

Patient Name : Mr.RANGAIAH N	Collected : 22/Mar/2024 09:07AM
Age/Gender : 37 Y 9 M 7 D/M	Received : 22/Mar/2024 12:42PM
UHID/MR No : CJPN.0000026377	Reported : 22/Mar/2024 03:16PM
Visit ID : CJPNOPV191537	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15785	

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	15.2	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.5	fL	83-101	Calculated
MCH	33.1	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,480	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	57.4	%	40-80	Electrical Impedance
LYMPHOCYTES	29.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.4	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4293.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2221.56	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	254.32	Cells/cu.mm	20-500	Calculated
MONOCYTES	643.28	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.32	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.93		0.78- 3.53	Calculated
PLATELET COUNT	292000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic



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M.B.B.S.,M.D(Pathology)
Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No:BED240077502

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

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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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)

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DEPARTMENT OF HAEMATOLOGY

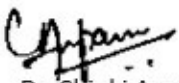
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

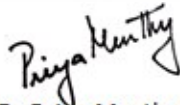
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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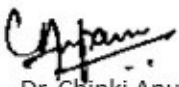
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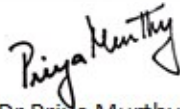
DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mr.RANGAIAH N	Collected : 22/Mar/2024 12:09PM
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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	95	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)	108	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.



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CONSULTANT BIOCHEMIST

SIN No:PLP1435059

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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

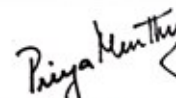
Comment:

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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 Consultant Pathologist



SIN No:EDT240035363

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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHO-POD
TRIGLYCERIDES	105	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	120.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.08		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

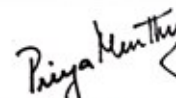
Comment:

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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 M.B.B.S.,M.D(Pathology)
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SIN No:SE04670583

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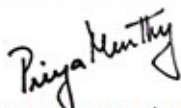

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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility 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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Consultant Pathologist



SIN No:SE04670583

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.65	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	2.11		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:

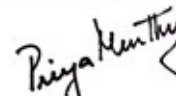
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.


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



SIN No:SE04670583

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 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)

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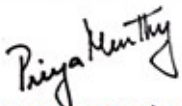

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Patient Name : Mr.RANGAIAH N	Collected : 22/Mar/2024 09:07AM
Age/Gender : 37 Y 9 M 7 D/M	Received : 22/Mar/2024 12:57PM
UHID/MR No : CJPN.0000026377	Reported : 22/Mar/2024 04:14PM
Visit ID : CJPNOPV191537	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE15785	

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	0.75	mg/dL	0.67-1.17	Jaffe's, Method
UREA	19.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.86	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.49	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.06	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.27	g/dL	2.0-3.5	Calculated
A/G RATIO	2.11		0.9-2.0	Calculated



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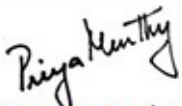
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DEPARTMENT OF BIOCHEMISTRY

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

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



Dr Priya Murthy
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Age/Gender : 37 Y 9 M 7 D/M	Received : 22/Mar/2024 01:19PM
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DEPARTMENT OF IMMUNOLOGY

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

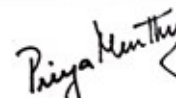
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.286	µIU/mL	0.34-5.60	CLIA

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


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



SIN No:SPL24051832

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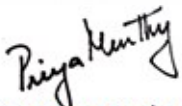
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Patient Name	: Mr.RANGAIAH N	Collected	: 22/Mar/2024 09:07AM
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DEPARTMENT OF IMMUNOLOGY

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



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
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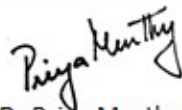
DEPARTMENT OF CLINICAL PATHOLOGY

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	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
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



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



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SIN No:UR2312161

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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)	NEGATIVE		NEGATIVE	Dipstick

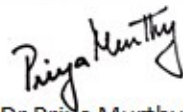
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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




SIN No:UF011248

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

Name : Mr. Rangaiah N Address : j p nagar Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	Age : 37 Y Sex : M	UHID :CJPN.0000026377  OP Number :CJPNOPV191537 Bill No :CJPN-OCR-70130 Date : 22.03.2024 08:55
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO (or) <i>1st</i>	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE(POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	EKG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) <i>12 pm</i>	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	
16	X-RAY CHEST PA	
17	ENT CONSULTATION	
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 <i>↓ consult</i>	
23	ULTRASOUND - WHOLE ABDOMEN	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

*Diabetes
Audiology
Physiotherapy*

*B.P - 121/78 mmHg
wt - 67-61 kg
ht - 158 cm
waist - 95 cm
hip - 98 cm
Range of motion*

PATIENT CASE SHEET

Name: Rangaiah Age: 35 Gender: M

Address: _____

UHID / Emp Id: _____

Ref. by Doctor

CHC

Treating Doctor

Dr. Sijo

Past Dental History: _____

Past Medical History: _____

Chief Complaint(s):

Regular dental check up

Investigation:

RVG

OPG

CBCT

Name - Rangiah
Age - 38 y/m

Date - 22/03/21

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

CV - Routine
Eye checkup

H/O DM - NO

H/O Eye Sx - NO

Umm
611 NG
610 NG

Enthesi

colour vision normal in BE

Follow up date:

After 6 months

Doctor Signature

Mr. Rangalah n
ID: cfpn26377

22.03.2024 12:03:50

Arrow CE

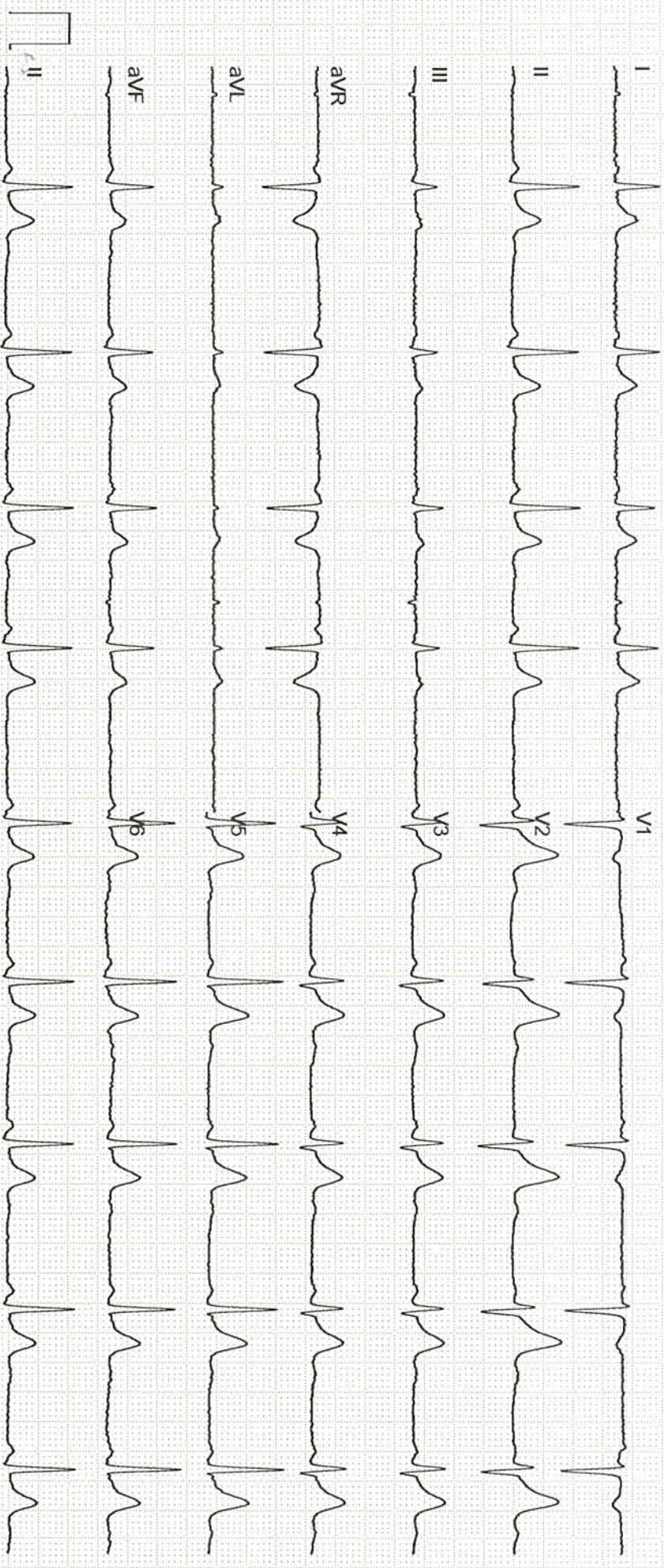
56 bpm
121 / 78 mmHg

158 cm Male
37 Years 67.0 kg

Apollo Clinic
J.P. Nagar
Bangalore

Sinus bradycardia with sinus arrhythmia
Otherwise normal ECG

QRS	82 ms
QT / QTcBaz	366 / 353 ms
PR	122 ms
P	82 ms
RR / PP	1076 / 1071 ms
P / QRS / T	55 / 54 / 50 degrees



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1

Unconfirmed

1/1

Exercise Test / 12-Lead Report

MR RANGAIAH N,
Patient ID: CJPN 26377
22.03.2024 Male 158 cm 67 kg
1:04:56pm 37 yrs Asian

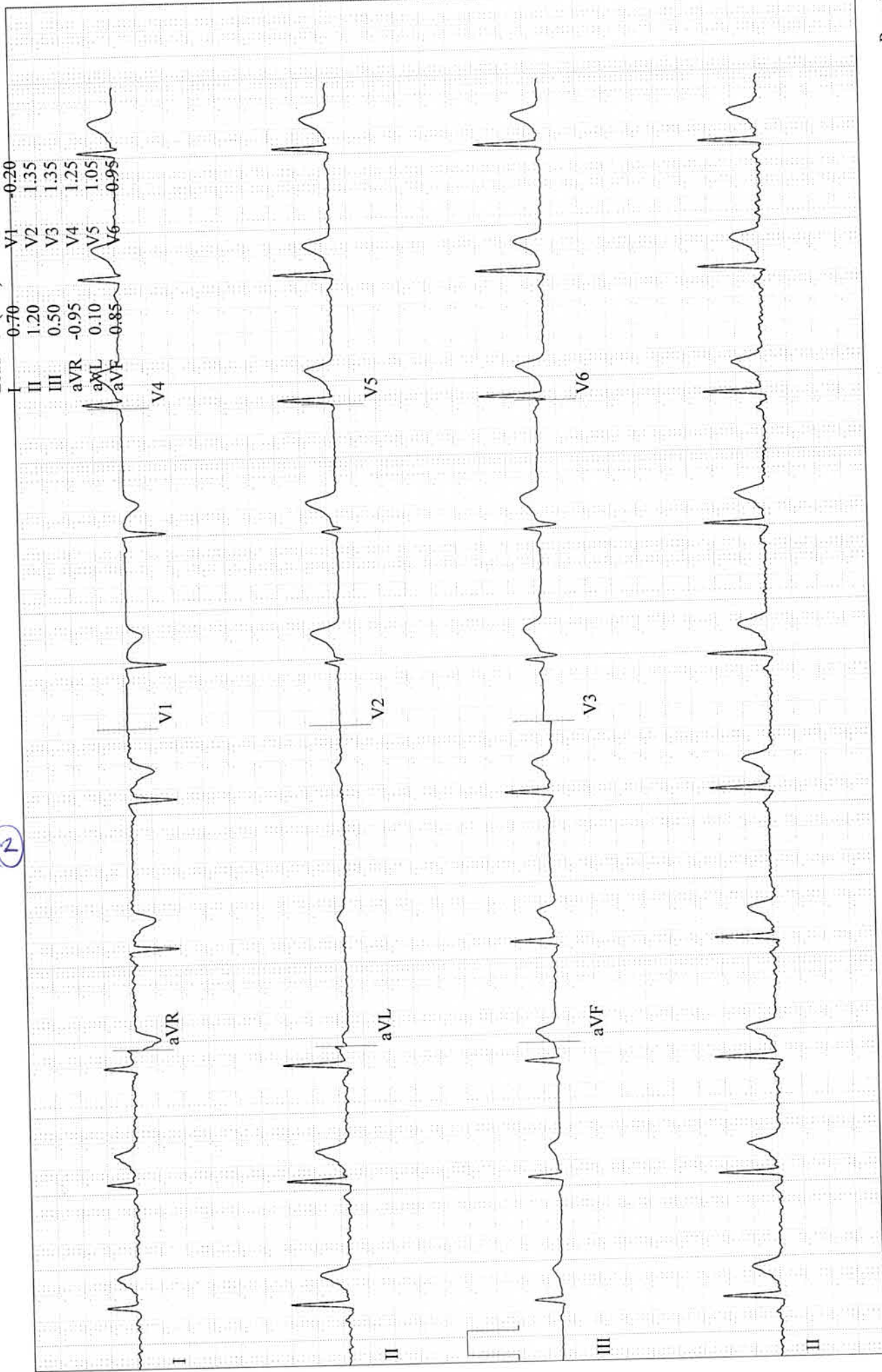
BRUCE
0.0 km/h
0.0 % Measured at 60 ms Post J (10mm/mV)

PRETEST
SUPINE
00:44

60 bpm
120/80 mmHg

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	-0.20
II	1.20	V2	1.35
III	0.50	V3	1.35
aVR	-0.95	V4	1.25
aVL	0.10	V5	1.05
aVF	-0.85	V6	-0.95



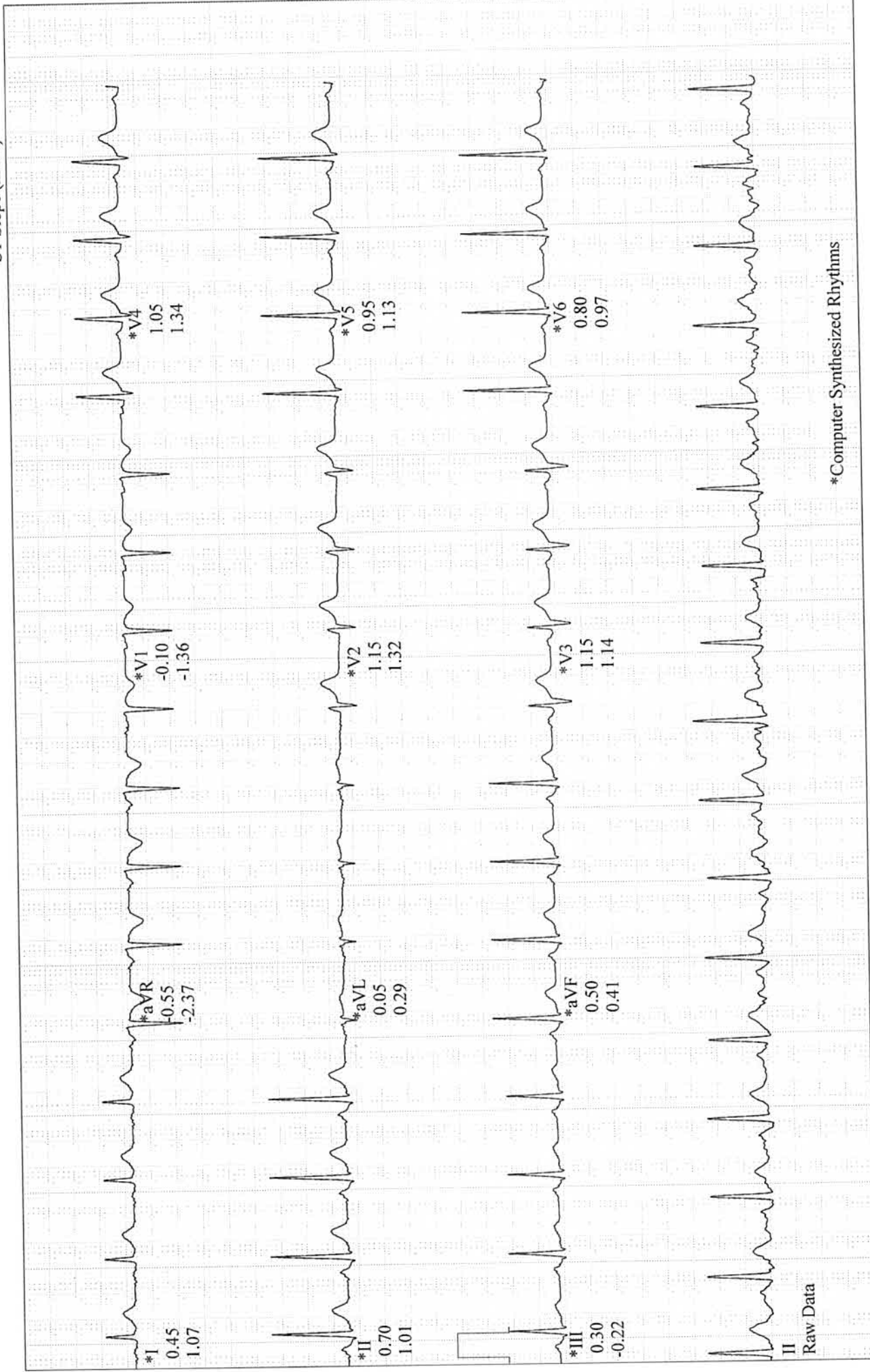
BRUCE
2.7 km/h
10.0 %

EXERCISE
STAGE 1
02:50

98 bpm
130/80 mmHg

MR RANGAIAH N,
Patient ID: CJPN 26377
22.03.2024 Male 158 cm 67 kg
1:08:04pm 37 yrs Asian

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



*Computer Synthesized Rhythms

II
Raw Data

MR RANGAIAHN, Patient ID: CJPN 26377, 22.03.2024, 1:11:04pm, Male, 158 cm, 67 kg, 37 yrs, Asian

Exercise Test / Linked Medians

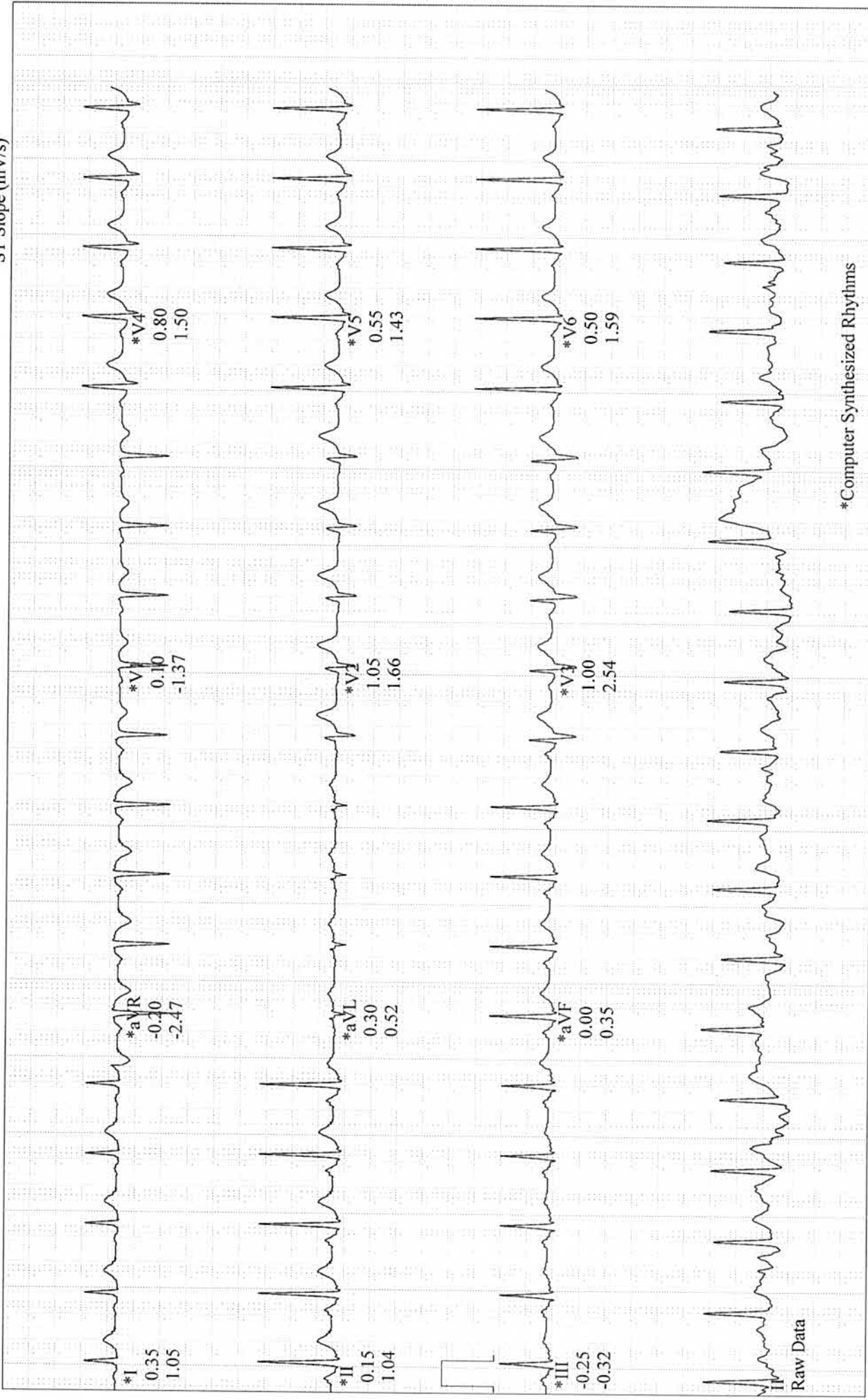
BRUCE 4.0 km/h 12.0 %

EXERCISE STAGE 2 05:50

112 bpm 120/80 mmHg

APOLLO CLINIC

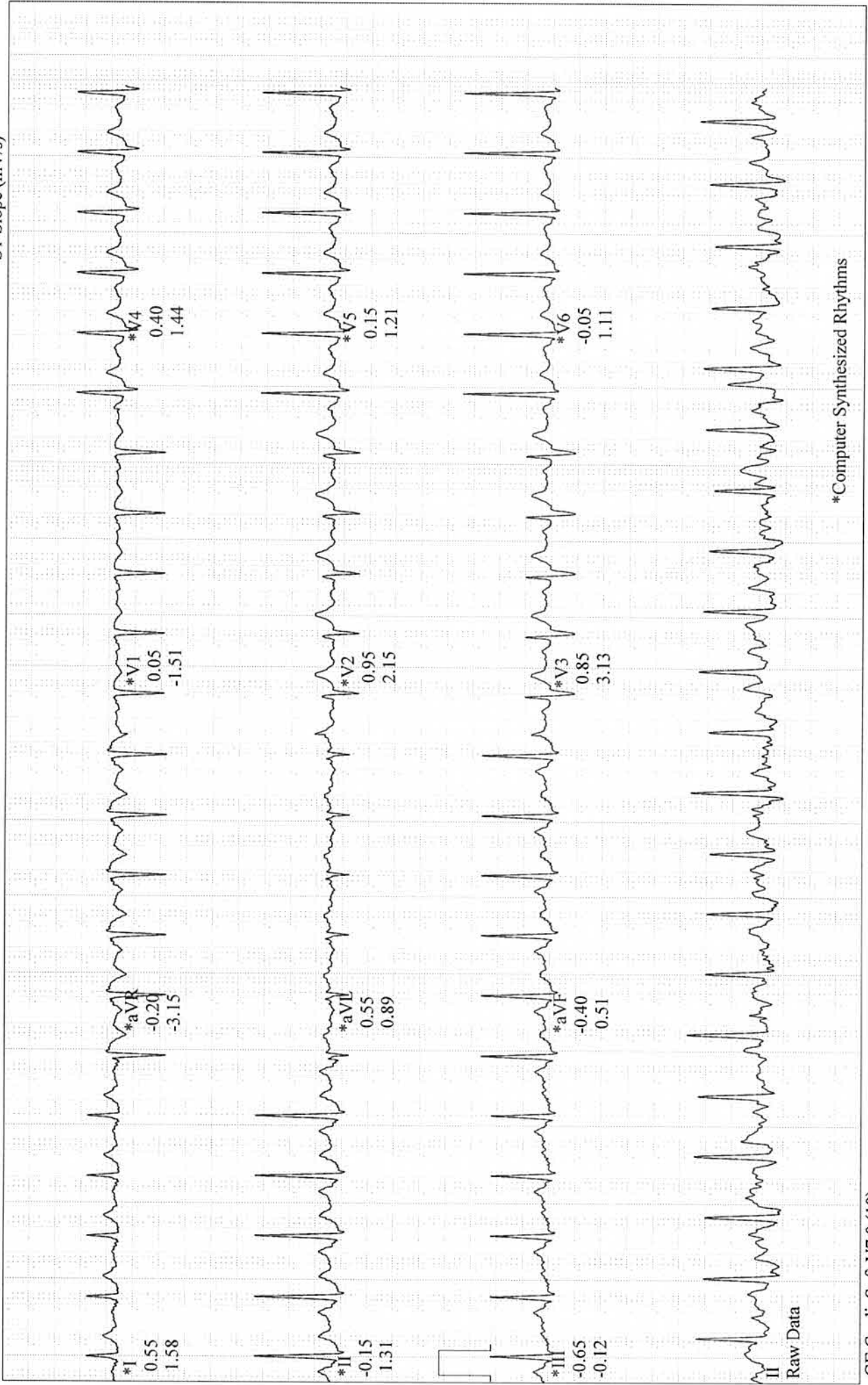
Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

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



Exercise Test / Linked Medians (PEAK EXERCISE)

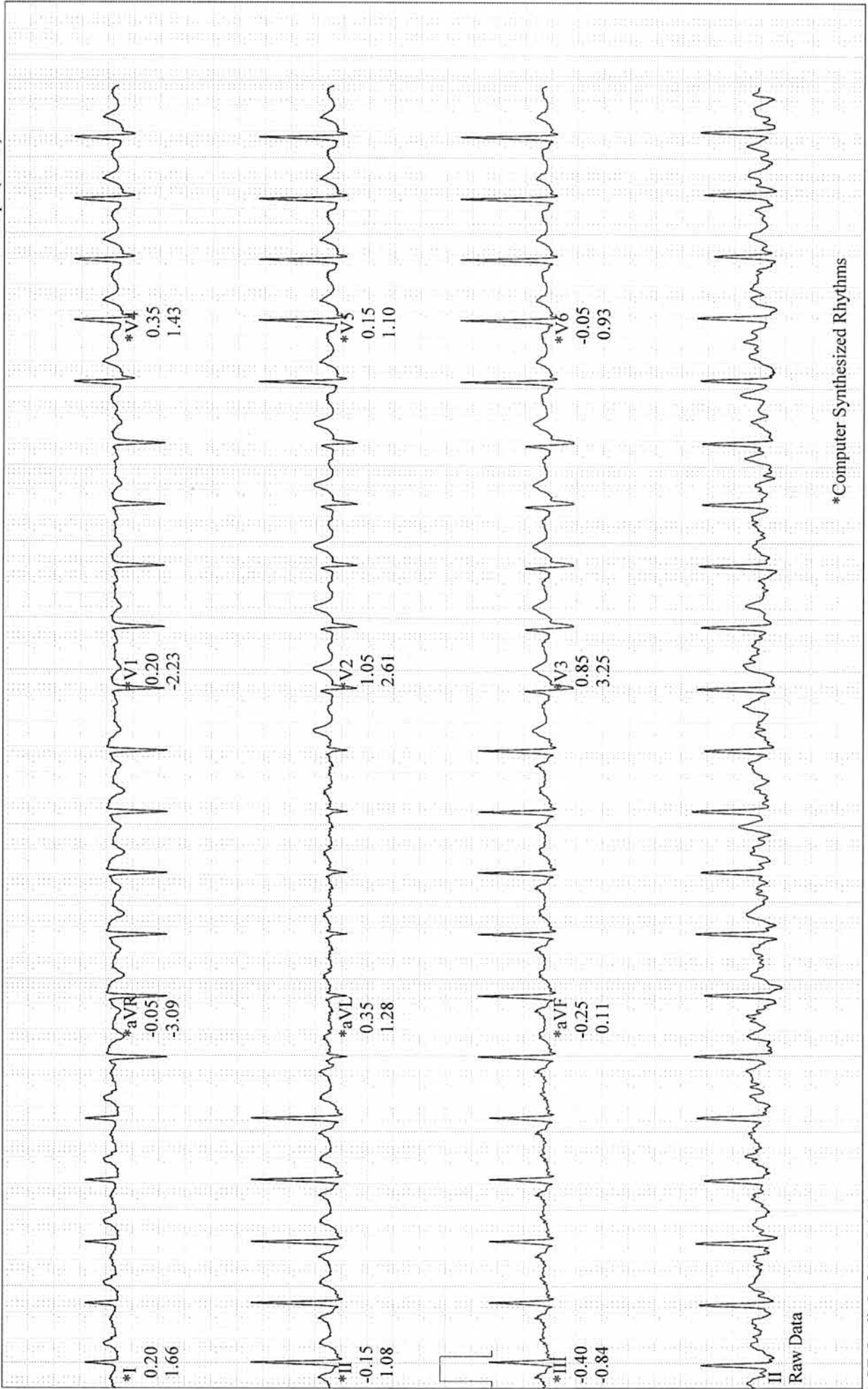
BRUCE
5.4 km/h
14.0 %

EXERCISE
STAGE 4
09:01

127 bpm
130/80 mmHg

MR RANGAIAH N,
Patient ID: CJPN 26377
22.03.2024 Male 158 cm 67 kg
1:14:15pm 37 yrs Asian

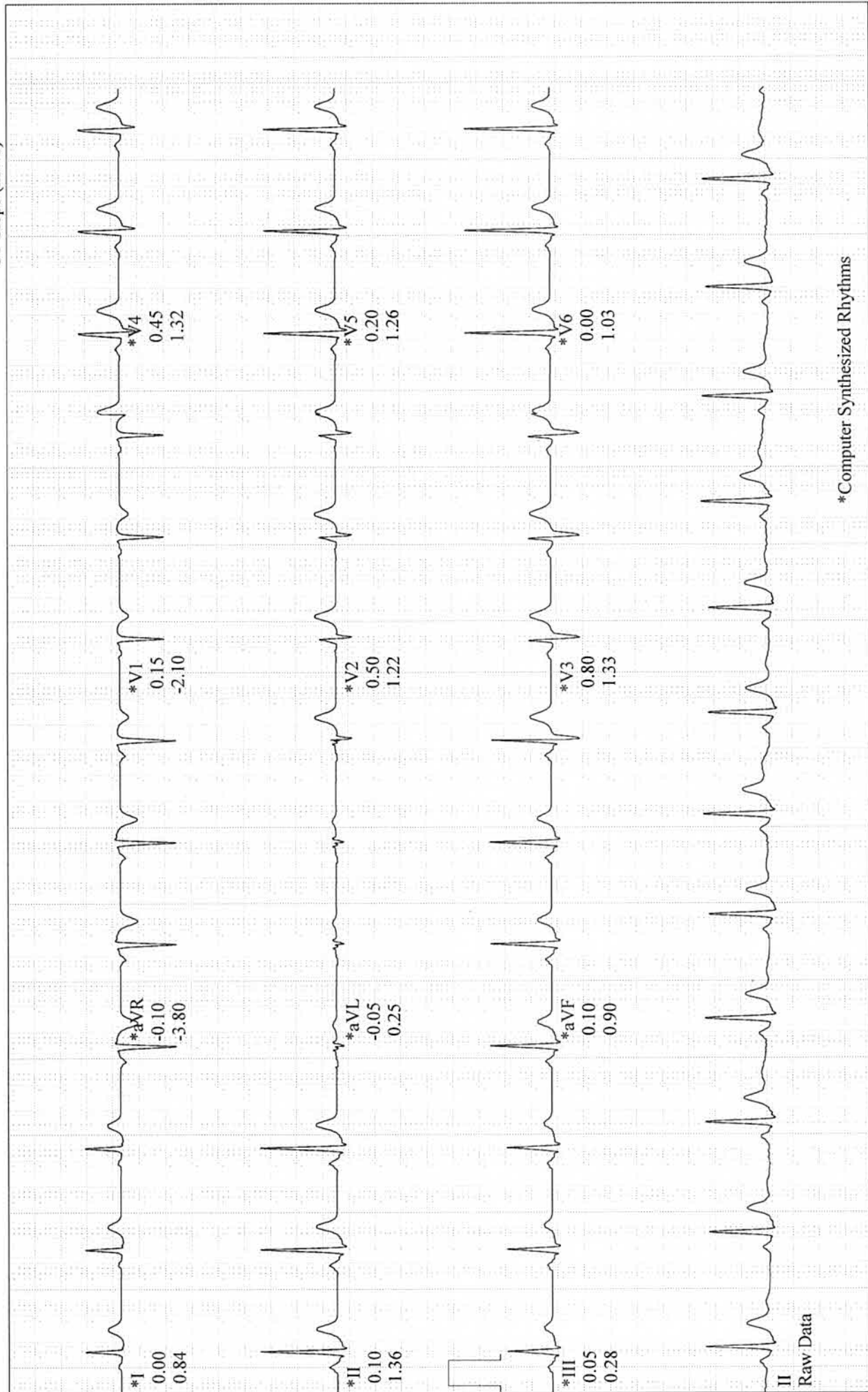
Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

MR RANGAIAH N,
Patient ID: CJPN 26377
22.03.2024 Male 158 cm 67 kg
1:15:15pm 37 yrs Asian

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



*Computer Synthesized Rhythms

II
Raw Data

MR RANGAIAH N,

Patient ID: CJPN 26377

22.03.2024 Male 158 cm 67 kg

1:04:06pm 37 yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:01
 Max HR: 133 bpm 72 % of max predicted 183 bpm HR at rest: 63
 Max BP: 130/80 mmHg BP at rest: 120/80 Max RPP: 17290 mmHg*bpm
 Maximum Workload: 10.00 METS

Max. ST: -0.65 mm, -0.44 mV/s in III; EXERCISE STAGE 3 8:30

Arrhythmia: A:20, PVC:1, PSVC:2

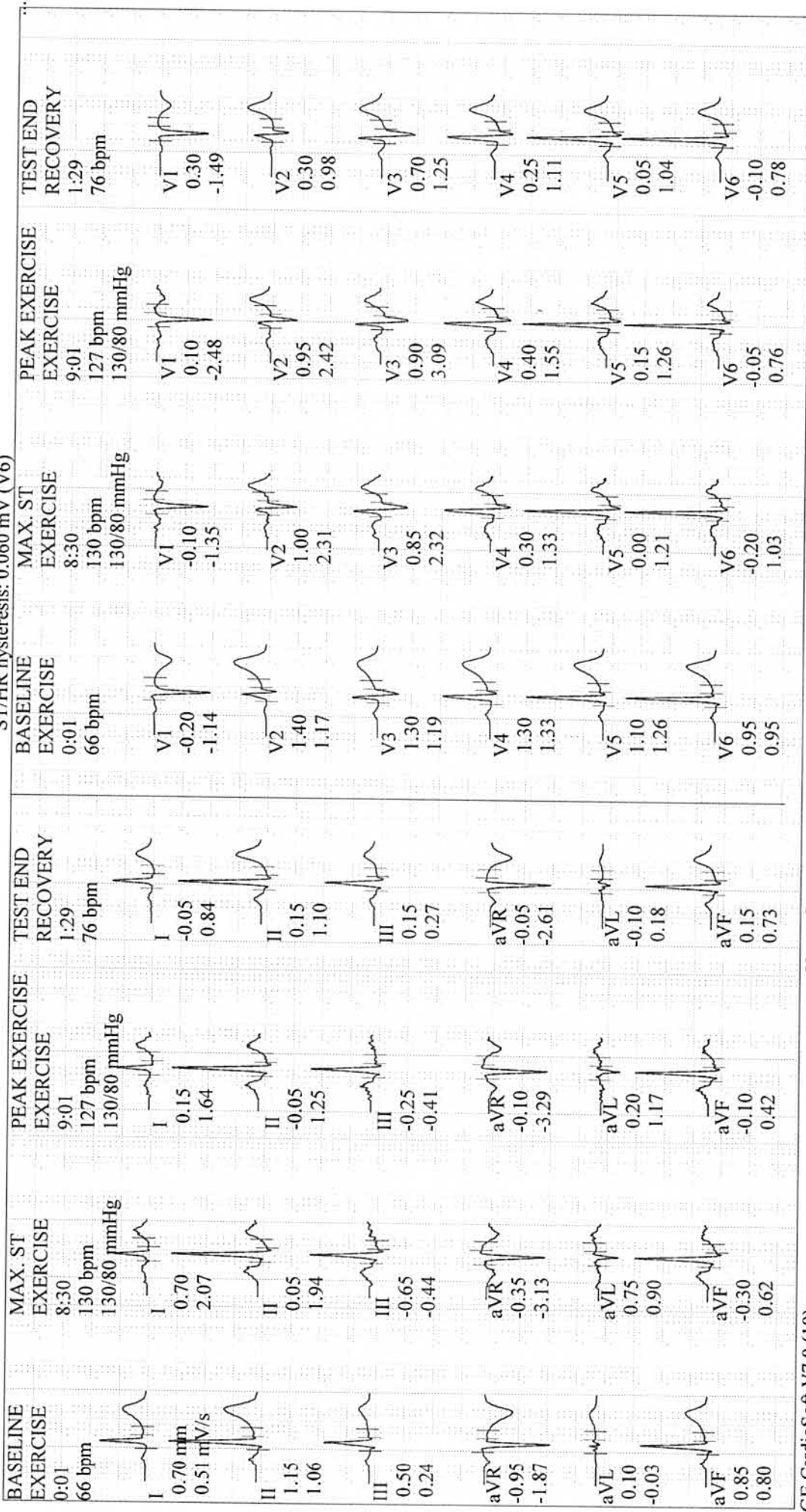
ST/HR index: 0.40 μ V/bpm

HR reserve used: 52 %

HR recovery: 50 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.060 mV (V6)



Exercise Test / Selected Medians Report

MR RANGAIAH N,
Patient ID: CJPN 26377
22.03.2024
1:04:06pm
Male 158 cm 67 kg
37 yrs Asian
Meds:

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

BRUCE: Exercise Time 09:01
Max HR: 133 bpm 72 % of max predicted 183 bpm HR at rest: 63
Max BP: 130/80 mmHg BP at rest: 120/80 Max RPP: 17290 mmHg*bpm
Maximum Workload: 10.00 METS
Max. ST: -0.65 mm, -0.44 mV/s in III; EXERCISE STAGE 3 8:30
Arrhythmia: A:20, PVC:1, PSVC:2
ST/HR index: 0.40 μ V/bpm
HR reserve used: 52 %
HR recovery: 50 bpm
VE recovery: 0 VE/min
ST/HR hysteresis: 0.060 mV (V6)
QRS duration: BASELINE: 86 ms, PEAK EX: 90 ms, REC: 92 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. Rangaiah N	Age/Gender	: 37 Y/M
UHID/MR No.	: CJP.N.0000026377	OP Visit No	: CJPNOPV191537
Sample Collected on	:	Reported on	: 22-03-2024 14:44
LRN#	: RAD2276247	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE15785		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

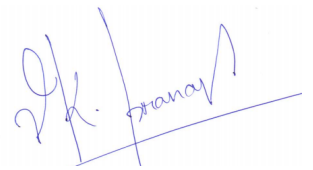
Both costophrenic and cardiophrenic angles are clear .

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

Patient Name	: Mr. Rangaiah N	Age/Gender	: 37 Y/M
UHID/MR No.	: CJPN.0000026377	OP Visit No	: CJPNOPV191537
Sample Collected on	:	Reported on	: 22-03-2024 11:51
LRN#	: RAD2276247	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE15785		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : Normal in size (12.5cm) and echotexture. No focal lesion seen.

No intra hepatic biliary / venous radicular dilation.

CBD and Main Portal vein appear normal.

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

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

PANCREAS : Appeared normal to the visualized extent.

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

Right kidney measures:9.4 x 1.6 cm.

Left kidney measures :9.2 x 1.5 cm.

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

PROSTATE: Normal in size and echotexture.

Volume-15 cc.

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

IMPRESSION : NORMAL STUDY .

Please Note :No preparation done before scanning.

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

Patient Name : Mr. Rangaiah N

Age/Gender : 37 Y/M



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