

Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 02:05PM
UHID/MR No : CSAR.0000061216	Reported : 23/Sep/2023 04:11PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	40.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.68	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55.1	%	40-80	Electrical Impedence
LYMPHOCYTES	31.6	%	20-40	Electrical Impedence
EOSINOPHILS	6.1	%	1-6	Electrical Impedence
MONOCYTES	7.1	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3361.1	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1927.6	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	372.1	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	433.1	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	6.1	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	172000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	9	mm at the end of 1 hour	0-15	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

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IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN No:BED230231160

NABL renewal accreditation under process

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	HEXOKINASE
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Result is rechecked. Kindly correlate clinically

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:

1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	87	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN ,	5.1	%		HPLC
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WHOLE BLOOD EDTA				
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	100	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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SIN No:PLF02031596,PLP1371717,EDT230087483

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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	247	mg/dL	<200	CHO-POD
TRIGLYCERIDES	158	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	199	mg/dL	<130	Calculated
LDL CHOLESTEROL	167	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.14		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.53	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	76	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	42.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	6.55	g/dL	6.6-8.3	Biuret
ALBUMIN	4.30	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.25	g/dL	2.0-3.5	Calculated
A/G RATIO	1.91		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 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.

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• 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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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.78	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.86	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.30	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.04	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	108	mmol/L	101–109	ISE (Indirect)



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Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 01:54PM
UHID/MR No : CSAR.0000061216	Reported : 23/Sep/2023 03:18PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	<55	IFCC



SIN No:SE04490297

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
 Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
 www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | **Andhra Pradesh:** Vizag (Seethamma Peta) | **Karnataka:** Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | **Mysore** (VV Mohalla) | **Tamilnadu:** Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | **Maharashtra:** Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | **Uttar Pradesh:** Ghaziabad (Indrapuram) | **Gujarat:** Ahmedabad (Satellite) | **Punjab:** Amritsar (Court Road) | **Haryana:** Faridabad (Railway Station Road)

Address:
 323/100/123, Doddathangur Village, Neeladri Main Road,
 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka - 560034

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 01:53PM
UHID/MR No : CSAR.0000061216	Reported : 23/Sep/2023 03:13PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.81	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.270	µIU/mL	0.35-4.94	CMIA

Comment:

Note:

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

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

Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 01:53PM
UHID/MR No : CSAR.0000061216	Reported : 23/Sep/2023 03:13PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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



SIN No:SPL23135696

NABL renewal accreditation under process

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Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 01:16PM
UHID/MR No : CSAR.000061216	Reported : 23/Sep/2023 04:04PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

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

BIOCHEMICAL EXAMINATION

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

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2189441

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

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Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034



Patient Name : Mr.RAJEEV RANJAN	Collected : 23/Sep/2023 09:32AM
Age/Gender : 32 Y 10 M 11 D/M	Received : 23/Sep/2023 12:29PM
UHID/MR No : CSAR.0000061216	Reported : 23/Sep/2023 03:17PM
Visit ID : CJPNOPV177497	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 919591412818	

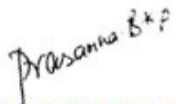
DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

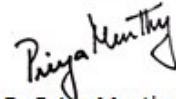
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR


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


DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST


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


Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



32years
Male
166cm

Asian
72kg
Vent. rate 94 bpm
PR interval 120 ms
QRS duration 72 ms
QT/QTc 328/410 ms
P-R-T axes 45 44 44

