

Certificate No: MO-5597

Patient Name : Mr.JADHAV SUHAS	Collected : 23/Mar/2024 09:53AM
Age/Gender : 36 Y 6 M 0 D/M	Received : 23/Mar/2024 01:59PM
UHID/MR No : CKHA.0000072642	Reported : 23/Mar/2024 03:10PM
Visit ID : CKHAOPV111242	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15859	

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

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15	g/dL	13-17	Spectrophotometer
PCV	44.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.94	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48.2	%	40-80	Electrical Impedance
LYMPHOCYTES	42.6	%	20-40	Electrical Impedance
EOSINOPHILS	2.3	%	1-6	Electrical Impedance
MONOCYTES	6.8	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2072.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1831.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	98.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	292.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	4.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.13		0.78- 3.53	Calculated
PLATELET COUNT	204000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	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.				



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DEPARTMENT OF HAEMATOLOGY

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

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Patient Name : Mr.JADHAV SUHAS	Collected : 23/Mar/2024 12:17PM
Age/Gender : 36 Y 6 M 0 D/M	Received : 23/Mar/2024 03:03PM
UHID/MR No : CKHA.0000072642	Reported : 23/Mar/2024 05:52PM
Visit ID : CKHAOPV111242	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	201	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:**
- 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.
 - Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	332	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.



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





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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	197	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	170	mg/dL	<200	CHO-POD
TRIGLYCERIDES	69	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	110.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.83	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.

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DEPARTMENT OF BIOCHEMISTRY

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

- 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 Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.86	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.05	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.8	U/L	<50	IFCC
ALKALINE PHOSPHATASE	67.72	U/L	30-120	IFCC
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.18	g/dL	2.0-3.5	Calculated
A/G RATIO	2.1		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.
- Bilirubin may be elevated.
- 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.62	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	15.86	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.55	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.55	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.95	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.14	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.76	g/dL	6.6-8.3	Biuret
ALBUMIN	4.58	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.18	g/dL	2.0-3.5	Calculated
A/G RATIO	2.1		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	30.72	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.79	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.86	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.671	µIU/mL	0.34-5.60	CLIA

Comment:

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

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

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

*** End Of Report ***

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Age/Gender : 36 Y/M

UHID/MR No. : CKHA.0000072642

OP Visit No : CKHAOPV111242

Sample Collected on :

Reported on : 25-03-2024 14:36

LRN# : RAD2278731

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE15859

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Dr. HARSHAD JAGTAP
MBBS,DMRD,DNB
Radiology


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Jadhav Snhas on 25/03/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Glucose Fasting - 201 / 332 (PP) , HbA1C - 8.5</u></p> <p>2. <u>Glucosuria</u></p> <p>3.</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


Dr. Zuha Khan
 DMBBS General Physician
 Medical Officer - 2020/03/1804
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Mr. Jadhav Suhav

DR. Rupali

36 yrs / M.

23/03/2024

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

pt came for Routine ENT check-up.
- No active ENT complaints
- No h/o hearing loss.

O/E BIL TM-intact; BIL EAC-clear,

- (R) ITH,

- Throat -WNL.



Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: *Mr Jadhav Suhag*

GENDER: *M/F*

DATE: *23.3.24*

AGE: *36*

UHID: *72642*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>PL</i>	<i>-</i>	<i>.</i>	<i>4/6</i>
NEAR				

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>PL</i>	<i>-</i>	<i>.</i>	<i>6/6</i>
NEAR				

INSTRUCTIONS:

SIGNATURE



Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

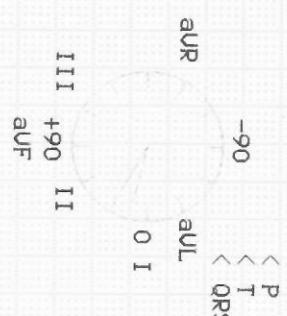
 **1860 500 7788**

AGE:

Measurement Results:

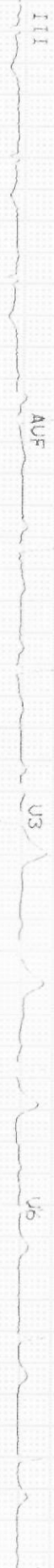
QRS	94 ms
QT/QTcB	374 / 432 ms
PR	142 ms
P	108 ms
RR/PP	748 / 745 ms
P/QRS/T	45 / 30 / 15 degrees
QTd/QTcBD	42 / 49 ms
Sokolow	2.0 mV
NK	11

Interpretation:



[Handwritten Signature]

Unconfirmed report.



SUAR

Patient Name : Mr. JADHAV SUHAS
UHID : CKHA.0000072642
Reported on : 23-03-2024 20:32
Adm/Consult Doctor :

Age : 36 Y M
OP Visit No : CKHAOPV111242
Printed on : 24-03-2024 10:31
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:23-03-2024 20:32

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name : Suhas Jadhav.

Date : 23/03/2024

Referred By : Apollo Clinics.

Age : 36 yrs. Sex : M.

USG – Abdomen & pelvis

Clinical Profile : Routine check up.

Findings:

Liver appears normal in size, shape and echotexture. No focal mass lesions seen. Intrahepatic biliary radicals and veins are normal.

GB is well distended and appears normal. No calculi are noted. Gall bladder wall is normal. CBD and PV are normal.

Pancreas is normal in size, shape and echotexture . No focal mass lesion seen. Pancreatic duct is normal.

Spleen is normal in size, shape and echotexture. No focal mass lesion seen.

Right kidney is normal in size, shape and echotexture. It measures 10.3 x 4.6 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

Left kidney is normal in size, shape and echotexture. It measures 10.2 x 4.4 cm in size. No evidence of calculus / hydronephrosis is seen. Cortical thickness is normal. CMD is well maintained.

No ascites. No para-aortic lymphadenopathy.

Bladder is well distended and normal in outline. Bladder wall is normal.

Prostate appears normal in size and texture.

Impression:

> **USG of the abdomen and pelvis does not reveal any significant abnormality.**
Suggest- Clinico- Lab correlation.

This report is a professional opinion based on real time imaging findings and not a diagnosis by itself. Its has to correlated and interpreted with clinical and other investigations findings. Kindly bring the previous sonography reports for reference.

Dr. Harshad V. Jagtap
DMRD, DNB (Radiodiagnosis)

Thanks for the referral

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

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

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**



भारत सरकार
GOVERNMENT OF INDIA



सुहास बाळासाहेब जाधव
Suhas Balasaheb Jadhav
जन्म तारीख/ DOB:
29/03/1988
पुरुष / MALE



