



**asian**  
Institute of Medical Sciences



ISO 9001:2015  
NABH  
09F Apr 2023 - 29F Apr 2025  
10000000000000000000

UHID 331088




Name	: MR. SAJJAN KUMAR TAANK	UHID No.	: AFB000331088
FATHER	: PREM CHAND	Date	: 13-09-2024 10:45:02
Age / Gender	: 59 Yrs 8 Mth / MALE	Doctor / Unit	: DR. PRABHSARAN AHUJA /
CPG	: CORPORATE CASH ArcoFemi HealthCare Ltd	Department	: Health Check Up
Inst. Name	: ArcoFemi Healthcare Ltd		
Address	: H.NO-2493,G.BLOCK, SAINIK COLONY, FARIDABAD, HARYANA, INDIA		

Keto Hypertension (>10 yrs)

Regular exercise  
30-40 min/day

---



BP: 150/90  
mmHg  
TMT  
Negative

**DR. PRABHSARAN AHUJA, MBBS, Director - PHC-Health Check Up,**  
PHC (1st Floor), OPD Timmings Mon to Sat 9:00 a.m to 3:00p.m.

**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



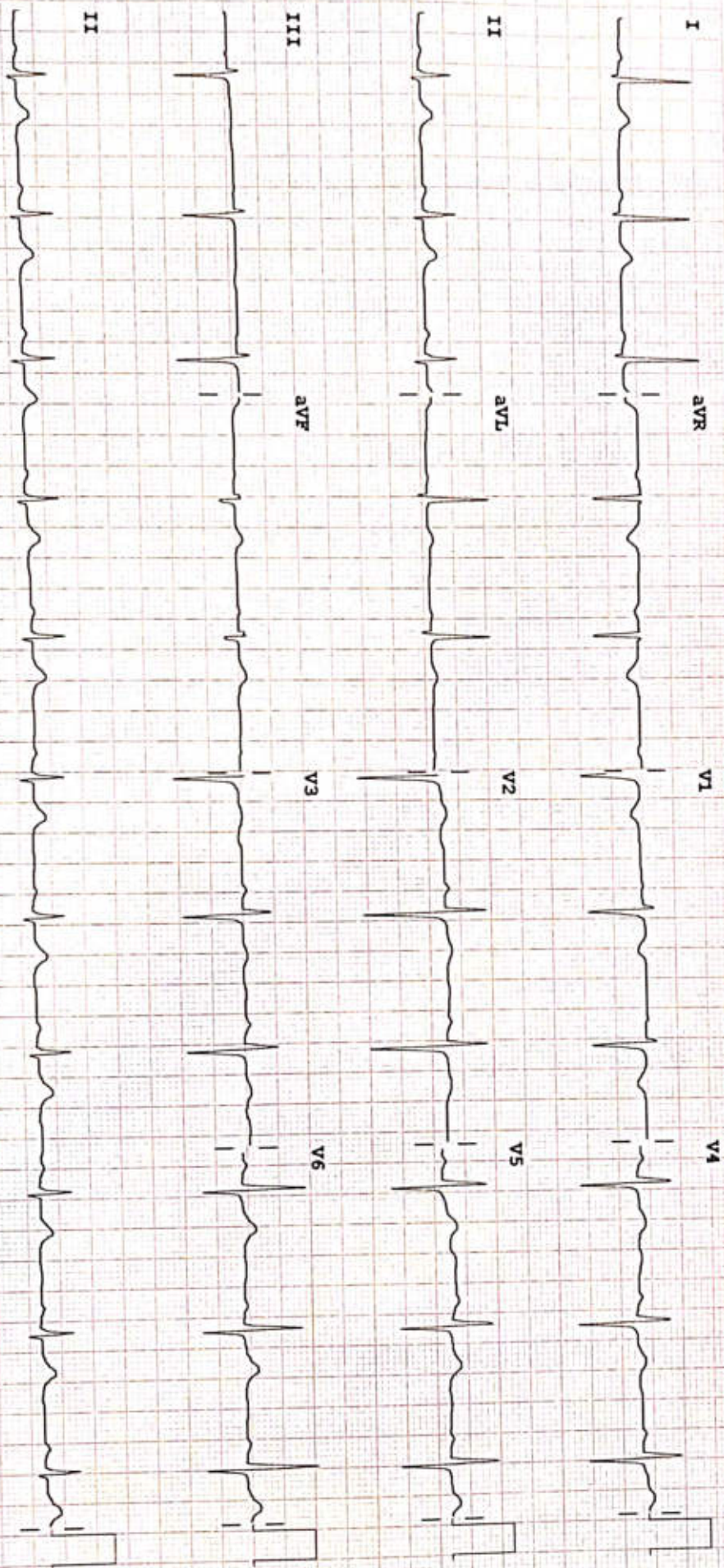
UHID 331088  
DOB 1/2/1965 59 Years

SAJJAN KOMAR TAANK  
Male

9/13/2024 11:28:11 AM  
ASIAN HOSPITAL

Rate 65  
PR 168  
QRSD 86  
QT 403  
QTc 419

--AXIS--  
P 22  
QRS -6  
T 33  
12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B

P?

OK USA

IQIP M0823A





## NON INVASIVE CARDIOLOGY

Patient Name	: MR. SAJJAN KUMAR TAANK	IPD No.	:
Age	: 59 Yrs 8 Mth	UHID	: AFB000331088
Gender	: MALE	Bill No.	: AFBHC240008758
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 13-09-2024 10:47:14
Ward	:	Room No.	:
		Procedure Date	: 13-09-2024 12:31:12

## TREAD MILL TEST

Clinical Diagnosis :- HTN  
Resting ECG: within normal limit

Medication

Duration of Test : 8;00 min

Maximum Predicted Heart Rate 161

Heart Rate Achieved 157

GXT Terminated (END POINT) :- Achieved THR

Pressure Rate Product: - 157x180

Protocol: Bruce

Stage : III

85% Max 137

%age of Predicted Heart Rate 98%

METS: 10.1

	Time(Min.)	Heart Rate(BPM)	B.P.(mm Hg)	Symptoms
Control Recumbent	00	68	150/90	Nil
Stage I	3:00	105	160/90	Nil
Stage II	3:00	132	170/90	Nil
Stage III	2:00	157	180/90	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

## ABNORMALITIES RECOVERY PHASE

.....Nil.....

## FINAL IMPRESSION

1. Mr. Sajjan exercised on Bruce Protocol for 8:00 Min at a workload of 10.1 METS and achieved 98% of max. predicted

## NON INVASIVE CARDIOLOGY

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Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	13-09-2024 10:47:14
