

Report



Patient Name : MR. AMIT ASHISH
Age / Sex : 37 years / Male
LCID No : 324030942
UID No : 103020

Reference : MEDIWHEEL
Organization : Mediwheel
Org ID : NA

Registered On : Mar 23, 2024, 08:15 a.m.
Collected On : Mar 23, 2024, 10:03 a.m.
Reported On : Mar 23, 2024, 01:10 p.m.



BLOOD GROUP LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
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SEROLOGY

ABO Group

By SLIDE/TUBE Method

"A"

Rh (Factor)

By SLIDE/TUBE Method

Positive

Remark

Test done by : Agglutination Forward & Reverse Method (Whole Blood & Serum)

*** : Rechecked**

****END OF REPORT****



A handwritten signature in black ink, appearing to read "Vijay Varde".

Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist

Report



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Blood sugar fasting LC

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Sugar Fasting

Glucose value 104 mg/dl 70 - 110
By Hexokinase method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %

OR

Random Blood Glucose : ≥ 200 mg/dl

END OF REPORT



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Blood sugar post prandial

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood sugar post prandial <i>By Hexokinase method</i>	130	mg/dl	70 - 140
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Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %


OR

Random Blood Glucose : ≥ 200 mg/dl

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Dr. Vijay Varde
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Consultant Pathologist

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Glycosylated HB A1c

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Glycosylated HBA1C	5.6	%	
AVERAGE BLOOD GLUCOSE LEVEL	114.02	mg/dl	

Reference Values : Glyco HB A1c

Non Diabetic : 4.0 - 6.0

Good Diabetic Control : 6.0 - 7.0

Fair Diabetic Control : 7.0 - 8.0

Poor Diabetic Control : > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

Method : Ion Exchange HIGH Pressure Liquid Chromatography (HPLC), on Fully Automated Biorad D10 analyser.

INFORMATION : Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months

serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient-s diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

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ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
E.S.R.	14	mm	0 - 15

By Whole Blood Modified Westergren Method

ESR done on fully automated Easyrate analyzer.

****END OF REPORT****



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Reported On : Mar 23, 2024, 12:30 p.m.



COMPLETE BLOOD COUNT (CBC) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY			
Haemoglobin (Mod.Cyanmethemoglobin)	15.2	gms%	13 - 17
R.B.C Count (Impedence)	5.0	x10 ⁶ /cmm	4.5 - 5.5
PCV (Conductivity)	44.8	%	40 - 50
MCV (Calculated)	89.60	fL	83 - 101
MCH(Calculated)	30.40	Pg	27 - 32
MCHC(Calculated)	33.93	gms%	31.5 - 34.5
W.B.C. Count(Impedence)	6.03	x10 ³ /cmm	4 - 10
RDW(Calculated)	13.4	%	11.6 - 14.0
MPV(Calculated)	12.4	fL	6 - 11
Platelet Count(Impedence)	1.52	x10 ⁵ /cmm	1.50 - 4.10
DIFFERENTIAL COUNT (Impedence,Light Absorbance)			
Neutrophils	46	%	40 - 80
Lymphocytes	43	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	0	%	0 - 2
RBC Morphology <i>Staining & Microscopy</i>	Normocytic normochromic.		
WBC Morphology <i>Staining & Microscopy</i>	Normal		
PLATELETS <i>Staining & Microscopy</i>	Adequate on smear.		
Other	-		

CBC done on fully Automated Yumizen H550

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T3 T4 TSH

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOASSAY			
T3	93.62	ng/dl	60 - 181
T4	8.2	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	3.25	uIU/ml	0.55 - 4.78

Method : By CLIA

Sample Type: Serum

Remark :

1. Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
2. Total T3 and T4 value may also be altered in other condition due to change in serum proteins or binding sites pregnancy,Drugs (Androgens,Estrogens,O C pills,■ Phenytoin),Nephrosis etc. In such cases free T3 and free T4 give corrected values.
3. Total T3 may decrease by <25percent in healthy older individual.

Remark:

1. TSH values may be transiently altered because of non thyrodial illness like severe infections,liver disease , renal and heart failure , severe burns , trauma and surgery etc
2. Drugs that decrease TSH values e.g.L-dopa, Glucocorticoids Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Test done on ADVIA Centaur XP.

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LIPID PROFILE LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Triglycerides <i>By Enzymatic GPO/PAP Method</i>	110	mg/dl	Less than 150
Total Cholesterol <i>By CHOD-PAP Method</i>	186	mg/dl	UPTO 200
HDL Cholesterol <i>By Enzymatic Method</i>	49	mg/dl	40 - 60
VLDL Cholesterol	22	mg/dl	6 - 38
LDL Cholesterol	115	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	3.80		Upto - 5
LDL Cholesterol/HDL Cholesterol Ratio	2.35		Upto 4

Total Cholesterol :	HDL-Cholesterol:
<i>Desirable : Less than 200 mg%</i> <i>Borderline High : 200 - 239 mg% High : More than 239 mg%</i>	<i>Desirable : More than 40 mg%</i> <i>Low : Less than 40 mg%</i>
LDL-Cholesterol (Non-protective cholesterol) :	Triglycerides :
<i>Optimal : Less than 100 mg% NearOptimal : 100 - 129 mg%</i> <i>Borderline High : 130 - 159 mg%</i> <i>High : 160 - 189 mg%</i> <i>Very High : More than 189 mg%</i>	<i>Normal : Less than 150 mg%</i> <i>Borderline : 150 - 199 mg%</i> <i>High : 200 - 499 mg%</i> <i>Very High : More than 499 mg%</i>

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Renal Function Test

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Urea <i>ByUrease Method</i>	17.76	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	8.3	mg/dl	5 - 18
Creatinine <i>ByAlkaline Picrate-Kinetic</i>	0.97	mg/dl	0.7 - 1.3
Uric Acid <i>BySerum by Uricase Method</i>	6.0	mg/dl	2.6 - 6.0
Calcium <i>BySerum Cresolphthaleine complexona Method</i>	9.8	mg/dl	8.5 - 10.1
Phosphorus <i>ByPhosphomolybdate - UV Method</i>	4.2	mg/dl	2.5 - 4.9
Sodium <i>BySerum By ISE Method</i>	140	mEq/L	135 - 145
Potassium <i>BySerum by ISE Method</i>	4.2	mEq/l	3.5 - 5.5
Chloride <i>BySerum by ISE Method</i>	107	mEq/L	96 - 109
Proteins <i>ByBiuret Method</i>	7.5	g/dl	6.4 - 8.2
Albumin <i>ByBromocresol purple Method</i>	4.3	g/dl	3.4 - 5
Globulin	3.20	g/dl	1.8 - 3.6
A/G Ratio	1.34		1.5 - 3.5

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LIVER FUNCTION TEST (LFT) LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Serum Bilirubin (Total) <i>ByDiazo Method</i>	1.03	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <i>ByDiazo Method</i>	0.23	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <i>Calculated</i>	0.80	mg/dl	upto 0.90
S.G.O.T (AST) <i>BySerum By Enzymatic Method IFCC</i>	43	U/L	15 - 37
S.G.P.T <i>BySerum by Enzymatic Method</i>	113	U/L	16 - 63
Serum GGTP <i>ByEnzymatic Method</i>	40	U/L	15 - 85
Alkaline Phosphatase	45	U/L	46-116
Serum Proteins <i>ByBiuret Method</i>	7.5	g/dl	6.4 - 8.2
S. Albumin <i>ByBromocresol purple Method</i>	4.3	g/dl	3.4 - 5.0
Serum Globulin	3.20	gm/dl	1.8 - 3.6
A/G Ratio	1.34		1.5 - 3.5
Remark			

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Dr. Vijay Varde
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Blood Urea/BUN

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Serum Urea <i>ByUrease Method</i>	17.76	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	8.3	mg/dl	5 - 18

Remark :

END OF REPORT



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BUN / Creatinine Ratio

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio <i>Calculation</i>	8.55		10:1 - 20:1

END OF REPORT



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X-RAY CHEST PA

Report:

The visualised lung fields appear clear.

Both cardio & costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

Impression :

No significant abnormality detected.

END OF REPORT

Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist

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SONOGRAPHY OF FULL ABDOMEN & PELVIS

LIVER: Liver appears normal in size (15.2 cm), shape and shows mild to moderately increased parenchymal echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein appear normal in caliber.

GALL BLADDER: Gall bladder is physiologically distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

SPLEEN & PANCREAS: Spleen (9.9 cm) and visualised pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 9.7 x 5.1 cm and 10.2 x 5.5 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

URINARY BLADDER: Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal.

PROSTATE: Prostate is normal in size, shape and echotexture. It measures 3.3 x 2.9 x 2.4 cm, volume - 13 cc. No focal lesion is seen.

No evidence of lymphadenopathy or ascites is noted.

Visualized bowel loops are normal in caliber and show normal peristalsis.

IMPRESSION :

- **Grade I/II fatty liver.**
- **No other significant abnormality detected.**

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Dr. Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist

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Post Prandial Urine Sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Post Prandial Urine Sugar <i>Urine dipstik method</i>	Absent		Absent

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Fasting urine sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Fasting urine sugar <i>Urine dipstik method</i>	Absent		Absent

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Urine Routine LC

Specimen Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Physical Examination

Quantity	20	ml	-
Colour <i>By Visual Examination</i>	Pale yellow		
Appearance	Slightly Hazy		
Specific Gravity <i>By Ion Concentration / Color Indicator</i>	1.010		1.000 - 1.035
Reaction (pH) <i>By Color Indicator</i>	6.5		5.0 - 8.0

Chemical Examination

Proteins <i>By Turbidometric Method</i>	Absent		Absent
Bile salts	Absent		Absent
Bile Pigments <i>By Diazo / Fouchets</i>	Absent		
Occult Blood <i>By Oxidation / Microscopy</i>	Absent		Absent
Glucose <i>By Enzymatic, GOD, POD & Benedicts Test</i>	Absent		Absent
Ketones	Absent		Absent
Urobilinogen <i>By Diazo/p-amino Benzaldehyde react</i>	Normal		Normal

Microscopic Examination (per H.P.F.)

Epithelial Cells	0 - 2	/hpf	3 - 5
Leucocytes	0 - 2	/hpf	0 - 5
Red Blood Cells	Absent	/hpf	0 - 2
Casts	Absent		
Crystals	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		

CHEMICAL EXAMINATION DONE BY MULTISTIX.SG (SIEMENS)

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Stool Routine

Specimen Type : Stool

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
<u>Physical Examination</u>			
COLOUR	Brownish		
CONSISTENCY	Semi Solid		
MUCUS	Absent		
Frank Blood	Absent		
<i>By Visual Examination</i>			
PARASITES	Absent		
<u>CHEMICAL EXAMINATION</u>			
REACTION (pH)	Acidic		
<i>By Color Indicator</i>			
OCCULT BLOOD	Absent		
<i>By Peroxidase Reaction</i>			
<u>Microscopic Examination (per H.P.F.)</u>			
PUS CELLS	0 - 1	/hpf	-
Red Blood Cells	Absent	/hpf	-
MACROPHAGES	Absent		
Yeast	Absent		
EPITHELIAL CELLS	Occasional	/hpf	-
Fat Globules	Absent		
STARCH	Absent		
UNDIGESTED PARTICLES	Absent		
<i>By Manual Microscopy</i>			
<u>Parasites</u>			
TROPHOZOITE	Absent		
CYSTS	Absent		
OVA	Absent		
Remark	-		

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Dr. Vijay Varde
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Consultant Pathologist

Health Check up Booking Request(bobE12125), Beneficiary Code-150808

Wed, Feb 28, 2024 at 4:51 PM

Mediwheel <wellness@mediwheel.in>
To: crm.lokhandwala@lifecarediagnostics.com
Cc: customercare@mediwheel.in



011-41195959

Dear Life Care Diagnostics

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. AMIT ASHISH
Hospital Package Name : Mediwheel Full Body Annual Plus
Name of Diagnostic/Hospital : Life Care Diagnostics
Address of Diagnostic/Hospital- : 1st Floor, Sunshine, Opp, Shastri Nagar Rd, Lokhandwala Complex, Andheri West- 400053.
Appointment Date : 23-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. AMIT ASHISH	37 year	Male

Tests included in this Package -

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC

Prakash



आधार

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No.: 2017/60050/15971

To
अमित आशीष
Amit Ashish
S/O: Om Prakash Sharma
H.NO. - A-56 MITRA MANDAL COLONY
SAKET VIHAR ANISHABAD
Phulwari
Anisabad
Phulwari Patna
Bihar 800002
9576162181

02/12/2013
85684776



MN856847765FT



आपका आधार क्रमांक / Your Aadhaar No. :

6215 3139 7405

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



अमित आशीष
Amit Ashish
जन्म तिथि / DOB : 12/04/1986
पुरुष / Male



6215 3139 7405

आधार - आम आदमी का अधिकार

Handwritten mark

Handwritten signature



EQAS
BIORAD

26
Years of Service



Lifecare
diagnostics

MEDICAL EXAMINATION REPORT

Name : Amit Ashish Date : 23-3-24
 Date of Birth : 12-4-1986 Age : 37 Sex : male
 Referred by : microware Proof of Identification : Ashish Cars

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>176</u> cm b. Weight <u>88.4</u> kg. c. Blood Pressure : <u>130/90</u> mm Hg. d. Pulse Rate <u>82</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart [Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/history of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
13) OTHERS			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphilis, gonorrhoea)	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:		
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14) HABITS & ADDICTIONS					
Does the examinee consume tobacco/alcohol.drugs/narcotics in any form? If yes, please ascertain the type. quantity, duration and frequency of consumption.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
=	Fat No HTN'S Bm Mot No HTN'S DM
=	Myopia - 10 gm

Remarks on present health status : Normal

Recommendations (if any):

<p>Name & Signature of Doctor</p> <p><i>Lifecare Diagnostics & Research Center Pvt. Ltd.</i> 1st Floor, Sunshine, Opp. Shashtri Nagar, Lokhandwala Complex, Andheri (W), Mumbai- 400053.</p>	<p>The above statements and answers made to the medical examiner(s) are complete and true.</p> <p><i>Austin</i></p> <p>Signature of Examinee</p>
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Date 23-3-24 Place Mumbai

NOTES:



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
Worli Branch : B-101, Trade World, Kamala Mills, Senapati Bapat Marg, Lower Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844
Mumbai : Versova | Lokhandwala | Goregaon | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.

OPHTHALMIC REPORT

NAME: Mr. Amit Ashish.
AGE: 37 yrs / Male.

DATE: 23/03/2024.

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6/9	6/9	6/6
With Glasses	—	—	—

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	10/6	10/6	10/6
With Glasses	—	—	—

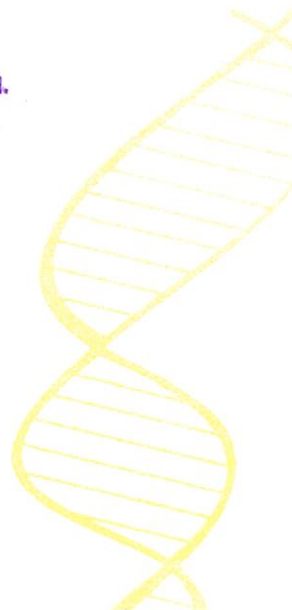
	Right Eye	Left Eye
Colour Vision	Normal	Normal
Anterior Segment	Normal	Normal
External Eye Exam	Normal	Normal
Intra ocular tension	—	—
Fundus	—	—

Advise:

— Both Eyes fit

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Opp. Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.

OPTOMETRIST



LIFECARE DIAGNOSTIC

Patient Details **Date:** 23-Mar-24 **Time:** 11:12:12 AM
Name: MR. AMIT ASHISH **ID:** 102932
Age: 36 y **Sex:** M **Height:** 170 cms. **Weight:** 88 Kg.
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 183 bpm **THR:** 155 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 53 s **Max. HR:** 162 (89% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 145 / 80 mmHg **Max. BP x HR:** 23490 mmHg/min **Min. BP x HR:** 5520 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 28	1.0	0	0	85	130 / 80	-1.27, aVR	-1.06, aVR
Standing	0 : 1	1.0	0	0	69	130 / 80	-1.06, aVR	-1.06, aVR
Hyperventilation	0 : 2	1.0	0	0	69	130 / 80	-0.85, aVR	-0.71, aVR
1	3 : 0	4.6	1.7	10	117	135 / 80	-3.61, III	-5.66, aVF
2	3 : 0	7.0	2.5	12	125	140 / 80	-1.91, aVR	-2.48, aVR
3	3 : 0	10.2	3.4	14	140	145 / 80	-1.7, aVR	-2.83, aVR
Peak Ex	1 : 53	13.5	4.2	16	162	145 / 80	-5.1, V2	-3.54, aVR
Recovery(1)	0 : 4	1.8	1	0	162	145 / 80	-1.49, aVR	-3.18, aVR

Interpretation

The patient exercised according to the Bruce protocol for 10 m 53 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 85 bpm, rose to a max. heart rate of 162 (89% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 145 / 80 mmHg.

NORMAL RESTING HR, BP AND ECG

NORMAL CHRONOTROPIC AND IONOTROPIC RESPONSE

NO ANGINA OR ARRHYTHMIAS DURING THE TEST

NO FRESH ST-T CHANGES DURING THE TEST AS COMPARED TO RESTING ECG

THEREFORE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

GOOD EFFORT TOLERANCE

Ref. Doctor: MEDIWHEEL
 (Summary Report edited by user)

Doctor: DR HANISH D
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

ID: 102932

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 1 m 22 s HR: 78 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

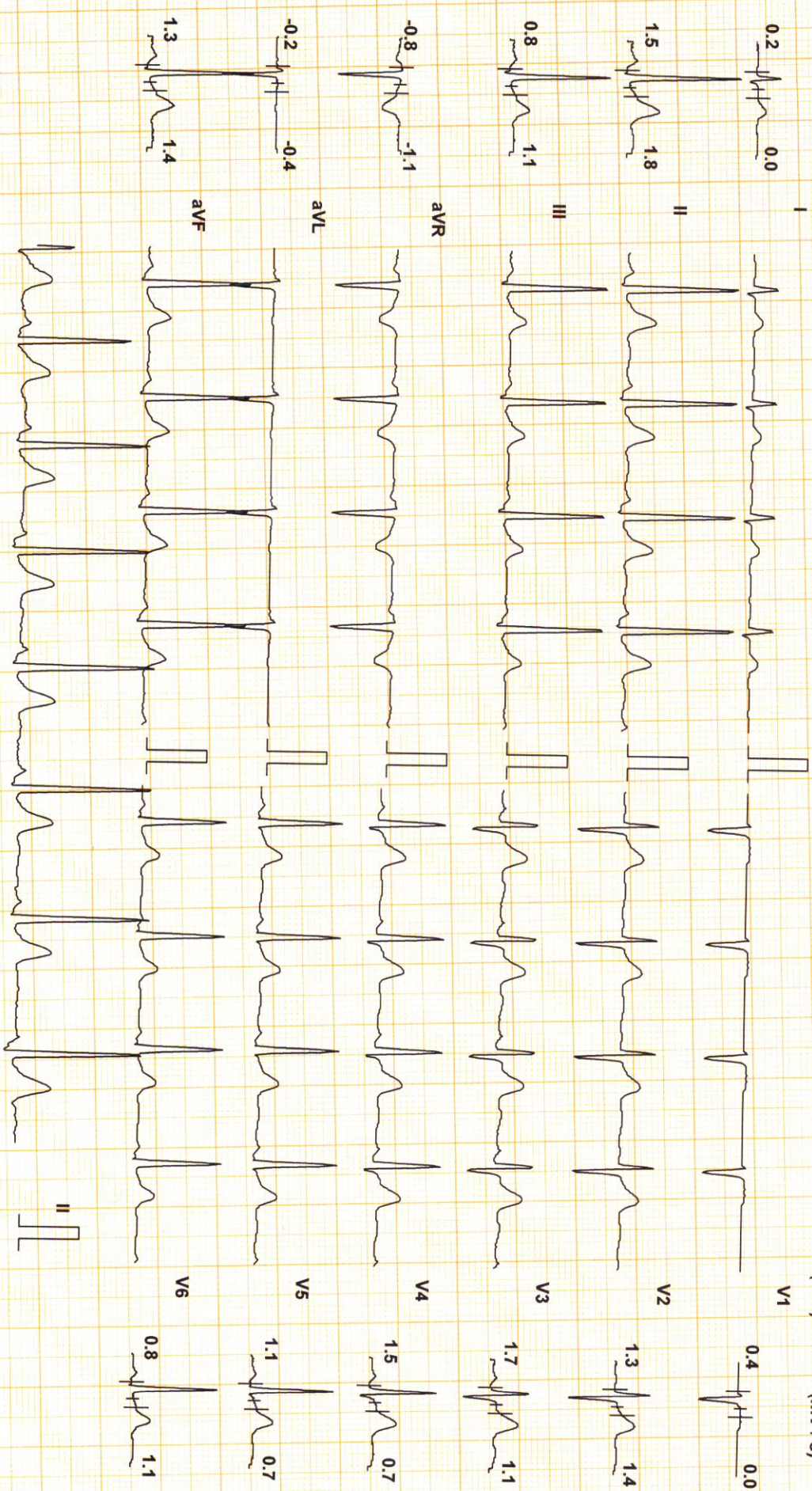


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 102932

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 1 m 23 s

HR: 78 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 130 / 80

Protocol: Bruce
ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

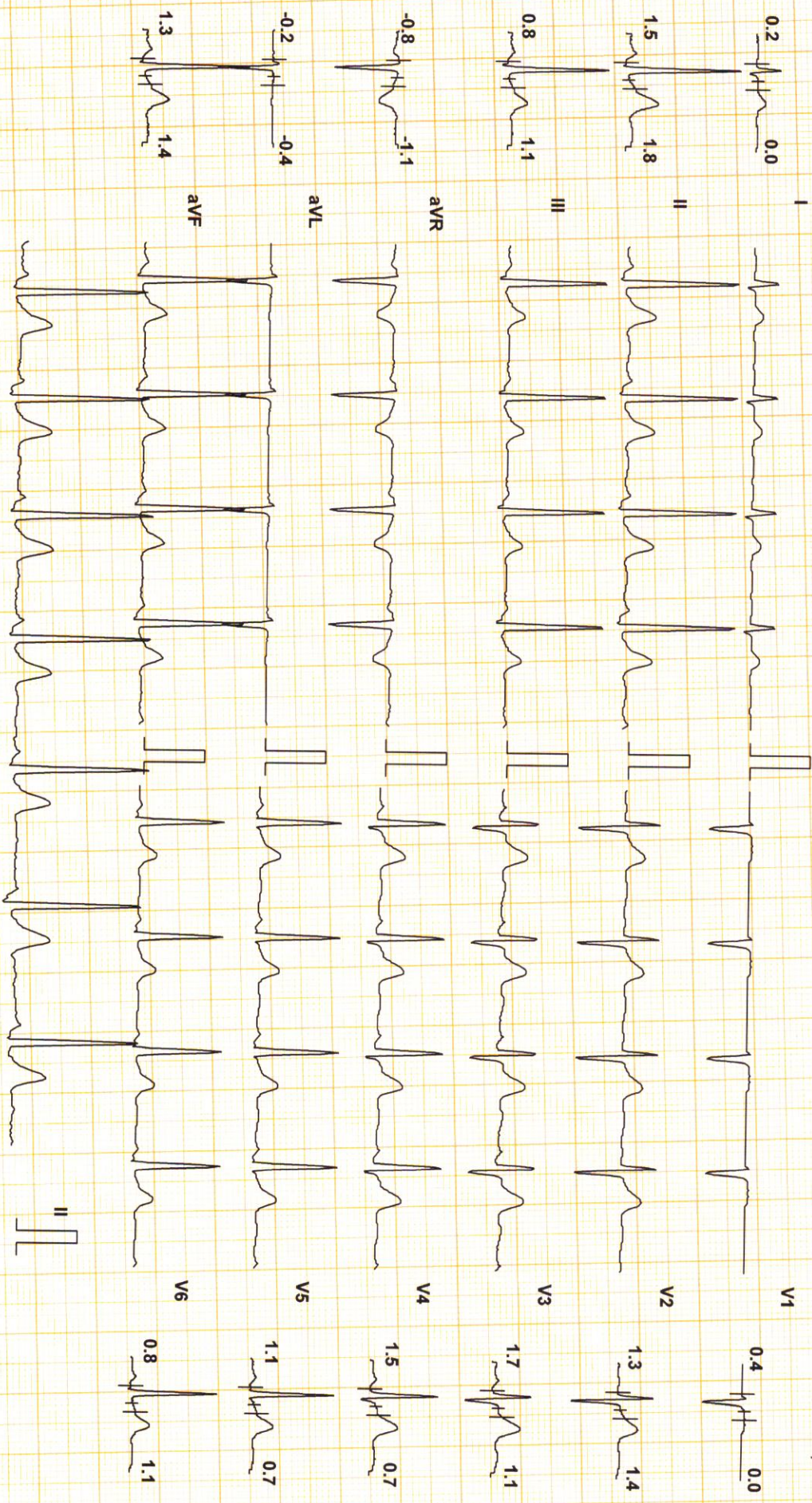


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

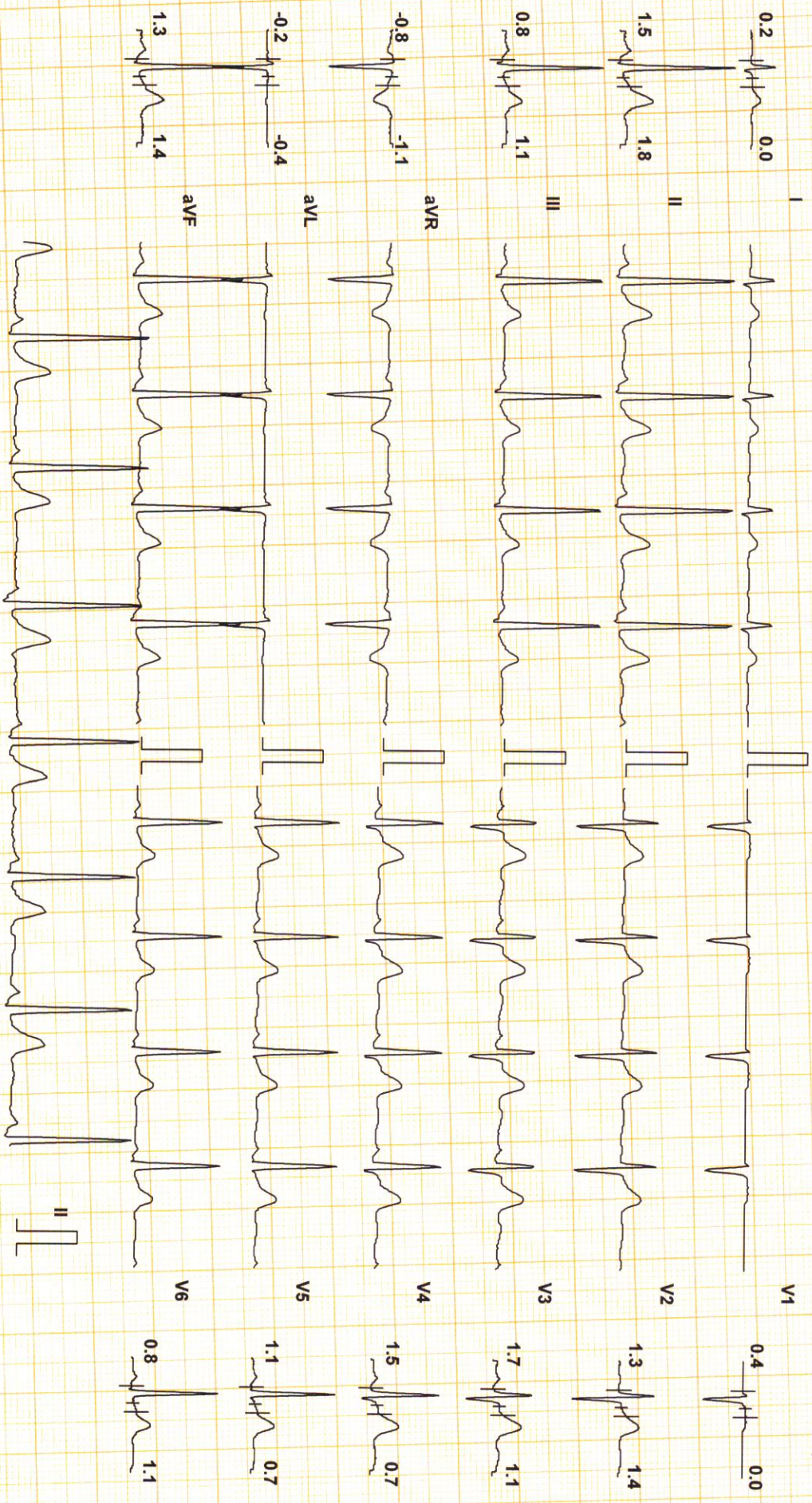


Chart Speed: 25 mm/sec
Schiller Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

B.P: 135 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

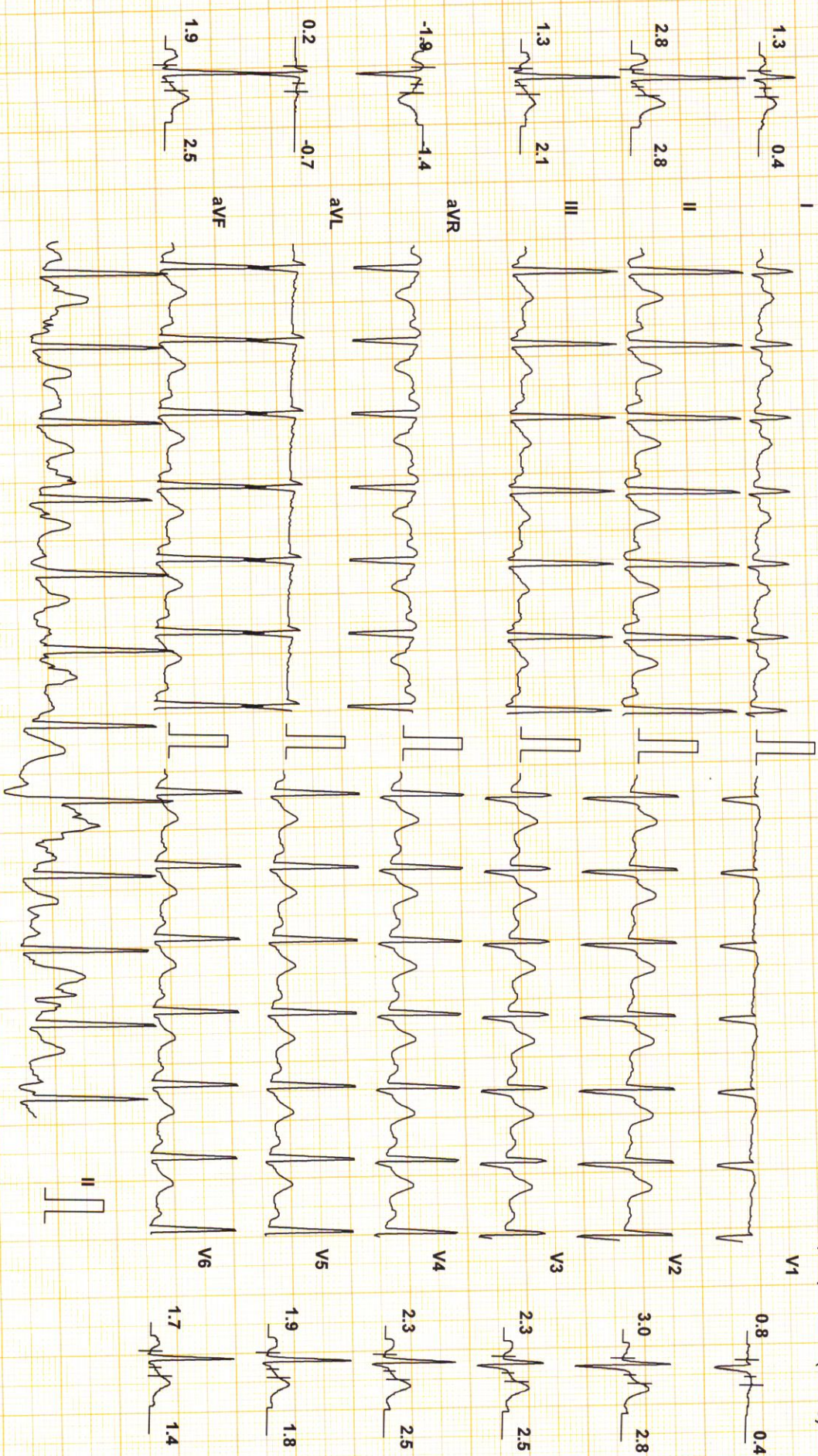


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 102932

Date: 23-Mar-24

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 125 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 155 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

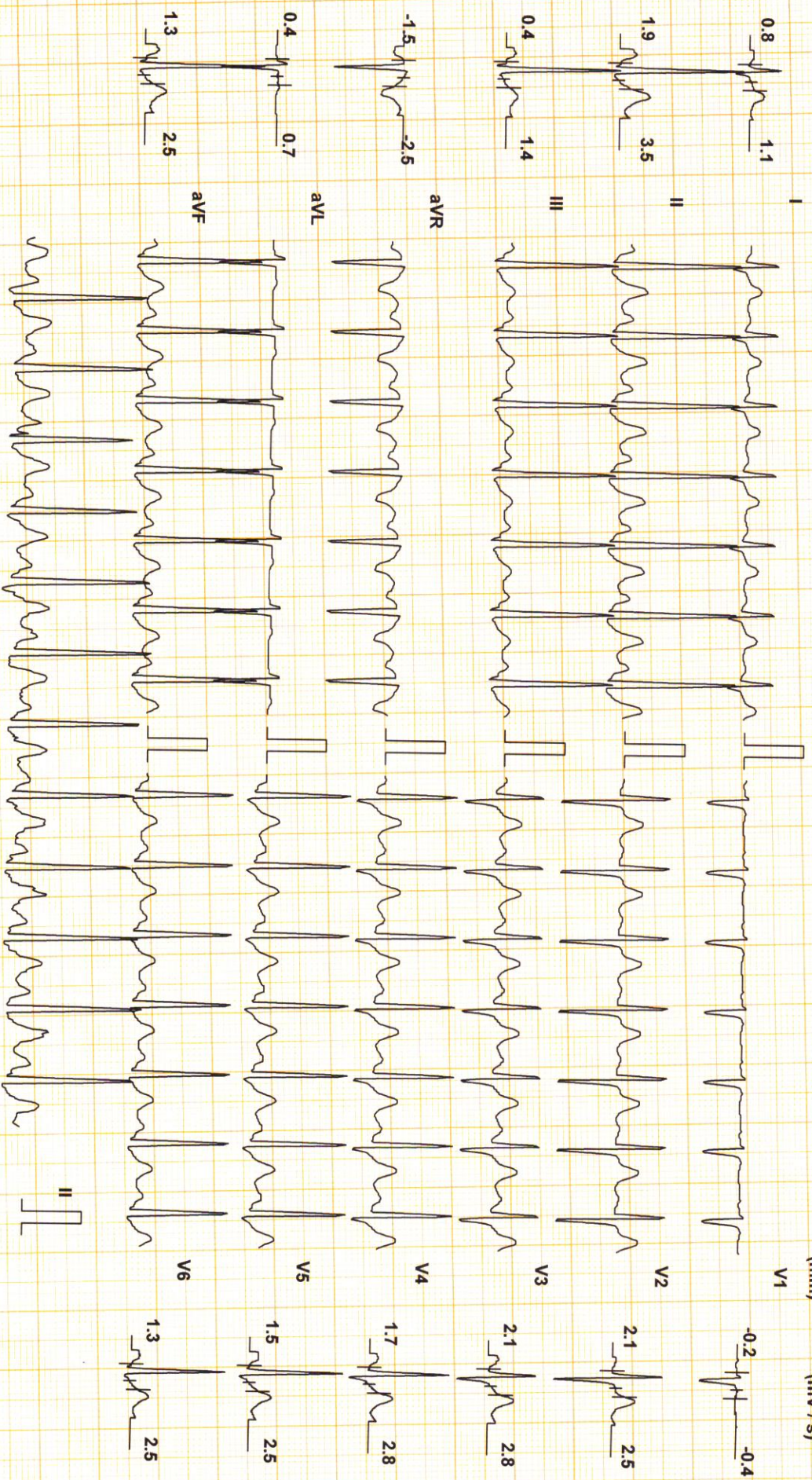


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 102932

Date: 23-Mar-24

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 139 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 155 bpm)

B.P: 145 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

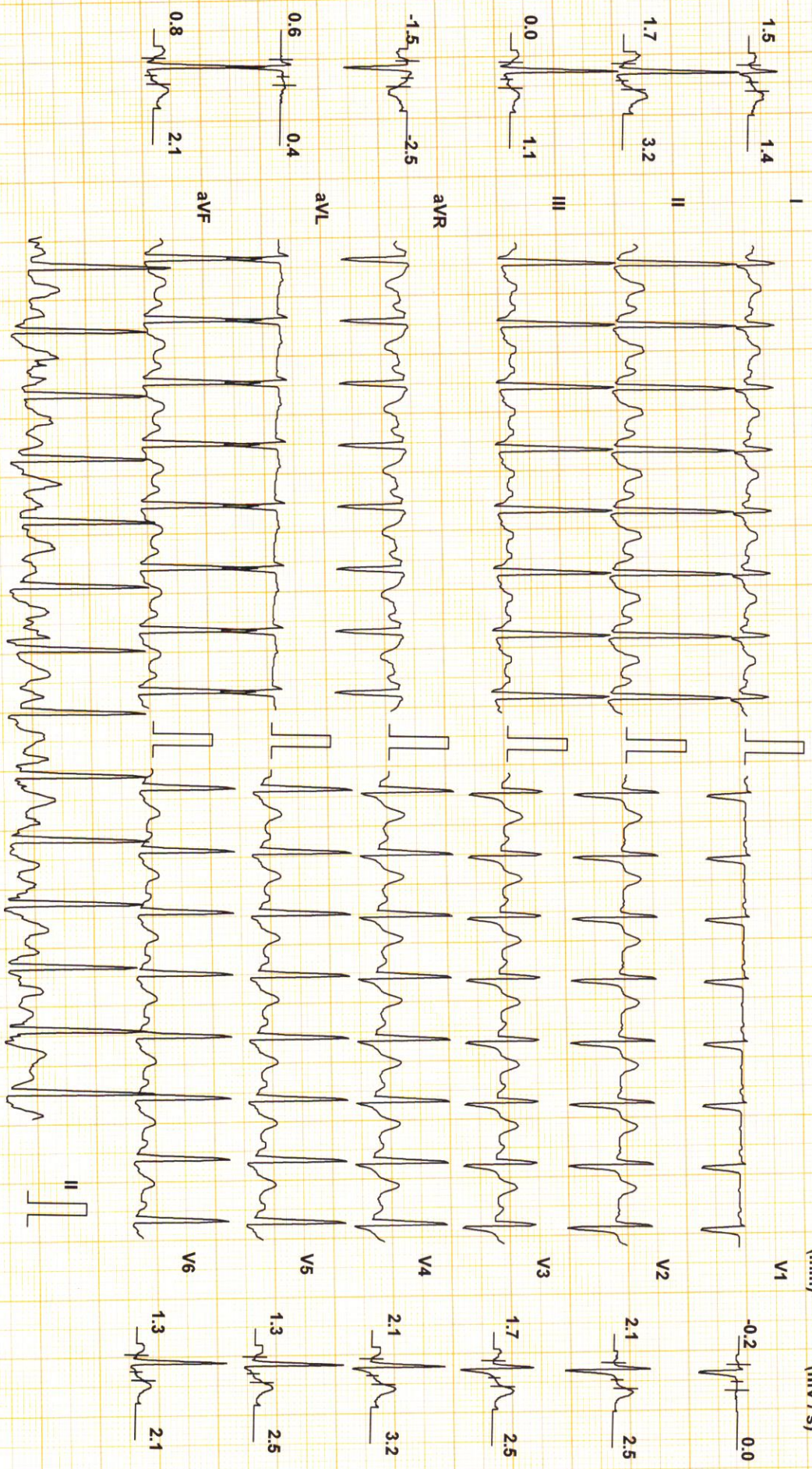


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

LIFECARE DIAGNOSTIC

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 155 bpm)

B.P: 145 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

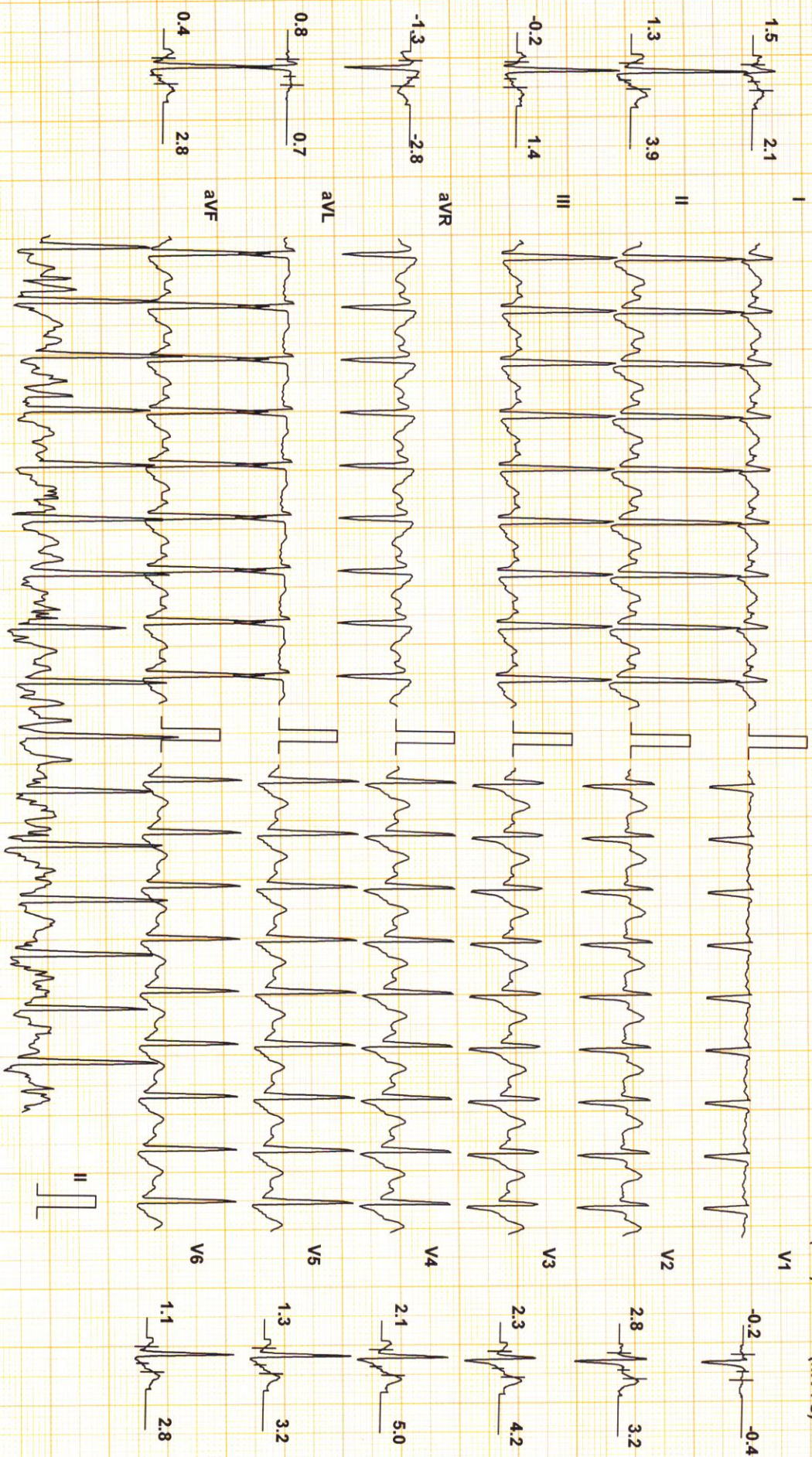


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median

Protocol: Bruce

Stage: Recovery(1)

Speed: 4.2 mph

Grade: 16 %

(THR: 155 bpm)

B.P.: 145 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

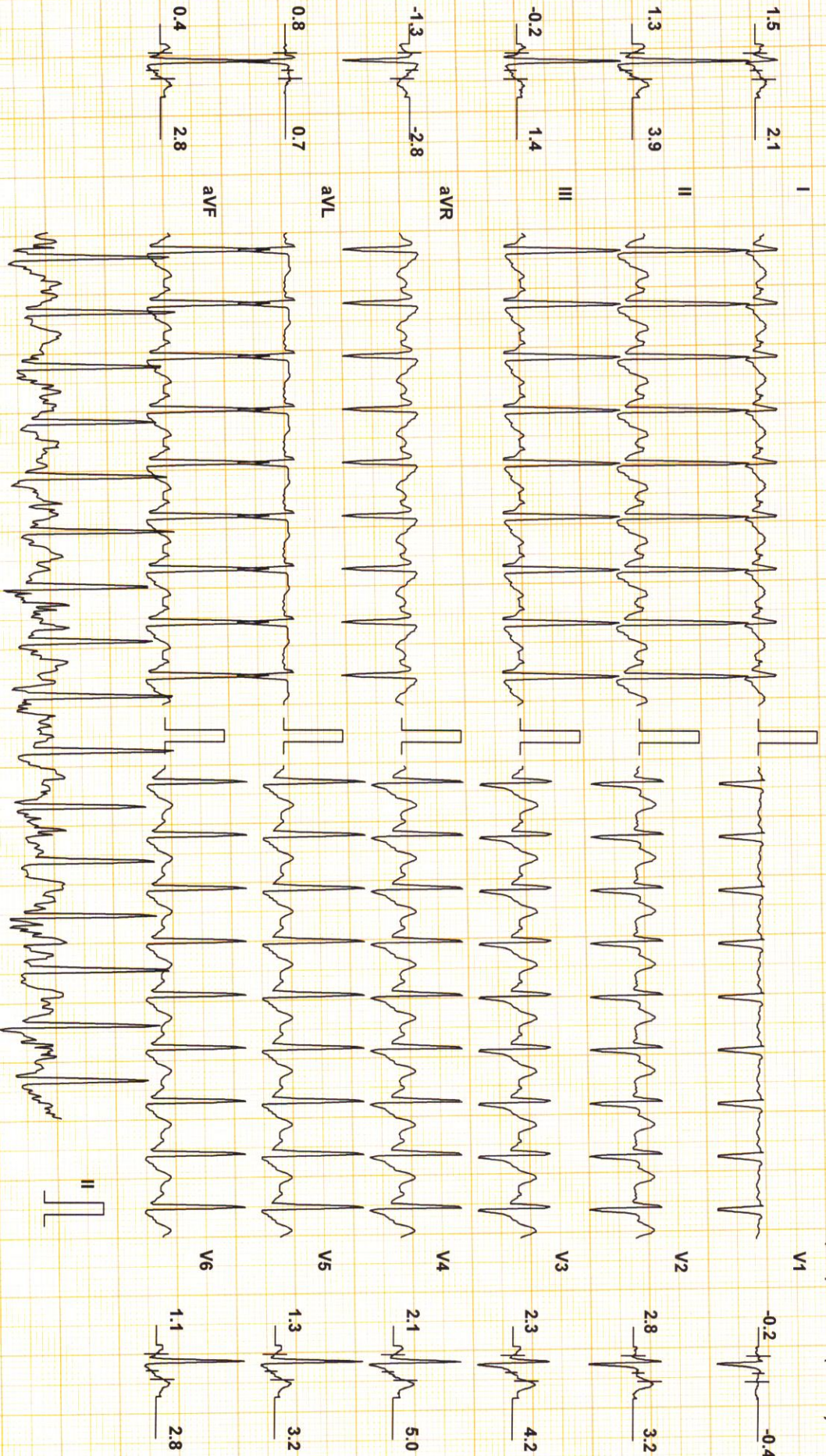


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

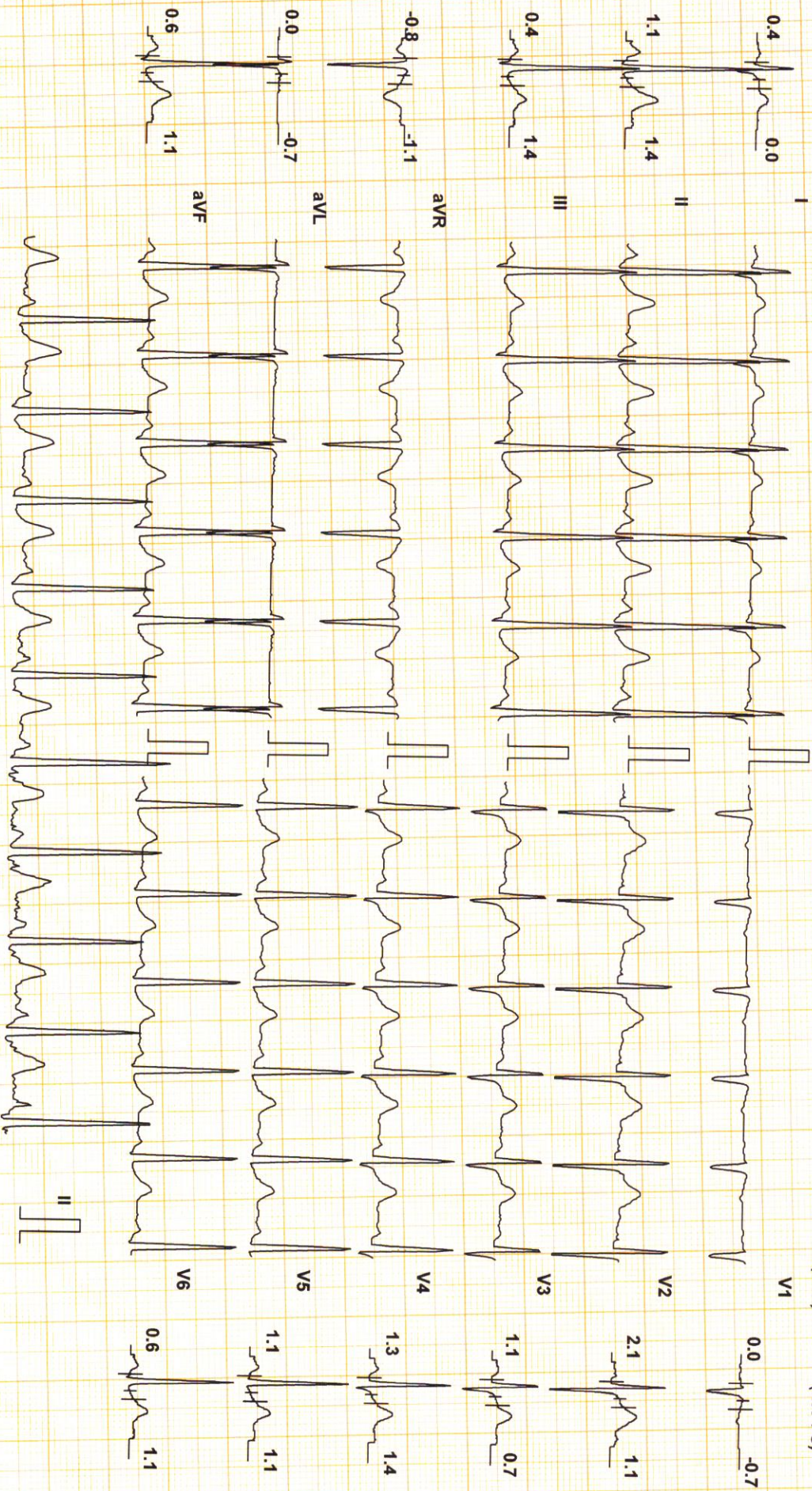


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 102932

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 94 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

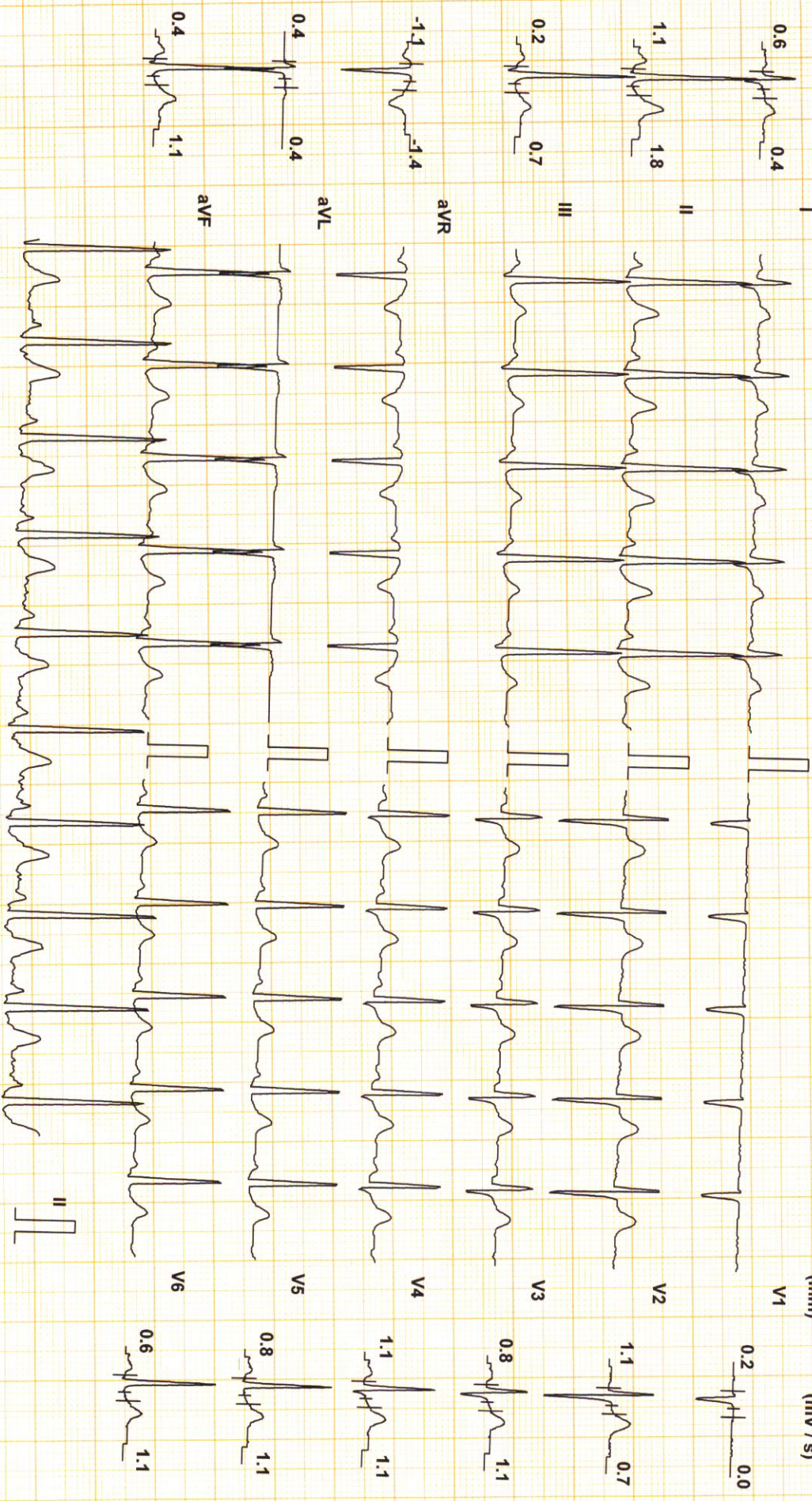


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

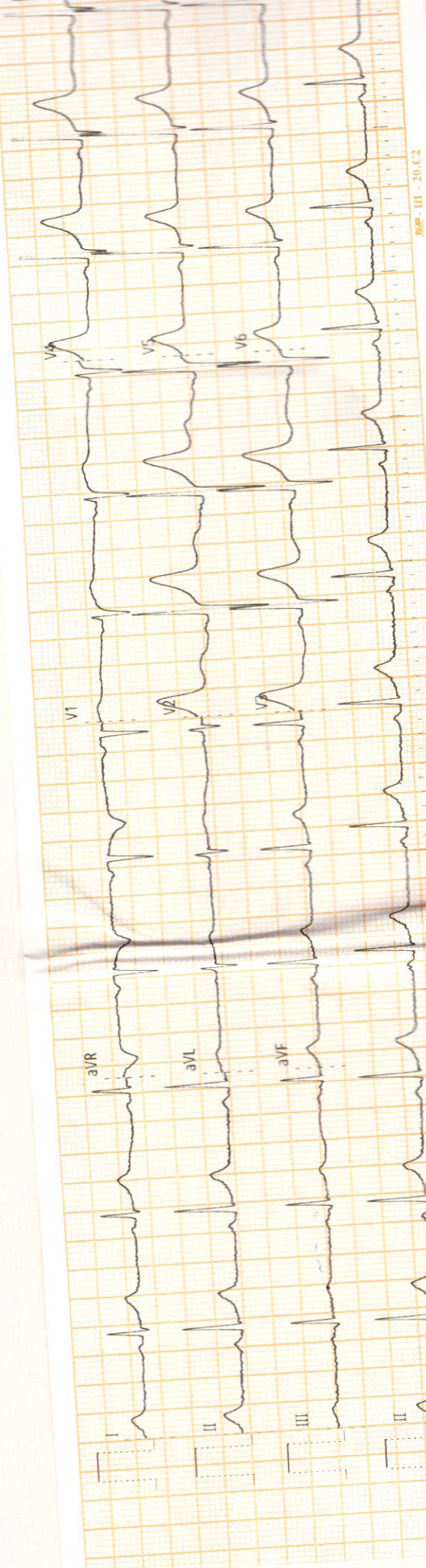
Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ECG re
ID
Name
Gender
Age
Dept
Bed #



MRP - III - 20-C2

0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv 1.0.25 Simultaneous
AC 0.15mV

ECG report

ID : 20240322202902
Name : MR AMIT ASHISH
Gender : M
Age : 37 Years
Dept :
Bed No :

HR : 69 bpm
PR : 134 ms
QRS : 68 ms
QT/QTc : 364/380 ms
P/QRS/T : 58/64/49°
RV5/SV1 : 1.583/0.501 mv
RV5+SV1 : 2.084 mv



REPORT

- Sinus Rhythm
- Normal ECG

Central Laboratory
206, Cosmos Plaza,
Opp. Indian Oil Nagar,
J. P. Road, Andheri (W),
Mumbai
Tel.: 26372527

Versova Branch
10, 11, First Floor, Silver Streak,
Near Bus Depot, Yari Road,
Versova, Andheri (W),
Mumbai
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B-101, Trade World,
Kamala Mills,
Senapati Bapat Marg,
Lower Parel (W),
Mumbai - 400013
Tel.: 9167223844

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Opp. Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai-400053

M.D.
CARDIOLOGIST

For Home visits call : 9167117755 / 9167223838