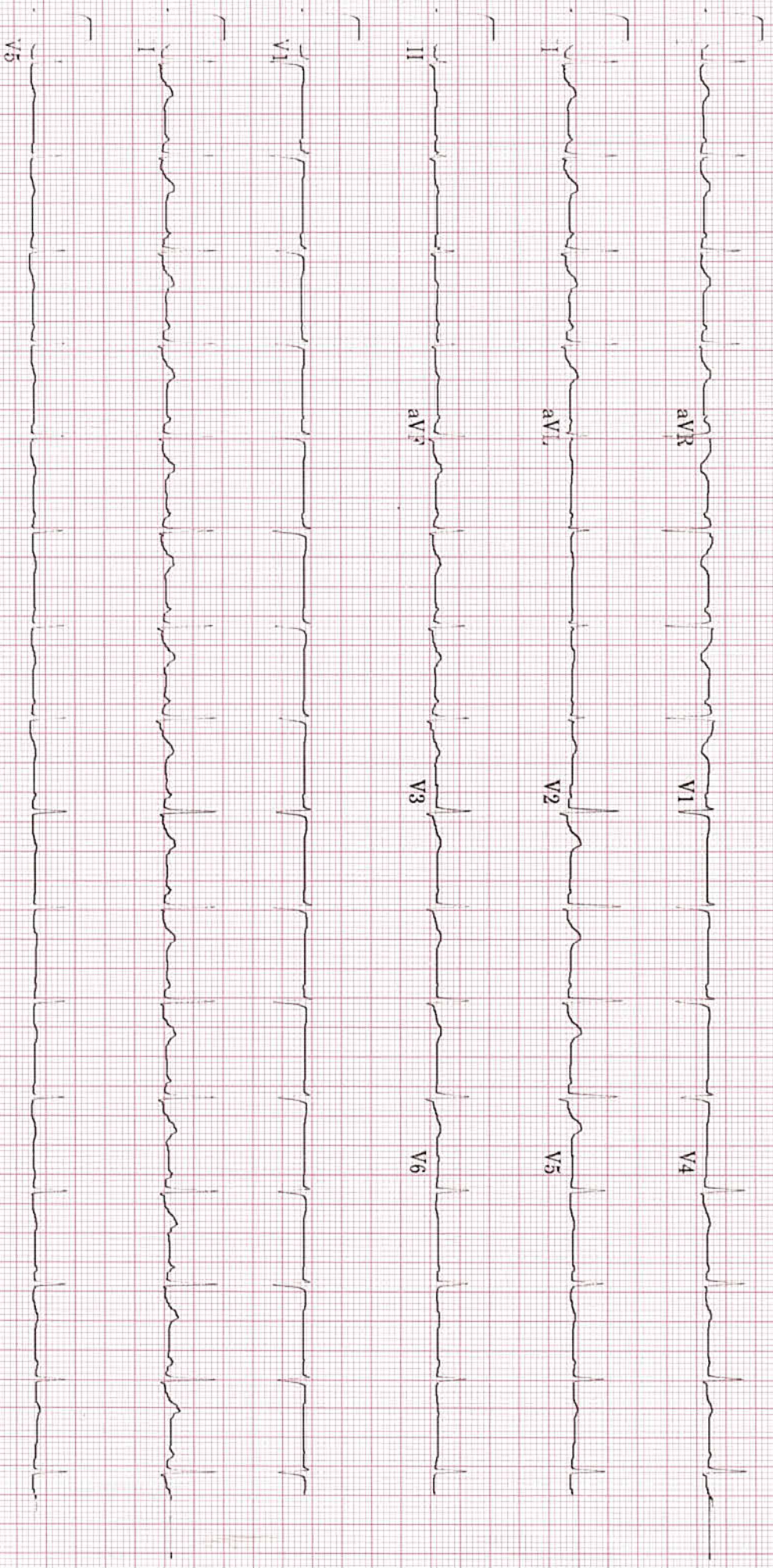
Normal sinus rhythm
Normal ECG

(N)

Technician: VINUTHA
Test ind: CAD SCREENING

Visit: MEDIWHEEL
Referred by: SELF

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 010A

12SL™ V241

ARROW

D: CSAR61216

VISIT: MEDWHEEL

23-Sep-2023

13:08:42

32years
166cm

Asian
72kg

Male

BRUCE Total Exercise time: 9:01

Max HR: 160bpm 85% of max predicted 188bpm

Max BP: 150/80 Maximum workload: 10.1METS

Reason for Termination:

Comments: GOOD EFFORT AND TOLERANCE

NORMAL HR/BP RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Referred by: SELF
Test ind: CAD SCREENING

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST EXERCISE	SUPINE	0:49	0.8	0.0	1.2	92	120/80	110
	STAGE 1	3:00	1.7	10.0	4.6	122	130/80	159
	STAGE 2	3:00	2.5	12.0	7.0	139	140/80	195
	STAGE 3	3:00	3.4	14.0	10.1	160	150/80	240
	STAGE 4	0:01	3.4	14.0	10.1	160	150/80	240
RECOVERY	Post	1:30	**x	**x	3.3	127	120/80	152

