

Patient Name : Mr.NAGESWARA RAO CHINTHAPALLI	Collected : 24/Mar/2024 10:16AM
Age/Gender : 37 Y 4 M 2 D/M	Received : 24/Mar/2024 12:59PM
UHID/MR No : CMAR.0000344576	Reported : 24/Mar/2024 02:53PM
Visit ID : CMAROPV790668	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7702569201	

DEPARTMENT OF HAEMATOLOGY

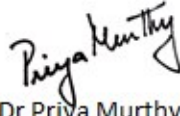
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.7	g/dL	13-17	Spectrophotometer
PCV	46.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	96.5	fL	83-101	Calculated
MCH	32.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	12.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,540	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	33.8	%	40-80	Electrical Impedence
LYMPHOCYTES	54.2	%	20-40	Electrical Impedence
EOSINOPHILS	3.7	%	1-6	Electrical Impedence
MONOCYTES	7.4	%	2-10	Electrical Impedence
BASOPHILS	0.9	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2548.52	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	4086.68	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	278.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	557.96	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.62		0.78- 3.53	Calculated
PLATELET COUNT	230000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

Page 1 of 15



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M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
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SIN No:BED240081157

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Karnataka - 560034

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www.apolloclinic.com

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DEPARTMENT OF HAEMATOLOGY

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

RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in lymphocytes count and proportion

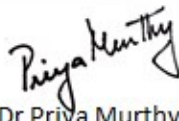
PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH ABSOLUTE LYMPHOCYTOSIS.



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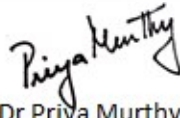
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Visit ID : CMAROPV790668	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	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	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	148	mg/dL	70-140	HEXOKINASE


Comment:

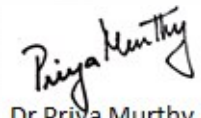
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

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	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 15


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SIN No:EDT240037304

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DEPARTMENT OF BIOCHEMISTRY

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

HBA1C, GLYCATED HEMOGLOBIN	6.1	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated

Comment:

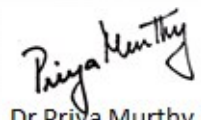
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHO-POD
TRIGLYCERIDES	525	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	105	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.86		<0.11	Calculated

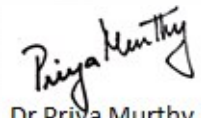
Comment:

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:


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SIN No:SE04674349

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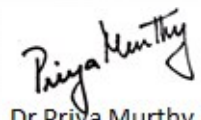
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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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Age/Gender : 37 Y 4 M 2 D/M
UHID/MR No : CMAR.0000344576
Visit ID : CMAROPV790668
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 7702569201

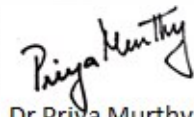
Collected : 24/Mar/2024 06:31PM
Received : 24/Mar/2024 06:31PM
Reported : 24/Mar/2024 07:10PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	97.00	mg/dL	<100	Enzymatic Selective Protection



Govinda Raju N L
MSc, MPhil, (Phd)
Consultant Biochemist



Dr Priya Murthy
M.B.B.S, M.D(Pathology)
Consultant Pathologist



SIN No:SE04674349

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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APOLLO CLINICS NETWORK

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Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 **1860 500 7788**
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Patient Name : Mr.NAGESWARA RAO CHINTHAPALLI	Collected : 24/Mar/2024 10:16AM
Age/Gender : 37 Y 4 M 2 D/M	Received : 24/Mar/2024 05:58PM
UHID/MR No : CMAR.0000344576	Reported : 24/Mar/2024 06:29PM
Visit ID : CMAROPV790668	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 7702569201	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	49.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	72.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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's diseases, Cirrhosis, but the increase is usually not >2.

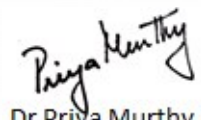
2. Cholestatic Pattern:

- 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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 Consultant Biochemist


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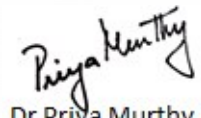
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.04	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.82	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.90	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.95	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.29	g/dL	6.6-8.3	Biuret
ALBUMIN	4.73	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.56	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated


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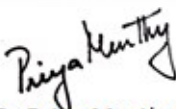
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	80.00	U/L	<55	IFCC


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DEPARTMENT OF IMMUNOLOGY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.26	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.481	µIU/mL	0.34-5.60	CLIA

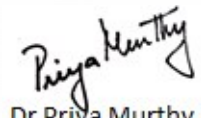
Comment:

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes


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SIN No: SPL24054643

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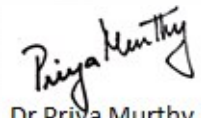
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DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma


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Consultant Biochemist


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Patient Name : Mr.NAGESWARA RAO CHINTHAPALLI	Collected : 24/Mar/2024 10:16AM
Age/Gender : 37 Y 4 M 2 D/M	Received : 24/Mar/2024 12:53PM
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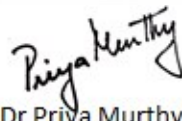
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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Consultant Pathologist



Dr. Priya Murthy
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Consultant Pathologist



SIN No: UR2315236

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Emp/Auth/TPA ID : 7702569201	

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

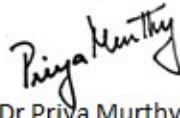
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011450

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka- 560034

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

NAGESWARA RAO C
ID: 000344576

37 years
167 cm
94kg

Male

Referred by: ARCOFEMI

BRUCE

Total Exercise time: 7:01

Max HR: 169bpm 92% of max predicted 183bpm
Max BP: 140/90 Maximum workload: 8.5METS

25.0 mm/s
10.0 mm/mV
100hz

Reason for Termination: Patient fatigue
Comments: MODERATE EXERCISE TOLERANCE
NORMAL BP AND HR RESPONSE
NO ANGINA / NO ARRHYTHMIA
NO SIGNIFICANT ST-CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Nageswara

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	STANDING	0:15	***	***	1.0	110	140/90	154
	HYPERVENT	0:14	***	***	1.0	118	140/90	158
	SUPINE	0:16	0.1	0.0	1.0	105	140/90	147
EXERCISE	STAGE 1	3:00	1.7	10.0	4.5	152		
	STAGE 2	3:00	2.5	12.0	7.0	163	140/90	228
	STAGE 3	1:01	3.4	14.0	8.5	169	140/90	237
RECOVERY	Post	3:02	***	***	1.0	123	140/90	172

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAG55 009C

GRADED EXERCISE SUMMARY

NAME: NAGESWARA RAO C
 ID: 000344576

Age: 37 years
 Height: 167 cm
 Weight: 94 kg
 Sex: Male

Referred by: ARCOPEMI

BRUCE
 Max HR: 169bpm 92% of max predicted 183bpm
 Max BP: 140/90
 Total Exercise time: 7:01
 Maximum workload: 8.5 METS
 Reason for Termination: Patient fatigue
 Comments: MODERATE EXERCISE TOLERANCE
 NORMAL BP AND HR RESPONSE
 NO ANGINA / NO ARRHYTHMIA
 NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
 10.0 mm/mV
 100hz

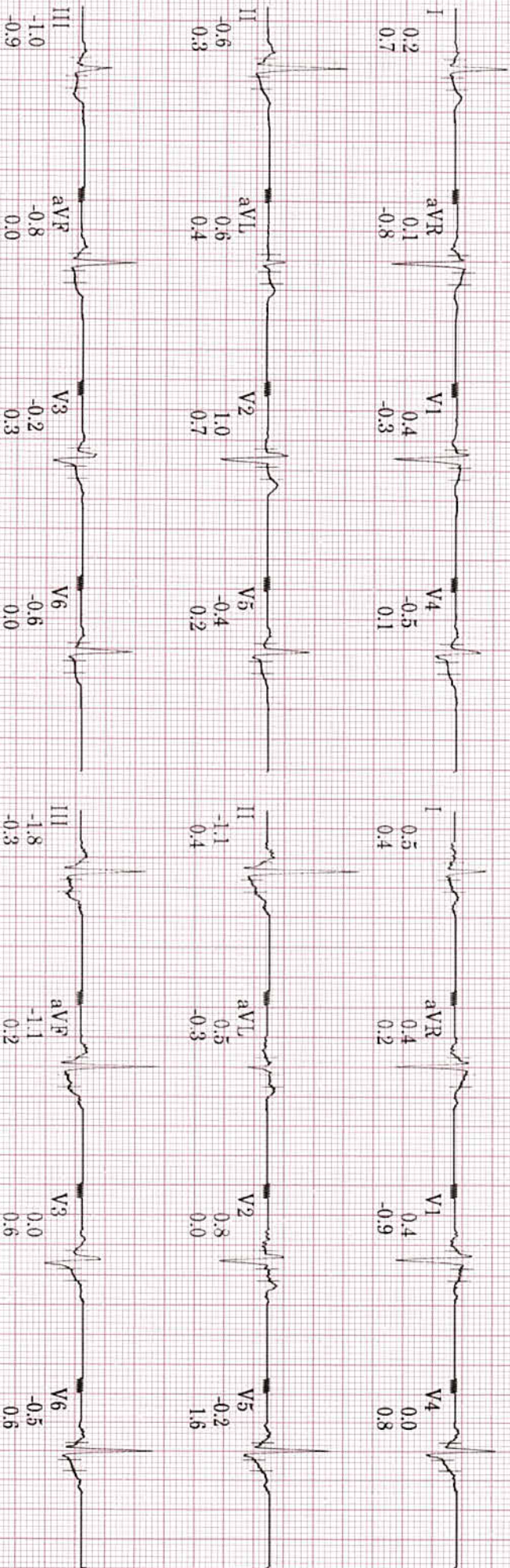
EXERCISE STAGE 1 105bpm
 0:00 10 METS BP: 140/90 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)

EXERCISE STAGE 1
 1:17 3.3 METS

MAX ST
 147bpm
 ST @ 10mm/mV
 80ms postJ

Lead
 ST(mm)
 Slope(mV/s)



Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

SELECTED MEDIAN REPORT

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:21:01

37 years
167 cm
94 kg

Male

Referred by: ARCOFEMI

BRUC3 Total Exercise time: 7:01

Max HR: 169bpm 92% of max predicted 183bpm

Max EP: 140/90 Maximum workload: 8.5METS

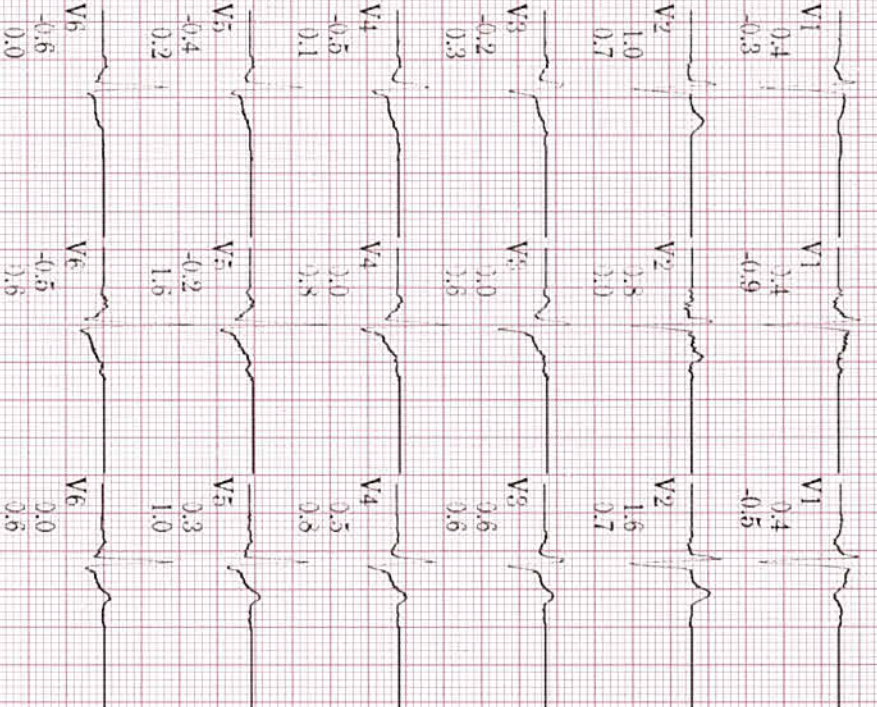
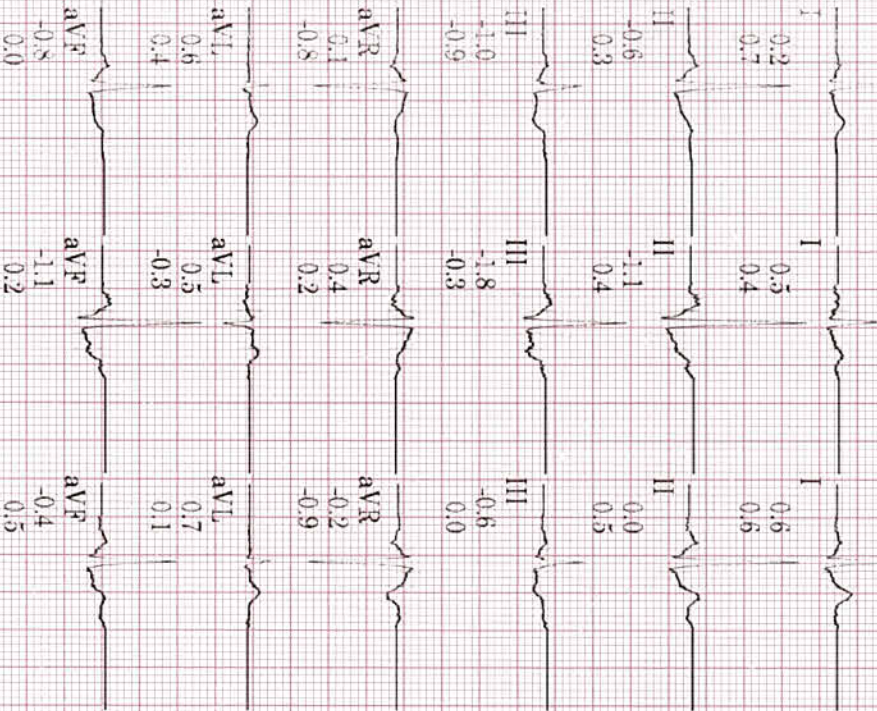
Reason for Termination: Patient fatigue
Comments: MODERATE EXERCISE TOLERANCE
NORMAL BP AND HR RESPONSE
NO ANGINA / NO ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING THE STUDY
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

25.0 mm/s
10.0 mm/mV
100Hz

BASELINE EXERCISE	MAX ST EXERCISE	TEST END RECOVERY
0:00	1:17	3:00
165bpm	147bpm	123bpm
BP: 140/90		BP: 140/90

BASELINE EXERCISE	MAX ST EXERCISE	TEST END RECOVERY
0:00	1:17	3:00
105bpm	147bpm	123bpm
BP: 140/90		BP: 140/90



Technician:

Unconfirmed

APOLLO MEDICAL CENTRE MARATHAHALLI

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:32:13

122bpm

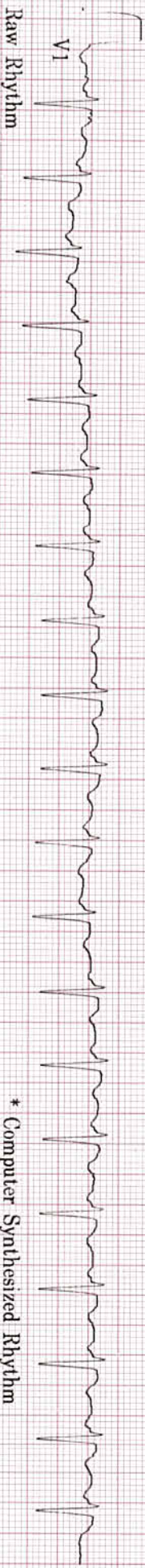
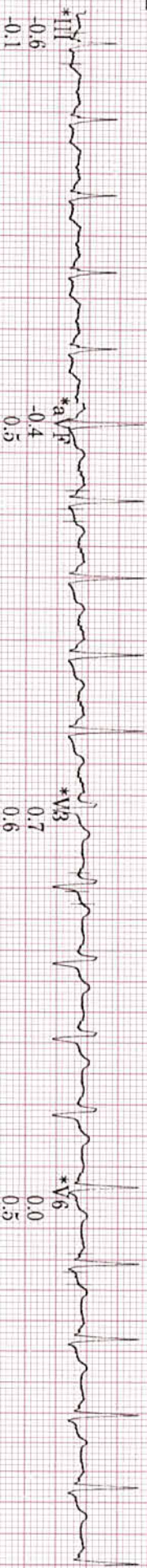
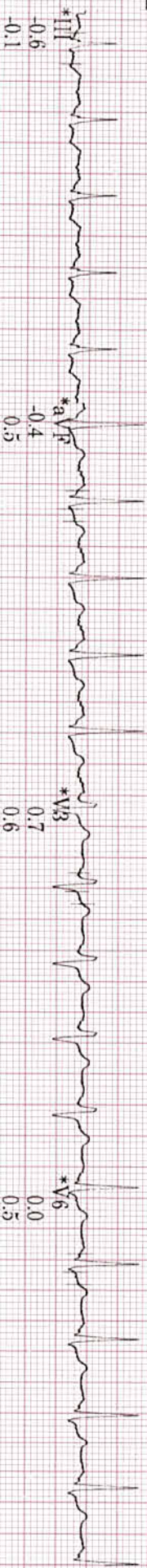
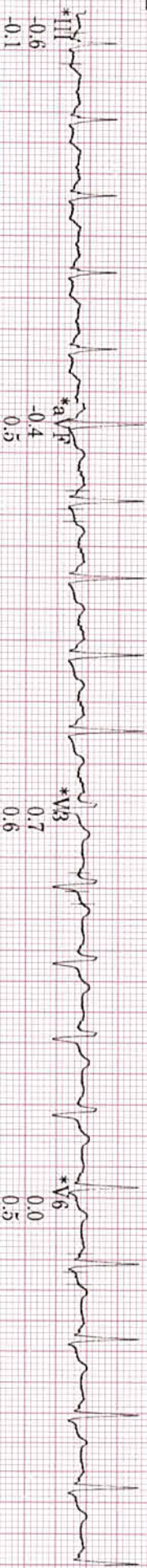
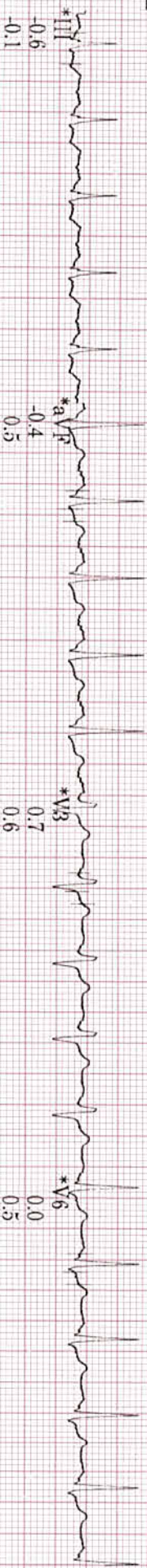
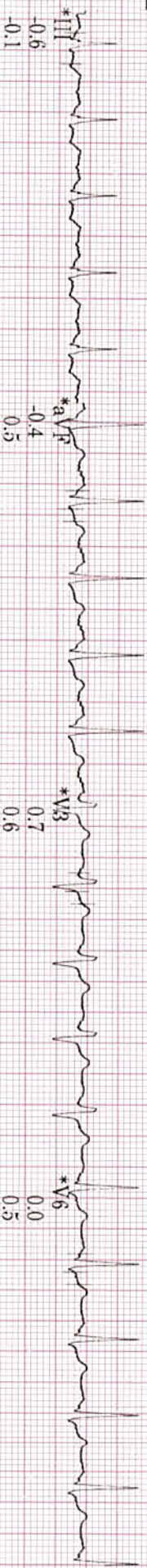
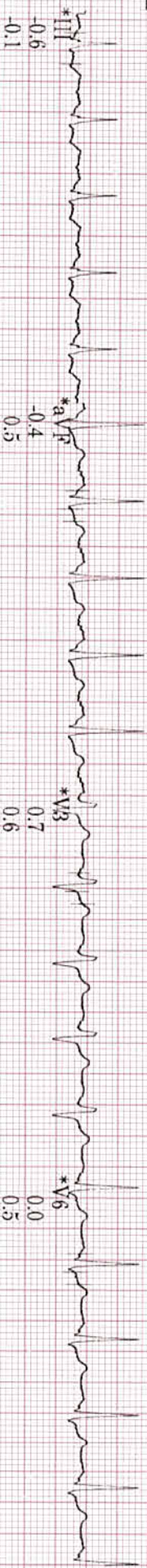
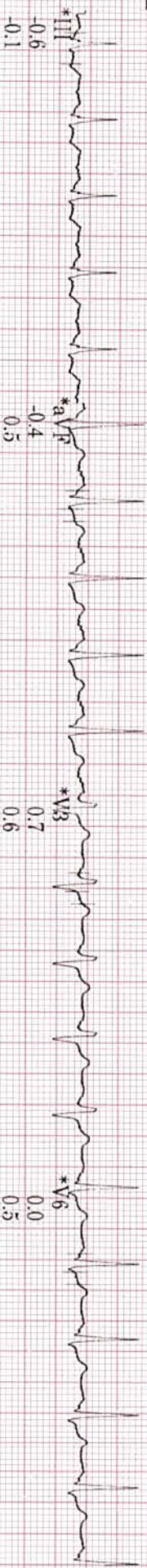
BP: 140/90

RECOVERY
Post
3:00

BRUCE
**mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S HR 46

* Computer Synthesized Rhythm

MAC55 009C

Arrow CE

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:30:13

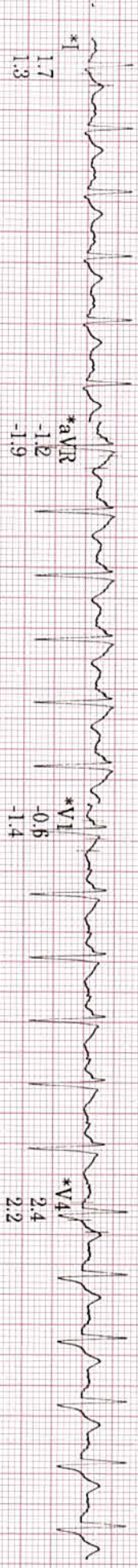
143bpm

RECOVERY
Post
1:00

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



NAGESWARA RAO C
ID: 000344576

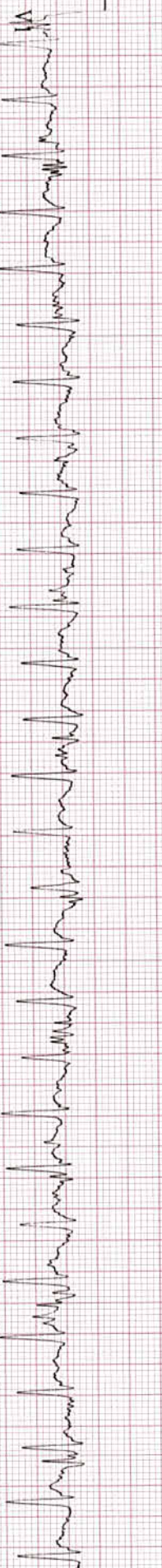
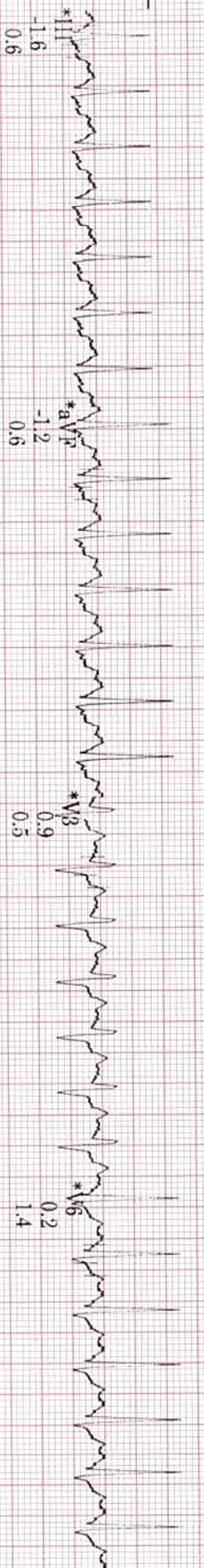
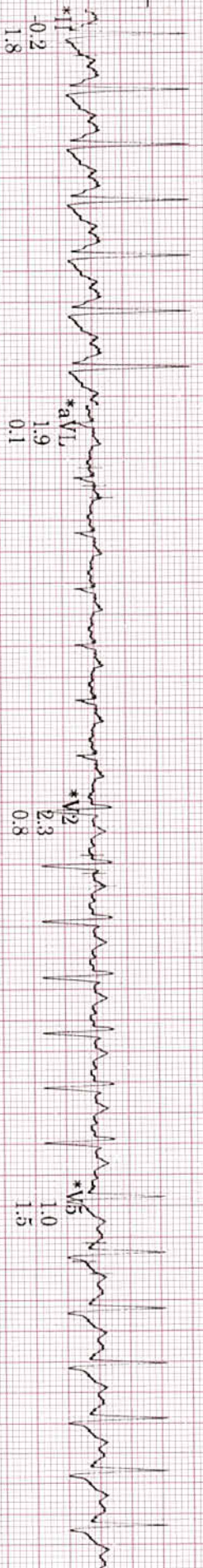
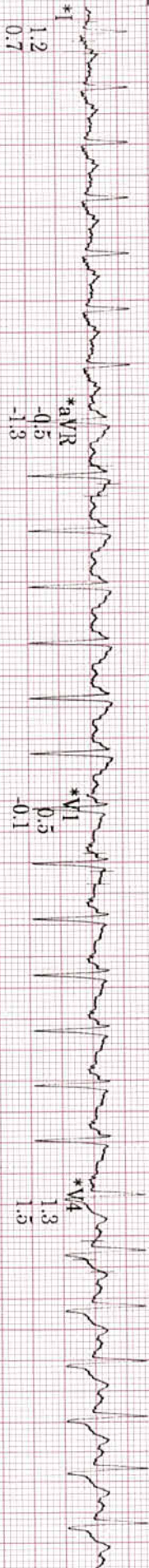
24-Mar-2024
13:29:14

EXERCISE
STAGE 3
7:00

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
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

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:28:02

163bpm

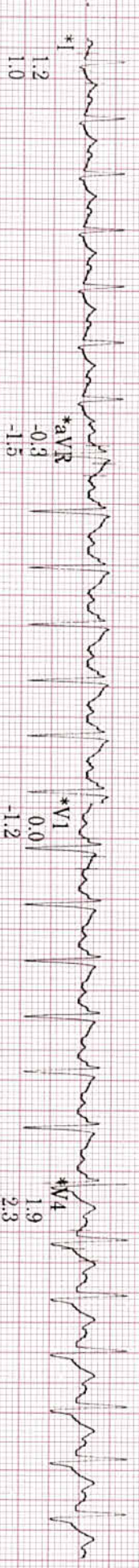
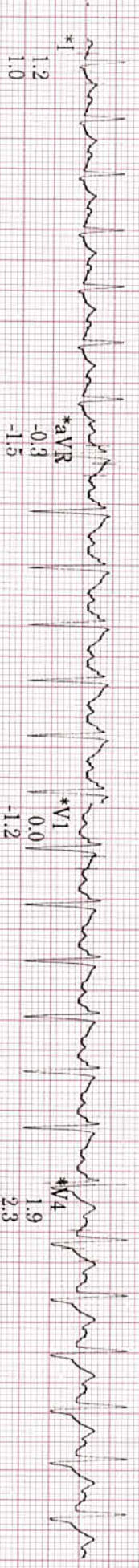
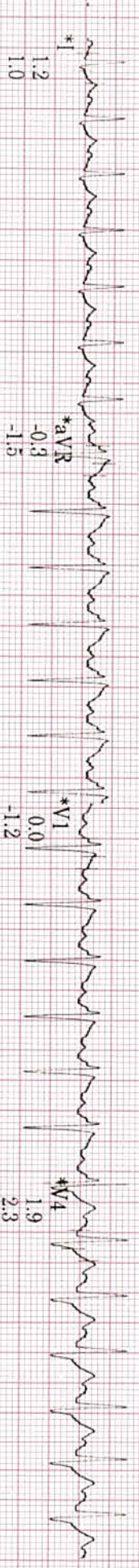
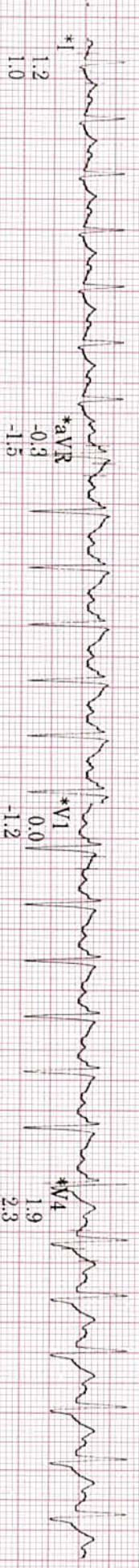
BP: 140/90

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

MAC55 009C

NAGESWARA RAO C
ID: 000344576
24-Mar-2024
13:25:02

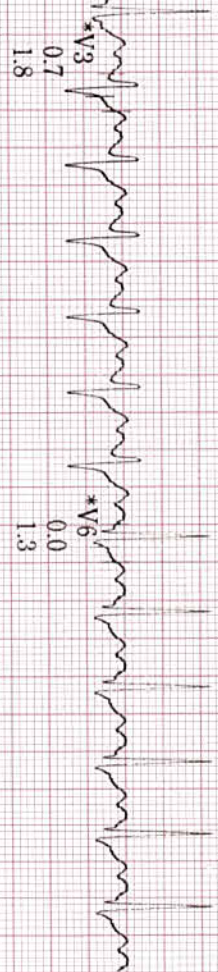
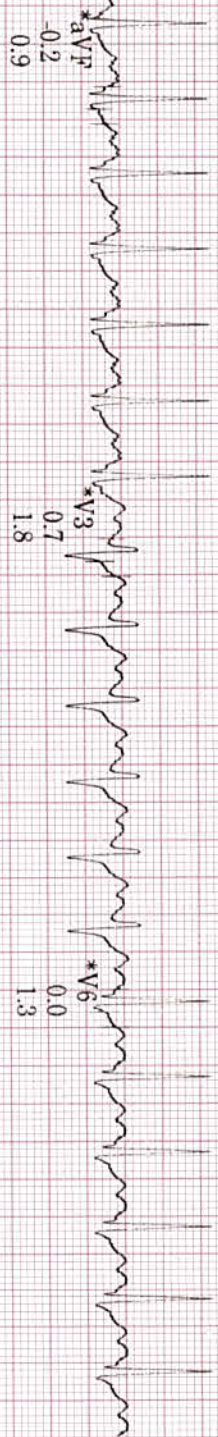
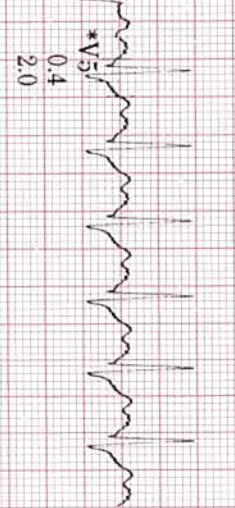
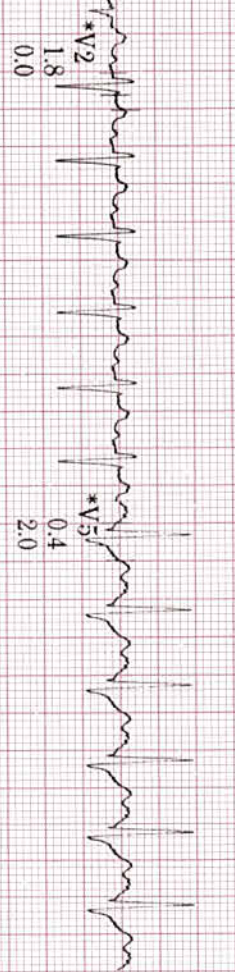
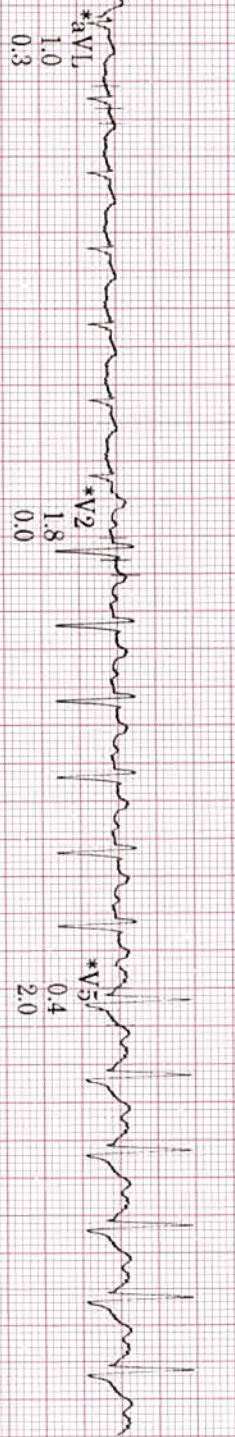
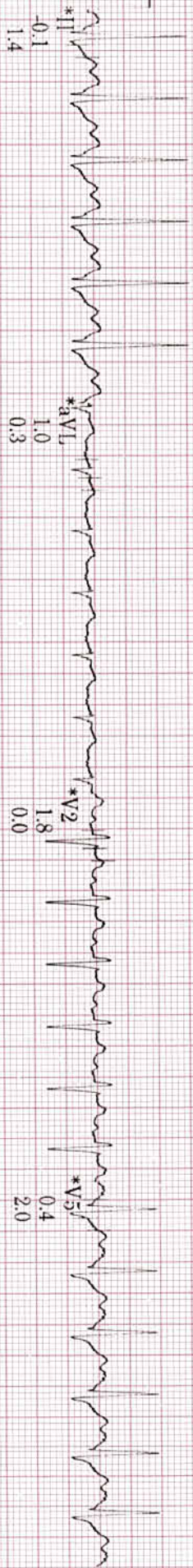
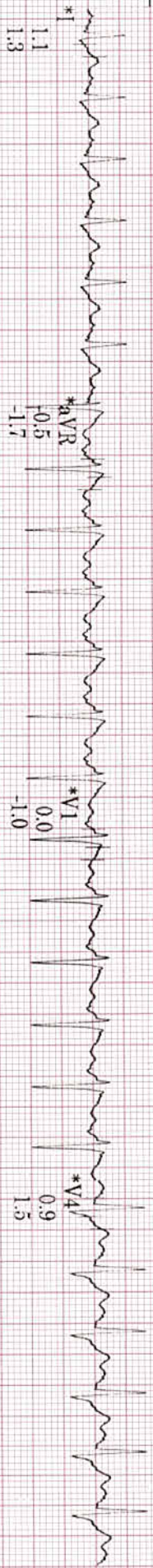
151bpm

EXERCISE
STAGE 1
2:50

BRUCE
1.7mph
10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

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

MAC55 009C

NAGESWARA RAO C

ID: 000344576

24-Mar-2024

13:21:56

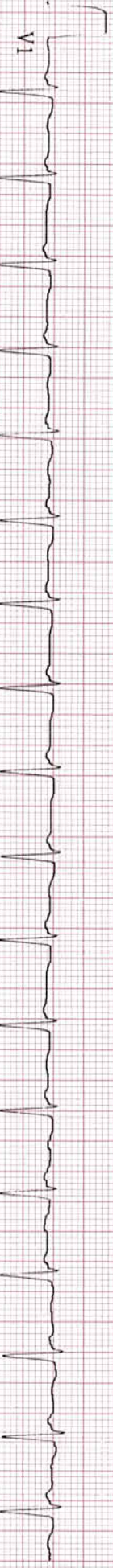
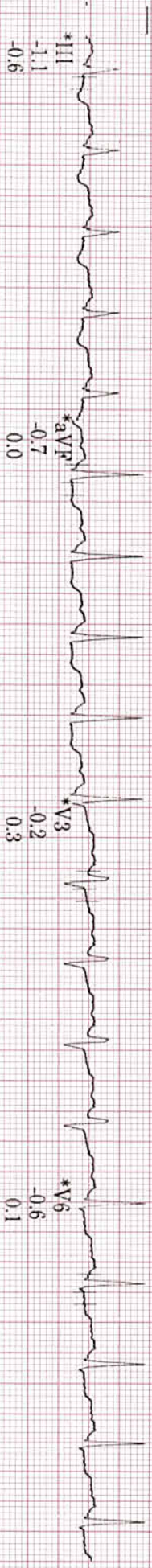
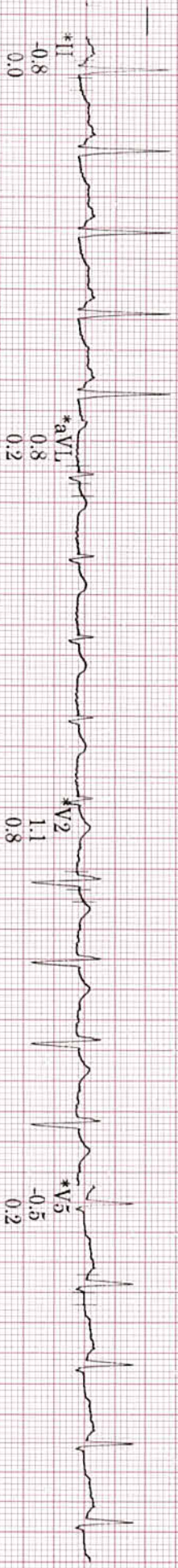
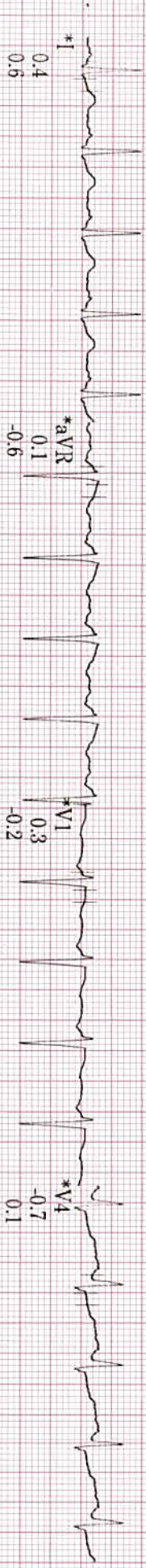
113bpm

PRETEST
SUPINE
0:55

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

II

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:21:42

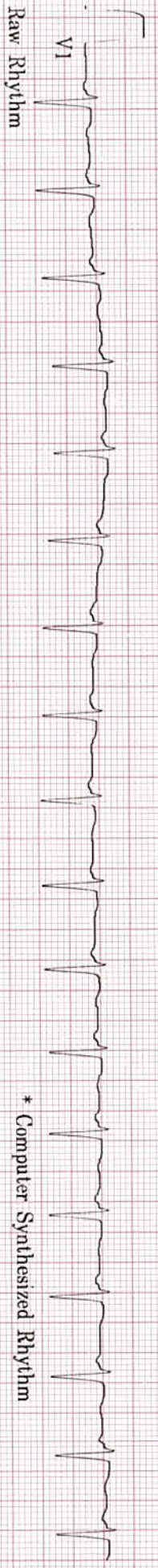
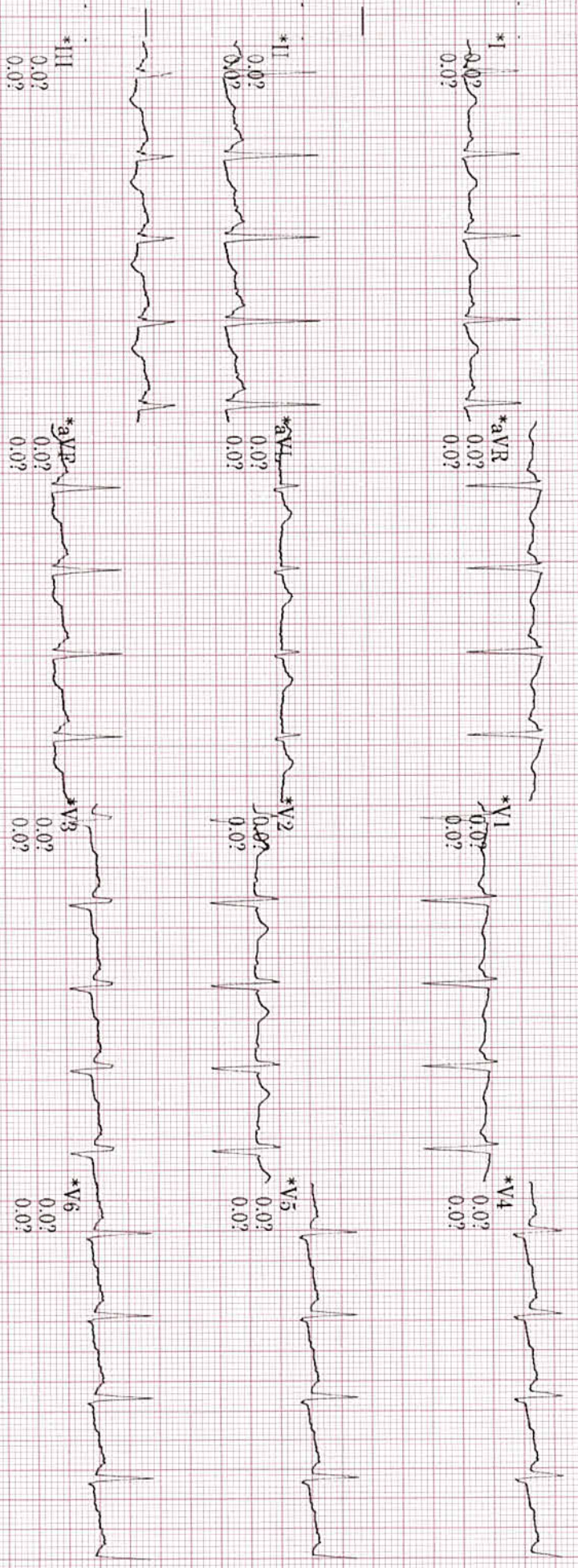
110bpm

PRETEST
HYPERVENT
0:42

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



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

* Computer Synthesized Rhythm

MAC55 009C

ARROW

CF

5

NAGESWARA RAO C
ID: 000344576

24-Mar-2024
13:21:28

LINKED MEDIANS REPORT

APOLLO MEDICAL CENTRE MARATHAHALLI

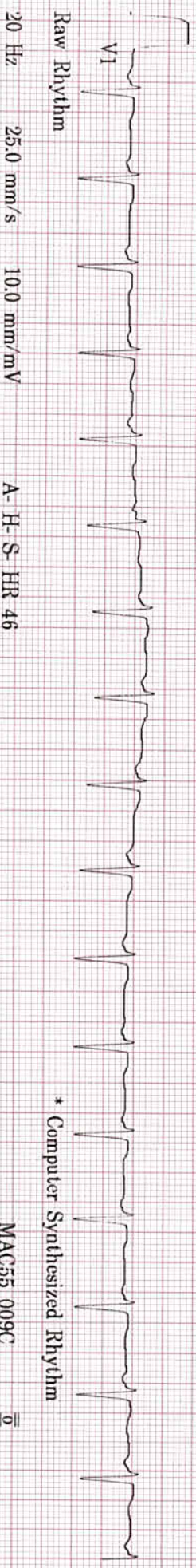
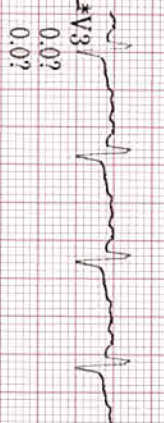
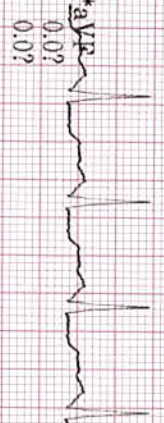
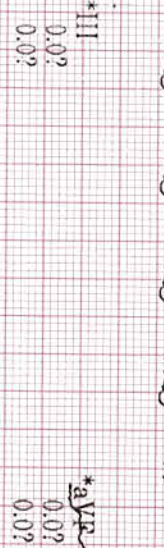
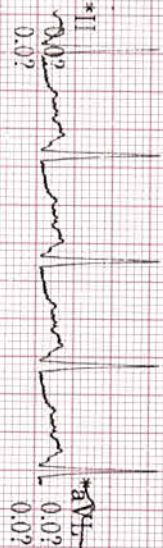
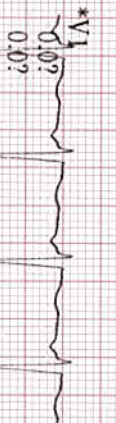
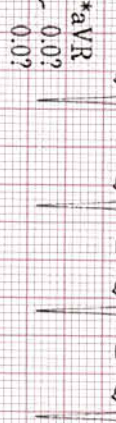
108bpm

PRETEST
STANDING
0:28

BRUCE
** *mph
*** %

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

MAC55 009C

II

37years
Male
167cm 94kg

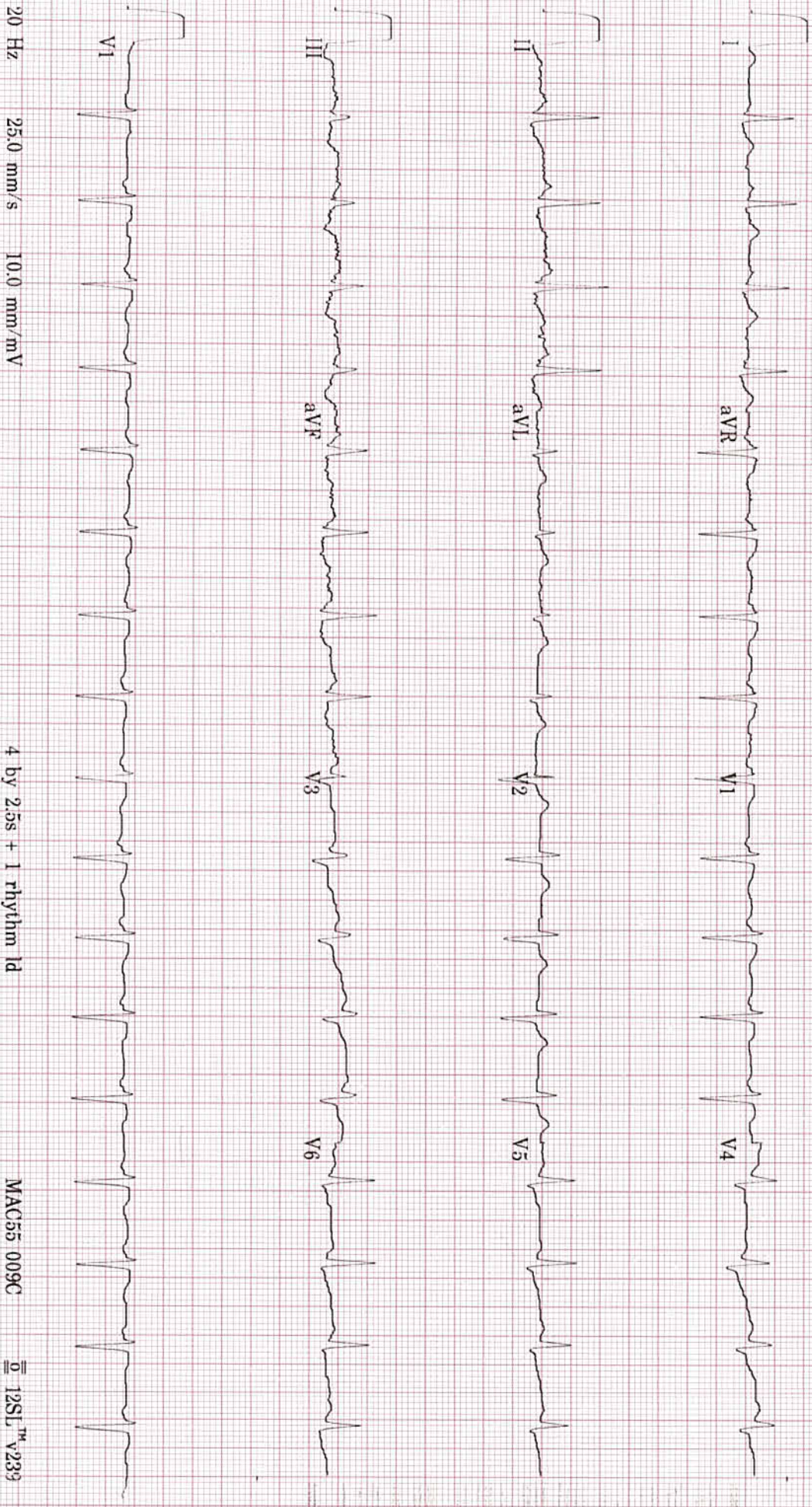
Vent. rate 107 bpm
PR interval 130 ms
QRS duration 88 ms
QT/QTc 392/429 ms
P-R-T axes 61 48 -9

Sinus tachycardia
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:

Referred by: ARCOFEMI

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 009C

12SL™ V233

Date : 24-03-2024

Department : GENERAL

MR NO : CMAR.0000344576

Doctor :

Name : Mr. NAGESWARA RAO CHINTHALI

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:31

Height : 167cm.	Weight : 94.5kg.	BMI :	Waist Circum :
Temp :	Pulse : 93b/m.	Resp :	B.P : 140/90mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

General ENT Checkup
Allergic Rhinitis

Adv

① Tab Monteluk - Fri
o - o - 1 H/F x 7 days

(Handwritten Signature)

Follow up date:

Doctor Signature

GE MAC 200 ST NAGESWARA RAO C. 00341576, APOLLO
Male: 27 years (22.11.1986)

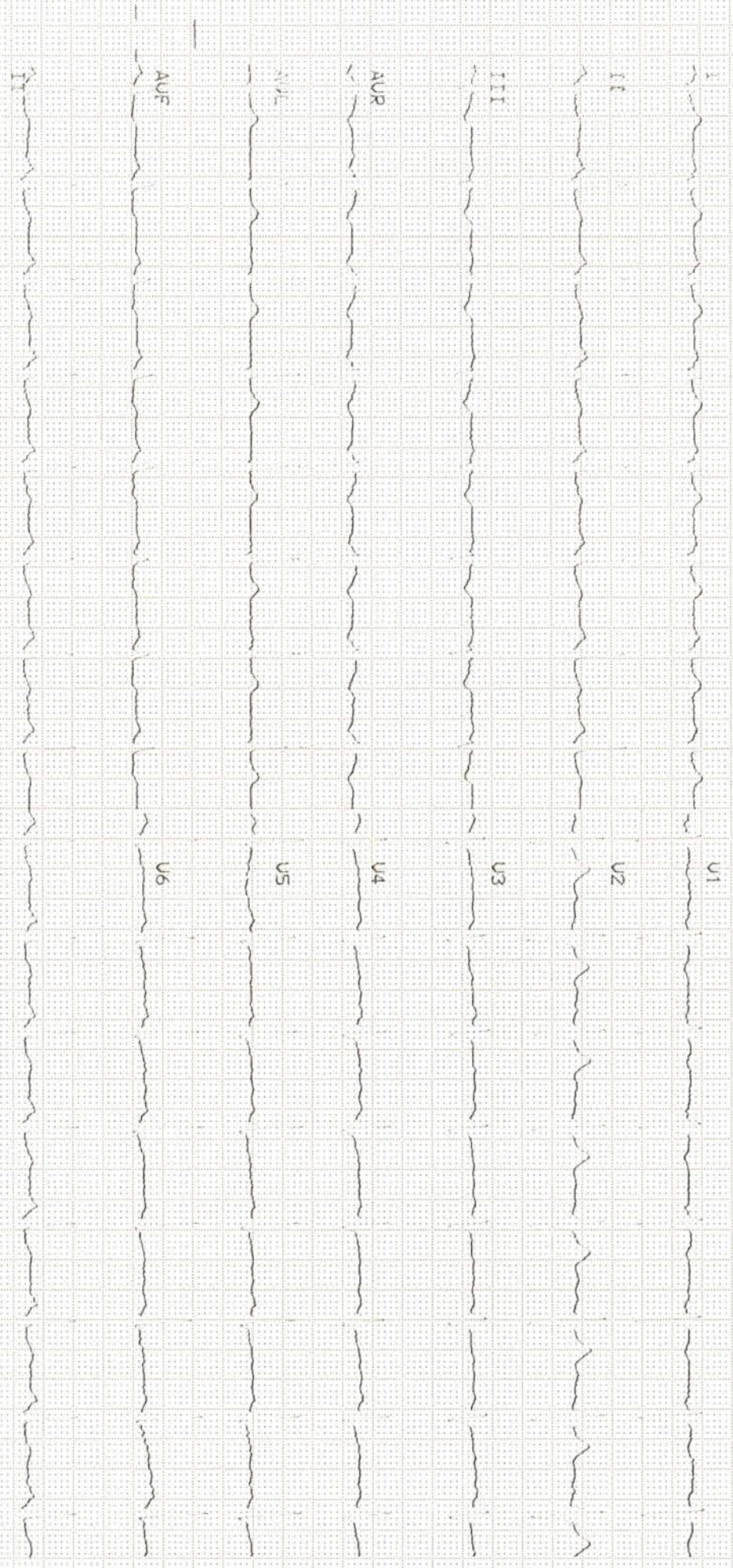
HR 94 bpm

Measurement Results:
QRS 104 ms
QT/QTcB 352 / 441 ms
PR 130 ms
P 102 ms
PR/PP 636 / 635 ms
P/QRS/T 45 / 15 / 0 degrees
QTc/QTcBd 94 / 118 ms
Sokolow NK 1.7 mV
11

104 ms
352 / 441 ms
130 ms
102 ms
636 / 635 ms
45 / 15 / 0 degrees
94 / 118 ms
1.7 mV
11

Interpretation:
< P
< T
< QRS
negative T-wave (anterior)
probably normal ECG

Unconfirmed report.



Patient Name : Mr. NAGESWARA RAO CHINTHAPALLI

Age/Gender : 37 Y/M

UHID/MR No. : CMAR.0000344576

OP Visit No : CMAROPV790668

Sample Collected on :

Reported on : 25-03-2024 12:26

LRN# : RAD2280069

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 7702569201

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

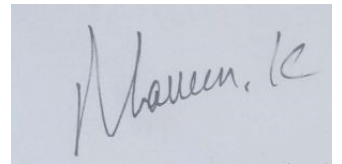
Both costophrenic and cardiophrenic angles are clear .

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	: Mr. NAGESWARA RAO CHINTHAPALLI	Age/Gender	: 37 Y/M
UHID/MR No.	: CMAR.0000344576	OP Visit No	: CMAROPV790668
Sample Collected on	:	Reported on	: 24-03-2024 12:14
LRN#	: RAD2280069	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 7702569201		

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: Minimally distended.

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

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

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

Right kidney measures 9.9 x 4.7 cm

Left kidney measures 9.0 x 4.6 cm

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

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically 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.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY