

PANCHMUKHI HOSPITAL

150 RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip. G.O, Diabetologist

policy number : —
full name : Ujjal maity
identity proof : Aadhar card
identity proof no : 3453
gender : male / 35 yr
height : 166
weight : 70
B P : 110/70
pulse : 60/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : NO

Dental : Healthy

Romberg Test :

Colour vision : normal

vision error since -124

J. Carant

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Reg. No. G19748
Code No: 378943

Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT



NAME : Ujjal Maity
AGE/GENDER: male / 35

DIAG. DATE: 25-11-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	-	M	M	6/9
	N	-			6/9
L	D	-	M	M	6/9
	N	-			6/9

REMARKS :

CHECKED BY : D.P. C.P. Dadhanija

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Co. No. 378943
Panchmukhi Hospital
Maydi Chowki,
150 Ft. Ring Road, RAJKOT

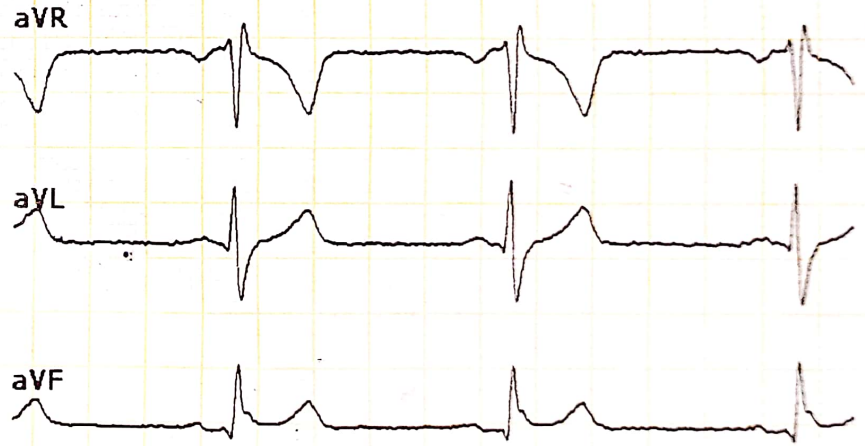
J. Maity



10mm/mV AUTO



10mm/mV

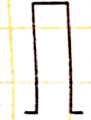


10mm/mV

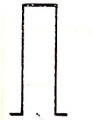
V1

V2

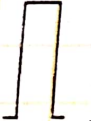
V3



II



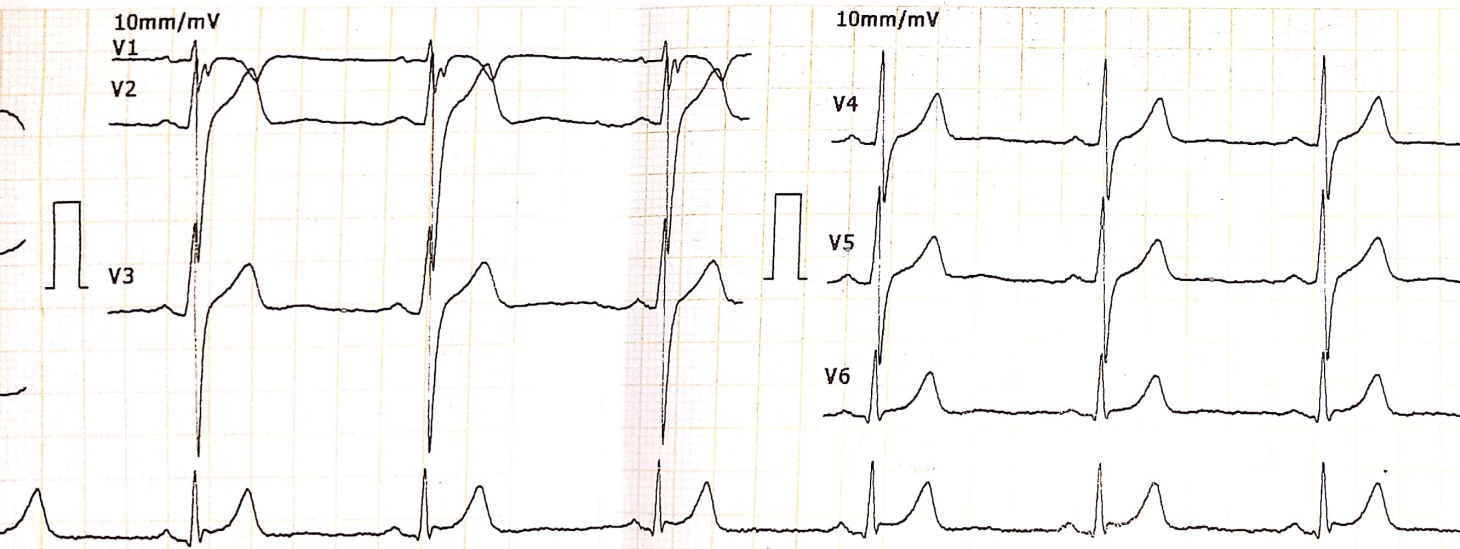
aVL



II 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2023-11-25 10:41:02 ID:00003607

ID Card: _____
 Name: Ujjal Maity Gender: male
 Age: 35 Height(cm): _____
 Weight(Kg): 35 BP(mmHg): 1

Ujjal Maity

DR. C. P. DADHANIYA
 HR..... bpm 60
 P-R.....ms 126
 Q-R-S.....ms 133
 QT/QTc.....ms 378/386
 P/QRS/T AXES.....deg 53/61/32
 RV5/SV1.....mV 1.04/0.35
 RV5+SV1.....mV 1.39

*The result must be confirmed by doctor!

Report Confirmed by: _____



भारत सरकार
Government of India



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0664/20031/57456

Download Date: 05/12/2019

To
Ujjal Maity
BL-L,3RD-FR,FL-3E
43 SHYAMNAGORE ROAD
Bangur Avenue
Bangur Avenue
North 24 Parganas West Bengal - 700055
9163992426

Issue Date: 28/11/2019

Signature valid

Digitally signed by Ujjal Maity
DN: cn=Ujjal Maity, o=Ujjal Maity, ou=Ujjal Maity, email=Ujjal Maity, c=IN, date=2019.11.28 10:25:43 +05'30'



आपका आधार क्रमांक / Your Aadhaar No. :

7133 1895 3453

VID : 9118 7700 2943 0378

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 05/12/2019



Ujjal Maity
Date of Birth/DOB: 22/07/1988
Male/ MALE

Issue Date: 28/11/2019

7133 1895 3453

VID : 9118 7700 2943 0378

मेरा आधार, मेरी पहचान

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- स्मार्ट QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

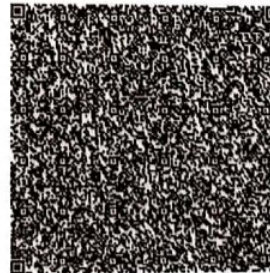
- **आधार** देश भर में मान्य है।
- **आधार** कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- **आधार** में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- **आधार** को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.



