



OPD ASSESSMENT FORM



Name Mr. Aditya Anand Age.Sex 35/m MR.No. 855642
 Doctor Dr Krutika Shah Date 11/12/23
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Routine health-checkup

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

Stains +
Calculus ++

Past History :

Provisional Diagnosis :

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

Rx

Adv = Scaling

Nutritional Assessment :

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

Investigation advised :

Krutika
Dr. Krutika Shah
 Consultant Dental Surgeon
 Reg. No. A-8876
 Sunshine Global Hospital
 Surat **Signature**

Follow Up : _____ Date : _____



OPD ASSESSMENT FORM



Name Mr. Aditya Arora Age.Sex 36/m MR.No. S55642
 Doctor Dr Hardik Shroff Date 11/12/23
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

HIO CARIC 2/15/23
SE Ant-seg MAD

Past History :

Vr (G6(H) Nib Fumedi (Central) BC-MAD

Provisional Diagnosis :

Nil abnormal

Treatment and further Advices :
(Write in Capital Letters)

Rx

Nutritional Assessment :

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

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)

Reg. No. G-28902

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

Follow Up : SUR Date : _____



PAT. NAME: Aditya Arora	Date : 11/12/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S55642

Findings:

Liver is mildly enlarge in size (15.6 cm), 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 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 abdomen / pelvis.

IMPRESSION:

- Mild hepatomegaly.


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



PAT. NAME: Aditya Arora	Date : 11/12/2023
REF. DOCTOR : Hosp. Dr.	AGE : 36Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S55642

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: 11/12/2023 – 11:58 AM

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MR No. : S55642	Collection Date : 11/12/2023 9:56AM
Patient Name : Mr. Adityashankar R Arora	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:20 PM

HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
CBC with ESR			
HAEMOGLOBIN	14.4	gm/dl	13.0 - 17.0
PCV	46.7	%	40 - 50
RBC COUNT	4.88	mill/cmm	4.5 - 5.5
MCV	95.7	fl	76 - 96
MCH	29.5	pg	26 - 32
MCHC	30.8	%	32 - 36
RDW	11.7	%	11 - 15
PLATELET COUNT	3.18	lacs/cmm	1.5 - 4.5
WBC COUNT	7840	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	53	%	40 - 70
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	08	%	1 - 6
MONOCYTES	07	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
WBC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Eosinophilia		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

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

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

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Patient Name : Mr. Adityashankar R Arora	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:11 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HbA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.1	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	99.67	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.

FASTING BLOOD SUGAR (FBS)

FASTING BLOOD GLUCOSE (Hexokinase)	94	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

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11/12/2023

12:11PM

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Dr. Shobha Choksi

MD, DCP (Pathology)

Reg. No.: G-9074



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Patient Name : Mr. Adityashankar R Arora	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:14 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	89	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.8	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.5	mg/dl	0.0 - 0.8
SGPT (IFCC)	27	U/L	5 - 41
SGOT (IFCC)	21	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.7	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.04	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFPE)	0.9	mg/dl	0.5 - 1.2
SERUM URIC ACID			
SERUM URIC ACID (Uricase)	4.1	mg/dl	3.4 - 7.0
BUN [BLOOD UREA NITROGEN]			
BUN	11.4	mg/dl	8 - 23
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	5.8	mg/L	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300
URINE CREATININE (JAFPE)	289.3	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	2.00	mg/gm	

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

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Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:12 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	215	mg/dl	50 - 200
HDL CHOLESTEROL Direct	41	mg/dl	40 - 60
LDL CHOLESTEROL Direct	140.9	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	162	mg/dl	50 - 150
VLDL Calc	32.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.24		0 - 5
LDL / HDL RATIO	3.44		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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Reg. No.: G-9074



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Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:11 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	0.971	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	5.87	ug/dl	5.1 - 14.0
TSH (CLIA)	3.39	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.

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Patient Name : Mr. Adityashankar R Arora	Age : 36 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 11/12/2023 12:21 PM

CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	30	ml
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	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

SC
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Collection Date : 11/12/2023 9:56AM
Age : 36 Y Sex : Male
Report Date : 11/12/2023 1:54 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	98	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SZNR		

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

gc

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DOB: _____
YR, MALE

Vent rate: 78 BPM
PR int: 196 ms
QRS dur: 98 ms
QT/QTc: 377/410 ms
P-R-T axes: 67 66 41

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

Mr. Aditya Agarwal
361M

Reviewed by _____

