

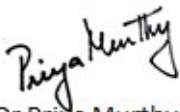
Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 08:23AM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 12:24PM
UHID/MR No : CJPN.0000093058	Reported : 23/Mar/2024 02:10PM
Visit ID : CJPNOPV191632	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15545	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	46.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.05	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.5	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,090	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.2	%	40-80	Electrical Impedance
LYMPHOCYTES	30.1	%	20-40	Electrical Impedance
EOSINOPHILS	5.2	%	1-6	Electrical Impedance
MONOCYTES	6.9	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5771.48	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3037.09	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	524.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	696.21	Cells/cu.mm	200-1000	Calculated
BASOPHILS	60.54	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.9		0.78- 3.53	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	48	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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



SIN No:BED240078850

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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DEPARTMENT OF HAEMATOLOGY

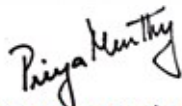
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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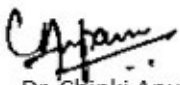
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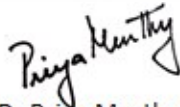
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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SIN No:BED240078850

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Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 08:23AM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 12:36PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	122	mg/dL	70-100	HEXOKINASE

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:

- 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.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	125	mg/dL	70-140	HEXOKINASE


Comment:

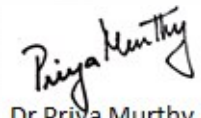
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.0	%		HPLC

Page 4 of 15


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SIN No:EDT240035999

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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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Comment:

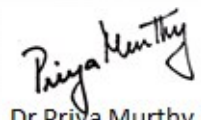
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	216	mg/dL	<200	CHO-POD
TRIGLYCERIDES	184	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	170	mg/dL	<130	Calculated
LDL CHOLESTEROL	133.3	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.70		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.24		<0.11	Calculated

Comment:

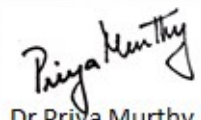
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.


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SIN No:SE04671939

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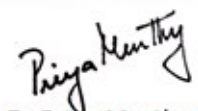
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DEPARTMENT OF BIOCHEMISTRY

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

- 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.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 12:40PM
UHID/MR No : CJPN.000093058	Reported : 23/Mar/2024 01:58PM
Visit ID : CJPNOPV191632	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15545	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.51	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	78	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	52.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	126.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.99	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.

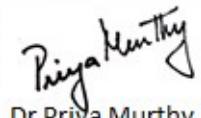
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- 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:SE04671939

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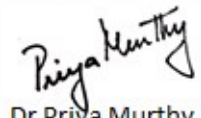
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.78	mg/dL	0.67-1.17	Jaffe's, Method
UREA	14.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.06	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.88	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.99	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated


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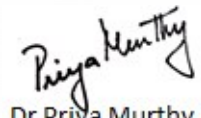
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	132.00	U/L	<55	IFCC


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Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 08:23AM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 12:31 PM
UHID/MR No : CJPN.0000093058	Reported : 23/Mar/2024 02:31 PM
Visit ID : CJPNOPV191632	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.2	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.690	µIU/mL	0.34-5.60	CLIA

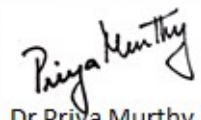
Comment:

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

- 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.
- 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.
- 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.
- 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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SIN No: SPL24052749

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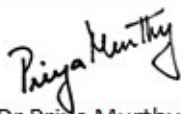
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Emp/Auth/TPA ID	: bobS15545		

DEPARTMENT OF IMMUNOLOGY

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



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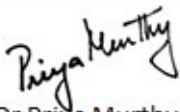
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Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 08:23AM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.0000093058	Reported : 23/Mar/2024 02:05PM
Visit ID : CJPNOPV191632	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	6.5		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
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



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SIN No:UR2313250

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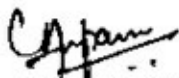
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Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 12:05PM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 07:56PM
UHID/MR No : CJPN.0000093058	Reported : 23/Mar/2024 09:51PM
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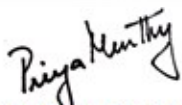
DEPARTMENT OF CLINICAL PATHOLOGY

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

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



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SIN No:UPP017259

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Patient Name : Mr.RAHUL GUPTA	Collected : 23/Mar/2024 08:23AM
Age/Gender : 35 Y 4 M 20 D/M	Received : 23/Mar/2024 01:29PM
UHID/MR No : CJPN.0000093058	Reported : 23/Mar/2024 03:42PM
Visit ID : CJPNOPV191632	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobS15545	

DEPARTMENT OF CLINICAL PATHOLOGY

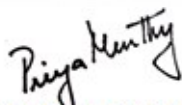
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 15 of 15



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



SIN No:UF011280

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Name : Mr. Rahul Gupta

Age: 35 Y

UHID:CJPN.0000093058

Sex: M



Address :blr

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN
INDIA OP AGREEMENT

OP Number:CJPNOPV191632

Bill No :CJPN-OCR-70162

Date : 23.03.2024 08:16

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	DIET CONSULTATION	
6	COMPLETE URINE EXAMINATION	
7	URINE GLUCOSE(POST PRANDIAL)	
8	PERIPHERAL SMEAR	
9	ECG	
10	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
11	DENTAL CONSULTATION - 22	
12	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
13	URINE GLUCOSE(FASTING)	
14	HbA1c, GLYCATED HEMOGLOBIN	
15	X-RAY CHEST PA	
16	ENT CONSULTATION - 5	
17	CARDIAC STRESS TEST(TMT)	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN - breast	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Dental = 22
 AUC 10 = 21 # 20
 Physio = 4
 Suman.Kumaris@bankofkarnada.co.in

Weight = 74.8 kg.
 Height = 167 cm.
 Waist = 101 cm
 Hip = 107 cm
 BP = 123 / 93 mmHg
 PR = 89

PATIENT CASE SHEET



Name: Rahul Gupta Age: 35 Gender: M
Address: _____
UHID / Emp Id: CSPN.0000093058

Ref. by Doctor

CHC

Treating Doctor

Dr. S. J. D.

Past Dental History: _____

Past Medical History: _____

Chief Complaint(s): Regular dental check up

Investigation:

RVG

OPG

CBCT

Rahul Gupta.

23/03/24

35/M.

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

- ENT Check

- (R) ET Inue after a flight Journey
last year

O/ET

B/L TM ✓

Nox / Thr NOO

Neck. (M)

Review SAs

Follow up date:


Doctor Signature
Dr. Swathi

Name - Rahul Gupta

Age - 35yrs

Date - 23/03/24

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Cl - Routine

Eye checks

H/O PUP - No

H/O Eye Sx - No

U_h u_n } 616 NG
616 Nr

anetho mi

colours vision is normal w BE

Follow up date:

6 weeks

Doctor Signature

79 bpm
- / - mmHg

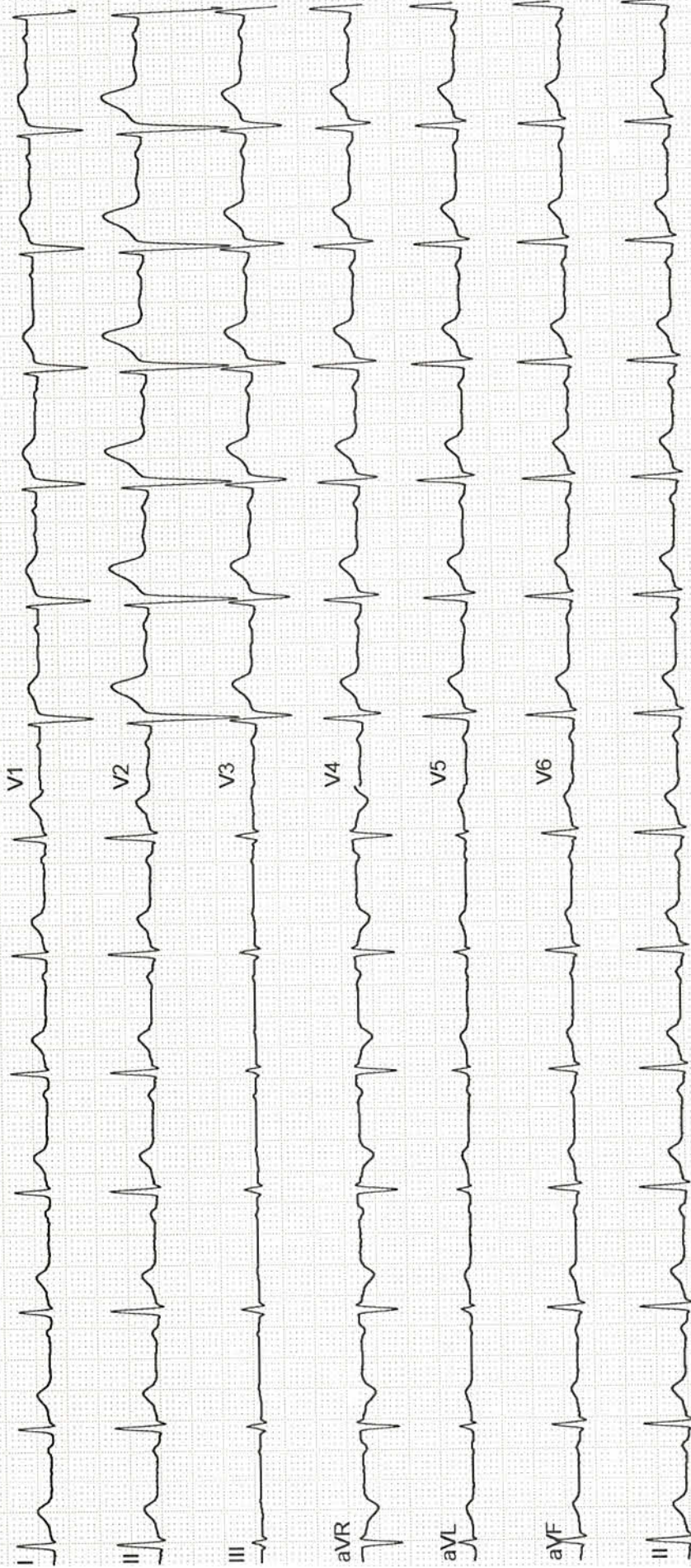
Wol
(Signature)

23.03.2024 8:53:33
Apollo Clinic
J.P. Nagar
Bangalore

167 cm Male
74.0 kg

Normal sinus rhythm
Normal ECG

QRS : 82 ms
QT / QTcBaz : 362 / 415 ms
PR : 146 ms
P : 90 ms
RR / PP : 758 / 759 ms
P / QRS / T : 42 / 44 / 33 degrees



APOLLO CLINIC
J P NAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR RAHUL G,
Patient ID: CJPN 93058
Height: 167 cm
Weight: 74 kg

DOB: 03.11.1988
Age: 35 yrs
Gender: Male
Race: Asian

Study Date: 23.03.2024
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 [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:52	0.00	0.00	93	120/90	
EXERCISE	STAGE 1	03:00	2.70	10.00	118	130/90	
	STAGE 2	03:00	4.00	12.00	141	140/90	
	STAGE 3	03:00	5.40	14.00	169	150/90	
	STAGE 4	00:01	6.70	14.80	169		
RECOVERY		01:44	0.00	0.00	129	120/90	

The patient exercised according to the BRUCE for 9:01 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 94 bpm rose to a maximal heart rate of 169 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/90 mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to --.

Interpretation

--

Conclusions

GOOD EFFORT AND TOLERANCE
NORMAL BP/HR RESPONSE
NO ANGINA AND ARRHYTHMIA NOTED
NO SIGNIFICANT ST-T CHANGES SEEN
*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

Physician Ce S R D Technician Kejeda

Exercise Test / 12-Lead Report

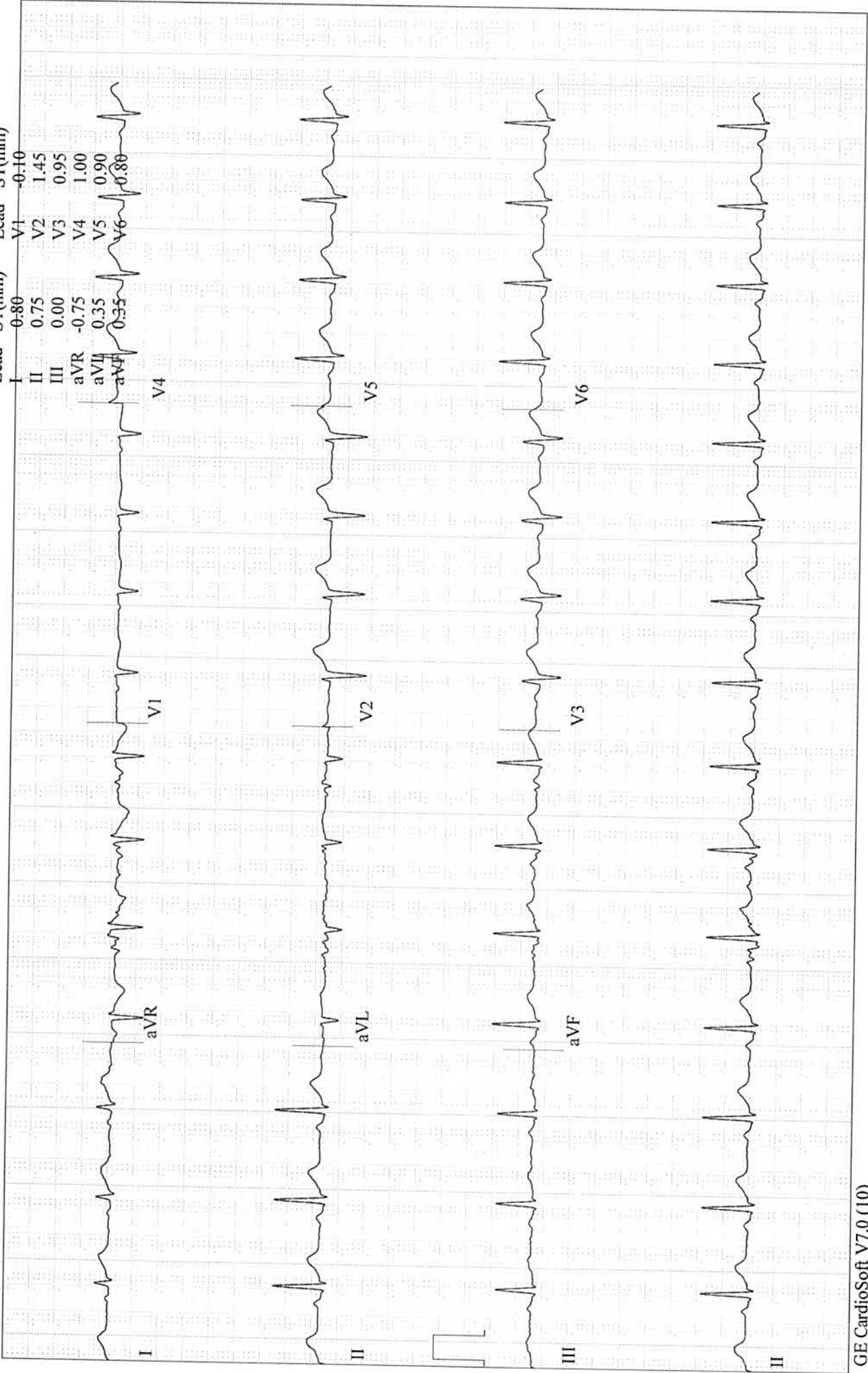
MR RAHUL G,
Patient ID: CJPN 93058
23.03.2024 Male 167 cm 74 kg
9:01:33am 35 yrs Asian

94 bpm

8

Measured at 60 ms Post J (10mm/mV)

Auto Points	Lead	ST(mm)	Lead	ST(mm)
I	V1	-0.80	V1	-0.10
II	V2	0.75	V2	1.45
III	V3	0.00	V3	0.95
aVR	V4	-0.75	V4	1.00
aVL	V5	0.35	V5	0.90
aVF	V6	0.35	V6	0.80



Exercise Test / 12-Lead Report

MR RAHUL G,
 Patient ID: CJPN 93058
 23.03.2024 Male 167 cm 74 kg
 9:02:22am 35 yrs Asian

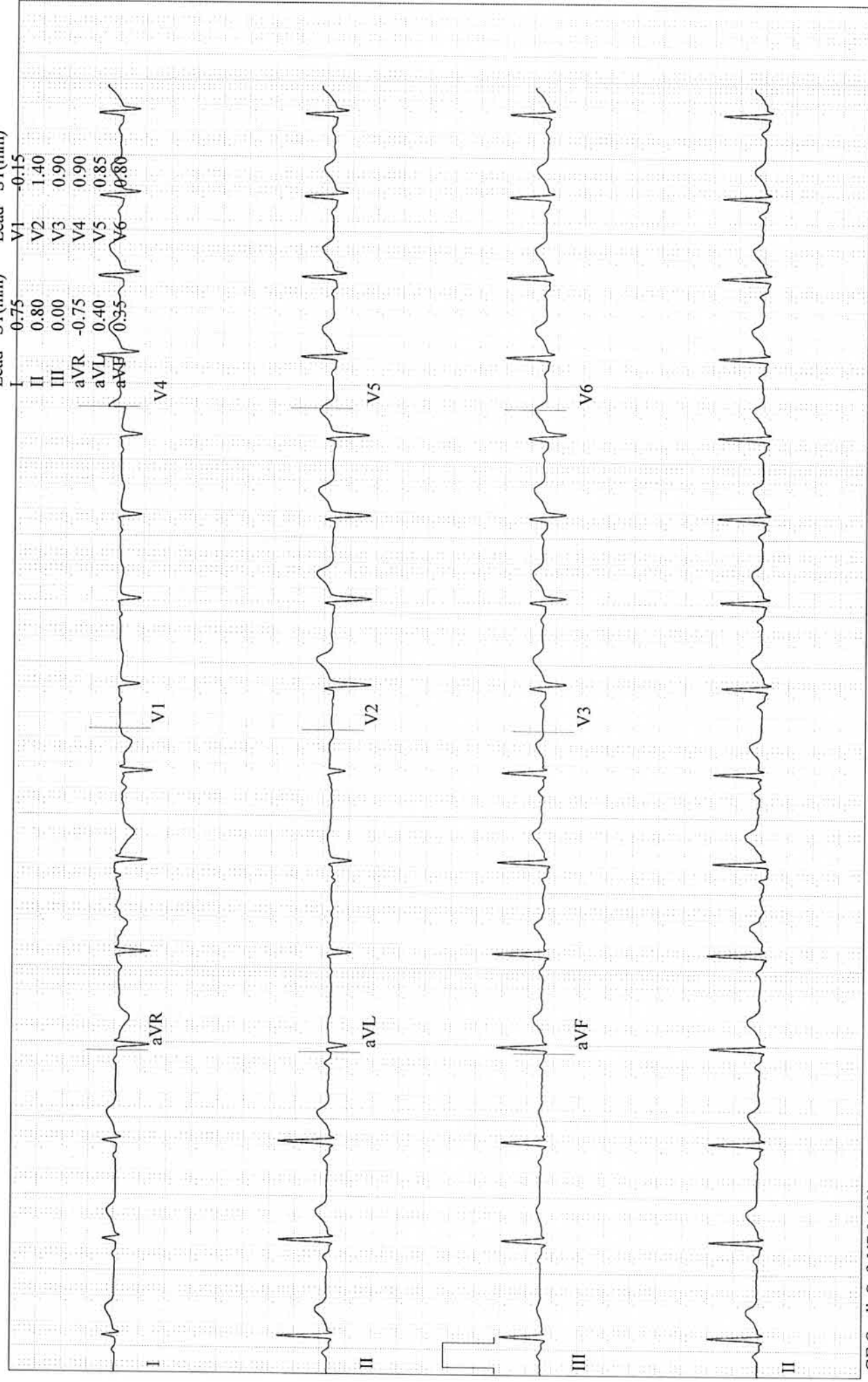
BRUCE
 0.0 km/h
 0.0 % Measured at 60 ms Post J (10mm/mV)

PRETEST
 SUPINE
 00:29

89 bpm
 120/90 mmHg

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.75	V1	-0.15
II	0.80	V2	1.40
III	0.00	V3	0.90
aVR	-0.75	V4	0.90
aVL	0.40	V5	0.85
aVF	0.35	V6	0.80

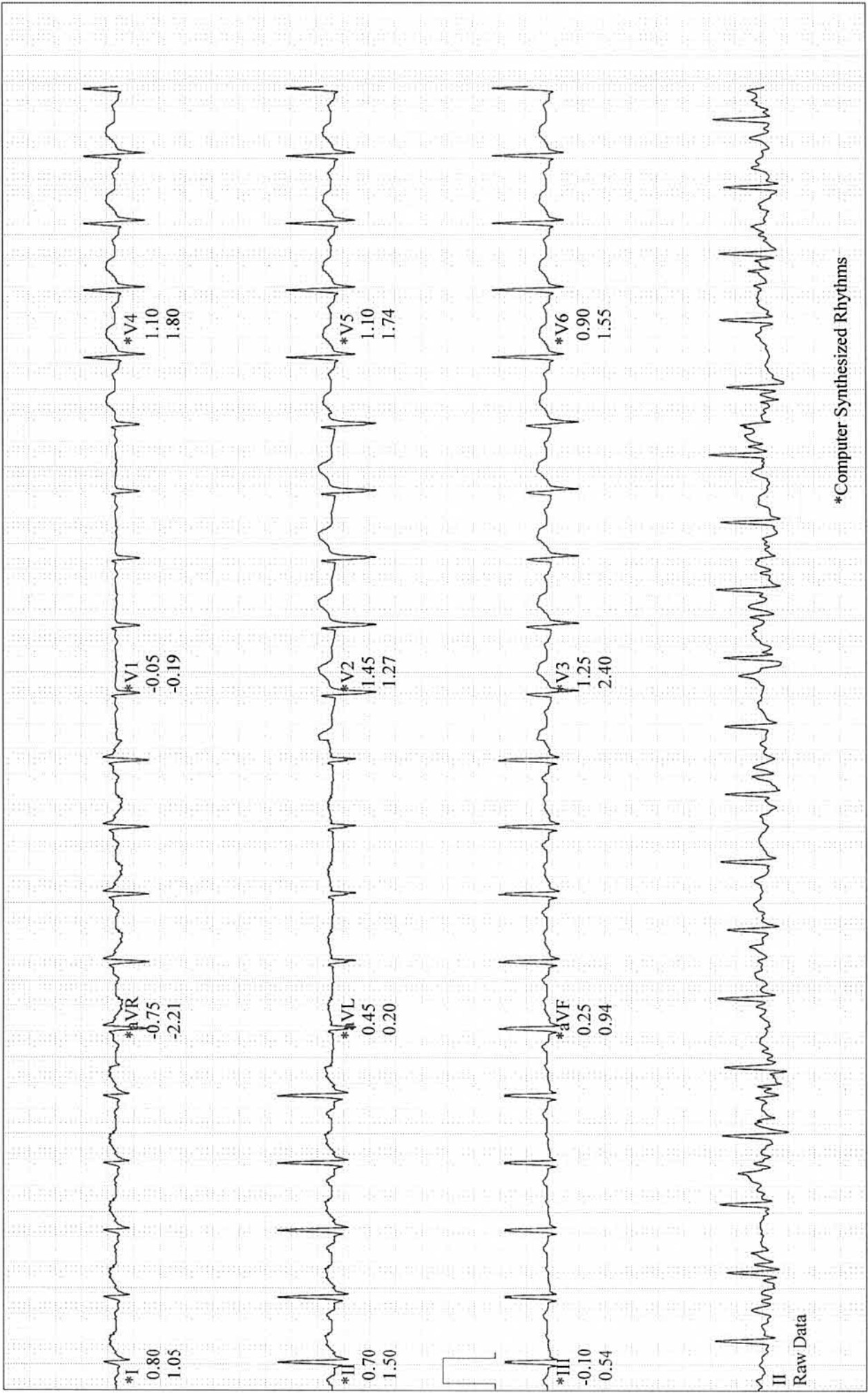


MR RAHUL G,
Patient ID: CJPN 93058
23.03.2024 Male 167 cm 74 kg
9:05:29am 35 yrs Asian

BRUCE
2.7 km/h
10.0 %

EXERCISE
STAGE 1
02:50

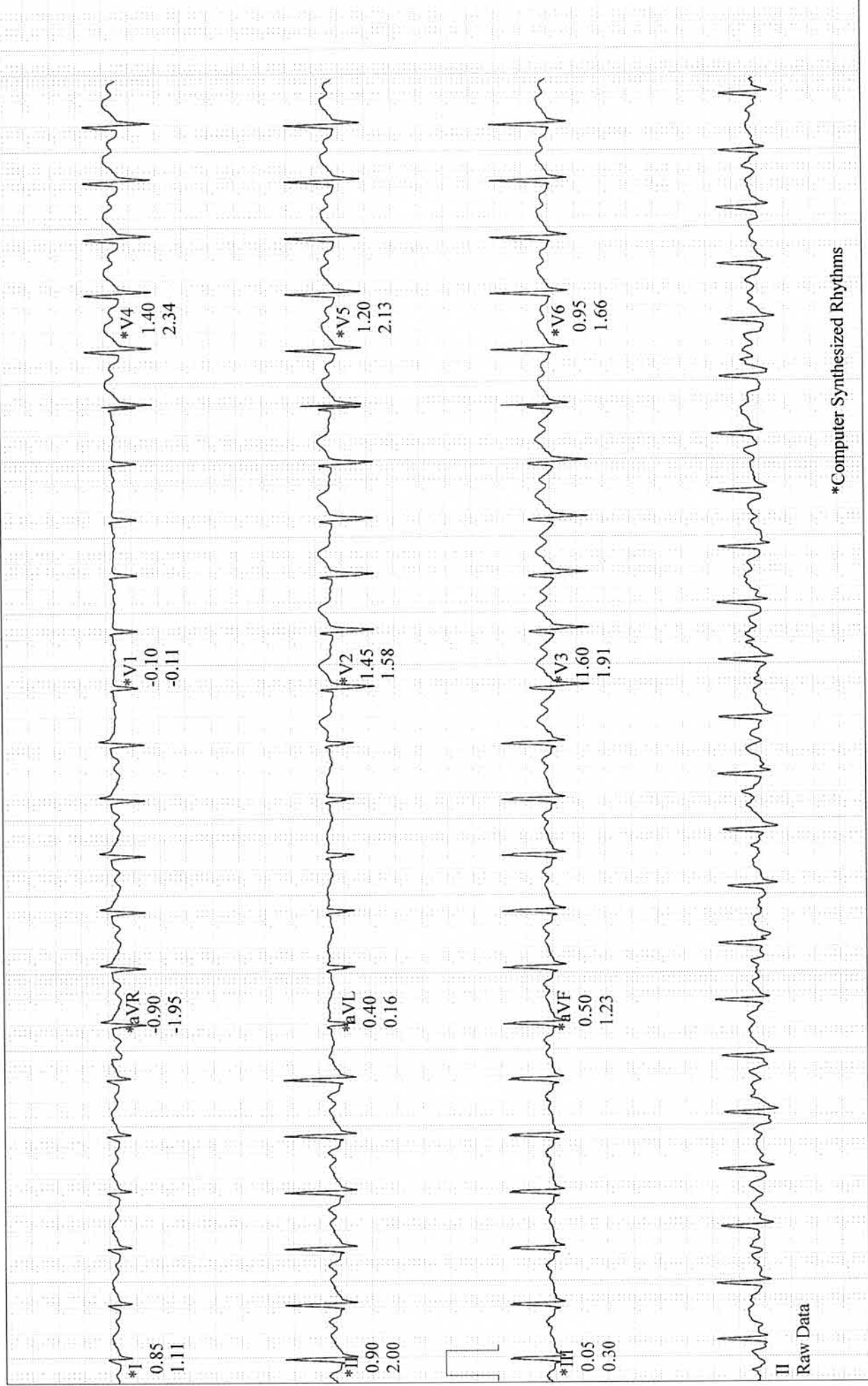
Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Patient ID: CJPN 93058
 23.03.2024 Male 167 cm 74 kg
 9:08:29am 35 yrs Asian
 EXERCISE STAGE 2 05:50
 139 bpm
 140/90 mmHg
 4.0 km/h
 12.0 %

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



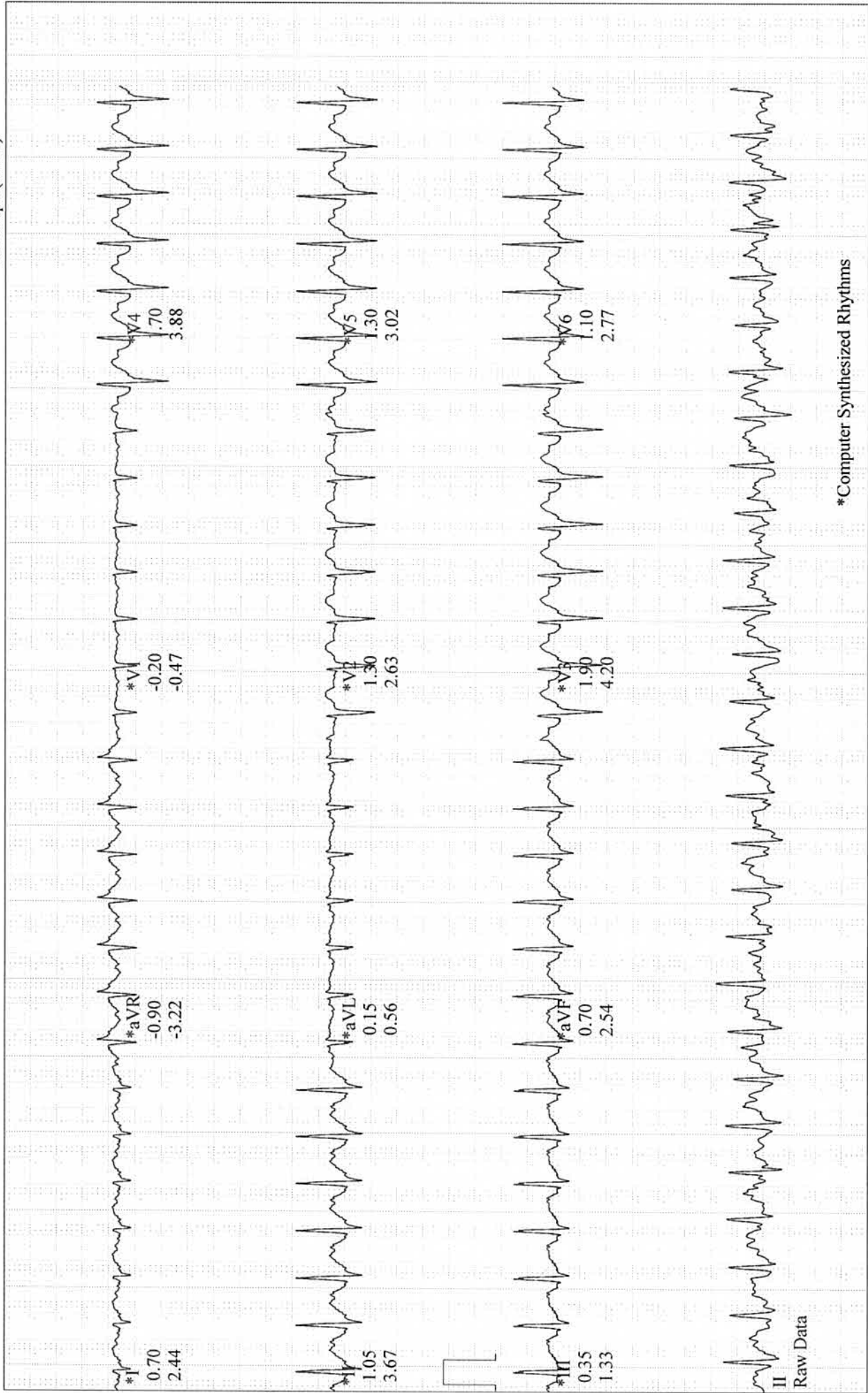
MR RAHUL G,
Patient ID: CIPN 93058
23.03.2024 Male 167 cm 74 kg
9:11:29am 35 yrs Asian

BRUCE
5.4 km/h
14.0 %

EXERCISE
STAGE 3
08:50

166 bpm
150/90 mmHg

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



*Computer Synthesized Rhythms

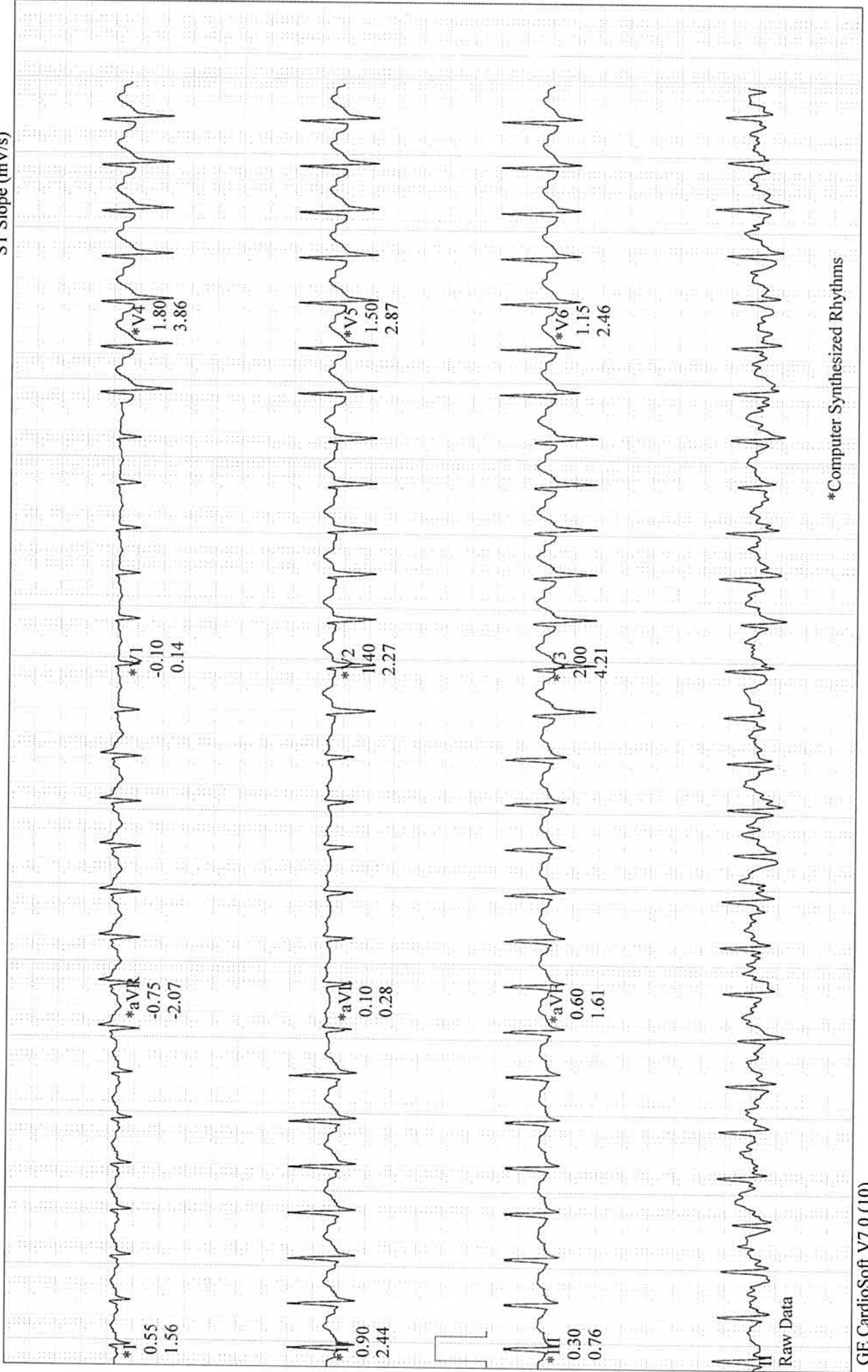
MR RAHUL G,
 Patient ID: CJPN 93058
 23.03.2024 Male 167 cm 74 kg
 9:11:40am 35 yrs Asian

Exercise Test / Linked Medians (PEAK EXERCISE)

EXERCISE BRUCE
 STAGE 4 6.7 km/h
 09:01 14.8 %
 169 bpm
 150/90 mmHg

APOLLO CLINIC

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



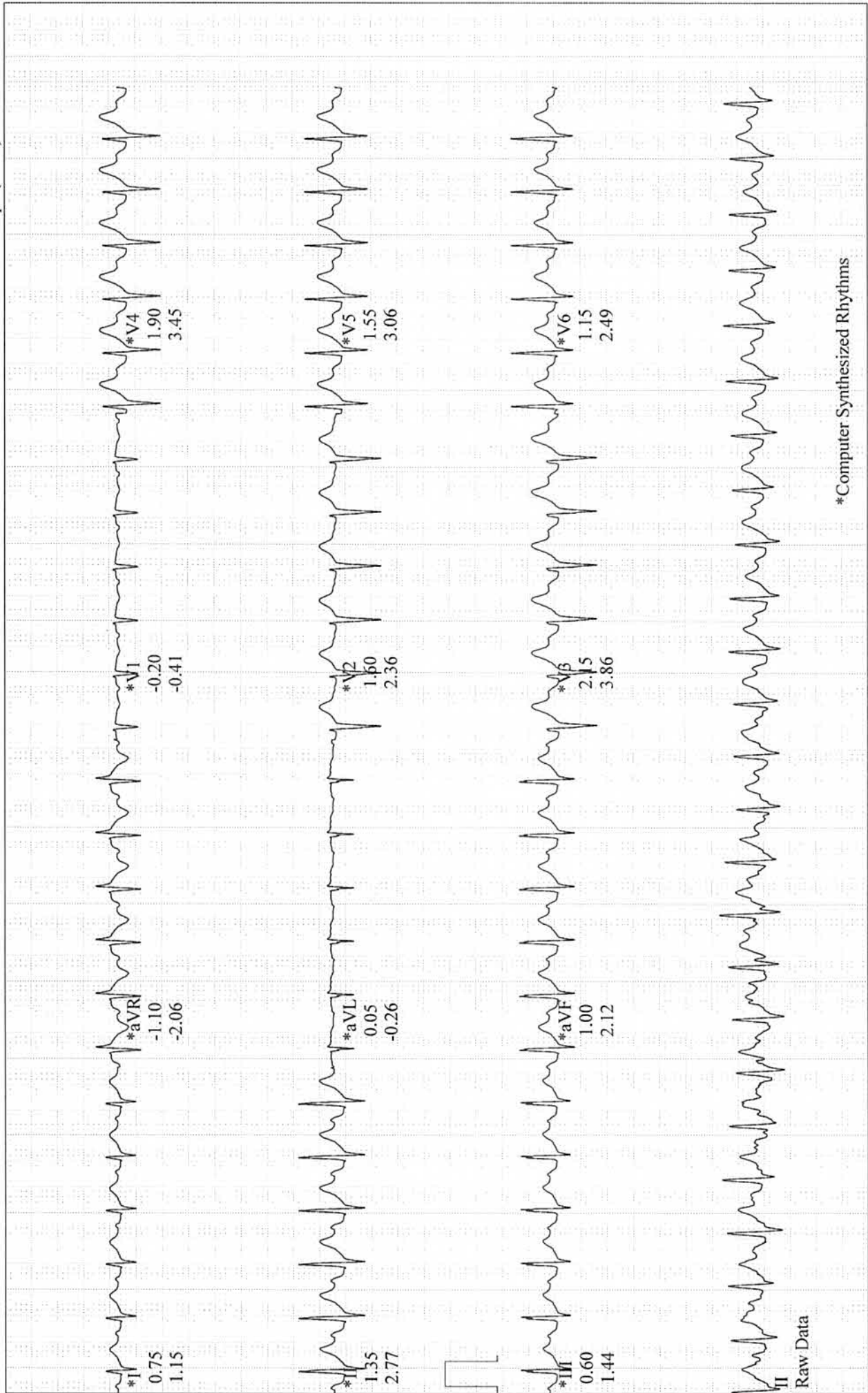
MR RAHUL G,
Patient ID: CJPN 93058
23.03.2024 Male 167 cm 74 kg
9:12:40am 35 yrs Asian

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:00

146 bpm
140/90 mmHg

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



*Computer-Synthesized Rhythms

Raw Data

MR RAHUL G,
 Patient ID: CJPN 93058
 23.03.2024
 9:01:46am

Male 167 cm 74 kg
 35 yrs Asian
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

Exercise Test / Selected Medians Report

BRUCE: Exercise Time 09:01

Max HR: 169 bpm 91 % of max predicted 185 bpm HR at rest: 94

Max BP: 150/90 mmHg BP at rest: 120/90 Max RPP: 25350 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -0.40 mm, 0.12 mV/s in III; EXERCISE STAGE 1 1:29

Arrhythmia: PVC:1

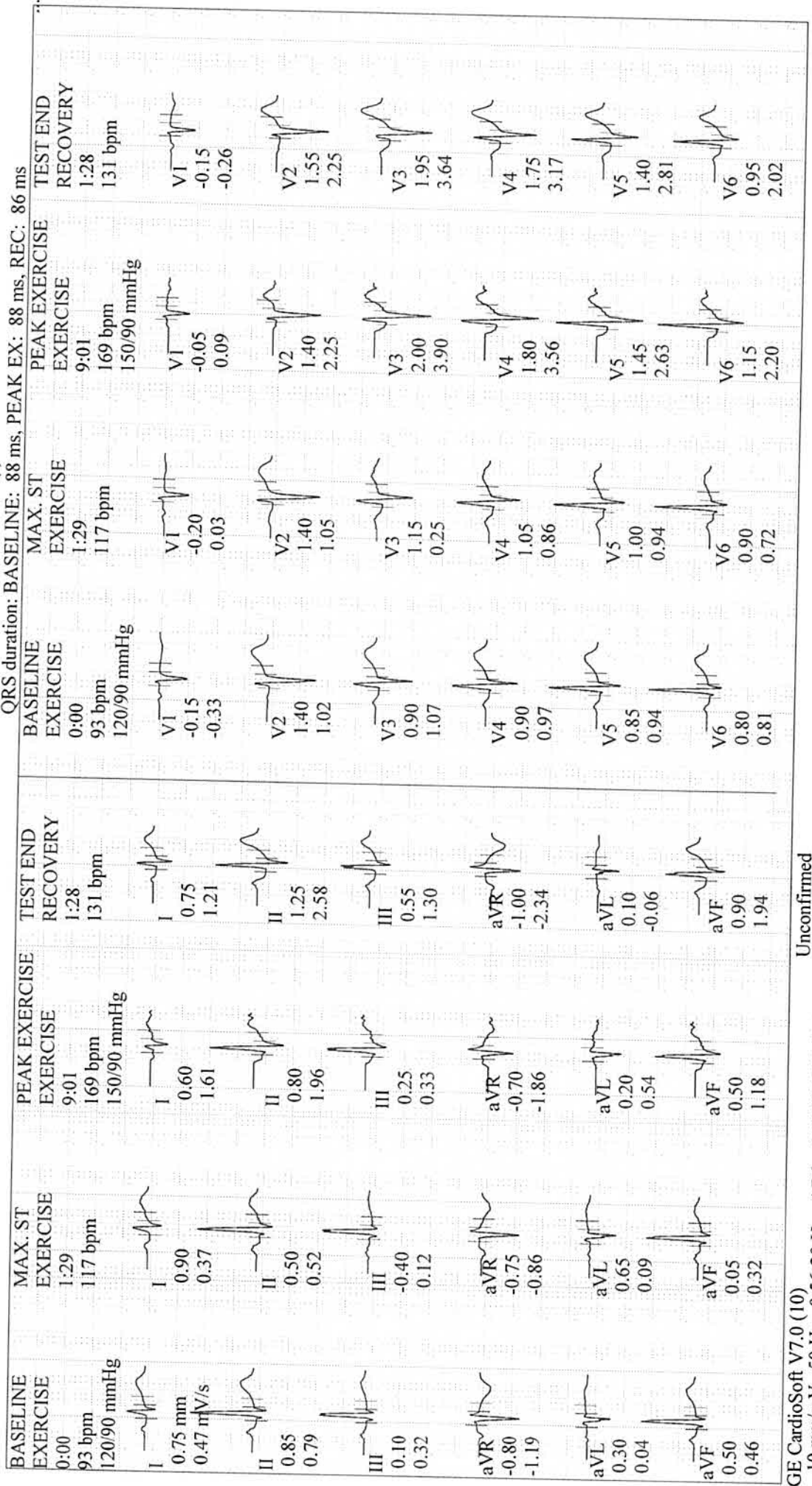
HR reserve used: 82 %

HR recovery: 23 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.001 mV (I)

QRS duration: BASELINE: 88 ms, PEAK EX: 88 ms, REC: 86 ms



GE CardioSoft V7.0 (10)

10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1

Unconfirmed

Attending MD:

MR RAHUL G,
Patient ID: CJPN 93058
23.03.2024 9:01:46am

Male 167 cm 74 kg
35 yrs Asian
Meds:

Test Reason:
Medical History:

Ref. MD: Ordering MD:
Technician: Test Type:
Comment:

Exercise Test / Selected Medians Report

APOLLO CLINIC

BRUCE: Exercise Time 09:01

Max HR: 169 bpm 91 % of max predicted 185 bpm HR at rest: 94

Max BP: 150/90 mmHg BP at rest: 120/90 Max RPP: 25350 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -0.40 mm, 0.12 mV/s in III; EXERCISE STAGE I 1:29

Arrhythmia: PVC:1

HR reserve used: 82 %

HR recovery: 23 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.001 mV (I)

QRS duration: BASELINE: 88 ms, PEAK EX: 88 ms, REC: 86 ms

Conclusion: GOOD EFFORT AND TOLERANCE

NORMAL BP/HR RESPONSE

NO ANGINA AND ARRHYTHMIA NOTED

NO SIGNIFICANT ST-T CHANGES SEEN

*

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Room:

Location: * 0 *

Patient Name	: Mr. Rahul Gupta	Age/Gender	: 35 Y/M
UHID/MR No.	: CJPN.0000093058	OP Visit No	: CJPNOPV191632
Sample Collected on	:	Reported on	: 23-03-2024 11:57
LRN#	: RAD2277776	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS15545		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (14.5cm) and increased in echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

GALL BLADDER : Post cholecystectomy status.

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: 10.2 x 1.6cm.

Left kidney measures : 10.5 x 1.6cm.

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

PROSTATE: Normal in size and echotexture.

Volume-20 cc.

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


IMPRESSION : GRADE I FATTY LIVER .

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. Rahul Gupta

Age/Gender : 35 Y/M



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology

Patient Name	: Mr. Rahul Gupta	Age/Gender	: 35 Y/M
UHID/MR No.	: CJP.N.0000093058	OP Visit No	: CJPNOPV191632
Sample Collected on	:	Reported on	: 23-03-2024 10:16
LRN#	: RAD2277776	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobS15545		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

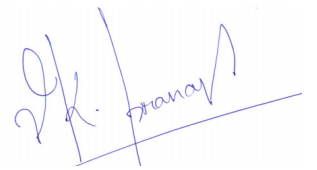
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology