

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

### Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Age / Sex :-

Chief Complaints:-

Drug / Food Allergy:-

Past History :-

Family History:-

Systemic Examination:-

Provisional Diagnosis:-

Arvind B. Rathod  
56 yrs M.

No c/o

NAD

RS /  
WS /  
PA /  
CNS /  
NAD

Date: 13/06/24

Weight:- 61 kg

Height:- 165 cm

Nutritional assessment:-

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

Pulse:- 69/min

BP:- 110/80

SpO2:- 99%

## SHALBY HOSPITAL, SURAT

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.

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-  
(Write in Capital Letters)

Rx

- J. Vilsom M (30)  
 - ૧ - રોજ સવારે  
 - Tab. glucomor SR (30)  
 500  
 - ૧ - ~~સાંજે~~ સાંજે  
 - Tab. Torvuson 10 mg (30)  
 ૧ - રોજે

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

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





Certificate No. : MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.  
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000363074 OP-001

REPORT STATUS : Interim



Patient Name : <b>Mr Arvind B Rathod</b>	/	Registered On : 13-Apr-2024 08:35 AM
Lab ID : 404900831		Collected On : 13-Apr-2024 08:15 AM
Gender/Age : Male / 56 Years	DOB : 01-Jun-1967	Received On : 13-Apr-2024 09:12 AM
Ref. By : Dr. 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>	14.3	g/dL	13.0 - 17.0
RBC COUNT <i>Electrical Impedance</i>	<b>5.64</b>	mill/cmm	4.5 - 5.5
HCT <i>Calculated</i>	46.4	%	40 - 50
MCV <i>Calculated based on the RBC histogram</i>	<b>82.3</b>	fL	83 - 101
MCH <i>Calculated</i>	<b>25.4</b>	pg	27 - 32
MCHC <i>Calculated</i>	<b>30.8</b>	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	15.7	%	13.3 - 18.3

**TOTAL LEUCOCYTE COUNT**

Total WBC Count <i>Electrical Impedance</i>	6380	cells/cmm	4000 - 10000
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**DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)**

NEUTROPHILS <i>Flow Cytometry</i>	63	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	29	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	3	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

**PLATELET INDICES**

PLATELET COUNT <i>Electrical Impedance</i>	221000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	<b>7.4</b>	fL	7.5 - 12.0

**PERIPHERAL SMEAR EXAMINATION**

RBCs	<b>Mild hypochromic and microcytic.</b>
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.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric 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**M.B., D.C.P  
Consulting Pathologist

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Certificate No. : MC-5200

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

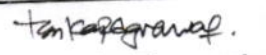
Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP**

(Tube agglutination: Forward &amp; reverse)

ABO Type	"AB"
RH Type	POSITIVE

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Parameter	Result	Unit	Biological Ref. Interval
<b>ESR 1st hour *</b> <i>Modified Westergren Method</i>	1	mm in 1 hour	0 - 20
<b>HBA1C</b> <b>HbA1c - Glycated Haemoglobin *</b> <i>Boronate Affinity Assay</i>	6.5	%	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) \*** 140 mg/dL  
*Calculated*

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : Fluoride F, Urine (PP),  
 Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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**PLASMA GLUCOSE LEVEL****FASTING PLASMA GLUCOSE**

<b>Plasma Glucose (F)</b>	101	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

**Urine Sugar (F)**

ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

**POST PRANDIAL PLASMA GLUCOSE**

<b>Plasma Glucose (PP)</b>	93	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

**Urine Sugar (PP)**

ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

**Liver Function Test****Liver Function Test**

<b>SGPT (ALTV)</b>	16	U/L	21 - 72
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Multi Point Rate with P-5-P

<b>SGOT (AST)</b>	17	U/L	17 - 59
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Multi Point Rate with P-5-P

<b>Alkaline Phosphatase</b>	48	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
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PNPP, AMP Buffer

<b>GGT *</b>	19	U/L	15 - 73
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L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic

<b>S. PROTEIN</b>	7.1	g/dL	6.3 - 8.2
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Biuret (Alkaline cupric sulfate), End Point

<b>Albumin</b>	4.5	g/dL	3.5 - 5.0
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Bromocresol Green (BCG), Colorimetric

<b>S. GLOBULIN</b>	2.6	g/dL	2.3 - 3.6
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Calculated

<b>A/G Ratio</b>	1.7	Ratio	1.0 - 2.3
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Calculated

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Gender/Age : Male / 56 Years

DOB : 01-Jun-1967

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Fluoride F, Urine (PP),  
Fluoride PP, Urine (F),S**Liver Function Test****Bilirubin Total**

0.9 mg/dL

Azobilirubin/Dyphylline/Diazonium Salt

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**

0.7 mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

Unconjugated bilirubin  
Adults: 0.0-1.1  
Neonates: 0.6-10.5**Bilirubin Direct**

0.2 mg/dL

Calculated

Conjugated bilirubin and  
Delta bilirubin (Bilirubin  
covalently bound to albumin)  
0.0-0.4

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Ref. By : Dr. 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>	181	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
<b>SERUM TRIGLYCERIDE</b> <i>Lipase/GK/GPO/POD</i>	145	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>	42	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
<b>Non HDL Cholesterol</b> <i>Calculated</i>	139	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
<b>LDL Cholesterol</b> <i>Calculated</i>	110	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>	29	mg/dL	6 - 38
<b>LDL/dHDL *</b> <i>Calculated</i>	2.6		2.5 - 3.5
<b>Chol/dHDL *</b> <i>Calculated</i>	4.3	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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Parameter	Result	Unit	Biological Ref. Interval
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**RENAL FUNCTION TEST****RENAL FUNCTION TEST**

<b>Urea Nitrogen (BUN)</b> <i>Urease, colorimetric</i>	7	mg/dL	9 - 20
<b>UREA</b> <i>Calculated</i>	15	mg/dL	19 - 43
<b>Creatinine</b> <i>Enzymatic - Creatinine amidohydrolase</i>	0.66	mg/dL	0.66 - 1.25
<b>S. URIC ACID</b> <i>Uricase/Peroxidase, Colorimetric</i>	7.2	mg/dL	3.5 - 8.5
<b>Calcium</b> <i>Arsenazo III dye</i>	8.6	mg/dL	8.4 - 10.2
<b>Phosphorus *</b> <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
<b>Sodium</b> <i>Direct Ion Selective Electrode</i>	138	mmol/L	137 - 145
<b>S. POTASSIUM</b> <i>Direct Ion Selective Electrode</i>	4.68	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct Ion Selective Electrode</i>	101	mmol/L	98 - 107

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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## IMMUNOLOGY

