

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. K. M. Girish

AGE/ GENDER: 55yrs / m.

HEIGHT: 170cm.

WEIGHT: 88.5 Kg.

IDENTIFICATION MARK: _____

BLOOD PRESSURE: 130 / 80 mm/Hg.

PULSE: 90 / min

CVS: }
RS:P } Normal.

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Hypertention, Amblyopia.


ALLERGIES, IF ANY:

LIST OF PRESCRIBED MEDICINES:

ANY OTHER REMARKS:

Nil
Nil
Nil

I Certify that I have carefully examined Mr/Mrs. K. M. Girish son/daughter of Mr. K. P. Machiah who has signed in my presence. He/ she has no physical disease and is fit for employment.



Signature of candidate

Dr. BINDURAJ. R
MBBS, MD
Internal Medicine
Reg. No. 62806

Signature of Medical Officer

Place: Spectrum diagnostic & health care.

Date: 09/12/23

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined



EYE EXAMINATION

NAME: *Ms. Kam. Garish.* AGE: *55* GENDER: F / M

| | RIGHT EYE | LEFT EYE |
|------------------------------|------------------|------------------|
| Vision | <i>6/24. D10</i> | <i>6/24. D10</i> |
| Vision With glass | <i>6/6. D6</i> | <i>6/6. D6</i> |
| Color Vision | Normal | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nil | Nil |
| Diagnosis/ Impression | Normal | Normal |

Ashok S. Sarodhe
DR. ASHOK SARODHE
 B.Sc., M.B.B.S., D.O.M.S.
 Eye Consultant & Surgeon
 KMC 31827
 Consultant (Ophthalmologist)



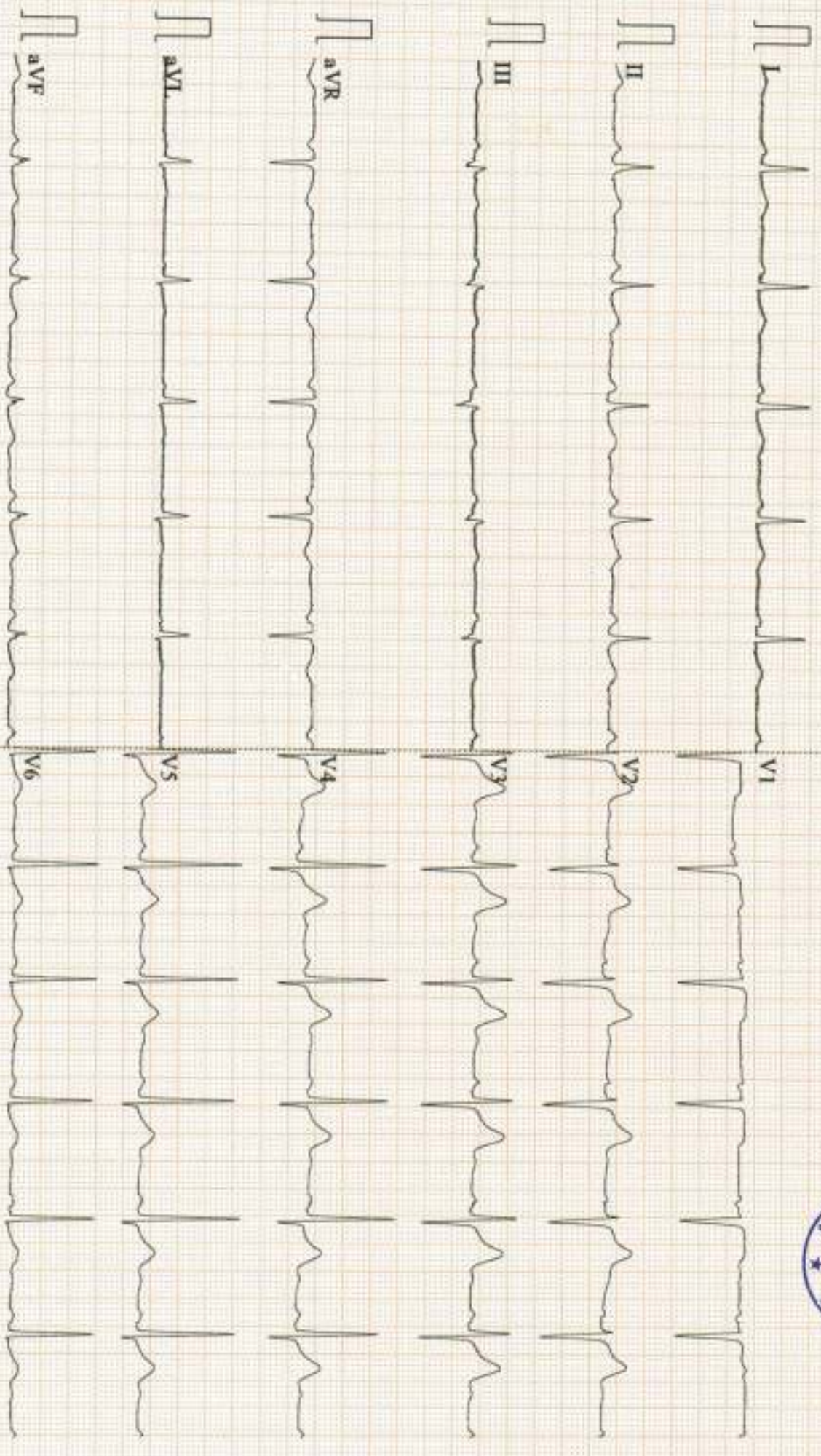
ID: 2230014
MR K M GIRISH
Male 55Years

09-12-2023 09:33:00
HR : 70 bpm
P : 104 ms
PR : 150 ms
QRS : 90 ms

QT/QTc : 389/422 ms
P/QRS/T : 63/28/59 °
RV5/SV1 : 1.766/1.111 mV

Diagnosis Information:
Sinus Rhythm
Abnormal q and Q Wave(III,VI)
Low T Wave(V6)

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2*50s 70 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

| | |
|-------------------------------|--------------------------|
| NAME : MR.K M GIRISH | DATE :09/12/2023 |
| AGE/SEX : 55YEARS/MALE | REG NO:0912230014 |
| REF BY : APOLO CLINIC | |

CHEST PA VIEW

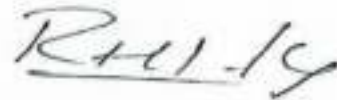
Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

IMPRESSION: NORMAL CHEST RADIOGRAPH.



**DR.RAM PRAKASH G MDRD
CONSULTANT RADIOLOGIST**

Your suggestion / feedback is a valuable input for improving our services



| | | |
|---------------------------|-------------------|------------------|
| NAME AND LAB NO | MR GIRISH K M | REG-30014 |
| AGE & SEX | 55 YRS | MALE |
| DATE AND AREA OF INTEREST | 09.12.2023 | ABDOMEN & PELVIS |
| REF BY | C/ O APOLO CLINIC | |

USG ABDOMEN AND PELVIS

LIVER: Measures 17.8 cm. enlarged in size with increased echotexture. No e/o IHBR dilatation. No evidence of SOL. Portal vein appears normal. CBD appears normal. . No e/o calculus / SOL

GALL BLADDER: Well distended. Wall appears normal.No e/o calculus/ neoplasm.

SPLEEN: Measures 9.4 cm. Normal in size and echotexture. No e/o SOL/ calcification.

PANCREAS: Normal in size and echotexture. Pancreatic duct appears normal. No e/o calculus / calcifications.

RETROPERITONEUM: Poor window.

RIGHT KIDNEY: Right kidney measures 11.3 x5.5 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

LEFT KIDNEY: Left kidney measures 11.8 x5.7 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

URETERS: Bilateral ureters are not dilated.

URINARY BLADDER: Well distended. No wall thickening/ calculi.

PROSTATE: Normal in size and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- Hepatomegaly with grade II fatty liver.



DR.AKSHATHA R BHAT
MDRD DNB FRCR



| | | | | | |
|--------------|--------------------|------|--------------|------------------|------------------------|
| Name | : MR. K M GIRISH | UHID | : 0912230014 | Bill Date | : 09-Dec-2023 08:31 AM |
| Age / Gender | : 55 Years / Male | | | Sample Col. Date | : 09-Dec-2023 08:31 AM |
| Ref. By Dr. | : Dr. APOLO CLINIC | | | Result Date | : 09-Dec-2023 02:48 PM |
| Reg. No. | : 0912230014 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|-----------------------------------|----------|-------|-----------------|-----------------------------|
| Fasting Urine Glucose-Urine | Negative | | Negative | Dipstick/Benedicts (Manual) |
| Fasting Blood Sugar (FBS)- Plasma | 104 | mg/dL | 60.0-110.0 | Hexo Kinase |

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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Printed On : 09 Dec, 2023 04:04 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist

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Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru - 560096 +91 6361 253 087 | 080-2991 6944 | 080-4951095

SCAN FOR LOCATION



| | | | | | |
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|---|----------|-------|-----------------|------------------------|
| Post Prandial Urine Sugar | Negative | | Negative | Dipstick/Benedicts(Mar |
| Post prandial Blood Glucose (PPBS)-Plasma | 136 | mg/dL | 70-140 | Hexo Kinase |

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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| Test Name | Result | Unit | Reference Value | Method |
|---------------------------------------|--------|--------|--------------------------------------|--------------------------------|
| KFT (Kidney Function Test) : | | | | |
| Blood Urea Nitrogen (BUN)-Serum | 13.20 | mg/dL | 7.0-18.0 | GLDH,Kinetic Assay |
| Creatinine-Serum | 1.07 | mg/dL | Male: 0.70-1.30 Female: 0.55-1.02 | Modified kinetic Jaffe |
| Uric Acid-Serum | 6.35 | mg/dL | Male: 3.50-7.20 Female: 2.60-6.00 | Uricase PAP |
| Sodium (Na+)-Serum | 137.5 | mmol/L | 135.0-145.0 | Ion-Selective Electrodes (ISE) |
| Potassium (K+)-Serum | 4.40 | mmol/L | 3.5 to 5.5 | Ion-Selective Electrodes (ISE) |
| Chloride(Cl-)-Serum | 99.30 | mmol/L | 94.0-110.0 | Ion-Selective Electrodes (ISE) |



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| Test Name | Result | Unit | Reference Value | Method |
|---|--------|-------|-------------------|--|
| Lipid Profile-Serum | | | | |
| Cholesterol Total-Serum | 174.00 | mg/dL | Male: 0.0 - 200 | Cholesterol Oxidase/Peroxidase |
| Triglycerides-Serum | 118.00 | mg/dL | Male: 0.0 - 150 | Lipase/Glycerol Dehydrogenase |
| High-density lipoprotein (HDL) Cholesterol-Serum | 39.00 | mg/dL | Male: 40.0 - 60.0 | Accelerator/Selective Detergent |
| Non-HDL cholesterol-Serum | 135 | mg/dL | Male: 0.0 - 130 | Calculated |
| Low-density lipoprotein (LDL) Cholesterol-Serum | 125.00 | mg/dL | Male: 0.0 - 100.0 | Cholesterol esterase and cholesterol oxidase |
| Very-low-density lipoprotein (VLDL) cholesterol-Serum | 24 | mg/dL | Male: 0.0 - 40 | Calculated |
| Cholesterol/HDL Ratio-Serum | 4.46 | Ratio | Male: 0.0 - 5.0 | Calculated |

Interpretation:

| Parameter | Desirable | Borderline High | High | Very High |
|---|-----------|-----------------|---------|-----------|
| Total Cholesterol | <200 | 200-239 | >240 | |
| Triglycerides | <150 | 150-199 | 200-499 | >500 |
| Non-HDL cholesterol | <130 | 160-189 | 190-219 | >220 |
| Low-density lipoprotein (LDL) Cholesterol | <100 | 100-129 | 160-189 | >190 |

Comments: As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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|---|--------|-------|-----------------|--------|
| Prostate-Specific Antigen(PSA)-1.28 Serum | | ng/mL | 0.0-4.0 | CLIA |

Note: 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
 3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized /sedentary patients either due to supine position or suspended sexual activity.
 Recommended Testing Intervals: Pre-operatively (Baseline), 2-4 days post-operatively, Prior to discharge from hospital, Monthly followup if levels are high or show a rising trend.

Clinical Use: -An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
 -Followup and management of Prostate cancer patients
 -Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.
 Increased Levels : Prostate cancer, Benign Prostatic Hyperplasia, Prostatitis, Genitourinary infections.



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|--|--------|--------|--------------------|--------------------------------------|
| Thyroid function tests (TFT)- Serum | | | | |
| Tri-Iodo Thyronine (T3)-Serum | 1.02 | ng/mL | Male: 0.60 - 1.81 | Chemiluminescence Immunoassay (CLIA) |
| Thyroxine (T4)-Serum | 7.30 | µg/dL | Male: 5.50 - 12.10 | Chemiluminescence Immunoassay (CLIA) |
| Thyroid Stimulating Hormone (TSH)-Serum | 3.83 | µIU/mL | Male: 0.35 - 5.50 | Chemiluminescence Immunoassay (CLIA) |

Comments: Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children: 1-3 Days: 1.0-7.40, 1-11 Months: 1.05-2.45, 1-5 Years: 1.05-2.69, 6-10 Years: 0.94-2.41, 11-15 Years: 0.82-2.13, Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90, Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments: Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4). It also helps to monitor treatment of Hyperthyroidism with Thionamyl or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5, Females : 5.5-11.0, > 60 Years: 5.0-10.70, Cord : 7.40-13.10, Children: 1-3 Days : 11.80-22.60, 1-2 Weeks : 9.90-16.60, 1-4 Months: 7.20-14.40, 1-5 Years : 7.30-15.0, 5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70, Newborn Screen: 1-5 Days: >7.5, 6 Days : >6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia, Increased transthyretin, estrogen therapy, pregnancy

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments: TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester: 0.1-2.5; II- trimester: 0.2-3.0; III- trimester: 0.3-3.0


Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



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|---|--------|-------|---|-----------------------------------|
| LFT-Liver Function Test -Serum | | | | |
| Bilirubin Total-Serum | 0.79 | mg/dL | 0.2-1.0 | Caffeine Benzoate |
| Bilirubin Direct-Serum | 0.16 | mg/dL | 0.0-0.2 | Diazotised Sulphanilic Acid |
| Bilirubin Indirect-Serum | 0.63 | mg/dL | 0.0-1.10 | Direct Measure |
| Aspartate Aminotransferase (AST/SGOT)-Serum | 39.00 | U/L | 15.0-37.0 | UV with Pyridoxal - 5 - Phosphate |
| Alanine Aminotransferase (ALT/SGPT)-Serum | 44.00 | U/L | Male:16.0-63.0 Female:14.0-59.0 | UV with Pyridoxal - 5 - Phosphate |
| Alkaline Phosphatase (ALP)-Serum | 58.00 | U/L | Adult: 45.0-117.0 Children: 48.0-445.0 | PNPP,AMP-Buffer |
| Protein, Total-Serum | 7.05 | g/dL | Infants: 81.90-350.30 6.40-8.20 | Biuret/Endpoint-With Blank |
| Albumin-Serum | 4.18 | g/dL | 3.40-5.00 | Bromocresol Purple |
| Globulin-Serum | 2.87 | g/dL | 2.0-3.50 | Calculated |
| Albumin/Globulin Ratio-Serum | 1.46 | Ratio | 0.80-1.20 | Calculated |



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|---|--------|-------|---|------------|
| Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA | 6.30 | % | Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : >= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10 | HPLC |
| Glycosylated Haemoglobin (HbA1c) | | | | |
| Estimated Average Glucose(eAG) | 134.11 | mg/dL | | Calculated |

Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.



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|----------------------|--------|-------|-----------------|--|
| Calcium,Total- Serum | 9.50 | mg/dL | 8.50-10.10 | Spectrophotometry (O-Cresolphthalein complexone) |

Blood Group & Rh Typing-Whole Blood EDTA

| | | |
|-------------|----------|--------------------------|
| Blood Group | A | Slide/Tube agglutination |
| Rh Type | Positive | Slide/Tube agglutination |

Note: Confirm by tube or gel method.


Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.

| | | | | |
|--|-------|-----|-------------------------------------|--------------------------------|
| Gamma-Glutamyl Transferase (GGT)-Serum | 23.00 | U/L | Male: 15.0-85.0 Female: 5.0-55.0 | Other g-Glut-3-carboxy-4 nitro |
|--|-------|-----|-------------------------------------|--------------------------------|

Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.



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Printed On : 09 Dec, 2023 04:04 pm



Dr. Nithan Reddy C,MD,Consultant Pathologist



| | | | | | |
|--------------|--------------------|------|--------------|------------------|------------------------|
| Name | : MR. K M GIRISH | UHID | : 0912230014 | Bill Date | : 09-Dec-2023 08:31 AM |
| Age / Gender | : 55 Years / Male | | | Sample Col. Date | : 09-Dec-2023 08:31 AM |
| Ref. By Dr. | : Dr. APOLO CLINIC | | | Result Date | : 09-Dec-2023 02:53 PM |
| Reg. No. | : 0912230014 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|--|---------|--------------|---|----------------------|
| Complete Haemogram-Whole Blood EDTA | | | | |
| Haemoglobin (HB) | 16.90 | g/dL | Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50 | Spectrophotometer |
| Red Blood Cell (RBC) | 5.77 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| Packed Cell Volume (PCV) | 49.80 | % | Male: 42.0-51.0 Female: 36.0-45.0 | Electronic Pulse |
| Mean corpuscular volume (MCV) | 86.30 | fL | 78.0- 94.0 | Calculated |
| Mean corpuscular hemoglobin (MCH) | 29.40 | pg | 27.50-32.20 | Calculated |
| Mean corpuscular hemoglobin concentration (MCHC) | 34.00 | % | 33.00-35.50 | Calculated |
| Red Blood Cell Distribution Width SD (RDW-SD) | 43.10 | fL | 40.0-55.0 | Volumetric Impedance |
| Red Blood Cell Distribution CV (RDW-CV) | 15.00 | % | Male: 11.80-14.50 Female: 12.20-16.10 | Volumetric Impedance |
| Mean Platelet Volume (MPV) | 8.30 | fL | 8.0-15.0 | Volumetric Impedance |
| Platelet | 2.68 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| Platelet Distribution Width (PDW) | 8.90 | % | 8.30 - 56.60 | Volumetric Impedance |
| White Blood cell Count (WBC) | 7010.00 | cells/cumm | Male: 4000.0-11000.0 Female 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0 | Volumetric Impedance |



| | | | | | |
|--------------|--------------------|------|--------------|------------------|------------------------|
| Name | : MR. K M GIRISH | UHID | : 0912230014 | Bill Date | : 09-Dec-2023 08:31 AM |
| Age / Gender | : 55 Years / Male | | | Sample Col. Date | : 09-Dec-2023 08:31 AM |
| Ref. By Dr. | : Dr. APOLO CLINIC | | | Result Date | : 09-Dec-2023 02:53 PM |
| Reg. No. | : 0912230014 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|--------------------------------------|--------|---------------------|--------------------------------------|-------------------------|
| Neutrophils | 46.0 | % | 40.0-75.0 | Light scattering/Manual |
| Lymphocytes | 40.0 | % | 20.0-40.0 | Light scattering/Manual |
| Eosinophils | 7.0 | % | 0.0-8.0 | Light scattering/Manual |
| Monocytes | 6.0 | % | 0.0-10.0 | Light scattering/Manual |
| Basophils | 1.0 | % | 0.0-1.0 | Light scattering/Manual |
| Absolute Neutrophil Count | 3.17 | 10 ³ /uL | 2.0- 7.0 | Calculated |
| Absolute Lymphocyte Count | 2.92 | 10 ³ /uL | 1.0-3.0 | Calculated |
| Absolute Monocyte Count | 0.40 | 10 ³ /uL | 0.20-1.00 | Calculated |
| Absolute Eosinophil Count | 500.00 | cells/cumm | 40-440 | Calculated |
| Absolute Basophil Count | 0.02 | 10 ³ /uL | 0.0-0.10 | Calculated |
| Erythrocyte Sedimentation Rate (ESR) | 09 | mm/hr | Female : 0.0-20.0 Male : 0.0-10.0 | Westergren |

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood picture.



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Printed On : 09 Dec, 2023 04:04 pm



| | | | | | |
|--------------|--------------------|-----|--------------|------------------|------------------------|
| Name | : MR. K M GIRISH | UHD | : 0912230014 | Bill Date | : 09-Dec-2023 08:31 AM |
| Age / Gender | : 55 Years / Male | | | Sample Col. Date | : 09-Dec-2023 08:31 AM |
| Ref. By Dr. | : Dr. APOLO CLINIC | | | Result Date | : 09-Dec-2023 02:48 PM |
| Reg. No. | : 0912230014 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|--|-------------|------|-----------------|------------------------|
| Urine Routine Examination-Urine | | | | |
| Physical Examination | | | | |
| Colour | Pale Yellow | | Pale Yellow | Visual |
| Appearance | Clear | | Clear | Visual |
| Reaction (pH) | 6.0 | | 5.0-7.5 | Dipstick |
| Specific Gravity | 1.025 | | 1.000-1.030 | Dipstick |
| Biochemical Examination | | | | |
| Albumin | Negative | | Negative | Dipstick/Precipitation |
| Glucose | Negative | | Negative | Dipstick/Benedicts |
| Bilirubin | Negative | | Negative | Dipstick/Fouchets |
| Ketone Bodies | Negative | | Negative | Dipstick/Rotheras |
| Urobilinogen | Normal | | Normal | Dipstick/Ehrlichs |
| Nitrite | Negative | | Negative | Dipstick |
| Microscopic Examination | | | | |
| Pus Cells | 1-2 | hpf | 0.0-5.0 | Microscopy |
| Epithelial Cells | 1-2 | hpf | 0.0-10.0 | Microscopy |
| RBCs | Absent | hpf | Absent | Microscopy |
| Casts | Absent | | Absent | Microscopy |
| Crystals | Absent | | Absent | Microscopy |
| Others | Absent | | Absent | Microscopy |

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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Dr. Nitin Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION



Summary Report SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644/ 08023371555

Name : MR K M GIRISH

Doctor : Dr. APOLO CLINIC

ID : 0912230014

Tested on : 09-12-2023,09:58 AM

Age,Wt,Ht : 55years(Male), 88Kg,170cm

BPL DYNATRAC NEO

Test Summary Report

Target HR = 165

Total time = 17:47

Protocol = BRUCE

HR achieved = 157 (95%)

Exercise time = 12:59

Max ST(mm)=6.12(Lead V2)

Peak Ex = Exercise 5

Recovery time = 03:03

Min ST(mm)=---(Lead ---)

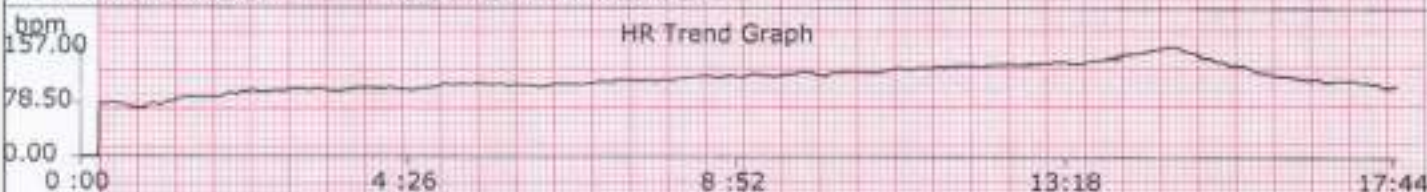
Stagewise Summary

| Stage Name | Duration (mm:ss) | Max HR | Max ST (mm) | Min ST (mm) | Speed km/hr | Slope (%) | METS | sys/dia (map) |
|----------------------|------------------|--------|-------------|-------------|-------------|-----------|-------|---------------|
| Supine | 00:29 | 78 | 6.12(V2) | --- | 0.0 | 0.0 | 0.00 | 130/80(96) |
| Standing | 00:24 | 76 | 3.06(V3) | -0.71(AVR) | 0.0 | 0.0 | 0.00 | 130/80(96) |
| Hyperventilation | 00:28 | 83 | 3.87(V3) | -1.21(AVR) | 0.0 | 0.0 | 0.00 | 130/80(96) |
| Waiting for Exercise | 00:24 | 86 | 2.56(V2) | -0.71(AVR) | 0.0 | 0.0 | 0.00 | 130/80(96) |
| Exercise 1 | 03:00 | 99 | 2.96(V3) | -0.68(AVL) | 2.7 | 10.0 | 5.10 | 130/80(96) |
| Exercise 2 | 03:00 | 111 | 2.65(V3) | -3.29(V5) | 4.0 | 12.0 | 7.10 | ---/---(---) |
| Exercise 3 | 03:00 | 122 | 5.49(V5) | -2.44(II) | 5.5 | 14.0 | 10.00 | 140/80(100) |
| Exercise 4 | 03:00 | 139 | 3.80(V3) | -1.73(V5) | 6.8 | 16.0 | 14.00 | 150/90(110) |
| Peak Exercise 5 | 00:59 | 157 | 3.80(V4) | -1.12(AVR) | 8.1 | 18.0 | 14.30 | 160/90(113) |
| Recovery 1 | 01:00 | 157 | 5.07(V3) | -1.90(AVR) | 0.0 | 0.0 | 0.00 | 160/90(113) |
| Recovery 2 | 01:00 | 129 | 6.12(V2) | -1.29(AVR) | 0.0 | 0.0 | 0.00 | 150/90(110) |
| Recovery 3 | 01:00 | 111 | 3.43(V3) | -0.95(V6) | 0.0 | 0.0 | 0.00 | 140/90(106) |
| Recovery 4 | 00:03 | 102 | --- | --- | 0.0 | 0.0 | 0.00 | ---/---(---) |

Rpp: 10140(Supine), 9880(Standing), 10790(Hyperventilation), 11180(Waiting for Exercise), 12870(Exercise 1), 17080(Exercise 3), 20850(Exercise 4), 25120(Peak Exercise 5), 25120(Recovery 1), 19350(Recovery 2), 15540(Recovery 3)

Stage comments: none

Object of test : Functional Capacity Evaluation
 Risk factor : Hypertension
 Activity : Very active
 Other Investigation : Lab Investigation, ECG
 Ex tolerance : Good (> 10 mets)
 Ex Arrhythmia : No
 Hemo Response : Normal
 Chrono response : Normal
 Reason for Termination : Target Heart Rate Achieved



Medication: AMLONG -5mg, NUTAL H 40mg

History: HYPERTENSION

Observations: TARGET HEART RATE ACHIEVED

GOOD EFFORT TOLERANCE

NO ANGINA / NO ARRHYTHMIAS

NO SIGNIFICANT ST-T CHANGES DURING PEAK EXERCISE & RECOVERY

Final Impression: Stress test negative for inducible Ischemia



Technician: SARGA V Done By: Confirmed by -

Rhythm Report

SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0912230014

Stage : Supine

Protocol : BRUCE

NAME : MR K M GIRISH

Pre Test Time : 00:27

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 00:27

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

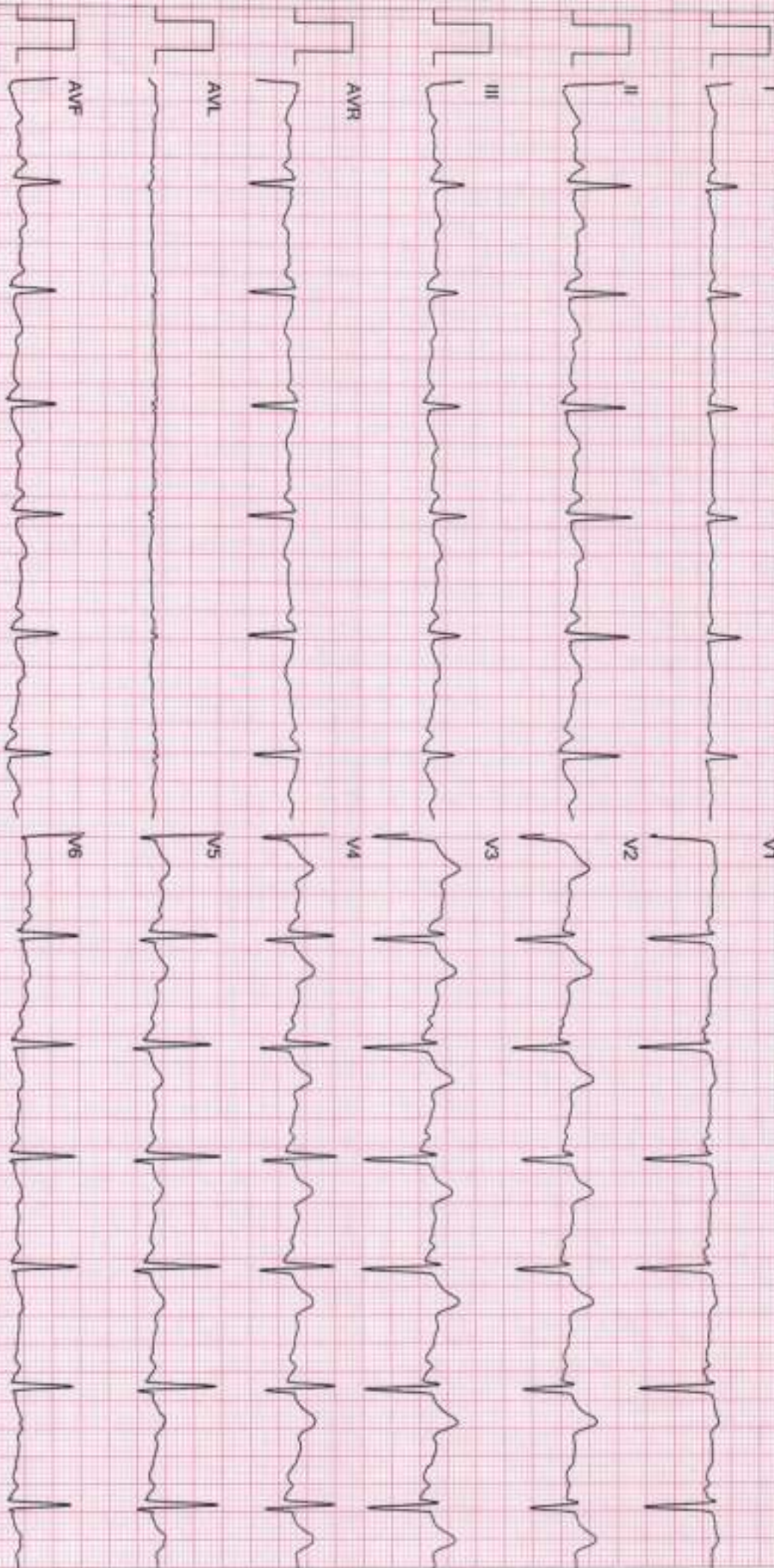
N/BBP : 130/80(96)

HR : 78 (47%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms pJ



ID : 0912230014

Stage : Supine

Protocol : BRUCE

NAME : MR K M GIRISH

Pre Test Time : 00:29

Speed(Km/h) : 0.0

Doctor : Dr. APOLLO CLINIC

AGE : 55

Stage Time : 00:29

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

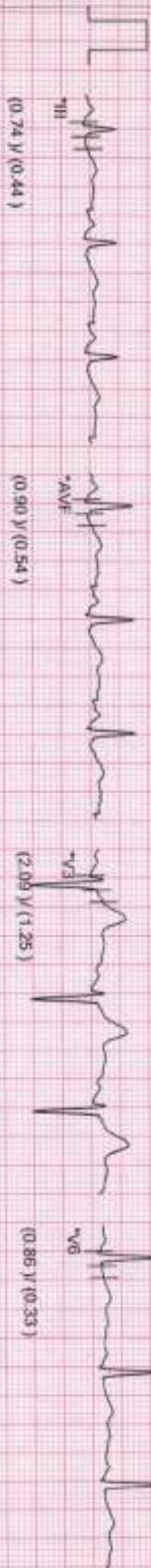
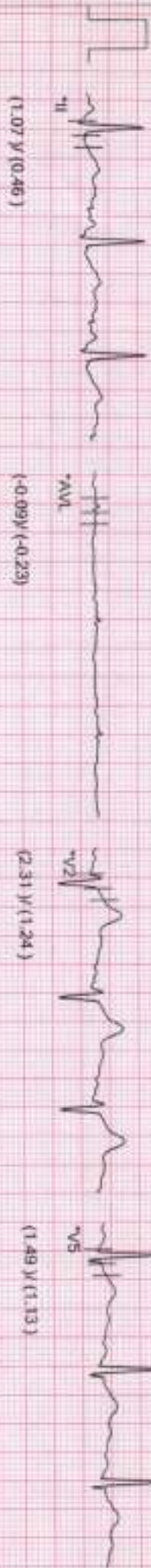
NIBP : 130/80(96)

HR : 77 (46%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P1



ID : 0912230014 Stage : Standing Protocol : BRUCE

NAME : MR K M GIRISH Pre Test Time : 00:53 Speed(Km/h) : 0.0 Doctor : DR. APOLO CLINIC

AGE : 55 Stage Time : 00:24 Grade(%) : 0.00 Tested on : 09-12-2023,09:58 AM

NIBP : 130/80(96) HR : 70 (42%) METS : 0.00 BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P)



ID : 0912230014

Stage : Hyperventilation Protocol : BRUCE

NAME : MR K M GIRISH

Pre Test Time : 01:21

Speed(Km/h) : 0.0

Doctor : DR. APOLO CLINIC

AGE : 55

Stage Time : 00:28

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

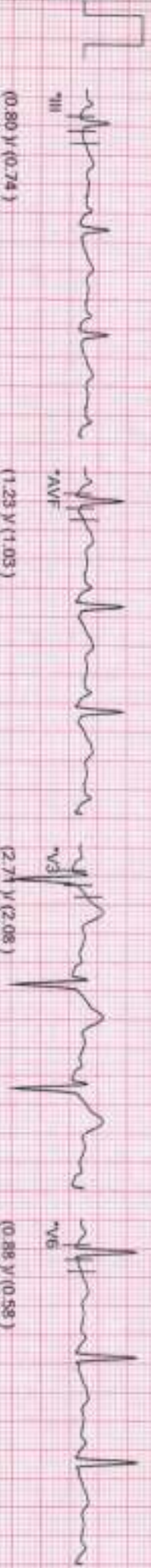
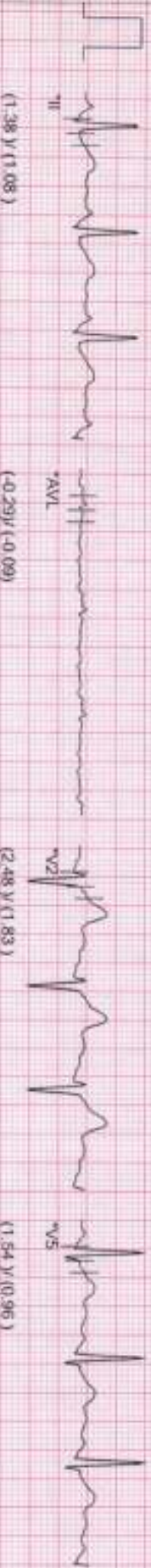
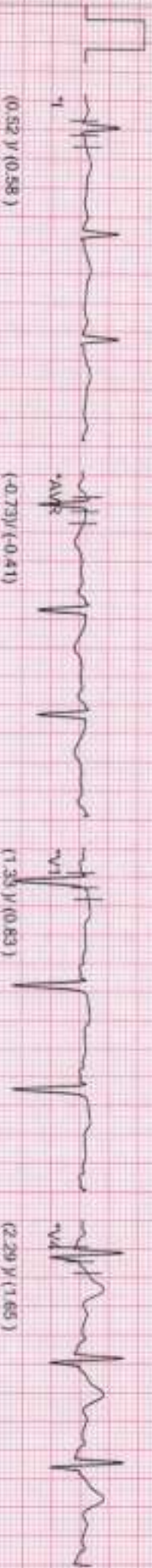
NIBP : 130/80(96)

HR : 83 (50%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 0912230014

Stage : Waiting for Exe .. Protocol : BRUCE

NAME : MR K M GIRISH

Pre Test Time : 01:45

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 00:24

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

NIBP : 130/80(96)

HR : 86 (52%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P)



SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0912230014

Stage

: Exercise 1

Protocol

: BRUCE

NAME : MR K M GIRISH

Exercise Time : 03:00

Speed(Km/h) : 2.7

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 03:00

Grade(%) : 10.00

Tested on : 09-12-2023,09:58 AM

NIBP : 130/80(96)

HR

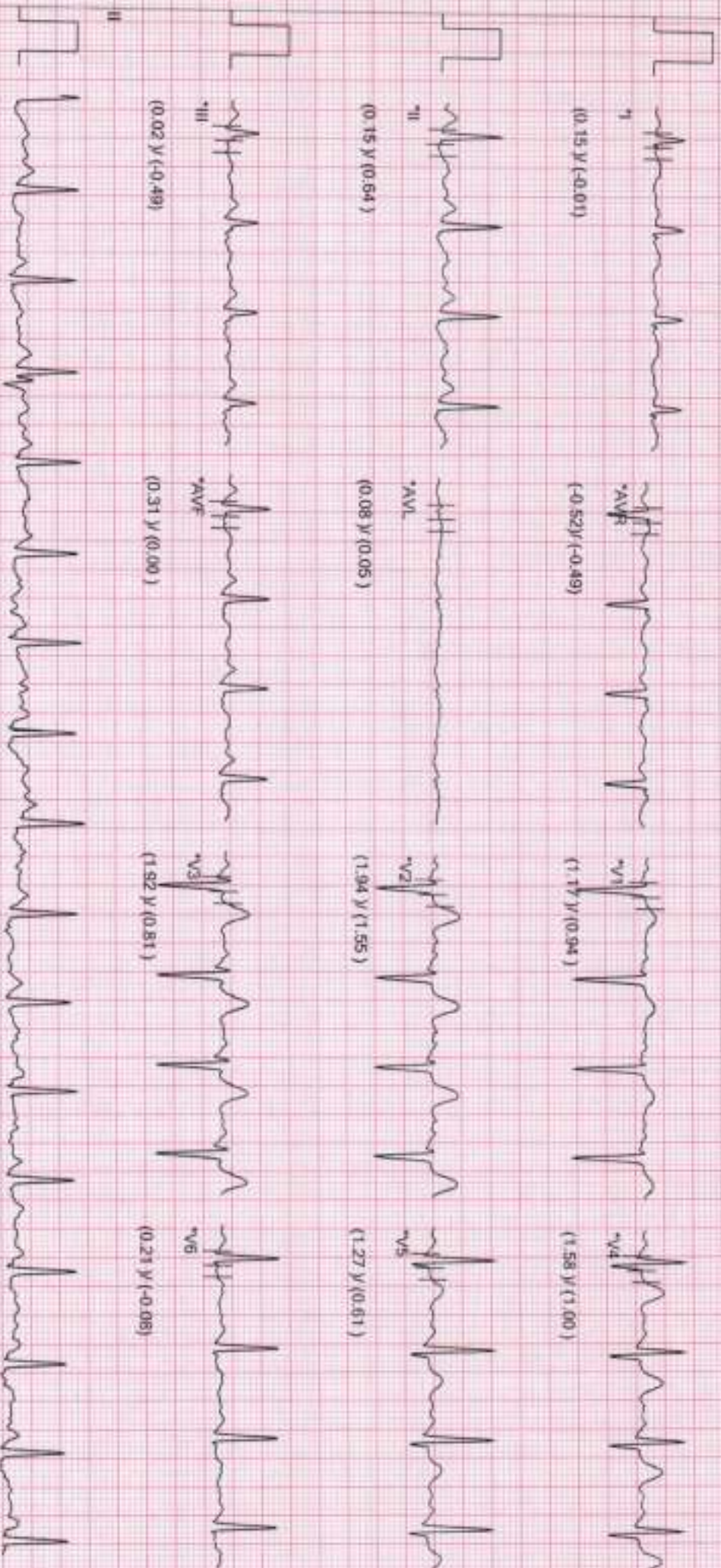
: 98 (59%)

METS

: 5.10

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P)



ID : 0912230014

Stage : Exercise 2

Protocol : BRUCE

NAME : MR K M GIRISH

Exercise Time : 06:00

Speed(Km/h) : 4.0 Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 03:00

Grade(%) : 12.00 Tested on : 09-12-2023,09:58 AM

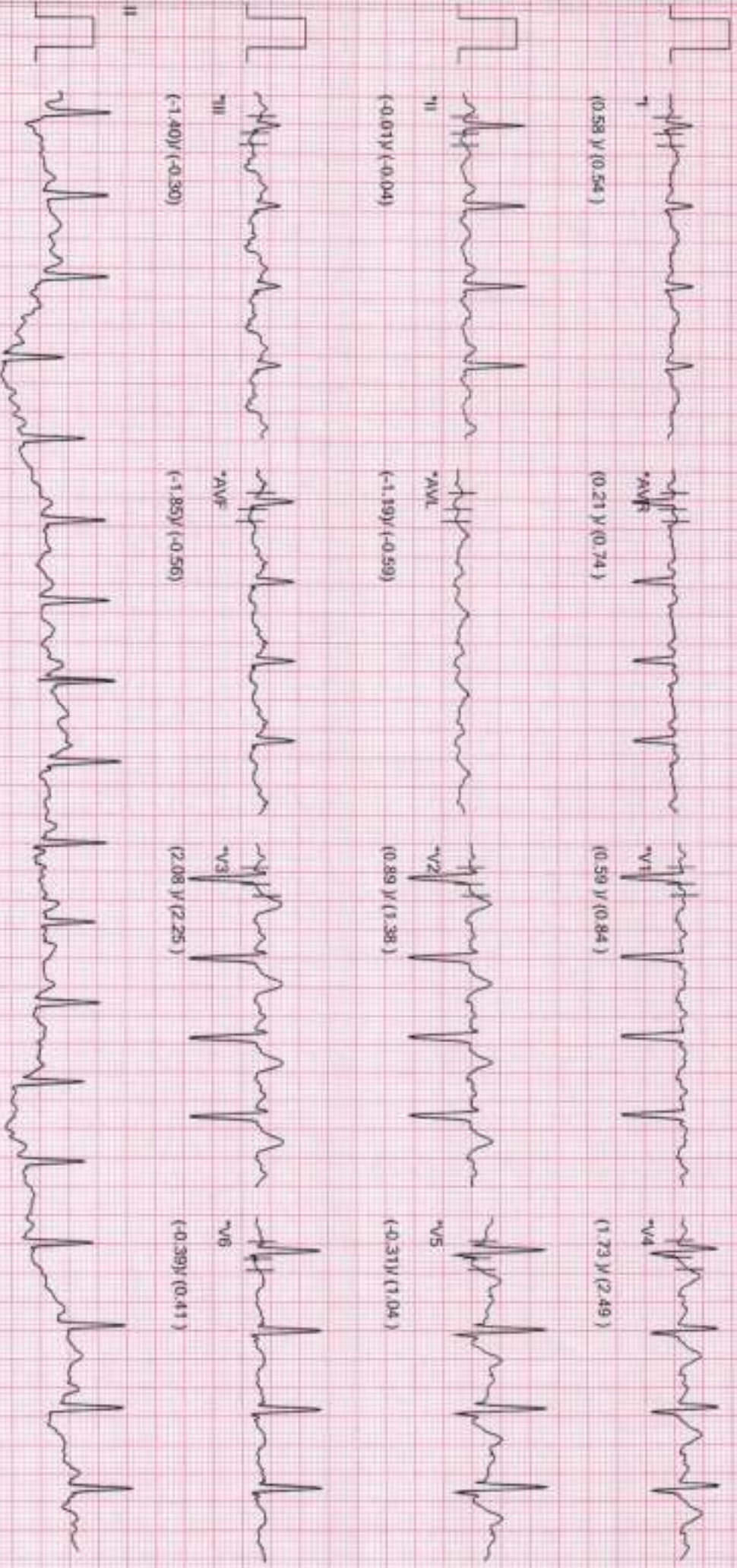
NIBP : ---/---(---)

HR : 109 (66%)

METS : 7.10

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P1



ID : 0912230014

Stage : Exercise 3

Protocol : BRUCE

NAME : MR K M GIRISH

Exercise Time : 09:00

Speed(Km/h) : 5.5

Doctor : DR. APOLO CLINIC

AGE : 55

Stage Time : 03:00

Grade(%) : 14.00

Tested on : 09-12-2023,09:58 AM

NIBP : 140/80(100)

HR : 120 (72%)

METS : 10.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms PJ



Linked Median Report

SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0912230014

Stage : Exercise 4

Protocol : BRUCE

NAME : MR K M GIRISH

Exercise Time : 12:00

Speed(Km/h) : 6.8

Doctor : DR. APOLO CLINIC

AGE : 55

Stage Time : 03:00

Grade(%) : 16.00

Tested on : 09-12-2023,09:58 AM

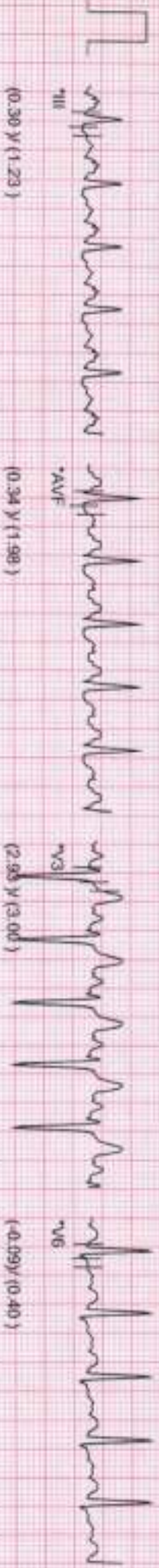
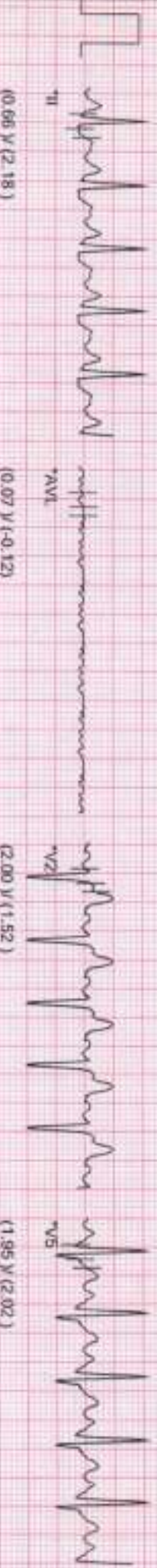
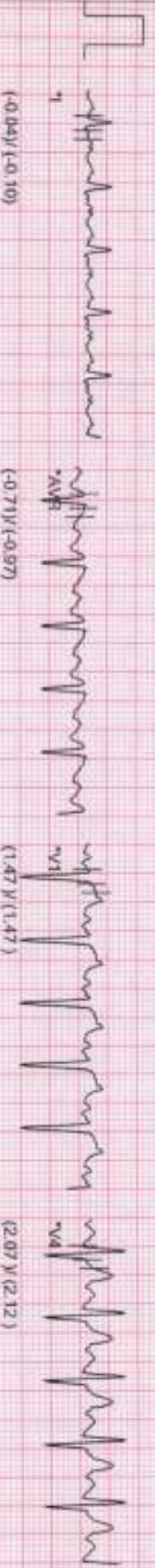
NIBP : 150/90(110)

HR : 139 (84%)

METS : 14.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms P)



ID : 0912230014

Stage : Peak Exercise 5 Protocol : BRUCE

NAME : MR K M GIRISH

Exercise Time : 12:59

Speed(Km/h) : 8.1

Doctor : DR. APOLO CLINIC

AGE : 55

Stage Time : 00:59

Grade(%) : 18.00

Tested on : 09-12-2023,09:58 AM

NIBP : 160/90(113)

HR : 157 (95%)

METS : 14.30

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms PJ



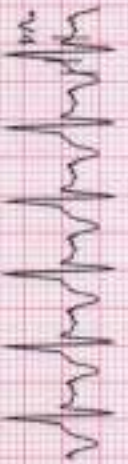
(0.25 V (0.12)



(0.35 V (0.18)



(3.20 V (2.80)



(1.02 V (3.47)



(-0.97V (1.10)



(-0.30V (1.65)



(2.88 V (2.30)



(0.24 V (1.98)



(-0.54V (1.18)



(-0.93V (0.68)



(1.98 V (3.28)



(-0.98V (0.78)



ID : 0912230014

Stage : Recovery 1

Protocol : BRUCE

NAME : MR K M GIRISH

Recovery Time : 01:00

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 01:00

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

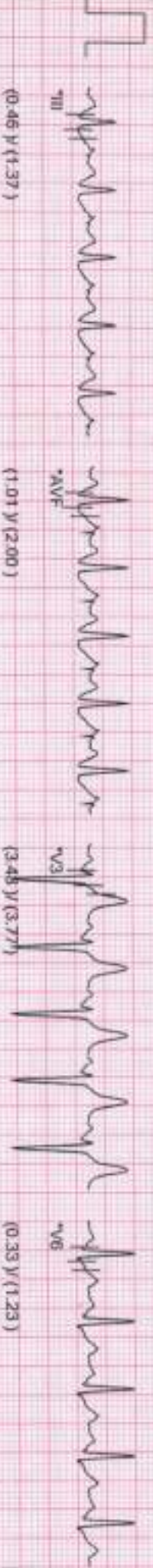
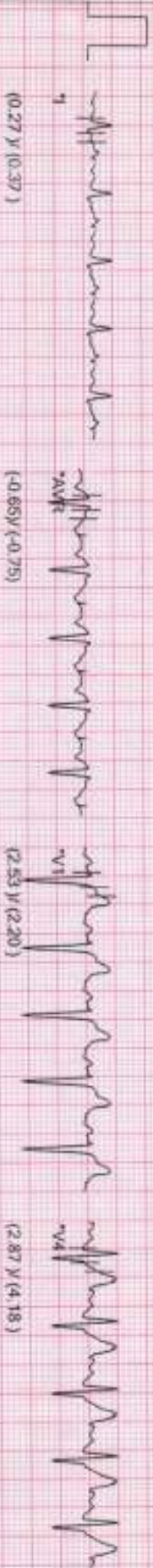
NIBP : 160/90(113)

HR : 130 (78%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms pT



ID : 0912230014

Stage : Recovery 2

Protocol : BRUCE

NAME : MR K M GIRISH

Recovery Time : 02:00

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 01:00

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

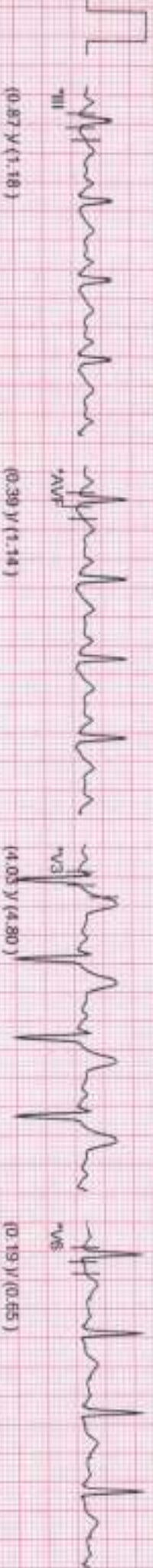
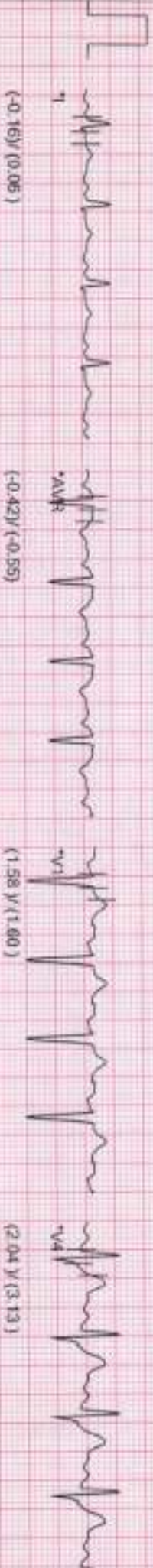
NIBP : 150/90(110)

HR : 111 (67%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0912230014

Stage

: Recovery 3

Protocol

: BRUCE

NAME : MR K M GIRISH

Recovery Time : 03:00

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 55

Stage Time : 01:00

Grade(%) : 0.00

Tested on : 09-12-2023,09:58 AM

NIBP : 140/90(106)

HR : 101 (61%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ

