

Shalby MD Physician Clinic

Patient Name:-

Pranod Kumar V.
35 M.

Age / Sex :-

Chief Complaints:-

Noelo

Drug / Food Allergy:-

NAD

Past History :-

Family History:-

Systemic Examination:-

RS / CVS / PA / CNS | NAD

OPR NO:

Date: 28/10/23

Weight:- 72.4 kg

Height:- 168 cm

Nutritional assessment:-

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

Pulse:- 78 bpm

BP:- 120/80 mmHg

SpO2:- 98%

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

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CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx

cap My mi - max (3y)
- 1 - diary
normal health
check up
28/10/23

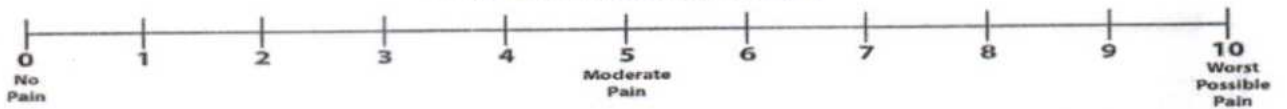
Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:- _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale




 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000353035 OP-001

REPORT STATUS : Interim


 Patient Name : **Mr Pramodkumar Vishwakarma** / Registered On : 28-Oct-2023 09:32 AM
 Lab ID : 310902127 Collected On : 28-Oct-2023 09:15 AM
 Gender/Age : Male / 35 Years DOB : 26-Apr-1988 Received On : 28-Oct-2023 09:34 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.4	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	4.93	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	42.5	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	86.3	fL	83 - 101
MCH <i>Calculated</i>	27.2	pg	27 - 32
MCHC <i>Calculated</i>	31.5	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.4	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT
 Total WBC Count *Electrical Impedance* 5610 cells/cmm 4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	69	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	25	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	4	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	221000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	10.3	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

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Approved On : 28-Oct-2023 11:12 AM

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Certificate No.: MC-5209

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Ref. By : Dr. Health Check Up . Shalby	Received On : 28-Oct-2023 09:34 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD GROUP			
(Tube agglutination: Forward & reverse)			
ABO Type	"O"		
RH Type	POSITIVE		

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Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	3	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.6	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) * <i>Calculated</i>	114	mg/dL	

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Ref. By : Dr. Health Check Up . Shalby	Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	98	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	102	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	SNR	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

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Ref. By : Dr. Health Check Up . Shalby	Received On : 28-Oct-2023 09:34 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	190	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	136	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	33	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	157	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	130	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	27	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	3.9		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	5.8	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	13	mg/dL	9 - 20
UREA <i>Calculated</i>	28	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.62	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	5.9	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	8.8	mg/dL	8.4 - 10.2
Phosphorus * <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.0	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	139	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.70	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	103	mmol/L	98 - 107

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	138	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	13.54	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	1.031	µIU/mL	0.38 - 5.33

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DOB : 26-Apr-1988	Sample Type : Urine
Ref. By : Dr. Health Check Up . Shalby	

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> ≤1.005	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	72	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	32	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	102	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	140	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.1	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.6	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.5	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.8	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.8	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.3	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.5	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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Patient ID:	SUR0000353035	Patient Name:	PRAMODKUMAR VISHWAKARMA
Age:	35 Years	Sex:	M
Accession Number:	12824	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	28-Oct-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 28/10/23

Patient Reg. No. : _____

Patient Name : Premodkumar Vishankum Age / Sex : 35/M

Address : Jahangirpura

Complaints : NAD

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History : NAD

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication : _____

On Examination : NAD

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____

Class V Fillings : _____

RCT : _____

Extraction : _____

Dentures : _____

Partial Denture : _____

Implants : _____

Crown & Bridge : _____

Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.

2. Floss your teeth daily.

3. Gargle forcefully after each meal.

4. Visit your dentist twice a year.

5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. Shah

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Dilate 11:54pm
TOT 11:5M

Name :- PRANODHAR VISHWANATHAR

Date:- 20/10/20

Chief Complaints:- medical eye
ache very
no visual complaints



Pain Assessment:- 4/0 (00) conjunctivitis.
Past History:-

Family History:- Allergy:- no drugs.

