



# PANCHMUKHI HOSPITAL

150 RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT

Dr CP Dadhaniya  
Dr RC Dadhaniya  
MBBS, Dip. G.O., Diabetologist

Mo.9925333639,8320711901

policy number : —  
full name : Joshi Huldik Kumari mukeshbhai  
identity proof : Aadhar card  
identity proof no : 7273  
gender : male / 31  
height : 178  
weight : 81  
B P : 118/82  
pulse : 70/min Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes  
  
past history : NO  
  
Dental : Healthy  
  
Romberg Test :  
  
Colour vision : Normal

Vision error since = 10/40

**DR. C. P. DADHANIYA**  
M.B. Diabetologist  
Ind Physician (CIH)  
Regd. No. G19798  
Code No. 378-43

Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Joshi Hiralalkrumaji  
AGE/GENDER: 81 Male

25-11-23

PATIENT'S REFRACT

|   |   | SPHE | CYL |   | VN  |
|---|---|------|-----|---|-----|
| R | D | M    |     |   | 6/9 |
|   | N | M    | N   | M | 6/9 |
| L | D | M    |     |   | 6/9 |
|   | N | M    | N   | N | 6/9 |

REMARKS :

CHECKED BY: D.P. CP. DeDhanija

*[Handwritten signature]*

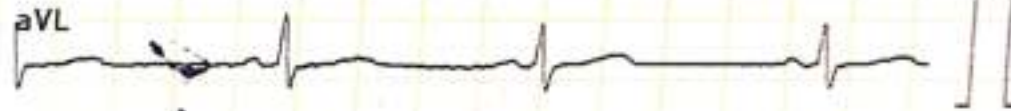
DR. *[Signature]* DADHANIYA  
 M.B. Diabetologist  
 Inj. Physician (CP)  
 Regd. No. G19798  
 Code No. 378943  
 Panchmukhi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.

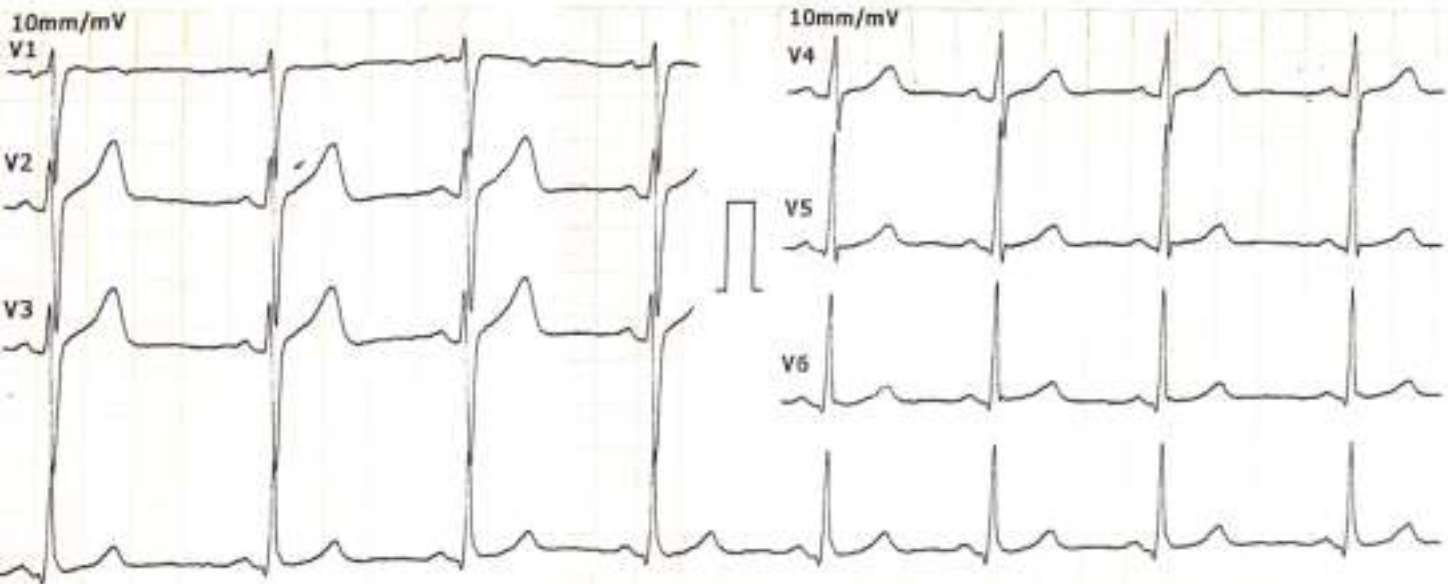
10mm/mV AUTO



25mm/s AC:ON 0.05-35Hz

10mm/mV





2023-11-25 8:59:41

ID: 00003598

ID Card:

Name: Musdik Kumari Joshi Gender: male

Age: 31

Height(cm): \_\_\_\_\_

Weight(Kg): \_\_\_\_\_

BP(mmHg): 1

HR..... bpm 70

P-R..... ms 123

Q-R-S..... ms 96

QT/QTc..... ms 380/410

P/QRS/T AXES..... deg 77/76/90

RV5/SV1..... mV 1.88/4.34

RV5+SV1..... mV 2.46

\*The result must be confirmed by doctor!

Report Confirmed by: \_\_\_\_\_

# પંચમુખી હોસ્પિટલ

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

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

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Joshi Hrudile M

Date :

સુવિધાઓ

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

I don't want to do  
ultrasound report.

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H.  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD RAJKOT.

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

ફરી આવો ત્યારે આ ઠાગળ સાથે લાવવો





ભારત સરકાર

Government of India

જોષી હાર્દિકકુમાર મુકેશભાઈ

Joshi Hardikkumar Mukeshbhai

જન્મ તારીખ / DOB : 23/04/1992

પુરુષ / Male



4280 6218 7273



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: S/O: મુકેશભાઈ ત્રિભોવનભાઈ જોષી, સ્મિત,  
શેરી નં-6, અલખ ચબૂતરા પાસે, રાધા કૃષ્ણ નગર,  
ગોંડલ, ગોંડલ, રાજકોટ, ગુજરાત, 360311  
Address: S/O: Mukeshbhai Tribhovanbhai Joshi,  
SMIT, STREET NO-6, NEAR ALAKH CHABUTARA,  
RADHA KRUSHNA NAGAR, Gondal, Gondal, Rajkot,  
Gujarat, 360311



4280 6218 7273



1947



help@uidai.gov.in

WWW

www.uidai.gov.in





*Mediwheel joshi  
hardik kumar*

 **GPS Map  
Camera Lite**

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

Latitude  
22.2654072°

Longitude  
70.7843032°

Local 09:10:11 AM  
GMT 03:40:11 AM

Altitude 145 meters  
Saturday, 25.11.2023





TEST REPORT

|  |  |
|--|--|
| <b>Name</b> : Joshi Hardikkumar                      | <b>Reg. No</b> : 311101035                 |
| <b>Age/Sex</b> : 31 Years / Male                     | <b>Reg. Date</b> : 25-Nov-2023 02:31 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 25-Nov-2023 02:31 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 25-Nov-2023 05:27 PM  |

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

| Parameter                         | Result | Unit                | Biological Ref. Interval |                        |
|-----------------------------------|--------|---------------------|--------------------------|------------------------|
| <b>RBC Parameters</b>             |        |                     |                          |                        |
| Hemoglobin (SLS method)           | 15.2   | g/dL                | 13.0 - 18.0              |                        |
| Hematocrit (Electrical Impedance) | 43.20  | %                   | 47 - 52                  |                        |
| RBC Count (Electrical Impedance)  | 6.18   | million/cmm         | 4.7 - 6.0                |                        |
| MCV (Calculated)                  | 69.9   | fL                  | 78 - 110                 |                        |
| MCH (Calculated)                  | 24.6   | Pg                  | 27 - 31                  |                        |
| MCHC (Calculated)                 | 35.2   | %                   | 30 - 35                  |                        |
| RDW (Calculated)                  | 12.7   | %                   | 11.5 - 14.0              |                        |
| <b>WBC Parameters</b>             |        |                     |                          |                        |
| WBC Count (Flowcytometry)         | 4110   | /cmm                | 4000 - 10500             |                        |
| <b>DIFFERENTIAL WBC COUNT</b>     |        |                     |                          |                        |
| Neutrophils (%)                   | 52 %   | % Range 42.0 - 75.2 | Abs. Value 2137 /cmm     | Abs. Range 1800 - 7700 |
| Lymphocytes (%)                   | 40 %   | % Range 20 - 45     | Abs. Value 1644 /cmm     | Abs. Range 1000 - 3900 |
| Eosinophils (%)                   | 02 %   | % Range 1 - 4       | Abs. Value 82 /cmm       | Abs. Range 0 - 450     |
| Monocytes (%)                     | 06 %   | % Range 2 - 8       | Abs. Value 247 /cmm      | Abs. Range 200 - 1000  |
| Basophils (%)                     | 00 %   | % Range 0 - 1       | Abs. Value 0 /cmm        | Abs. Range 20 - 100    |
| <b>Platelete Parameter</b>        |        |                     |                          |                        |
| Platelet Count                    | 273000 | /cmm                | 150000 - 450000          |                        |
| MPV                               | 9.4    | fL                  | 7.4 - 10.4               |                        |
| P-LCR                             | 18.80  | %                   | 11.9 - 66.9              |                        |
| PDW                               | 9.6    | %                   | 8.3 - 56.6               |                        |
| PCT (Platelet Haematocrit)        | 0.26   | %                   | 0.2 - 0.5                |                        |

towards the healthiness...

*D.R.I.*

Dr. Viral Jethava

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M.D. (Path. PDCC)





TEST REPORT

|                    |                                       |                     |                        |
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**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

| Parameter | Result   | Unit | Biological Ref. Interval |
|-----------|----------|------|--------------------------|
| ABO       | *A*      |      |                          |
| Rh (D)    | Negative |      |                          |

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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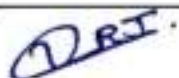
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| Test                                  | Result | Unit  | Biological Ref. Interval |
|---------------------------------------|--------|-------|--------------------------|
| <b>Erythrocyte sedimentation rate</b> |        |       |                          |
| <b>Sample, EDTA whole blood</b>       |        |       |                          |
| ESR (After 1 hour)                    | 03     | mm/hr | 1 - 7                    |

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

| Parameter   | Result | Unit  | Biological Ref. Interval   |
|---|--------|-------|--|
| Fasting Blood Sugar (FBS)<br><small>HEXONWASE</small> | 86.00  | mg/dL | <100 :Non-Diabetic<br>100-125 :Impaired Fasting Glucose (IFG)<br>>=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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| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 25-Nov-2023 05:27 PM  |

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

| Parameter                                     | Result | Unit  | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS)<br>HEXORWASE | 110.00 | 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.

\*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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LIPID PROFILE

Specimen: Serum

| Parameter   | Result | Unit  | Biological Ref. Interval   |
|---|--------|-------|--|
| <b>Cholesterol</b><br><small>Cholesterol Oxidase</small>                      | 149.00 | mg/dL | Desirable : < 200.0<br>Borderline High : 200-239<br>High : > 240.0   |
| <b>Triglyceride</b><br><small>Enzymatic Reaction With Glycerol Kinase</small> | 85.00  | mg/dL | Normal : < 150.0<br>Borderline : 150-199<br>High : 200-499<br>Very High : > 500.0  |
| <b>HDL Cholesterol</b><br><small>Siemens HDL</small>                          | 50.00  | mg/dL | High Risk : < 40<br>Low Risk : $\geq$ 60   |
| <b>LDL Cholesterol</b><br><small>Siemens ALDL</small>                         | 82.00  | mg/dL | Optimal : < 100<br>Near Optimal/above optimal : 100-129<br>Borderline High : 130-159<br>High : 160-189<br>Very High : $\geq$ 190 |
| <b>VLDL Cholesterol</b><br><small>Calculated</small>                          | 17.00  | mg/dL | 15 - 35  |
| <b>LDL / HDL RATIO</b><br><small>Calculated</small>                           | 1.64   |       | 0 - 3.5  |
| <b>Cholesterol /HDL Ratio</b><br><small>Calculated</small>                    | 2.98   |       | 0 - 5.0  |

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**RENAL FUNCTION TEST**

Specimen: Serum

| Parameter  | Result       | Unit             | Biological Ref. Interval   |
|--|--------------|------------------|--|
| <b>Creatinine</b><br><small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small> | 0.97         | mg/dL            | 0.7 - 1.3  |
| <b>eGFR</b>  | <b>81.25</b> | ml/min/1.73 sq m | Normal or High: $\geq 90$<br>Mild decrease: 60-89<br>Mild moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: $< 15$ |
| <b>Urea</b><br><small>Calculated</small>                                   | 38.00        | mg/dL            | 17 - 43  |
| <b>Blood Urea Nitrogen (BUN)</b><br><small>UREASE/GLDH</small>             | 17.75        | mg/dL            | 7.0 - 18.0   |
| <b>Uric Acid</b><br><small>Uricase</small>                                 | 6.84         | mg/dL            | 3.5 - 7.2  |
| <b>Sodium</b><br><small>Direct ion selective electrode</small>             | 138.5        | mmol/L           | 137 - 145  |
| <b>Potassium</b><br><small>Direct ion selective electrode</small>          | 4.59         | mmol/L           | 3.5 - 5.1  |
| <b>Chloride</b><br><small>Direct ion selective electrode</small>           | 101.3        | mmol/L           | 98 - 107   |
| <b>Calcium</b><br><small>Cresolphthalein Complexone</small>                | 8.94         | mg/dL            | 8.5 - 10.1   |

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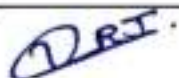
Dr. Viral R. Jethava  
M.D. (Path. PDCC)




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| Parameter                                | Result | Unit | Biological Ref. Interval |
|--|--------|------|--------------------------|
| <b>GGT</b><br><small>Siemens/37C</small> | 79.00  | U/L  | 15 - 85                  |

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

| Parameter                                       | Result | Unit  | Biological Ref. Interval   |
|---|--------|-------|--|
| HbA1C<br><small>Siemens Dimension</small>       | 4.89   | %     | Non-Diabetic :<br>Normal : < 5.7 %<br>Pre-Diabetes : 5.7 % - 6.4 %<br>Diabetes : >6.4 %<br><br>Diabetic :<br>Poor Control : > 7.0 %<br>Good Control : 6.0 % - 7.0 %                        |
| Mean Blood Glucose<br><small>Calculated</small> | 93.64  | mg/dL | Please correlate with clinical condition<br>90-115: Normal<br>115-133: Pre-Diabetic<br>134-150: Good Control<br>151-180: Average Control<br>181-210: Action Suggested<br>>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.

*DRJ*

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| <b>Name</b> : Joshi Hardikkumar                      | <b>Reg. No</b> : 311101035                 |
| <b>Age/Sex</b> : 31 Years / Male                     | <b>Reg. Date</b> : 25-Nov-2023 02:31 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 25-Nov-2023 02:31 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 25-Nov-2023 05:27 PM  |

THYROID FUNCTION TEST

| Parameter                                       | Result | Unit   | Biological Ref. Interval |
|---|--------|--------|--------------------------|
| <b>Thyroid Stimulating Hormone (TSH)</b><br>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

|                                     |      |       |            |
|-------------------------------------|------|-------|------------|
| <b>Triiodothyronine (T3)</b><br>CLM | 1.02 | 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.

*D.R.J.*

Dr. Viral Jethava

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Page 10 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

|                    |                                       |                     |                        |
|--------------------|---------------------------------------|---------------------|------------------------|
| <b>Name</b>        | : Joshi Hardikkumar                   | <b>Reg. No</b>      | : 311101035            |
| <b>Age/Sex</b>     | : 31 Years / Male                     | <b>Reg. Date</b>    | : 25-Nov-2023 02:31 PM |
| <b>Ref. By</b>     | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> | : 25-Nov-2023 02:31 PM |
| <b>Client Name</b> | : PANCHMUKHI HOSPITAL                 | <b>Report Date</b>  | : 25-Nov-2023 05:27 PM |

**Thyroxine (T4)** 9.64 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.I.*

Dr. Viral Jethava

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Page 11 of 13

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





TEST REPORT

|  |  |
|--|--|
| <b>Name</b> : Joshi Hardikkumar                      | <b>Reg. No</b> : 311101035                 |
| <b>Age/Sex</b> : 31 Years / Male                     | <b>Reg. Date</b> : 25-Nov-2023 02:31 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 25-Nov-2023 02:31 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 25-Nov-2023 05:27 PM  |

URINE ROUTINE EXAMINATION

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

**PHYSICAL EXAMINATION**

|          |             |  |  |
|----------|-------------|--|--|
| Quantity | 20 cc       |  |  |
| Colour   | Pale Yellow |  |  |
| Clarity  | Clear       |  |  |

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

|                |                |  |               |
|----------------|----------------|--|---------------|
| pH             | 6.5            |  | 4.6 - 8.0     |
| Sp. Gravity    | 1.010          |  | 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 12 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

|  |  |
|--|--|
| <b>Name</b> : Joshi Hardikkumar                      | <b>Reg. No</b> : 311101035                 |
| <b>Age/Sex</b> : 31 Years / Male                     | <b>Reg. Date</b> : 25-Nov-2023 02:31 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 25-Nov-2023 02:31 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 25-Nov-2023 05:27 PM  |

**LIVER FUNCTION TEST**

Specimen : Serum

| Parameter  | Result | Unit  | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| Total Protein<br><small>BIURET</small>   | 7.59   | g/dL  | 6.4 - 8.2                |
| Albumin<br><small>Dye Binding - Bromocresol Purple (BCP)</small>                                     | 4.18   | g/dL  | 3.40 - 5.00              |
| Globulin<br><small>Calculated</small>  | 3.41   | g/dL  | 2.3 - 3.5                |
| A/G Ratio<br><small>Calculated</small>   | 1.23   |       | 0.8 - 3.1                |
| SGOT (AST)<br><small>Siemens/37C</small>   | 31.00  | U/L   | 15 - 37                  |
| SGPT (ALT)<br><small>Siemens/37C</small>   | 52.00  | U/L   | 16 - 63                  |
| Alakaline Phosphatase<br><small>Siemens/37C</small>  | 94.2   | U/L   | 46 - 116                 |
| Total Bilirubin<br><small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>      | 0.48   | mg/dL | 0.2 - 1                  |
| Conjugated Bilirubin<br><small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small> | 0.11   | mg/dL | 0 - 0.20                 |
| Unconjugated Bilirubin<br><small>Suph acid ip/calf-benz</small>                                      | 0.37   | mg/dL | 0.0 - 1.1                |

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

towards the healthiness...

*D.R.J.*

Dr. Viral Jethava

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Page 13 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



## Tread Mill Test

|              |   |                   |            |   |         |
|--------------|---|-------------------|------------|---|---------|
| Patient Name | : | Hardikkumar Joshi | Age        | : | 31yrs/M |
| Ref. By      | : | Dr. C.P.Dadhaniya | Resting BP | : | 130/80  |
| Report Date  | : | 25/11/2023        | Max. BP    | : | 160/80  |

Patient Reaches exercise limit at 9.40 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 8:17 minutes as patient complained of Fatigue.  
Patient achieved 88% THR without chest pain.

The recovery was uneventful.

Good 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

**CURE CARDIOLOGY CLINIC**

**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**

419/HARIDIKUNJAR JOSHI 31 Yrs/Male 0 Kg/0 Cms

Date: 25-Nov-2023 10:34:46 AM

Ref. By : DR.C.P.DADHANIVA

Medication :

Objective :

*[Signature]*

*[Signature]* Summary

Protocol : BMUCE

History :

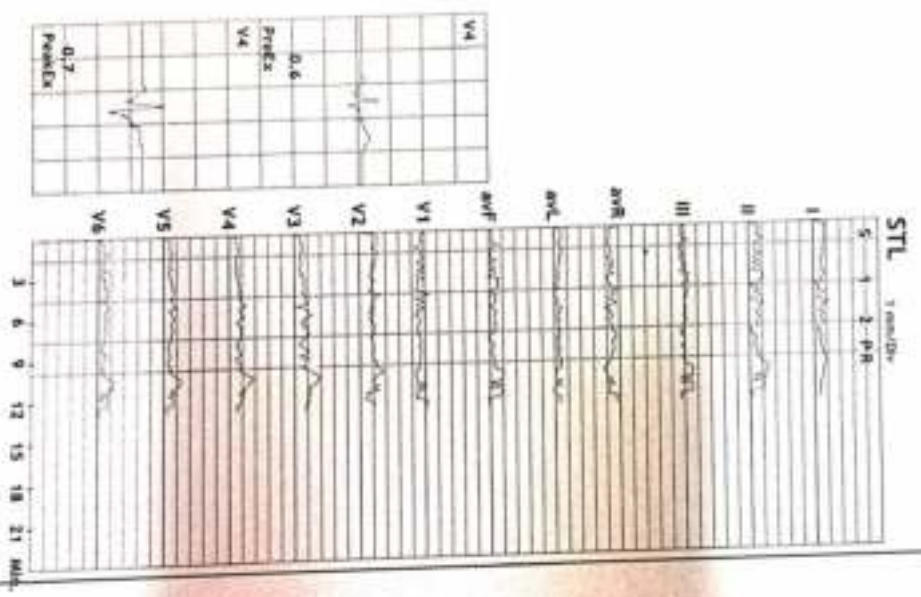


| Stage    | StageTime | PhaseTime | Speed  | Grade | METS | H.R.  | B.P.   | R.P.P. | PVC    | Comments |
|----------|-----------|-----------|--------|-------|------|-------|--------|--------|--------|----------|
|          | (min:Sec) | (min:Sec) | (kmph) | (%)   |      | (bpm) | (mmHg) | (mmHg) | (/min) |          |
| Supine   | 0:01      | 1:19      | 0.0    | 0.0   | 1.0  | 83    | 130/80 | 107    | -      |          |
| Standing | 0:01      | 1:23      | 0.0    | 0.0   | 1.0  | 80    | 130/80 | 104    | -      |          |
| HV       | 0:01      | 1:28      | 0.0    | 0.0   | 1.0  | 88    | 130/80 | 114    | -      |          |
| ExStart  | 0:01      | 1:32      | 0.0    | 0.0   | 1.0  | 89    | 130/80 | 115    | -      |          |
| Stage 1  | 3:00      | 3:00      | 2.7    | 10.0  | 4.6  | 123   | 140/80 | 172    | -      |          |
| Stage 2  | 3:00      | 6:00      | 4.0    | 12.0  | 7.0  | 145   | 150/80 | 217    | -      |          |
| PeakX    | 2:15      | 8:16      | 5.5    | 14.0  | 9.4  | 166   | 160/80 | 265    | 1      |          |
| Recovery | 1:00      | 8:18      | 0.0    | 0.0   | 1.2  | 127   | 160/80 | 203    | -      |          |
| Recovery | 2:00      | 8:18      | 0.0    | 0.0   | 1.0  | 110   | 150/80 | 165    | -      |          |
| Recovery | 3:00      | 8:18      | 0.0    | 0.0   | 1.0  | 110   | 140/80 | 154    | -      |          |

**Findings :**

Exercise Time : 8:17 minutes  
 Max HR attained : 166 bpm 88% of Max Predictable HR 189  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 9.4 (Good 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.  
 Maximum Depression: ...

ADVICE/Comments:



DR MAULIK HANSALIYA/DR NISHANT SIRCODARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

419 / HARDIKKUMAR JOSHI  
31 Yrs / Male  
0 Kg / 0 Cm

Date: 25-Nov-2023 10:34:46 AM

HR: 83 bpm  
METS: 1.0  
BP: 130/80

APPR: 43% of 189  
Speed: 0.0 kmph  
Grade: 0.0%

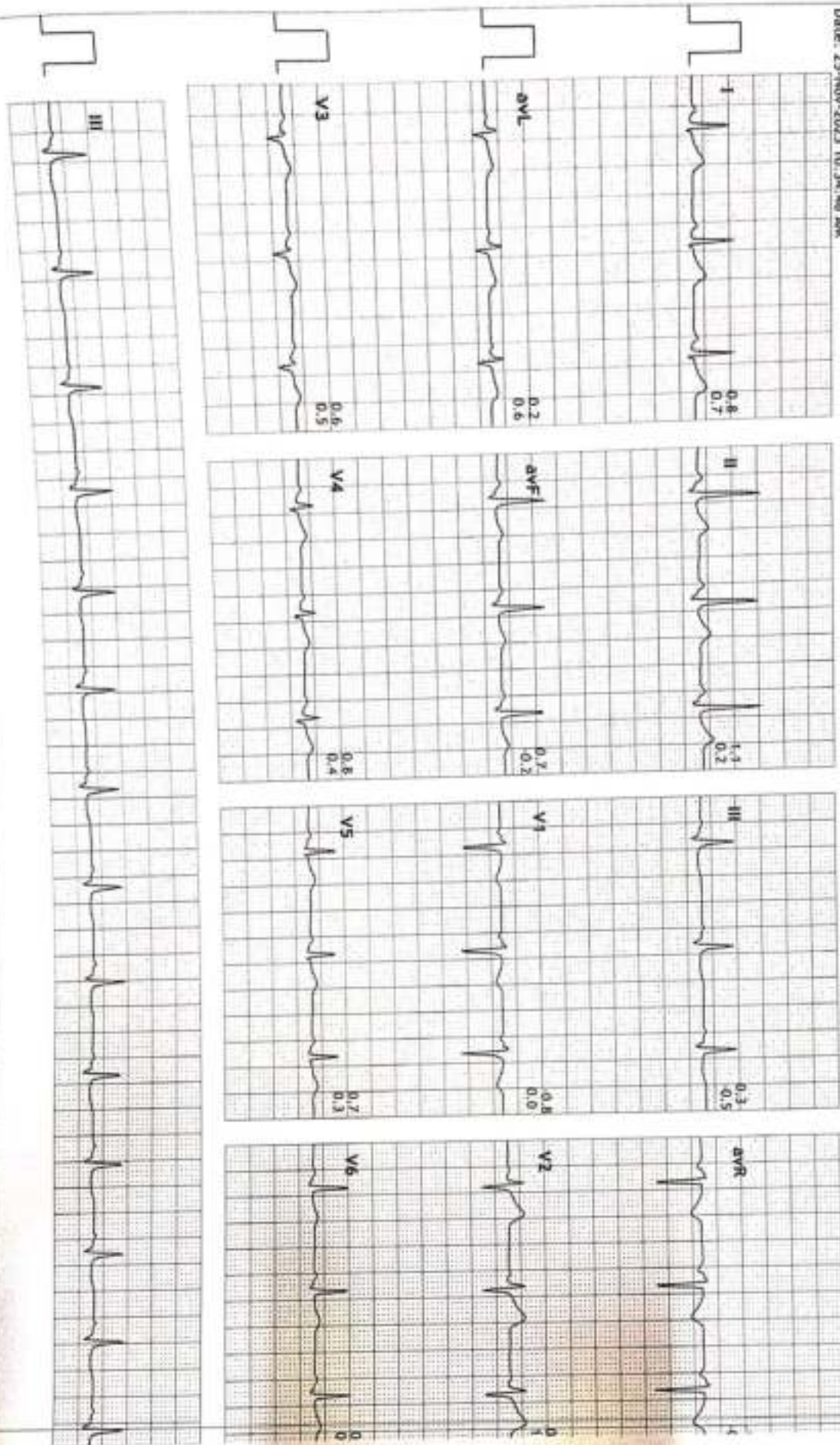
Raw ECG  
BRUCE  
10.05-100/1Hz

Ex Time 01:18  
BLC -On  
Notch -On

Supine  
10.0 mm/mv  
25 mm/Sec.



3x4+1 Rhythm Lead



DR MAULIK HANSALIA/DR NISHANT SIRDARIYA



CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
419 / HARDIKKUMAR JOSHI  
31 Yrs / Male  
0 Kg / 0 Cm  
Date: 25-Nov-2023 10:34:46 AM

HR: 80 bpm  
MLTS: 1.0  
BP: 130/80

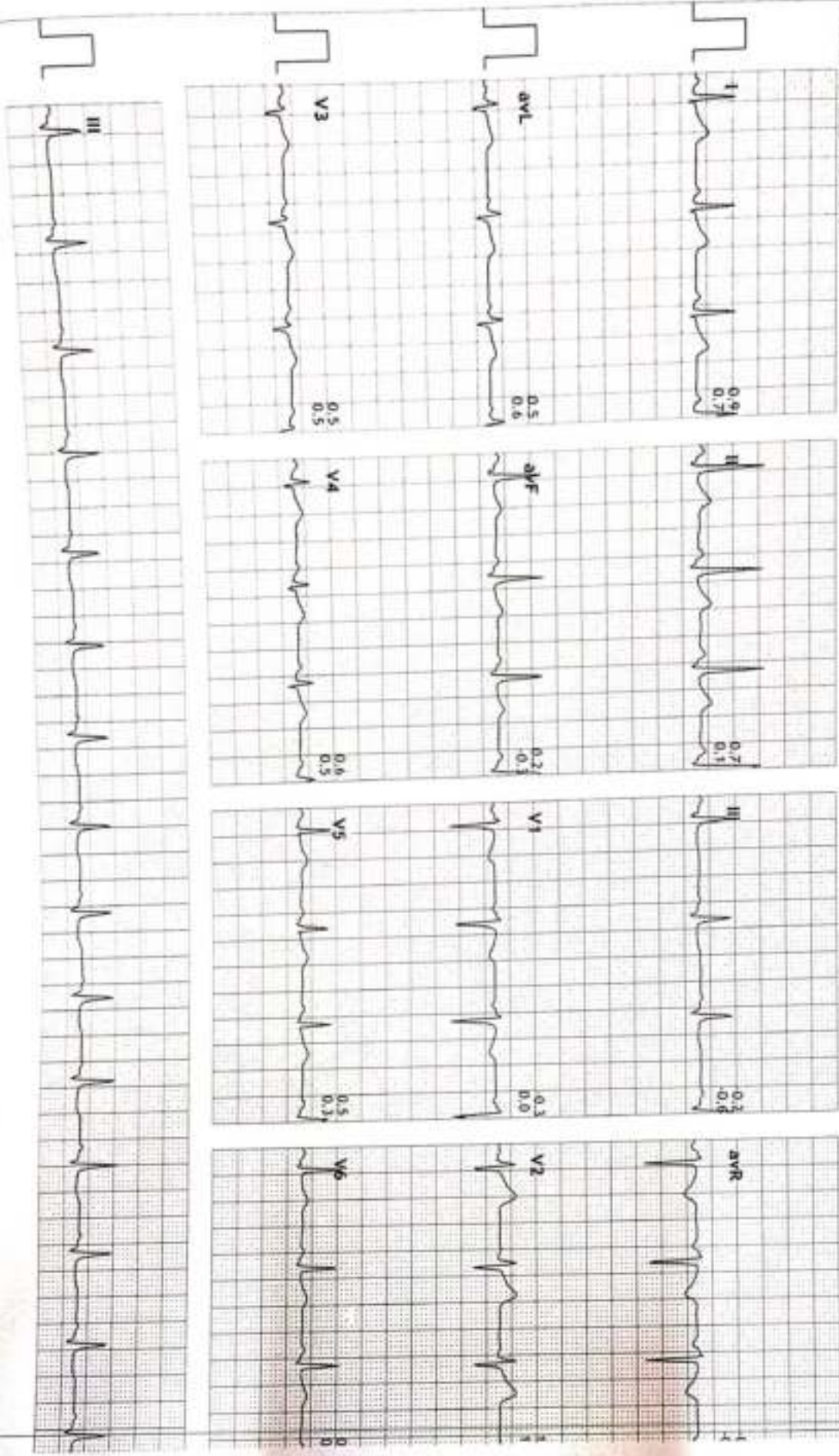
MPH8: QRS of 189  
Speed: 0.0 kmph  
Grade: 0.08

Raw ECG  
RRUCE  
10.05-100Hz

Ex Time 01:22  
RLC :On  
Mech :On

Standing  
10.0 mm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead



www.oken-scanner.com

Print Date: 25-Nov-2023

DR MAULIK HANSALIJA/DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

419 / HARDIKKUMAR JOSHI

31 Yrs / Male

0 Kg / 0 Cm

Date: 25-Nov-2023 10:36:46 AM

HR: 88 bpm  
METS: 1.0  
BP: 130/80

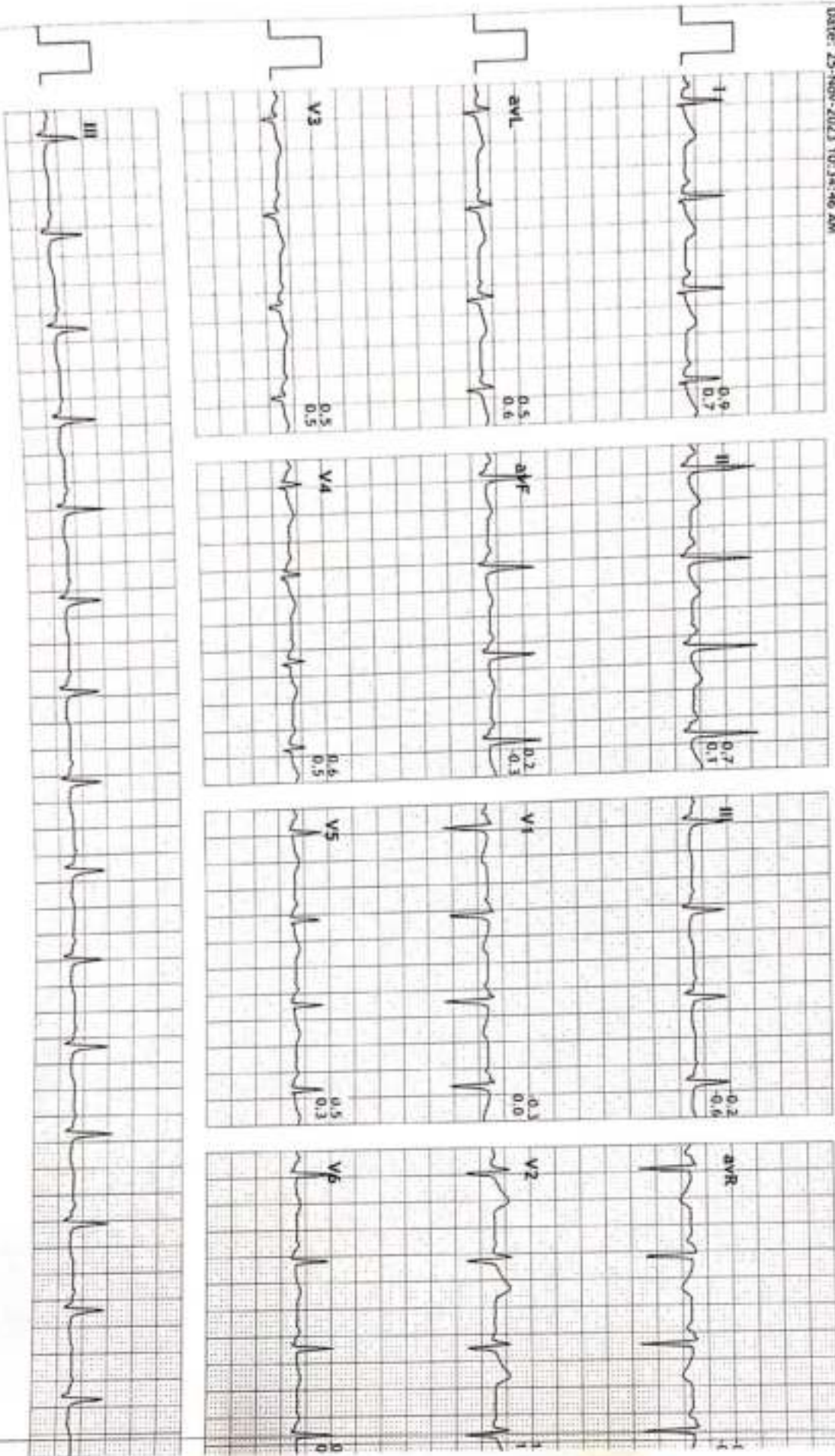
MPHR: 46% of 189  
Speed: 0.0 kmph  
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG  
DRUCE  
(0.05-100)Hz

Ex Time 01:27  
RLC :On  
NucIn :On

HV  
10.0 mm/mV  
25 mm/Sec.



CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 25-Nov-2023 10:34:46 AM

HR: 89 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 47% of 189  
 Speed: 0.0 mmph  
 Grade: 0.0%

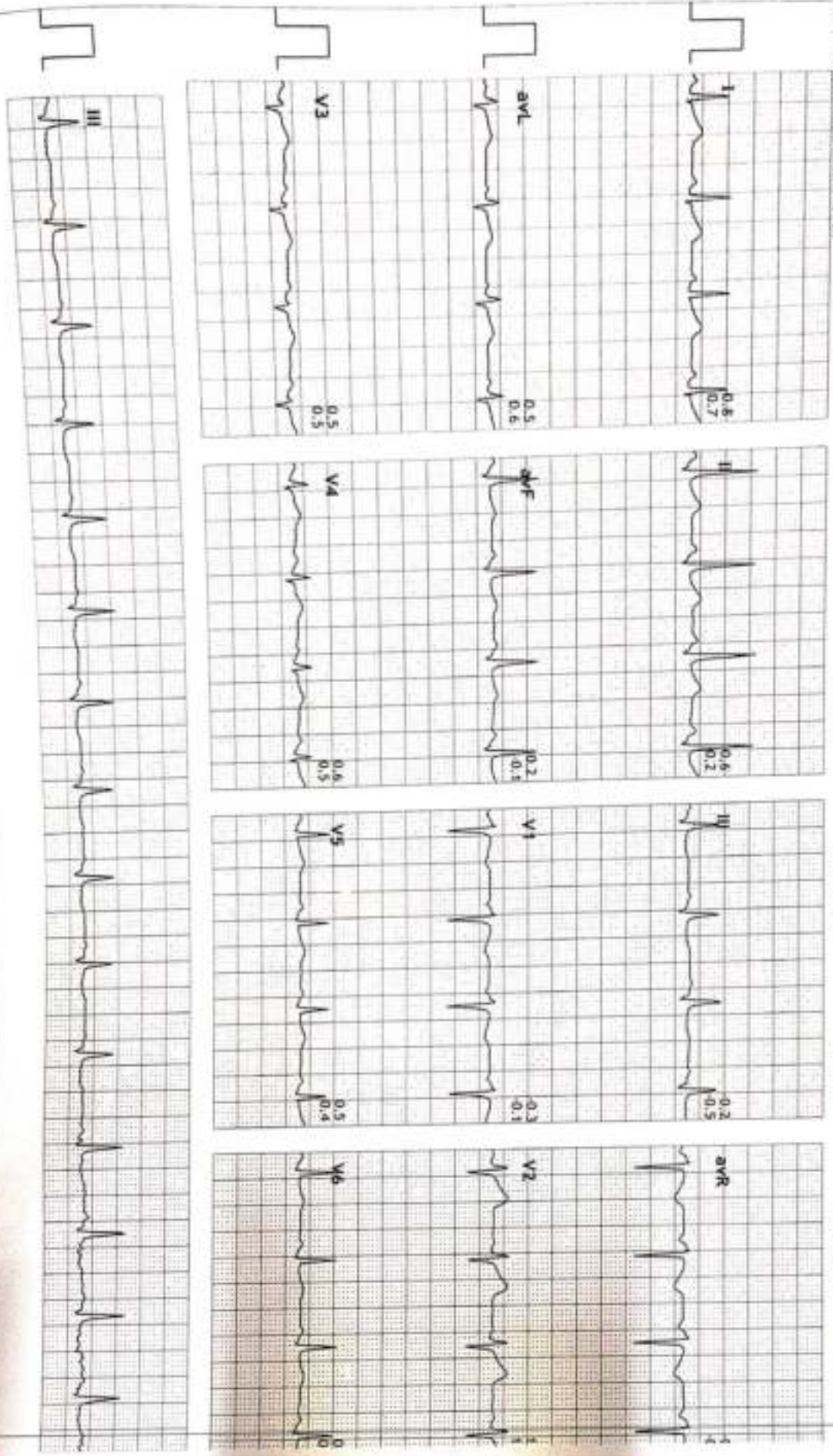
Raw ECG  
 BRUCE  
 00.05-100.0Hz

Ex Time 01:31  
 RLC :On  
 Hoch: On

ExStart  
 10.0 mm/mv  
 25 mm/Sec



3x4+1 Rhythm Lead



Print Date: 25-Nov-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

419 / HANDEKUNJAE JOSHI

31 Yrs / Male

0 Kg / 0 Cm  
Date: 25-Nov-2023 10:34:46 AM

3x4+1 Rhythm Lead

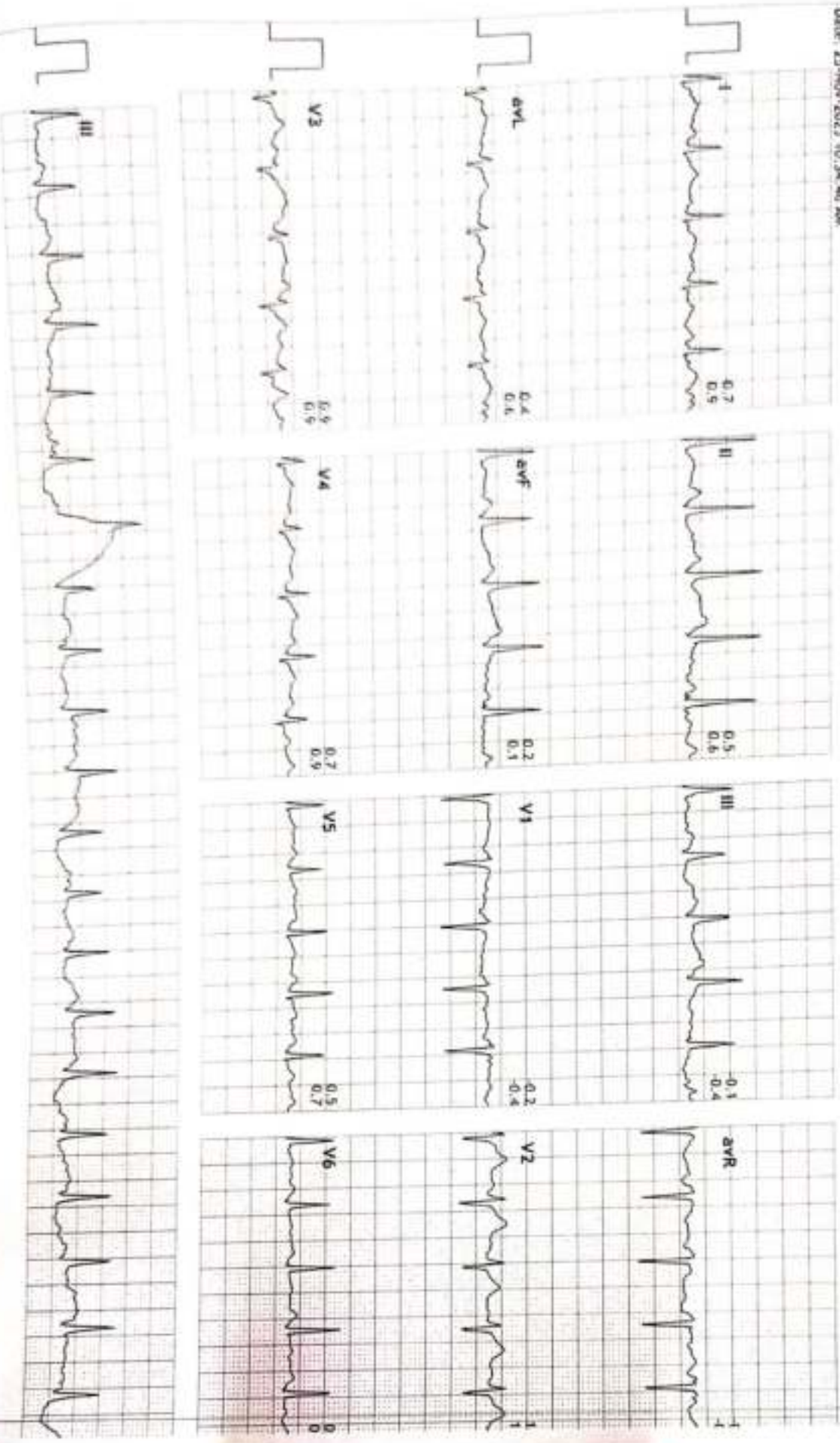
HR: 123 bpm  
METs: 4.6  
BP: 140/80

MPHR: 65% of 189  
Speed: 2.7 kmph  
Grade: 10.0%

Raw ECG  
BRUCE  
0.15-100/Hz

Ex Time 02:59  
BLC : On  
Hoch : On

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



DR MAULIK HANSALIYA/DR NISHANT SIRDARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

419 / HARDIKKUMAR JOSHI

31 Yrs / Male

0 Kg / 0 Cm

Date: 25-Nov-2023 10:34:46 AM

HR: 145 bpm  
METs: 7.0  
BP: 150/80

MPPR: 76% of 189  
Speed: 4.0 kmph  
Grade: 12.0%

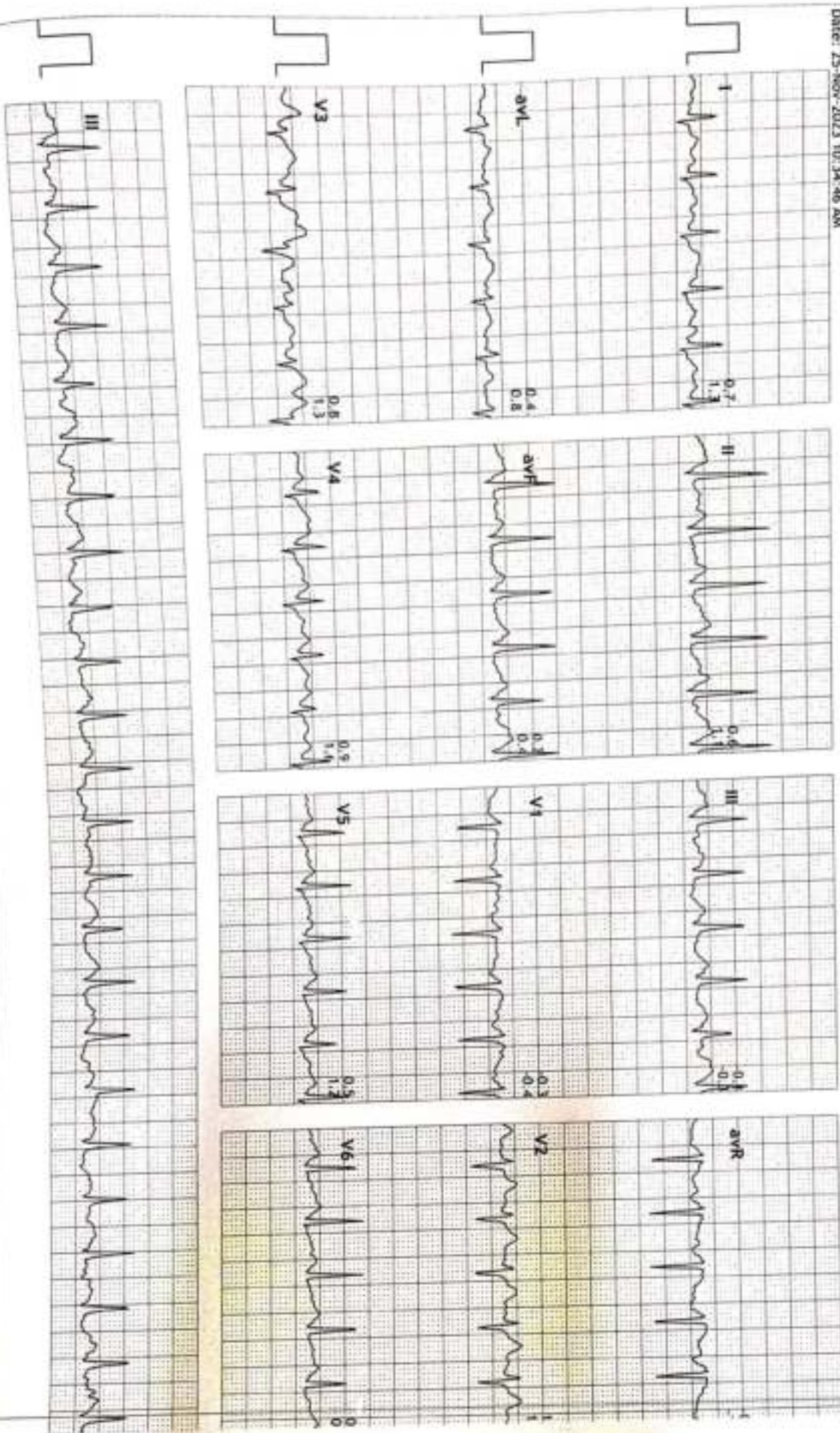
Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 05:59  
BLC :0h  
Notch :On

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



3x4+1 Rhythm Lead



Print Date: 25-Nov-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 419 / HARDIKKUMAR JOSHI  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 25-Nov-2023 10:34:46 AM

HR: 166 bpm  
 METS: 9.4  
 BP: 160/80

MPHR: 87% of 189  
 Speed: 5.5 kmph  
 Grade: 14.0%

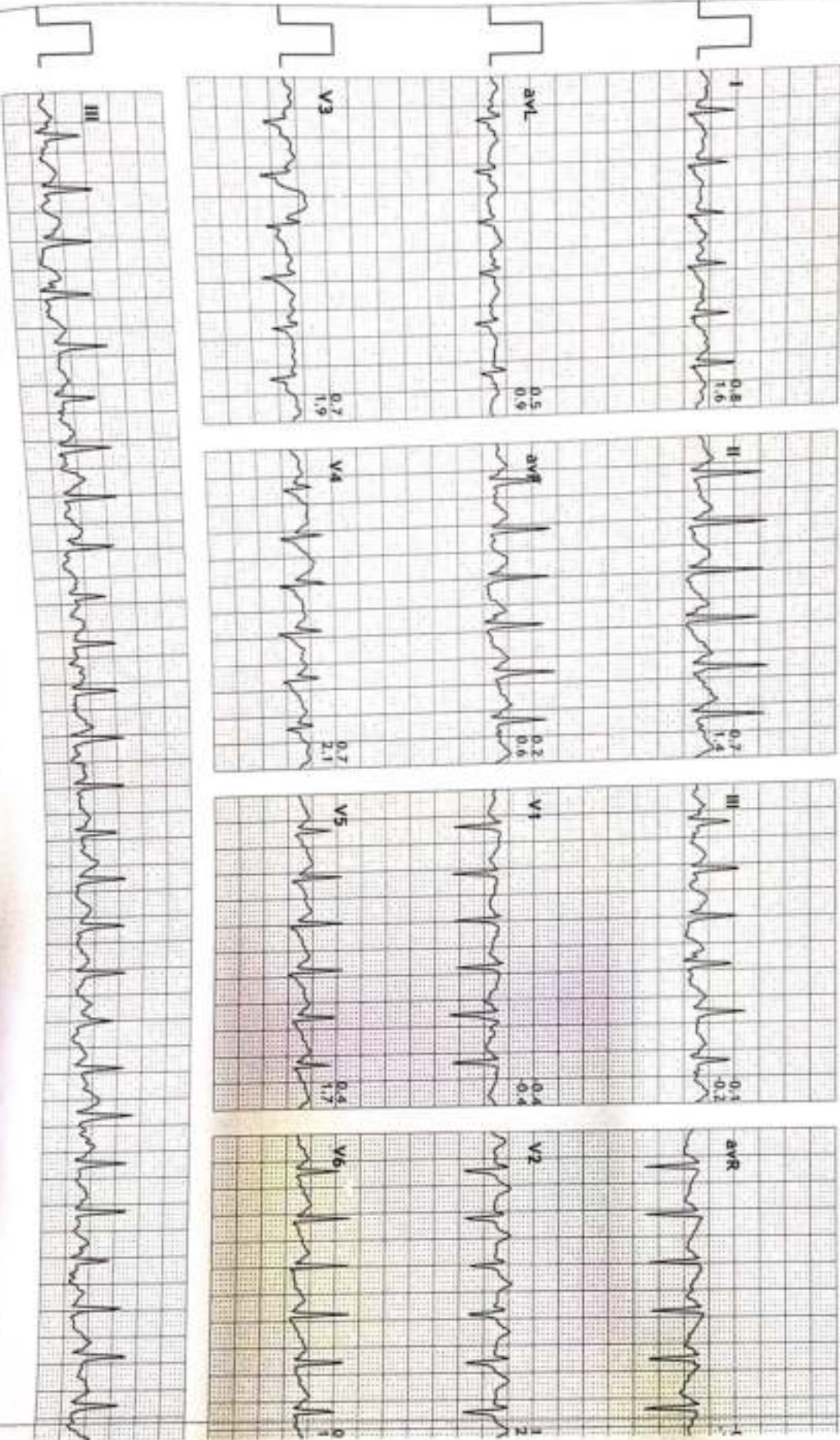
Raw ECG  
 BRUCE  
 (0.05-100)µV

Ex Time 08:15  
 BLC :On  
 Noch :On

BRUCE: PeakEx  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



Print Date: 25-Nov-2023

DR MAULIK HANSALIJA/DR NISHANT SIRDARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

419 / HARSHIKUMAR JOSHI

31 Yrs / Male

0 Kg / 0 Cm

Date: 25-Nov-2023 10:34:46 AM

3x4+1 Rhythm Lead

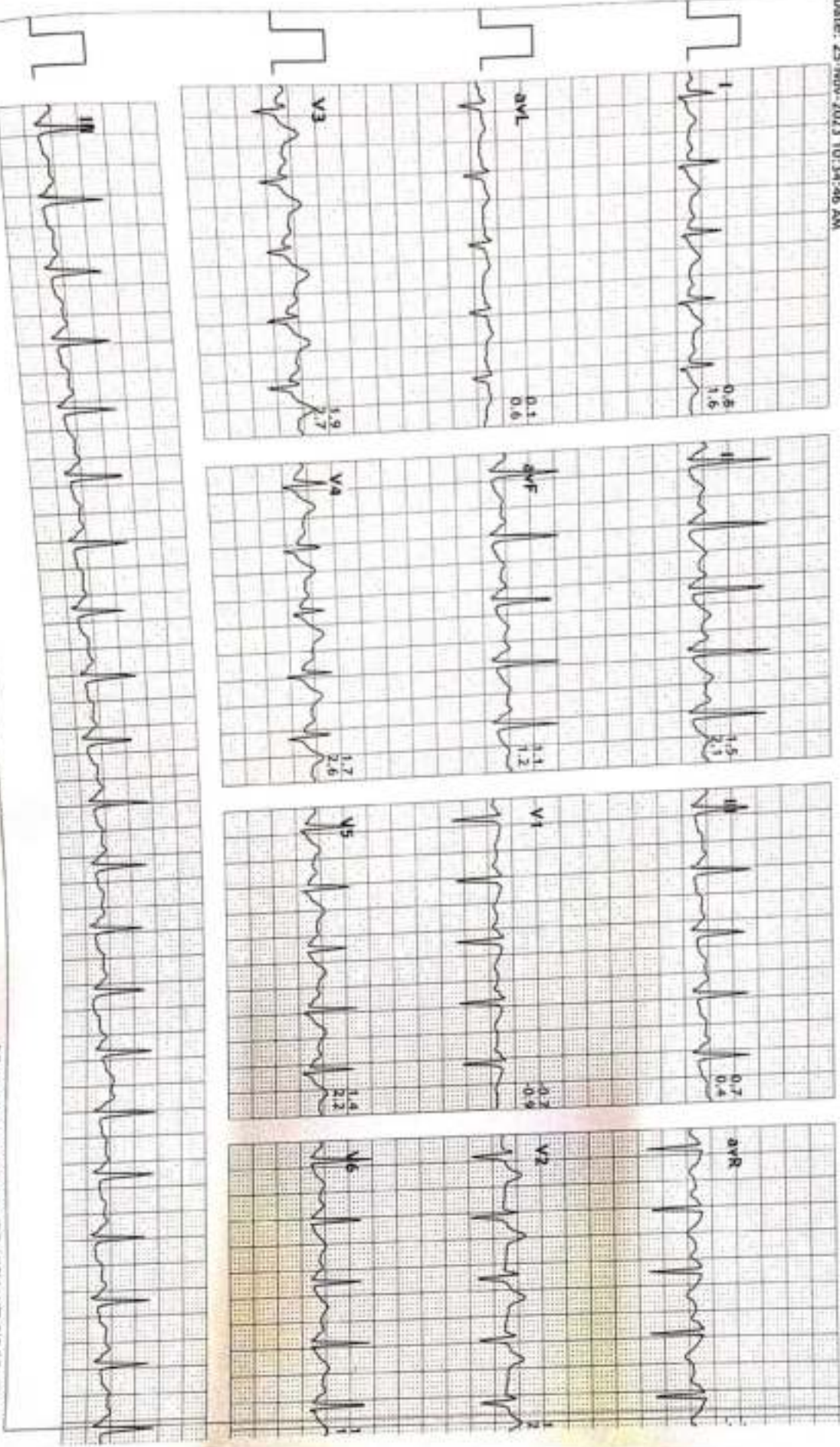
HR: 127 bpm  
METs: 1.2  
BP: 160/80

MPHR: 67% of 189  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BPLC  
10.05-1003Hz

Ex Time 08:17  
BLC :0h  
Match :0h

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



Print Date: 25-Nov-2023

DR MAULIK HANSALIA/DR NISHANT SIROOARIYA

CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 419 / HARIKUMAR JOSHI  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 25-Nov-2023 10:34:46 AM

HR: 110 bpm  
 MLTS: 1.0  
 BP: 150/80

MPHR:58% of 189  
 Speed: 0.0 kmph  
 Grade: 0.0%

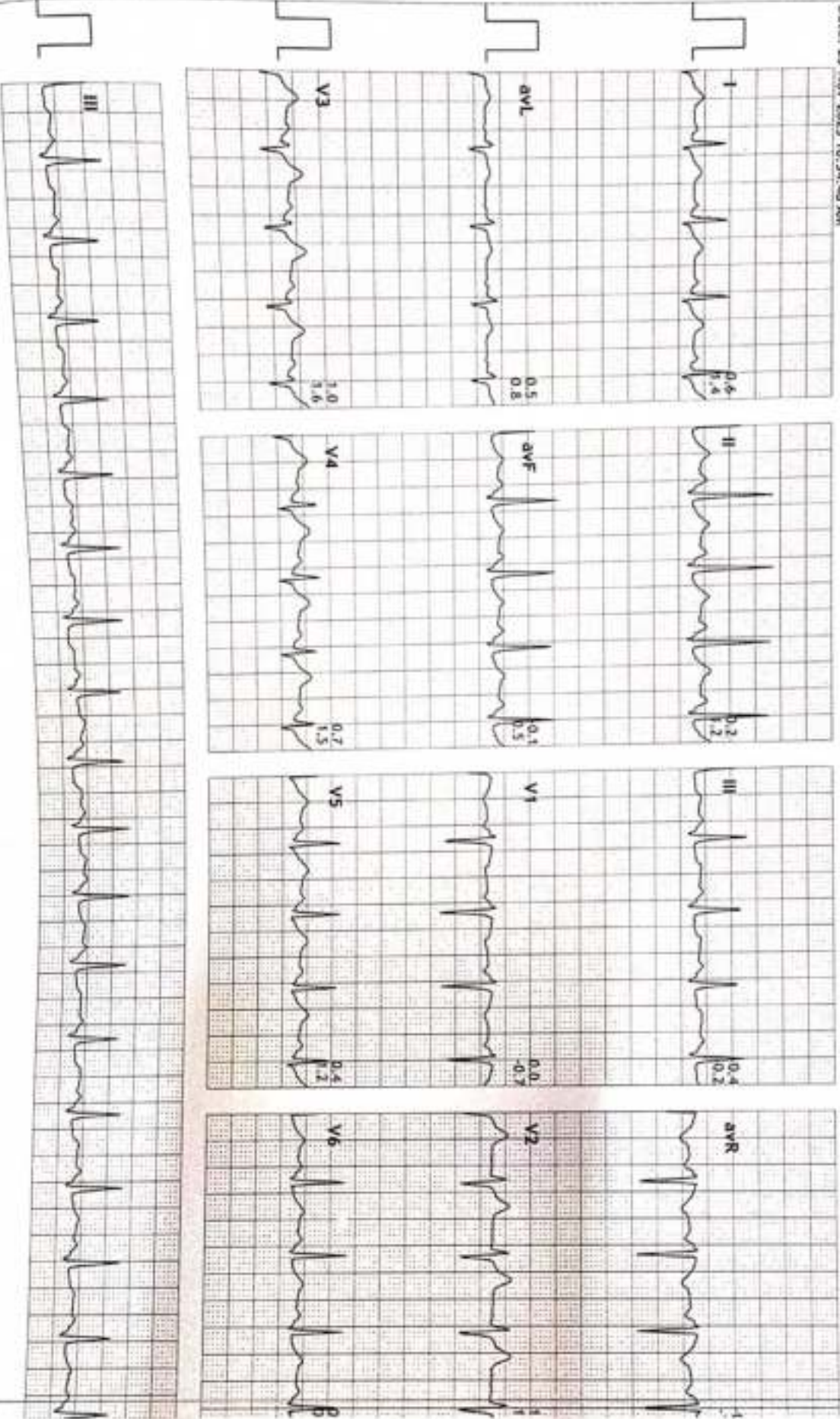
Raw ECG  
 BRUCE  
 0.05-100µV

Ex Time 08:17  
 RLC :On  
 Notch :On

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



3x4+1 Rhythm Lead



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CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 419 / HARDIKUMAR JOSHI  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 25-Nov-2023 10:34:46 AM

HR: 110 bpm  
 METS: 1.0  
 BP: 140/80

APPR: 38% of 189  
 Speed: 0.0 mmph  
 Grade: 0.0%

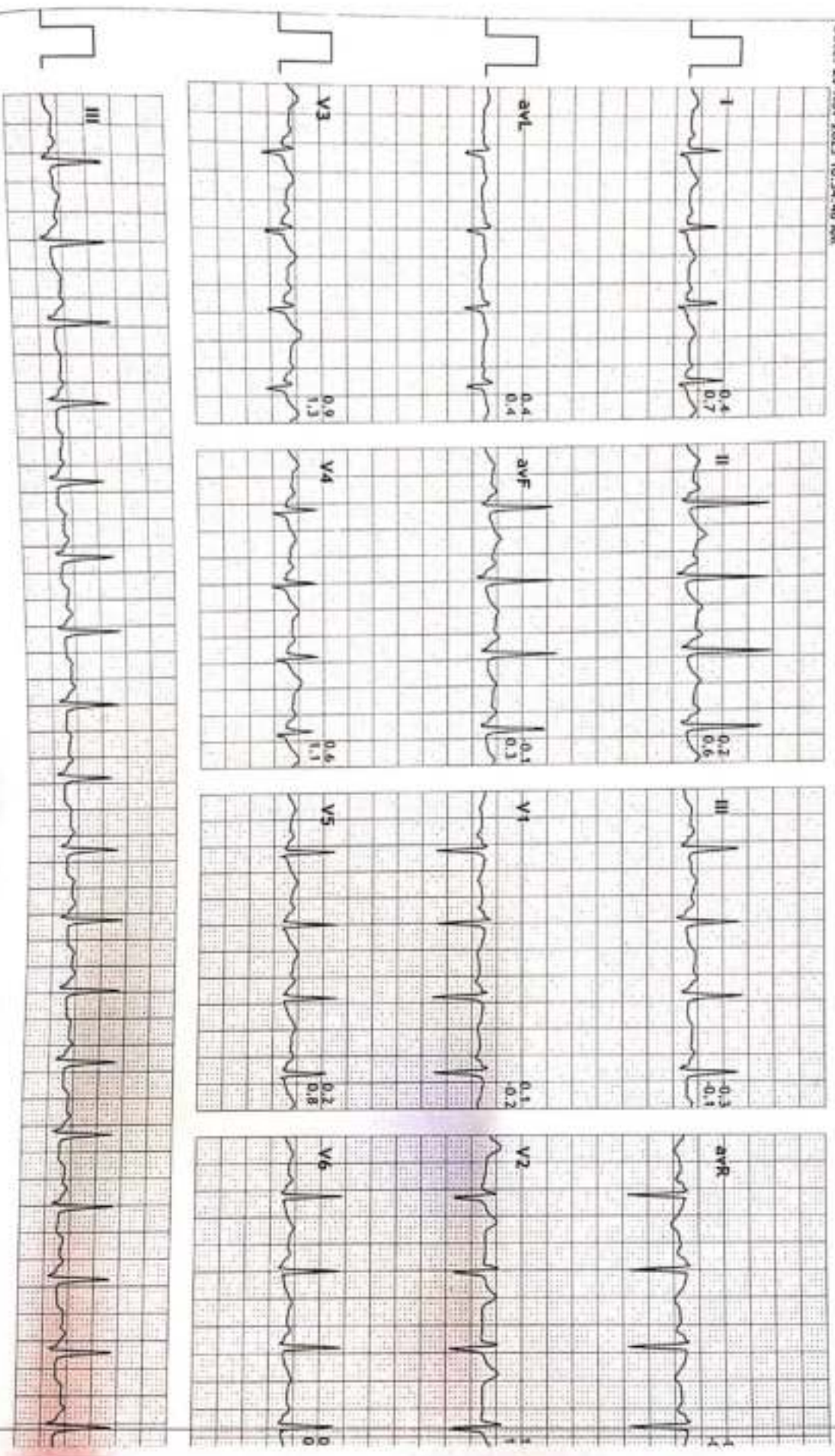
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 08:17  
 BLC - On  
 Motch : On

Recovery(3:00)  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



Print Date: 25-Nov-2023  
 DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

Pat.s' Name: JOSHI HARDIKKUMAR

DATE: 25 November 2023

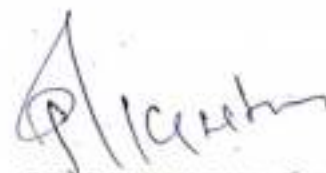
## U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary 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:

- Grade I fatty changes in liver.

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

Scanned with OKEN Scanner

Scanned with OKEN Scanner


Pt.'s Name: JOSHI HARDIKKUMAR

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.

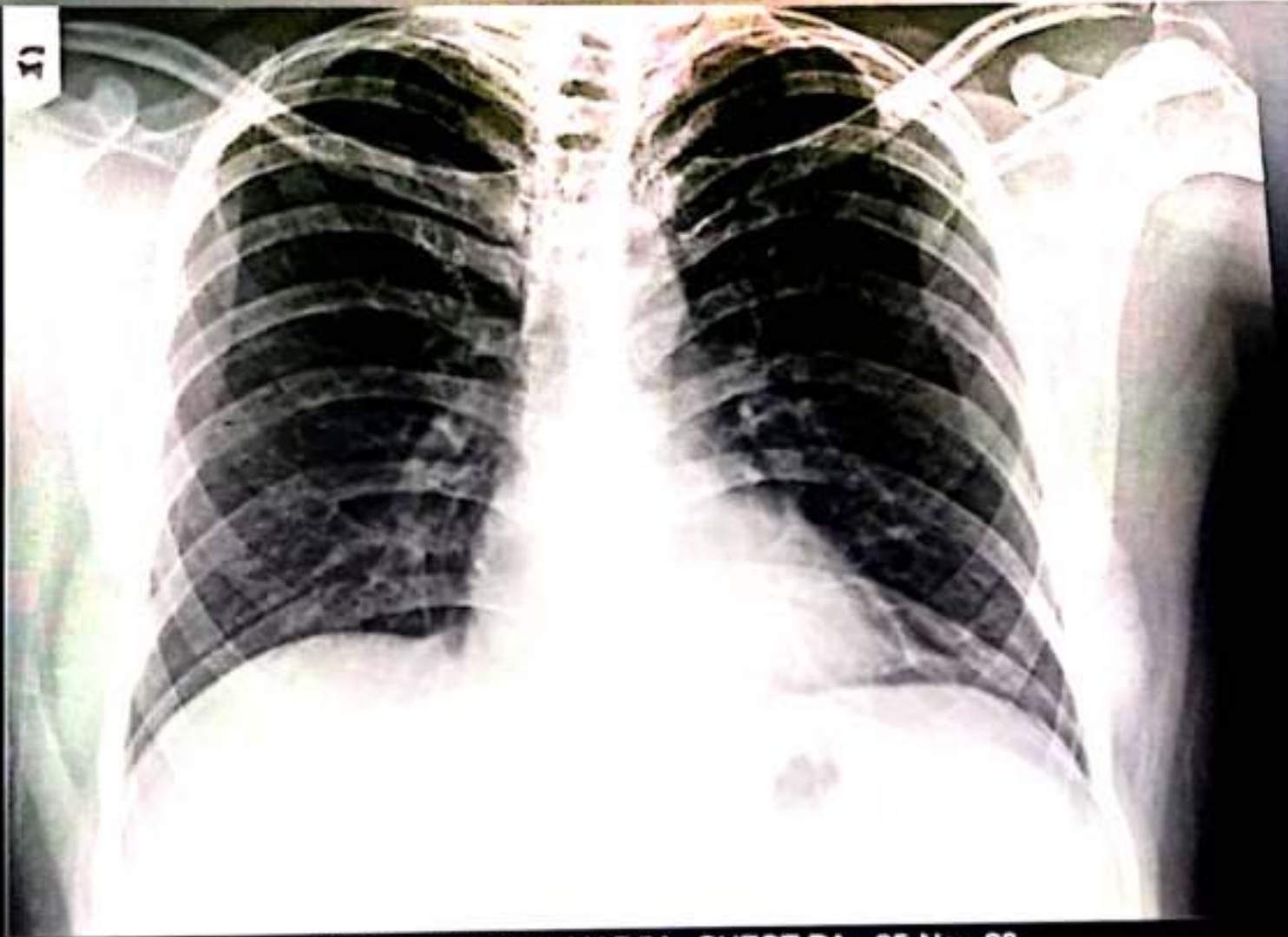
Thanks for reference.



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32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



JOSHI HARDIKKUMAR/M CHEST PA 25-Nov-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)