

Patient Name : Mr.DEVASHISH KUMAR SINGH	Collected : 04/Oct/2023 09:42AM
Age/Gender : 40 Y 7 M 11 D/M	Received : 04/Oct/2023 02:38PM
UHID/MR No : CINR.0000157409	Reported : 04/Oct/2023 06:26PM
Visit ID : CINROPV206921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9855043666	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.6	g/dL	13-17	Spectrophotometer
PCV	47.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.23	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.3	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,730	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	52.7	%	40-80	Electrical Impedence
LYMPHOCYTES	36.2	%	20-40	Electrical Impedence
EOSINOPHILS	3.4	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3019.71	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2074.26	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	194.82	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	424.02	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	17.19	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT

PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-15	Modified Westgren method
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PERIPHERAL SMEAR

RBCs: are normocytic normochromic

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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**DEPARTMENT OF HAEMATOLOGY**

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

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SIN No:BED230241602

NABL renewal accreditation under process

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UHID/MR No : CINR.0000157409	Reported : 04/Oct/2023 07:07PM
Visit ID : CINROPV206921	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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UHID/MR No : CINR.0000157409	Reported : 04/Oct/2023 03:21PM
Visit ID : CINROPV206921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9855043666	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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.



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Visit ID : CINROPV206921	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>170</b>	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.

<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.7	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	117	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.

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(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	178	mg/dL	<200	CHO-POD
TRIGLYCERIDES	137	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	48	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	130	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>102.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.70		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.64	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	67	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	140.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.32	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.89	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	<b>0.70</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	<b>13.90</b>	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	<b>6.5</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.52	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	8.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.38	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	42.00	U/L	<55	IFCC



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UHID/MR No : CINR.0000157409	Reported : 04/Oct/2023 04:47PM
Visit ID : CINROPV206921	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.97	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	<b>7.290</b>	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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UHID/MR No : CINR.0000157409	Reported : 04/Oct/2023 03:24PM
Visit ID : CINROPV206921	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**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	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Visit ID : CINROPV206921	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**\*\*\* End Of Report \*\*\***

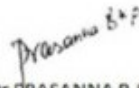
Result/s to Follow:  
PERIPHERAL SMEAR



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr PRASANNA B.K.P  
Md.Path.Pathologist



Name : Mr. Devashish Kumar Singh

Age: 40 Y

UHID: CINR.0000157409



OP Number: CINROPV206921

Address : bangalore

Sex: M

Bill No : CINR-OCR-89479

Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN  
INDIA OP AGREEMENT

Date : 04.10.2023 09:30

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

Date : 04-10-2023  
MR NO : CINR.0000157409

Department : GENERAL  
Doctor :

Name : Mr. Devashish Kumar Singh

Registration No :

Age/ Gender : 40 Y / Male

Qualification :

Consultation Timing: 09:29

Height : 165 cm	Weight : 68.75 kg	BMI : 25.25 kg/m <sup>2</sup>	Waist Circum : 94-cm
Temp : 98.6 °F	Pulse : 74 bpm	Resp : 18 bpm	B.P : 118/78 mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient ID: 157409  
 04.10.2023 165 cm 68 kg  
 11:32:47am 40 yrs Indian

Meds:

Test Reason:  
 Medical History:

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

*Resting ECG for exercise tolerance test*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level V3 [mm]	Comment
PRETEST	SUPINE	00:26	0.00	0.00	1.0	81			0	1.80	
	STANDING	00:20	0.00	0.00	1.0	86			0	1.65	
	HYPERV.	00:22	1.00	0.00	1.2	90			0	1.55	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	121	120/80	14520	0	1.15	
	STAGE 2	03:00	2.50	12.00	7.0	133	120/80	15960	0	0.10	
	STAGE 3	01:01	3.40	14.00	10.1	150	120/80	18000	0	-0.90	
RECOVERY		03:11	0.00	0.00	1.0	91	120/80	10920	0	0.10	

BRUCE: Exercise Time 07:01  
 Max HR: 151 bpm 83% of max predicted 180 bpm HR at rest: 81  
 Max BP: 120/80 mmHg Max RPP: 18120 mmHg\*bp  
 Maximum Workload: 10.10 METS  
 Max. ST: -1.00 mm, 1.25 mV/s in V3: EXERCISE STAGE 3 6:59  
 ST/HR index: 1.37  $\mu$ V/bpm  
 ST/HR slope: 0.71  $\mu$ V/bpm (III)  
 HR reserve used: 69 %  
 HR recovery: 41 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: 0.052 mV (V2)  
 QRS duration: BASELINE: 96 ms, PEAK EX: 96 ms, REC: 98 ms  
**Reasons for Termination:** Target heart rate achieved  
**Summary:**  
**Resting ECG:** normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.  
**Chest Pain:** none. **Arrhythmias:** none. **ST Changes:** none. **Overall impression:** Normal stress test.  
**Conclusion:** GOOD EFFORT TOLERANCE  
 NORMAL HR AND BP RESPONSE  
 NO ANGINA AND ARRHYTHMIA DURING TEST  
 STRESS TEST IS NEGATIVE FOR THE EXERCISE INDUCIBLE ISCHEMIA  
 Room:  
 Location: \* 0 \*