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:- 6/6
6/9

PH Vision:- 6/6
6/6

NCT 12
18

SP +0.75/-0.75 X 90 6/6 NR
±0.00 6/6 NR

ON Examination

Ant. Segment

Both Eye

NR

NAME
OCT 28 2022 11:0

VD=10
<R>
SPH CYL AX
+ 0.25 -0.50 94
+ 0.75 -0.75 96
+ 1.25 -1.25 91
+ 0.75 -0.75 96

Anterior Chamber

Rt. EYE

Lt. EYE

<L>
SPH CYL AX
+ 0.50 -0.75 94
+ 0.25 -0.50 88
0.00 +0.25 6
+ 0.50 -0.50 88

PD= 67

GrandSeiko.com
GR-3300K S/N:76BB096

Investigation:-

Background:-

Macula:-

Diagnosis:-

was. undiluted
Simple Astigmatism

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

[Signature]

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: PRAMODKUMAR, VISHWAKARMA
Patient ID: 17911
Height:
Weight:

DOB: 26.04.1988
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 28.10.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:26	0.80	0.00	78	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	112	130/80	
	STAGE 2	03:00	4.00	12.00	141	144/80	
	STAGE 3	02:03	5.40	14.00	160	150/80	
RECOVERY		02:59	0.00	0.00	109	130/70	

The patient exercised according to the BRUCE for 8:02 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 81 bpm rose to a maximal heart rate of 160 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

Patient ID 17911

28.10.2023 Male

10:33:20 35yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 08:02

Max HR: 160 bpm 86% of max predicted 185 bpm HR at rest: 81

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 24000 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.15 mm, 0.00 mV/s in V4; EXERCISE STAGE 3 07:29

Arrhythmia: A:7

ST/HR index: 1.28 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V4 mm)	Comment
PRETEST	SUPINE	00:26	0.80	0.00	1.1	78	120/80	9360	0	1.45	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	112	130/80	14560	0	1.40	
	STAGE 2	03:00	4.00	12.00	7.0	141	144/80	20304	0	-0.15	
	STAGE 3	02:03	5.40	14.00	10.0	160	150/80	24000	0	-1.05	
RECOVERY		02:59	0.00	0.00	1.0	109	130/70	14170	0	1.30	

