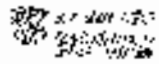




Sign in



LETTER OF APPOINTMENT/PROBATION

To,
The Customer
Responsibility of Mr. Hoshinaka
Employee number: 111-015009

Dear Sir/Madam,

Sub: Appointment/Probation for the employees of Bank of Baroda

It is to inform you that the following employee wishes to avail the facility of **Annual House Checking** payable to you in terms of the agreement.

EMPLOYEE'S DETAILS		EMPLOYER'S DETAILS	
Name	MR. HOSHINAKA	NAME OF THE BANK	BANK OF BARODA
Emp. No.	111-015009	Branch	BARODA
Designation	Customer Responsibility	Head Office	BARODA
Address	...	Head Office	BARODA
Proposed date of...	...	Head Office	BARODA
Cell No.	...	Head Office	BARODA
BOOKING REFERENCE NO.	...	Head Office	BARODA

The above appointment/probation is valid for a period of 12 months from the date of issuance of this letter. This appointment is valid from 27-01-2024 to 27-01-2024. The total annual cost to the bank for this facility is Rs. 1,00,000/- (One Lakh only) for the period of 12 months. It is desirable to have the employee's details and the bank's details as given in the above table to be maintained in the bank's records.

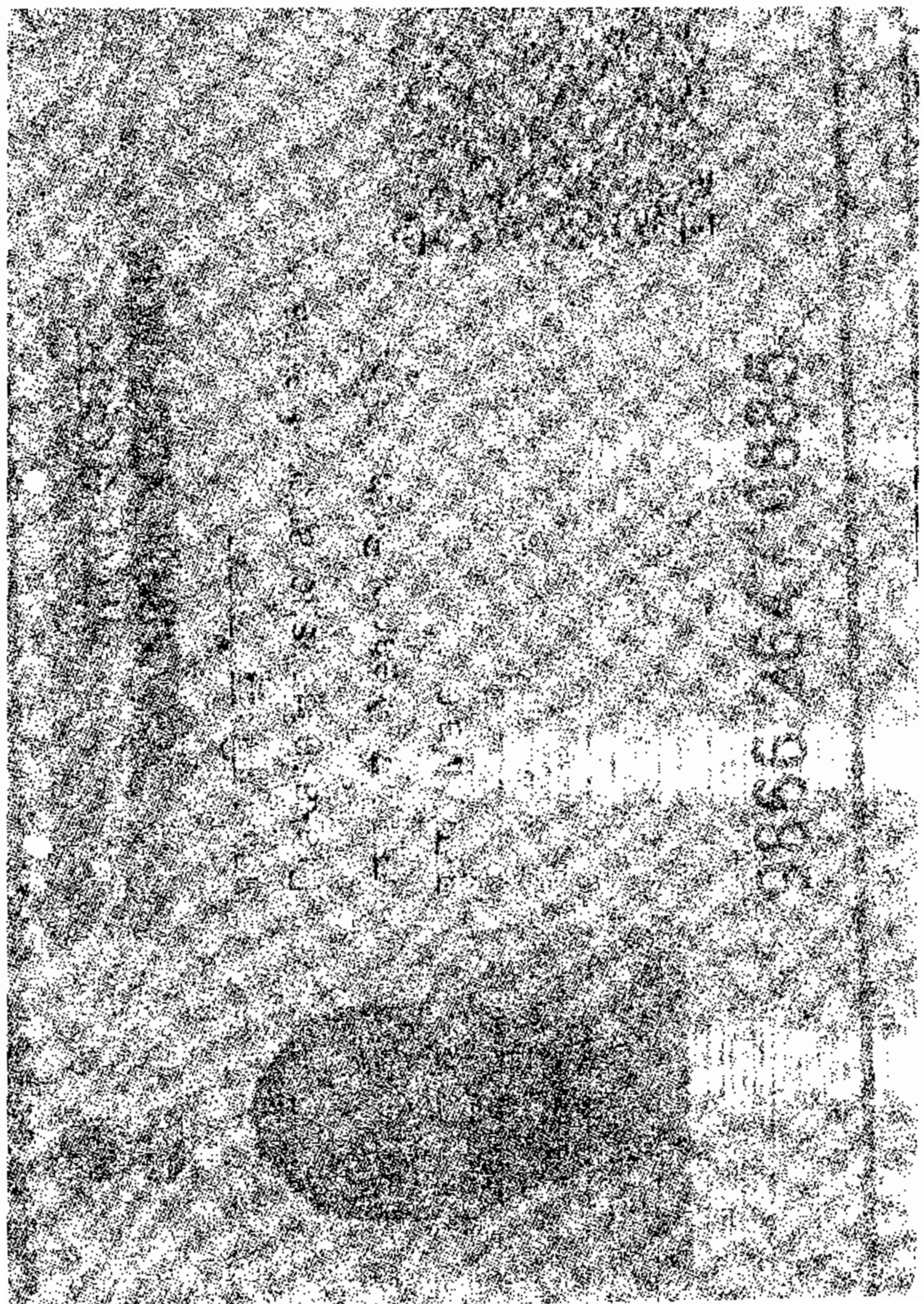
Very truly yours,
[Signature]

Yours faithfully,

Sd/-

Chief Executive Manager
HRM Department
Bank of Baroda

For further information, please contact the HRM Department, Bank of Baroda, Baroda.



NAME: MR. PRAKASH DEETHANIKON AGE/SEX: male - 40
 PACKAGE NAME: ANNUAL PLUS ABOVE 40 MALE

SR NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FATING BLOOD	<i>[Signature]</i>
2	POST PRANDIAL BLOOD	<i>[Signature]</i>
3	URINE	<i>[Signature]</i>
4	PAP SMEAR <i>PSA</i>	<i>[Signature]</i>
5	CHEST XRAY	<i>[Signature]</i>
6	ECG	<i>[Signature]</i>
7	TMT	<i>[Signature]</i>
8	ULTRASOUND ABDOMEN	<i>[Signature]</i>
9	GENERAL CONSULTATION (PHYSICIAN, DENTAL, EYE, ENT)	<i>[Signature]</i>
10	DIETICIAN CONSULTATION	<i>[Signature]</i>
11	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	

4:10
11:10



L. T. Road, Beside Purje & Sind Bank, Bhatkal Naka,
 Borivli (W), Mumbai, 400091.
 email: info@apaxhospitals.in | www.apaxgroupofhospitals.com



Tele.: 022-2898 9577 / 46 / 47 / 48

Dr. Pratyanka

4/2/24

Mr. Anubhush Patilkar

Hypertension

Age/Sex - 40yrs / male

Obesity

Kidney - DM, HTN on Rx.
 Spinal - Cystoscopy status

O/E - vit - mod
 Temp - Afebr

BP - 130/90 mmHg
 P - 72/min
 SpO2 - 98%

NE -
 CVS - S1S2 +
 CNS - Conscious & oriented
 RS - ABBE - clear

PIA - soft

Optical Examination

Far vision - Both eyes normal
 Near vision - Same normal

Throat Examination

Voice is normal
 No pain

No any type of irritation

Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
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Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
 Dr. Pratyanka

Dr. Anubhush Patilkar
 Dr. Pratyanka

Ears - Both ears come wavy .
Nose - is Normal .