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HR.Exercise was terminated due to achieved THR.


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

**NORMAL STRESS TEST : NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHAEMIA.**

Average exercise tolerance.

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Chairman- Cardiology & Cath Lab

**DR. L K JHA**  
MBBS,MD,DM (Cardiology)  
Associate Director & Head  
Fellowship of society of Angiography

  
**DR.KUMAR HRISHIKESH**  
MBBS, PGDCC  
Fellowship in Non Invasive Cardiology  
Consultant Cardiology

**DR. PRATEEK CHAUDHARY**  
MBBS,MD,DM(Cardio)  
SR. Consultant Cardiology  
Interventional Cardiologist.

**DR. DIWAKAR KUMAR**  
MBBS,MD,DNB (Cardiology)  
Consultant Cardiology

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 MEDICAL REPORT PURPOSES~~

Prepare By.  
**KUMAR.HRISHIK**  
ES





### FINAL REPORT

Bill No.	: AFBHC240008758	Bill Date	: 13-09-2024 10:47
Patient Name	: MR. SAJJAN KUMAR TAANK	UHID	: AFB000331088
Age / Gender	: 59 Yrs 8 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24303952	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 10:54
		Reporting Date & Time	: 13-09-2024 14:07

### SEROLOGY REPORTING

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

#### MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)

#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.14	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.16	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.94	mIU/L	0.27-4.20

#### PSA (TOTAL)

PROSTATIC SPECIFIC ANTIGEN (TOTAL) (ECLIA)		1.62	ng/mL	0-3.1
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It is increased in

(a) Prostatic disease e.g.

1. Cancer
2. Prostatitis
3. Benign hyperplasia prostate
4. Prostatic ischemia
5. Prostatic massage

(b) Non-prostatic disease

1. Biopsy
2. Digital rectal examination
3. Transurethral disease
4. Indwelling catheterization
5. Vigorous bicycle exercise

It is decreased in

1. Castration
2. Prostatectomy
3. Radiation therapy
4. Use of anti-androgenic drug
5. Ejaculation with in 24-48 hrs

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

#### IMPORTANT INSTRUCTIONS

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

Laboratory test results are to be clinically correlated.

Storage and discard of Specimen shall be as per AIMS specimen retention policy.

