

Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:06PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:14PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100485

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



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Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,670	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	77.6	%	40-80	Electrical Impedance
LYMPHOCYTES	14.4	%	20-40	Electrical Impedance
EOSINOPHILS	0.8	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6727.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1248.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.01	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	5.39		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 01:31PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



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SIN No:VIR241100483

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Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 11:57AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 03:16PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 03:50PM
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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SIN No: VIR241100512

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Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:05PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:46PM
Visit ID : CVIMOPV638683	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.56	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.5	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220



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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.03	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.84	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.1	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	51.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.79	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.19	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.42	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.54	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	99.48	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	51.67	U/L	30-120	IFCC



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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.93	U/L	<55	IFCC


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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.043	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	40.77	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	<80	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss


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UHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 02:29PM
Visit ID	: CVIMOPV638683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7673		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100481

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:16PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:08PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.200	ng/mL	0-4	CLIA



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR241100481

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:00PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 01:30PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.002		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Page 18 of 20



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100480


This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 09:19AM
Age/Gender	: 59 Y 9 M 19 D/M	Received	: 08/Nov/2024 01:00PM
UHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 01:30PM
Visit ID	: CVIMOPV638683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7673		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100480

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:00PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 01:47PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100484

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.PRAMOD KUMAR
Age/Gender : 59 Y 9 M 19 D/M
UHID/MR No : CVIM.0000237060
Visit ID : CVIMOPV638683
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7673

Collected : 08/Nov/2024 09:19AM
Received : 08/Nov/2024 01:00PM
Reported : 08/Nov/2024 01:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100484

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM.0000237060	OP Visit No.	: CVIMOPV638683
Printed On	: 08-11-2024 04:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35E7673		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS :

Liver appears normal in size and shows Grade II increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted. Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted. Pre void volume 240 cc Post void volume approx less than 10 cc, not significant.

Prostate appears bulky . No focal lesion. vol 28-29 cc

No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted.

no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

**Fatty infiltration of liver
bulky prostate.**

Suggest : clinical correlation and further evaluation / imaging

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---



Dr.BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM.0000237060	OP Visit No.	: CVIMOPV638683
Printed On	: 08-11-2024 12:51 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7673		

DEPARTMENT OF CARDIOLOGY

ECG Report

Observation :-

1. Sinus Rhythm.
2. Heart rate is 70 beats per minutes.

Impression:

NORMAL RESTING ECG.

---End Of The Report---



Dr.PRAMOD NARKHEDE
MBBS, DNB Medicine, DNB Cardiology
2004/09/3195
Cardiology

Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM.0000237060	OP Visit No.	: CVIMOPV638683
Printed On	: 08-11-2024 05:52 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7673		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

13

Vaishali
9970903828

Name : Mr. PRAMOD KUMAR Age : 59Y 9M 19D UHID : CVIM.0000237060
 Address : Vadgaon Sheri Pune Maharashtra INDIA 411014 sex : Male
 Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT
 OP No: CVIMOPV638683
 Bill No: CVIM-OCR-68546
 Date: Nov 8th, 2024, 9:07 AM



Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324		
1	HEMOGRAM + PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
2	PERIPHERAL SMEAR	Haematology	<input type="checkbox"/>
3	ULTRASOUND - WHOLE ABDOMEN - 10.	Ultrasound Radiology	<input type="checkbox"/>
4	URINE GLUCOSE(POST PRANDIAL) 2hrs.	Clinical Pathology	<input type="checkbox"/>
5	DENTAL CONSULTATION - 8	Consultation	<input type="checkbox"/>
6	ALKALINE PHOSPHATASE - SERUM/PLASMA	Biochemistry	<input type="checkbox"/>
7	OPHTHAL BY GENERAL PHYSICIAN - 11	Consultation	<input type="checkbox"/>
8	LIPID PROFILE	Biochemistry	<input type="checkbox"/>
9	ECG	Cardiology	<input type="checkbox"/>
10	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	<input type="checkbox"/>
11	HbA1c, GLYCATED HEMOGLOBIN	Biochemistry	<input type="checkbox"/>
12	DIET CONSULTATION	General	<input type="checkbox"/>
13	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	Biochemistry	<input type="checkbox"/>
14	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	Biochemistry	<input type="checkbox"/>
15	BODY MASS INDEX (BMI) - 2	General	<input type="checkbox"/>
16	2 D ECHO	Cardiology	<input type="checkbox"/>
17	VITAMIN B12	Biochemistry	<input type="checkbox"/>
18	COMPLETE URINE EXAMINATION	Clinical Pathology	<input type="checkbox"/>
19	ENT CONSULTATION	Consultation	<input type="checkbox"/>
20	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 2hrs.	Biochemistry	<input type="checkbox"/>
21	GLUCOSE, FASTING	Biochemistry	<input type="checkbox"/>
22	X-RAY CHEST PA - 6	X Ray Radiology	<input type="checkbox"/>
23	VITAMIN D - 25 HYDROXY (D2+D3)	Biochemistry	<input type="checkbox"/>
24	LIVER FUNCTION TEST (LFT)	Biochemistry	<input type="checkbox"/>
25	URINE GLUCOSE(FASTING)	Clinical Pathology	<input type="checkbox"/>
26	GAMMA GLUTAMYL TRANSFERASE (GGT)	Biochemistry	<input type="checkbox"/>
27	FITNESS BY GENERAL PHYSICIAN - 1.	Consultation	<input type="checkbox"/>
28	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	Biochemistry	<input type="checkbox"/>

TMT Bill done


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of pramod kumar on 08/11/2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Saltyliner, daily prosthesis use</u></p> <p>2. <u>NH B12 def</u></p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>


Dr. Alia Pathania
 Medical Officer
 The Apollo Clinic, (Location)

Dr. Alia Pathania
 M.D.B.S.
 Registration No. 2023/11/9050

This certificate is not meant for medico-legal purposes

Date : 11/8/2024 Department : General Practice
 Patient Name : Mr. PRAMOD KUMAR Doctor : Dr. ALIA FATHIMA
 UHID : CVIM.0000237060 Registration No. : 9050
 Age / Gender : 59Yrs 9Mths 19Days/ Male Qualification : MBBS
 Consultation Timing : 9:09 AM

Height : 166	Weight : 68	BMI : 25	Waist Circum : 93
Temp : 97	Pulse : 80	Resp : 18	B.P : 140/90

General Examination / Allergies History

O/E: conscious oriented

RS

CVS

P/a

CNS

NAD

Clinical Diagnosis & Management Plan

HC

no c/o at present

Past h/o: S.HTN ↓ Tablet.

Sx h/o: Appendicectomy

Fam h/o: Mother: S.HTN

no addictions

Diet: non veg

no allergies

adv: Post report

consultation.

Follow up date:

Dr. Alia Fathima
M.B.B.S.
Registration No. 202371/9050

Doctor Signature

EYE EXAMINATION

DATE:-

8/1/20

NAME:- Prasad Kumar

AGE:- 52/40

CORPORATE:- Dr. Prasad

	Right Eye	Left Eye
Distant vision	<u>6/6</u>	<u>6/6</u>
Near vision	<u>N/6</u>	<u>N/6</u>
Color vision	<u>Normal</u>	<u>Normal</u>
Fundus examination	<u>Normal</u>	<u>Normal</u>
Intraocular pressure	<u>Normal</u>	<u>Normal</u>
Slit lamp exam.	<u>Normal</u>	<u>Normal</u>

Dr. Prasad

Impression – Normal Eye Check Up.

E

(Ophthalmology)

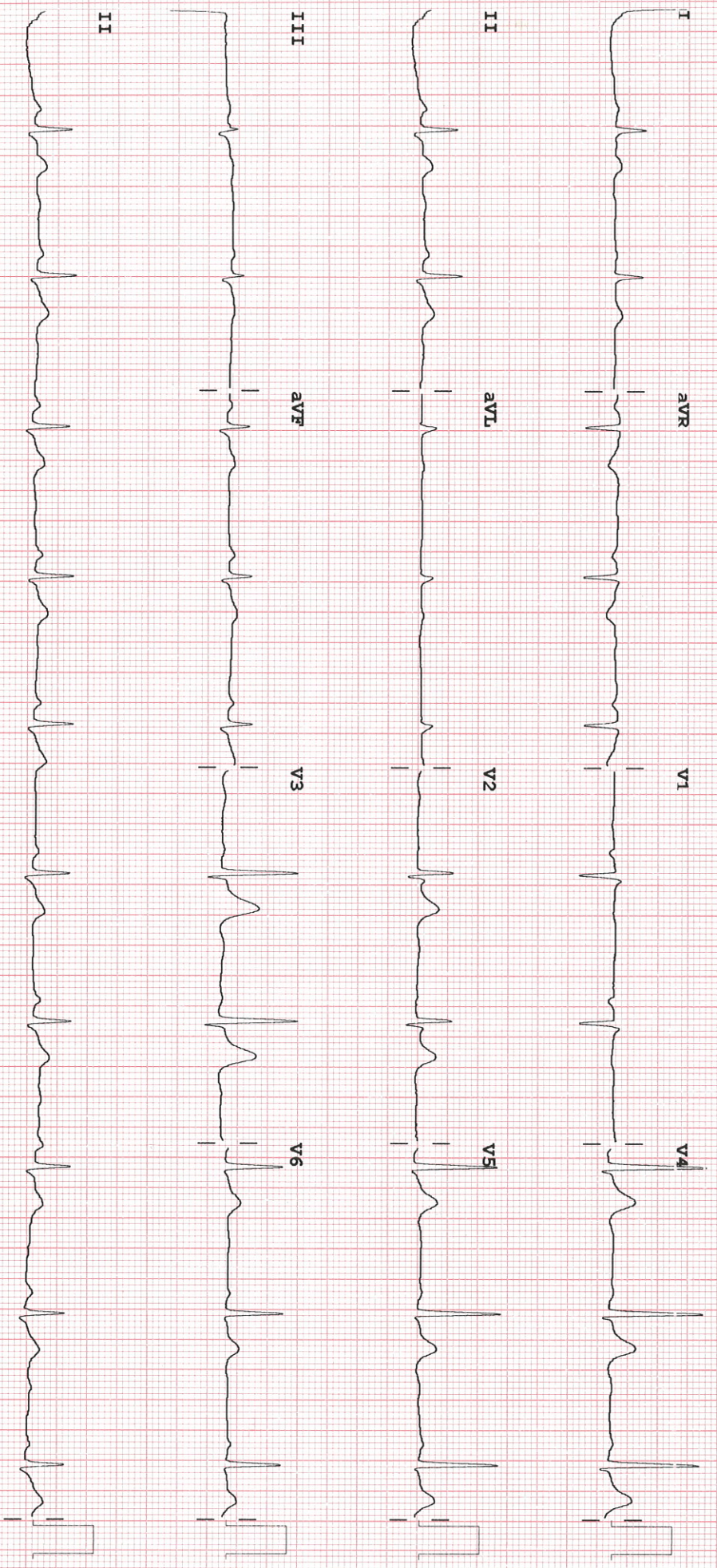
59 Years

Male

Rate 61 Sinus rhythm
 PR 166 RSR' in V1 or V2, right VCD or RVH
 QRSD 105 Baseline wander in lead(s) II, III, aVF
 QT 380
 QTc 383

--AXIS--
 P 68
 QRS 28
 T 47
 12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -
 Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PH100B CL P?


Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:06PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:14PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.3	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.16	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89	fL	83-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,670	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	77.6	%	40-80	Electrical Impedence
LYMPHOCYTES	14.4	%	20-40	Electrical Impedence
EOSINOPHILS	0.8	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6727.92	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1248.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	69.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	598.23	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.01	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	5.39		0.78- 3.53	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No: VIR241100485

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name : Mr.PRAMOD KUMAR
Age/Gender : 59 Y 9 M 19 D/M
UHID/MR No : CVIM.0000237060
Visit ID : CVIMOPV638683
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7673

Collected : 08/Nov/2024 09:19AM
Received : 08/Nov/2024 01:06PM
Reported : 08/Nov/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Page 3 of 20

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100485

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:06PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:40PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No:VIR241100485

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:09PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 01:31PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	99	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: VIR241100483

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Certificate No: MC-5697

Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 11:57AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 03:16PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 03:50PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

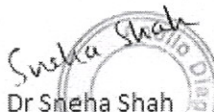
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist
 SIN No:VIR241100512

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mr.PRAMOD KUMAR
Age/Gender : 59 Y 9 M 19 D/M
UHID/MR No : CVIM.0000237060
Visit ID : CVIMOPV638683
Ref Doctor : Self
Emp/Auth/TPA ID : 35E7673

Collected : 08/Nov/2024 09:19AM
Received : 08/Nov/2024 01:05PM
Reported : 08/Nov/2024 02:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100486

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:15PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:49PM
Visit ID : CVIMOPV638683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7673	

DEPARTMENT OF BIOCHEMISTRY

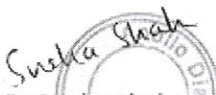
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	158	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.56	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.5	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.05		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.03	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.19	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.84	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19.38	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.1	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	51.67	U/L	30-120	IFCC
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

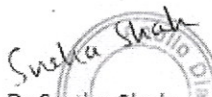
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 9 of 20


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100482

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.96	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	16.79	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.19	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.23	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.42	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.54	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.8	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	99.48	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.67	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.13	g/dL	2.0-3.5	Calculated
A/G RATIO	1.45		0.9-2.0	Calculated

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
ALKALINE PHOSPHATASE , SERUM	51.67	U/L	30-120	IFCC

DR. Sanjay Ingle
M.B.B.S, M.D (Pathology)
Consultant Pathologist

SIN No: VIR241100482

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.93	U/L	<55	IFCC



Sneha Shah
Dr Sneha Shah
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Consultant Pathologist
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Patient Name : Mr.PRAMOD KUMAR	Collected : 08/Nov/2024 09:19AM
Age/Gender : 59 Y 9 M 19 D/M	Received : 08/Nov/2024 01:16PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:29PM
Visit ID : CVIMOPV638683	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

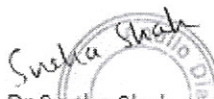
Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.91	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.043	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No: VIR241100481

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Certificate No: MC-5697

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Ref Doctor : Self
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Collected : 08/Nov/2024 09:19AM
Received : 08/Nov/2024 01:16PM
Reported : 08/Nov/2024 02:29PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist
SIN No: VIR241100481

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	40.77	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN B12 , SERUM	<80	pg/mL	120-914	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss



Sneha Shah
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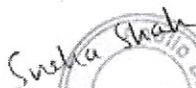
DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Sneha Shah

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 MBBS, MD (Pathology)
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Age/Gender	: 59 Y 9 M 19 D/M	Received	: 08/Nov/2024 01:00PM
UHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 01:30PM
Visit ID	: CVIMOPV638683	Status	: Final Report
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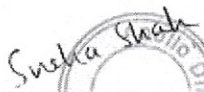
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.002		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR241100480

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Age/Gender	: 59 Y 9 M 19 D/M	Received	: 08/Nov/2024 01:00PM
UHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 01:47PM
Visit ID	: CVIMOPV638683	Status	: Final Report
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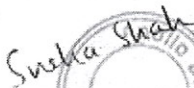
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:VIR241100484

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NAME	PRAMOD KUMAR	DATE	08/11/2024
AGE/SEX	59 Y/ M	REF	

ECHOCARDIOGRAPHY REPORT

LV SIZE - NORMAL
MILD WALL THICKNESS
RWMA - ABSENT
LV SYSTOLIC FUNCTION - NORMAL
MILD MITRAL REGURGITATION.
MILD TRICUSPID REGURGITATION. RVSP- 25 MM HG
PULMONARY PRESSURES - NORMAL
IAS IVS INTACT
IVC NORMAL
PERICARDIAL EFFUSION/ CLOT/ VEGETATION ABSENT

MEASUREMENTS

AOMM	LAMM	IVSD MM	LVIDD MM	PWD MM	LVIDS MM	EF %
25	29	12	40	11	28	60

IMPRESSION:

MILD CONCENTRIC LVH
NORMAL LV SYSTOLIC FUNCTION
GRADE I LV DIASTOLIC DYSFUNCTION.
NO PULMONARY HYPERTENSION



DR PRAMOD NARKHEDE

MBBS, DNB (MEDICINE), DNB (CARDIOLOGY), FSCAI
INTERVENTIONAL CARDIOLOGIST

MMC 2004093195

7350684764

Apollo Health and Lifestyle Limited

(CIN : U85110TG2000PLC115819)

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APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM.0000237060	OP Visit No.	: CVIMOPV638683
Printed On	: 08-11-2024 05:52 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7673		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.


Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

---End Of The Report---



Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM.0000237060	OP Visit No.	: CVIMOPV638683
Printed On	: 08-11-2024 04:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 35E7673		

DEPARTMENT OF RADIOLOGY

ULTRASOUND OF ABDOMEN AND PELVIS

FINDINGS :

Liver appears normal in size and shows Grade II increased echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is distended however No obvious echoreflexive calculus or soft tissue mass noted. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted. Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted. Pre void volume 240 cc Post void volume approx less than 10 cc, not significant.

Prostate appears bulky . No focal lesion. vol 28-29 cc

No e/o any free fluid noted.

Visualized bowel loops appear normal. No abnormal bowel wall thickening or bowel dilatation noted.

no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

**Fatty infiltration of liver
bulky prostate.**

Suggest : clinical correlation and further evaluation / imaging
This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

---End Of The Report---



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
2008 / 04 / 1111
Radiology

APOLLO CLINIC
VIMANAGAR
PUNE-411014

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KUMAR, PRAMOD
Patient ID: 00237060
Height: 166 cm
Weight: 68 kg

DOB: 20.01.1965
Age: 59 yrs
Gender: Male
Race:

Study Date: 08.11.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:

--

Medical History:

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Reason for Exercise Test:

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Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	01:15	0.00	0.00	73	140/90	
	STANDING	00:07	0.00	0.00	72		
	HYPERV.	00:04	0.00	0.00	72		
	WARM-UP	00:18	0.40	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	100	140/90	
	STAGE 2	03:00	2.50	12.00	118	140/90	
	STAGE 3	01:31	3.40	14.00	139	150/100	
RECOVERY		01:55	0.00	0.00	100	150/100	

The patient exercised according to the BRUCE for 7:30 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 73 bpm rose to a maximal heart rate of 141 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 140/90 mmHg, rose to a maximum blood pressure of 150/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

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Conclusions

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CARDIOLOGIST _____

Stress test negative for IHD

(Signature)

Patient ID: 00237060
 08.11.2024 Male 166 cm 68 kg
 11:18:08 59 YRS

Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Exercise Time 07:30
 Max HR: 141 bpm 87% of max predicted 161 bpm HR at rest: 73
 Max BP: 150/100 mmHg BP at rest: 140/90 Max RPP: 21150 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.22 mV, -0.44 mV/s in V5; EXERCISE STAGE 3 7:30
 ST/HR index: 3.25 μ V/bpm
 ST/HR slope: 5.53 μ V/bpm (V5)
 HR reserve used: 75 %
 HR recovery: 29 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: -0.005 mV (V2)
 QRS duration: BASELINE: 84 ms, PEAK EX: 86 ms, REC: 84 ms
Reasons for Termination: Target heart rate achieved
 Room:
 Location: * 0 *

Phase Name	Stage Name	Time in Sta	Speed [m]	Grade [%]	Worklo	HR [bpm]	BP [mmH]	RPP [VE [/min]	STLevel V5 [mV]
1	PRETEST	SUPINE 01:15	0.00	0.00	1.0	73	140/90	10220	0	0.09
2		STANDIN 00:07	0.00	0.00	1.0	72		10080	0	0.09
3		HYPERV. 00:04	0.00	0.00	1.0	72		10080	0	0.09
4		WARM-UP 00:18	0.40	0.00	1.0	81		11340	0	0.08
5	EXERCISE	STAGE 1 03:00	1.70	10.00	4.6	100	140/90	14000	0	0.01
6		STAGE 2 03:00	2.50	12.00	7.0	118	140/90	16520	0	-0.09
7		STAGE 3 01:31	3.40	14.00	10.1	139	150/100	20850	0	-0.22
8	RECOVERY	01:55	0.00	0.00	1.0	100	150/100	15000	0	-0.04

Patient ID: 00237060
 08.11.2024 Male 166 cm 68 kg
 11:18:08 59 yrs

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:01 82 bpm 140/90 mmHg	7:30 139 bpm 150/100 mmHg	7:31 139 bpm 150/100 mmHg	1:50 99 bpm 150/100 mmHg	0:01 82 bpm 140/90 mmHg	7:30 139 bpm 150/100 mmHg	7:31 139 bpm 150/100 mmHg	1:50 99 bpm 150/100 mmHg
I 0.00 mV 0.07 mV/s	I -0.05 -0.02	I -0.05 -0.10	I 0.01 -0.17	V1 0.00 -0.75	V1 0.04 -0.60	V1 0.02 -0.46	V1 0.05 -0.14
II 0.06 0.75	II -0.10 0.82	II -0.10 0.60	II 0.04 0.57	V2 0.01 0.04	V2 -0.04 0.00	V2 -0.04 0.04	V2 -0.01 0.17
III 0.06 0.42	III -0.06 0.70	III -0.06 0.43	III 0.03 0.27	V3 0.13 1.19	V3 -0.13 0.73	V3 -0.12 0.93	V3 0.02 1.08
aVR -0.03 -1.33	aVR 0.07 -0.68	aVR 0.07 -0.48	aVR -0.03 -0.88	V4 0.10 1.09	V4 -0.20 0.29	V4 -0.20 0.44	V4 -0.02 0.84
aVL -0.03 -0.26	aVL 0.00 -0.44	aVL 0.00 -0.38	aVL -0.01 -0.51	V5 0.09 0.98	V5 -0.22 -0.44	V5 -0.22 -0.12	V5 -0.04 0.59
aVF 0.06 0.63	aVF -0.07 0.81	aVF -0.07 0.56	aVF 0.03 0.51	V6 0.07 0.77	V6 -0.19 -0.28	V6 -0.19 -0.16	V6 -0.03 0.46

GE CardioSoft V7.0 (10)
 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1

Unconfirmed

Attending MD:

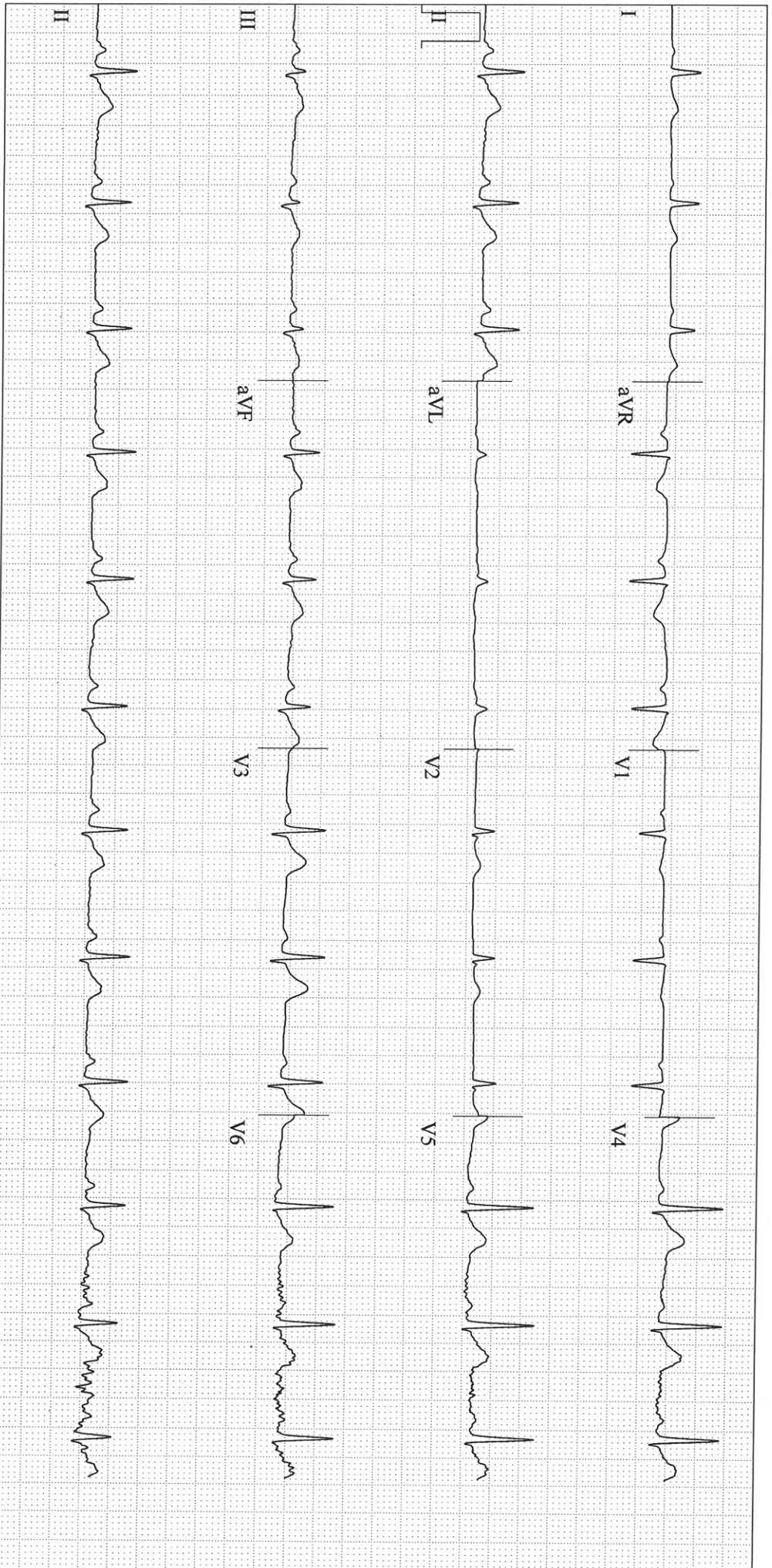
KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:18:09 59 yrs

Exercise Test / 12SL Report

APOLLO CLINIC

Vent. Rate	71 bpm	Normal sinus rhythm
PR interval	162 ms	Normal ECG
QRS duration	70 ms	
QT / QTc	358 / 389 ms	
P-R-T axes	77 / 42 / 67°	
P duration	100 ms	
RR interval	842 ms	

Technician
Medication:



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ 12SL V23

Start of Test: 11:18:08

KUMAR, PRAMOD
 Patient ID: 00237060
 08.11.2024 Male 166 cm 68 kg
 11:19:23 59 yrs

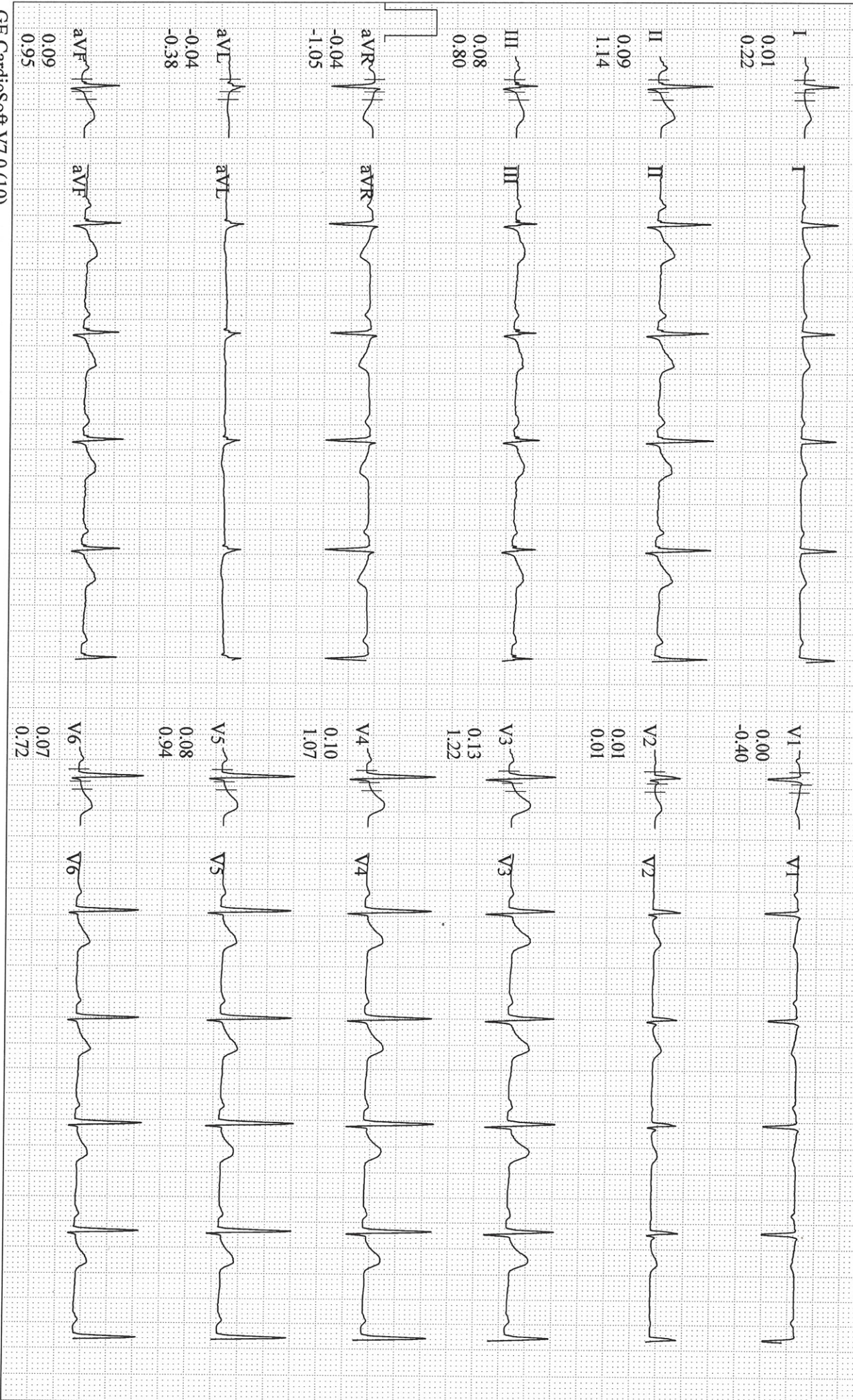
Exercise Test / Stage Report
 PRETEST SUPINE 73 bpm
 140/90 mmHg
 01:14

BRUCE
 0.0 mph
 0.0 %

APOLLO CLINIC

Lead
 ST Level (mV)
 ST Slope (mV/s)

60 ms post J



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V5,V3)

Start of Test: 11:18:08

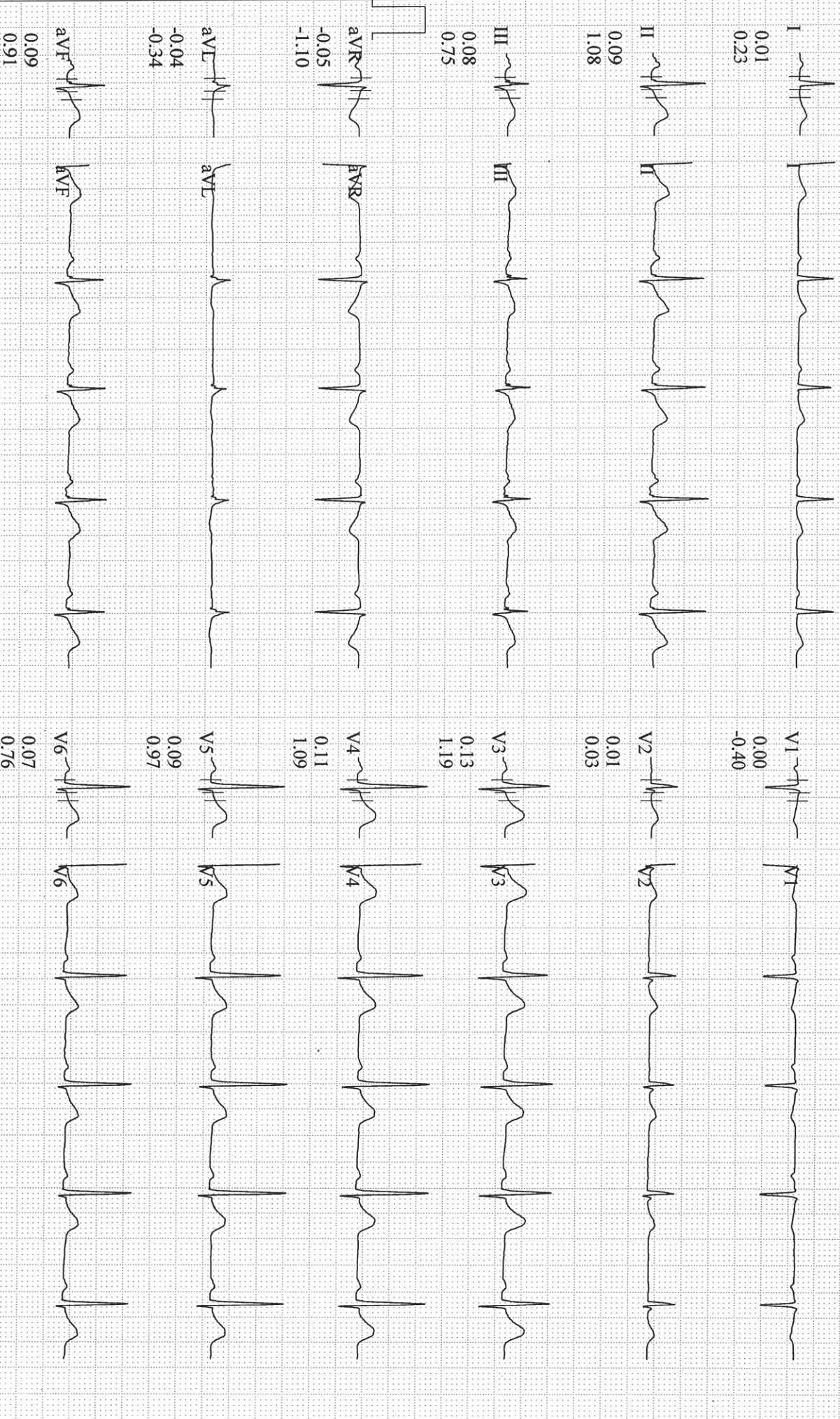
KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:19:29 59 yrs

Exercise Test / Stage Report
PRETEST
STANDING
72 bpm
140/90 mmHg
01:20

BRUCE
0.0 mph
0.0%

APOLLO CLINIC

60 ms post J



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V5,V3)

Start of Test: 11:18:08

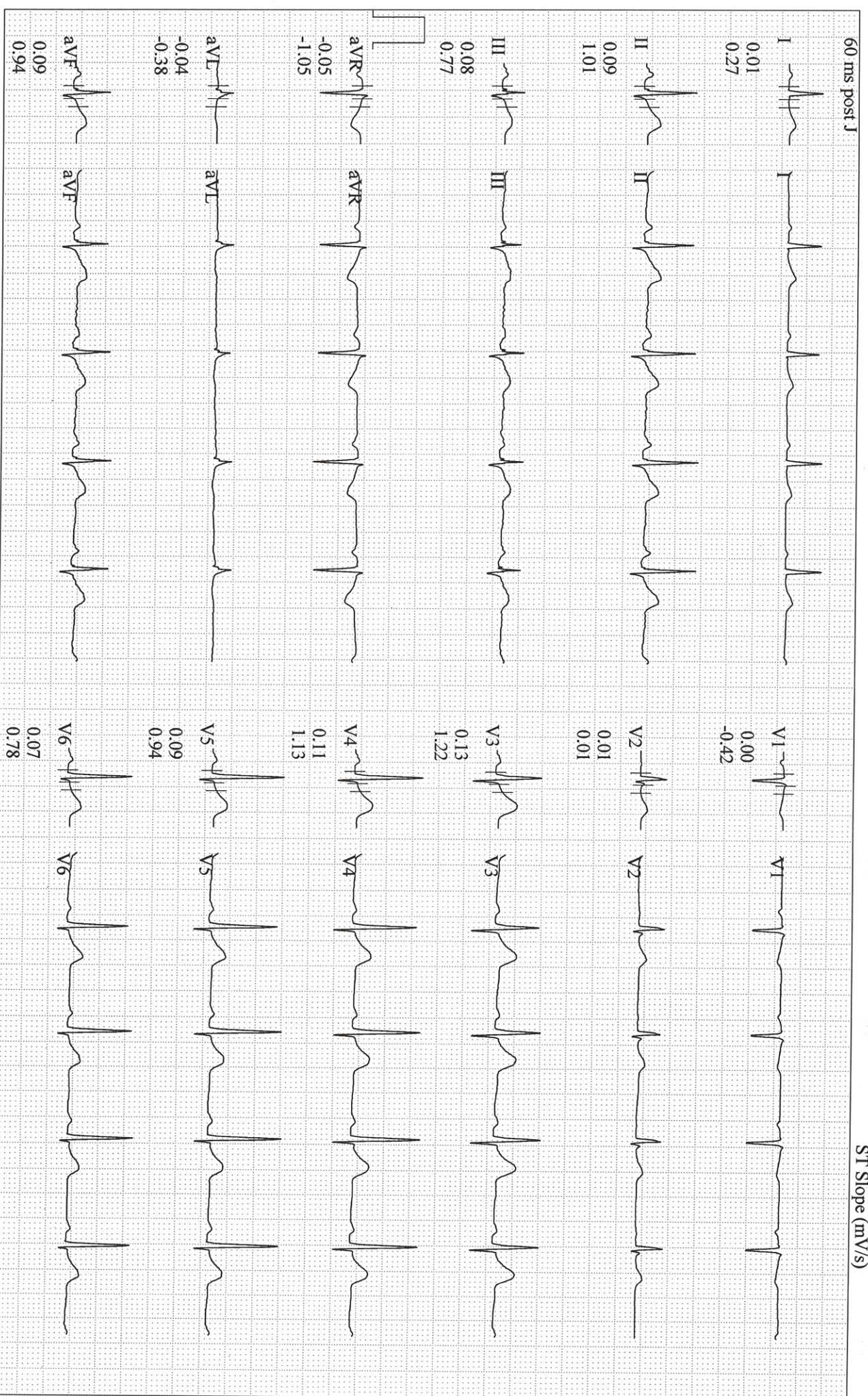
KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:19:33 59 yrs

Exercise Test / Stage Report
PRETEST
HYPERV.
140/90 mmHg
72 bpm
01:23

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC

60 ms post J



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V5,V3)

Start of Test: 11:18:08

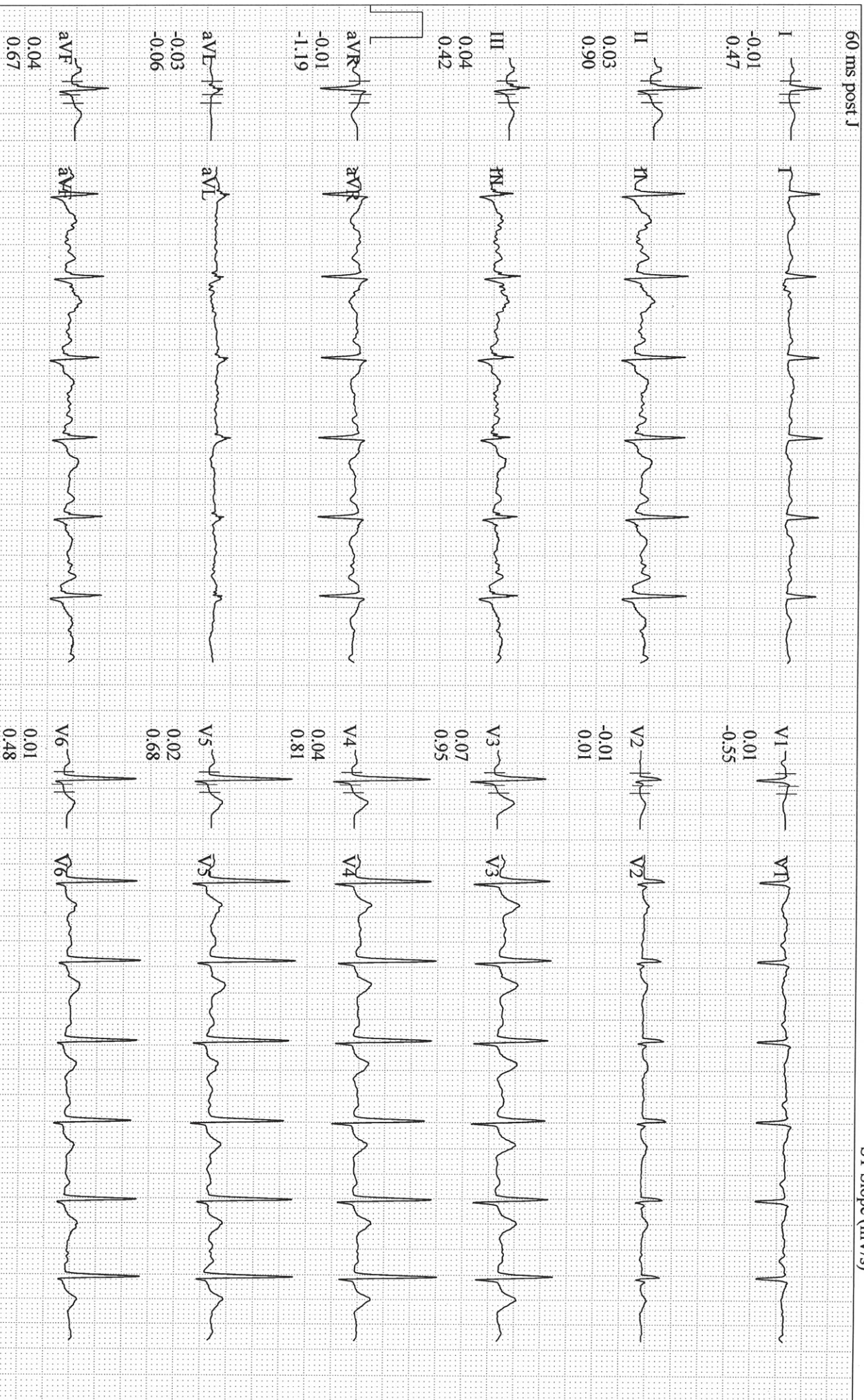
KUMAR, PRAMOD
 Patient ID: 00237060
 08.11.2024 Male 166 cm 68 kg
 11:22:40 59 yrs

Exercise Test / Stage Report
EXERCISE
 STAGE 1
 02:50 99 bpm

BRUCE
 1.7 mph
 10.0%

APOLLO CLINIC

60 ms post J



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V5,V3)

Start of Test: 11:18:08

KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:25:41 59 yrs

Exercise Test / Stage Report
EXERCISE STAGE 2
140/90 mmHg 05:50

BRUCE
2.8 mph
12.0%

APOLLO CLINIC

60 ms post J



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V5)

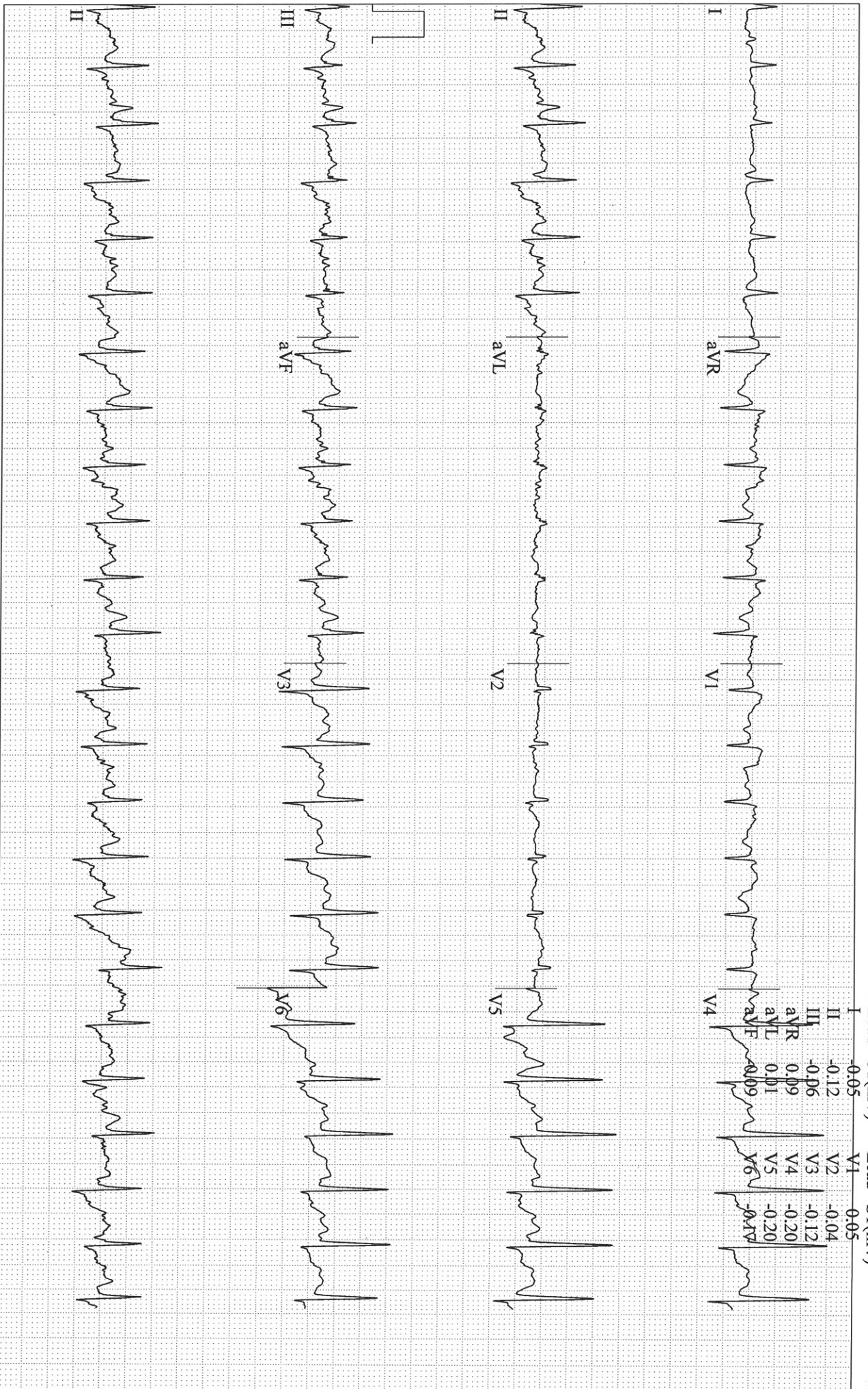
Start of Test: 11:18:08

KUMAR, PRAMOD
 Patient ID: 00237060
 08.11.2024 Male 166 cm 68 kg
 11:27:27 59 yrs

Exercise Test / 12-Lead Report (PEAK EXERCISE)
 EXERCISE
 STAGE 3
 139 bpm
 150/100 mmHg
 07:31

BRUCE
 3.4 mph
 14.0 % Measured at 60 ms Post J
 Auto Points

APOLLO CLINIC



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V5)

Start of Test: 11:18:08

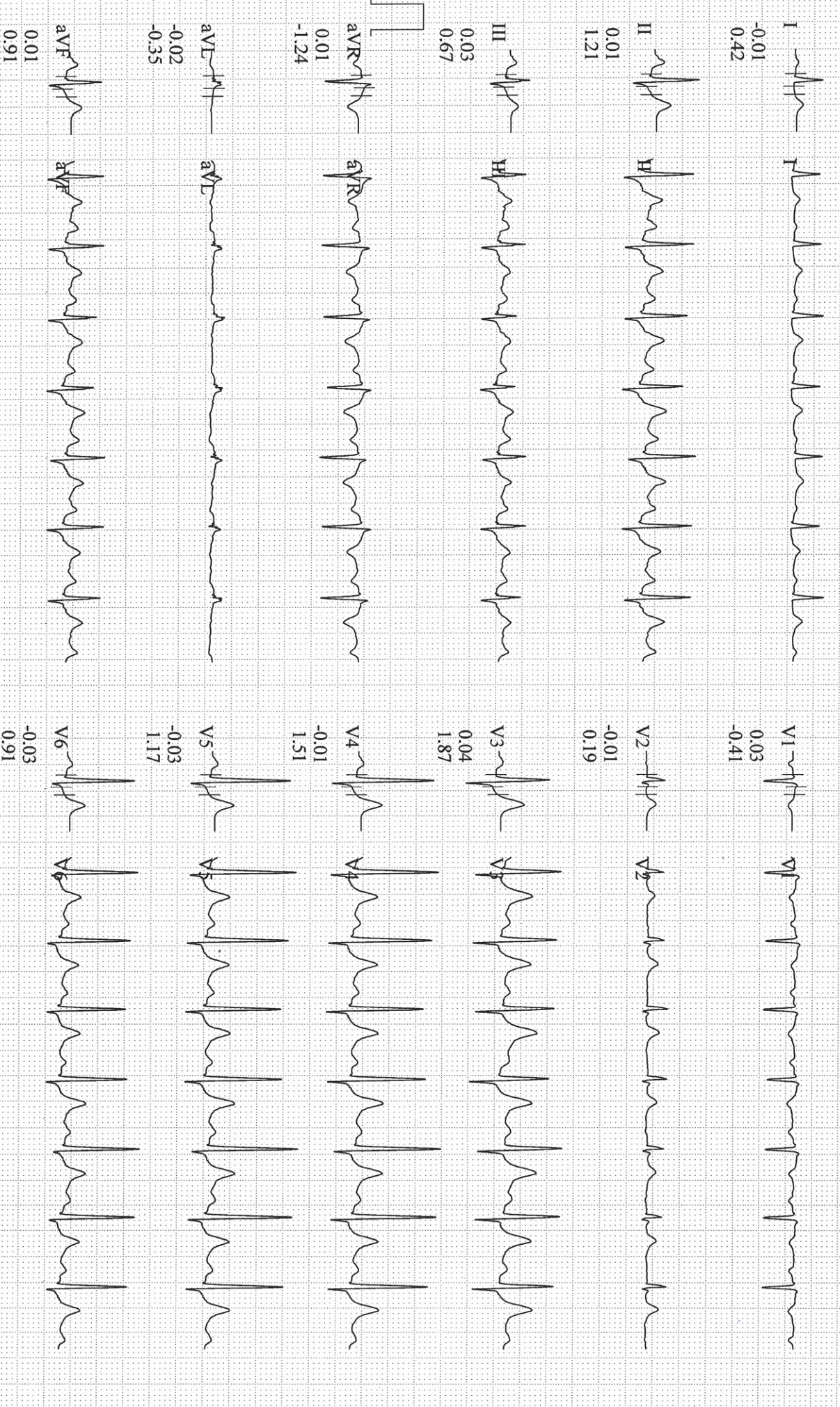
KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:28:11 59 yrs

Exercise Test / Stage Report
RECOVERY #1
113 bpm
150/100 mmHg
00:50

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC

60 ms post J



Lead
ST Level (mV)
ST Slope (mV/s)

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V5)

Start of Test: 11:18:08

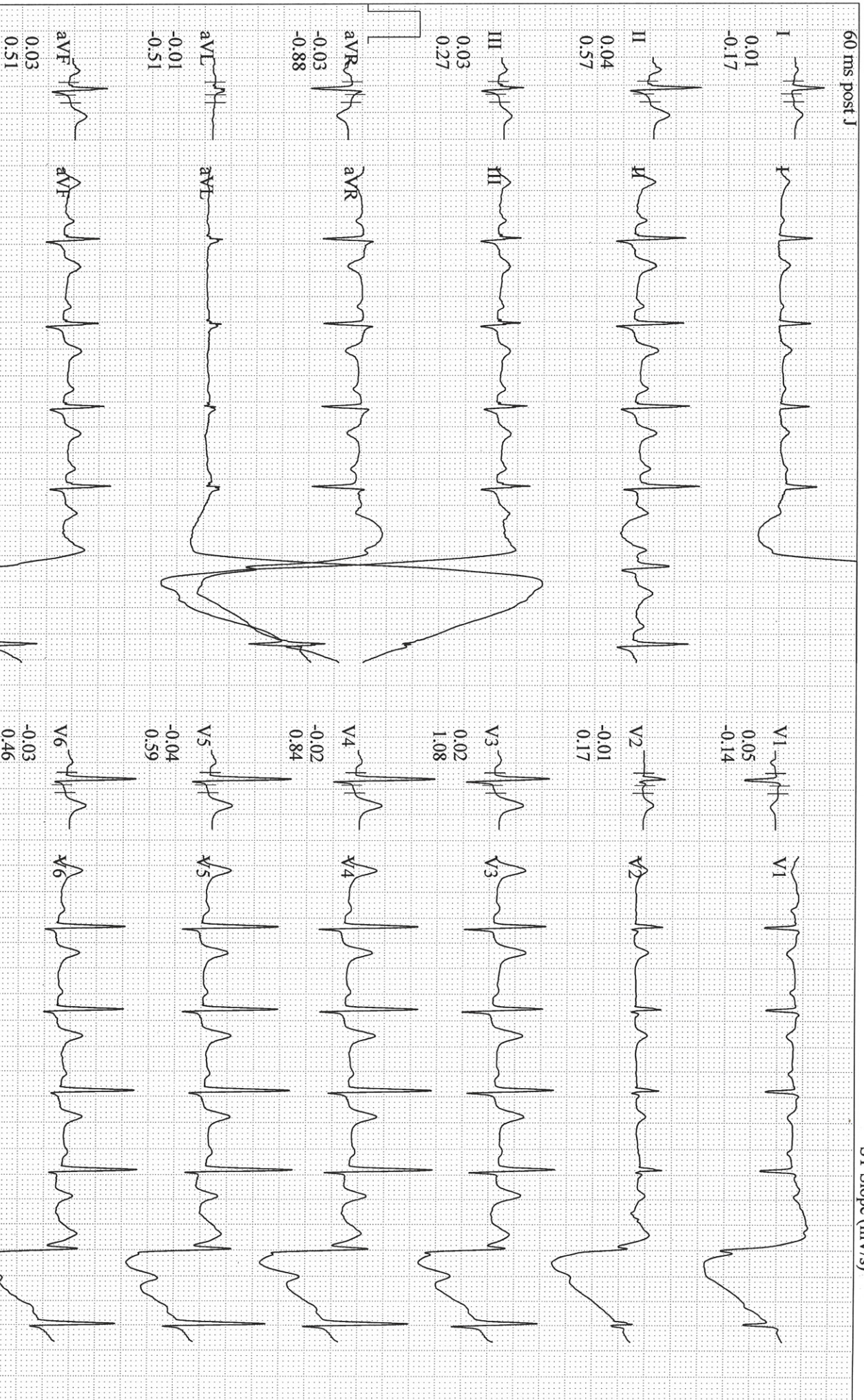
KUMAR, PRAMOD
Patient ID: 00237060
08.11.2024 Male 166 cm 68 kg
11:29:11 59 yrs

Exercise Test / Stage Report
RECOVERY #1
99 bpm
150/100 mmHg
01:50

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC

60 ms post J



Lead
ST Level (mV)
ST Slope (mV/s)

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4, V6)

Start of Test: 11:18:08