

# 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 : Thanki Sandip  
identity proof : Aishwari card  
identity proof no : 6613 / 27  
gender : male  
height : 178  
weight : 57  
B P : 100 / 70  
pulse : 70 / 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 (CIH)  
Reg. No. G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Thanki Sandip  
AGE/GENDER: male / 27

DATE: 02-02-2024

PATIENT'S REFRACTION DEATILES

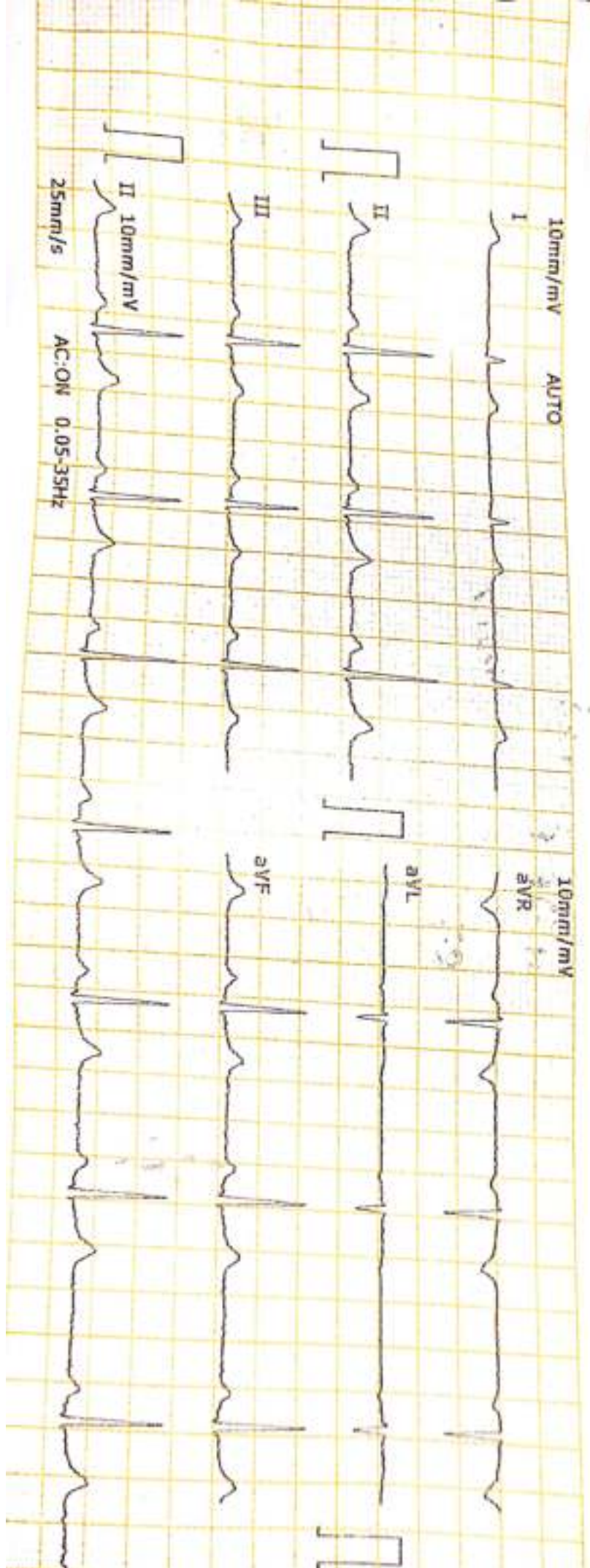
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	D	N	N	N	6/6
R	N	N	N	N	6/6
	D	N	N	N	6/6
L	N	N	N	N	6/6

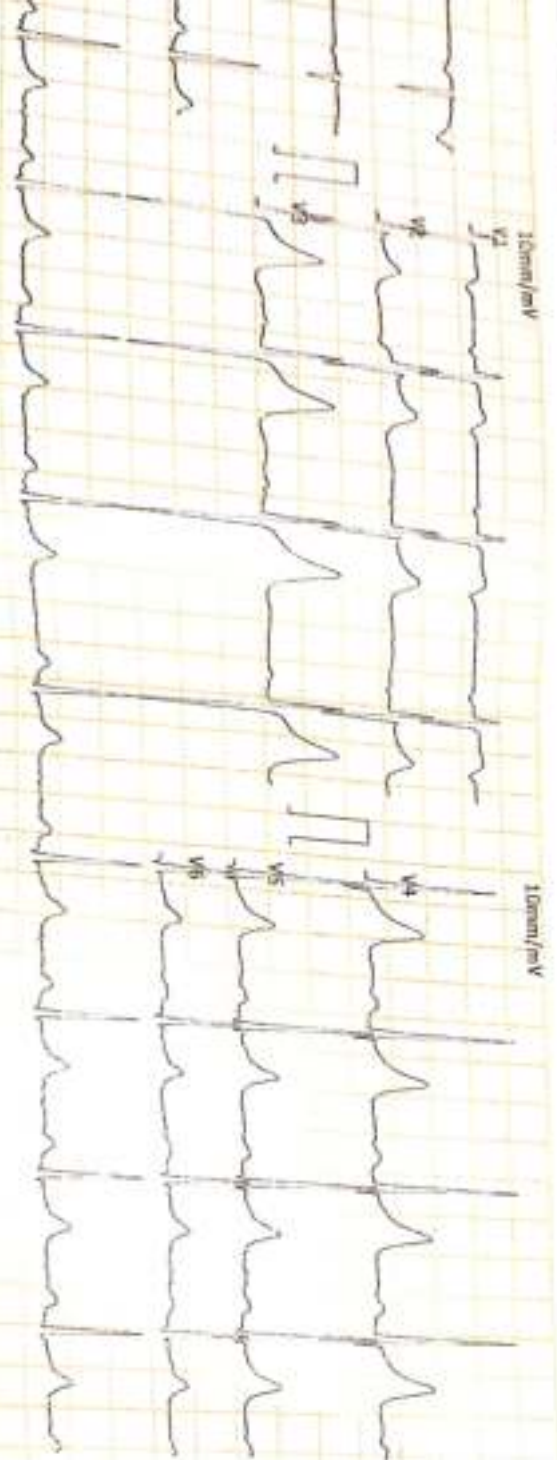
REMARKS:

CHECKED BY: Dr. C. P. Dadhaniya

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DR. C. P. DADHANIYA  
M.B. Diabetologist  
Ind. Physician (H)  
Reg. No. 6109  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.





2024-2-2 9:56:11 ID: 00001798

ID Card: \_\_\_\_\_  
 Name: **Sandip Thanki** Gender: male  
 Age: **29**  
 Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_  
 BP (mmHg): \_\_\_\_\_

HR: \_\_\_\_\_ bpm 59  
 P-DR. **C. P. DADHANIYA**, MD  
 Q-R-S: **MD** Cardiologist B3  
 QT/QTc: **MD** Ph.D. (IHA) 373/400  
 PQRST AXES: **Re** 619798 76/77/60  
 R/S/SV1: **Code No. 378943** 157/0.65  
 RV: **Pangmukhi Hospital** mv 2.22

The report is confirmed by doctor  
**Dr. Sandip Thanki**  
 150 Ft. Ring Road, RAJKOT.





