



OPD ASSESSMENT FORM



Name Mr. Ketan m Vaghela Age.Sex 37 | m MR.No. S150656
 Doctor Dr. Krunal Gajjar Date 06/03/2024
 Ht : 178cm Wt. : 87.6kg Temp : 98 F Pulse : 88b/m BP : 156/106
 SPO2 : 98% Post of walk SPO2 : mmHg

Chief Complaints :

NOT - ANY

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

RS } NAD.
CNS }

Past History :

- N.S. -

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx
→ Tab. Tazloc (40) 1-0-0 x (02) month.
ABF.
→ Frequent B.P. monitoring.

Investigation advised :

Dr. Krunal Gajjar
 M.B.B.S., MD (MEDICINE)
 CONSULTANT PHYSICIAN
 Reg. No. G-20422 Signature

Follow Up : _____ Date : _____

SUNSHINE GLOBAL HOSPITAL
SURAT.

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



OPD ASSESSMENT FORM



Name Mr. Ketan M. Vaghela Age.Sex 37/m MR.No. 5150656
 Doctor Dr Hardik Shiroff Date 6/3/24
 Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
 SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints : No complaint Drug / Food Allergy : _____
 Prior Medication Reviewed : Yes No

On examination : RG Ant-SEG Past History : NAD
✓ RG 6/6 Fundi (Central) RG NAD

Provisional Diagnosis : Nit opthalme

- Nutritional Assessment :**
- Obese
 - Well nourished
 - Mild- moderate nourished
 - Severely mal-nourished

Treatment and further Advices :
 (Write in Capital Letters)
 Rx _____

Investigation advised : _____

Dr. Hardik Shiroff
 D.O.M.S., D.V.S. (Ophthalmology)
 Regd. No. G-28902

Follow Up : 5/5 Date : _____

SUNSHINE GLOBAL HOSPITAL
 Piplod, SURAT.



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mrs. Ketan Vadhelal Date : 06/09/2024 11:30 PM

Sex : F Age : 37 Ref. by Dr. : _____ Done by Dr. Srinivas Singh

LV Size : (n) LVEF : 68 % (VISUAL)

DIASTOLIC DYSFUNCTION : No LVH : No

- RWMA: ANTERIOR WALL
- ANTERIOR SEPTUM
- IVS
- LV APEX
- POSTERIOR WALL
- LATERAL WALL
- INFERIOR WALL

No RWMA

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

AORTIC VALVE (n)
TRICUSPID VALVE (n)

PAH : —
RA : (n)
RV : (n)

PASP : 10 mmHg
LA : (n)
IVC : (n)

IAS : (n)
IVS : Intact

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

CONCLUSION :

No regurg / PG



MR No. : S150656
Patient Name : Mr. Ketan M Vaghela
Ref By : Dr. Hospital A Doctor
Collection Date : 06/03/2024 9:19AM
Age : 37 Y Sex : Male
Report Date : 06/03/2024 11:45AM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	14.8	gm/dl	13.0 - 17.0
PCV	45.1	%	40 - 50
RBC COUNT	5.05	mill/cmm	4.5 - 5.5
MCV	89.3	fl	76 - 96
MCH	29.3	pg	26 - 32
MCHC	32.8	%	32 - 36
RDW	12.9	%	11 - 15
PLATELET COUNT	2.74	lacs/cmm	1.5 - 4.5
WBC COUNT	5160	/cmm	4000 - 11000
ESR	02	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	51	%	40 - 70
LYMPHOCYTES	39	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	08	%	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
MD, DCP (Pathology)
Reg. No.: G-9074



MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 11:41AM

HAEMATOLOGY

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

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	6.5	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	96	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

Handwritten signature

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MR No. : 5150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 11:41AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.5	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	111.15	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 *****

Dr. Shobha Choksi
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MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 11:43AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	199	mg/dl	50 - 200
HDL CHOLESTEROL Direct	38	mg/dl	40 - 60
LDL CHOLESTEROL Direct	137	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	292	mg/dl	50 - 150
LDL Calc	58.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	5.24		0 - 5
LDL / HDL RATIO	3.61		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
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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Reg. No.: G-9074

B

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MR No.	: S150656	Collection Date	: 06/03/2024 9:19AM
Patient Name	: Mr. Ketan M Vaghela	Age	: 37 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 06/03/2024 11:43AM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	133	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.7	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.3	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	49	U/L	5 - 41
SGOT (IFCC)	28	U/L	5 - 40
SERUM TOTAL PROTEIN Bluret	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)	1.0	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	9.1	mg/dl	8 - 23

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

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MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 11:42AM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.20	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	7.02	ug/dl	5.1 - 14.0
TSH (CLIA)	2.03	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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Reg. No.: G-9074

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Page 1 of 1



MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 12:21 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	25.3	mg/L	
URINE CREATININE (JAFPE)	90.4	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	27.9	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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Page 1 of 1



MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 11:46AM

CLINICAL PATHOLOGY

Parameter	Result	Normal Range
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	1.025	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	1-2	/hpf
EPITHELIAL CELLS	2-3	/hpf
RBC	Absent	/hpf
WBC	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

Dr. Shobha Choksi
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Reg. No.: G-9074

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PAT. NAME: Ketan Vaghela	Date : 06/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : USG Whole Abdomen	MR NO. : S150656

Findings:

Liver is enlarge in size (15.7 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 pelvis.

IMPRESSION:

- Hepatomegaly with grade I fatty liver.

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

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 03/06/2024 - 12:23 PM

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PAT. NAME: Ketan Vaghela	Date : 06/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 37 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S150656

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: 06/03/2024 - 12:19 PM

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MR No. : S150656	Collection Date : 06/03/2024 9:19AM
Patient Name : Mr. Ketan M Vaghela	Age : 37 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 06/03/2024 12:56 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	77	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

Dr. Shobha Choksi

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

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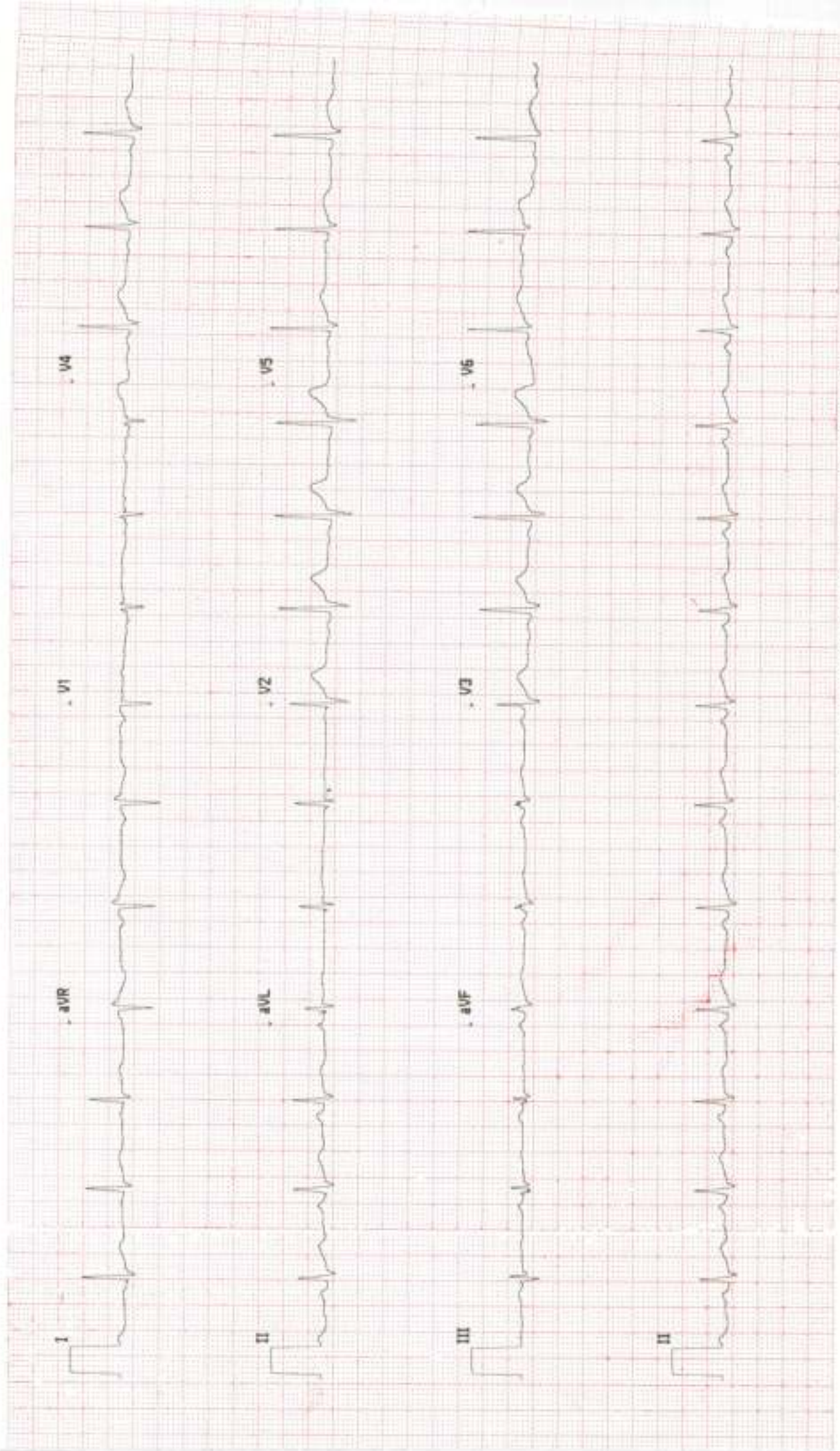
DOB:
yr, MALE

vent rate: 80 BPM
PR int: 151 ms
QRS dur: 94 ms
QT/QTc: 349/385 ms
P-R-T axes: 64 23 35

NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

Reviewed by -----

Vaghela
371 m
S150656





OPD ASSESSMENT FORM



Name Ms. Ketan M. Vaghela Age.Sex 37/m MR.No. S150656
 Doctor Dr. Shailaja Desai Date 6/2/24
 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 :

- t-stain

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :
(Write in Capital Letters)

Rx

1) scaling

Investigation advised :

U. P. Reta

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-8793

Dental Surgeon

Sunshine Global Hospital, Surat

Signature

Follow Up : _____ Date : _____

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

Call : 75748 49465, 0261-4111000