

Patient Name : Mr.SANYOG KUMAR KASANA
Age/Gender : 47 Y 6 M 21 D/M
UHID/MR No : SCHI.0000018707
Visit ID : SCHIOPV27185
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : dgserdh

Collected : 09/Mar/2024 09:33AM
Received : 09/Mar/2024 09:55AM
Reported : 09/Mar/2024 03:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240062983



Patient Name : Mr.SANYOG KUMAR KASANA
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.37	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,370	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3439.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2356.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	159.25	Cells/cu.mm	20-500	Calculated
MONOCYTES	356.72	Cells/cu.mm	200-1000	Calculated
BASOPHILS	57.33	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	198000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA
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NO HEMOPARASITES SEEN



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 01:54PM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 02:44PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	104	mg/dL	70-100	GOD - POD

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.

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SIN No:PLF02121158

Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 03:04PM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 07:35PM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 08:55PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	mg/dL	70-140	GOD - POD

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.



Dr. Tanish Mandal
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Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 02:02PM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 02:45PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

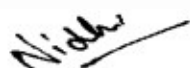
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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:EDT240028652

Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 09:56AM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 12:18PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	239	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	125	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	49	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	190	mg/dL	<130	Calculated
LDL CHOLESTEROL	165	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.88		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 Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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Visit ID : SCHIOPV27185	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.90	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	104.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	5.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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'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.
- 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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SIN No:SE04655559



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Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 02:12PM
UHID/MR No : SCHI.0000018707	Reported : 10/Mar/2024 08:23AM
Visit ID : SCHIOPV27185	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	26.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.05	mg/dL	3.5-8.5	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.43	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100.5	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.94	g/dL	6.3-8.2	Biuret
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.04	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

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SIN No:BI18701763

Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 09:56AM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 10:37AM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	20.00	U/L	15-73	Glycylglycine Nitoranalide



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UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 02:09PM
Visit ID : SCHIOPV27185	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.25	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.1	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.940	µIU/mL	0.25-5.0	ELFA

Comment:

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
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



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Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 02:16PM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 05:49PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.340	ng/mL	0-4	CLIA



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Patient Name : Mr.SANYOG KUMAR KASANA	Collected : 09/Mar/2024 09:33AM
Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018707	Reported : 09/Mar/2024 07:15PM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA
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SIN No:UR2301218



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Age/Gender : 47 Y 6 M 21 D/M	Received : 09/Mar/2024 04:55PM
UHID/MR No : SCHI.0000018707	Reported : 10/Mar/2024 12:30AM
Visit ID : SCHIOPV27185	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : dgserdh	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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

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

*** End Of Report ***



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Consultant Pathology
SIN No:UF011061



Name : Mr. Sanyog Kumar Kasana

Age: 47 Y

UHID: SCHI.0000018707

Sex: M



Address : delhi

OP Number: SCHIOPV27185

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

Bill No : SCHI-OCR-9730

Date : 09.03.2024 09:31

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) ✓	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION R after R ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE (POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓ R.no - 12 ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓	
14	URINE GLUCOSE (FASTING) ✓	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA B ✓	
17	ENT CONSULTATION 91.50 R.no 10 after Report ✓	
18	CARDIAC STRESS TEST (TMT) - B ✓	
19	FITNESS BY GENERAL PHYSICIAN ✓	
20	BLOOD GROUP ABO AND RH FACTOR ✓	
21	LIPID PROFILE ✓	
22	BODY MASS INDEX (BMI) ✓	
23	OPHTHAL BY GENERAL PHYSICIAN R.no. 15 ✓	
24	ULTRASOUND - WHOLE ABDOMEN 11aw ✓	
25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height: 166 cm
Weight: 68 kg
B.P: 122/80
Pulse: 89/m
SP02: 99%

Client Name

ARCOFEMI HEALTHCARE LIMITED

Patient Name

MR. KASANA SANYOG



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम: Sanyog Kumar Kasana
Name:

कर्मचारी कूट क्र. 159115
E. C. No.



जापकेता प्राधिकारी, मु. प्र. (स) अ.क. न.दि
Issuing Authority CM (S), ZO, ND



धारक के हस्ताक्षर
Signature of Holder

Consultation pending

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

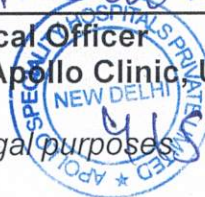
of Sanyog Kumar on 9/3

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">• Medically Fit	
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">• Unfit	

Dr. Neeraj
Medical Officer
The Apollo Clinic, Uppal

This certificate is not meant for medico-legal purposes.



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Sanyoj Kumar</u>	UHID No : <u>18707</u>
AGE / GENDER :- <u>47M</u>	RECEIPT No :- <u>18707</u>
PANEL : <u>Acute</u>	EXAMINED ON :- <u>9/3</u>

Chief Complaints:

Past History:

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

Personal History:

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

Family History:

General Physical Examination:

Height	<u>166</u>	:	cms	Pulse	<u>89/m</u>	bpm
Weight	<u>68</u>	:	Kgs	BP	<u>122/80</u>	mmHg

Rest of examination was within normal limits.

Systemic Examination:

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal

PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Somyog</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

Cholesterol 239

Recommendation:

- low pitched
Cap @ Achives once a day
1-2 month
My vite D₃ 60
once a week
2 month

Dr. Navneet Kaur
Consultant Physician



Review reports

Patient Name : Mr. Sanyog Kumar Kasana
UHID : SCHL0000018707
Conducted By: : Dr. MUKESH K GUPTA
Referred By : SELF

Age : 47 Y/M
OP Visit No : SCHIOPV27185
Conducted Date : 09-03-2024 16:54

Protocol : Bruce Protocol
Medication :
Target Heart Rate : 174 BPM
Heart Rate Achieved : 162 BPM
Percentage of THR Achieved : 93%
Maximum Blood Pressure : 130/86 mmHg
Total Exercise Duration : 09:29 Min.
Maximum Worked Attained : 11.60 Mets
Reason for termination : Max HR attained.

Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically
Not valid for medico legal purpose.



Dr. M K Gupta
M.B.B.S, MD, FIACM
Senior Consultant Cardiologist

APOLLO SPECTRA
NEHRU ENCLAVE
NEW DELHI

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KASANA, SANYOG
Patient ID: 18707
Height: 166 cm
Weight: 68 kg

DOB: 19.08.1977
Age: 46 yrs
Gender: Male
Race: Indian

Study Date: 09.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	01:17	0.00	0.00	77	122/80	
	STANDING	00:14	0.00	0.00	73	122/80	
	WARM-UP	00:22	0.80	0.00	77		
EXERCISE	STAGE 1	03:00	1.70	10.00	104	126/84	
	STAGE 2	03:00	2.50	12.00	121	130/86	
	STAGE 3	03:00	3.40	14.00	155	130/86	
	STAGE 4	00:30	4.20	16.00	162		
RECOVERY		02:53	0.00	0.00	85	120/80	

The patient exercised according to the BRUCE for 9:29 min:s, achieving a work level of Max. METS: 11.60. The resting heart rate of 73 bpm rose to a maximal heart rate of 162 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 122/80 mmHg, rose to a maximum blood pressure of 130/86 mmHg. The exercise test was stopped due to Max HR attained.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.

Conclusions

--

Physician _____ Technician _____

KASANA, SANYOG

Patient ID: 18707
 09.03.2024 Male 166 cm 68 kg
 11:35:43am 46 yrs Indian
 Meds:

Exercise Test / Tabular Summary

APOLLO SPECTRA

BRUCE: Exercise Time 09:29
 Max HR: 162 bpm 93 % of max predicted 174 bpm HR at rest: 73
 Max BP: 130/86 mmHg BP at rest: 122/80 Max RPP: 21060 mmHg*bpm
 Maximum Workload: 11.60 METS
 Max. ST: -0.20 mm, 1.17 mV/s in III; EXERCISE STAGE 4 9:29

Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

Arrhythmia: A:49, PSVC:10
 ST/HR index: 0.11 μ V/bpm
 HR reserve used: 87 %
 HR recovery: 53 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.002 mV (1)
 QRS duration: BASELINE: 92 ms, PEAK EX: 90 ms, REC: 96 ms
Reasons for Termination: Max HR attained
Summary:
Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.
Chest Pain: none.
 Room#: _____
 Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	STLevel III [mm]	Comment
PRETEST	SUPINE	01:17	0.00	0.00	1.0	77	122/80	9394	0	0.15	
	STANDING	00:14	0.00	0.00	1.0	73	122/80	8906	0	0.25	
	WARM-UP	00:22	0.80	0.00	1.2	77		9394	0	0.20	
	STAGE 1	03:00	1.70	10.00	4.6	104	126/84	13104	0	0.70	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	121	130/86	15730	0	0.50	
	STAGE 3	03:00	3.40	14.00	10.1	155	130/86	20150	0	0.60	
	STAGE 4	00:30	4.20	16.00	11.6	162		21060	0	-0.05	
RECOVERY		02:53	0.00	0.00	1.0	85	120/80	10200	0	0.15	

Unconfirmed

KASANA, SANYOG

Patient ID: 18707

09.03.2024 Male 166 cm 68 kg

11:32:19am 46 yrs Indian

Resting ECG / 4 x 2.5s

APOLLO SPECTRA

Vent. Rate 67 bpm

Location: * 0 *

System Evaluation:

Normal sinus rhythm

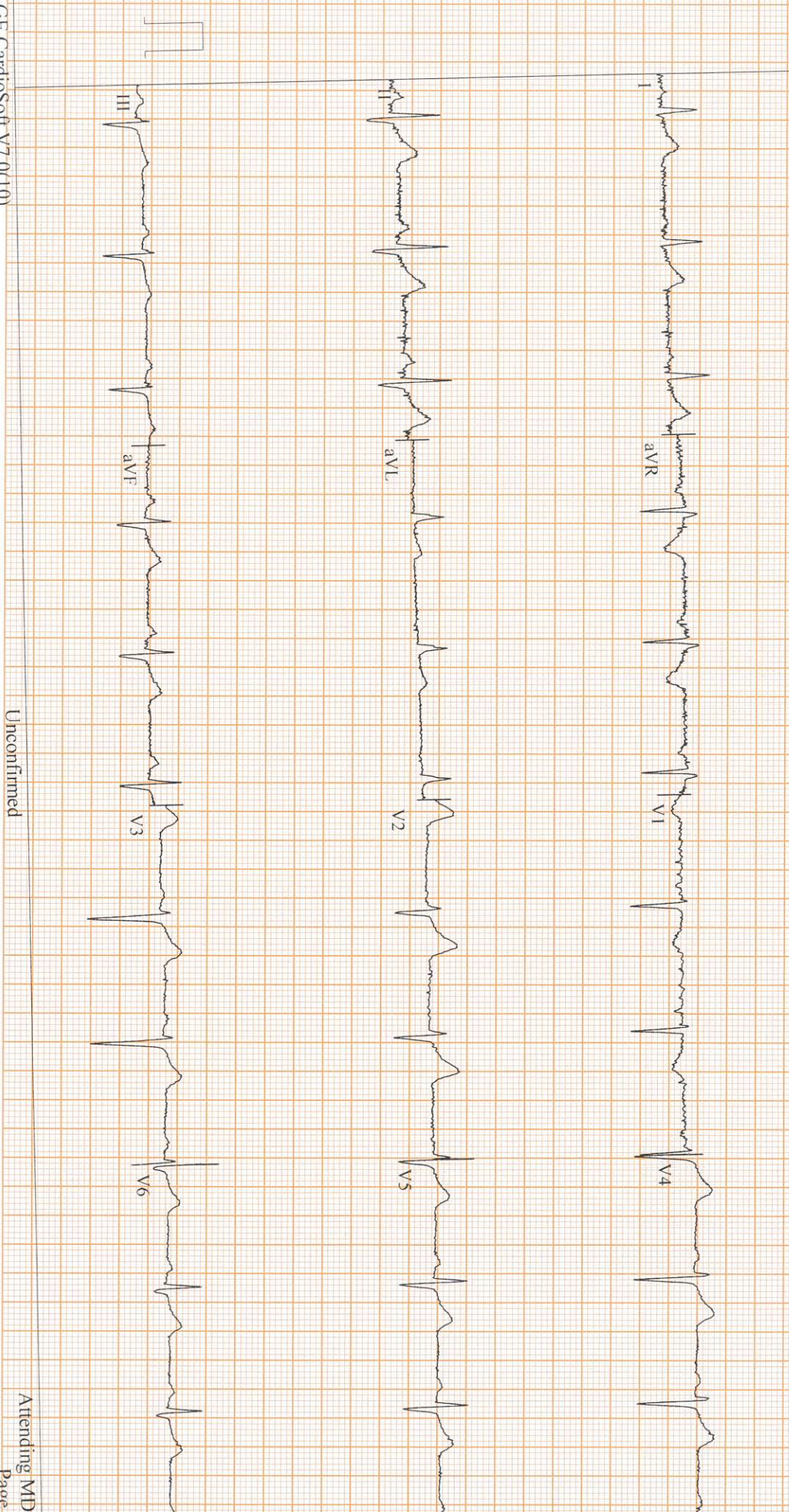
Possible Anterior infarct, age undetermined

Abnormal ECG

Handwritten signature

Arhythmia results of the full-disclosure ECG
QRS Complexes: 22

PR interval	160 ms
QRS duration	92 ms
QT / QTc(B)	398 / 420 ms
P-R-T axes	70 / -2 / 47 °
P duration	118 ms
RR / PP interval	894 / 895 ms
Sokolow-Lyon	1.53 mV



GE CardioSoft V7.0(10)
25 mm/s 10 mm/mV 0.04-150 Hz 50 Hz 12SL V23

Unconfirmed

Attending MD:
Page 1
MICRO MED CHARTS

NAME :	SANYOG KUMAR KASANA	AGE/SEX:	47	YRS./M
UHID :	18707			
REF BY :	APOLLO SPECTRA	DATE:-	09.03.2024	

ULTRASOUND WHOLE ABDOMEN

Liver: Appears normal in size, and shows increased parenchymal echogenicity which is most likely due to fatty changes. Intrahepatic biliary radicles are not dilated. CBD and portal vein are normal in calibre.

Gall Bladder: normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

Pancreas and Spleen: Appears normal in size and echotexture.

Both Kidneys: are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No mass lesion is seen. Ureter is not dilated. A 2 mm echogenic focus seen in the mid pole of the left kidney suggestive of concretion.

Urinary Bladder: is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

Prostate: normal in size, weight 20.2 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

IMPRESSION: FATTY CHANGES IN LIVER GRADE I

Please correlate clinically and with lab. Investigations.


DR. MONICA CHHABRA
Consultant Radiologist

Dr. Prachi Sharma

BDS, MDS - Prosthodontics and Crown & Bridge
DCC No: A-14151

For Appointment : +91 11 4046 5555
Mob.: +91 9910995018
Email: drusha.maheshwari@apollospectra.com

09/03/2024

Mr. Sanyog Kumar Kasana .
47 Y / male .

CC :- Regular Dental check up .
M/H :- N.R.
PDH :- N.R.



O/E :- Calculus +
Carious / Fracture + 6

Advised :- X-Ray + 6.

Restoration + 6.

PS

09/09/21

Mr. Sanyog Kumar
Kumar
4774

1st @ 6/18 - N18
2nd @ 6/18 - N18
(unneeded)
Go Abdomen of Mr
(N)

N18 @ 20 mm
N18

Ref @ - 0.75 x 0.75 - 6/6
① - 0.75 x 0.75 - calc
add 1.00 - (N)

D. Ref @ - 0.75 x 0.75
add 1.00
add 1.00 - (N)

Ady. Calcium Progressive

DIGITAL X-RAY REPORT

NAME: SANYOG	DATE: 09.03.2024
UHID NO : 18707	AGE: 47YRS/ SEX: M

X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations


DR. MONICA CHHABRA
Consultant Radiologist

Dr. MONICA CHHABRA
Consultant Radiologist
DMC No. 18744
Apollo Spectra Hospitals
New Delhi-110019

Patient Name : Mr. Sanyog Kumar Kasana Age : 47 Y/M
UHID : SCHI.0000018707 OP Visit No : SCHIOPV27185
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Patient Name	: Mr. Sanyog Kumar Kasana	Age	: 47 Y/M
UHID	: SCHI.0000018707	OP Visit No	: SCHIOPV27185
Conducted By:	: Dr. MUKESH K GUPTA	Conducted Date	: 09-03-2024 16:57
Referred By	: SELF		

Patient Name : Mr. Sanyog Kumar Kasana

UHID : SCHI.0000018707

Conducted By: :

Referred By : SELF

Age : 47 Y/M

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