## THYROID PROFILE (TFT)

**Total T3 \*** 126 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

**Total T4 \*** 11.12 µg/dL

Chemiluminescence immunoassay (CLIA)

 99% Reference Interval  
 (µg/dL)  
 4.82 - 15.65

T4 Total in ug/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

**TSH \*** 1.570 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

## INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
  - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
  - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
  - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
  - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Sample Type : Serum

**PROSTATE SPECIFIC ANTIGEN \***

1.2

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

**Clinical Use:**

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

**Note:**

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

**Recommended Testing Intervals:**

- Pre-operatively ( Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

## URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>Physical Examination</b>			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
<b>Chemical Examination</b>			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reation</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.010	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	NIL	Negative
pH	<i>Double Indicator principle</i>	6.0	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
<b>Microscopic Examination</b>			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/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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Patient ID:	SUR0000363074	Patient Name:	ARVIND B RATHOD
Age:	56 Years	Sex:	M
Accession Number:	4093 OP	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	13-Apr-2024		

**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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**SHALBY LIMITED**

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Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India  
Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org  
CIN: L85110GJ2004PLC044667



Pre - op

Post- op

Health Check-up

Date : 13/11/24

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

Patient Name : Aarvind B Rathod Age / Sex : 56/M

Address : Rajkot

**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 : \_\_\_\_\_ Class V Fillings : \_\_\_\_\_

RCT :  76 Extraction : \_\_\_\_\_

Dentures : \_\_\_\_\_ Partial Denture : \_\_\_\_\_

Implants : \_\_\_\_\_ Crown & Bridge Present : 76

SHALBY HOSPITAL  
NR. NAVYUG COLLAGE, RANDEER ROAD  
SURAT

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: ARVIND RATHOD,  
Patient ID: 363074  
Height:  
Weight:

DOB: 01.06.1967  
Age: 56yrs  
Gender: Male  
Race: Asian

Study Date: 13.04.2024  
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	00:18	0.00	0.00	76	120/80	
	STANDING	00:09	0.00	0.00	79		
EXERCISE	STAGE 1	03:00	2.70	10.00	105		
	STAGE 2	03:00	4.00	12.00	118	130/80	
	STAGE 3	02:09	5.40	14.00	141	150/80	
RECOVERY		04:00	0.00	0.00	86	120/80	

The patient exercised according to the BRUCE for 8:08 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 76 bpm rose to a maximal heart rate of 142 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 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

Physician \_\_\_\_\_

Technician \_\_\_\_\_

ARVIND RATHOD ,

Patient ID 363074

13.04.2024

Male

11:04:04

56yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 08:08

Max HR: 142 bpm 86% of max predicted 164 bpm HR at rest: 76

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 21150 mmHg\*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.75 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:00

Arrhythmia: A:89

ST/HR index: 0.69  $\mu$ 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 (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	76	120/80	9120	0	-0.10	
	STANDING	00:09	0.00	0.00	1.0	79			0	0.05	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	105			0	-0.05	
	STAGE 2	03:00	4.00	12.00	7.0	118	130/80	15340	0	-0.20	
	STAGE 3	02:09	5.40	14.00	10.0	141	150/80	21150	0	0.05	
RECOVERY		04:00	0.00	0.00	1.0	86	120/80	10320	0	-0.75	



ARVIND RATHOD,

Patient ID 363074

13.04.2024

11:04:29

12-Lead Report

PRETEST  
STANDING  
00:19

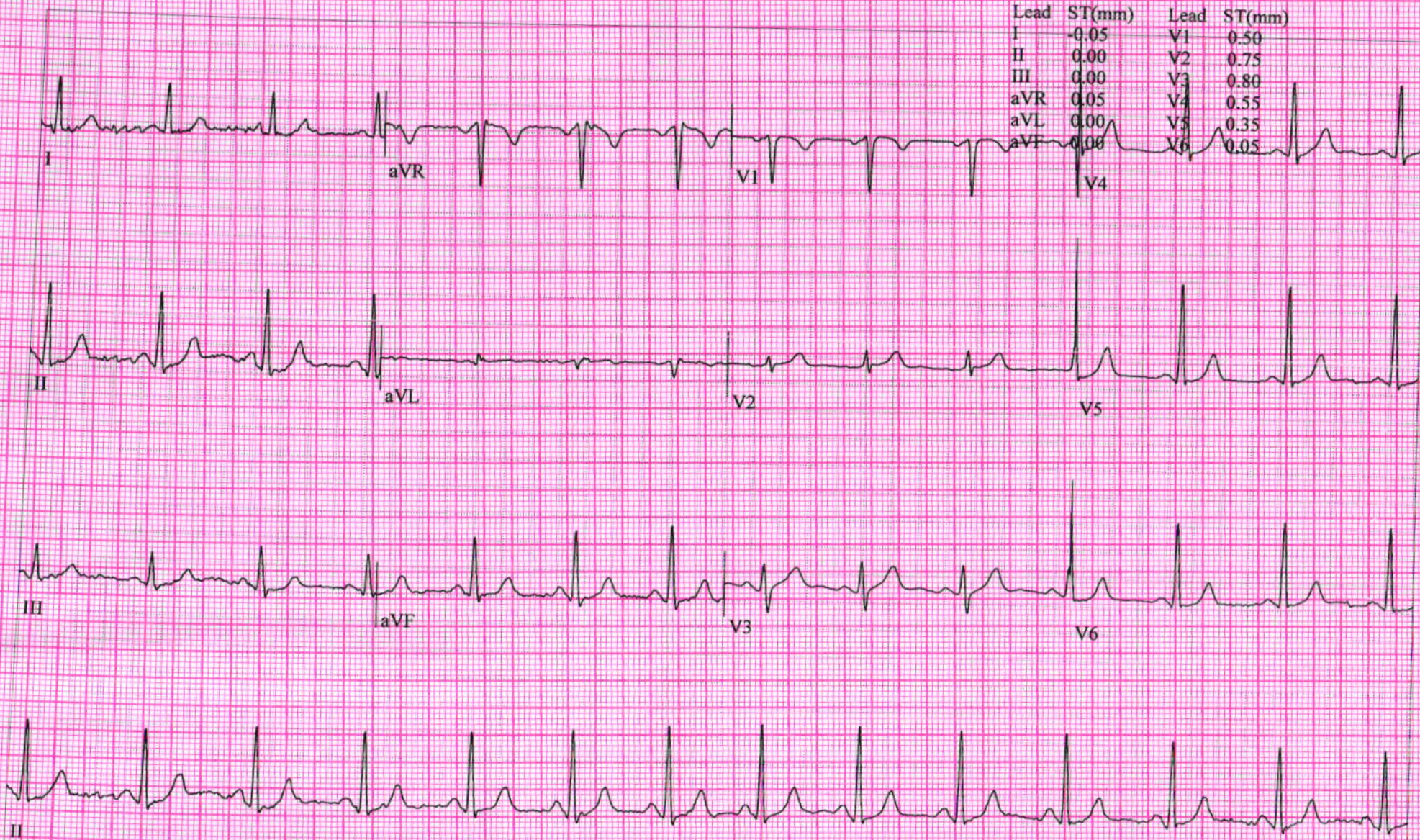
BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

76 bpm  
120/80 mmHg

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.50
II	0.00	V2	0.75
III	0.00	V3	0.80
aVR	0.05	V4	0.55
aVL	0.00	V5	0.35
aVF	0.00	V6	0.05



ARVIND RATHOD,  
Patient ID 363074  
13.04.2024  
11:07:25

12-Lead Report

105 bpm

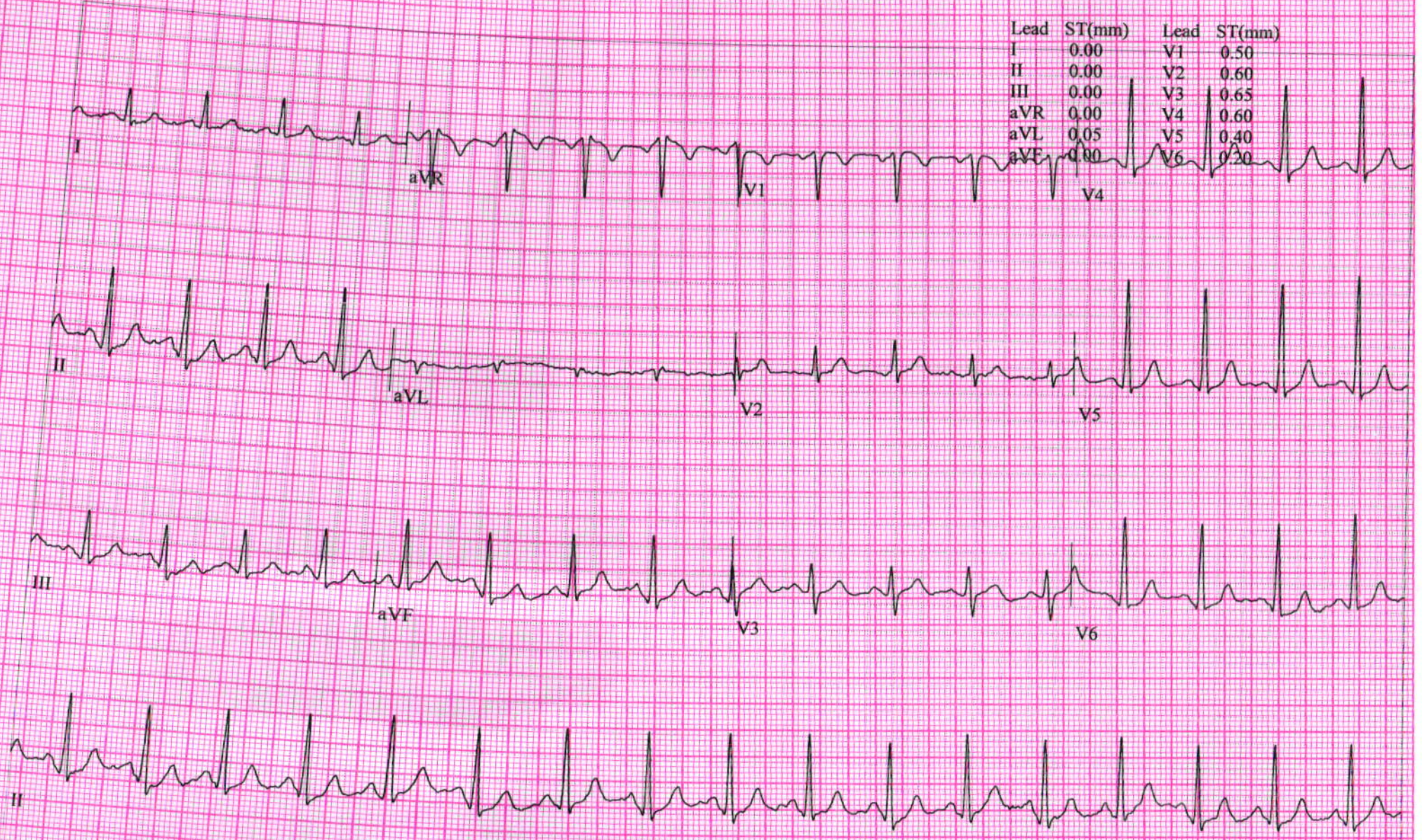
EXERCISE  
STAGE 1  
02:50

BRUC  
2.7 km/h  
10.0 %

SHALBY HOSPITAL

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

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.50
II	0.00	V2	0.60
III	0.00	V3	0.65
aVR	0.00	V4	0.60
aVL	0.05	V5	0.40
aVF	0.00	V6	0.20



ARVIND RATHOD,  
Patient ID 363074  
13.04.2024  
11:10:25

12-Lead Report

120 bpm

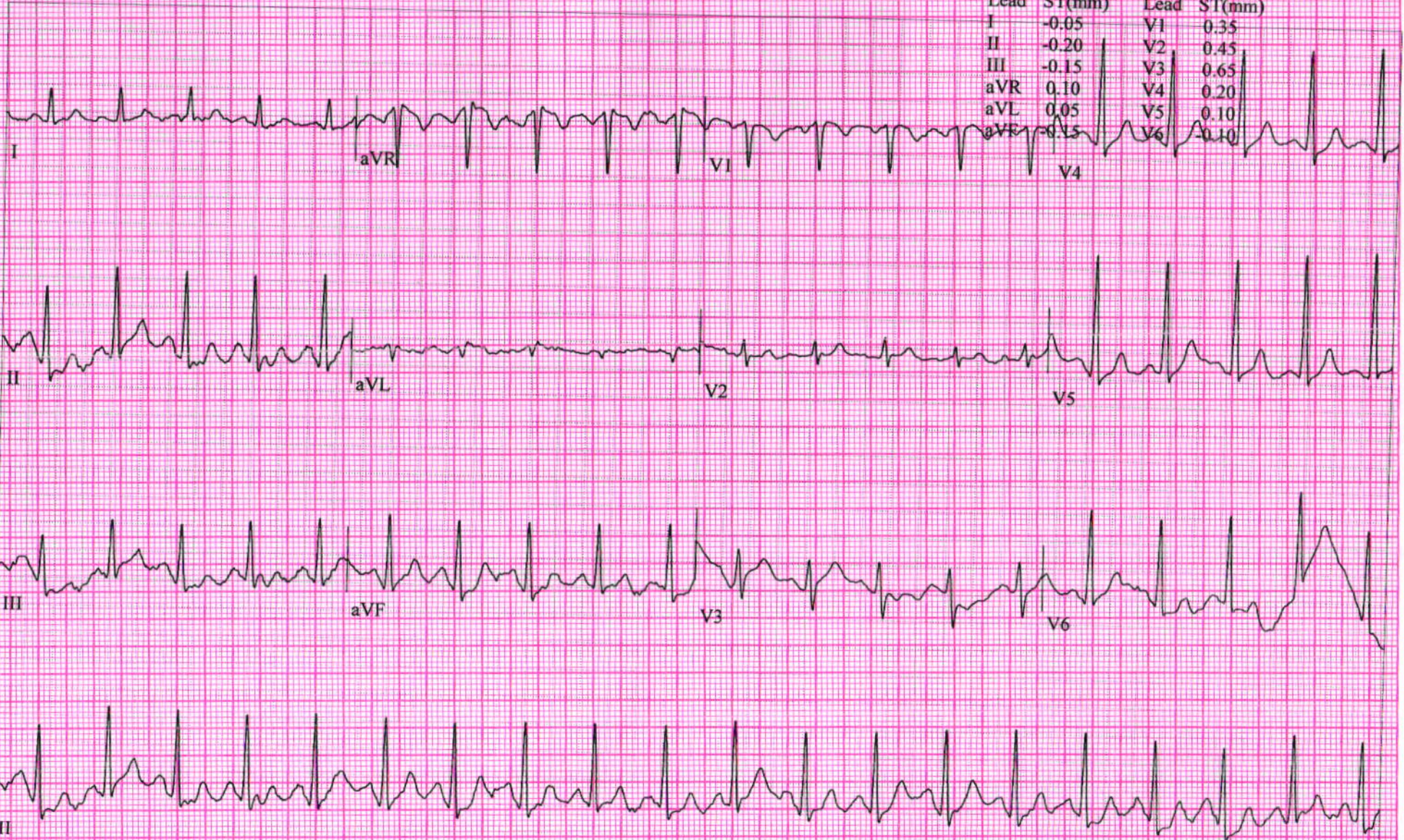
EXERCISE  
STAGE 2  
05:50

BRUC  
4.0 km/h  
12.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.35
II	-0.20	V2	0.45
III	-0.15	V3	0.65
aVR	0.10	V4	0.20
aVL	0.05	V5	0.10
aVF	-0.15	V6	-0.10



ARVIND RATHOD,

Patient ID 363074  
13.04.2024  
11:12:44

12-Lead Report ( PEAK EXERCISE )

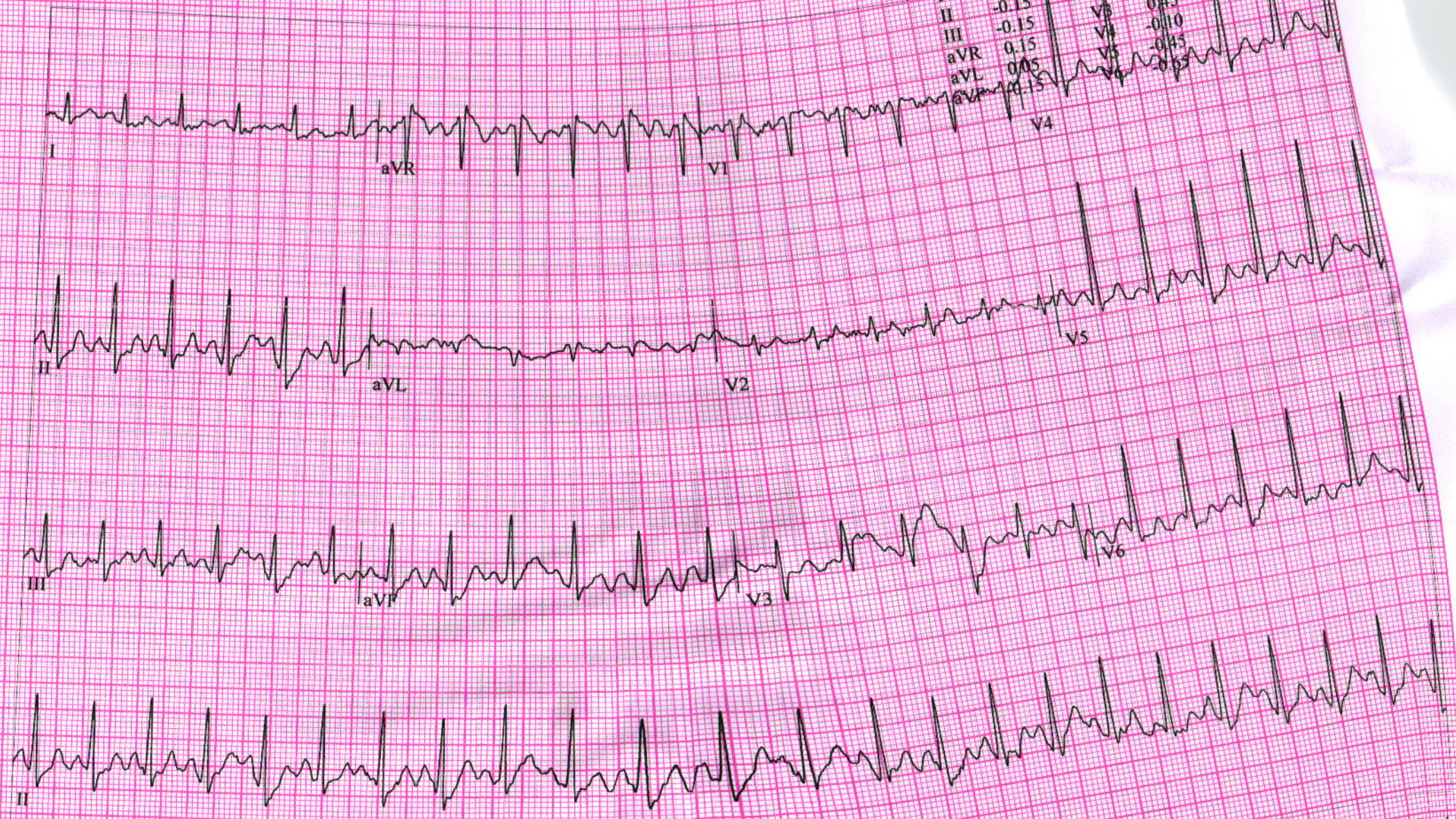
141 bpm  
150/80 mmHg

EXERCISE  
STAGE 3  
08:09

BRUC  
5.4 km/h  
14.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.50
II	-0.15	V2	0.60
III	-0.15	V3	0.45
aVR	0.15	V4	-0.10
aVL	0.05	V5	-0.45
aVF	0.15	V6	-0.55



Patient ID 363074  
13.04.2024  
11:12:44

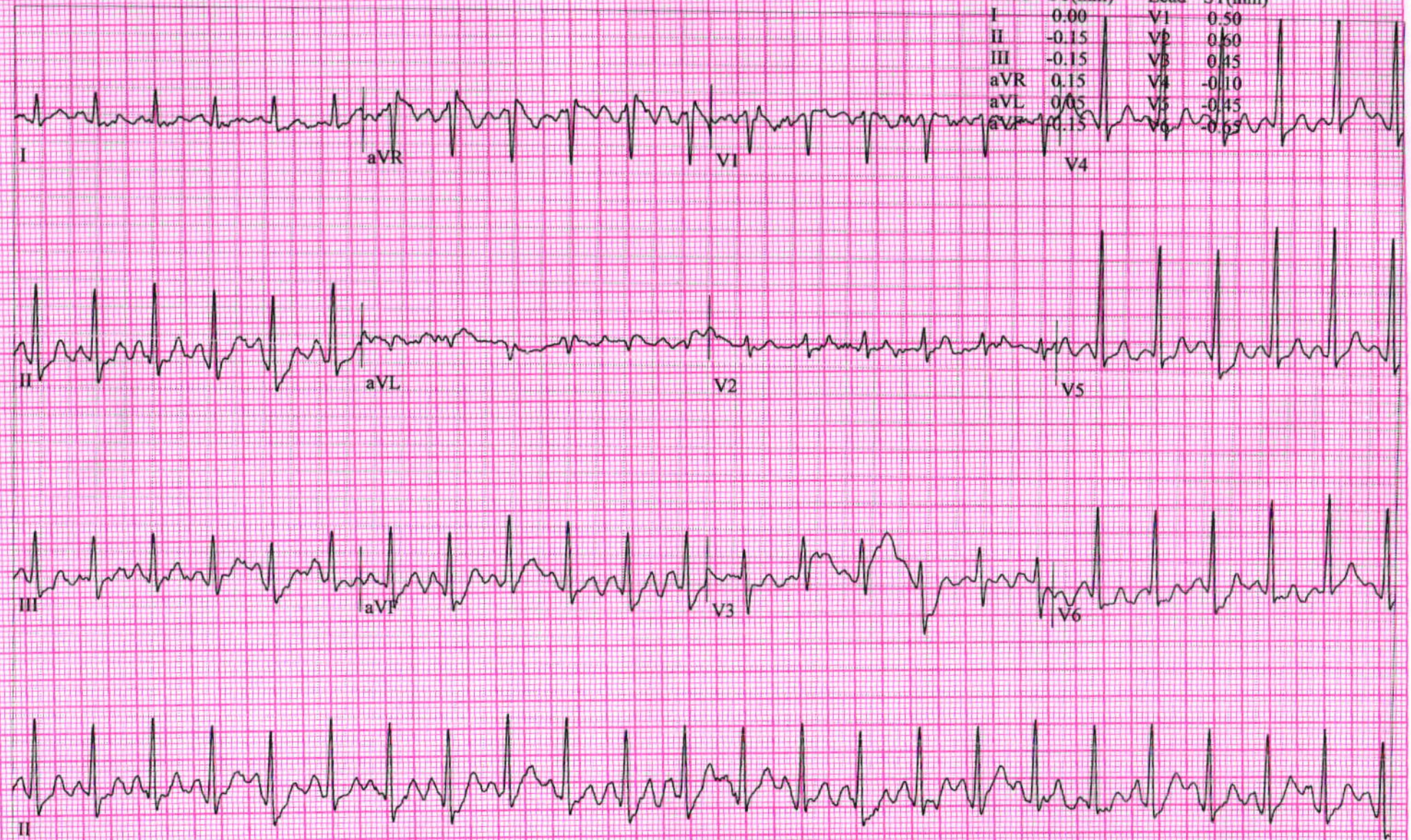
141 bpm  
150/80 mmHg

EXERCISE  
STAGE 3  
08:09

BRUC  
5.4 km/h  
14.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.50
II	-0.15	V2	0.50
III	-0.15	V3	0.45
aVR	0.15	V4	-0.10
aVL	0.05	V5	-0.45
aVF	0.15	V6	-0.05



ARVIND RATHOD,  
Patient ID 363074  
13.04.2024  
11:13:33

12-Lead Report

SHALBY HOSPITAL

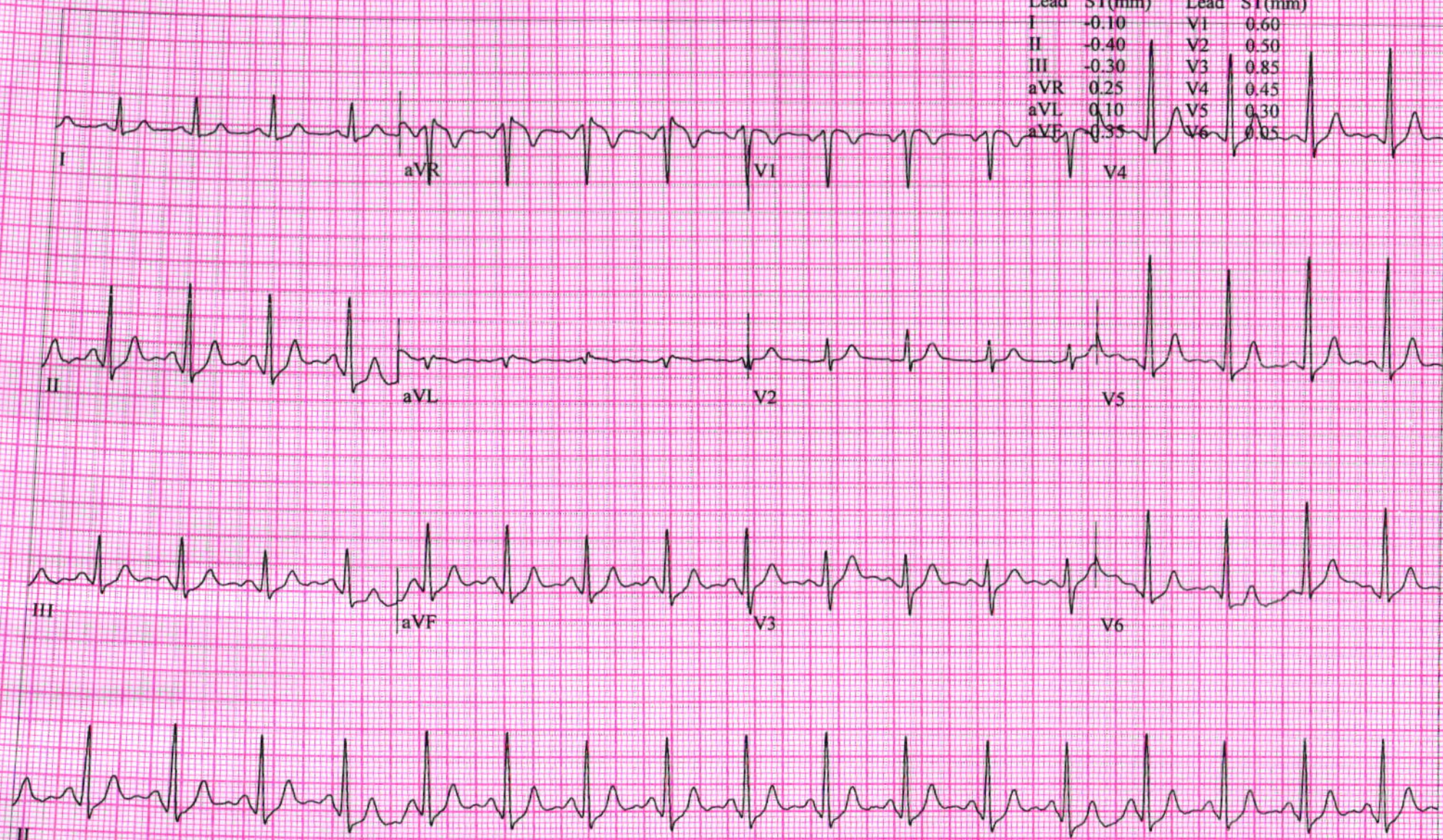
107 bpm  
150/80 mmHg

RECOVERY  
#1  
00:50

BRUC  
0.0 km/h  
0.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	VI	0.60
II	-0.40	V2	0.50
III	-0.30	V3	0.85
aVR	0.25	V4	0.45
aVL	0.10	V5	0.30
aVF	-0.35	V6	0.05

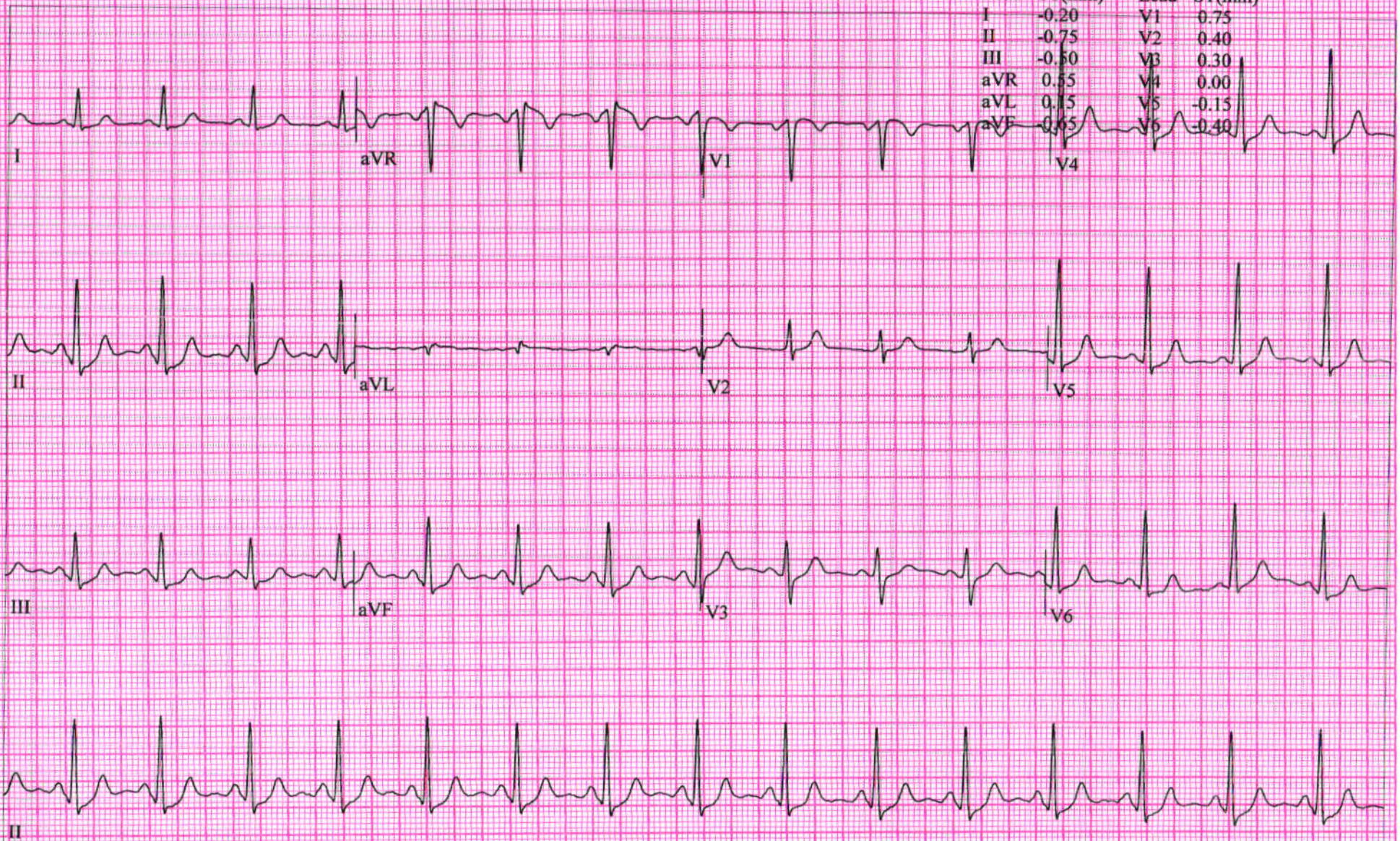


96 bpm

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

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.75
II	-0.75	V2	0.40
III	-0.50	V3	0.30
aVR	0.55	V4	0.00
aVL	0.15	V5	-0.15
aVF	-0.05	V6	-0.40