# પંચમુખી હોસ્પિટલ

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

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર 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 આપવામા આવે છે

Thumadi Sundip Navbhaneshwar  
I don't want to report of  
Stool report.

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H.

Regd. No. G19798

PANCHMUNI HOSPITAL  
MAVADI CHOKADI.

150' RING ROAD, RAJKOT.





ભારત સરકાર

Government of India



શાનકી સંદીપ

**Thanki Sandip**

જન્મ તારીખ / DOB: 19/11/1996

પુરુષ / Male

**8145 2410 6613**

29/11/2013

મારો આધાર, મારી ઓળખ







ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ

Unique Identification Authority of India



સરનામું: S/O: નરભેશંકર, આશાપુરા કૃપા, નારાયણ પાર્ક, મહારાજ  
બાગ રોડ, જયુબેલી, પોરબંદર, ગુજરાત, 360575

Address: S/O: Narbhashankar, ashapura krupa,  
narayan park, maharaj bag road, jayubeli,  
Porbandar, Gujarat, 360575



8145 2410 6613



1947



help@uidai.gov.in



www.uidai.gov.in









*Mediwheel Thanki  
sandip*

 **GPS Map**  
**Camera Lite**

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

Latitude  
22.2654231°

Longitude  
70.7843144°

Local 10:05:50 AM  
GMT 04:35:50 AM

Altitude 145 meters  
Friday, 02.02.2024

Pat.s' Name: THANKI SANDIP

DATE: 2 February 2024

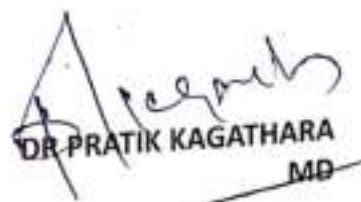
### U.S.G. OF ABDOMEN AND PELVIS

- **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.
- Bilateral inguinal region is normal.

Thanks for reference.

  
DR PRATIK KAGATHARA  
MD

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

3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



Pt.'s Name: THANKI SANDIP

Date: 2 February, 2024

**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





TEST REPORT

<b>Name</b> : Thanki Sandip	<b>Reg. No</b> : 402100265
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 02-Feb-2024 04:10 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 02-Feb-2024 04:11 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 02-Feb-2024 04:36 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	13.1	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	<b>41.70</b>	%	47 - 52	
RBC Count (Electrical Impedance)	<b>4.60</b>	million/cmm	4.7 - 6.0	
MCV (Calculated)	90.7	fL	78 - 110	
MCH (Calculated)	28.5	Pg	27 - 31	
MCHC (Calculated)	31.4	%	30 - 35	
RDW (Calculated)	12.0	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	4220	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	42 %	% Range 42.0 - 75.2	<b>1772</b> /cmm	<b>Abs. Range 1800 - 7700</b>
Lymphocytes (%)	45 %	20 - 45	1899 /cmm	1000 - 3900
Eosinophils (%)	04 %	1 - 4	169 /cmm	0 - 450
Monocytes (%)	<b>09</b> %	2 - 8	380 /cmm	200 - 1000
			42 /cmm	20 - 100
Immature Granulocyte %	0	%		
<b>Platelete Parameter</b>				
Platelet Count	360000	/cmm	150000 - 450000	
MPV	<b>11.9</b>	fL	7.4 - 10.4	
P-LCR	39.90	%	11.9 - 66.9	
PDW	15.0	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.43	%	0.2 - 0.5	

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M.D. (Path. PDCC)




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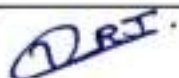
<b>Name</b>	: Thanki Sandip	<b>Reg. No</b>	: 402100265
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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 02-Feb-2024 04:50 PM

**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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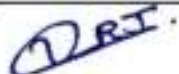




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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	04	mm/hr	1 - 7



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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 02-Feb-2024 04:56 PM


**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONINASE</small>	96.00	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) HEXOKWASE	97.00	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 <small>Cholesterol Oxidase</small>	164.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	111.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	60.0	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <small>Siemens ALDL</small>	91.00	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>	22.20	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.52		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.73		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.79	mg/dL	0.7 - 1.3
<b>eGFR</b>	106.56	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
<b>Urea</b> <small>Calculated</small>	19.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	8.87	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	4.65	mg/dL	3.5 - 7.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	140.6	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.54	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	103.5	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	8.9	mg/dL	8.5 - 10.1

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**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.00	%	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>	96.80	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
<b>Thyroid Stimulating Hormone (TSH)</b> CLM	1.45	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

<b>Triiodothyronine (T3)</b> CLM	1.79	ng/mL	0.6 - 1.81
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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.

*D.R.I.*

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towards the healthiness...





TEST REPORT

<b>Name</b> : Thanki Sandip	<b>Reg. No</b> : 402100265
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 02-Feb-2024 04:10 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 02-Feb-2024 04:11 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 02-Feb-2024 04:50 PM

**Thyroxine (T4)** 10.64 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.

towards the healthiness...

*D.R.J.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 10 of 12

**Dr. Viral R. Jethava**  
M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Thanki Sandip	<b>Reg. No</b> : 402100265
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 02-Feb-2024 04:10 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 02-Feb-2024 04:11 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 02-Feb-2024 04:50 PM

URINE ROUTINE EXAMINATION

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

**PHYSICAL EXAMINATION**

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		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

*DRJ*

Dr. Viral Jethava

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Page 11 of 12

Dr. Viral R. Jethava

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towards the healthiness...



TEST REPORT

<b>Name</b> : Thanki Sandip	<b>Reg. No</b> : 402100265
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 02-Feb-2024 04:10 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 02-Feb-2024 04:11 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 02-Feb-2024 04:50 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	8.00	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.00	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	<b>4.00</b>	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.00		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	25.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	35.00	U/L	16 - 63
Alkaline Phosphatase <small>Siemens/37C</small>	64.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.97	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.84	mg/dL	0.0 - 1.1

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

*D.R.J.*

Dr. Viral Jethava

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Page 12 of 12

Dr. Viral R. Jethava

M.D. (Path. PDCC)



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## Tread Mill Test

Patient Name	: Sandip Thanki	Age	: 27yrs/M
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 130/80
Report Date	: 02/02/2024	Max. BP	: 160/80

Patient Reaches exercise limit at 8.60 METS.

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

Adequate increase of HR & BP.

No significant Arrhythmia.