NORMAL

23/9/23

Technician: VINUTHA

Unconfirmed

MAG55 010A

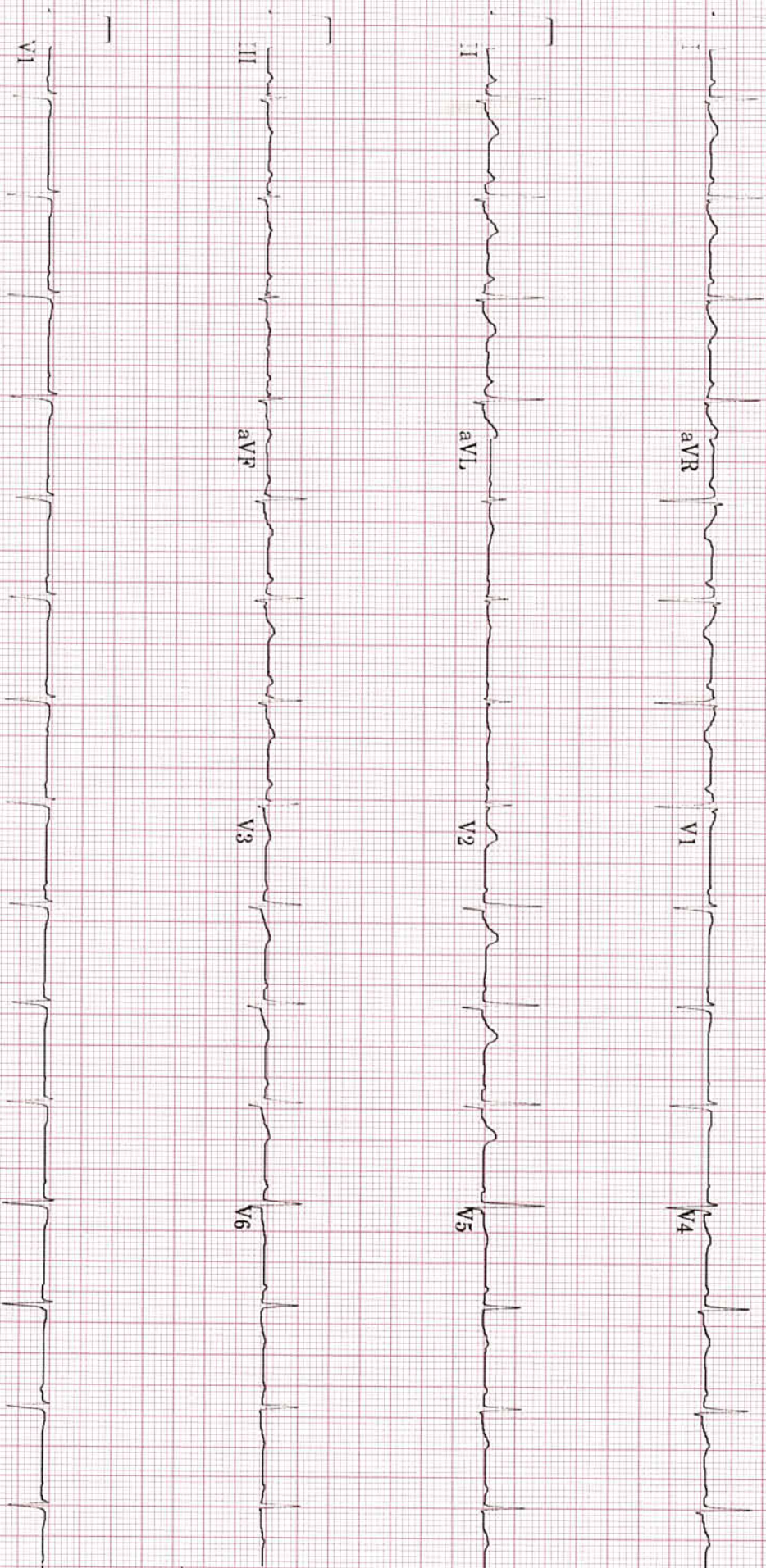
ID: CSAR61216
Visit: MEDIWHEEL

23-Sep-2023
13:09:12

93bpm
BP: 120/80

PRETEST
SUPINE
0:32

BRUCE
***mph
***%



40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm Id

MAC55 010A

II

D: CSAR61216
Vist: MEDIWHEEL