PRAMODKUMAR, VISHWAKARMA

Patient ID 17911

28.10.2023

10:33:44

81 bpm
120/80 mmHg

PRETEST
SUPINE
00:18

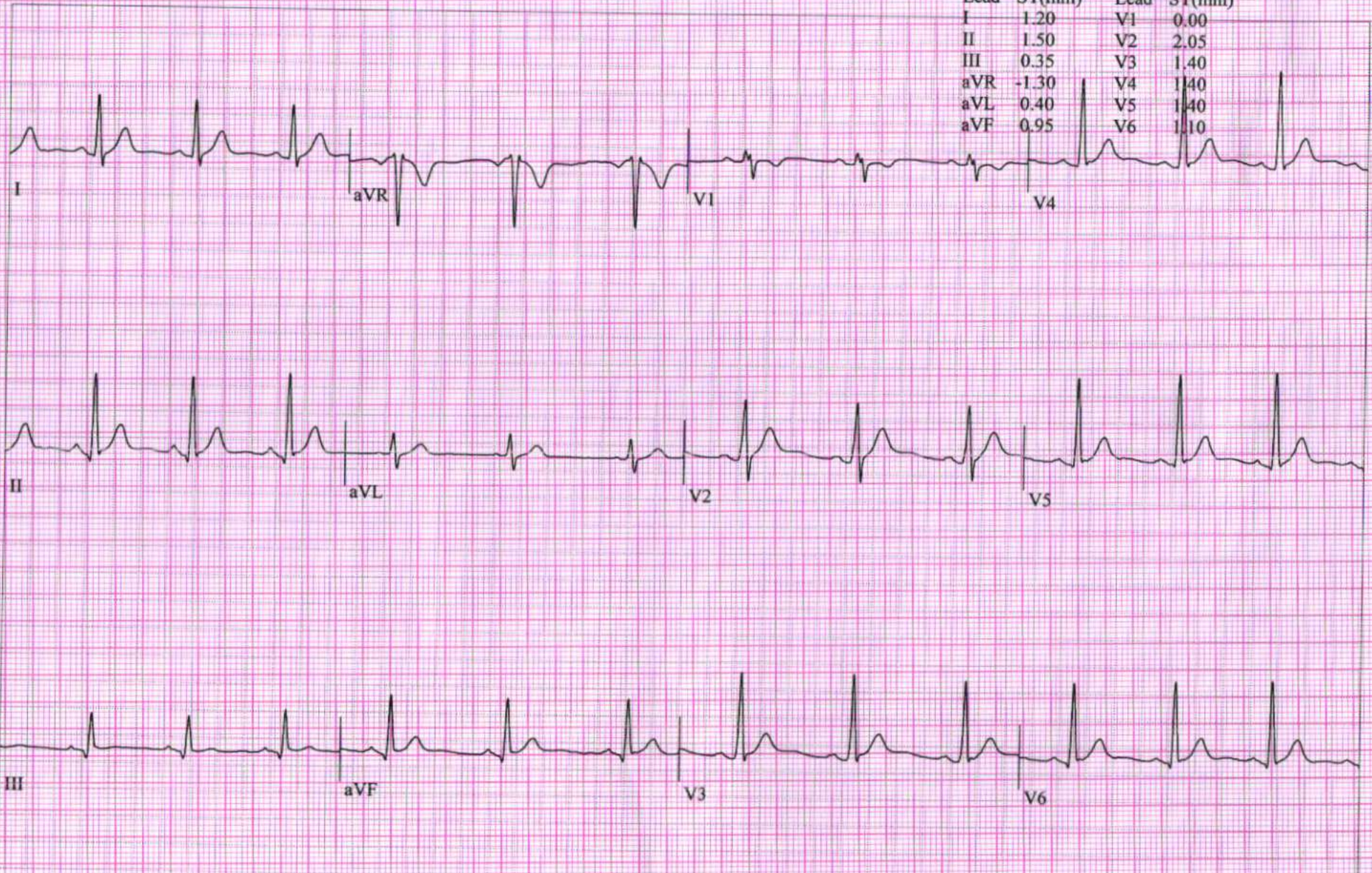
12-Lead Report

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.20	V1	0.00
II	1.50	V2	2.05
III	0.35	V3	1.40
aVR	-1.30	V4	1.40
aVL	0.40	V5	1.40
aVF	0.95	V6	1.10



PRAMODKUMAR, VISHWAKARMA

Patient ID 17911

28.10.2023

10:36:41

111 bpm

130/80 mmHg

12-Lead Report

EXERCISE

STAGE I

02:50

BRUCE

2.7 km/h

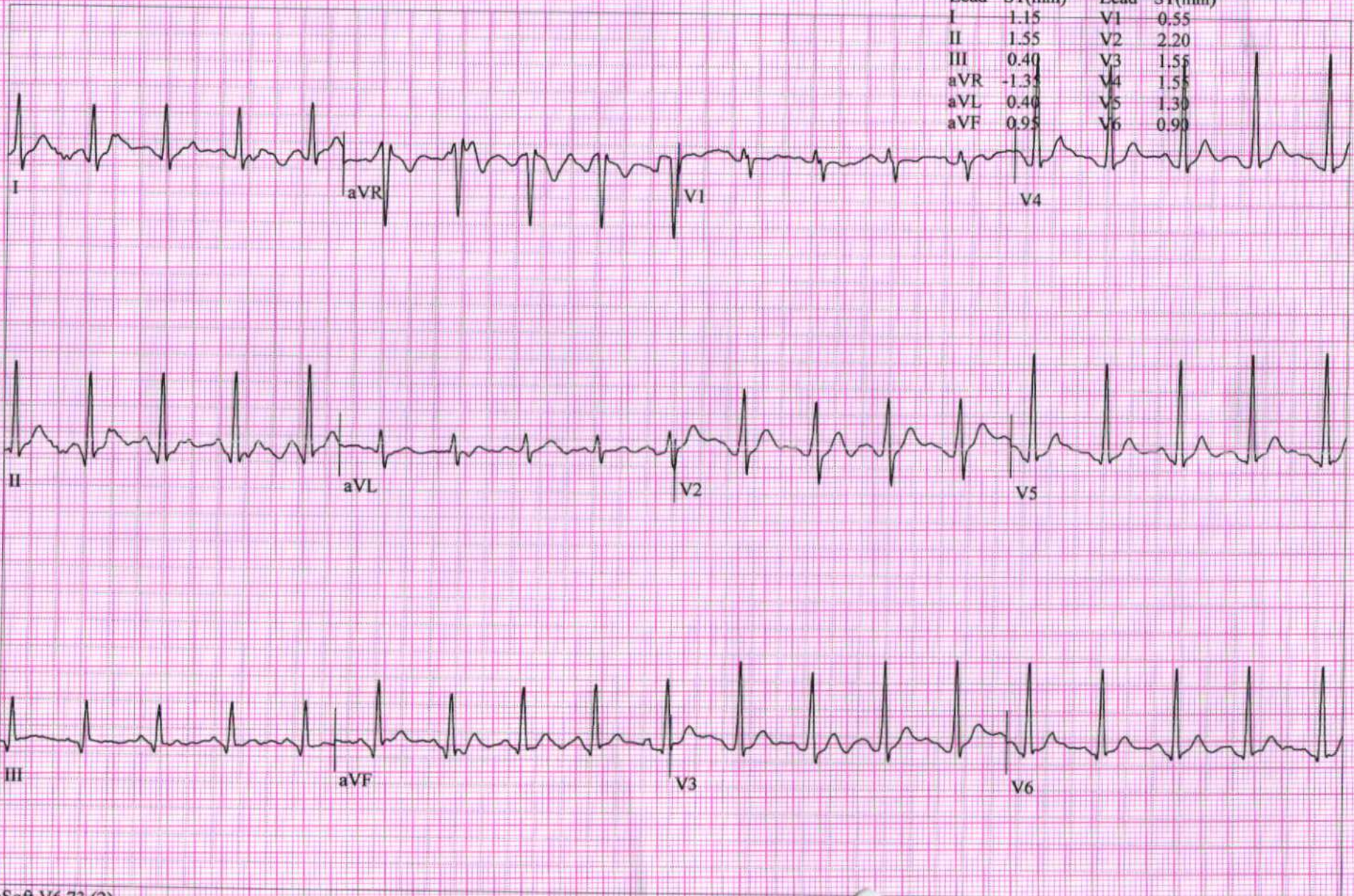
10.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.15	V1	0.55
II	1.55	V2	2.20
III	0.40	V3	1.55
aVR	-1.35	V4	1.55
aVL	0.40	V5	1.30
aVF	0.95	V6	0.90



PRAMODKUMAR, VISHWAKARMA

Patient ID 17911

28.10.2023

10:39:41

136 bpm

144/80 mmHg

12-Lead Report

EXERCISE

STAGE 2

05:50

BRUCE

4.0 km/h

12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.40	V1	0.00
II	0.10	V2	1.15
III	-0.30	V3	0.15
aVR	-0.30	V4	-0.05
aVL	0.35	V5	-0.05
aVF	-0.05	V6	-0.15



PRAMODKUMAR, VISHWAKARMA

Patient ID 17911

28.10.2023

10:41:54

160 bpm

150/80 mmHg

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

08:03

BRUCE

5.4 km/h

14.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	-0.35
II	0.00	V2	0.70
III	-0.70	V3	-1.00
aVR	-0.35	V4	-1.15
aVL	0.70	V5	-0.90
aVF	-0.35	V6	-0.60



Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.30	V1	0.70
II	1.25	V2	3.70
III	0.00	V3	1.90
aVR	-1.30	V4	1.40
aVL	0.65	V5	1.20
aVF	0.65	V6	0.80



PRAMODKUMAR, VISHWAKARMA

Patient ID 17911

28.10.2023

10:43:43

117 bpm

140/80 mmHg

12-Lead Report

RECOVERY

#1

01:50

BRUCE

0.0 km/h

0.0%

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.60	V1	0.95
II	1.65	V2	3.85
III	0.00	V3	2.30
aVR	-1.65	V4	1.70
aVL	0.80	V5	1.40
aVF	0.80	V6	1.00



Lead	ST(mm)	Lead	ST(mm)
I	1.10	V1	0.80
II	1.05	V2	2.85
III	0.00	V3	1.70
aVR	-1.05	V4	1.30
aVL	0.55	V5	1.05
aVF	0.55	V6	0.65



Patient Name: PRAMODKUMAR VISHWAKARMA		UHID: 353035
Age / Sex: 35 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 28/10/2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 28 x 34 x 38 mm (Approx. vol- 19 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No any significant abnormality is seen.

Thanks for referral.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

ID:

Name:

Birth date:

mmHg

years

1100 Sinus rhythm
40303 Early repolarization
9110 ** normal ECG **

Pacmod kelmae

Medication:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

RV5+SV1 amp

68 bpm
152 ms
94 ms
358/ 376 ms
40/ 48/ 30 °
2.91/ 0.83 mV
3.74 mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

5 mm/mV

Unconfirmed Report
Reviewed by:

