

Patient Name : Mr.R NANDA KUMAR	Collected : 24/Aug/2023 09:25AM
Age/Gender : 57 Y 7 M 14 D/M	Received : 24/Aug/2023 10:54AM
UHID/MR No : CINR.0000155700	Reported : 24/Aug/2023 12:47PM
Visit ID : CINROPV202803	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9916007709	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	48.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,500	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	64.5	%	40-80	Electrical Impedence
LYMPHOCYTES	23.4	%	20-40	Electrical Impedence
EOSINOPHILS	2	%	1-6	Electrical Impedence
MONOCYTES	10	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4192.5	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1521	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	130	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	650	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.5	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

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SIN No:BED230201724

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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CINR.0000155700	Reported : 24/Aug/2023 11:51AM
Visit ID : CINROPV202803	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	189	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	282	mg/dL	70-140	HEXOKINASE
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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.

Ref: Marks medical biochemistry and clinical approach

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) ,	194	mg/dL		Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
WHOLE BLOOD EDTA				

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	208	mg/dL	<200	CHO-POD
TRIGLYCERIDES	136	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	39	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	169	mg/dL	<130	Calculated
LDL CHOLESTEROL	141.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.33		0-4.97	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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when

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Test Name	Result	Unit	Bio. Ref. Range	Method
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Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.62	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	61.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.84	g/dL	6.6-8.3	Biuret
ALBUMIN	4.07	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.77	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	22.90	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.06	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.23	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.9	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.90	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	1.295	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

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

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.600	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (++++)		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	POSITIVE (++++)		NEGATIVE	Dipstick

*** End Of Report ***



Result/s to Follow:
PERIPHERAL SMEAR

Dr. Anita Shobha Flynn
M.B.B.S, MD(Pathology)
Consultant Pathologist

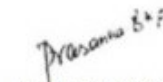
DR. SHIVARAJA SHETTY
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Dr. Anita Shobha Flynn
M.B.B.S MD(Pathology)
Consultant Pathologist




Dr. Shobha Emmanuel
M.B.B.S, M.D(Pathology)
Consultant Pathologist



Dr PRASANNA B.K.P
Md.Path.Pathologist



Name : Mr. R Nanda Kumar Address : bangalore Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 57 Y Sex : M	UHID :CINR.0000155700  OP Number :CINROPV202803 Bill No :CINR-OCR-87964 Date : 24.08.2023 09:21
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	URINE GLUCOSE(FASTING)	
2	GAMMA GLUTAMYL TRANSFERASE (GGT)	
3	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
4	HbA1c, GLYCATED HEMOGLOBIN	
5	LIVER FUNCTION TEST (LFT)	
6	X-RAY CHEST PA LO	
7	GLUCOSE, FASTING	
8	HEMOGRAM + PERIPHERAL SMEAR	
9	ENT CONSULTATION	
10	CARDIAC STRESS TEST(TMT) 4	
11	FITNESS BY GENERAL PHYSICIAN	
12	DIET CONSULTATION	
13	COMPLETE URINE EXAMINATION	
14	URINE GLUCOSE(POST PRANDIAL)	
15	PERIPHERAL SMEAR	
16	ECG 4	
17	BLOOD GROUP ABO AND RH FACTOR	
18	LIPID PROFILE	
19	BODY MASS INDEX (BMI)	
20	OPHTHAL BY GENERAL PHYSICIAN	
21	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
22	ULTRASOUND - WHOLE ABDOMEN 9	
23	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	
24	DENTAL CONSULTATION 1	
25	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 12:00	

9916007709 .

Physio - 14

Ophthal - 5

ear test - 5

DV OD + 0.75 CLC
 OS + 0.75 / -0.50 X 90 CLC
 NV OU +1.50 N6

Date : 24-08-2023

Department : GENERAL

MR NO : CINR.0000155700

Doctor :

Name : Mr. R Nanda Kumar

Registration No :

Age/ Gender : 57 Y / Male

Qualification :

Consultation Timing: 09:21

Height : 164 cm	Weight : 79.2 kg	BMI : 29.37	Waist Circum :
Temp : 98.9	Pulse : 82 bpm	Resp : 18 bpm	B.P : 126/71 mmHg

General Examination / Allergies
History

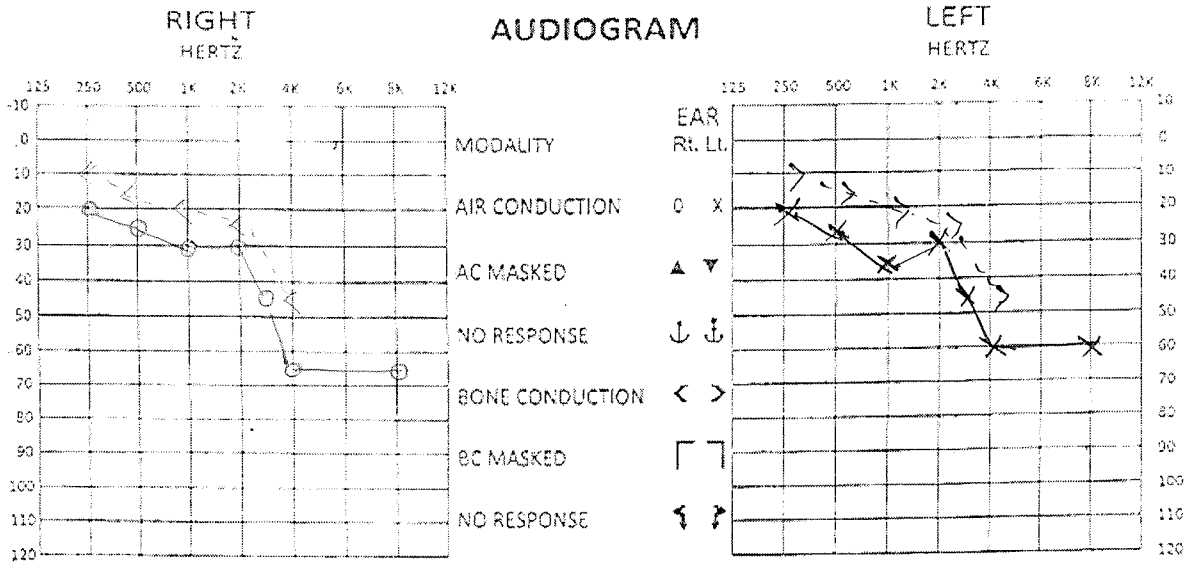
Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Name: R. Nanda Kumar
 Age: 57 years
 9916007709

Date: 29/08/2023
 Audiometer: Piccola
 Inventis.



EAR	PTA	WEBER	SRT	SDS
RIGHT	37.5	Centralized	30	-
LEFT	37.5		30	-

Audiological Interpretation:

Right Ear: } Bilateral mild sloping sensorineural
 Left Ear: } hearing loss

Recommendation:

→ hearing aid trial
 → follow up.

AUDIOLOGIST

[Signature]

MR NANDA KUMAR R,
 Patient ID: 155700
 24.08.2023 Male 164 cm 79 kg
 12:16:06pm 57 yrs Indian
 Meds:

Test Reason:
 Medical History:

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



BRUCE: Exercise Time 07:02
 Max HR: 139 bpm 85 % of max predicted 163 bpm HR at rest: 90
 Max BP: 154/96 mmHg Max RPP: 20482 mmHg* bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.75 mm, 0.64 mV/s in II; EXERCISE STAGE 2 5:59
 Arrhythmia: A:5, VBI:5, PVC:55, PSVC:4, PAUI:1
 ST/HR index: 1.42 μ V/bpm
 ST/HR slope: 1.57 μ V/bpm (II)
 HR reserve used: 67 %
 HR recovery: 23 bpm
 VE recovery: 7 VE/min
 ST/HR hysteresis: 0.042 mV (V5)
 QRS duration: BASELINE: 80 ms, PEAK EX: 84 ms, REC: 88 ms
Reasons for Termination: Target heart rate achieved
Summary:
Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.
Chest Pain: none. **Arrhythmias:** none. **ST Changes:** none. **Overall impression:** Normal stress test.
Conclusion: GOOD EFFORT TOLERANCE
 NORMAL HR AND BP RESPONSE
 NO ANGINA AND ARRHYTHMIA DURING TEST
 STRESS TEST IS *negative* FOR THE EXERCISE INDUCIBLE ISCHEMIA
 Room: *150*
 Location: * 0 * *ST of Vp = during study*

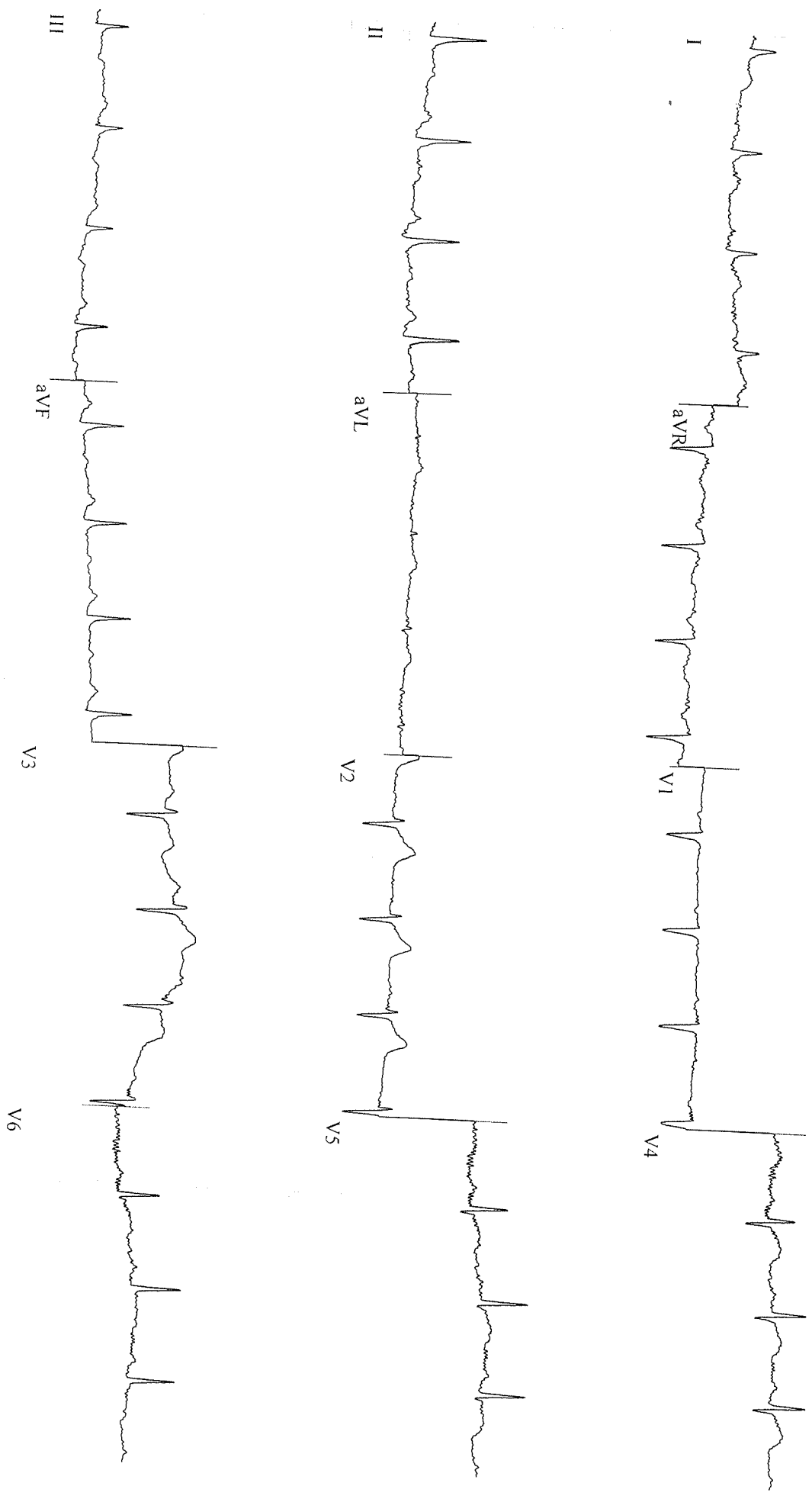
Phase Name	Stage Name	Time in Sta	Speed [m	Grade [%	Worklo	HR [bpm	BP [mmH	RPP [VE [/min]	ST Level II [mm]
1	PRETEST	SUPINE	00:29	0.00	0.00	1.0	89		0	0.80
2		STANDIN	00:19	0.00	0.00	1.0	90		0	0.70
3		HYPERV.	00:22	1.00	0.00	1.2	90		0	0.80
4	EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	113	120/80	1	0.40
5		STAGE 2	03:00	2.50	12.00	7.0	130	140/90	9	-0.85
6		STAGE 3	01:02	3.40	14.00	10.1	139	194/60	10	-0.70
7	RECOVERY		03:16	0.00	0.00	1.0	100	154/96	0	0.05

MR NANDA KUMAR R,
Patient ID: 155700
24.08.2023 Male 164 cm 79 kg
12:16:20pm 57 yrs Indian

Exercise Test / 12-Lead Report
PRETEST
SUPINE — ECG
00:08

BRUCE
0.0 mph
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF-

Start of Test: 12:16:06pm

MR NANDA KUMAR R,

Patient ID: 155700

24.08.2023

12:16:43pm

Male 164 cm 79 kg
57 yrs Indian

89 bpm

Exercise Test / 12-Lead Report

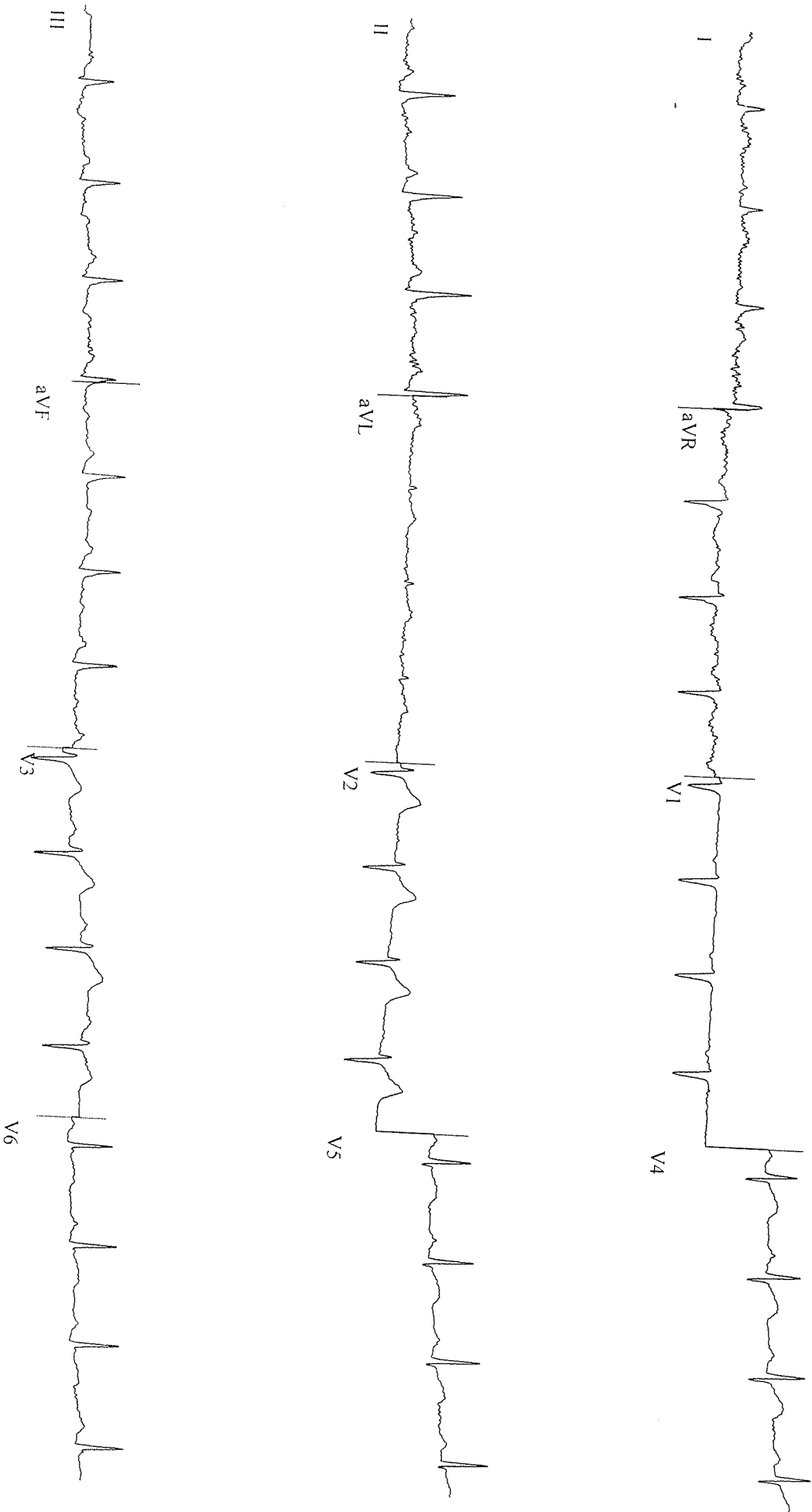
PRETEST

STANDING

00:31

APOLLO CLINIC

BRUCE
0.0 mph
0.0 %



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

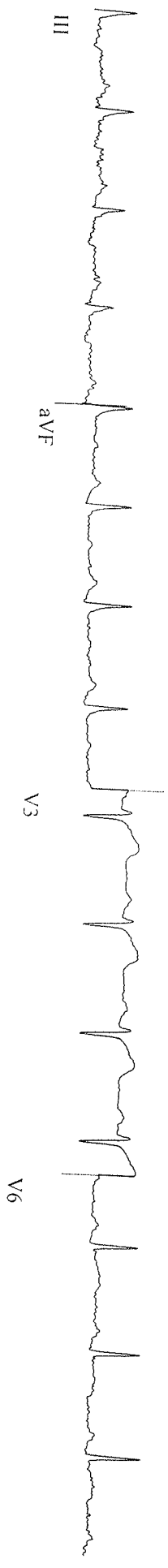
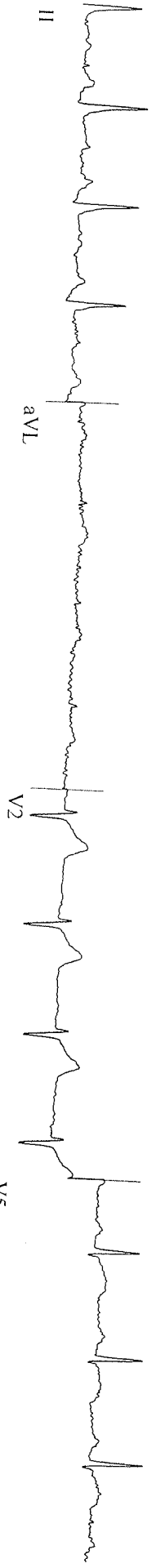
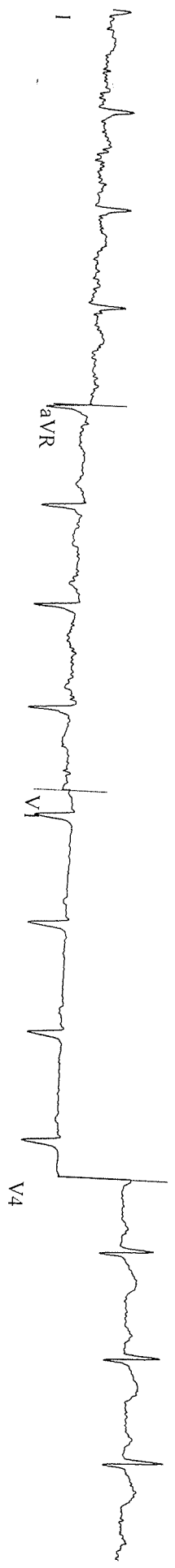
Start of Test: 12:16:06pm

MIR NANDA KUMAR R,
Patient ID: 155700
24.08.2023 Male 164 cm 79 kg
12:17:00pm 57 yrs Indian

Exercise Test / 12-Lead Report
PRETEST
HYPERV.
00:48

BRUCE
0.0 mph
0.0 %

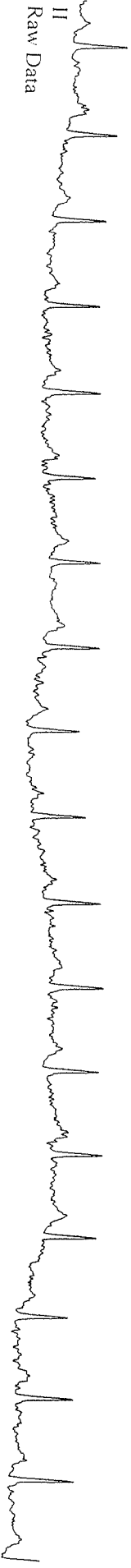
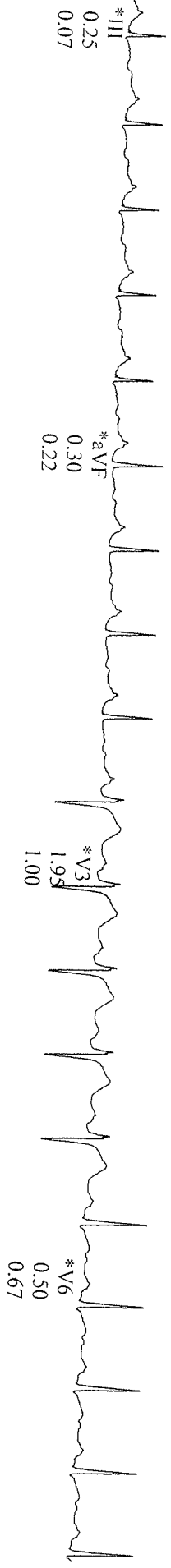
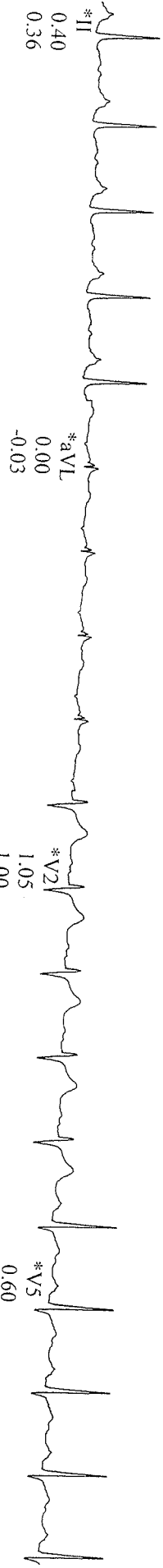
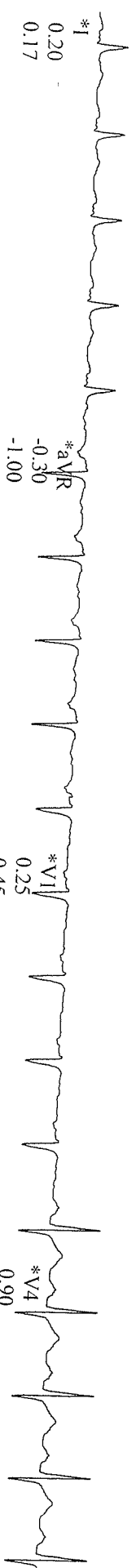
APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 12:16:06pm

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



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz FRF- 0.05 - 40 Hz FRF- HR(II,V5)

*Computer Synthesized Rhythms

Start of Test: 12:16:06pm

MR NANDA KUMAR R,

Patient ID: 155700

24.08.2023 Male 164 cm 79 kg

12:23:06pm 57 yrs Indian

Exercise Test / Linked Medians

EXERCISE

STAGE 2

131 bpm
140/90 mmHg

05:50

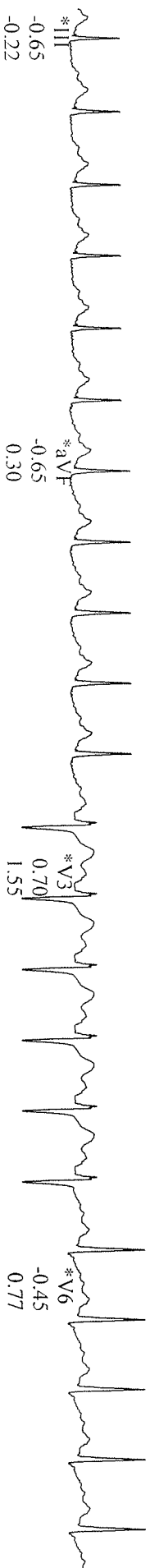
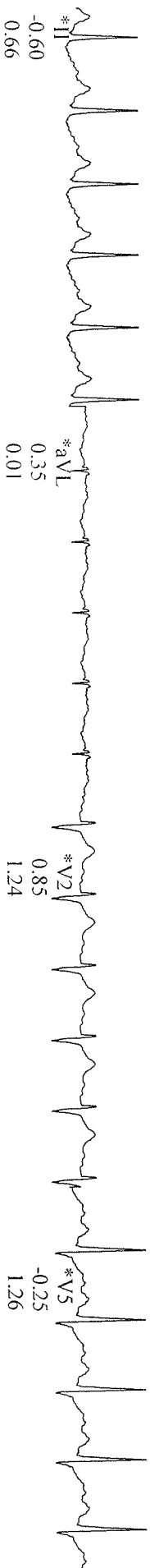
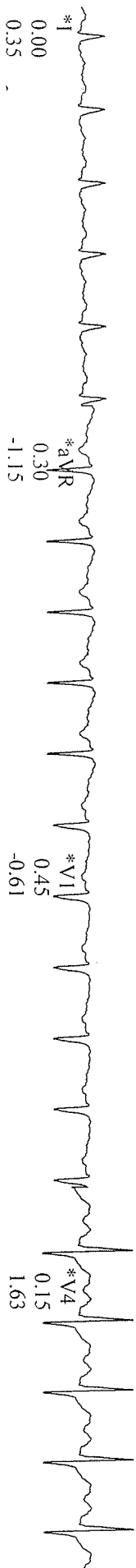
BRUCE

2.5 mph

12.0 %

APOLLO CLINIC

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



*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF - HR(V6,II)

Start of Test: 12:16:06pm

MR NANDA KUMAR R,

Patient ID: 155700
24.08.2023 Male 164 cm 79 kg
12:24:18pm 57 yrs Indian

Exercise Test / Linked Medians (PEAK EXERCISE)

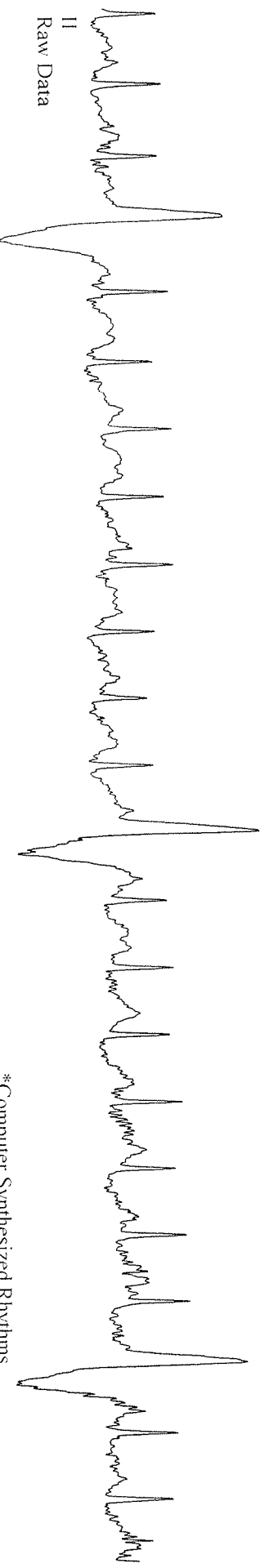
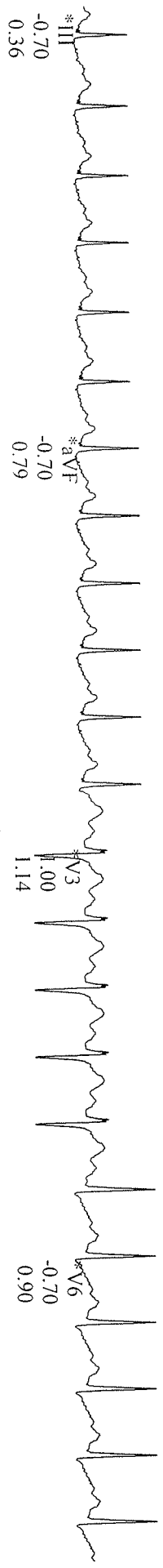
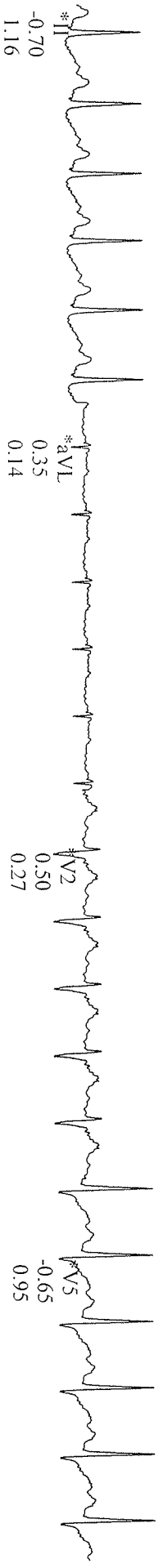
139 bpm

EXERCISE
STAGE 3
07:02

BRUCE
3.4 mph
14.0 %

APOLLO CLINIC

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



*Computer Synthesized Rhythms

MR NANDA KUMAR R,

Patient ID: 155700

24.08.2023 Male 164 cm 79 kg

12:25:18pm 57 yrs Indian

Exercise Test / Linked Medians

RECOVERY

#1

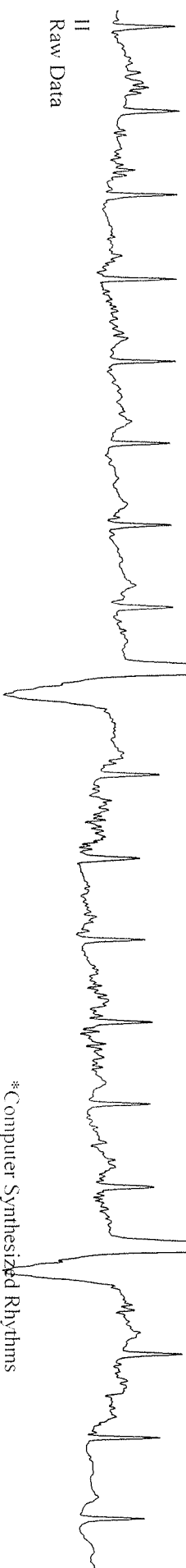
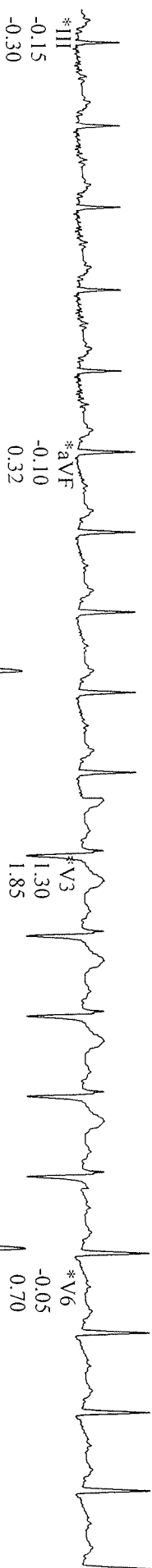
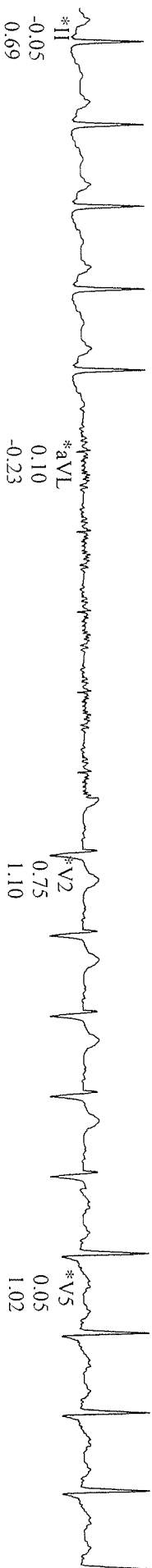
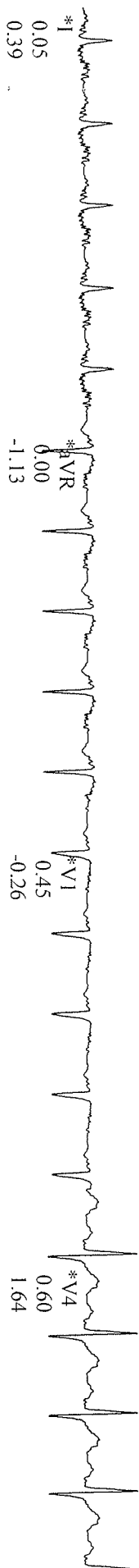
01:00

116 bpm
154/96 mmHg

BRUCE
0.0 mph
0.0 %

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

APOLLO CLINIC



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V6,II)

Start of Test: 12:16:06pm

MR NANDA KUMAR R,

Patient ID: 155700

24.08.2023 Male 164 cm 79 kg

12:27:18pm 57 yrs Indian

Exercise Test / Linked Medians

RECOVERY

104 bpm

#1

03:00

BRUCE

0.0 mph

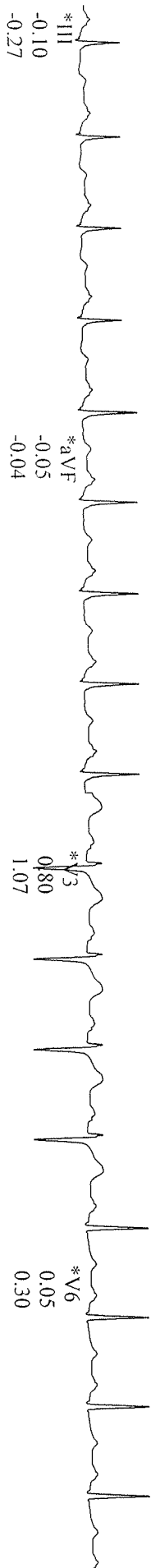
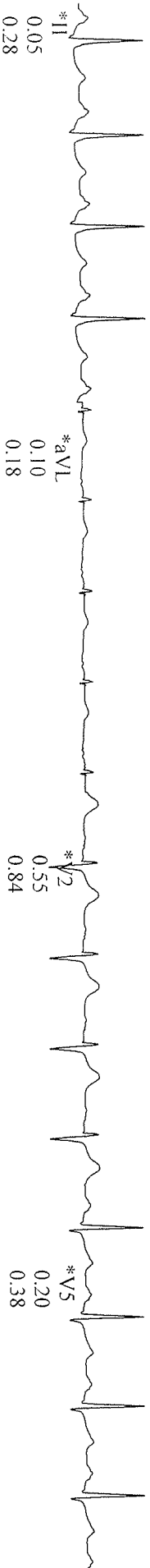
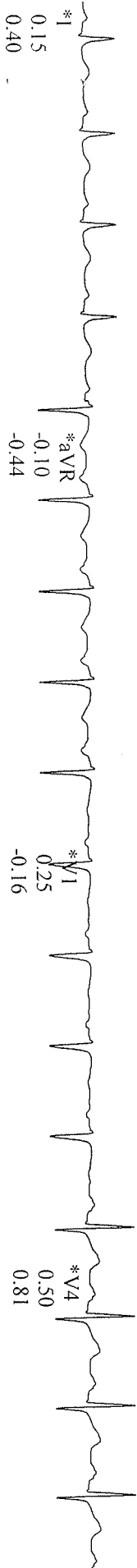
0.0 %

APOLLO CLINIC

Lead

ST Level (mm)

ST Slope (mV/s)



*Computer Synthesized Rhythms

NANDA KUMAR: Health Check up Booking Request(bobS44678), Beneficiary Code-66749

Bhuvaneshwari G <buvanananda71@gmail.com>

Sun 8/20/2023 11:43 AM

To: BHUVANESHWARI G <BHUVANESHWARI.G@bankofbaroda.com>

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENT!

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Sun, Aug 20, 2023, 11:12 AM

Subject: Health Check up Booking Request(bobS44678), Beneficiary Code-66749

To: <buvanananda71@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear R nand kumar,

Thanks for booking Health Checkup and we have required following document for confirmation of booking health checkup.

1. HRM Letter

Please note following instruction for HRM letter.

1. For generating permission letter for cashless health check-up in the HR Connect, the path to be followed is given below:

- a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value
->Reimbursement Type: Mandatory Health Check-up &€ Click Add
- b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

c) After submission, click print button to generate Permission Letter

Booking Date : 20-08-2023

Health Check up Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
ECHO (Metro)

Name of Diagnostic/Hospital : Apollo Clinic - Indiranagar

Address of Diagnostic/Hospital : Plot 2012, 1st floor, Above vision express, Next to Starbucks, 100 feet road HAL 2nd stage, Indiranagar - 560038

Appointment Date : 24-08-2023

Preferred Time : 9:00am-9:30am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
R nand kumar	48	Male	Cashless
Total amount to be paid		Cashless	

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Arcofemi MediWheel Full Body Annual Plus Male Above 50 2D
ECHO (Metro) - Includes (42)Tests

Tests included in this Package : Egg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, Psa(for Male), Dental Consultation, Creatinine, Serum, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Diabetic Consultation , Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Ent Consultation , Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar

Patient Name : Mr. R Nanda Kumar

Age/Gender : 57 Y/M

UHID/MR No. : CINR.0000155700

OP Visit No : CINROPV202803

Sample Collected on :

Reported on : 24-08-2023 14:45

LRN# : RAD2080773

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9916007709

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Bilateral lung fields appear normal.

Cardiac size is normal.

Bilateral hila appears normal.

Bilateral CP angle appear normal.

Dr. PRIYA B
MBBS, MD (Radiology)
Radiology

Patient Name	: Mr. R Nanda Kumar	Age/Gender	: 57 Y/M
UHID/MR No.	: CINR.0000155700	OP Visit No	: CINROPV202803
Sample Collected on	:	Reported on	: 24-08-2023 11:35
LRN#	: RAD2080773	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9916007709		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Clinical details : Health check.

LIVER: Appears normal in size(15.0 cm), shape and **show mild diffusely increased echogenicity**. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size. CBD.

GALLBLADDER: Distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size(9cm), shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.4x5.1 cm.

Left kidney measures 9.6x5.8 cm.

URINARY BLADDER: Minimally distended and appears normal. No evidence of abnormal wall thickening noted. No calculi no mass lesion.

PROSTATE: Visualized prostate is normal in size(10cc), no focal lesion.

No free fluid or lymphadenopathy is seen.

IMPRESSION:

- **Grade I fatty liver.**

Dr. PRIYA B
MBBS, MD (Radiology)
Radiology