Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive	2	
	oning mothod Vi	dly confirm with Tyles mothed	for transfusion
INTERPRETATION: Note: Slide method is scre	ening method. Kii	iary commin with rube method	for transfusion.
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood'Spectrophotometry)	15.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.1	%	42 - 52
RBC Count (EDTA Blood)	5.09	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	35.1	g/dL	32 - 36
RDW-CV	13.2	%	11.5 - 16.0
RDW-SD	40.01	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5600	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	38.1	%	40 - 75
Lymphocytes (Blood)	43.4	%	20 - 45
Eosinophils (Blood)	4.3	%	01 - 06
Monocytes (Blood)	13.7	%	01 - 10



The results pertain to sample tested.

Page 1 of 10

Ref. Dr	: MediWheel	
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Age / Sex	: 36 Year(s) / Male	<b>Report On</b> : 01/03/2024 7:21 PM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
Name	: Mr. S L AKSHAY	

Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell coun	ter. All abnormal result	s are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	2.13	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.43	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.24	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.77	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	239	10^3 / µl	150 - 450
MPV (Blood)	8.6	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	4	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/ <i>GOD-PAP</i> )	92.64	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	90.22	mg/dL	70 - 140







The results pertain to sample tested.

Page 2 of 10

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

#### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4 mg/dL	7.0 - 21
Creatinine	<b>1.41</b> mg/dL	0.9 - 1.3

### (Serum/Modified Jaffe)

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i> )	7.84	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.60	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.41	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC)</i>	45.10	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	110.71	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	116.57	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	52.0	U/L	53 - 128







The results pertain to sample tested.

Page 3 of 10

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

Total Protein (Serum/ <i>Biuret</i> )	7.12	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.27	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.85	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i> )	1.50		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	255.38	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i> )	517.83	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	30.92	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/ <i>Calculated</i> )	120.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/ <i>Calculated</i> )	103.6	mg/dL	< 30
	NC-555		APPROVED BY

The results pertain to sample tested.

Page 4 of 10

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

Non HDL Cholesterol (Serum/ <i>Calculated</i> )	224.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219
			Very High: $\geq 220$

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i> )	8.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i> )	16.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i> )	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERPRETATION: If Diabetes - Good control :	6.1 - 7.0 % , Fai	r control : 7.1 - 8.0 %	%, Poor control >= $8.1$ %

Estimated Average Glucose 116.89 mg/dL (Whole Blood)







The results pertain to sample tested.

Page 5 of 10

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.).Old No66 & New No 1. 2nd Main Road. Bashvam Circle

Name	: Mr. S L AKSHAY		
PID No.	: MED122499480	Register On	: 01/03/2024 7:58 AM
SID No.	: 522403449	<b>Collection On</b>	: 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On	: 01/03/2024 7:21 PM
Туре	: OP	Printed On	: 02/03/2024 12:02 PM
Ref. Dr	: MediWheel		

#### **INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c. THYROID PROFILE / TFT T3 (Triiodothyronine) - Total 1.08 0.7 - 2.04 ng/ml (Serum/ECLIA) **INTERPRETATION: Comment:** Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active. T4 (Tyroxine) - Total 8.92 µg/dl 4.2 - 12.0 (Serum/ECLIA) **INTERPRETATION: Comment :** Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active. 0.35 - 5.50 TSH (Thyroid Stimulating Hormone) 1.85 µIU/mL (Serum/ECLIA) **INTERPRETATION:** Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) **Comment :** 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI. 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. 3. Values&amplt(0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





The results pertain to sample tested.

Page 6 of 10

<sup>&</sup>lt;u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

Colour	Pale yellow	Yellow to Amber
(Urine)		00 1 11100
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION</u> <u>COMPLETE)</u>	<u>(URINE</u>	
pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.004	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Leukocytes(CP) (Urine)	Negative	

(URINE COMPLETE)







The results pertain to sample tested.

Page 7 of 10

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts	NIL	/hpf	NIL
(Urine)			
Crystals	NIL	/hpf	NIL
(Urine)			







The results pertain to sample tested.