CAMP



ANIMAL HUSBANDRY
DEPARTMENT
VET. COLLEGE
MADRAS

ANIMAL HUSBANDRY DEPARTMENT
VET. COLLEGE
MADRAS

UNIT 1
Syllabus
1. Introduction
2. History
3. Scope
4. Objectives
5. Importance
6. Role
7. Functions
8. Duties
9. Responsibilities
10. Qualifications
11. Career
12. Future
13. Conclusion

1. Introduction
2. History
3. Scope
4. Objectives
5. Importance
6. Role
7. Functions
8. Duties
9. Responsibilities
10. Qualifications
11. Career
12. Future
13. Conclusion

Unit 2
Weight
Measure

1. Introduction
2. History
3. Scope
4. Objectives
5. Importance
6. Role
7. Functions
8. Duties
9. Responsibilities
10. Qualifications
11. Career
12. Future
13. Conclusion

1. Introduction
2. History
3. Scope
4. Objectives
5. Importance
6. Role
7. Functions
8. Duties
9. Responsibilities
10. Qualifications
11. Career
12. Future
13. Conclusion

- Early Morning:** 1 cup buttermilk/ curd + almond - The 1 Almonds (soaked)
- Breakfast:** 1 bowl upma/ porota/ dahiya upma OR 2 amt. Idli + dosa w/ vegetable saubar OR 1 bowl Muesli + oats in milk (1 boiled egg white)
- Mid-morning:** 1 cup Fruhanz DM - 1 scoop in 100ml water
(Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice)
- Lunch:** 1 bowl raw vegetable salad
2 small rotis / bhakri / dosa / bajra ragi
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal / 1 medium piece of chicken or fish or egg preparation in curry
1 bowl brown rice
OR 1 bowl vegetable dahiya khichdi with vegetables
1 bowl curd
- Evening snack:** 1 cup tea/ coffee/ tonnar milk
1 banana/ apple OR 1 bowl boiled sprouts OR 1 vegetable egg omelette with carrot OR 1 rava shulle with curd
- Mid-evening:** 1 bowl dal and vegetable soup / Fruhanz DM - 1 scoop in 100ml water
- Dinner:** 1 bowl raw vegetable salad
2 small rotis / 1 bhakri (jowar/bajra/ragi)
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal
OR 1 bowl vegetable / chicken / fish / egg / dal with vegetables
- Bed time:** 200ml to 250ml milk / 1 tsp sesame seed

Remember: Sup Calcium should be taken once a day.
 1-2 cup of fluids up to 2-3 lit water daily.
 Follow small frequent and regular meal pattern. Do not miss meals.
 Oil usage 2 litre per month. Use 1 tsp per day. Use daily mustard oil, sesame oil or rice bran oil.
 Salt usage to 3 gm. Use 1 tea spoon a day. Avoid treatments like cotton, pork and beef.
 Include more green leafy vegetables, fruits and pulses in the diet.
 Include calcium rich food like Milk and milk products, mas, seeds, etc.
 Move as you get a lot of exposure to sunlight (Vitamin D).
 Avoid processed foods, refined flour products and fried food. Restrict bakery products.
 Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.
 Avoid all sources of simple sugars like white sugar, brown sugar, honey, jaggery.
 For detailed diet consult: Dr. Chandra Dietician Sakshi Gupta. In OPD with prior appointment.

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Borivali (W), Mumbai 400091.
email: info@apexhospitals.in : www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient	: Paidankar Prakash	UHID	: ASH222404460
Age/Sex	: 40/Male	ID	: HC23400012
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 04-Mar-2024
Collection Centre	: Apex Hospital		

COMPLETE BLOOD COUNT

Test	Result	Normal Value
HAEMOGLOBIN	15.1 Gm%	13.5-18.0 Gm%
RBC Count	5.50 Millions/cumm	4.0-6.0 Millions/cumm
PCV	42.0 %	37-47 %
MCV	1 <u>26.36</u> Fl	78-100 Fl
MCH	27.45 Pg	27-31 Pg
MCHC	H <u>35.95</u> %	32-35 %
RDW	14.2 %	11-15 %
Total WBC Count	8300 /cumm	4000-12000 /cumm
Differential Count		
Neutrophils	60 %	40-75 %
Eosinophils	02 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	35 %	20-45 %
Monocytes	03 %	01-10 %
BAND CELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	NORMOCYTIC NORMOCHROMIC	
PLATELET COUNT	275 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	9.5 Fl	7.0-11.0 Fl
HEMATOLOGY		
Test	Result	Normal Value
ESR	H 13 mm/hr	0 - 10 mm/hr

Remarks : **

Note - The test result are subject to variations due to technical limitations hence in relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist

Pathologist
DR. GUJAR NEERAJ VILAS
MD PATHOLOGY



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 Borivili (W), Mumbai 400081,
 email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
 022 - 2838 6677 / 46 / 47 / 48

Patient	: Paithankar Prakash	UHID	: ASR212404460
Age:Sex	: 40:Male	ID	: HC333400012
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 04-Mar-2024
Collection Centre	: Apex Hospital		


HEMATOLOGY

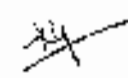
Test	Result	Normal Value
BLOOD GROUP	"A"	
Rh FACTOR	POSITIVE	

Remarks: *

Notes- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


 Lab Technician

Checked By

 Biotechnician


 Pathologist
 DR. GUJAR NEERAJ VIJAS
 MD PATHOLOGY

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Borivali (W), Mumbai 400031.
email: info@apexhospitals.in : www.apexgroupofhospitals.com



APEX
HOSPITALS

Tele. :

022 - 2898 6677 / 46 / 47 / 48

Patient : Pallabankur Prakash ID/DID : AS11252404460
Age/Sex : 40/Male ID : HC232405012
Consultant Dr : GUJAR NEERAJ Registered On :
Referring Dr : Reported On : 01-Mar 2024
Collection Centre : Apex Hospital

FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	H 131.8 Mg/dl	70-110 Mg/dl
URINE SUGAR	ABSENT	
URINE KETONES	ABSENT	

POST LUNCH BLOOD SUGAR


Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	H 266.1 Mg/dl	70-140 Mg/dl
URINE SUGAR (PP)	SNR	
URINE KETONE (PP)	SNR	

Remarks :

Note:- The test result are subject to variations due to technical limitations hence correlation with clinical findings & other investigations should be done.


