

Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:36AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:48PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 04:33PM
Visit ID : CMAROPV755985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9731720110	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.83	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88.6	fL	83-101	Calculated
MCH	29.6	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,540	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	40	%	40-80	Electrical Impedence
LYMPHOCYTES	51	%	20-40	Electrical Impedence
EOSINOPHILS	3	%	1-6	Electrical Impedence
MONOCYTES	6	%	2-10	Electrical Impedence
BASOPHILS	0	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3016	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3845.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	452.4	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				
RBCs: are normocytic normochromic				



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



SIN No: BED230318815

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

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number. Macroplatelets present. Small clumps seen.

HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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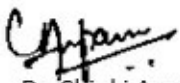
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	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)	88	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				

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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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	296	mg/dL	<200	CHO-POD
TRIGLYCERIDES	606	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	46	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	250	mg/dL	<130	Calculated
LDL CHOLESTEROL	223	mg/dL	<100	Calculated
VLDL CHOLESTEROL	121.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.43		0-4.97	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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.65	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	40.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.6-8.3	Biuret
ALBUMIN	4.43	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.27	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.




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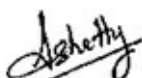
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• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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

SIN No:SE04580125

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



Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:36AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:51PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:34PM
Visit ID : CMAROPV755985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9731720110	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.81	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	17.80	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.63	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.39	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)



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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


Patient Name : Mr.KHATRI PRAMOD  
Age/Gender : 48 Y 6 M 3 D/M  
UHID/MR No : CMAR.0000335283  
Visit ID : CMAROPV755985  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 9731720110

Collected : 23/Dec/2023 09:36AM  
Received : 23/Dec/2023 12:51PM  
Reported : 23/Dec/2023 02:18PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	<b>87.00</b>	U/L	<55	IFCC



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

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Neeladri Nagar, Electronic city, Bengaluru,  
Karnataka- 560034

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



Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:36AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:50PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:46PM
Visit ID : CMAROPV755985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9731720110	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.97	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.49	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.410	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

- 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.
- 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.
- 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.
- 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




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

SIN No:SPL23189112

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



Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:36AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:50PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:46PM
Visit ID : CMAROPV755985	Status : Final Report
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Emp/Auth/TPA ID : 9731720110	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



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Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:36AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:50PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:46PM
Visit ID : CMAROPV755985	Status : Final Report
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Emp/Auth/TPA ID : 9731720110	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.645	ng/mL	<4	CMIA



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

SIN No:SPL23189112

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



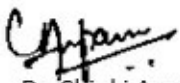
Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:35AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:57PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:29PM
Visit ID : CMAROPV755985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9731720110	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

Page 15 of 16



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:UR2248387

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

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Karnataka - 560034

 **1860 500 7788**  
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Patient Name : Mr.KHATRI PRAMOD	Collected : 23/Dec/2023 09:35AM
Age/Gender : 48 Y 6 M 3 D/M	Received : 23/Dec/2023 12:57PM
UHID/MR No : CMAR.0000335283	Reported : 23/Dec/2023 02:44PM
Visit ID : CMAROPV755985	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9731720110	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

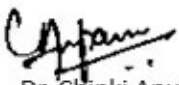
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

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

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

Result/s to Follow:  
PERIPHERAL SMEAR

Page 16 of 16



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:UF010066

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Karnataka - 560034

 **1860 500 7788**  
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Patient Name : Mr. KHATRI PRAMOD  
 UHID : CMAR.0000335283  
 Conducted By: :  
 Referred By : SELF

Age : 48 Y/M  
 OP Visit No : CMAROPV755985  
 Conducted Date : 02-04-2024 20:37

2D ECHO

**ECHO (COLOUR DOPPLER)**

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	09mm	06 - 11 mm
LA(es)	35mm	19 - 40 mm	LVPW(ed)	08mm	06 - 11 mm
RVID(ed)	17mm	07 - 21 mm	EF	65 %	(50 - 70 %)
LVID(ed)	45mm	35 - 55 mm	%FD	35%	(25 - 40%)
LVID(es)	30mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function

Patient Name : Mr. KHATRI PRAMOD Age : 48 Y/M  
UHID : CMAR.0000335283 OP Visit No : CMAROPV755985  
Conducted By: : Conducted Date : 02-04-2024 20:37  
Referred By : SELF

	No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi
--	---

**Dr. Kapil**  
**Consultant Cardiologist**  
**KMC No. 88625**



48 years  
Male  
164 cm 62 kg

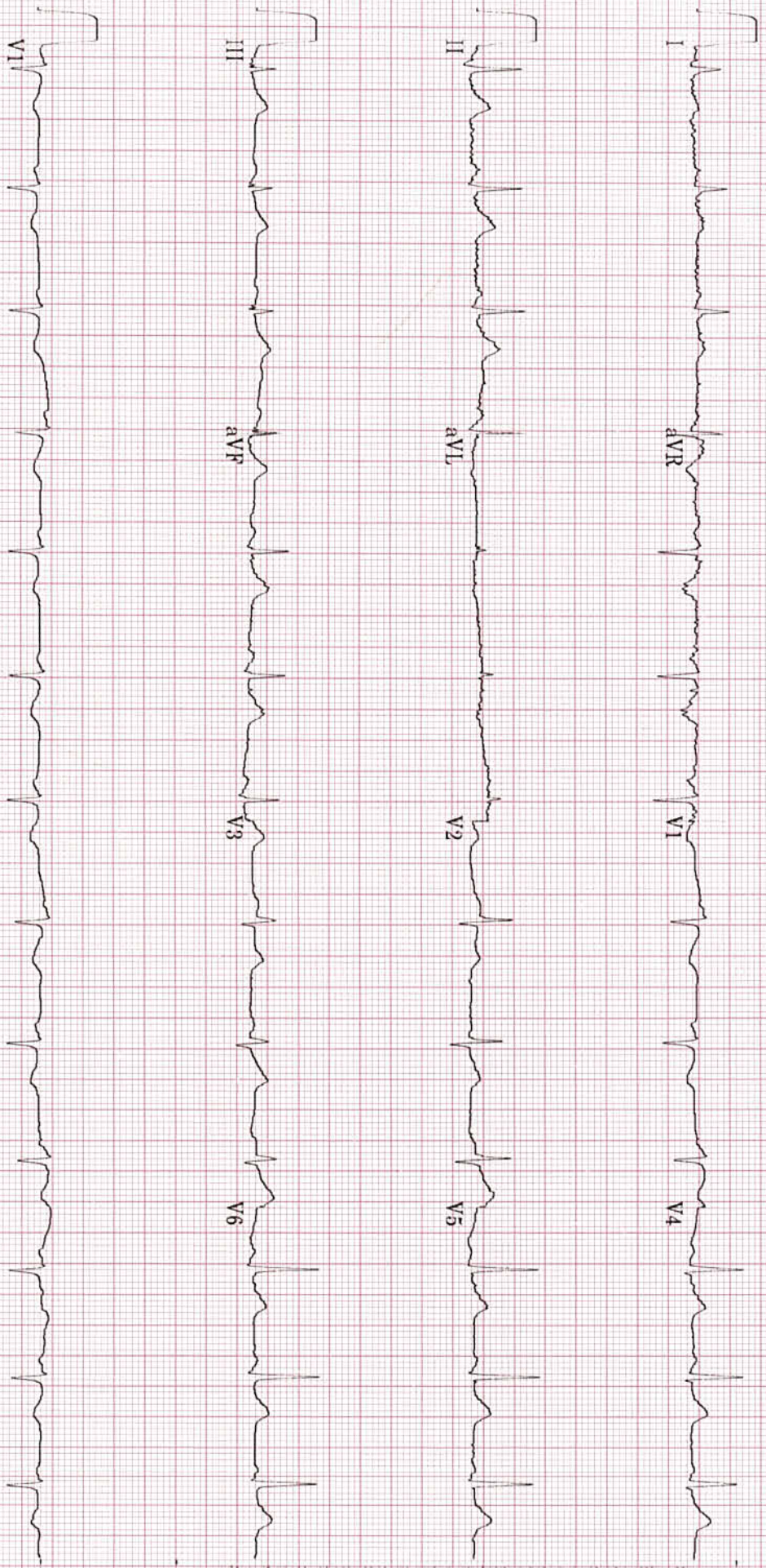
Vent. rate 79 bpm  
PR interval 130 ms  
QRS duration 68 ms  
QT/QTc 372/426 ms  
P-R-T axes 62 56 70

Technician:

Normal sinus rhythm  
Normal ECG

Referred by: ARCOP

Unconfirmed



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 009C

12SL™ V233



KHATRI PRAMOD  
ID: 000633528

23-Dec-2023  
11:48:02

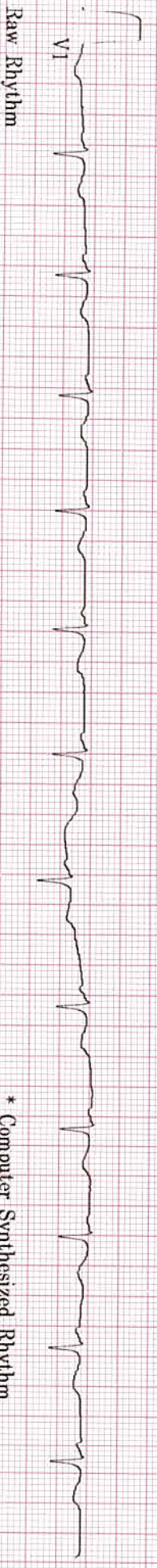
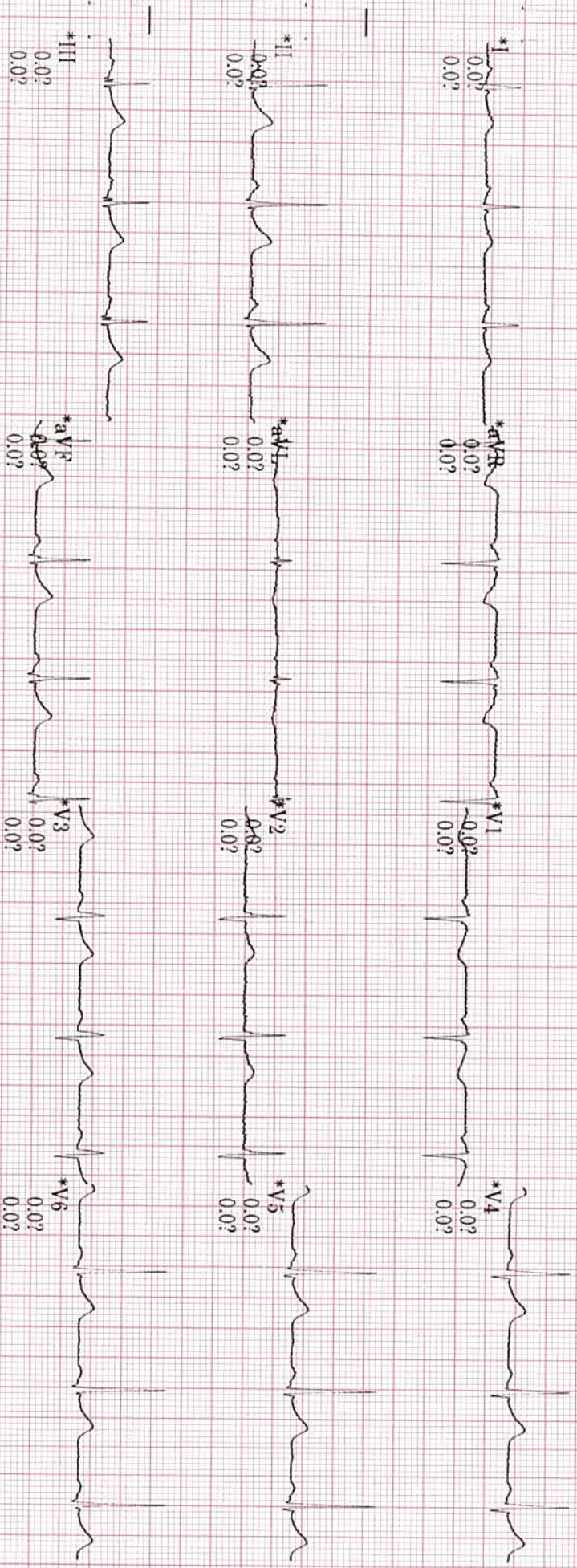
77bpm

PRETEST  
STANDING  
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



KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:48:16

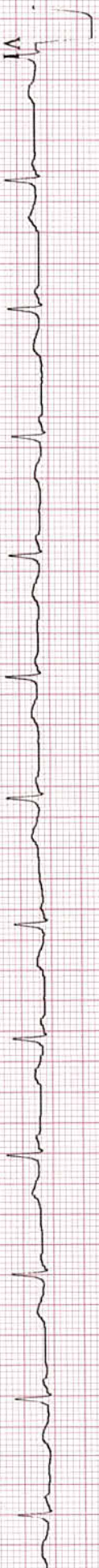
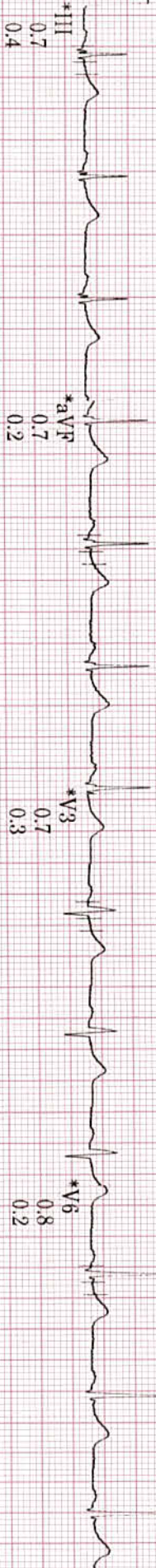
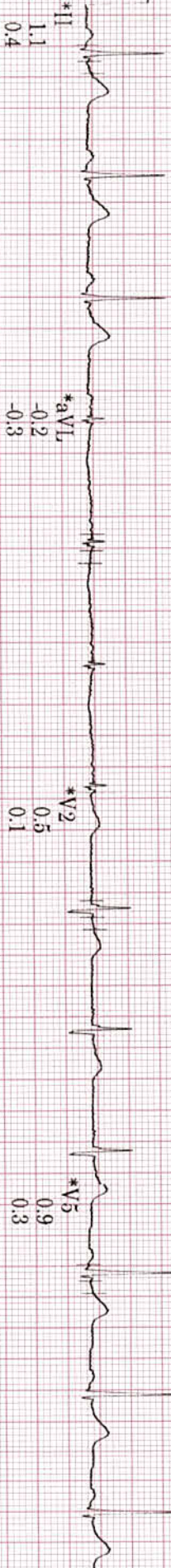
77bpm

PRETEST  
HYPERVENT  
0:56

BRUCE  
\*\*mph  
\*\*%

ST @ 10mm/mV  
80ms postJ

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

MAC55 009C

0



KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:51:19

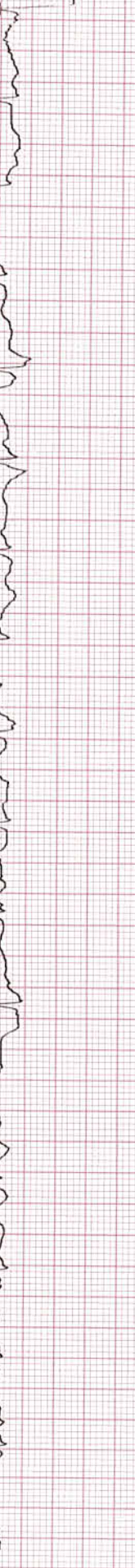
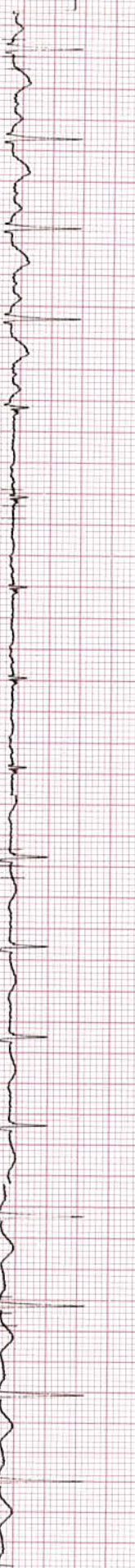
104bpm

EXERCISE  
STAGE 1  
2:50

BRUCE  
1.7mph  
10.0%

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



KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:54:19

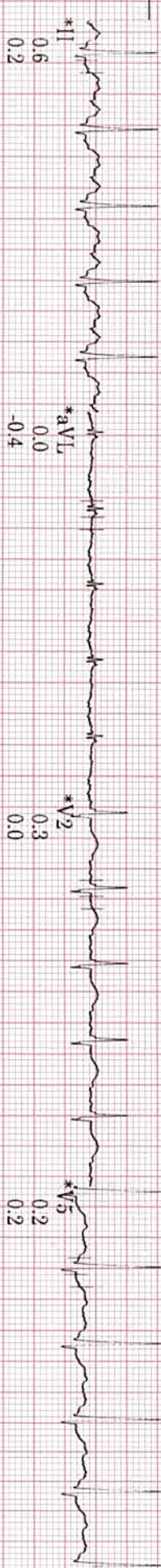
122bpm

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

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



KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:56:33

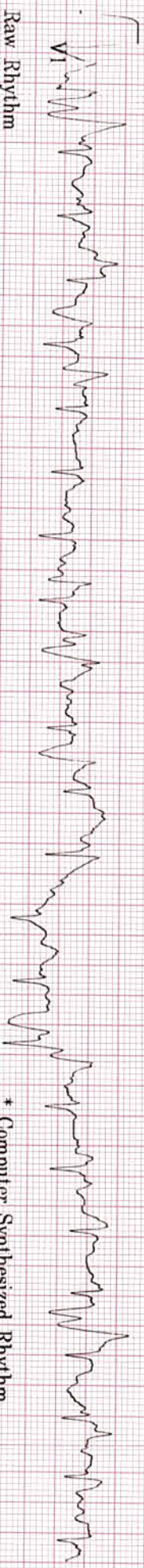
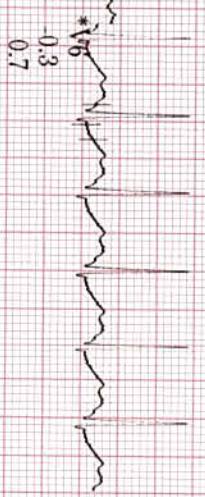
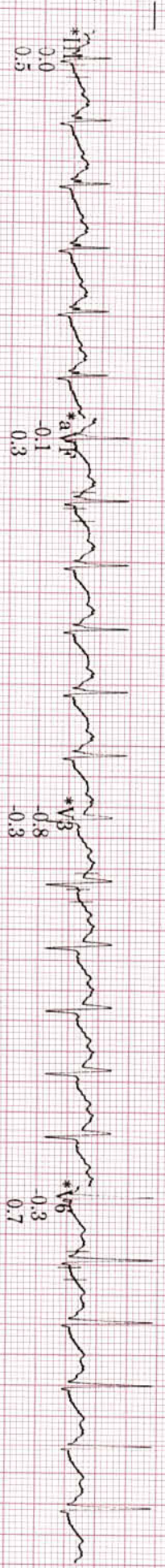
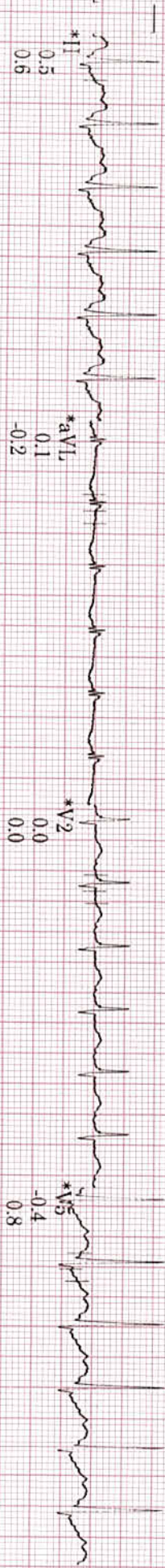
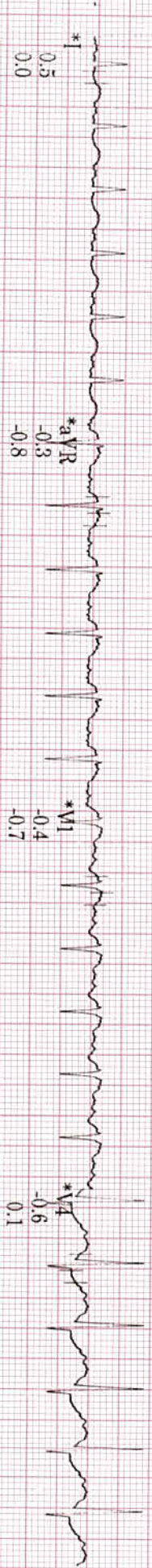
145bpm  
BP: 140/90

EXERCISE  
STAGE 3  
8:03

BRUCE  
3.4mph  
14.0%

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



KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:57:32

108bpm

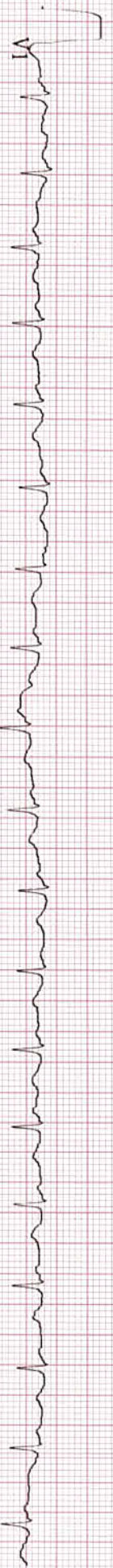
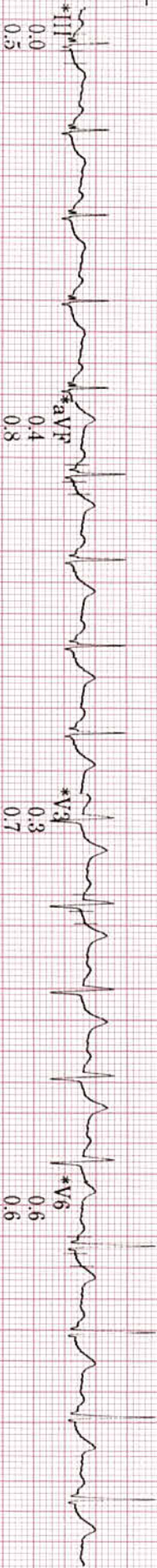
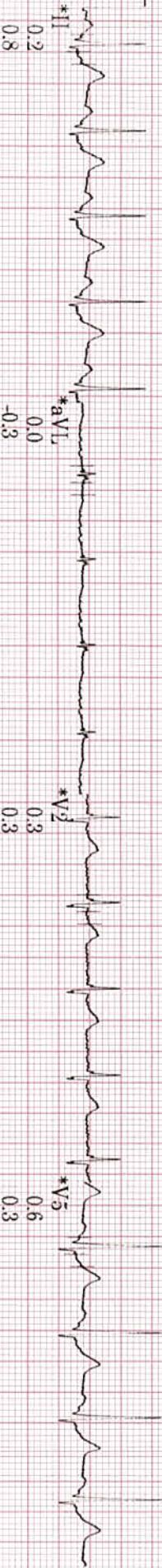
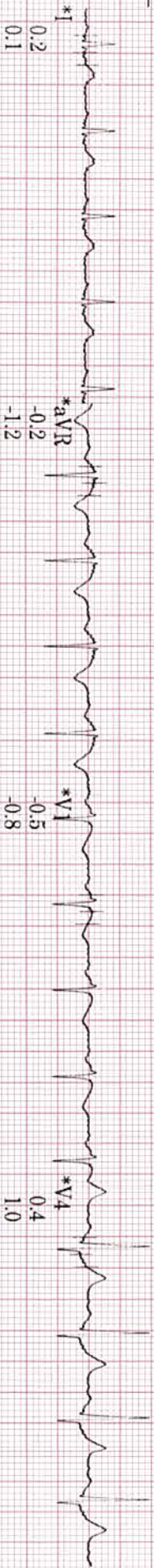
BP: 140/90

RECOVERY  
Post  
1:00

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

II



KHATRI PRAMOD  
ID: 000633528

23-Dec-2023  
1:59:32

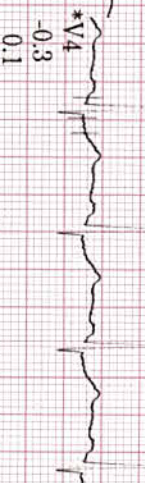
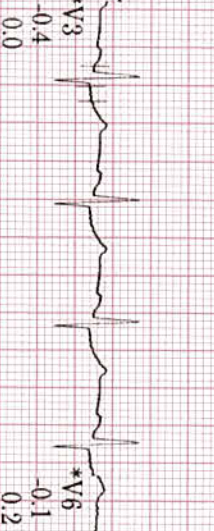
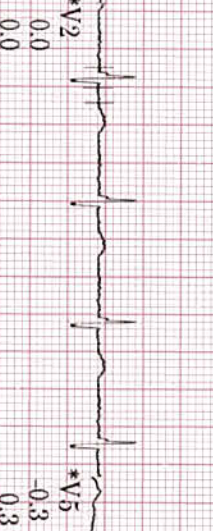
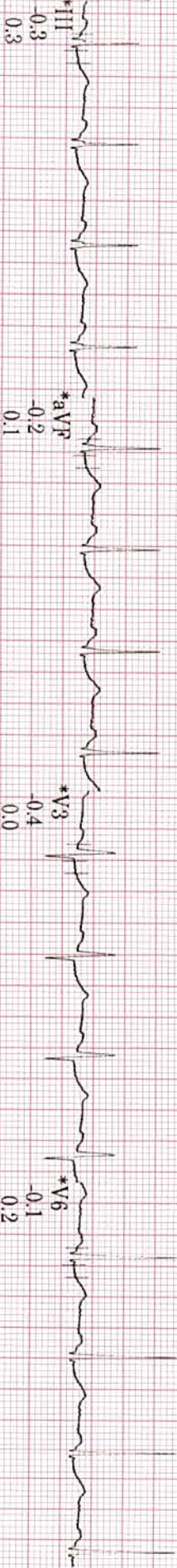
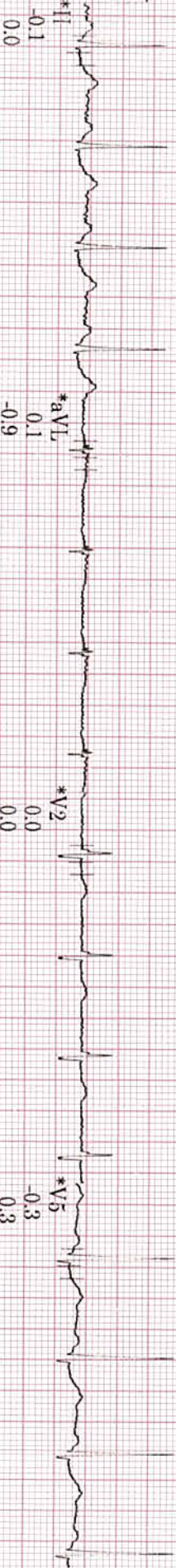
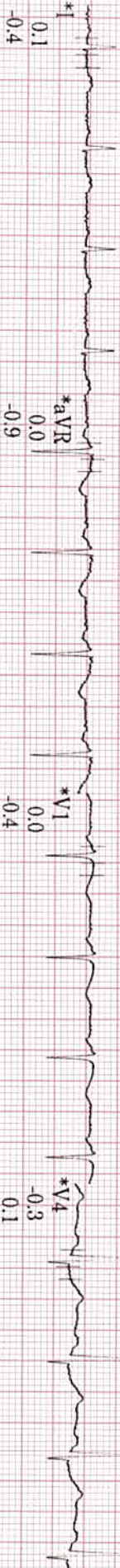
93bpm

RECOVERY  
Post  
3:00

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

ST @ 10mm/mV  
80ms postJ

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

MAC55 009C

II



SELECTED MEDIANS REPORT

KHATRI PRAMOD  
ID: 000633528

23-Dec-2023  
11:47:21

48years  
164cm

62kg

Male

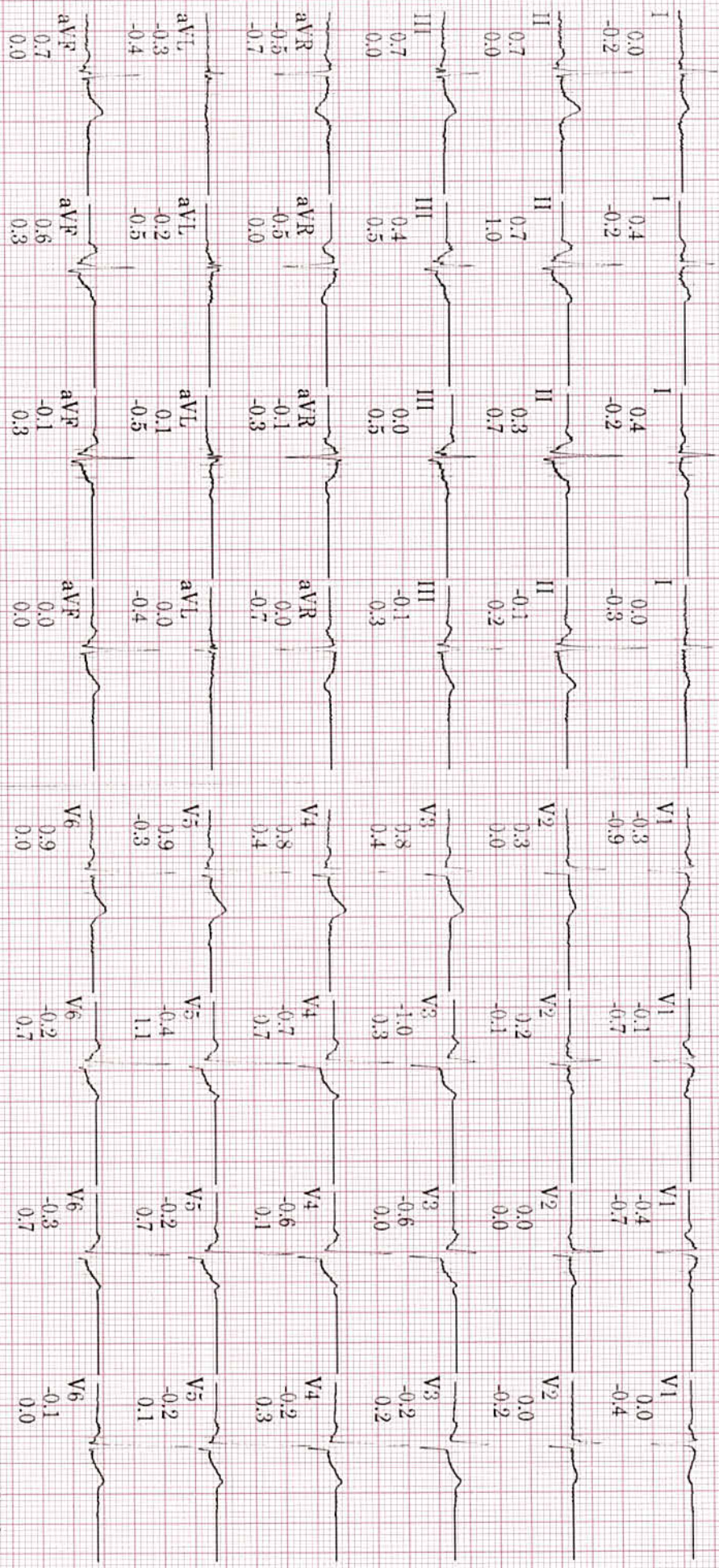
Referred by: ARCORF

BRUCE  
Max HR: 151bpm 87% of max predicted 172bpm  
Max BP: 140/90  
Maximum workload: 10.1METS

25.0 mm/s  
10.0 mm/mV  
100hz

Reason for Termination:  
Comments: GOOD EXERCISE EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA NO ARRHYMIAS  
NO SIGNIFICANT ST T CHANGES  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 85bpm BP: 120/80	7:41 149bpm BP: 140/90	8:03 145bpm BP: 140/90	3:15 91bpm	0:00 85bpm BP: 120/80	7:41 149bpm BP: 140/90	8:03 145bpm BP: 140/90	3:15 91bpm



Technician: Unconfirmed MAC55 009C  
 APOLLO MEDICAL CENTRE MARATHAHALLI Lead  
 Slope(mV/s)



GRADED EXERCISE SUMMARY

KHATRI PRAMOD  
ID: 000033528

23-Dec-2023  
11:47:21

48years  
164cm

62kg

Male

Referred by: ARCOF

BRUCE  
Max HR: 151bpm 87% of max predicted 172bpm  
Max BP: 140/90  
Maximum workload: 10.1METS  
Total Exercise time: 8:03  
Reason for Termination: Patient fatigue  
Comments: GOOD EXERCISE EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA NO ARRHYMIAS  
NO SIGNIFICANT S T T CHANGES  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

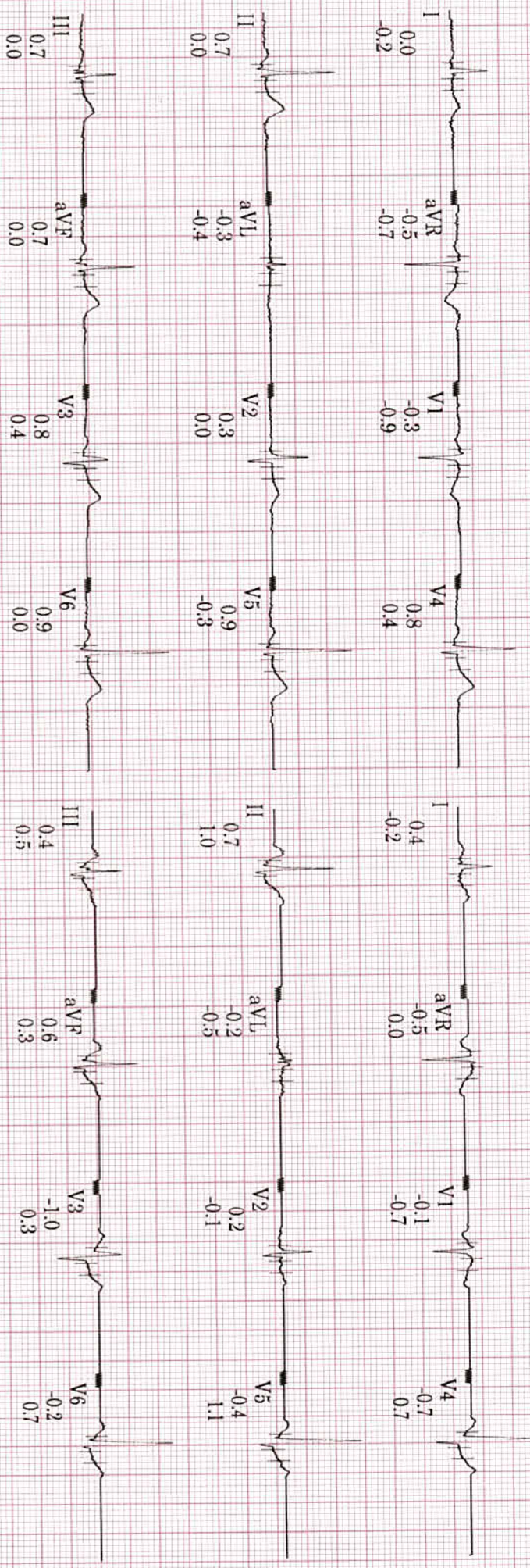
25.0 mm/s  
100 mm/mV  
100hz

BASELINE  
EXERCISE STAGE 1  
0:00 1.1METS  
85bpm  
BP: 120/80  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

MAX ST  
EXERCISE STAGE 3  
7:41 9.6METS  
149bpm  
BP: 140/90  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C



TABULAR SUMMARY REPORT

**KHATRI PRAMOD**  
ID: 000033528

48years  
164cm  
62kg

Referred by: ARCOF

Male

BRUCE  
Max HR: 151bpm 87% of max predicted 172bpm  
Max BP: 140/90 Maximum workload: 10.1METS  
Reason for Termination: Patient fatigue  
Comments: GOOD EXERCISE EFFORT TOLERANCE  
NORMAL BP AND HR RESPONSE  
NO ANGINA NO ARRHYTHMIAS  
NO SIGNIFICANT S T T CHANGES  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 8:03  
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	0:41	***	***	1.0	77	120/80	92
	STANDING	0:14	***	***	1.0	77	120/80	92
	HYPERVENT	0:14	1.5	0.0	1.1	85	120/80	102
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	105		
	STAGE 2	3:00	2.5	12.0	7.0	123		
	STAGE 3	2:03	3.4	14.0	10.1	145	140/90	203
RECOVERY	Post	3:15	***	***	1.0	91		

Technician:

APOLLO MEDICAL CENTRE MARATHAHALLI

Unconfirmed

MAC55 009C



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Khatji Pramod on 23/12/23

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

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


  
 Dr. \_\_\_\_\_  
 Medical Officer

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

Date : 23-12-2023

MR NO : CMAR.0000335283

Name : Mr. KHATRI PRAMOD

Age/ Gender : 48 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 08:56

Height : 164 cm	Weight : 62.9 kg	BMI : —	Waist Circum : —
Temp : 98.6 °F	Pulse : 69 B/M	Resp : —	B.P : 120/70 mm Hg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