Page 8 of 10

Name		Mr. S L AKSHAY			
PID No.	:	MED122499480	<b>Register On</b>	:	01/03/2024 7:58 AM
SID No.	:	522403449	<b>Collection On</b>	:	01/03/2024 9:24 AM
Age / Sex	:	36 Year(s) / Male	Report On	:	01/03/2024 7:21 PM
Туре	:	OP	Printed On	:	02/03/2024 12:02 PM
Ref. Dr	:	MediWheel			

BUN / Creatinine Ratio

8.09

6.0 - 22.0





The results pertain to sample tested.

Page 9 of 10

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.).Old No66 & New No 1. 2nd Main Road. Bashvam Circle

Name	: Mr. S L AKSHAY	
PID No.	: MED122499480 F	Register On : 01/03/2024 7:58 AM
SID No.	: 522403449	Collection On : 01/03/2024 9:24 AM
Age / Sex	: 36 Year(s) / Male	Report On : 01/03/2024 7:21 PM
Туре	: OP I	Printed On : 02/03/2024 12:02 PM
Ref. Dr	: MediWheel	

URINE ROUTINE





-- End of Report --

The results pertain to sample tested.

Page 10 of 10

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.).Old No66 & New No 1. 2nd Main Road. Bashvam Circle

Name	MR.S L AKSHAY	ID	MED122499480
Age & Gender	36Y/MALE	Visit Date	01 Mar 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (13.6 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

### KIDNEYS

**Right kidney:** Normal in shape, size and shows subtle increase in cortical echogenicity. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis. **Left kidney:** Normal in shape, size and shows subtle increase in cortical echogenicity. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis. The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.7
Left Kidney	10.5	1.9

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

### **IMPRESSION:**

- Grade I fatty infiltration of liver.
- Bilateral mild increased renal cortical echogenicity Suggested clinical and serum creatinine correlation.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Name	MR.S L AKSHAY	ID	MED122499480
Age & Gender	36Y/MALE	Visit Date	01 Mar 2024
Ref Doctor Name	MediWheel		

Hn/Mi

MEDALL CLUMAX DIAGNOSTICS VYALIKAVAL BANGALORE

# EXERCISE STRESS TEST REPORT

Patient Nume: MR S L AKSHAY, MEDI WHEEL Patient ID: MED122499480 Height: Weight:

Study Date: 02.03.2024 Test Type: --Protocol: BRUCE Medications:

Medical History:

Reason for Exercise Test:

Exercise Test Summary

Phase Name Stage Name Time Speed Grade HR BP Comment in Stage (mph) (%) (bpm) (mmHg) PRETEST SUPINE 00:15 0.00 0.00 84 120/80 EXERCIS STAGE 1 03:00 1.70 10.00 139 130/80 STAGE 2 03:00 2.50 12.00 162 150/90 STAGE 3 00:18 3.40 14.00 169 160/90 RECOVERY 05:06 0.00 0.00 100 140/80

The patient exercised according to the BRUCE for 6:18 min:s, achieving a work level of Max. METS: 7.80. The resting heart rate of 89 bpm rose to a maximal heart rate of 169 bpm. This value represents 91 % of the maxima, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved. Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

### Conclusions

IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEAMIA

DR. YASHODHARAVI CONSULTANT CARDIOLOGIST

Physician

Technician

DOB: 30.04.1987 Age: 36vrs Gender: Male Race:

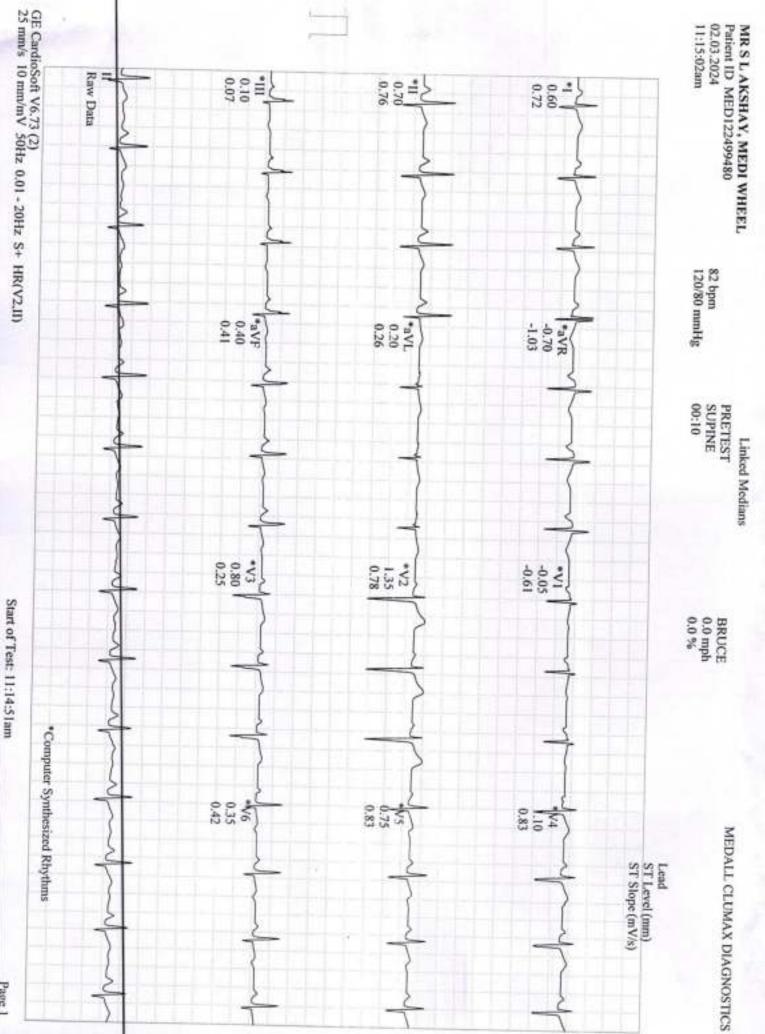
Referring Physician: --Attending Physician: --Technician: --

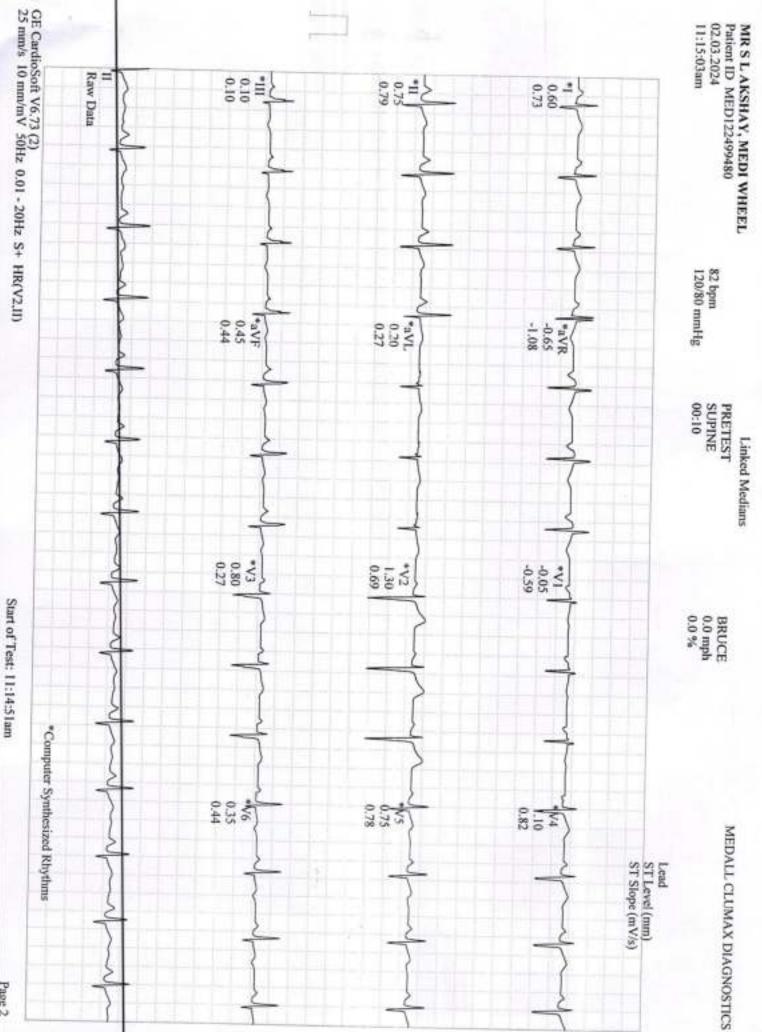
BASELINE EXERCISE 0-01 84 bpm 120/80 mmHg	MAX. ST EXERCISE 4:00 155 bpm	PEAK EXERCISE EXERCISE 6:18 169 bpm 160/90 mmHg	TEST END RECOVERY 4:50 97 bpm	BASELINE EXERCISE 0:01 84 bpm 120/80 mmHg	MAX. ST EXERCISE 4:00 155 bpm	PEAK EXERCISE EXERCISE 6:18 169 bpm 160/0 mmHg	TEST END RECOVERY 4:50 97 bpm
0.72 mV/s		1 025 127	0.40 0.40	VI-11-	VIT-015	VIT-11-	VL-11-
11 0.70 0.80	11	229	0.71 0.71	V2 1.35 0.69	V2 0.50 1.02	V2 0.80 1.23	V2 - 1
0.10 0.06	0.86	-0.20 0.89	111 -0.05 0.14	V3	0.20 H	N 200	V3 V1 0.70 0.19
