



# OPD ASSESSMENT FORM



Name Ms. Ravinder Mahan Bahuguna Age/Sex 57/M MR.No. S151112  
Doctor Dr. Hardik Shroff Date 15/03/2024

Ht : \_\_\_\_\_ Wt. : \_\_\_\_\_ Temp : \_\_\_\_\_ Pulse : \_\_\_\_\_ BP : \_\_\_\_\_

SPO2 : \_\_\_\_\_ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

No complaint

Drug / Food Allergy Nil

Prior Medication Reviewed : Yes  No

On examination : RF Ant. Seg MAD

Vertical 6/6 Horizontal 6/6 Dist 5/6

Fundus (Central)

Provisional Diagnosis :

RF Compound Hyperopia

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Change of gl

Past History :

R+1-25+0.75+180°-6/6  
L+1-25+1.00+180°-6/6

RF MAD Nil 2+2.5

Nutritional Assessment :

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

Investigation advised :

Dr. Hardik Shroff  
DOMS, DNB (Ophthalmology)  
Regd. No. G-28902

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

SUNSHINE GLOBAL HOSPITAL  
Piplod, Sector 14  
Signature



# OPD ASSESSMENT FORM



Name Mr. Ravinder Bahuguna Age.Sex 57/M MR.No. S151112

Doctor Dr. Kunal Gogoi Date 15/03/2024

Ht : 172cm Wt. : 82kg Temp : 98.4 Pulse : 68/M BP : 183/87  
*mm/Hg*

SPO2 : 98+ Post of walk SPO2 : \_\_\_\_\_

Chief Complaints :

Not-Any.

Drug / Food Allergy :

Not taken today's medicine.

Prior Medication Reviewed : Yes  No

On examination :

R } NAD  
CVS }

Past History :

K140 DM + HTN

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

Investigation advised :

→ Tab. Tazloc-Beta (40/25) 1-0-0 x (02) months.  
ABF.

Repeat HbA1c & lipid-profile

after (03) months.  
K. Gogoi

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

Signature



OPD ASSESSMENT FORM



Name Mr. Ravinder Mohan Age.Sex 57/m MR.No. 515112

Doctor Dr. Shailaja Desai Date 15/3/24

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 :

→ stain calculus  
→ Root stump of  $\frac{146}{46}$   
→ missing  $\frac{9}{46}$

Provisional Diagnosis :

Nutritional Assessment :

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

Treatment and further Advices :  
(Write in Capital Letters)

Rx

- 1) Scaling
- 2) Extraction of  $\frac{146}{46}$
- 3) Replacement of  $\frac{146}{46}$

Investigation advised :

U.F. Repair

**Dr. Shailaja Desai**

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

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

Signature



**SPECTACLE CARD**



Ref. No.

5151112

Name :

Mr. Ravinder M. Sahnguna

Date : 15/5/2024

RIGHT				
Sph.	Cyl.	Axis	V.A.	
+1.25	+0.75	180°	6/6	
+3.75	+0.75	120°	N/G	

LEFT				
Sph.	Cyl.	Axis	V.A.	
+1.25	+1.0	180°	6/6	
+3.75	+1.0	120°	N/G	

Remarks:

Progressive

**INSTRUCTIONS:**

- Verify your new glasses before using them.
- Bring this prescription on every visit.
- Get your glasses checked every six months to one year if necessary.
- Donate Eyes, Help Blind.
- Request to optician. Please prepare the glasses according to this prescription only.

Time : 09:00 am to 11:00 am, Monday to Saturday  
 Please obtain reporting time in advance & always bring OPD File

Consulting Eye Surgeon

B/s. Big Bazar, Piprod, Surat - 395 007. Ph. 0261-4111000, 4111002 • www.sunshineglobalhospitals.com



NO-315112



ECHO CARDIOGRAPHIC REPORT

Patient's Name : Mr. Balvinder Date : 15/03/2024

Sex : M Age : 57 Ref. by Dr. : \_\_\_\_\_ Done by Dr. Suavender Singh

LV Size : (D) LVEF : 66 % (VISUAL)

DIASTOLIC DYSFUNCTION : No LVH : No

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

NO RWMA

MITRAL VALVE : (D)

AORTIC VALVE (D)

PULMONARY VALVE : (D)

TRICUSPID VALVE (D)

PAH : \_\_\_\_\_

PASP : 10 mmHg

RA :

LA :

RV : (D)

IVC : (D)

IAS : (D)

IVS : Intact

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

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

CONCLUSION :

no sig. clt IPE

2D echo for health checkup

S



<b>PAT. NAME:</b> Ravinder Bahuguna	<b>Date :</b> 15/03/2024
<b>REF. DOCTOR :</b> Hosp. Dr.	<b>AGE :</b> 57 Yrs / M
<b>INV. :</b> USG Whole Abdomen	<b>MR NO. :</b> S151112

**Findings:**

Liver is normal in size, 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 abdomen.

**IMPRESSION:**

- **Grade I fatty liver.**

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




PAT. NAME: Ravinder Bahuguna	Date : 15/03/2024
REF. DOCTOR : Hosp. Dr.	AGE : 57 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S151112

**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: 15/03/2024 - 11:49 AM

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MR No. : S151112  
Patient Name : Mr. Ravinder Mohan Bahuguna  
Ref By : Dr. Hospital A Doctor  
Collection Date : 15/03/2024 9:18AM  
Age : 57 Y Sex : Male  
Report Date : 15/03/2024 12:07 PM

**HAEMATOLOGY**

Parameter	Result	Units	Normal Range
<b>CBC with ESR</b>			
HAEMOGLOBIN	15.8	gm/dl	13.0 - 17.0
PCV	46.6	%	40 - 50
RBC COUNT	5.40	mill/cmm	4.5 - 5.5
MCV	86.3	fl	76 - 96
MCH	29.3	pg	26 - 32
MCHC	33.9	%	32 - 36
RDW	11.9	%	11 - 15
PLATELET COUNT	2.40	lacs/cmm	1.5 - 4.5
WBC COUNT	6480	/cmm	4000 - 11000
ESR	05	mm/hr	0 - 10
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHIL	58	%	40 - 70
LYMPHOCYTES	31	%	20 - 40
EOSINOPHILS	02	%	1 - 6
MONOCYTES	09	%	2 - 11
BASOPHILS	00	%	0 - 2
<b>PERIPHERAL SMEAR</b>			
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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<b>MR No.</b> : S151112	<b>Collection Date</b> : 15/03/2024 9:18AM
<b>Patient Name</b> : Mr. Ravinder Mohan Bahuguna	<b>Age</b> : 57 Y <b>Sex</b> : Male
<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 15/03/2024 12:02 PM

**HAEMATOLOGY**

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

**BIOCHEMISTRY**

<b>SERUM URIC ACID</b>			
SERUM URIC ACID (Uricase)	5.8	mg/dl	3.4 - 7.0
<b>FASTING BLOOD SUGAR (FBS)</b>			
FASTING BLOOD GLUCOSE (Hexokinase)	150	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

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

*SC*  
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MR No. : S151112	Collection Date : 15/03/2024 9:18AM
Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:03 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>HBA1C [GLYCOSYLATED HEAMOGLOBIN]</b>			
HbA1C	<u>6.8</u>	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	<b>148.46</b>	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 glycemic control).
- 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.
- 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.
- 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 \*\*\*\*\*

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<b>Ref By</b> : Dr. Hospital A Doctor	<b>Report Date</b> : 15/03/2024 12:03 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL CHOD PAP	198	mg/dl	50 - 200
HDL CHOLESTEROL Direct	25	mg/dl	40 - 60
LDL CHOLESTEROL Direct	118.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	272	mg/dl	50 - 150
VLDL Calc	54.4	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	7.92		0 - 5
LDL / HDL RATIO	4.75		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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Ref By : Dr. Hospital A Doctor  
Collection Date : 15/03/2024 9:18AM  
Age : 57 Y Sex : Male  
Report Date : 15/03/2024 12:05 PM

**BIOCHEMISTRY**

Parameter	Result	Units	Normal Range
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE (IFCC)	91	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.8	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.4	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.4	mg/dl	0.0 - 0.8
SGPT (IFCC)	26	U/L	5 - 41
SGOT (IFCC)	22	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	8.0	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	4.8	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	3.2	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	1.5	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	12.4	mg/dl	8 - 23
<b>ALBUMIN-CREATININE RATIO</b>			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	27.3	mg/L	
URINE CREATININE (JAFPE)	124	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	22.0	mg/gm	Normal: <30; Microalbuminuria: 30-299; Clinical Albuminuria: >300

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

*SC*  
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Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:05 PM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>THYROID FUNCTION TEST [TFT]</b>			
TOTAL T3 (CLIA)	1.06	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	6.09	ug/dl	5.1 - 14.0
TSH (CLIA)	5.35	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  
MD, DCP (Pathology)

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Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:05 PM

**CLINICAL CHEMISTRY**

Parameter	Result	Units	Normal Range
<b>PSA [PROSTATE SPECIFIC ANTIGEN]</b>			
PSA (CLIA)	2.07	ng/ml	0 - 4.0

**CHEMILUMINESCENCE**

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/ml.

Percentage of Free PSA =  $\frac{\text{Free PSA}}{\text{Total PSA}} \times 100 = \text{Percent free PSA}$ .

Patient with prostate cancer generally have a lower percentage of free PSA compared to benign prostatic hyperplasia.

Percentage free PSA of less than 25% is a high likelihood of prostatic cancer.

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

*Signature*

**Dr. Shobha Choksi**  
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Patient Name : Mr. Ravinder Mohan Bahuguna	Age : 57 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 15/03/2024 12:07 PM

**CLINICAL PATHOLOGY**

Parameter	Result	Normal Range
<b>URINE ROUTINE &amp; MICROSCOPIC EXAMINATION</b>		
TYPE OF SPECIMEN - URINE	Random	
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	40	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.030	
<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	1-2	/hpf
RBC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

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

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

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15/03/2024 12:07PM  
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Age : 57 Y Sex : Male  
Report Date : 15/03/2024 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)	184	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

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

  
Dr. Shobha Choksi  
MD, DCP (Pathology)

Reg. No.: G-9074

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DOB: yr, MALE  
Mrs. Badrinadek M. STH  
Bathuamey

Vent rate: 58 BPM  
PR int: 130 ms  
QRS dur: 97 ms  
QT/QTc: 390/386 ms  
P-R-T axes: 42 18 89

SINUS BRADYCARDIA  
NONSPECIFIC T-WAVE ABNORMALITY  
BORDERLINE ECG  
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS  
Reviewed by \_\_\_\_\_

✓

