

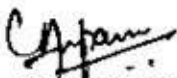
Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 12:38PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 02:31PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA					
HAEMOGLOBIN	11.8	Low	g/dL	12-15	Spectrophotometer
PCV	35.50	Low	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.11	Normal	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	86.4	Normal	fL	83-101	Calculated
MCH	28.7	Normal	pg	27-32	Calculated
MCHC	33.3	Normal	g/dL	31.5-34.5	Calculated
R.D.W	15.1	High	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,990	Normal	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTC COUNT (DLC)					
NEUTROPHILS	44.7	Normal	%	40-80	Electrical Impedence
LYMPHOCYTES	40.9	High	%	20-40	Electrical Impedence
EOSINOPHILS	8.7	High	%	1-6	Electrical Impedence
MONOCYTES	5.3	Normal	%	2-10	Electrical Impedence
BASOPHILS	0.4	Normal	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT					
NEUTROPHILS	2230.53	Normal	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2040.91	Normal	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	434.13	Normal	Cells/cu.mm	20-500	Calculated
MONOCYTES	264.47	Normal	Cells/cu.mm	200-1000	Calculated
BASOPHILS	19.96	Normal	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	227000	Normal	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	High	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR		Normal			

Page 1 of 18



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SIN No:BED240009640

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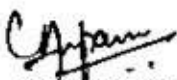
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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA					
BLOOD GROUP TYPE	B				Microplate Hemagglutination
Rh TYPE	Positive				Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	Normal	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	110	Normal	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.

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA					

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

HbA1C, GLYCATED HEMOGLOBIN	5.3	Normal	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105		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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM					
BILIRUBIN, TOTAL	0.42	Normal	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	Normal	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.35	Normal	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	Normal	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	Normal	U/L	<35	IFCC
ALKALINE PHOSPHATASE	98.00	Normal	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	Normal	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	Normal	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	Normal	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17	Normal		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.



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- 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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Test Name	Result	Status	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM					
CREATININE	0.82	Normal	mg/dL	0.51-0.95	Jaffe's, Method
UREA	18.70	Normal	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.7	Normal	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	Normal	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.10	Normal	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	Normal	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	Normal	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	Normal	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	Normal	mmol/L	101-109	ISE (Indirect)



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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	Normal	U/L	<38	IFCC



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 Regd. Office: 1-10-82/63, Arshika Raghupathi Chambers, 9th Floor, Begumpet, Hyderabad, Telangana - 500 018 |
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APOLLO CLINICS NETWORK

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Address:
 32/196/123, Dodda Lakshmi Village, Woodhall Main Road,
 Newlands Nagar, Electronic City, Bangalore,
 Karnataka - 560038

 **1860 500 7788**
www.apolloclinic.com

Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 12:49PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 04:33PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-iodothyronine (T3, TOTAL)	1.01	Normal	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	8.31	Normal	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.720	Normal	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

1. 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.
2. 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.
3. 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.
4. 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




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

SIN No:SPL24006442

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Karnataka - 560038

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Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma




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

SIN No:SPL24006442

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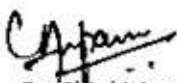
Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 01:12PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 02:52PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE					
PHYSICAL EXAMINATION					
COLOUR	PALE YELLOW			PALE YELLOW	Visual
TRANSPARENCY	HAZY			CLEAR	Visual
pH	7.5	Normal		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.015	Normal		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	POSITIVE +			NEGATIVE	Peroxidase
NITRITE	NEGATIVE			NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE			NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY					
PUS CELLS	2-3	Normal	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2		/hpf	<10	MICROSCOPY
RBC	6-8		/hpf	0-2	MICROSCOPY
CASTS	NIL	Normal		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT			ABSENT	MICROSCOPY

Page 14 of 18



Dr. Chinki Anupam
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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



SIN No:UR2262329

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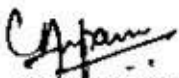
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Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 01:12PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 02:52PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324



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



SIN No:UR2262329

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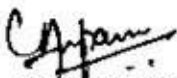
 **1860 500 7788**
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Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 04:02PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 04:41PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



Dr. Chinki Anupam
M.B.B.S,M.D(Pathology)
Consultant Pathologist



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



SIN No:UPP016147

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 Karnataka - 560033

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Patient Name : Mrs.VISHU SINGLA	Collected : 13/Jan/2024 10:05AM
Age/Gender : 35 Y 4 M 18 D/F	Received : 13/Jan/2024 01:12PM
UHID/MR No : RMAR.0000090994	Reported : 13/Jan/2024 02:30PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324

