



Name : MR. SUNNY CHANDILA
FATHER : MAHAVIER SINGH
Age / Gender : 39 Yrs 8 Mth / MALE
CPG : CORPORATE CASH/ArcoFemi HealthCare Ltd
Inst. Name : ArcoFemi Healthcare Ltd
Address : VPO- BAROLI, SEC-80, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015302
Date : 08-03-2025 09:16:58
Doctor / Unit : DR. PRABHSARAN AHUJA /
Department : Health Check Up

DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up,
PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

UHID 15302 MR SUNNY CHANDILA
DOB 6/9/1985 39 years Male

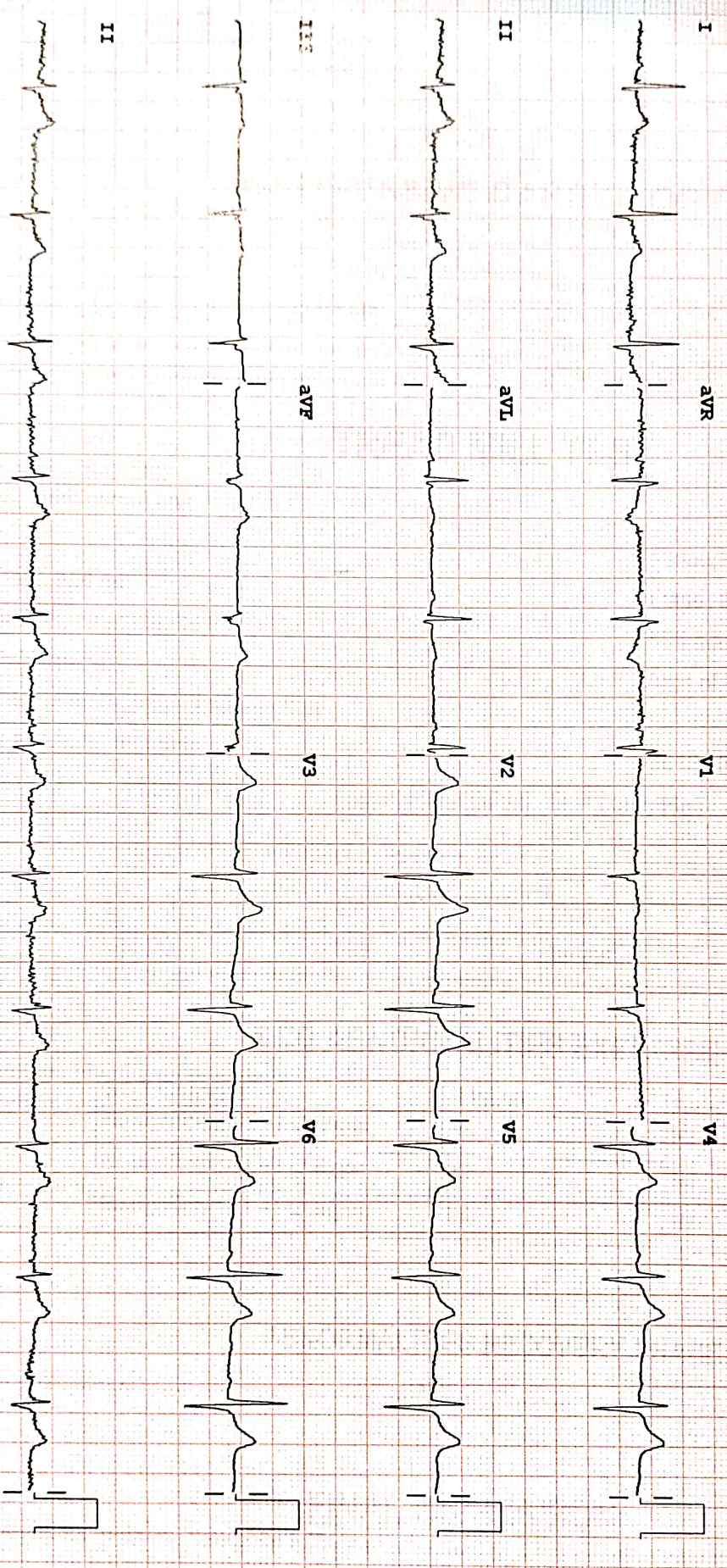
3/8/2025 9:26:28 AM
ASIAN HOSPITAL

Rate 67

PR 149
QRSD 93
QT 374
QTc 395

--AXIS--
P 2
QRS -40
T 43

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60-0.15-100 Hz

100B

P?

MSD PROSOCI INC

OK USA

Eq HP M2383A

NON INVASIVE CARDIOLOGY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:
Age	: 39 Yrs 8 Mth	UHID	: AFD000015302
Gender	: MALE	Bill No.	: AFBHC250003449
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 08-03-2025 09:22:14
Ward	:	Room No.	:
		Procedure Date	: 08-03-2025 11:39:12

TREAD MILL TEST

Clinical Diagnosis :- R/O CAD
Resting ECG: within normal limit

Medication

Duration of Test : 9:00 min

Maximum Predicted Heart Rate 181

Heart Rate Achieved 159

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 159x160

Protocol: Bruce

Stage : III

85% Max 153

%age of Predicted Heart Rate 88%

METS:10.1

	Time(Min.)	Heart Rate(BPM)	B.P.(mm Hg)	Symptoms
Control Recumbent	00	71	130/90	Nil
Stage I	3:00	107	140/90	Nil
Stage II	3:00	131	150/90	Nil
Stage III	3:00	159	160/90	Nil

ECG ABNORMALITIES EXERCISE PHASE

	ST-T Changes	R Wave	Arrhythmia
Stage I	No significant ST -T changes.	Nil	Nil
Stage II	No significant ST -T changes.	Nil	Nil
Stage III	No significant ST -T changes.	Nil	Nil

ABNORMALITIES RECOVERY PHASE

.....Nil.....

FINAL IMPRESSION

1. Mr.Sunny exercised on Bruce Protocol for 9:00Min at a workload of 10.1METS and achieved 88% of max. predicted HR.

NON INVASIVE CARDIOLOGY

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		Procedure Date	: 08-03-2025 11:39:12

Exercise was terminated due to achieved THR.


2. Resting ECG within normal limit.
3. No Significant ST-T changes were observed during exercise test.
4. No significant arrhythmia was observed during stress test.
5. Normal HR and B.P. response to the exercise No. S3/S4 heard.

TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHAEMIA.

Average exercise tolerance.

DR. SUBRAT AKHOURY
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Chairman- Cardiology & Cath Lab

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MBBS,MD,DM (Cardiology)
Associate Director & Head
Fellowship of society of Angiography


DR. KUMAR HRISHIKESH
MBBS, PGDCC
Fellowship in Non Invasive Cardiology
Consultant Cardiology

DR. PRATEEK CHAUDHARY
MBBS,MD,DM(Cardio)
SR. Consultant Cardiology
Interventional Cardiologist.

DR. DIWAKAR KUMAR
MBBS,MD,DNB (Cardiology)
Consultant Cardiology

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICAL PURPOSES

Prepare By,
CHEETRA.RAWA
T



FINAL REPORT

Bill No. :	AFBHC250003449	Bill Date :	08-03-2025 09:22
Patient Name :	MR. SUNNY CHANDILA	UHID :	AFD000015302
Age / Gender :	39 Yrs 8 Mth / MALE	Patient Type :	OPD If PHC :
Ref. Consultant :	DR. PRABHSARAN AHUJA	Ward / Bed :	/
Sample ID :	AFB25084252	Current Ward / Bed :	/
		Receiving Date & Time :	08-03-2025 14:30
		Reporting Date & Time :	08-03-2025 15:43

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	118.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		115.0	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA Urease-GLDH,Kinetic		18	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		140	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.4	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selecte)		107	m.mol/L	98 - 107

INTERPRETATION:

Kidney Function Test checks whether kidneys are working fine or not and also provides valuable insights into how effectively the kidneys filter waste products and maintain essential electrolyte balance in the body.

LIPID PROFILE

CHOLESTROL-TOTAL (CHO-POD)		165	mg/dL	0-200
HDL CHOLESTROL Enzymatic Immunoinhibition		40	mg/dL	40-60
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	118	mg/dL	0-100
S.TRIGLYCERIDES (GPO - POD)		124	mg/dL	0-150
NON-HDL CHOLESTROL (Calculated)		125.0	mg/dL	0-130
CHOLESTROL-VLDL (Calculated)		25	mg/dL	0-30
TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated)		4.1		
LDL CHOLESTROL / HDL CHOLESTROL (Calculated)		3.0		



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INTERPRETATION:

For adults as per NCEP ATP-III Guidelines 2001

Parameters	Optimal	Above Optimal	Borderline High	High
Total Cholesterol	<200	NA	200-239	≥240
Triglyceride	<150	NA	150-199	≥200
LDL Cholesterol	<100	100-129	130-159	≥160

Non HDL Cholesterol	<130	130-159	160-189	≥190
VLDL-Calculated	<30	NA	NA	NA

A lipid profile test measures the different types of lipids in the blood. It measures the levels of four different types of cholesterol and triglycerides.

- LDL (low-density lipoproteins): LDL is the cholesterol that is considered "bad cholesterol" because it forms plaques in the arteries and adversely affects heart health. Thus, LDL cholesterol should be maintained in the lower range.
- VLDL (very low-density lipoproteins): VLDL appears in the blood soon after we have consumed food. A lipid profile is done as a fasting test, and thus, if there is an increased level of VLDL in the blood sample, it can be suggestive of some metabolic disease.
- HDL (high-density lipoproteins): HDL cholesterol is also known as "good cholesterol" because it helps clear away the bad LDL cholesterol and prevents its build-up.
- Triglycerides: Our body converts the excess calories into triglycerides and stores it as body fat. High levels of triglycerides are harmful to the heart, liver, and pancreas.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)	0.95	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.17	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT (Calculated)	0.78	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)	6.6	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.1	g/dL	3.5 - 5.2
S.GLOBULIN (Calculated)	L 2.5	g/dL	2.8-3.8
A/G RATIO (Calculated)	1.64		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER	99.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	29.2	IU/L	0 - 50
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	47.4	IU/L	0 - 50
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)	52.2	IU/L	0 - 55



FINAL REPORT

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000016302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25084252	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 14:30
		Reporting Date & Time	: 08-03-2025 15:43
LACTATE DEHYDROGENASE (IFCC; L-P)		141.6	IU/L 0 - 248

INTERPRETATION:

The LFT test is used to diagnose and monitor liver diseases. It can also provide the information about other health conditions that affect the liver, such as viral or alcoholic hepatitis. If a person is taking medications that can impact on the liver, the test results can indicate whether side effects are occurring.

**** End of Report ****

IMPORTANT INSTRUCTIONS

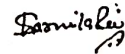
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Results are Verified By



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BIOCHEMIST



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FINAL REPORT

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083648	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:43
		Reporting Date & Time	: 08-03-2025 12:56

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

ESR

ESR (Westergren)	4	mm/1st hr	0 - 10
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INTERPRETATION:

An erythrocyte sedimentation rate show if there is inflammation in body. High ESR levels are often associated with various inflammatory conditions, infections, autoimmune diseases, and certain cancers. It can also indicate tissue damage or necrosis, as well as chronic diseases like rheumatoid arthritis, lupus, or vasculitis.

CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		8.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	6.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.1	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.2	%	40 - 50
MEAN CORPUSCULAR VOLUME (Calculated)	L	72.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN (Calculated)	L	22.7	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION (Calculated)	L	31.2	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		317	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		41.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.) (Calculated)	H	17.5	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS (Flow-cytometry & Microscopy)		59	%	40 - 80
LYMPHOCYTES (Flow-cytometry & Microscopy)		30	%	20 - 40
MONOCYTES (Flow-cytometry & Microscopy)		9	%	2 - 10
EOSINOPHILS (Flow-cytometry & Microscopy)		2	%	1 - 5
BASOPHILS (Flow-cytometry & Microscopy)		0	%	0 - 1

INTERPRETATION:

A complete blood count (CBC) provides information about the different types and numbers of cells in the blood, including red blood cells, white blood cells, and platelets. It's used to look at overall health and find a wide range of conditions, including anaemia, infection, thrombocytopenia and leukemia.



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Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083648	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:43
		Reporting Date & Time	: 08-03-2025 12:56

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)	H	7.0	%	4.27 - 6.07
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INTERPRETATION:

A Glycated Hb (HbA1C) test is a blood test that shows what your average blood sugar (glucose) level was over the past two to three months. This can help determine how well a person's diabetes is being controlled over time.

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and

**** End of Report ****

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FINAL REPORT

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083651	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:43
		Reporting Date & Time	: 08-03-2025 13:52

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

***THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (CLIA)		3.36	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (CLIA)		1.28	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (CLIA)		2.03	mIU/L	0.27-4.20

INTERPRETATION:

The thyroid profile test measures the thyroid hormones in the blood. Thyroid gland is responsible for producing hormones important for many bodily processes. Abnormal thyroid function, such as underactive thyroid (hypothyroidism) or overactive thyroid (hyperthyroidism), can lead to many symptoms. A thyroid profile can also be used to monitor the treatment of hyperthyroidism and assess those receiving levothyroxine therapy, which replaces or supplements thyroid hormones reduced or absent due to hypothyroidism, thyroid cancer, thyroid nodules, and goiters.

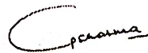
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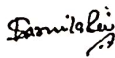
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FINAL REPORT

Bill No. :	AFBOP250047651	Bill Date :	08-03-2025 09:54
Patient Name :	MR. SUNNY CHANDILA	UHID :	AFD000015302
Age / Gender :	39 Yrs 8 Mth / MALE	Patient Type :	OPD If PHC :
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFB25083685	Current Ward / Bed :	/
		Receiving Date & Time :	08-03-2025 09:58
		Reporting Date & Time :	08-03-2025 11:29

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Serum				
URIC ACID (Uricase - Trinder)		3.9	mg/dL	3.5 - 7.2

INTERPRETATION:

High levels of uric acid could be a sign of gout, a condition characterized by inflammation of the joints due to the formation of uric acid crystals. The uric acid level also monitors of a person undergoing the chemotherapy or radiation treatment for cancer.

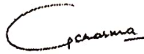
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FINAL REPORT

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25083649	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 09:43
		Reporting Date & Time	: 08-03-2025 11:29

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)

BLOOD GROUP (ABO & RH)

ABO GROUP	O	
RH TYPE	POSITIVE	

**** End of Report ****

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MC-3066

ANNUAL REPORT

Bill No.	: AFBHC250003449	Bill Date	: 08-03-2025 09:22
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 39 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB25084253	Current Ward / Bed	: /
		Receiving Date & Time	: 08-03-2025 14:30
		Reporting Date & Time	: 08-03-2025 15:29

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

MEDIWHEEL FULL BODY ANNUAL PLUS(TMT)		Negative		Negative
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URINE-SUGAR (GOD POD Method)		Negative		
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PHYSICAL EXAMINATION

QUANTITY		40 mL		Pale Yellow
COLOUR		Pale yellow		Clear
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH (Double pH Indicator method)		5.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)		Negative		Negative
GLUCOSE (GOD POD Method)		Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	L	1.005		1.005 - 1.030
UROBILINOGEN (Modified Erlich Reaction)		Normal		NORMAL
BILIRUBIN (Azo Coupling)		Negative		NEGATIVE
KETONES (Acetoacetic acid reaction with sodium nitroprusside)		Negative		NEGATIVE
NITRITE (Kinetic cadmium-reduction)		Negative		NEGATIVE

MICROSCOPIC EXAMINATION

		0-1	/HPF	0 - 5
LEUCOCYTES		Nil		Nil
RBCS		1-2		Nil
EPITHELIAL CELLS (URINE)		Nil		Nil
CASTS		Nil		Nil
CRYSTALS				

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DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:	
Age	: 39 Yrs 9 Mth	UHID	:	AFD000015302
Gender	: MALE	Bill No.	:	AFBHC250003449
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	08-03-2025 09:22:14
Ward	:	Room No.	:	
		Print Date	:	09-03-2025 12:19:22

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.


Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
SAPNA.ARYA


DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:	
Age	: 39 Yrs 9 Mth	UHID	:	AFD000015302
Gender	: MALE	Bill No.	:	AFBHC250003449
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	08-03-2025 09:22:14
Ward	:	Room No.	:	
		Print Date	:	09-03-2025 10:36:39

USG - WHOLE ABDOMEN:

Liver is borderline enlarged in size (~15.3cm) and shows grade I / II fatty changes in its parenchyma. Intrahepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is partially distended. Visualized lumen is echofree. Visualized CBD appears normal in calibre.

Visualized pancreas appears normal in size and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No obvious hydronephrosis seen bilaterally. **Few small concretions are seen (2-3mm) in bilateral kidneys. (CT is the modality of choice for evaluation of tiny renal calculi).**

Urinary bladder is partially distended at the time of scan.

Prostate is normal in size and echotexture.

No ascites is seen.

Please correlate clinically.

.....End of Report.....

Prepare By.
SAPNA.ARYA

DR. MOHIT SHARMA, MBBS, MD (Radio-Diagnosis), PDCC, EDIR
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.