Mr. Rahul Raghuwanshi
Ref By : Dr. Hospital A Doctor
Collection Date : 10/02/2024 10:00AM
Age : 33 Y Sex : Male
Report Date : 10/02/2024 11:57AM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"B"	
RH FACTOR	Negative	

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	7.9	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	119	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

SC
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MR No. : S149566	Collection Date : 10/02/2024 10:00AM
Patient Name : Mr. Rahul Raghuwanshi	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 11:57AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	6.4	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	136.98	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 *****

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MR No. : S149566	Collection Date : 10/02/2024 10:00AM
Patient Name : Mr. Rahul Raghuwanshi	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 11:58AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	268 ✓	mg/dl	50 - 200
HDL CHOLESTEROL Direct	35	mg/dl	40 - 60
LDL CHOLESTEROL Direct	172	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	537	mg/dl	50 - 150
VLDL Calc	107.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	7.66		0 - 5
LDL / HDL RATIO	4.91		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. : S149566	Collection Date : 10/02/2024 10:00AM
Patient Name : Mr. Rahul Raghuwanshi	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 11:59AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	64	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)	28	U/L	5 - 41
SGOT (IFCC)	23	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	8.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.5	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.2	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.8	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	8.6	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	6.4	mg/L	
URINE CREATININE (JAFPE)	130.8	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	4.89	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

SC
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MR No. : S149566	Collection Date : 10/02/2024 10:00AM
Patient Name : Mr. Rahul Raghuwanshi	Age : 33 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:02 PM

CLINICAL CHEMISTRY


Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.04	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.36	ug/dl	5.1 - 14.0
TSH (CLIA)	3.69	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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Ref By : Dr. Hospital A Doctor	Report Date : 10/02/2024 12:02 PM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	mi
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.025	
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	2-3	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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MR No. : S149566
Patient Name : Mr. Rahul Raghuwanshi
Ref By : Dr. Hospital A Doctor
Collection Date : 10/02/2024 10:00AM
Age : 33 Y Sex : Male
Report Date : 10/02/2024 1:07 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)	105	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

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

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DOB: _____
YR. MALE

Vent rate: 69 BPH
PR int: 140 ms
QRS dur: 82 ms
QT/QTc: 338/358 ms
P-R-T axes: 43 62 41

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

MR. RAHEL RUGHKORASHI
33/00 5149566