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



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



SIN No:UF010196

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Patient Name : Mrs.VISHU SINGLA	Collected : 27/Jan/2024 09:13PM
Age/Gender : 35 Y 5 M 1 D/F	Received : 29/Jan/2024 12:34PM
UHID/MR No : RMAR.0000090994	Reported : 31/Jan/2024 03:10PM
Visit ID : CMAROPV763469	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF CYTOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324


LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE

	CYTOLOGY NO.	1735/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells and parabasal cells along with clusters of endocervical cells. Some of cells show high N/C ratio with anisonucleosis and irregular nuclear contours.
III	RESULT	
a	EPITHEIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE- ASC-US
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE- ASC-US

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:
PERIPHERAL SMEAR



DR. K. RAMA KRISHNA REDDY
M.B.B.S., M.D
CONSULTANT PATHOLOGIST

SIN No:CS073592

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- GRL BANGALORE

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Newlands Nagar, Electronic City, Bangalore,
Karnataka - 560038

1860 500 7788
www.apolloclinic.com

VISHU SINGLA
ID: 000090994

15-Jan-2024
12:25:03

35 years
161 cm
61 kg

Female

Referred by: ARCOFEMI

BRUCE
Max HR: 173bpm 96% of max predicted 185bpm
Max BP: 100/60
Reason for Termination: Max HR attained
Comments: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	0:34	**	**	1.0	94	100/60	94
	STANDING	0:01	**	**	1.0	96	100/60	96
	HYPERVENT	0:22	0.8	0.0	1.1	94	100/60	94
EXERCISE	STAGE 1	3:00	1.7	10.0	4.8	118	100/60	118
	STAGE 2	3:00	2.3	12.0	7.0	148		
	STAGE 3	2:02	3.4	14.0	10.1	178	100/60	178
RECOVERY	Post	3:39	**	**	1.0	96		

Technician:

APOLLO MEDICAL CENTRE MARATHA HALL
Unconfirmed

MAC55 009C

VISHU SINGLA
ID: 000090994

19-Jan-2024
12:25:03

35years
161cm

61kg

Female

Referred by: ARCOPEMI

BRUCE
Max HR: 178bpm 96% of max predicted 185bpm
Max BP: 100/60
Maximum workload: 10.1METS
Total Exercise time: 8:02

Reason for Termination: Max HR attained

Comments: GOOD EFFORT TOLERANCE

NORMAL HR AND BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY

NO ANGINA / ARRHYTHMIA

25.0 mm/s
16.0 mm/mV
100hz

BASELINE

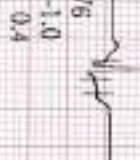
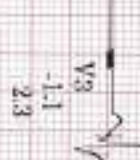
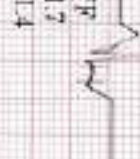
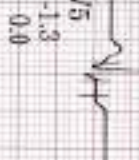
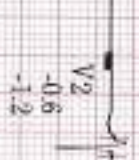
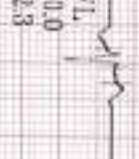
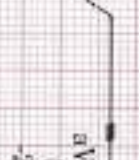
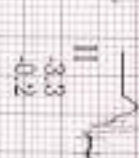
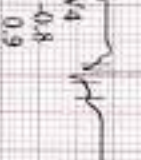
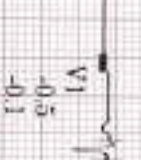
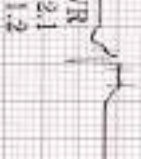
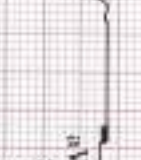
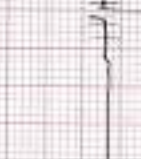
EXERCISE STAGE 1
0:00 1.1METS
94bpm
BP: 100/60
ST @ 10mm/mV
80ms postl

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 3
7:20 9.0METS
173bpm
BP: 100/60
ST @ 10mm/mV
80ms postl

MAX ST

Lead
ST(mm)
Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

STANDARD MEDICANS REPORT

VISHU SINGLA
ID: 600090994

15-Jan-2024
12:25:03

35years
161cm

61kg

Female

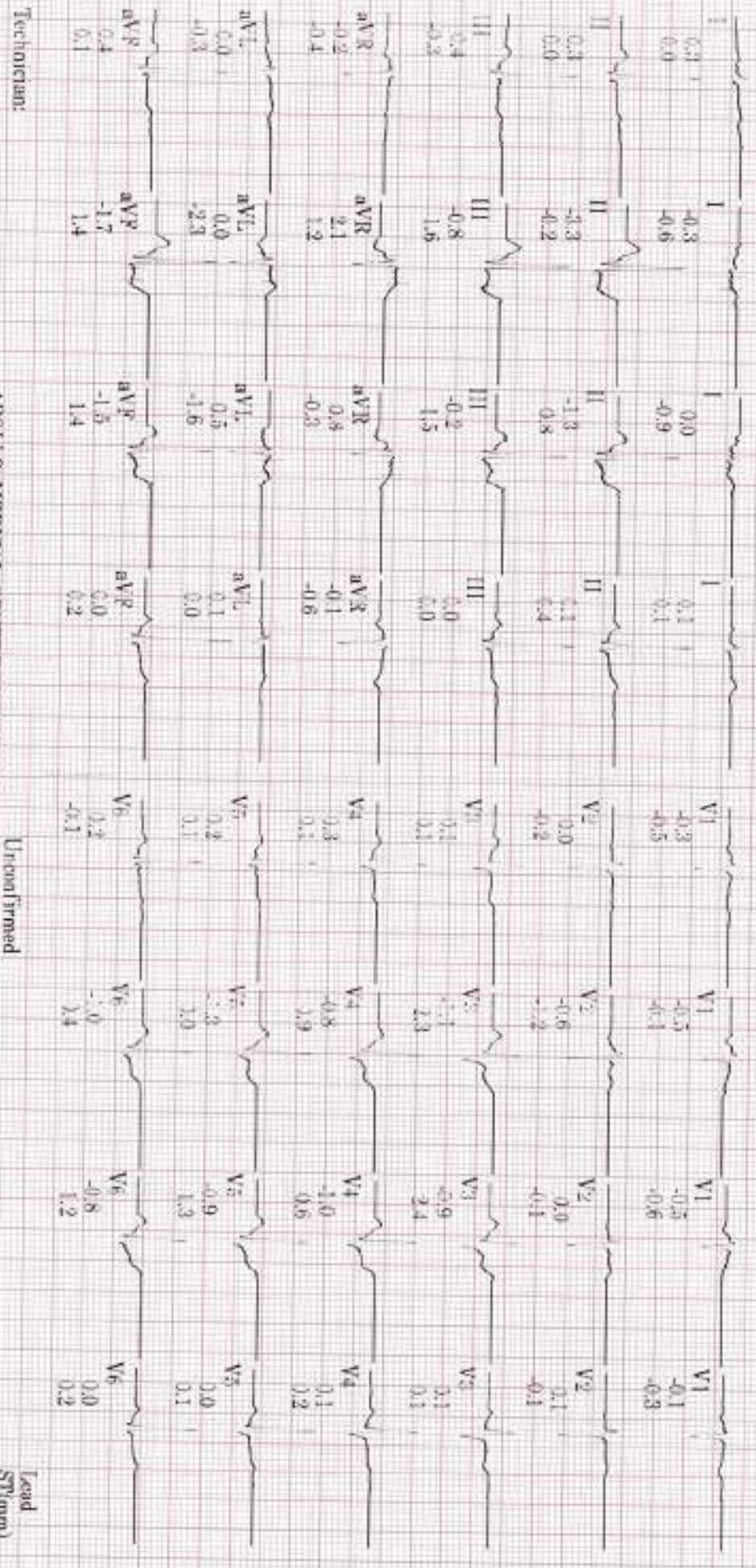
ERIC3
Max HR: 178bpm 96% of max predicted 185bpm
Max EP: 100/60
Reason for Termination:
Common-cls: GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
NO ANGINA / ARRHYTHMIA
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 8:02
Maximum workload: 10.1METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by: ARCOFEMI

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0-00 94bpm BP: 100/60	7:20 173bpm BP: 100/60	8:00 178bpm BP: 100/60	8:39 96bpm	0-00 94bpm BP: 100/60	7:20 173bpm BP: 100/60	8:00 178bpm BP: 100/60	8:39 96bpm



APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C

Lead
ST(m)
Slope(mV/s)

VISHU SINGLA

ID: 000090994

13-Jan-2024

12:39:22

97bpm

RECOVERY

Post

5:00

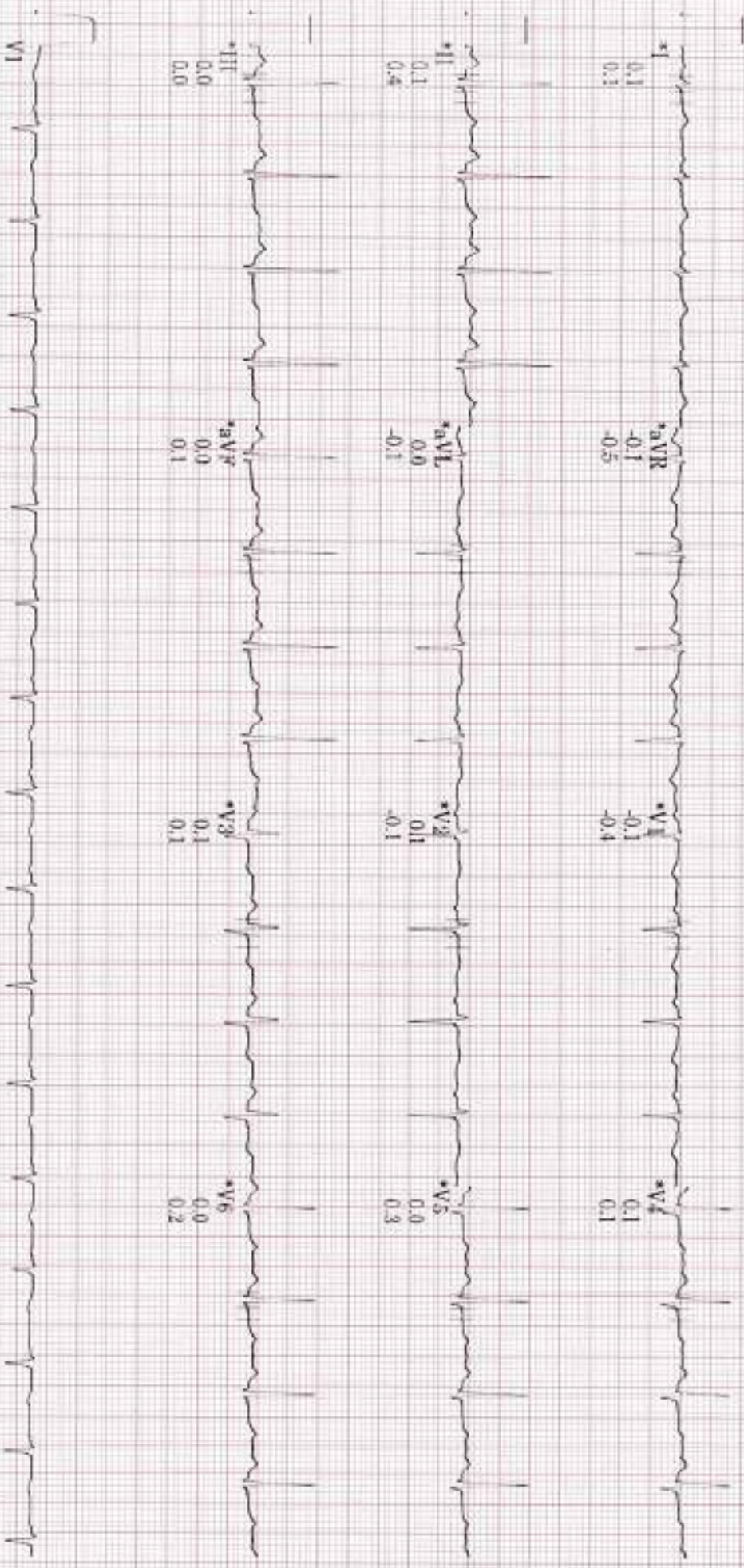
BRUCE

** * mph

** * %

ST @ 10mm/mV
80ms postI

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

MAC35 009C

ACEW CE

VISHU SINGLA
ID: 000090994

13-Jan-2024
12:37:22

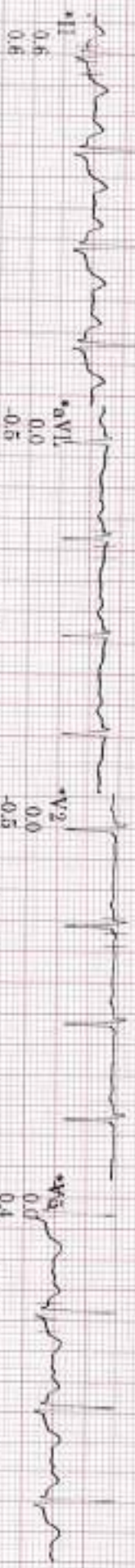
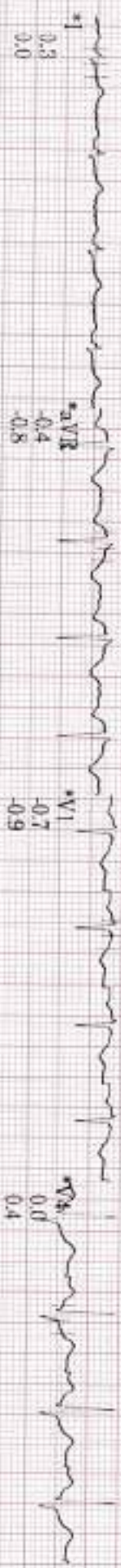
96bpm

RECOVERY
Post
3:00

BRUCE
** *mph
** *%
** *%

ST @ 10mm/mV
80ms postd

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
30 Hz 25.0 mm/s 10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm
MAC155 009C

VISHU SINGLA

ID: 000090994

13-Jan-2024

12:35:22

121bpm

RECOVERY
Post

BRUCE
***mph

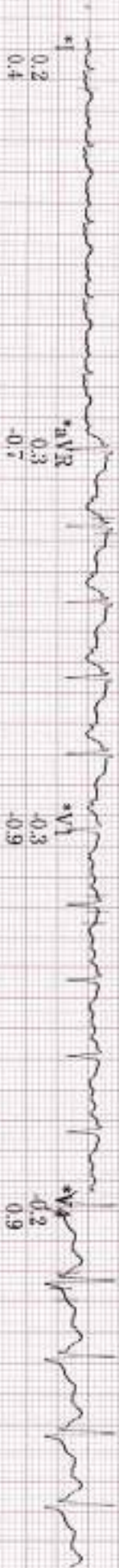
BP: 100/60

1:00

***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



30 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46
* Computer Synthesized Rhythm
MAC55 009C

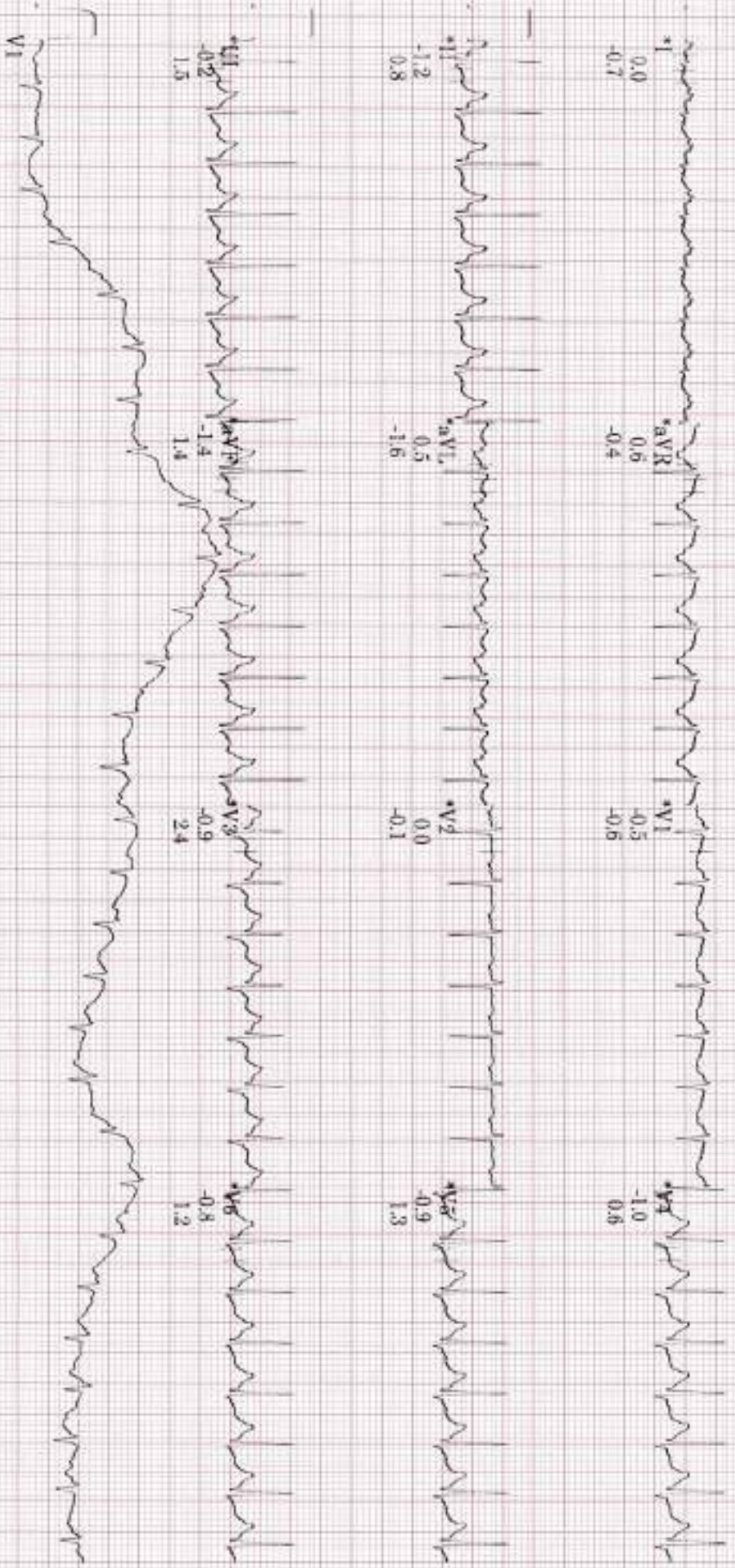
VISHU SINGLA
ID: 600090994

13-Jan-2024
12:34:23

EXERCISE
STAGE 3
178bpm
BP: 100/60
ST @ 10mm/mV
80ms postf

BRUCE
3.4mph
14.0%

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm
20 Hz
25.0 mm/s
10.0 mm/mV
A-H-S-HR 46

Computer Synthesized Rhythm
MAC55 009C

VISHU SINGLA
ID: 000090994

13-Jan-2024

12:32:10

145bpm

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postd

Lead
ST(mV)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

AccV CE

MAC55 009C

II

VISHU SINGLA
ID: 000090994

13-Jan-2024
12:29:10

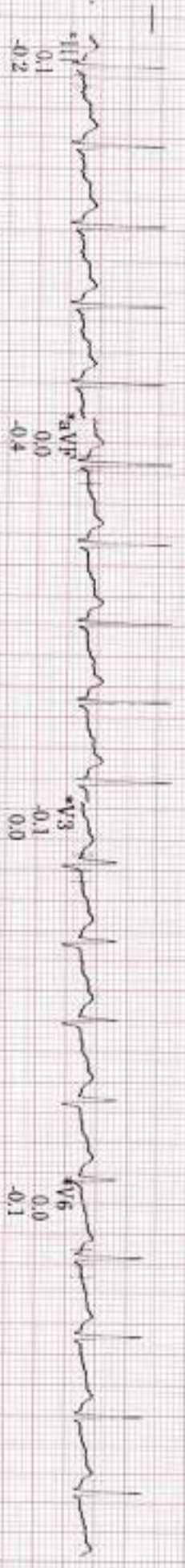
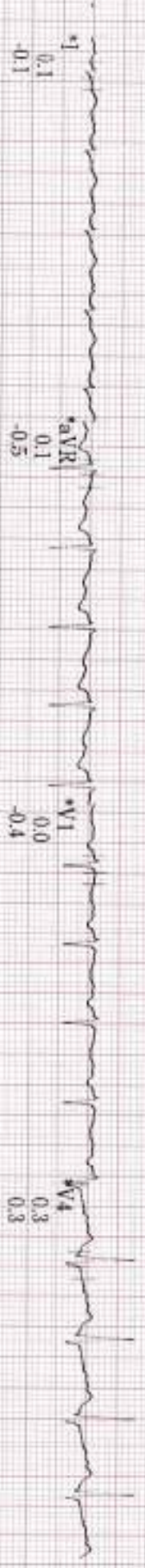
115bpm
BP: 100/60

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

MAC35 009C

VISHU SINGLA
ID: 000090994

19-Jan-2024
12:26:13

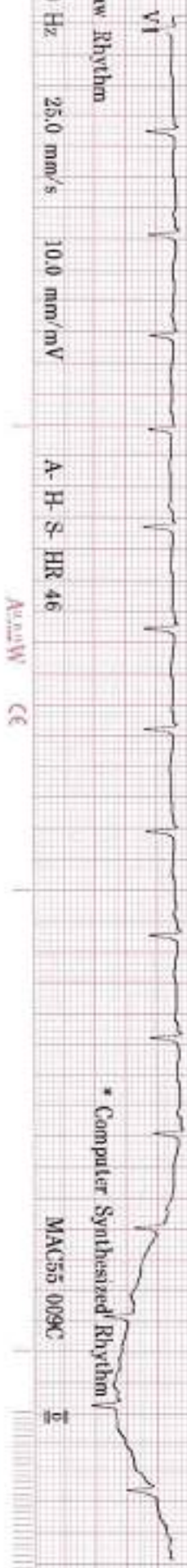
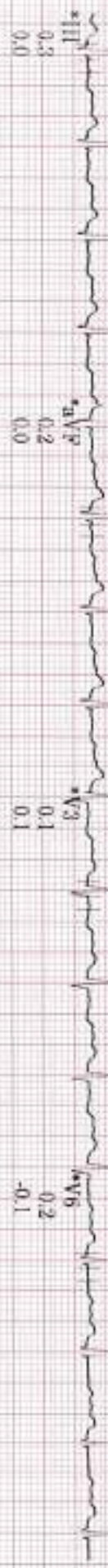
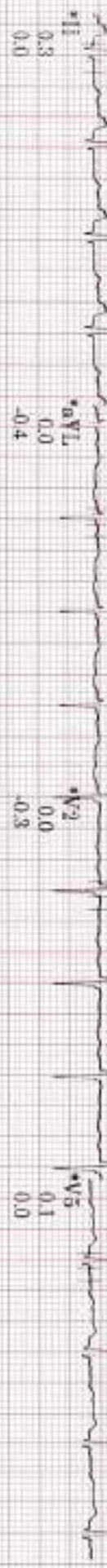
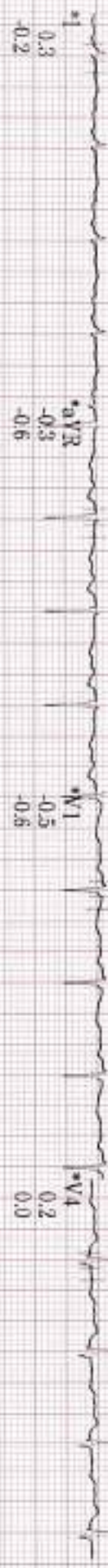
100bpm
BP: 100/60

PRETEST
HYPERVENT
1:10

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm
20 Hz 25.0 mm/s 10.0 mm/mV
A-H-S-HR 46

* Computer Synthesized Rhythm
MAC55 009C

VISHU SINGLA
ID: 000090994

13-Jan-2024
12:25:57

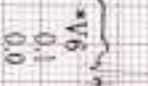
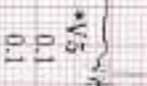
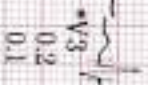
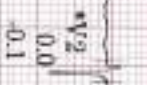
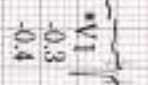
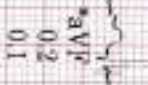
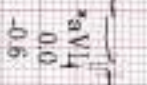
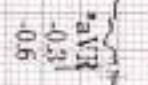
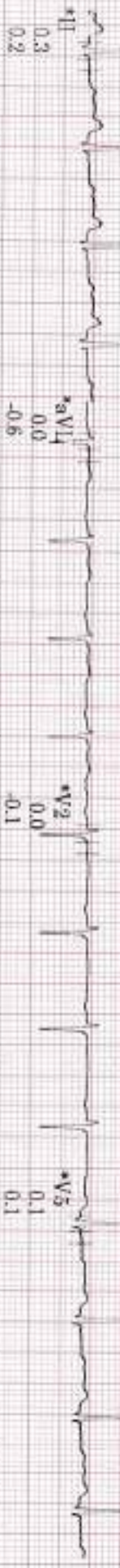
95bpm

PRETEST
STANDING
0:54

BRUC
**mph
**s

ST @ 10mm/mV
80ms postJ

Lead
STV(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S HR 46

* Computer Synthesized Rhythm

MAC35 009C

AccW CE

35years
Female
161cm 61kg

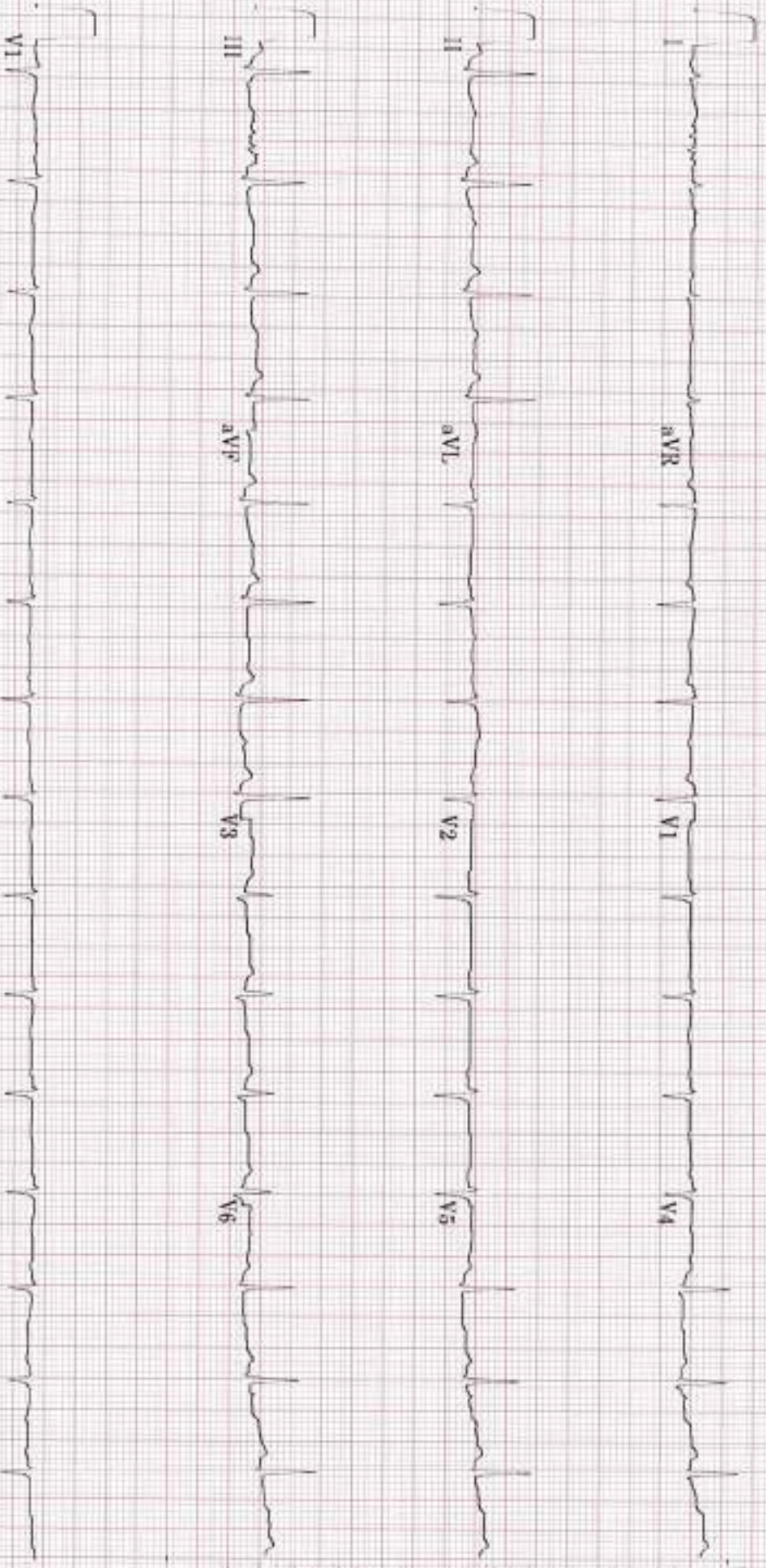
Vent. rate 93 bpm
PR interval 156 ms
QRS duration 74 ms
QT/QTc 340/422 ms
P-R-T axes 78 84 63

Normal sinus rhythm
Normal ECG

Technician

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

APOLLO CE

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V239

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Vishu Singla on 13/1/24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. _____
Medical Officer



This certificate is not meant for medico-legal purposes

Date : 13-01-2024

MR NO : RMAR.0000090994

Department : GENERAL

Doctor :

Name : Mrs. VISHU SINGLA

Registration No :

Age/ Gender : 35 Y / Female

Qualification :

Consultation Timing: 09:24

Height : 161 Cm.	Weight : 61.2 kg	BMI :	Waist Circum :
Temp :	Pulse : 83 b/M.	Resp :	B.P : 109/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

Patient Name : Mrs. VISHU SINGLA

Age/Gender : 35 Y/F

UHID/MR No. : RMAR.0000090994

OP Visit No : CMAROPV763469

Sample Collected on :

Reported on : 13-01-2024 17:14

LRN# : RAD2207607

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 41195959

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

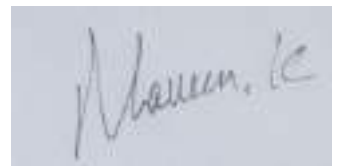
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name : Mrs. VISHU SINGLA	Age/Gender : 35 Y/F
UHID/MR No. : RMAR.0000090994	OP Visit No : CMAROPV763469
Sample Collected on :	Reported on : 13-01-2024 14:14
LRN# : RAD2207607	Specimen :
Ref Doctor : SELF	
Emp/Auth/TPA ID : 41195959	

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on left side.

Right kidney measures 9.4cm and parenchymal thickness measures 1.5cm. and shows few calculi, largest in inter pole measuring 5mm.

Left kidney measures 10.4cm and parenchymal thickness measures 1.8cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.9x5.9x3.7cm. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9.4mm.

OVARIES: Both ovaries appear normal in size and echopattern.

Right ovary measures 3.0x1.6cm.

Left ovary measures 3.1x2.2cm.

No free fluid is seen.

Visualized bowel loops appears normal.

IMPRESSION:

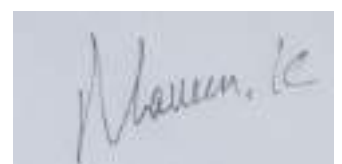
RIGHT RENAL NON OBSTRUCTIVE CALCULI.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation if needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.





Patient Name : Mrs. VISHU SINGLA

Age/Gender : 35 Y/F

Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology