

**Patient Details**

UHID : AFD000017909      Bill Date : 28-01-2023 08:37:19  
Patient Name : MR. AMIT OHLAN      Bill No. : AFDHC230000215  
Age / Gender : 47 Yrs 7 Mth / MALE / 10-06-1975      Receipt No. : AFDPRT230002717  
Company : Acrofemi Healthcare Ltd  
Address : 1204,B-7 RPS SAVANA, SEC-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002

**Service Details**

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE ABOVE 40YRS DR. PHC HEAD		
<del>2</del>	<del>CBC-1( COMPLETE BLOOD COUNT ) •</del>		
<del>3</del>	<del>ESR •</del>		
<del>4</del>	<del>URINE, ROUTINE EXAMINATION•</del>		
<del>5</del>	<del>STOOL ROUTINE EXAMINATION</del>		
<del>6</del>	<del>* BLOOD GROUP (ABO &amp; RH) •</del>		
<del>7</del>	<del>GLUCOSE PLASMA (FASTING)•</del>		
<del>8</del>	<del>GLUCOSE PLASMA (PP) POST PRANDIAL•</del> 2.100		
<del>9</del>	<del>GLYCATED HAEMOGLOBIN (HBA1C) •</del>		
<del>10</del>	<del>THYROID PROFILE (FT3+FT4+TSH) •</del>		
<del>11</del>	<del>LIPID PROFILE •</del>		
<del>12</del>	<del>KFT/RFT-KIDNEY/RENAL PANEL 1 •</del>		
<del>13</del>	<del>LIVER-FUNCTION TESTS (LFT) •</del>		
<del>14</del>	<del>ECG •</del>		
<del>15</del>	<del>2D ECHO DR. MITHILESH KUMAR •</del>		
<del>16</del>	<del>TMT DR. MITHILESH KUMAR •</del>		
<del>17</del>	<del>XRAY-CHEST P.A. •</del>		
<del>18</del>	<del>USG-FOR WHOLE ABDOMEN •</del>		
19	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
20	OPD Consultation-Dental DR. RAVJOT AHUJA •		
21	OPD Consultation-Ophthal DR. UPASANA•		

  
Employee ID  
Signature

Prepared By : MS. PRIYANKA MOURYA



**FINAL REPORT**

MC-3

Bill No. : AFBCB230000323	Bill Date : 28-01-2023 11:40
Patient Name : MR. AMIT OHLAN	UHID : AFD000017909
Age / Gender : 47 Yrs 7 Mth / MALE	Patient Type : If PHC
Ref. Consultant : DR. PHC HEAD	Ward / Bed : /
Sample ID : AFB23032384	Current Ward / Bed : /
	Receiving Date & Time : 28-01-2023 12:42
	Reporting Date & Time : 28-01-2023 13:36

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**HAEMOGRAM (CBC+ ESR)/CBC 2**

ESR (Westergren)	H	61	mm 1st hr	0 - 10
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**CBC -1 (COMPLETE BLOOD COUNT)**

Test	Flag	Result	UOM	Reference Interval
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.2	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	L	4.4	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		13.2	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		41.4	%	40 - 50
MEAN CORPUSCULAR VOLUME		95.2	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		30.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		31.9	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		395	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		42.4	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		12.2	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

Cell Type	Count	%	Reference Interval
NEUTROPHILS	52	%	40 - 80
LYMPHOCYTES	38	%	20 - 40
MONOCYTES	8	%	2 - 10
EOSINOPHILS	2	%	1 - 5
BASOPHILS	0	%	0 - 1

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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

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Chairman (Quality, Safety, LAB Services & Blood Bank)

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DIRECTOR

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Associate Director

*Sharmila Rai*  
**DR. SHARMILA RAI**  
MD, PATHOLOGY  
Consultant





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<i>Sample Type: EDTA Whole Blood</i>				
<b>HAEMOGRAM (CBC+ ESR)/CBC 2</b>				
ESR (Westergren)	H	61	mm 1st hr	0 - 10

**\*\* End of Report \*\***

#### IMPORTANT INSTRUCTIONS

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

**DR. SHARMILA RAI**  
MD, PATHOLOGY  
Consultant



**FINAL REPORT**

Bill No.	: AFDHC230000215	Bill Date	: 28-01-2023 08:37
Patient Name	: MR. AMIT OHLAN	UHID	: AFD000017909
Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23002354	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 14:28
		Reporting Date & Time	: 28-01-2023 17:01

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY	40 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH indicator method)	7.0		5.0 - 8.5
PROTEINS (Protein-error-of-indicators)	Negative		Negative
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	1.010		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

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

**\*\* End of Report \*\***

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





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Bill No.	: AFDHC230000215	Bill Date	: 28-01-2023 08:37
Patient Name	: MR. AMIT OHLAN	UHID	: AFD000017909
Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23002300	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 10:30
		Reporting Date & Time	: 28-01-2023 15:29

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL PKG FOR MALE ABOVE 40YRS</b>				
<b>BLOOD GROUP (ABO &amp; RH)</b>				
ABO GROUP		"B"		
RH TYPE		POSITIVE		

Forward grouping done by slide method.

**\*\* End of Report \*\***

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Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23002301	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 10:30
		Reporting Date & Time	: 28-01-2023 13:07

Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		22	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>	<b>L</b>	<b>0.8</b>	mg/dL	0.9 - 1.3
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		139	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>		4.6	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>		102	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	<b>H</b>	<b>105.6</b>	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 \*\***

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Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFD23002353	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 14:28
		Reporting Date & Time	: 28-01-2023 15:24

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		112.7	mg/dL	70 - 140
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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 \*\***

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Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23032384	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 12:42
		Reporting Date & Time	: 28-01-2023 13:58

**HAEMATATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>*GLYCATED HAEMOGLOBIN (HBA1C)</b>				
HBA1C (HPLC)	H	6.1	%	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 \*\***

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Age / Gender	: 47 Yrs 7 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: DR. PHC HEAD	Ward / Bed	: /
Sample ID	: AFB23032385	Current Ward / Bed	: /
		Receiving Date & Time	: 28-01-2023 12:42
		Reporting Date & Time	: 28-01-2023 14:02

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**\*THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		2.69	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		0.98	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.50	mIU/L	0.27-4.20

**\*\* End of Report \*\***

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Consultant



**FINAL REPORT**

Bill No. : AFDHC230000215	Bill Date : 28-01-2023 08:37
Patient Name : MR. AMIT OHLAN	UHID : AFD000017909
Age / Gender : 47 Yrs 7 Mth / MALE	Patient Type : If PHC :
Ref. Consultant : DR. PHC HEAD	Ward / Bed : /
Sample ID : AFD23002301	Current Ward / Bed : /
	Receiving Date & Time : 28-01-2023 10:30
	Reporting Date & Time : 28-01-2023 13:07

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

CHOLESTROL-TOTAL (CHOL-P00)	H	200	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immuno-inhibition		41	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	152	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - P00)		130	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	159.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.9		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		3.7		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		26	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 \*\***

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Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPO)		0.45	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPO)		0.07	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.38	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		7.9	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.0	g/dL	
S.GLOBULIN	H	3.9	g/dL	2.8-3.8
A/G RATIO	L	1.03		1.5 - 2.5
ALKALINE PHOSPHATASE IFCC AMP BUFFER		68.8	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		18.9	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		24.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		45.0	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		183.3	IU/L	0 - 248

CHOLESTROL-TOTAL (CHO-POD)	H	200	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immuno-inhibition		41	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	152	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		130	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	159.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.9		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		3.7		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		26	mg/dL	10 - 35

**Comments:**

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Sample ID	: AFD23002301	Current Ward / Bed	: /
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MBBS, DCP, DNB (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Mr. Amit  
ID: Opd

