

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.**



*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  
 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**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	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
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	77.6	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>14.4</b>	%	20-40	Electrical Impedence
EOSINOPHILS	<b>0.8</b>	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
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)	<b>5.39</b>		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	267000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



*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

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Emp/Auth/TPA ID : 35E7673	

**DEPARTMENT OF HAEMATOLOGY**

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

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

SIN No:VIR241100485

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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 01:06PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:40PM
Visit ID : CVIMOPV638683	Status : Final Report
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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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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

SIN No: VIR241100485

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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 01:09PM  
 Reported : 08/Nov/2024 01:31PM  
 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
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



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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	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



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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>206</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>158</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>133.56</b>	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

*Sneha Shah*  
  
Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VIR241100482  
 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 02:29PM
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**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
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:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

*Sneha Shah*  
  
**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 01:00PM
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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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.

*Sneha Shah*  
  
**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 \*\*\*



*Sneha Shah*  
**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



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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		

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## DEPARTMENT OF RADIOLOGY

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### ULTRASOUND OF ABDOMEN AND PELVIS

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#### 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.

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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



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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		

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**DEPARTMENT OF RADIOLOGY**

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**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

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## 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"><li>• Medically Fit</li></ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Saltylines, diet hypometho-cisr</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"><li>• Currently Unfit. Review after _____ recommended</li></ul>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

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

*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 :	92-	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 clo at present  
 Past h/o: S.H.T.N ↓ Tablet.  
 Sx h/o: Appendicectomy  
 Fam h/o: Mother: S.H.T.N  
 no addictions Diet: non veg  
 no allergies  
ade: Post report consultation.

Follow up date:

Dr. Alia Fathima  
 M.B.B.S.  
 Registration No. 2022/19050

Doctor Signature

EYE EXAMINATION

DATE:-

8/1/24

NAME:- Pranav K...

AGE:- 52

CORPORATE:- ...

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

...

Impression - Normal Eye Check Up.

...

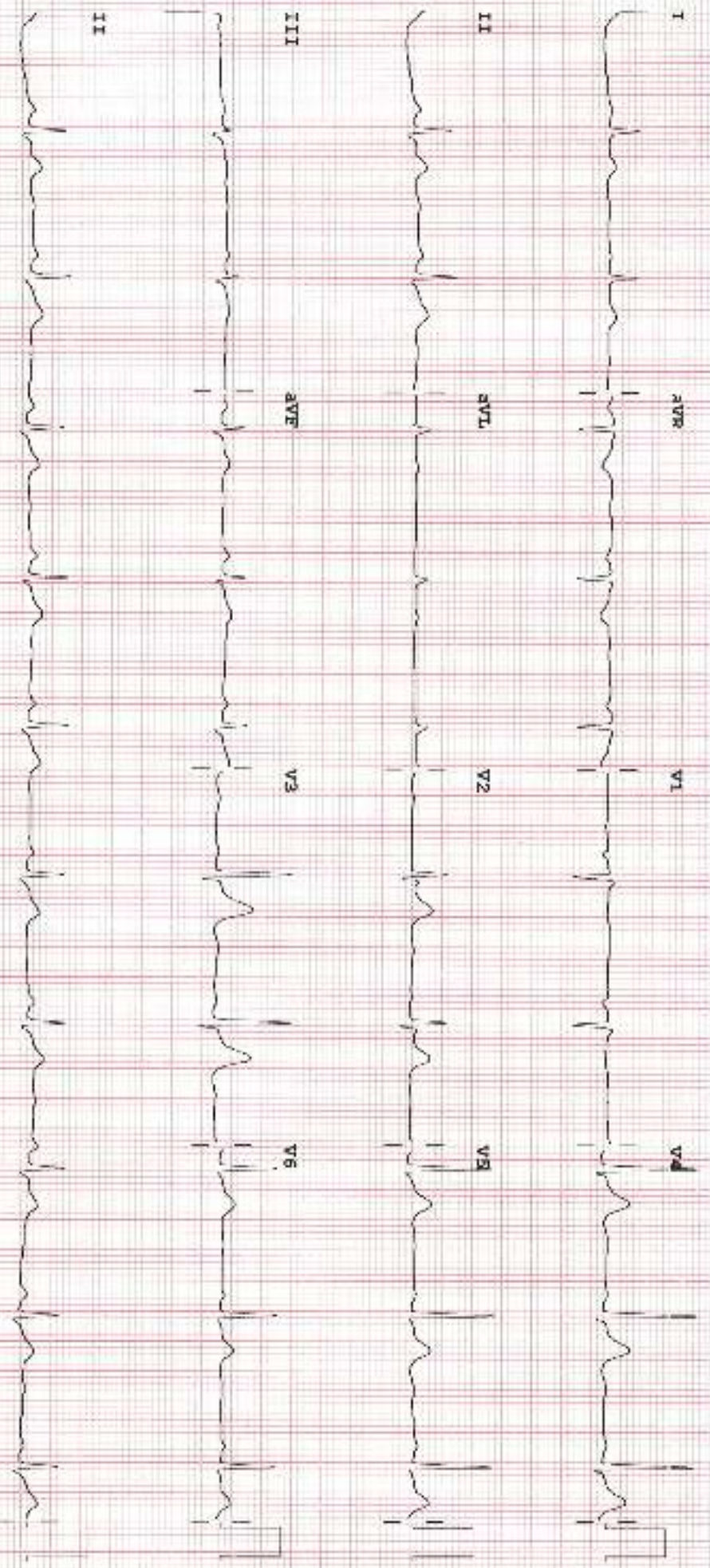
(Ophthalmology)

Rate 61 . . . . . Sinus rhythm  
 PR 166 . . . . . RSR' in V1 or V2, right VCD or PVR  
 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 Iimb: 10 mm/mV Chest: 10.0 mm/mV F 50- 0.50- 40 Hz W PR1009 CL F7





Certificate No: MC-5697

Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 09:19AM
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Visit ID	: CVIMOPV63B683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7673		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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

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

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





Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 08:19AM
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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Audit/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
<b>HEMOGRAM, WHOLE BLOOD EDTA</b>				
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
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
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
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
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**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**

*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 DM	Received	: 08/Nov/2024 01:06PM
UHID/MR No	: CVIM.0003237060	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**

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:VTR241100485



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

Patient Name : Mr.FRAMOD 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.0000237062	Reported : 08/Nov/2024 02:40PM
Visit ID : CVIMOPV638883	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E/6/3	

**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
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 4 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 In- Saralshiv Peth Pune, Diagnostics Lab





Patient Name	: Mr. FRAMOD KUMAR	Collected	: 08/Nov/2024 11:57AM
Age/Gender	: 59 Y 9 M 19 DIM	Received	: 08/Nov/2024 03:18PM
UHID/IR No	: CVIM.0000237060	Reported	: 08/Nov/2024 03:50PM
Visit ID	: CVIMOPV638883	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 hypoglycaemia, 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.



**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



Patient Name	: Mr PRAMOD KUMAR	Collected	: 08/Nov/2024 09:15AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:05PM
UHID/MR No	: CVIM.000237060	Reported	: 08/Nov/2024 02:46PM
Visit ID	: CVIMOPV638683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7873		

**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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

1. HBA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HBA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)

Page 7 of 20



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

SIN No. VIR241100486

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

Patient Name	: Mr PRAMOD KUMAR	Collected	: 08/Nov/2024 09:18AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:15PM
UHID/MR No	: CVIM.0030237060	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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	206	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immuno-inhibition
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  
 SIN No: VIR211100482



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 08:18AM
Age/Gender : 59 Y 9 M 19 DM	Received : 08/Nov/2024 01:15PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 02:49PM
Visit ID : CVIMOPV639683	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Audit/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
<b>LIVER FUNCTION TEST (LFT), SERUM</b>				
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	6.8-8.3	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.**



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No: VIR241100482

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







Certificate No: MD 5697

Patient Name	: Mr. PRAMOD KUMAR	Collected	: 08/Nov/2024 09:19AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:15PM
UHID/MR No	: CVIM 0000237060	Reported	: 08/Nov/2024 02:49PM
Visit ID	: CVIMOPV838683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35F7673		

**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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
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 - 148	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

*Sushma Shah*  
  
**Dr Sushma Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VIR241100483



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

Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 09:19AM
Age/Gender	: 59 Y 8 M 19 DM	Received	: 08/Nov/2024 01:15PM
UHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 02:36PM
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
ALKALINE PHOSPHATASE , SERUM	51.87	U/L	30-120	IFCC



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

SIN No.VIR241100482

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 09:18AM
Age/Gender	: 59 Y 8 M 19 DM	Received	: 08/Nov/2024 01:15PM
UHID/MR No	: CVIM.0000237080	Reported	: 08/Nov/2024 02:49PM
Visit ID	: CVIMOPV638683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Ault/VTPA 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
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	14.93	U/L	<55	IFCC

Page 12 of 20

*Smriti Shah*  
  
**Dr. Smriti Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VIR241100482

This test has been performed at Apollo Health and Lifestyle Jc- 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 : CVIMOPV638583  
 Ref Doctor : Self  
 Emp/Auth/TPA ID : 35E7673

Collected : 08/Nov/2024 09:19AM  
 Received : 08/Nov/2024 01:16PM  
 Reported : 08/Nov/2024 02:29PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

### 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
<b>THYROID PROFILE TOTAL (T3, T4, TSH), SERUM</b>				
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 µIU/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, Grave, 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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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 DM	Received	: 08/Nov/2024 01:16PM
LHID/MR No	: CVIM.0000237060	Reported	: 08/Nov/2024 02:28PM
Visit ID	: CVIMOPV638883	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**

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



*Sneha Shah*  
  
**Dr Sneha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VTR241100481

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

Patient Name : Mr.PRAMOD KUMAR Age/Gender : 58 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 01:16PM Reported : 08/Nov/2024 02:29PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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



*Sushma Shah*  
 Dr Sushma Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:VTR241100481

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

Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 09:15AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:16PM
UHID/WR 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.

*Sneha Shah*  
  
**Dr Sneha Shah**  
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 Consultant Pathologist  
 SIN No: VIR241100481



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



Certificate No. MC-5687

Patient Name	: Mr.PRAMOD KUMAR	Collected	: 08/Nov/2024 09:15AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:16PM
UHID/MR No	: CVIM.0000237050	Reported	: 08/Nov/2024 02:08PM
Visit ID	: CVIMOPV638683	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7873		

**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 DM	Received : 08/Nov/2024 01:00PM
UHID/MR No : CVIM.0000237060	Reported : 08/Nov/2024 01:30PM
Visit ID : CVIMOPV639683	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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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.

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No:VIR24100480



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

Patient Name	: Mr PRAMOD KUMAR	Collected	: 08/Nov/2024 09:19AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:00PM
UHID/MR No.	: CVIM.0000237060	Reported	: 08/Nov/2024 01:30PM
Visit ID	: CVIMDPV638683	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**

*Sneha Shah*  
  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant-Pathologist  
 SLN 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 08:19AM
Age/Gender	: 59 Y 9 M 19 DM	Received	: 08/Nov/2024 01:00PM
UHID/MR No	: CVM.0000257060	Reported	: 08/Nov/2024 01:47PM
Visit ID	: CVMOPV638883	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 \*\*\*

*Susha Shah*  
  
**Dr Susha Shah**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 SIN No: VIR241100484



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

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

Patient Name	: Mr. PRAMOD KUMAR	Age	: 59Yrs 9Mths 20Days
UHID	: CVIM0000237050	OP Visit No.	: CVIMOPV038503
Printed On	: 08-11-2024 06:52 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Staff	Registration No.	: --
Employee Id	: 3527673		

**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.

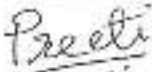
Both costophrenic angles are clear.

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	: CVIM0000237080	OP Visit No.	: CVIMOPV638683
Printed On	: 08-II-2024 04:51 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeeid	: 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 echoreflective 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 echoreflective 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:

--

Reason for Exercise Test:

--

### 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

--

Conclusions

--

CARDIOLOGIST

*Stress test negative for IHD*

*(Signature)*



**KUMAR, PRAMOD**

Patient ID: 00237060

08.11.2024

11:18:08

Male 166 cm 68 kg

59 yrs

Meds:

Test Reason:

Medical History:

Ref. MID: 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: 211.50 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  $\mu$ V/bpm  
 ST/HR slope: 5.53  $\mu$ 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 [mmHg]	RPP [	VE [ml/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 -0.05 -0.88	V4 0.10 1.09	V4 -0.20 0.29	V4 -0.20 0.44	V4 -0.02 0.81
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 -0.41	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 0.05 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

11:18:09

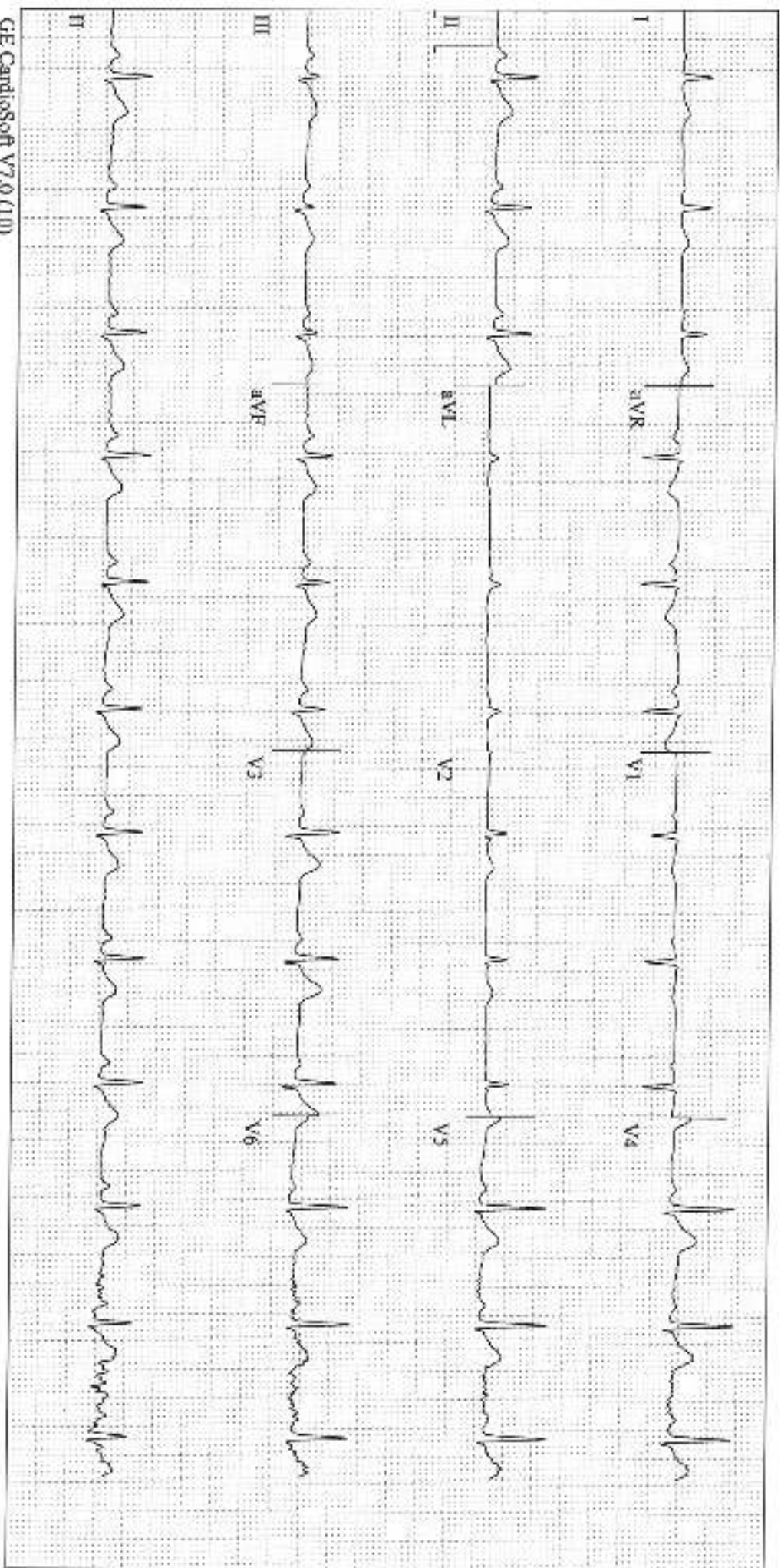
Male 166 cm 68 kg

59 yrs

Normal sinus rhythm  
Normal ECG

Heart Rate	71 bpm
PR interval	162ms
QRS duration	70ms
QT / QTc	358 / 389ms
P-R-T axes	77 / 42 / 67°
P duration	100ms
RR interval	842ms

Technician  
Medication:



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

Start of Test: 11:18:08

Page 1

Patient ID: 00237060

PRETEST

BRUCE

08.11.2024 Male 166 cm 68 kg

73 bpm

SUPINE

0.0 mph

11:19:23

59 yrs

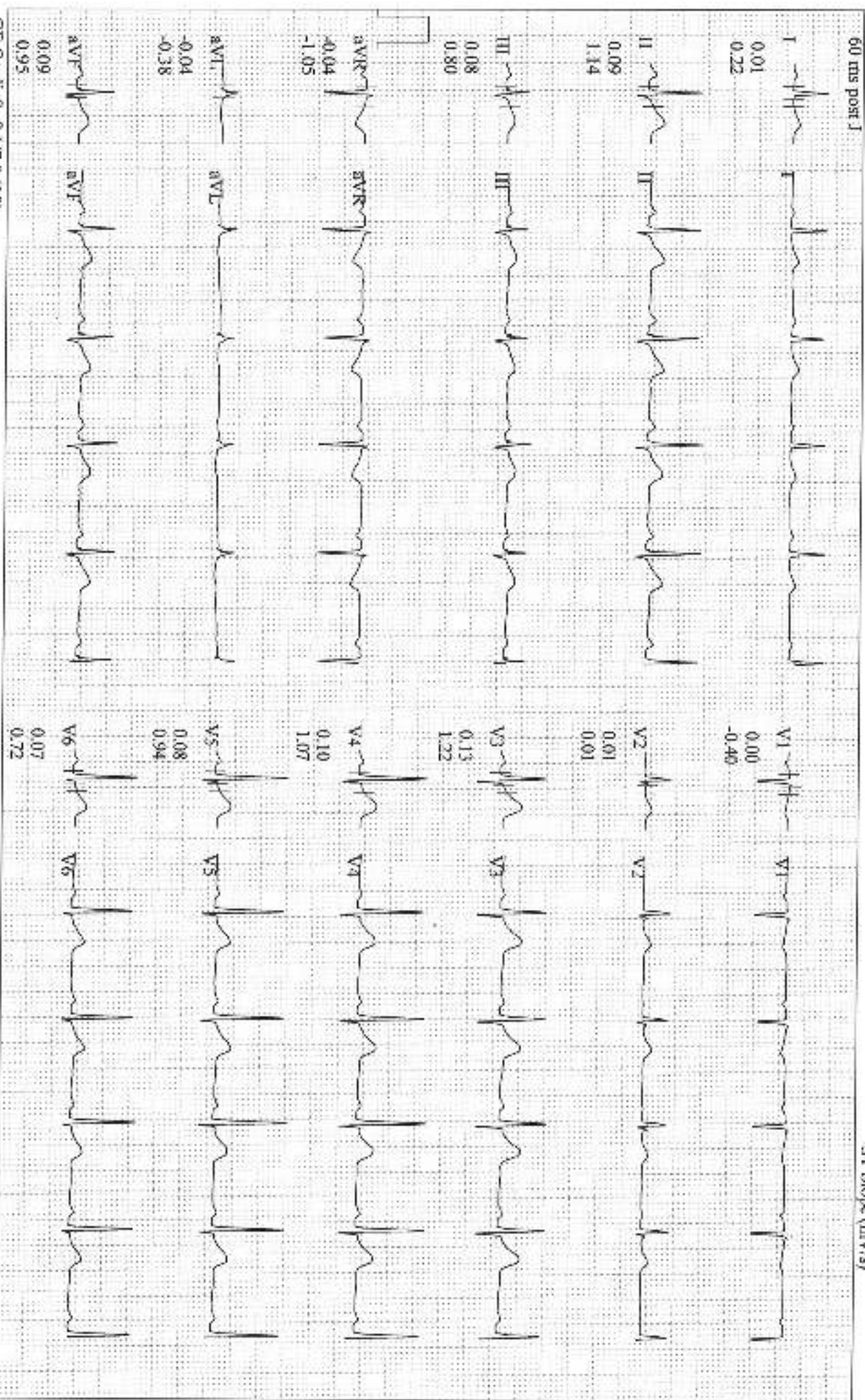
140/90 mmHg

01:14

0.0 %

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

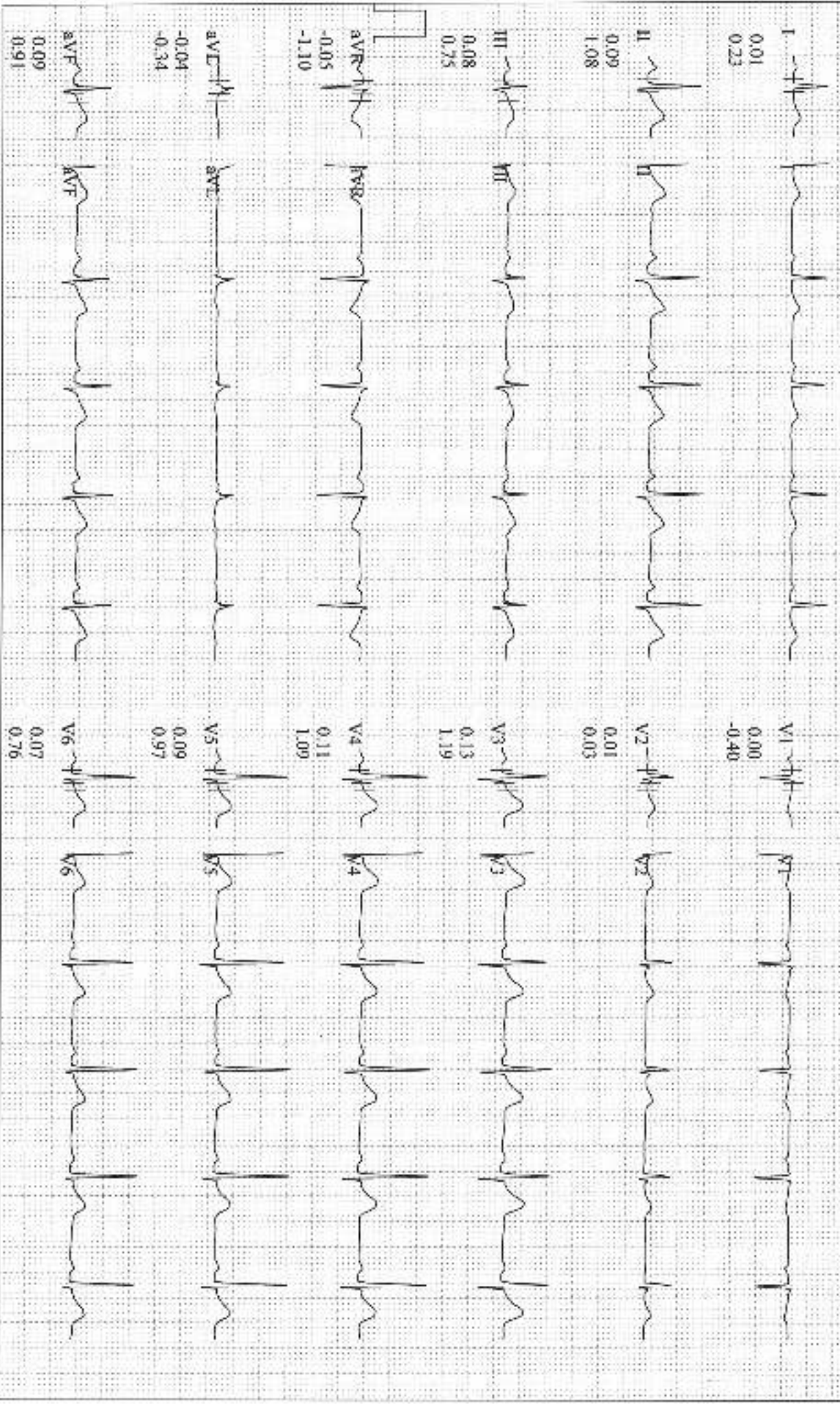
**KIMAR, PRAMOD**  
Patient ID: 00237060  
08.11.2024 Male 166 cm 68 kg  
11:19:29 59 yrs

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 CardiacSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF (IRRV5,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

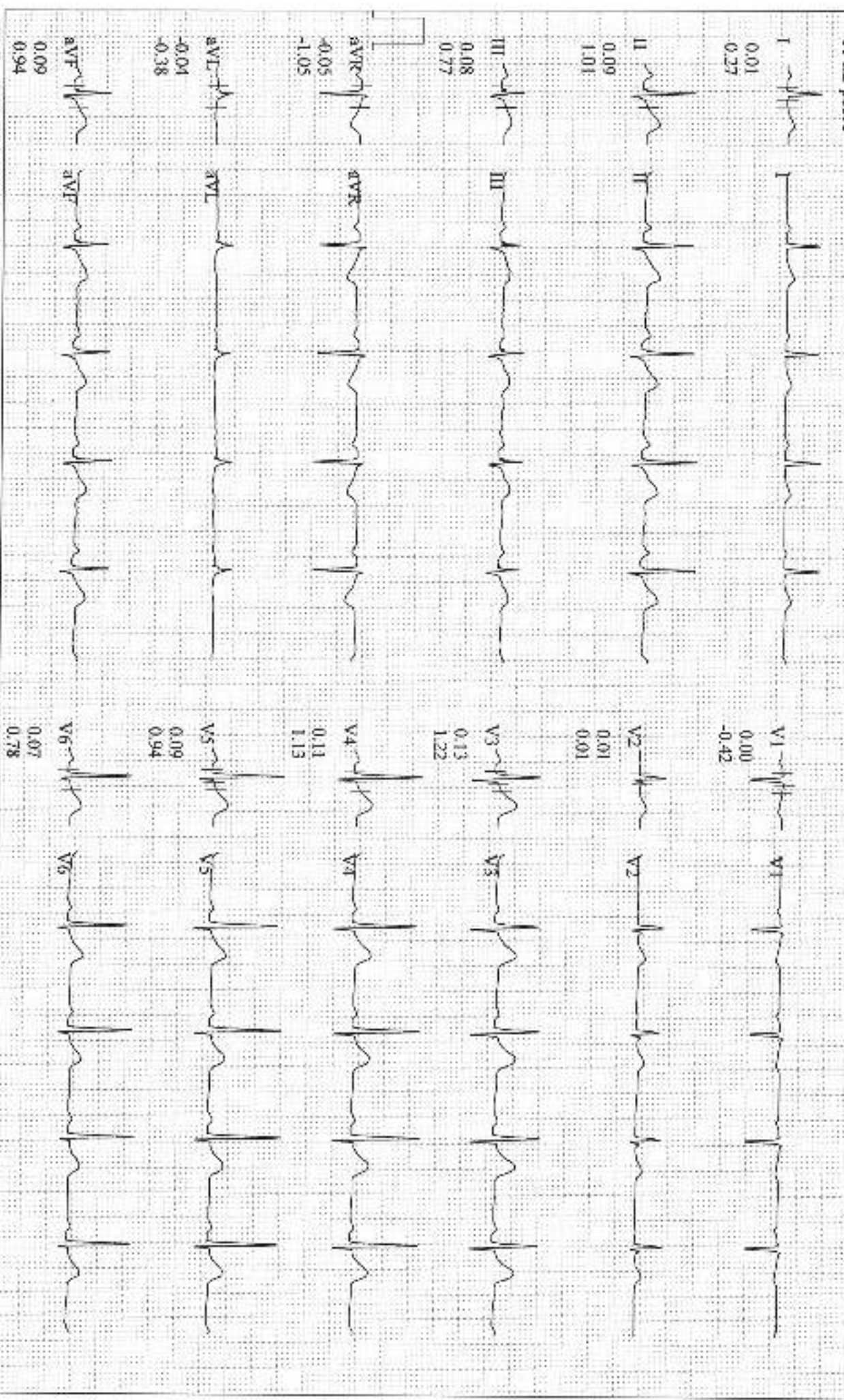
Exercise Test / Stage Report  
PRETEST  
HYPERV.  
140/90 mmHg  
01:25

BRUCE  
0.0 mph  
0.0 %

APOLLO CLINIC

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

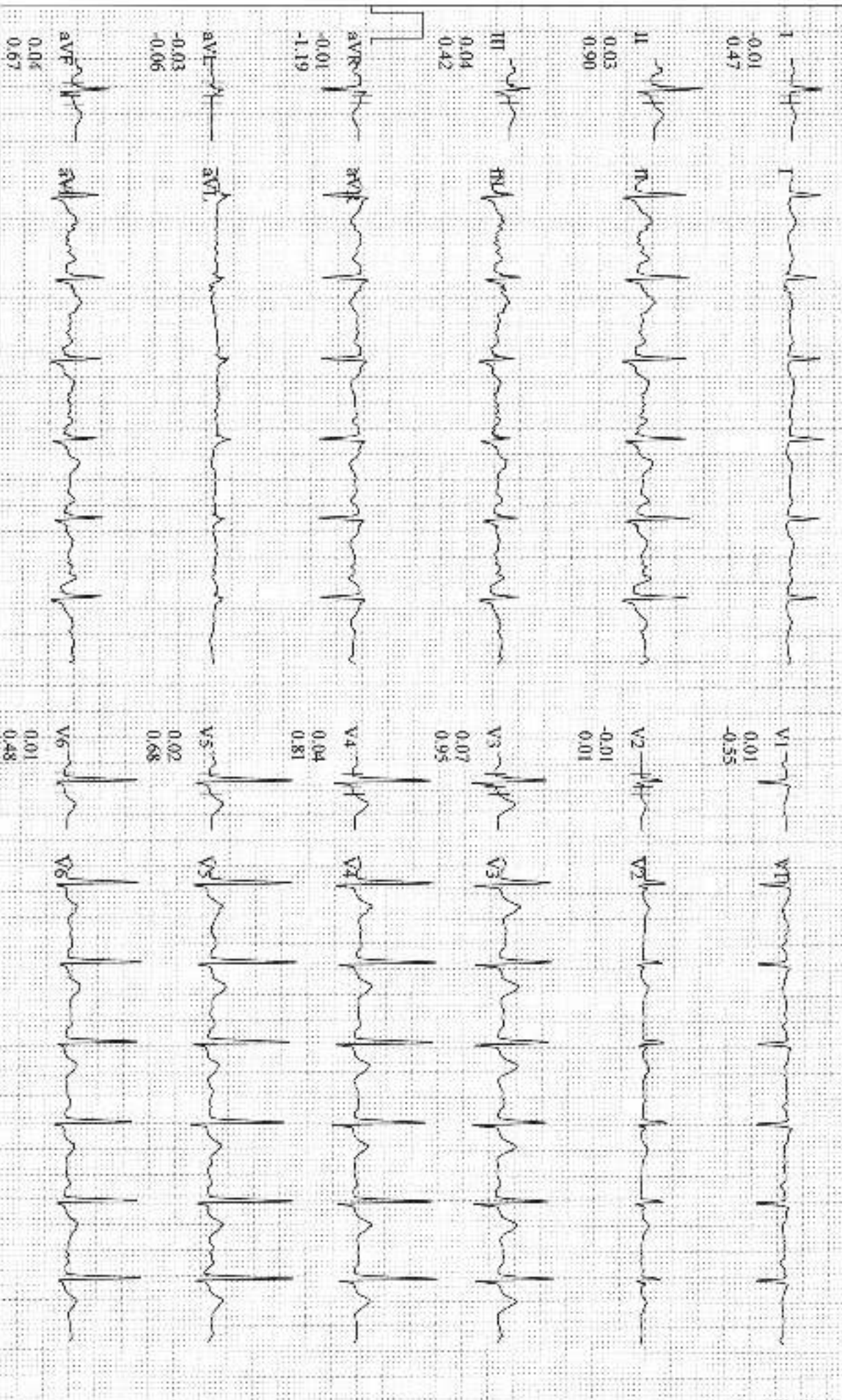
60 ms post J



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

60 hrs post J



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

**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

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

60 ms (post)



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



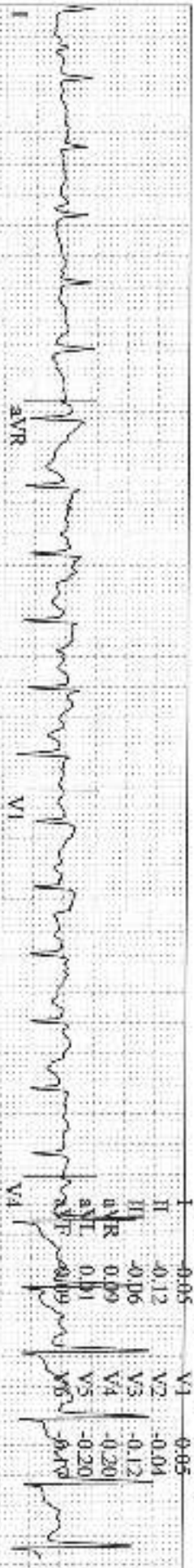
**KUMAR, PRAMOD**  
 Patient ID: 00237060  
 08.11.2024 Male 166 cm 68 kg  
 11:27:27 59 yrs

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

APOLLO CLINIC

Auto Points  
 Lead ST(mV) Lead ST(mV)



Lead	ST(mV)	Lead	ST(mV)
I	-0.05	V1	-0.05
II	-0.12	V2	-0.04
III	-0.06	V3	-0.12
aVR	0.09	V4	-0.20
aVL	0.01	V5	-0.20
aVF	-0.09	V6	-0.10

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

Patient ID: 00237060

RECOVERY

BRUCE

08.11.2024

Male 166 cm 68 kg

113 bpm

#1

0.0 mph

11:28:11

59 yrs

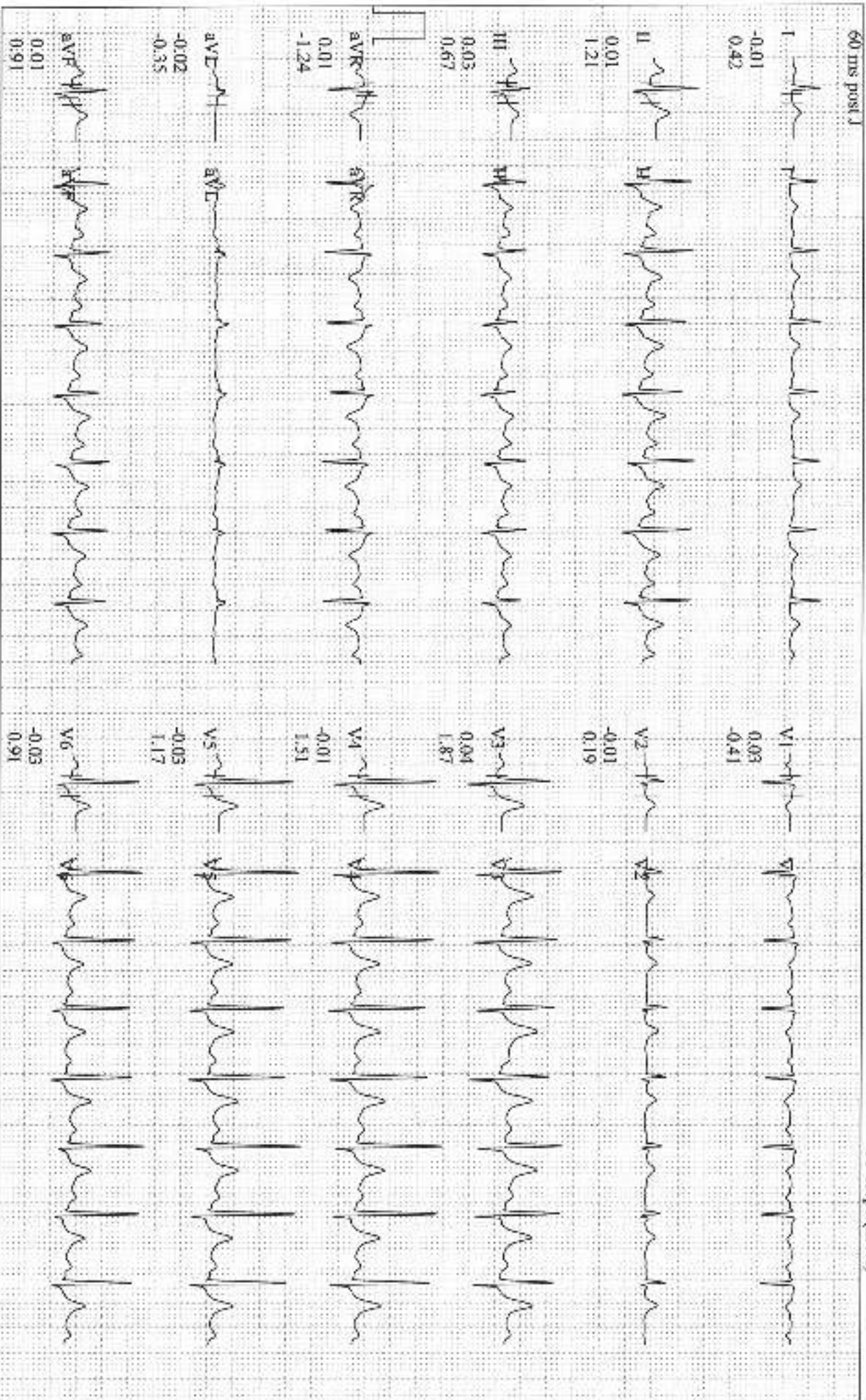
150/100 mmHg

00:50

0.0 %

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(V3,V5)

Start of Test: 11:18:08

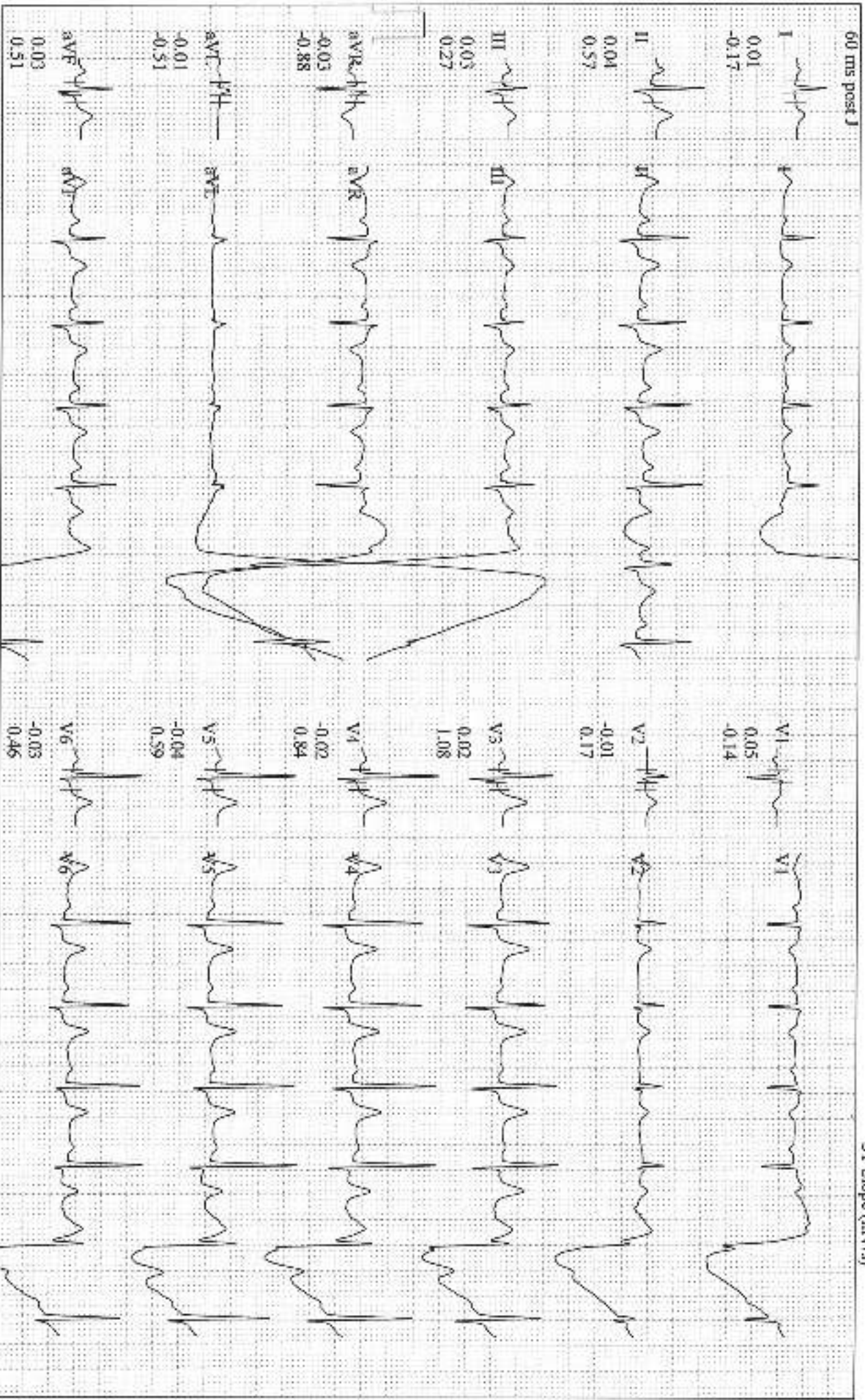
**KUMAR, PRAMOD**  
Patient ID: 00237060  
08.11.2024 Male 166 cm 68 kg  
11:29:11 59 yrs

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

**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 FRP+ HR(V4,V6)

Start of Test: 11:18:08