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Biochemist


Pathologist
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MD PATHOLOGY

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email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 66 / 47 / 48

Patient : Paibankar Prakash UHID : ASH232404460
Age/Sex : 40/Male ID : HC232450012
Consultant Dr : GUDAR NEERAJ Registered On :
Referring Dr : Reported On : 04-Mar-2024
Collection Centre : Apex Hospital

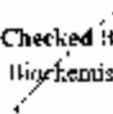
LIPID PROFILE

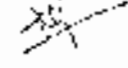
Test	Result	Normal Value
TOTAL CHOLESTEROL	184.3 Mg%	150-250 Mg%
TRIGLYCERIDES	156.2 Mg%	35-160 Mg%
HDL CHOLESTEROL	40.31 Mg%	30-70 Mg%
VLDL CHOLESTEROL	31.24	7-35
LDL CHOLESTEROL	112.75 Mg%	108-145 Mg%
TC/HDL RATIO	4.57	3.5-5.0
LDL/HDL RATIO	2.80	1.1-3.9

Remarks :

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


Run By
Lab Technician


Checked By
Biochemist


Pathologist
DR.GUDAR NEERAJ VIJAS
MD PATHOLOGY

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Borival (W), Mumbai 400091.
email: info@apexhospitals.in • www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient : **Paithankar Prakash** UHID : AS11232504460
Age/Sex : 40:Male ID : HC232400012
Consultant Dr : GUJAR NEHRAJ Registered On :
Referring Dr : Reported On : 04-Mar-2024
Collection Centre : Apex Hospital

LIVER FUNCTION TEST

Test	Result	Normal Value
TOTAL BILIRUBIN	0.83 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.22 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.61 Mg/dl	0.1-1.0 Mg/dl
SGOT	38.5 IU/l	5-40 IU/l
SGPT	31.43 IU/l	5-40 IU/l
SERUM ALKALINE PHOSPHATASE	66.10 U/l	25-147 U/l
SERUM PROTEINS TOTAL	7.12 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	4.26 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.86 Gm%	1.9-3.3 Gm%
ALBUMIN : GLOBULIN RATIO	1.49 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	23.74 IU/l	5-45 IU/l

Remarks :

Note:- The test results are subject to variations due to technical limitations hence correlation with clinical findings & other investigations should be done.

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Biochemist

Pathologist
DR. GUJAR NEHRAJ VILAS
MD PATHOLOGY



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 Borivali (W), Mumbai 400091.
 email: info@apexhospitals.in ; www.apexgroupofhospitals.com



Tele.:
022 - 2898 5677 / 46 / 47 / 48

Patient	: Paithankar Prakash	UHID	: ASH252404460
Age/Sex	: 40/Male	ID	: UC:232400012
Consultant Dr	: DR. GUJAR NEHRAJ	Registered On	:
Referring Dr	:	Reported On	: 04-Mar-2024
Collection Centre	: Apex Hospital		

RENAL FUNCTION TEST

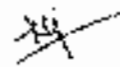
Test	Result	Normal Value
SERUM CREATININE	1.0 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	5.20 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN : BUN	14.39 Mg/dl	0-23 Mg/dl

Remarks :

Note:- The test result are subject to variations due to technical limitations hence correlation with clinical findings & other investigations should be done


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 Lab Technician

Checked By
 Biochemist


Pathologist
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 MD PATHOLOGY

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Tele.:
 022 - 2898 6677 / 46 / 47 / 48

Patient : Padhanakar Prakash DPHI : ASHES2101460
 Age/Sex : 40/Male ID : EC232400612
 Consultant Dr : GUJAR NERRAJ Registered On :
 Referring Dr : Reported On : 02-May-2024
 Collection Centre : Apex Hospital

URINE, ROUTINE

Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	30 ML	50
COLOR	PALE YELT LOW	
APPEARANCE	CLEAR	
DEPOSIT	ABSENT	
REACTION (PH)	ACIDIC	
SPECIFIC GRAVITY	1.010	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE BODIES	ABSENT	
OCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	0/hpf
WBC CELLS	2-3 /hpf	0/hpf
EPITHELIAL CELLS	1-2 /hpf	0/hpf
CASIS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOZOA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOUS U-PHOSPHS	ABSENT	
BACTERIA	ABSENT	

Remarks : 0

Note: The test result are subject to variations due to technical fluctuations hence co-relation with clinical findings & other investigations should be done.

Run By
 Lab Technician

Checked By

Pathologist
 DR. GUJAR NERRAJ VILAS
 MD PATHOLOGY



Patient Id : PVD04223-24/70091
 Patient : MR PRAKASH PAITHANIKAR
 Age/Sex : 40 Yrs/ Male
 Center : APEX SUPERSPECIALITY HOSPITALS
 Ref. By : Self

Sample ID : 2403862
 Reg. Date : 04/03/2024
 Report Date : 04/03/2024
 Case No. :



HbA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c (EDTA WB)	6.9	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	151.33	mg/dL	
Method : --PLC-Biurad U10-USA			

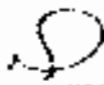
INTERPRETATION

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for a diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycaled haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7 * A1c - 46.7
- Interference of Haemoglobinopathies in HbA1c estimation
 - For HbF > 25%, an alternate platform (Fruictusamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D'G) Fructo GB is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent Control - 6 to 7 %
 - Fair to Good Control - 7 to 8 %
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

Terms & Conditions : Test processed at PathVision Central Processing Laboratory- Dahisar west Mumbai-68. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hrs of sample collection and get test re-run. Verbal reproduction of this report is not permitted. The test result is not valid for Medical legal purposes.


DR. SANDEEP B. PORWAL
 MBBS (MD (Path) Mumbai
 NMC Reg no 2091031640



Patient Id : **PVD04723-24/70091** Sample ID : 2403862
 Patient : **MR PRAKASH PAITHANKAR** Reg. Date : 04/03/2024
 Age/sex : 40 Yrs/ Male Report Date : 04/03/2024
 Center : **APEX SUPERSPECIALITY HOSPITALS** Case No. :
 Ref. By : **Self**



PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.75	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-antitrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostate glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or urological examinations.

-----End Of Report-----

Terms & Conditions: Test processed at Pathvision Central Processing Laboratory, Dahisar west, Mumbai-40. Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report to Pathvision sample collector and get clarification. Partial reproduction of this report is not permitted. This report is not valid for Medical legal purpose.