Test results are not valid for Medico - Legal purposes.

Results are Verified By



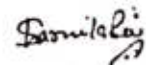
**DR. C.P. SHARMA**  
Ph.D.(Biochemistry)  
BIOCHEMIST

**DR. RAMESH CHANDNA**  
MD, MICROBIOLOGY, PGDHMM

**DR. UMA RANI**  
MD, PATHOLOGY

**DR. SHILPA GUPTA**  
MD, PATHOLOGY

**DR. SHARMILA RAI**  
MD, PATHOLOGY





### FINAL REPORT

Bill No. : AFBHC240008758	Bill Date : 13-09-2024 10:47
Patient Name : MR. SAJJAN KUMAR TAANK	UHID : AFB000331088
Age / Gender : 59 Yrs 8 Mth / MALE	Patient Type : OPD If PHC :
Ref. Consultant : DR. PRABHSARAN AHUJA	Ward / Bed : /
Sample ID : AFB24304043	Current Ward / Bed : /
	Receiving Date & Time : 13-09-2024 11:43
	Reporting Date & Time : 13-09-2024 12:26

### CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Urine				
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)</b>				
URINE-SUGAR (GOD POD METHOD)		Negative		Negative

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

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MD, MICROBIOLOGY, PGDHHM  
Chairman (Quality, Safety, LAB Services & Blood Bank)

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DIRECTOR

**DR. SHILPA GUPTA**  
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Associate Director

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





**FINAL REPORT**

Bill No.	: AFBHC240008758	Bill Date	: 13-09-2024 10.47
Patient Name	: MR. SAJJAN KUMAR TAANK	UIID	: AFB000331088
Age / Gender	: 59 Yrs 8 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24303950	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 10:54
		Reporting Date & Time	: 13-09-2024 13:13

**BLOOD BANK REPORTING**

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

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)**

**BLOOD GROUP (ABO & RH)**

ABO GROUP	B
RH TYPE	POSITIVE

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

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**DR. SHARMILA RAI**  
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Consultant


**FINAL REPORT**

<b>Bill No.</b>	: AFBHC240008750	<b>Bill Date</b>	: 13-09-2024 10:47
<b>Patient Name</b>	: MR. SAJJAN KUMAR TAANK	<b>UHID</b>	: AFB000331088
<b>Age / Gender</b>	: 59 Yrs 8 Mth / MALE	<b>Patient Type</b>	: OPD <span style="float:right">If PHC :</span>
<b>Ref. Consultant</b>	: DR. PRADHISARAN AHUJA	<b>Ward / Bed</b>	: /
<b>Sample ID</b>	: AFB24303949	<b>Current Ward / Bed</b>	: /
		<b>Receiving Date &amp; Time</b>	: 13-09-2024 10:54
		<b>Reporting Date &amp; Time</b>	: 13-09-2024 13:12

**HAEMATOLOGY REPORTING**

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

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)**

ESR (Westergren)	H	18	mm 1st hr	0 - 10
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**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.8	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.5	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS 100 Detection)		14.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		42.6	%	40 - 50
MEAN CORPUSCULAR VOLUME		94.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	32.2	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		34.3	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		160	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	47.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		13.9	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		68	%	40 - 80
LYMPHOCYTES		21	%	20 - 40
MONOCYTES		9	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

**GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)		5.0	%	4.27 - 6.07
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**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

recent food intake, it is a more useful tool for monitoring diabetics.

End of Report

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Bill No.	: AFBHC240008758	Bill Date	: 13-09-2024 10:47
Patient Name	: MR. SAJJAN KUMAR TAANK	UHID	: AFB000331088
Age / Gender	: 59 Yrs 8 Mth / MALE	Patient Type	: OPD
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24304298	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 15:02
		Reporting Date & Time	: 13-09-2024 15:51

**BIOCHEMISTRY REPORTING**

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

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)**

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		94.0	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)

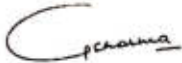
**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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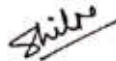
Results are Verified By



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**FINAL REPORT**

Bill No.	: AFBHC240008758	Bill Date	: 13-09-2024 10:47
Patient Name	: MR. SAJJAN KUMAR TAANK	UHID	: AFB000331088
Age / Gender	: 59 Yrs 8 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC :</span>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24304298	Current Ward / Bed	: /
		Receiving Date & Time	: 13-09-2024 15:02
		Reporting Date & Time	: 13-09-2024 15:51

Sample Type: Plasma, Serum

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	79.0	mg/dL	70 - 100
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 Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
 (As per American Diabetes Association recommendation)

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

BLOOD UREA (Urease-GLDH Kinetic)	18	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	1.0	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)	136	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)	4.2	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)	103	m.mol/L	98 - 107

**SERUM PROTEINS**

S.PROTEIN-TOTAL (Buret)	7.9	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.5	g/dL	3.5 - 5.2
S.GLOBULIN	3.4	g/dL	2.8-3.8
A/G RATIO	L 1.32		1.5 - 2.5

**LIPID PROFILE**

CHOLESTROL-TOTAL (CHO-POD)	H 195	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Immunoinhibition)	L 39 ↓ 90	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)	H 146	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	151	mg/dL	0 - 160
NON-HDL CHOLESTROL	H 156.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL	5.0		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	30	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.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)	0.95	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)	0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.80	mg/dL	0.2 - 0.8









**FINAL REPORT**

Bill No. : AFBHC240008758	Bill Date : 13-09-2024 10:47
Patient Name : MR. SAJJAN KUMAR TAANK	UHID : AFB000331088
Age / Gender : 59 Yrs 8 Mth / MALE	Patient Type : OPD
Ref. Consultant : DR. PRABHSARAN AHUJA	Ward / Bed : /
Sample ID : AFB24304297	Current Ward / Bed : /
	Receiving Date & Time : 13-09-2024 15:02
	Reporting Date & Time : 13-09-2024 16:42

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
Sample Type: Urine				
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(TMT)</b>				

**PHYSICAL EXAMINATION**

QUANTITY	Result	UOM	Biological Reference Interval
COLOUR	40 mL		
TURBIDITY	Pale yellow		Pale Yellow
	Clear		

**CHEMICAL EXAMINATION**

PH (Double pH indicator method)	Result	UOM	Biological Reference Interval
PROTEINS (Protein-error-of-indicators)	5.0		5.0 - 8.5
SUGAR (GOD POD Method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent pKa change)	Negative		Negative
UROBILINOGEN (Modified Erlich Reaction)	L 1.005		1.005 - 1.030
BILIRUBIN (Azo Coupling)	Normal		NORMAL
KETONES (Acetoacetic acid reaction with sodium nitroprusside)	Negative		NEGATIVE
NITRITE (Kinetic cadmium-reduction)	Negative		NEGATIVE

**MICROSCOPIC EXAMINATION**

LEUCOCYTES	Result	UOM	Biological Reference Interval
RBCS	0-1	/HPF	0 - 5
EPITHELIAL CELLS (URINE)	Nil		
CASTS	0-1		
CRYSTALS	Nil		

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

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*Uma Rani*

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Associate Director

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



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. SAJJAN KUMAR TAANK	IPD No.	:	
Age	: 59 Yrs 8 Mth	UHID	:	AFB000331088
Gender	: MALE	Bill No.	:	AFBHC240008758
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	13-09-2024 10:47:14
Ward	:	Room No.	:	
		Print Date	:	13-09-2024 14:40:10

### USG-WHOLE ABDOMEN:

Visualized liver is normal in size and echotexture. *Left lobe appears mildly obscured.* Intrahepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. Visualized lumen is echofree. Visualized CBD appears normal in calibre.

Visualized pancreas appears normal in size and echotexture.

Spleen is normal in size.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No hydronephrosis seen bilaterally. **Mild bilateral renal cortical scarring is noted with small bilateral subcentimetric simple renal cortical cysts.** (CT is the modality of choice for evaluation of tiny renal calculi).

Urinary bladder is partially distended at the time of scan.


Prostate is normal in size (~19gms/cc).

No ascites is seen.

**Please correlate clinically and with other investigations.**

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

Prepare By.  
MAHESH.K

  
DR. VAIBHAV MISHRA, MBBS, DMRD,  
DNB (Radiodiagnosis)  
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 : XRAY

Patient Name	: MR. SAJJAN KUMAR TAANK	IPD No.	:	
Age	: 59 Yrs 8 Mth	UHID	:	AFB000331088
Gender	: MALE	Bill No.	:	AFBHC240008758
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	13-09-2024 10:47:14
Ward	:	Room No.	:	
		Print Date	:	14-09-2024 09:28:25

### CHEST PA VIEW:

Rotation +

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.  
SAPNA.ARYA

  
DR. VAISHALI KUNDU, MBBS, MD- Radio-  
diagnosis  
Associate 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.