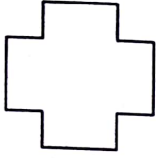


09.12.23



# PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

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

policy number :  
full name : Rathod Kajalben Himmatkumar  
identity proof : Aadhaar card  
identity proof no : 9697  
gender : female / 31  
height : 160  
weight : 48  
BP : 100/70  
pulse : 70/min Regular  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : Yes  
  
past history : L.S.C.S is done on 17-01-2022.  
  
Dental : Healthy  
  
~~Romberg Test~~ :  
  
Colour vision : Normal

ડ૨ રાજીસ કાજલબેન હિમતકુમાર

**DR. C. P. DADHANIYA**  
M.B. Diabetologist  
Ind. Physician (CIH)  
Regd. No. G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.



NAME : Rutnod Rajal  
AGE/GENDER: Female / 37

DIAG. DATE: 09/12/23

PATIENT'S REFRACTION DETAILS

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

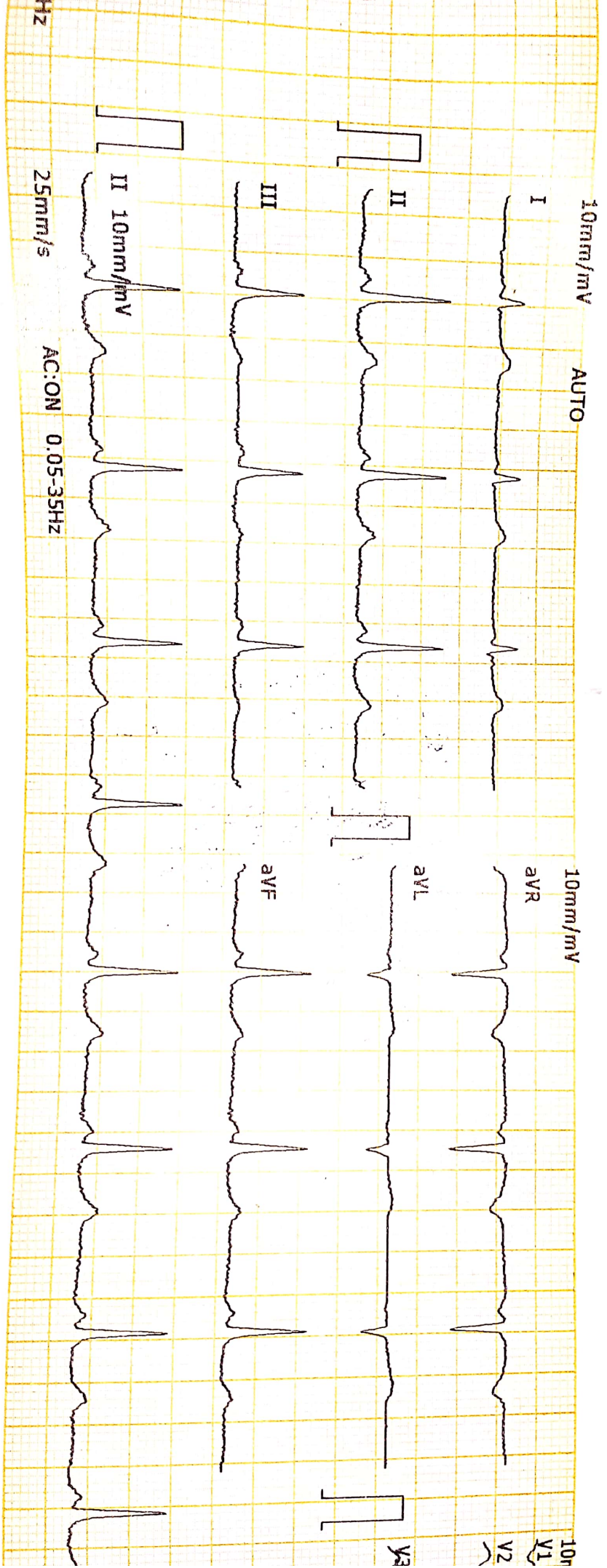
REMARKS :

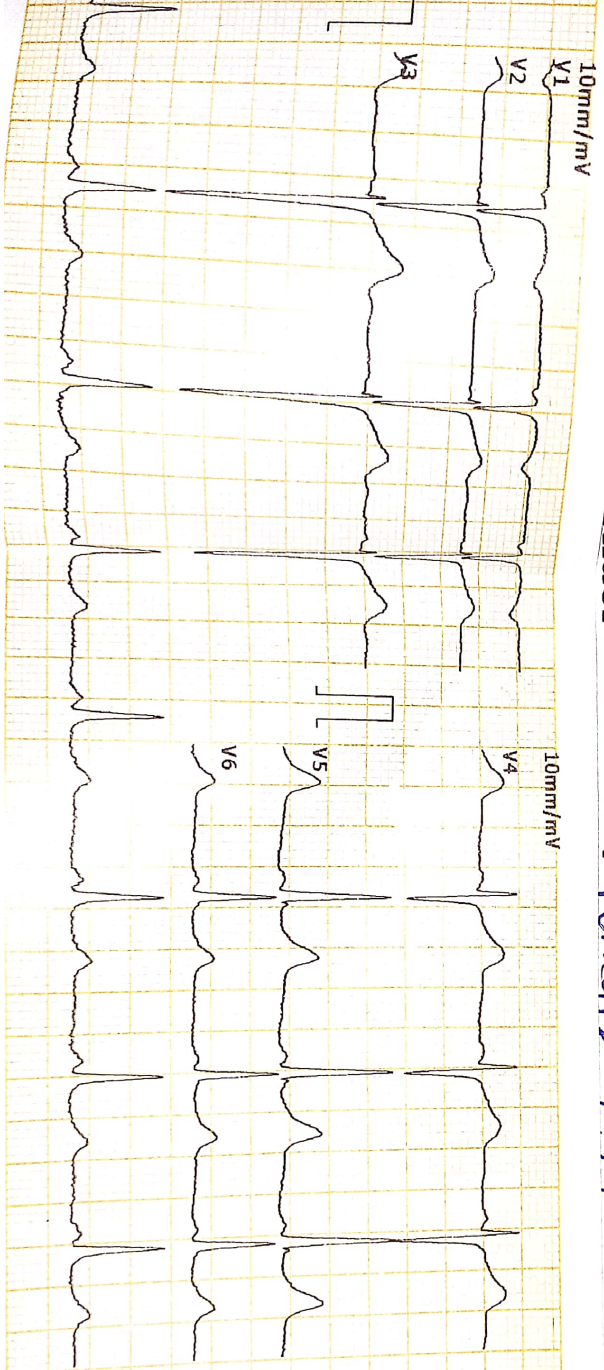
CHECKED BY: D.P. C.P. Dadhania

21815 सिद्धलाल सिद्धलाल

DR. C. P. DADHANIA  
M.B. Diabetologist  
Ind. Physician (D.M.)  
Regd. No. 619798  
Regd. No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

160





ECG : Female 1.5.21

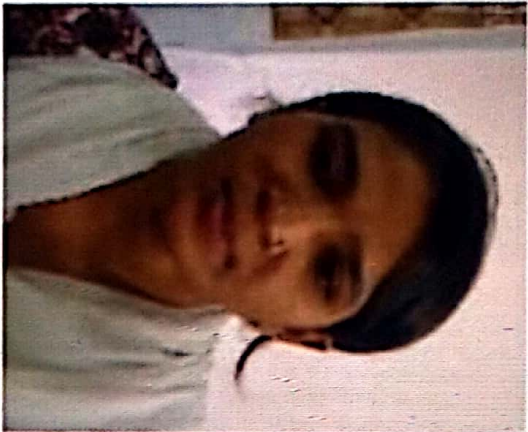
2023-12-9 8:45:43

ID Card: 2023-12-9 8:45:43 ID: 00003639  
 Name: Ruthod Gender: Female  
 Age: 31 Height(cm):  
 Weight(Kg): BP(mmHg):  
 HR: bpm 69  
 P-R: DR. C. P. DAHDANIYA 126  
 Q-R-S: MD. P. DRABETOLOGIST 106  
 QT/QTc: MD. P. DRABETOLOGIST 426/456  
 P/QRS/T AXES: MD. P. DRABETOLOGIST 70/75/46  
 RV5/VS1: MD. P. DRABETOLOGIST mV 0.84/0.76  
 RV1/SV1: MD. P. DRABETOLOGIST mV 1.60  
 Report Confirmed by: MAVDI CHOWKI  
 \*The result must be confirmed by doctor.  
 150 Ft. Ring Road, RAJKOT.



ભારત સરકાર

Government of India



રાઠોડ કાજલબેન હિમતકુમાર

Rathod Kajalben Himatkumar

જન્મ તારીખ/DOB: 16/03/1992

સ્ત્રી/ FEMALE

8927 5766 9697

VID : 9128 0673 0647 5735

ભારત સરકાર આરદ્રમ યોજના



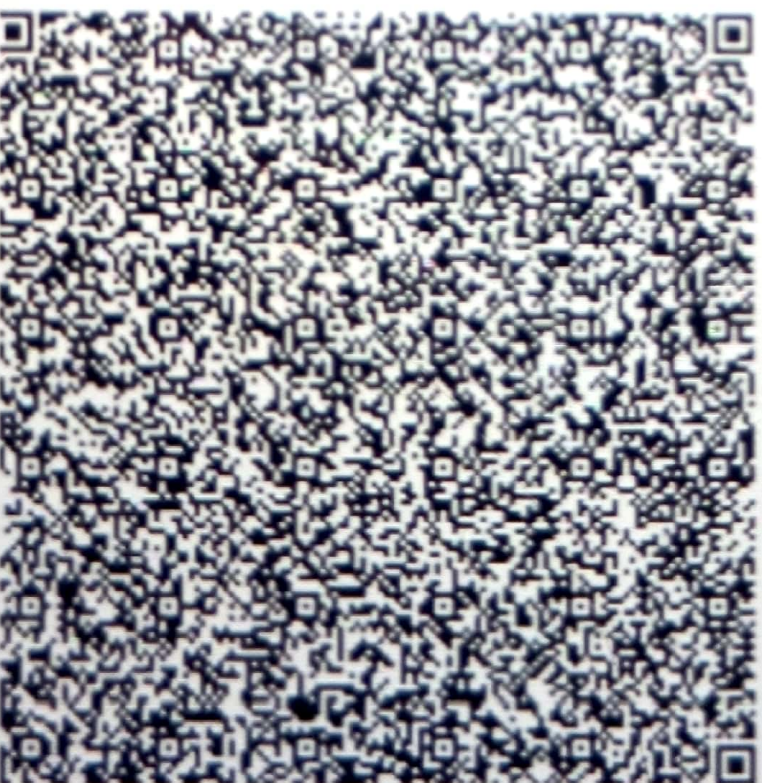
ભારતીય ઇલેક્ટ્રોનિક્સ ઓથોરિટી

Unique Identification Authority of India



સરનામું :  
કામગઢ, અમરેલી,  
ગુજરાત - 365440

Address:  
KAMIGADH, Amreli,  
Gujarat - 365440

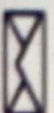


8927 5766 9697

VID : 9128 0673 0647 5735



1947



help@uidai.gov.in



www.uidai.gov.in



*Mediwheel rathod  
kajal*



GPS Map

Camera Lite

21-22, Ring Rd, near Mahiraj Hotel, Poonam Society, Om  
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2653753°

Longitude

70.7846397°

Local 08:54:20 AM

GMT 03:24:20 AM

Altitude 145 meters

Saturday, 09.12.2023



Scanned with OKEN Scanner


**TEST REPORT**

<b>Name</b> : Rathod Kajalben	<b>Reg. No</b> : 312100438
<b>Age/Sex</b> : 31 Years / Female	<b>Reg. Date</b> : 09-Dec-2023 03:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Dec-2023 03:54 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Dec-2023 04:47 PM

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

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	9.0	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	27.50	%	37 - 47
RBC Count (Electrical Impedance)	4.56	million/cmm	4.2 - 5.4
MCV (Calculated)	60.3	fL	78 - 100
MCH (Calculated)	19.7	Pg	27 - 31
MCHC (Calculated)	32.7	%	30 - 35
RDW (Calculated)	17.0	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	6990	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	55 %	% Range 42.02 - 75.2	Abs. Value 3845 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	37 %	20 - 45	2586 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	210 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	350 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	438000	/cmm	150000 - 450000
MPV	8.7	fL	7.4 - 10.4
P-LCR	15.20	%	11.9 - 66.9
PDW	8.0	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.38	%	0.2 - 0.5

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**Dr. Viral Jethava**

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M.D. (Path, PDCC)




**TEST REPORT**

<b>Name</b>	: Rathod Kajalben	<b>Reg. No</b>	: 312100438
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**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
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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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b>			
<b>Sample, EDTA whole blood</b>			
ESR (After 1 hour)	10	mm/hr	3 - 12

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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	87.00	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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 M.D. (Path, PDCC)



**TEST REPORT**

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**POST PRANDIAL PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	73.00	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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<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Dec-2023 03:54 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Dec-2023 04:47 PM

**LIPID PROFILE**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	176.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	118.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	68.00	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <i>Siemens ALDL</i>	84.40	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
VLDL Cholesterol <i>Calculated</i>	23.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.24		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.59		0 - 5.0

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)



TEST REPORT

<b>Name</b> : Rathod Kajalben	<b>Reg. No</b> : 312100438
<b>Age/Sex</b> : 31 Years / Female	<b>Reg. Date</b> : 09-Dec-2023 03:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Dec-2023 03:54 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Dec-2023 04:47 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.87	mg/dL	0.55 - 1.02
<b>eGFR</b>	120.08	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$
<b>Urea</b> <small>Calculated</small>	31.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	14.48	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	4.58	mg/dL	2.6 - 6.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	138.9	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.56	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	101.5	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.2	mg/dL	8.5 - 10.1

*DRJ*

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path, PDCC)



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**TEST REPORT**

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	39.00	U/L	5 - 55

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)


**TEST REPORT**

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**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.97	%	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 <i>Calculated</i>	95.94	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.


**Dr. Viral Jethava**

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)

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<b>Name</b> : Rathod Kajalben	<b>Reg. No</b> : 312100438
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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Dec-2023 04:47 PM

**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	3.640	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> <small>CLIA</small>	0.99	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.


**Dr. Viral Jethava**

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**Dr. Viral R. Jethava**

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**Thyroxine (T4)** 11.10 µg/dL 4.5 - 12.6  
CLIA

**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.

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**Dr. Viral R. Jethava**

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**URINE ROUTINE EXAMINATION**

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

**PHYSICAL EXAMINATION**

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		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

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## LABORATORY REPORT

Name	: Rathod Kajalben	Reg. No	: 312100438
Sex/Age	: Female/31 Years	Histo / Cyto No	: C3H00162
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 09-Dec-2023 03:53 PM
Client Name	: PANCHMUKHI HOSPITAL	Collected On	: 09-Dec-2023 03:54 PM
		Report Date	: 09-Dec-2023 04:45 PM

## CYTOPATHOLOGY REPORT

**Specimen :**

Liquid Based Cervical Cytology Material.

**Grossing Description :**

C3H00162/23

**Microscopic Description :****Specimen Adequacy :** Satisfactory for evaluation.**Endocervical cells (Transformation Zone Component) :** Seen.**Partially obscuring component like inflammation :** Seen.**General Categorization :** Negative for Intraepithelial Lesion and Malignancy.**Squamous Cell Abnormalities :**

Squamous cell : Normal superficial &amp; Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

**Non Neoplastic cellular variation like :**

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

This is an electronically authenticated report



Dr. Viral R. Jethava

M.D. (Path, PDCC)

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**LABORATORY REPORT**

<b>Name</b> :	Rathod Kajalben	<b>Reg. No</b> :	312100438
<b>Sex/Age</b> :	Female/31 Years	<b>Histo / Cyto No</b> :	C3H00162
<b>Ref. By</b> :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Reg. Date</b> :	09-Dec-2023 03:53 PM
<b>Client Name</b> :	PANCHMUKHI HOSPITAL	<b>Collected On</b> :	09-Dec-2023 03:54 PM
		<b>Report Date</b> :	09-Dec-2023 04:45 PM

Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

**Reactive cellular changes associated with :**

Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

**Organism :**

Normal vaginal flora preserved.

Shift in flora suggestible of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

**Impression :**

**Negative for Intraepithelial Lesion or Malignancy.**

Clinical and Radiological correlation and SOS further work up is advised.

This is an electronically authenticated report



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M.D. (Path, PDCC)



LABORATORY REPORT

<b>Name</b> :	Rathod Kajalben	<b>Reg. No</b> :	312100438
<b>Sex/Age</b> :	Female/31 Years	<b>Histo / Cyto No</b> :	C3H00162
<b>Ref. By</b> :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Reg. Date</b> :	09-Dec-2023 03:53 PM
<b>Client Name</b> :	PANCHMUKHI HOSPITAL	<b>Collected On</b> :	09-Dec-2023 03:54 PM
		<b>Report Date</b> :	09-Dec-2023 04:45 PM

This is an electronically authenticated report



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

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**TEST REPORT**

<b>Name</b> : Rathod Kajalben	<b>Reg. No</b> : 312100438
<b>Age/Sex</b> : 31 Years / Female	<b>Reg. Date</b> : 09-Dec-2023 03:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 09-Dec-2023 03:54 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 09-Dec-2023 04:47 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.28	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.21	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.07	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.37		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	31.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	48.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	79.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.48	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.35	mg/dL	0.0 - 1.1

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


**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 16 of 16

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)



# 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

Date: ૧/૧૨/૨૩

## સુવિધાઓ

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

ડૉ. રાજેશ્રીબેન ડાહાણીયા  
૦૨-૭૭૧૩૧૬૫૧૬૩

વિષય - શુભ રિપોર્ટ જાહેર  
લાભ માટે.

ડૉ. રાજેશ્રીબેન ડાહાણીયા  
જાણીયા શુભ રિપોર્ટ જાહેર  
લાભ માટે છે

ડૉ.  
રાજેશ્રીબેન ડાહાણીયા

રાજેશ્રીબેન ડાહાણીયા

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 કાગળ સાથે લાવવો





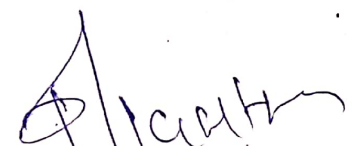
## USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of hydronephrosis on either side. Simple cyst of size about 32 x 43 mm is seen in upper pole of left kidney.
- **URINARY BLADDER:** Minimally distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is grossly normal. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel clear.

### CONCLUSION:

- Simple cyst in upper pole of left kidney.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Pat.s' Name: HIMMANTBHAI RATHOD

DATE: 9 December 2023

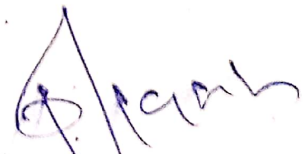
### U.S.G. OF ABDOMEN AND PELVIS

- **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 angles clear.

### CONCLUSION:

- Grade I fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

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



RATHOD KAJALBEN 31 Y/F CHEST PA 09-Dec-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

## Tread Mill Test

Patient Name	: Kajalben Rathod	Age	: 31yrs/F
OPD/IPD	: OPD	ID. No.	: 2077
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 120/80
Report Date	: 09/12/23	Max. BP	: 140/80

Patient Reaches exercise limit at 7.00 METS.

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

Adequate increase of HR & BP.

No significant Arrhythmia.


The stress test was terminated after 6:00 minutes as patient complained of Fatigue.  
Patient achieved 92% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

**Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.**

**DR. MAULIK HANSALIA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

  
**DR. NISHANT SIRODARIYA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

# CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

# CURE CARDIOLOGY CLINIC

5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
09-Dec-2023 12:17:59 PM

*Dr. Nishant Sirodariya*

## Summary

Protocol : BRUCE

Medication :  
Ref:By : DR.C.P.DADHANIVA

Objective :  
History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	MEETS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	97	120/80	116	-	
Standing					1.0	97	120/80	116	-	
HV					1.0	95	120/80	114	-	
ExStart					1.0	96	120/80	115	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	150	130/80	195	1	
PeakEx	3:00	6:00	6.4	12.0	7.0	173	140/80	242	-	
Recovery	1:00		0.0	0.0	1.0	122	140/80	170	1	
Recovery	2:00		0.0	0.0	1.0	107	130/80	139	1	
Recovery	3:00		0.0	0.0	1.0	103	130/80	133	1	
Recovery	3:01		0.0	0.0	1.0	105	130/80	136	-	

### Findings :

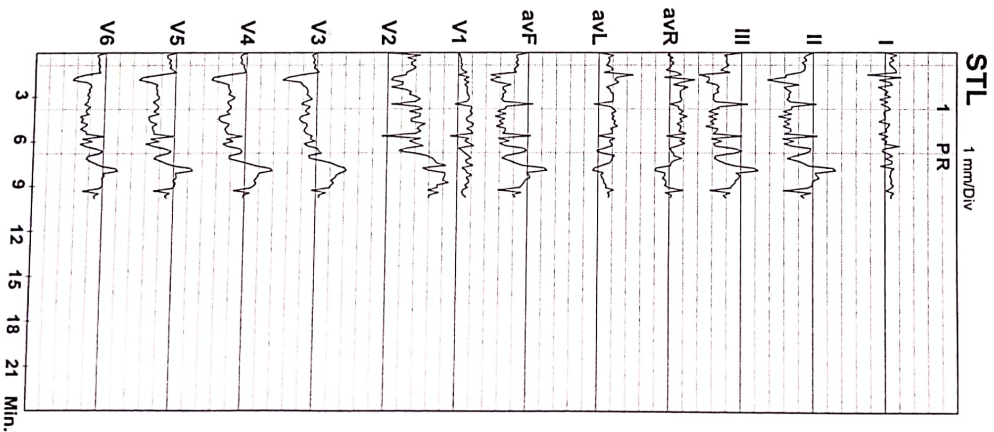
Exercise Time : 6:00 minutes  
 Max HR attained : 173 bpm 92% of Target 189  
 Max BP : 140/80(mmHg)  
 Max Workload attained : 7 (Fair Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Anginal/Arrhythmic/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

0.7)RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

1

DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI,



CURE CARDIOLOGY CLINIC  
2ND FLOOR, KANSAGRA HOSPITAL,  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

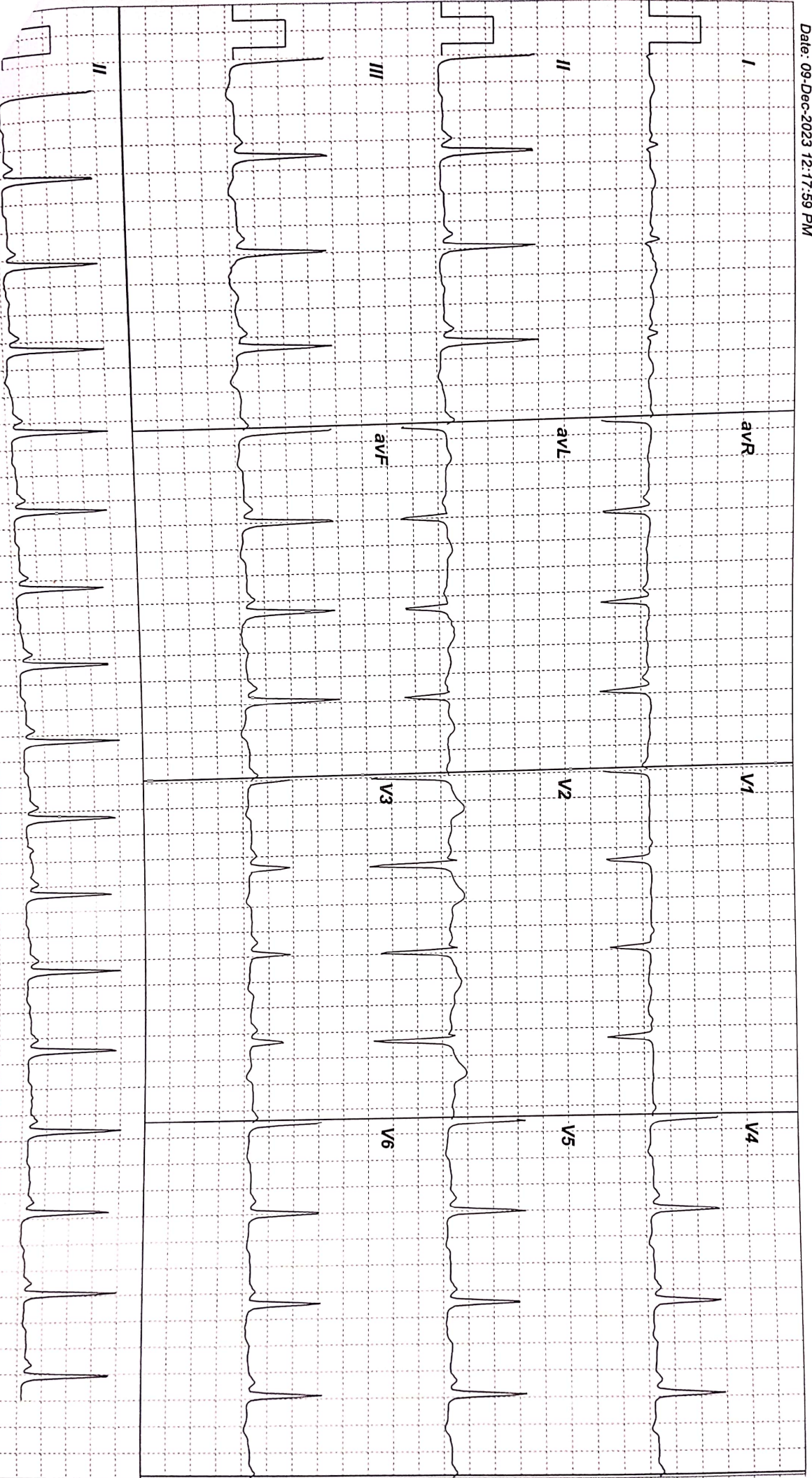
HR: 97 bpm  
METs: 1.0  
BP: 120/80  
Tgt HR: 51% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:35  
BLC : On  
Notch : On

Supine  
1.0 Cm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
Date: 09-Dec-2023 12:17:59 PM

HR: 97 bpm  
METs: 1.0  
BP: 120/80

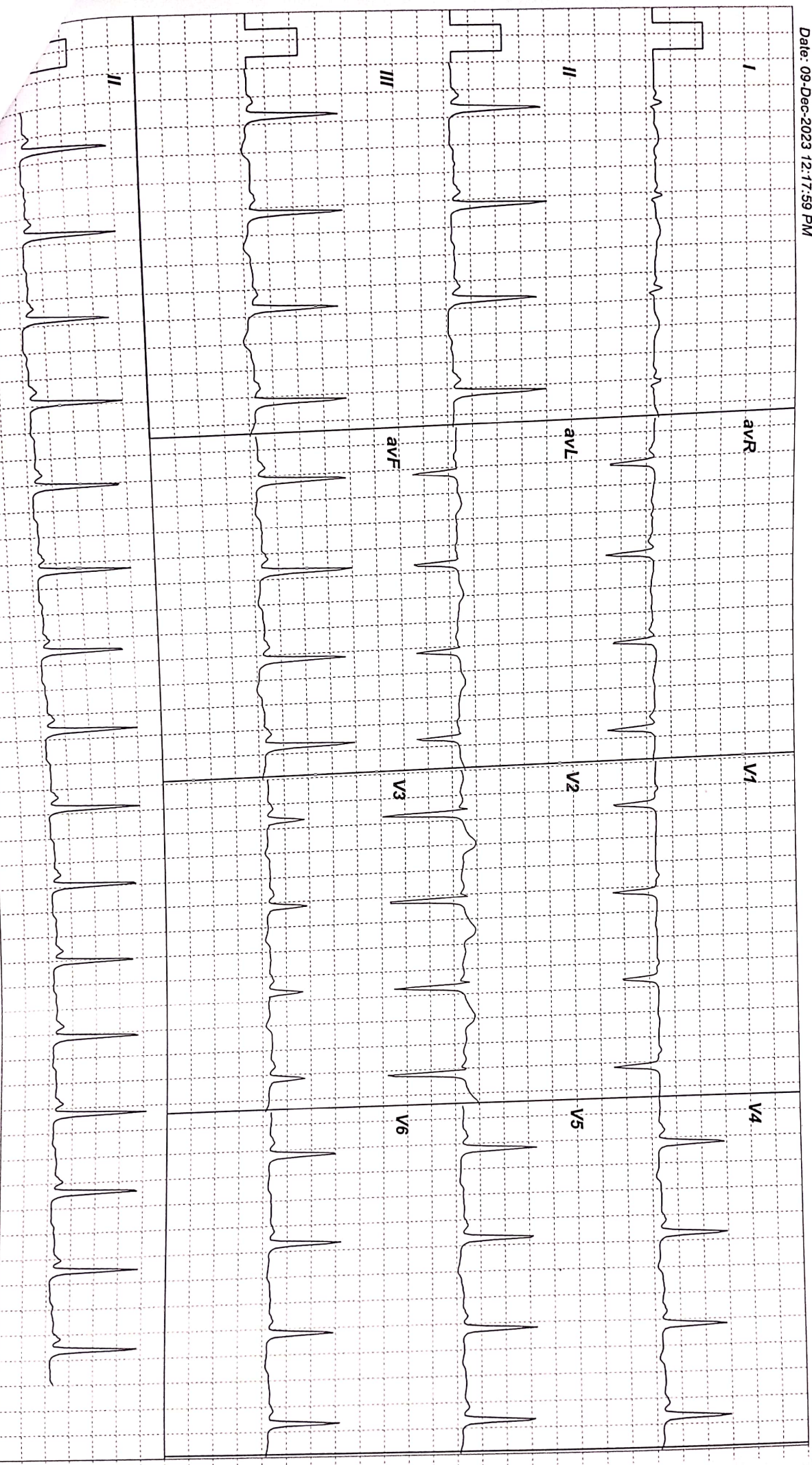
Tgt HR: 51% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:42  
BLC: On  
Notch: On

**3x4+1 Rhythm Lead**

Standing  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

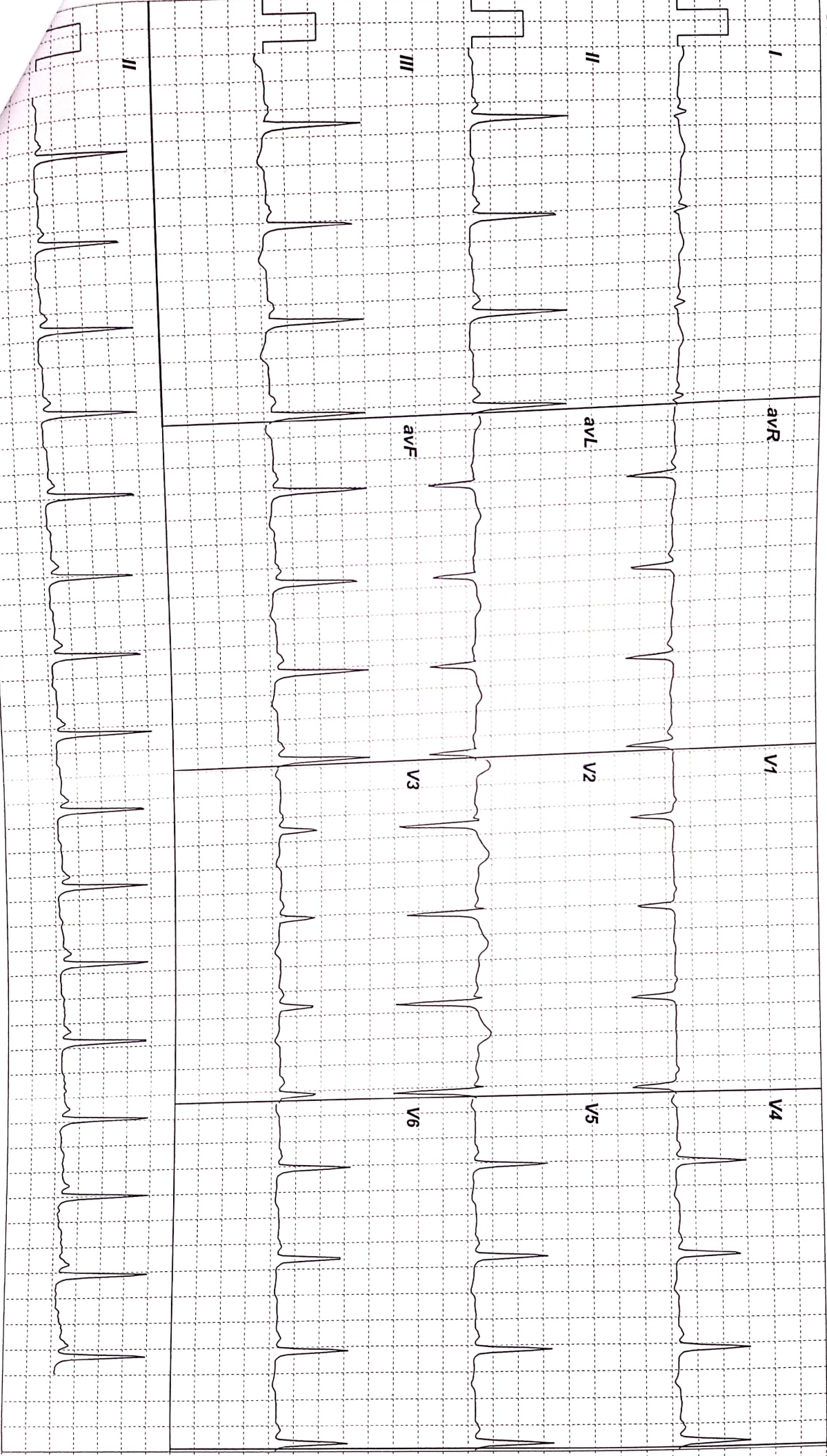
HR: 95 bpm  
METs: 1.0  
BP: 120/80  
Tgt HR: 50% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:45  
BLC : On  
Notch : On

HV  
1.0 Cm/mV  
25 mm/Sec.

**3x4+1 Rhythm Lead**

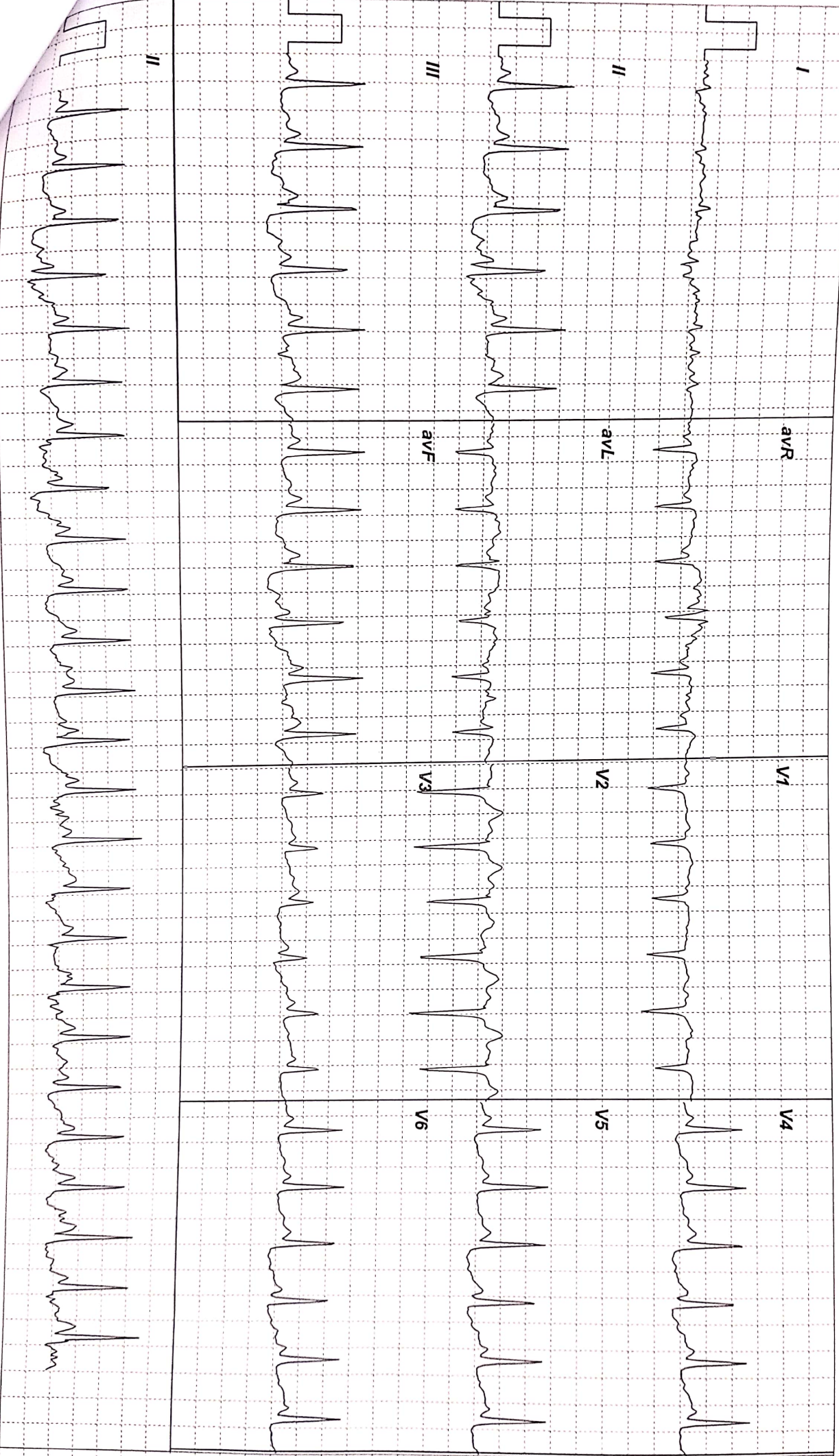




**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

HR: 150 bpm  
METs: 4.6  
BP: 130/80  
Tgt HR: 79% of 189  
Speed: 2.7 mph,  
Grade: 10.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz  
Ex Time 03:00  
BLC: On  
Notch: On  
**3x4+1 Rhythm Lead**  
BRUCE: Stage 1 (3:00)  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

HR: 173 bpm  
METS: 7.0  
BP: 140/80

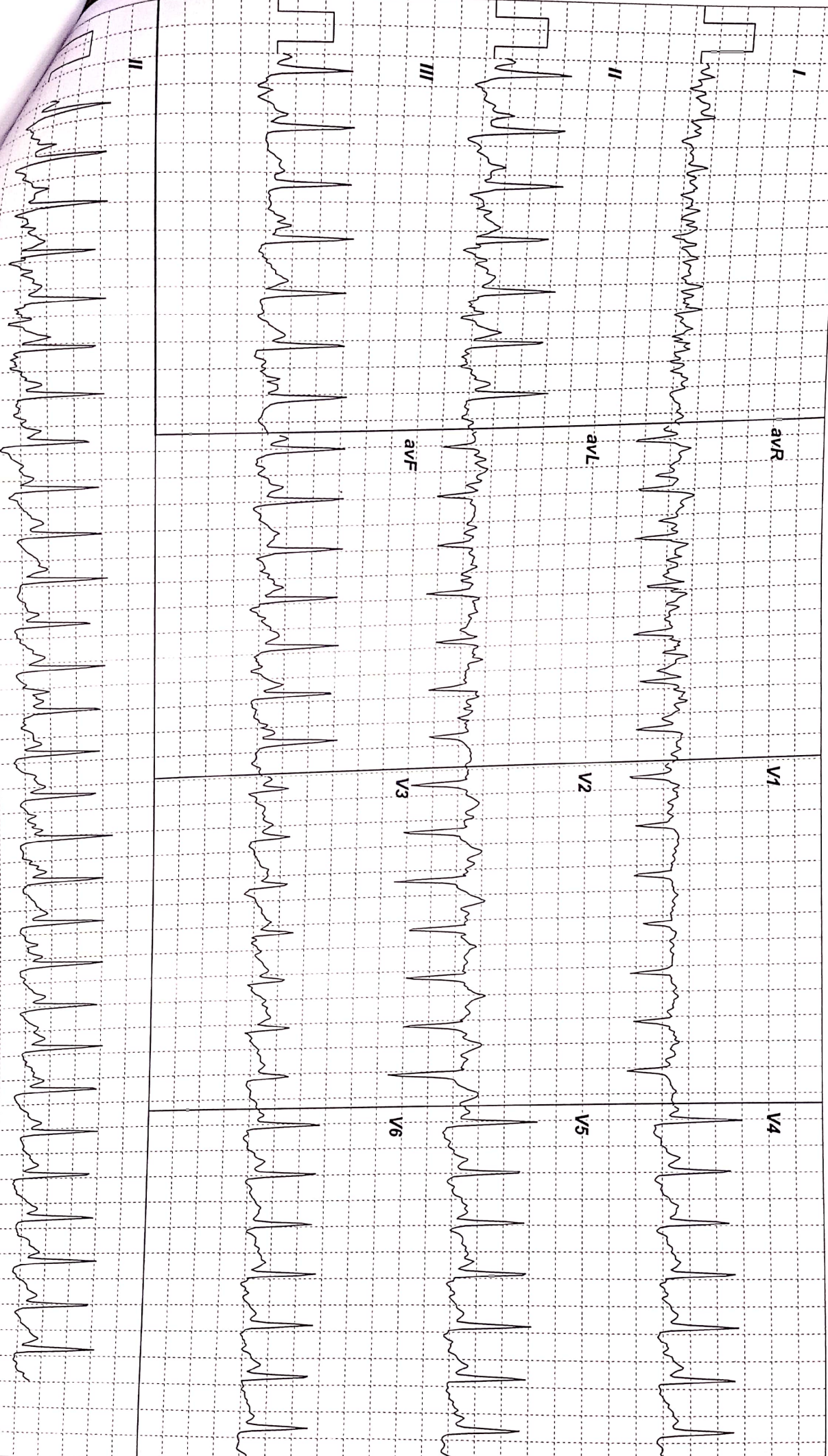
Tgt HR: 91% of 189  
Speed: 4.0 mph,  
Grade: 12.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 05:59  
BLC: On  
Notch: On

BRUCE: PeakEx(3:00)  
1.0 Cm/mV  
25 mm/Sec.

**3x4+1 Rhythm Lead**



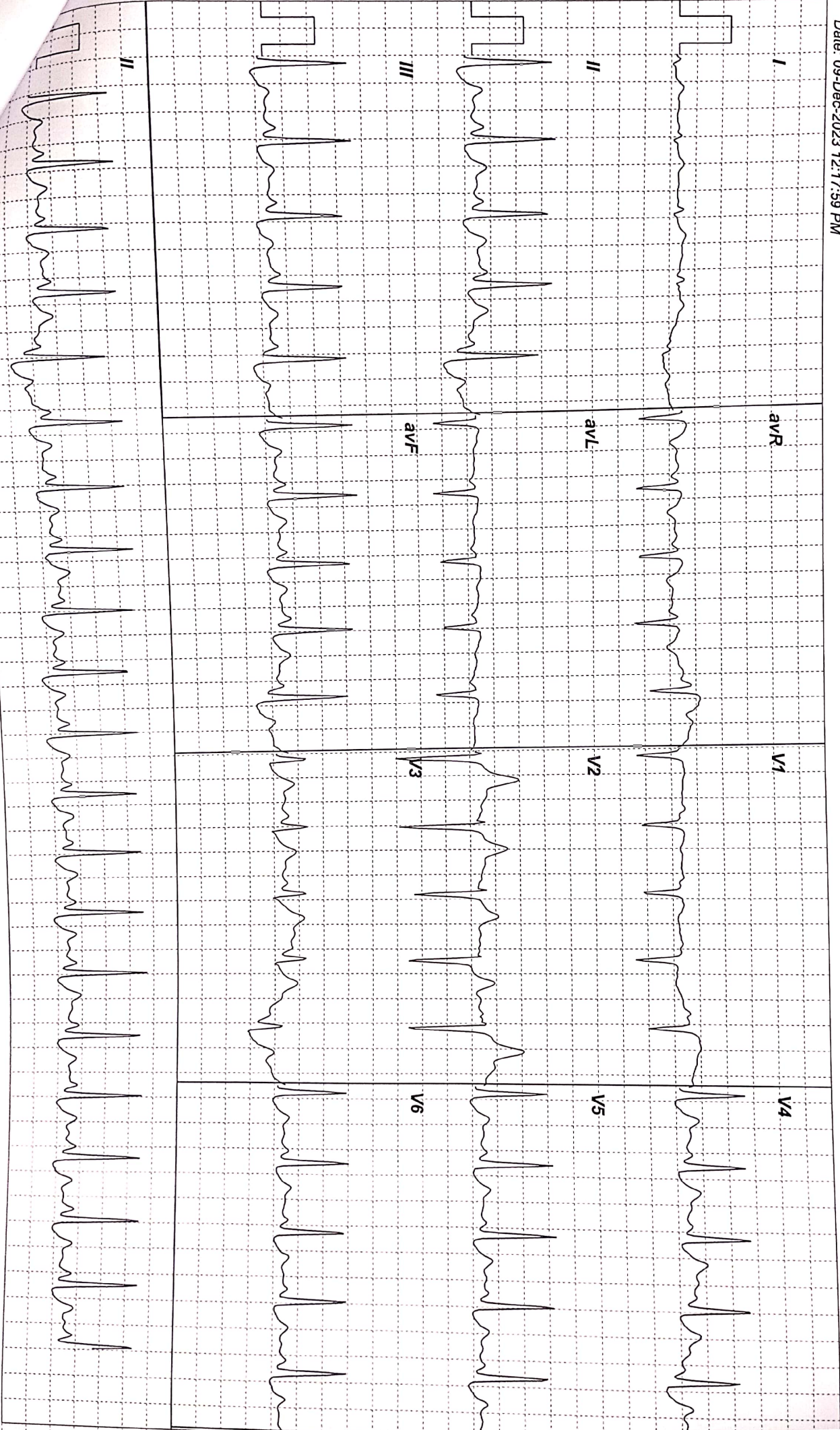
**3x4+1 Rhythm Lead**

**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

HR: 122 bpm  
METs: 1.0  
BP: 140/80

Raw ECG  
Tgt HR: 64% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Protocol: BRUCE  
(0.05-100)Hz  
Ex Time 06:00  
BLC : On  
Notch : On  
Recovery(1:00)  
1.0 Cm/mV  
25 mm/Sec.



3x4+1 Rhythm Lead

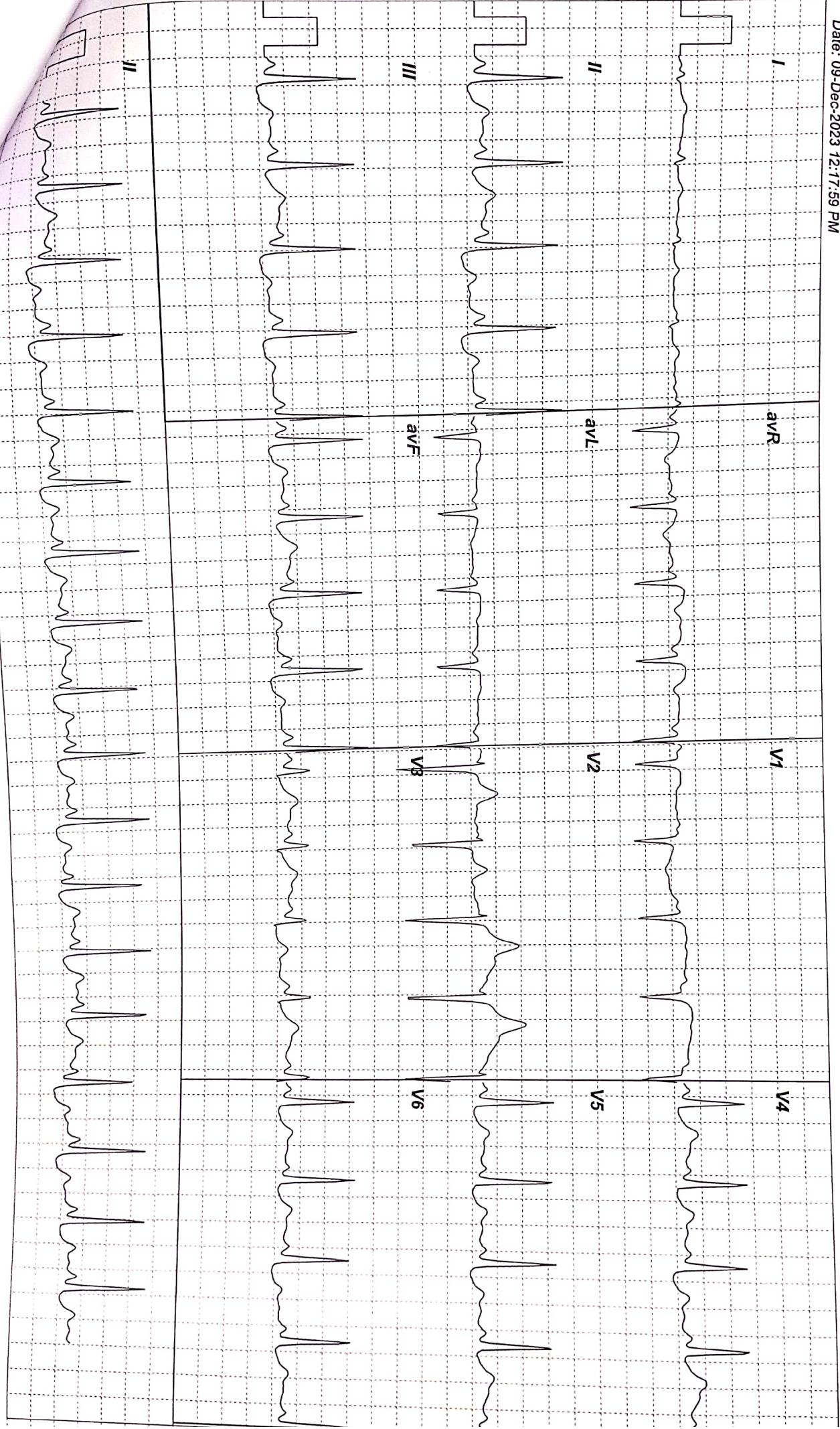
**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK RAJKOT.**  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

HR: 107 bpm  
METs: 1.0  
BP: 130/80  
Tgt HR: 56% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

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



**CURE CARDIOLOGY CLINIC**  
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

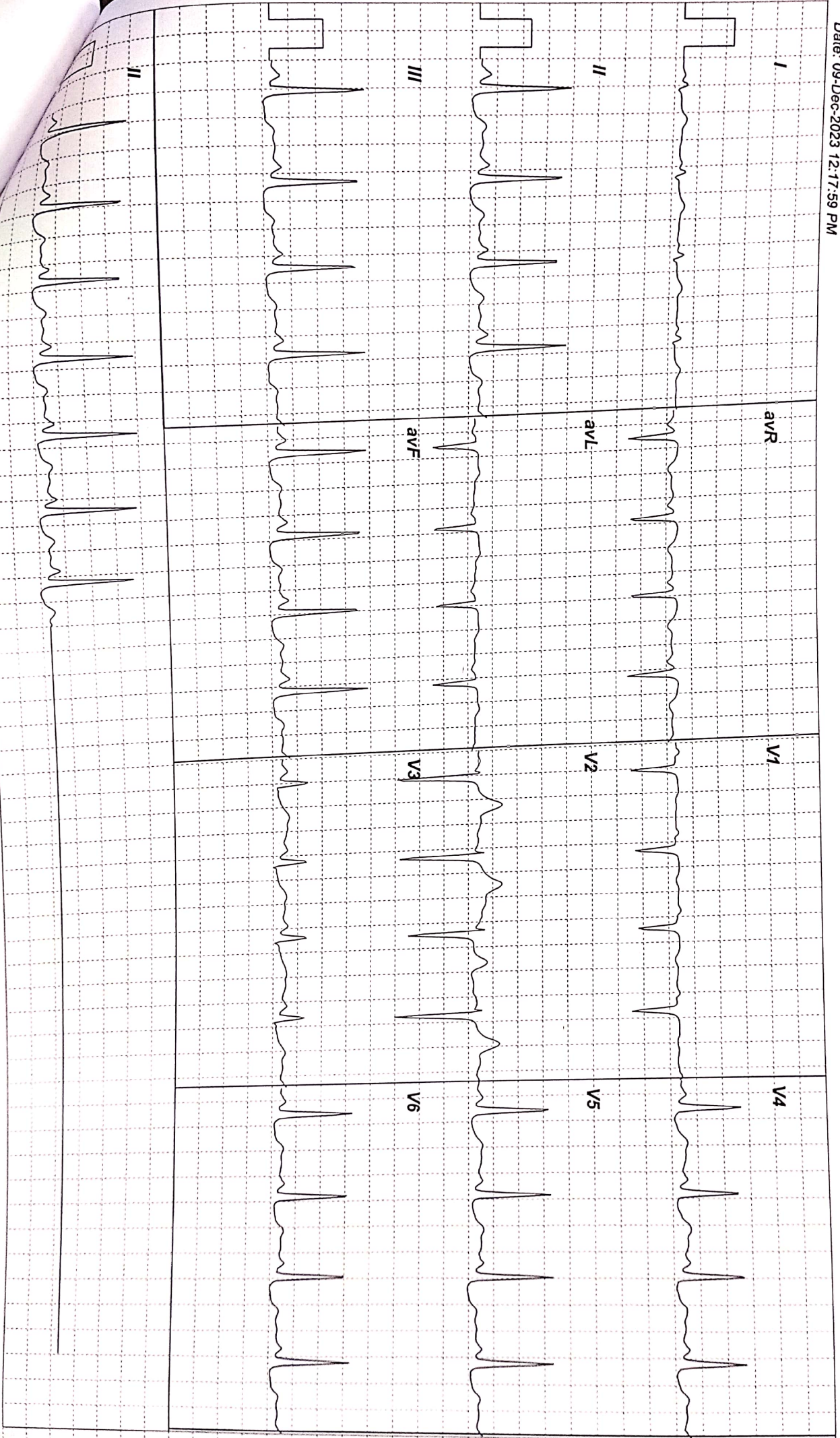
HR: 103 bpm  
METs: 1.0  
BP: 130/80  
Tgt HR: 54% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 06:00  
BLC: On  
Notch: On

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

**3x4+1 Rhythm Lead**



CURE CARDIOLOGY CLINIC  
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
5584661 / KAJALBEN RATHOD  
31 Yrs / Female  
0 Kg / 0 Cm/  
Date: 09-Dec-2023 12:17:59 PM

HR: 105 bpm  
METs: 1.0  
BP: 130/80  
Tgt HR: 55% of 189  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

3x4+1 Rhythm Lead  
Recovery(3:01)  
1.0 Cm/mV  
25 mm/Sec.