The stress test was terminated after 7:30 minutes as patient complained of Fatigue.  
Patient achieved 91% 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, RAJKOT.  
 15337/SANDIP THANKI 27 Yrs/Male 0 Kg/0 Cms  
 Date: 02-Feb-2024 11:48:32 AM  
 Ref.By : DR C P DADHANIYA  
 Medication :  
 Objective :

*(Handwritten signature)*

Summary



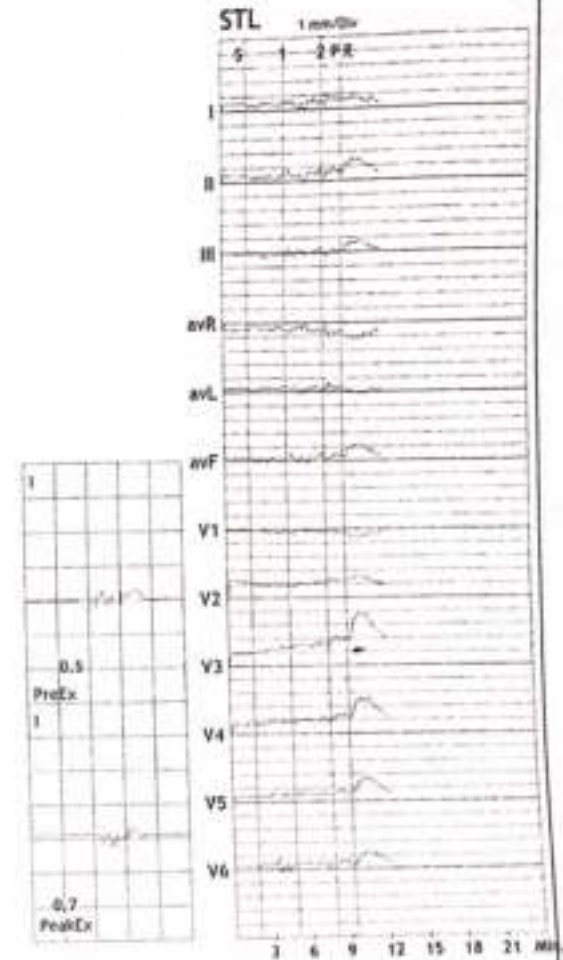
Protocol : BRUCE  
 History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine	0:01	1:08	0.0	0.0	1.0	101	130/80	131	-	
Standing	0:01	1:12	0.0	0.0	1.0	101	130/80	131	-	
HV	0:01	1:17	0.0	0.0	1.0	104	130/80	135	-	
ExStart	0:01	1:54	0.0	0.0	1.0	107	130/80	139	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	135	140/80	189	-	
Stage 2	3:00	6:00	4.0	12.0	7.0	157	150/80	235	-	
PeakEx	1:28	7:29	5.5	14.0	8.6	176	160/80	281	-	
Recovery	1:00	7:31	0.0	0.0	1.2	143	160/80	228	-	
Recovery	2:00	7:31	0.0	0.0	1.0	131	150/80	196	-	
Recovery	3:00	7:31	0.0	0.0	1.0	123	140/80	172	-	

Findings :

Exercise Time : 7:30 minutes  
 Max HR attained : 176 bpm 91% of Max Predictable HR 193  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 8.6 (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.  
 Maxmum Depression: ---

Advice/Comments:



DR MAULIK HANSAIA/DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
15337 / SANDIP THAKK  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

HR: 101 bpm  
METs: 1.0  
BP: 110/80

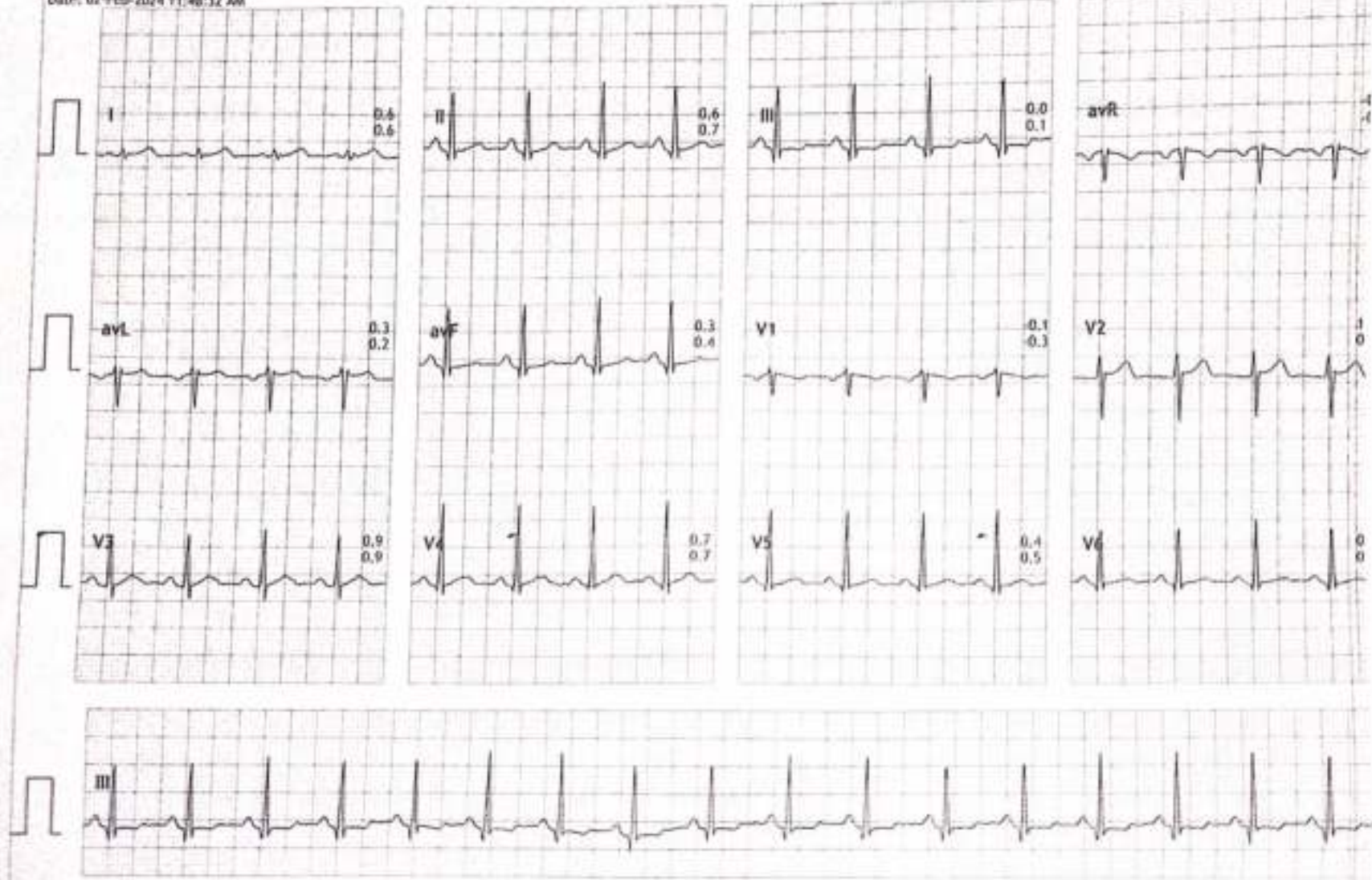
WPHR: 52% of 193  
Speed: 0.0 kmph  
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG  
BRUCE  
(0.05-100Hz)

Ex Time 01:07  
BLC :On  
Watch :On

Supine  
10.0 mm/mV  
25 mm/Sec.



