



PANCHMUKHI HOSPITAL

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

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :
full name : Satyendra Navarin Shukla
identity proof : Adhaar
identity proof no : 6582
gender : male & 30
height : 175
weight : 93
BP : 137
pulse : 84 - MIN - Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : NO

Dental : Healthy

~~Romberg Test~~ :

~~Colour vision~~ :

Satyendra Navarin Shukla

*

DR. C. P. DADHANIYA

I.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME : Satyendra Narain Shukla
 AGE/GENDER: 36 male
 DIAG. DATE: 21-10-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	-6	N	N	6/a
	N	N			6/a
L	D	-6	N	N	6/a
	N	N			6/a

REMARKS :

CHECKED BY :

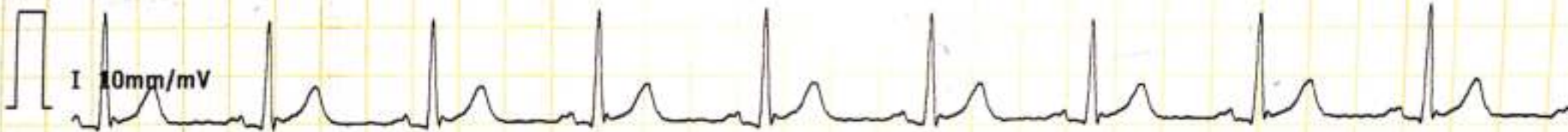
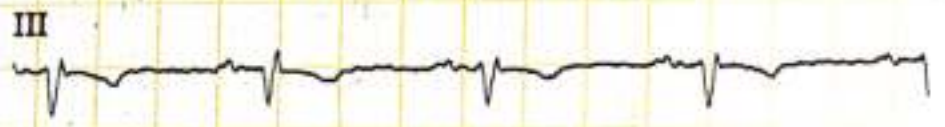
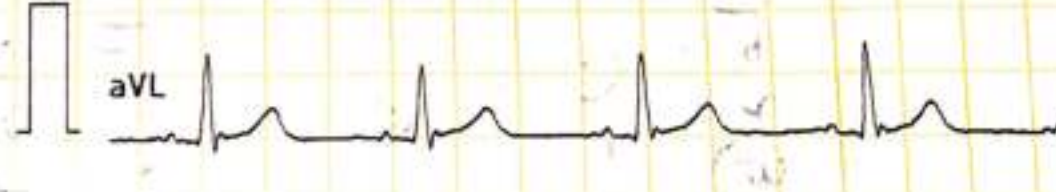
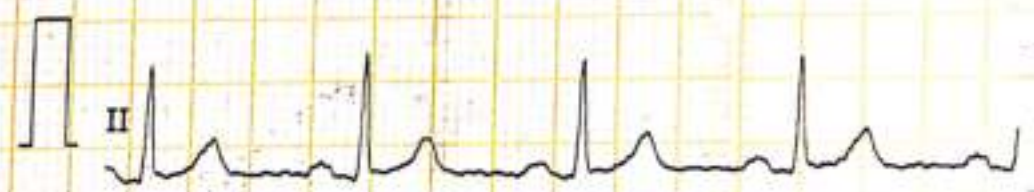
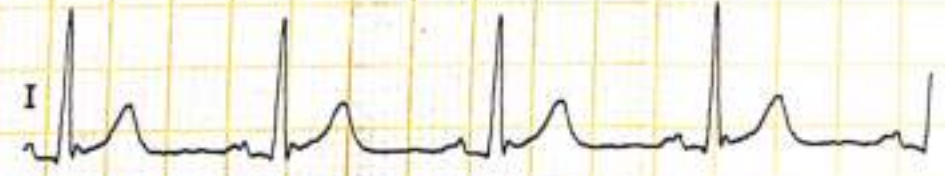
Dr. C. P. Dadhaniya

Satyendra Narain Shukla

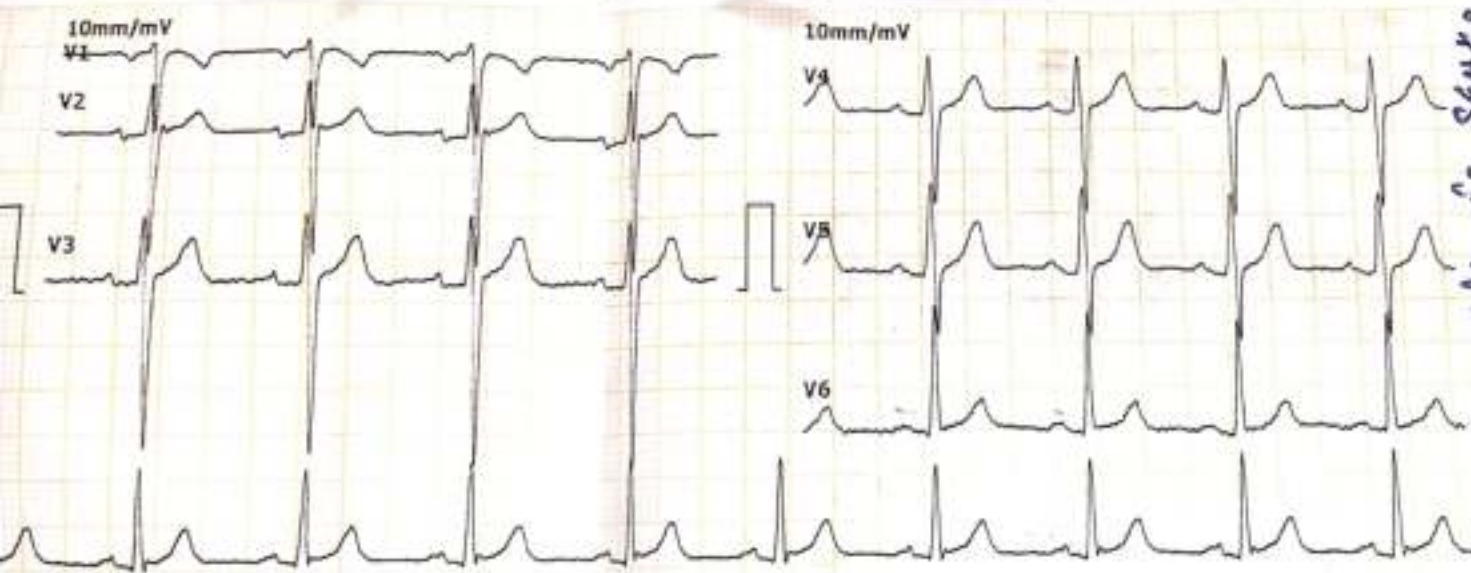
DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (CIH)
 Regd. No. 61798
 Code No. 378943
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

10mm/mV AUTO

10mm/mV



25mm/s AC:ON 0.05-35Hz



Sutyendax Ahirwar Sanku X

2023-10-21 9:32:41 ID: 00003531
 ID Card:
 Name: Sutyendax Gender: male
 Age: 36 Height(cm): 173
 Weight(Kg): 93 BP(mmHg): 1

HR 84
DR. C. P. DADHANIYA
 P-R 133 ms
 Q-R-S 103 ms
 QT/QTc 336/396 ms
 P/QRS/T AXES 60/17/40 deg
 RV5/SV1 0.93/0.93 mV
 RV5/SV1 1.86 mV
 Panchmukhi Hospital
 Nandi Chowki,
 150 Ft. Ring Road, RAJKOT.
 *The result must be confirmed by doctor.
 Report Confirmed by:



भारत सरकार

GOVERNMENT OF INDIA



सत्येन्द्र नारायण शुक्ला

Satyendra Narain Shukla

पिता : हृदय नारायण शुक्ला

Father : Hriday Narain Shukla

जन्म साल / Year of Birth : 1986

पुरुष / Male



6379 1293 6582

आधार - साधारण मानुषेअर अधिकाअर



भारतीय विशिष्ट परिचय प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ঠিকানা:

67 বি, বেলগাছিয়া রোড,
বেলগাছিয়া, বেলগাছিয়া, কোলকাতা,
পশ্চিমবঙ্গ, 700037

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BELGACHIA, BELGACHIA
P.O, Belgachia, Kolkata,
West Bengal, 700037



1947
1800 180 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



P.O. Box No.1947,
Bengaluru-560 001



*Mediwheel Satyendra
shukla*

 **GPS Map
Camera Lite**

7Q8M+7M5, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude

22.2655848°

Longitude

70.7842949°

Local 10:00:04 AM

GMT 04:30:04 AM

Altitude 145 meters

Saturday, 21.10.2023



TEST REPORT

Name : Satyendra N Shukla	Reg. No : 310101193
Age/Sex : 36 Years / Male	Reg. Date : 21-Oct-2023 01:13 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 21-Oct-2023 01:14 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 21-Oct-2023 04:56 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	15.5	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	44.30	%	47 - 52	
RBC Count (Electrical Impedance)	5.69	million/cmm	4.7 - 6.0	
MCV (Calculated)	77.9	fL	78 - 110	
MCH (Calculated)	27.2	Pg	27 - 31	
MCHC (Calculated)	35.0	%	30 - 35	
RDW (Calculated)	13.3	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6470	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	55 %	% Range 42.0 - 75.2	Abs. Value 3559 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	39 %	20 - 45	2523 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	129 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	259 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	173000	/cmm	150000 - 450000	
MPV	11.6	fL	7.4 - 10.4	
P-LCR	37.70	%	11.9 - 66.9	
PDW	14.9	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.20	%	0.2 - 0.5	

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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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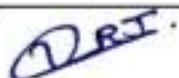
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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	95.00	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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Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 21-Oct-2023 04:46 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 21-Oct-2023 06:39 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	103.00	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>	100.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	49.75	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	94.30	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	20.00	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.90		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	3.30		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.89	mg/dL	0.7 - 1.3
eGFR	87.33	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <small>Calculated</small>	25.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	11.68	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	6.20	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	138.2	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.21	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	102.0	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.20	mg/dL	8.5 - 10.1

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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 21-Oct-2023 04:56 PM

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

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.95	%	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>	95.36	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	2.540	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/ml
- Second Trimester : 0.2 to 3.0 µIU/ml
- Third trimester : 0.3 to 3.0 µIU/ml
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) CLM	1.10	ng/mL	0.6 - 1.81
-------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TGB) 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 TGB.

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Thyroxine (T4) 11.40 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxine (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.015		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)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.20	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.21	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.99	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.41		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	19.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	21.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	103.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.59	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.19	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.40	mg/dL	0.0 - 1.1

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

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Pat.s' Name: SATENDRA SHUKLA

DATE: 21 October 2023

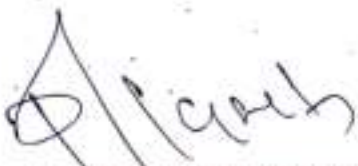
U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal 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:

- *No significant abnormality seen in present study.*

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

Pt.'s Name: SATENDRA SHUKLA

Date: 21 October, 2023

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

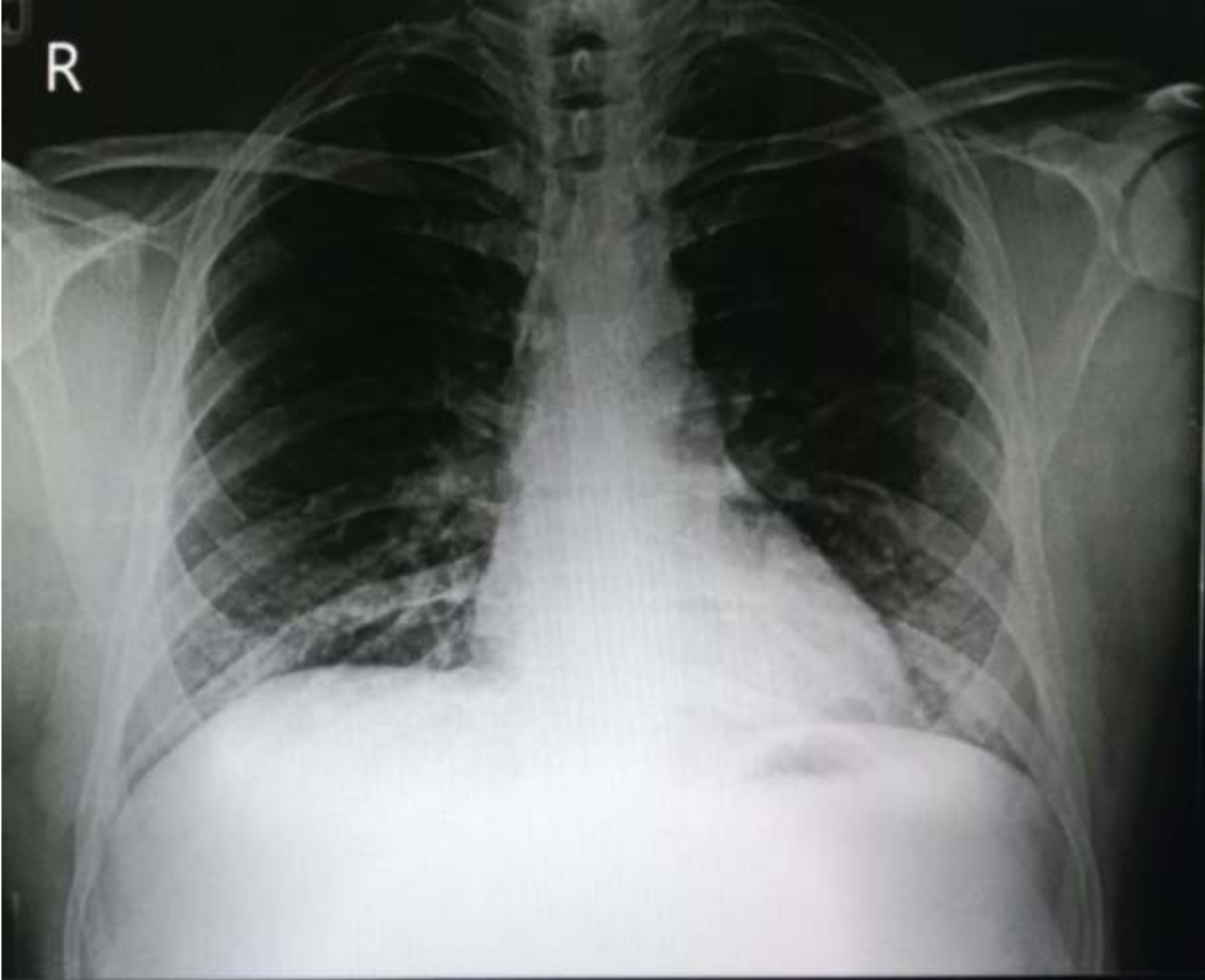
Thanks for reference.



DR PRATIK KAGATHARA
MD

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

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



**SATYENDRA SHUKLA 35Y/M CHEST PA 21-Oct-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**

Tread Mill Test

Patient Name	:	Satyendra Shukla	Age	:	36yrs/M
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	21/10/2023	Max. BP	:	150/80

Patient Reaches exercise limit at 4.90 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 3:23 minutes as patient complained of Fatigue & giddiness. Patient achieved 90% THR without chest pain.

The recovery was uneventful.

Poor effort tolerance.

Conclusion: - The stress test is **INCONCLUSIVE** for exercise induced myocardial ischaemia. (Adequate workload not achieved).



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CURE CARDIOLOGY CLINIC

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CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

Dr. Sandeep Parmar, Sr. Doctor.

Summary

349/SATYENDRA SHUKLA 36 Yrs/Male 0 Kg/0 Cms

Date: 21-Oct-2023 11:06:55 AM

Ref. By : DR C P DADHANIYA

Medication :

Objective :

Protocol : BRUCE

History :

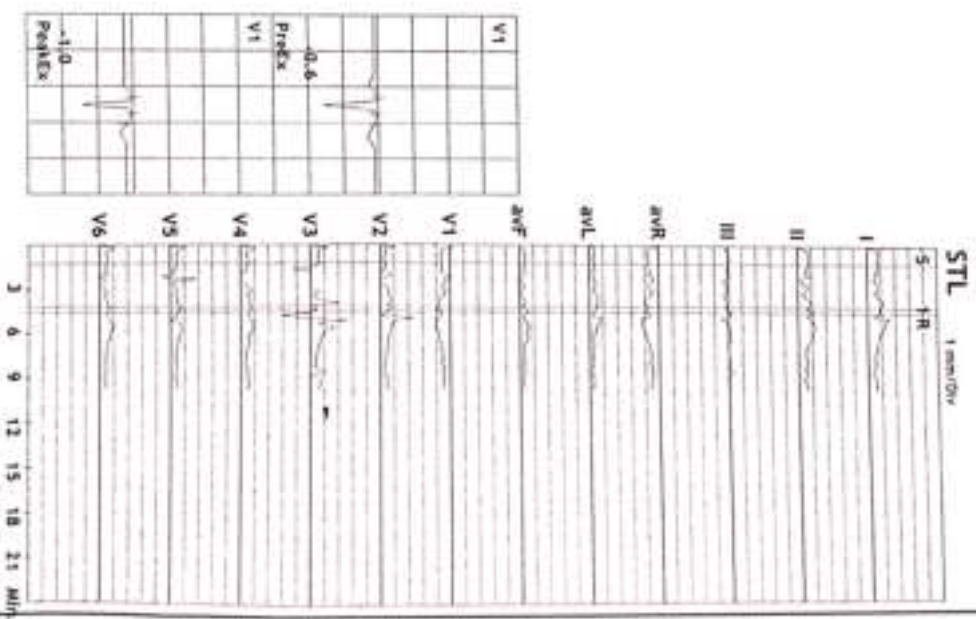


Stage	StageTime (min:Sec)	PhaseTime (min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (s/100)	PVC	Comments
Supine	0:01	0:59	0.0	0.0	1.0	122	130/80	158	-	
Standing	0:01	1:04	0.0	0.0	1.0	125	130/80	162	-	
HV	0:01	1:09	0.0	0.0	1.0	130	130/80	169	-	
ExStart	0:01	1:13	0.0	0.0	1.0	123	130/80	159	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	154	140/80	215	4	
PeakEx	0:21	3:22	0.0	0.0	4.9	165	140/80	231	-	
Recovery	1:00	3:24	0.0	0.0	4.9	135	140/80	189	-	
Recovery	2:00	3:24	0.0	0.0	4.9	125	150/80	187	-	
Recovery	3:00	3:24	0.0	0.0	4.9	122	140/80	170	-	
Recovery	4:00	3:24	0.0	0.0	4.9	122	140/80	170	-	
Recovery	5:00	3:24	0.0	0.0	4.9	118	130/80	153	-	

Findings :

Exercise Time : 3:23 minutes
 Max HR attained : 165 bpm 90% of Max Predictable HR 184
 Max BP : 150/80(mmHg)
 Workload attained : 4.9 (Poor 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: 0:00

Advice/Comments:



CURE CARDIOLOGY CLINIC
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 349 / SATYENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 122 bpm
 METS: 1.0
 BP: 130/80

MPHR: 66% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

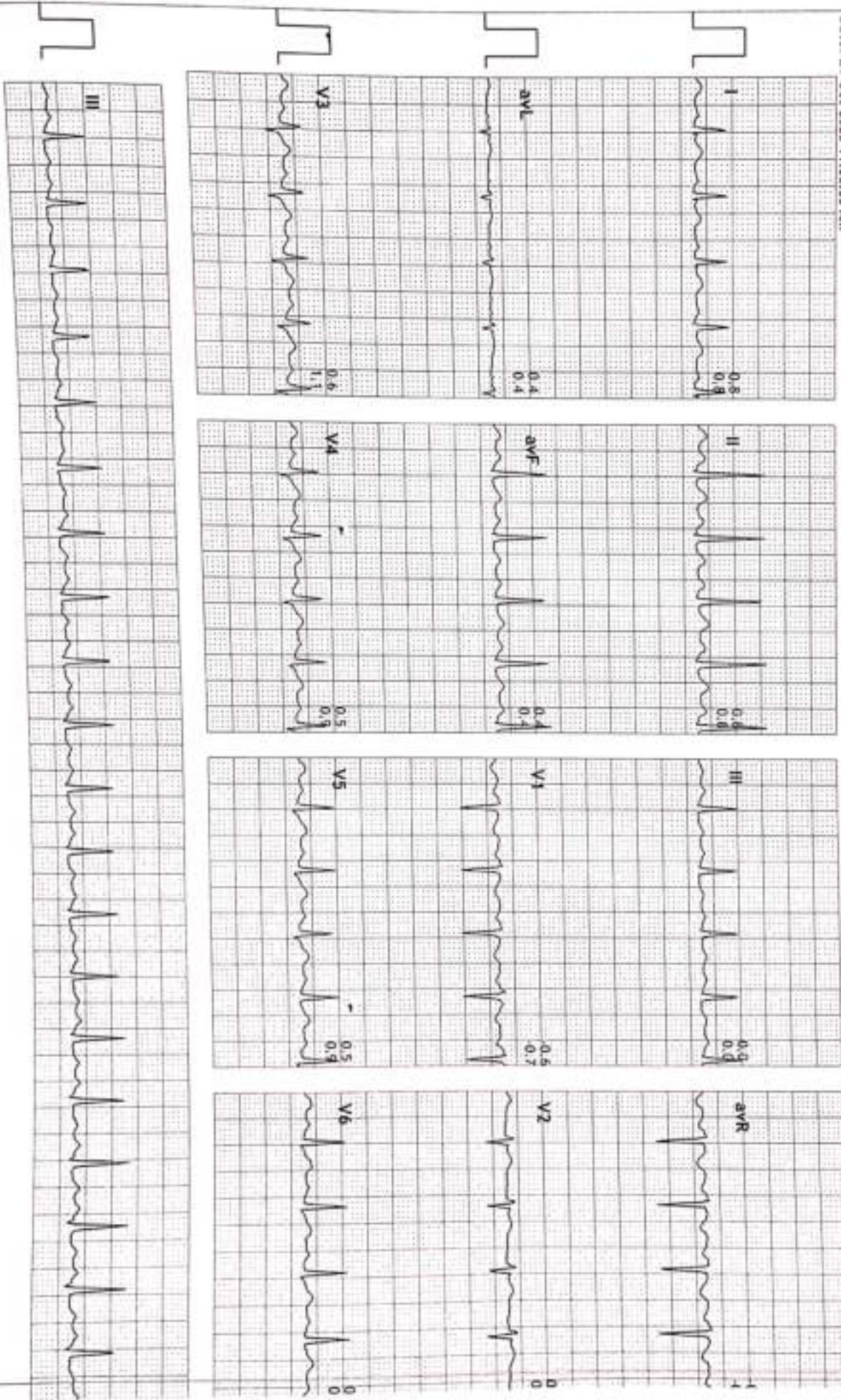
Raw ECG
 BRUCE
 (0.05-100)HZ

Ex Time 00:58
 BLC :On
 Notch :On

Supine
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
349 / SATTENDRA SHUKLA
36 Yrs / Male
0 Kg / 0 Cm

Date: 21-Oct-2023 11:06:55 AM

HR: 125 bpm
METs: 1.0
BP: 130/80

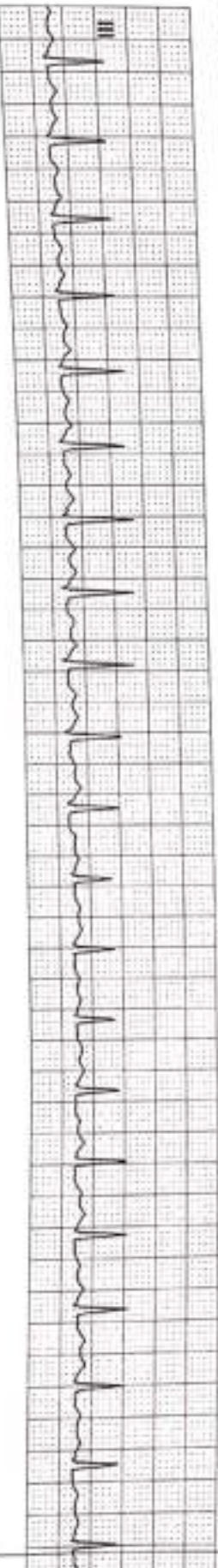
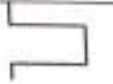
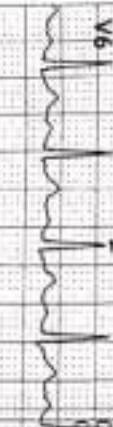
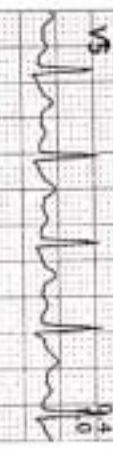
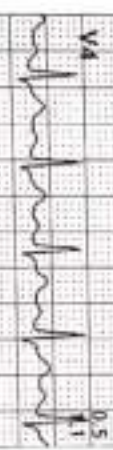
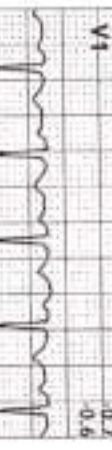
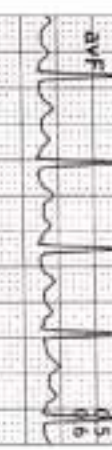
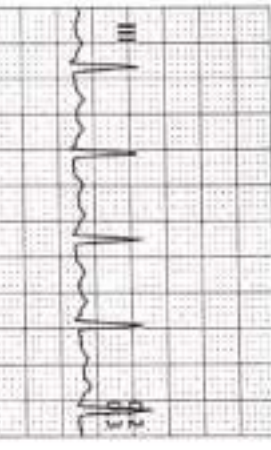
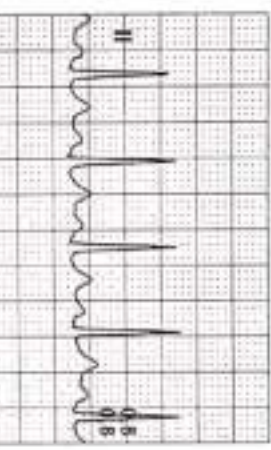
MPHR: 6.7% of 184
Speed: 0.0 kmph
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
BRUCE
10.05-100MHz

Ex Time 01:03
BLC : On
Notch : On

Standing
10.0 mm/mv
25 mm/Sec.



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

349 / SATYENDRA SHUKLA

36 Yrs / Male

0 Kg / 0 Cm

Date: 21-Oct-2023 11:06:55 AM

3x4+1 Rhythm Lead

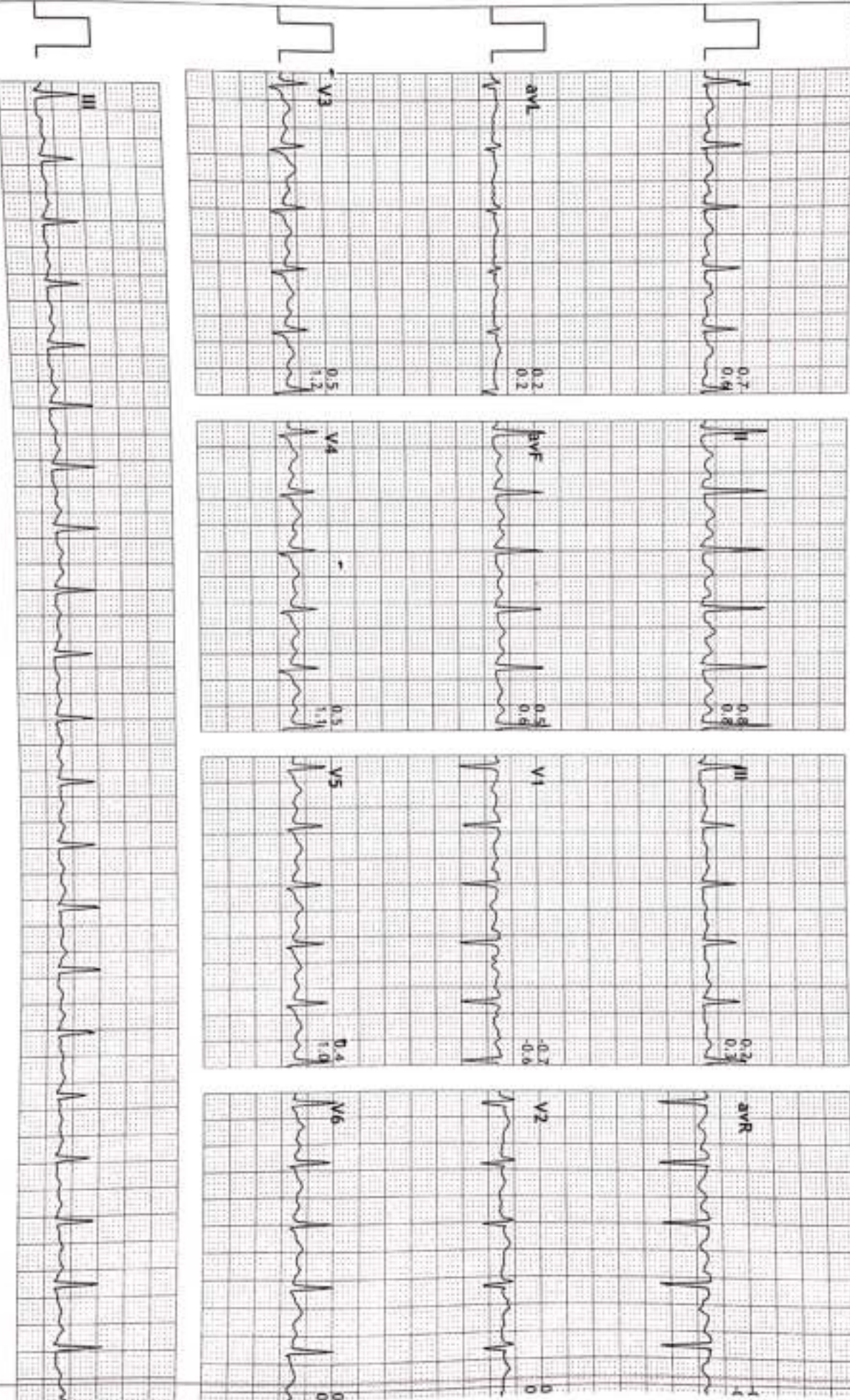
HR: 130 bpm
METTS: 1.0
BP: 130/80

MPHR: 20% of 184
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:08
BLC : On
Notch : On

HV
10.0 mm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 349 / SATYENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 123 bpm
 METS: 1.0
 BP: 130/80

APHR: 66% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

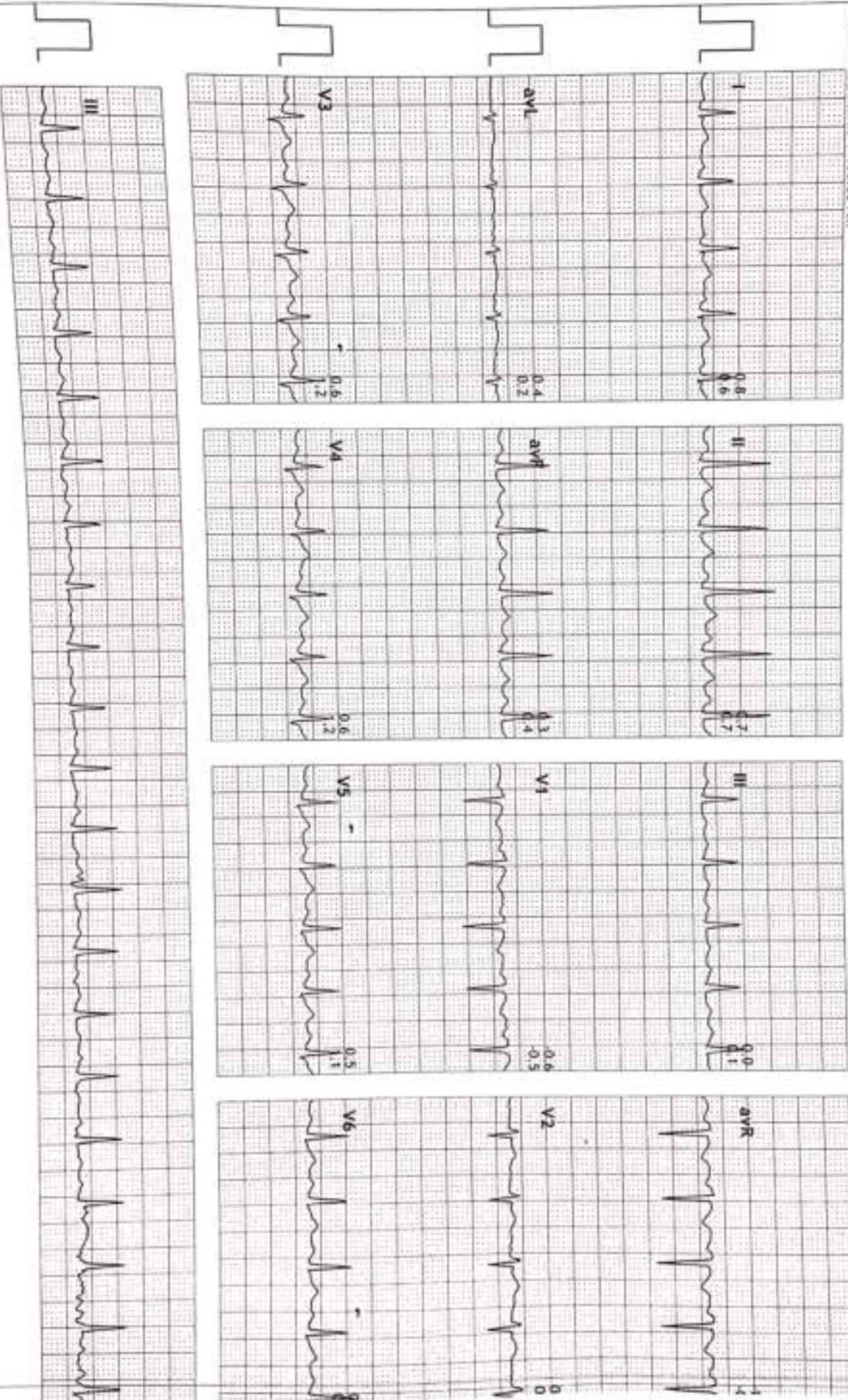
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:12
 BLC :On
 Notch :On

ExStart
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 349 / SATTENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 154 bpm
 METS: 4.6
 BP: 140/80

APHR: 83% of 184
 Speed: 2.7 kmph
 Grade: 10.0%

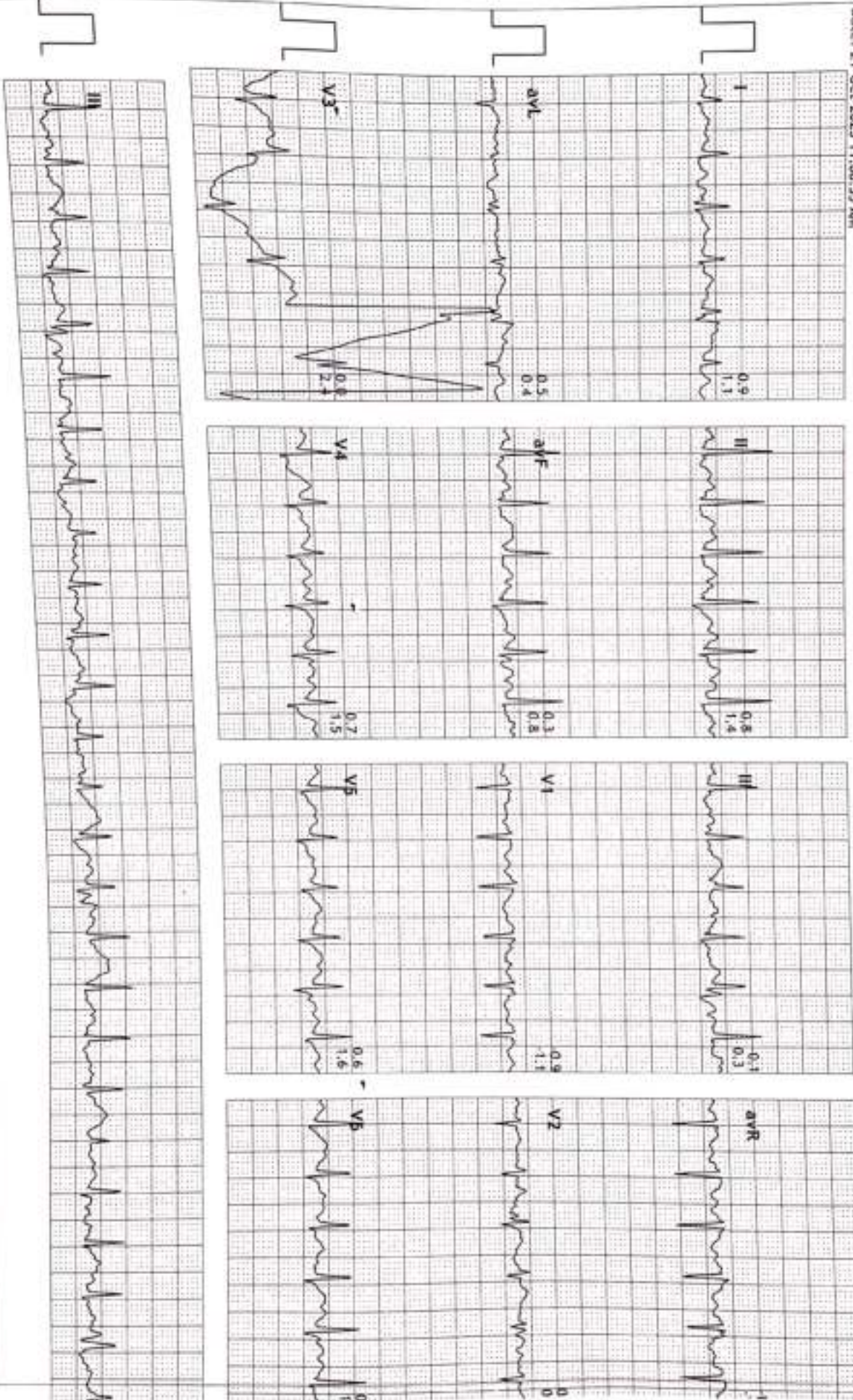
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:59
 RLC :On
 Notch :On

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



3x4+1 Rhythm Lead



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

349 / SATYENDRA SHUKLA

36 Yrs / Male

0 Kg / 0 Cm

Date: 21-Oct-2023 11:06:55 AM

3x4+1 Rhythm Lead

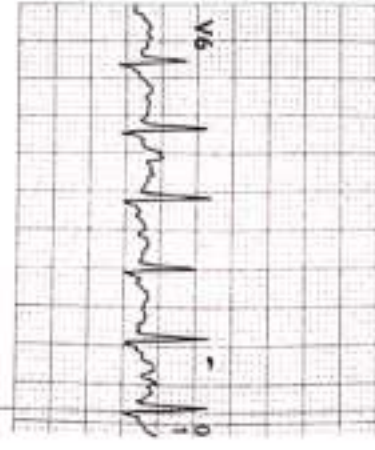
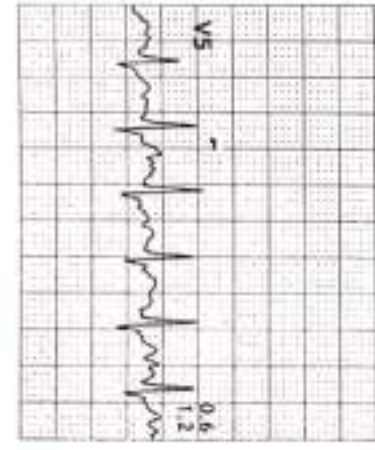
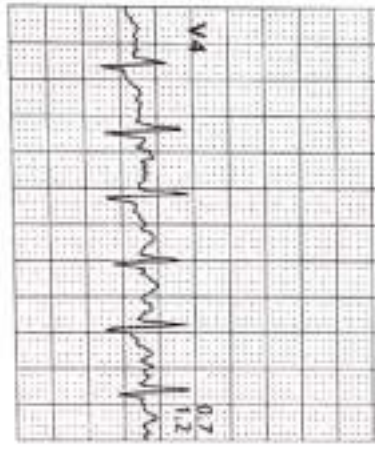
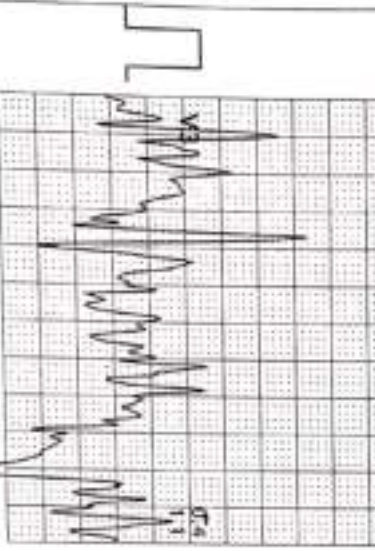
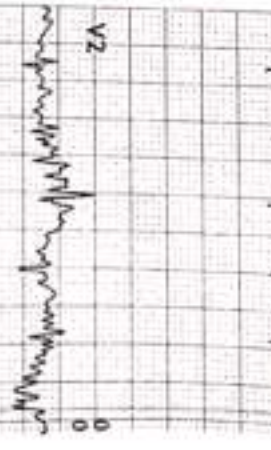
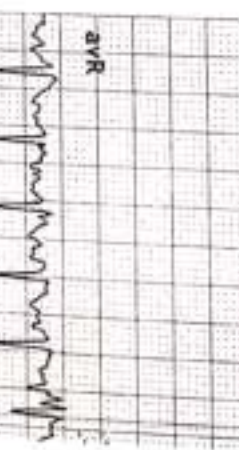
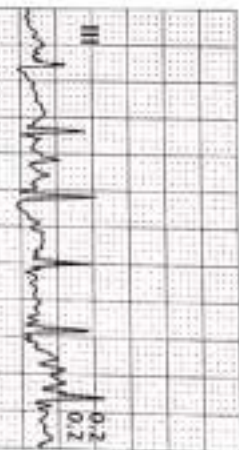
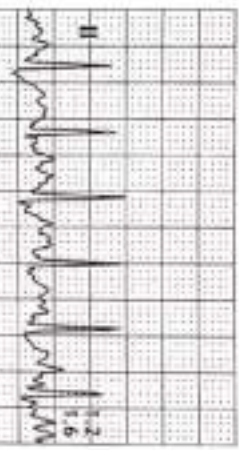
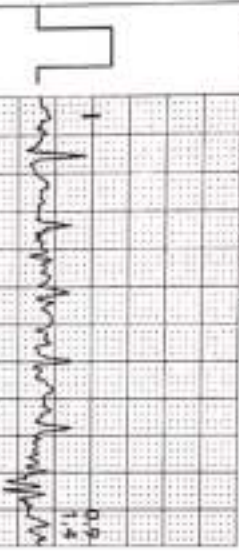
HR: 165 bpm
METs: 4.9
BP: 140/80

MPHR: 89% of 184
Speed: 0.0 kmph
Grade: 0.0S

Raw ECG
BRUCE
(0.05-100)HZ

Ex Time 03:21
BLC : On
Match : On

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



CURE CARDIOLOGY CLINIC
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 36Y / SATYENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 135 bpm
 METS: 4.9
 BP: 140/80

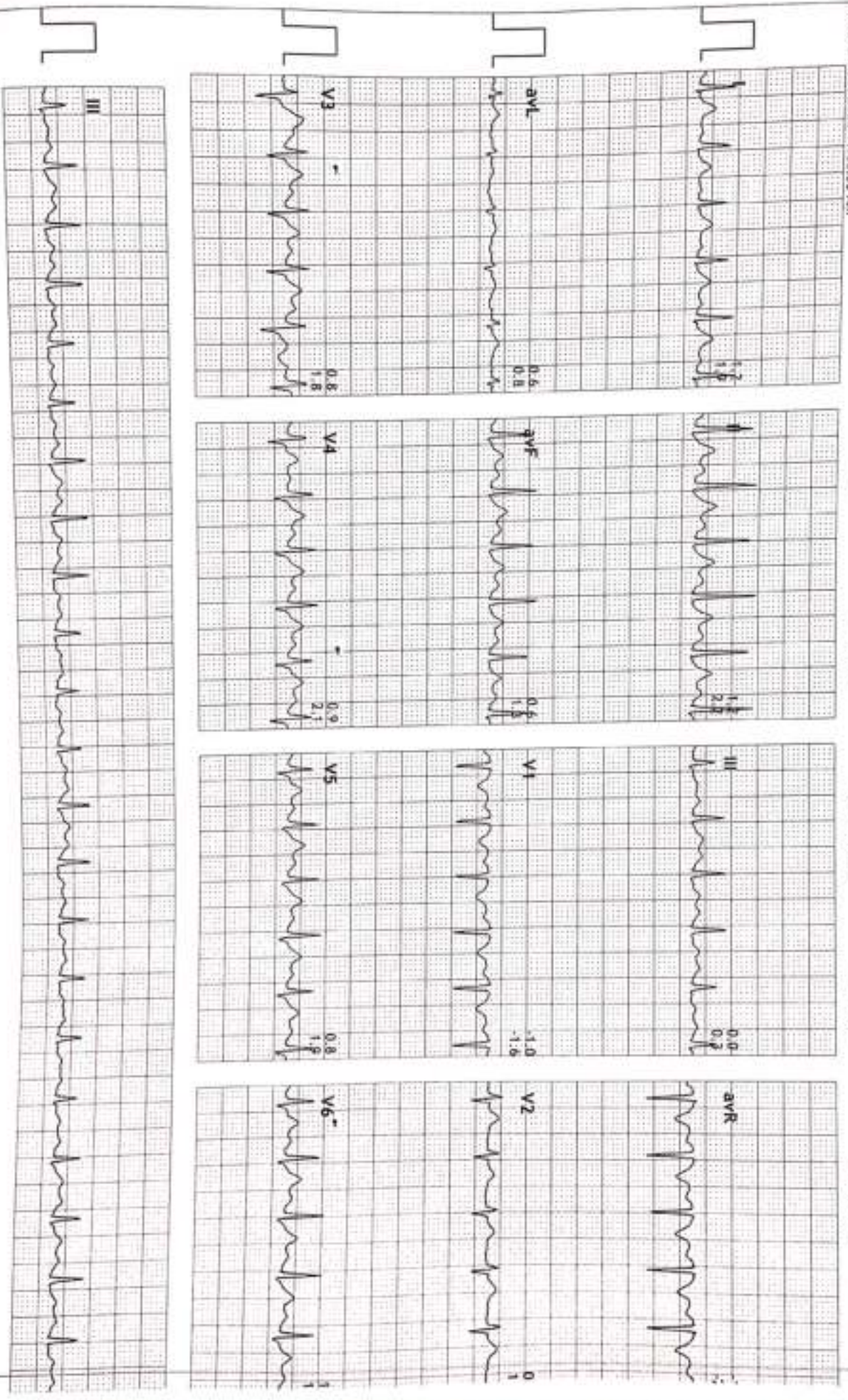
MPHR: 73% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)/Hz

Ex Time 03:23
 BLC :0h
 Motch :0h

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

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 349 / SATYENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 125 bpm
 METS: 4.9
 BP: 150/80

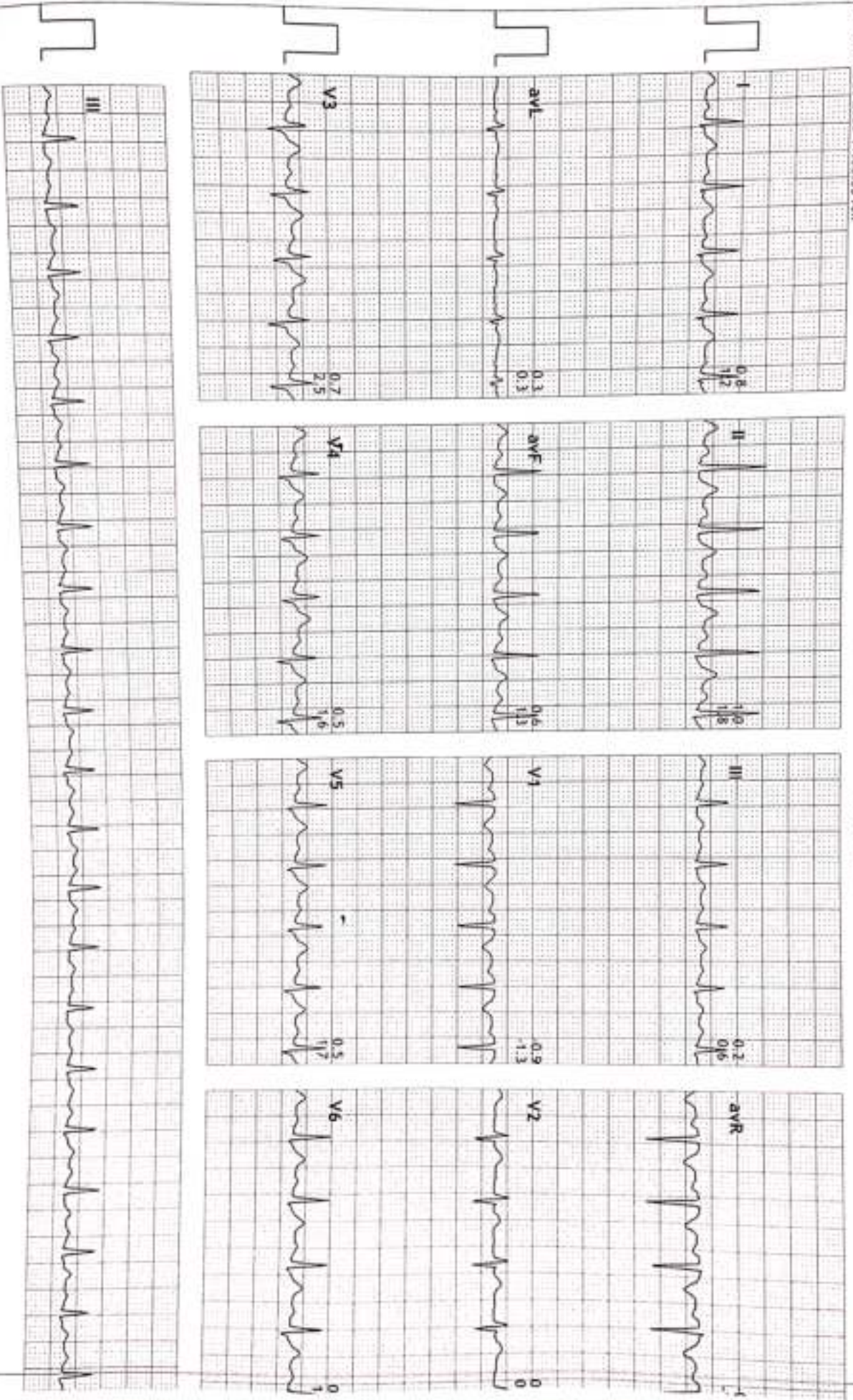
APPR: 67% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
 DRUCE
 (0.05-100)Hz

Ex Time 03:23
 BLC : On
 Notch : On

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



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

349 / SATYENDRA SHUKLA

36 Yrs / Male

0 Kg / 0 Cm

Date: 21-OCT-2023 11:06:55 AM

HR: 122 bpm
METs: 4.9
BP: 140/80

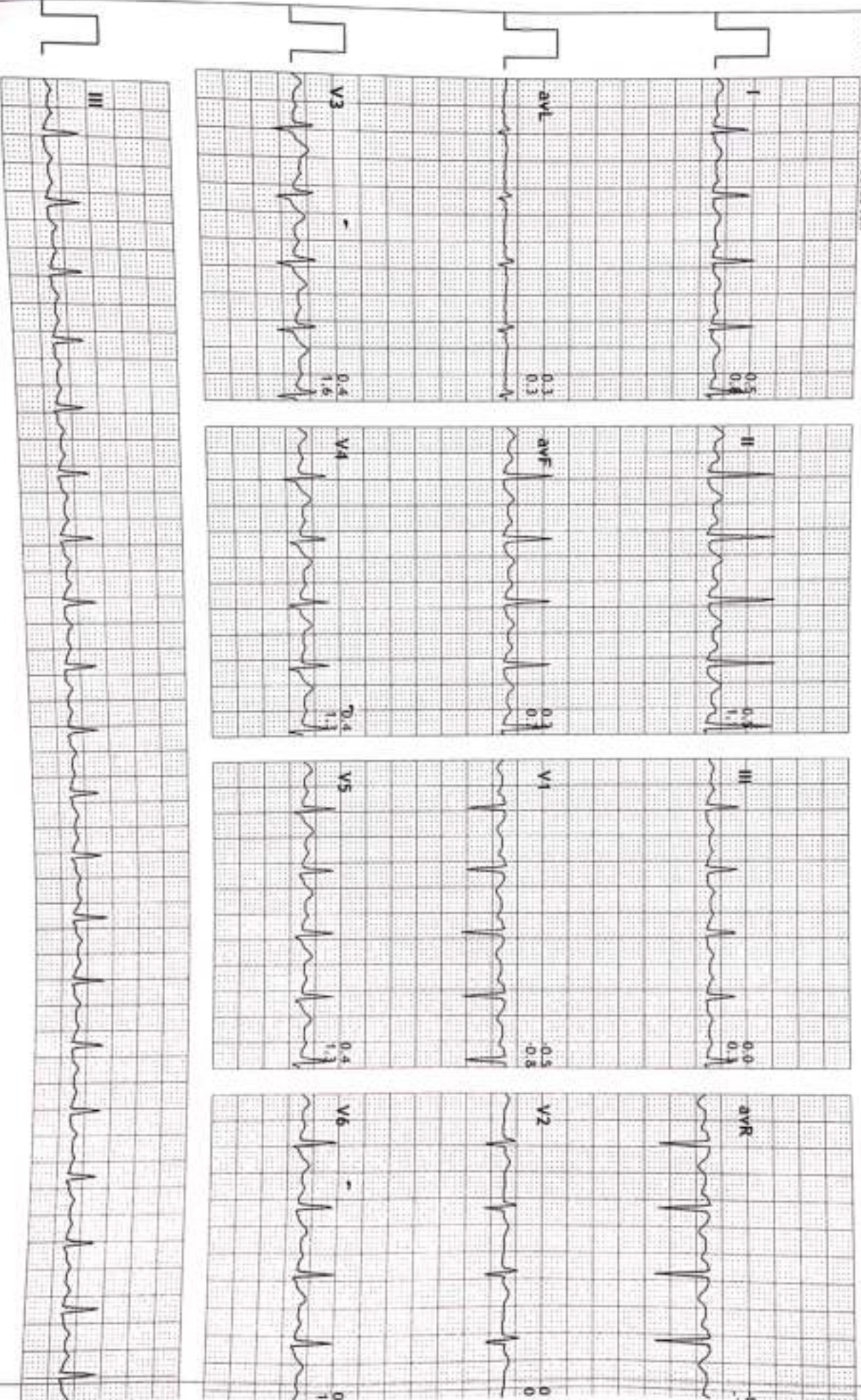
MPHR: 66% of 184
Speed: 0.0 kmph
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
BRUCE
10.05-100JHz

Ex Time: 03:23
BLC :On
Notch :On

Recovery(3:00)
10.0 mm/mv
25 mm/Sec-



CURE CARDIOLOGY CLINIC
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 349 / SATTENDRA SHUKLA
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 122 bpm
 METS: 4.9
 BP: 140/80

MPHR: 66% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

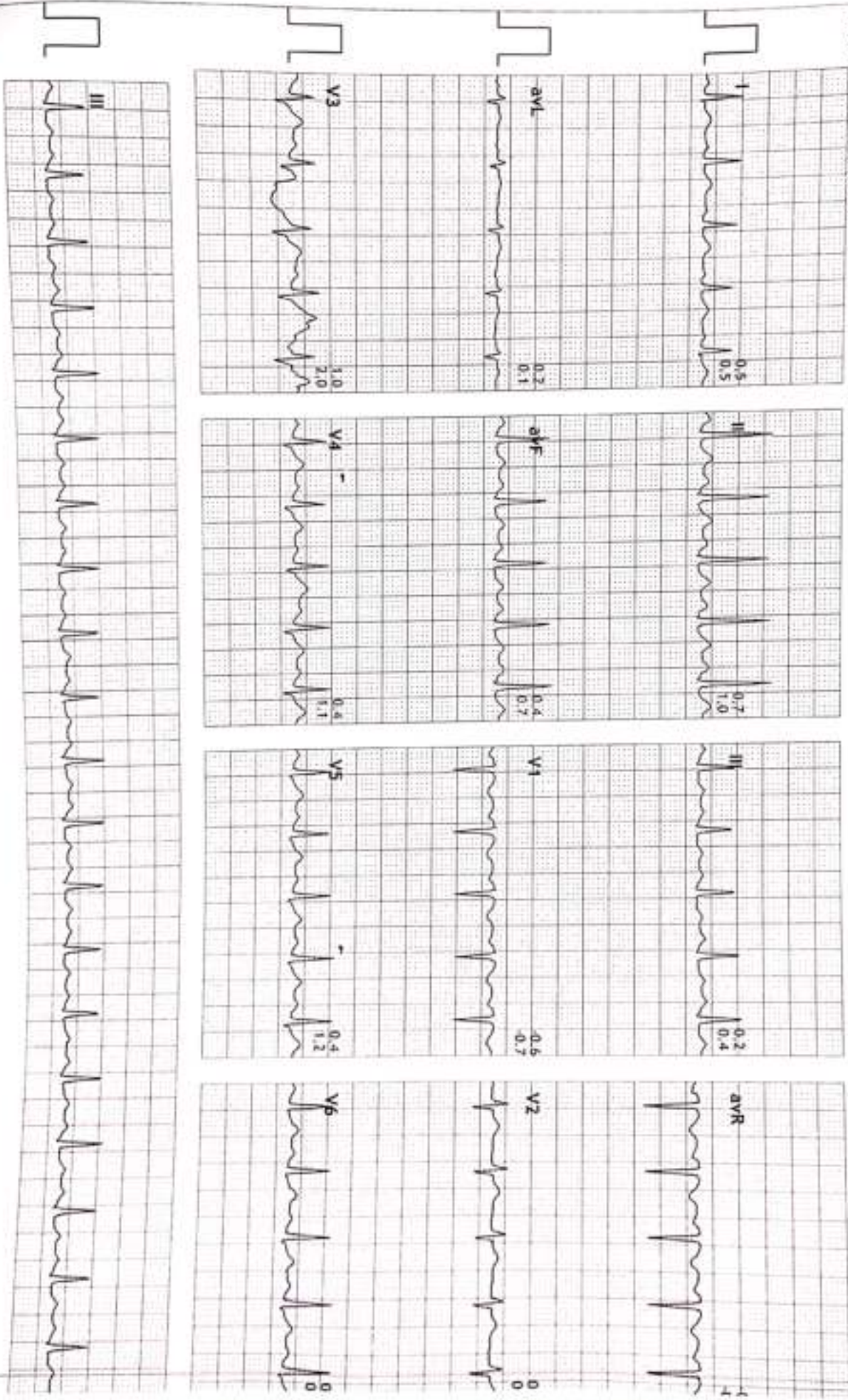
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 03:23
 SLC :On
 Notch :On

Recovery(4:00)
 10.0 mm/mv
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 36 Yrs / Male
 0 Kg / 0 Cm
 Date: 21-Oct-2023 11:06:55 AM

HR: 118 bpm
 METS: 4.9
 BP: 130/80

MEPR: 64% of 184
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 03:23
 BLC :On
 Match :On

Recovery(5:00)
 10.0 mm/mv
 25 mm/Sec.



3x4+1 Rhythm Lead