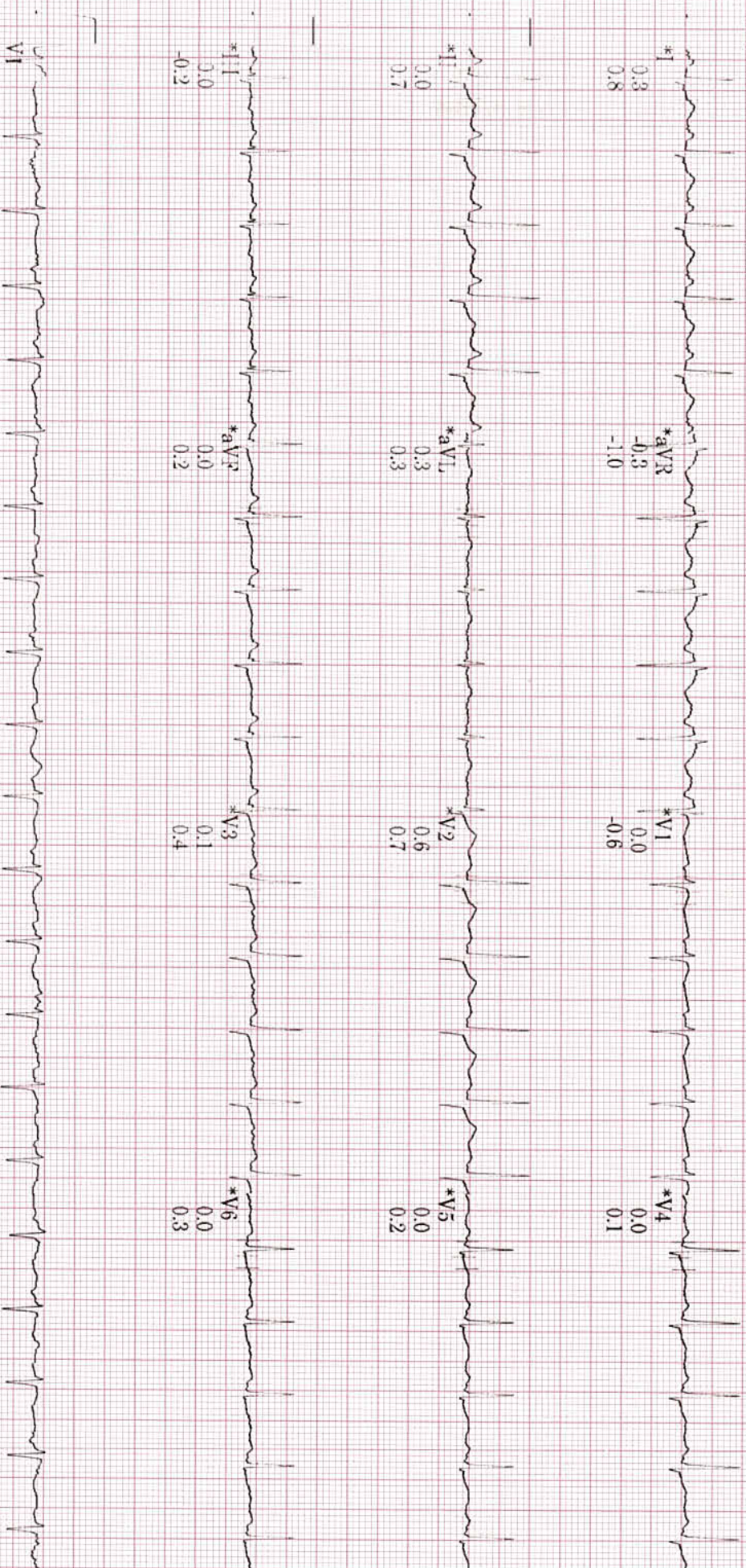
23-Sep-2023
13:12:20

125bpm
BP: 130/80
ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010A

ADONIS

ID: CSAR61216

Visit: MEDIWHEEL

23-Sep-2023
13:15:20

140bpm

BP: 140/80

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 2

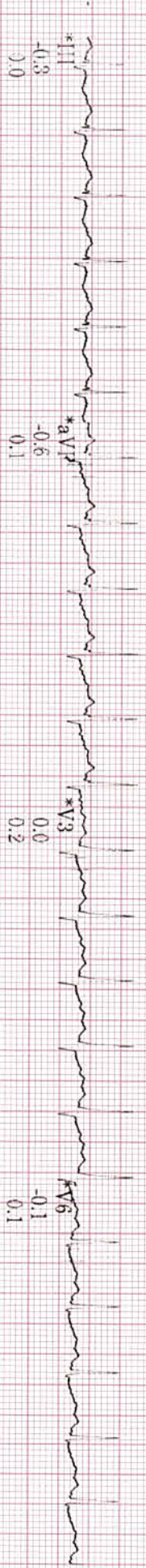
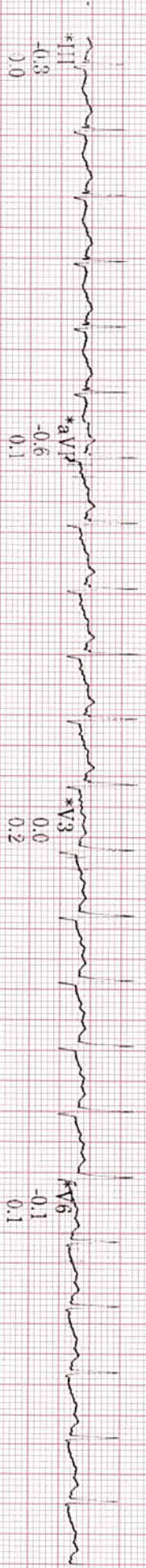
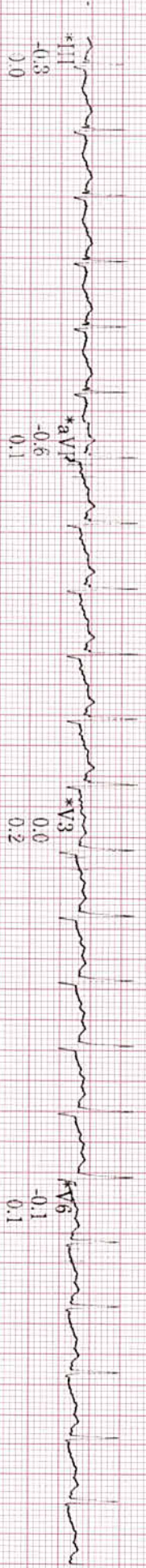
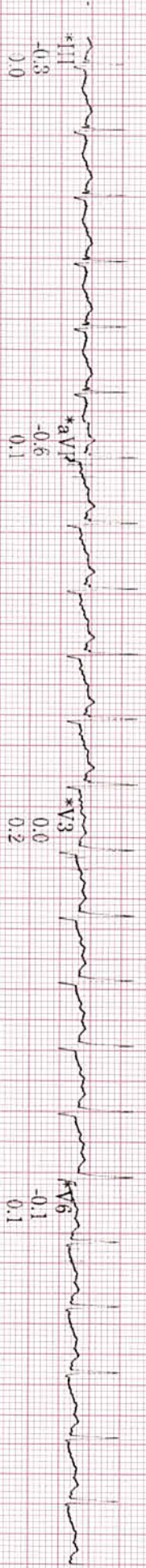
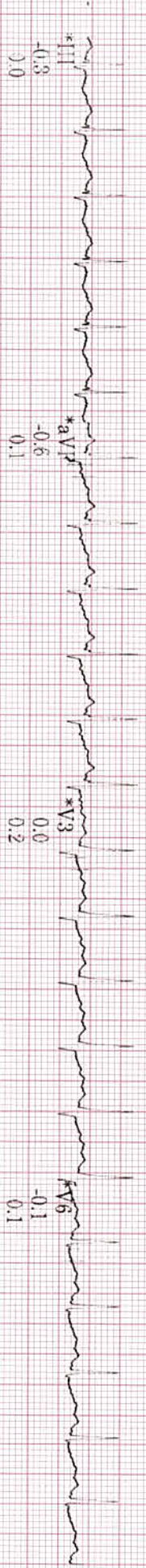
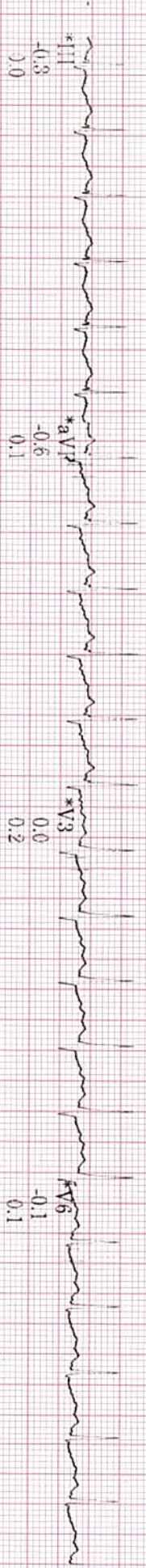
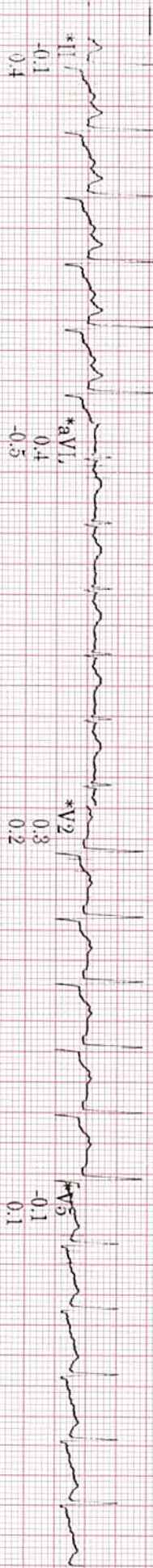
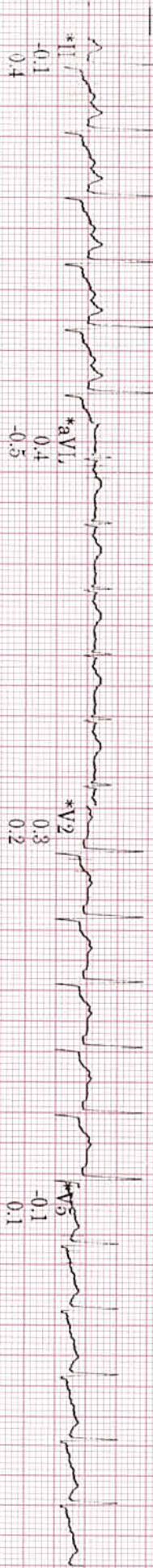
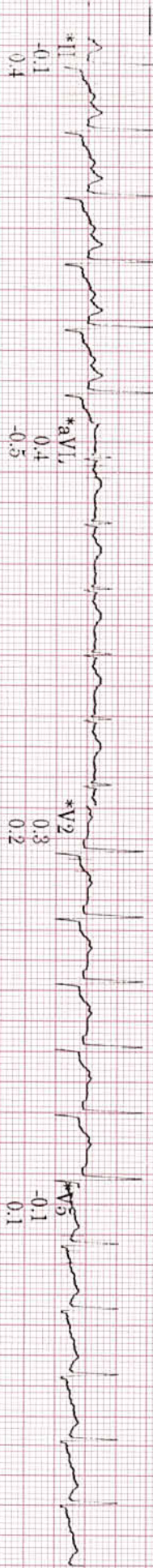
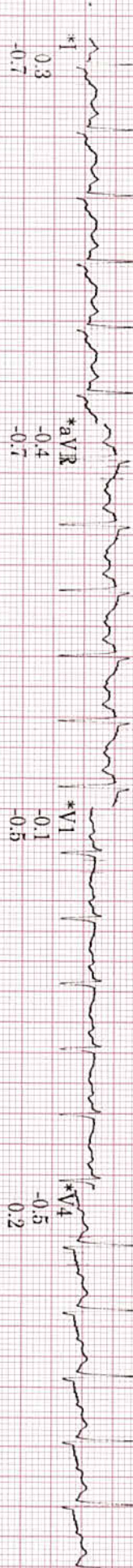
5:50

BRUCE

2.5mph

12.0%

Lead
ST(mm)
Slope(mV/s)



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010A



ID: GSAR61216
Vist: MEDIWHEEL

23-Sep-2023
13:18:20

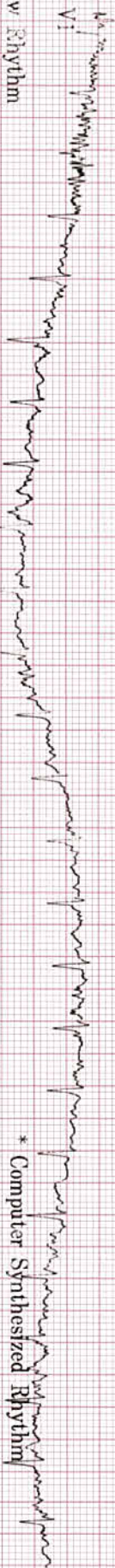
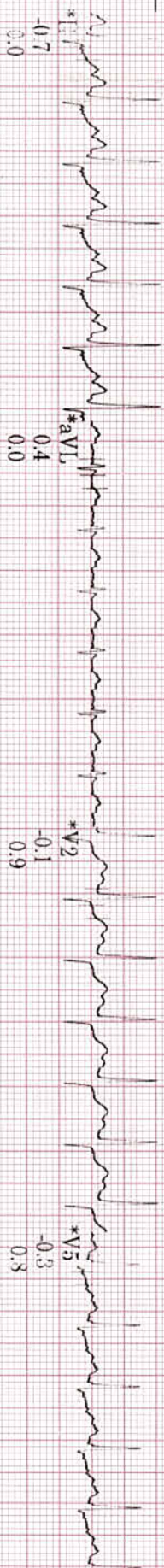
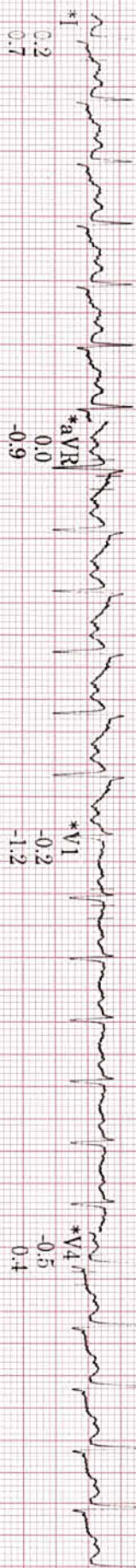
158bpm
BP: 150/80

ST @ 10mm/mV
80ms postJ

EXERCISE
STAGE 3
8:51

BRUCE
3.4mph
14.0%

Let
STI
Sto



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

MAC55 010A

II

Arrow

ID: CSAR61216

Visit: MEDIWHEEL

23-Sep-2023

13:18:32

160bpm

BP: 150/80

EXERCISE
STAGE 4
9:00

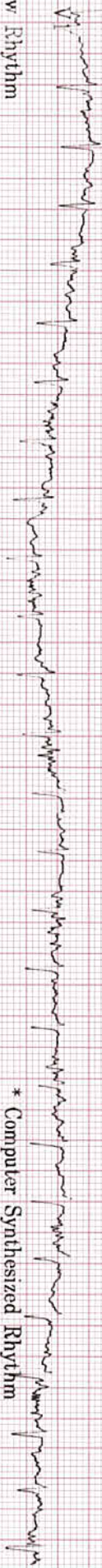
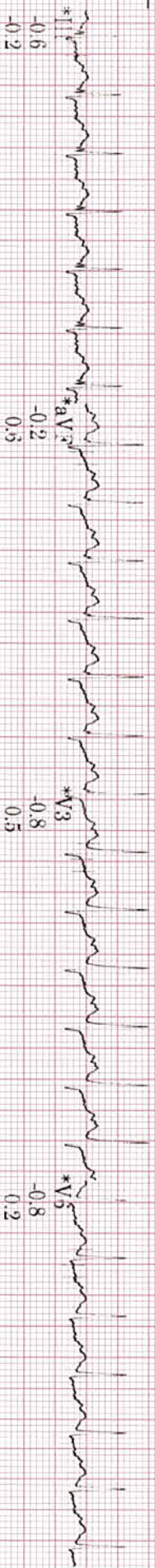
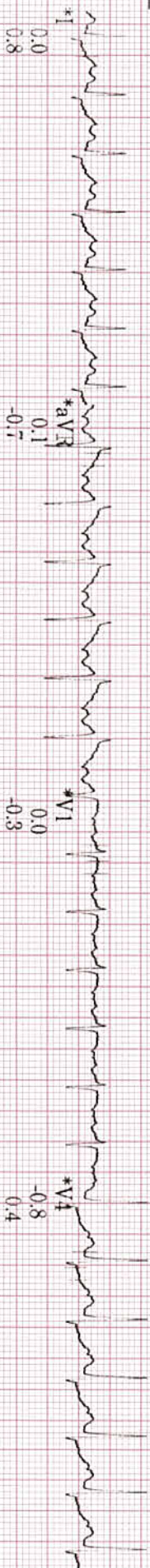
BRUCE

3.4mph

14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010A

II

D: CSAR61216
VIST: MEDWHEEL

23-Sep-2023
13:19:31

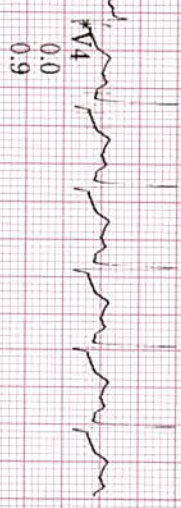
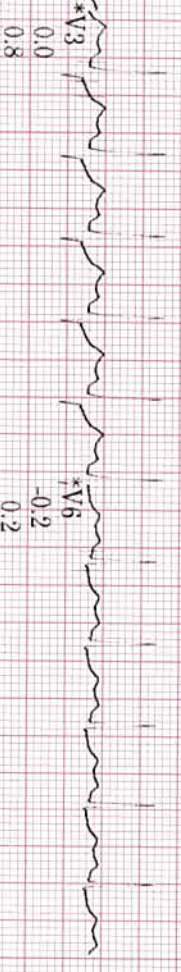
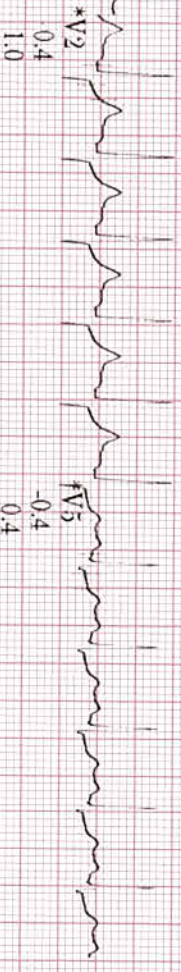
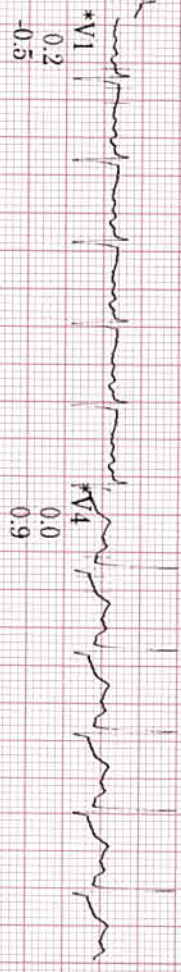
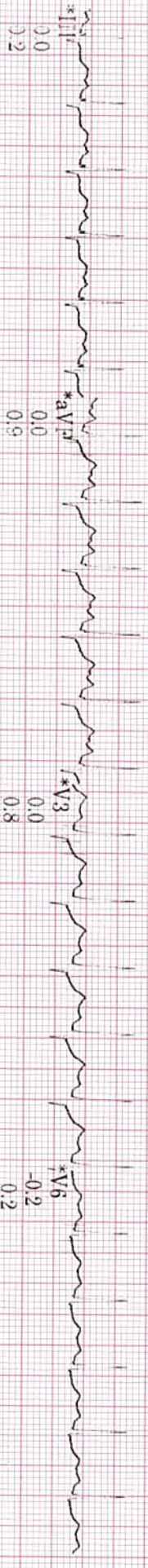
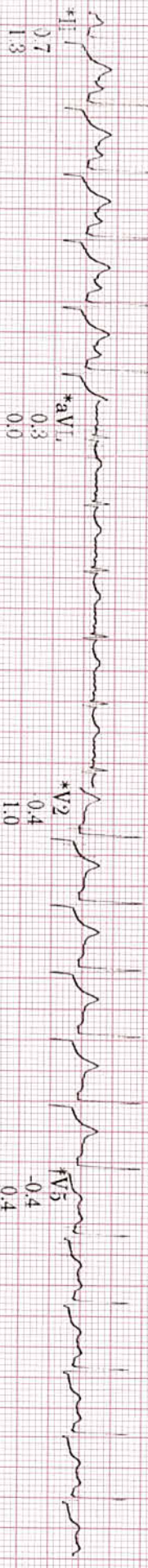
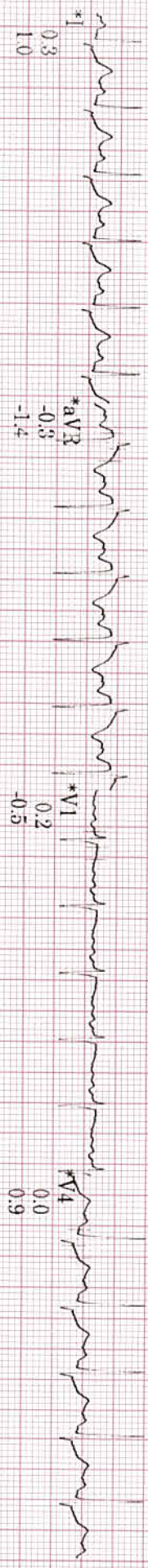
139bpm

RECOVERY
Post
1:00

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
40 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-50Hz HR 46
Computer Synthesized Rhythm
MAC55 010A

BRUG-1 Total Exercise time: 9:01

Max HR: 160bpm 85% of max predicted 188bpm

Max EP: 150/80 Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

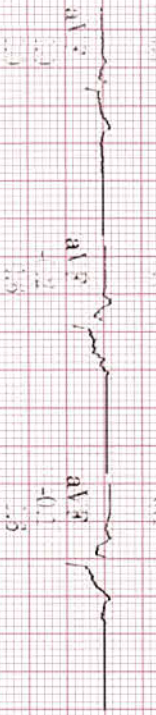
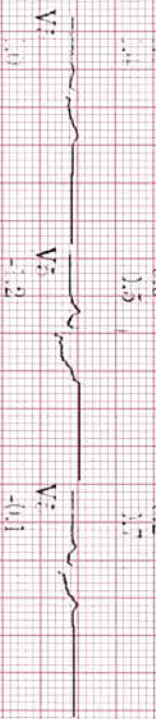
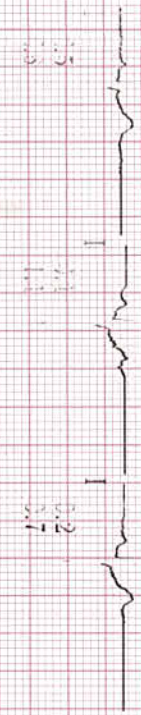
ID: OSAR61216
WHEEL MEDIWHEEL
32years 156cm Asian Male
25-Sep-2023 13:35:42
72kg

Referred by: SELF
Test ind: CAD SCREENING

Reason for Termination:
Comments: GOOD EFFORT AND TOLERANCE
NORMAL HR/BP RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
* TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE	MAX ST EXERCISE	TEST END RECOVERY
9:00 160bpm BP: 150/80	9:00 160bpm BP: 150/80	1:30 128bpm BP: 120/80

BASELINE	MAX ST EXERCISE	TEST END RECOVERY
9:00 160bpm BP: 120/80	9:00 160bpm BP: 150/80	1:30 128bpm BP: 120/80



Technician: VINUTHA

Unconfirmed

MAC55 010A

Lead
ST(mV)
Slope(mV/s)





Health Check up Booking Request(bobS46082), Beneficiary Code-73395

1 message

Mediwheel <wellness@mediwheel.in>
To: sakshisah5@gmail.com
Cc: customercare@mediwheel.in

Mon, 11 Sep, 2023 at 11:37 AM



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Rajeev ,

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

1. HRM Letter

Please note following instruction for HRM letter.

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

a) Employee Self Service-> Reimbursement-> Reimbursement application ->Add New value ->Reimbursement Type: Mandatory Health Check-up ã€” Click Add

b) Select Financial Year 2022-23, Self or Spouse, Claim Type - Cashless and Submit

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

Booking Date : 11-09-2023

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

Name of Diagnostic/Hospital : Apollo Clinic - JP Nagar

Address of Diagnostic/Hospital : House List No. 22, BNR Complex, Sree Rama Layout, Opp: RBI Layout, JP Nagar 7th Phase, Kothanur Village, Uttarahalli Hobli, JP nagar - 560078

Appointment Date : 23-09-2023

Preferred Time : 8:00am-8:30am

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Rajeev	32	Male	Cashless
Total amount to be paid			Cashless

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

Patient Name : Mr. Rajeev Ranjan

Age/Gender : 32 Y/M

UHID/MR No. : CSAR.0000061216

OP Visit No : CJPNOPV177497

Sample Collected on :

Reported on : 23-09-2023 11:56

LRN# : RAD2106698

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 919591412818

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.PV-10 mm.

GALL BLADDER : Well distended. Normal in internal contents. Wall Thickness is normal.

SPLEEN : Normal in size and echotexture. No focal lesion was seen.

PANCREAS : Appeared normal to the visualized extent.

KIDNEYS : Both kidneys are normal in size, shape and outlines Cortico medullary delineation is maintained. No Hydronephrosis / No calculi.

Right kidney measures:11.0 x 2.0 cm.

Left kidney measures : 11.1 x 2.0 cm.

URINARY BLADDER : Well distended. Normal in internal contents. Wall thickness is normal.

PROSTATE: Normal in size and echotexture.

Prostate measures :3.5 x 2.8 x 3.0 cms. Volume-16 cc.

No free fluid is seen in the peritoneum. No lymphadenopathy.

IMPRESSION : NORMAL STUDY .

Please Note :No preparation done before scanning.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Patient Name : Mr. Rajeev Ranjan

Age/Gender : 32 Y/M

Dr. KUSUMA JAYARAM
MBBS,DMRD
Radiology

Patient Name : Mr. Rajeev Ranjan

Age/Gender : 32 Y/M

UHID/MR No. : CSAR.0000061216

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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. KUSUMA JAYARAM

MBBS,DMRD

Radiology