

Patient Name : Mr.GANGA PRASAD SINGH  
Age/Gender : 50 Y 7 M 21 D/M  
UHID/MR No : SCHI.0000019252  
Visit ID : SCHIOPV28009  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : ASDHJK123456

Collected : 23/Mar/2024 10:30AM  
Received : 23/Mar/2024 11:28AM  
Reported : 23/Mar/2024 03:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080168



Patient Name	: Mr.GANGA PRASAD SINGH	Collected	: 23/Mar/2024 10:30AM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>3.8</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>111.8</b>	fL	83-101	Calculated
MCH	<b>36.9</b>	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	<b>18.6</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,570	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	48.2	%	40-80	Electrical Impedance
LYMPHOCYTES	37.4	%	20-40	Electrical Impedance
EOSINOPHILS	5.4	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	1	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2684.74	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2083.18	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	300.78	Cells/cu.mm	20-500	Calculated
MONOCYTES	445.6	Cells/cu.mm	200-1000	Calculated
BASOPHILS	55.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.29		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	151000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MACROCYTES.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240080168



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**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA  
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SIN No:BED240080168



Patient Name : Mr.GANGA PRASAD SINGH	Collected : 23/Mar/2024 04:43PM
Age/Gender : 50 Y 7 M 21 D/M	Received : 23/Mar/2024 06:19PM
UHID/MR No : SCHI.0000019252	Reported : 23/Mar/2024 10:47PM
Visit ID : SCHIOPV28009	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : ASDHJK123456	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD

**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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	mg/dL	70-140	GOD - POD

**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.



Dr. SHWETA GUPTA  
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Consultant Pathology  
SIN No:PLP1436785



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UHID/MR No	: SCHI.0000019252	Reported	: 23/Mar/2024 06:09PM
Visit ID	: SCHIOPV28009	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: ASDHJK123456		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	42	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.46		<0.11	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.



Dr. SHWETA GUPTA  
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SIN No:SE04673297





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DEPARTMENT OF BIOCHEMISTRY

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

- 4) 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.
- 5) 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.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.40	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	76.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.50	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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 CHECKUP MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	35.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	16.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.5-8.5	Uricase
CALCIUM	<b>10.50</b>	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	<b>147</b>	mmol/L	135-145	Direct ISE
POTASSIUM	<b>5.5</b>	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	<b>8.50</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated



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Age/Gender : 50 Y 7 M 21 D/M	Received : 23/Mar/2024 11:28AM
UHID/MR No : SCHI.0000019252	Reported : 23/Mar/2024 05:35PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	16.00	U/L	15-73	Glycylglycine Nitoranalide



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
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SIN No:UR2314499



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Visit ID : SCHIOPV28009	Status : Final Report
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Emp/Auth/TPA ID : ASDHJK123456	

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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


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



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:UF011374



*Consultation Card*

<b>Name</b> : Mr. Ganga Prasad Singh	<b>Age</b> : 50 Y	<b>UHID</b> :SCH1.0000019252
<b>Address</b> : 147, 2nd floor. Sant Nagar, EOK	<b>Sex</b> : M	
<b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		<b>OP Number</b> :SCH1OPV28009
		<b>Bill No</b> :SCH1-OCR-10064
		<b>Date</b> : 23.03.2024 10:11

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - TMT - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	LIVER FUNCTION TEST (LFT) ✓	
3	GLUCOSE, FASTING ✓	
4	HEMOGRAM + PERIPHERAL SMEAR ✓	
5	HFA SPEECH AUDIOMETRY ✓	
6	DIET CONSULTATION <i>after Report</i>	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE(POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) ✓ <i>u2op</i>	
14	URINE GLUCOSE(FASTING) ✓	
15	X-RAY CHEST PA ✓	
16	ENT CONSULTATION ✓	
17	CARDIAC STRESS TEST(TMT) ✓	
18	FITNESS BY GENERAL PHYSICIAN ✓	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI) ✓	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓	

*02/08/1973 all check*

Height:	163.8 cm
Weight:	66.1 kg
B.P:	120/80
Pulse:	78
SP02:	99



## Bh - New Delhi - Kalkaji [Union Bank Of India]

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** Wednesday, March 20, 2024 11:16 AM  
**To:** Bh - New Delhi - Kalkaji [Union Bank Of India]  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Confirmed Request(UBOIE4349),Package Code-PKG10000369, Beneficiary Code-310521

