

Patient Name	: Mr.SACHIN VERMA	Collected	: 10/Aug/2024 10:30AM
Age/Gender	: 41 Y 7 M 23 D/M	Received	: 10/Aug/2024 02:10PM
UHID/MR No	: CPIM.0000111911	Reported	: 10/Aug/2024 02:44PM
Visit ID	: CAUNOPV175243	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7339		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.


Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:BED240208902

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.8	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.19	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.4	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,520	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.6	%	40-80	Electrical Impedence
LYMPHOCYTES	22	%	20-40	Electrical Impedence
EOSINOPHILS	2.1	%	1-6	Electrical Impedence
MONOCYTES	7.2	%	2-10	Electrical Impedence
BASOPHILS	0.1	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4472.72	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1434.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136.92	Cells/cu.mm	20-500	Calculated
MONOCYTES	469.44	Cells/cu.mm	200-1000	Calculated
BASOPHILS	6.52	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.12		0.78- 3.53	Calculated
PLATELET COUNT	330000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC's are Normocytic Normochromic

WBC's are normal in number and morphology



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MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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No hemoparasite seen.**


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DEPARTMENT OF HAEMATOLOGY

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

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



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

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Patient Name : Mr.SACHIN VERMA	Collected : 10/Aug/2024 10:30AM
Age/Gender : 41 Y 7 M 23 D/M	Received : 10/Aug/2024 02:09PM
UHID/MR No : CPIM.0000111911	Reported : 10/Aug/2024 05:03PM
Visit ID : CAUNOPV175243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	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:


- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	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
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Dr Sheha Shah
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SIN No:EDT240085512

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DEPARTMENT OF BIOCHEMISTRY

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA**

HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:EDT240085512

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Certificate No: MC-5697

Patient Name : Mr.SACHIN VERMA	Collected : 10/Aug/2024 10:30AM
Age/Gender : 41 Y 7 M 23 D/M	Received : 10/Aug/2024 04:48PM
UHID/MR No : CPIM.0000111911	Reported : 10/Aug/2024 07:20PM
Visit ID : CAUNOPV175243	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7339	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHO-POD
TRIGLYCERIDES	245	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	40	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	122	mg/dL	<130	Calculated
LDL CHOLESTEROL	72.81	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.05	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.02		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.42		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:SE04805648

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.87	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.21	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.66	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	30.86	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.8	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.7		<1.15	Calculated
ALKALINE PHOSPHATASE	56.42	U/L	30-120	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.


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 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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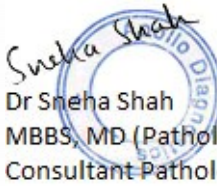
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.01	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	28.17	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.77	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.01	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.53	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.41	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.30	g/dL	6.6-8.3	Biuret
ALBUMIN	4.49	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.6		0.9-2.0	Calculated

Sheha Shah

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	14.61	U/L	<55	IFCC

Sheha Shah

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.75	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.792	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


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SIN No: SPL24130696

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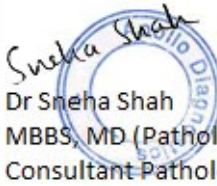
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DEPARTMENT OF IMMUNOLOGY

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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

Sheha Shah

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.360	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.017		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.


 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UR2402376

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr.SACHIN VERMA	Collected	: 10/Aug/2024 12:58PM
Age/Gender	: 41 Y 7 M 23 D/M	Received	: 10/Aug/2024 05:59PM
UHID/MR No	: CPIM.0000111911	Reported	: 10/Aug/2024 06:30PM
Visit ID	: CAUNOPV175243	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7339		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

Page 16 of 17



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UPP017838

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr.SACHIN VERMA	Collected	: 10/Aug/2024 10:30AM
Age/Gender	: 41 Y 7 M 23 D/M	Received	: 10/Aug/2024 01:54PM
UHID/MR No	: CPIM.0000111911	Reported	: 10/Aug/2024 02:21PM
Visit ID	: CAUNOPV175243	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E7339		

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Page 17 of 17

Sheha Shah

 Dr Sheha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:UF012039

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Date : 10-08-2024
MR NO : CPIM.0000111911
Name : Mr. SACHIN VERMA
Age/ Gender : 41 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 10:13

Height	174
Weight	84
BP	130/80
Pulse	80
Waist	100
Hip	106
BMI	
Consultation with Report	

Government of India

Issue Date : 08/02/2011



Sachin Verma
DOB : 18/12/1982
Male



आधार
9182 5806 8740

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



मेरा आधार, मेरी पहचान

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Sachin Verma on 10/08/2024

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. [Signature]
Medical Officer
Apollo Clinic - AUNDH
(Aundh, Pune)

MBBS
 Family Physician
 Reg. No. 2010065008/2024

This certificate is not meant for medico-legal purposes

SACHIN, VERMA

Exercise Test / Tabular Summary

APOLLO CLINIC AUNDH

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

3:02:34pm 41 yrs Indian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 09:02

Max HR: 146 bpm 81 % of max predicted 179 bpm HR at rest: 75

Max BP: 150/80 mmHg Max RPP: 20440 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.75 mm, 1.78 mV/s in V5; EXERCISE STAGE 3 8:30

ST/HR index: 0.79 μ V/bpm

HR reserve used: 66 %

HR recovery: 37 bpm

VE recovery: 0 VE/min

ST/HR hysteresis: 0.008 mV (III)

QRS duration: BASELINE: 86 ms, PEAK EX: 84 ms, REC: 84 ms

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VF [/min]	STLevel V5 [mm]	Comment
PRETEST	SUPINE	00:05	0.00	0.00	1.0	75			0	0.60	
	STANDING	00:04	0.00	0.00	1.0	74			0	0.65	
	HYPERV.	00:04	0.00	0.00	1.0	73			0	0.65	
	WARM-UP	00:21	1.00	0.00	1.2	96			0	0.70	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	113	120/80	13560	0	0.30	
	STAGE 2	03:00	2.50	12.00	7.0	131		15720	0	-0.30	
	STAGE 3	03:00	3.40	14.00	10.1	142	140/80	19880	0	-0.25	
	STAGE 4	00:03	4.10	14.40	10.1	144		20160	0	-0.25	
RECOVERY		01:11	0.00	0.00	1.0	103	140/80	14420	0	0.25	

stress test -ve

APOLLO CLINIC - AUNDH
Dr. PRIYANKA LADI
MBBS
Family Physician
Reg. No: 2019065008/2024

Patient ID: 111911

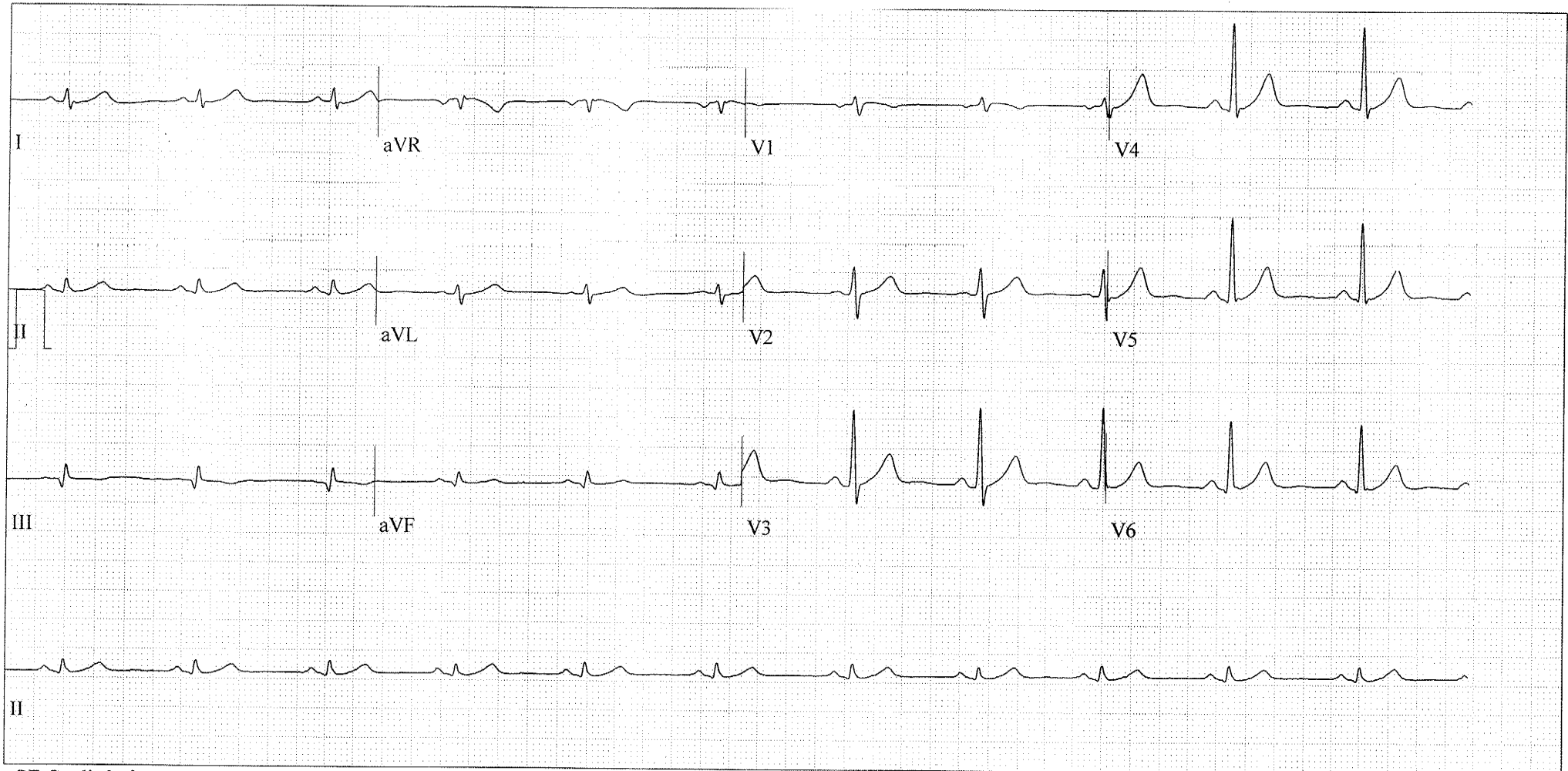
10.08.2024 Male 174 cm 84 kg

3:01:56pm 41 yrs Indian

Vent. Rate 68bpm
PR interval 140ms
QRS duration 78ms
QT/QTc 378/401ms
P-R-T axes 38/75/23°
P duration 110ms
RR interval 886ms

Normal sinus rhythm
Normal ECG

Technician
Medication:



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

PRETEST

BRUCE

10.08.2024 Male 174 cm 84 kg

SUPINE

0.0 mph

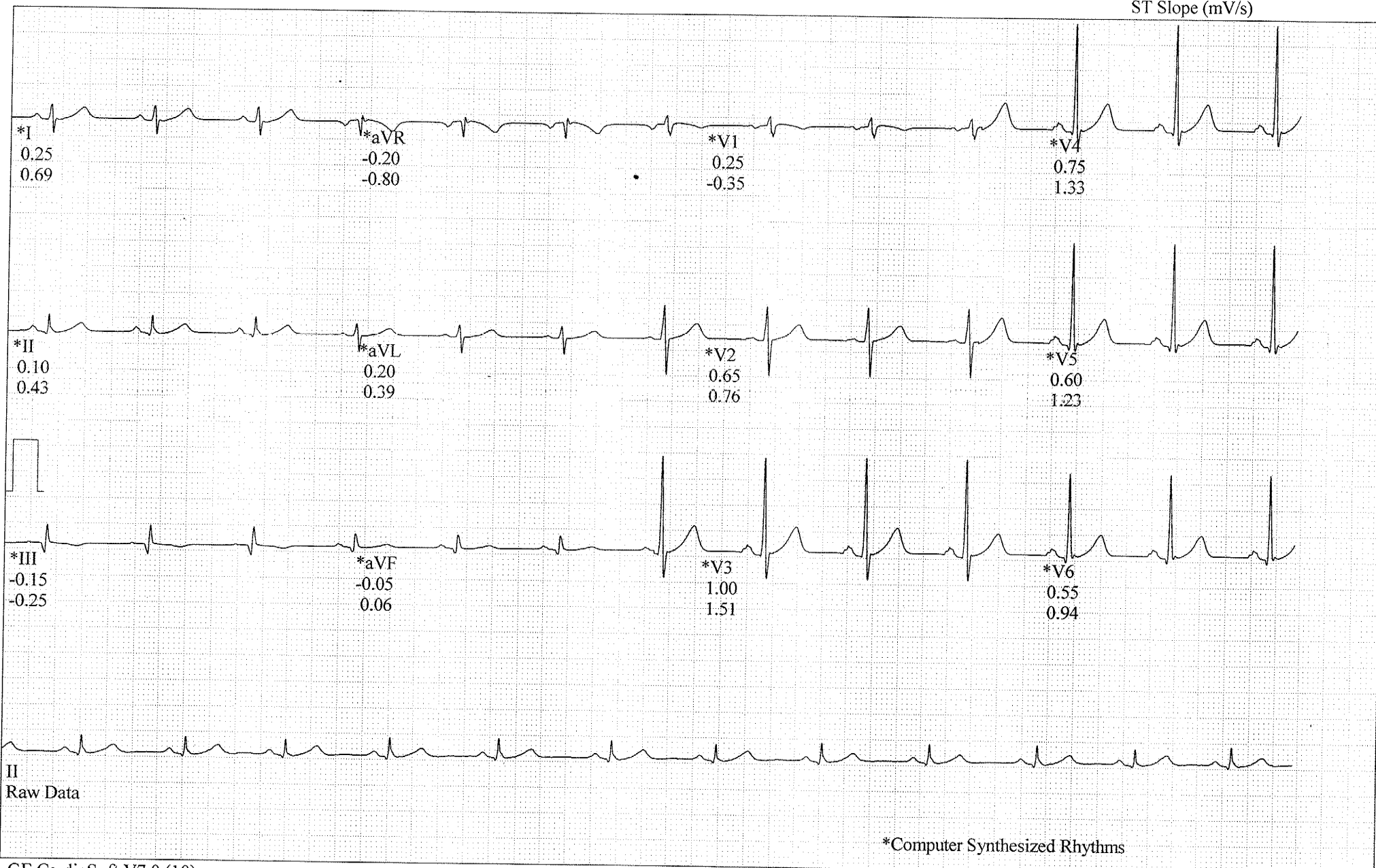
3:02:37pm 41 yrs Indian

75 bpm

00:02

0.0 %

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



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

75 bpm

PRETEST

BRUCE

3:02:41pm 41 yrs Indian

STANDING

0.0 mph

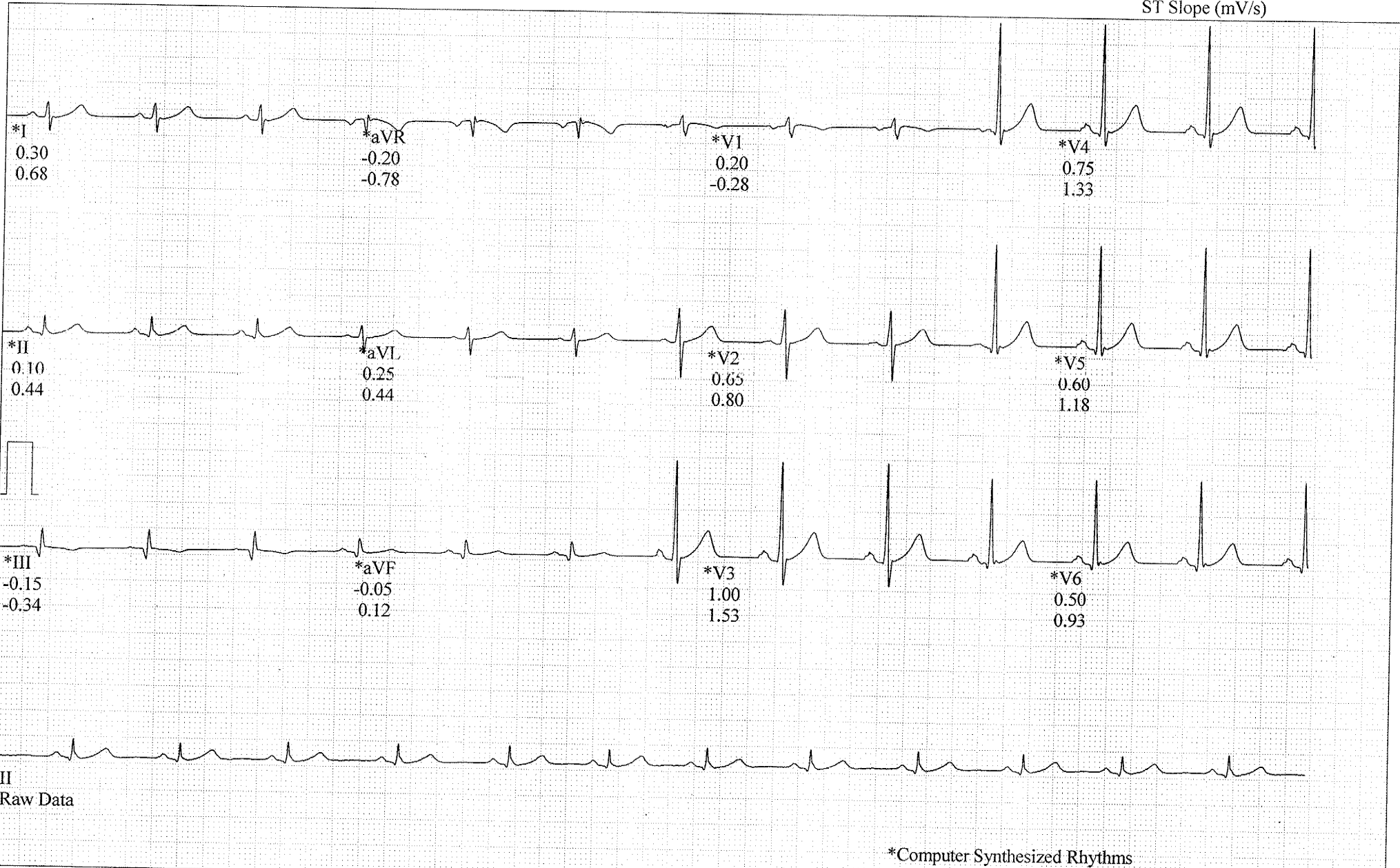
00:06

0.0 %

Lead

ST Level (mm)

ST Slope (mV/s)



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

73 bpm

PRETEST

BRUCE

3:02:44pm 41 yrs Indian

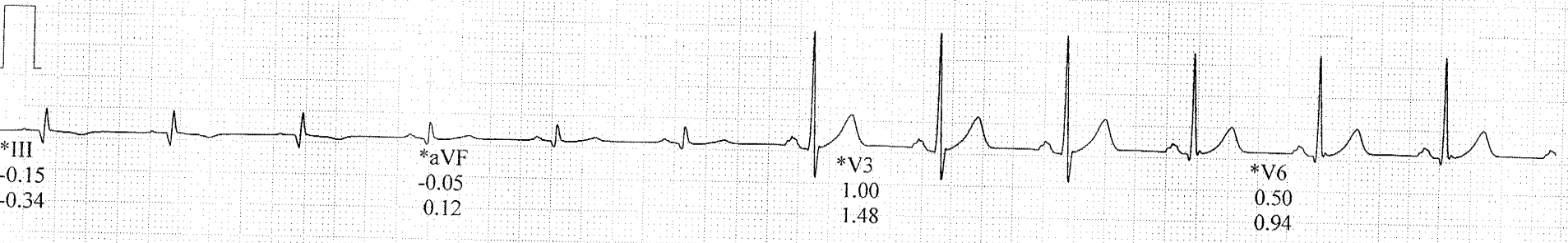
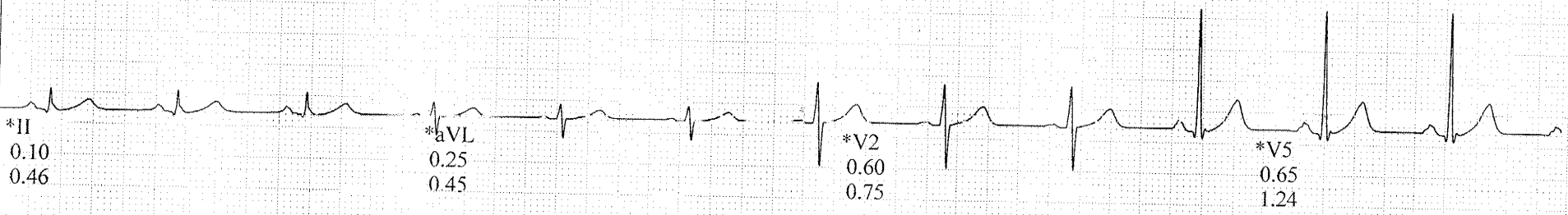
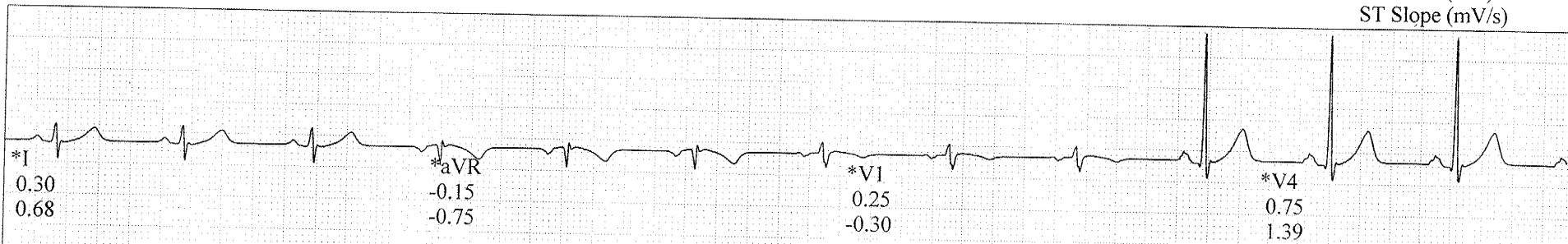
HYPERV.

0.0 mph

00:09

0.0 %

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



II
Raw Data

*Computer Synthesized Rhythms

SACHIN, VERMA

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

3:05:55pm 41 yrs Indian

Exercise Test / Linked Medians

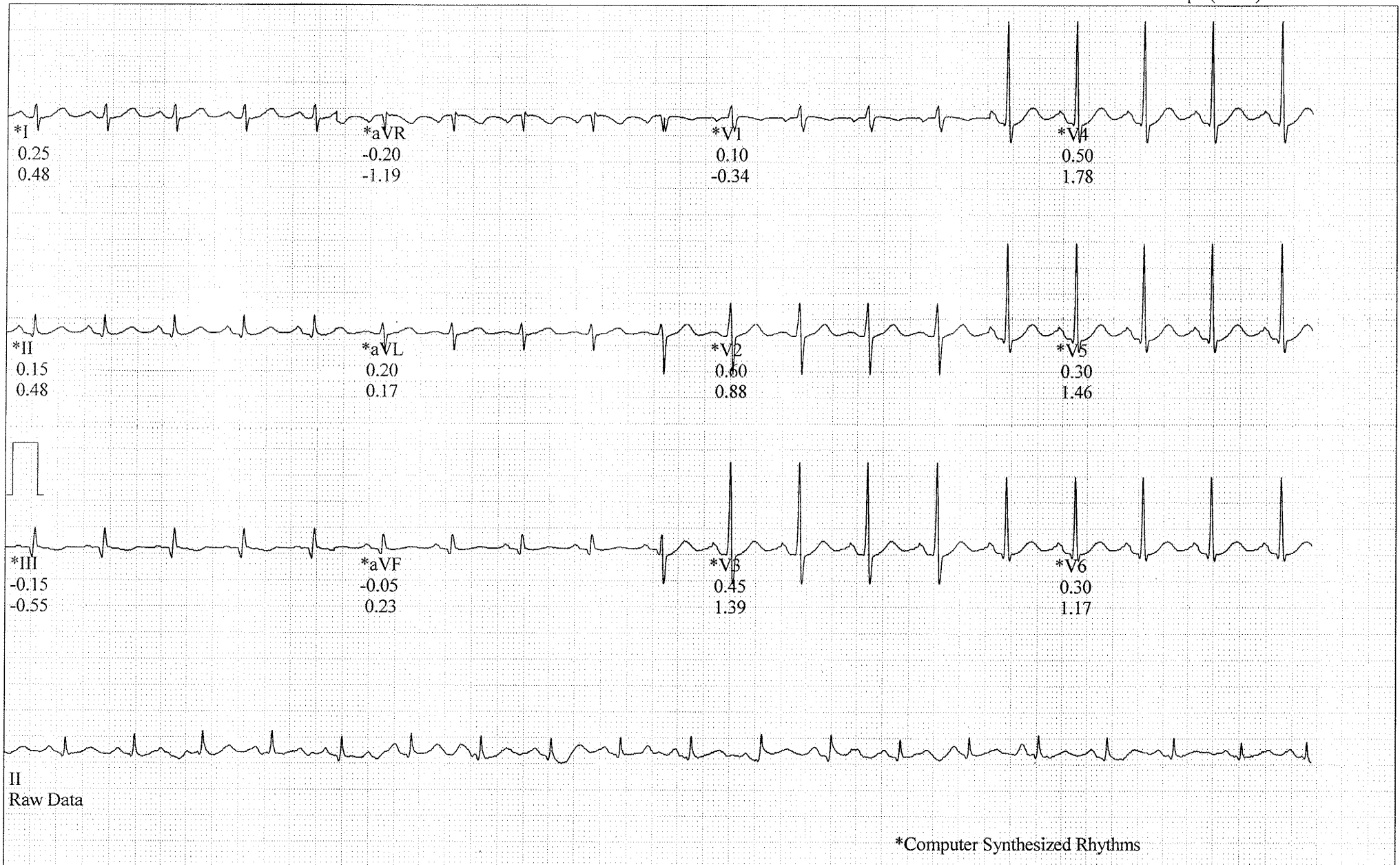
113 bpm
120/80 mmHg

EXERCISE
STAGE I
02:50

BRUCE
1.7 mph
10.0 %

APOLLO CLINIC AUNDH

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



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

131 bpm

EXERCISE

BRUCE

3:08:55pm

41 yrs Indian

STAGE 2

2.5 mph

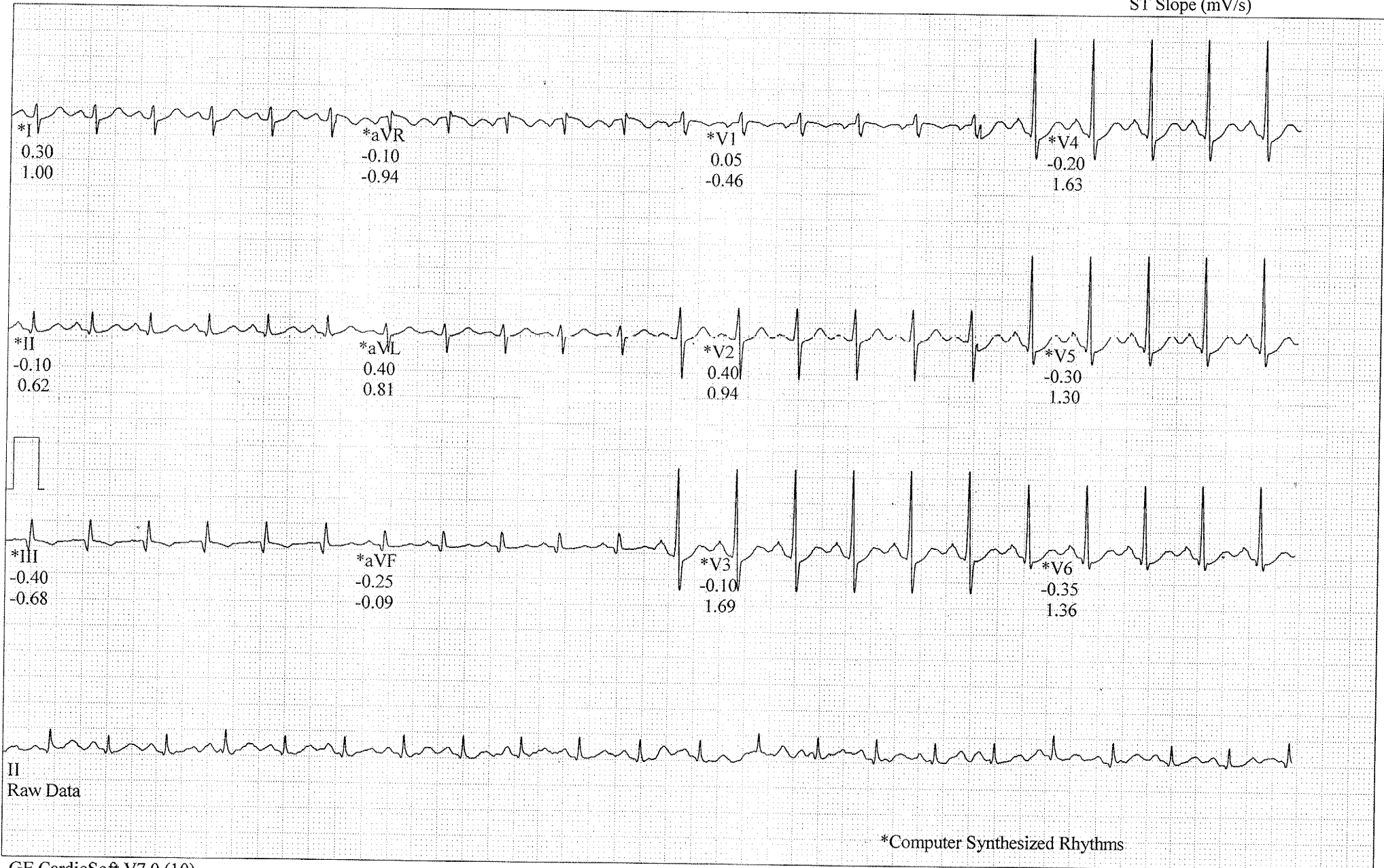
05:50

12.0 %

Lead

ST Level (mm)

ST Slope (mV/s)



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

10.08.2024 Male 174 cm 84 kg

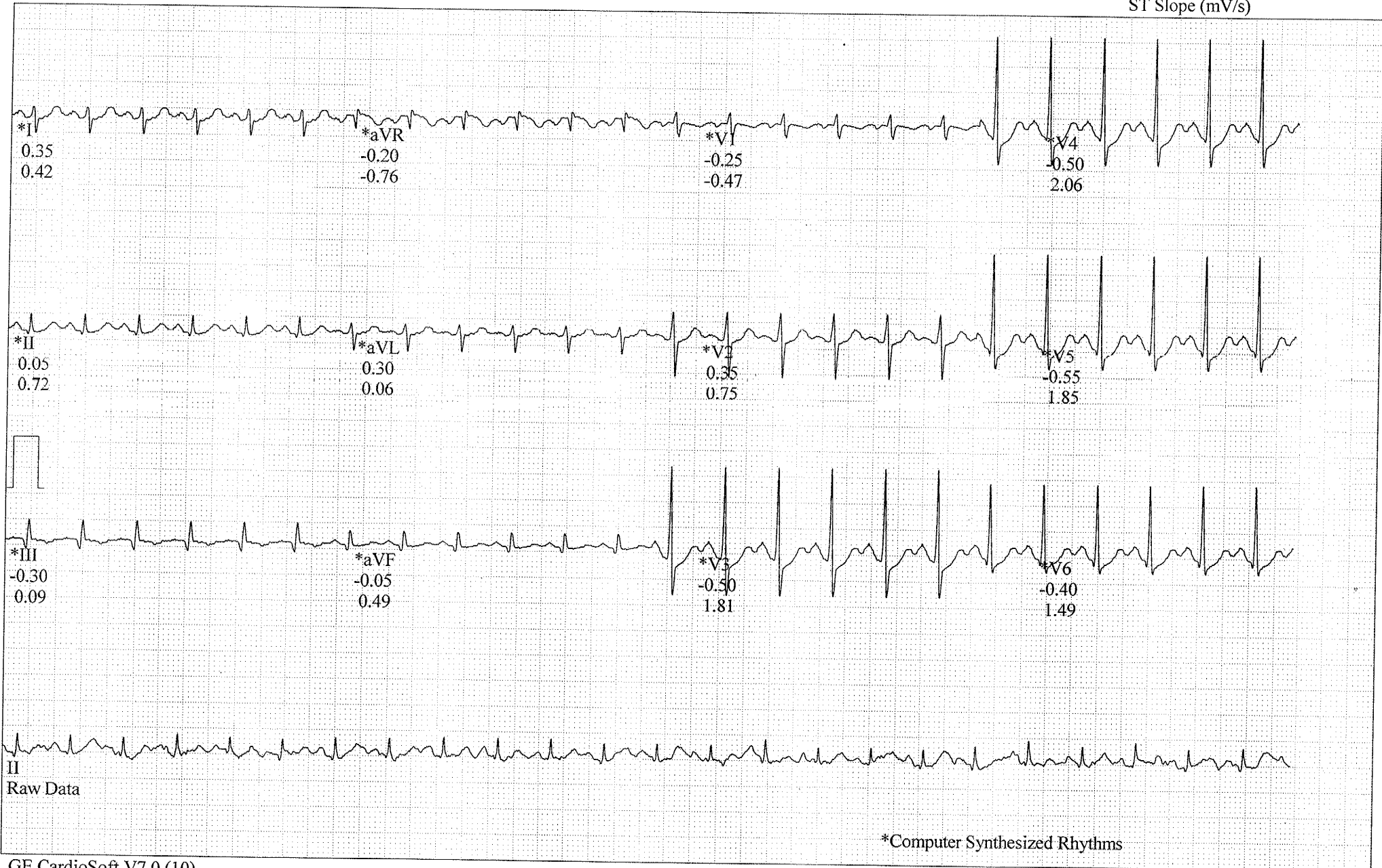
3:11:55pm 41 yrs Indian

144 bpm
140/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0 %

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



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 60 Hz 0.05Hz FRF+ HR(V3,V4)

Start of Test: 3:02:34pm

SACHIN, VERMA

Exercise Test / Linked Medians (PEAK EXERCISE)

APOLLO CLINIC AUNDH

Patient ID: 111911

EXERCISE

BRUCE

10.08.2024 Male 174 cm 84 kg

144 bpm

STAGE 4

4.1 mph

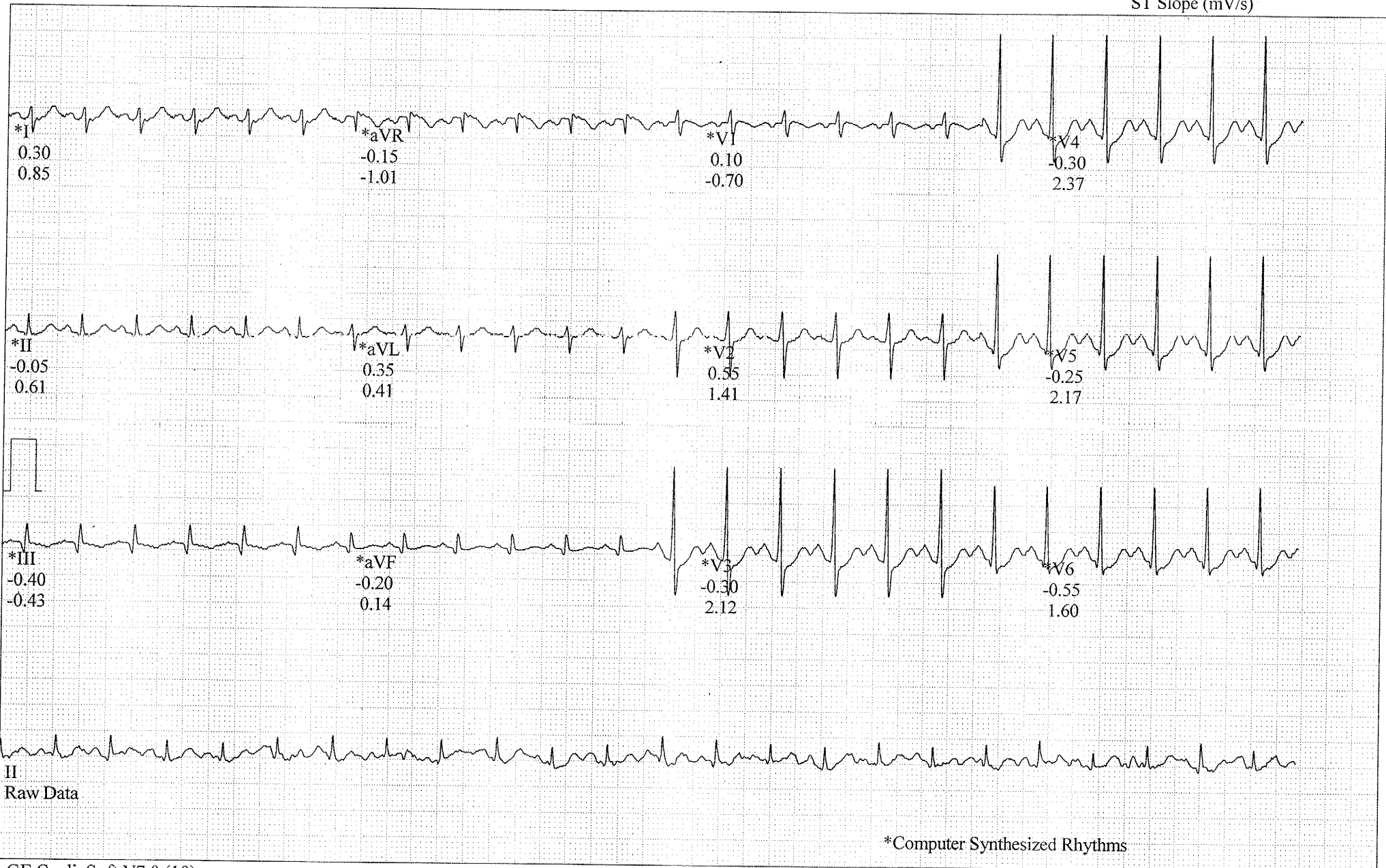
3:12:08pm 41 yrs Indian

140/80 mmHg

09:03

14.4 %

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



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

RECOVERY

BRUCE

10.08.2024 Male 174 cm 84 kg

113 bpm

#1

0.0 mph

3:12:57pm 41 yrs Indian

150/80 mmHg

00:50

0.0 %

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



SACHIN, VERMA

Exercise Test / Linked Medians

APOLLO CLINIC AUNDH

Patient ID: 111911

RECOVERY

BRUCE

10.08.2024 Male 174 cm 84 kg

105 bpm

#1

0.0 mph

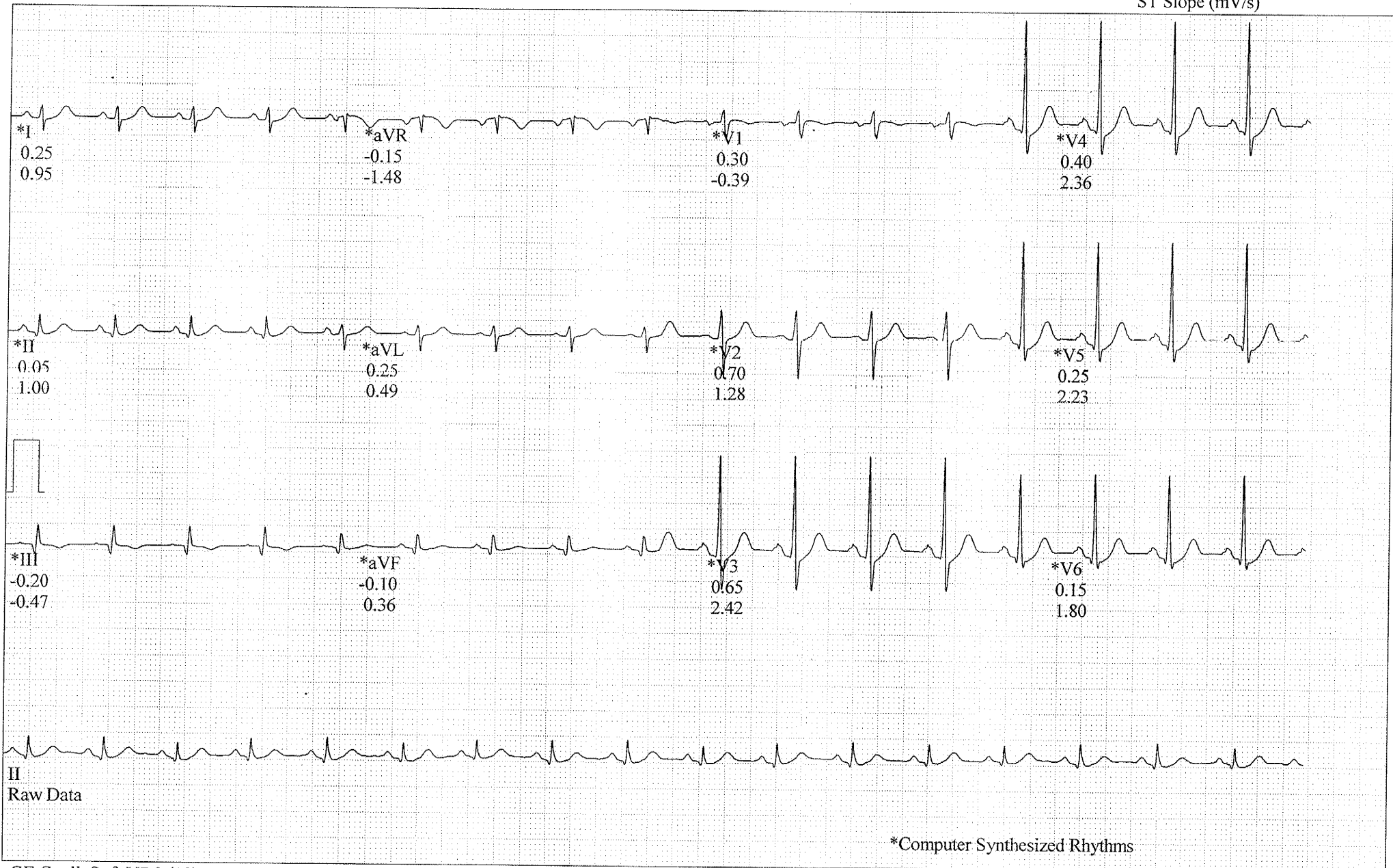
3:13:15pm 41 yrs Indian

140/80 mmHg

01:08

0.0 %

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

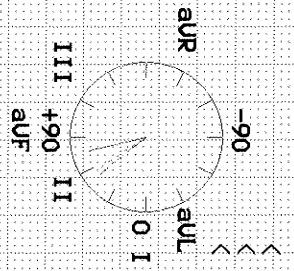


GE MAC1200 ST SACHIN, UERMA 00011911, APOLLO AUNDH
Male, 41 Years (18.12.1982)

Arrow CC

Measurement Results:

QRS 88 ms
QT/QTcB 368 / 410 ms
PR 148 ms
P 118 ms
RR/pp 804 / 805 ms
P/QRS/T 55 / 75 / 50 degrees
QTd/QTcBd 28 / 31 ms
Sokolow NK 2.0 mV
10



Interpretation:

normal ECG

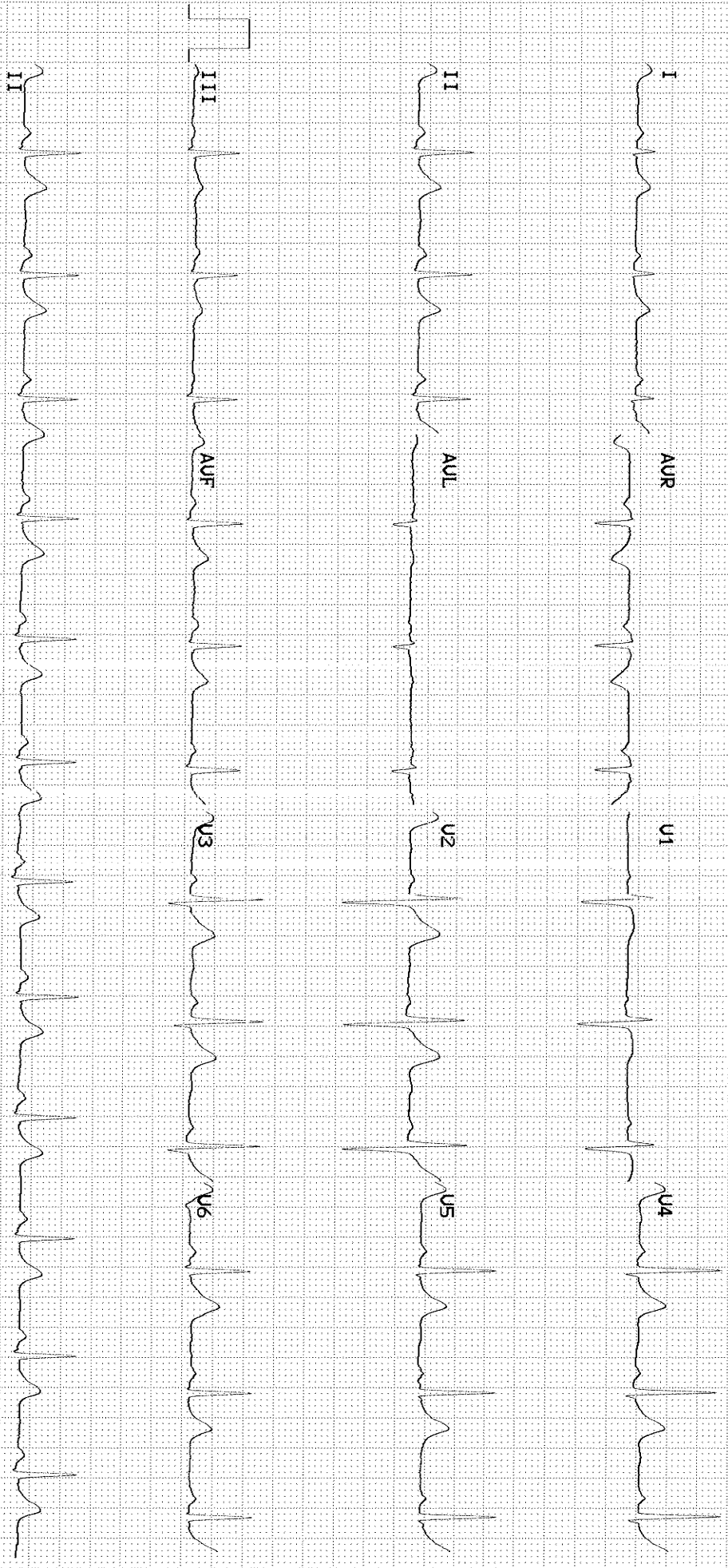
HR 74 bpm

(Signature) Siwus Ruytem

APOLLO CLINIC - AUNDH
Dr. PRIYANKA LADDS

MBBS
Family Physician
Reg. No: 2019065008/2024

Unconfirmed report.



Patient Name : Mr. SACHIN VERMA
UHID : CPIM.0000111911
Conducted By: :
Referred By : SELF

Age : 41 Y/M
OP Visit No : CAUNOPV175243
Conducted Date :

Patient Name : Mr. SACHIN VERMA
UHID : CPIM.0000111911
Conducted By :
Referred By : SELF

Age : 41 Y/M
OP Visit No : CAUNOPV175243
Conducted Date :

Patient Name	: Mr. SACHIN VERMA	Age/Gender	: 41 Y/M
UHID/MR No.	: CPIM.0000111911	OP Visit No	: CAUNOPV175243
Sample Collected on	:	Reported on	: 10-08-2024 16:41
LRN#	: RAD2400398	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 35E7339		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **shows enhanced in echotexture.**

No focal lesion is seen.

PV and CBD are normal.

No dilatation of the intrahepatic billiary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of peri-GB collection. No evidence of focal lesion is seen.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Right Kidney is -10.7 x 4.8 cm. Left Kidney is - 11.4 x 6.4 cm.

Both Kidneys are normal in size and echotexture.

The cortico medullary differentiation is maintained bilaterally.

No evidence of calculus / hydronephrosis seen on either side.

Urinary bladder is normal. No evidence of filling defect or mass effect. The wall thickness is normal.

Prostate is normal in size and echotexture. No evidence of calcification seen.

No obvious free fluid or lymphadenopathy is noted in the abdomen .

IMPRESSION :

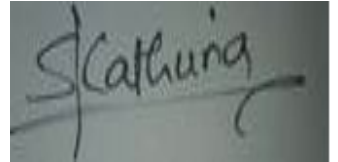
- **Grade I fatty liver.**
- **No other significant abnormality seen.**

Patient Name : Mr. SACHIN VERMA

Age/Gender : 41 Y/M

Suggest – clinical correlation.

(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.



Dr. SUHAS SANJEEV KATHURIA
MBBS,DMRE, RADIOLOGY
Radiology

Patient Name : Mr. SACHIN VERMA

Age/Gender : 41 Y/M

UHID/MR No. : CPIM.0000111911

OP Visit No : CAUNOPV175243

Sample Collected on :

Reported on : 10-08-2024 15:10

LRN# : RAD2400398

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 35E7339

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

No evidence of any focal lesion.

Trachea is central in position.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

Cardiac silhouette is well maintained.

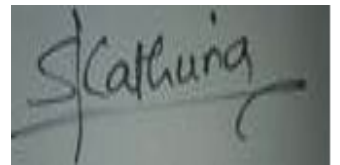
Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualized and normal.

Visualized skeleton and soft tissues around thoracic cage appear normal.

COMMENT: No significant abnormality seen.

Please correlate clinically.



Dr. SUHAS SANJEEV KATHURIA
MBBS, DMRE, RADIOLOGY
Radiology

Name: Mr. SACHIN VERMA
Age/Gender: 41 Y/M
Address: A - 1002 GANESSHAM - 2, PIMPLE SAUDAGAR
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. RUCHIKA SRIVASTAVA

MR No: CPIM.0000111911
Visit ID: CAUNOPV175243
Visit Date: 10-08-2024 10:13
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mr. SACHIN VERMA
Age/Gender: 41 Y/M
Address: A - 1002 GANESSHAM - 2, PIMPLE SAUDAGAR
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. ARPITA KRISHNA

MR No: CPIM.0000111911
Visit ID: CAUNOPV175243
Visit Date: 10-08-2024 10:13
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. SACHIN VERMA
Age/Gender: 41 Y/M
Address: A - 1002 GANESSHAM - 2, PIMPLE SAUDAGAR
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRADNYA NIKAM

MR No: CPIM.0000111911
Visit ID: CAUNOPV175243
Visit Date: 10-08-2024 10:13
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mr. SACHIN VERMA
Age/Gender: 41 Y/M
Address: A - 1002 GANESSHAM - 2, PIMPLE SAUDAGAR
Location: PUNE, MAHARASHTRA
Doctor:
Department: GENERAL
Rate Plan: AUNDH_20052024
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. PRIYANKA LADI

MR No: CPIM.0000111911
Visit ID: CAUNOPV175243
Visit Date: 10-08-2024 10:13
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-08-2024 16:29	80 Beats/min	130/80 mmHg	18 Rate/min	96 F	174 cms	84 Kgs	%	%	Years	27.74	100 cms	106 cms	cms		AHLL02734

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-08-2024 16:29	80 Beats/min	130/80 mmHg	18 Rate/min	96 F	174 cms	84 Kgs	%	%	Years	27.74	100 cms	106 cms	cms		AHLL02734

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-08-2024 16:29	80 Beats/min	130/80 mmHg	18 Rate/min	96 F	174 cms	84 Kgs	%	%	Years	27.74	100 cms	106 cms	cms		AHLL02734

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
12-08-2024 16:29	80 Beats/min	130/80 mmHg	18 Rate/min	96 F	174 cms	84 Kgs	%	%	Years	27.74	100 cms	106 cms	cms		AHLL02734