MR DEVASHISH KUMAR, SINGH

Exercise Test / 12-Lead Report

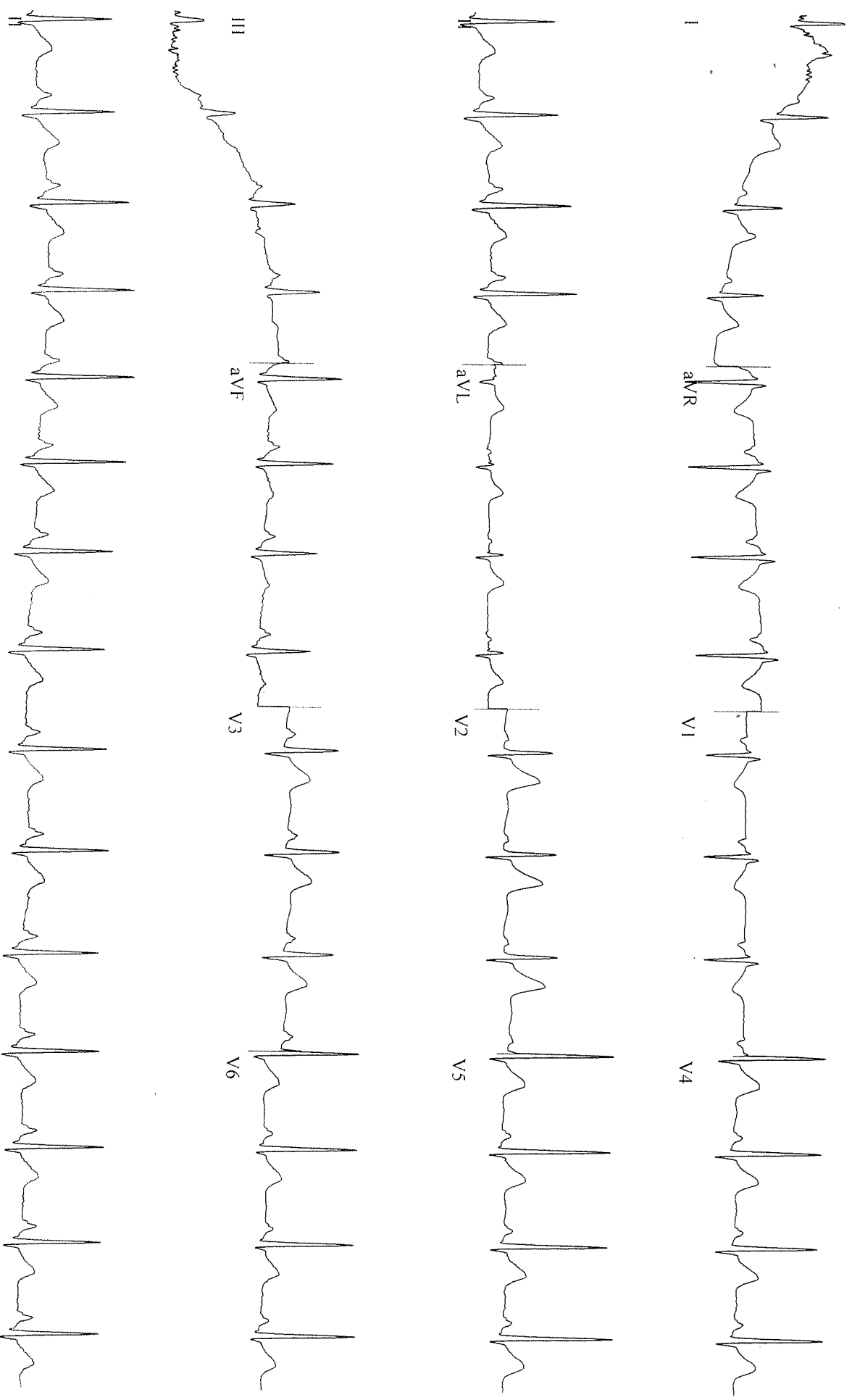
APOLLO CLINIC

Patient ID: 157409  
04.10.2023 165 cm 68 kg  
1:32:56am 40 yrs Indian

88 bpm

PRETEST  
SUPINE  
00:03

BRUCE  
0.0 mph  
0.0 %



GE CardioSoft V7.0 (10)  
25 mm s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- 1HR(V5,II)

