



OPD ASSESSMENT FORM



Name Mr. Pankaj Jain Age.Sex \_\_\_\_\_ MR.No. \_\_\_\_\_

Doctor Dr. Shailaja Desai Date 02/02/24

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 calculus

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

1) Scaling

Dr. Shailaja Desai

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

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

Signature

In case of emergency Please report to Emergency Department of Hospital OR

Call : 75748 49465, 0261-4111000



# OPD ASSESSMENT FORM



Name Mr. Buteek Jain Age Sex 36/M MR.No. 5149440  
 Doctor Dr. Hardik Shroff Date 07/02/24  
 Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_  
 SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Drug / Food Allergy :

No complaint

Prior Medication Reviewed : Yes  No

On examination : BR Ant-Seq MAD Past History :

NA R<sup>ab</sup> L<sup>ab</sup> Nig Fundi (Central)

BR MAD

Provisional Diagnosis :

Ant opthalmic

Nutritional Assessment :

- 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

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

**SUNSHINE GLOBAL HOSPITAL**  
Piplod, SURAT.



PAT. NAME : Prateek Jain	Date : 07/02/2024
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S149440

**Findings:**

Liver is mildly enlarge in size (15.9 cm), shape and shows moderate 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.

Prostate appears normal in size, shape and echopattern.

No e/o free fluid in pelvis.

**IMPRESSION:**

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

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

Transcribed By: Asha

Date & Time of report: 02/07/2024 - 01:23 PM

Page: 1 out of 1

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<b>PAT. NAME :</b> Prateek Jain	<b>Date :</b> 07/02/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 36 Yrs / M
<b>INV. :</b> Radiograph of Chest PA	<b>MR NO. :</b> S149440

**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: 07/02/2024 – 01:10 PM

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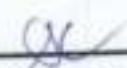
MR No. : S149440	Collection Date : 07/02/2024 10:11AM
Patient Name : Mr. Pratik Jain	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 07/02/2024 12:53 PM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	12.9	gm/dl	13.0 - 17.0
PCV	40.5	%	40 - 50
RBC COUNT	4.53	mill/cmm	4.5 - 5.5
MCV	89.4	fl	76 - 96
MCH	28.5	pg	26 - 32
MCHC	31.9	%	32 - 36
RDW	13.0	%	11 - 15
PLATELET COUNT	3.22	lacs/cmm	1.5 - 4.5
WBC COUNT	7260	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	42	%	40 - 70
LYMPHOCYTES	45	%	20 - 40
EOSINOPHILS	05	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Lymphocytosis		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

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

  
Dr. Shobha Choksi  
MD, DCP (Pathology)

Reg. No. G-9074

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MR No.	: 5149440	Collection Date	: 07/02/2024 10:11AM
Patient Name	: Mr. Pratik Jain	Age	: 36 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 07/02/2024 12:48 PM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	6.0	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	81	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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

Reg. No.: G-9074

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<b>Patient Name</b> : Mr. Pratik Jain	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/02/2024 12:49 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	5.8	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	119.76	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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<b>Patient Name</b> : Mr. Pratik Jain	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/02/2024 12:50 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	150	mg/dl	50 - 200
HDL CHOLESTEROL Direct	53	mg/dl	40 - 60
LDL CHOLESTEROL Direct	85.5	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	73	mg/dl	50 - 150
LDL Calc	14.6	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	2.83		0 - 5
LDL / HDL RATIO	1.61		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
CHQ/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*  
**Dr. Shobha Choksi**  
**MD, DCP (Pathology)**

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





MR No. : S149440	Collection Date : 07/02/2024 10:11AM
Patient Name : Mr. Pratik Jain	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 07/02/2024 12:51 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	88	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
ALP (IFCC)	36	U/L	5 - 41
SGOT (IFCC)	21	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	6.6	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.5	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.1	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.14	gm/dl	1.5 - 2.5
<b>SERUM CREATININE</b>			
SERUM CREATININE (JAFPE)	0.8	mg/dl	0.5 - 1.2
<b>BUN [BLOOD UREA NITROGEN]</b>			
BUN	8.1	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.3	mg/L	
URINE CREATININE (JAFPE)	24.0	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	22.0	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi  
MD, DCP (Pathology)

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Patient Name	: Mr. Pratik Jain	Age	: 36 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 07/02/2024 12:52 PM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.37	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	8.84	ug/dl	5.1 - 14.0
TSH (CLIA)	2.59	uIU/ml	0.2 - 4.5

**S:-**  
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 \*\*\*\*\*

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

Reg. No.: G-9074

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<b>Patient Name</b> : Mr. Pratik Jain	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/02/2024 12:54 PM

**CLINICAL PATHOLOGY**

<b>Parameter</b>	<b>Result</b>	<b>Normal Ranges</b>
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	20	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	1-2	/hpf
EPITHELIAL CELLS	Occasional	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

*BC*

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

Reg. No.: G-9074

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<b>Patient Name</b> : Mr. Pratik Jain	<b>Age</b> : 36 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 07/02/2024 1:14 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)	<b>78</b>	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

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

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Prateek Jain  
 ID: S149440  
 Visit:  
 7 Feb-2024  
 11:22:12

25.0 mm/s  
 10.0 mm/mV  
 100hz

BRUCE  
 Max HR: 181bpm 96% of max predicted 184bpm  
 Max BP: 170/101  
 Reason for Termination:  
 Comments:

Total exercise time: 9:14

Maximum workload: 10.4 METS

36 years Caucasian Male

Referred by:  
 Test ind:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload METS	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST EXERCISE	SUPINE	1:59	0.5	0.0	1.4	83	124/91	103
	STAGE 1	3:00	1.7	0.0	4.5	150	124/92	196
	STAGE 2	4:00	2.5	2.0	7.0	163	130/91	212
	STAGE 3	5:00	3.3	4.0	9.8	177	140/90	248
	STAGE 4	6:14	4.2	6.0	10.2	181	140/90	253
RECOVERY	RECOVERY	4:11	0.0	0.0	1.0	112	170/103	189

IMI is negative for inducible ischemia

Technician:

Unroofed

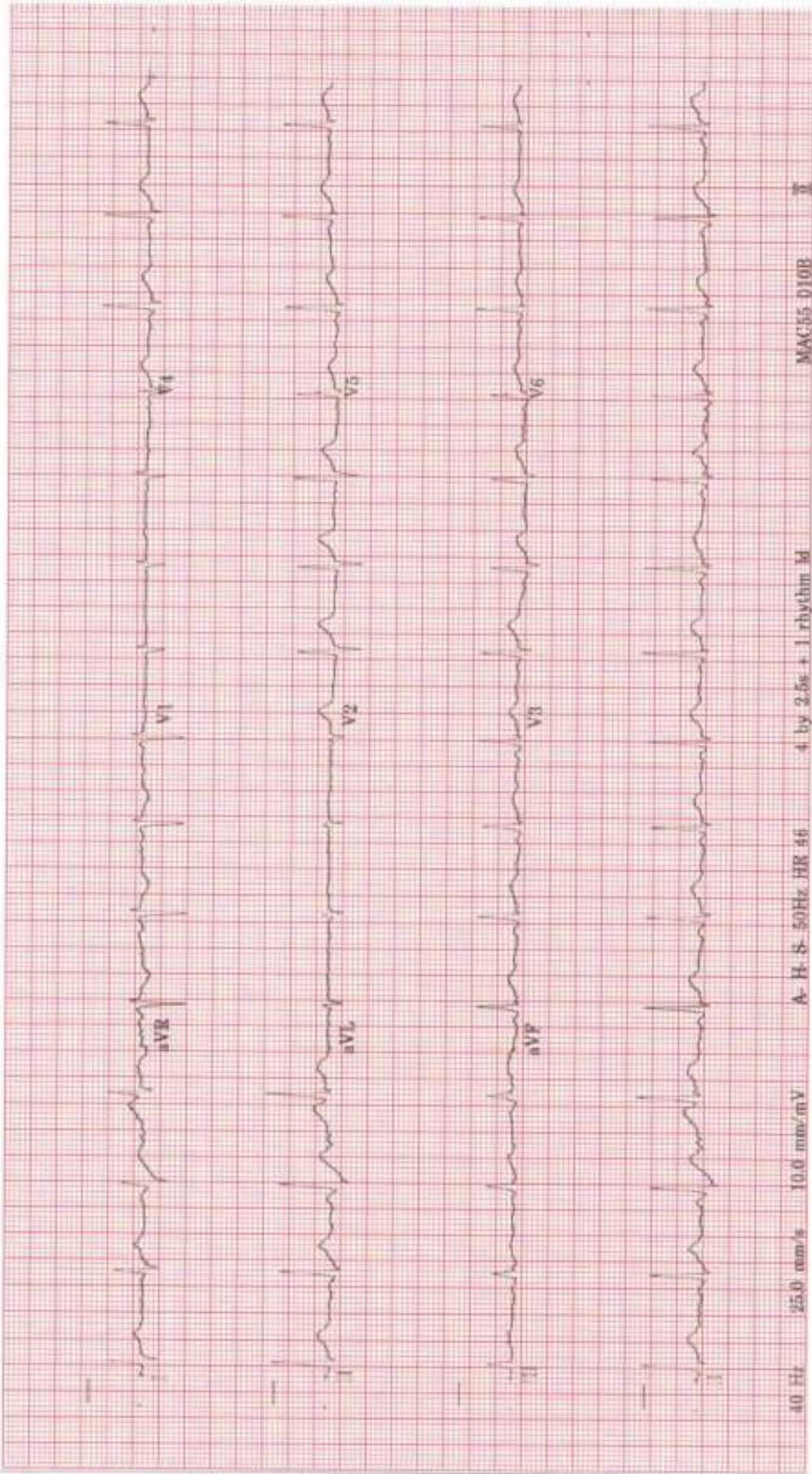
MAC55 0103

ID: S149440  
Visit:  
7-Feb-2024  
11:25:40

90bpm  
BP: 124/91

PRETEST  
SUPINE  
3:28

baUCE  
\*\* \*mph  
\*\* \*%



ID: S149440  
Visit  
7-Feb-2024  
11:29:02

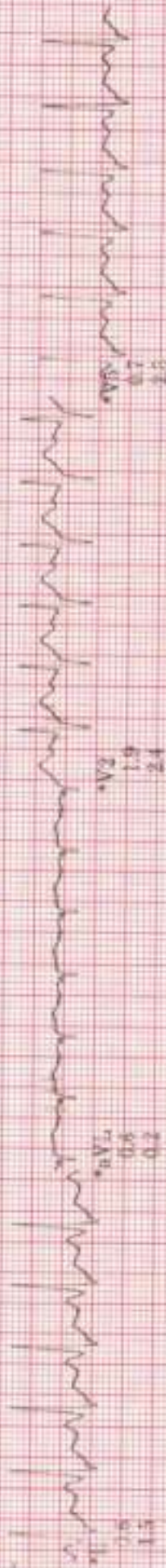
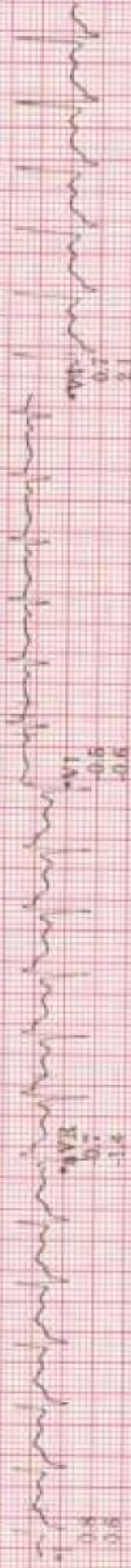
EXERCISE  
STAGE 1  
3:00

150bpm  
BP: 124/91

ST @ 10mm/mV  
80ms postJ

baUCE  
1.7mph  
10.0%

Lead  
STV(mm)  
Slope(mV/s)



Raw Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV

A. H. S. 50Hz HR 46

Computer Synthesized Rhythm

MAC55 010B

II

ID: S149440  
Visit  
7-Feb-2024  
11:32:02

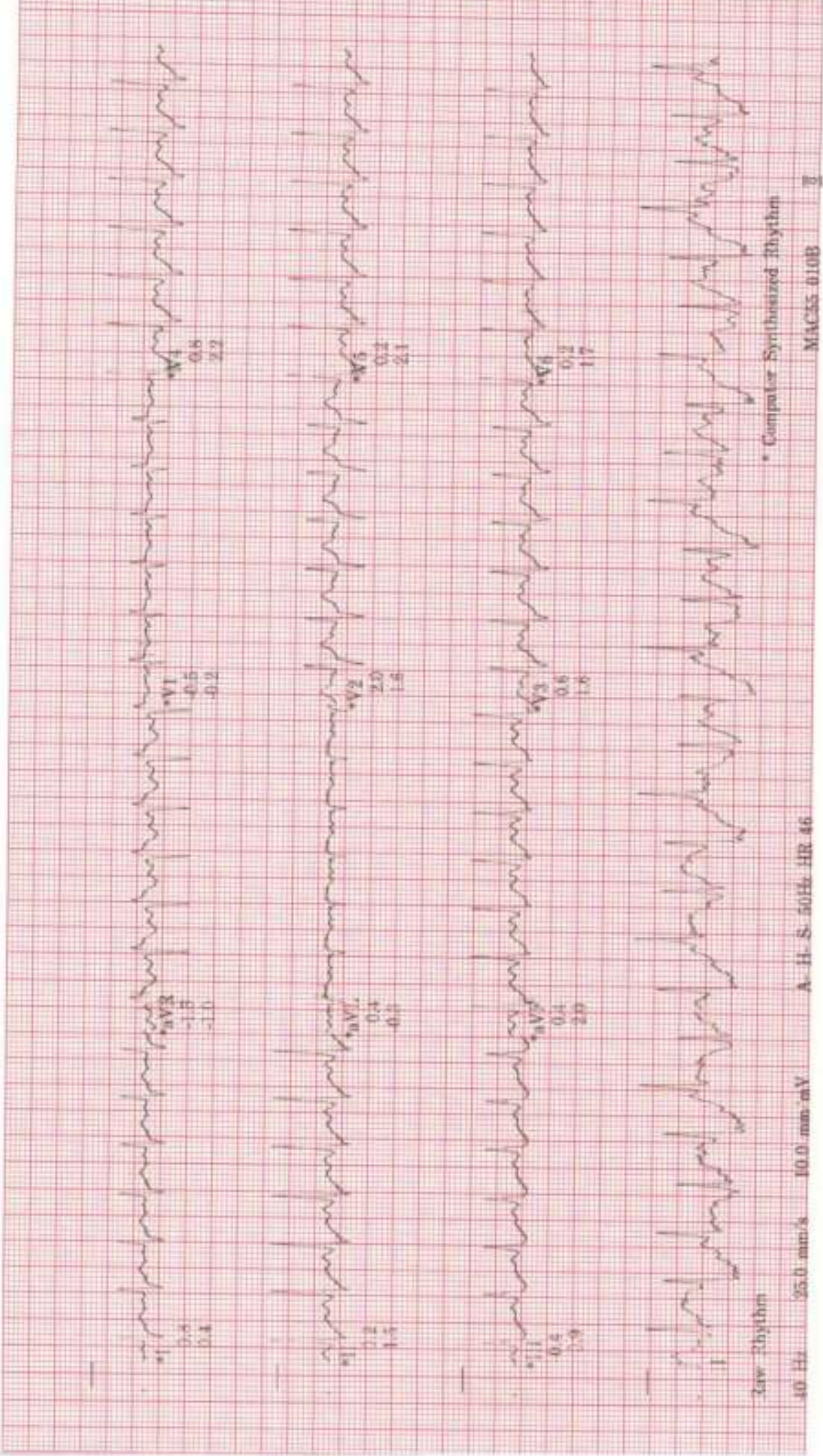
BRUCE  
2.5mph  
12.0%

EXERCISE  
STAGE 3  
6:00

163bpm  
BP: 130/91

Lead  
ST(mm)  
Slope(mV/s)

ST @ 10mm/mV  
80ms postJ





ID: S149440  
Visit:  
7-Feb-2024  
11:55:02

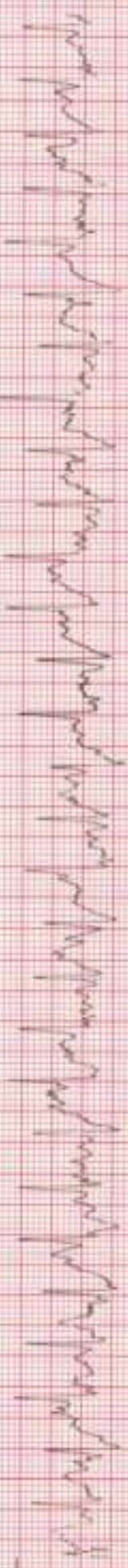
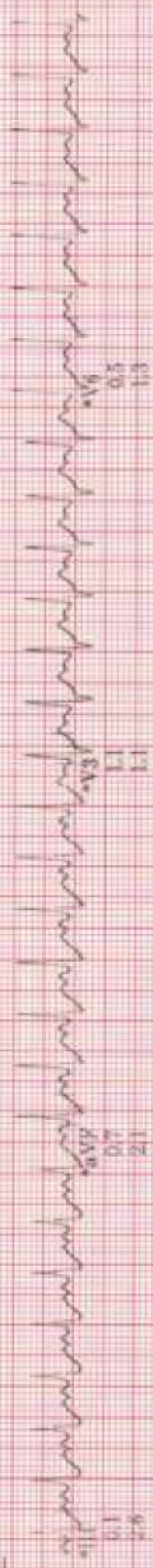
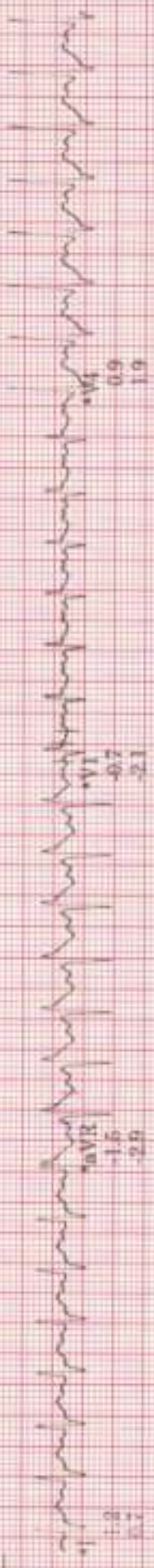
BRUCE  
3.3mph  
14.0%

EXERCISE  
STAGE 3  
9:00

177bpm  
BP: 140/90

Lead  
ST (mm)  
Slope (mV/s)

ST @ 10mm/mV  
80ms post-J



40 Hz

25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

Computer Synthesized Rhythm

MAC25 0108

ID: S149440  
Visit  
7-Feb-2024  
11:35:16

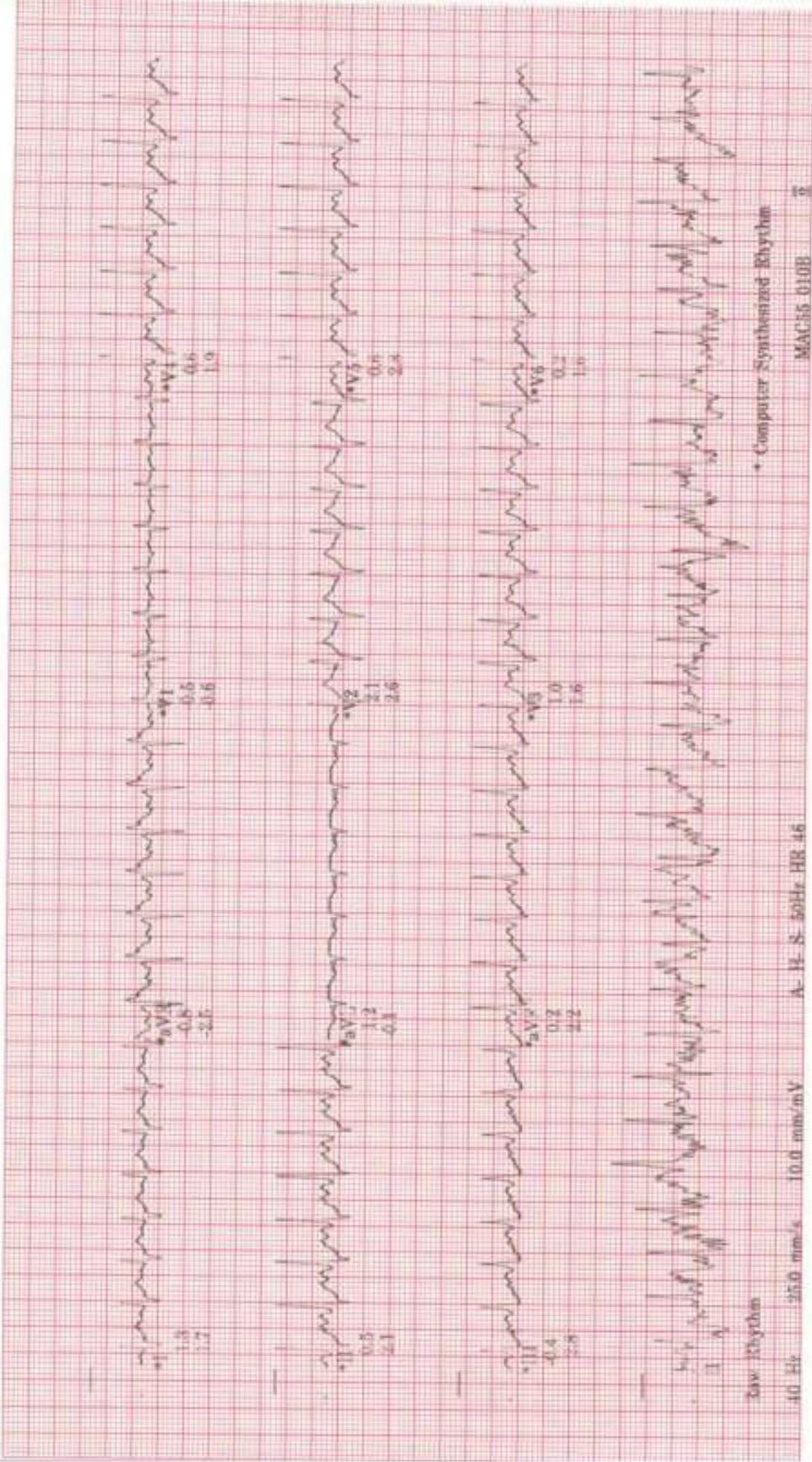
BRUCE  
4.2mph  
16.0%

EXERCISE  
STAGE 4  
9:14

181bpm  
BP: 140/90

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



ID: S149440  
Visit:  
7-Feb-2024  
11:37:16

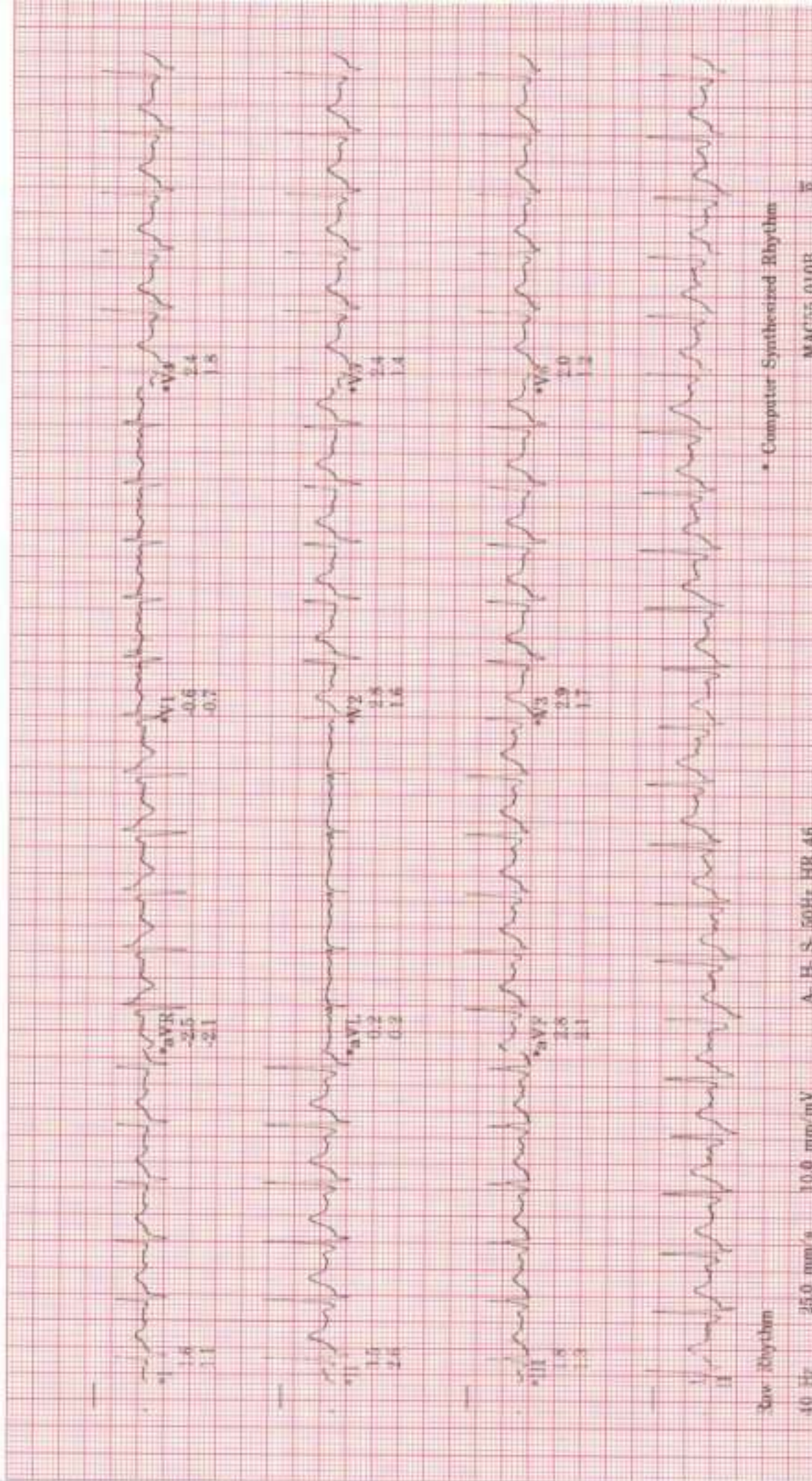
RECOVERY  
RECOVERY  
2:00

136bpm  
BP: 169/93

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

UNICE  
\*\*mph  
\*\*%



40 Hz 25.0 mm/s 10.0 mm/mV A-B: S:50Hz HR:45  
\* Computer Synthesized Rhythm  
MAC55 010B

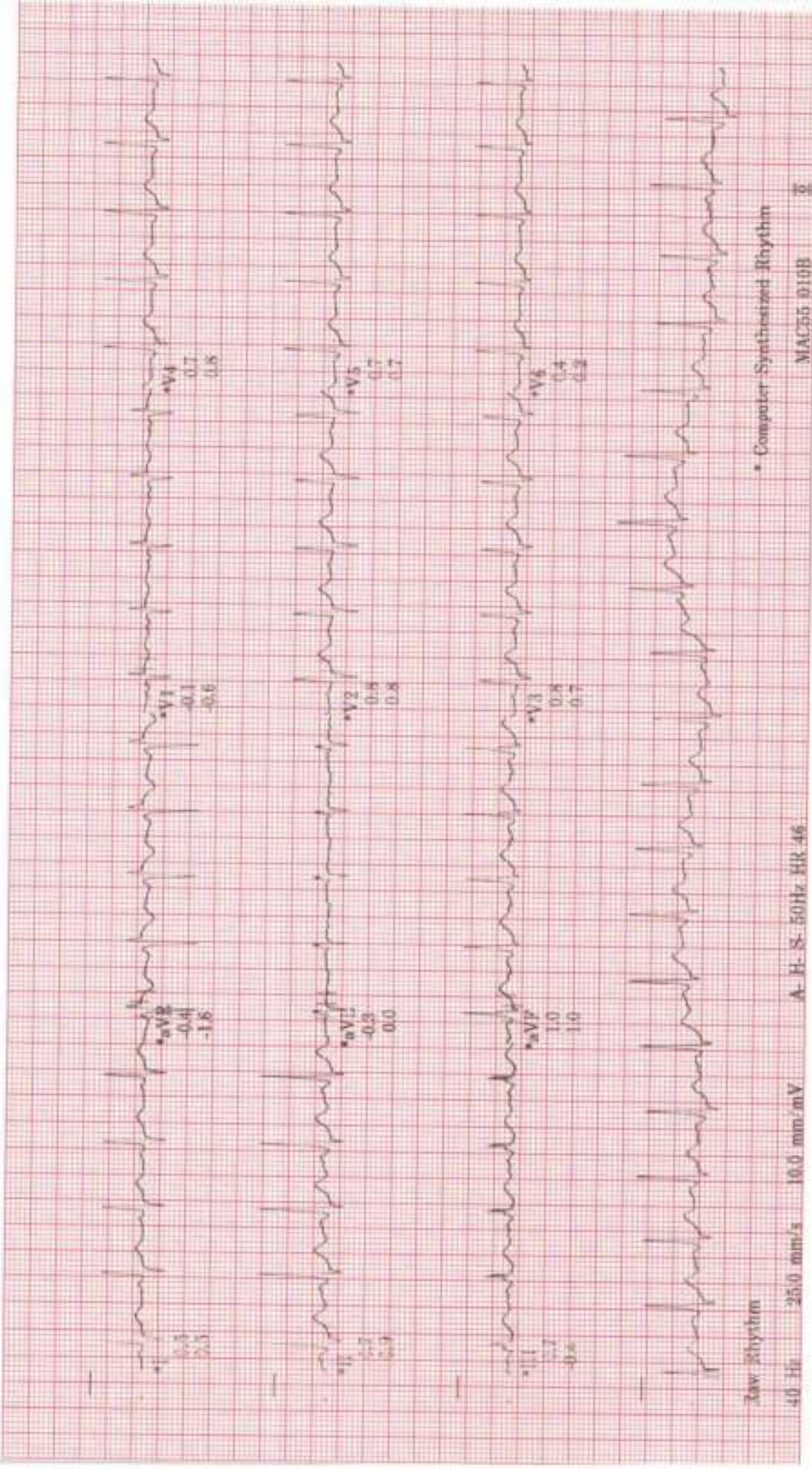
ID: S149440  
Visit:  
7-Feb-2024  
11:39:16

RECOVERY  
RECOVERY  
118bpm  
BP: 170/101  
4:00

hrUCE  
\*\* \*mph  
\*\* \*%

Lead  
ST (mm)  
Slope (mV/s)

ST @ 10mm/mV  
80ms post J



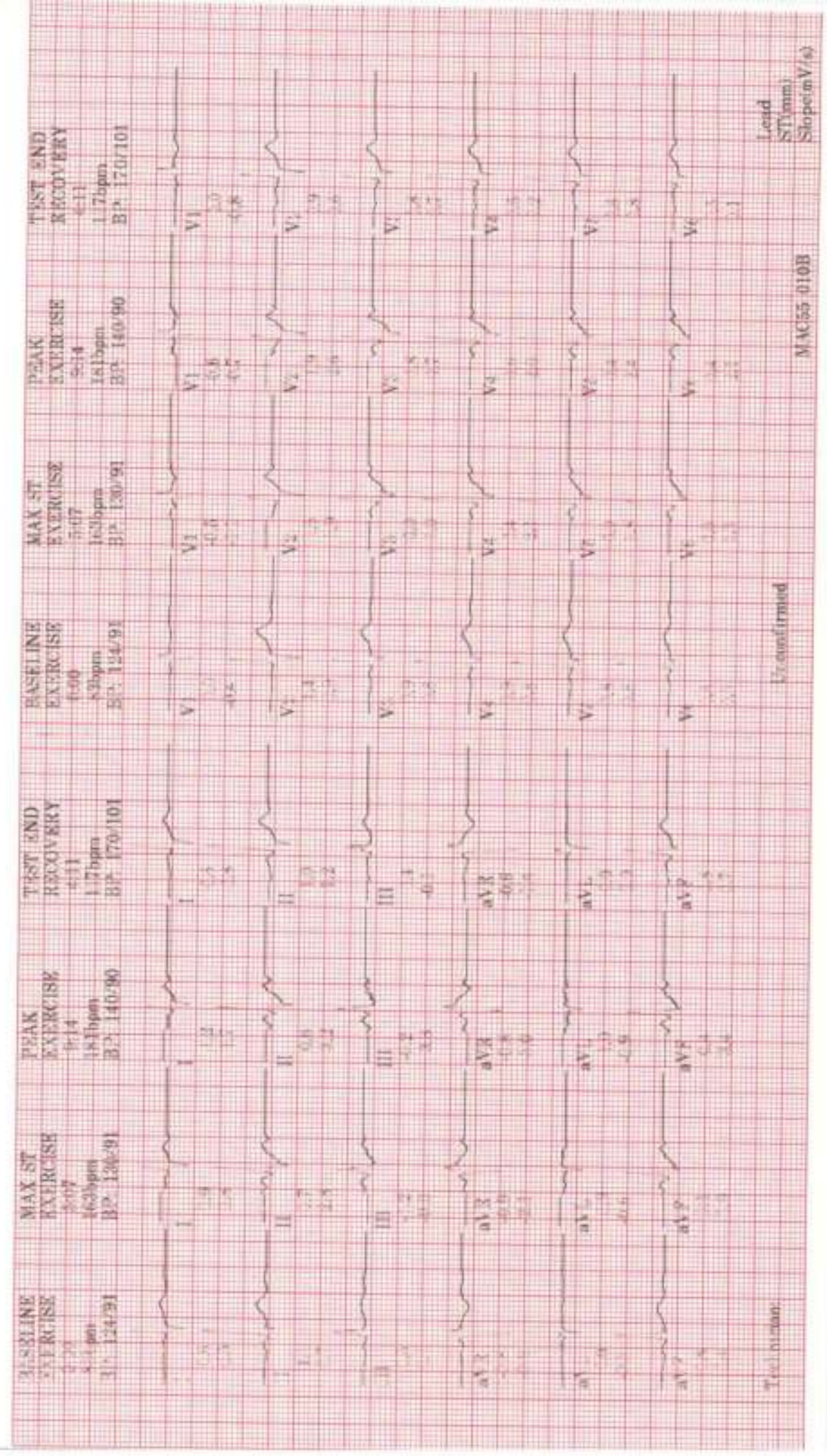
40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46  
Raw Rhythm  
\* Computer Synthesized Rhythm  
MAC55 010B

ID: S149440  
 Date: 7 Feb 2024  
 Time: 11:22:12

33 years Caucasian Male

BRUCE Total exercise time: 9:14  
 Max HR: 181bpm 98% of max predicted 184bpm  
 Max EP: 170/101 Maximum workload: 10.4 METS

Referred by:  
 Test no:



ID: S149440

Visit:

7-Feb-2024

11:22:12

36years

Caucasian

Male

BRUCE

Max HR: 181bpm 98% of max predicted 184bpm

Max BP: 170/101

Maximum workload: 10.4METS

Total exercise time: 9:14

25.0 mm/s

10.0 mm/mV

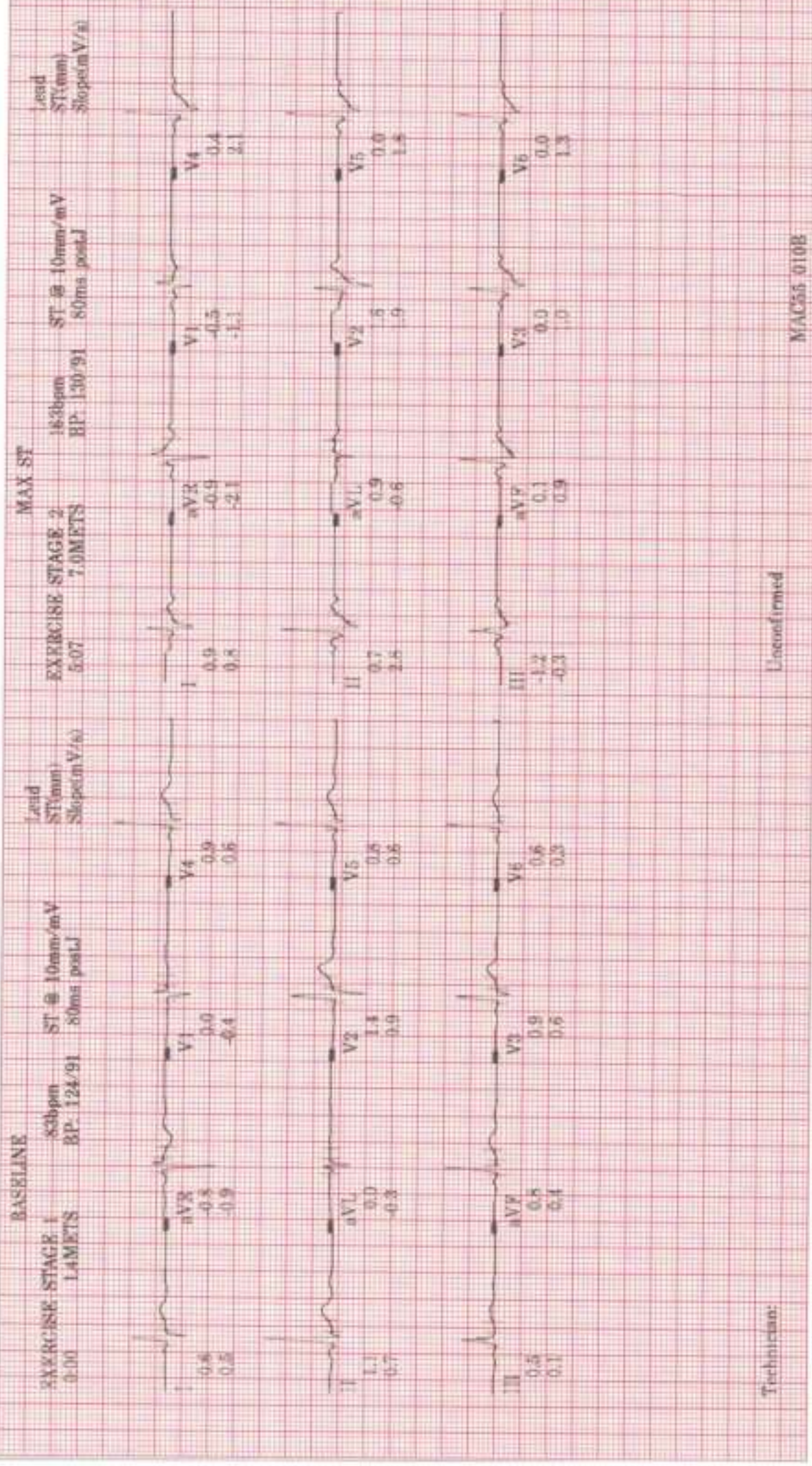
100hz

Reason for Termination:

Comments:

Referred by:

Test ind:



Technician:

Unconfirmed

MAC55 010B

7-Feb-2024  
11:22:12

PRETEST  
SUPINE  
3:28  
50bpm  
BP: 124/91  
1.0METS

EXERCISE  
STAGE 1  
0:00  
126bpm  
BP: 124/91  
3.0METS

EXERCISE  
STAGE 1  
2:00  
141bpm  
BP: 124/91  
4.6METS

EXERCISE  
STAGE 1  
3:00  
150bpm  
BP: 124/91  
4.6METS

EXERCISE  
STAGE 2  
4:00  
156bpm  
BP: 130/91  
5.8METS

EXERCISE  
STAGE 2  
5:00  
163bpm  
BP: 130/91  
7.0METS

BRUCE

ST @ 10min/mV  
50ms postJ  
25.0 mm/s  
10.0 mm/mV  
100Hz



Lead  
ST-seg (mm)  
Slope (mV/s)

MAC35 010B

7-7-2024  
11:22:12

EXERCISE STAGE 2  
5:07  
163bpm  
BP: 130/91  
7.0METS  
MAX ST

EXERCISE STAGE 2  
6:00  
163bpm  
BP: 130/91  
7.0METS

EXERCISE STAGE 3  
7:00  
170bpm  
BP: 140/90  
8.5METS

EXERCISE STAGE 3  
8:00  
173bpm  
BP: 140/90  
10.1METS

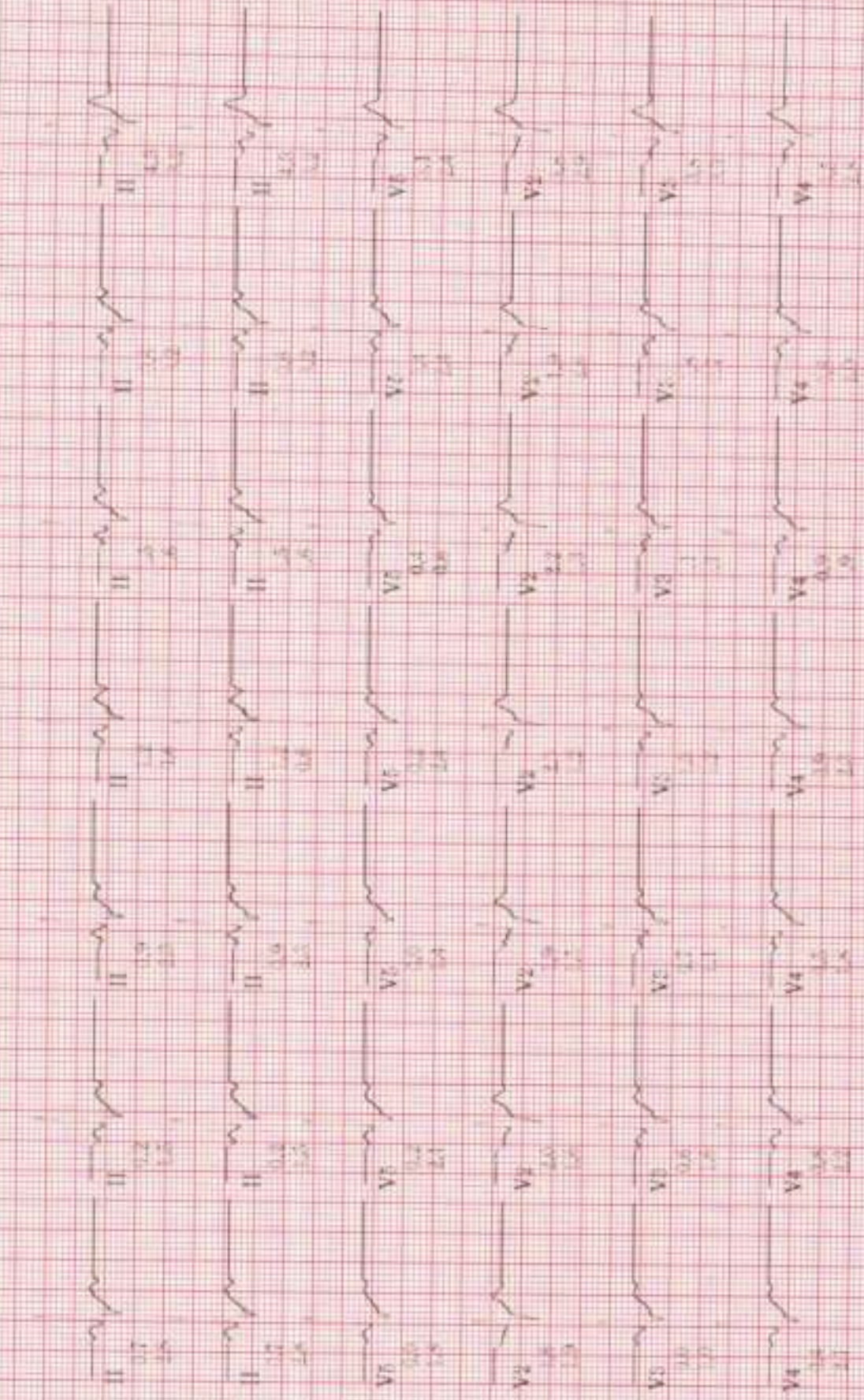
EXERCISE STAGE 3  
9:00  
177bpm  
BP: 140/90  
9.8METS

EXERCISE STAGE 4  
9:14  
181bpm  
BP: 140/90  
10.2METS

RECOVERY RECOVERY  
1:00  
152bpm  
5.6METS

BRUCE

ST 10mm/mV  
50ms post  
25.0 mm/s  
10.0 mm/mV  
100hz



Lead  
ST(mm)  
Slope(mV/s)



ID: S149440

Visit:

7-Feb-2024  
11:22:12

BRUCE

ST @ 10mm/mV 40 PVC's/m

50ms postJ

EXERCISE

Heart Rate (bpm)

250

200

150

100

50

0

Time (min)

30

25

20

15

10

5

0

ST Level: II (mm)

5

4

3

2

1

0

Time (min)

30

25

20

15

10

5

0

ST Level: V5 (mm)

5

4

3

2

1

0

Time (min)

30

25

20

15

10

5

0

ST Slope: II (mV/s)

5

4

3

2

1

0

Time (min)

30

25

20

15

10

5

0

ST Slope: V5 (mV/s)

5

4

3

2

1

0

Time (min)

30

25

20

15

10

5

0

DOB: \_\_\_\_\_  
YF, MALE

Vent rate: 77 BPM  
PR Int: 117 ms  
QRS Dur: 90 ms  
QT/QTc: 348/380 ms  
P-R-T axes: 39 44 32

Mr. *Patricia Jean*  
SINUS RHYTHM WITH SHORT PR INTERVAL  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by \_\_\_\_\_

