

Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
Age/Gender : 35 Y 9 M 20 D/M	Received : 09/Mar/2024 10:41AM
UHID/MR No : CMAR.0000309250	Reported : 09/Mar/2024 03:28PM
Visit ID : CMAROPV784626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8756384001	

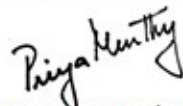
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	46.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	7.18	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	64	fL	83-101	Calculated
MCH	20	pg	27-32	Calculated
MCHC	31.3	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,240	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52.4	%	40-80	Electrical Impedence
LYMPHOCYTES	33.8	%	20-40	Electrical Impedence
EOSINOPHILS	7.7	%	1-6	Electrical Impedence
MONOCYTES	5.1	%	2-10	Electrical Impedence
BASOPHILS	1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3793.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2447.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	557.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	369.24	Cells/cu.mm	200-1000	Calculated
BASOPHILS	72.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.55		0.78- 3.53	Calculated
PLATELET COUNT	288000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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SIN No:BED240062925

This test has been performed at Apollo Health & Lifestyle Lab, ARCOFEMI BANGALORE Laboratory

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RBCs: Show erythrocytosis and mild anisocytosis with predominance of microcytic hypochromic RBCs. Few poikilocytes like target, pencil, tear drop cells are seen.

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate in number.

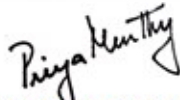
HEMOPARASITES: negative

IMPRESSION: MICROCYTIC HYPOCHROMIC BLOOD PICTURE WITH ERYTHROCYTOSIS AND RELATIVE EOSINOPHILIA.

In view of reduced RBC indices and increased RBC count, suggested iron profile and hemoglobin electrophoresis to rule out thalassemia trait. Kindly correlate clinically.



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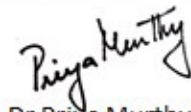
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	119	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				

Page 4 of 15


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SIN No:EDT240028613

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HBA1C, GLYCATED HEMOGLOBIN	6.9	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	151	mg/dL	Calculated


Comment:

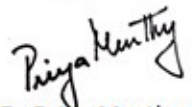
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	140	mg/dL	<200	CHO-POD
TRIGLYCERIDES	125	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	34	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.5	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.10		0-4.97	Calculated

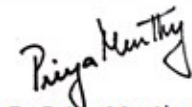
Comment:

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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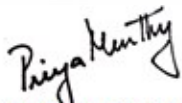
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.33	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	1.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	36.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	48.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.15	g/dL	6.6-8.3	Biuret
ALBUMIN	5.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		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, Wilsons’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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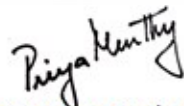
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.23	mg/dL	0.67-1.17	Jaffe's, Method
UREA	31.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	14.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.43	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.58	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	107	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	8.15	g/dL	6.6-8.3	Biuret
ALBUMIN	5.09	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
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Dr Priya Murthy
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Consultant Pathologist



SIN No:SE04655496

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Karnataka - 560034

 1860 500 7788
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Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
Age/Gender : 35 Y 9 M 20 D/M	Received : 09/Mar/2024 12:56PM
UHID/MR No : CMAR.0000309250	Reported : 09/Mar/2024 06:34PM
Visit ID : CMAROPV784626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8756384001	

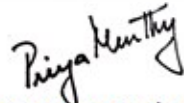
DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	26.00	U/L	<55	IFCC



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Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
Age/Gender : 35 Y 9 M 20 D/M	Received : 09/Mar/2024 12:57PM
UHID/MR No : CMAR.0000309250	Reported : 09/Mar/2024 02:42PM
Visit ID : CMAROPV784626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8756384001	

DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.72	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.536	µIU/mL	0.34-5.60	CLIA

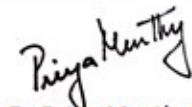
Comment:

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


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



SIN No:SPL24041771

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Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
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Visit ID : CMAROPV784626	Status : Final Report
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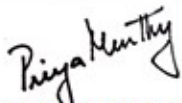
DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
Age/Gender : 35 Y 9 M 20 D/M	Received : 09/Mar/2024 02:41PM
UHID/MR No : CMAR.0000309250	Reported : 09/Mar/2024 04:02PM
Visit ID : CMAROPV784626	Status : Final Report
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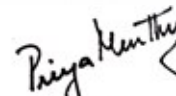
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked

Page 13 of 15


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



SIN No:UR2301160

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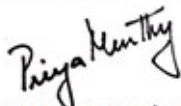
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 Neeladri Nagar, Electronic city, Bengaluru,
 Karnataka- 560034


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Patient Name : Mr.GAURAV GUPTA	Collected : 09/Mar/2024 09:28AM
Age/Gender : 35 Y 9 M 20 D/M	Received : 09/Mar/2024 02:41PM
UHID/MR No : CMAR.0000309250	Reported : 09/Mar/2024 04:02PM
Visit ID : CMAROPV784626	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8756384001	

DEPARTMENT OF CLINICAL PATHOLOGY

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



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



SIN No:UR2301160

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DEPARTMENT OF CLINICAL PATHOLOGY

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

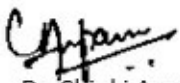
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++++		NEGATIVE	Dipstick

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

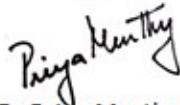
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UF011053

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Karnataka - 560034

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Patient Name : Mr. Gaurav Gupta
UHID : CMAR.0000309250
Conducted By: :
Referred By : SELF

Age : 35 Y/M
OP Visit No : CMAROPV784626
Conducted Date : 12-03-2024 18:10

2D ECHO

ECHO (COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	65 %	(50 - 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	35%	(25 - 40%)
LVID(es)	30mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal

Patient Name : Mr. Gaurav Gupta Age : 35 Y/M
 UHID : CMAR.0000309250 OP Visit No : CMAROPV784626
 Conducted By: : Conducted Date : 12-03-2024 18:10
 Referred By : SELF

LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Kapil
Consultant Cardiologist
KMC No. 88625

35 years
Male
167 cm 72 kg

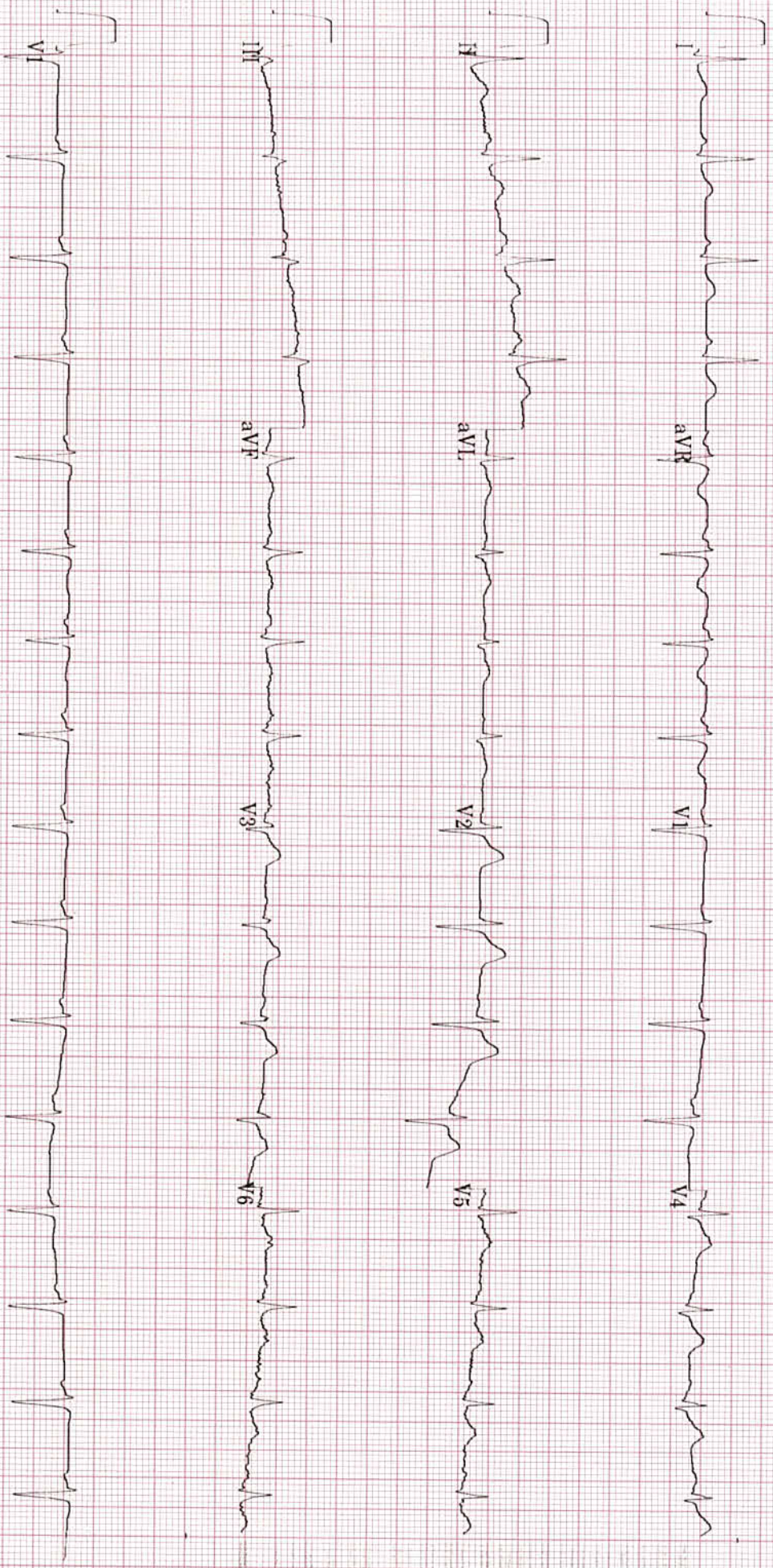
Vent. rate 95 bpm
PR interval 136 ms
QRS duration 82 ms
QT/QTc 334/419 ms
P-R-T axes 46 34 41

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Normal ECG

Technician:

Referred by: ACRCOPEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V239

ARROW CE

GAURAV

ID: 000309250

9-Mar-2024

12:23:48

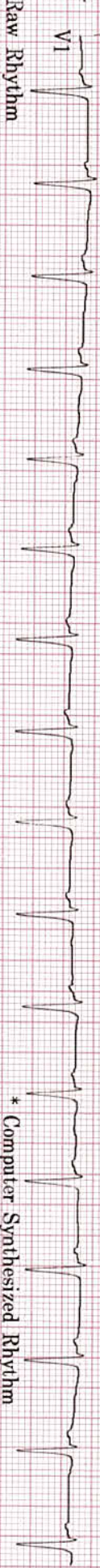
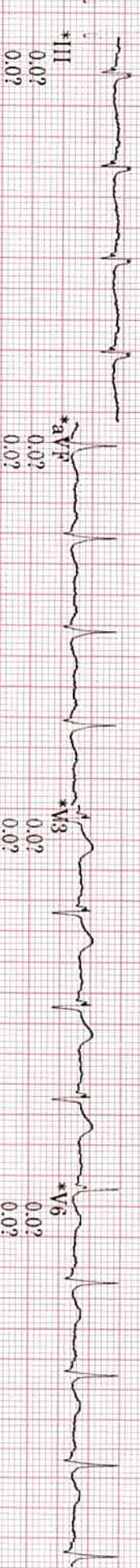
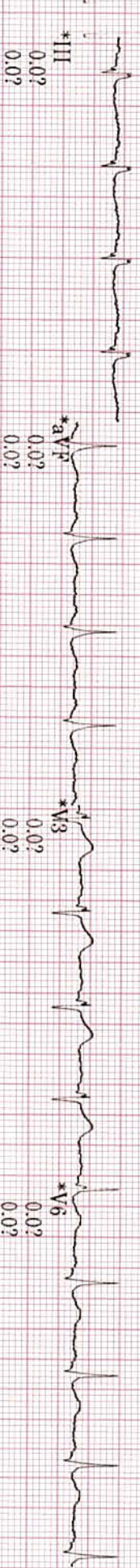
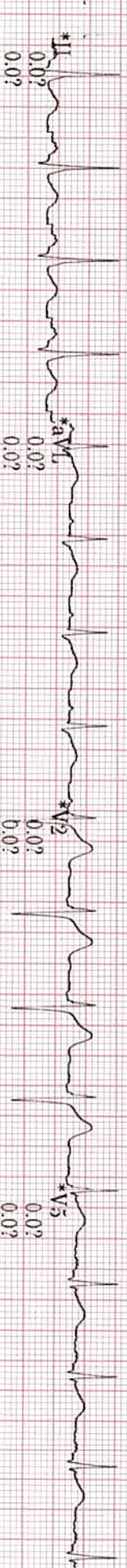
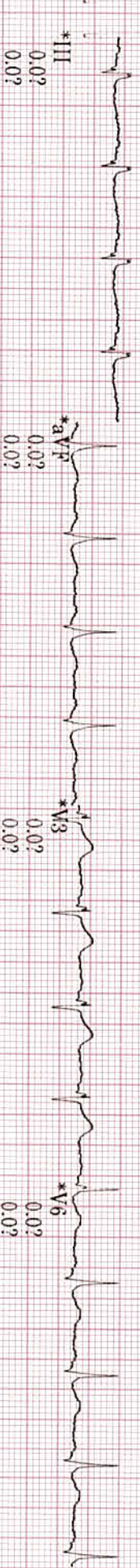
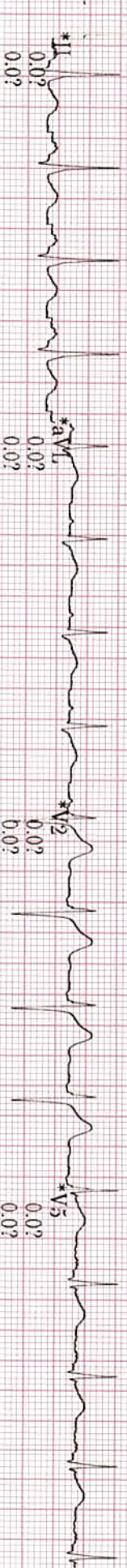
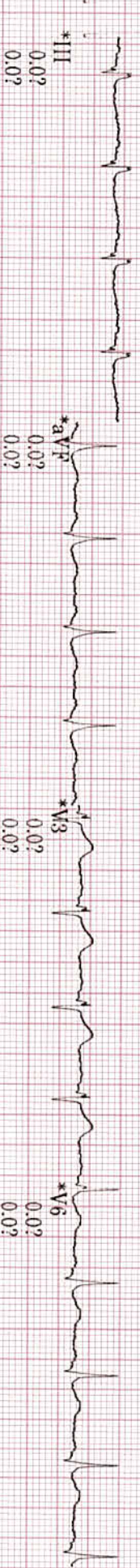
99bpm

PRETEST
STANDING
0:38

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

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

MAC55 009C

ARROW

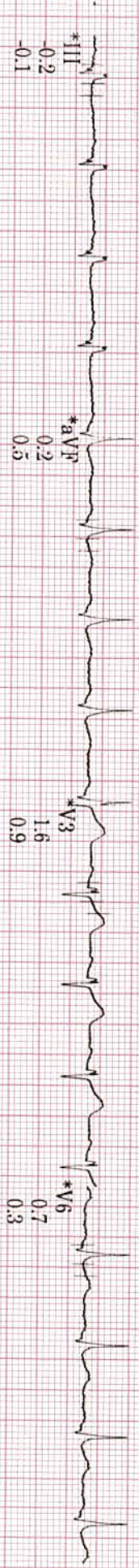
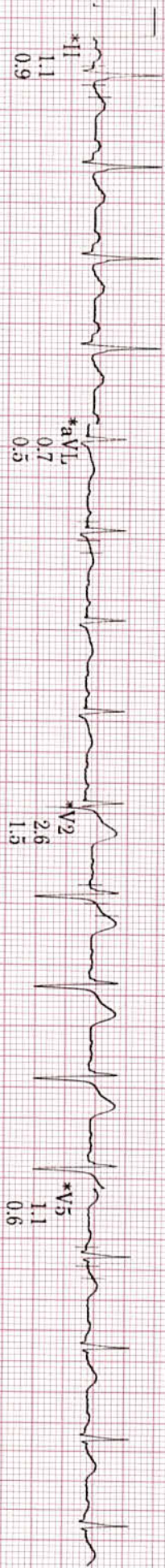
GAURAV
ID: 000309250
9-Mar-2024
12:24:03

101bpm
PRETEST
HYPERVENT
0:58

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

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



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

GAURAV
ID: 000309250

9-Mar-2024
12:27:05

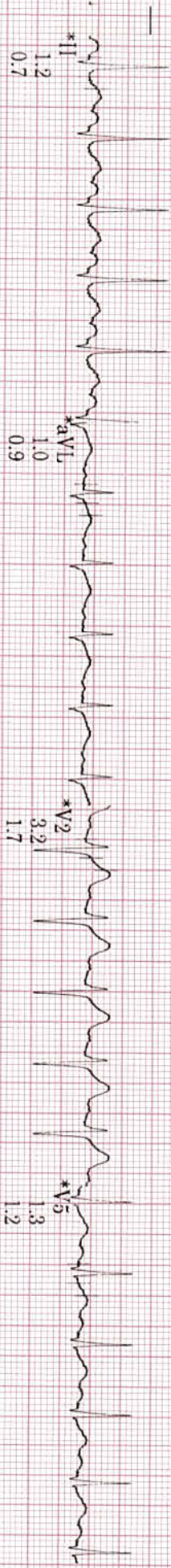
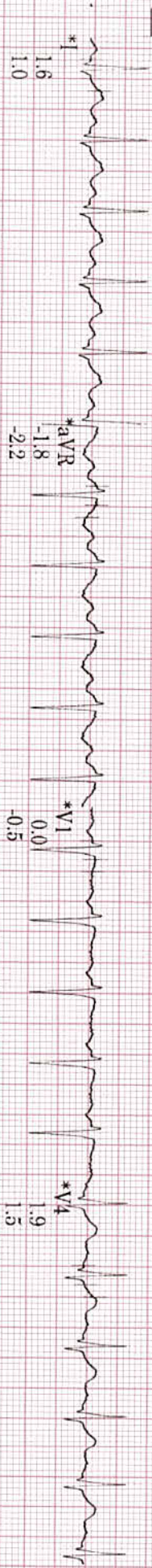
129bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



*aVR
0.9
-0.1

*V3
2.0
1.5

*V6
0.7
0.3

*aVL
1.0
0.9

*V2
3.2
1.7

*V5
1.3
1.2

*V1
0.0
-0.5

*V4
1.9
1.5



* Computer Synthesized Rhythm

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

MAC55 009C

GAURAV
ID: 000309250
9-Mar-2024
12:30:05

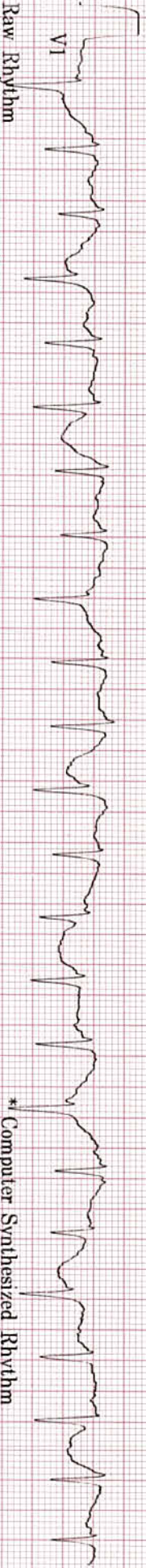
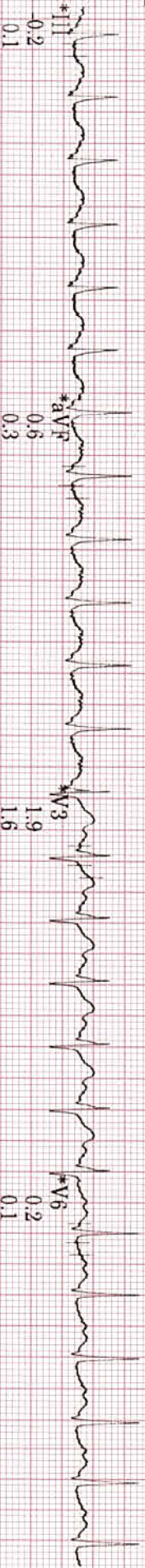
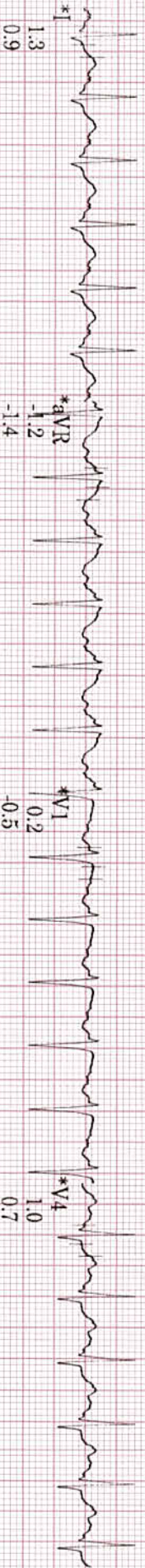
148bpm

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



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

MAC55 009C

5

GAURAV
ID: 000309250

9-Mar-2024
12:32:21

165bpm

BP: 140/90

EXERCISE
STAGE 3

8:05

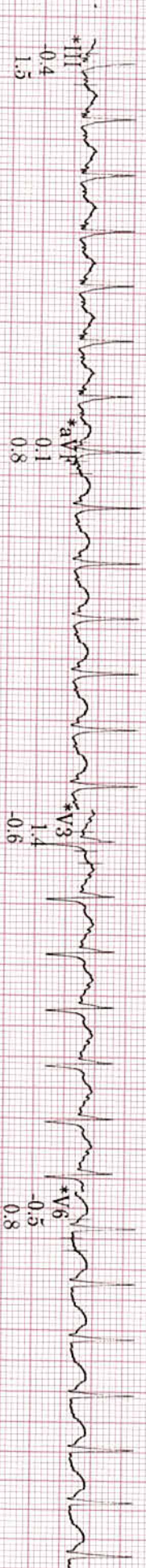
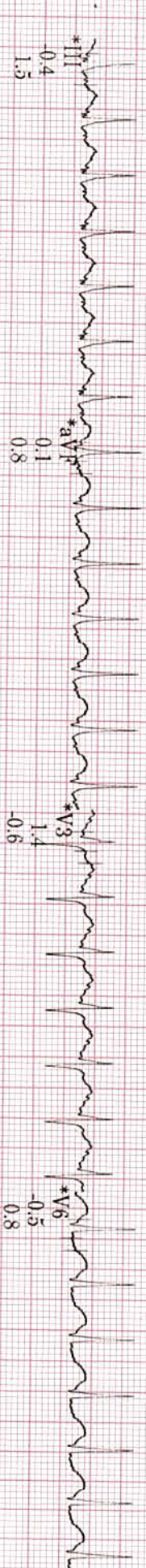
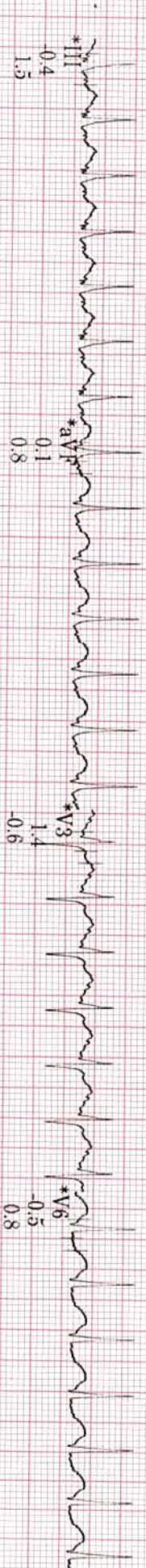
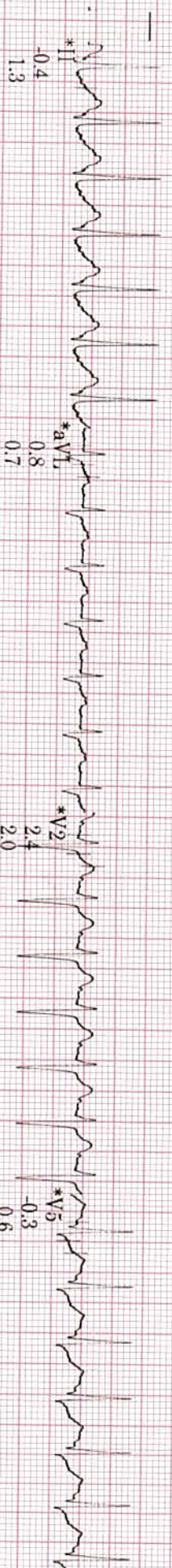
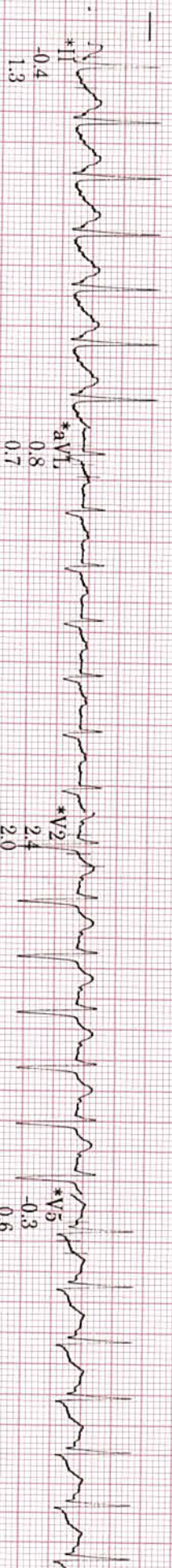
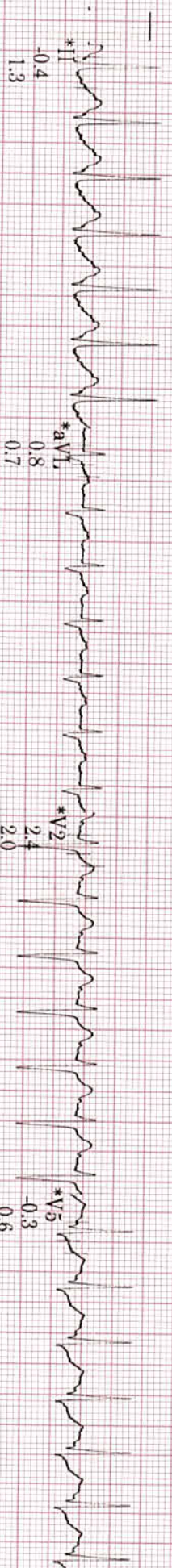
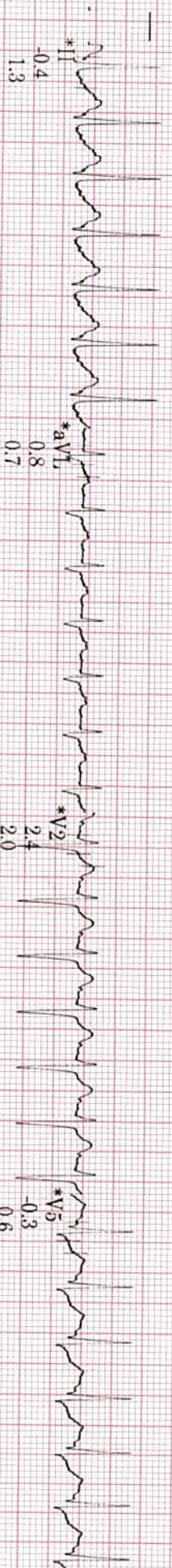
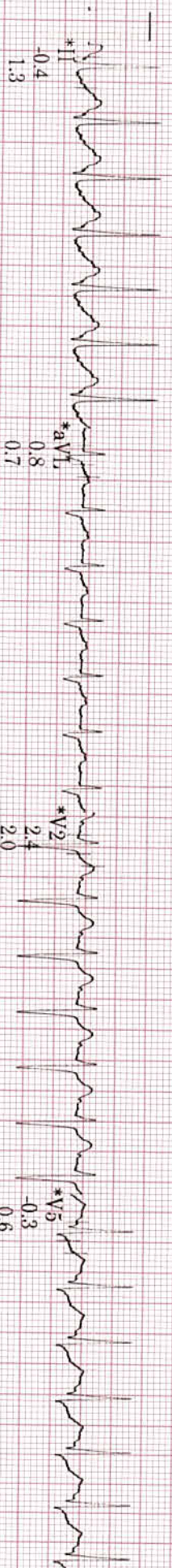
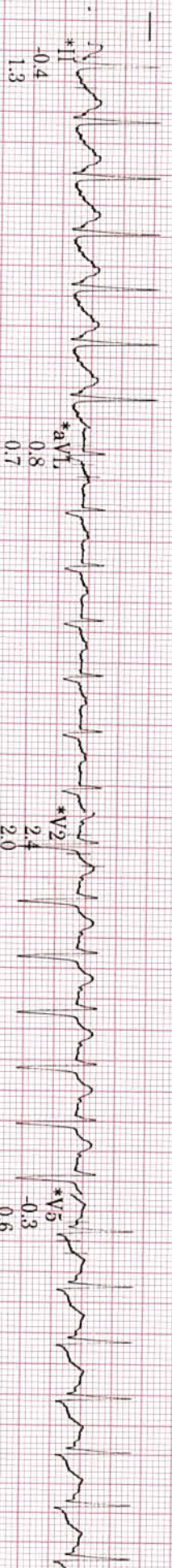
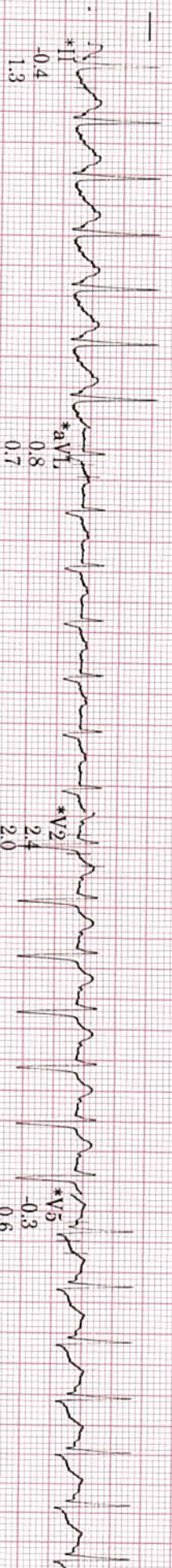
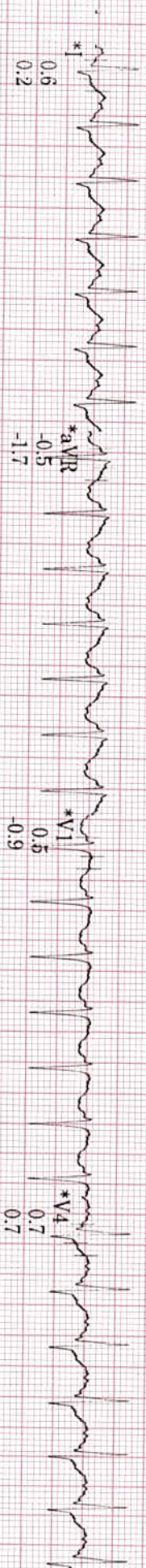
BRUCE

3.4mph

14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

MAG35 009C

Arrow CE

GAURAV
ID: 000309250
9-Mar-2024
12:33:20

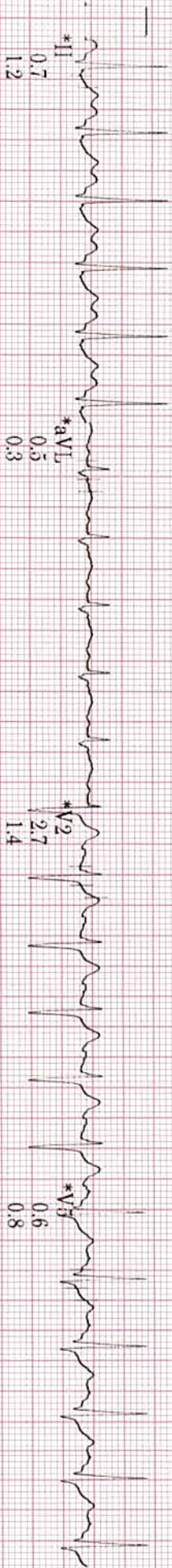
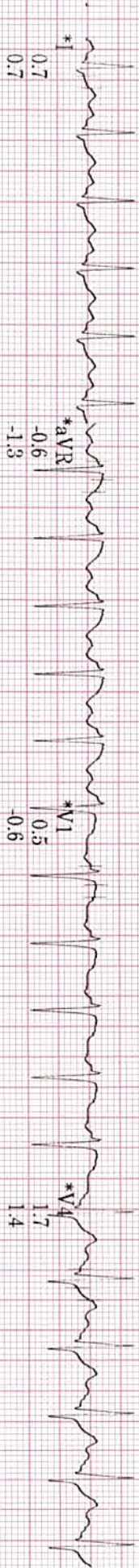
136bpm

RECOVERY
Post
1:00

BRUCE
***mph
**.%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm

MAC55 009C

II

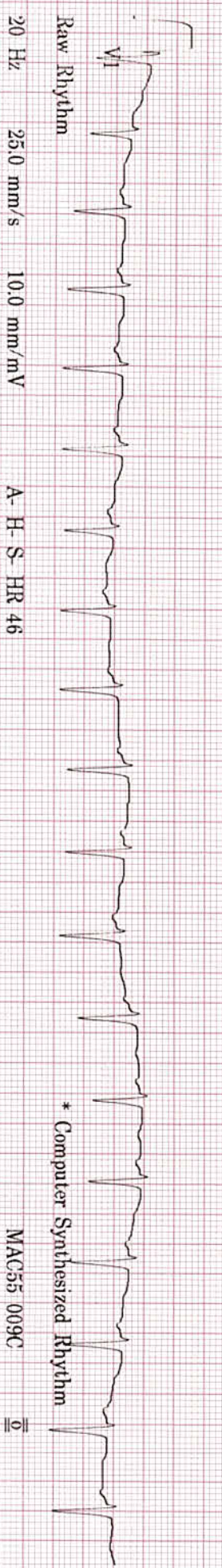
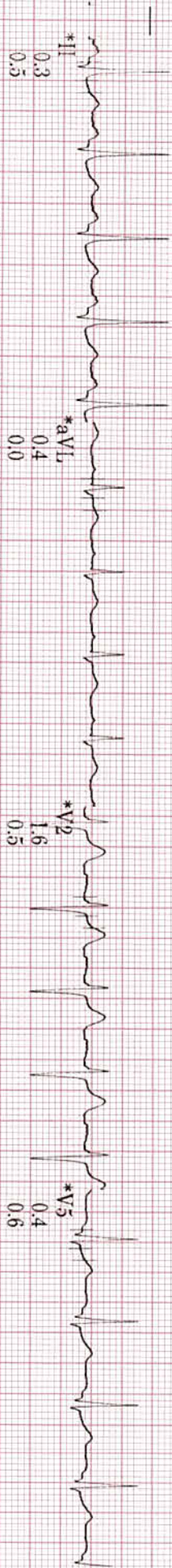
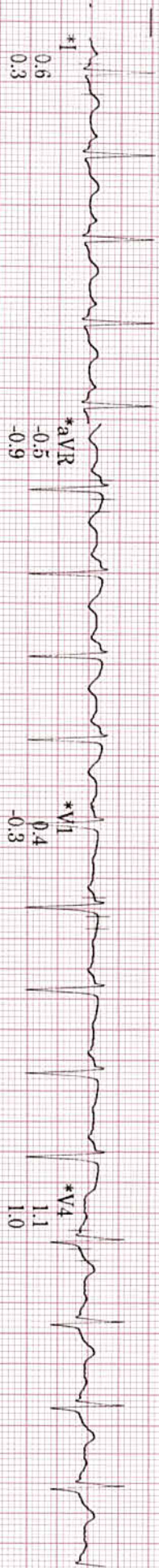
GAURAV
ID: 000309250
9-Mar-2024
12:35:20

RECOVERY
110bpm
Post
BP: 150/90
3:00

BRUCE
***mph
**%
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



SELECTED MEDIANS REPORT

GALRAV
ID: 000309250

9-Mar-2024
12:23:10

35years
167cm
72kg

Male

Referred by: ACRCOFEMI

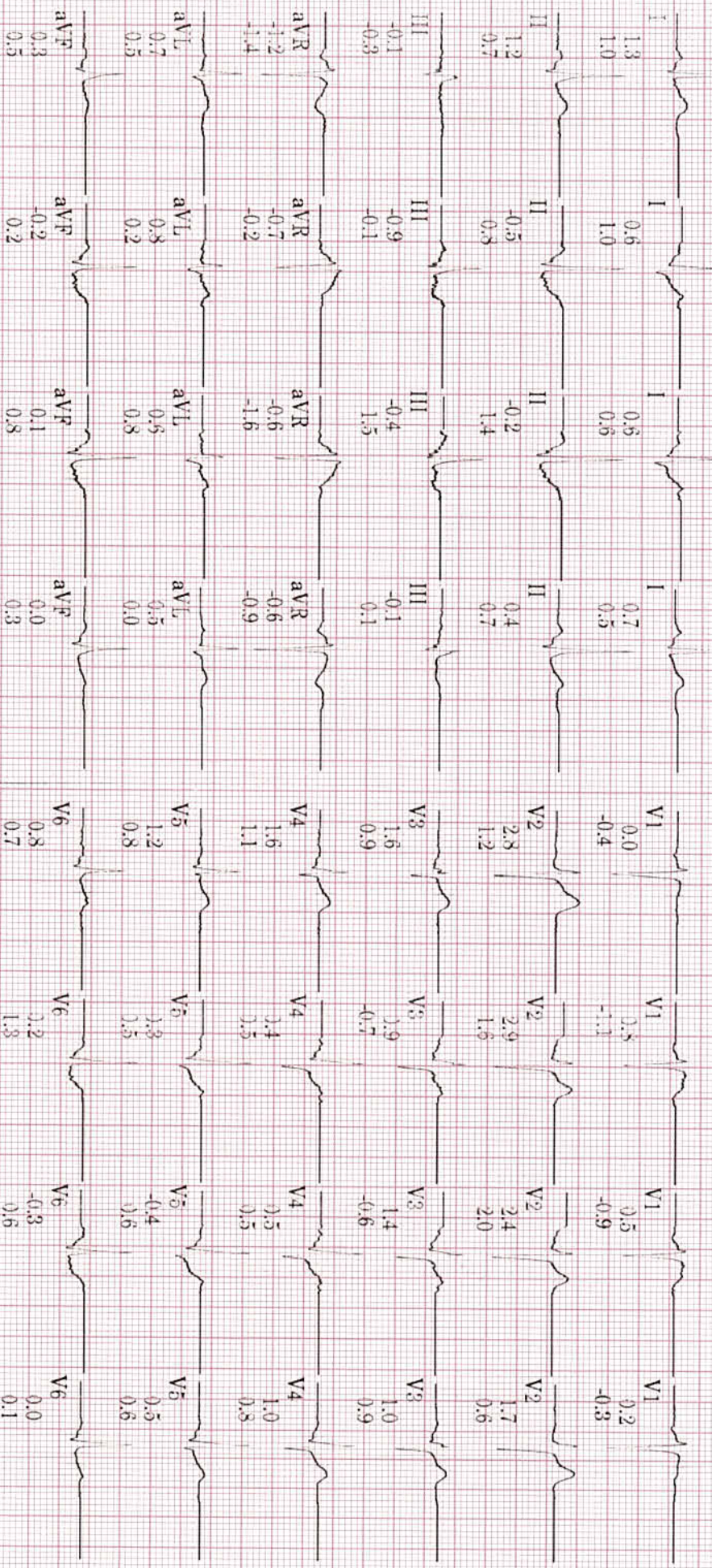
BRUC3
Total Exercise time: 8:05

Max HR: 165bpm 89% of max predicted 185bpm
Max BP: 150/90
Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

Reason for Termination:
Comments: GODD EXERCISE EFFORT TOLERANCE
NORAML BP AND RESPONSE
NO ANGINA NO ARRHYTHMIAS
NO SIGNIFICANT ST T CHANGES
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 109bpm BP: 130/80	7:53 165bpm	8:05 165bpm BP: 140/90	8:14 108bpm BP: 150/90	0:00 109bpm BP: 130/80	7:53 165bpm	8:05 165bpm BP: 140/90	8:14 108bpm BP: 150/90



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI
Unconfirmed

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

GRADED EXERCISE SUMMARY

GAURAV
ID: 000309250

9-Mar-2024
12:23:10

35years
167cm

72kg

Male

Total Exercise time: 8:05

BRUCE
Max HR: 165bpm 89% of max predicted 185bpm
Max BP: 150/90
Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100Hz

Referred by: ACRCOFEMI

Reason for Termination: Patient fatigue
Comments: GODD EXERCISE EFFORT TOLERANCE
NORAML BP AND RESPONSE
NO ANGINA NO ARRHYMIAS
NO SIGNIFICANT S T T CHANGES
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

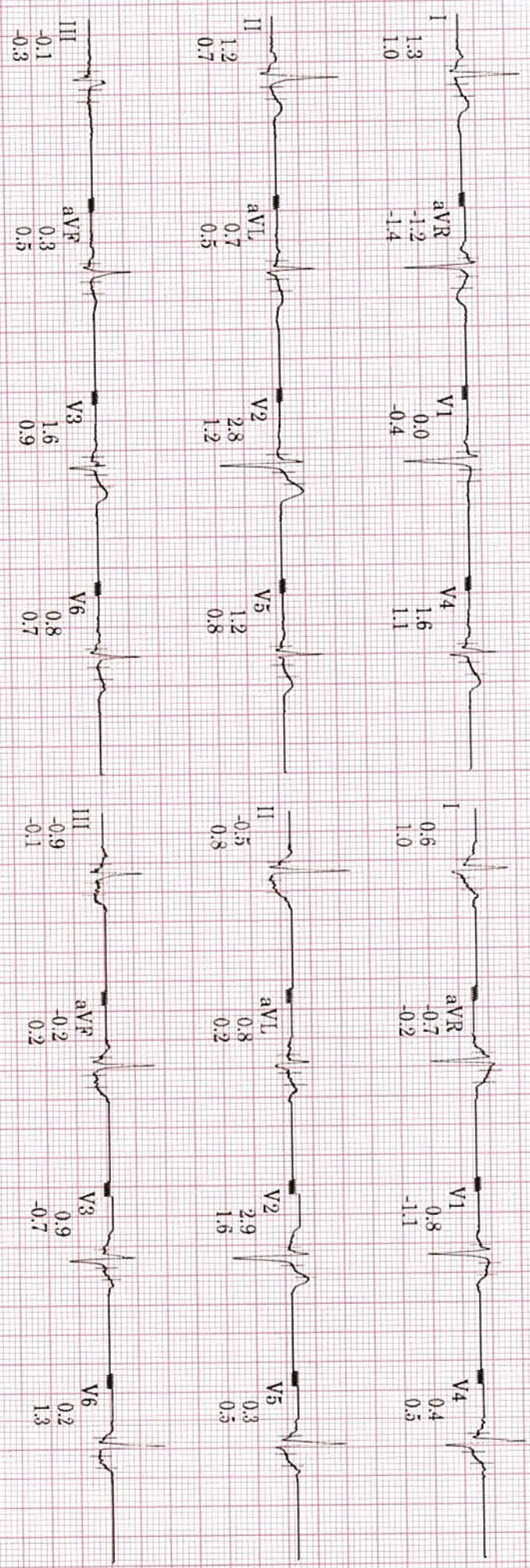
BASELINE
EXERCISE STAGE 1
1.1METS
109bpm
BP: 130/80
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

MAX ST
EXERCISE STAGE 3
7:53
9.9METS
165bpm

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

TABULAR SUMMARY REPORT

GALURAV
ID: 000309250

9-Mar-2024
12:23:10

35years
167cm
72kg

Male

Referred by: ACRCOFEMI

BRUCE
Total Exercise time: 8:05
Max HR: 165bpm 89% of max predicted 185bpm
Max BP: 150/90 Maximum workload: 10.1METS
Reason for Termination: Patient fatigue
Comments: GODD EXERCISE EFFORT TOLERANCE
NORAML BP AND RESPONSE
NO ANGINA NO ARRHYTHMIAS
NO SIGNIFICANT S T T CHANGES
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:37	**x	**x	1.0	100	130/80	130
	STANDING	0:15	**x	**x	1.0	102	130/80	133
	HYPERVENT	0:13	1.5	0.0	1.1	109	130/80	142
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	132		
	STAGE 2	3:00	2.5	12.0	7.0	147		
	STAGE 3	2:05	3.4	14.0	10.1	165	140/90	231
RECOVERY	Post	3:14	**x	**x	1.0	108	150/90	162

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI Unconfirmed

MAC55 009C

Customer Pending Tests
done tmt instead of echo

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Gaurav Gupta on 9/03/24

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. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 09-03-2024
MR NO : CMAR.0000309250

Department : GENERAL
Doctor :

Name : Mr. Gaurav Gupta

Registration No :

Age/ Gender : 35 Y / Male

Qualification :

Consultation Timing: 09:16

Height : 167cm	Weight : 72kg	BMI :	Waist Circum :
Temp :	Pulse : 100bpm	Resp :	B.P : 130/62mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

PTB LNS

B/c P.A.C. 1st @ . eye @

now : LNS @

new : @

(Signature)

Follow up date:

Doctor Signature

09.03.2024 11:41:38
APOLLO MEDICAL CENTRE
KUNDALAHALLI
BANGALORE

Room:

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

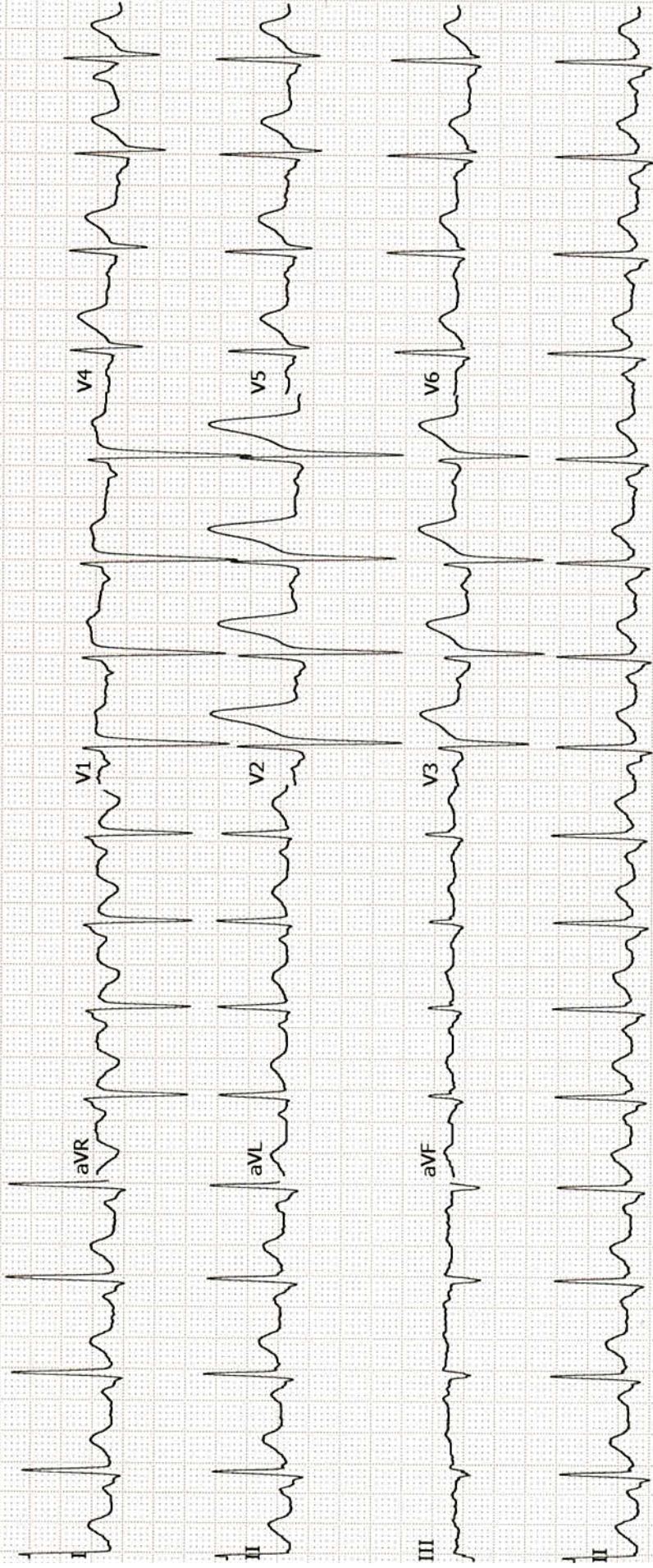
100 bpm
--- / --- mmHg

Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG

QRS : 88 ms
QT / QTcBaz : 348 / 448 ms
PR : 136 ms
P : 100 ms
RR / PP : 602 / 600 ms
P / QRS / T : 31 / 20 / 30 degrees



Patient Name : Mr. Gaurav Gupta

Age/Gender : 35 Y/M

UHID/MR No. : CMAR.0000309250

OP Visit No : CMAROPV784626

Sample Collected on :

Reported on : 09-03-2024 18:02

LRN# : RAD2261550

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8756384001

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

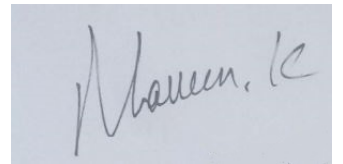
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Gaurav Gupta	Age/Gender	: 35 Y/M
UHID/MR No.	: CMAR.0000309250	OP Visit No	: CMAROPV784626
Sample Collected on	:	Reported on	: 09-03-2024 12:26
LRN#	: RAD2261550	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8756384001		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Gall bladder distended and shows few calculi, largest measuring 7.3mm. No obvious wall thickening. No obvious peri GB collection/fat stranding appreciated.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 11.9cm and parenchymal thickness measures 1.8cm.

Left kidney measures 12.4cm and parenchymal thickness measures 1.7cm.

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

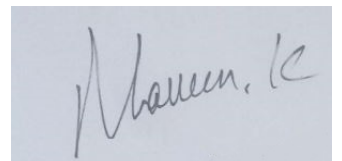
IMPRESSION:

CHOLELITHIASIS WITH NO EVIDENCE OF CHOLECYSTITIS.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist.
4. Printing mistakes should immediately be brought to notice for correction.
5. This is USG Abdomen screening.



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology



भारत सरकार

Government of India



Issue Date: 20/02/2012



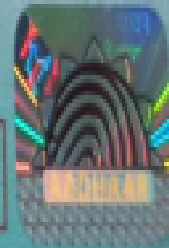
Gaurav Gupta

DOB : 20/05/1988

Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



9072 2422 2283

मेरा आधार, मेरी पहचान