Start of Test: 11:32:47am

MR DEVASHISH KUMAR, SINGH

Patient ID: 157409

04.10.2023

11:33:20am

165 cm 68 kg

40 yrs Indian

Exercise Test / 12-Lead Report

PRETEST

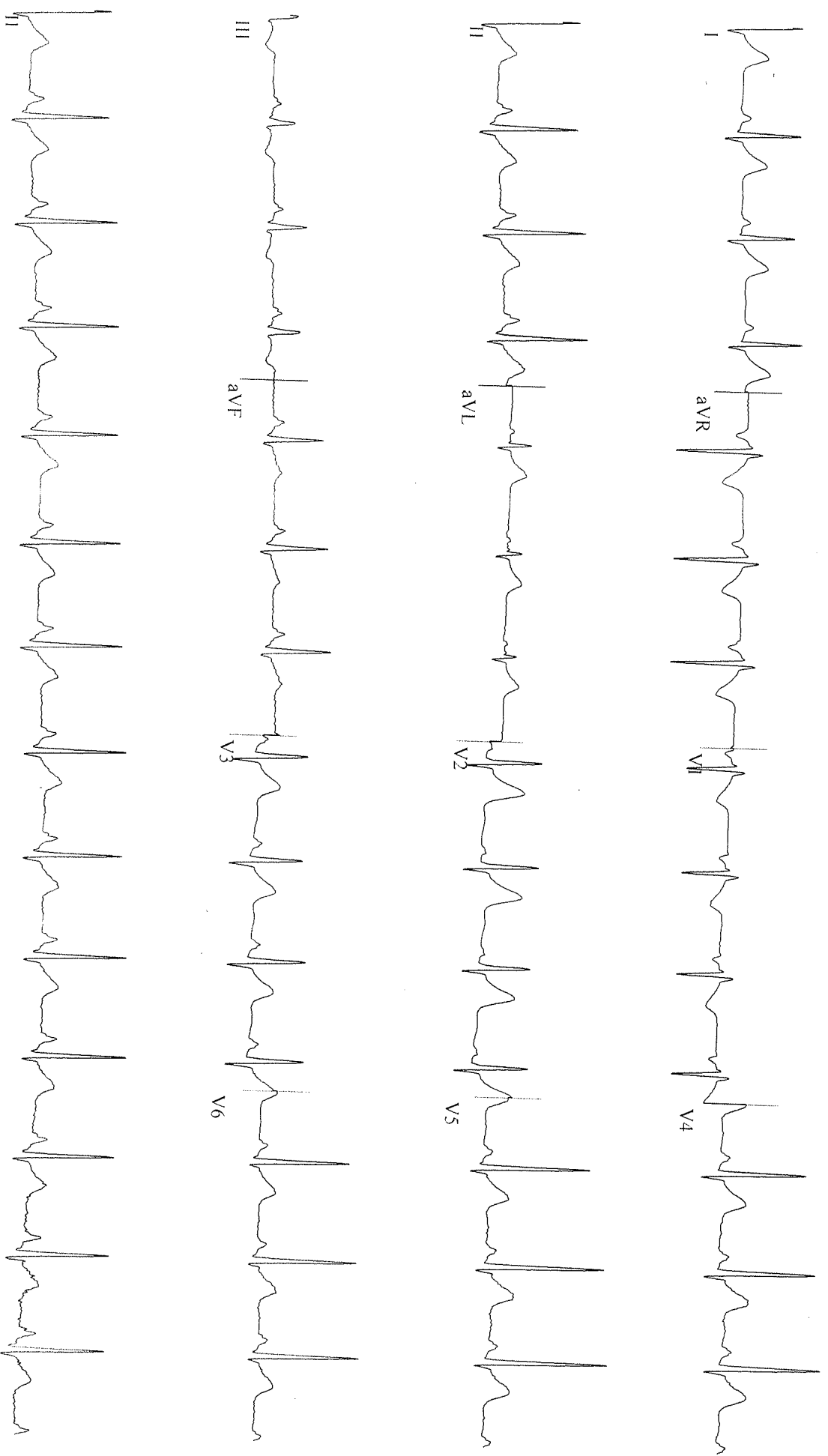
STANDING

00:26

APOLLO CLINIC

81 bpm

BRUCE  
0.0 mph  
0.0 %



GE CardioSoft V7.0 (10)

25 mm s 10 mm mV 50 Hz 0.05 - 40 Hz FRF- HR(V5.II)

Start of Test: 11:32:47am

MR DEVASHISH KUMAR, SINGH

Exercise Test / 12-Lead Report

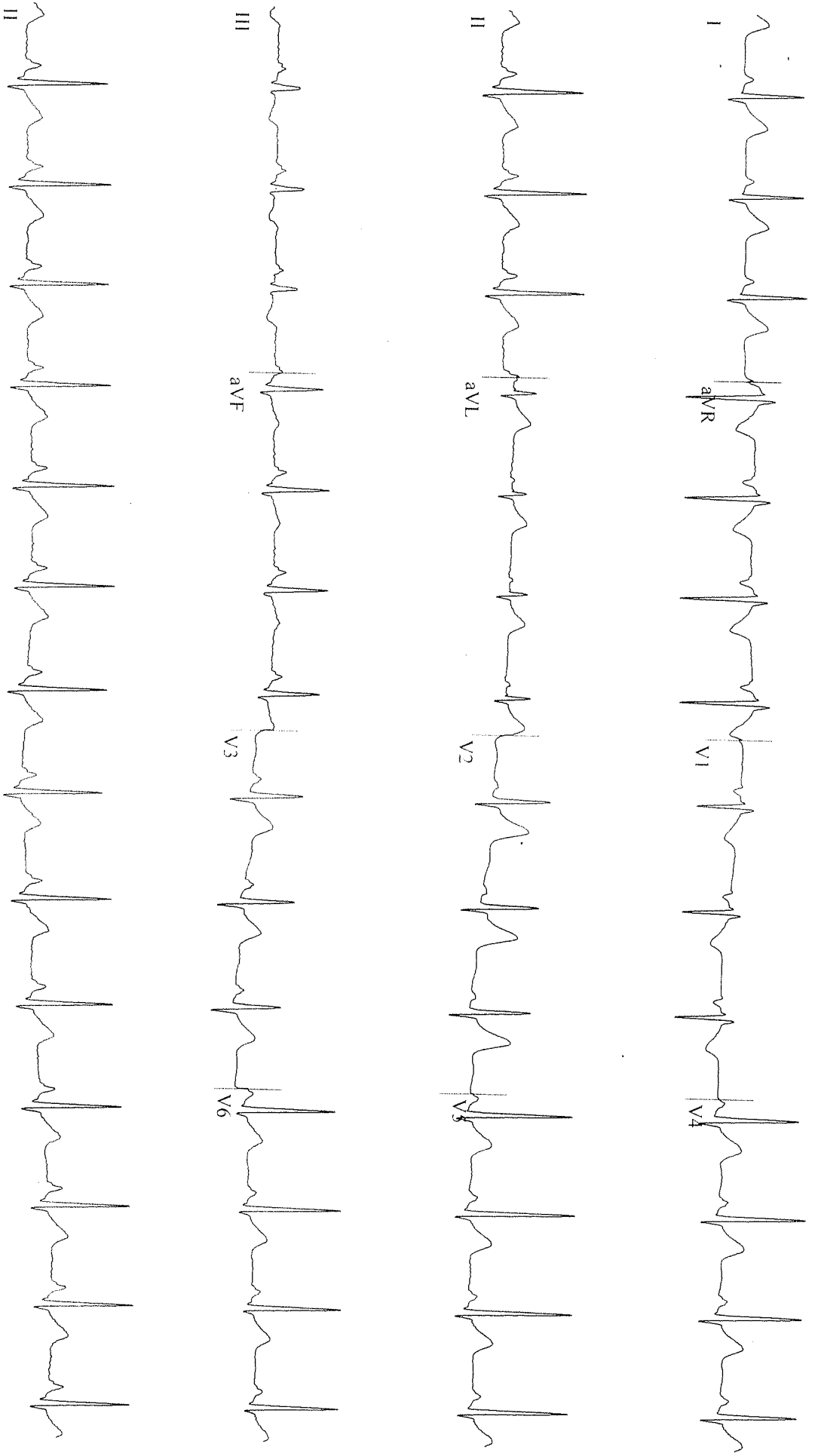
APOLLO CLINIC

Patient ID: 157409  
04.10.2023 165 cm 68 kg  
11:33:40am 40 yrs Indian

86 bpm

PRETEST  
HYPERV.  
00:47

BRUCE  
0.0 mph  
0.0 %



GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 11:32:47am

MR DEVASHISH KUMAR, SINGH

Patient ID: 157409

04.10.2023 165 cm 68 kg

11:36:45am 40 yrs Indian

Exercise Test / Linked Medians

EXERCISE

STAGE 1

02:50

APOLLO CLINIC

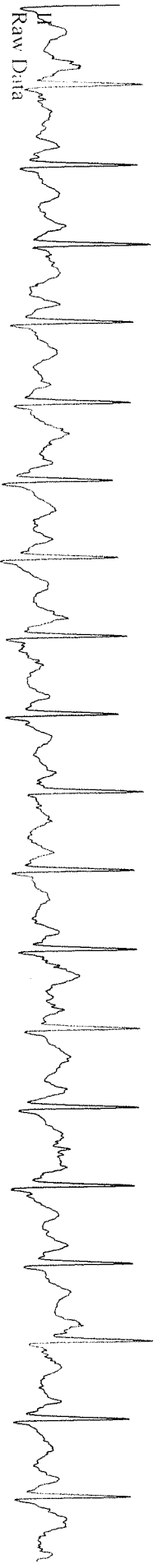
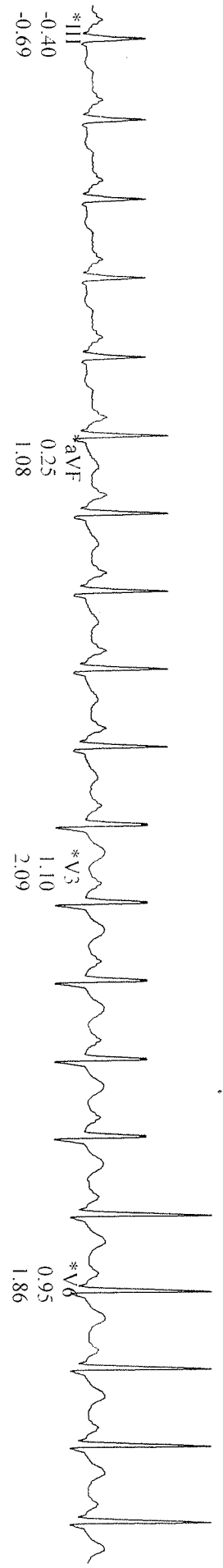
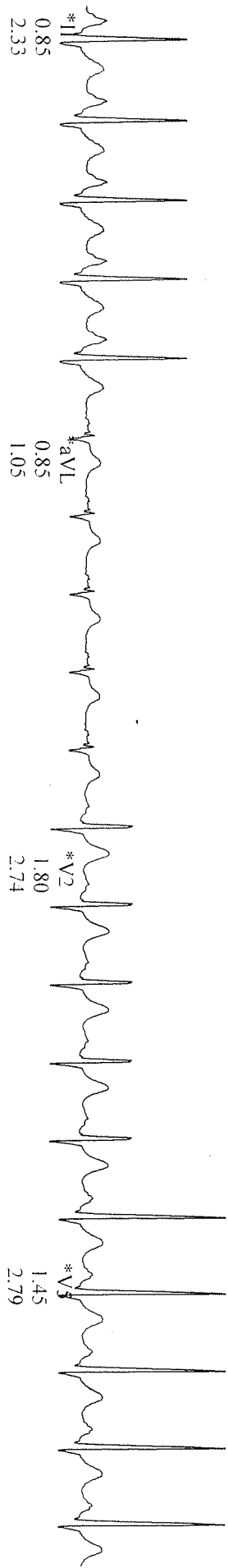
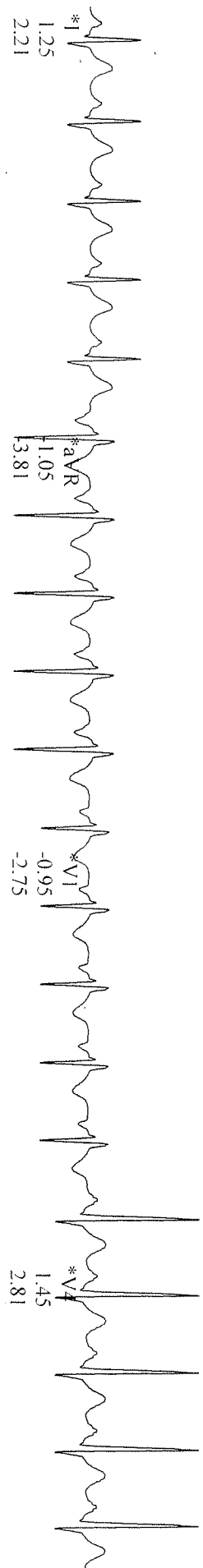
BRUCE

1.7 mph

10.0 %

120 bpm

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



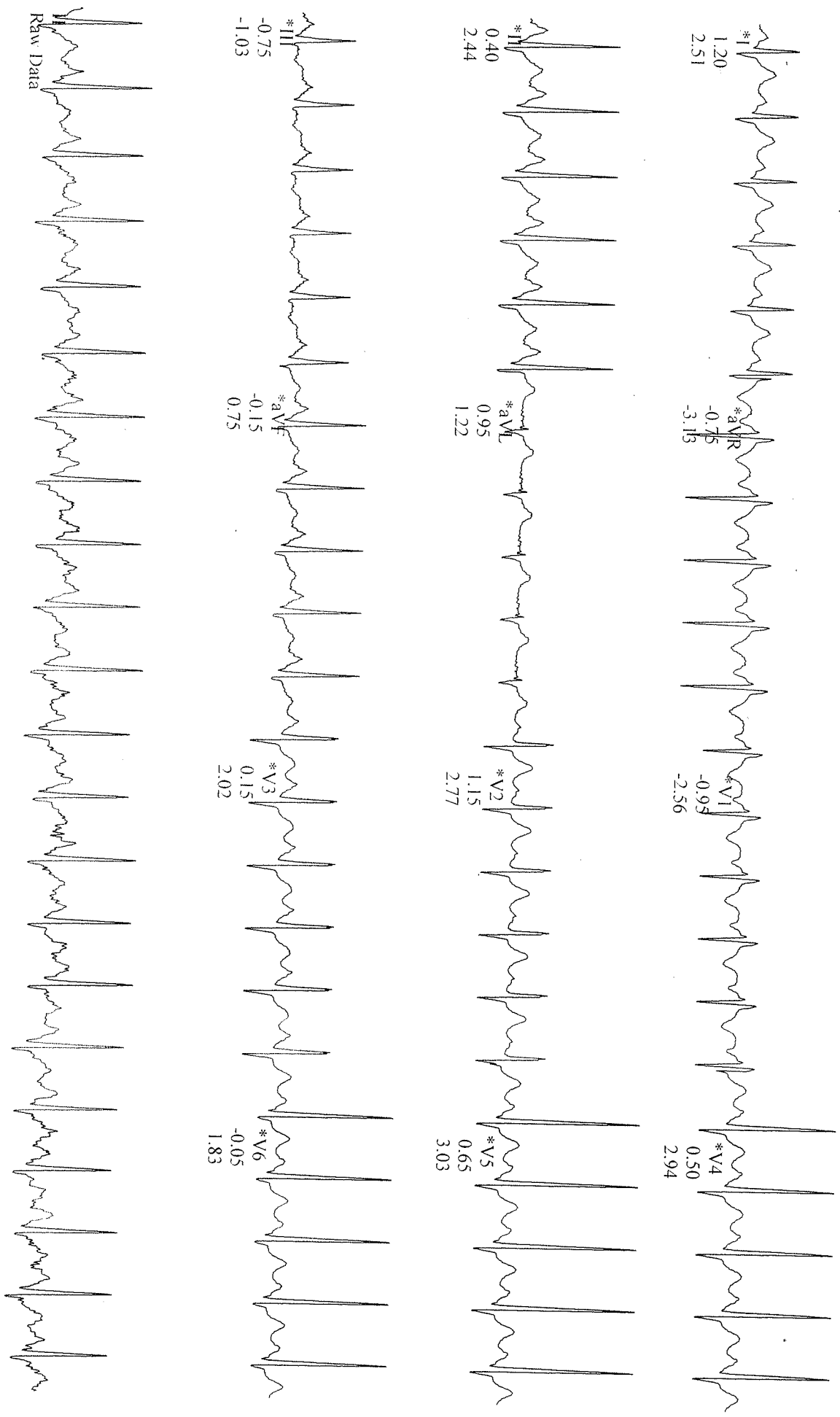
\*Computer Synthesized Rhythms

MR DEVASHISH KUMAR, SINGH  
Patient ID: 157409  
04.10.2023 165 cm 68 kg  
11:39:45am 40 yrs Indian

Exercise Test / Linked Medians  
131 bpm  
EXERCISE STAGE 2  
05:50

BRUCE  
2.5 mph  
12.0 %

APOLLO CLINIC



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 40 Hz PRF: HRV5.11)

Start of Test: 11:32:47am

**MR DEVASHISH KUMAR, SINGH**

Exercise Test / Linked Medians ( PEAK EXERCISE )

APOLLO CLINIC

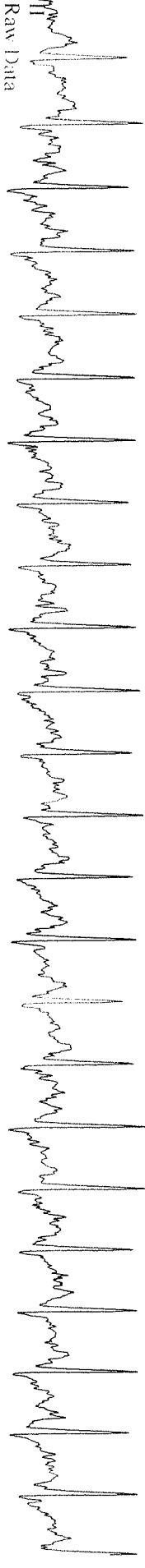
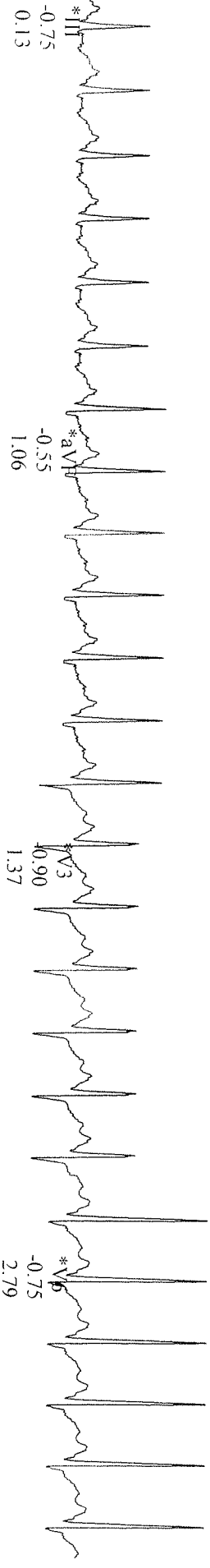
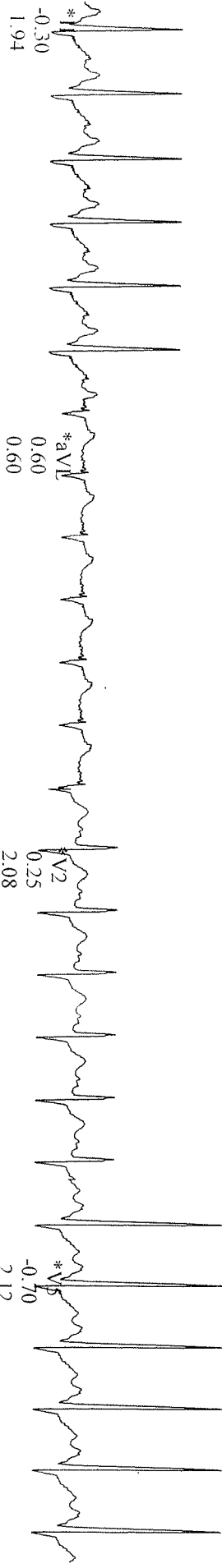
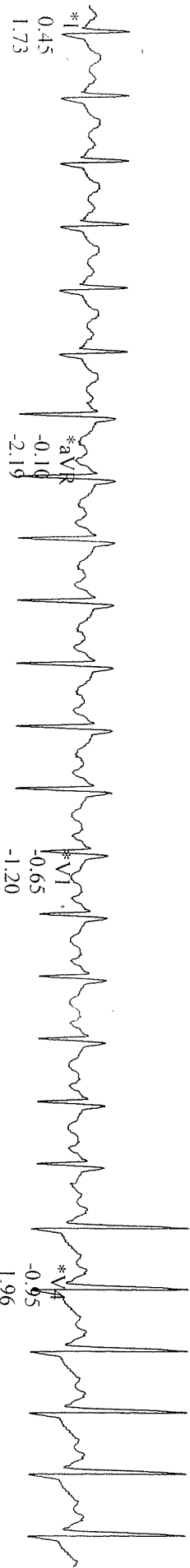
Patient ID: 157409  
04.10.2023 165 cm 68 kg  
11:40:56am 40 yrs Indian

150 bpm

EXERCISE  
STAGE 3  
07:01

BRUCE  
3.4 mph  
14.0 %

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



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm s 10 mm/mV 50 Hz 0.05 - 40 Hz FRF- HR(V5,II)

Start of Test: 11:32:47am

MR DEVASHISH KUMAR, SINGH

Patient ID: 157409  
04.10.2023 165 cm 68 kg  
11:41:56am 40 yrs Indian

Exercise Test / Linked Medians

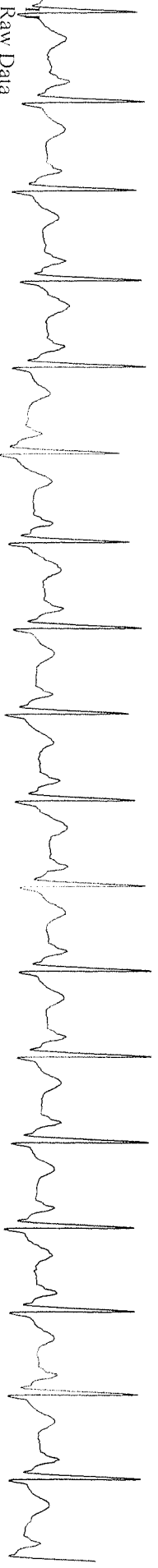
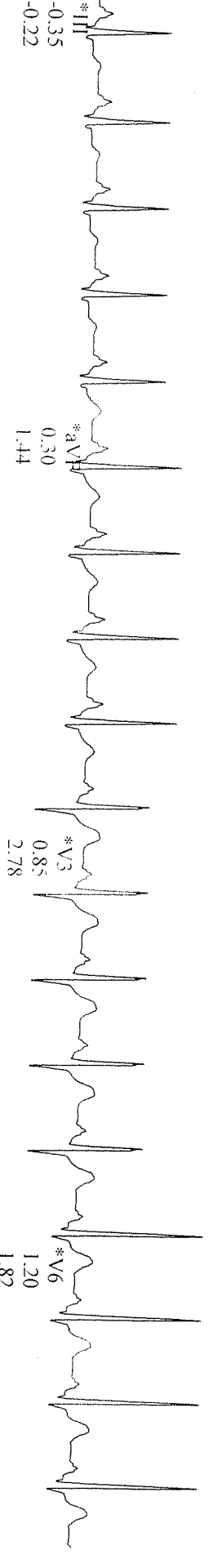
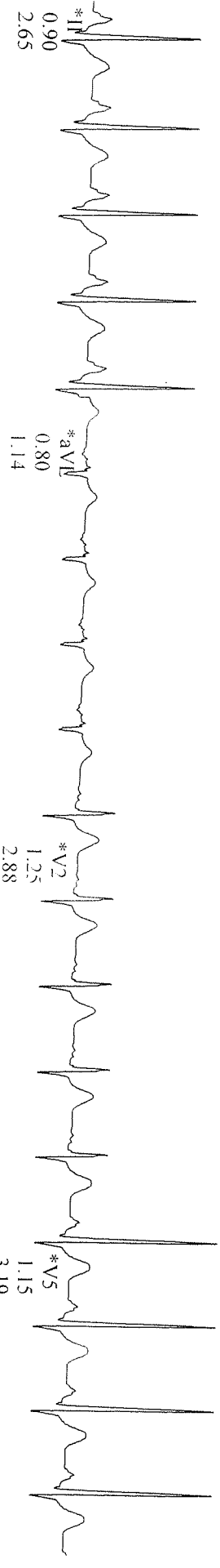
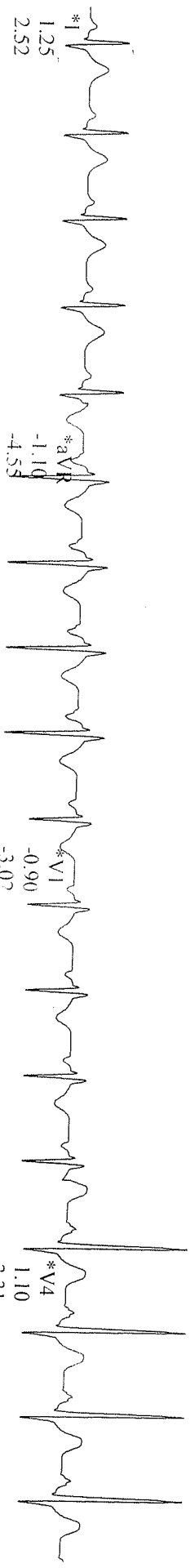
109 bpm

RECOVERY  
#1  
01:00

BRUCE  
0.0 mph  
0.0 %

APOLLO CLINIC

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



\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm mV 50 Hz 0.05 - 40 Hz HF - HR (V5,II)

Start of Test: 11:32:47am

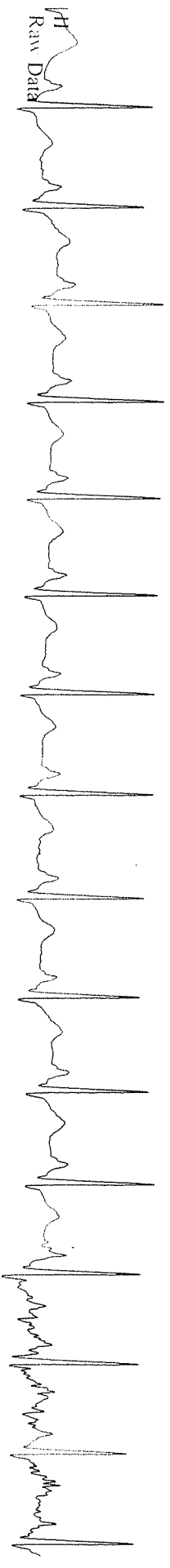
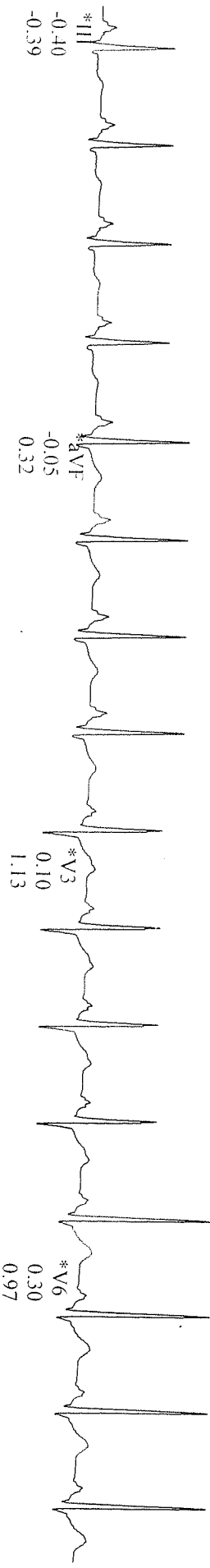
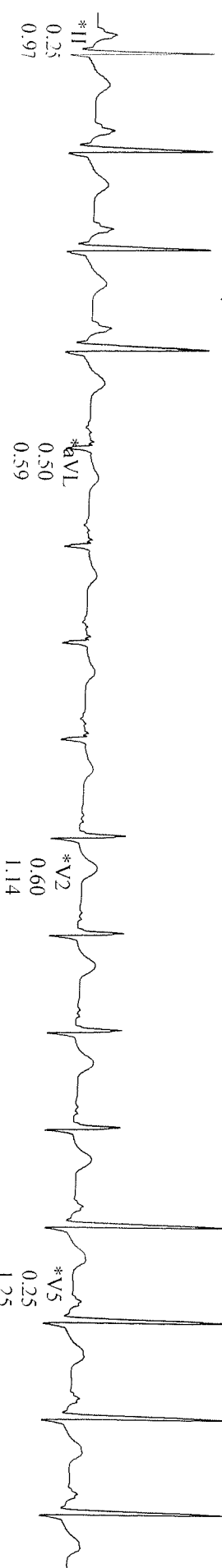
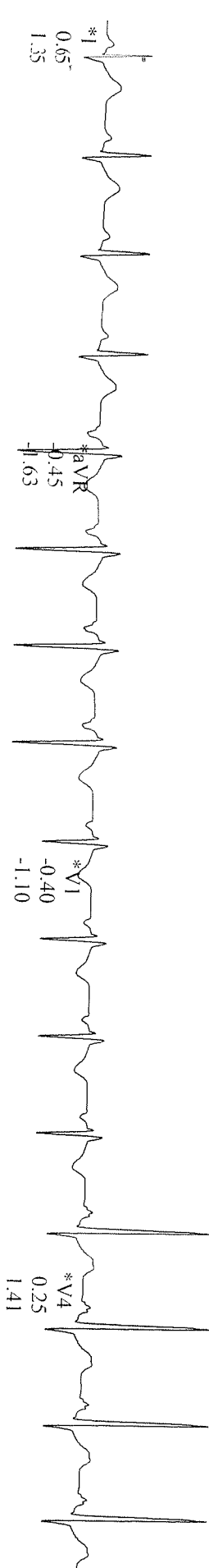
Patient ID: 157409  
04.10.2023 165 cm 68 kg  
11:43:56am 40 yrs Indian

96 bpm

RECOVERY  
#1  
03:00

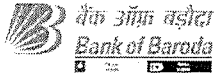
BRUCE  
0.0 mph  
0.0 %

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



\*Computer Synthesized Rhythms





LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SINGH DEVASHISH KUMAR
EC NO.	165409
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	BANGALORE,VT,NATIONAL SHARED S
BIRTHDATE	21-02-1983
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023
BOOKING REFERENCE NO.	23S165409100067808E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **25-08-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार  
GOVERNMENT OF INDIA



देवाशीष कुमार सिंह  
DEVASHISH KUMAR SINGH  
जन्म तिथि/ DOB: 21/02/1983  
पुरुष / MALE



7053 7751 8080

आधार-आम आदमी का अधिकार