

PANCHMUKHI HOSPITAL

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

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip. G.O, Diabetologist

policy number : —
full name : ZAKIRHUSEN BLOCH
identity proof : Driving licence
identity proof no : C5J03 20031914924
gender : male / 38
height : 172
weight : 60
B.P : 130/70
pulse : 67/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : NO

Dental : Health

Romberg Test :

Colour vision : Normal

J. Bloch

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G1008

Code No. 37003

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Zakir Hussain Block
AGE/GENDER: 38 male

DIAG DATE: 25-11-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	PRIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS:

CHECKED BY: Dr. C. P. Dadhaniya

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. 619798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT

Z. Hussain



10mm/mV AUTO

I

II

III

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz

10mm/mV

aVR

aVL

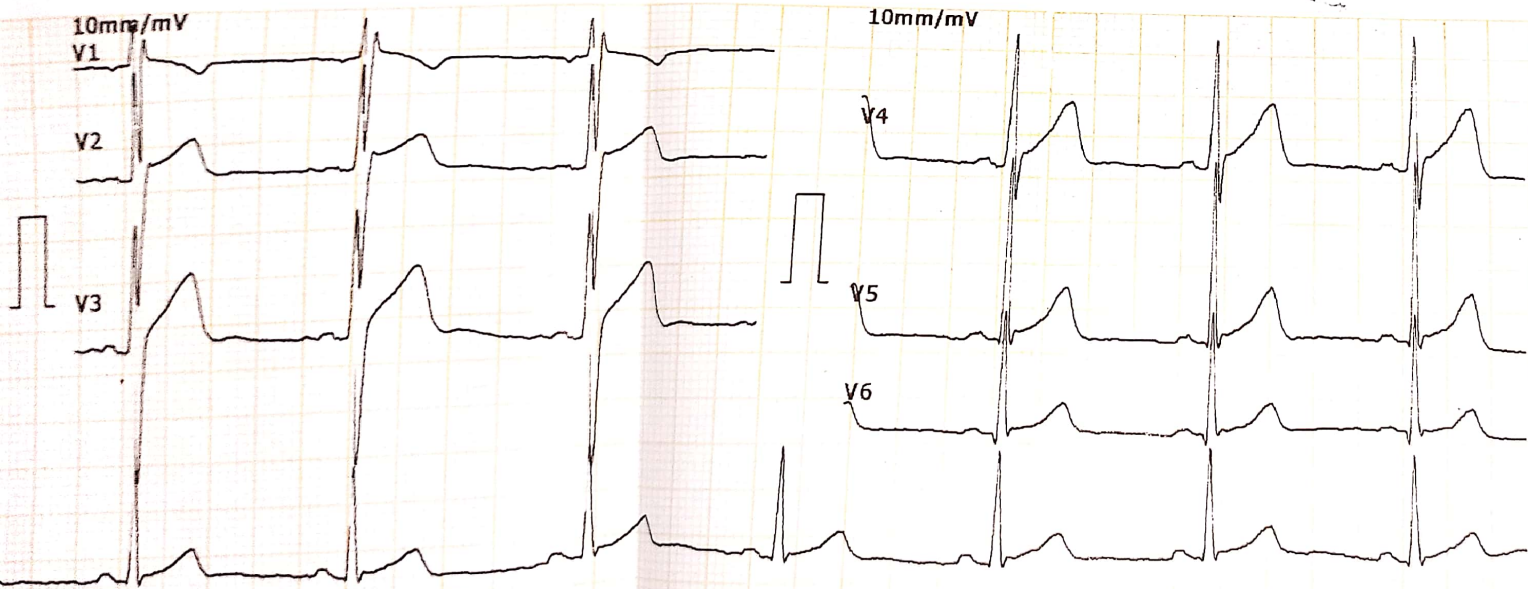
aVF

10mm/mV

V1

V2

V3



2023-11-25 9:25:29

ID: 00003599

ID Card: _____

Name: Zakir Hussain Bloch Gender: male

Age: 38 Height(cm): _____

Weight(Kg): _____ BP(mmHg): 1

HR..... 67 bpm

P-R..... 303 ms

Q-R-S..... 113 ms

QT/QTc..... 396/416 ms

P/QRS/T AXES..... 70/62/42 deg

RV5/SV1..... 1.92/1.03 mV

RV5+SV1..... 2.95 mV

*The result must be confirmed by doctor!

Report Confirmed by: _____

Z. Bloch 31/11/23



પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડઢાણીયા
ડૉ. સી. પી. ડઢાણીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શાનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

જાણી, મારા ડૉક્ટરને મળો

મારું સુલ સીપોર્ટ મળી આવે

Dr. C. P. Dadhaniya

Dr. C. P. DADHANIYA

M.B.B.S., C.I.H.

Regd. No. G19798

PANCHMUKHI HOSPITAL

MAVADI CHOKADI.

150' RING ROAD RAJKOT.

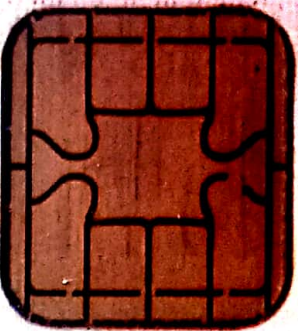




UNION OF INDIA **Driving Licence**
GUJARAT STATE



GJ03 20031914924



Date of First Issue

15-09-2003

Validity

14-09-2023

CDOL: **1803/2021**

Date of Birth

28-08-1984

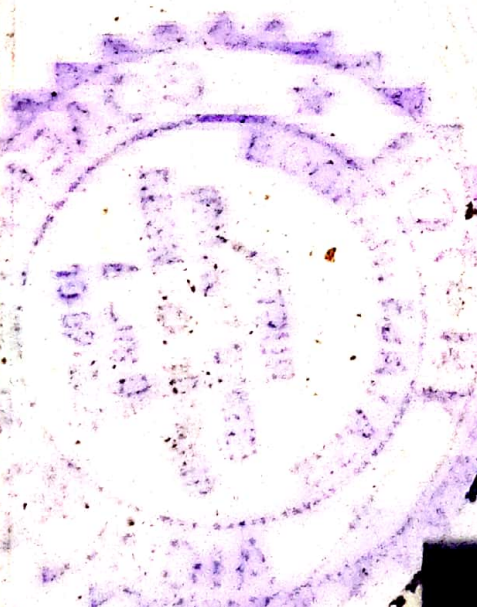
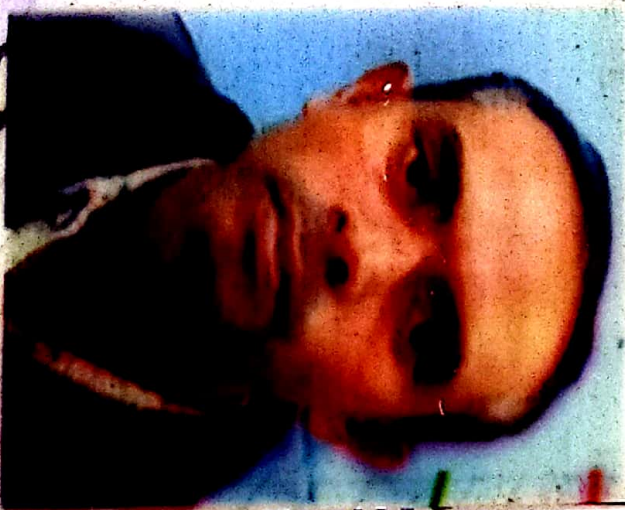
Blood Group

Name

ZAKIRHUSEN BLOCH

Son/Daughter/Wife of

NOORMOHMADBHAI



Mr. G19798

GJ03 20031914924

Aadhaar No.

GJ07DL0007080671



LMV
18-03-2021



MCMG
15-09-2003



HJT23NH567SF



Form 7 Rule 16(2)

Permanent Address

MAFATIYA PARA JETALSAR TA JETPUR RAJKOT
RAJKOT, RAJKOT, GJ 360001, GJ

From another city.

Emergency Contact No.

Holder's Signature

Pratik
Licencing Authority
RAJKOT RTO

GOVT. OF INDIA



*Mediwheel
zakirhusen bloch*

 GPS Map
Camera Lite

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

Latitude
22.2654072°

Longitude
70.7843032°

Local 09:31:44 AM
GMT 04:01:44 AM

Altitude 145 meters
Saturday, 25.11.2023


TEST REPORT

Name : Zakirhusen Bloch	Reg. No : 311101037
Age/Sex : 38 Years / Male	Reg. Date : 25-Nov-2023 02:35 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 25-Nov-2023 02:36 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 25-Nov-2023 05:28 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	12.8	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	37.10	%	47 - 52
RBC Count (Electrical Impedance)	5.71	million/cmm	4.7 - 6.0
MCV (Calculated)	65.0	fL	78 - 110
MCH (Calculated)	22.4	Pg	27 - 31
MCHC (Calculated)	34.5	%	30 - 35
RDW (Calculated)	13.1	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	5030	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	48 %	% Range 42.0 - 75.2	Abs. Value 2414 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	40 %	20 - 45	2012 /cmm 1000 - 3900
Eosinophils (%)	04 %	1 - 4	201 /cmm 0 - 450
Monocytes (%)	08 %	2 - 8	402 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	234000	/cmm	150000 - 450000
MPV	9.6	fL	7.4 - 10.4
P-LCR	22.80	%	11.9 - 66.9
PDW	10.6	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.23	%	0.2 - 0.5

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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	"AB"		
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)	06	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>	87.00	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
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	176.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	118.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	68.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	84.40	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>	23.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.24		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.59		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>	0.85	mg/dL	0.7 - 1.3
eGFR	91.14	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>	38.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	17.75	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	6.47	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	143.0	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.6	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	106.2	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.90	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	56.00	U/L	15 - 85

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DRJ

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.10	%	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>	99.67	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>	4.870	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>	0.97	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) 9.57 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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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.025		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	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.30	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.85	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.45	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.98		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	32.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	47.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	105.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.58	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.19	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.39	mg/dL	0.0 - 1.1

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 13 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)

Tread Mill Test

Patient Name	:	Zakirhusen Bloch	Age	:	38yrs/M
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr.C.P.Dadhaniya	Resting BP	:	120/80
Report Date	:	25/11/2023	Max. BP	:	150/80

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.

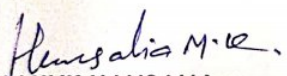
No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.
Patient achieved 86% 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

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

ALL

CURE CARDIOLOGY CLINIC

4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
25-Nov-2023 11:33:45 AM

M. K. B. B.

Protocol : BRUCE

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

Objective :
History :

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	93	120/80	111	-	
Standing					1.0	90	120/80	108	-	
HV					1.0	91	120/80	109	-	
ExStart					1.0	91	120/80	109	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	121	130/80	157	3	
PeakEx	3:00	6:00	6.4	12.0	7.0	155	140/80	217	-	
Recovery	1:00		0.0	0.0	1.0	127	150/80	190	-	
Recovery	2:00		0.0	0.0	1.0	111	140/80	155	1	
Recovery	3:00		0.0	0.0	1.0	104	140/80	145	-	
Recovery	3:14		0.0	0.0	1.0	103	130/80	133	-	

Findings :

Exercise Time : 6:00 minutes
 Max HR attained : 157 bpm 86% of Target 182
 Max BP : 140/80(mmHg)
 Max Workload attained : 7 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.

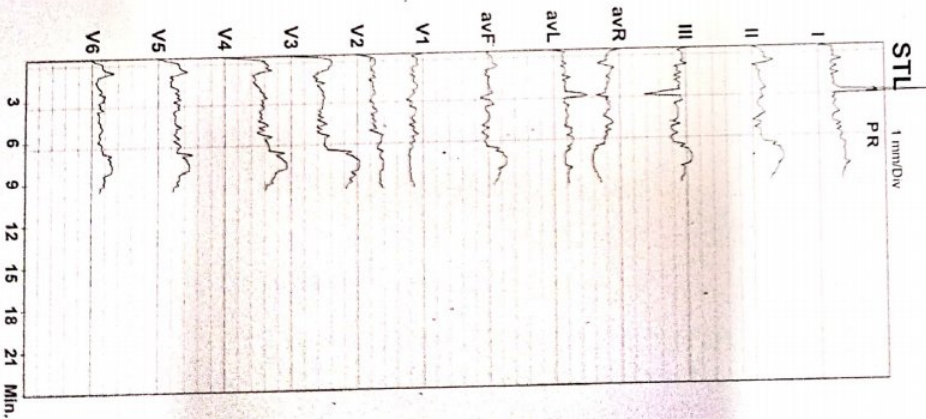
Advice/Comments:

RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

1

DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI.

Summary



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date 25-Nov-2023 11:33:45 AM

HR: 93 bpm
METS: 1.0
BP: 120/80

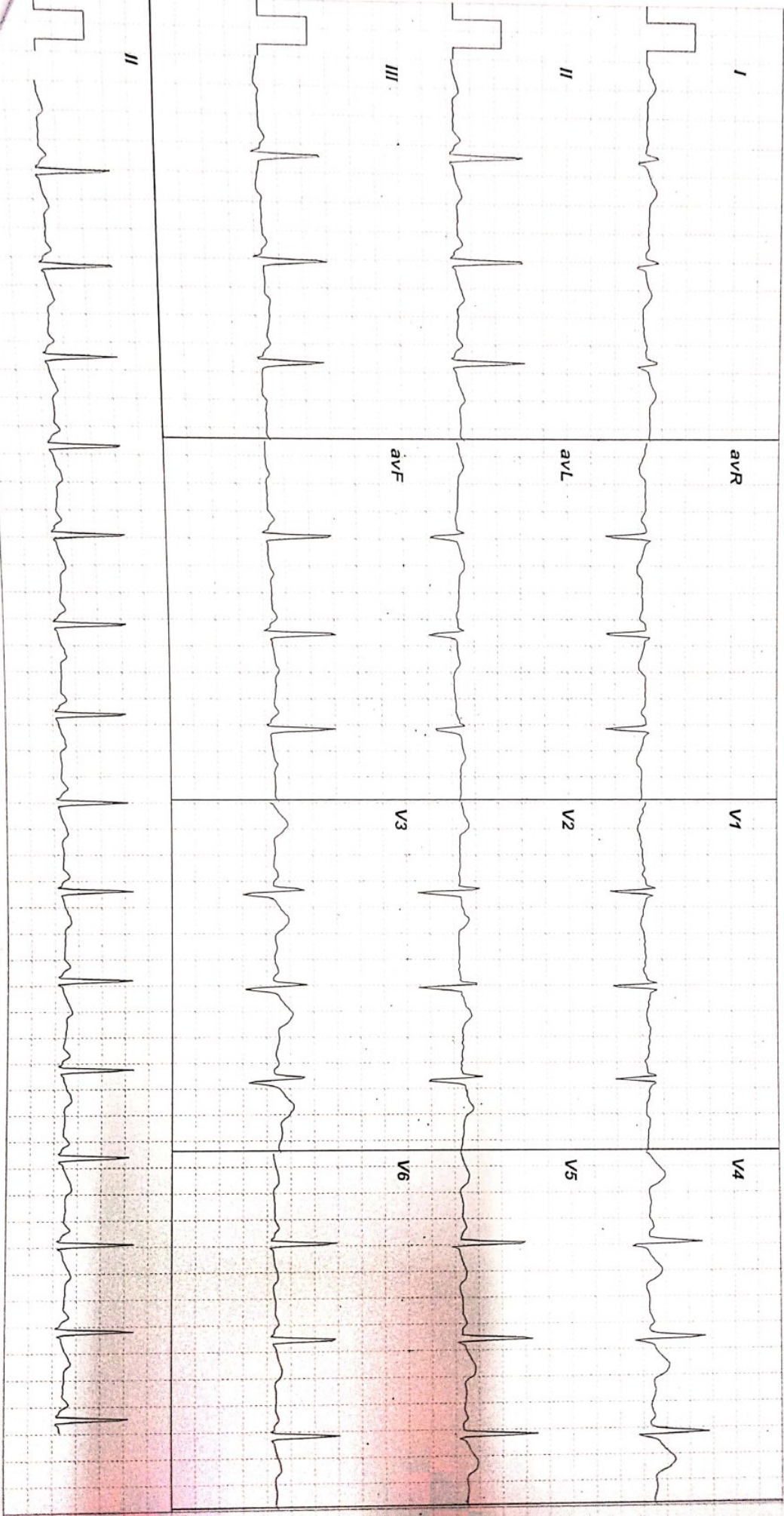
Tgt HR: 51% of 182
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:17
BLC: On
Notch: On

Supine
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

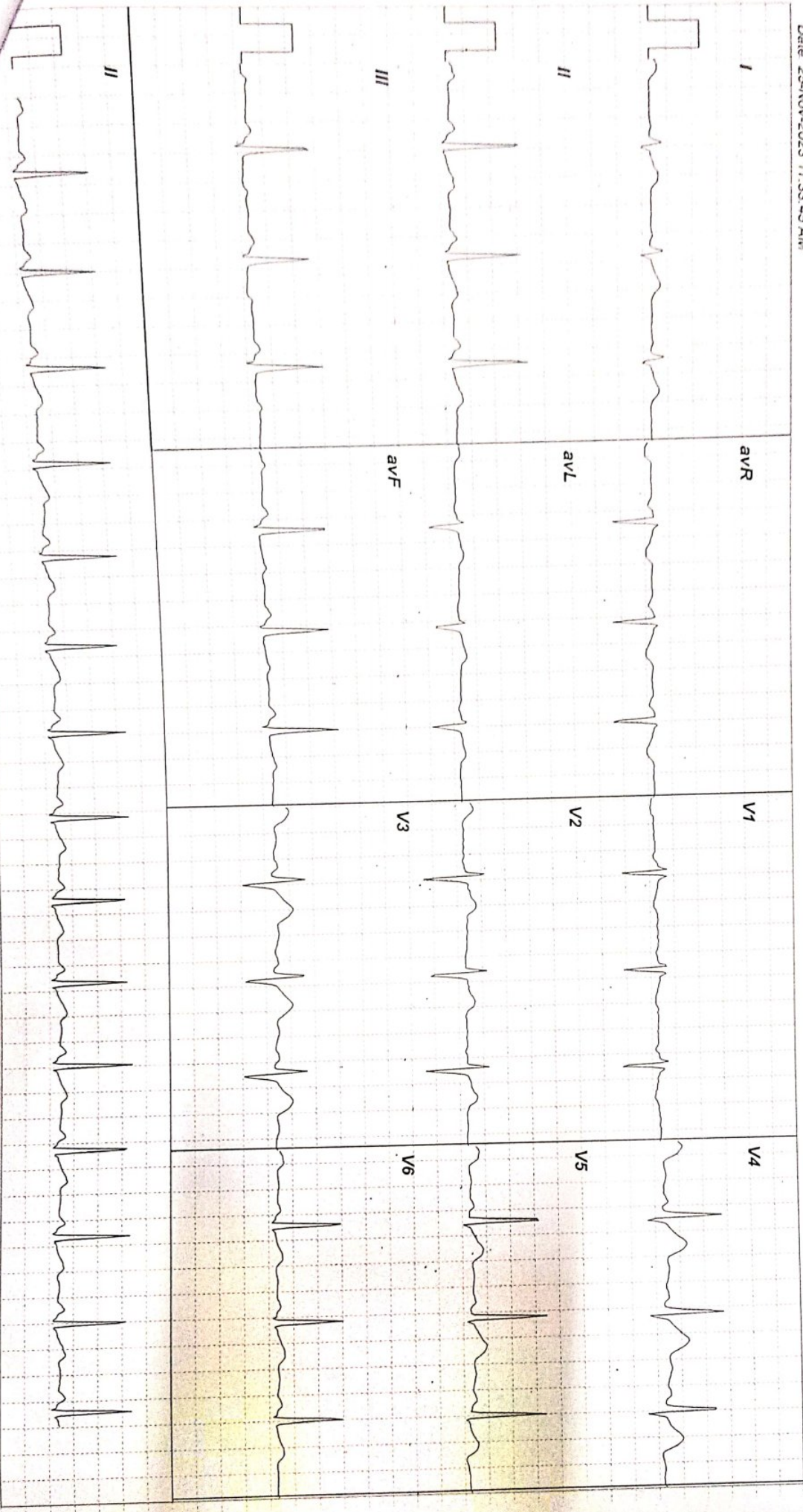
3

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

HR: 90 bpm
METs: 1.0
BP: 120/80
Tgt HR: 49% of 182
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time: 00:21
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.
4562222 / ZAKIRHUSEN BLOCH

38 Yrs / Male
0 Kg / 0 Cm/
Date 25-Nov-2023 11:33:45 AM

HR 91 bpm
METS 1.0
BP 120/80

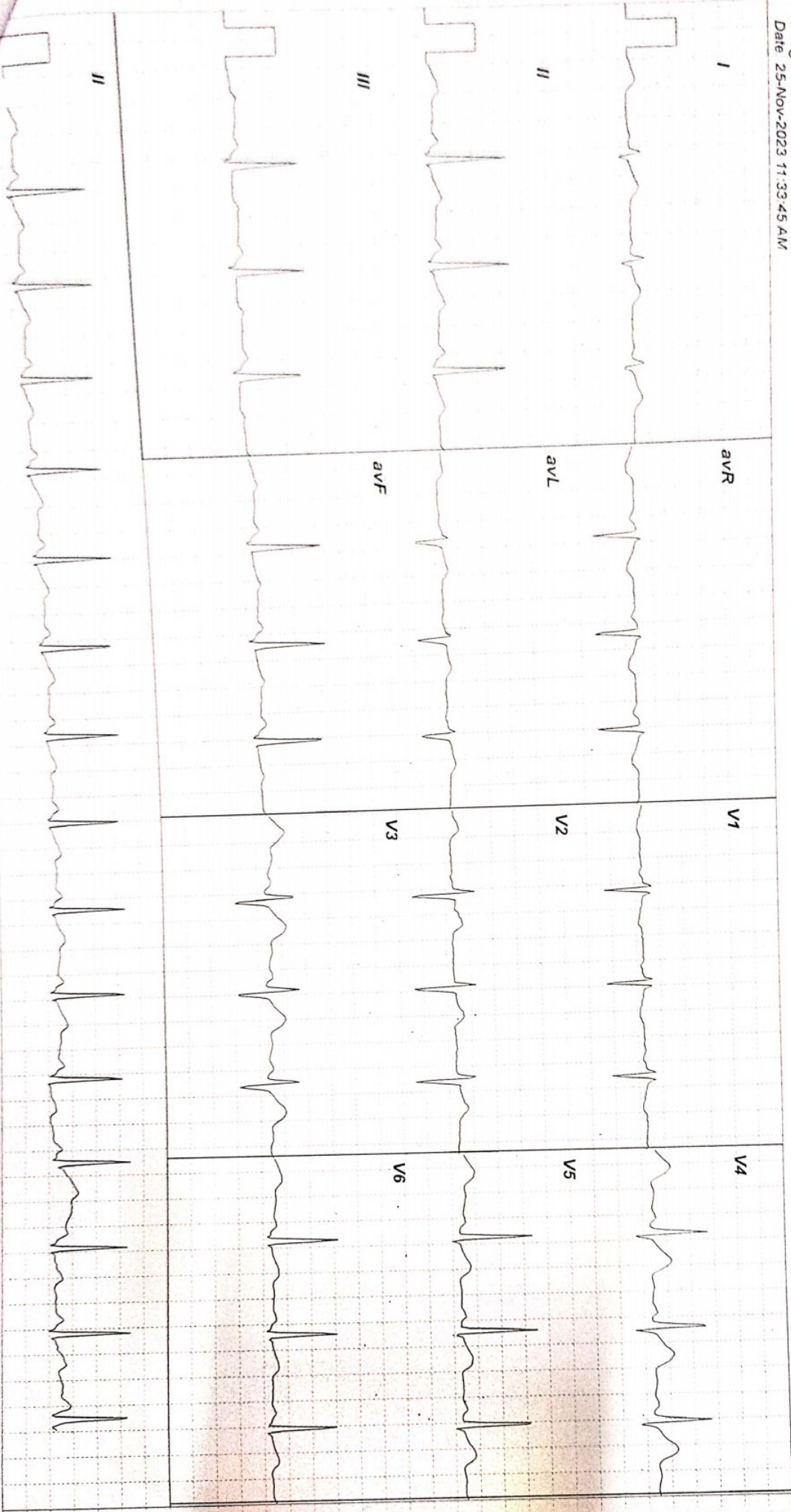
Trgt HR 50% of 182
Speed 0.0 mph
Grade 0.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

Ex Time 00:25
BLC On
Notch On

HV
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



ORDERS AND MEDICARE SYSTEMS, CHANDIGARH

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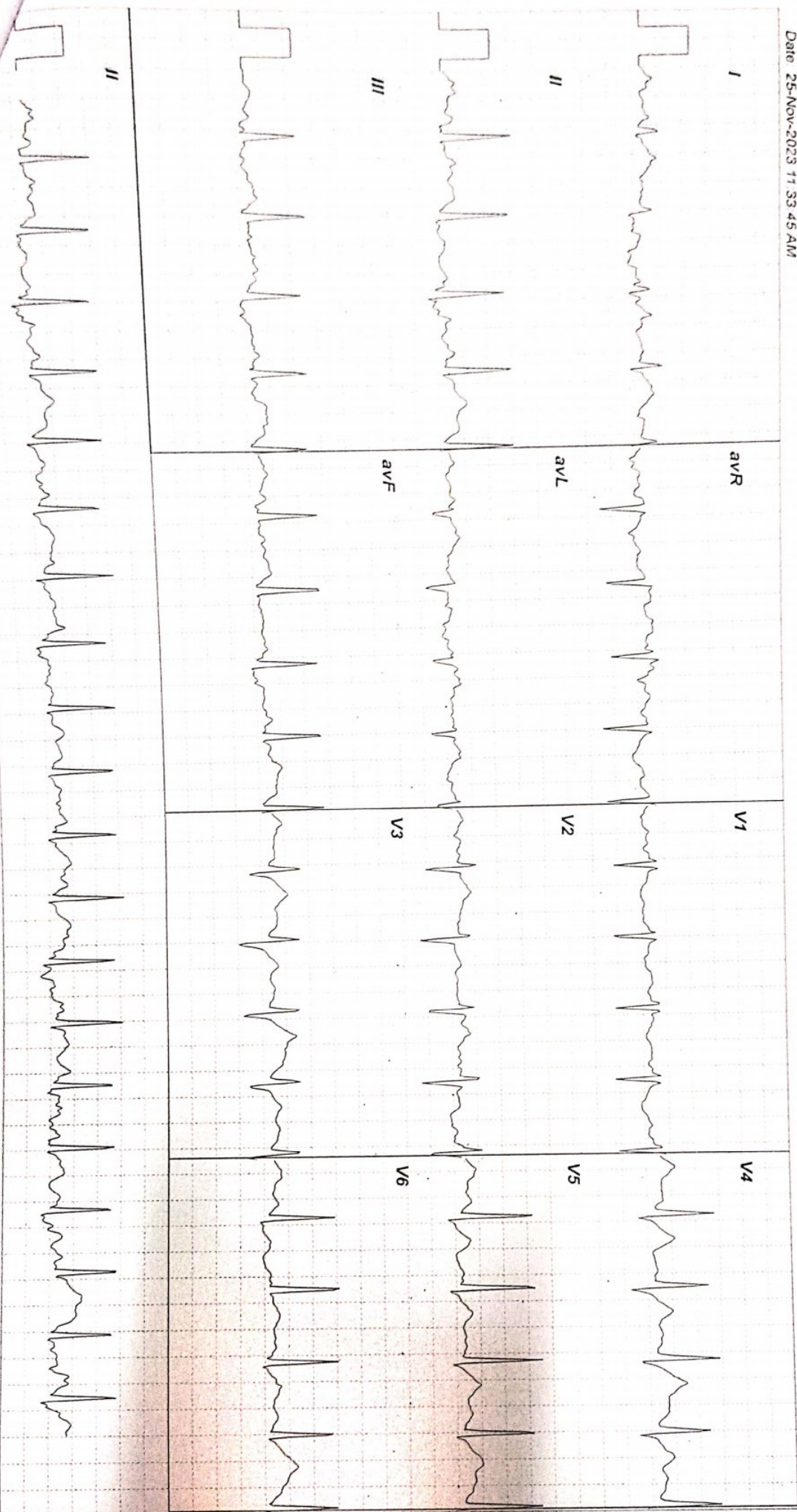
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRAHOSPITAL, ASTRON CHOWK, RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

HR 121 bpm
METs 4.6
BP 130/80

Tgt HR 66% of 182
Speed 2.7 mph
Grade 10.0%

Raw ECG
Protocol BRUCE
(0.05-100)Hz

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



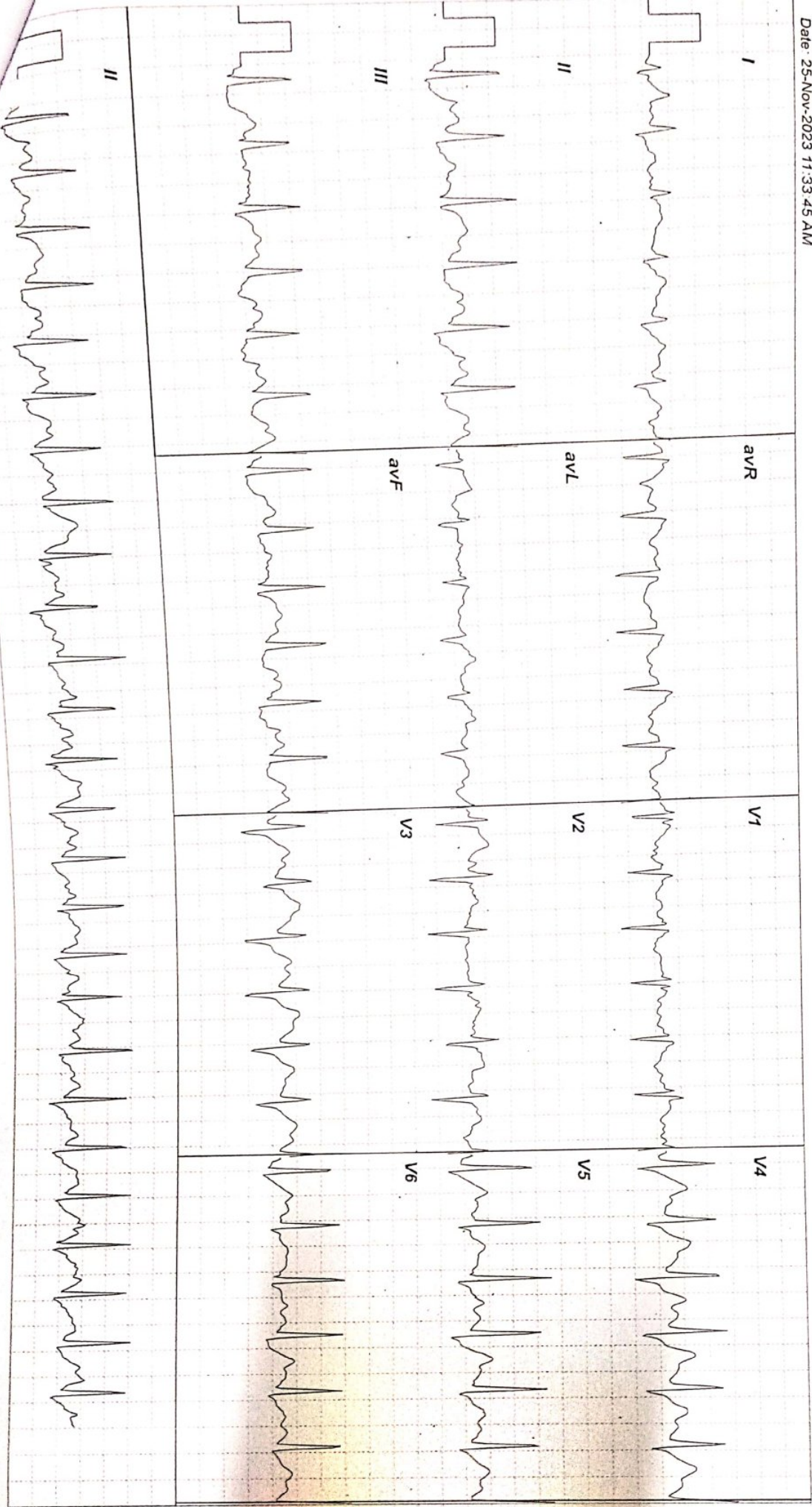
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRAHOSPITAL,
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

HR: 155 bpm
METs: 7.0
BP: 140/80

Tgt HR: 85% of 182
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

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



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRAHOSPITAL, ASTRON CHOWK RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

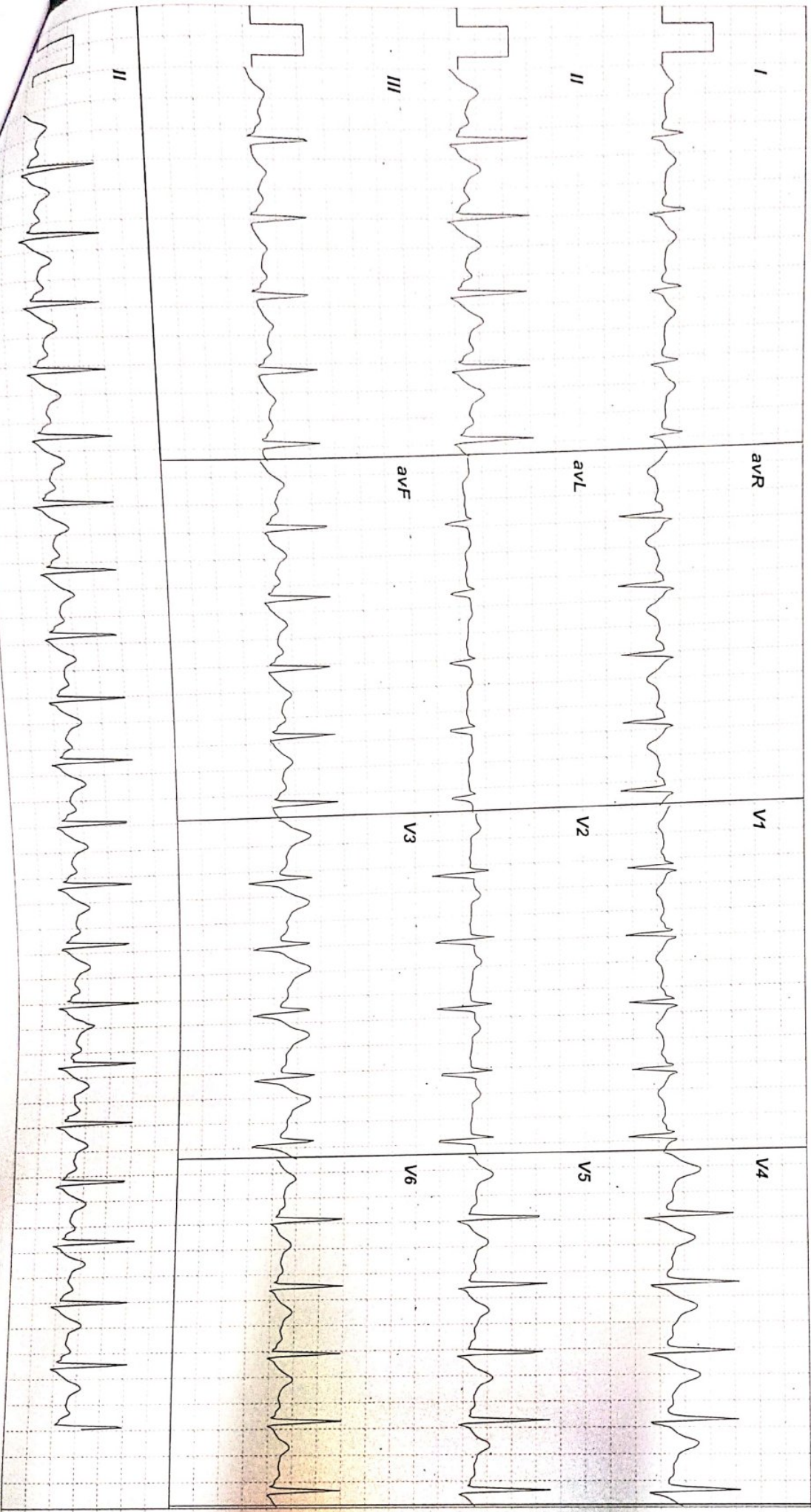
HR: 127 bpm
METs: 1.0
BP: 150/80
Tgt HR: 69% of 182
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

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

3x4+1 Rhythm Lead



ADERS AND MEDICARE SYSTEMS, CHANDIGARH

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

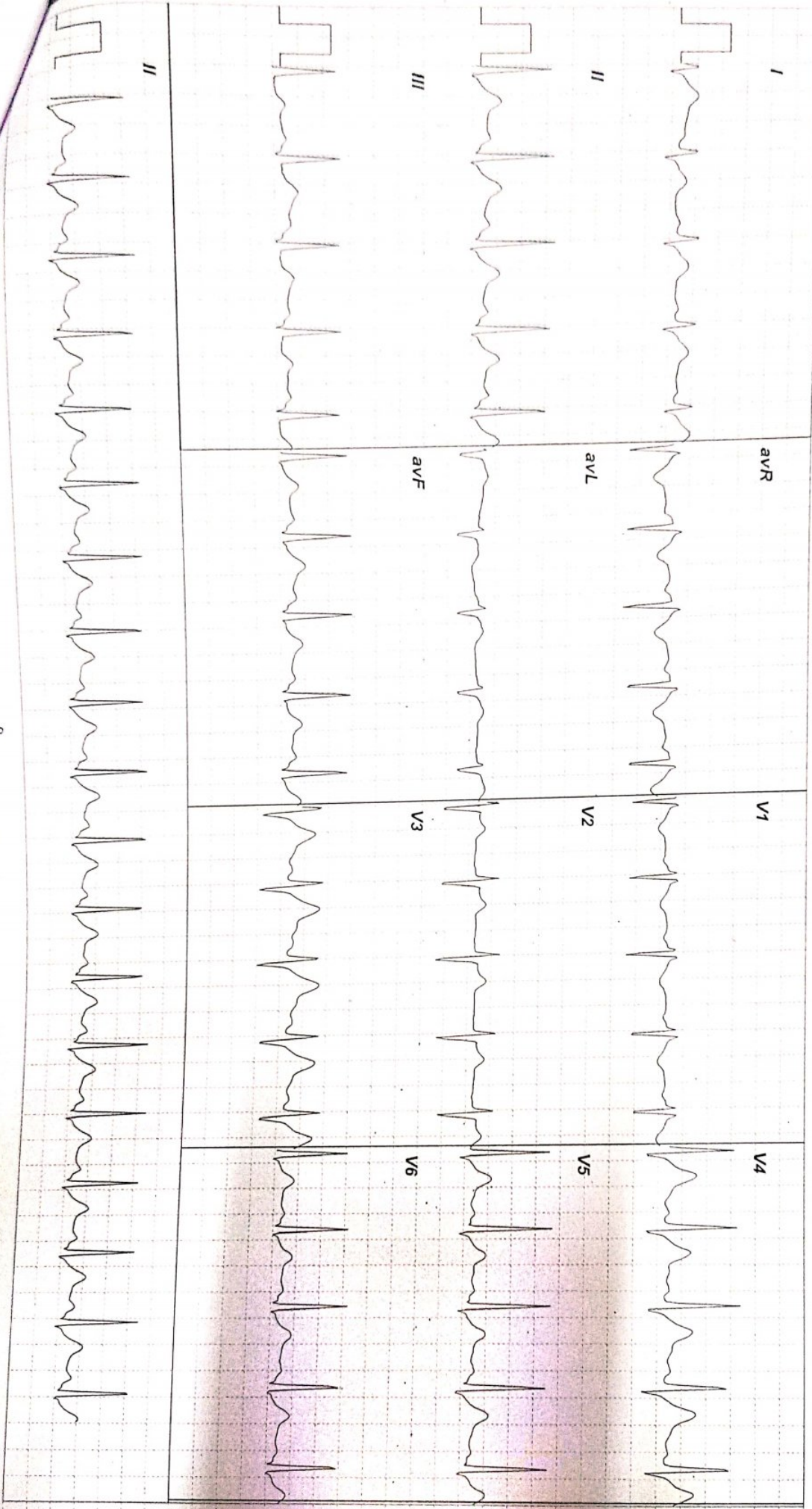
HR: 111 bpm
METs: 1.0
BP: 140/80

Raw ECG
Tgt: HR 60% of 182
Speed: 0.0 mph
Grade: 0.0%

Protocol BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On
Recovery(2:00)
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRAHOSPITAL, ASTRON CHOWK, RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

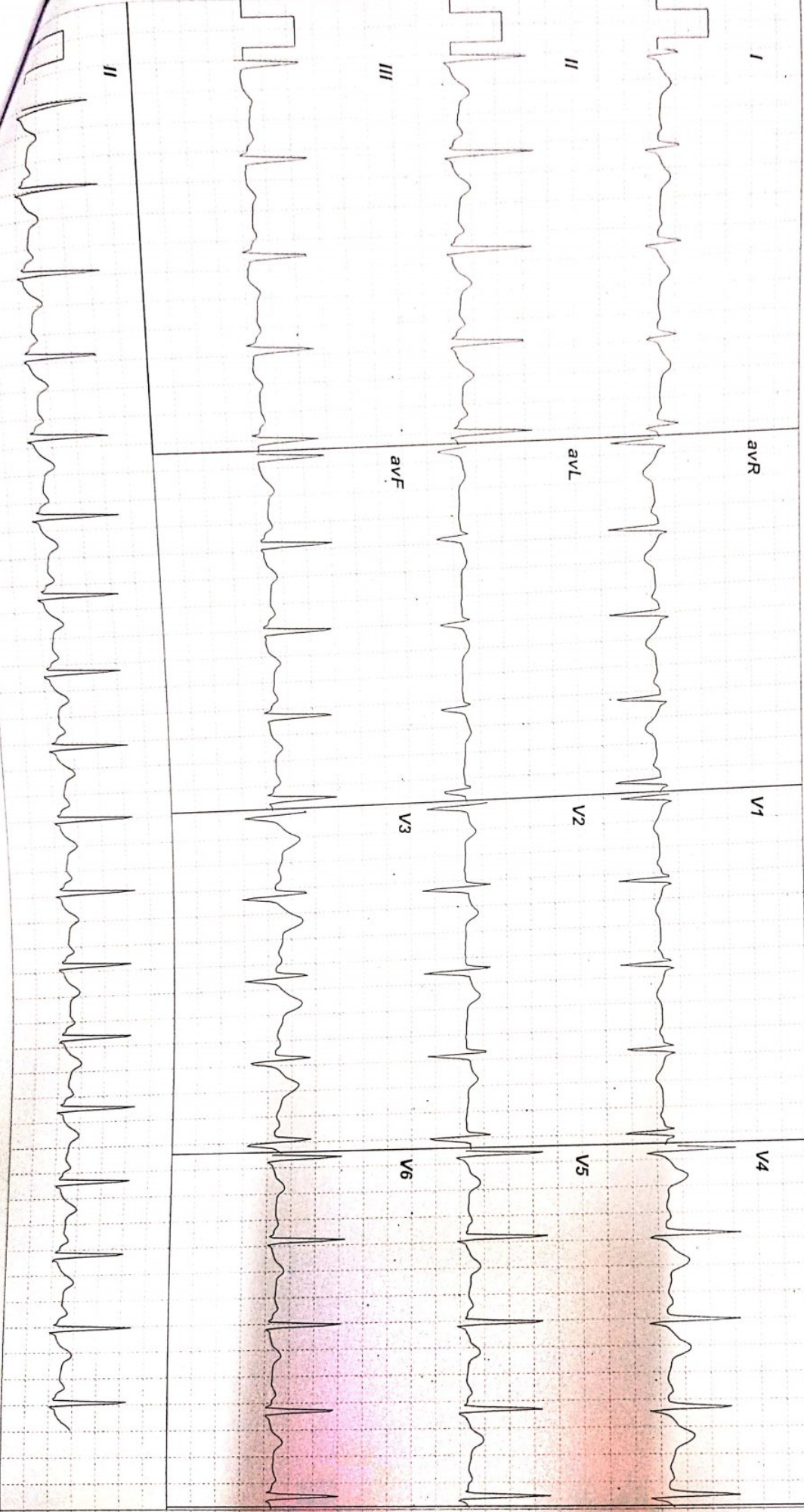
HR: 104 bpm
METs: 1.0
BP: 140/80
Tgt HR: 57% of 182
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

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

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

3x4+1 Rhythm Lead



AND MEDICARE SYSTEMS, CHANDIGARH

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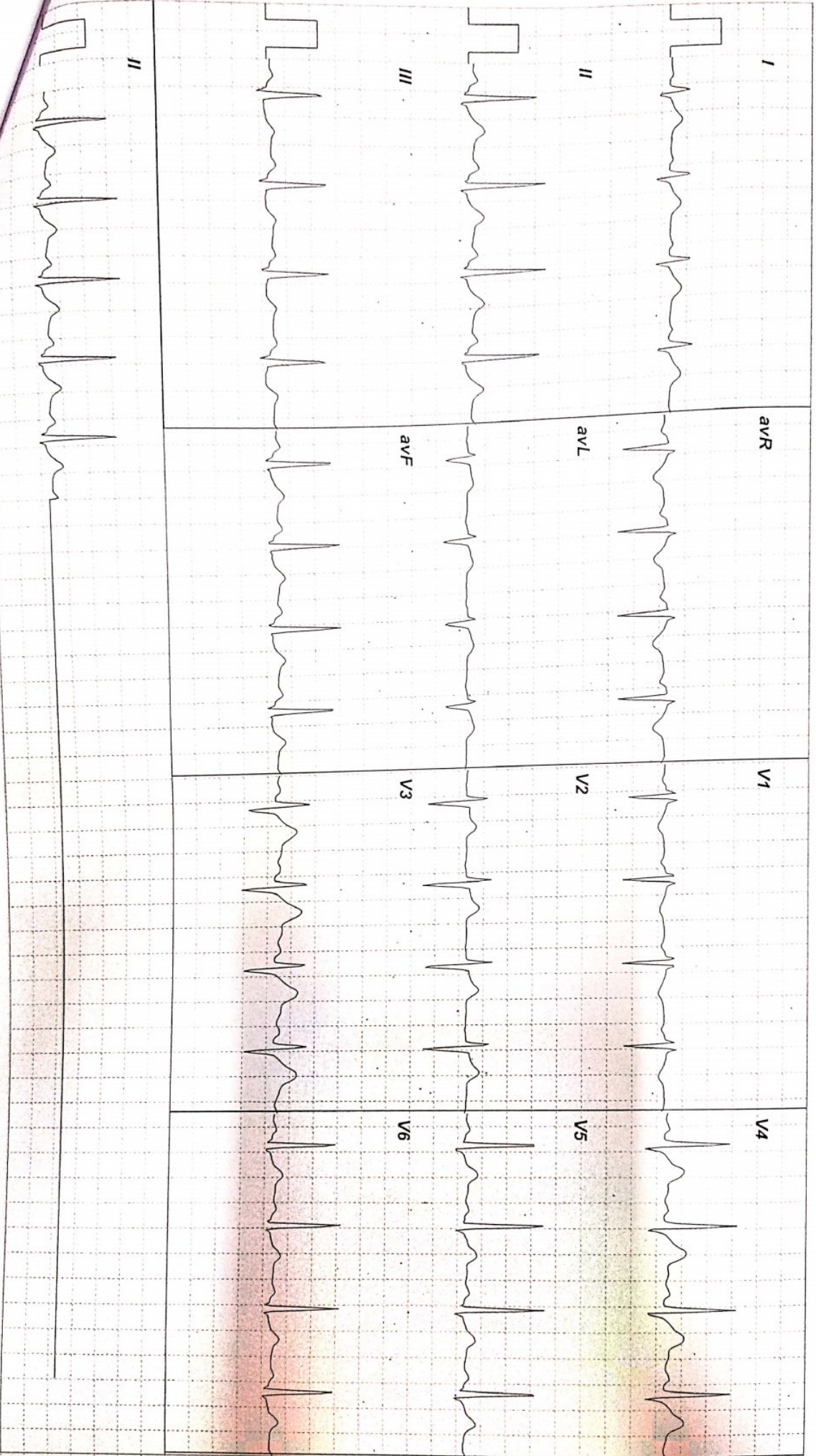
CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
4562222 / ZAKIRHUSEN BLOCH
38 Yrs / Male
0 Kg / 0 Cm/
Date: 25-Nov-2023 11:33:45 AM

HR: 103 bpm
METs: 1.0
BP: 130/80
Tgt HR: 56% of 182
Speed: 0.0 m/pt,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery(3:14)
1.0 Cm/mV
25 mm/Sec.



Pt.'s Name: ZAKIRHUSEN BLOCH

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

Pat.s' Name: ZAKIRHUSEN BLOCH

DATE: 25 November 2023

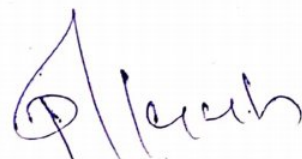
U.S.G. OF ABDOMEN AND PELVIS

- **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



**ZAKIRHUSEN BLOCH 38Y/M CHEST PA 25-Nov-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**