26.01.2023 11:10:51  
ASIAN FIDELIS HOSPITAL  
SEC-88 FARIDABAD HARYANA  
RPS CITY

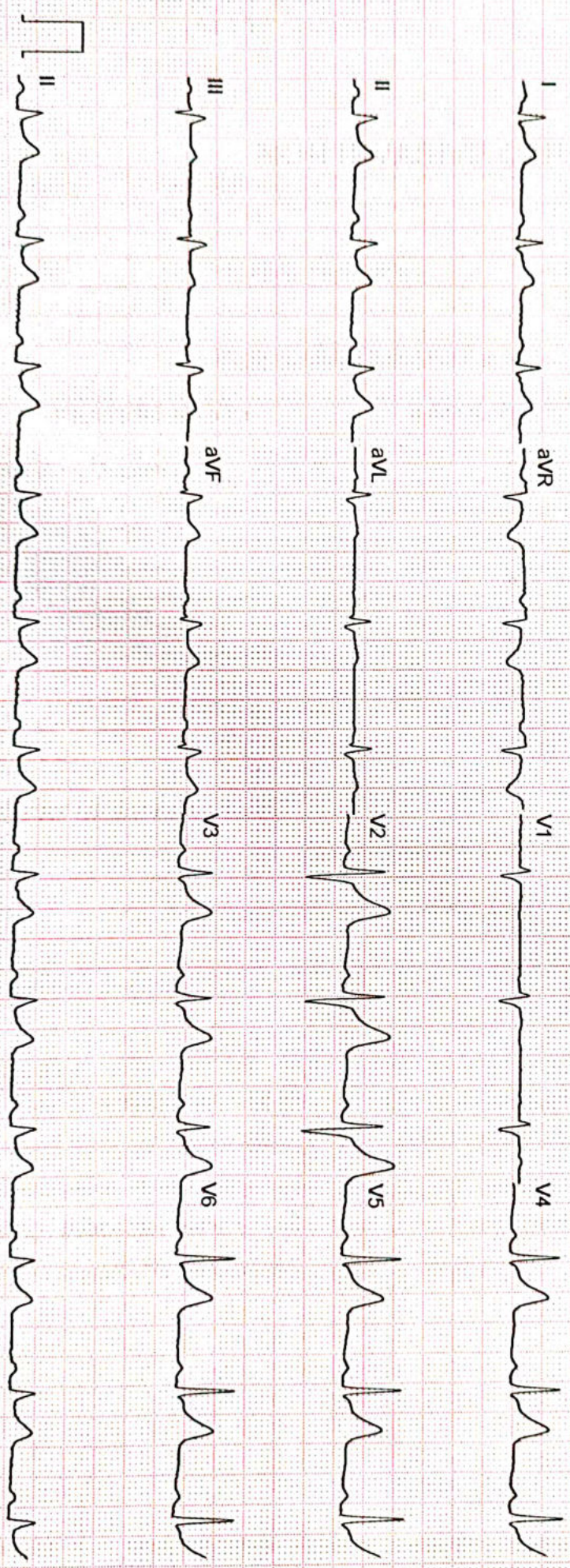
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 102 ms  
QT / QTcBaz : 410 / 439 ms  
PR : 158 ms  
P : 100 ms  
RR / PP : 864 / 869 ms  
P / QRS / T : 39 / 26 / 41 degrees

Normal sinus rhythm  
Early repolarization  
Normal ECG

69 bpm  
- / - mmHg



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 4x2.5x3\_25\_R1 1/1

Unconfirmed



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. AMIT OHLAN	IPD No.	:
Age	: 47 Yrs 7 Mth	UHID	: AFD000017909
Gender	: MALE	BIII No.	: AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	BIII Date	: 28-01-2023 08:37:19
Ward	:	Room No.	:
		Procedure Date	: 28-01-2023 14:04:28

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE	NORMAL VALUE
Aortic Root Diameter	3.4	2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.4	1.9-4.0cm < 2.2cm/M2
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.9	3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	3.1	2.2-4.0 cm
IVS thickness	ED - 1.0      ES-1.4	0.6-1.2cm
LVPW Thickness	ED - 0.9      ES-1.1	0.5-1.1cm
IVS/ LVPW Ratio	N	
Mitral Valve	DE-N      EF -N	

<i>INDICES OF LV FUNCTION</i>		
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

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Age	: 47 Yrs 7 Mth	UHID	: AFD000017909
Gender	: MALE	Bill No.	: AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 28-01-2023 08:37:19
Ward	:	Room No.	:
		Procedure Date	: 28-01-2023 14:04:28

### 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-0.7	A-0.4	MR 0/4
TRICUSPID VELOCITY	1.5 m/s		TR 0/4
AORTIC VELOCITY	0.9 m/s		AR 0/4
PULMONARY VELOCITY	0.7 m/s		PR 0/4
PA Pressure			



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Gender	: MALE	Bill No.	:	AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	28-01-2023 08:37:19
Ward	:	Room No.	:	
		Procedure Date	:	28-01-2023 14:04:28

### COLOUR FLOW MAPPING

No valvular regurgitation.

