

09/12/23



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Himmatbhai Dhunjibhai Rathod
identity proof : Pan card
identity proof no : BU4PR9532F
gender : male / 33 Yr
height : 178
weight : 92
B P : 130/90
pluse : 74/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : NO

Dental : Healthy

Romberg Test :

Colour vision : Normal

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (D.H)
Regd. No. G. 18
Code No. 13
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME : Himmatsbhai Rathod DIAG. DATE: 09-12-23
 AGE/GENDER: male / 33

PATIENT'S REFRACTION DETAILS

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

REMARKS :

CHECKED BY : Dr. CP Dadhaniya

DR. C. P. DADHANIYA

M.B. Dip. Ophthalmology
 Ind. Physician

Regd. No.

Code No.

Panchmukhi Hospital,
 Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



DR. C. P. DADHANIYA

M.B. Diabetologist
Report Confirmed by

The Physician (DH)
must be consulted in all cases

Regd. No. G19756
mv 1.94

Code No. 378853
mv 1.36/0.58

Panchmukhi Hospital
Mavdi Chowk

450 Ft. Ring Road RAJKOT-0

QT/QTc
ms 160

HR
bpm 73

P-R
ms 160

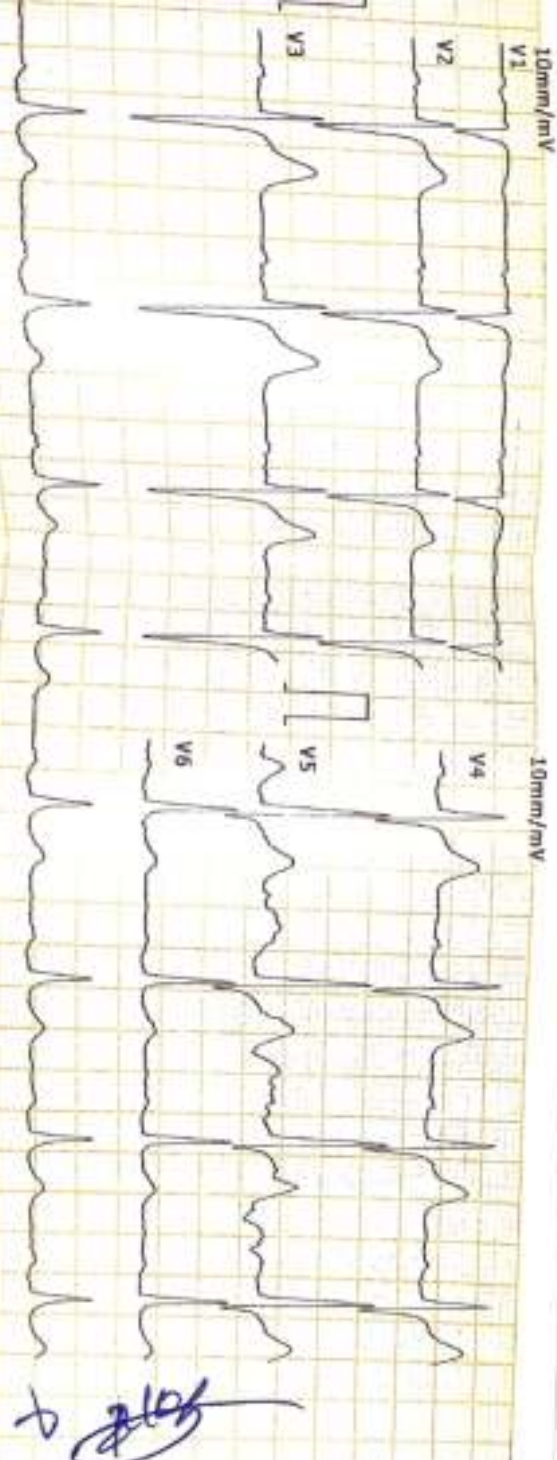
Weight(kg): 83

Height(cm): 1

BP(mmHg): 1

ID Card
Name: Himmatbhai Rethod
Age: 83
Gender: male

2023-12-9 8:56:01
ID: 00003640



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

निमजिवना धानजिवना रातुड

धानजिवना नानजिवना रातुड

05/09/1990

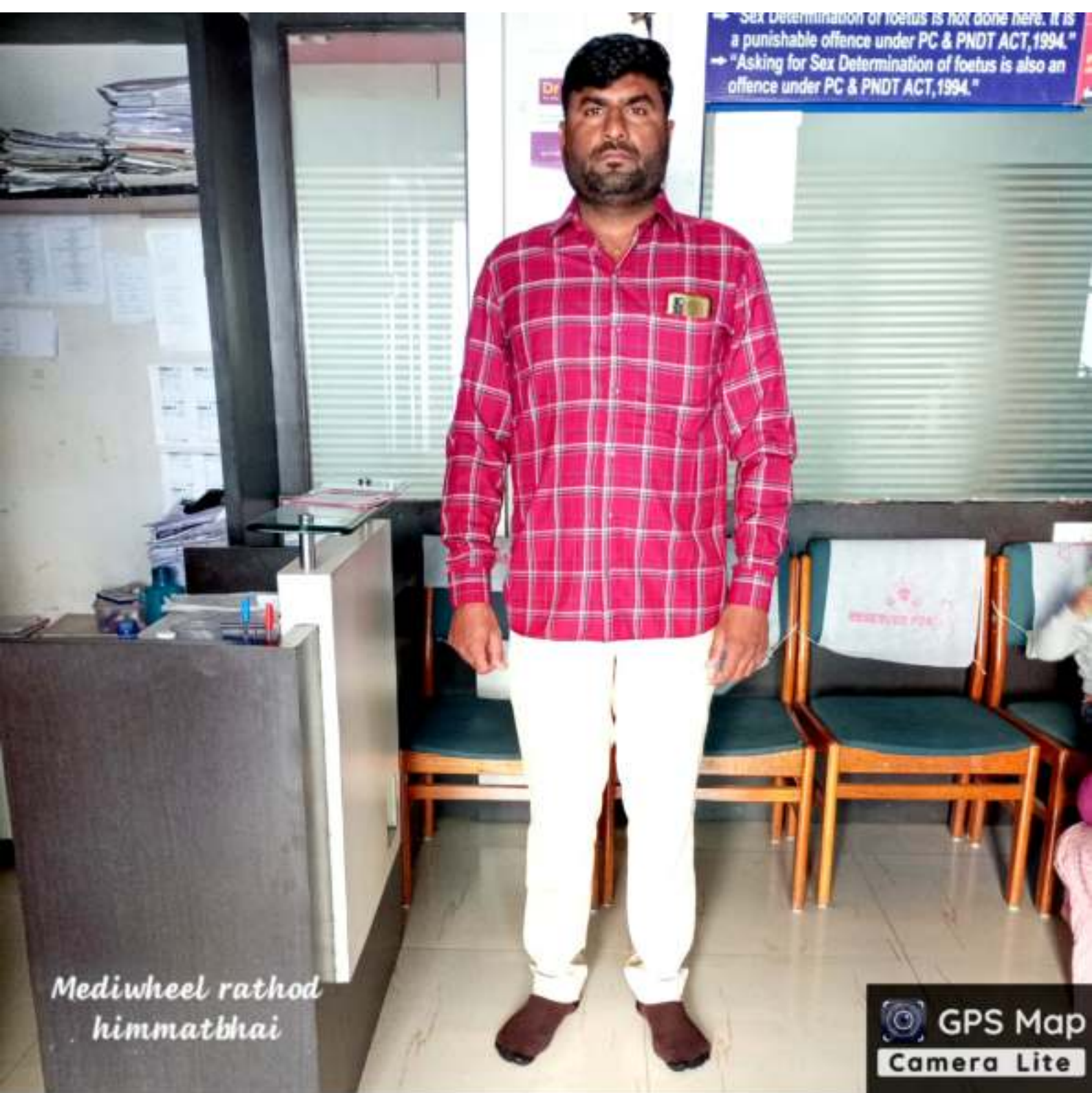
Permanent Account Number

BUYPR9532F


Signature

Handwritten signature in Devanagari script.





*Mediwheel rathod
himmatbhai*

 **GPS Map
Camera Lite**

21-22, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2653606°

Longitude

70.7846785°

Local 09:07:31 AM

GMT 03:37:31 AM

Altitude 145 meters

Saturday, 09.12.2023



TEST REPORT

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Age/Sex : 33 Years / Male	Reg. Date : 09-Dec-2023 03:57 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 09-Dec-2023 04:45 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	14.9	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	41.10	%	47 - 52	
RBC Count (Electrical Impedance)	5.80	million/cmm	4.7 - 6.0	
MCV (Calculated)	70.9	fL	78 - 110	
MCH (Calculated)	25.7	Pg	27 - 31	
MCHC (Calculated)	36.3	%	30 - 35	
RDW (Calculated)	12.9	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6650	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	51 %	% Range 42.0 - 75.2	Abs. Value 3392 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	37 %	20 - 45	2461 /cmm	1000 - 3900
Eosinophils (%)	05 %	1 - 4	333 /cmm	0 - 450
Monocytes (%)	07 %	2 - 8	466 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	226000	/cmm	150000 - 450000	
MPV	10.1	fL	7.4 - 10.4	
P-LCR	26.70	%	11.9 - 66.9	
PDW	12.3	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.23	%	0.2 - 0.5	

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M.D. (Path. PDCC)





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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	'B'		
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)	07	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	98.00	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: 511.

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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	77.00	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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American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	162.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	103.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	72.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <small>Siemens ALDL</small>	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 <small>Calculated</small>	20.60	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	0.96		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.25		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.94	mg/dL	0.7 - 1.3
eGFR	83.32	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 <small>Calculated</small>	29.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	13.54	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.58	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	138.6	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.58	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	99.5	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.9	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	64.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	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 <small>Calculated</small>	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 A1c 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) CLM	4.590	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) CLM	1.10	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) 11.59 µg/dL 4.5 - 12.6
CLM

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	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		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	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

DRJ

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.28	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.51	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.77	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.63		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	33.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	59.00	U/L	16 - 63
Alkaline Phosphatase <small>Siemens/37C</small>	94.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.42	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.11	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.31	mg/dL	0.0 - 1.1

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

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પંચમુખી હોસ્પિટલ

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

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

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: ૧/૧૨/૨૩

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

શ્રીમતી રિત્ઝાબુબકાબી,

ભા.૯-૭૭૧૩૧૬૫૧૬૩

વિષય:- શરૂ કરેલ ચિયાંદિ નક્કર
લાભ

શ્રીમતી રિત્ઝાબુબકાબી ડી.શ્યામ

માઠી મજાણી શરૂ કરેલ ચિયાંદિ
ના ફરિયાદો લાભ.

જિ
શ્રીમતી રિત્ઝાબુબકાબી

Dr. C. P. DADHANIYA
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PANCHMUKHI HOSPITAL
MAVADI CHOKADI
150' RING ROAD

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

• ફરી આવો ત્યારે આ ઠાગળ સાથે લાવવો

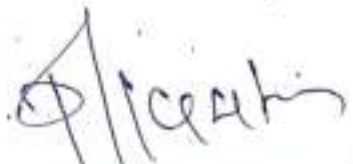
Pt.'s Name: HIMMANTBHAI RATHOD

Date: 9 December, 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

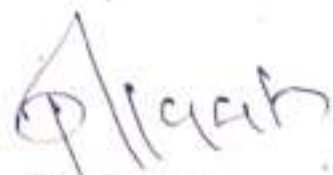
Pt.'s Name: RATHOD KAJALBEN

Date: 9 December, 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.
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Thanks for reference.



DR PRATIK KAGATHARA
MD



HIMMATBHAI RATHOD 33 Y/M CHEST PA 09-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

Tread Mill Test

Patient Name	:	Himmatbhai Rathod	Age	:	33yrs/M
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	11/12/23	Max. BP	:	160/80

Patient Reaches exercise limit at 7.80 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 6:45 minutes as patient complained of Fatigue.
Patient achieved 93% 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
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CURE CARDIOLOGY CLINIC

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

CURE CARDIOLOGY CLINIC

5584659 / HIMMATBHAI RATHOD

33 Yrs / Male

09-Dec-2023 12:00:38 PM

(Signature)

Protocol : BRUCE

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

Objective :
History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	99	130/80	128	-	
Standing					1.0	102	130/80	132	-	
HV					1.0	97	130/80	126	-	
ExStart					1.0	98	130/80	127	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	134	140/80	187	2	
Stage 2	3:00	6:01	6.4	12.0	7.0	153	160/80	244	-	
PeakEx	0:44	6:45	8.8	14.0	7.8	170	160/80	272	-	
Recovery	1:00		0.0	0.0	1.1	154	160/80	246	-	
Recovery	2:00		0.0	0.0	1.0	128	150/80	192	1	
Recovery	3:00		0.0	0.0	1.0	125	140/80	175	-	
Recovery	3:18		0.0	0.0	1.0	120	130/80	156	-	

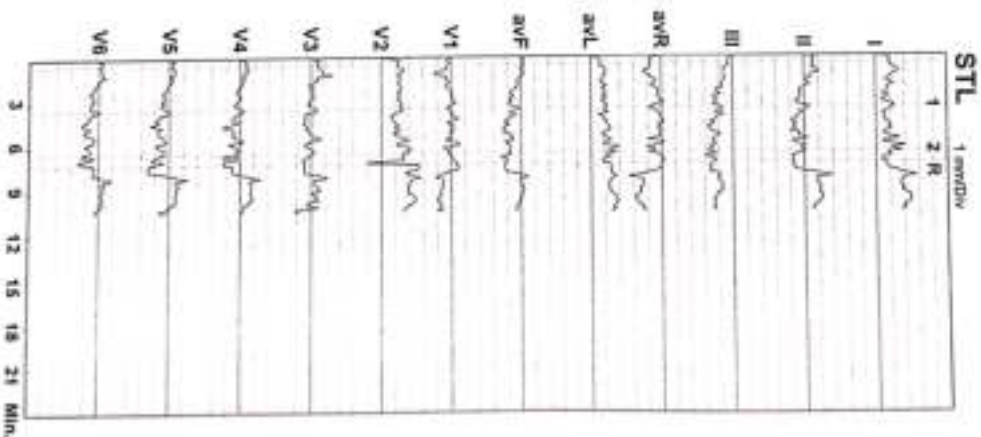
Findings :

Exercise Time : 6:45 minutes
 Max HR attained : 173 bpm 93% of Target 187
 Max BP : 160/80(mmHg)
 Max Workload attained : 7.8 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Anginal/Arrhythmic/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

Summary



DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI,

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT,
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

HR: 99 bpm
METs: 1.0
BP: 130/80

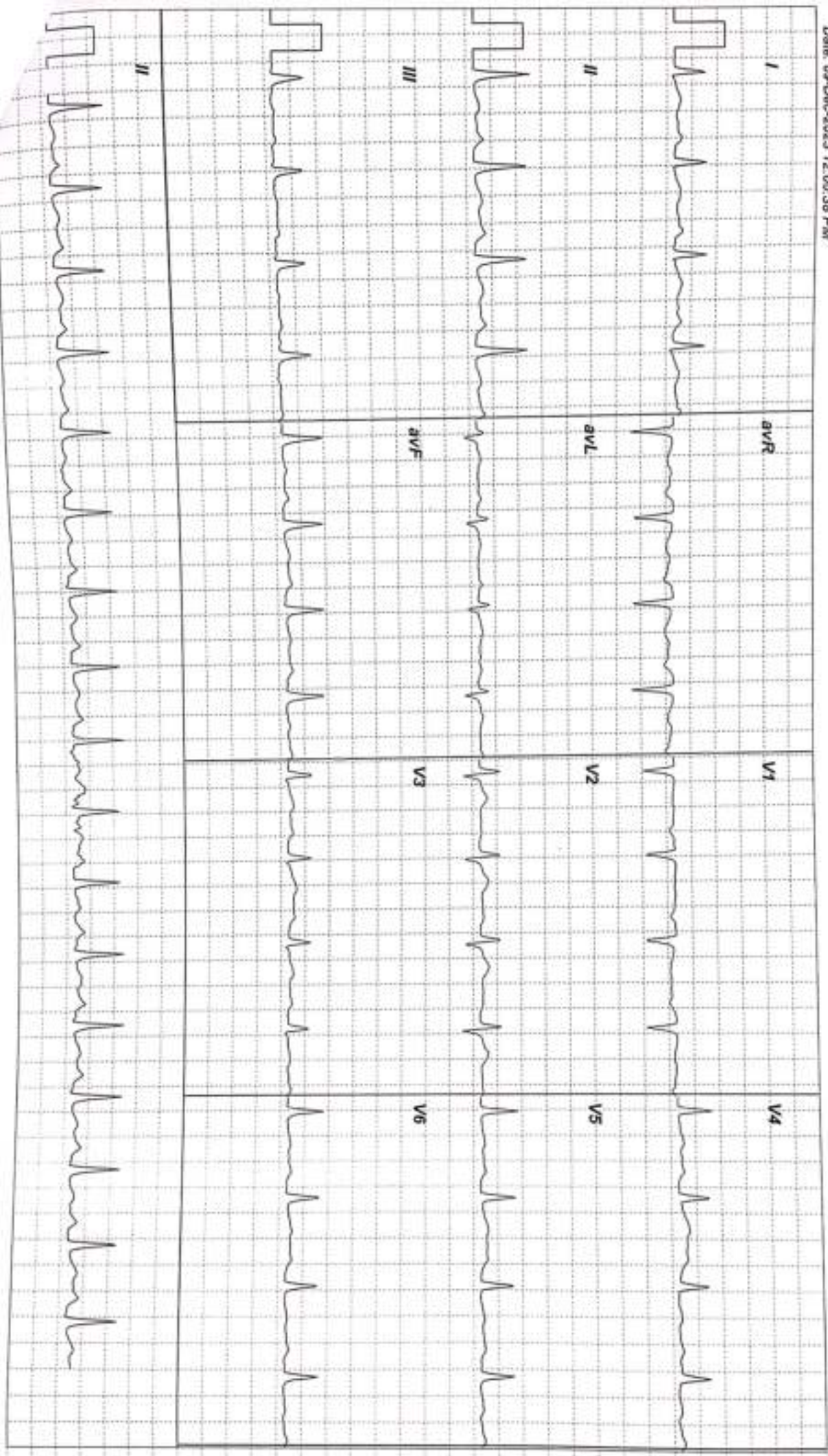
Tgt HR: 52% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 00:14
BLC: On
Match: On

Supine
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, HIMMATIBHAI RATHOD
5584659 / HIMMATIBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

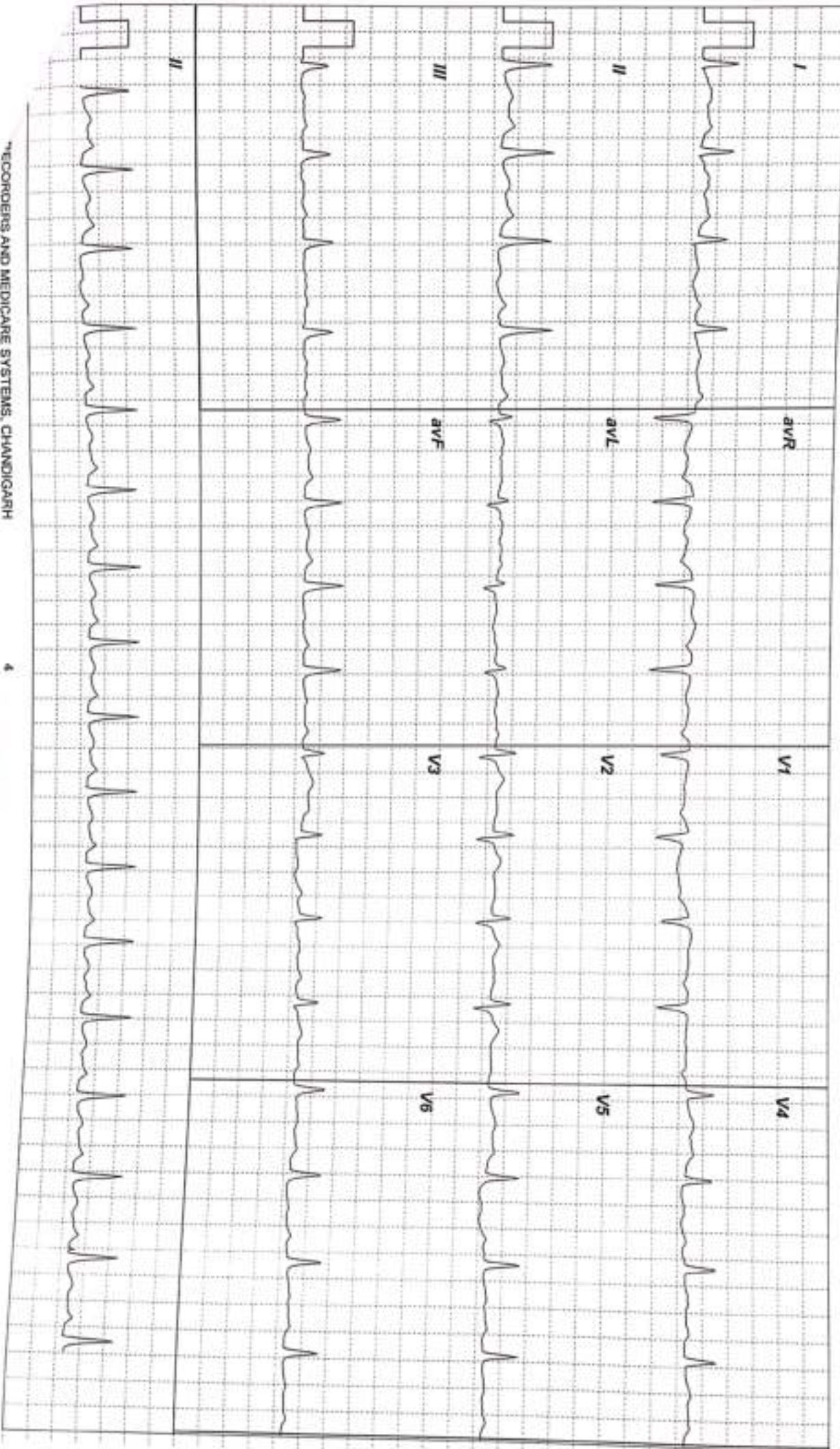
HR: 102 bpm
METs: 1.0
BP: 130/80

Raw HR: 54% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)/Hz

Ex Time: 00:23
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.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

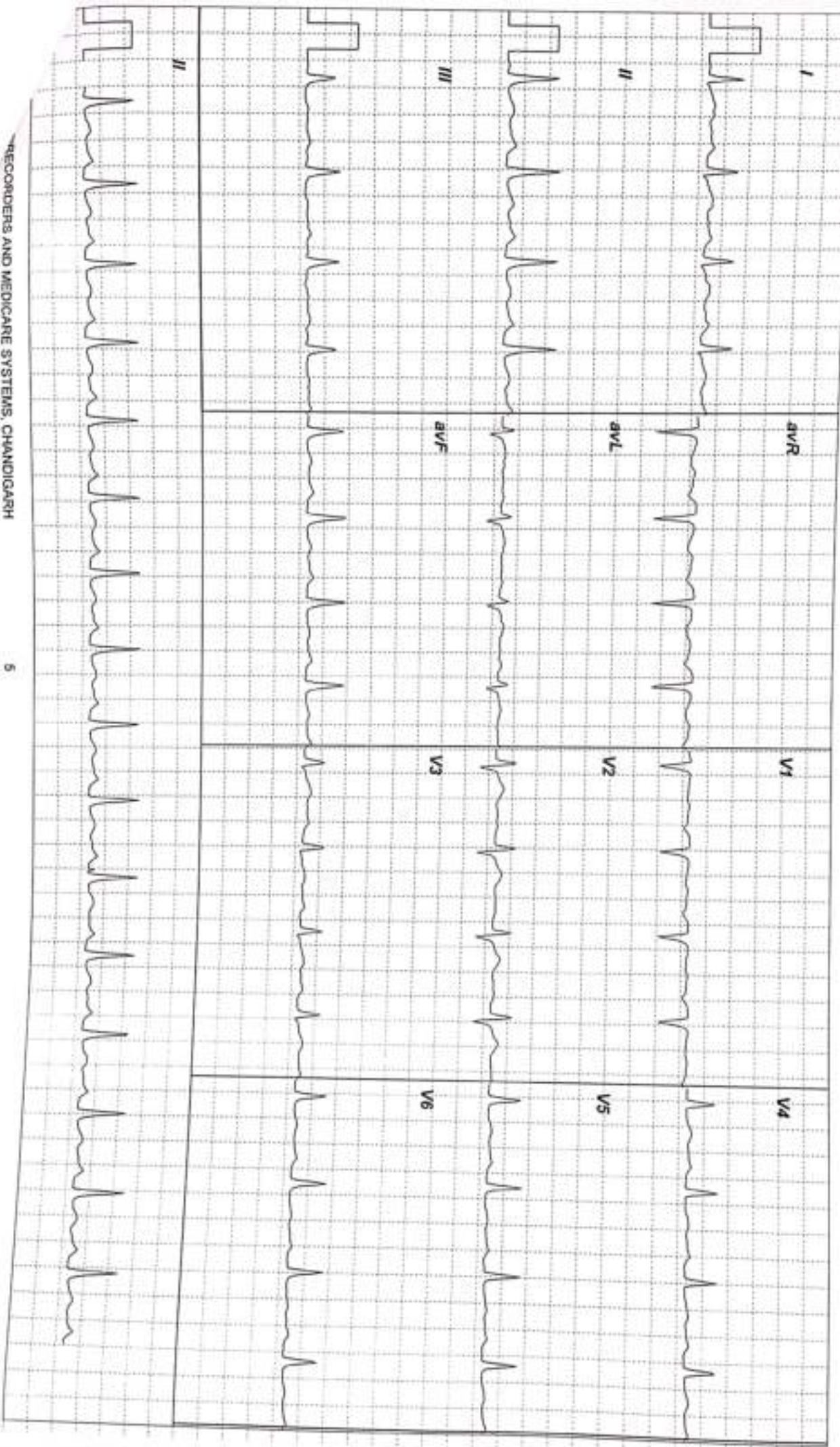
HR: 97 bpm
METs: 1.0
BP: 130/80

Target HR: 51% of 187
Speed: 0.0 mpa
Grade: 0.0%

Raw ECG
Protocol: BRUCE
10.05-100Hz

Ex Time 00:26
BLC: On
Motion: On

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



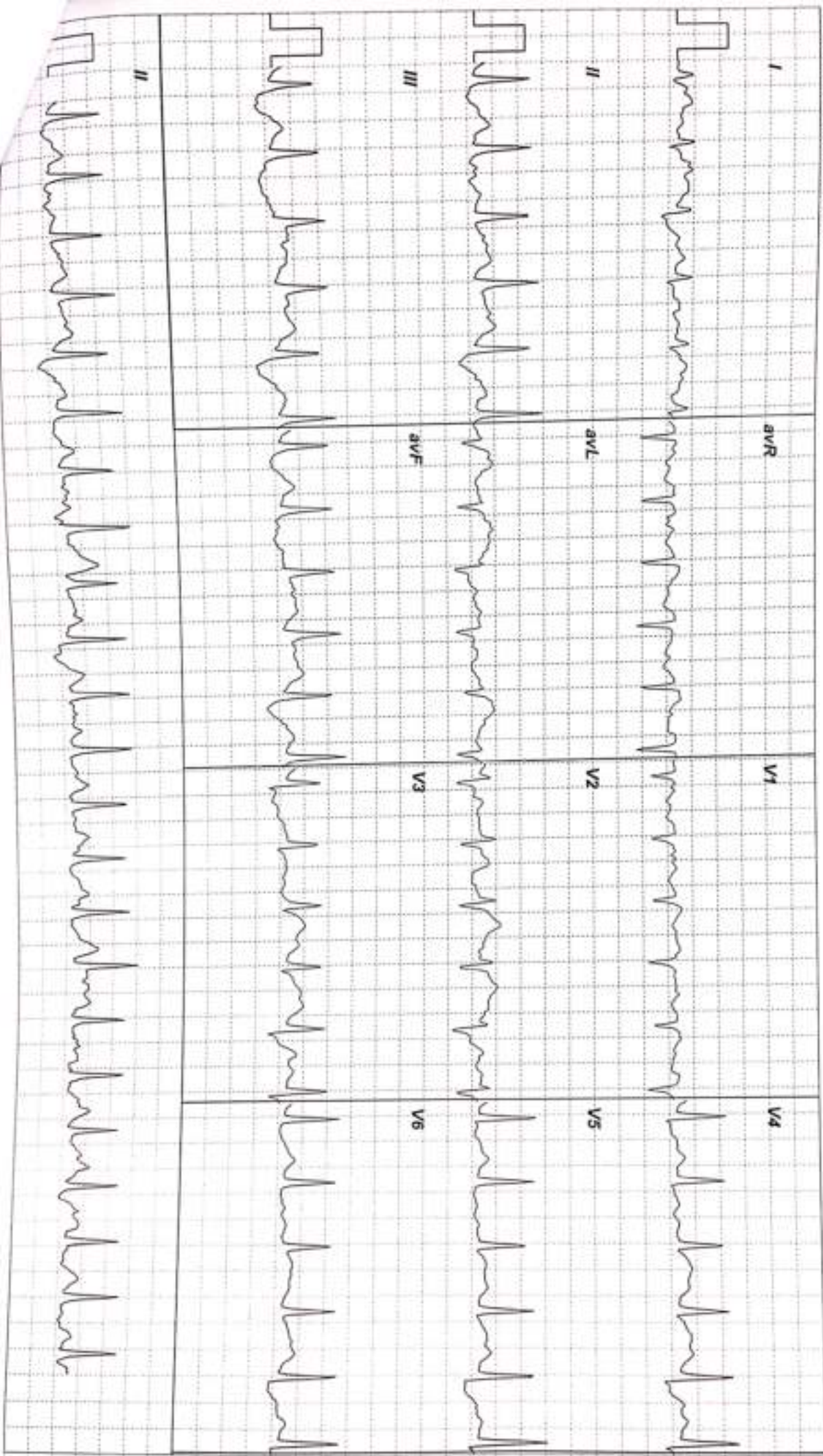
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT,
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

HR: 134 bpm
METs: 4.6
BP: 140/80

Tgt HR: 71% of 187
Speed: 2.7 mph
Grade: 10.0%Raw ECG
Protocol: BRUCE
(0.05-100)/Hz

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

3x4+1 Rhythm Lead

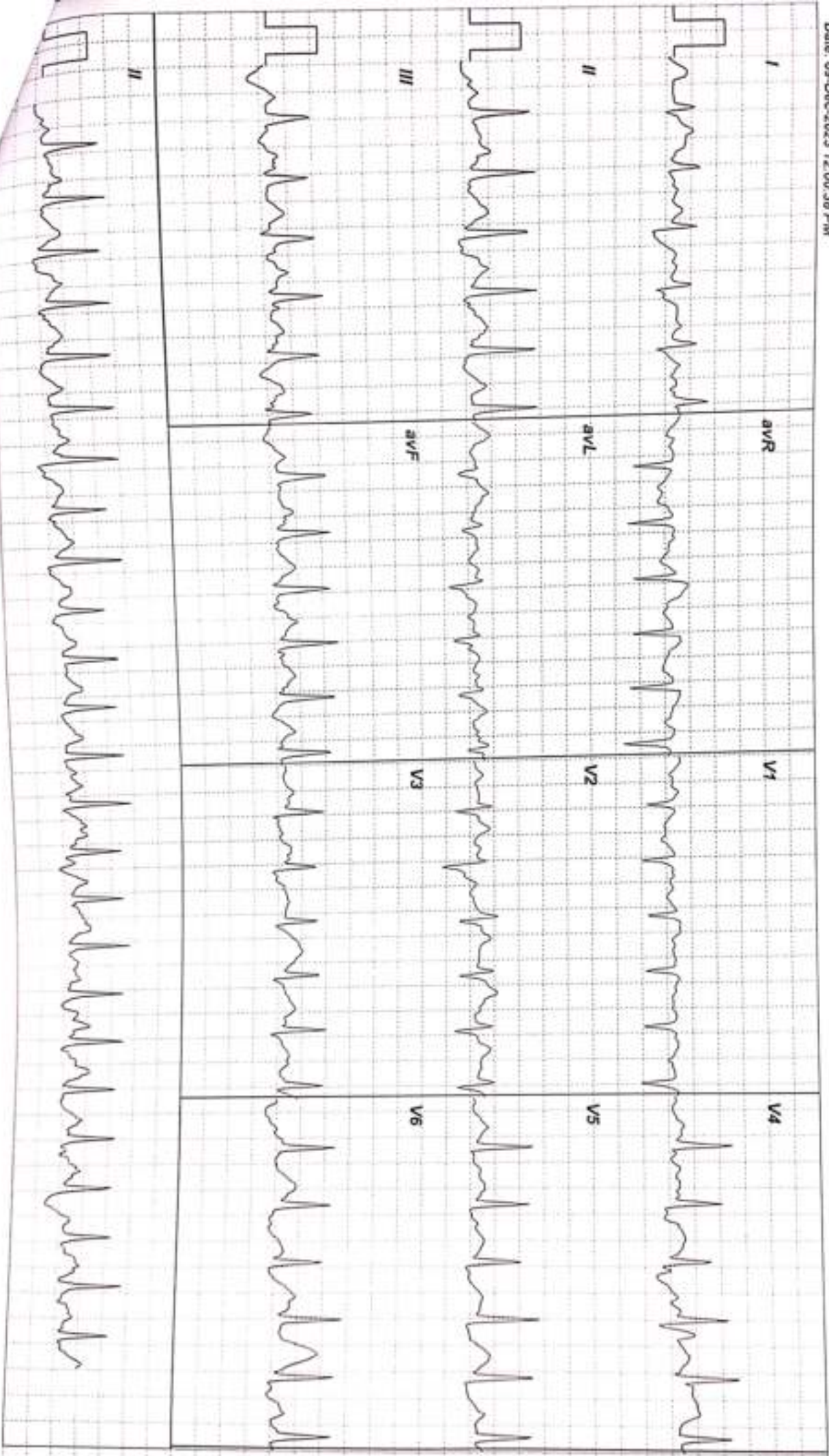


CURE CARDIOLOGY CLINIC
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5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

HR: 153 bpm
METs: 7.0
BP: 160/80

Raw ECG
Tgt HR: 81% of 187
Speed: 4.0 mph
Grade: 12.0%
Protocol: BRUCE
(0.05-100)/Hz
Ex Time: 06:00
BLC: On
Match: On

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

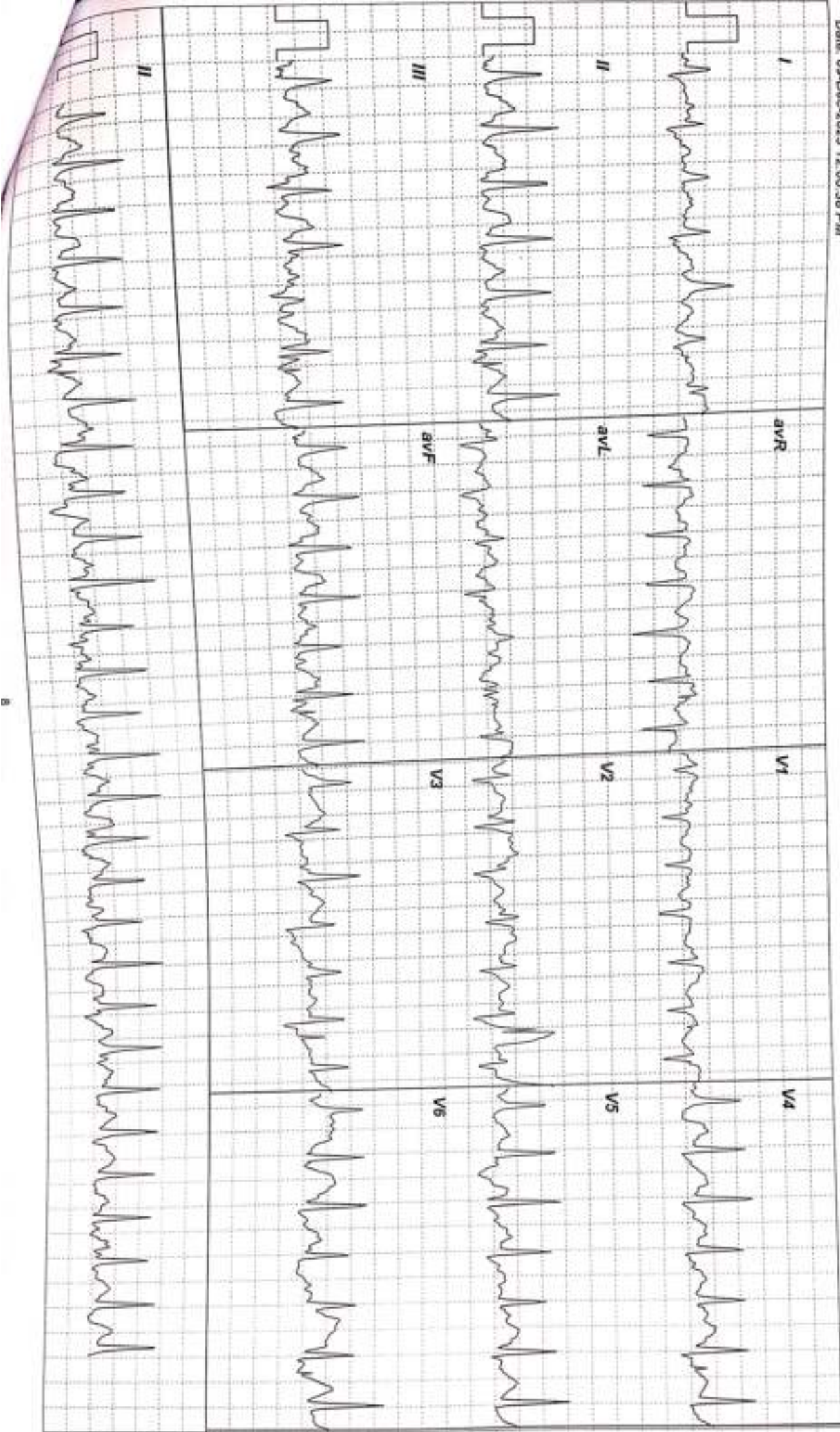


CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

HR: 170 bpm
METs: 7.8
BP: 160/90
Tgt HR: 90% of 187
Speed: 5.5 mph,
Grade: 14.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 08:44
BL C: On
Watch: On

3x4+1 Rhythm Lead
BRUCE: PeakEx(0:44)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

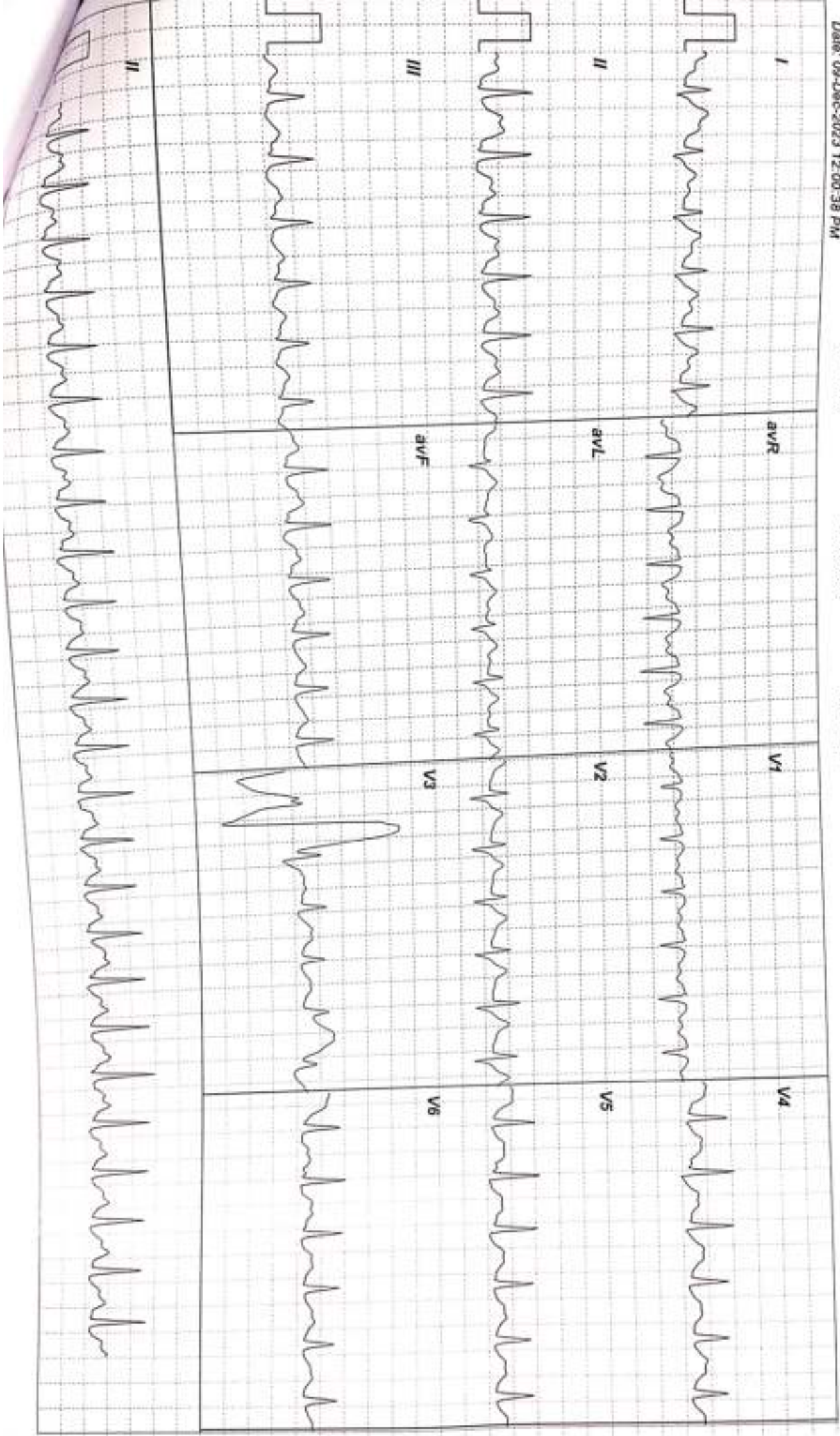
HR: 154 bpm
METs: 1.1
BP: 160/80

Raw ECG
Tgt HR: 92% of 187
Speed: 0.0 mph
Protocol: BRUCE
Grader: 0.0%

Ex Time 06:45
BLC: On
Watch: On

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

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

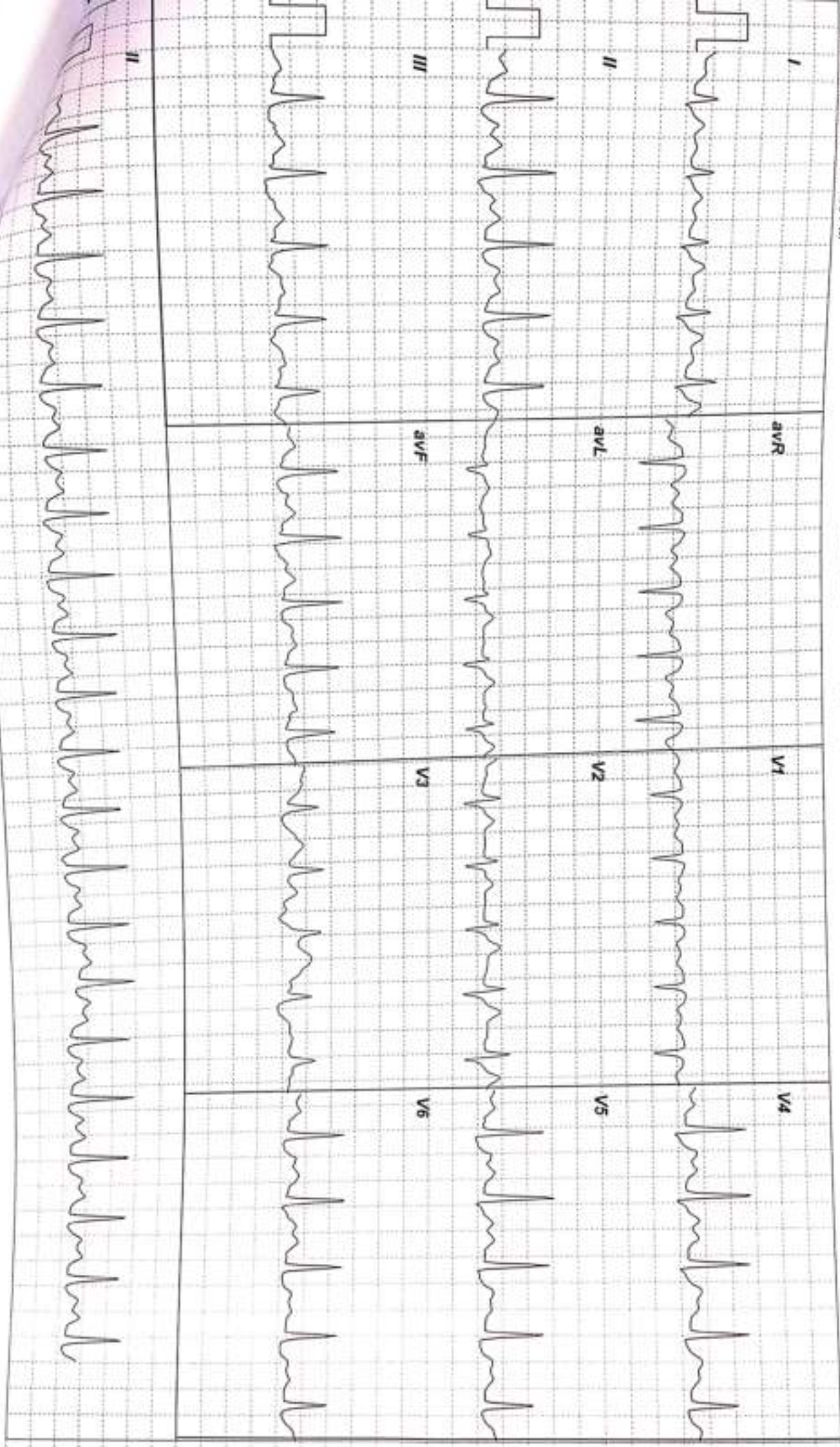
HR: 128 bpm
METs: 1.0
BP: 150/80

Trgt HR: 56% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0:05-10:00) x4

Ex Time 06:45
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.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

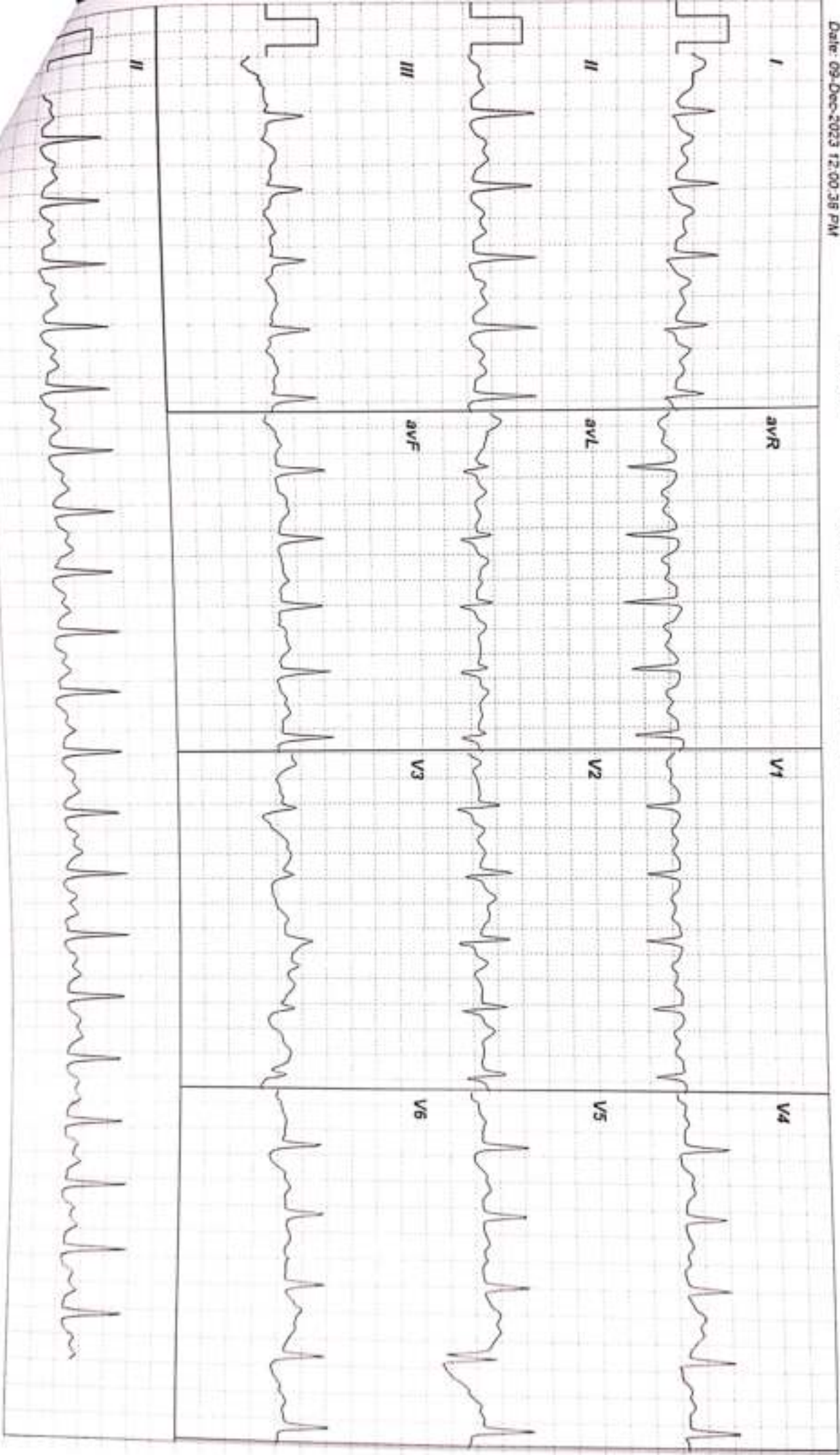
HR: 125 bpm
METs: 1.0
BP: 140/80

Raw ECG
Trgt HR: 65% of 187
Speed: 0.0 mph,
Gain: 0.0%

Protocol: BRUCE
(0.05-100)Hz

Ex Time: 06:45
BLC: On
Match: On

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
5584659 / HIMMATBHAI RATHOD
33 Yrs / Male
0 Kg / 0 Cm/
Date: 09-Dec-2023 12:00:38 PM

HR: 120 bpm
METs: 1.0
BP: 130/80

Raw ECG
Tgt HR: 64% of 187
Speed: 0.0 miph,
Grade: 0.0%

Protocol: BRUCE
(0.05-100)/Hz
Ex Time 06:45
BLC: On
Natch: On

3x4+1 Rhythm Lead
Recovery(3:18)
1.0 Cm/mV
25 mm/Sec