DR. SANDEEP D. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640



Patient id : **PVD04223-24/70091** Sample ID : 2403862
 Patient : **MR PRAKASH PAITHANKAR** Reg. Date : 04/03/2024
 Age/sex : **40 Yrs/ Male** Report Date : 04/03/2024
 Center : **APEX SUPERSPECIALITY HOSPITALS** Case No. :
 Ref. By : **Self**



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	126.15	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third Trim: 135.4 - 261.7
T4 (Thyroxine)	7.02	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.31	uIU/ml	0.27 - 4.20

Method : ECLIA

INTERPRETATION

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3 often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be up to 20%.
Raised	Within Range	Within Range	- Isolated High TSH (usually in the range of 4.2 to 16 mIU/ml) is commonly associated with Physiological & Biological TSH Variability - Subclinical Autoimmune Hypothyroidism - Inform about T4 therapy for Hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic Autoimmune Thyroiditis - Post thyroidectomy/Post radioiodine - Recovery phase of transient hypothyroidism
Raised or within Range	Raised	Raised or within Range	- Interfering antibodies in thyroid hormones (anti TPO antibodies) - Intermittent T4 therapy or T4 over-dose - Drug-induced hypothyroidism: Amiodarone, Fluorine beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - "The silent trigger"
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodules - Transient thyrotoxicosis (Painless Silent lymphocytic), Postpartum (postmenstrual), Sarcoid, DeQuervain's (Subacute thyroiditis with hyperthyroidism)
Decreased or within Range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

-----End Of Report-----

Term & Conditions: Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68. In-house laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report to 24hr of sample collector and get test re-done. Fax or reproduction of this report is not permitted. The test result is no valid for medico legal purpose.

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 MMC Reg no 2001031646

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email: info@apexhospitals.in · www.apexgroupofhospitals.com



Tele.:
022 - 2899 6677 / 46 / 47 / 48

UHID : ASH232404460 ID : JIC232400012 Date : 04-Mar-2024

Patient : Paithankar
Prakash Age/Sex : 40: Male Referred By : Rino

Company :

DIGITAL X-RAY CHEST (PA) VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- No significant abnormality.

DR. PANDYA SAUMIL
M.D.D.N.B
RADIOLOGIST

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Sion (W), Mumbai - 400091.
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Tel: 022 - 2888 6677 / 40 / 47 / 45

UHD : ASH1240466 ID : HC23490012 Date : 04-Mar-2024
Patient : Palkankar Prakash Age/Sex : 46/Male Referred By : Rmn
Company :

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: 15.8 The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without soft or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artefacts.

SPLEEN: The spleen measures 10.2 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11.8 X 4.2 cm	10.6 X 4.7 cm

Hypertrophied column of Bertin is seen in left kidney midpole

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of nephromas or calculi bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp contours. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PROSTATE: It measures about 3.3 X 4.3 X 3.5 cms; volume is 27.70 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

1. No significant abnormality noted.

DR. PANDYA SAUMEL
MD, DNB
RADIOLOGIST

UNI-EM
ELECTRONICS COMPLEX
INDORE

TREADMILL TEST REPORT

prakash pathakkar
11 22313
Date: 04/03/2024
Age/sex: 40/M
H/W: 72 / 70
Rt: BY

PROBING: Bruce
CATEGORY:
INDICATION:
MEDICATION:

PHASE	TOTAL TIME	WALKER TIME	SPEED (KM/H)	GRADE %	H.R. (BPM)	B.P. (MMHG)	SPE (ML/M)	ST DEVIATION (MM)			METS	
								TV	V1	V5		
SOBJNT					65	136 / 80	84		0.4	0	0.4	
STANDING					57	130 / 80	81		0.1	0.1	0.3	
HYPERTENT	0:17				67	130 / 80	87		-0.1	0.2	0.3	
VALSALVA					65	130 / 80	84		-0.2	0.2	0.4	
Stage 1	2:55	0:05	2.3	10	101	170 / 80	131		-0.5	0.2	0.7	4.69
Stage 2	5:55	2:25	4	12	116	140 / 80	162		-0.9	0.3	0.9	3.34
Stage 3	8:55	2:55	5.4	14	145	110 / 80	159		-1.8	0.9	1.8	3.92
PK-EXERCISE	11:35	2:35	6.7	15	169	110 / 80	184		-1.1	0.8	2.0	3.44
RECOVERY	12:24	0:35			129	110 / 80	141		-0.2	-0.1	0.9	
RECOVERE	13:00	2:16			117	110 / 80	123		0.7	0.3	0.2	

RESULTS

EXERCIST DURATION: 1:05
 MAX HEART RATE: 168 bpm, 95% of target heart rate 180 bpm
 MAX BLOOD PRESSURE: 140 / 80 mm Hg
 REASON OF TERMINATION: MAX WORK LOAD

BP RESPONSE: *Normal*
 ARRHYTHMIA: *None*
 H.R. RESPONSE: *Normal*

Dr. Chirag V. Shah
Dr. Chirag V. Shah
Dr. Chirag V. Shah

DR. CHIRAG V. SHAH
 D.M.S. (M.D.)
 CONSULTING PHYSICIAN CARDIOLOGIST
 Reg. No. 2003 / 04 / 1843

Technician:

