

Adv

weight reduction / Pyula  
crane

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### Consultant Physician Clinic

Patient Name:- Rejimi Reji

Age / Sex :- 46 / F

Chief Complaints:-

- PR exam

→ way

Drug / Food Allergy:-

Past History :-

no any complain (Past history)

Family History:-

Systemic Examination:-

OPR NO:

Date: 27/9/24

Weight:- 86 kg

Height:- 158 cm

BMI:- 34.4

Nutritional assessment:-

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

Pulse:- 98 b/min

BP:- 110/70 mmHg

SpO2:- 98%

Provisional Diagnosis:


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 Tel : 0261 7190000 | Ext : 851 | Mo : 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000351070 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Ragini Rani /

Registered On : 27-Sep-2024 10:14 AM

Lab ID : 409902192

Collected On : 27-Sep-2024 10:15 AM

Gender/Age : Female / 46 Years

DOB : 05-May-1978

Received On : 27-Sep-2024 10:20 AM

Ref. By : Health Check Up Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. interval
<b>BLOOD COUNT AND INDICIES</b>			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	11.3 ✓	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	3.78	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	34.7	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	91.7	fL	83 - 101
MCH <i>Calculated</i>	29.9	pg	27 - 32
MCHC <i>Calculated</i>	32.6	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	13.9	%	11.6 - 14.0
<b>TOTAL LEUCOCYTE COUNT</b>			
Total WBC Count <i>Electrical Impedance</i>	4880 ✓	cells/cmm	4000 - 10000
<b>DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)</b>			
NEUTROPHILS <i>Flow Cytometry</i>	64	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	30	%	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
<b>PLATELET INDICES</b>			
PLATELET COUNT <i>Electrical Impedance</i>	139000 ✓	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	12.7	fL	7.5 - 12.0
<b>PERIPHERAL SMEAR EXAMINATION</b>			
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.		
PLATELET COUNT (MANUAL )	150000	/cmm	150000 - 500000

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colprimetric 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 Agrawal*

**Dr Pankaj Agrawal**

M.B., D.C.P  
 Consulting Pathologist



Certificate No. : MC-5290



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Lab ID : 409902192		Collected On : 27-Sep-2024 10:15 AM
Gender/Age : Female / 46 Years	DOB : 05-May-1978	Received On : 27-Sep-2024 10:20 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"A"
RH Type	POSITIVE

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Gender/Age : Female / 46 Years	DOB : 05-May-1978	Received On : 27-Sep-2024 10:20 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour</b> <i>Modified Westergren Method</i>	6	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin</b> <i>Boronate Affinity Assay</i>	4.8 ✓	%	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)** 91 mg/dL  
*Calculated*

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PID : SUR0000351070 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Ragini Rani	/	Registered On : 27-Sep-2024 10:14 AM
Lab ID : 409902192		Collected On : 27-Sep-2024 10:15 AM
Gender/Age : Female, / 46 Years	DOB : 05-May-1978	Received On : 27-Sep-2024 10:33 AM
Ref. By : 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**

<b>Plasma Glucose (F)</b>	95	mg/dL	74 - 106
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			

<b>Urine Sugar (F)</b>	ABSENT	mg/dL	Absent
<i>Glucose-oxidase/oxidase reaction</i>			

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	84	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<i>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</i>			

<b>Urine Sugar (PP)</b>	ABSENT	mg/dL	Absent
<i>Glucose-oxidase/oxidase reaction</i>			

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Gender/Age : Female, / 46 Years	DOB : 05-May-1978	Received On : 27-Sep-2024 10:20 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>LIPID PROFILE</b>			
<b>LIPID PROFILE</b>			
<b>Cholesterol</b> <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	160	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	107	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
<b>HDL CHOLESTEROL DIRECT</b> <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	64 ✓	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	96	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cbolesterol</b> <i>Calculated</i>	75	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
<b>VLDL</b> <i>Calculated</i>	21	mg/dL	6 - 38
<b>LDL/dHDL</b> <i>Calculated</i>	1.2		2.5 - 3.5
<b>Chol/dHDL</b> <i>Calculated</i>	2.5	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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Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>THYROID PROFILE (TFT)</b>			
<b>Total T3</b> <i>Chemiluminescence immunoassay (CLIA)</i>	<b>83</b>	ng/dL	87 - 178
<b>Total T4</b> <i>Chemiluminescence immunoassay (CLIA)</i>	6.78	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
<b>TSH</b> <i>Chemiluminescence immunoassay (CLIA)</i>	3.787	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% .hence time of the day has influence on the measured serum TSH concentrations.

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

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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****NABL Accredited Parameters**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	14	mg/dL	7 - 17
<b>UREA</b> <i>Calculated</i>	30	mg/dL	15 - 36
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.64	mg/dL	0.52 - 1.04
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	4.4	mg/dL	2.5 - 6.2
<b>Calcium</b> <i>Arsenazo III dye</i>	9.2	mg/dL	8.4 - 10.2
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	145	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.4	mmol/L	3.5 - 5.1
<b>Chloride</b>	107	mmol/L	98 - 107

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

Parameter	Result	Unit	Biological Ref. Interval
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**BIOCHEMISTRY**

<b>Pbosphorus (Not in NABL Scope)</b>	3.8	mg/dL	2.5 - 4.5
<i>Phosphomolybdate reduction (PMA Phenol)</i>			

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Gender/Age : Female / ,46 Years	DOB : 05-May-1978	Received On : 27-Sep-2024 10:20 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum,Urine

**Liver Function Test**

Parameter	Result	Unit	Biological Ref. Interval
<b>Liver Function Test</b>			
SGPT (ALT)	Multi Point Rate with P-5-P 14	U/L	9 - 52
SGOT (AST)	Multi Point Rate with P-5-P 24	U/L	14 - 36
Alkaline Phosphatase	IPP, AMP Buffer 64	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT	L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic 7	U/L	12 - 43
S. PROTEIN	Biuret (Alkaline cupric sulfate), End Point 7.3	g/dL	6.3 - 8.2
Albumin	Bromocresol Green (BCG), Colorimetric 3.9	g/dL	3.5 - 5.0
S. GLOBULIN	Calculated 3.4	g/dL	2.3 - 3.6
A/G Ratio	Calculated 1.1	Ratio	1.0 - 2.3
Bilirubin Total	End-point Colorimetric (Dual wavelength spectrophotometric) 0.5	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 Adult : 0.2 - 1.3
Bilirubin Unconjugated	End-point Colorimetric (Dual wavelength spectrophotometric) 0.1	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct	Calculated 0.4	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Ref. By : Health Check Up Shalby

Sample Type : Serum,Urine

**CLINICAL PATHOLOGY**  
**URINE EXAMINATION****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>	1.015	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	5.0	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	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	6-8/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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

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**Dr Pankaj Agrawal**M.B., D.C.P  
Consulting Pathologist

**DR. HIMANI THAKER (VYAS)**

M.S (Gynec)  
Consultant Obstetrician & Gynecologist  
Laprosopic Surgeon  
Infertily Specialist  
Email-ID:- thaker.himani@gmail.com  
Register No. G-31062

## Shalby Women's Health Clinic

Name:- Rajini Kani  
Chief Complaints:-

Date: 27/9/24

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

Clot - polymenorrhoea,  
every 15 days

LMP:- Dy

M/H:- Pain -  $\frac{24}{25}$  days Rhon

O/H :-

O/H - 2L

P/H:-

F/H

Examination:-

2 FTND | 20<sup>th</sup> | 24<sup>th</sup> | 2  
24<sup>th</sup> | 2

TL not done

Provisional Diagnosis:-

PIA - soft

PAP smear not taken

Treatment & Further Advices:-  
(Write in Capital Letters)

Investigaion Advised:-

Rx

Adv

-TAB FREEDASE - 30 (1) PK  
0-0 →  
(10-11pm)

flup @m  
D3/D4

\_\_\_\_\_

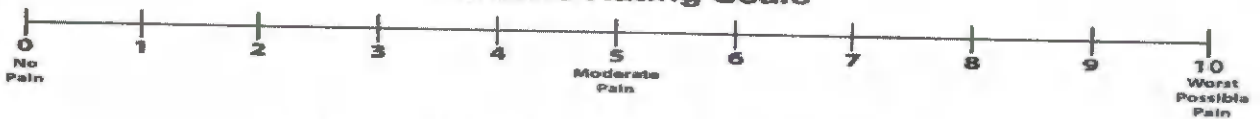
f

Follow Up:

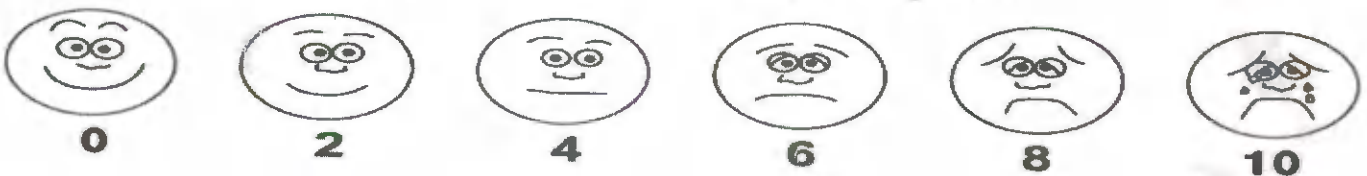
Date:- \_\_\_\_\_

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

**Numeric Rating Scale**



**Wong-Baker FACES® Pain Rating Scale**



<b>Patient ID:</b>	<b>SUR0000351070</b>	<b>Patient Name:</b>	<b>RAGINI RANI</b>
<b>Age:</b>	<b>46 Years</b>	<b>Sex:</b>	<b>F</b>
<b>Accession Number:</b>	<b>9716 MHC</b>	<b>Modality:</b>	<b>DX</b>
<b>Referring Physician:</b>	<b>DR. SHALBY</b>	<b>Study:</b>	<b>CHEST PA</b>
<b>Study Date:</b>	<b>27-Sep-2024</b>		

**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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**DR. RUJUTA SHELAT**

Consultant Ophthalmologists

Reg. No.:- G-48712

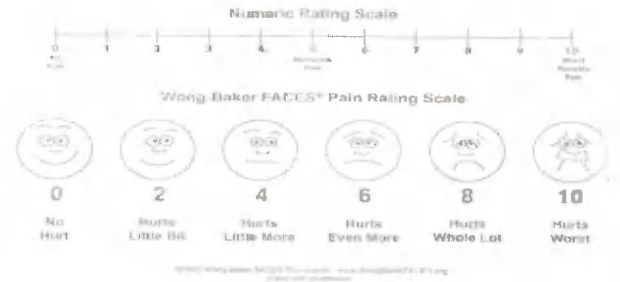
# SHALBY<sup>®</sup> MULTI-SPECIALTY HOSPITALS

**Name:-** Ashok Kumar Singh

**Date:-** 27-9-'24

**Chief Complaints:-**

- Core of regular checkup



**Pain Assessment:-**

**Past History:-** NI

**Family History:-** NI

**Allergy:-**

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

**General Examination:-**

BP: - Pulse: - Temp: -

Visual Acuity: -  $\left\langle \begin{matrix} 6/6 \\ 6/6 \end{matrix} \right.$  2 N6 DE

NCT  $\left\langle \begin{matrix} 12.8 \\ 13.2 \end{matrix} \right.$

ON Examination

Ant. Segment

**Systemic Examination:-**

HT: 9  
DR } since 2 years ↓ Rx

PH Vision:-

Both Eye

PACD > 1/2 CT

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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.



ME:  
TE: 20/24/Sep/27 15:29

VITZ HNT-1P  
r 1-1-1

DNO-PACHY model		
P	<R>	<L>
	12.0	12.6
	12.5	13.4
	13.2	13.6

clear

clear Anterior Chamber  
Anterior Chamber

G (mHg) 12.6 13.2

T	<R>	<L>
	511	539
	506	527
	506	516

RR: EYE

LL: EYE

G (m) 507.7 527.3

Vitz Co. Ltd  
2-31-428-9100

Media:-

CML

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

- Presbyopia

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counseling:-

Follow Up ON:-

Signature of the Consultant

Dr. R.S.

SHALBY HOSPITAL  
NR. NAVYUG COLLAGE, RANDEK ROAD  
SURAT

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: RAGINI RANI.  
Patient ID: 351071  
Height:  
Weight:

DOB: 10.10.1977  
Age: 46yrs  
Gender: Female  
Race: Asian

Study Date: 27.09.2024  
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	00:08	0.00	0.00	86	110/80	
	STANDING	00:25	0.00	0.00	85		
	WARM-UP	00:55	1.60	0.00	88	110/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	151	110/80	
	STAGE 2	03:00	4.00	12.00	169	130/80	
	STAGE 3	01:02	5.40	14.00	173	160/80	
RECOVERY		04:07	0.00	0.00	103	130/80	

The patient exercised according to the BRUCE for 7:02 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 85 bpm rose to a maximal heart rate of 176 bpm. This value represents 101 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 160/80 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.

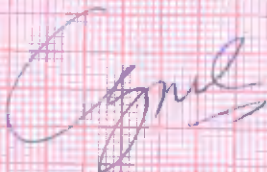
Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

### Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA



**RAGINI RANI,**  
 Patient ID: 351071  
 27.09.2024  
 12:05:18

Female  
 46yrs Asian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

BRUCE: Total Exercise Time 07:02  
 Max HR: 176 bpm 101% of max predicted 174 bpm HR at rest: 85  
 Max BP: 160/80 mmHg BP at rest: 110/80 Max RPP: 27040 mmHg\*bpm  
 Maximum Workload: 10.00 METS  
 Max. ST: -1.40 mm, 0.00 mV/s in II; EXERCISE STAGE 2 04:59  
 Arrhythmia: A:328, PSVC:2  
 ST/HR index: 1.02  $\mu$ 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 (l/min)	ST Level (H mm)	Comment
PRETEST	SUPINE	00:08	0.00	0.00	1.0	86	110/80	9460	0	0.15	
	STANDING	00:25	0.00	0.00	1.0	85			0	0.15	
	WARM-UP	00:55	1.60	0.00	1.6	88	110/80	9680	0	0.05	
	STAGE 1	03:00	2.70	10.00	4.6	151	110/80	16610	0	1.05	
EXERCISE	STAGE 2	03:00	4.00	12.00	7.0	169	130/80	21970	0	0.25	
	STAGE 3	01:02	5.40	14.00	10.0	173	160/80	27680	0	-0.35	
	RECOVERY	04:07	0.00	0.00	1.0	103	130/80	13390	0	-0.25	