ARVIND RATHOD,  
Patient ID 363074  
13.04.2024  
11:15:33

12-Lead Report

SHALBY HOSPITAL

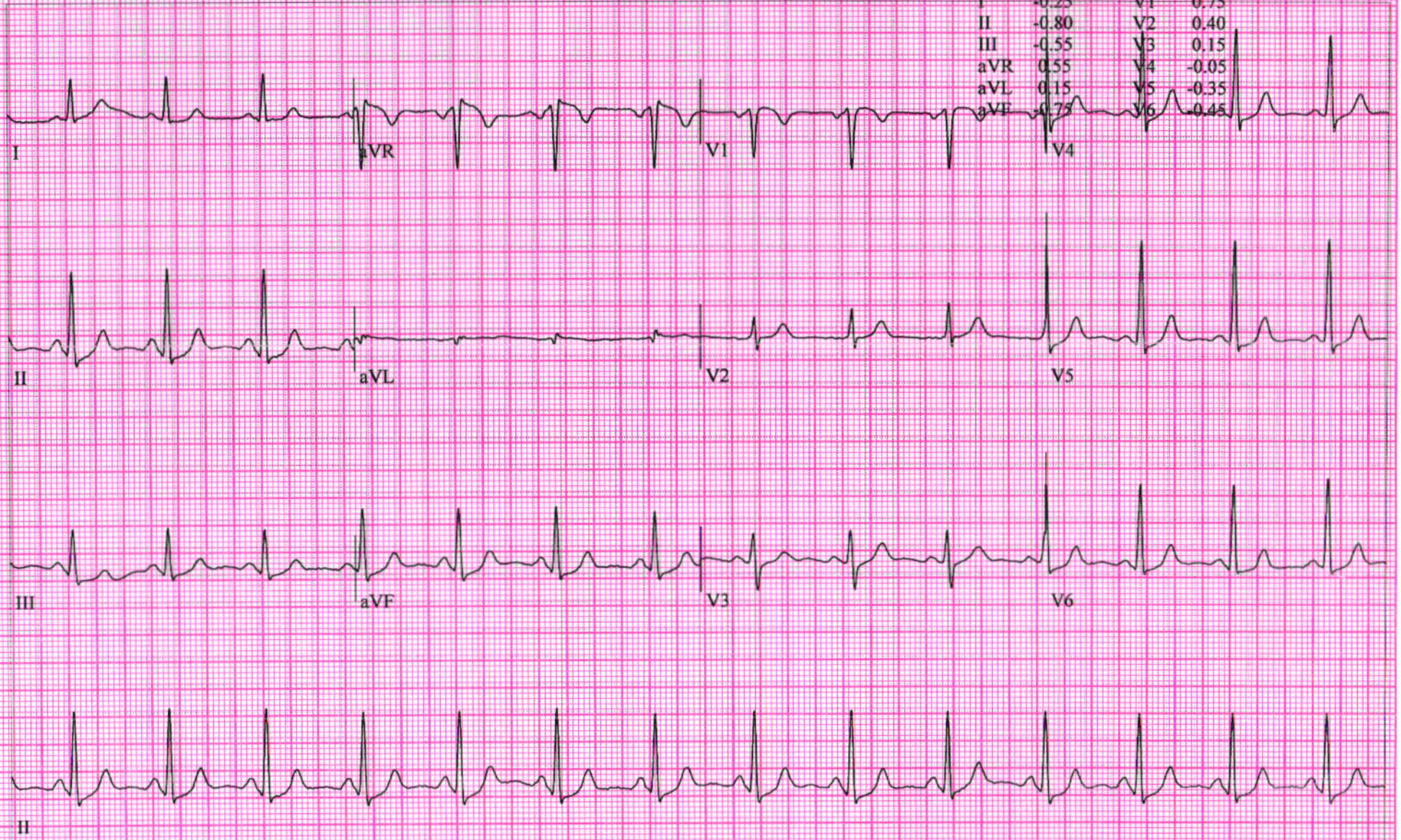
86 bpm  
120/80 mmHg

RECOVERY  
#1  
02:50

BRUC  
0.0 km/h  
0.0 %

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

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.75
II	-0.80	V2	0.40
III	-0.55	V3	0.15
aVR	0.55	V4	-0.05
aVL	0.15	V5	-0.35
aVF	-0.75	V6	-0.45