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

**कृपया सावधानी बरतें एवं ध्यान दें:** यह ई-मेल बाहर से प्राप्त हुई है। कृपया प्रेषक के ई-मेल पते को पूर्ण रूप से जाँचें (केवल प्रेषक का नाम ही नहीं)। प्रेषक की पहचान किए बिना लिंक पर क्लिक न करें एवं संलग्न को न खोलें और पहचाने की दी गई सामग्री सुरक्षित है अथवा नहीं। संदिग्ध मेल के संबंध में, कृपया [antiphishing\[Dot\]ciso\[At the rate\]unionbankofindia\[Dot\]bank](#) पर रिपोर्ट करें

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011-41195959

Dear **GANGA PRASAD SINGH,**

We are pleased to confirm your health checkup booking request with the following details.

**Hospital Package Name** : Mediwheel Full Body Plus Annual Check Advanced Male  
**Patient Package Name** : MediWheel Full Body Health Checkup Male 50 To 60  
**Name of Diagnostic/Hospital** : Apollo Spectra - Nehru Enclave  
**Address of Diagnostic/Hospital-** : R-2, Nehru Enclave, Near Nehru Place Flyover, New Delhi - 110019  
**City** : Delhi  
**State** :  
**Pincode** : 110019  
**Appointment Date** : 23-03-2024  
**Confirmation Status** : Booking Confirmed  
**Preferred Time** : 8:30am  
**Booking Status** : Booking Confirmed





*In case this card is lost / found, kindly inform / return to :*  
Income Tax PAN Services Unit, UTITSI  
Plot No. 3, Sector 11, CBD Belapur,  
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :  
आयकर पैन सेवा यूनिट, यू टी आई सी एस यू एल,  
प्लॉट नं: 3, सेक्टर 11, सी बी डी बेलपुर,  
नवी मुंबई-400 614.

Consultation Card

**CERTIFICATE OF MEDICAL FITNESS**

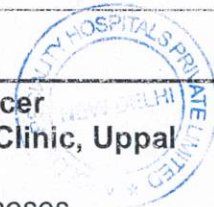
This is to certify that I have conducted the clinical examination

of Cranya Hasaid on 23/3

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after .....</p>	
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after ..... recommended</p>	
<ul style="list-style-type: none"><li>• Unfit</li></ul>	

Dr. \_\_\_\_\_  
Medical Officer  
The Apollo Clinic, Uppal



*This certificate is not meant for medico-legal purposes*



**PREVENTIVE HEALTH CARE SUMMARY**

NAME :-	Cranya Prasad	UHID No :	19252
AGE / GENDER :-	50g.M	RECEIPT No :-	
PANEL :	Aicofemi	EXAMINED ON :-	23/3

**Chief Complaints:**

**Past History:**

DM	:	Nil	CVA	:	Nil
Hypertension	:	Nil	Cancer	:	Nil
CAD	:	Nil	Other	:	Nil

**Personal History:**

Alcohol	:	Nil	Activity	:	Active
Smoking	:	Nil	Allergies	:	Nil

**Family History:**

**General Physical Examination:**

Height	163.8	:	cms	Pulse	78/m	bpm
Weight	56.1	:	Kgs	BP	120/80	mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS	:	Normal
Respiratory system	:	Normal
Abdominal system	:	Normal
CNS	:	Normal
Others	:	Normal



PREVENTIVE HEALTH CARE SUMMARY

NAME :- <i>Canya</i>	UHID No :	
AGE :-	SEX :	RECEIPT No :-
PANEL :	EXAMINED ON :-	

Investigations:

- All the reports of tests and investigations are attached herewith

*S-Bil 1.40*

Recommendation:

*low fat diet*

*Cap & Achue 100 x 1 - 2 mal*  
*My Vite D<sub>3</sub> 60 K once a week*  
*\*mal*

*Renew c reports*



Dr. Navneet Kaur  
Consultant Physician

*[Signature]*



**Dr. Prachi Sharma**

BDS, MDS - Prosthodontics and Crown & Bridge  
DDC No: A-14151

For Appointment: +91 11 4046 5555

Mob.: +91 9910995018

Email: drusha.maheshwari@apollospectra.com

23/03/2024

Mr. Ganga Prasad Singh  
Boy / Male

O/C:- Regular Dental Check-up.

M/H:- N-F

PDH:- RCT & Extraction (year back)  
(4 years back)

O/E:- Calculus +  
Stains +

Missing ———— 6

Cervical Abcession ———— 4

Generalised Gum Recession

Advised:- Restoration ———— 4  
Scaling

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048  
Ph: 011-40465555, 9910995018 | www.apollospectra.com

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | www.apollohl.com

PS

**Dr. Nayeem Ahmad**

MBBS (Patna), DLOMS (Patna)

DNB (I) New Delhi

Consultant ENT Surgeon

For Appointment : +91 11 40465555

Mob.: +91 9910995018

Ganga Prasad Singh  
50y/M

Abnormal sound in both ear

OE B/L TM intact (N)

Msc - ITHT

Thuf - None

TINNITUS ↓ EVALUATION

Azh

PTA + Impedance.

23/08/2024



Patient Name : Mr. Ganga Prasad Singh Age : 50 Y/M  
UHID : SCHI.0000019252 OP Visit No : SCHIOPV28009  
Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 23-03-2024 17:24  
Referred By : SELF

Protocol : Bruce Protocol  
Medication :  
Target Heart Rate : 170 BPM  
Heart Rate Achieved : 160 BPM  
Percentage of THR Achieved : 94%  
Maximum Blood Pressure : 130/90 mmHg  
Total Exercise Duration : 06:17 Min.  
Maximum Worked Attained : 07.80 Mets  
Reason for termination : Max HR attained.

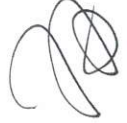
#### Comments

- Basal ECG NSR.
- Appropriate HR response.
- Appropriate BP response.
- No significant changes with standing and hyperventilation.
- Good exercise tolerance.
- No significant ST segment depression over baseline during exercise or recovery period.
- No crepts or rhonchi.
- Arrhythmia none.
- Chest pain absent.

#### Summary

- Test is negative for provokable myocardial ischemia.
- Good exercise tolerance.
- Appropriate BP response.

Please correlate clinically  
Not valid for medico legal purpose.



*Dr. M K Gupta*  
*M.B.B.S, MD, FIACM*  
*Senior Consultant Cardiologist*



APOLLO SPECTRA  
NEHRU ENCLAVE  
NEW DELHI

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: SINGH, GANGA PRASAD  
Patient ID: 19252  
Height: 163 cm  
Weight: 66 kg

DOB: 02.08.1973  
Age: 50 yrs  
Gender: Male  
Race: Indian

Study Date: 23.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [ mph ]	Grade [ % ]	HR [ bpm ]	BP [ mmHg ]	Comment
PRETEST	SUPINE	13:05	0.00	0.00	80	110/80	
	STANDING	00:28	0.00	0.00	84		
	HYPERV.	00:01	0.00	0.00	85		
	WARM-UP	00:13	0.80	0.00	84		
EXERCISE	STAGE 1	03:00	1.70	10.00	125	110/80	
	STAGE 2	03:00	2.50	12.00	146	130/90	
	STAGE 3	00:18	3.40	14.00	157	130/90	
RECOVERY		03:12	0.00	0.00	94	120/80	

The patient exercised according to the BRUCE for 6:17 min:s, achieving a work level of Max. METS: 7.80. The resting heart rate of 76 bpm rose to a maximal heart rate of 160 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/90 mmHg. The exercise test was stopped due to Max HR attained.

### Interpretation

Summary: Chest Pain: none.

### Conclusions

--

Physician \_\_\_\_\_ Technician \_\_\_\_\_



**SINGH, GANGA PRASAD**

Patient ID: 19252

23.03.2024 Male 163 cm 66 kg  
4:13:13pm 50 yrs Indian

Meds:

Test Reason:

Medical History:

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

BRUCE: Exercise Time 06:17  
Max HR: 160 bpm 94 % of max predicted 170 bpm HR at rest: 76  
Max BP: 130/90 mmHg BP at rest: 110/80 Max RPP: 20800 mmHg\*bp  
Maximum Workload: 7.80 METS  
Max. ST: -0.95 mm, 0.83 mV/s in V<sub>6</sub>; EXERCISE STAGE 3 6:18

Arrhythmia: A:32; PVC:1  
ST/HR index: 1.23  $\mu$ V/bpm  
HR reserve used: 85 %  
HR recovery: 42 bpm  
VE recovery: 0 VE/min  
ST/HR hysteresis: 0.059 mV (H)  
QRS duration: BASELINE: 84 ms, PEAK EX: 80 ms, REC: 80 ms  
**Reasons for Termination: Max HR attained**

**Summary:**  
**Chest Pain: none.**  
Room:  
Location: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bp]	VE [l/min]	ST Level V <sub>6</sub> [mm]	Comment
PRETEST	SUPINE	13:05	0.00	0.00	1.0	80	110/80	8800	1	0.70	
	STANDING	00:28	0.00	0.00	1.0	84		9240	1	0.90	
	HYPERV.	00:01	0.00	0.00	1.0	85		9350	1	0.90	
	WARM-UP	00:13	0.80	0.00	1.1	84		9240	0	0.95	
	STAGE 1	03:00	1.70	10.00	4.6	125	110/80	13750	0	0.60	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	146	130/90	18980	0	-0.10	
	STAGE 3	00:18	3.40	14.00	7.8	157	130/90	20410	0	-0.95	
RECOVERY		03:12	0.00	0.00	1.0	94	120/80	11280	0	-0.25	

GE CardioSoft V7.0 (10)

Unconfirmed

Attending MD:



ID: 0000019252

GANGA PRASAD SINGH SINGH

Male 50Years

Req. No. :

23-03-2024 12:00:57

HR : 68 bpm

P : 97 ms

PR : 123 ms

QRS : 81 ms

QT/QTcBz : 374/399 ms

P/QRS/T : 56/42/25 °

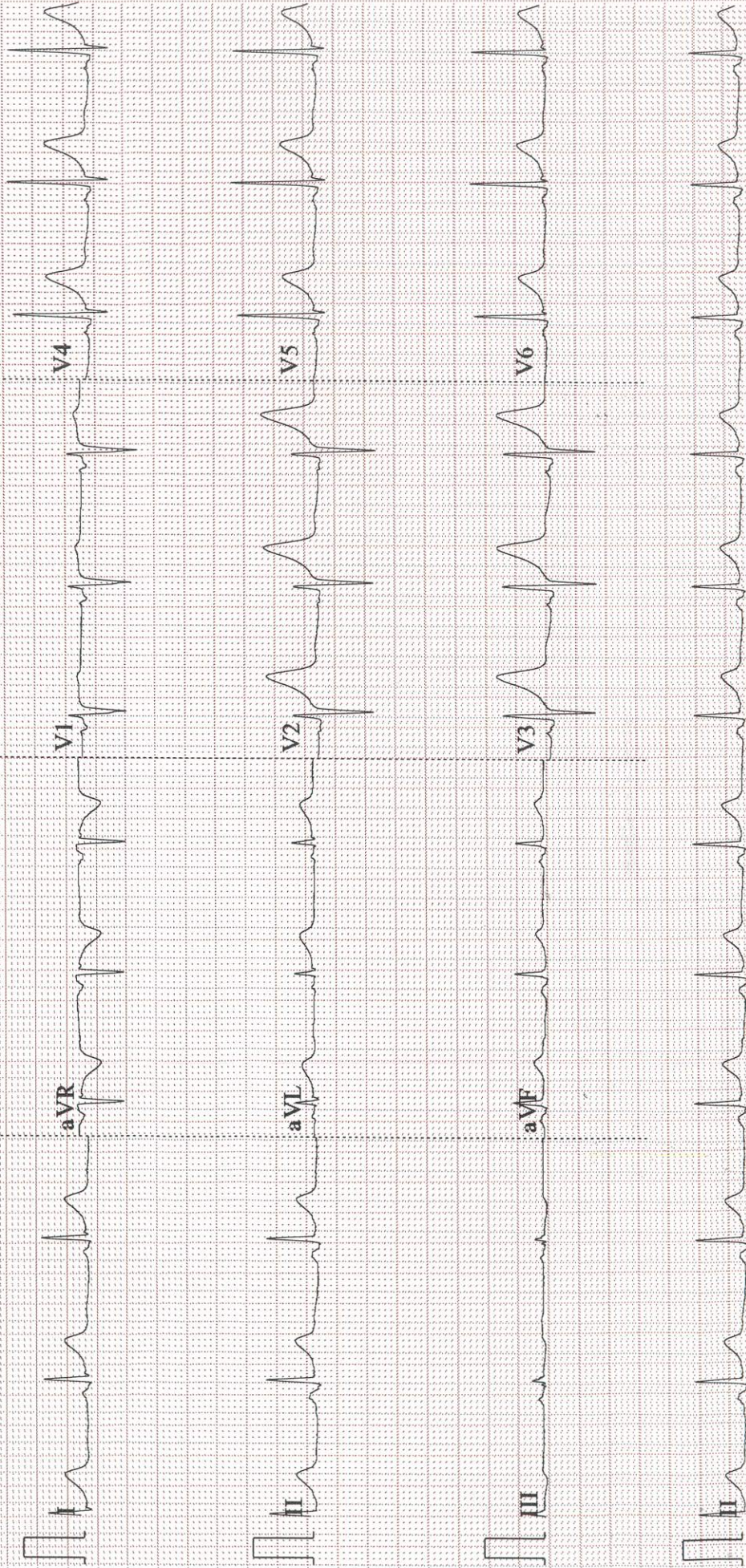
RV5/SV1 : 1.378/0.826 mV

Diagnosis Information:

Sinus Rhythm

Larged PtfV1

Report Confirmed by:





20/12/21

Mr. George Peter

In p/B 4/6 →  
 O 6/6 →  
~~6/6~~ 4/6  
 11C 19K  
 A M

4/6 20/12/21  
 4/12/21

Red p/B P 12/12 → 4/6  
 O 2 → 4/6  
 20/12/21

4/6 → 4/6  
 8/12 → 4/6  
 20/12/21

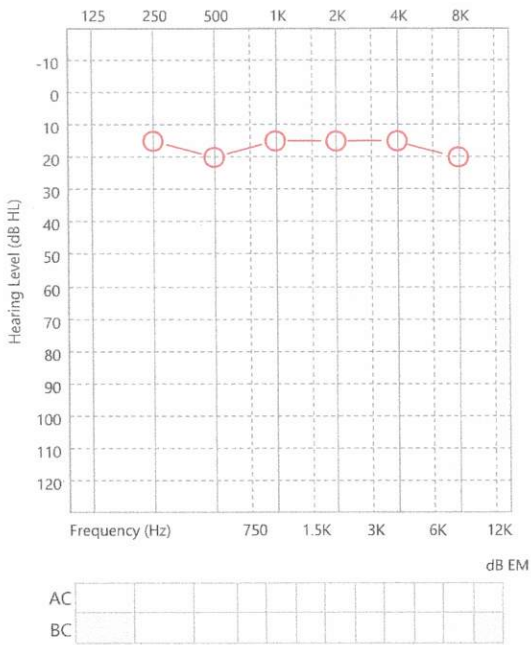
Adv. Recdm. glen & Proppese  
 Lubricate eye cap



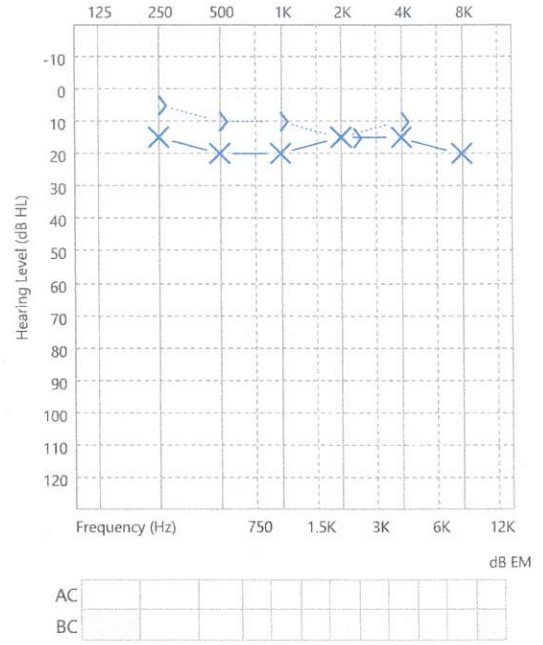
Name Ganga Prasad Singh  
Patient ID 10064  
Gender Male  
Age 50 years

23-03-2024

Right Ear



Left Ear



Comments

Bilateral normal hearing.

**PTA Average**

Right Ear: 17dBHL

Left Ear: 18dBHL

*[Signature]*  
23/3/24



## DIGITAL X-RAY REPORT

NAME: GANGA PRASAD SINGH	DATE: 23.03.2024
UHID NO : 19252	AGE: 50 YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal:

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

Name :	GANGA	Age/Sex	50	Yrs./M
UHID :	19252			
Ref By :	APOLLO SPECTRA	Date:-	23.03.2024	

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 14.4 Gms. It is normal in echotexture with no breach in the capsule. No free fluid seen..

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

**Please correlate clinically and with lab. Investigations.**

DR. MONICA CHHABRA  
Consultant Radiologist

