

**Patient Details** SPECIALITY CARD  
**Name:** MR.VISHAL VIR ARYA **ID:** APH000013666  
**Age:** 35 y **Sex:** M

**Date:** 25-Feb-23 **Time:** 11:00:00 AM

**Height:** 174 cms.

**Weight:** 79 Kg.

**Clinical History:**
**Medications:**
**Test Details**
**Protocol:** Bruce

**Pr.MHR:** 185 bpm

**THR:** 166 (90 % of Pr.MHR) bpm

**Total Exec. Time:** 8 m 35 s

**Max. HR:** 125 ( 68% of Pr.MHR )bpm

**Max. Mets:** 10.20

**Max. BP:** 150 / 90 mmHg

**Max. BP x HR:** 18750 mmHg/min

**Min. BP x HR:** 6000 mmHg/min

**Test Termination Criteria:**
**Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	79	120 / 80	-1.01 aVR	2.95 V2
Standing	0 : 9	1.0	0	0	75	120 / 80	-0.76 aVR	2.95 V2
Hyperventilation	0 : 11	1.0	0	0	82	120 / 80	-0.76 aVR	3.38 V2
1	3 : 0	4.6	2.7	10	99	130 / 80	-1.77 aVR	5.91 V2
2	3 : 0	7.0	4	12	113	140 / 90	-3.29 aVR	5.06 V3
Peak Ex	2 : 35	10.2	5.4	14	125	150 / 90	-2.03 aVR	5.91 V3
Recovery(1)	2 : 0	1.8	1.6	0	95	150 / 90	-2.53 aVR	5.91 V2
Recovery(2)	2 : 0	1.0	0	0	91	140 / 90	-1.01 aVR	3.38 V2
Recovery(3)	1 : 0	1.0	0	0	89	120 / 80	-1.01 aVR	2.11 V2
Recovery(4)	0 : 20	1.0	0	0	84	120 / 80	-2.28 aVR	2.95 V3

**Interpretation**
**COMMENTS**

- :- FAIR EXCERCISE (10.20 METS) TOLERANCE.
- :- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- :- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
- :- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED. \*

**IMPRESSION** :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

Ref. Doctor: Dr.ADITYA KUMAR

( Summary Report edited by user )

Doctor: Dr.ADITYA KUMAR

Schiller CS-20 V 1.9



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004561	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 25-02-2023 19:55

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400**

T3 TOTAL (ELFA)		1.05	nmol/l	0.95-2.5
T4 TOTAL (ELFA)		79.43	nmol/l	60-120
THYROID STIMULATING HORMONE (ELFA)		2.98	μIU/mL	0.25-5

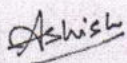
TESTS	RESULTS	EXPECTED VALUES
<b>THYROID PROFILE TOTAL (T3,T4,TSH TOTAL)</b>		
Thyroid-Stimulating Hormone (TSH)		0.25-5μIU/ml
Serum Triiodothyronine (T3 TOTAL)		0.95-2.5nmol/l
Serum Thyroxine (T4 TOTAL)		60-120nmol/l

Wallach's reference range for Thyroid for neonates and children

Age	TSH (μIU/ml)	TT4(nmol/l)	TT3(nmol/l)
1-4 days	1-39	142-277	1.5-11.4
1-4 wks	1.7-9.1	106-221	1.6-5.3
1-12 mon	0.8-8.2	76-210	1.6-3.8
1-5 yrs	0.7-5.7	94-193	1.6-4.1
6-10 yrs	0.7-5.7	82-171	1.4-3.7
11-15 yrs	0.7-5.7	71-151	1.3-3.3
15-18 yrs	0.7-5.7	54-152	1.2-3.2

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. ASHISH RANJAN SINGH



**FINAL REPORT**

<b>Bill No.</b>	: APHHC230000217	<b>Bill Date</b>	: 25-02-2023 09:43
<b>Patient Name</b>	: MR. VISHAL VIR ARYA	<b>UHID</b>	: APH000013666
<b>Age / Gender</b>	: 35 Yrs 4 Mth / MALE	<b>Patient Type</b>	: OPD <b>If PHC</b> :
<b>Ref. Consultant</b>	: MEDIWHEEL	<b>Ward / Bed</b>	: /
<b>Sample ID</b>	: APH23004561	<b>Current Ward / Bed</b>	: /
		<b>Receiving Date &amp; Time</b>	: 25-02-2023 12:12
		<b>Reporting Date &amp; Time</b>	: 25-02-2023 19:55

MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004558	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 25-02-2023 16:08

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.7	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	6.0	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.0	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	74.9	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	25.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		33.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		158	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		40.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.3	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		66	%	40 - 80
LYMPHOCYTES		23	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		4	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)	H	15	mm 1st hr	0 - 10

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*Ashish*

**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004559	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 26-02-2023 17:52

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

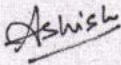
**MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400**

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004665	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 18:53
		Reporting Date & Time	: 25-02-2023 19:50

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY	20 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.030		1.005 - 1.030

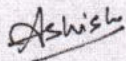
**MICROSCOPIC EXAMINATION**

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	1-2		
CASTS	Nil		
CRYSTALS	Nil		
URINE-SUGAR	NEGATIVE		

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004562	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 25-02-2023 18:44

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood, Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400**

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		25	mg/dL	15 - 45
BUN (CALCULATED)		11.7	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>		0.9	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		74.0	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
 (As per American Diabetes Association recommendation)

**LIPID PROFILE**

CHOLESTROL-TOTAL <small>(CHO-POD)</small>		152	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Inhibition</small>	L	32	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	114	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>		70	mg/dL	0 - 160
NON-HDL CHOLESTROL		120.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.8		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.6		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		14	mg/dL	10 - 35

**Comments:**

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL <small>(DPD)</small>	H	1.43	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>	H	0.26	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	1.17	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		6.5	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.1	g/dL	
S.GLOBULIN	L	2.4	g/dL	2.8-3.8
A/G RATIO		1.71		1.5 - 2.5



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004562	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 25-02-2023 18:44

ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		54.1	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)	H	157.8	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)	H	226.8	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		16.4	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)	H	259.2	IU/L	0 - 248

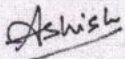
S.PROTEIN-TOTAL (Biuret)		6.5	g/dL	6 - 8.1
--------------------------	--	-----	------	---------

URIC ACID (Uricase - Trinder)		4.0	mg/dL	2.6 - 7.2
-------------------------------	--	-----	-------	-----------

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



**FINAL REPORT**

Bill No.	: APHHC230000217	Bill Date	: 25-02-2023 09:43
Patient Name	: MR. VISHAL VIR ARYA	UHID	: APH000013666
Age / Gender	: 35 Yrs 4 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23004562	Current Ward / Bed	: /
		Receiving Date & Time	: 25-02-2023 12:12
		Reporting Date & Time	: 25-02-2023 18:44

Sample Type: EDTA Whole Blood, Serum

**MEDIWHEEL FULL BODY HEALTH CHECKUP\_MALE(BELOW-40)@2400**

HBA1C (Turbidimetric Immuno-inhibition)	4.6	%	4.0 - 6.2
---	-----	---	-----------

**INTERPRETATION:**

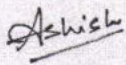
HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. ASHISH RANJAN SINGH**  
MBBS,MD  
CONSULTANT



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. VISHAL VIR ARYA	IPD No.	:
Age	: 35 Yrs 4 Mth	UHID	: APH000013666
Gender	: MALE	Bill No.	: APHHC230000217
Ref. Doctor	: MEDIWHEEL	Bill Date	: 25-02-2023 09:43:14
Ward	:	Room No.	:
		Procedure Date	: 25-02-2023 17:21:51

### ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

#### M MODE STUDY (MEASUREMENTS)

**Left Ventricle:-**

EDD:	43	(mm)	Left Atrium	28	(mm)
ESD:	29	(mm)	Aortic Root	30	(mm)
IVS Thickness (D/S)	0.9/1.1	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	0.9/1.1	(mm)	Pericardium	NORMAL	
LVEF	60	(%)			

**WALL MOTION STUDY : NO RWMA**

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

#### DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm <sup>2</sup> )	REGURGITATION
		(mm Hg)				
MV E/A	0.71/0.62					MR:-NIL
AV	1.19	5.66				AR:- NIL
TV	0.96	3.42				TR:- NIL
PV	0.90	3.22				PR:- NIL

**IMPRESSION: -**

No RWMA.  
Normal Cardiac Chamber Dimensions.  
Normal LV/RV Systolic Function, LVEF-60%.  
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

**DR.ADITYA KUMAR.**  
MD, DM (CARDIOLOGY)  
CONSULTANT CARDIOLOGIST



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. VISHAL VIR ARYA	IPD No.	:
Age	: 35 Yrs 4 Mth	UHID	: APH000013666
Gender	: MALE	Bill No.	: APHHC230000217
Ref. Doctor	: MEDIWHEEL	Bill Date	: 25-02-2023 09:43:14
Ward	:	Room No.	:
		Print Date	: 26-02-2023 11:56:33

### CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

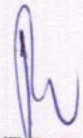
Both hila appear normal.

Bilateral cervical rib is noted.

**Please correlate clinically.**

.....End of Report.....

Prepare By.  
MD.SERAJ

  
CONSULTANT RADIOLOGIST,

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.