aVRM	aver 1.67	ave -0.15 -1.83	aVR/ -0.40 -0.91	V4 1.10 0.72	V4 V4	V4 125 220	V4 V4 0.80 0.58
aVL-11+	aVL-1/H- 0.15 -0.06	aVIL WH- 0.20 0.06	avi ++++	vs 4t-	VS VF	VS 0.30 1.89	vs-4/H- 0.45
ave 40 0.40 0.48	aVF -0.25	aVF -0.10 1.62	aVF 0.20 0.46	v6~/+	-0.40 -0.40 1.22	V6 VF	V6-44-0-10 0.10 0.35
GE CardioSoft V6. 10mm/mV 50Hz	GE CardioSoft V6.73 (2) 10mm/mV 50Hz 0.01-20Hz S+ HEART V5.4		Unconfirmed	Attend	Attending MD:		Page 2

MEDALL CLUMAX DIAGNOSTICS

Selected Medians Report

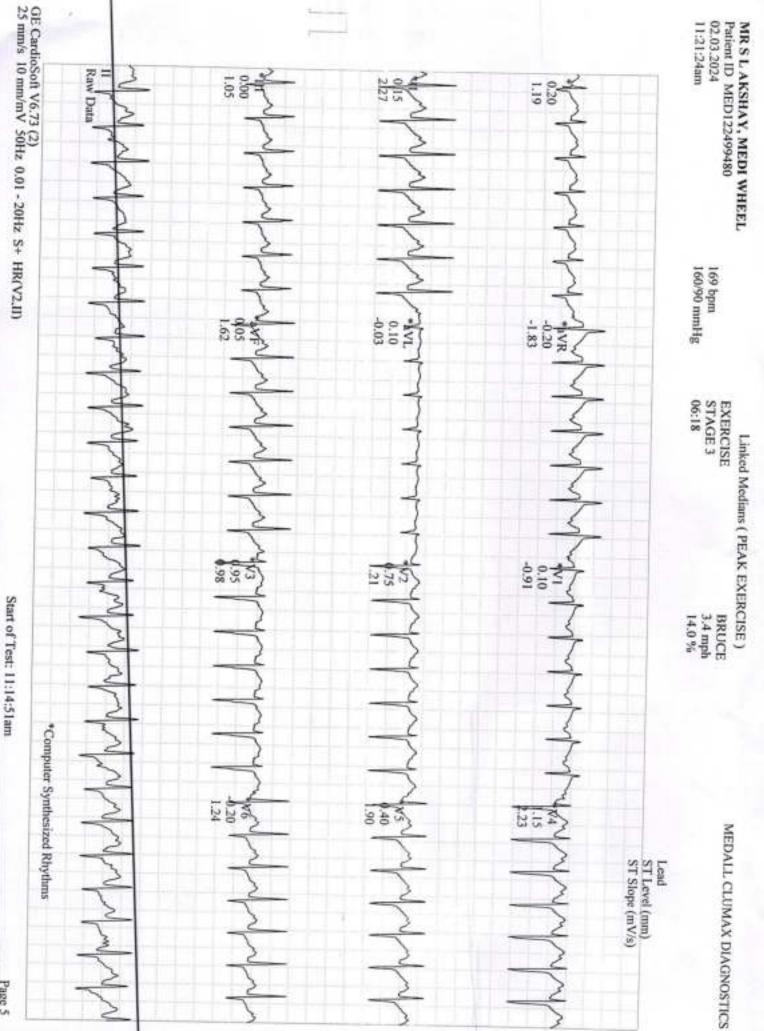
MR S L AKSHAY, MEDI WHEEL Patient ID MED122499480 02.03.2024



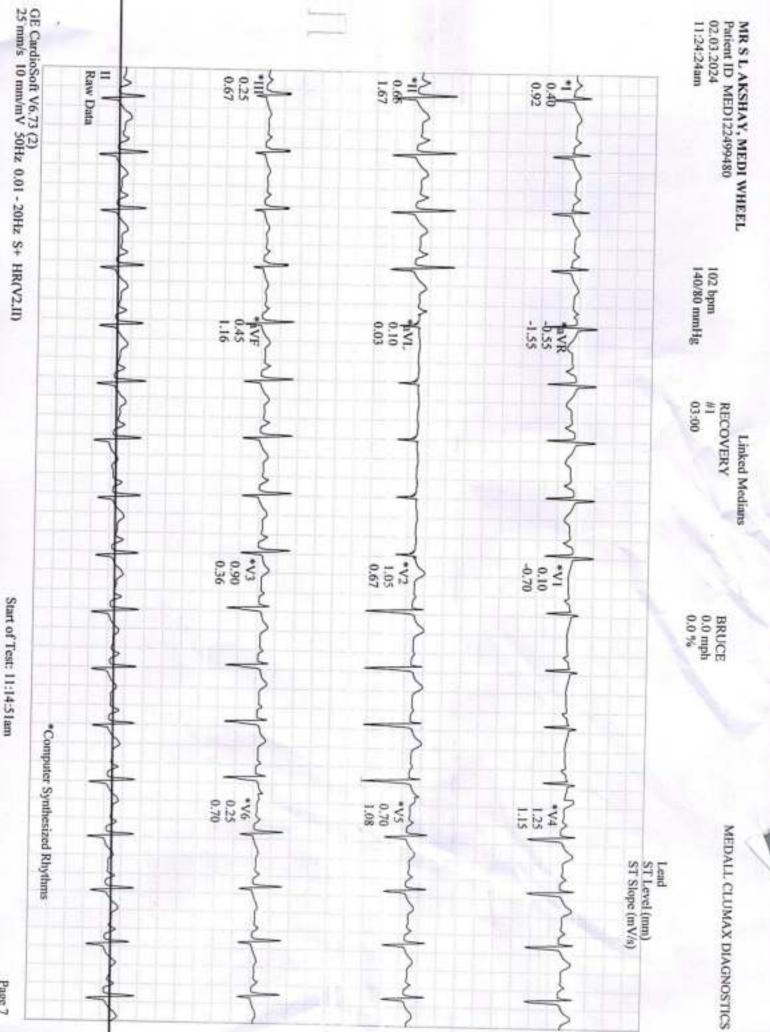


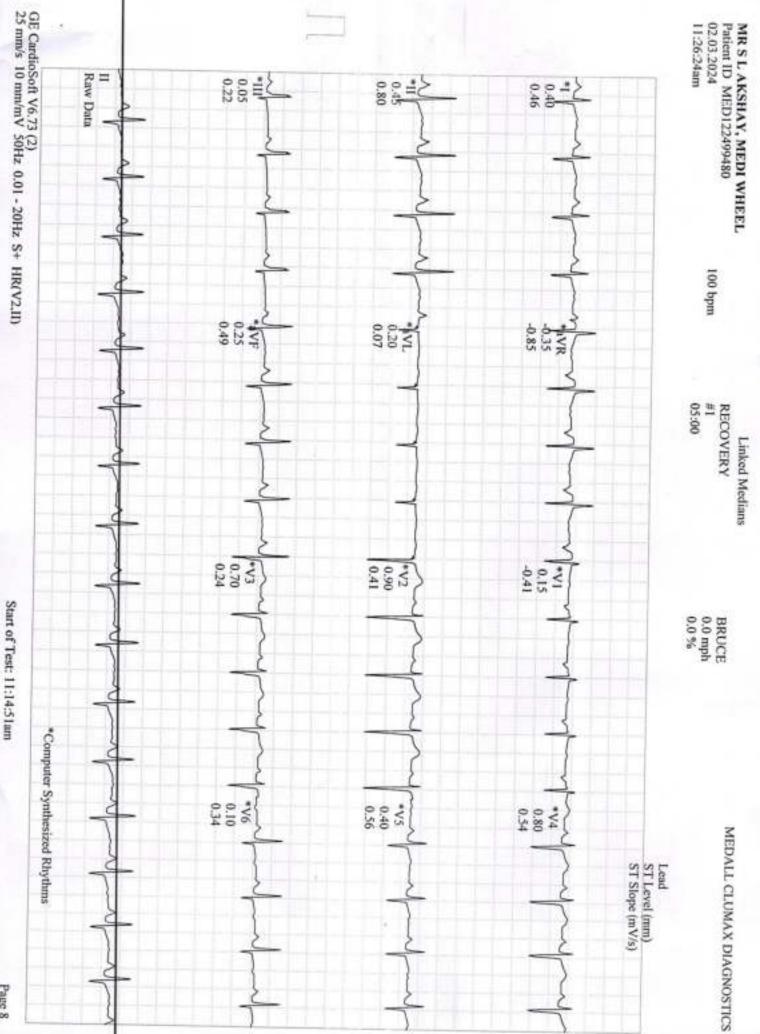












Name	Mr. S L AKSHAY	Customer ID	MED122499480
Age & Gender	36Y/M	Visit Date	Mar 1 2024 7:57AM
Ref Doctor	MediWheel	-	

# X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

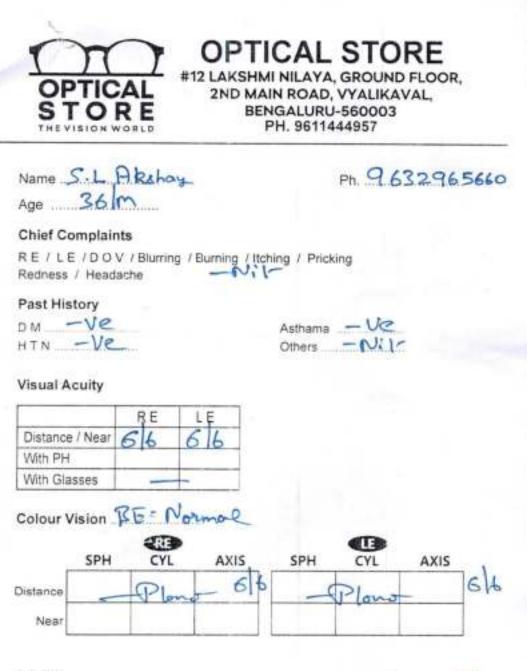
Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

## Impression:

• No significant abnormality detected.

DR.S.SHWETHA., MDRD, CONSULTANT RADIOLOGIST



Advise \_\_\_\_\_

Ravi Kumar H.L (Consultant Optometrist)

Patient Name	Akshay. L.	Sate	13)2624 DIAGNOS	_
Age	36425	Visit Number	522403449	
Sex	Male	Corporate	Mediwheel	

cms

kgs

/minute

mm of Hg

## **GENERAL PHYSICAL EXAMINATION**

Identification Mark :

Height: 176

Weight: 100 tf

Pulse :

Blood Pressure : 140/20

: 30.8 BMI

BMIINTERPRETATION Underweight = <18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Oshi

Chest :

Expiration :

Inspiration

Abdomen Mea ...ement :

cms

cms

cms

chincally NAD Eyes Threat :

RS: BA NVBI @

Soft BIO PA

cvs: SS20

Ears: Clincolly NOD Neck nodes: Not palpable

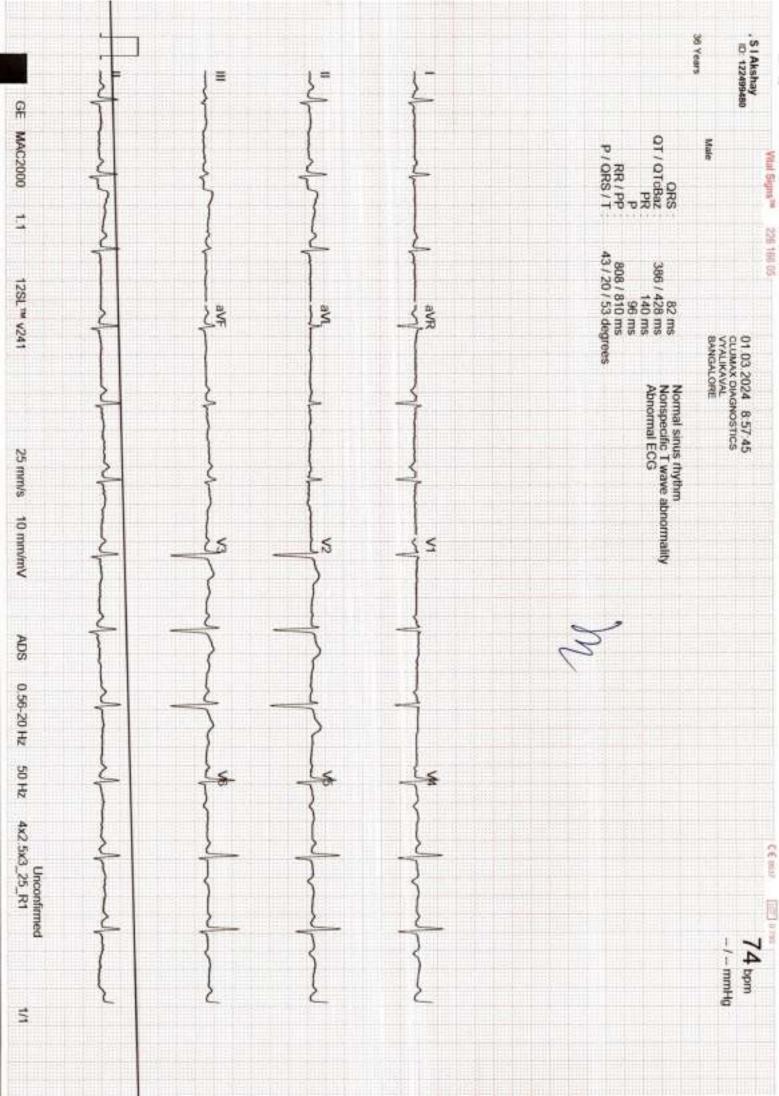
CNS: Concious & oriented No abnormality is detected. His / Her general physical examination is within normal limits. NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

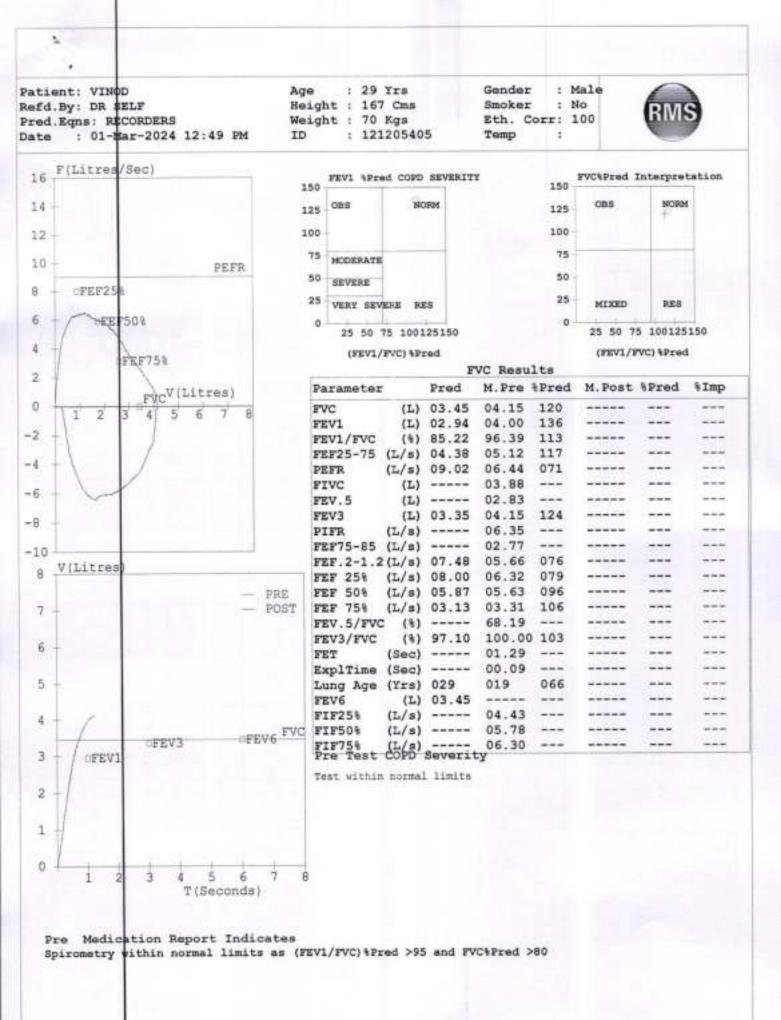
Signature

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

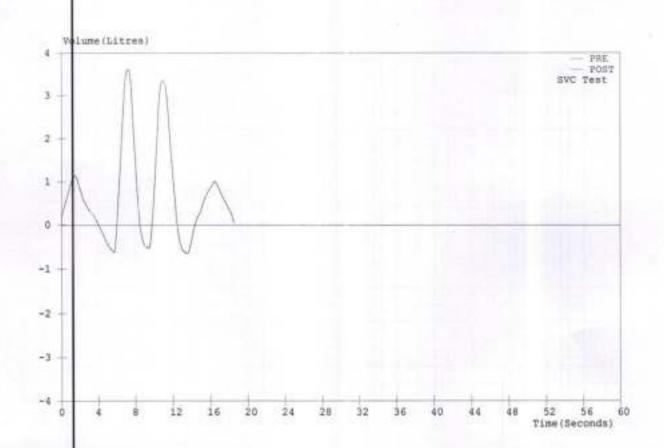




http://www.rmsindia.com @ MMD201rometer(Helios\_v2.2.37)

SELF

Patient: VINCD	Age : 29 Yrs	Gender : Male	
Refd.By: DR SELF	Height : 167 Cms	Smoker : No	(DIM C
Pred.Egns: RECORDERS	Weight : 70 Kgs	Eth. Corr: 100	RIVIS
Date : 01-Mar-2024 12:49 PM	ID : 121205405	Temp :	- 7



	SV	C Resu	108			
Parameter	Pred	N.Pre	\$Pred	M.Post	%Pred	WImp
SVC (L)	00.00	04.28				
ERV (L)	01.48	00.12	008			
IRV (L)		02.48				
VE (L/min)	and the second	18.74				
Rf (1/min)		10.53				
Ti (sec)		01.50	***			
Te (sec)		04:20				
VT (L)		01.76	+++			-
VT/Ti		01.19				4.9.9
Ti/Ttot		00.26				
IC (L)		04.26	***			-

SELF

The contents of this report require clinical co-relation before any clinical action.