5882 5856 4298

भारी आधार, भारी ओणभ

36 years

JADHAV, SUHAV
Patient ID: 72642
23-03-2024 14:25:03

Male 175 cm 61 kg
35 yrs

Exercise Test / 12SL Report

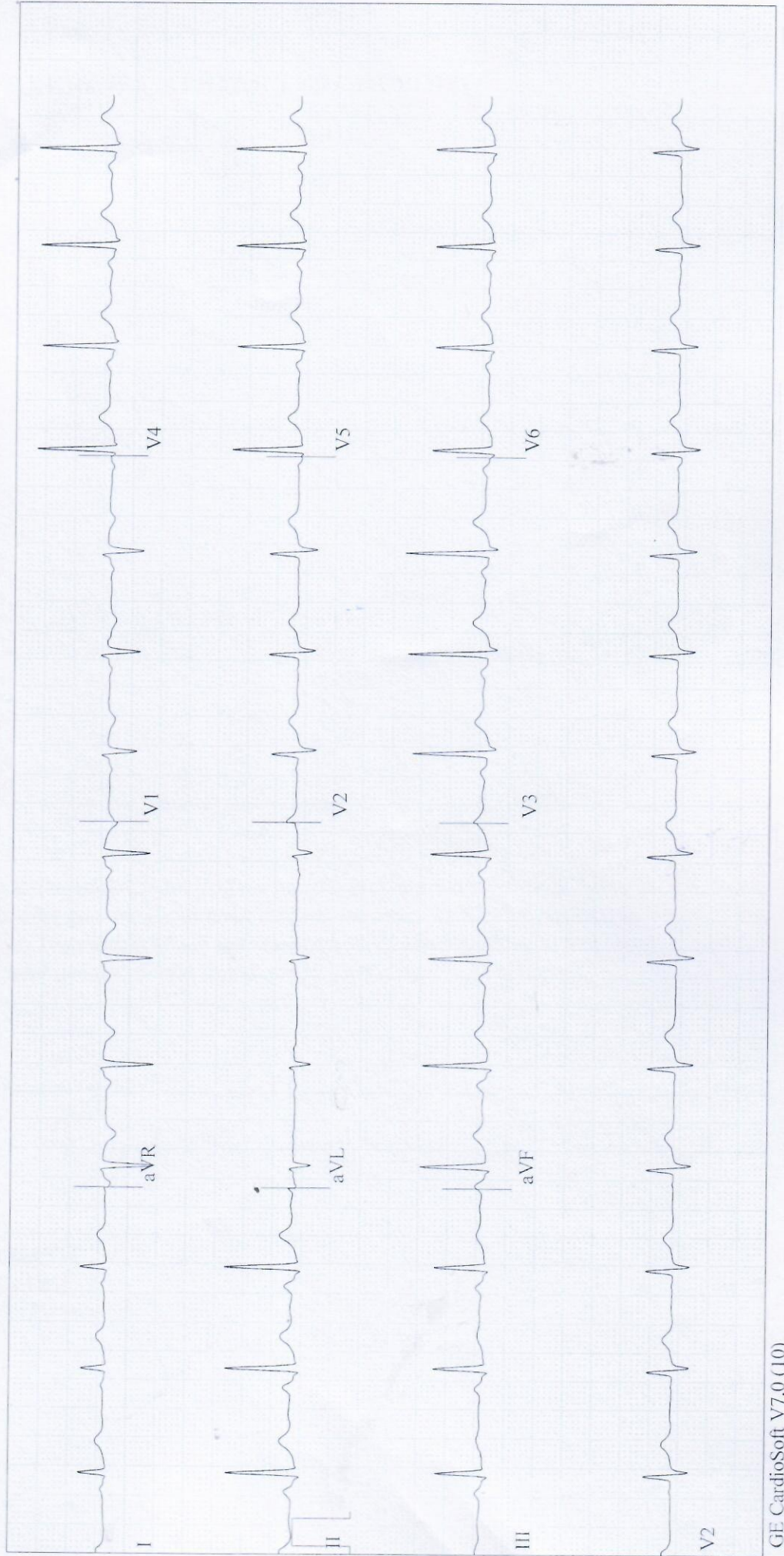
APOLLO CLINIC

110/70 mmHg

Normal sinus rhythm
Normal ECG

Vent. Rate 86 bpm
PR interval 138 ms
QRS duration 82 ms
QT / QTc 350 / 418 ms
P-R-T axes 74 / 70 / 62 °
P duration 104 ms
RR interval 698 ms

Technician
Medication: NO



APOLLO CLINIC
KHARADI
PUNE-411014

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: JADHAV, SUHAS
Patient ID: 72642
Height: 175 cm
Weight: 61 kg

DOB: 29.03.1988
Age: 35 yrs
Gender: Male
Race:

Study Date: 23.03.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
NO

Medical History:
NO

Reason for Exercise Test:
HEALTH CHECK UP

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:07	0.00	0.00	88	110/70	
	STANDING	00:05	0.00	0.00	82	110/70	
	HYPERV.	00:07	0.00	0.00	80	110/70	
	WARM-UP	00:35	0.00	0.00	99	110/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	130	120/80	
	STAGE 2	03:00	4.00	12.00	153	130/90	
	STAGE 3	01:00	5.40	14.00	166	140/90	
RECOVERY		03:04	0.00	0.00	109	140/90	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 9.90. The resting heart rate of 88 bpm rose to a maximal heart rate of 166 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 140/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

--

Exercise Stress Test is negative

Conclusions

--

for inducible ischemia.

Cardiologist


DR ARVIND PATIL
MD (Medicine) AFMC
Consultant (Internal Medicine) &
Endocrinologist
MMC Regn # 58971

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg
 14:25:36 35 yrs
 Meds: NO

Test Reason: HEALTH CHECK UP

Medical History: NO

Ref. MD: Ordering MD:

Technician: Test Type: Treadmill Stress Test

Comment:

BRUCE: Exercise Time 07:00

Max HR: 166 bpm 89 % of max predicted 185 bpm HR at rest: 88

Max BP: 140/90 mmHg BP at rest: 110/70 Max RPP: 23240 mmHg*bpm

Maximum Workload: 9.90 METS

Max. ST: -0.15 mV, 1.31 mV/s in V3; EXERCISE STAGE 3 7:00

ST/HR index: 1.94 μ V/bpm

ST/HR slope: 3.50 μ V/bpm (V3)

HR reserve used: 80 %

HR recovery: 28 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.014 mV (V6)

QRS duration: BASELINE: 80 ms, PEAK EX: 86 ms, REC: 82 ms

Reasons for Termination: Target heart rate achieved

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [/min]	ST Level V3 [mV]	Comment
PRETEST	SUPINE	00:07	0.00	0.00	1.0	88	110/70	9680	0	-0.01	
	STANDING	00:05	0.00	0.00	1.0	82	110/70	9020	0	0.00	
	HYPERV.	00:07	0.00	0.00	1.0	80	110/70	8800	0	-0.01	
	WARM-UP	00:35	0.00	0.00	1.0	99	110/70	10890	0	0.00	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	130	120/80	15600	0	-0.03	
	STAGE 2	03:00	4.00	12.00	7.0	153	130/90	19890	0	-0.11	
	STAGE 3	01:00	5.40	14.00	9.9	166	140/90	23240	0	-0.15	
RECOVERY		03:04	0.00	0.00	1.0	109	140/90	15260	0	-0.05	

JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:25:42 35 yrs

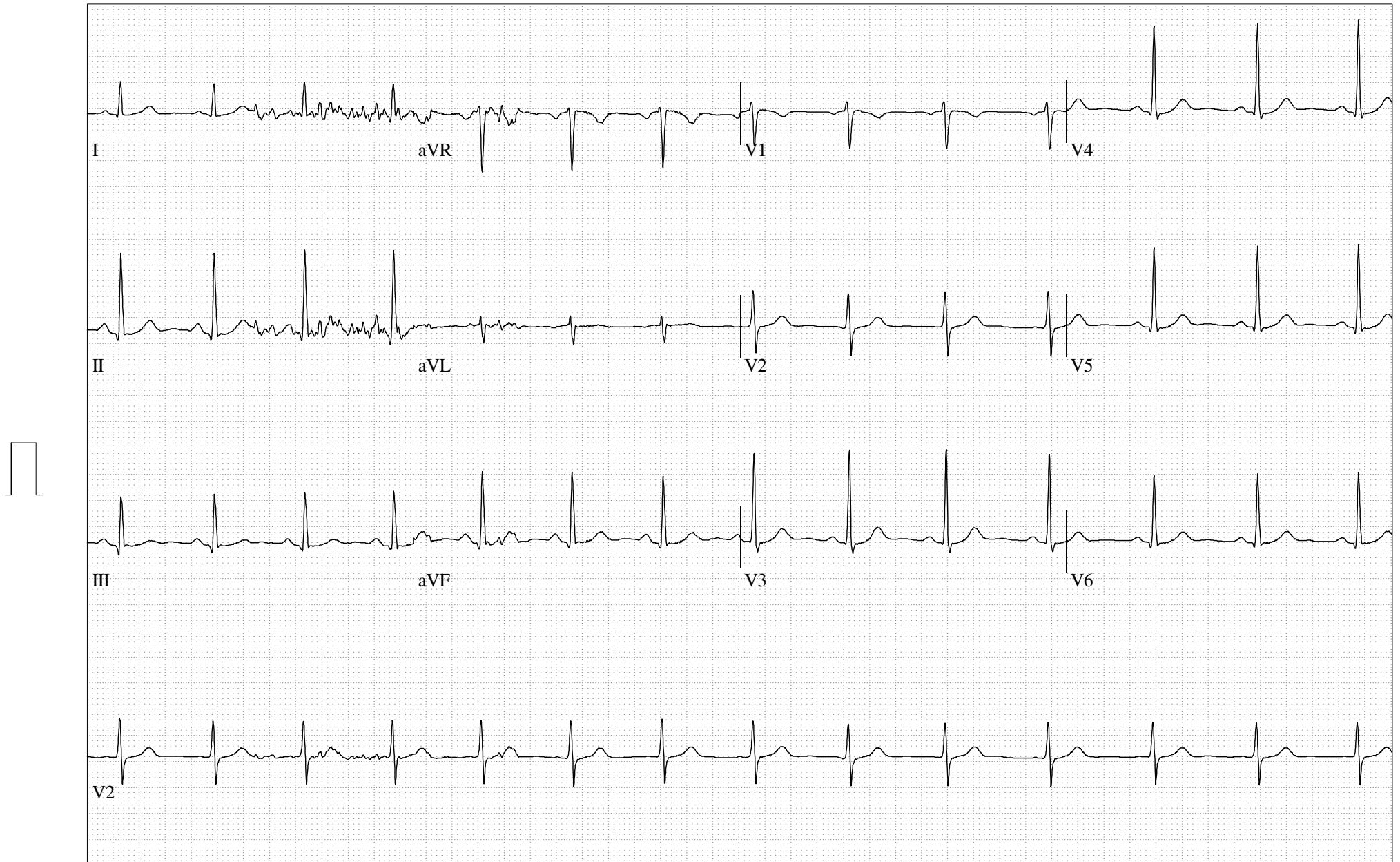
Exercise Test / ECG Strips

89 bpm
110/70 mmHg

PRETEST
SUPINE
0:05

BRUCE
0.0 km/h
0.0 %

APOLLO CLINIC



JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:25:48 35 yrs

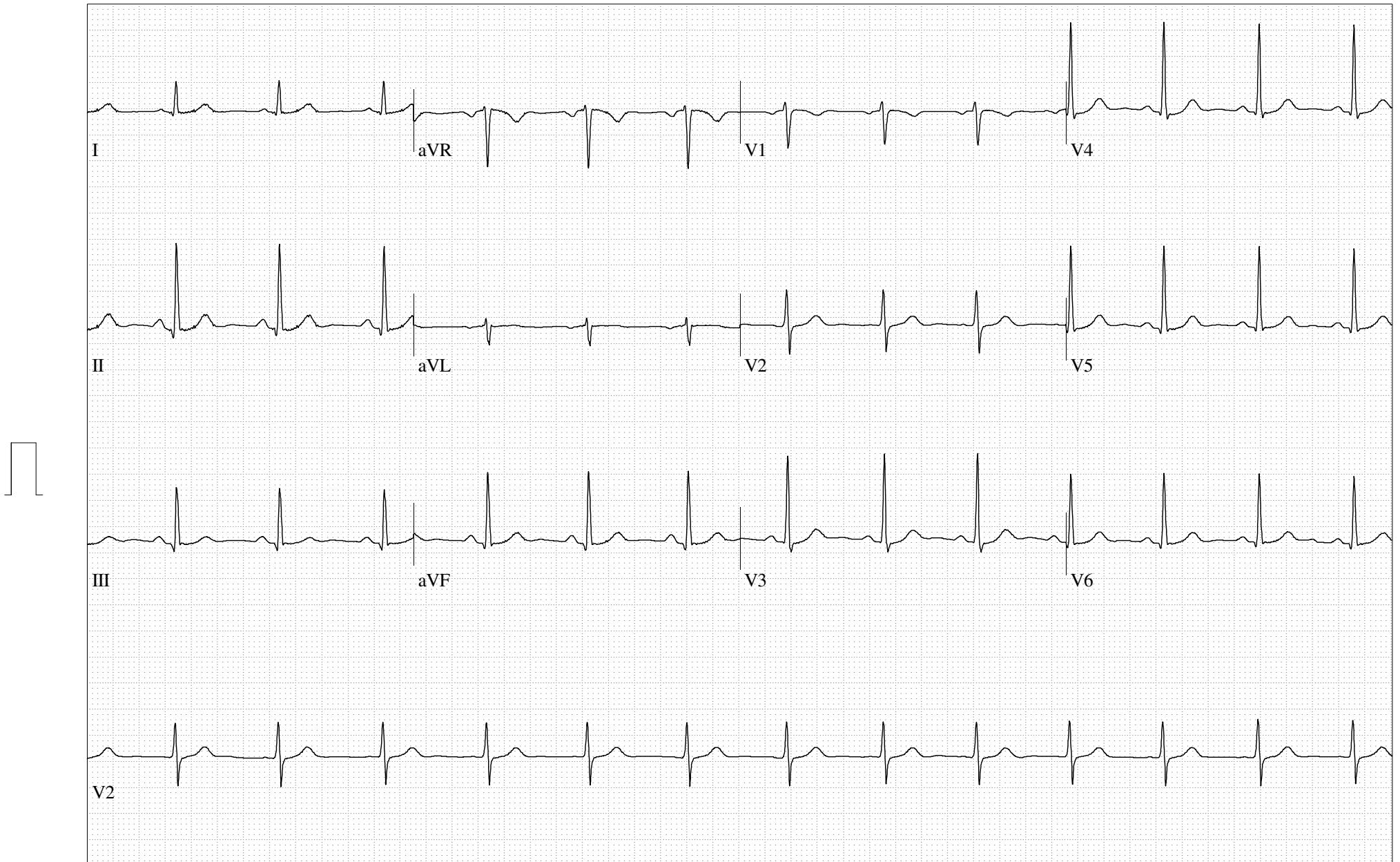
Exercise Test / ECG Strips

83 bpm
110/70 mmHg

PRETEST
STANDING
0:11

BRUCE
0.0 km/h
0.0 %

APOLLO CLINIC



JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:25:55 35 yrs

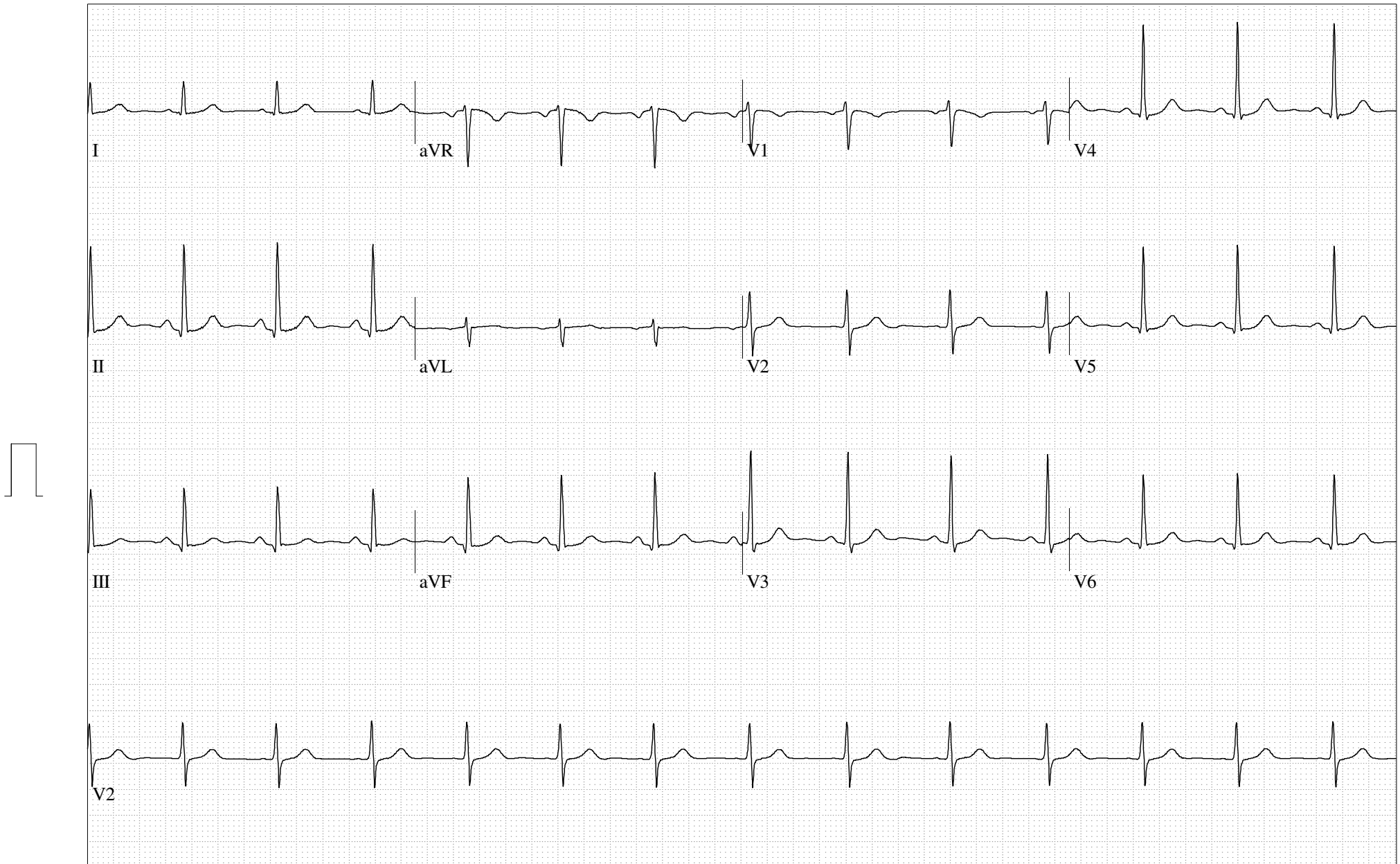
Exercise Test / ECG Strips

81 bpm
110/70 mmHg

PRETEST
HYPERV.
0:18

BRUCE
0.0 km/h
0.0 %

APOLLO CLINIC



JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:26:30 35 yrs

Exercise Test / ECG Strips

99 bpm

110/70 mmHg

PRETEST

WARM-UP

0:54

BRUCE

0.0 km/h

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,II)

Unconfirmed

Attending MD:

JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:29:20 35 yrs

Exercise Test / ECG Strips

130 bpm
120/80 mmHg

EXERCISE
STAGE 1
2:50

BRUCE
2.7 km/h
10.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,II)

Unconfirmed

Attending MD:

JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:32:20 35 yrs

Exercise Test / ECG Strips

151 bpm

130/90 mmHg

EXERCISE

STAGE 2

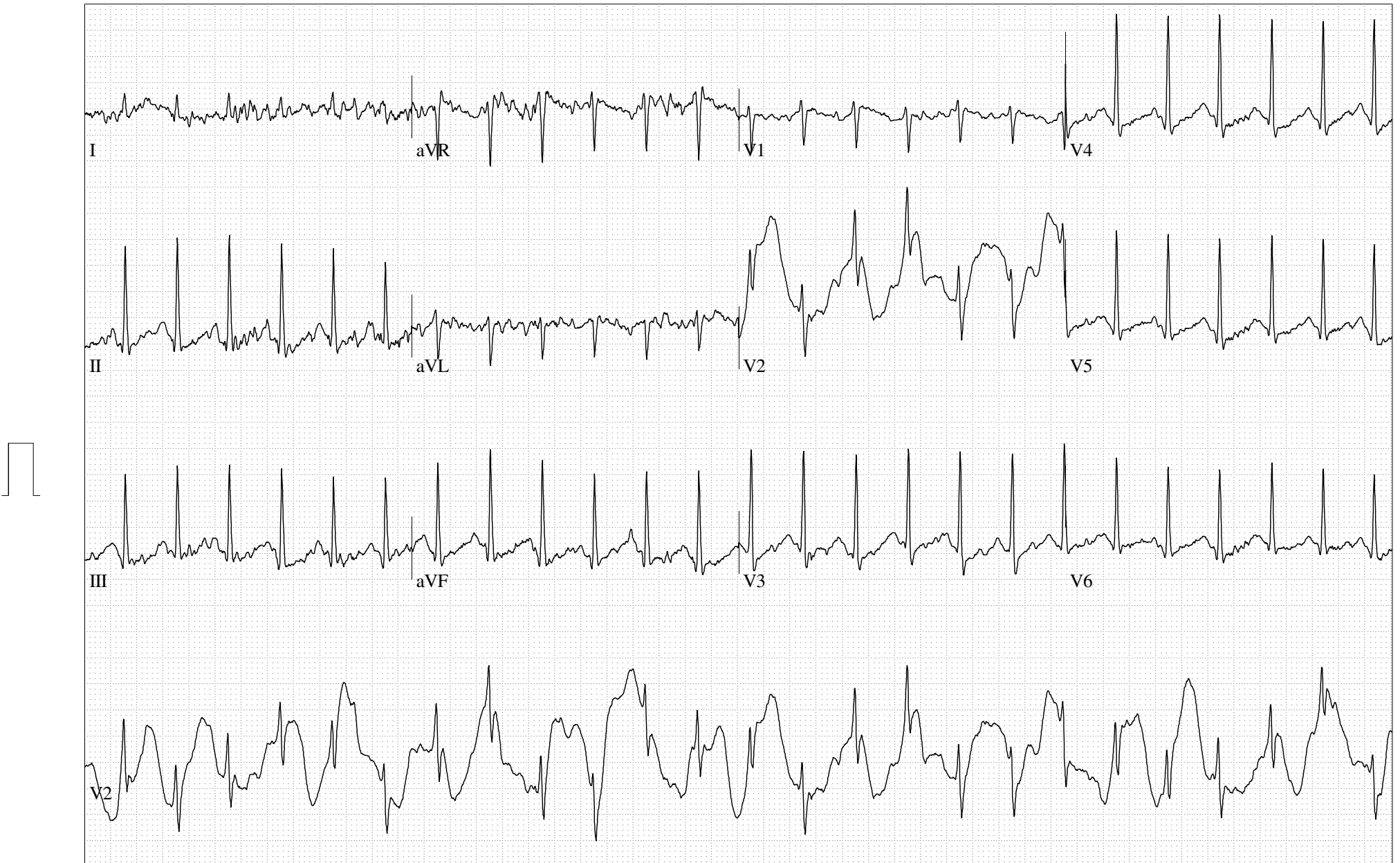
5:50

BRUCE

4.0 km/h

12.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,II)

Unconfirmed

Attending MD:

Page 7

JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:33:30 35 yrs

Exercise Test / ECG Strips

166 bpm
140/90 mmHg

EXERCISE
STAGE 3
7:00

BRUCE
5.4 km/h
14.0 %

APOLLO CLINIC



JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:34:20 35 yrs

Exercise Test / ECG Strips

142 bpm
140/90 mmHg

RECOVERY

0:50

BRUCE

0.0 km/h

0.0 %

APOLLO CLINIC



JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:35:20 35 yrs

Exercise Test / ECG Strips

121 bpm

RECOVERY

BRUCE

0.0 km/h

0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,II)

Unconfirmed

Attending MD:

Page 10

JADHAV, SUHAS

Patient ID: 72642

23.03.2024 Male 175 cm 61 kg

14:36:20 35 yrs

Exercise Test / ECG Strips

112 bpm
140/90 mmHg

RECOVERY

2:50

BRUCE

0.0 km/h
0.0 %

APOLLO CLINIC



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.04Hz FRF HEART V5.41.1 HR(V3,II)

Unconfirmed

Attending MD:

Page 11

Patient Name : Mr. JADHAV SUHAS

Age/Gender : 36 Y/M

UHID/MR No. : CKHA.0000072642

OP Visit No : CKHAOPV111242

Sample Collected on :

Reported on : 23-03-2024 20:33

LRN# : RAD2278731

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE15859

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

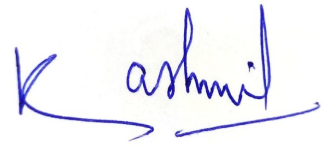
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology