

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

MANOJ K BOB 2016 @
GMAIL.COM

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. KUMAR MANOJ
EC NO.	109333
DESIGNATION	CREDIT
PLACE OF WORK	NEW DELHI, CHANAKYAPURI
BIRTHDATE	14-10-1985
PROPOSED DATE OF HEALTH CHECKUP	20-06-2022
BOOKING REFERENCE NO.	22J109333100020430E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **16-06-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

epu

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



NAME : MANOJ KUMAR
 AGE/SEX : 36Y/M
 DATE : 20.06.2022

Height	Weight	BMI	BP
168 cm	59 kg	20.9	100/70 mmHg
HABITS	SMOKING : NO ALCOHOL : NO DRUGS : NO		

Family History:

- Asthma : NO
- Diabetes : NO
- TB : Nil
- THYROID : NO
- Heart Disease : NO
- BP : NO

Personal History:

- TB : Nil
- Rheumatic : NO
- Acquired deformity : NO
- Operated for : NO
- Psychosomatic history : NO
- Diabetes : NO
- BP : THYROXINE 25mcg OD/2*year

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT EYE	LT EYE	RT EYE	LT EYE		
	6/6	6/6	N-6	N-6	NORMAL	YES

DR. CHARU KOHLI
 CONSULTANT MBBS
 DMC-1888
Charu

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medico-legal aspect.

7618906360



भारत सरकार

Government of India



Issue Date : 19/12/2014



मनोज कुमार

Manoj Kumar

जन्म तिथि / DOB : 14/10/1985

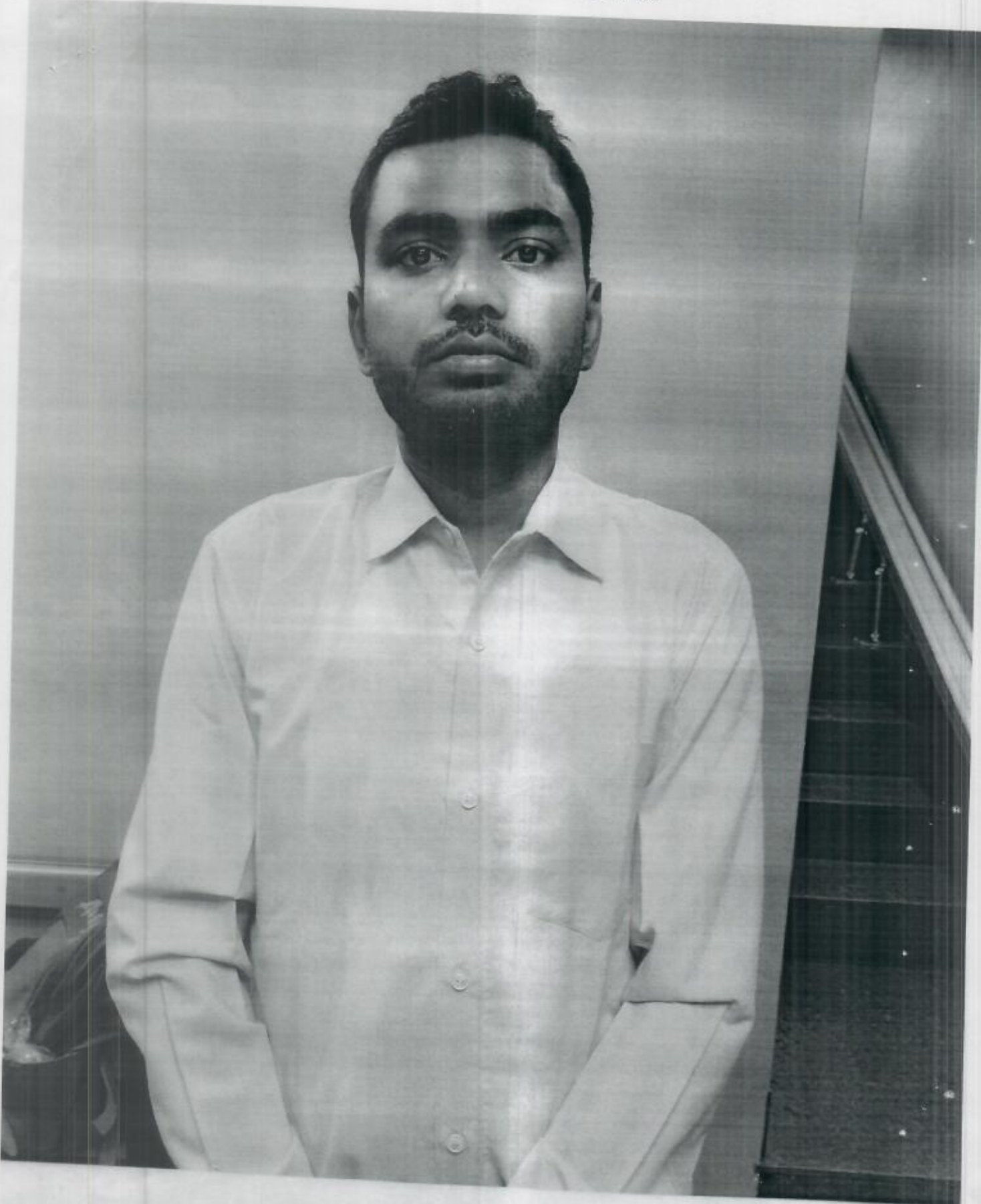
पुरुष / Male

7935 8588 1005

मेरा आधार, मेरी पहचान

Manoj Kumar

Charu
DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388



DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388 *Charu*



Registration No.	10226491	Mobile No.	7618906360
Patient Name	Mr. MANOJ KUMAR	Registration Date/Time	20/06/2022 10:03:27
Age / Sex	36 Yrs Male	Sample Collected Date/Time	20/06/2022 10:36:04
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	20/06/2022 12:04:40
Collected At	DCKC	Printed Date/Time	20/06/2022 15:29:41
Test Name		Value	Unit
			Biological Ref Interval

HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method: Colorimetric</i>	13.9	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method: Electric impedance</i>	05.1	10 ⁹ /L	04.0 - 10.0
Differential Leucocyte Count <i>Method: Microscopy</i>			
Neutrophil ,EDTA	59.0	%	40.0 - 75.0
Lymphocyte ,EDTA	32.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	6.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 1.0
ESR ,EDTA <i>Method: Westergreen</i>	13	mm/1st hr.	00 - 15
Red Blood Cell (RBC) ,EDTA <i>Method: Electric impedance</i>	4.26	10 ⁶ /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method: Pulse height detection</i>	40.2	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method: Calculated</i>	94.5	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method: Calculated</i>	32.7	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method: Calculated</i>	34.6	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method: Electric impedance/Microscopy</i>	204.00	10 ³ /uL	150.00 - 450.00





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Test Name	Value	Unit	Biological Ref Interval
RDW- CV%* ,EDTA	12.8	%	10.0 - 14.5
Blood Group ABO ,EDTA <i>Method : Forward Grouping</i>	"O"		
Rh Typing ,EDTA <i>Method : Forward Grouping</i>	POSITIVE		
HbA1c ,EDTA <i>Method : Photometric method</i>	5.3	%	

INTERPRETATIONS:-

NORMAL RANGE	4.00 - 5.60	%
Pre Diabetic/ Higher chance of getting diabetes	5.70 - 6.20	%
Good Diabetic Control	6.20 - 6.80	%
Fair Diabetic Control	6.80 - 7.60	%
Uncontrolled Diabetes -action suggested	>7.6	%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.



Dr. Piyali Dhar
 MBBS, DCP Pathologist

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 Checked By :- Dr. Piyali Dhar



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Age / Sex	36 Yrs Male	Sample Collected Date/Time	20/06/2022 10:36:04
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	20/06/2022 12:04:12
Collected At	DCKC	Printed Date/Time	20/06/2022 15:29:41
Test Name		Value	Unit
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids .Serum Plain	556	mg/dl	400 - 700
Serum Cholesterol .Serum Plain <i>Method : CHOD-POD</i>	210	mg/dl	0 - 200
Serum Triglycerides .Serum Plain <i>Method : GOD-POD</i>	136	mg/dl	40 - 200
Serum HDL Cholesterol .Serum Plain <i>Method : Direct Method</i>	54.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol .Serum Plain <i>Method : Calculated</i>	129.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol .Serum Plain <i>Method : Calculated</i>	27.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio .Serum Plain <i>Method : Calculated</i>	3.89		
LDL/HDL Cholesterol Ratio .Serum Plain <i>Method : Calculated</i>	2.39		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples
 Desirable : Less than 200 mg/dl
 Borderline High Risk : 200 to 239 mg/dl
 High Risk : 240 mg/dl and over, on repeated values
 Optimal Level for Cardiac Patients : Less than 200 mg/dl
 HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

LDL Reference Range
 Adult levels:
 Optimal <100 mg/dL
 Near Optimal/ above optimal 100 - 129 mg/dL
 Borderline high 130 - 159 mg/dL
 High 160 - 189 mg/dL
 Very High ≥190 mg/dL

Levels in terms of risk for coronary heart disease

Checked By :- Dr.PiyaliDhar




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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.58	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.22	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.36	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	18.1	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	22.1	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	90.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.28	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	3.75	gm/dl	3.50 - 5.00
Globulin ,Serum Plain <i>Method : Calculated</i>	3.50	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.07		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	19.0	U/L	0.0 - 50.0

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 MBBS, DCP Pathologist

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Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F <i>Method : GOD-POD</i>	85.7	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP <i>Method : GOD-POD</i>	92.1	mg/dl	70.0 - 140.0
Serum Creatinine ,Serum Plain <i>Method : Modified Jaffe's</i>	1.00	mg/dl	0.40 - 1.50
Serum Uric Acid ,Serum Plain <i>Method : Uricase-POD</i>	4.05	mg/dl	3.40 - 7.00
Blood Urea Nitrogen ,Serum Plain <i>Method : Calculated</i>	12.20	mg/dl	0.00 - 20.00



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IMMUNOASSAY

TOTAL THYROID PROFILE .Serum Plain

Triiodothyronine (T3)	1.55	ng/ml	0.50 - 2.00
Thyroxin (T4)	8.51	ug/dl	4.40 - 11.60
Thyroid Stimulating Hormone (TSH)	0.58	uIU/mL	0.39 - 6.16

Comments :
The levels of thyroid hormone (T3&T4) are low in case of primary secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness- also. Increased levels are found in grave-s disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary

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PSA (Prostate Specific Antigen [Total]) 0.63 Normal : 0.0-4.0
Borderline : 4.0-10.0 ng/ml

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

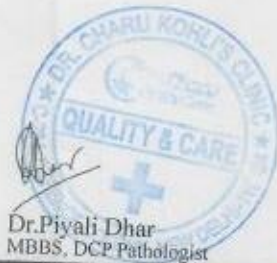
Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>=	26.8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with clinical findings and results of other investigations

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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	20 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.5	5.0 - 8.0
Specific Gravity ,URINE	1.020	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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Test Name		Value	Unit
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STOOL ANALYSIS

STOOL MICROSCOPIC EXAMINATION

OTHERS STOOL

SNR

Nil

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Test Name		Value	Unit
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URE SUGAR (FASTING) URINE

NIL

*** End of Report ***



Name: MANOJ KUMAR
Date: June 20, 2022

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is maintained . Normal intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

RK: 9.95 x 4.37 cm.

LK: 10.52 x 5.17 cm.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass. PVR:45cc

Prostate is normal in size 3.95 x 1.82 x 2.86 cm ~ vol-10.48 cc, echopattern is homogenous .

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Sonological study is within normal limits with significant PVR



Dr Charu Kohli
MBBS DMRD
DMC8388

DR. CHARU KOHLI
MBBS, DMRD

DMC-8388
CONSULTANT RADIOLOGIST

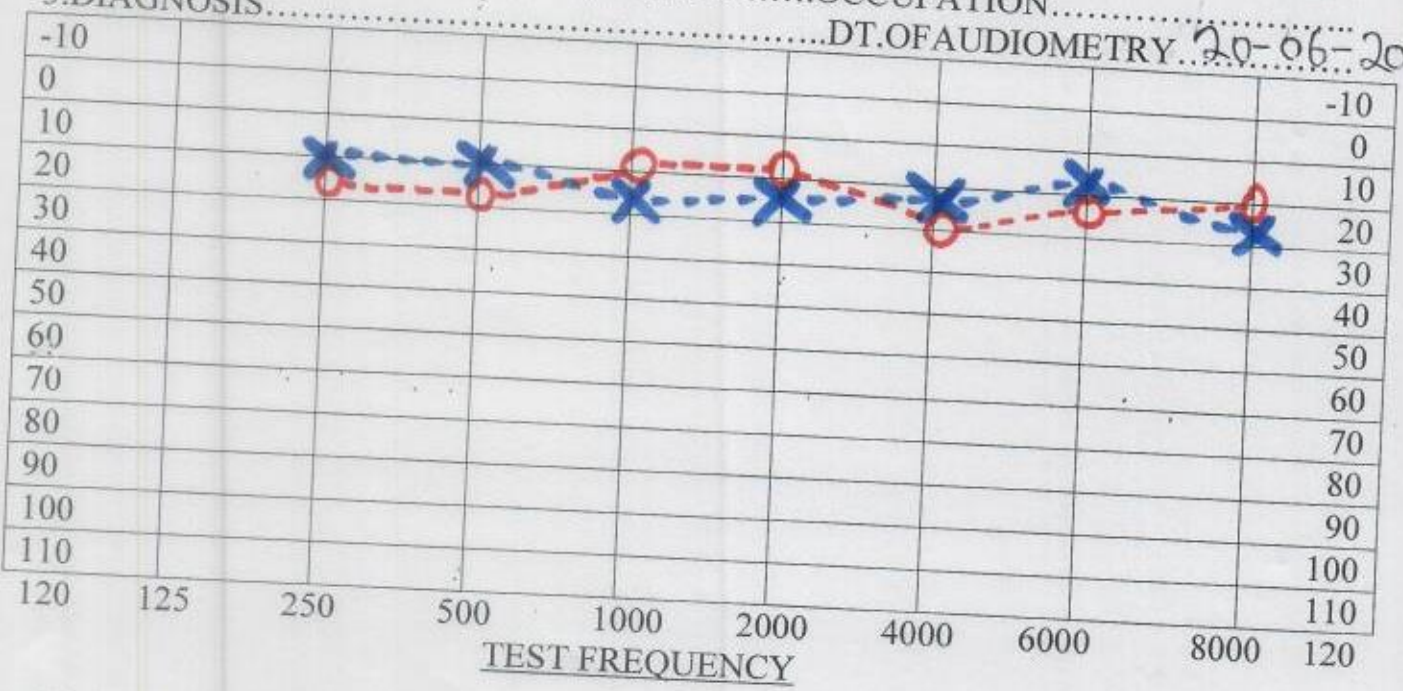
IMPORTANT: Owing to technical limitations ,in case of any error in the study ,the Doctor cannot be held responsible for claim of damages of any nature,and this report is not valid for any Medicolegal aspect.
Every modern technology has its own limitations , in case of discrepancy/difference in opinion advised- repeat scan/ second opinion



AUDIOLOGICAL EVALUATION

1. NAME Manoj Kumar AGE 36Y SEX M
 2 ADDRESS _____

3. DIAGNOSIS _____ OCCUPATION _____
 DT. OF AUDIOMETRY 20-06-2022



AIR X=LEFT EAR --- Rinne --- Hearing Loss for Speech R L _____
 O=RIGHT EAR _____

BONE <=LEFT EAR --- weber --- DISCRIMINATION SCORE R L _____

Masking

No Response
 Audiologists remarks

normal audiology

- 0dB-20dB...normal hearing
- 20dB-40dB...mild hearing loss
- 40dB-55dB...moderate hearing loss
- 55dB-70dB...moderately severe hearing loss
- 70dB-90dB...sever hearing loss
- >90dB.....profound hearing loss



DR. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

MR. MANOJU KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20-6-2022 10:27

RATE : 66 BPM
B.P. : 120/80 mmHg

DR. D. R. RAJIV
MBBS, MD

66/min

DR. CHARU KOHLI
CARDIOLOGIST

DR. CHARU KOHLI
CARDIOLOGIST



RAW E.C.G.

Mr. MANOJ KUMAR

Age/Sex : 36M

Recorded : 20-6-2022 10:27

ID : 367
HWT : /

Manoj Kumar

Protocol: BRUCE

History:

Medication:

PHASE	PHASE TIME	STAGE TIME	SPEED (km/hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm)	V2	V5	METS
SUPINE												
HYPERT	0.17				66	120/80	79	1.8	6.1		2.3	
VALSALVA					66	120/80	79	3.0	5.8		3.8	
STANDING					71	120/80	85	2.6	6.9		3.7	
STAGE 1	2.59	2.59	2.70	10.00	100	120/80	120	3.0	6.5	4.4	4.4	4.80
STAGE 2	5.59	2.59	4.00	12.00	115	126/84	144	2.7	6.0	4.0	4.0	7.10
STAGE 3	8.59	2.59	5.40	14.00	127	131/90	166	0.9	4.5	2.9	2.9	10.00
STAGE 4	11.59	2.59	6.70	16.00	145	136/94	197	5.0	4.9	2.5	2.5	14.00
STAGE 5	14.59	2.59	8.00	18.00	179	140/98	250	0.6	4.2	0.6	0.6	20.00
PEAK EXERCISE	15.07	0.07			180	140/98	252	0.5	5.7	1.4	1.4	20.00
RECOVERY	2.59	2.59	0.00	0.00	106	134/92	142	1.7	5.1	1.6	1.6	
RECOVERY	5.59	5.59	0.00	0.00	102	125/80	127	1.3	3.8	1.7	1.7	

RESULTS

Exercise Duration 15:07 Minutes
 Max Heart Rate 180 bpm 97 % of target heart rate 184 bpm
 Max Blood Pressure 140/98 mmHg
 Max Work Load 20.00 METS

IMPRESSIONS

Negative for RMI.

DR. D. R. RAJIV
 MBBS MD
 DNB-CC
 CARDIOLOGIST

Mr. MANOJ KUMAR

I.D. : 367

AGE/SEX : 36/M

RECORDED : 20-6-2022 10:27

RATE : 66 BPM

B.P. : 120/80 mmHg

Dr. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

ST @ 10mm/mV
80ms Post!

RAW ECG



Dr. CHARU KOHLI'S CLINIC

Mr. MANOJ KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20- 6-2022 10:27

RATE : 66 BPM
B.P. : 120/80 mmHg

HYPERVENTILATION
PRETEST

ST @ 10mm/mV
80ms PostJ

STAGE TIME : 0:17

LINKED MEDIAN



Mr. MANOJ KUMAR

I.D. : 367

AGE/SEX : 36/M

RECORDED : 20-6-2022 10:27

RATE : 71 BPM

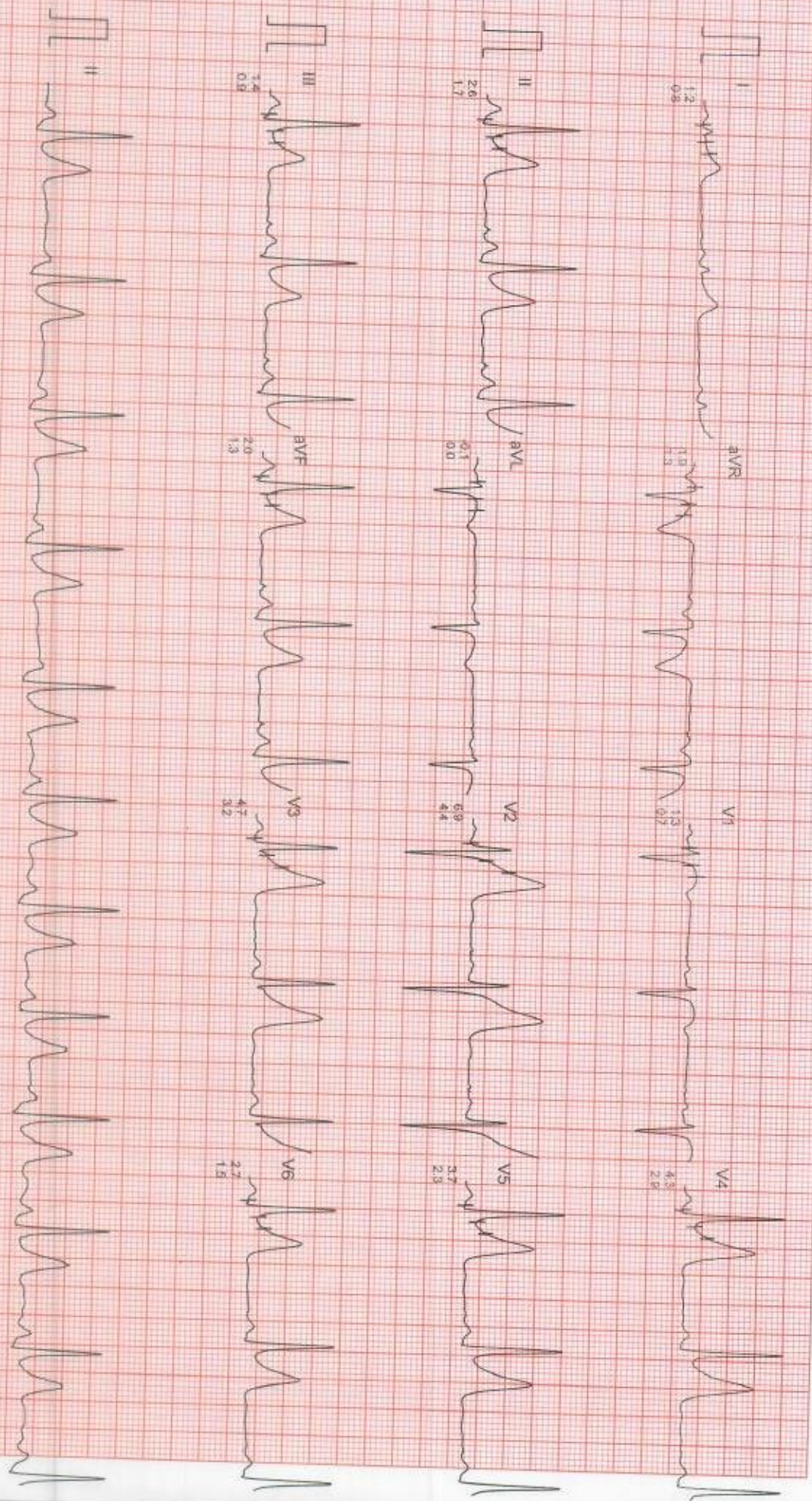
B.P. : 120/80 mmHg

DR. CHARU KOHLI'S CLINIC

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PostI

LINKED MEDIAN



Mr. MANOJ KUMAR

LD : 367

AGE/SEX : 36/M

RECORDED : 20-6-2022 10.27

RATE : 66 BPM

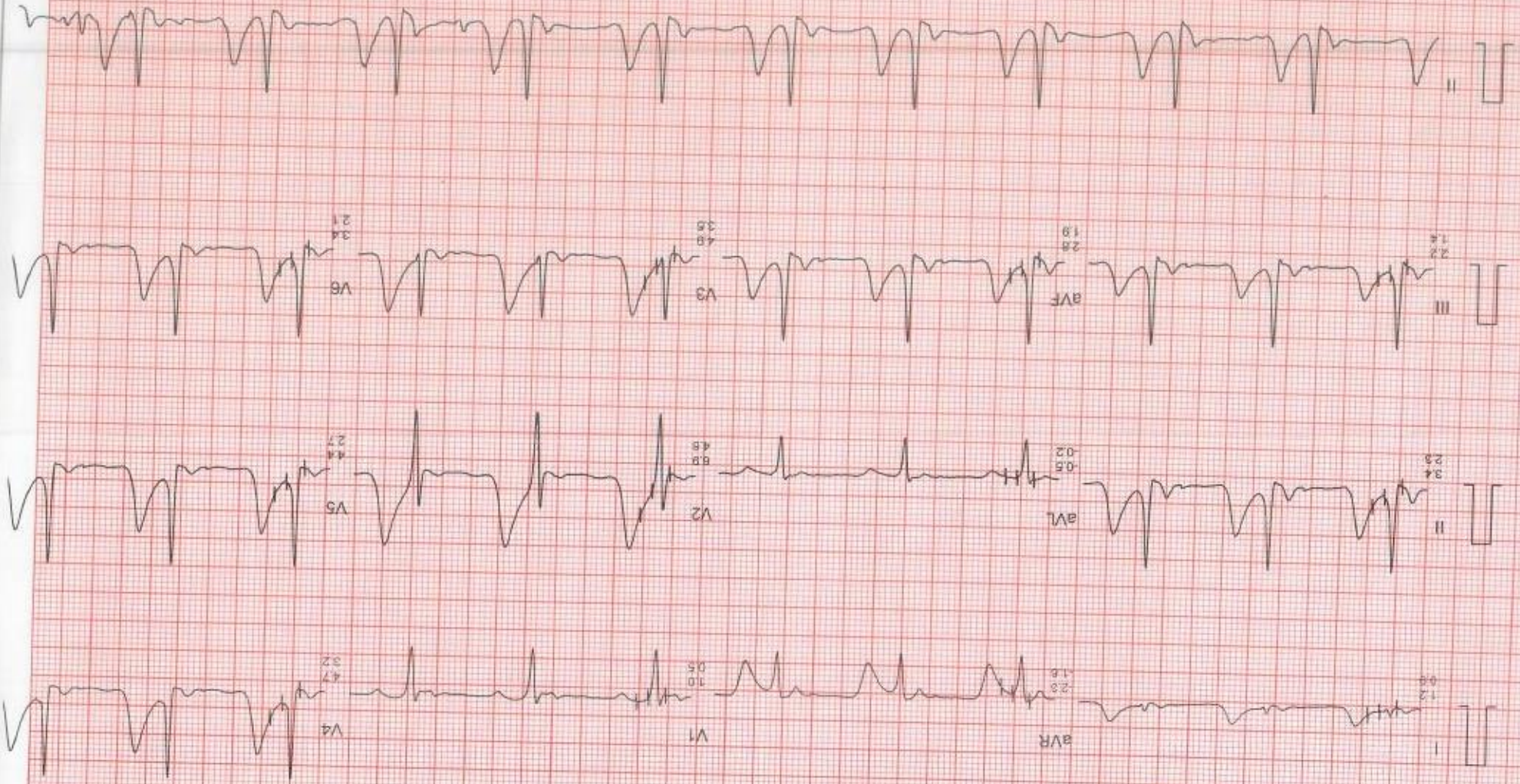
B.P. : 120/80 mmHg

Dr. CHARU KOHLI'S CLINIC

STANDING
PRETEST

ST @ 10mm/mV
80ms Post

LINKED MEDIAN



Mr. MANOJ KUMAR

ID : 367

AGE/SEX : 36/M

RECORDED : 20-6-2022 10:27

Dr. CHARU KOHLI'S CLINIC

RATE : 100 BPM
B.P. : 120/80 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740 TeleFax:091 724 2423114