RAGINI RANI,  
 Patient ID 351071  
 27.09.2024  
 12:05:56

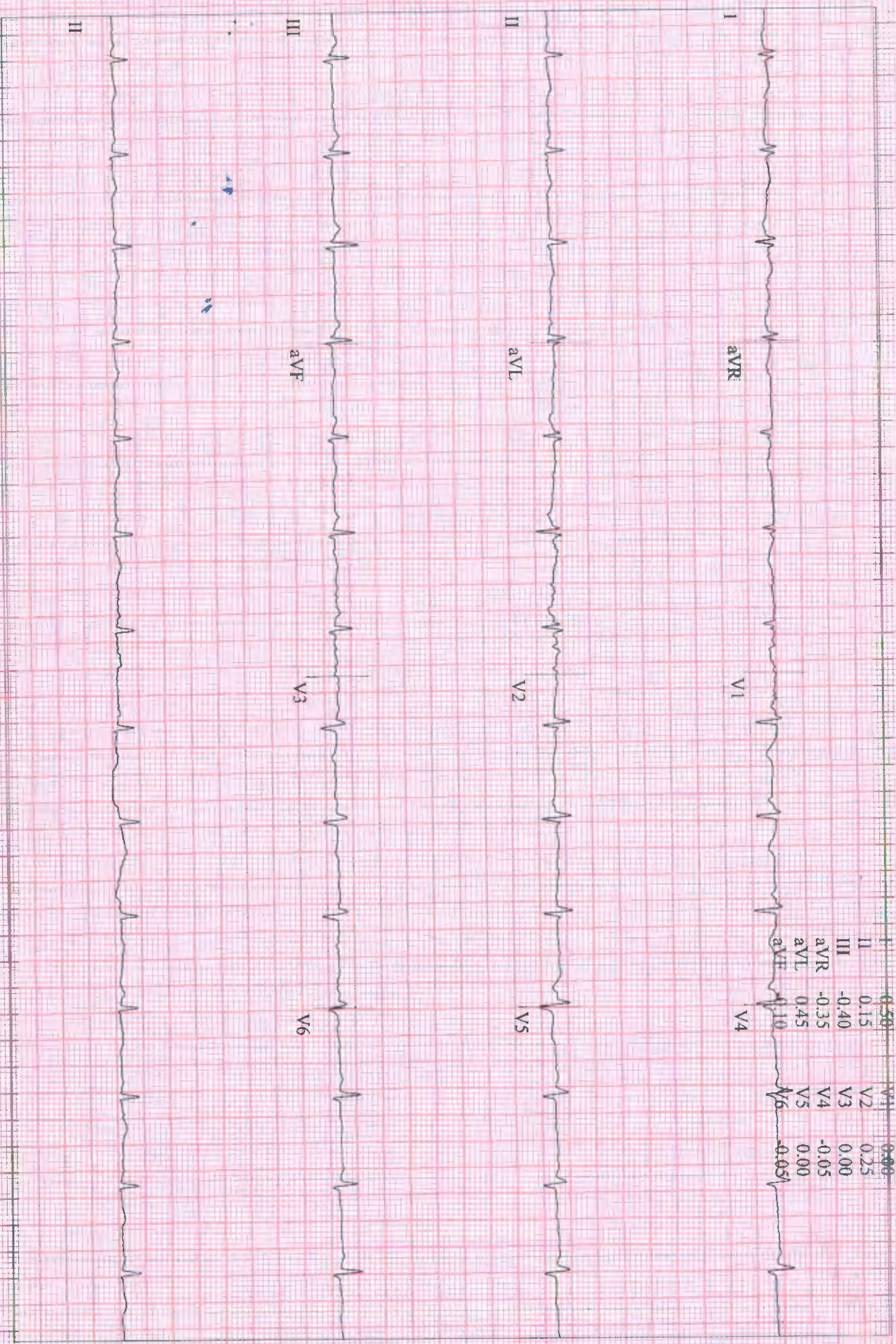
86 bpm  
 110/80 mmHg

17-Lead Report  
 PRETEST  
 STANDING  
 00:31

BRUCE  
 0.0 km/h  
 0.0 %

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

SHALBY HOSPITAL



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V1,V4)

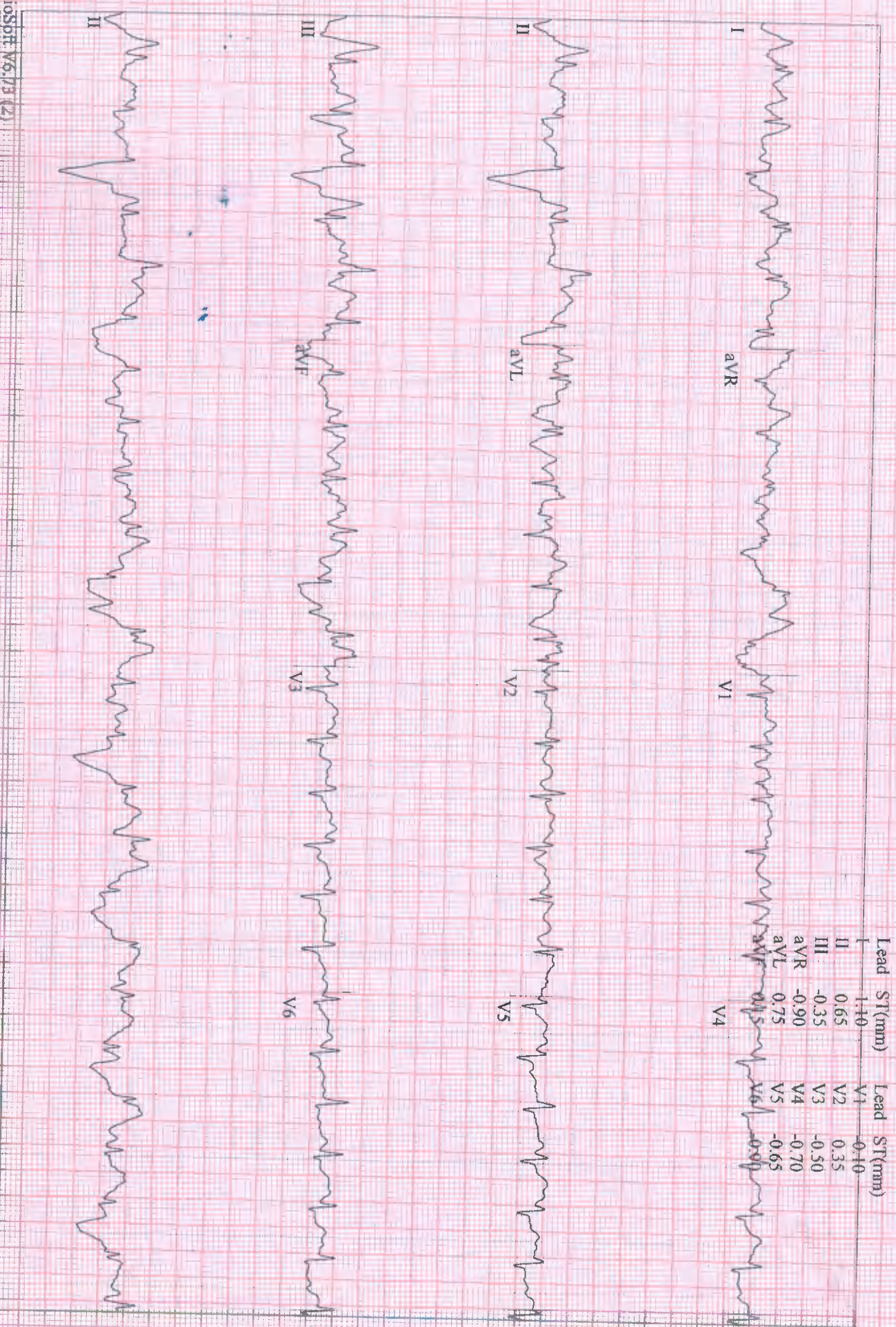
Start of Test: .05:18

150 bpm  
 110/80 mmHg

EXERCISE  
 STAGE I  
 02:50

BRUCE  
 2.7 km/h  
 10.0 %

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



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V1, V4)

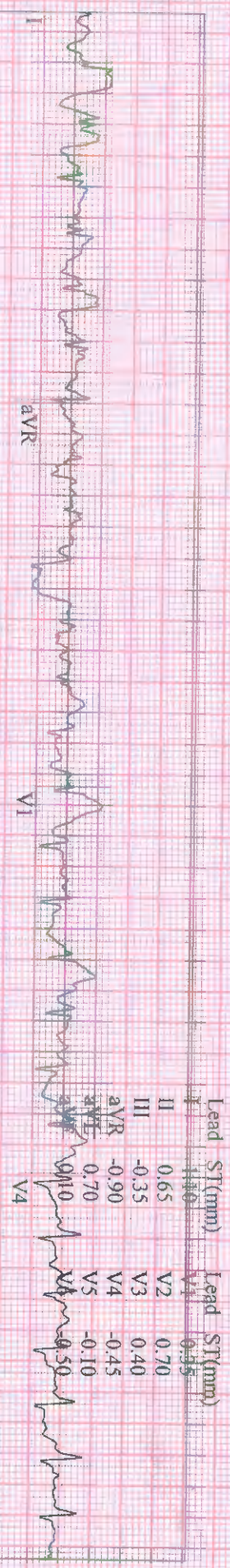
Start of Test: 05:18

RAGINI RANI,  
Patient ID 351071  
27.09.2024  
12:12:43

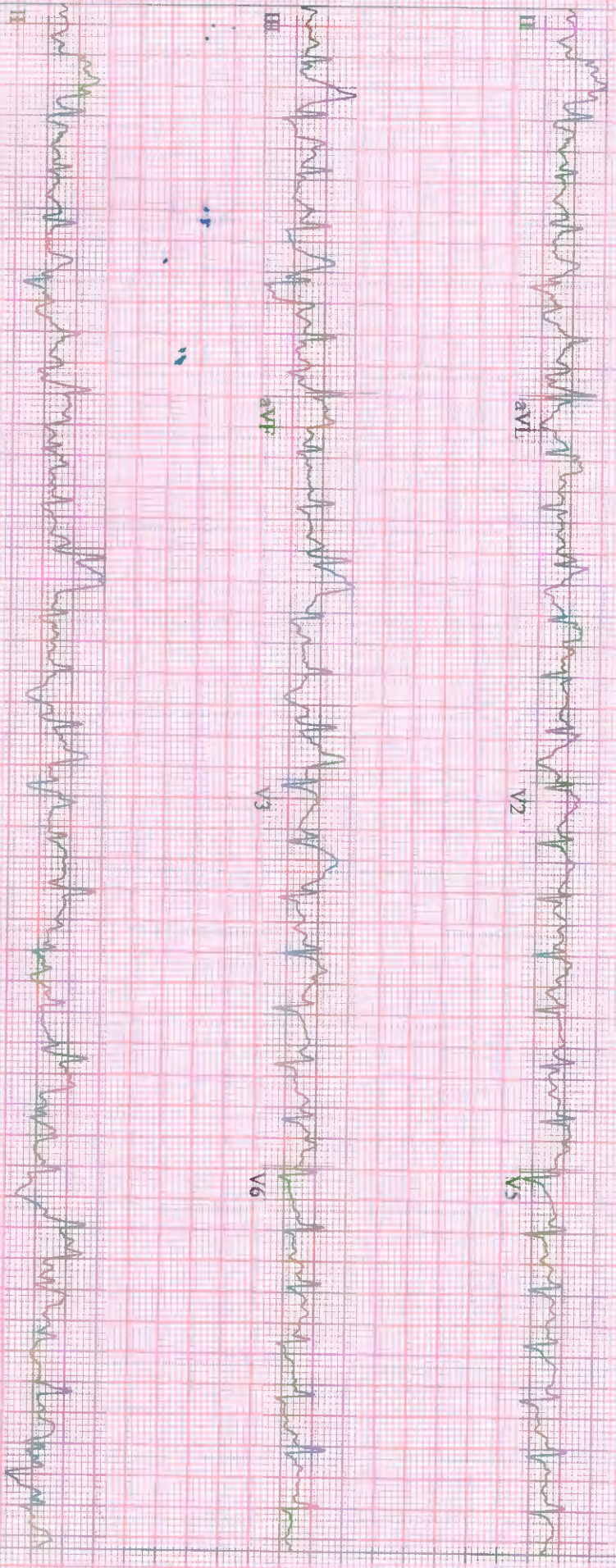
12-Lead Report  
EXERCISE  
STAGE 2  
05:50  
166 bpm  
130/80 mmHg

BRUCE  
4.0 km/h  
12.0%

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



Lead	ST(mV)	Lead	ST(mV)
I	1.10	V1	0.35
II	0.65	V2	0.70
III	-0.35	V3	0.40
aVR	-0.90	V4	-0.45
aVL	0.70	V5	-0.10
V4	0.10		



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3,V6)

Start of Test: 05:18

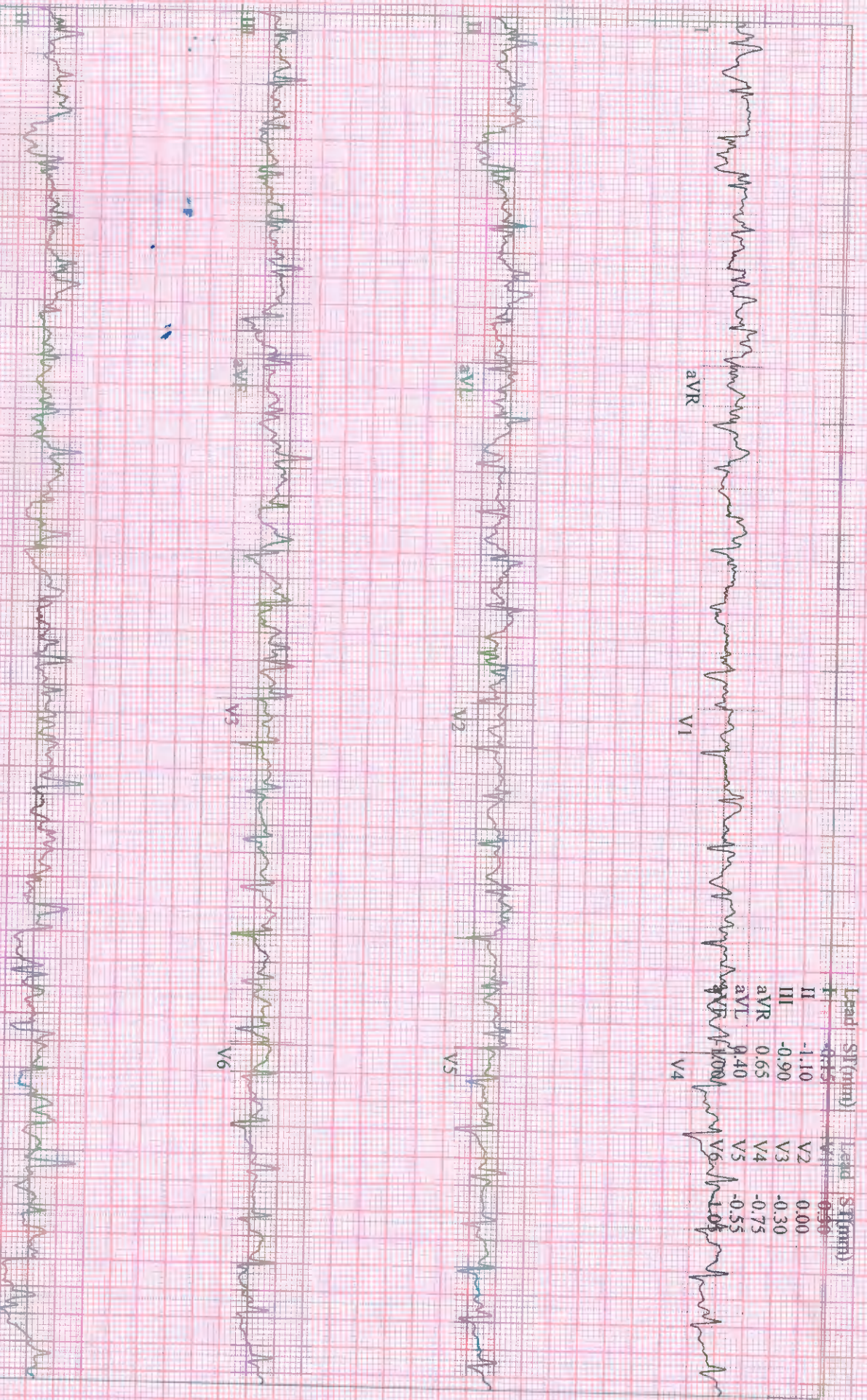
RAGINI RANI,  
Patient ID: 351871  
27.09.2024  
12:13:55

173 bpm  
160/80 mmHg

12-Lead Report ( PEAK EXERCISE )  
EXERCISE STAGE 3  
07:02  
SPEED 5.4 km/h  
14.0 %

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

SHALBY HOSPITAL



Lead	ST (mm)	Lead	ST (mm)
I	-0.15	V1	-0.50
II	-1.10	V2	0.00
III	-0.90	V3	-0.30
aVR	0.65	V4	-0.75
aVL	0.40	V5	-0.55
aVF	0.40	V6	-0.55

GE Cardioport V6 V3 V4 (2)  
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3, V4)

Start of Test: 05:18

144 bpm

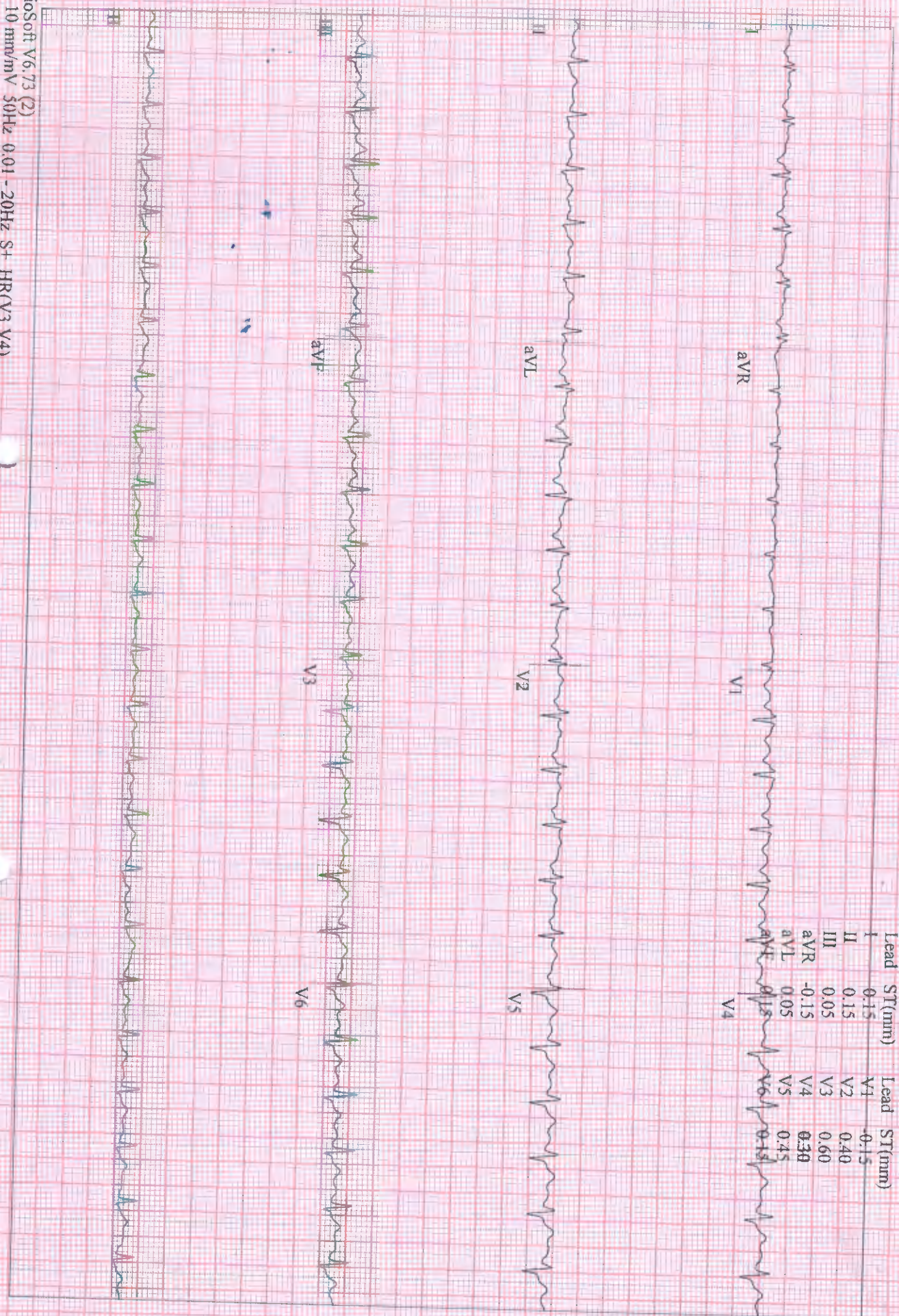
12-Lead Report  
 RECOVERY  
 #1  
 00:50

BRUCE  
 0.0 km/h  
 0.0 %

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

SHALBY HOSPITAL

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	-0.15
II	0.15	V2	0.40
III	0.05	V3	0.60
aVR	-0.15	V4	0.30
aVL	0.05	V5	0.45
		V6	0.15





RAGINI RANI,  
 Patient ID 351071  
 27.09.2024  
 12:15:45

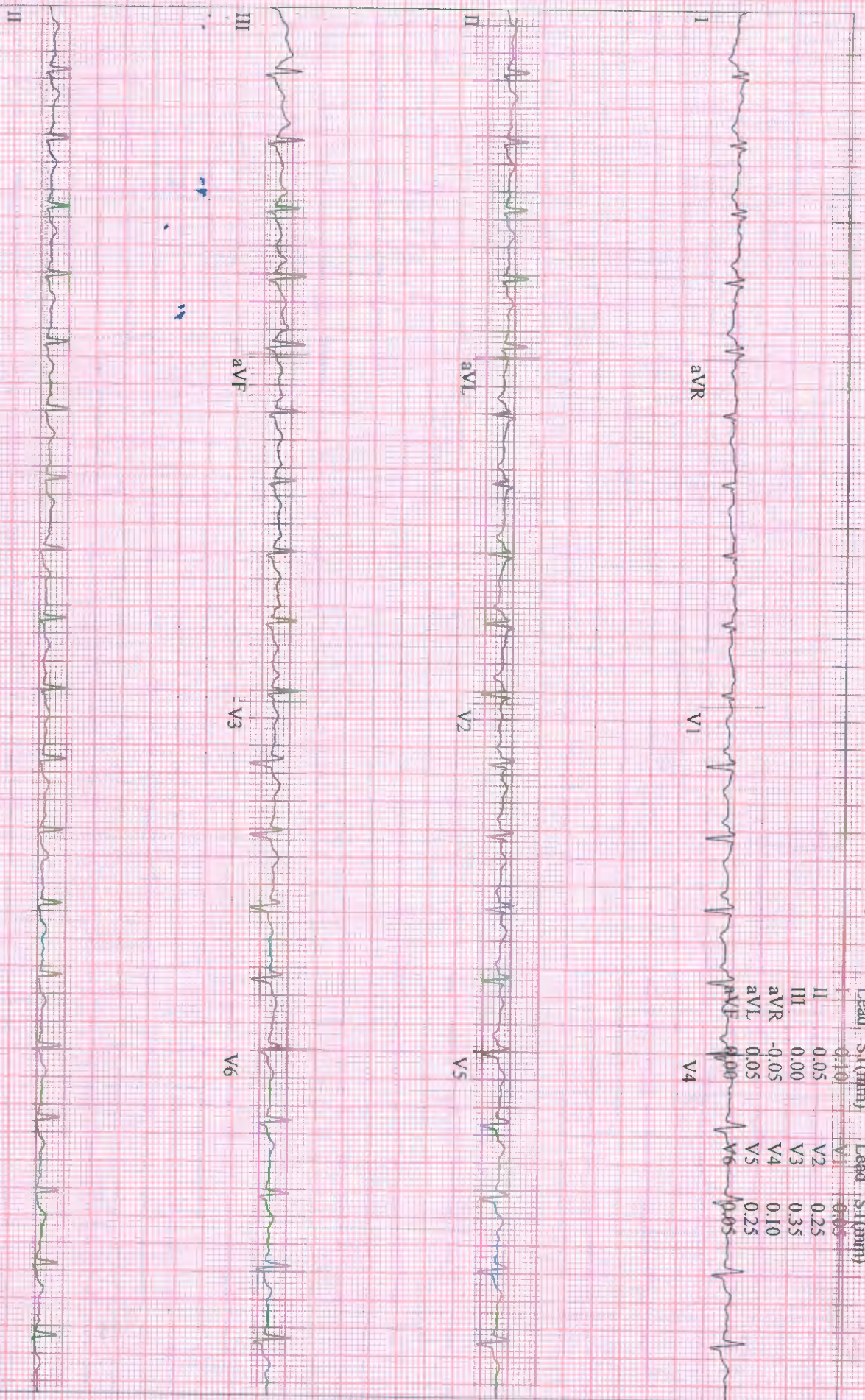
121 bpm  
 160/80 mmHg

12-lead Report  
 RECOVERY  
 #1  
 01:50

BRUCE  
 0.0 km/h  
 0.0%

Measured at 60ms Post 1 (10mm/mV)  
 Auto Points

SHALBY HOSPITAL



Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	0.05
II	0.05	V2	0.25
III	0.00	V3	0.35
aVR	-0.05	V4	0.10
aVL	0.05	V5	0.25
		V6	0.05

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3, V4)

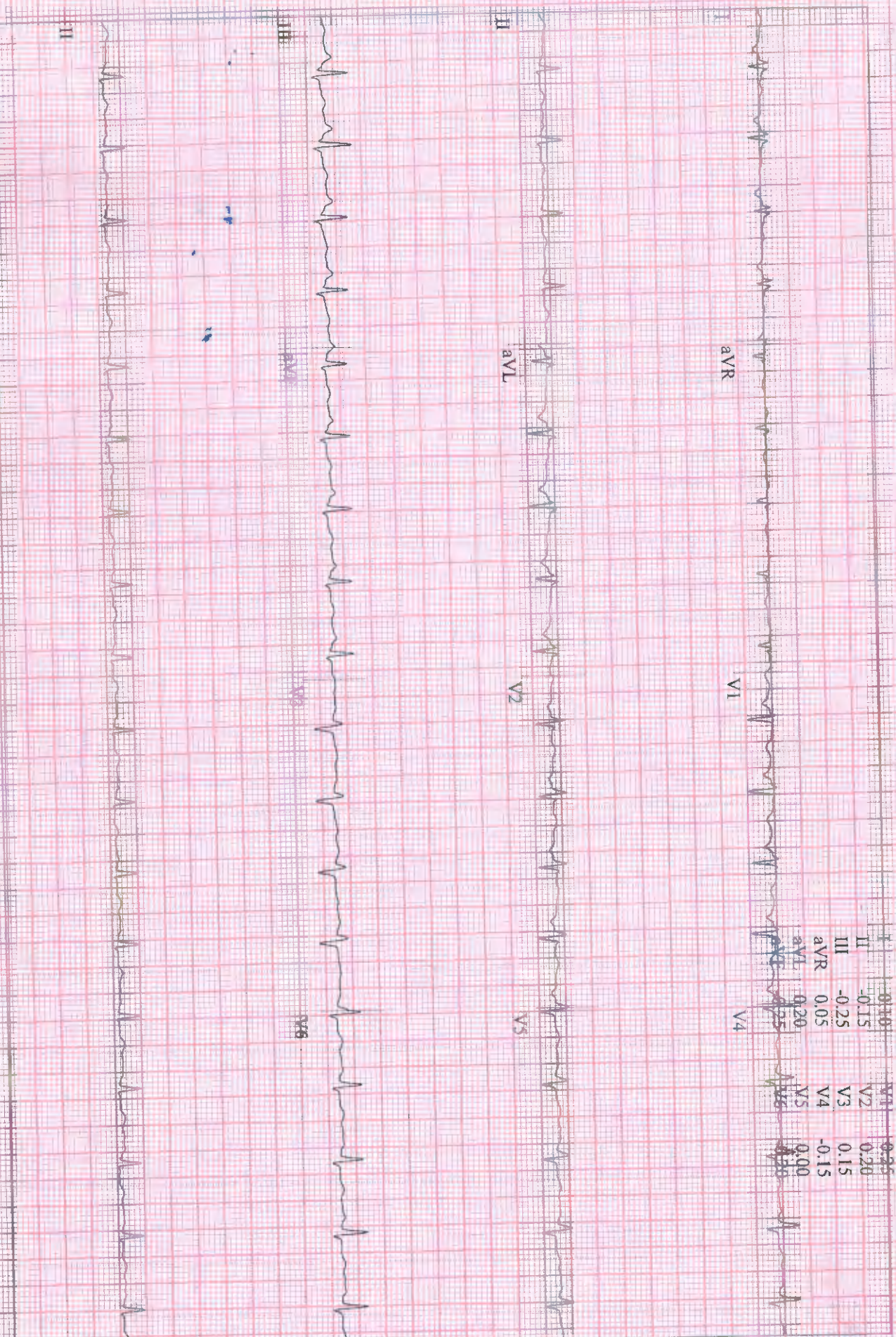
Start of Test: .-.05:18

110 bpm  
 130/80 mmHg

12-Lead Report  
 RECOVERY  
 #1  
 02:50

BRUCE  
 0.0 km/h  
 0.0 %

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



RAGINI RANI,  
 Patient ID 351071  
 27.09.2024  
 12:17:45

104 bpm

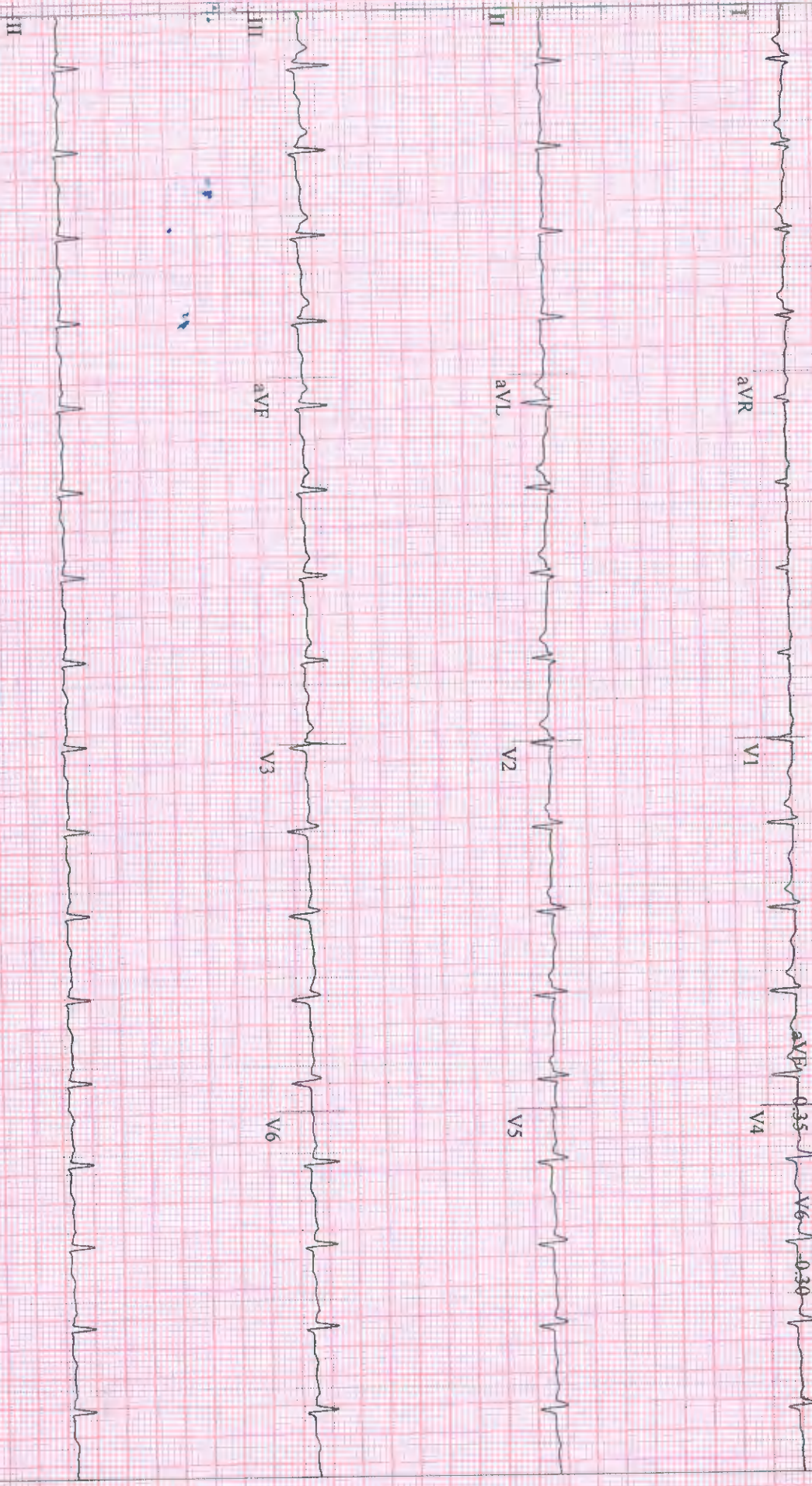
12-Lead Report  
 RECOVERY  
 #1  
 03:50

BRUCE  
 0.0 km/h  
 0.0 %

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

SHALBY HOSPITAL

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.39
II	-0.25	V2	0.15
III	-0.40	V3	0.10
aVR	0.05	V4	-0.25
aVL	0.25	V5	-0.10
aVF	0.35	V6	-0.30



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V3, V4)

Start of Test: .05:18

DR. RUJUTA SHELAT

Consultant Ophthalmologist

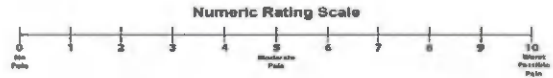
Reg. No.:- G-48712

Name :- Ragni Rami

Date:- 27-9-24

Chief Complaints:-

- Routine Eye Examination



Wong-Baker FACES<sup>®</sup> Pain Rating Scale



©1993 Wong-Baker FACES Foundation. www.WongBakerFACES.org  
Used with permission.

Pain Assessment:- W/M

Past History:- Nil

Family History:- Nil

Allergy:- No Allergic of any drugs.

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

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- Nil WT:-

Visual Acuity:-

6/6  
6/10  
Cgless

No BG cglass.

PH Vision:-

NCT

ON Examination

Ant. Segmenet

Both Eye

PACD > 1/2 CT

ME  
 FE 2024/SEP/27 15:00  
 00378  
 VITZ HNT TP  
 NO PACHY model  
 <R> <L>  
 15.1 20.8\*  
 16.5 20.3  
 16.0 20.5  
 20.1  
 Hg 15.9 20.3  
 <R> <L>  
 582 542  
 529 533  
 589 580\*  
 531.3 537.5  
 itz Co. Ltd.  
 31-428-9100

lez

Clare

Anterior Chamber

Rt. EYE

Lt. EYE

Macula:-

Disc:-

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

- Presbyopic BG

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

After 6 months

Signature of the Consultant

DR. R.S.

Investigation:-

C/NL

ID:

Name:

years

Birth date:

mmHg

kg

Sex: M

1100 Sinus rH am

4068 Nonspecific Twave abnormality

9130 \*\* borderline ECG \*\*

Medication:

Symptoms:

History:

vent. rate

PR int

QRS dur

QT/QTc(E) int

P/ORS/T axis

RV5/SV1 amp

RV5+SV1 amp

80 bpm

124 ms

86 ms

342/ 378 ms

58/ 44/ 9 °

0.81/ 0.47 mV

1.28 mV

Unconfirmed Report

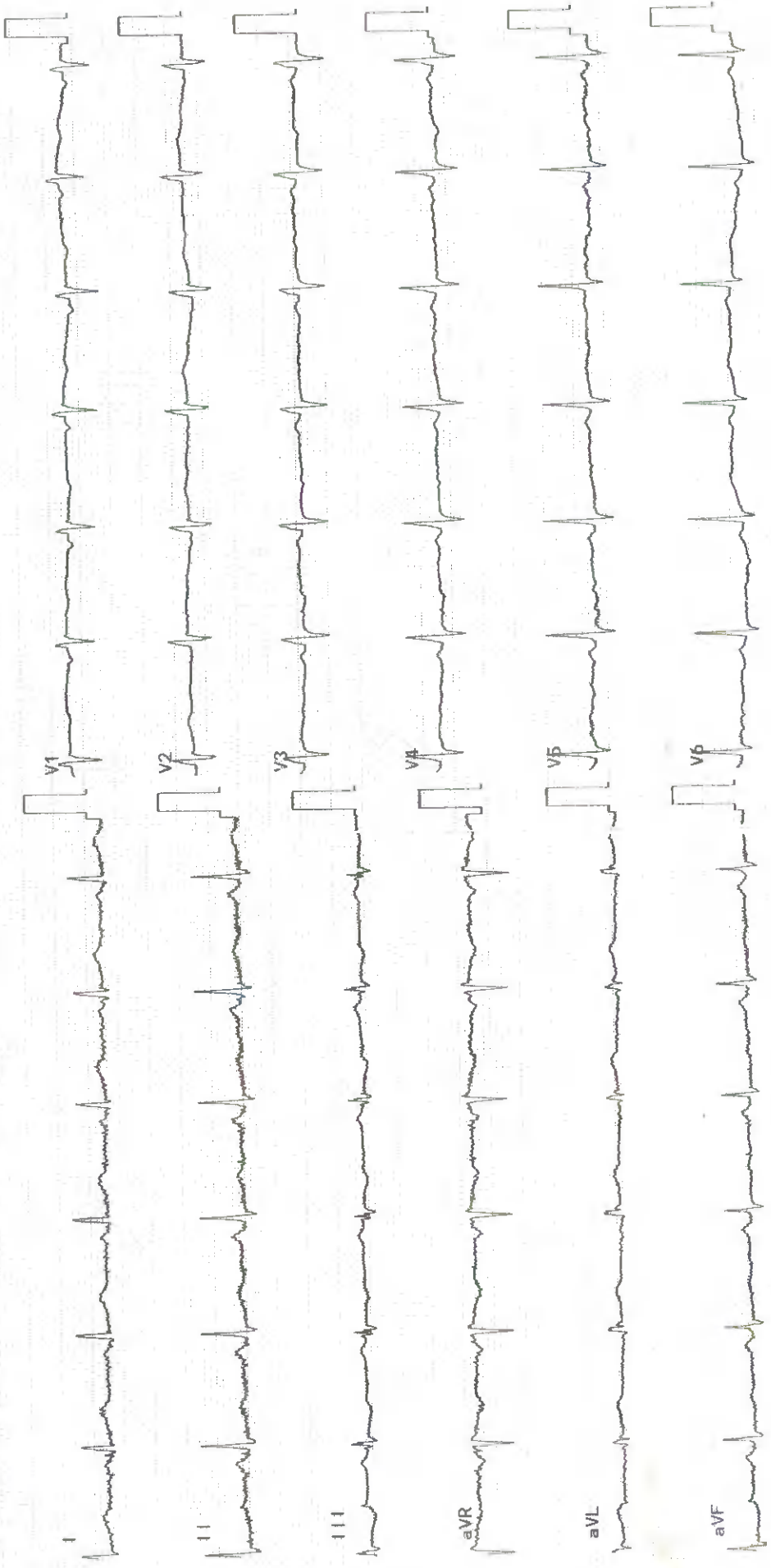
Reviewed by:



10 mm/mV

Filter: H50 d 100 Hz

10 mm/mV 25 mm/s



Patient Name: RAGINI RANI		UHID: SUR0000351070	
Age / Sex: 46 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 27.09.2024	

### ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

**Liver** is normal in size shows grade I fatty changes. 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.

**Uterus** appears mild bulky in size, measures 70 X 50 X 59 mm. The uterine myometrial echotexture is inhomogeneous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

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

### IMPRESSION:

- Mild bulky uterus with changes of adenomyosis.
- Grade I fatty liver.

Thanks for referrals.

  
**DR. ASHUTOSH GANDHI**  
DMRD (Radiodiagnosis)  
G-14916

**SHALBY HOSPITAL, SURAT**

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Pre - op

Post-op

Health Check-up

Date : 27/08/24

Patient Reg. No. : \_\_\_\_\_

Patient Name : Ragini Rani

Age / Sex : 46 / F

Address : \_\_\_\_\_

**Complaints :**

Pain : \_\_\_\_\_

Bleeding gums : \_\_\_\_\_

Swelling : \_\_\_\_\_

Sensitivity : \_\_\_\_\_

Pus Discharge : \_\_\_\_\_

**Medical History :**

Hypertension :  DM  Acidity  Pregnancy : \_\_\_\_\_

Bleeding Disorders : \_\_\_\_\_ Asthma : \_\_\_\_\_ Allergy : \_\_\_\_\_

Past Surgical Intervention : \_\_\_\_\_

**Any Medication :**

**On Examination :**

Abscess : \_\_\_\_\_ Food lodgement : \_\_\_\_\_

Periodontitis : \_\_\_\_\_ Gingivitis : \_\_\_\_\_

Missing Teeth : \_\_\_\_\_ Mobility : \_\_\_\_\_

**Treatment Advised :**

Scaling : Sittings 1  2  3  Deep

Perio Surgery : \_\_\_\_\_

Restoration : 76  
364

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 a well maintained, hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

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

Advised Sedation Restoration 26 / 564

Jada 7.19

**Dr. Darshini V. Shah**  
(Consultant Dental Surgeon)