

PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya
MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : SUNIL KUMAR LOHIA
identity proof : Aadhaar Card
identity proof no : 2572
gender : male / 56 year
height : 167
weight : 60
B P : 120 / 80
pulse : 50 / min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

past history : DM - 7 years =
HT - 7 years =
Dental : Thyroid - 7 years =

Colour vision : Normal

SUNIL

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (M)
Regd. No. G1-12
Case No. 31-13
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME: Sunit Kumar Lohia
AGE/GENDER: male / 56

DATE: 05-03-24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/9
	N	N			6/9
L	D	N	N	N	6/9
	N	N			6/9

REMARKS:

CHECKED BY: Dr. C. P. Datta
M. B. Diabetologist

Sunit

Ind. Physician (CIN)

Regd. No. G19-78

Code No. 372-43

Panchmukh Hospital

Mavdi Chokri,

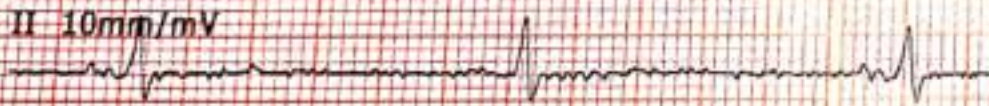
150 Ft. Ring Road, RAJKOT.



10mm/mV AUTO



II 10mm/mV



25mm/s AC:ON 0.05-35Hz

10mm/mV

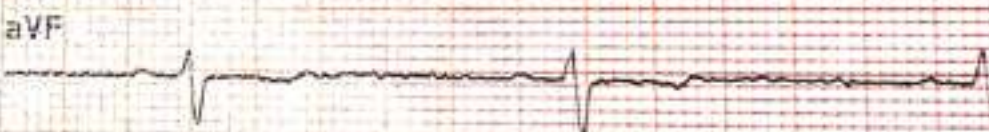
aVR



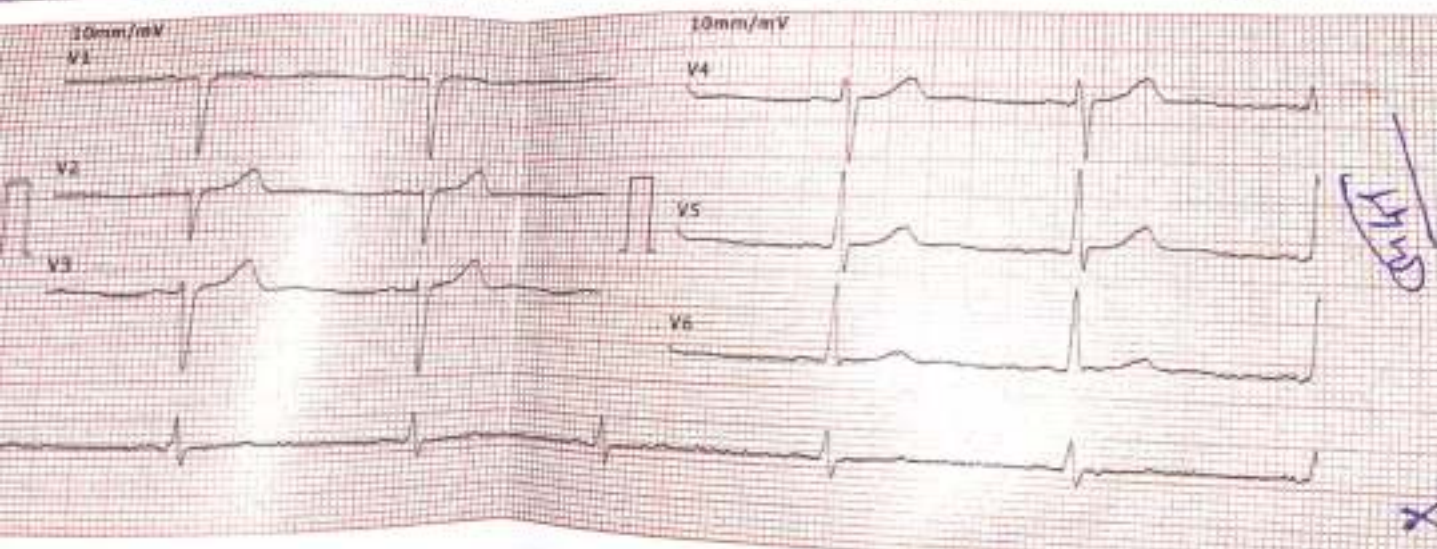
aVL



aVF



10001 150



2024-3-5 9:13:38 ID: 00003823

ID-Card

Name: **Sunil Kumar Lohia** Gender: **male**

Age: **56** Height(cm):

Weight(Kg): BP(mmHg):

HR: **50** bpm

P-R: **306** ms

Q-R-S: **123** ms

QT/QTc: **9.76** 460/416

P/QRS/T AXES: **7.89** 60/-27/58

RVS/SVI: **0.96/0.92** mV

RVS+SVI: **1.88** mV

*The result must be confirmed by doctor

Report Confirmed by:

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 આપવામા આવે છે

SUNIL KUMAR LOHIA

Don't required stools report



Dr. C. P. DADHANIYA

M.B.B.S., C.I.N.

Regd. No. 619798

PANCHMUKHI HOSPITAL

NAVADI CHOKADI,

150' RING ROAD RAJKOT



Issue Date: 28/03/2013



भारत सरकार

Government of India



Sunil Kumar Lohia

DOB : 30/11/1968

Male

4749 4535 2572



श्री आश्रम, श्री पर्याज





भारतीय विशिष्ट पहचान प्राधिकरण

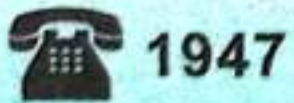
Unique Identification Authority of India



Address: FL 1101 BUILDING D, SHREEPAD
CELEBRATION, NEAR GAURAV PATH RD,
FIRE STATION, Surat, Surat, Gujarat,
395009



4749 4535 2572



1947



help@uidai.gov.in



www.uidai.gov.in

6.

- ① Tab. Lethydrox-75 lev 1 (1-0-0) (100)
- ② Tab. Cipias-LA-40 1 (1-0-1) (200)
- ③ Ins. Nivaldin R-20 1 (1-0-1) (200)
- ④ Ins. Asteconin 0.1 mg 1 (1-1-1) (300)
- ⑤ Ins. Zesty-M-2 1 (1-0-0) (100)
- ⑥ Ins. Dapavel-10 1 (1-0-0) (100)
- ⑦ Ins. Glipymet (50/500) 1 (0-1-1) (200)
- ⑧ Ins. Roseday-A-10 1 (0-0-1) (100)
- ⑨ Ins. Bupron-SR-150 1 (1-0-0) (100)
- ⑩ Ins. Nexito plus 1 (0-0-1) (100)





a punishable offence under PC & PNDT ACT, 1994.
-> Asking for Sex Determination of foetus is also offence under PC & PNDT ACT, 1994.

Mediwheel sunil kumar lohia

 **GPS Map
Camera Lite**

SJ Patel Notary & Advocate 1st Floor, Shaneshwar Complex, Poonam Society, Chandreshnagar, Rajkot, Gujarat 360004, India

Latitude
22.2654521°

Longitude
70.7843672°

Local 11:54:43 AM
GMT 06:24:43 AM

Altitude 145 meters
Tuesday, 05.03.2024



TEST REPORT

Name : Sunil Kumar Lohia	Reg. No : 403100149
Age/Sex : 56 Years / Male	Reg. Date : 05-Mar-2024 12:12 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 05-Mar-2024 12:12 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 05-Mar-2024 04:39 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	15.1	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	67.3	%	47 - 52	
RBC Count (Electrical Impedance)	7.08	million/cmm	4.7 - 6.0	
MCV (Calculated)	95.1	fL	78 - 110	
MCH (Calculated)	21.4	Pg	27 - 31	
MCHC (Calculated)	22.5	%	30 - 35	
RDW (Calculated)	14.3	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	9280	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
	% Value	% Range	Abs. Value	Abs. Range
Neutrophils (%)	56 %	42.0 - 75.2	5197 /cmm	1800 - 7700
Lymphocytes (%)	39 %	20 - 45	3619 /cmm	1000 - 3900
Eosinophils (%)	01 %	1 - 4	93 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	371 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	387000	/cmm	150000 - 450000	
MPV	12.2	fL	7.4 - 10.4	
PDW	67.7	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.47	%	0.2 - 0.5	

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M.D. (Path. PDCC)




TEST REPORT

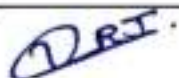
Name	: Sunil Kumar Lohia	Reg. No	: 403100149
Age/Sex	: 56 Years / Male	Reg. Date	: 05-Mar-2024 12:12 PM
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BLOOD GROUP & RH

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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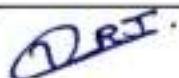


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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	6	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE

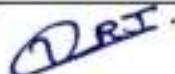
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	100.00	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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POST PRANDIAL PLASMA GLUCOSE

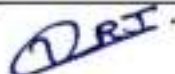
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	114.00	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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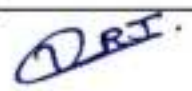



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LIPID PROFILE
 Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	182.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	124.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	42.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	91.00	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>	24.80	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	2.17		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	4.33		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>	0.82	mg/dL	0.7 - 1.3
eGFR	85.08	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>	21.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	9.81	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.60	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>	4.50	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	102.3	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.60	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	61.00	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>	5.40	%	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>	108.28	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 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.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	4.520	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	1.26	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.

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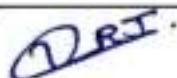
Thyroxine (T4) 8.30 µg/dL 4.5 - 12.6
CLM

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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PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Prostate Specific Antigen (PSA) Total <small>CLIA</small>	2.35	ng/mL	0.27 - 3.42

Clinical Significance :

- False low / high results may be observed in patients receiving mouse monoclonal antibodies for diagnosis/therapy or due to interference by heterophilic antibodies & nonspecific protein binding or on high dose Biotin therapy.
- 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. Elevated levels of PSA can also be seen in Benign Prostatic disease, Prostatitis and/or Urinary tract infection.
- PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.
- Prostate Health Index , OncoPro Prostate Screen are other recommended assay for PSA levels between 4-10 ng/mL (gray zone). It helps physicians to decide if biopsy is necessary.
- DRE not suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 27.2%.
- DRE suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 52.9%.

towards the healthiness...

D.R.I.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 15

Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

Name : Sunil Kumar Lohia	Reg. No : 403100149
Age/Sex : 56 Years / Male	Reg. Date : 05-Mar-2024 12:12 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 05-Mar-2024 12:12 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 05-Mar-2024 04:39 PM

Parameter	Result	Unit	Biological Ref. Interval
URINE COTININE	Negative		

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M.D. (Path. PDCC)





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Name : Sunil Kumar Lohia	Reg. No : 403100149
Age/Sex : 56 Years / Male	Reg. Date : 05-Mar-2024 12:12 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 05-Mar-2024 04:39 PM

URINE ROUTINE EXAMINATION

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

PHYSICAL EXAMINATION

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0		4.6 - 8.0
Sp. Gravity	1.025		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	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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TEST REPORT

Name : Sunil Kumar Lohia	Reg. No : 403100149
Age/Sex : 56 Years / Male	Reg. Date : 05-Mar-2024 12:12 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 05-Mar-2024 12:12 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 05-Mar-2024 04:39 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.40	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.20	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.20	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.31		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	29.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	38.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	102.0	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.82	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.70	mg/dL	0.0 - 1.1

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

towards the healthiness...

D.R.J.

Dr. Viral Jethava

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Page 15 of 15

Dr. Viral R. Jethava

M.D. (Path. PDCC)



Tread Mill Test

Patient Name	:	Sunil Kumar Lohia	Age	:	56yrs/M
OPD/IPD	:	OPD	ID. No.	:	3531
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	05/03/24	Max. BP	:	170/80

Patient Reaches exercise limit at 7.50 METS.

There is 1 mm downsloping ST depression noted in Inferolateral leads at peak exercise compared to baseline ECG.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:26 minutes as patient complained of Fatigue & breathlessness. Patient achieved 74% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is POSITIVE 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

23234247 / SUNIL KUMAR LOHIA
 56 Yrs / Male
 56 Yrs / Male
 05-Mar-2024 11:16:06 AM

(Handwritten Signature)

Summary

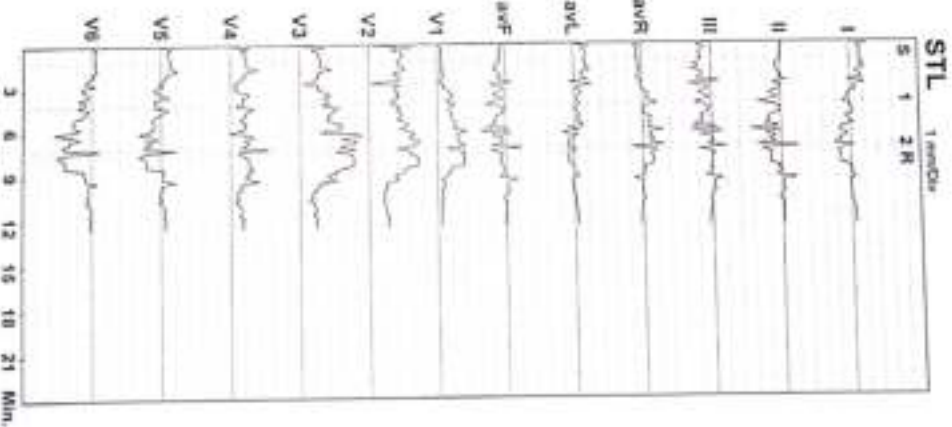
Protocol : BRUCE

Medication :
 Ref. By :
 Objective :
 History :

Stage	StageTime (min:sec)	PhaseTime (min:sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. (/100)	PVC	Comments
Supine					1.0	59	130/80	76	-	
Standing					1.0	61	130/80	79	-	
HV					1.0	58	130/80	75	-	
ExStart					1.0	59	130/80	76	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	96	140/80	134	-	
Stage 2	3:00	6:01	6.4	12.0	7.0	118	150/80	176	-	
PeakX	0:25	6:26	8.8	14.0	7.5	122	150/80	183	-	
Recovery	1:00		0.0	0.0	1.1	85	170/80	144	-	
Recovery	2:00		0.0	0.0	1.0	75	170/80	127	-	
Recovery	3:00		0.0	0.0	1.0	72	160/80	115	-	
Recovery	4:00		0.0	0.0	1.0	70	150/80	105	-	
Recovery	5:00		0.0	0.0	1.0	67	140/80	93	-	
Recovery	5:00		0.0	0.0	1.0	67	140/80	93	-	

Findings :

Exercise Time : 6:26 minutes
 Max HR attained : 142 bpm 87% of Target 164
 Max BP : 170/80(mmHg)
 Max Workload attained : 7.5 (Fair Effort Tolerance)
 1 mm downsloping ST depression noted during test.
 c/o Breathlessness
 Final Impression : Test is Positive for inducible ischaemia.



Advice/Comments:

7RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH

DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

HR: 59 bpm
METs: 1.0
BP: 130/80

Trig HF: 35% of 164
Speed: 0.0 mph
Grade: 0.0%

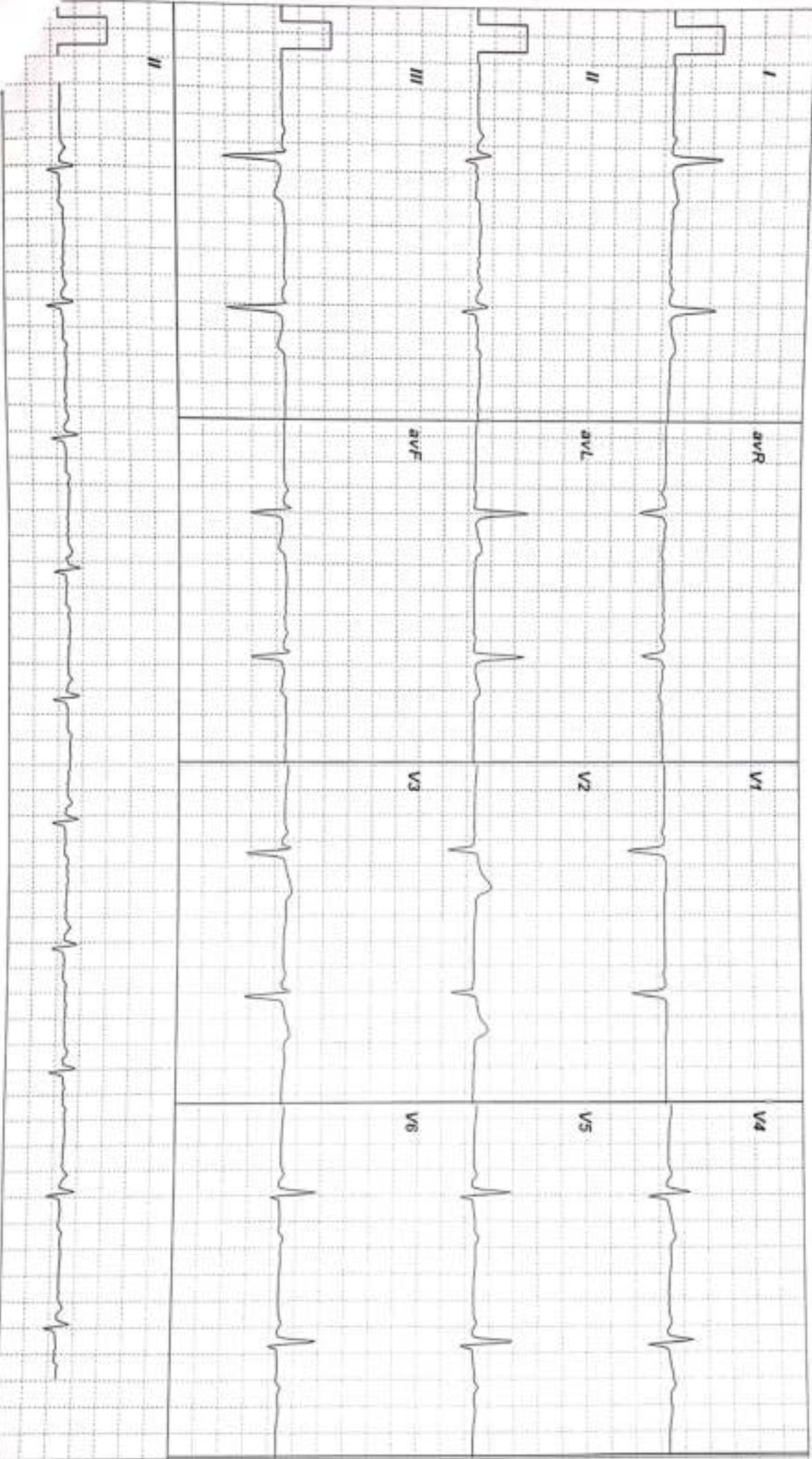
Raw ECG
Protocol: BRUCE
10.05-100/Hz

Ex Time 00:13
BLC: On
Match: On

Supine
1.0 Cm/mV
25 mm/Sec

(Signature)

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:18:06 AM

HR: 61 bpm
METs: 1.0
BP: 130/80

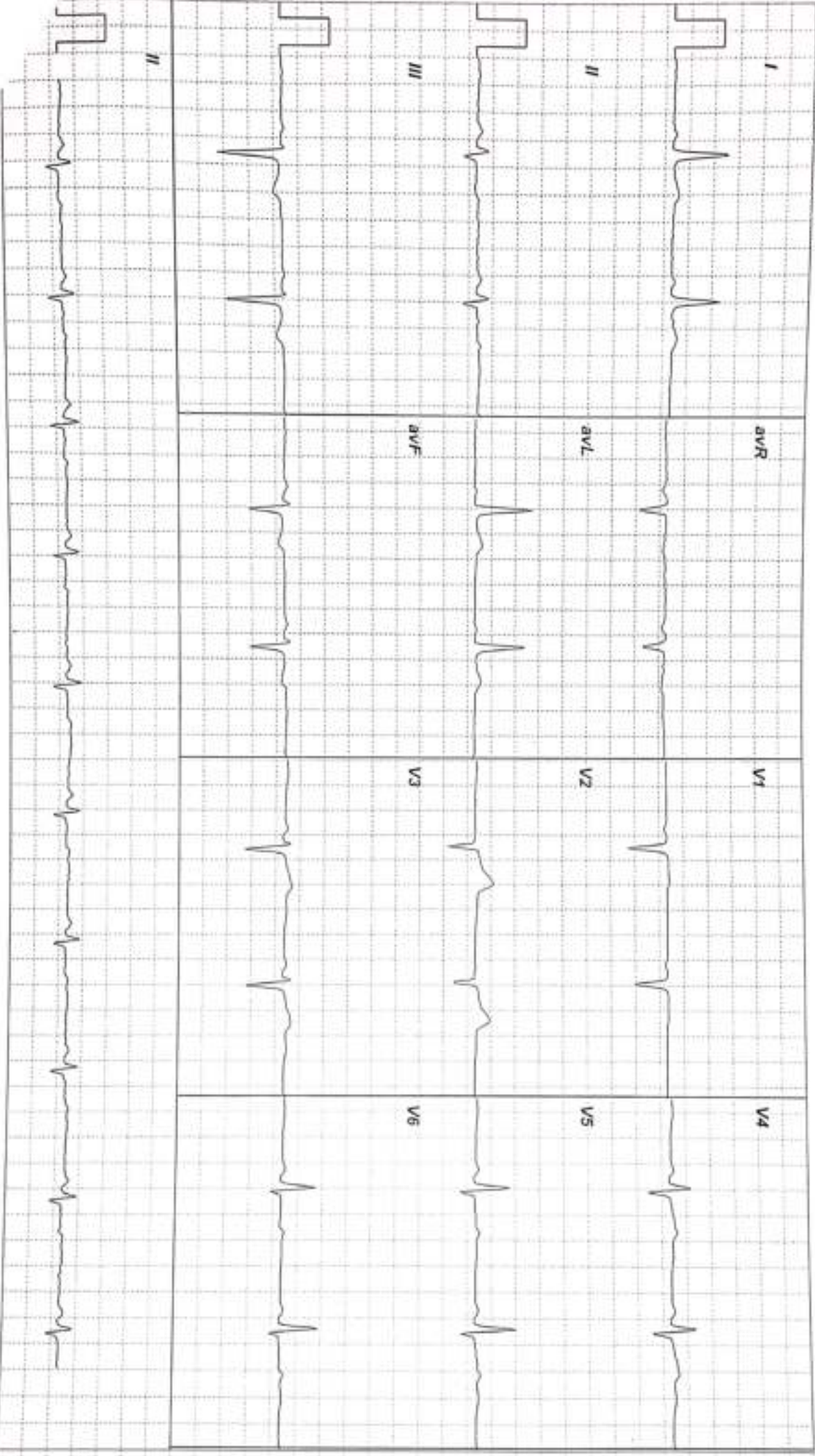
Tgt HR: 37% of 164
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
10.05-100Hz

Ex Time: 00:19
BLC: On
Notch: On

Standing
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

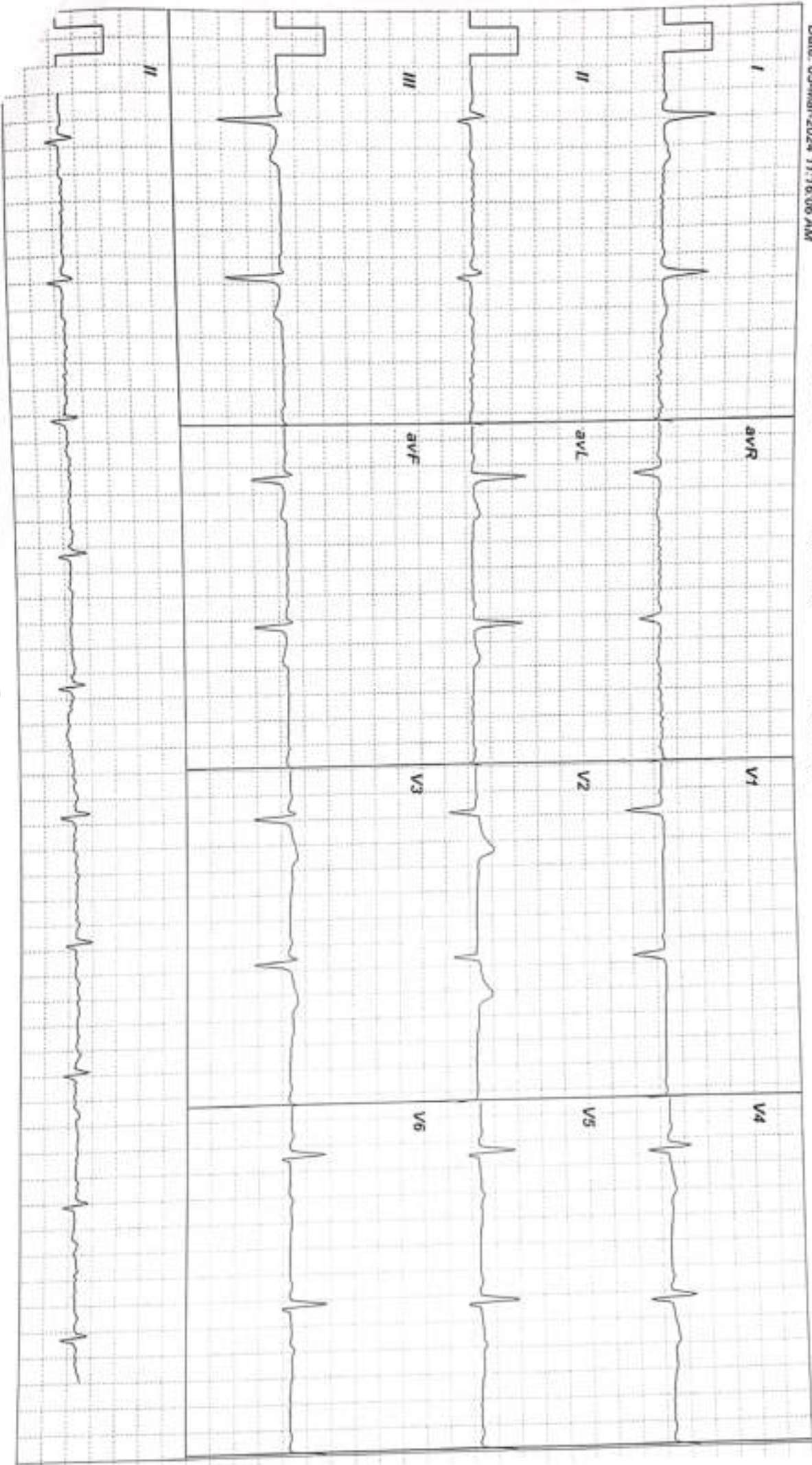
HR: 58 bpm
METs: 1.0
BP: 130/80
Tgt HR: 35% of 164
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 00:48
BLC: On
Notch: On

HV
1.0 Cm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

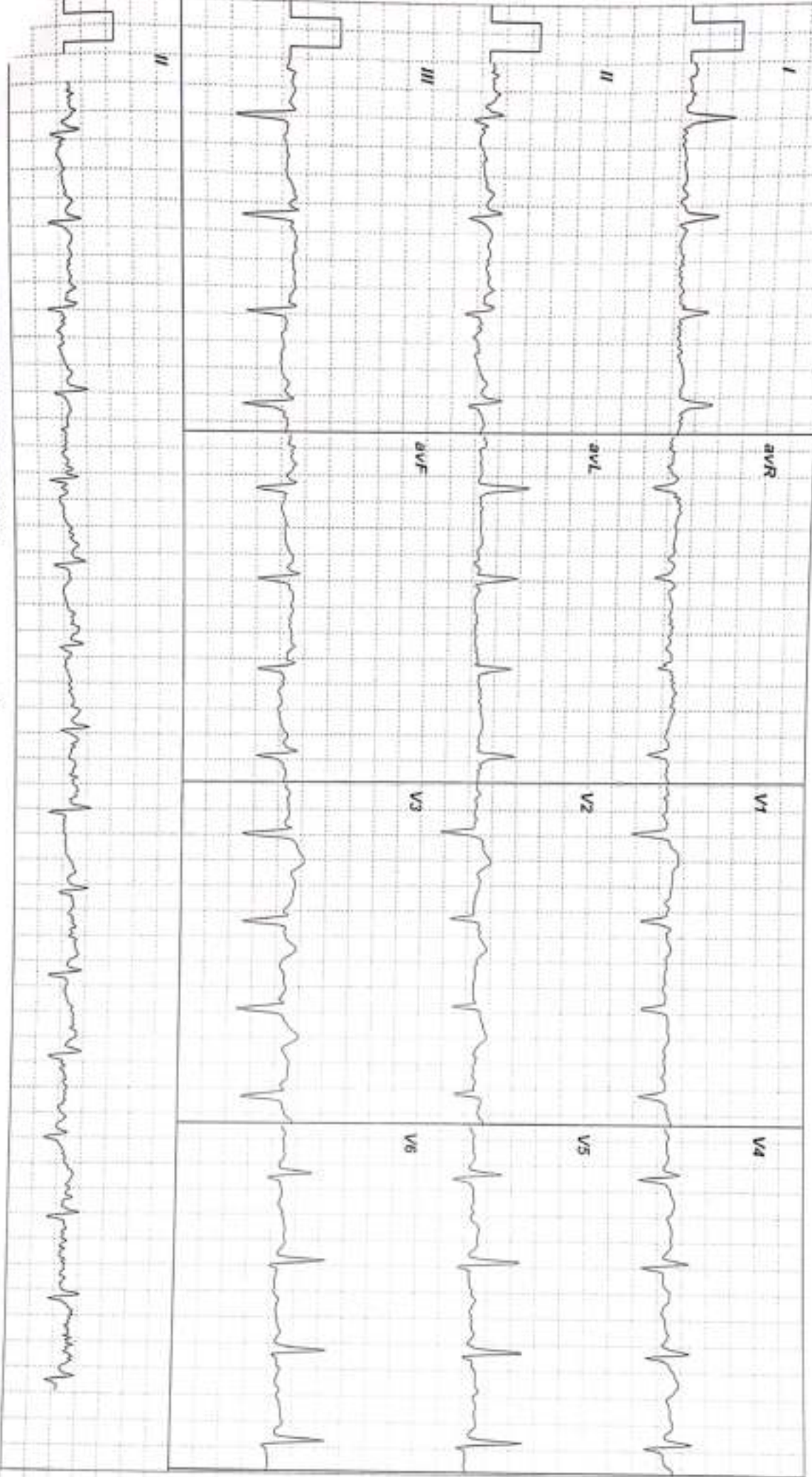
ASTRON CHOWK, RAJKOT.
HR: 96 bpm
METs: 4.6
BP: 140/80

Tgt HR 59% of 164
Speed: 2.7 mph
Grade: 10.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC: On
Match: On

3x4+1 Rhythm Lead
BRUCE: Stage 1 (3:00)
1.0 Cm/mV
25 mm/Sec.



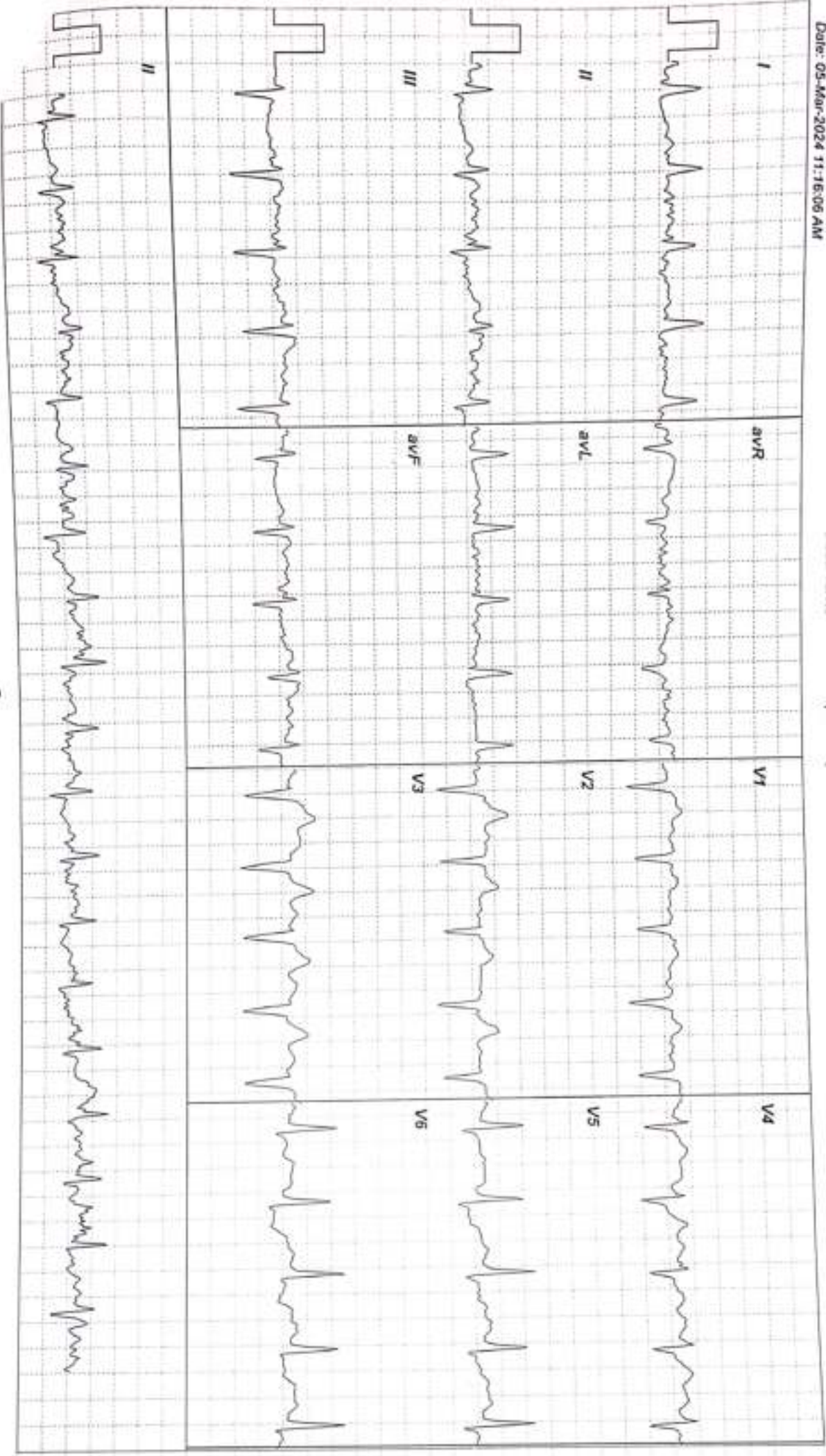
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cml/
Date: 05-Mar-2024 11:16:06 AM

MEETS: 7.0
HR: 118 bpm
Tgt HR: 71% of 164
Speed: 4.0 mph.
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Match: On

3x4+1 Rhythm Lead
BRUCE: Stage 2(3:00)
1.0 Cm/mV
25 mm/Sec



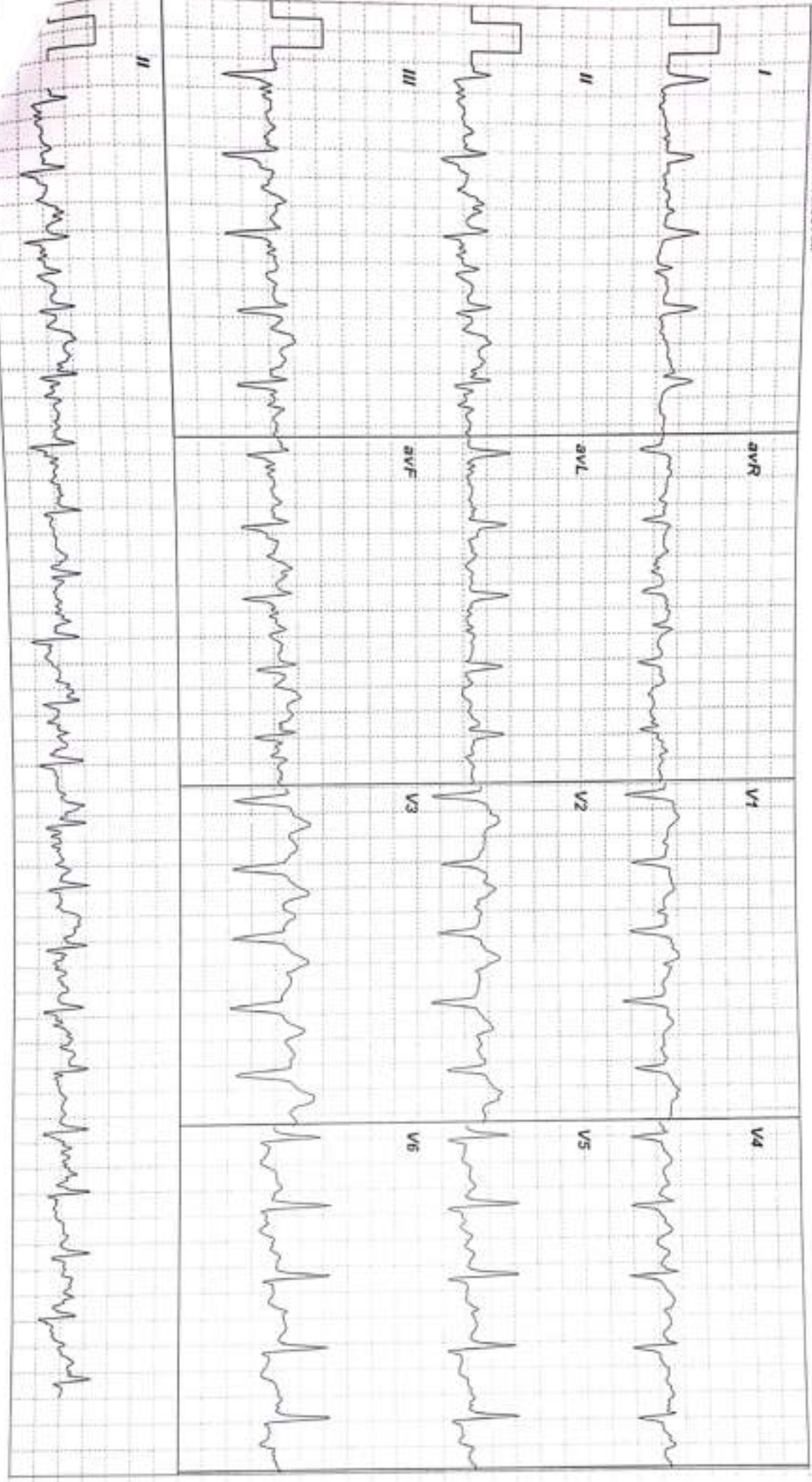
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

HR: 122 bpm
METs: 7.5
BP: 150/80

Raw ECG
Target HR: 74% of 164
Speed: 5.5 mm/s
Grade: 14.0%

Protocol: BRUCE
(0.05-100)Hz
Ex Time: 06:25
BLC: On
Notch: On

3x4+1 Rhythm Lead
BRUCE: PeakEx(0:25)
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

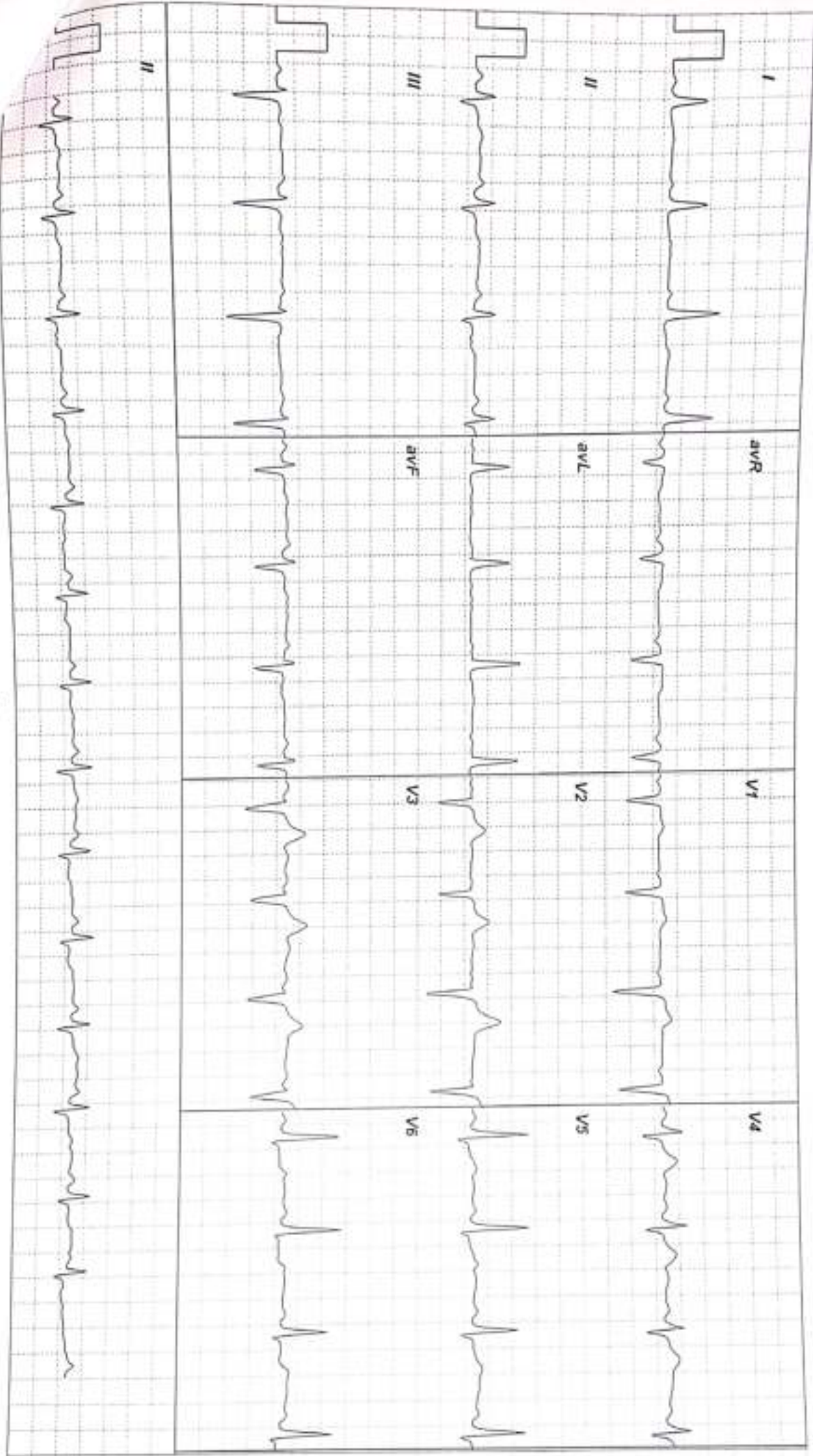
HR: 85 bpm
METs: 1.1
BP: 170/80

Raw ECG
Tgt HR: 51% of 164
Speed: 0.0 mph
Grade: 0.0%

Ex Time 06:26
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,
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

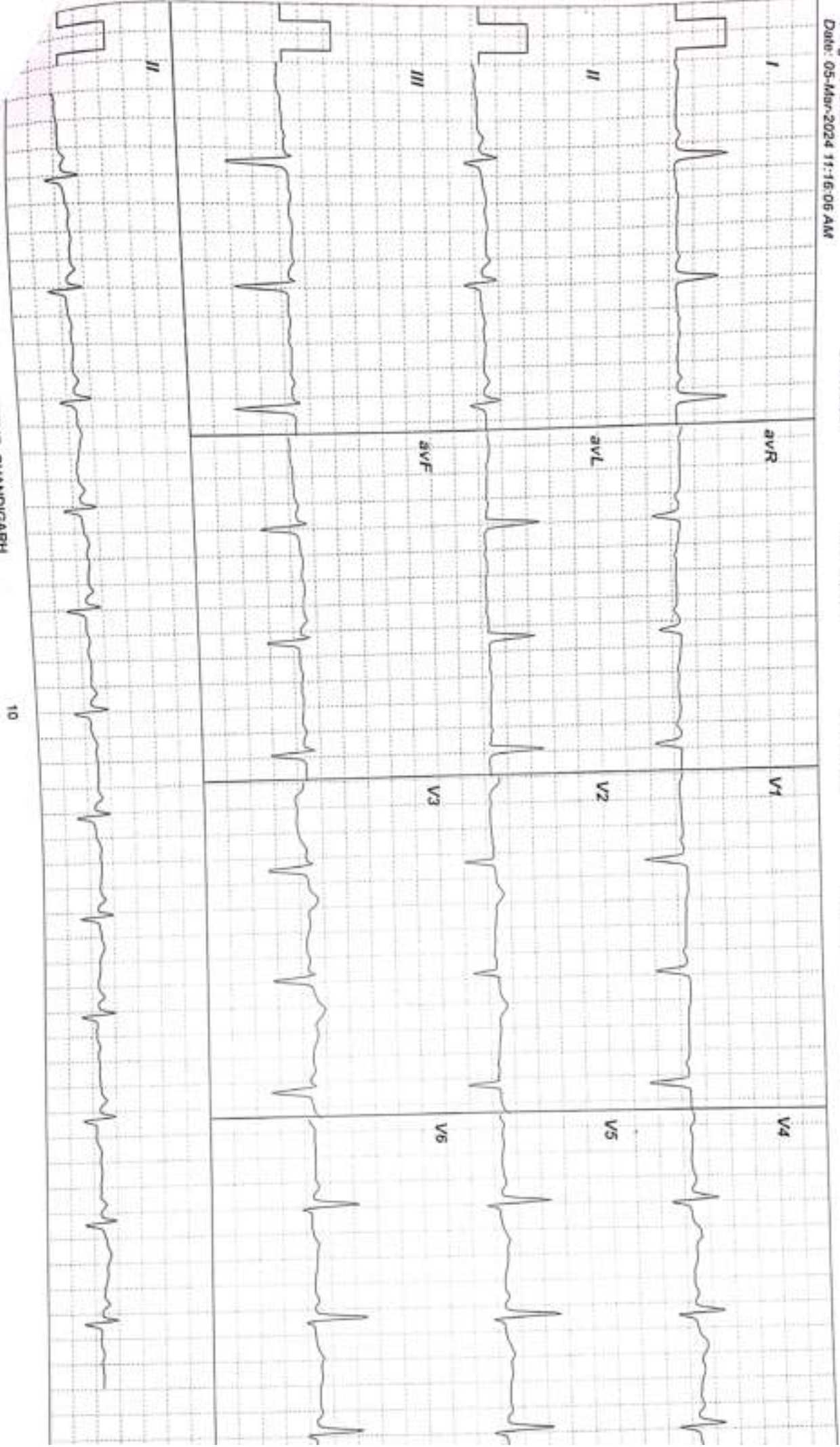
HR: 75 bpm
METs: 1.0
BP: 170/80

Target HR: 45% of 164
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:26
BLC - On
Molch - On

3x4+1 Rhythm Lead
Recovery(2:00)
1.0 Cm/mV
25 mm/Sec



7 RECORDEERS AND MEDICARE SYSTEMS, CHANDIGARH

10

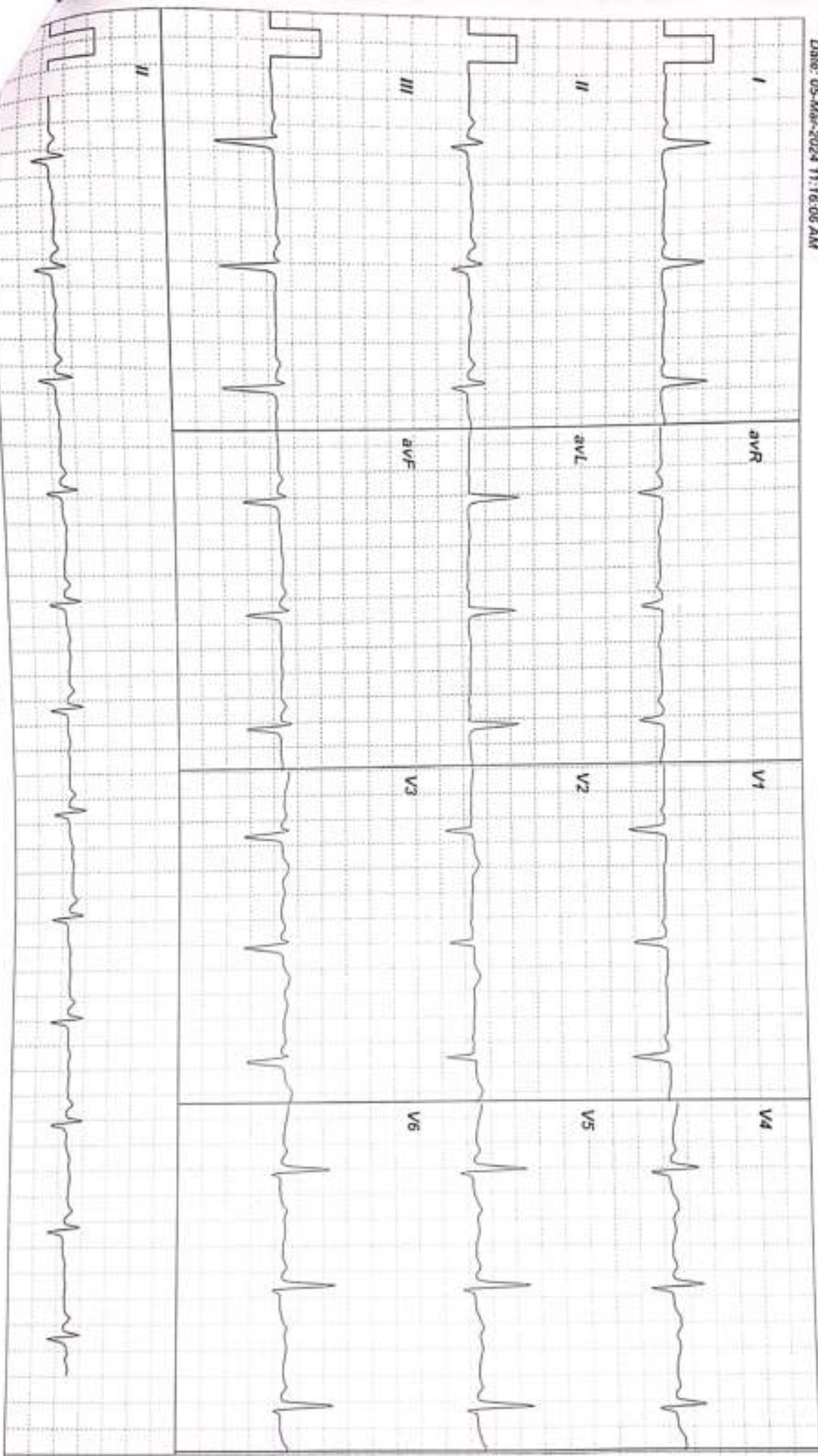
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

HR: 72 bpm
METs: 1.0
BP: 160/80

Raw ECG
Tgt HR: 43% of 164
Speed: 0.0 m/s
Grads: 0.0%

Protocol: BRUCE
(0.05-100)Hz
Ex Time: 06:26
BLC: On
Match: On

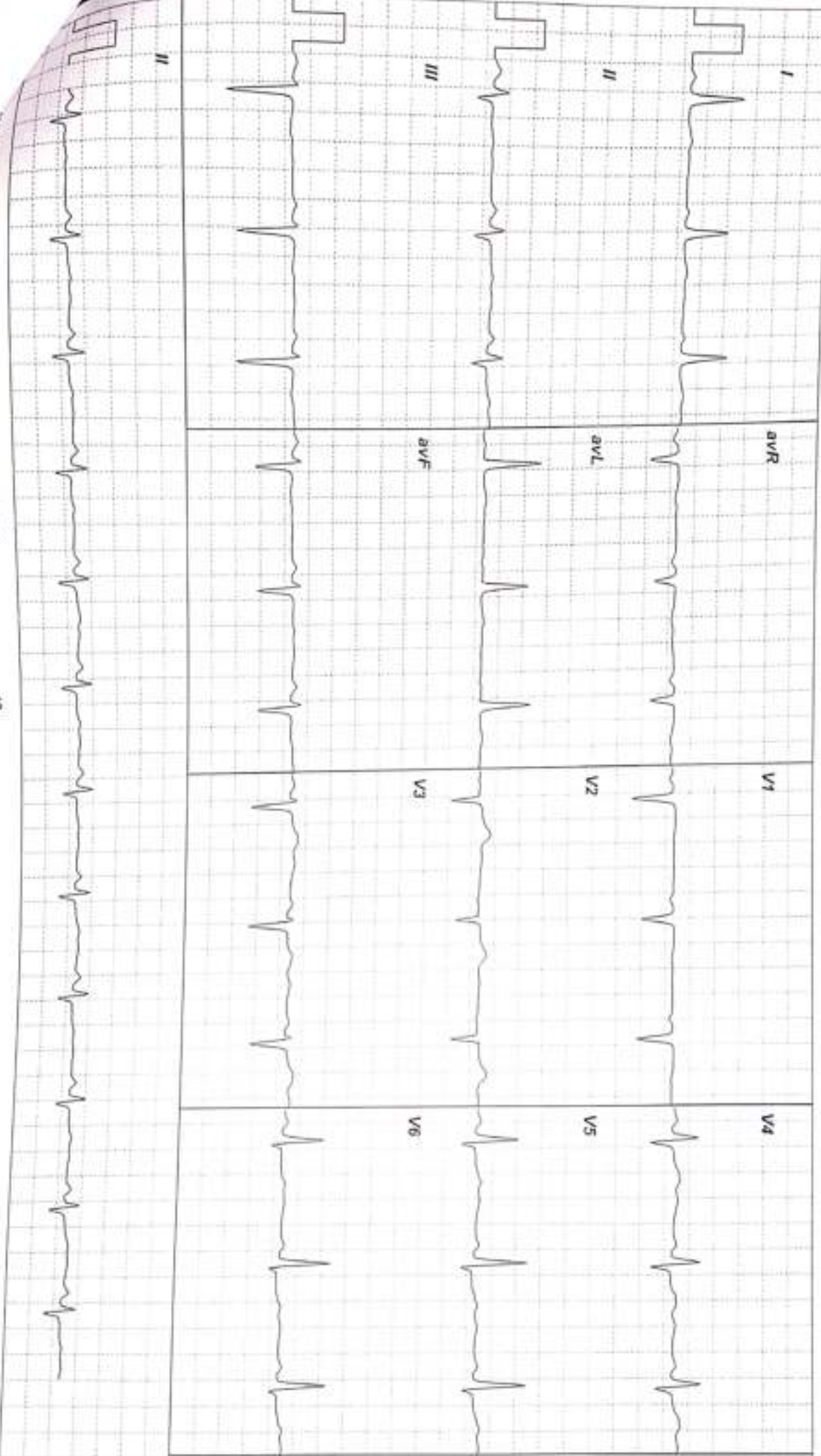
3x4+1 Rhythm Lead
Recovery(3:00)
1.0 Cm/mV
25 mm/Sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, **ASTRON CHOWK, RAJKOT.**
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

HR: 70 bpm
METs: 1.0
Bp: 150/80
Tgt HR: 42% of 164
Speed: 0.0 mph
Grade: 0.0%

3x4+1 Rhythm Lead
Raw ECG
Protocol: BRUCE
(0.05-100)Hz
Ex Time 06:25
BLC: On
Match: On
Recovery(4:00)
1.0 Cm/mV
25 mm/Sec.



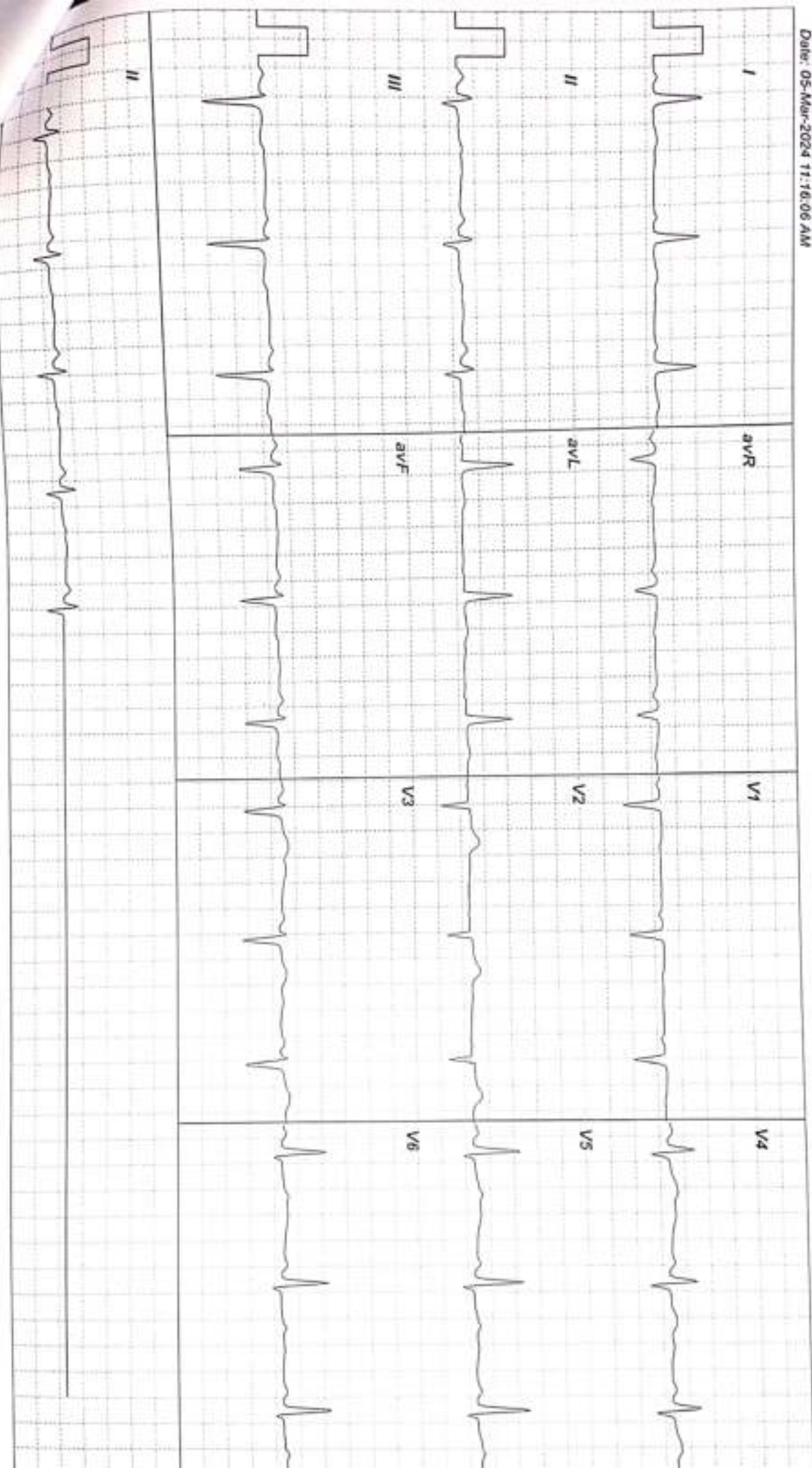
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
23234247 / SUNIL KUMAR LOHIA
56 Yrs / Male
0 Kg / 0 Cm/
Date: 05-Mar-2024 11:16:06 AM

HR: 67 bpm
METs: 1.0
BP: 140/80

Raw ECG
Tgt HR: 40% of 164
Speed: 0.0 mph
Grade: 0.0%

Ex Time 06:26
BLC: On
Molch: On

3x4+1 Rhythm Lead
Recovery(5:00)
1.0 Cm/mV
25 mm/Sec



Pat.s' Name: SUNILKUMAR LOHIA

DATE: 5 March 2024


U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** Is normal size and shows normal parenchymal echotexture. **Macro calcification is seen in right lobe of liver.** Intrahepatic billiary 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:

- Macro calcification in right lobe of 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

Pt.'s Name: SUNILKUMAR LOHIA

Date: 5 March, 2024

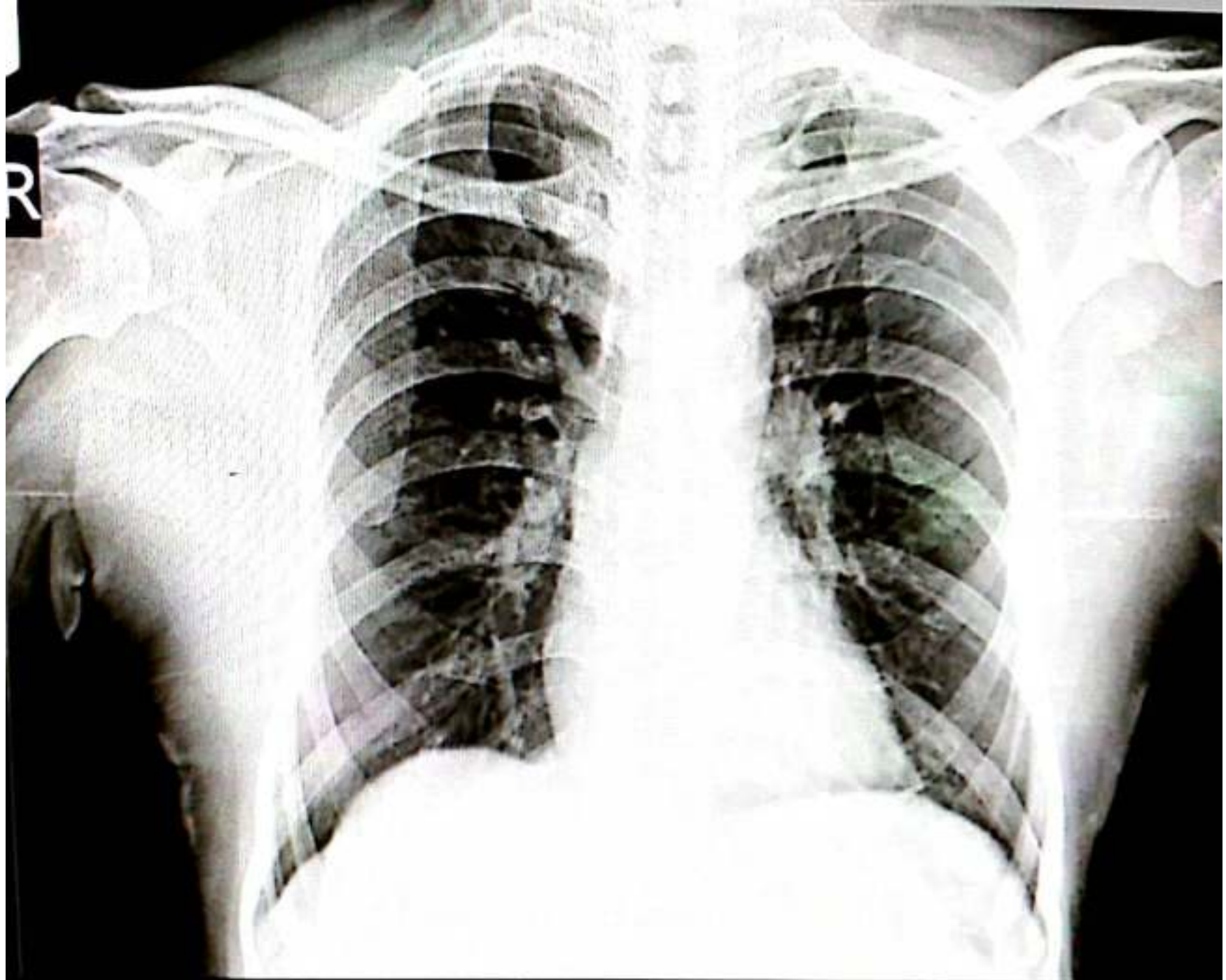
Radiograph of chest (PA view)

- 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



**SUNIL KUMAR LOHIA 56Y/M CHEST PA 05-Mar-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**