MR. MANOJ KUMAR

I.D. : 367

AGE/SEX : 36/M

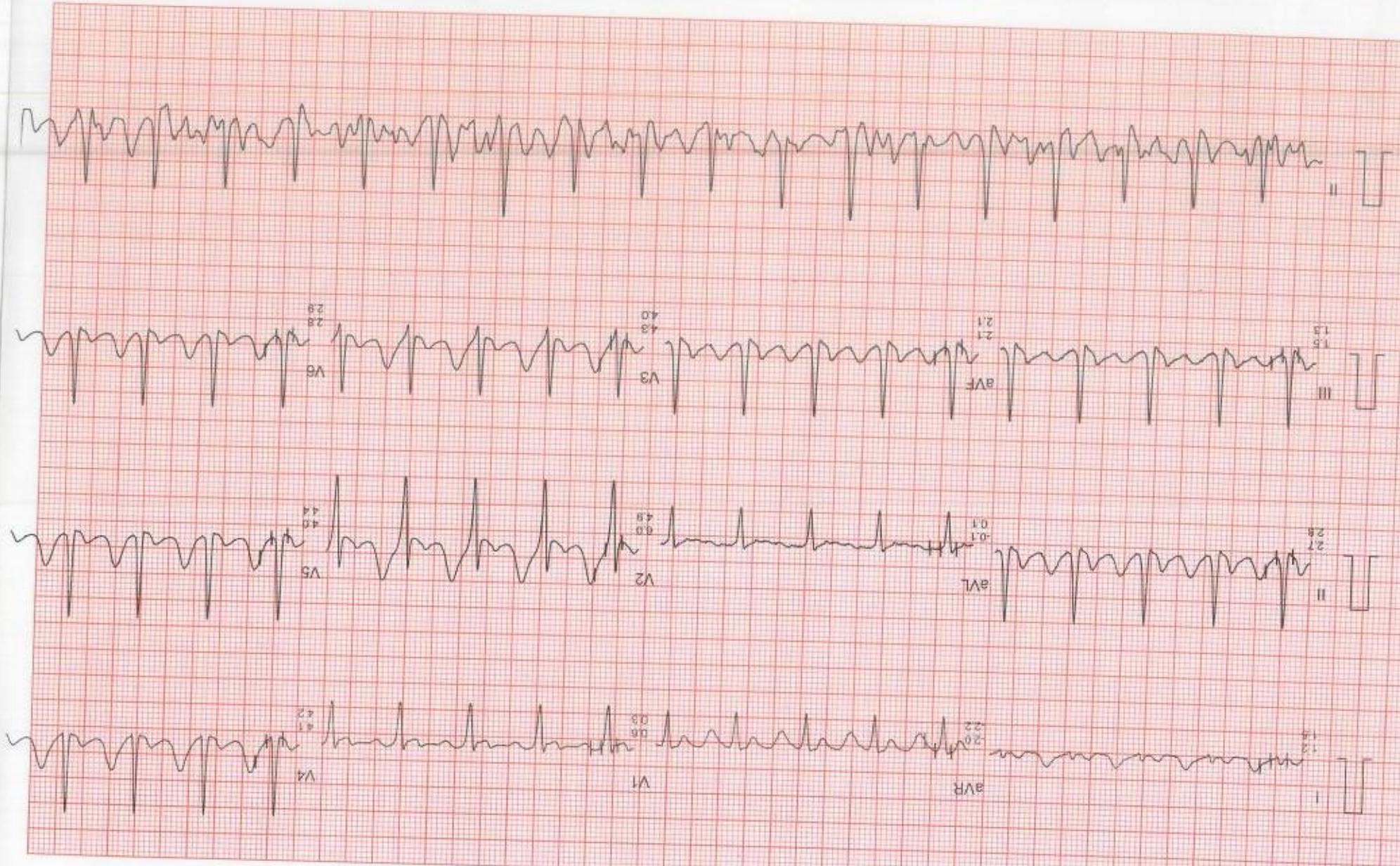
RECORDED : 20-6-2022 10:27

RATE : 115 BPM
B.P. : 126/84 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms Post
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %
LINKED MEDIAN

DR. CHARU KOHLI'S CLINIC



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

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Mr. MANOJ KUMAR

I.D. : 367

AGE/SEX : 36/M

RECORDED : 20-6-2022 10:27

RATE : 127 BPM
B.P. : 131/90 mmHg

DR. CHARU KOHLI'S CLINIC

BRUCE

EXERCISE 3

PHASE TIME : 8:59

STAGE TIME : 2:59

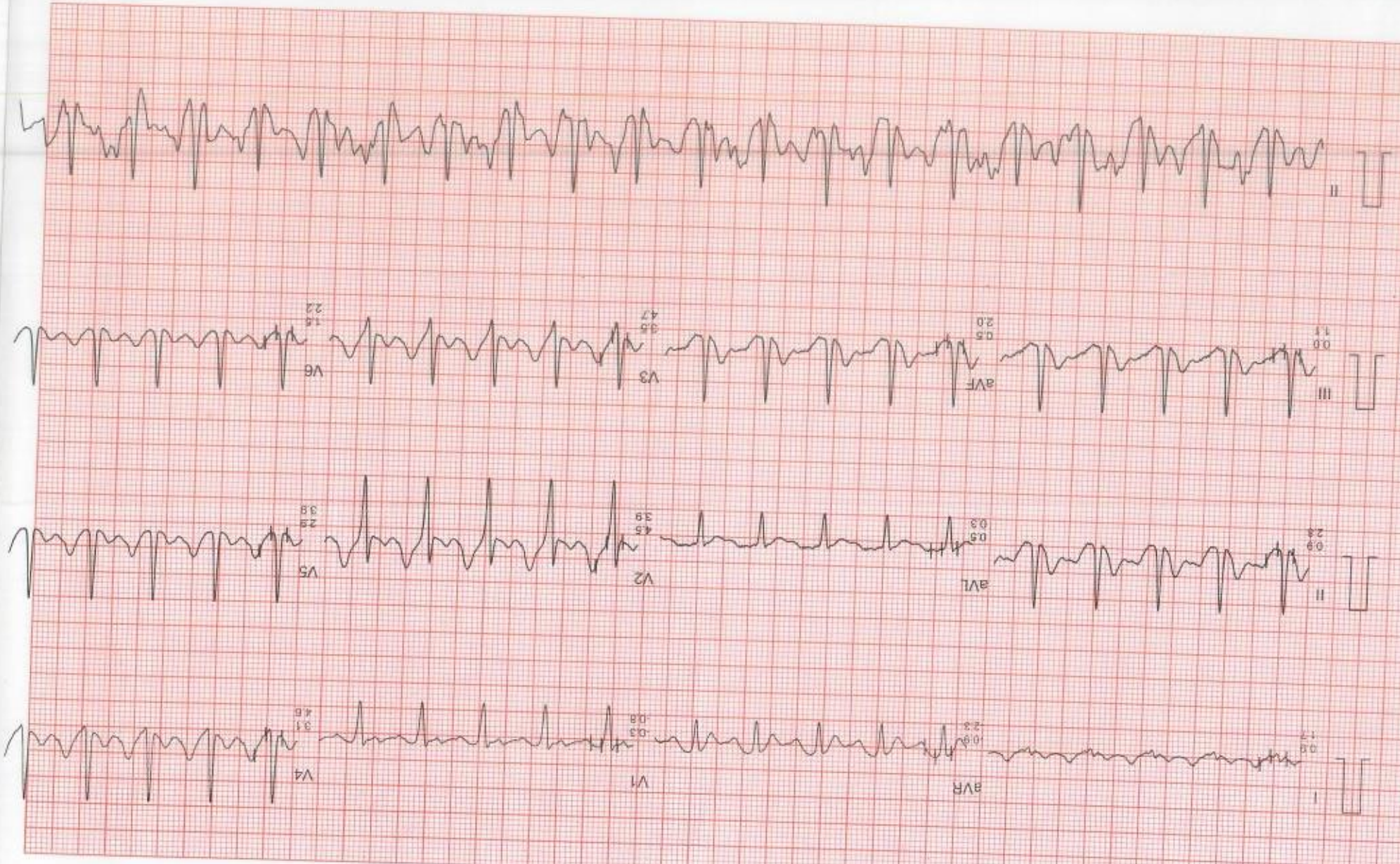
ST @ 10mm/mV

80ms Post

SPEED : 5.4 Km/Hr.

GRADE : 14.0 %

LINKED MEDIAN



II

III

II

I

V6

V3

aVF

V5

V2

aVL

V4

V1

aVR

11

111

11

1

22

47

20

11

28

39

03

24

31

03

23

17

14

35

05

00

25

45

05

09

48

03

10

05

MR. MANOJ KUMAR

ID : 367

AGE/SEX : 36/M

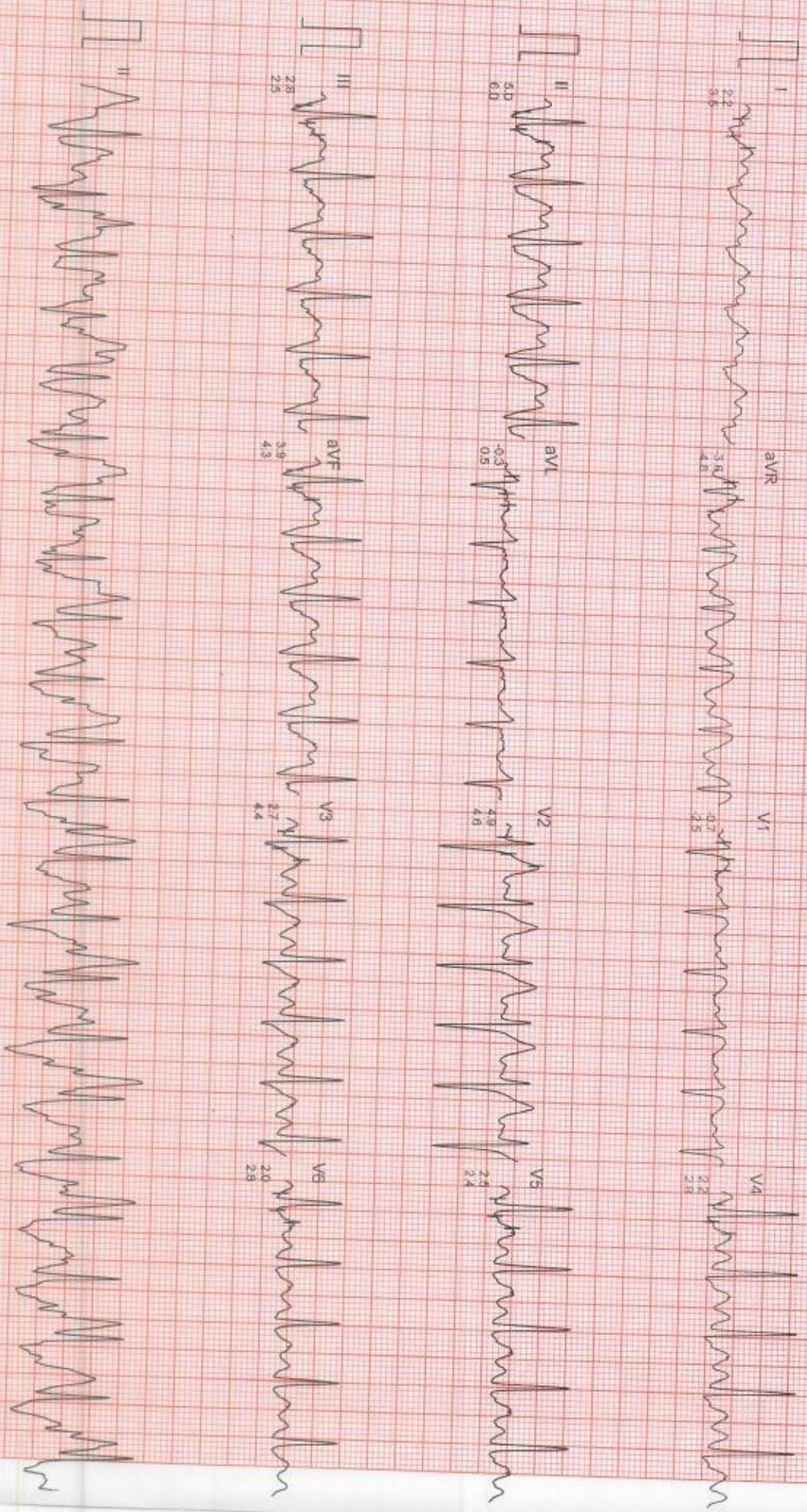
RECORDED : 20-6-2022 10:27

DR. CHARU KOHLI'S CLINIC

RATE : 145 BPM
B.P. : 136/94 mmHg

BRUCE
EXERCISE 4
PHASE TIME : 11:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km./Hr.
GRADE : 16.0 %
LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-734-2620740 TeleFax: 091-734-243344

Dr. CHARU KOHLI'S CLINIC

Mr. MANOJ KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20- 6-2022 10:27

RATE : 179 BPM
B.P. : 140/98 mmHg

BRUCE
EXERCISE 5
PHASE TIME : 14:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 8.0 Km./Hr.
GRADE : 18.0 %

LINKED MEDIAN



Mr. MANOJ KUMAR

DR. CHARU KOHLI'S CLINIC

I.D. : 367
AGE/SEX : 36/M
RECORDED : 20-6-2022 10.27

RATE : 180 BPM
B.P. : 140/98 mmHg

BRUCE
PEAK EXERCISE
PHASE TIME : 15.07
STAGE TIME : 0.07

ST @ 10mm/mV
80ms PostJ
SPEED : 8.8 Km./Hr.
GRADE : 20.0 %
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740 TeleFax 091-731-2431214

Dr. CHARU KOHLI'S CLINIC

Mr. MANOJ KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20-6-2022 10:27

RATE : 130 BPM
B.P. : 140/98 mmHg

BRUCE
RECOVERY
PHASE TIME : 0:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN



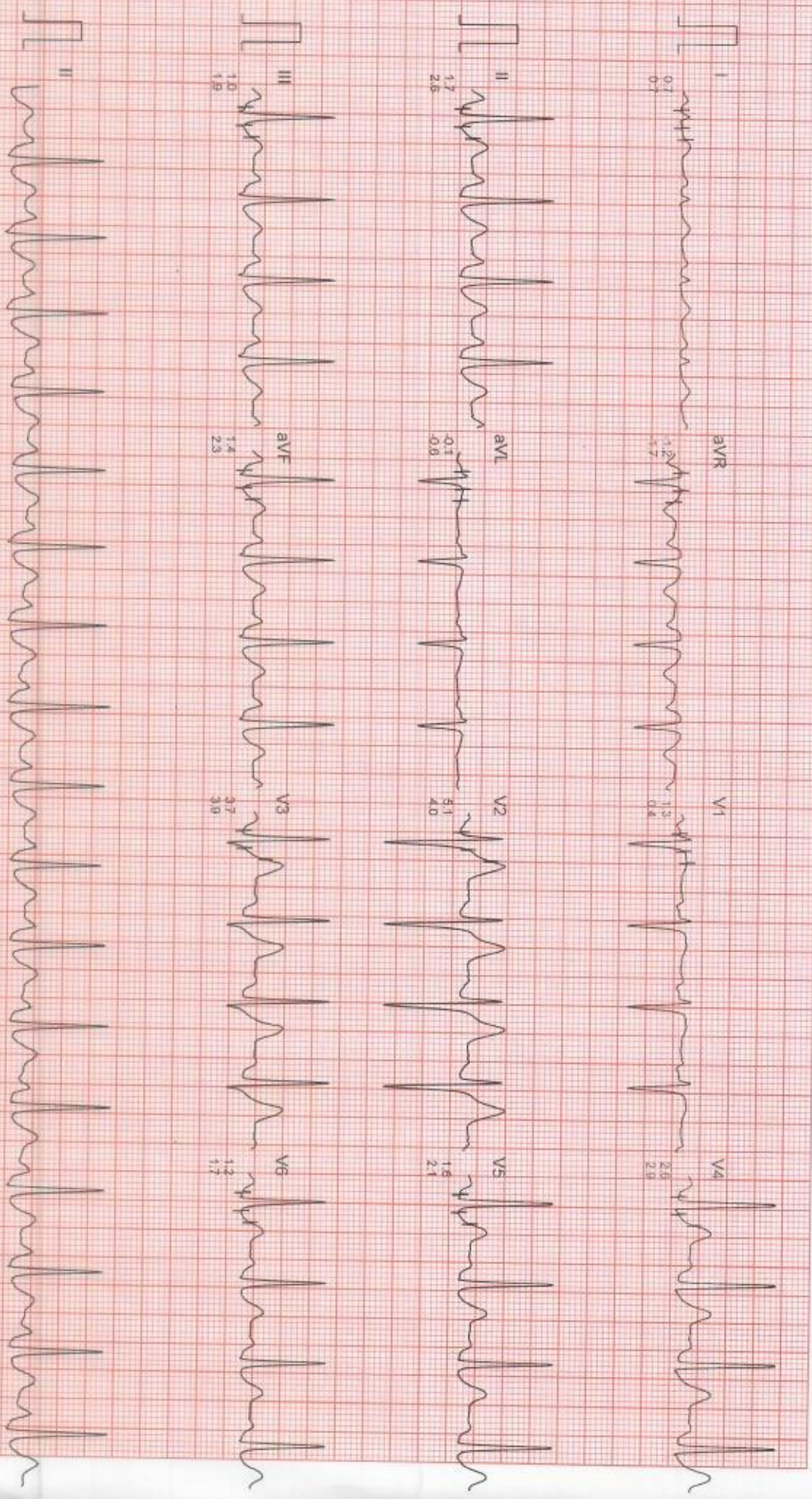
DR. CHARU KOHLI'S CLINIC

MR. MANOJ KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20-6-2022 10:27

RATE : 106 BPM
B.P. : 134/92 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
LINKED MEDIAN



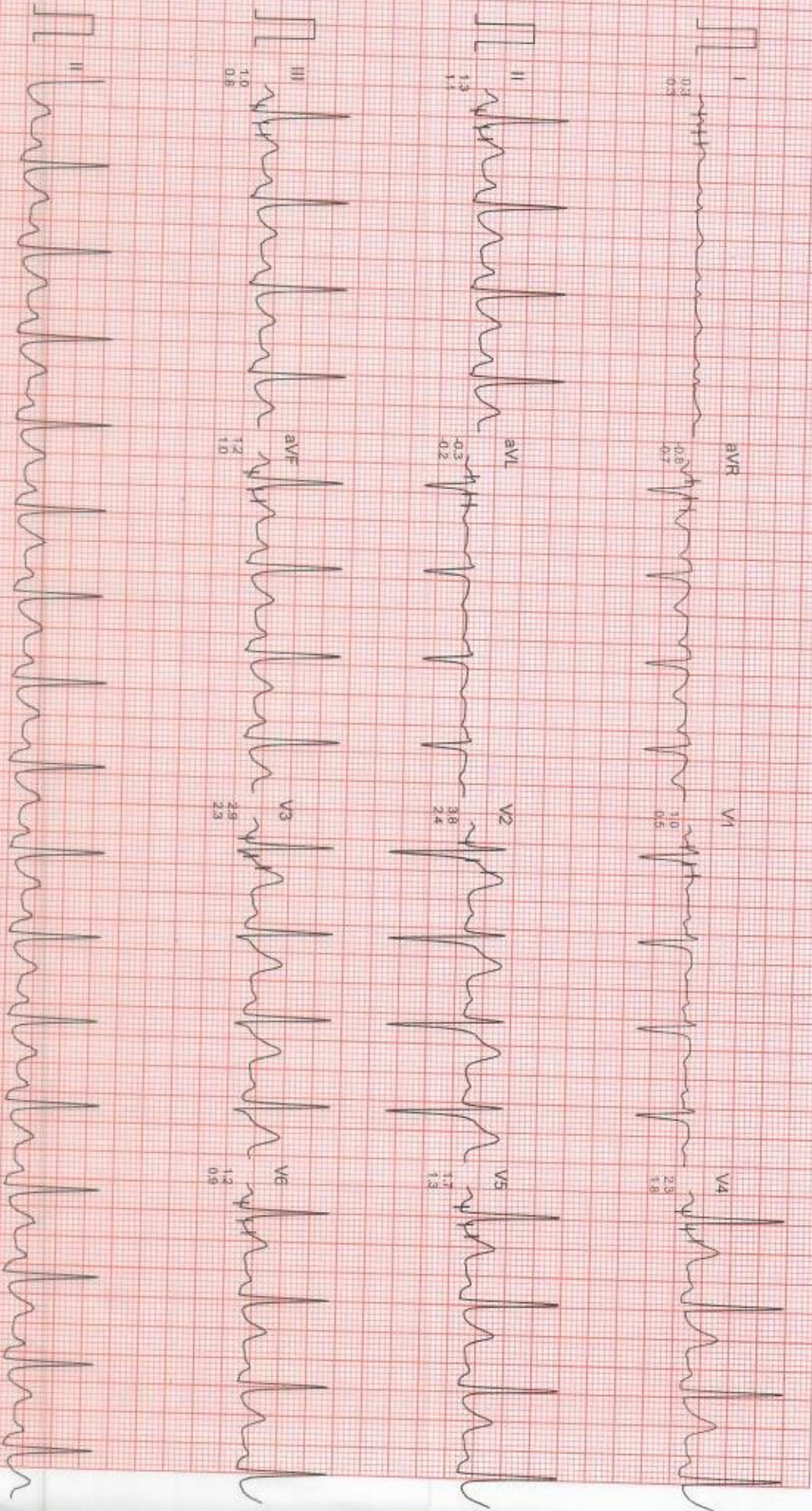
DR. CHARU KOHLI'S CLINIC

Mr. MANOJ KUMAR
I.D. : 367
AGE/SEX : 36/M
RECORDED : 20-6-2022 10:27

RATE : 102 BPM
B.P. : 125/80 mmHg

BRUCE
RECOVERY
PHASE TIME : 5:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %
LINKED MEDIAN



NAME : MANOJ KUMAR

AGE : 36Y/M

DATE : 20.06.22

X - RAY CHEST PA:

Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

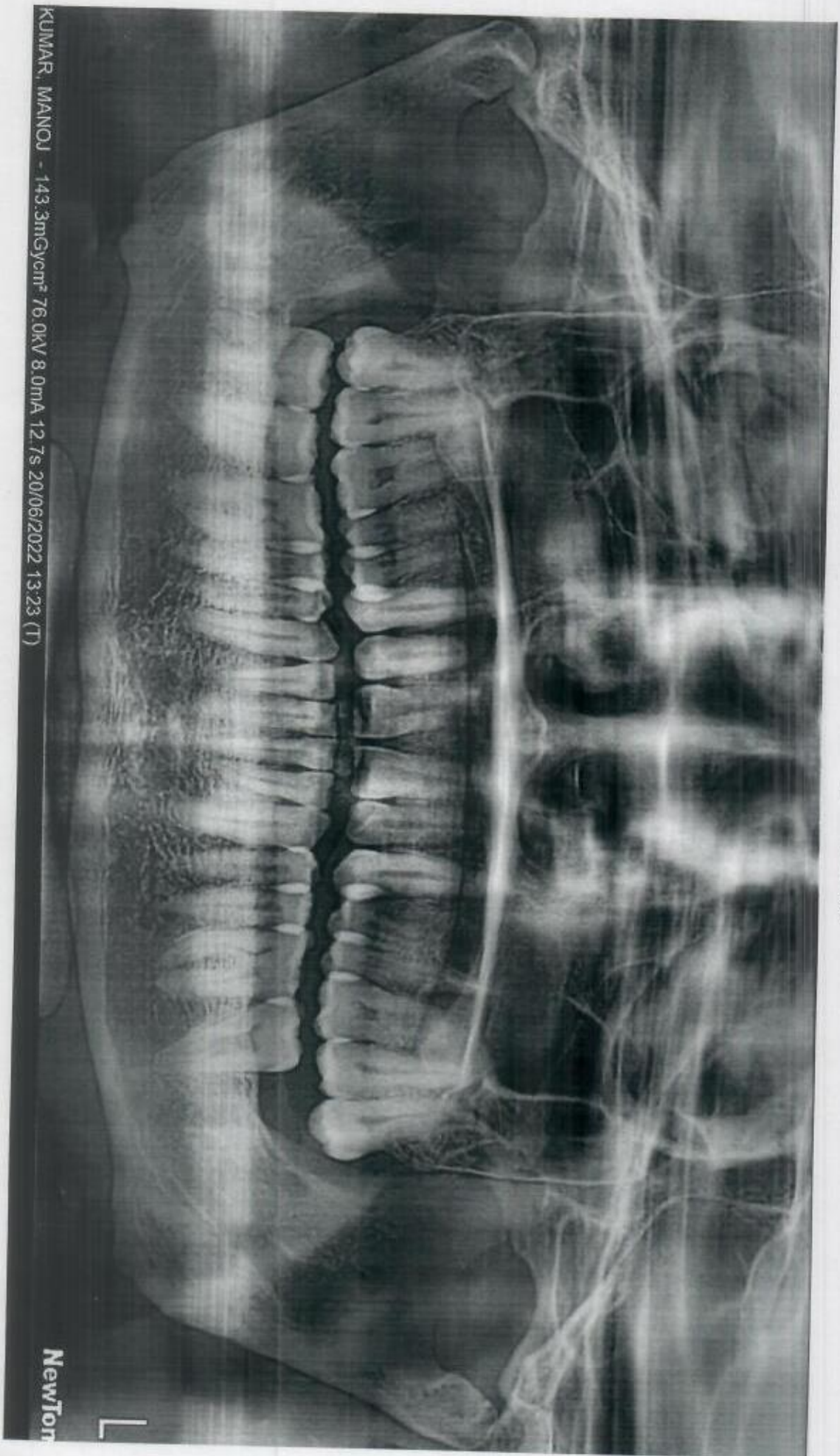
IMPRESSION: Normal chest skiagram

DR. CHARU KOHLI
MBBS, DMRD
DMC-8388
CONSULTANT RADIOLOGIST


DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist



IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



KUMAR, MANOJ - 143.3mGycm² 76.0kV 8.0mA 12.7s 20/06/2022 13:23 (1)

NewTom

L