

1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:07:13
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt	Ltd	

		С	OMPLETE BLOOD	OCOUNT
Test		Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	:	12.5	g/dL	13-18 g/dL
Total RBC	:	6.00	10^6/µL	3.0-6.0 10^6/µL
(Electrical Impedence) Hematocrit (PCV) (Calculated)	:	43.1	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	:	71.8	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	:	20.8	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC)	:	29.0	g/dL	31.5-34.5 g/dL
(Calculated) Red Cell Distribution Width (RDW- CV)	-:	17.00	%	12-15 %
(Electrical Impedence) Total Leucocytes Count (Light Scattering)	:	5700	/cumm	4000-11000 /cumm
Neutrophils	:	45	%	40-75 %
(Calculated)				
Eosinophils Percentage (Calculated)	:	02	%	1-6 %
(Calculated) (Calculated)	:	45	%	20-45 %
(Calculated) Basophils Percentage (Calculated)	:	0	%	0-1 %
Monocytes Percentage (Calculated)	:	08	%	1-10 %
RBC Morphology	:	Normocytic,	Normochromic	
WBC Morphology	:	Normal Mor	ohology	
Platelet Count (Electrical Impedence)	:	237000	/ul	150000-450000 /ul
Platelets on Smear	:	Adequate		Adequate
E.S.R Sample Type:EDTA whole blood(Westergren)	:	07	mm at 1hr	0-20 mm at 1hr

Sample Type:EDTA whole blood(Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre . *ESR NOT IN NABL scope.





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





Name	: MR. KARTIK GORI
Age/Sex	: 30 Yrs. / M
Ref. By	: J M FINANCE

SERVICES LTD

Registration ID : 26590

Printed

: 05/11/2024 15:26:51

Sent By

: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released : 04/11/2024 09:18:15

- : 04/11/2024 09:18:15
- : 04/11/2024 14:07:13

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:07:13)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926







: MR. KARTIK GORI Name : 30 Yrs. / M Age/Sex Ref. By : J M FINANCE SERVICES LTD

Registration ID : 26590

: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received **Report Released**

: 04/11/2024 09:18:15 : 04/11/2024 09:18:15

: 04/11/2024 14:30:49

Printed
Sent By

: 05/11/2024 15:26:51

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)				
Test		Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING,	:	111	mg/dL	Non-Diabetic: < 100 mg/dl
(Fluoride Plasma Used)				Impaired Fasting Glucose: 100-
				125 mg/dl Diabetic: >/= 126 mg/dl
Method: GOD-POD				
GLUCOSE (SUGAR) PP, (Fluoride	:	79	mg/dl	Non-Diabetic: < 140 mg/dl
Plasma Used)				Impaired Glucose Tolerance: 140-
				199 mg/dl Diabetic: >/= 200 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:30:49)

HbA1c (Whole Blood)				
Test	Result	Unit	Reference Range	
HbA1C-Glycosylated Haemoglobin	: 5.50	%	Non-diabetic: 4-6	
			Excellent Control: 6-7	
			Fair to good control: 7-8	
			Unsatisfactory control: 8-10	
			Poor Control: >10	
EDTA Whole Blood, Method: HPLC				
Estimated Average Glucose (eAG)	: 111.15	mg/dl	65.1-136.3 mg/dL mg/dl	
EDTA Whole Blood, Method: Calculated				

Interpretation:

1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.

2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.

3.To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.

4. Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 17:37:58)





Elle. Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26500 041124	

26590 041124	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:30:49
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pv	t Ltd	
		BLOOD GROUP		
Test	Result	Unit	Biolog	gical Ref. Range

Blood Group	:

Slide and Tube Aggllutination Test

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:50:18)

'O' Rh POSITIVE

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



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26590 041124		Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name	: MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex	: 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:31:03
Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt I	_td	

LIPID PROFILE				
Test		Result	Unit	Biological Ref. Range
Total Cholesterol	:	117	mg/dl	Desirable: <200
			-	Borderline high = 200-239
				High: > 239
Serum, Method: CHOD-PAP				
S. Triglyceride	:	48	mg/dl	Desirable: <161
				Borderline High: 161 - 199
				High: > 200 - 499/ Very High:>499
Serum, Method: GPO-Trinder				
HDL Cholesterol	:	33	mg/dl	35.3-79.5 mg/dl
serum,Direct method				-
LDL Cholesterol	:	74.40	mg/dl	Optimal: <100;
				Near Optimal: 100-129;
				Borderline High: 130-159;
				High: 160-189;
				Very high: >190
Serum, (Calculated)			<i></i>	
VLDL Cholesterol	:	9.6	mg/dl	5-30 mg/dl
Serum, Method: Calculated				
LDL/HDL Ratio	:	2.3		Optimal: <2.5
				Near Optimal: 2.5-3.5
				High >3.5
Serum, Method: Calculated				
TC/HDL Ratio	:	3.5		Optimal: <3.5
				Near Optimal: 3.5 - 5.0
				High >5.0

Serum, Method: Calculated

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:31:03)

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





Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





		•
Name	: MR. KARTIK GORI	
Age/Sex	: 30 Yrs. / M	Printed
Ref. By	: J M FINANCE SERVICES LTD	Sent By

Registration ID : 26590

: 05/11/2024 15:26:51 : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

: 04/11/2024 09:18:15

: 04/11/2024 09:18:15

: 04/11/2024 14:31:30

LIVER FUNCTION TEST					
Test		Result	Unit	Biological Ref. Range	
S. Bilirubin (Total)	:	0.68	mg/dl	0-2.0 mg/dl	
Serum, Method: Diazo (walter & Gerarde)					
S. Bilirubin (Direct)	:	0.35	mg/dl	0-0.4 mg/dl	
Serum, Method: Diazo (walter & Gerarde)					
S. Bilirubin (Indirect)	:	0.33	mg/dl	0.10-1.0 mg/dl	
Serum, Method: Calculated					
Aspartate Transaminase (AST/SGOT)	:	21.4	IU/L	0-35 IU/L	
Serum, Method: UV Kinetic with P5P					
Alanine Transaminase (ALT/SGPT)	:	26.9	IU/L	0-45 IU/L	
Serum, Method: UV Kinetic with P5P					
S. Alkaline Phosphatase	:	100	IU/L	53-128 IU/L	
Serum, Method: IFCC with AMP buffer					
Total Proteins	:	6.9	gm/dl	6.4-8.3 gm/dl	
Serum, Method: Biuret					
S. Albumin	:	4.0	gm/dl	3.5-5.2 gm/dl	
Serum, Method: BCG					
S. Globulin	:	2.9	gm/dl	2.3-3.5 gm/dl	
Serum, Method: Calculated					
A/G Ratio	:	1.38		0.90-2.00	
Serum, Method: Calculated					
Gamma GT	:	29	U/L	0-55 U/L	
Serum, Method: G glutamyl carboxy nitroanilide					
Test Done on - Automated Biochemistry Analyzer	(EM 20	00).			

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:31:30)

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





Elle. Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





1188118 111811 11111 11111 1111 1111 1	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:32:31
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt	Ltd	

SERUM CREATININE					
Test	Result	Unit	Biological Ref. Range		
S. Creatinine	: 0.89	mg/dl	0.7-1.3 mg/dl		
Sorum Mathad: Enzymatia					

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:31)

BLOOD UREA NITROGEN (BUN)					
Test		Result	Unit	Biological Ref. Range	
Urea	:	15.20	mg/dl	19-45 mg/dl	
Serum, Method: Urease - GLDH					
Blood Urea Nitrogen	:	7.10	mg/dl	5-18 mg/dl	
Test Done on - Automated Biochemistry Analyzer (EM 200)					
*All Samples Processed At Excellas Clinics Mulund Centre					

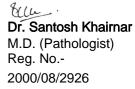
(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:37)

SERUM URIC ACID						
Test	Result		Biological Ref. Range			
S. Uric Acid	: 6.30	mg/dl	3.5-7.2 mg/dl			
Serum, Method: Uricase - POD						
Test Done on Automated Biochem	intry Apolyzor (EM 200)					

Test Done on - Automated Biochemistry Analyzer (EM 200).

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:42)







DIAGNOSTICS | IMAGING | VACCINATION | CONSULTATIONS | CORPORATE HEALTH CHECK-UPS

NAB

1(EL) LABS



1188118 11881 11881 11881 1181 1181 11	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15	
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15	
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:32:31	
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt I	Ltd		
BUN CREAT RATIO (BCR)					

BUN CREAT RATIO (BCR)						
Test	Biological Ref. Range					
BUN/Creatinine ratio	: 7.98		5-20			
Serum, Method: Calculated						

NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN) (*Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:33:02*)

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:33:41)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926



DIAGNOSTICS | IMAGING | VACCINATION | CONSULTATIONS | CORPORATE HEALTH CHECK-UPS

NAB

M(EL)1 LABS



1 8 8 1 8 8 1 8 8 8 8 8 8 8 8 8 8 8 8 8	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15	
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15	
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:58:17	
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt	Ltd		

THYROID FUNCTION TEST					
Test		Result	Unit	Biological Ref. Range	
Total T3	:	1.5	ng/dl	0.70-2.04 ng/dl	
Serum, Method: CLIA Total T4	:	10.59	µg/dl	5.1-14.1 µg/dl	
Serum, Method: CLIA					
TSH (Thyroid Stimulating Hormone)	:	3.49	µIU/mI	0.27-5.3 µIU/ml	

Serum, Method: CLIA

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:58:17)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





1 4 4 1 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4	Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15	
Name : MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15	
Age/Sex : 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 16:05:03	
Ref. By : J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt I	_td		
VITAMIN D3					

VITAMIN D3				
Test	Result	Unit	Biological Ref. Range	
25 (OH) VIT D	: 12.0	ng/ml	Deficient : Less than or equal to	
			20, Insufficient : 21 - 29,	
			Sufficient : More than or equal to	
			30	

Note:

Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults.

Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status.

Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL).

Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food(mostly in fatty fish). Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body.

The active from of the molecule is the 1,25-(OH)2 vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitiman D (calcidilol) The second hydroxylation occurs in the kidney and other tisssues as well to yield biologically active 1,25 -(OH)2 Vitamin D. The 25-(OH) Vitamin D is the main strorage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which

makes 25 - (OH) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:05:03)

	VITA	MIN - B12	
Test	Result	Unit	Biological Ref. Range
Vitamin B12	: 327.0	pg/ml	183 - 822 pg/ml

Method: ECLIA

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, perniciuos anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:05:12)

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



Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





26590 041124		Registration ID	: 26590	Sample Collection	: 04/11/2024 09:18:15
Name	: MR. KARTIK GORI			Sample Received	: 04/11/2024 09:18:15
Age/Sex	: 30 Yrs. / M	Printed	: 05/11/2024 15:26:51	Report Released	: 04/11/2024 14:12:49
Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt I	_td	

		EXAMINATION OF	URINE	
Test		Result	Unit	Biological Ref. Range
PHYSICAL EXAMINAT	ΓΙΟΝ			
Quantity	:	10	ml	
Colour	:	Pale yellow		
Appearance	:	Clear		
Reaction (pH)	:	6.0		4.5 - 8.0
Specific Gravity	:	1.025		1.010 - 1.030
CHEMICAL EXAMINA	TION			
Protein	:	Absent		Absent
Glucose	:	Absent		Abesnt
Ketones Bodies	:	Absent		Abesnt
Occult Blood	:	Absent		Absent
Bilirubin	:	Absent		Absent
Jrobilinogen	:	Absent		Normal
MICROSCOPIC EXAM	INATION			
Epithelial Cells	:	0 - 1	/ hpf	
Pus cells	:	0 - 1	/ hpf	
Red Blood Cells	:	Absent	/ hpf	
Casts	:	Absent	/ lpf	Absent / lpf
Crystals	:	Absent		Absent
OTHER FINDINGS				
Yeast Cells	:	Absent		Absent
Bacteria	:	Absent		Absent
Mucus Threads	:	Absent		
Spermatozoa	:	Absent		
Deposit	:	Absent		Absent
Amorphous Deposits	:	Absent		Absent
sample type:Urine				
Method:Visual and Micr	oscopic			

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:12:49)

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





Elle. Dr. Santosh Khairnar M.D. (Pathologist) Reg. No.-2000/08/2926





Name : MR. KARTIK GORI Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE SERVICES LTD

Registration ID : 26590

Printed Sent By : 05/11/2024 15:26:51

: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15

: 05/11/2024 12:51:16

X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

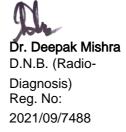
Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.









Name	: MR. KARTIK GORI
Age/Sex	: 30 Yrs. / M
Ref. By	: J M FINANCE
	SERVICES LTD

	Registrati
TK GORI	
1	Printed
ICE	Sent By

Registration ID : 26590

: 05/11/2024 15:26:51 : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15
- : 05/11/2024 12:51:16



(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 05/11/2024 12:51:16)

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



Dr. Deepak Mishra D.N.B. (Radio-Diagnosis) Reg. No: 2021/09/7488





: MR. KARTIK GORI Name Age/Sex : 30 Yrs. / M : J M FINANCE Ref. By SERVICES LTD

Printed

Sent By

: 05/11/2024 15:26:51 : Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

: 04/11/2024 09:18:15

: 04/11/2024 09:18:15

: 04/11/2024 14:33:03

USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size (13.9 cms) and shows normal parenchymal echogenicity. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Registration ID : 26590

Gall Bladder:- is well distended. No calculus or mass lesion is seen. No GB wall thickening or pericholecystic fluid is seen.

CBD :- is normal.

Pancreas:-is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (9.2 cms) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney - 10.1 x 5.6 cms Left kidney - 10.8 x 6.1 cms

Urinary Bladder:- is well distended and shows normal wall thickness. No intraluminal lesion seen.

Prostate:- is normal in size, reflectivity and measures 2.8 x 2.6 x 2.5 cms (Volume – 9.8 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

Umbilical Hernia noted with omentum as its content measures 2.7 cms.

IMPRESSION:

· Reducible fat containing umbilical hernia.

Thanks for the Referral



Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15,

Die Deepak Mishra 1:33:03) Re D.N.B. (Radio-Diagnosis) Reg. No: 2021/09/7488





: MR. KARTIK GORI Name

Age/Sex

: 30 Yrs. / M Ref. By

: J M FINANCE SERVICES LTD Registration ID : 26590

Printed Sent By : 05/11/2024 15:26:51

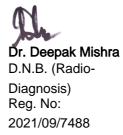
: Arcofemi Healthcare Pvt Ltd

Sample Collection Sample Received Report Released

- : 04/11/2024 09:18:15
- : 04/11/2024 09:18:15
- : 04/11/2024 14:33:03

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





SO 9001 2015 ERTIFIED



Name : MR. KARTIK GORI Age/Sex : 30 Yrs. / M Ref. By : J M FINANCE SERVICES LTD

RI Printed Sent By

Registration ID : 26590

Sample Collection Sample Received Report Released : 04/11/2024 09:18:15

- : 04/11/2024 09:18:15
- : 04/11/2024 16:54:03

OPTHALMIC EVALUATION

: 05/11/2024 15:26:51

: Arcofemi Healthcare Pvt Ltd

Examination	Right Eye	Left Eye
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	No	rmal
Remarks	No	rmal

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:54:03)

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





Excellas Clinics Pvt Ltd

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai 3513/KARTIK GORI 30 Yrs/Male 107 Kg/183 Cms Date: 04-Nov-2024 10:53:31 AM

4

Ref.By : MEDIWHEEL Medication : NIL Objective :

R.P.P. **PVC** Comments **METs** H.R. B.P. StageTime PhaseTime Speed Grade Stage (mmHg) x100 (bpm) (Min:Sec) (Min:Sec) (mph) (%) 78 65 120/80 1.0 Supine 120/80 68 1.0 57 Standing 120/80 88 1.0 74 HV 87 1.0 73 120/80 ExStart 120/80 122 10.0 4.7 102 1.7 3:00 3:01 Stage 1 7.1 119 130/80 154 3:00 6:01 2.5 12.0 Stage 2 140/90 190 14.0 10.2 136 3:00 9:01 3.4 Stage 3 11.2 170 150/100 255 9:52 4.2 16.0 0:51 PeakEx 146 160/100 233 0.0 4.3 0.0 1:00 Recovery 154 1.0 103 150/100 0.0 0.0 2:00 Recovery 140/90 137 0.0 1.0 98 3:00 0.0 Recovery 133 1.0 103 130/80 0.0 0.0 3:06 Recovery

Findings:

Exercise Time : 9:52 minutes Max HR attained : 170 bpm 89% of Max Predictable HR 190 Max BP : 160/100(mmHg) WorkLoad attained : 11.2 (Good Effort Tolerance)

No Significant ST segment changes seen during exercise or recovery

No Angina/Arrhythmia/S3/murmur

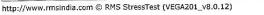
Final Impression : Test is negative for inducible ischaemia.

Maxmum Depression: 6:39

Disclaimer :Negative stress test does not rule out coronary artery disease

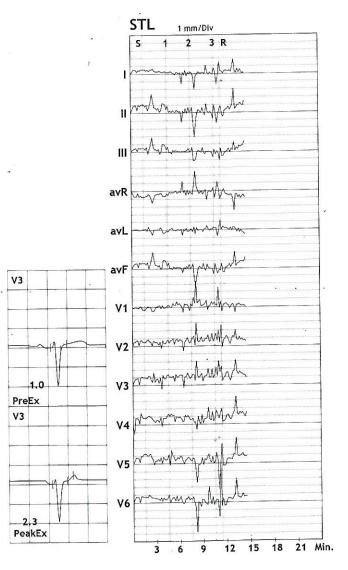
Advice/positives: stress test is suggestive but not confirmatory of coronary artery

disease.





Print Date: 04-Nov-2024





Protocol : BRUCE

History : NIL



Vika	s Clinics P s Paradise Co	omm, B	elow Axis B	ank. LBS Mare.	Mulund W, Mumbai				12	Lead + Com	parisio	n			
rs/Ma Kg/18	TIK GORI			, <u> </u>	HR: 66 bpm METS: 1.0 BP: 120/80		MPHR:3 Speed: (Grade: (4% of 19(0.0 mph 0.0%	E	Raw ECG BRUCE 1.0-100)Hz		Ex Time 00:35 BLC :On Notch :On	10	JPINE).0 mm/mV 5 mm/Sec.	V F Excellos
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rmsin	dia.com © RMS St	ressTest ()	(ECA201 N8 0 17					int Date: 04-						· · · · · · · · · · · · · · · · · · ·	

ellas Clinics I Vikas Paradise (Comm, Below Axis Bai	nk, LBS Marg, A	Mulund W. Mumbai				12 L	.ead + Co	omparision			
/KARTIK GORI rs/Male (g/183 Cms : 04-Nov-2024 10		, 	HR: 50 bpm METS: 1.0 BP: 120/80		MPHR:26% Speed: 0. Grade: 0.	0 mph	BRU	w ECG JCE 0-100)Hz		Ex Time 00:41 BLC :On Notch :On	STANDING 10.0 mm/mV 25 mm/Seç.	Excellos United By Control of C
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	StressTest (VEGA201_v8.0.12											

, Vikas	Paradise C	iomm,	Below	Axis Baı	nk, LBS	Marg,	Mulun	dW, N	lumbai							12 L	ead + C	omparis	on							L
rs/Mal Kg/183	e				59			HR: 74 METS: BP: 120	l bpm 1.0			Spe	PHR:389 eed: 0. ade: 0.	% of 19 0 mph 0%	0	BRU	/ ECG ICE I-100)Hz		BLC	Time C :On tch :(HV 10.0 n 25 mn	nm/mV n/Sec.		
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Vikas /KAR s/Ma (g/18	TIK GORI	mm, Be		k, LBS Marg, <i>N</i>	HR: MET	/, Mumb 73 bpn 15: 1.0 120/80	n		MPHR: Speed Grade	: 0.0 n	nph	R	Lead + C aw ECG RUCE 1.0-100)Hz	Comparis	Ex Ti BLC	ime 00:0 :On h :On	00	10.	Strt .0 mm/mV mm/Sec.		A Excellence when
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Vikas /KART s/Mal (g/18:	fik gori	mm, B	elow Axis Bar	nk, LBS Marg,	Mulund W, M HR: 10 METS: 4 BP: 120	2 bpm 4.7		MPHR:53% of Speed: 1.7 r Grade: 10.0	nph	Rav BRI	v ECG	omparisic	Ex Time 03:00 BLC :On Notch :On		Stage 10.0 mi 25 mm/		
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rs/Male Kg/183				Axis Bank	., ED3	7 ///.01	5, 110	F A	HR: 1 METS: BP: 14	136 b 5: 10.2	bpm .2			S	Speed	lR:71% ed: 3.4 de: 14	.4 mp	nph		BR	Raw ECO RUCE 1.0-100		٤		BL	x Tim LC :0 lotch	On		į			10.0	age 3 0 mm mm/S	n/mV	3:00)		
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	Clinics Pvt		k, LBS Marg, Mulund W, Mumbai		12 Lead + C	Comparision		
3/KART Yrs/Mal 7 Kg/183	TIK GORI le		HR: 163 bpm HR: 163 bpm METS: 11.2 BP: 150/100	MPHR:85% of 190 Speed: 4.2 mph Grade: 16.0%	Raw ECG BRUCE (1.0-100)Hz	Ex Time 09:51 BLC :On . Notch :On	PeakEx 10.0 mm/mV 25 mm/Sec.	
	BaseLine	[^] Current	60ms Post J Current Raw Rhythm		BaseLine	Current Current Raw	Rbythm	
1 0.2 -0.3		1.5 1.7	- wordward	V1 -0.1 WWW MAAAAAA	0.5	7	Maryman	Awy
 0,3 -0.1	-Auron		I II Internation			5	Manghan	m
III 0.1 0.1		-0.9 -0.8 -0.8 -0.8	Min Min Mark	V3 0.1 2.3	V3 2.3 2.3	3		M
avR -0.2 0.2		avR -1.0 -1.3	avr Manffrankar	V4 0.1 1.9	2.0)	A while where wher	
avL 0.1 -0.2		av. 1.2 1.3	ave wmw.wh.m.	N5 0.2 1.0 1.0	- V5 2.4 3.0			~~
avF 0.2 0.0		avF 0.2 0.1 1 1 1 1 1 1 1 1 1 1 1 1	av r MmMMMMMMM	V6 0.0 0.4	V6 -0.4 -0.4 1.8		home	~~~
	India com @ BMS Stre	essTest (VEGA201_v8.0.12)		Print Date: 04				

s/Ma g/18	FIK GORI le 3 Cms lov-2024 1 0: 5	3:31 AM			METS	146 bp 5: 4.2 160/10			Spee	R:76% ed: 0.0 ie: 0.0) mph		BRI	v ECG JCE D-100)Hz			Ex Time (BLC :On Notch :Or				10.0	overy mm/m m/Sec	nV	1:00)	K	ECELENCE
	BaseLine	Current	60ms P	ost J C	urrent R	aw Rhy	ythm					Ba	seLine		Cur	rent	¢	urrent	Raw R	lhythm	1					
1 0.2 0.3				44		₩	An	~~~	w.A.		-0	V1 .1 .8		V 0.3 0.	<u> </u>		V1	· ~\f		V~~	~~~~~~					
 0.3 0.1	~~ <u>~</u> ~~ <u>~</u> ~~.	0,5 1.5 A.M.					- All		wh.		0	/2 .1 .2	- M	- 0.6 - 1.9	j	<u></u>	V2			V	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
 0.1 0.1	· ····································	III 0.1 0.1 1			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						0	/3 .1 .3	· ·	V: 0.9 2.0		<u></u>	V3		1	· ·	- 					
avR 0.2 0.2		avR -0.4 -1.4 -1.4	avR	· ~~		<u>M</u>	M	~/~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 sol	- 0	V4 .1 .9		V- 0.3 2.9	3	<u></u>	V4	V	1		·					
avL 0.1 0.2		avL 0.1 0.6	avL				~~~~	~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	0	v5 .2 .0	-nyt->	- V 0.0 2.0	i	<u></u>	V5	Y			M					
avF 0.2 0.0		avF 0.3 0.8 A	avF	A			Ale		n A-		0	V6 .0 .4	-Altra	V(0.: 2.		~ <u>_</u>	V6	1		A	Ŵ			M		
		•										-							+						_	_

Vikas /KAR ⁻ rs/Mal (g/18	FIK GORI .e 3 Cms	omm, Be	low Axis Bar	nk, LBS Ma	rg, M	F N	W, Mu IR: 103 IETS: 1 P: 150	3 bpm .0			Spe	HR:54% ed: 0.(de: 0.() mp			Raw BRU(2011		Ex Tir BLC :(Notch	On	:51			10.0	overy mm/r nm/Se	m٧	02:00)	E TALENCE I
: 04-N	ov-2024 10: BaseLine	53:31 AM	Current	60ms Pc	ost J	Curre	nt Raw	Rhythi	m					Ba	seLine			(urrent		Çuri	rent R	aw Rh							
1	-	I		1	_									V1			v	1		V1	1				_					_
0.2 0.3	A	0.4	Ars		A		Ah		h		A	h		0.1 0.8		1	0. 0.4				-	1								
							V		V. ~			V	-					S.V			V		-V		V		1		\mathbb{N}	
 0.3		0.5							_				_	V2			- v2			V2	2						_		_	_
Q.1	MA	0.6	Ars				AA				A		/	0.1	hh		0.8 2.3	8 3 	ni		1				1	$\overline{\mathbf{h}}$	1, 6	h		
							V		· ·				_	-	Mrc			-1							TV				\mathbb{H}	_,
 0.1		III 0,1		1	_						_		_	V3 0.1			VB			V3	6				+		-			_
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	- VIII-							\sim		~ 1	V	-	<u> </u>	1.9	-		3.7				\int		1	<u>}</u>	14	<u>.</u>	4			
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/ikas KART s/Mal g/183	Clinics Py Paradise Co TK GORI e 3 Cms ov-2024 10:5	omm, Be	elow	Axis B	ank,	LBS A	Aarg,		HR: 9 METS	8 bpm			S	PHR:5 beed: rade:	0.0 m			Raw I BRUC		omp	arísic	Ex Ti BLC : Notc	On	·			10.0	overy mm/m m/Sec.	٧	:00)	
	BaseLine		۹ Cui	rent		60ms	Post J	Curr	ent Ra	w Rhyt	hm					В	aseLine			Çu	rrent		Çu	irrent	Raw R	hythm	· 🗌				
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II).3			F	_			1								_	V2		-	V2				2							-	
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III. .1		0.9										_				V3 0.1			V3	_		-	3								
.1	~~~	0.6	-1				A	A	-4		-4	\rightarrow	~	\sim	~	2.3	hit	<u> </u>	2.3	-4	A		4		h	M		AFA	$\downarrow \downarrow \downarrow$		
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NAME : MR. KARTIK GORI **REF BY: MEDIWHEEL**

AGE: 30 YRS / MALE

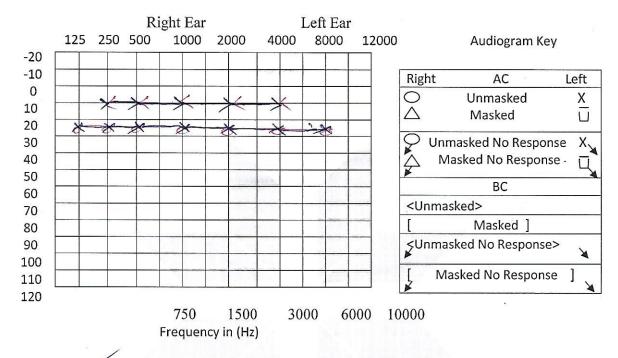
cellasClinics

DATE: 04/11/2024

2

CE IN HEALTHCARE

AUDIOGRAM



Responses: Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory If any other specify Procedure: Standard / Play

AudiologicalInterpretations:

Test	P.T.A.
Ear	dBHL
Right	25
Left	25

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

EXCELLAS LINICS PVT. LTD B-1, Vikas ommercial, Bel BS Morg, Neurologist Mata Mandir, Mulund (West), Mumbai = 400080

Ma Casti		10 mm/m	/ 25 m	uny 13											
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ender: Salm															
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ate :10/06/101															
11:55 AM -	4				1										
ote :															
ESTA 301i Ver 3.15.33PC)	(III)				$\sqrt{-1}$	<u> </u>		 VE -			<u> </u>	-v	<u></u>	 	
VESTA 3011 (Ver 3.15.33PC) www.rmsindia.com			- V		V	V		хуĽ -				- <u>v</u>		-V-	+