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Unique Identification Authority of India



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ROAD, Bangur Avenue, North 24 Parganas,
West Bengal - 700055



7133 1895 3453

VID : 9118 7700 2943 0378



Mediwheel ujjal
maity

GPS Map
Camera Lite

7Q8M+5PP, Poonam Society, Mavdi, Rajkot, Gujarat
360004, India

Latitude

22.2654072°

Longitude

70.7843032°

Local 10:50:07 AM

GMT 05:20:07 AM

Altitude 145 meters

Saturday, 25.11.2023




TEST REPORT

Name : Ujjal Maity	Reg. No : 311101027
Age/Sex : 35 Years / Male	Reg. Date : 25-Nov-2023 02:07 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 25-Nov-2023 02:07 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 25-Nov-2023 05:25 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	16.0	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	44.20	%	47 - 52
RBC Count (Electrical Impedance)	5.76	million/cmm	4.7 - 6.0
MCV (Calculated)	76.7	fL	78 - 110
MCH (Calculated)	27.8	Pg	27 - 31
MCHC (Calculated)	36.2	%	30 - 35
RDW (Calculated)	13.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	6090	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	57 %	% Range 42.0 - 75.2	Abs. Value 3471 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	35 %	20 - 45	2132 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	183 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	305 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	199000	/cmm	150000 - 450000
MPV	----	fL	7.4 - 10.4
P-LCR	----	%	11.9 - 66.9
PDW	----	%	8.3 - 56.6
PCT (Platelet Haematocrit)	----	%	0.2 - 0.5

towards the healthiness...

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Dr. Viral R. Jethava

M.D. (Path, PDCC)



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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	81.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	91.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	162.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	103.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	72.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	69.40	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <i>Calculated</i>	20.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	0.96		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.25		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.82	mg/dL	0.7 - 1.3
eGFR	96.95	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <i>Calculated</i>	28.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	13.08	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.60	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	138.2	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.60	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	102.0	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	9.40	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	81.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.12	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	100.24	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.250	μIU/ml	0.35 - 5.50

Remarks:

- 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 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is 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.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 μIU/mL
- Second Trimester : 0.2 to 3.0 μIU/mL
- Third trimester : 0.3 to 3.0 μIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) <small>CLIA</small>	0.78	ng/mL	0.6 - 1.81
-----------------------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.


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Thyroxine (T4) 6.24 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Semi Solid		
CHEMICAL EXAMINATION			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Alkaline		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	1 - 5/hpf		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.5		4.6 - 8.0
Sp. Gravity	1.005		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 13 of 14

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Ujjal Maity	Reg. No : 311101027
Age/Sex : 35 Years / Male	Reg. Date : 25-Nov-2023 02:07 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 25-Nov-2023 02:07 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 25-Nov-2023 05:25 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.32	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.88	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.50		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	25.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	36.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	98.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.25	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.18	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.07	mg/dL	0.0 - 1.1

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 14 of 14

Dr. Viral R. Jethava

M.D. (Path, PDCC)

Tread Mill Test

Patient Name	:	Ujjal Maity	Age	:	35yrs/M
OPD/IPD	:	OPD	ID. No.	:	1809
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	25/11/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.


No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.
Patient achieved 92% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

CURE CARDIOLOGY CLINIC

1st floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

CURE CARDIOLOGY CLINIC

4562225 / UJUAL MAITY
 35 Yrs / Male
 25-Nov-2023 01:35:18 PM

Protocol : BRUCE

Medication :
 Ref By : DR. C.P.DADHANIVA

Objective :
 History :

(Handwritten signature)

Summary

Stage	Stage Time (Min:Sec)	Phase Time (Min:Sec)	Speed (Kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. X100	PVC	Comments
Supine					1.0	67	130/80	87	-	
Standing					1.0	84	130/80	109	-	
HV					1.0	88	130/80	114	-	
ExStart					1.0	91	130/80	118	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	129	140/80	180	-	
PeakEx	3:00	6:00	6.4	12.0	7.0	171	160/80	273	-	
Recovery	1:00		0.0	0.0	1.0	129	160/80	206	-	
Recovery	2:00		0.0	0.0	1.0	122	150/80	183	-	
Recovery	3:00		0.0	0.0	1.0	108	140/80	151	-	
Recovery	4:00		0.0	0.0	1.0	103	130/80	133	-	
Recovery	4:00		0.0	0.0	1.0	103	130/80	133	-	

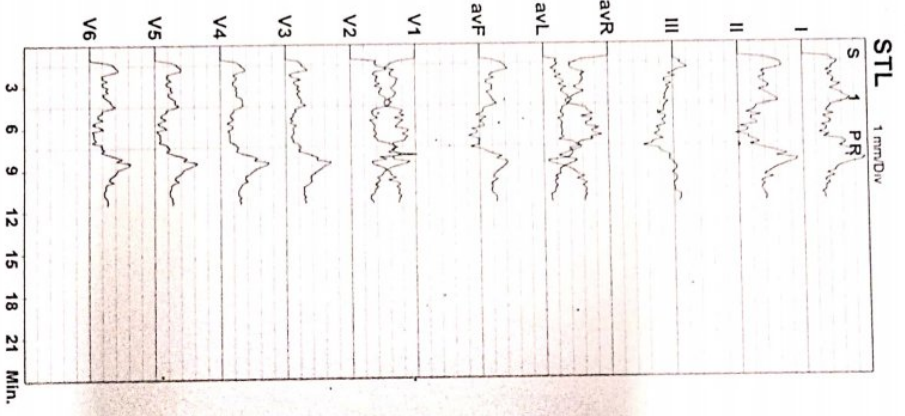
Findings :

Exercise Time : 6:00 minutes
 Max HR attained : 171 bpm 92% of Target 185
 Max BP : 160/80(mmHg)
 Max Workload attained : 7 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Anginal/Arrhythmia/S3/rumour
 Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

LABORERS AND MEDICARE SYSTEMS, CHANDIGARH

DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 YRS / Male
0 Kg / 0 Cmt/
Date: 25-Nov-2023 01:35:18 PM

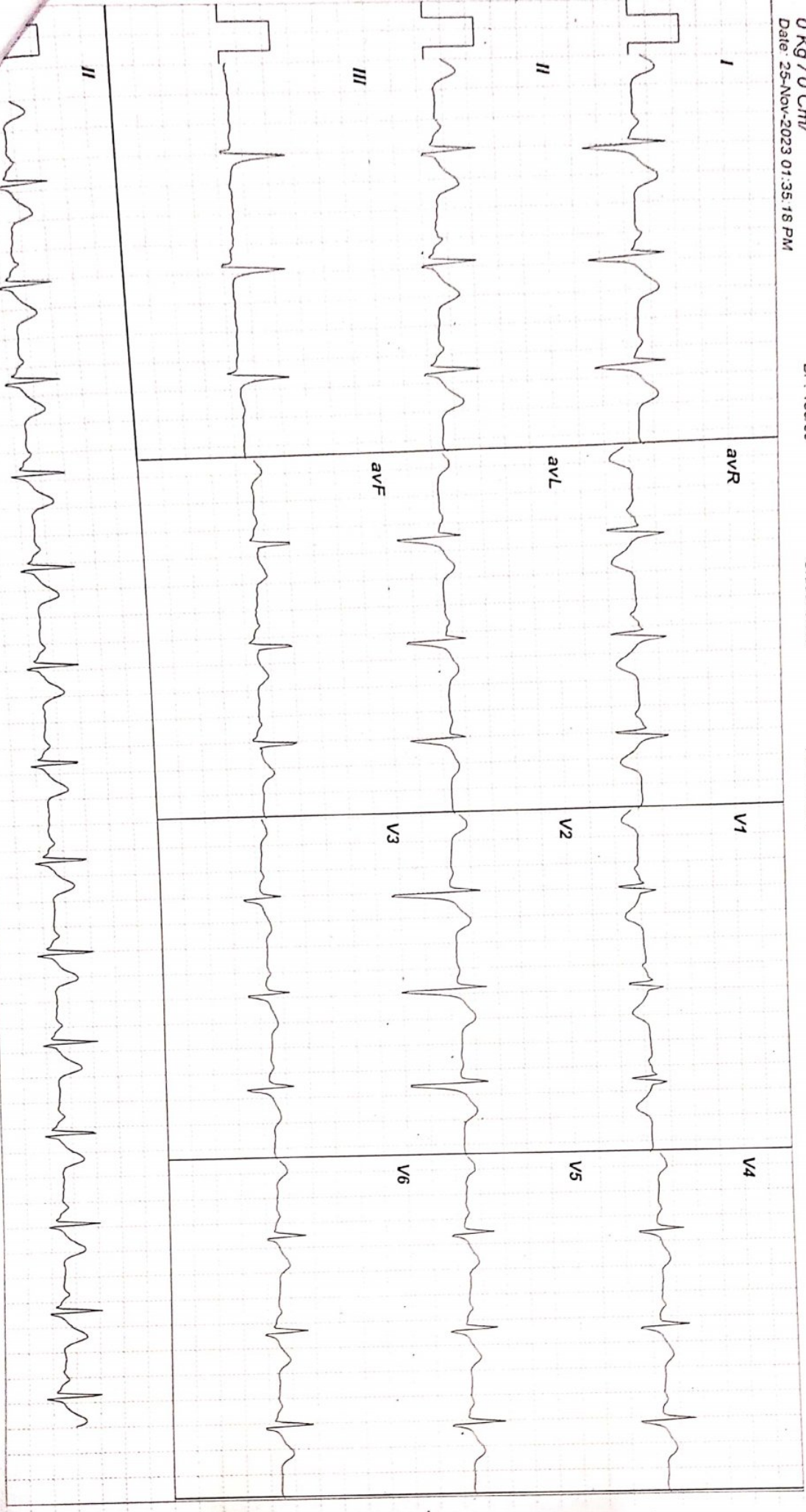
HR: 67 bpm
METs: 1.0
BP: 130/80

Tgt HR: 36% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

3x4+1 Rhythm Lead
Supine
1.0 Cm/mV
25 mm/Sec

Ex Time 01:01
BLC: On
Notch: On
[Signature]



... MEDICARE SYSTEMS, CHANDIGARH

3

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MALITY

35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

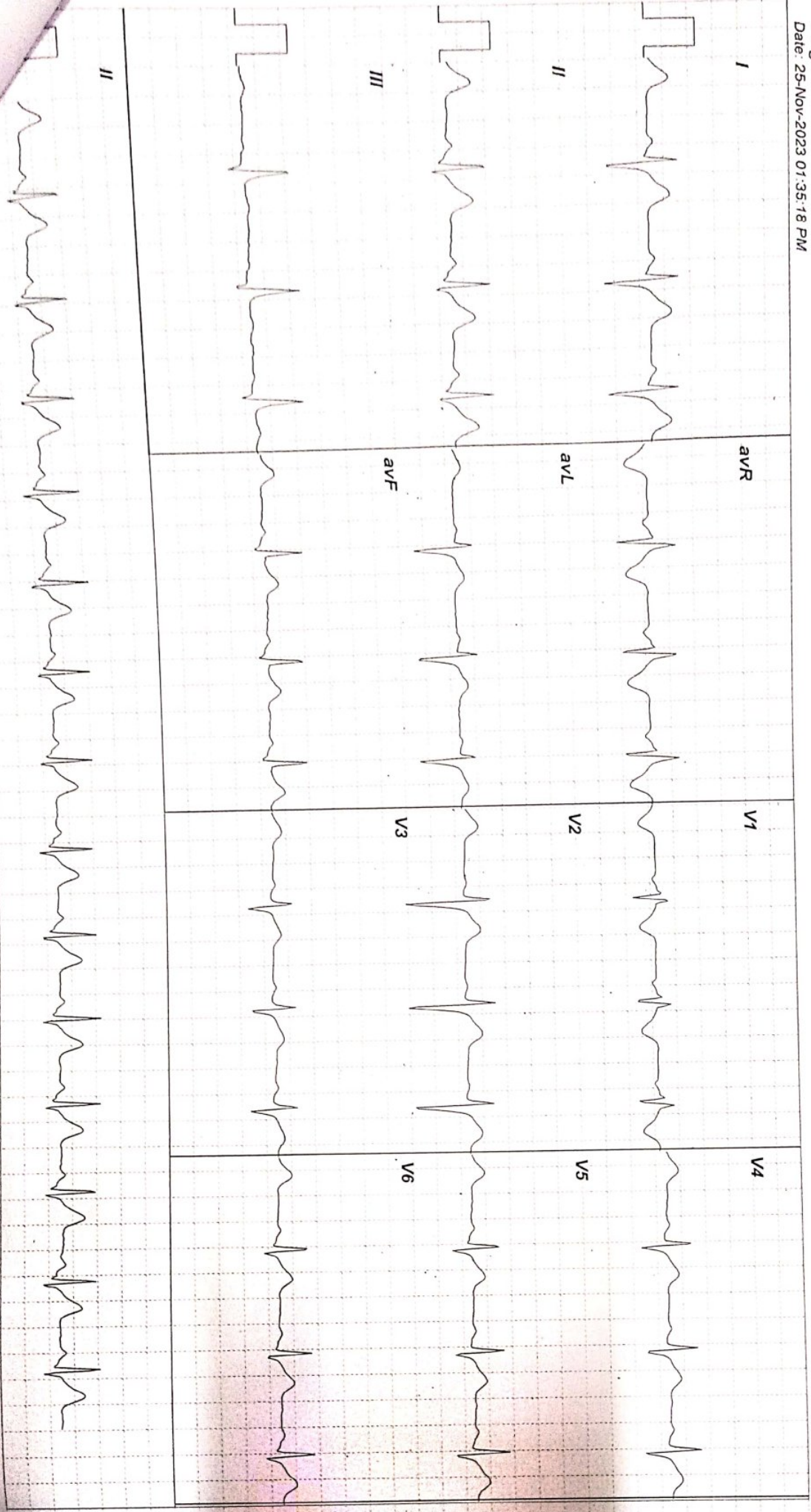
HR: 84 bpm
METs: 1.0
BP: 130/80
Tgt HR: 45% of 185
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 01:08
BLC: On
Notch: On

3x4+1 Rhythm Lead

Standing
1.0 Cm/mV
25 mm/Sec.



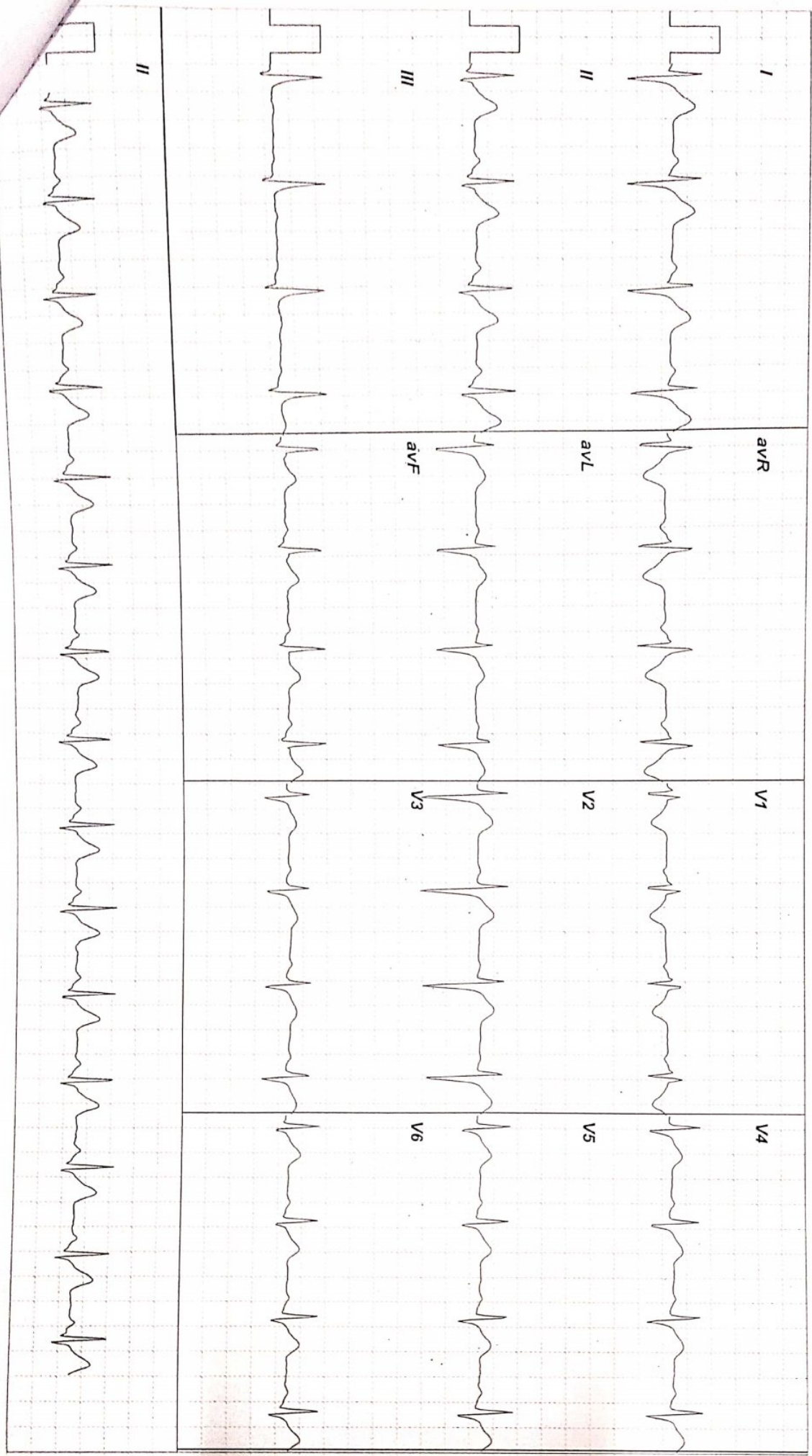
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

HR: 88 bpm
METs: 1.0
BP: 130/80
Tgt HR: 47% of 185
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 01:12
BLC: On
Notch: On

3x4+1 Rhythm Lead
HV
1.0 Cm/mV
25 mm/Sec.



RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

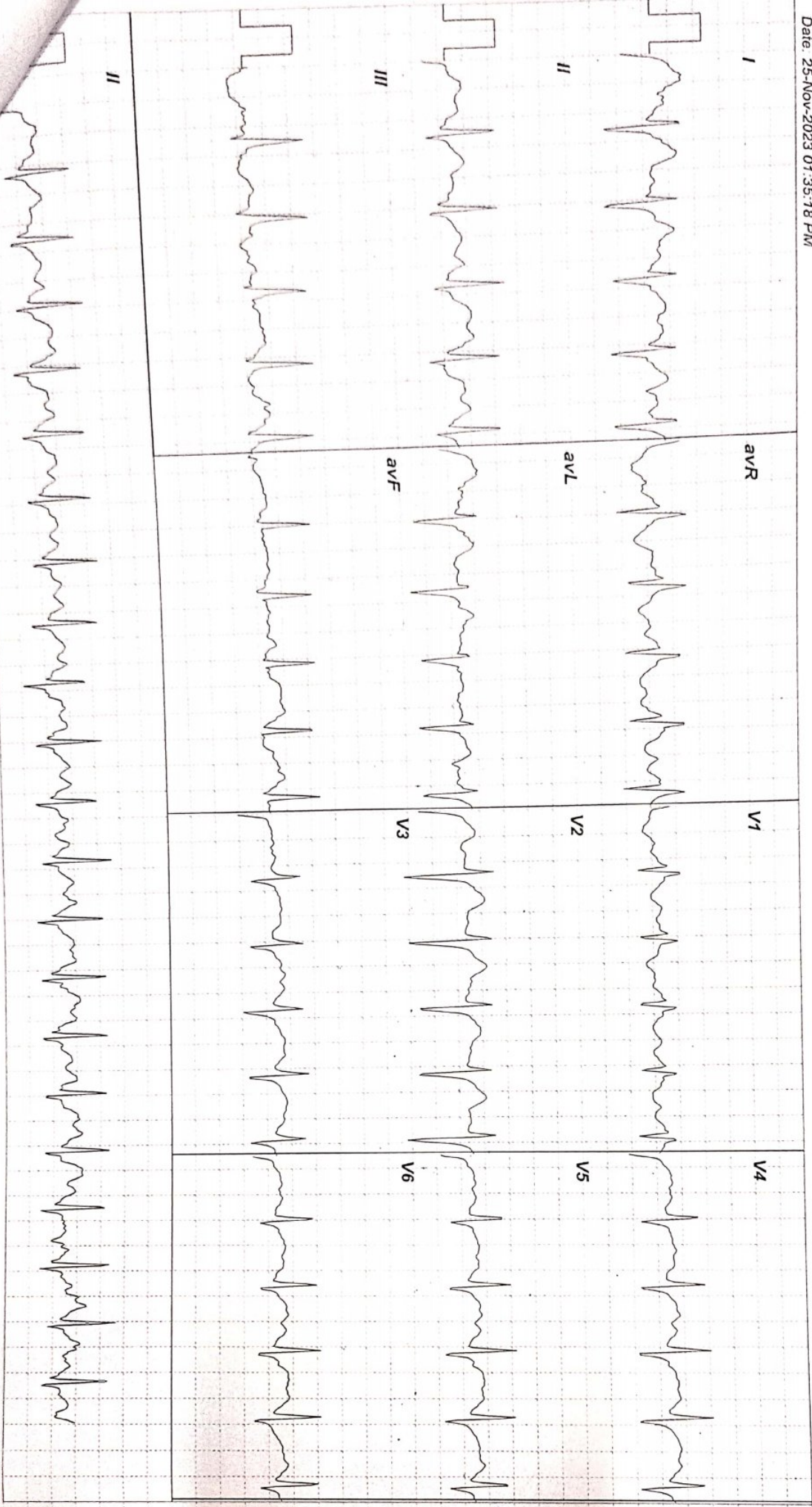
HR: 129 bpm
METs: 4.6
BP: 140/80

Trgt HR: 69% of 185
Speed: 2.7 mph
Grade: 10.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC: On
Notch: On
BRUCE: Stage 1 (3:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

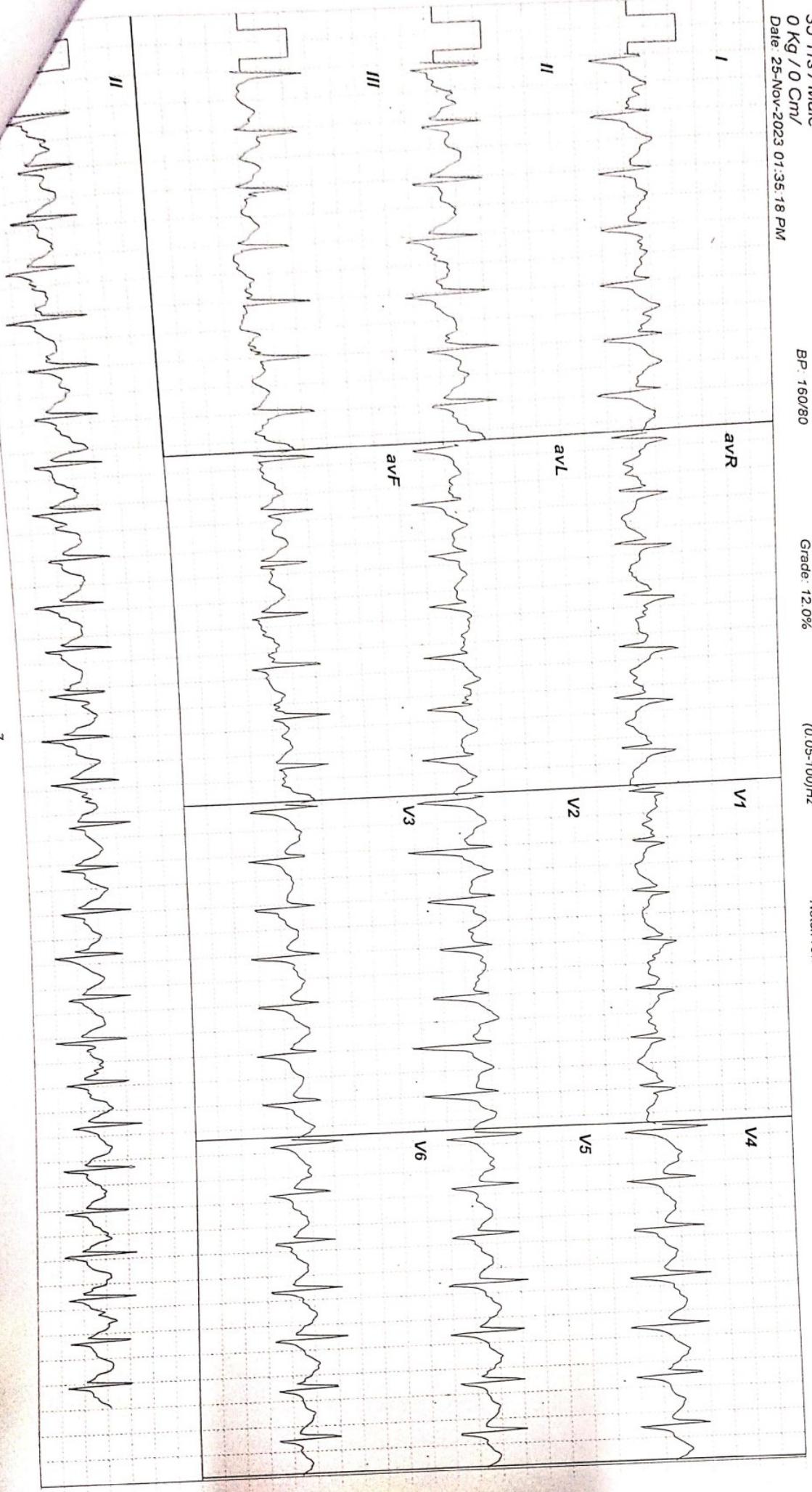
HR: 77 bpm
METs: 7.0
BP: 160/80
Tgt HR: 92% of 185
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC: On
Notch: On

BRUCE: PeakEx(3:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



GE SYSTEMS, CHANDIGARH

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CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJAL MAITY

35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

HR: 129 bpm
METS: 1.0
BP: 160/80

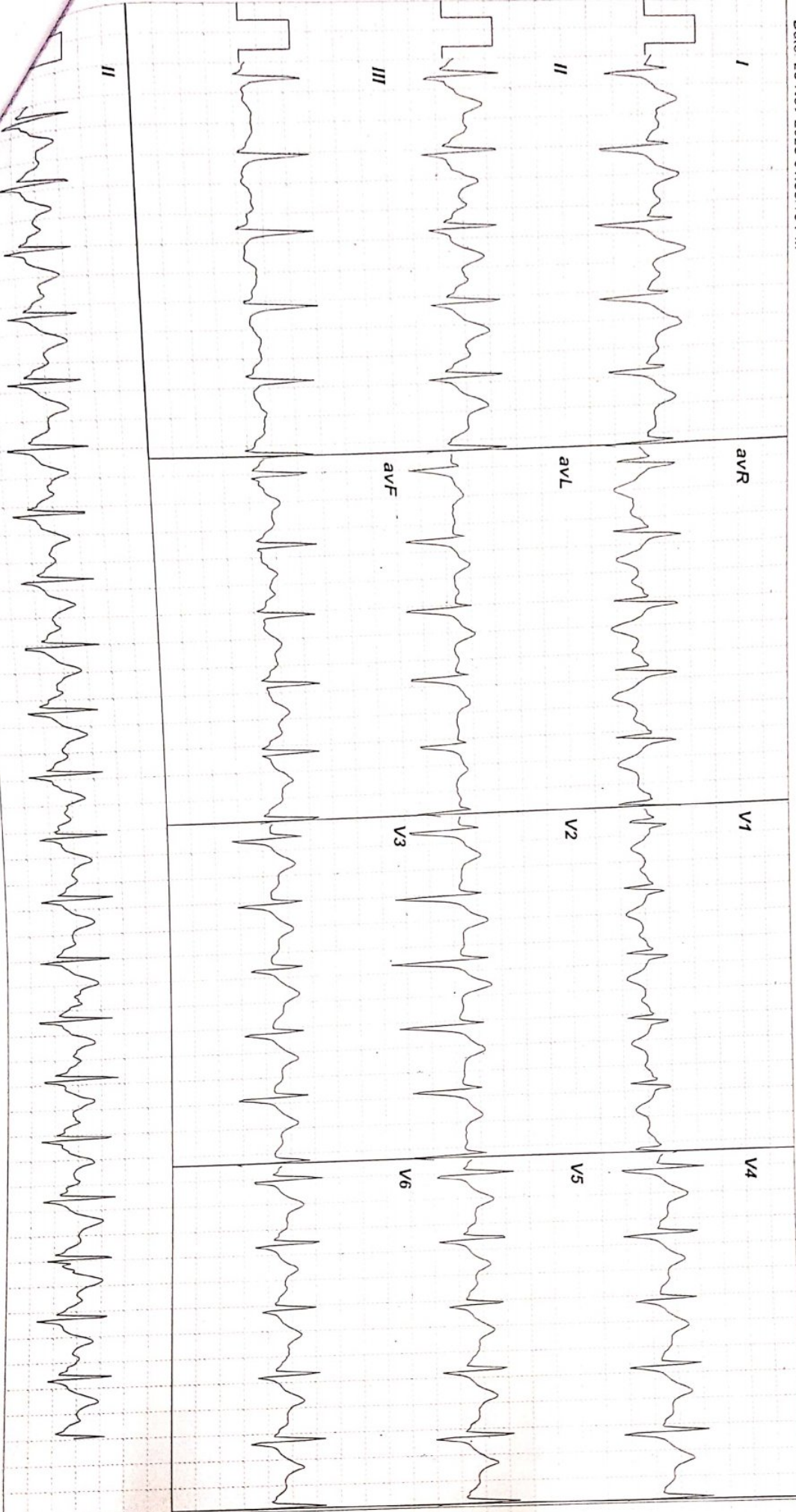
Tgt HR: 69% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead

Recovery(1:00)
1.0 Cm/mV
25 mm/Sec



CHANDIGARH SYSTEMS, CHANDIGARH

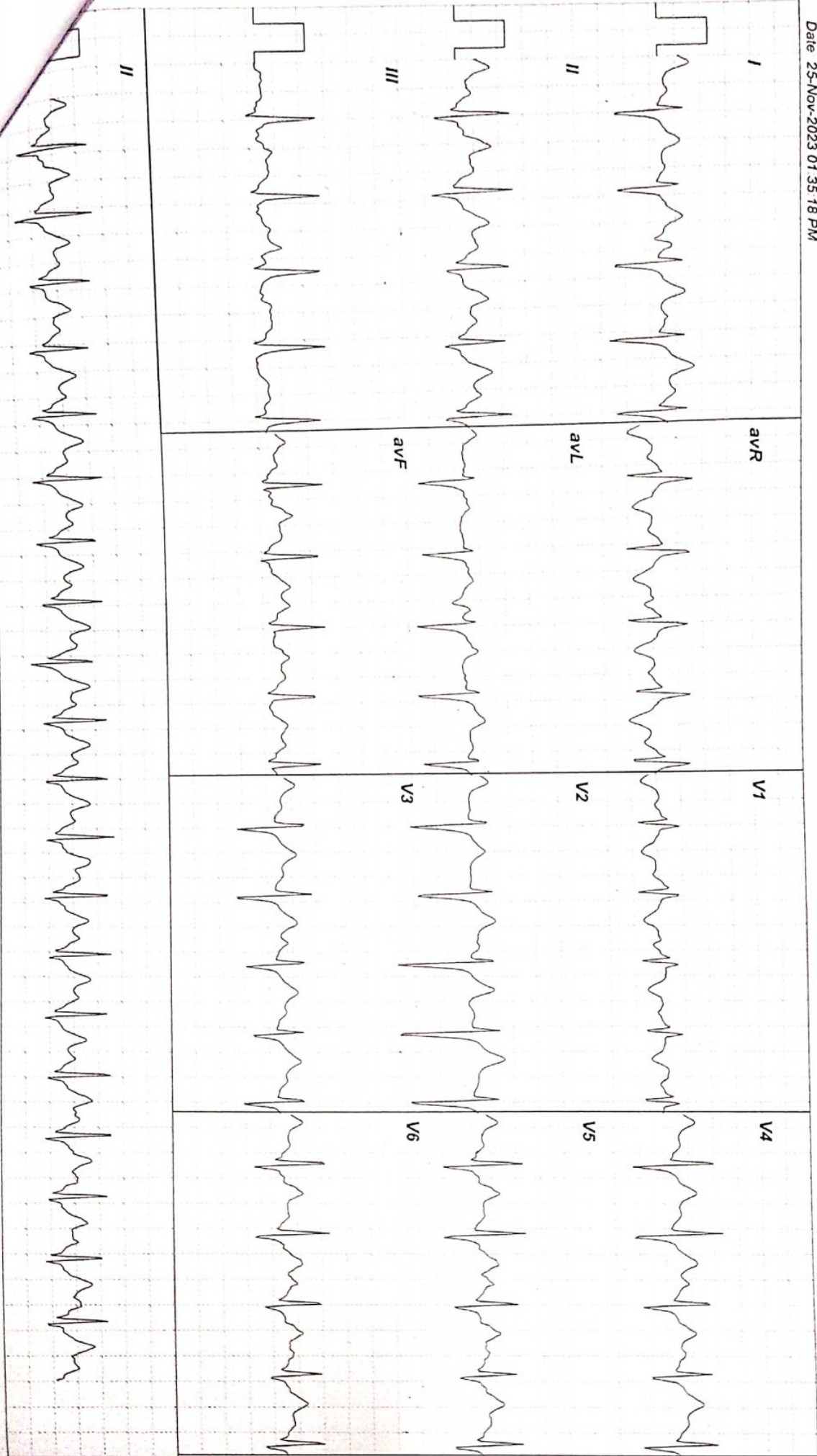
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJAL MAITY
35 Yrs / Male
0 Kg / 0 Cm/
Date 25-Nov-2023 01:35:18 PM

HR: 122 bpm
METs: 1.0
BP: 150/80
Tgt HR: 65% of 185
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery(2:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

HR 108 bpm
METS 1.0
BP 140/80

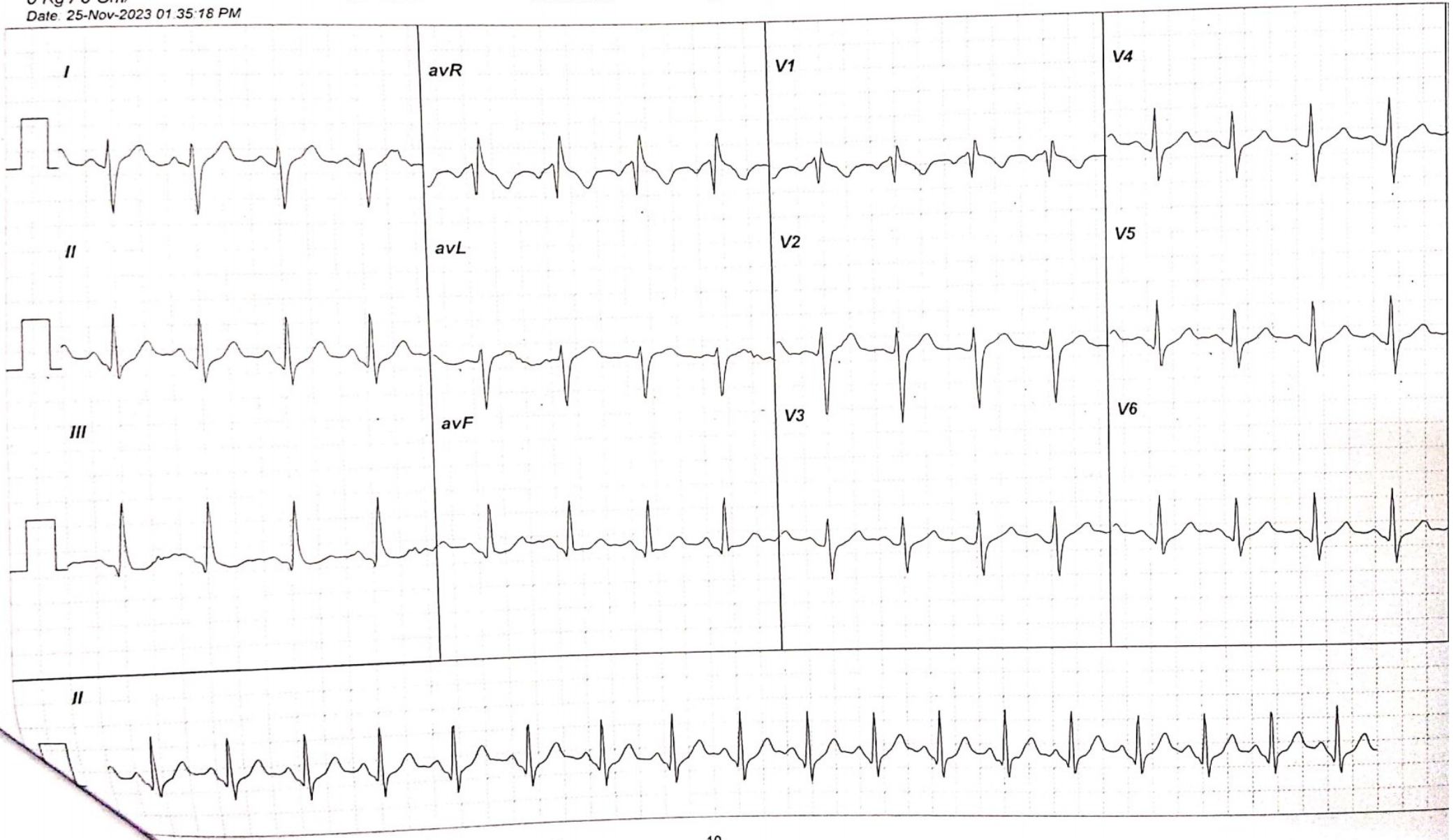
Trgt HR 58% of 185
Speed 0.0 mph,
Grade 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC : On
Notch : On

3x4+1 Rhythm Lead

Recovery(3:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
4562225 / UJJAL MATHY
35 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 01:35:18 PM

HR 103 bpm
ME TS: 1.0
BP: 130/80

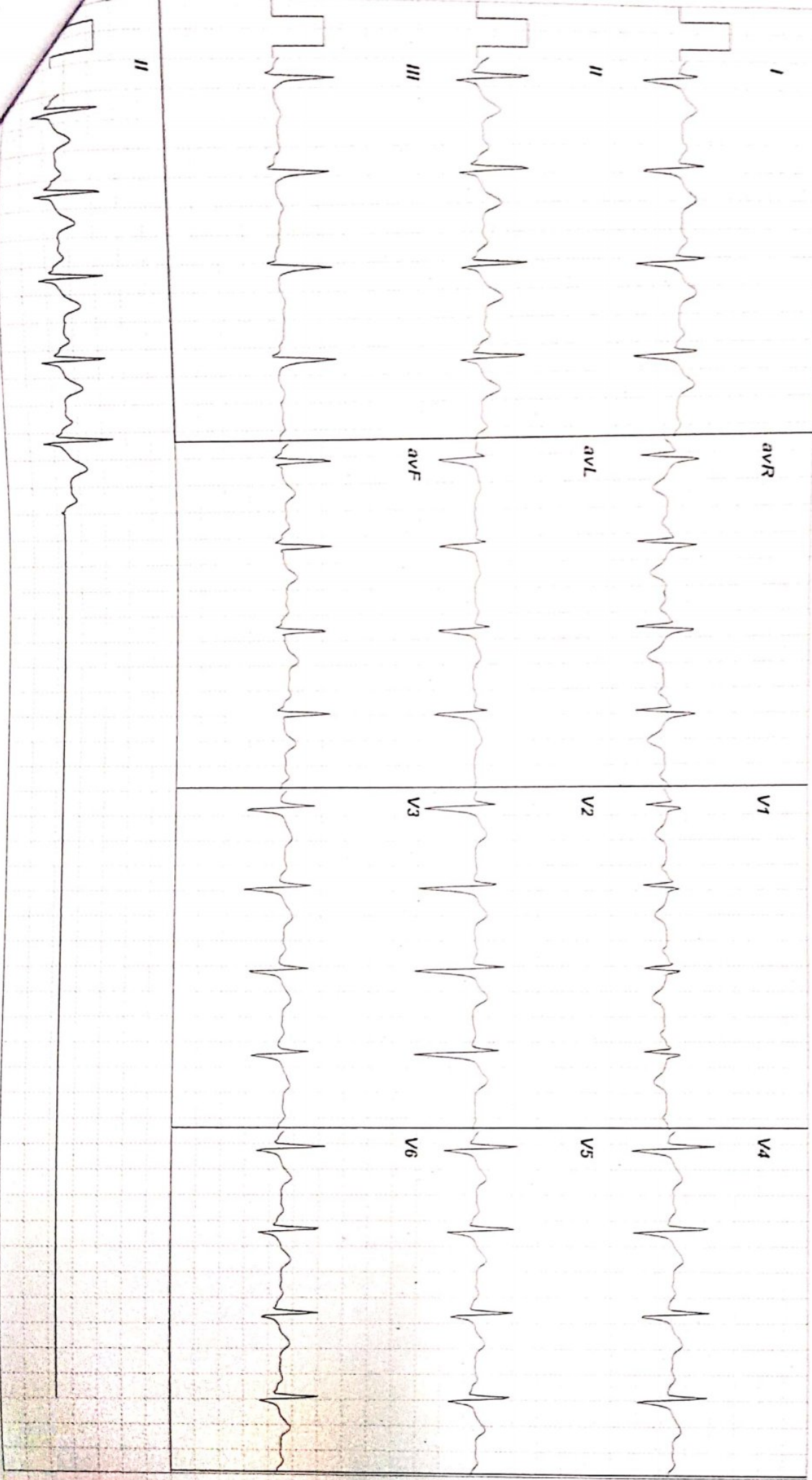
Target HR 55% of 185
Speed 0.0 mph
Grade 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

EX Time 06:00
BLC On
Notch On

Recovery(4:00)
1.0 Cm/mv
25 mm/Sec

3x4+1 Rhythm Lead



RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

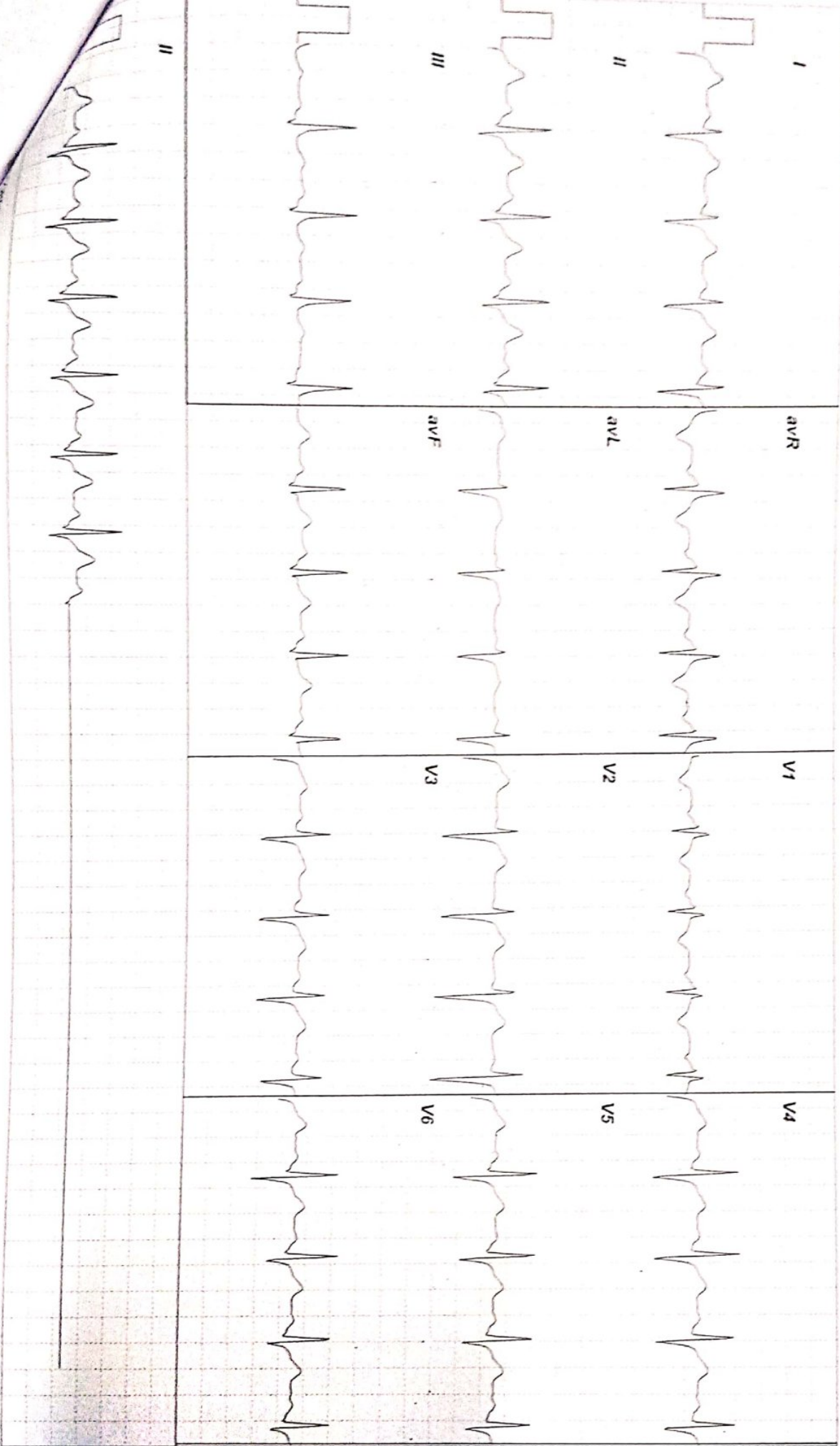
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562225 / UJJAL MAITY
35 YRS / Male
0 KG / 0 CM
Date: 28-Nov-2023 01:35:18 PM

HR: 103 bpm
AVTS: 1.0
BP: 130/80
Tgt HR: 55% of 185
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 06:00
RLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery: (4:00)
1.0 Cm/mV
25 mm/Sec



Pat.s' Name: UJJAL MAITY

DATE: 25 November 2023

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- **No significant abnormality seen in present study.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

Pt.'s Name: UJJAL MAITY

Date: 25 November, 2023

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



UJJAL MAITY 35Y/M CHEST PA 25-Nov-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)