



Patient Details

UHID : AFD000018877
Patient Name : MR. KHAN RASHID
Age / Gender : 57 Yrs 7 Mth / MALE / 16-06-1965
Company : Acrofemi Healthcare Ltd
Address : NBANK OF BARODA, Palwal, HARYANA, INDIA, Zip No.-121102

Bill Date : 11-02-2023 08:52:47
Bill No. : AFDHC230000258
Receipt No. : AFDPRT230004304

Service Details

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE ABOVE 40YRS DR. PHC HEAD		
2	CBC-1(COMPLETE BLOOD COUNT)		
3	ESR		
4	URINE, ROUTINE EXAMINATION		<i>Refused by patient</i>
5	STOOL ROUTINE EXAMINATION		
6	* BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL	11:00	
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHILESH KUMAR		
16	TMT DR. MITHILESH KUMAR		
17	XRAY-CHEST P.A.		
18	USG-FOR WHOLE ABDOMEN		
19	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
20	OPD Consultation-Dental DR. RAVJOT AHUJA		
21	OPD Consultation-Ophthal DR. UPASANA		

Prepared By : MS. PRIYANKA MOURYA

Employee ID
Signature

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003351	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:34
		Reporting Date & Time	: 11-02-2023 11:11

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.0	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.2	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.3	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		43.8	%	40 - 50
MEAN CORPUSCULAR VOLUME		83.7	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		27.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		173	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	50.9	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	16.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		68	%	40 - 80
LYMPHOCYTES		23	%	20 - 40
MONOCYTES		7	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

ESR (Westergren)		3	mm 1st hr	0 - 10
------------------	--	---	-----------	--------

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003381	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 11:05
		Reporting Date & Time	: 11-02-2023 14:31

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY	30 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

CHEMICAL EXAMINATION

PH (Double pH Indicator method)	6.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.020		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	1-2	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	1-2		
CASTS	Nil		
CRYSTALS	Nil		

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003352	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:34
		Reporting Date & Time	: 11-02-2023 14:34

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR MALE ABOVE 40YRS

BLOOD GROUP (ABO & RH)

ABO GROUP	"B"
RH TYPE	POSITIVE

Forward grouping done by Slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No. :	AFDHC230000258	Bill Date :	11-02-2023 08:52
Patient Name :	MR. KHAN RASHID	UHID :	AFD000018877
Age / Gender :	57 Yrs 7 Mth / MALE	Patient Type :	If PHC :
Ref. Consultant :	DR. PHC HEAD	Ward / Bed :	/
Sample ID :	AFD23003353	Current Ward / Bed :	/
		Receiving Date & Time :	11-02-2023 09:34
		Reporting Date & Time :	11-02-2023 10:39

Sample Type: Serum

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
KFT/RFT- KIDNEY/RENAL PANEL 1

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		25	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		140	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		4.4	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	H	108	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>		86.4	mg/dL	70 - 100

 Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. REETU JADHAV NAGE
 MBBS,DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST



FINAL REPORT

Bill No.	: AFBCB230000499	Bill Date	: 11-02-2023 10:07
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050299	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 10:51
		Reporting Date & Time	: 11-02-2023 13:40

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)		5.5	%	4.27 - 6.07
--------------	--	-----	---	-------------

INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

Bill No.	: AFBCB230000499	Bill Date	: 11-02-2023 10:07
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23050300	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 10:51
		Reporting Date & Time	: 11-02-2023 12:46

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.31	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.09	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		4.02	mIU/L	0.27-4.20

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003353	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:34
		Reporting Date & Time	: 11-02-2023 10:39

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL PKG FOR MALE ABOVE 40YRS

CHOLESTROL-TOTAL (CHO-POD)	H	183	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		42	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	136	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		88	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	141.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.2		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		18	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003353	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 09:34
		Reporting Date & Time	: 11-02-2023 10:39

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

MEDIWHEEL PKG FOR MALE ABOVE 40YRS
LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL (DPD)		0.50	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.11	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.39	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.7	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.7	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8
A/G RATIO		1.57		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		91.5	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		34.7	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)	H	49.6	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		22.3	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		211.0	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-POD)	H	183	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Inhibition)		42	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H	136	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		88	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	141.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		1/2 Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.2		1/2 Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		18	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

FINAL REPORT

Bill No.	: AFDHC230000258	Bill Date	: 11-02-2023 08:52
Patient Name	: MR. KHAN RASHID	UHID	: AFD000018877
Age / Gender	: 57 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23003426	Current Ward / Bed	: /
		Receiving Date & Time	: 11-02-2023 14:36
		Reporting Date & Time	: 11-02-2023 16:45

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Plasma

MEDIWHEEL PKG FOR MALE ABOVE 40YRS

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		99.6	mg/dL	70 - 140
--	--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
 (As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST

Khair

Raighid

09.02.2023 11:58:06

ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

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

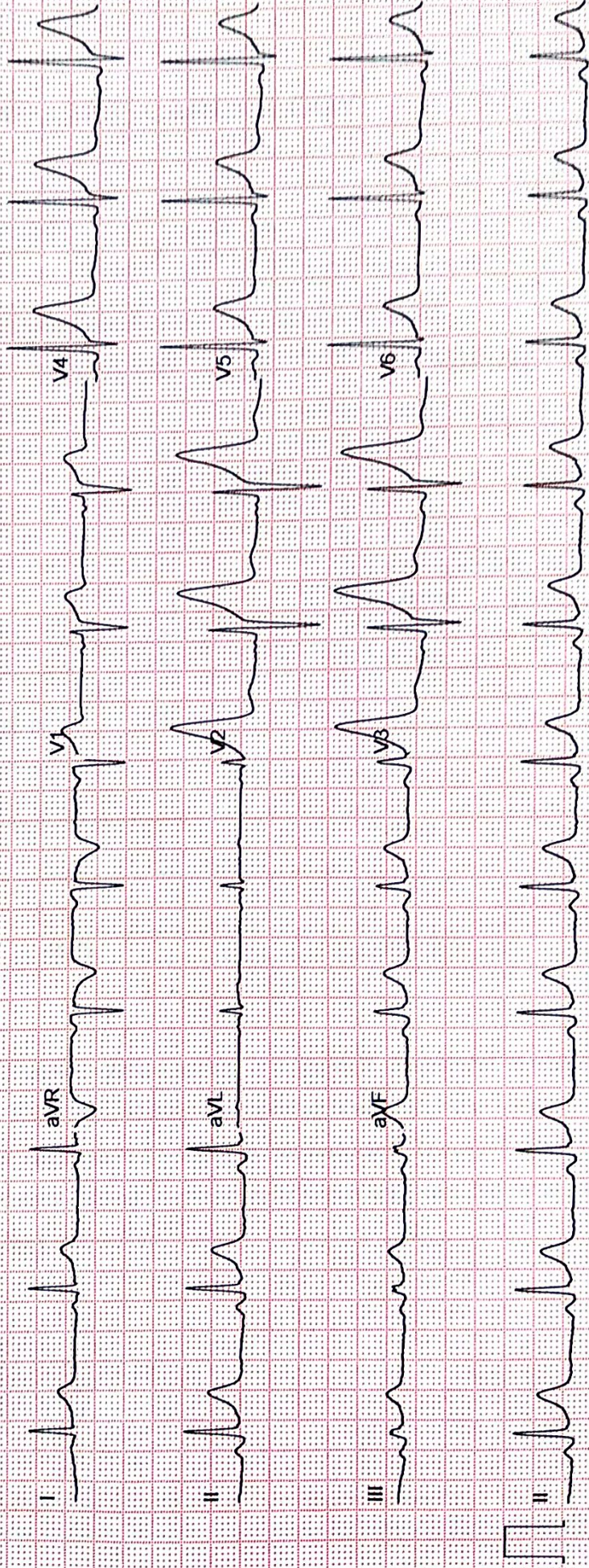
QRS
QT/QTcBaz
PR
P
RR/PP
P/QRS/T

82 ms
396 / 415 ms
140 ms
106 ms
916 / 909 ms
66 / 44 / 58 degrees

Normal sinus rhythm
Early repolarization
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

66 bpm
- / - mmHg



GE MAC2000 1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
4x2.5x3.25 R1

1/1



NON INVASIVE CARDIOLOGY

Patient Name	: MR. KHAN RASHID	IPD No.	:
Age	: 57 Yrs 7 Mth	UHID	: AFD000018877
Gender	: MALE	Bill No.	: AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 08:52:47
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 09:30:48

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.9		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.0		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.3		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.8		2.2-4.0 cm
IVS thickness	ED - 0.9	ES-1.2	0.6-1.2cm
LVPW Thickness	ED - 0.9	ES-1.3	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60 %	60+/-6%

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

NON INVASIVE CARDIOLOGY

Patient Name	: MR. KHAN RASHID	IPD No.	:
Age	: 57 Yrs 7 Mth	UHID	: AFD000018877
Gender	: MALE	Bill No.	: AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 08:52:47
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 09:30:48

MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.6	A-0.4	MR 0/4
TRICUSPID VELOCITY	2.4 m/s		TR 1/4
AORTIC VELOCITY	0.9 m/s		AR 0/4
PULMONARY VELOCITY	0.9 m/s		PR 0/4
PA Pressure	24+RAP		

NON INVASIVE CARDIOLOGY

Patient Name	: MR. KHAN RASHID	IPD No.	:	
Age	: 57 Yrs 7 Mth	UHID	:	AFD000018877
Gender	: MALE	Bill No.	:	AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	11-02-2023 08:52:47
Ward	:	Room No.	:	
		Procedure Date	:	13-02-2023 09:30:48

COLOUR FLOW MAPPING

Trace mitral regurgitation.
Trace tricuspid regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Trace mitral regurgitation.
4. Trace tricuspid regurgitation (PASP-24+RAP)
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE.


DR. MIHLESH KUMAR
MD (DNB) (Cardiology).
Consultant Cardiologist
HMC-HN19723

For The perusal of a medical professional only
The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.
NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.
MADHVI.S

NON INVASIVE CARDIOLOGY

Patient Name	: MR. KHAN RASHID	IPD No.	:
Age	: 57 Yrs 7 Mth	UHID	: AFD000018877
Gender	: MALE	Bill No.	: AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 08:52:47
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 09:49:18

TREAD MILL TEST

Clinical Diagnosis :- R/O IHD
 Resting ECG: within normal limit

Medication

Protocol: Bruce

Duration of Test : 9.32 Min.

Stage : IV

Maximum Predicted Heart Rate - 163

85% Max - 138

Heart Rate Achieved - 139

%age of Predicted Heart Rate – 85 %

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 139 x 150

METS: 10.7

	Time(Min.)	Heart Rate(BPM)	B.P.(mm Hg)	Symptoms
Control Recumbent	00	70	120/80	Nil
Stage I	3:00	93	130/80	Nil
Stage II	3:00	107	140/90	Nil
Stage III	3:00	131	150/90	Nil
Stage IV	0:32	139	150/90	Nil

ECG ABNORMALITIES EXERCISE PHASE

	ST-T Changes	R Wave	Arrhythmia
Stage I	No significant ST –T changes.	Nil	Nil
Stage II	No significant ST –T changes.	Nil	Nil
Stage III	No significant ST –T changes.	Nil	Nil
Stage IV	No significant ST –T changes.	Nil	Nil

ABNORMALITIES RECOVERY PHASE

.....Nil.....

FINAL IMPRESSION

1. Mr. Khan Rashid exercised on Bruce Protocol for 9.32 Min at a workload of 10.7 METS and achieved 85% of max. predicted



NON INVASIVE CARDIOLOGY

Patient Name	: MR. KHAN RASHID	IPD No.	:
Age	: 57 Yrs 7 Mth	UHID	: AFD000018877
Gender	: MALE	Bill No.	: AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 08:52:47
Ward	:	Room No.	:
		Procedure Date	: 13-02-2023 09:49:18

HR. Exercise was terminated due to achieved THR.

2. Resting ECG within normal limit.
3. No Significant ST-T changes were observed during exercise test.
4. No significant arrhythmia was observed during stress test.
5. Normal HR and B.P. response to the exercise No. S3/S4 heard.

NORMAL STRESS TEST : NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHAEMIA.

Good exercise tolerance.


DR. MADHVI S. KUMAR
 MD (CC) (Cardiology)
 Consultant Cardiologist
 HMC-HN19723

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

-----End of Report-----

Prepare By:
MADHVI.S

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. KHAN RASHID	IPD No.	:	
Age	: 57 Yrs 7 Mth	UHID	:	AFD000018877
Gender	: MALE	Bill No.	:	AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidells	Bill Date	:	11-02-2023 08:52:47
Ward	:	Room No.	:	
		Print Date	:	11-02-2023 12:08:44

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. KHAN RASHID	IPD No.	:
Age	: 57 Yrs 7 Mth	UHID	: AFD000018877
Gender	: MALE	Bill No.	: AFDHC230000258
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 11-02-2023 08:52:47
Ward	:	Room No.	:
		Print Date	: 11-02-2023 11:02:47

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 12.3 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.7 x 3.8 cm. The left kidney measures 10.4 x 4.0 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- **Prostate is enlarged in size (32.0 cc)** and shows normal echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.


IMPRESSION:

- **Prostatomegaly.**

Please correlate clinically.

.....End of Report.....

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First visit/Follow-up)



Name : MR. KHAN RASHID UHID No. : AFD000018877
FATHER : SH.KUSHI KHAN Date : 11-02-2023 08:47:38
Age / Gender : 57 Yrs 7 Mth / MALE Doctor / Unit : DR. MUKUND SINGH /
CPG : CORPORATE CASHAIMS2122_FD Department : INTERNAL MEDICINE_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : NBANK OF BARODA, Palwal, HARYANA, INDIA, Zip No.-121102

Present Complaints:

PHC

BP (mm Hg) *140/90 mm/hg*
Pulse *62 b/m*
RR SpO2 - *99%*
Ht/Length *176cm*
Wt- *68 kg*
Pain Score (1-10)

Past/Family History:

None

History Given By :

Self

Clinical Findings :

None

Any known Allergies

Not known

Provisional Diagnosis :

None

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

① Acd of 10 on }
R - ② Helma 40 mg on } 15 dy.

Ad

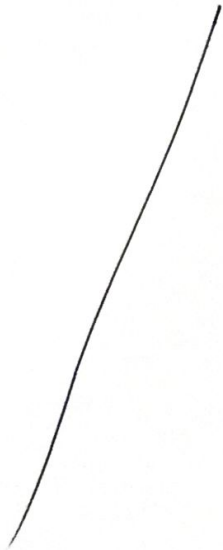
- Diet

Plan Of Care :

- Regular exercise

As done

Treatment Advice:



Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

Signature of Doctor / Consultant:

Dr. Manoj Singh
Consultant General Medicine
Asian Fidelis Speciality Hospital
RPS Savana City, Sector-88
Faridabad, Haryana - 121002, Haryana
MBBS 2007, MCh (Medicine) 2010
MCI-IMR/1174006

Date:..... Time:.....

OPD Assessment Form (First visit/Follow-up)



Name : MR. KHAN RASHID UHID No. : AFD000018877
 FATHER : SH.KUSHI KHAN Date : 11-02-2023 08:47:38
 Age / Gender : 57 Yrs 7 Mth / MALE Doctor / Unit : DR. RAVJOT AHUJA /
 CPG : CORPORATE CASHAIMS2122_FD Department : DENTAL
 Inst. Name : Acrofemi Healthcare Ltd
 Address : NBANK OF BARODA, Palwal, HARYANA, INDIA, Zip No.-121102

Present Complaints:

General Checkup

BP (mm Hg) 140/90 mm/hg
 Pulse 62 b/m
 RR SpO2 - 99 %
 Ht/Length 176 CM
 Wt- 68 kg
 Pain Score (1-10)

Past/Family History:

No Crow in upper & lower arch

Any known Allergies

History Given By :

Clinical Findings :

On filing crown is 25/4
 6/4

Provisional Diagnosis :

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

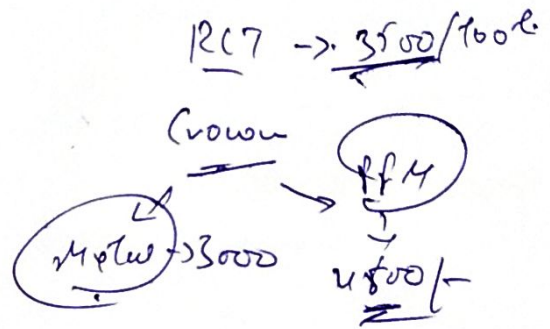
RCA reveal Ingroup RCT 6/1

-Organic RCT 5/1 (from otho clinic)

Ingroup RCT 6/1

No RCT 6/1

Plan Of Care :



Treatment Advice:

① Re-RCT & Replant of crown

Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

Signature of Doctor / Consultant: Date: 11/2/22 Time:





OPD Assessment Form (Ver 1.0/01/2021)



Name : MR. KHAN RASHID
 FATHER : SH. KUSHI KHAN
 Age / Gender : 57 Yrs 7 Mth / MALE
 CPG : CORPORATE CASH/AMS2122_FD
 Inst. Name : Acrofermi Healthcare Ltd
 Address : NBANK OF BARODA, Patwa, HARYANA, INDIA, Zip No.-121102

UHD No. : AF12345678910
 Date : 11-02-2023 09:41 AM
 Doctor / Unit : DR. UPASANA /
 Department : OPHTHALMOLOGY

Present Complaints: do Degneress., Gradation weak.
(RD)

BP (mm Hg) 140/90 mm/Hg
 Pulse 62 b/min
 RR SpO2 - 99%
 Ht/Length 176 cm
 Wt 68 kg
 Pain Score (1-10)

Past/Family History:

Nil

Screen time - 6 to 7 hours.

History Given By :

Clinical Findings:

VA < 6/6
 6/6

MS
 ↓ mlf.

Ny < N/6
 6/6

msf @ @

Any known Allergies

Provisional Diagnosis :

Presbyopia.

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash/breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Treatment Advice:

same glasses
→ 20 / 20 / 20 RUL / Click n Blink.
① Refresh eye gel 4 to 6 times daily
② gentral eye gel once at month
RA 2/12

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant: Date: 11/2/23... Time: 12:45...