ARVIND RATHOD,  
Patient ID 363074  
13.04.2024  
11:16:33

86 bpm

RECOVERY  
#1  
03:50

12-Lead Report

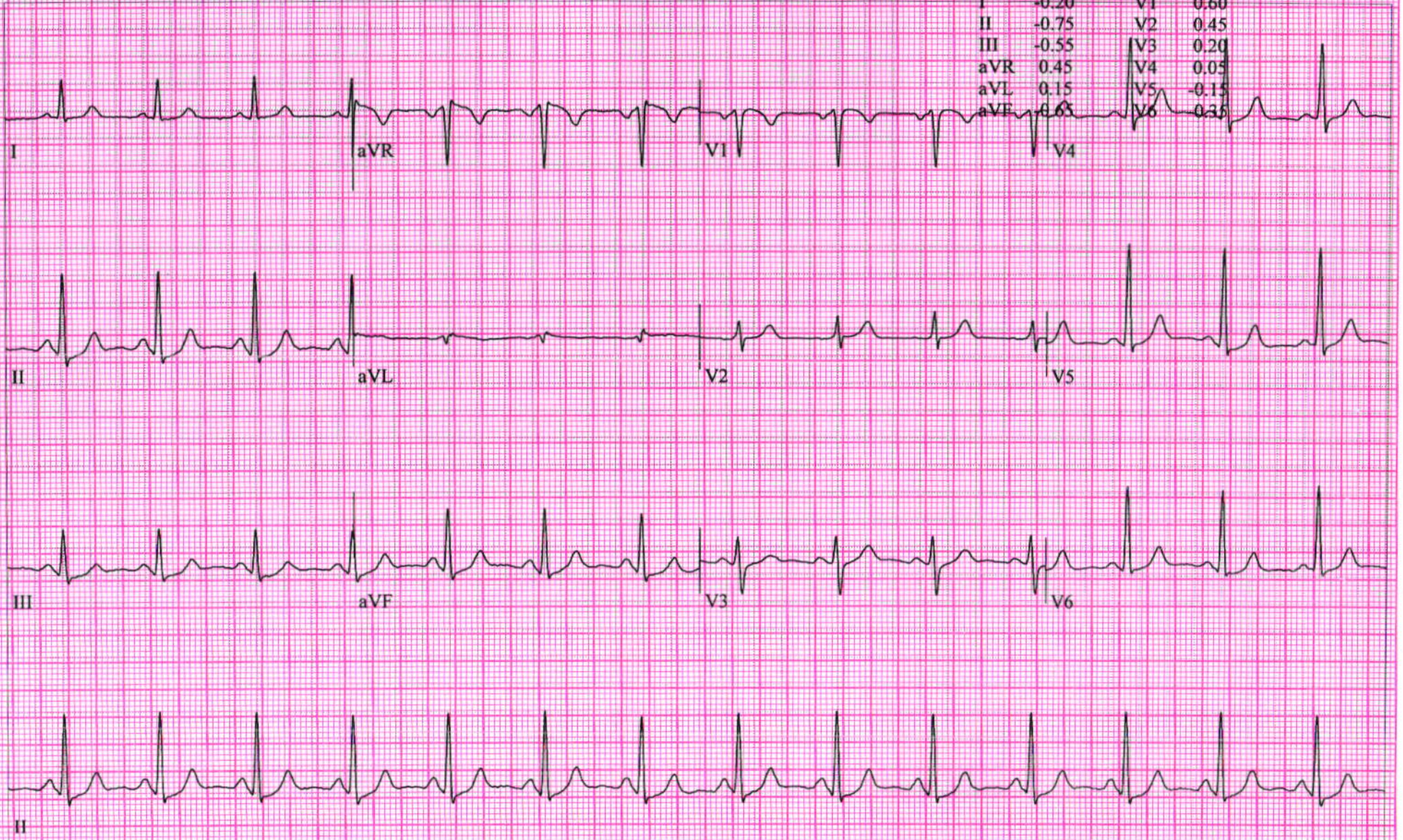
BRUC  
0.0 km/h  
0.0 %

SHALBY HOSPITAL

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

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.60
II	-0.75	V2	0.45
III	-0.55	V3	0.20
aVR	0.45	V4	0.05
aVL	0.15	V5	-0.15
aVF	0.65	V6	0.35



Patient Name: ARVIND RATHOD		UHID:363074
Age / Sex: 56 Yrs. / Male	Study: USG Abdomen + Pelvis	
Referred By: Dr. at shalby Hospital	Date: 13/04/2024	

## ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and 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.

Prostate is normal in size and measures 27 x 38 x 31 mm (Approx. vol- 17 cc). It has smooth outlines and normal reflectivity.

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

### IMPRESSION:

- Grade I fatty liver.
- No other significant abnormality is seen.

Thanks for referral.



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

**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

*Arvind B Rathod*

Date:- *13/04/2024*

Chief Complaints:-

*Routine Eye checkup*

Numeric Rating Scale

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



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drug allergy*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:-

*6/8  
6/8*

NCT

*18  
18*

ON Examination

Ant. Segment

Systemic Examination:-

HT:- WT:-

PH Vision:-

*6/6  
6/6*

*St +1.75 -0.50 x 70  
+0.75 -0.50 x 60 Axis 2.50mm*

Both Eye

*www*

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CIN: L85110GJ2004PLC044667

ME PR 14 2023 09:28

D=10

R>	SPH	CYL	AX
+	1.50	+0.50	152
+	1.50	+0.50	161
+	1.50	+0.75	169
-----			
+	1.50	+0.50	161

Anterior Chamber

<L>	SPH	CYL	AX
+	1.00	+0.25	11
+	1.00	+0.25	1
+	1.00	+0.50	137
-----			
+	1.25	+0.25	1

Rt. EYE

Lt. EYE

D= 70

GrandSeiko.com  
GR-3300K S/N:76BB0963

Investigation:-

Blood vessel:-

Background:-

Macula:-

Diagnosis:-

*Refractive Error, presbyopia*

Treatment:-

*Glasses*

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

*2 months / 505*

Signature of the Consultant

*Rp*

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

1100 Sinus rhythm

9110 \*\* normal ECG \*\*

Medication:

Symptoms:

History:

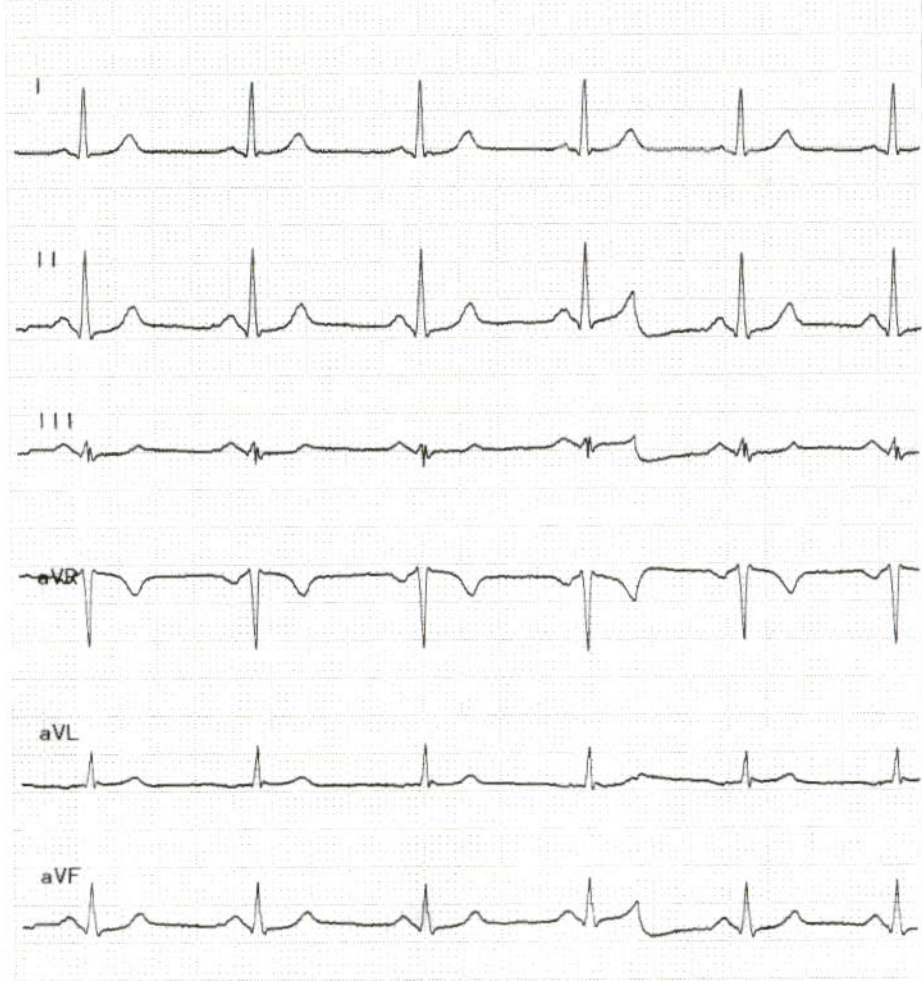
Heart rate	72	bpm
PR int	132	ms
QRS dur	92	ms
QT/QTc (E) int	386/ 409	ms
P/QRS/T axis	63/ 35/ 41	°
V5/SV1 amp	2.67/ 0.97	mV
V5+SV1 amp	3.65	mV

*Arvindhelli Retha*

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz



5 mm/mV