### FINAL IMPRESSION

1. No RWMA. LVEF-60%.
2. Normal cardiac chamber dimension.
3. Normal cardiac valves.
4. Normal mitral inflow pattern.
5. No clot/mass/vegetation/PE.

  
DR. MITHLESH 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. AMIT OHLAN	IPD No.	:	
Age	: 47 Yrs 7 Mth	UHID	:	AFD000017909
Gender	: MALE	Bill No.	:	AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	28-01-2023 08:37:19
Ward	:	Room No.	:	
		Procedure Date	:	28-01-2023 14:47:42

### TREAD MILL TEST

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

Medication

Protocol: Bruce

Duration of Test : 9.15 Min.

Stage : IV

Maximum Predicted Heart Rate - 173

85% Max - 147

Heart Rate Achieved - 149

%age of Predicted Heart Rate – 86 %

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 170 × 149

METS: 10.4

	Time(Min.)	Heart Rate(BPM)	B.P.(mm Hg)	Symptoms
Control Recumbent	00	77	120/80	Nil
Stage I	3:00	105	130/80	Nil
Stage II	3:00	130	140/80	Nil
Stage III	3:00	149	150/80	Nil
Stage IV	0:15	149	150/80	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

## NON INVASIVE CARDIOLOGY

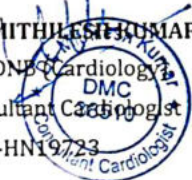
Patient Name	: MR. AMIT OHLAN	IPD No.	:
Age	: 47 Yrs 7 Mth	UHID	: AFD000017909
Gender	: MALE	Bill No.	: AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	: 28-01-2023 08:37:19
Ward	:	Room No.	:
		Procedure Date	: 28-01-2023 14:47:42

1. Mr. Amit Ohlan exercised on Bruce Protocol for 09.15 Min at a workload of 10.4 METS and achieved 86% of max. predicted HR. Exercise was terminated due to achieved THR.
2. In Baseline ECG early repolarization variant changes present.
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. MITHILESH KUMAR  
MD. DNB Cardiology  
Consultant Cardiologist  
HMC-HN19723  
Coronary Interventional Cardiologist



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NOT FOR MEDICOLEGAL PURPOSES

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

Prepare By.  
MADHVI.S



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. AMIT OHLAN	IPD No.	:	
Age	: 47 Yrs 7 Mth	UHID	:	AFD000017909
Gender	: MALE	Bill No.	:	AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	28-01-2023 08:37:19
Ward	:	Room No.	:	
		Print Date	:	28-01-2023 10:22:34

### 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. AMIT OHLAN	IPD No.	:	
Age	: 47 Yrs 7 Mth	UHID	:	AFD000017909
Gender	: MALE	Bill No.	:	AFDHC230000215
Ref. Doctor	: DR. PHC HEADAsian Fidelis	Bill Date	:	28-01-2023 08:37:19
Ward	:	Room No.	:	
		Print Date	:	28-01-2023 10:33:01

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 11.6 cm) and shows **mild fatty infiltration (s/o grade I fatty liver)**. 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 11.0 x 4.9 cm. The left kidney measures 9.9 x 4.4 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 normal in size (volume -28.8 cc) and echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

#### IMPRESSION:

- **Grade I fatty liver changes.**

*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. AMIT OHLAN UHID No. : AFD000017909  
 FATHER : MR. AZAD SINGH OHLAN Date : 28-01-2023 08:33:43  
 Age / Gender : 47 Yrs 7 Mth / MALE Doctor / Unit : DR. RAVJOT AHUJA /  
 CPG : CORPORATE CASHAIMS2122\_FD Department : DENTAL  
 Inst. Name : Acrofemi Healthcare Ltd  
 Address : 1204,B-7 RPS SAVANA, SEC-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002

Present Complaints:

Pt. cp broken tooth in upper left  
back tooth region

BP (mm Hg) 120/80 mmHg  
 Pulse 74 b/m  
 RR SpO2 - 95-1  
 Ht/Length  
 Wt-  
 Pain Score (1-10)

Past/Family History:

Any known Allergies

History Given By :

Clinical Findings :

Root Stumps  $\frac{8}{78}$   
 Stains & Calculus + + + Gen. Attention

Provisional Diagnosis : Root Stumps  $\frac{8}{78}$

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 :

Plan Of Care :

Treatment Advice: Adv. Extraction in 8 / 78 .

*Subul*  
28/1/23 .

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

Signature of Doctor / Consultant:  Date:..... Time:.....



OPD Assessment Form (First visit/Follow-up)



Name : MR. AMIT OHLAN UHID No. : AFD000017909  
FATHER : MR. AZAD SINGH OHLAN Date : 28-01-2023 08:33:43  
Age / Gender : 47 Yrs 7 Mth / MALE Doctor / Unit : DR. MUKUND SINGH /  
CPG : CORPORATE CASHAIMS2122\_FD Department : INTERNAL MEDICINE\_FD  
Inst. Name : Acrofemi Healthcare Ltd  
Address : 1204,B-7 RPS SAVANA, SEC-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002

Poojy

Present Complaints: PHC

BP (mm Hg) 120/80 mm/Hg  
Pulse 74 b/M  
RR SpO2 - 95%  
Ht/Length  
Wt-  
Pain Score (1-10)

Past/Family History:

None

Any known Allergies  
Not known

History Given By :  
Clinical Findings : Poojy

Provisional Diagnosis : Impaired glycaemic control

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

HSAIC = 6.1

mit ohla  
rel.

Investigations Advised :

R

① Acti Q 10 50 x 10 days

Plan Of Care :

Life style modification }  
Diet } As discussed  
Regular exercise }

Treatment Advice:

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

Dr. Mukund Singh  
Consultant Internal Medicine  
Asian Fidelis Multi Speciality Hospital  
RPS Savana City, Sector-88  
Faridabad-121002, Haryana  
MDS-2004 DNB (Medicine) 2010  
MCI-IMR/11/1006

Signature of Doctor / Consultant:..... Date..... Time:.....



OPD Assessment Form (First visit/Follow-up)



Name : MR. AMIT OHLAN  
 FATHER : MR. AZAD SINGH OHLAN  
 Age / Gender : 47 Yrs 7 Mth / MALE  
 CPG : CORPORATE CASHVIMS2122\_FD  
 Inst. Name : Acrofemi Healthcare Ltd  
 Address : 1204,B-7 RPS SAVANA, SEC-88, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000017909  
 Date : 28-01-2023 08:33:43  
 Doctor / Unit : DR. UPASANA /  
 Department : OPHTHALMOLOGY

Present Complaints: do Routine Checkup, flutters 15-20 years.

BP (mm Hg) 120/80 mm/Hg  
 Pulse 74 b/m  
 RR SPO<sub>2</sub> - 95%  
 Ht/Length  
 Wt-  
 Pain Score (1-10)

Past/Family History:

Nil

Screen time - 2 hours.

History Given By :

Clinical Findings : 6/6

VA < 6/6  
 e.g.

As mild blurriness

Any known Allergies  
 None

AR [ -9.25 / -1.75 @ 167  
 -9.25 / -1.25 @ 11.

Provisional Diagnosis :

high myopia

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 :

*Dilate fundus*

<i>Disc</i>	<i>N</i>	<i>N</i>
<i>vs</i>	<i>N</i>	<i>N</i>
<i>Rn</i>	<i>+</i>	<i>+</i>
<i>Blvd</i>	<i>N</i>	<i>N</i>

Plan Of Care :

*Risk Sign explained*

Treatment Advice:

*every morning Lid hygiene & baby Shampoo & warm water*  
*RA 6/12. Dr. S.S.*

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

Signature of Doctor / Consultant:.....*[Signature]*..... Date: *28/1/23* Time: *12:05*.....