UNI - EM

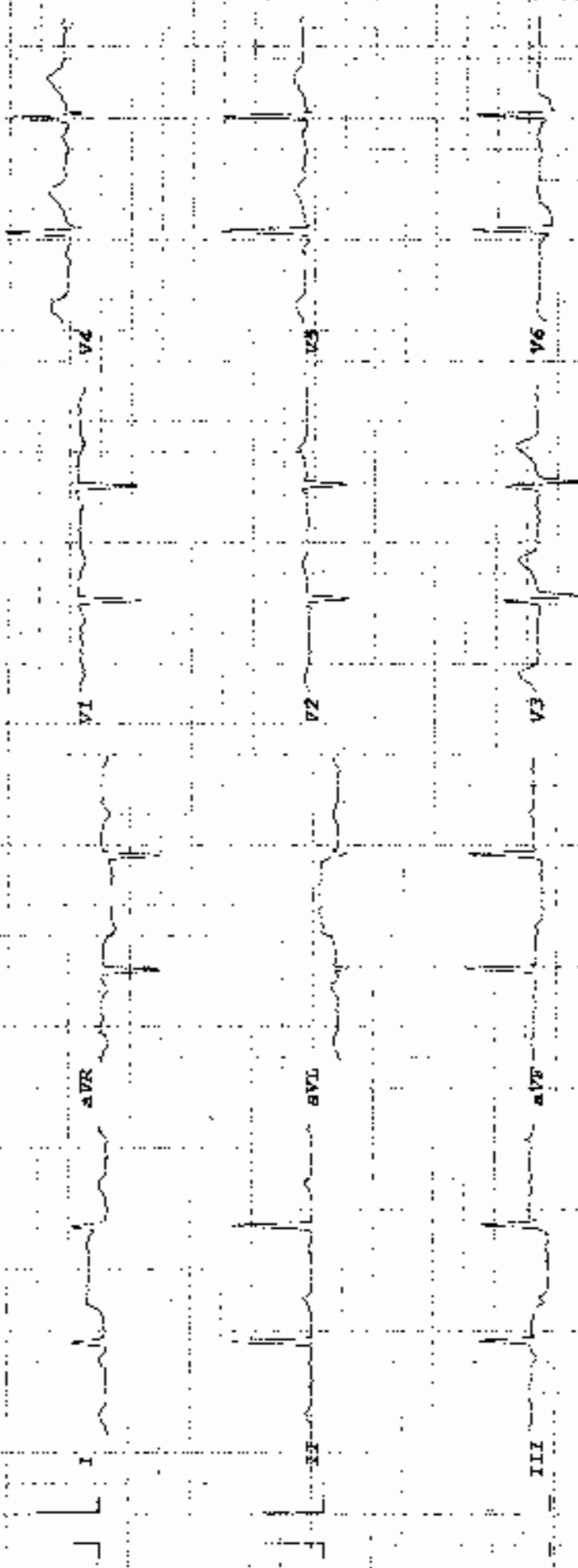
Prakash Patilbankar
I.D. 23313
Age 40/M
Date 04/03/2024

RAVTE 65bpm
B.P. 130/80

PRETEST
SUPINE

SV 8.10mm/mV
80ms PostJ

RAW ECG



UNI--EM

prakash paichankar
I.D. 22313
Age 40/M
Date 04/03/2024

ENGAGE
STANDING

HR 67bpm
B.P. 130/80

SF @ 10mm/mV
80ms PostU

RAW ECG



UNI-EM

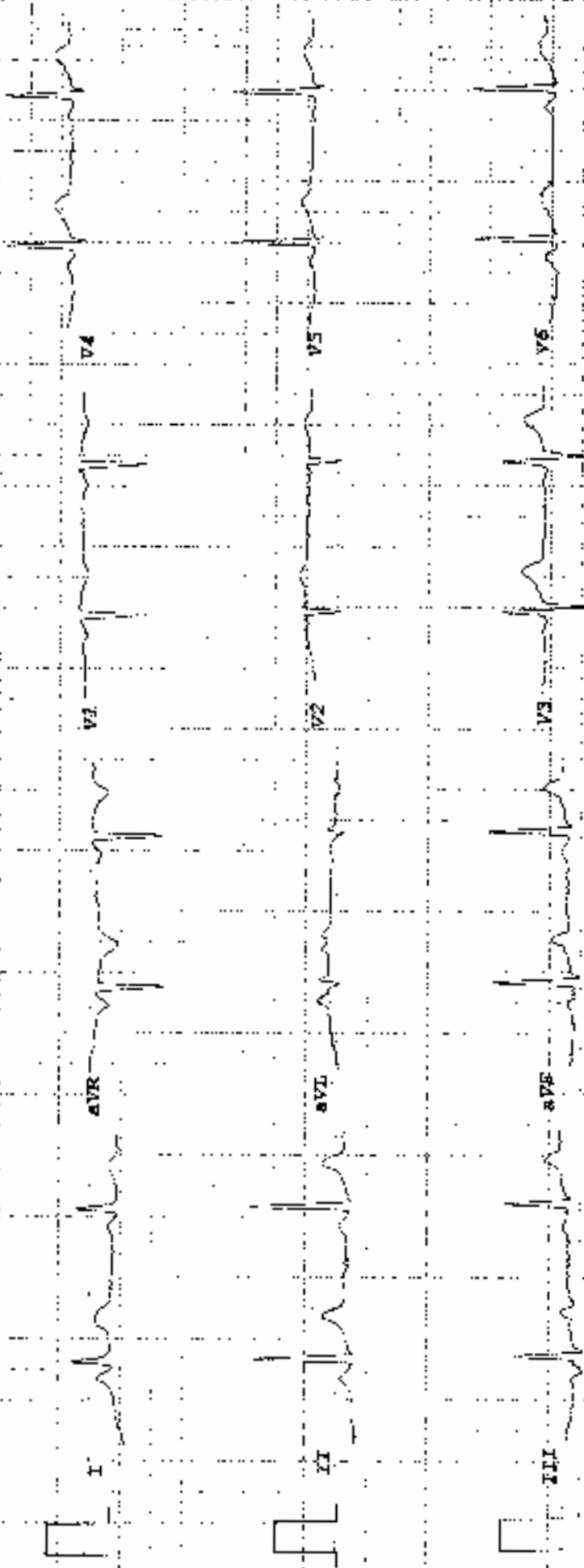
prakash paithankar
I.D. 22313
Age 60/M
Date 04/03/2024

RATE 63bpm
S.P. 130/80

PRINTED AT 10mm/mV
80ms/Post

RAW ECG

PHASE TIME 0:07



UNI - EM

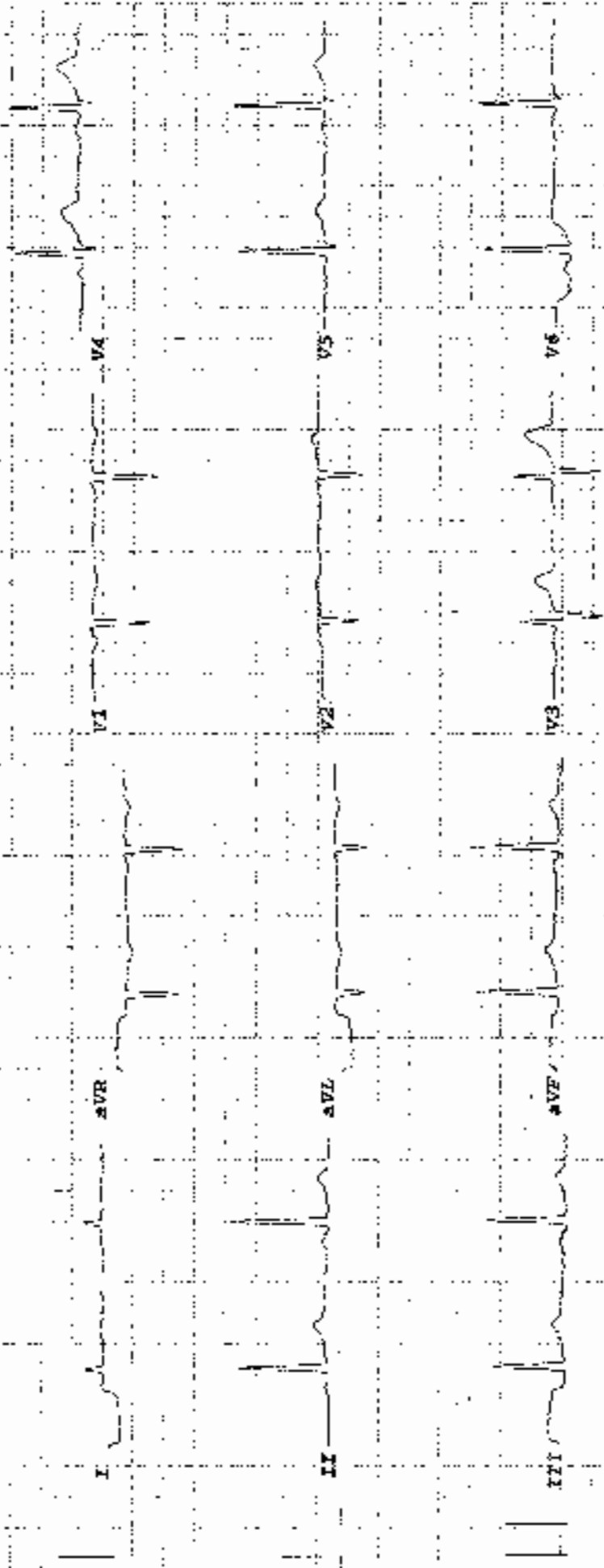
prakash paithanikar
I.D: 22313
Age 40/M
Date 04/03/2024

RATE 65bpm
H.P. 130/80

PATIENT
VALSALVA

SV @ 10mm/mV
80ms PostC

RAW ECG



UNI-EM

prakash.pai@tharkar
I.D. 26323
Age 40/M
Date 06/03/2024

RATE 101bpm
B.P. 130/80

Bruce
Stage 1

TOTAL TIME 2:55
LEASE TIME 2:55

ST 8 10mm/mV
30ms PCNTU
Speed 2.7 km/hr
SLOPE 10 4

LINKED MEDIAN

Mag. X 2

V6



UNI-EM

prakash paithankar

I.D. 22313

Age 40/M

Date 04/03/2024

RATE 116bpm

S.P. 140/80

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

50ms Post/

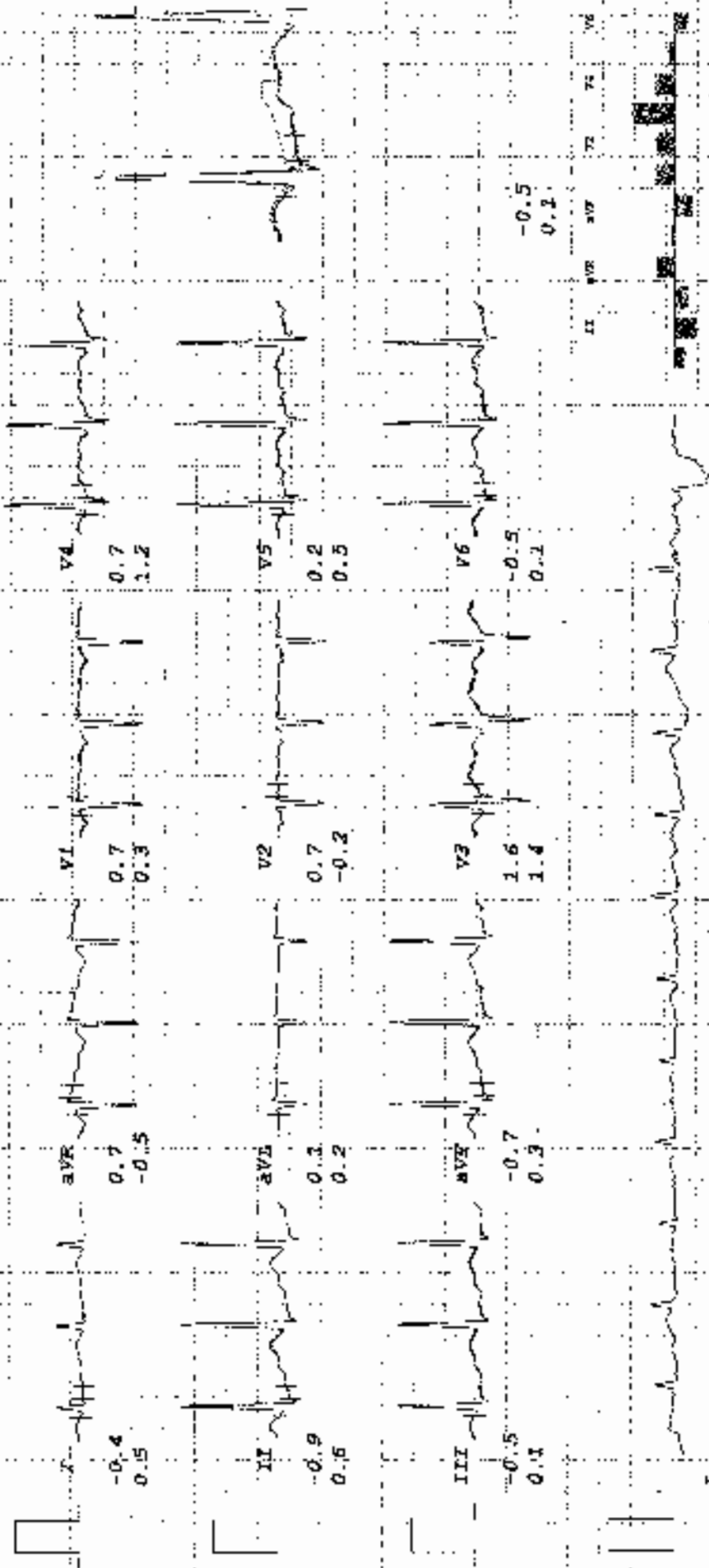
Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2

V6



UNI-EM

prakash psithankar
I.D. 22313
Age 40/M
Date 04/03/2024

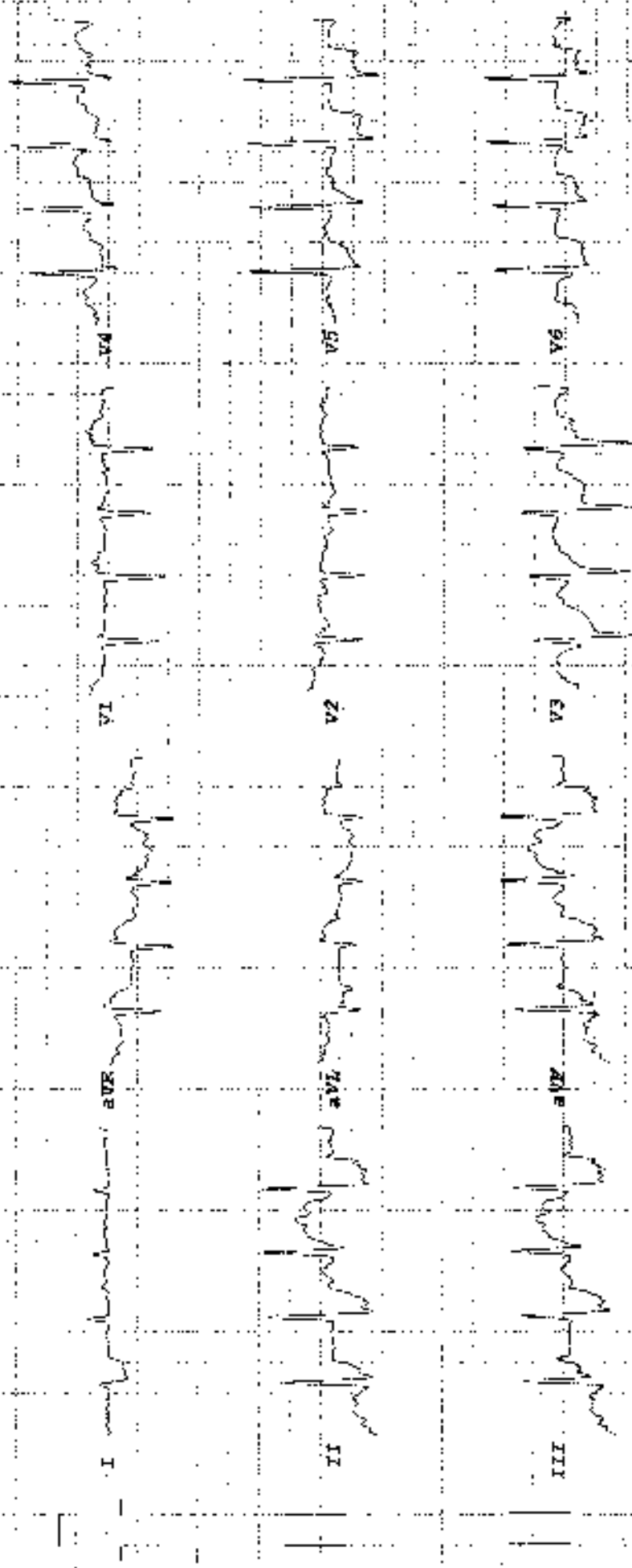
RATE 145bpm
B.P. 110/80

Brace
Stage 3

TOTAL TIME 8:55
PHASE TIME 2:55

AT @ 10mm/mV
80ms POSTU
Speed 5.4 km/hr
SLOPE 24 %

RAW ECG



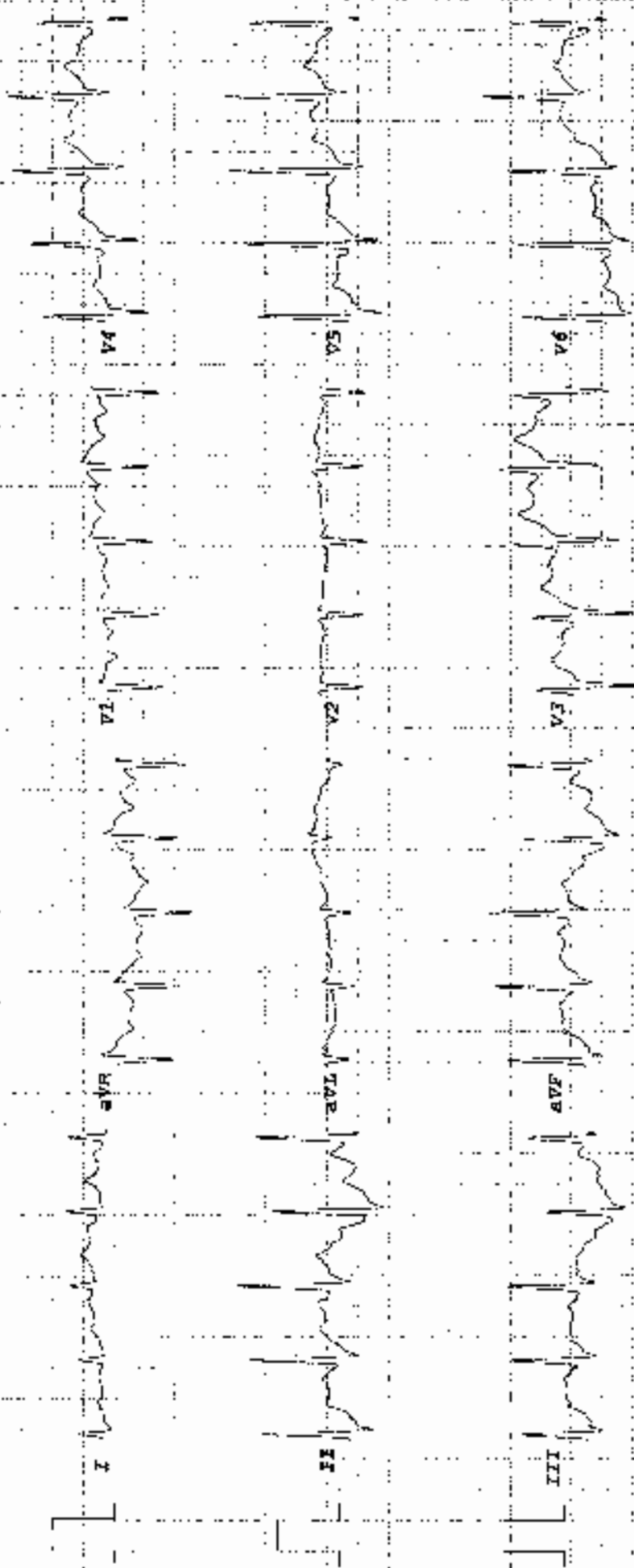
UNI-EM

Prakash Pawthankar
I.D. 22313
Age 40/M
Date 04/03/2024

RATE 129bpm
B.P. 110/80

Bruce
RECOVERY
TOTAL TIME 12:24
PHASE TIME 0:39

RAW ECG



UNI-EM

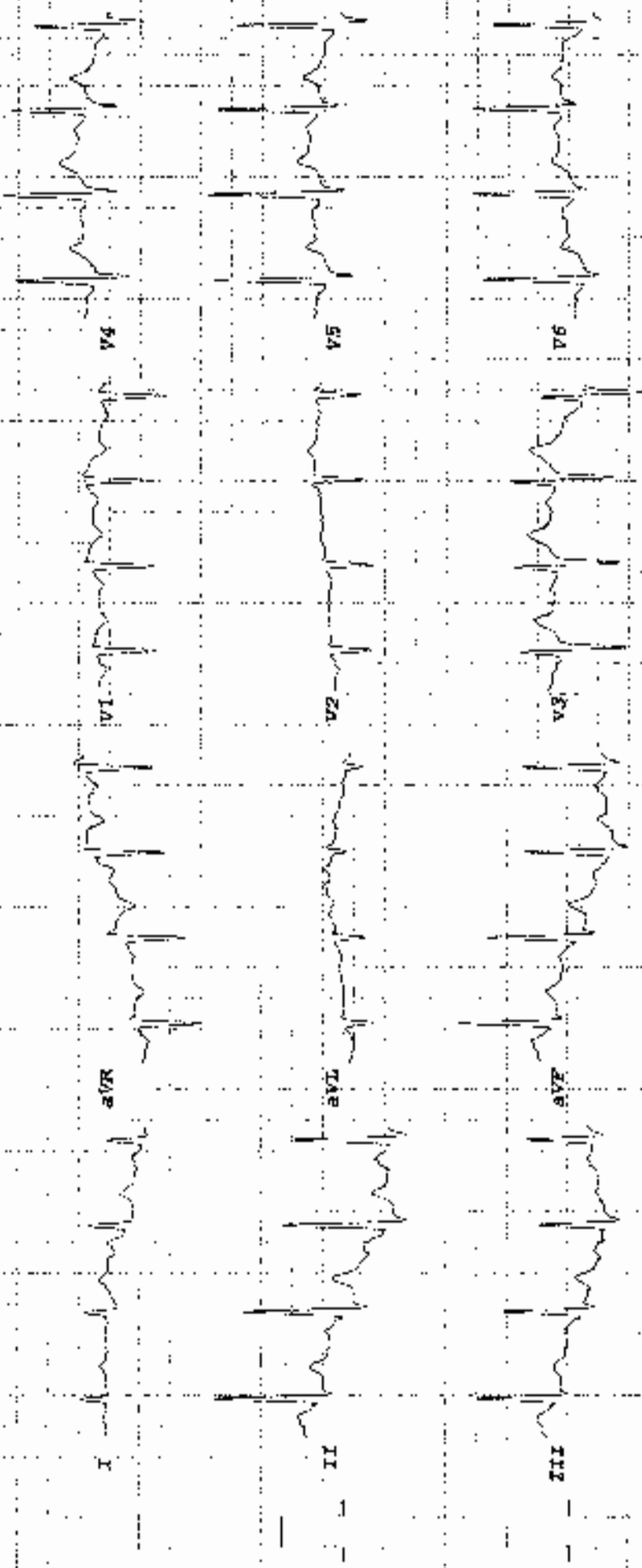
prakash peithanker
I.D. 22913
Age 40/M
Date 04/03/2024

Rate 112bpm
B.P. 110/80

Bruce
RECOVERY
TOTAL TIME 13:01
PHASE TIME 1:16

ST @ 10mm/mV
50mm PQSTJ

RAW ECG



ASH/QA/FORM/NUR/04/MAR22/V1



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CASHLESS FACILITY

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ई. सी. जी.

Name Poojash Raihankar Date 04/03/24

Age 40y Gender: M F UHID NO _____ B.P 130/90

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate 72 Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

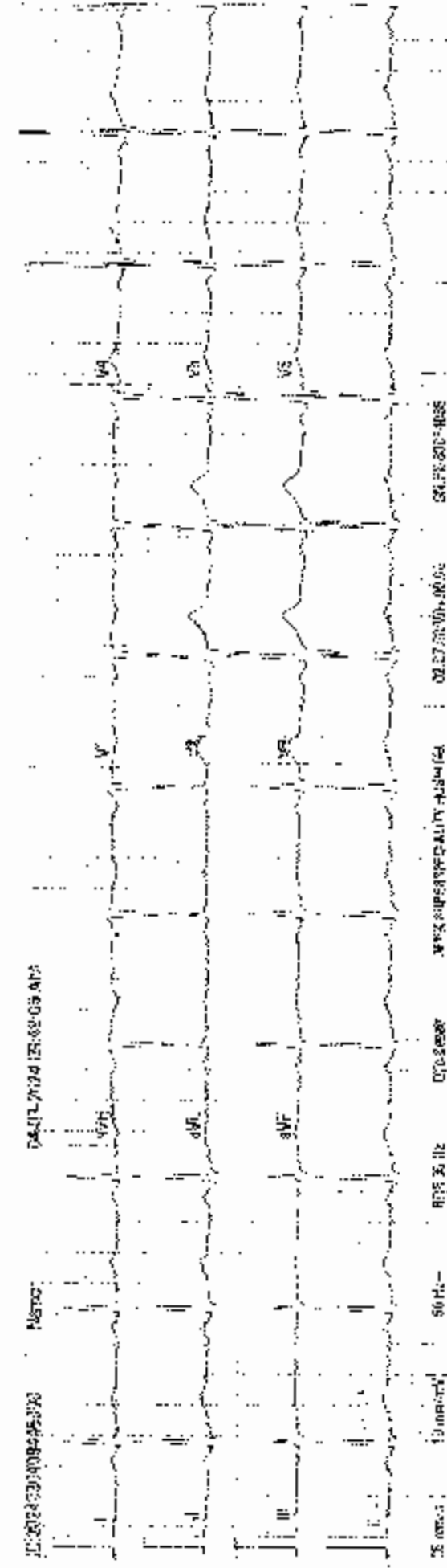
Standardisation: _____ P.R. Interval _____ T. Wave _____

Voltage: _____ Q. T. Interval _____

Impression: _____

DR. CHIRAG V. SHAN
D.M.B.(M.D.)
CONSULTING PHYSICIAN-CARDIOLOGIST
Reg. No. 2003 / 04 / 1649

10/02/2019 09:45:30 AM
 Patient: DASHIL, 72d 125.00-09 APX
 04-04-2019 11:45:00 AM
 Sinus Rhythm
 (12-lead) ECG



12 leads: 19 mm/s, 50 Hz, 87.5 bpm, PR 170 ms, QRS 88 ms, QT 380 ms, QTc 40 ms, ST 200-400, RS 27.00-10.00

h