DR MAULIK HANSALIA/DR HISHANT SIRODARIYA



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 15337 / SANDIP THAKAT  
 27 Yrs / Male  
 8 Kg / 0 Cm  
 Date: 02-Feb-2024 11:48:32 AM

**3x4+1 Rhythm Lead**

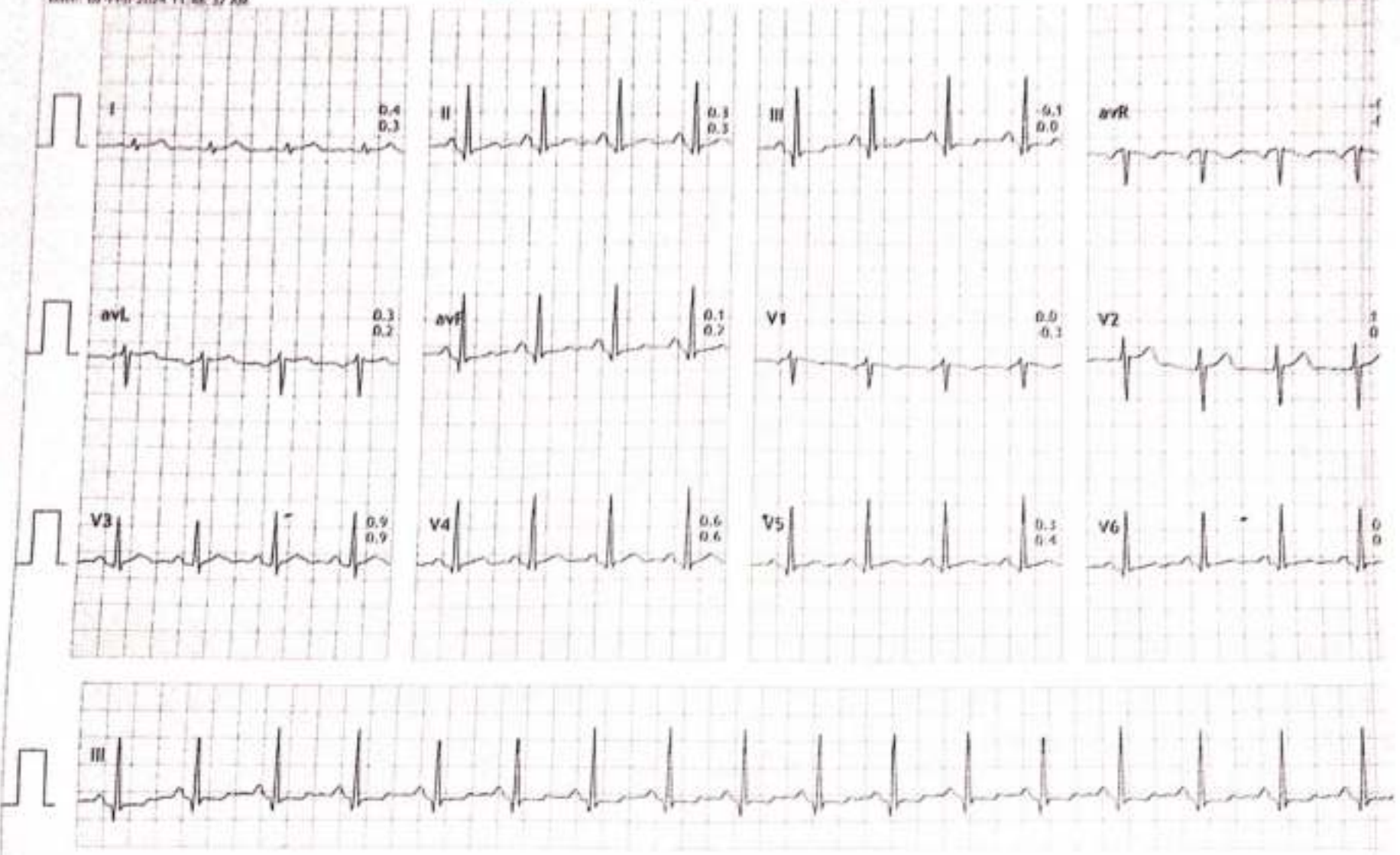
HR: 101 bpm  
 METS: 1.0  
 BP: 130/80

APPR: 5/3 of 194  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 ID 05-100ptr

Ex Time 01:11  
 B/C On  
 Mech On

Standing  
 15.0 mm/mV  
 25 mm/Sec.



DR MAULIK HANSALIA / DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
15337 / SANDIP THAKSI  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

3x4+1 Rhythm Lead

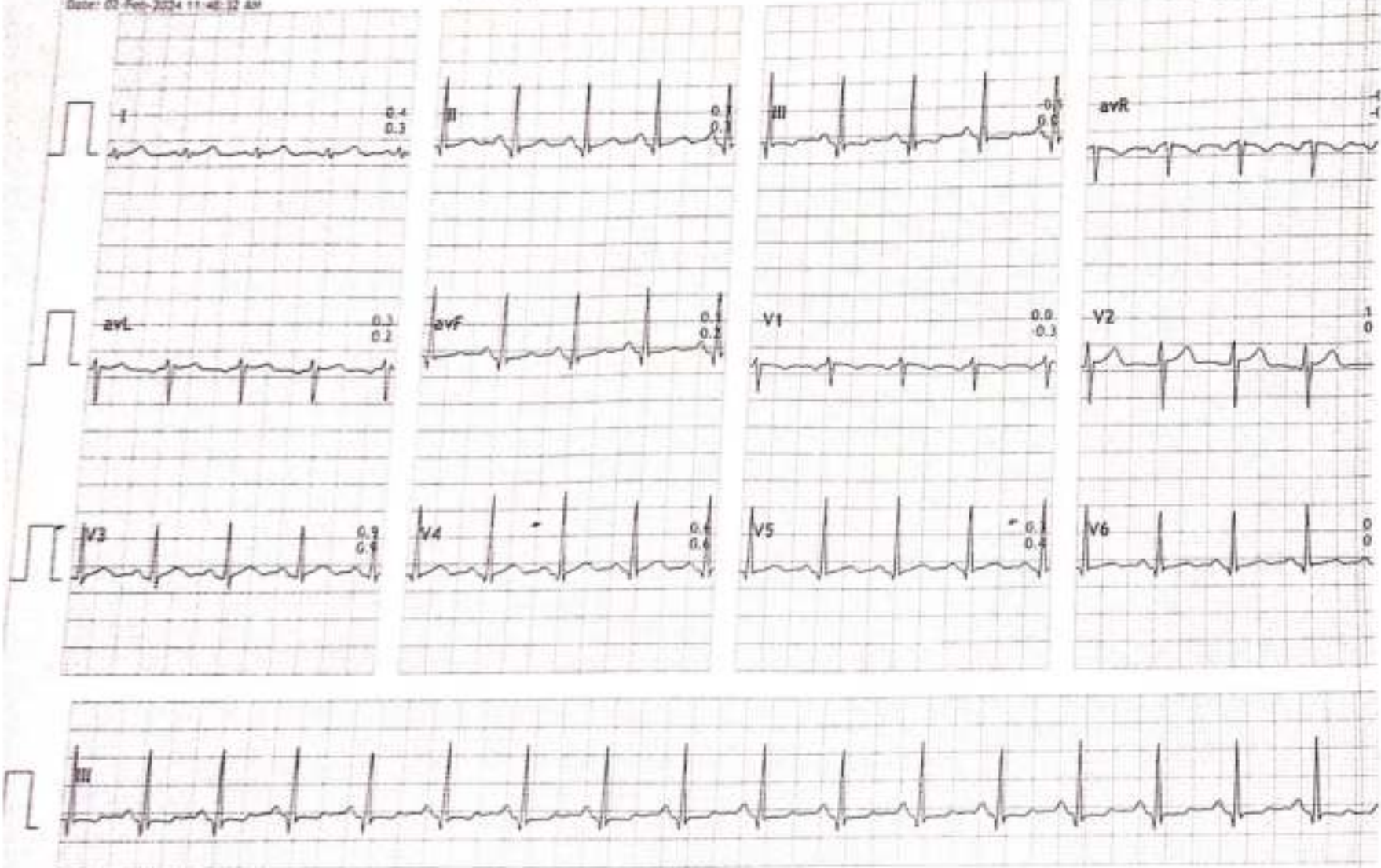
HR: 104 bpm  
METs: 1.0  
BP: 130/80

MPHR: 53% of 193  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
DRUCE  
(0.05-100Hz)

Ex Time 01:16  
BLE: On  
Notch: On

HV  
10.0 mm/mV  
25 mm/Sec.





CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT,  
15337 / SANDIP THANGI  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

HR: 107 bpm  
METs: 1.0  
BP: 130/80

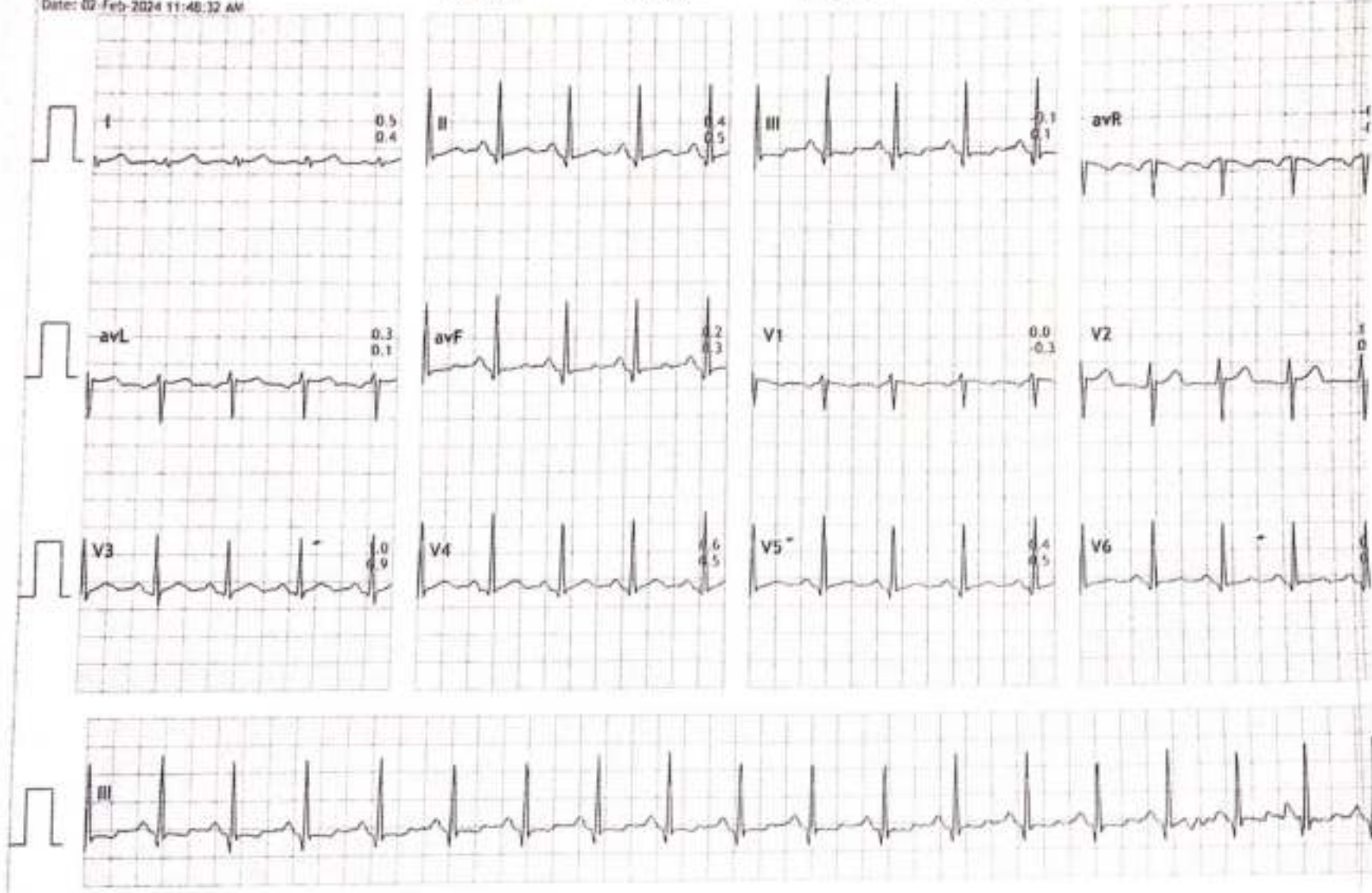
MPHR: 55% of VV3  
Speed: 0.0 kmph  
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG  
BRUCE  
@ 05-100Hz

Ex Time: 01:53  
BLC: On  
Hatch: On

ExStart  
10.0 mm/mV  
25 mm/Sec.



DR. MALIK, HAFSALIA/DR. NISHANT SIRODARIYA



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 15337 / SANDIP THAKUR  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 02-Feb-2024 11:48:32 AM

**3x4+1 Rhythm Lead**

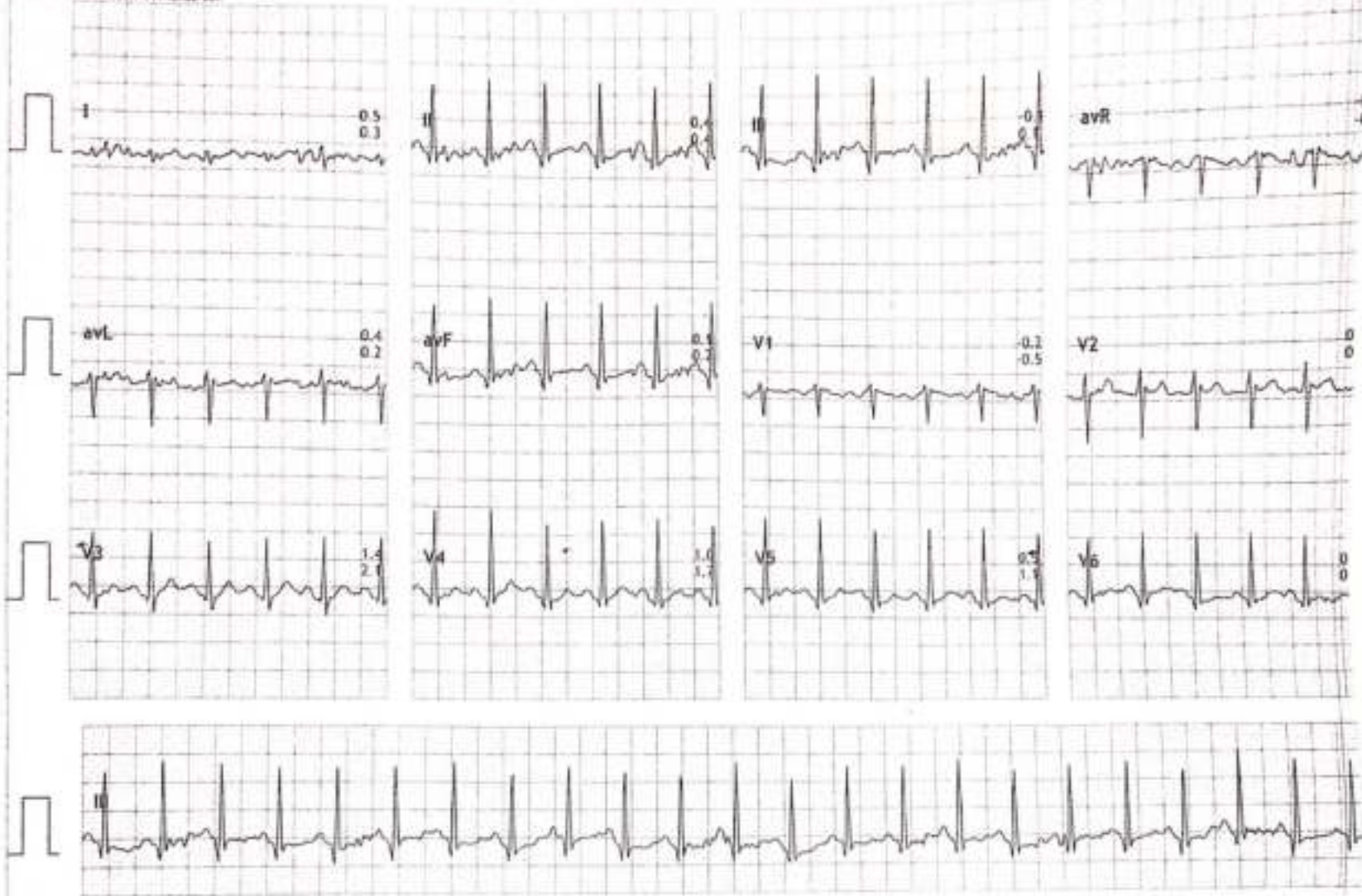
HR: 135 bpm  
 METS: 4.6  
 BP: 140/80

adHR: 69% of 1V3  
 Speed: 2.7 kmph  
 Grade: 10.0L

Raw ECG  
 BRUCE  
 @ 05-100(Hz)

Ex Time 02:59  
 RLC: On  
 Watch: On

BRUCE-Stage 1  
 10.0 mm/mV  
 25 mm/Sec.



DR. MAULIK HANSALIA/DR. NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRO CHOWK, RAJROT.  
 15337 - SANDIP THAKUR  
 27 Yrs / Male  
 60 Kg / 170 Cm  
 Date: 02-Feb-2024 11:48:32 AM

HR: 157 bpm  
 AHTS: 7.0  
 BP: 150/80

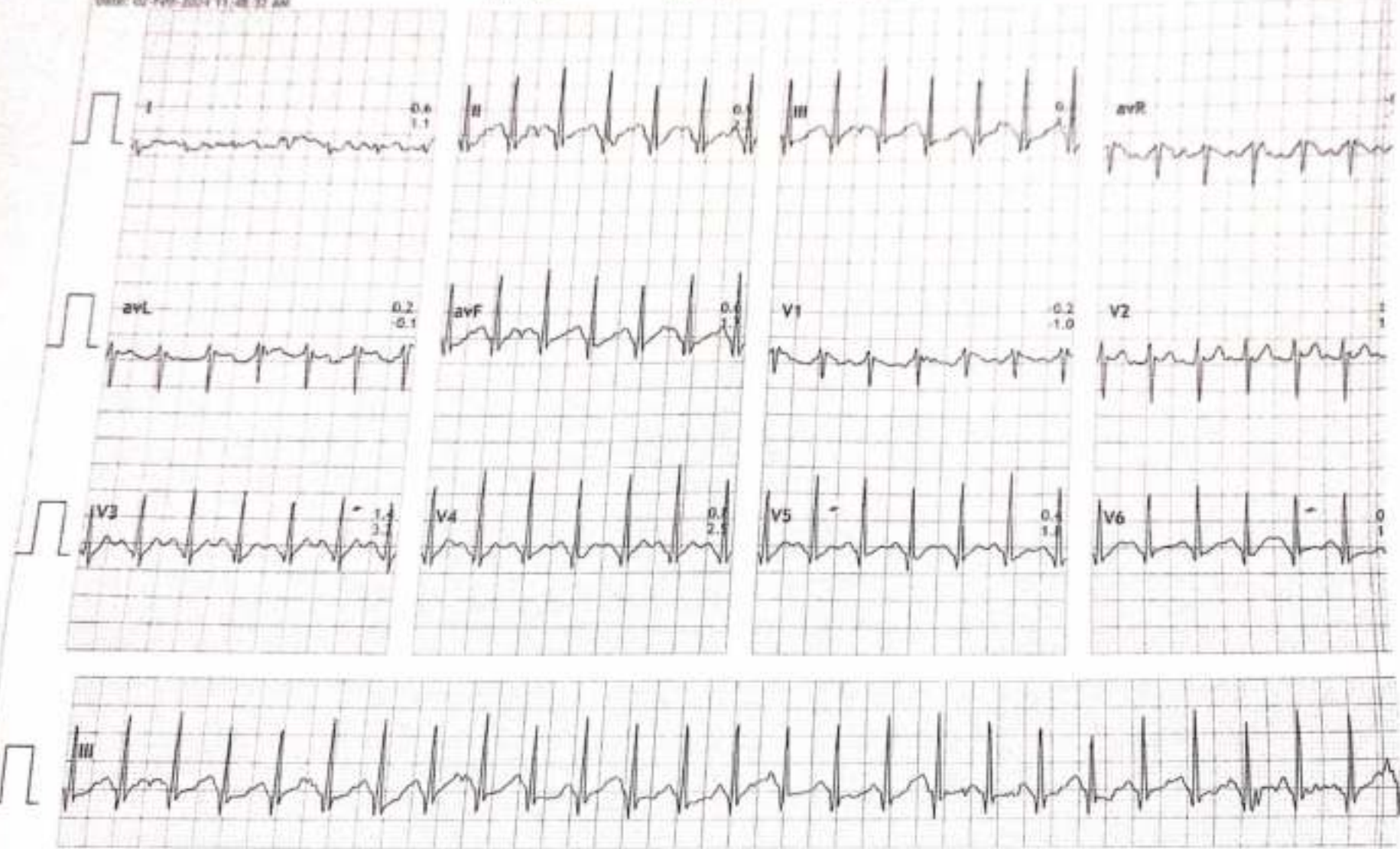
AFIB: 81% of 191  
 Speed: 4.0 mmph  
 Lead: 12.0%

3x4+1 Rhythm Lead

Raw ECG  
 05.05.100044

Ex Time: 05:09  
 M.C. On  
 Watch: On

BIUACE: Stage 2  
 10.0 mm/mV  
 25 mm/Sec.



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA



CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
15337 / SANDIP THAKUR  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

HR: 176 bpm  
MTS: 0.6  
RP: 160/80

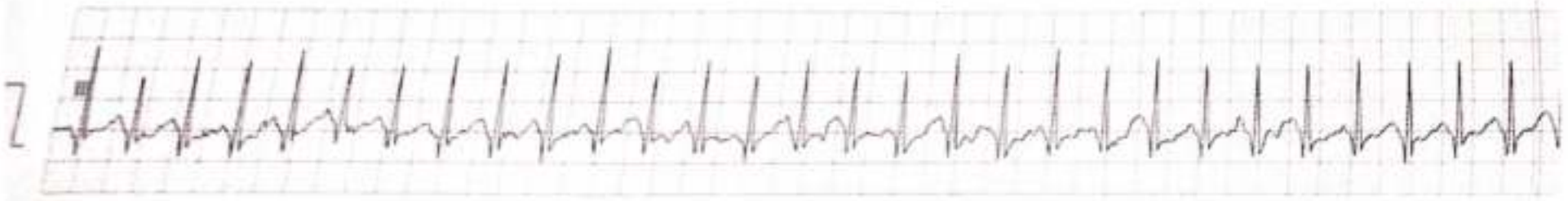
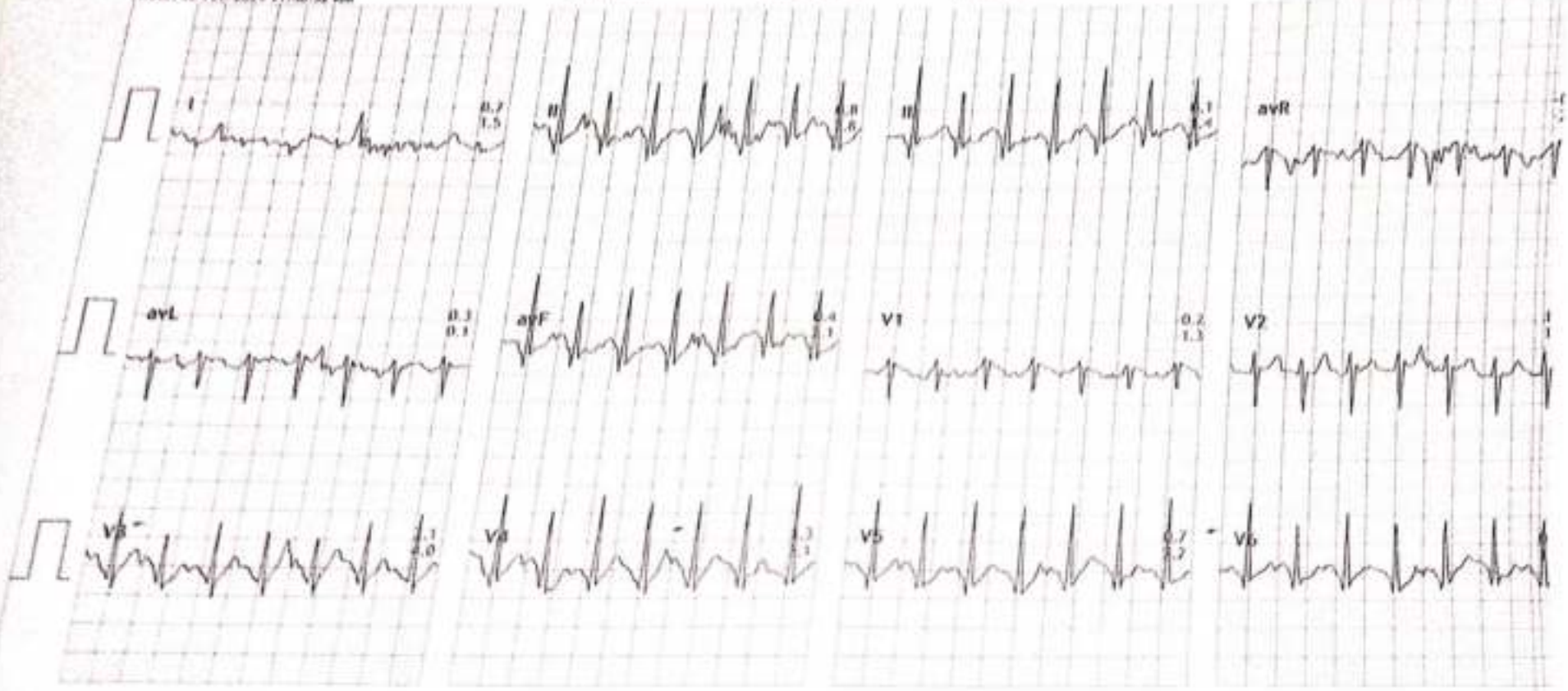
APPR: 91% of 193  
Speed: 5.5 mmph  
Grade: 14.0%

3x4+1 Rhythm Lead

Raw ECG  
RRCP  
40.05-100Hz

Ex Time: 02/28  
EC: 0m  
Patch: 0m

DRUCE: PeakExp  
10.0 mm/mV  
25 mm/Sec.



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

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CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
15337 / SANDIP THAKUR  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

HR: 143 bpm  
METs: 1.2  
BP: 160/80

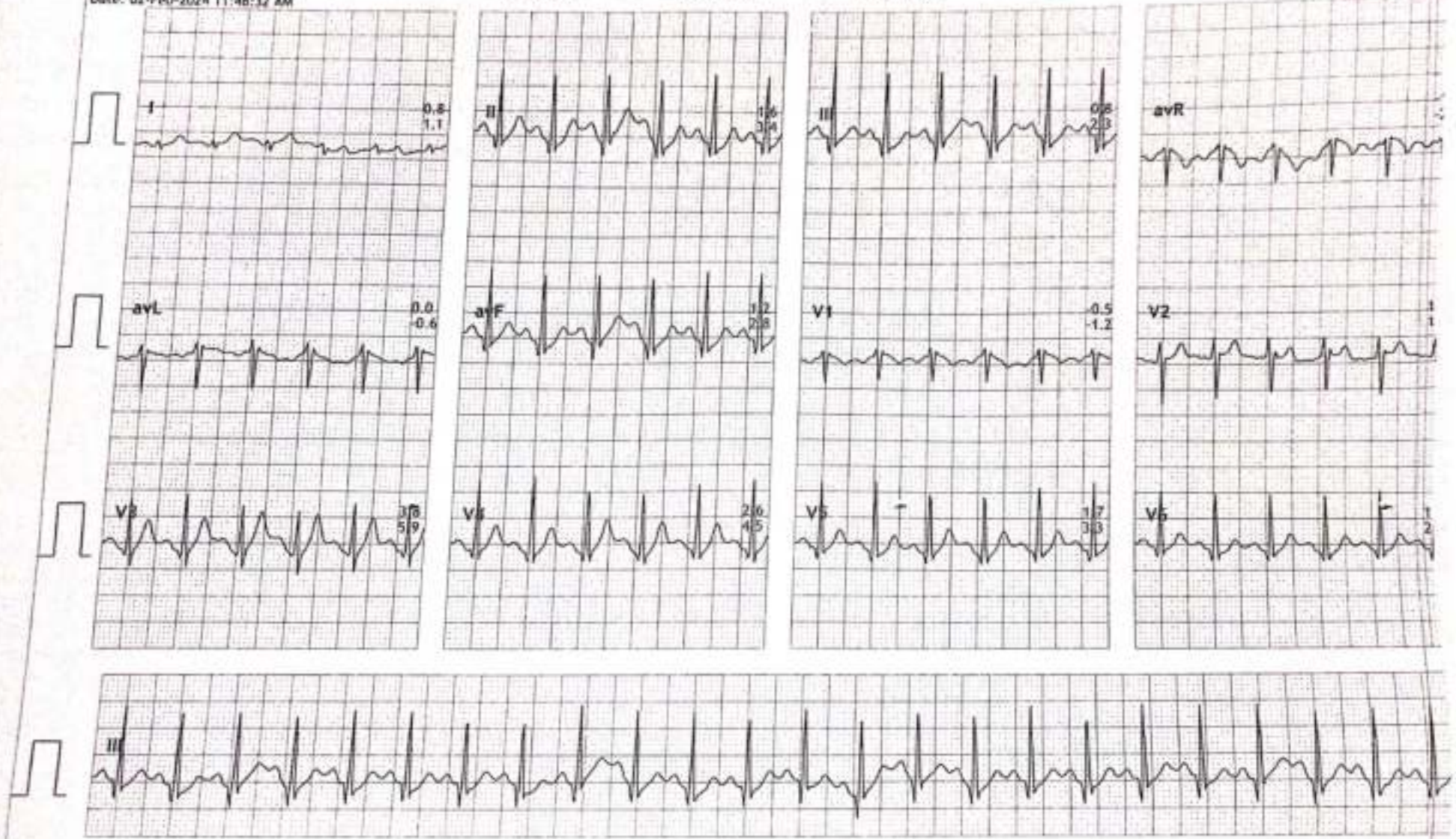
MPHR: 74% of 193  
Speed: 0.0 kmph  
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG  
BRUCE  
10.05-100µV

Ex Time 07:30  
BLC :On  
Hatch :On

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



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

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CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
15337 / SANDIP THANKI  
27 Yrs / Male  
0 Yg / 0 Cm  
Date: 02-Feb-2024 11:48:32 AM

HR: 131 bpm  
METS: 1.0  
BP: 150/80

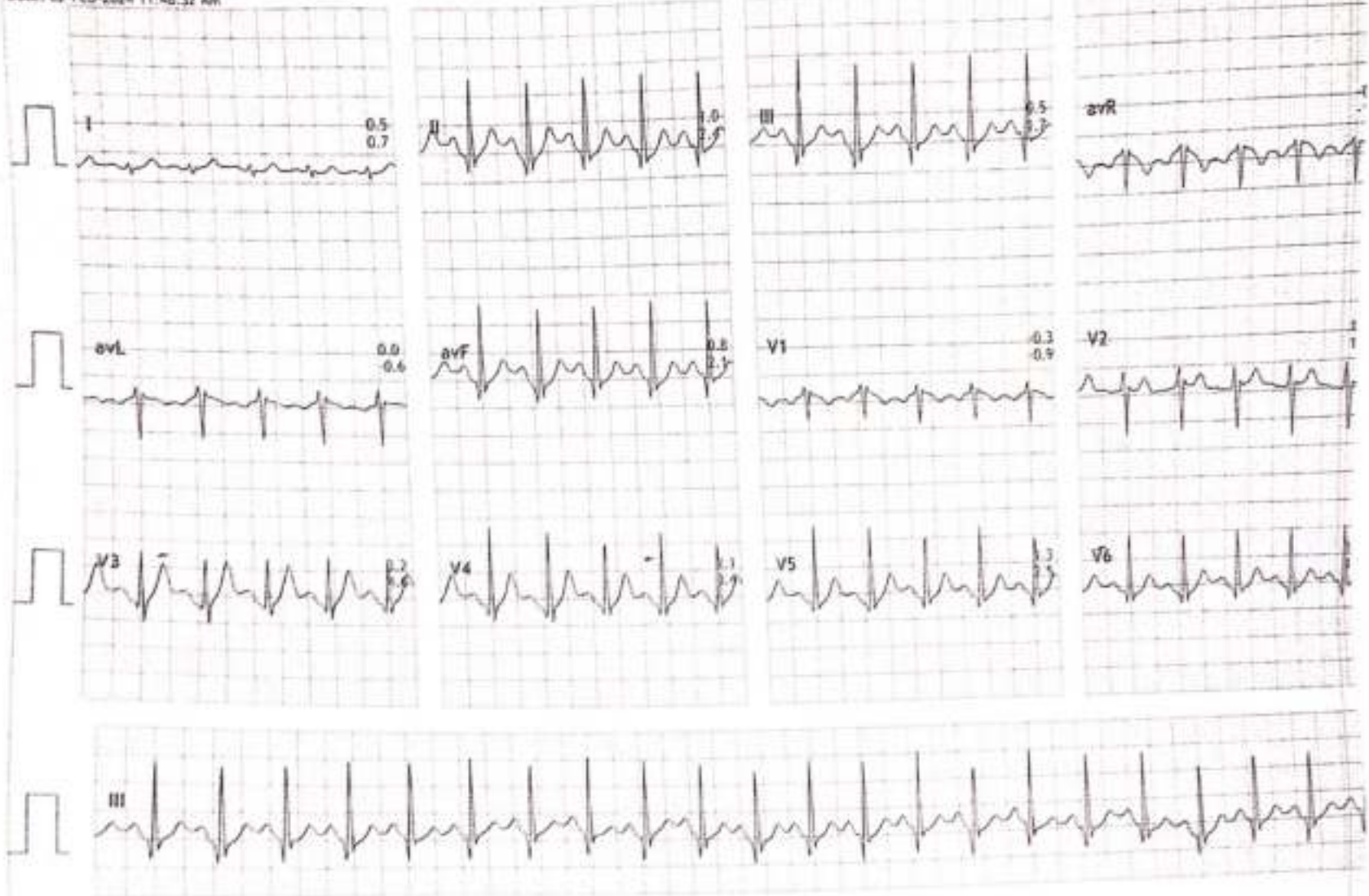
MPHR: 67% of 193  
Speed: 0.0 kmph  
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG  
BRUCE  
10.05-100/Hz

Ex Time 07:30  
BLC :On  
Hatch :On

Recovery(2:00)  
10.0 mm/mV  
25 mm/Sec.



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CIRE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
19337 - SANDIP THAKUR  
27 Yrs - Male  
O Kg - 0 Cm  
Date: 20 Feb 2024 11:48:33 AM

HR: 123 bpm  
QRS: 1.0  
RP: 140/80

AVR: 0.3  
TAVR: 0.5  
Grade: 0.0

3x4+1 Rhythm Lead

Raw ECG  
0.05-100µV

Ex Time: 00:00  
0.2. 0.0  
0.00-100µV

100µV  
50mm/s







THANKI SANDIPBHAI/M CHEST AP 02-Feb-24  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)