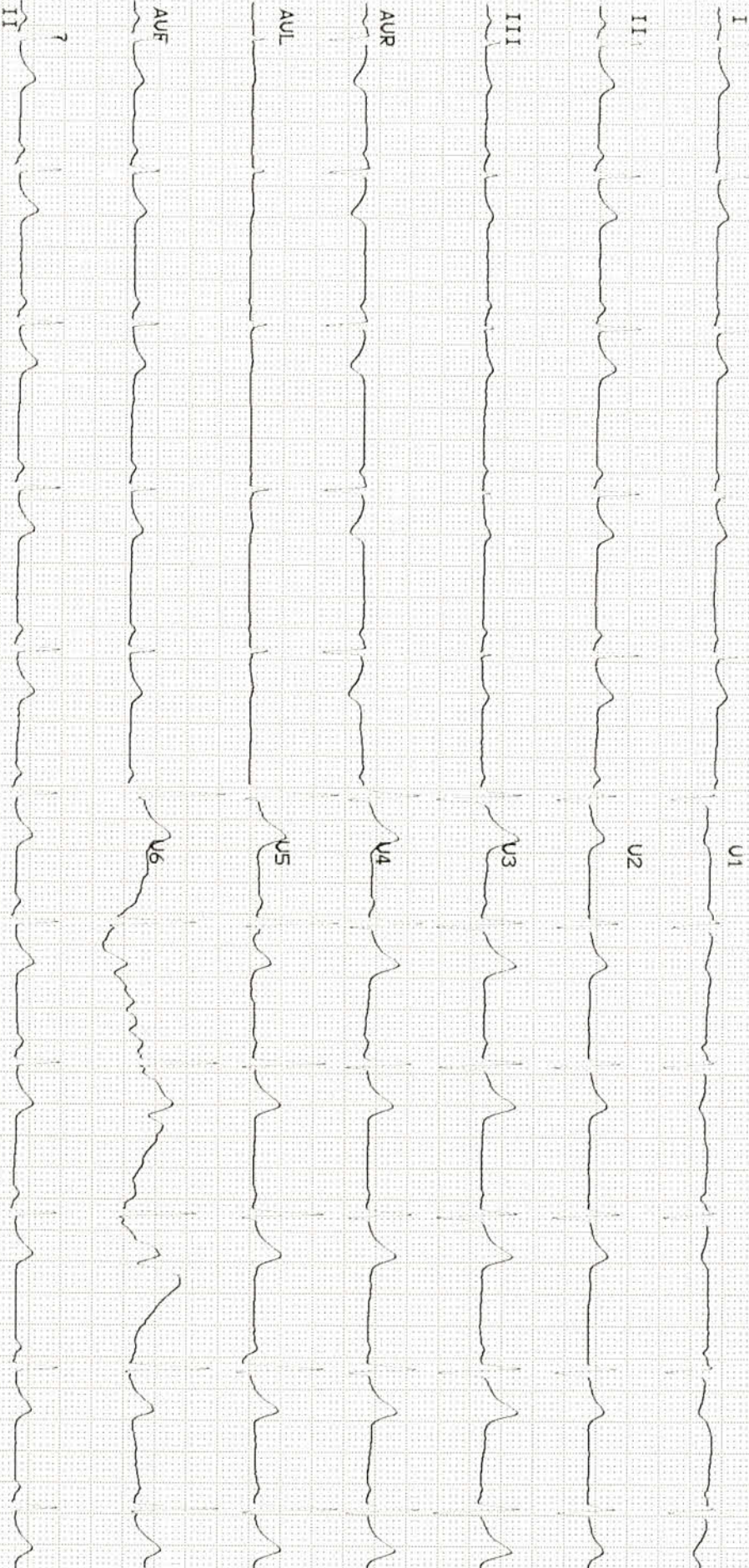
Follow up date:

Doctor Signature



Measurement Results:  
QRS 88 ms  
QT/QTcB 400 / 413 ms  
PR 136 ms  
P 108 ms  
RR/PP 938 / 935 ms  
P/QRS/T 65 / 40 / 55 degrees  
QTd/QTcBd 92 / 95 ms  
Sokolow NK 1.9 mV  
9

Interpretation:  
normal ECG



Unconfirmed report.



Patient Name : Mr. KHATRI PRAMOD  
UHID : CMAR.0000335283  
Reported on : 23-12-2023 16:53  
Adm/Consult Doctor :

Age : 48 Y M  
OP Visit No : CMAROPV755985  
Printed on : 23-12-2023 20:42  
Ref Doctor : SELF

---

**DEPARTMENT OF RADIOLOGY**

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**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

Printed on:23-12-2023 16:53

---End of the Report---

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



Patient Name	: Mr. KHATRI PRAMOD	Age	: 48 Y M
UHID	: CMAR.0000335283	OP Visit No	: CMAROPV755985
Reported on	: 23-12-2023 14:22	Printed on	: 23-12-2023 14:24
Adm/Consult Doctor	:	Ref Doctor	: SELF

---

## DEPARTMENT OF RADIOLOGY

---

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size ( 13.6cm), shape and shows diffuse increase in 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 either side.

Right kidney measures 9.9cm and parenchymal thickness measures 1.3cm.

Left kidney measures 9.1cm and parenchymal thickness measures 1.6cm.

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

**PROSTATE:** Prostate is enlarged in size and echo-pattern. It measures 4.5x3.7x3.2cm.vol - 29.2cc

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

#### IMPRESSION:

**GRADE I FATTY INFILTRATION OF LIVER.**

**GRADE I PROSTATOMEGALY**

Suggested clinical correlation and further evaluation if needed.







**Patient Name** : Mr. KHATRI PRAMOD

**Age/Gender** : 48 Y/M

**UHID/MR No.** : CMAR.0000335283

**OP Visit No** : CMAROPV755985

**Sample Collected on** :

**Reported on** : 23-12-2023 17:05

**LRN#** : RAD2188133

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9731720110

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

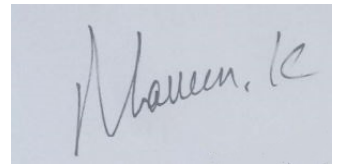
Both costophrenic and cardiophrenic angles are clear .

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



<b>Patient Name</b>	: Mr. KHATRI PRAMOD	<b>Age/Gender</b>	: 48 Y/M
<b>UHID/MR No.</b>	: CMAR.0000335283	<b>OP Visit No</b>	: CMAROPV755985
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-12-2023 14:24
<b>LRN#</b>	: RAD2188133	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9731720110		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER: Appears normal in size ( 13.6cm), shape and shows diffuse increase in echopattern.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

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**PROSTATE: Prostate is enlarged in size and echo-pattern. It measures 4.5x3.7x3.2cm.vol - 29.2cc**

No free fluid or lymphadenopathy is seen.

Visualized bowel loops appears normal.

#### IMPRESSION:

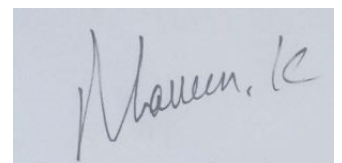
**GRADE I FATTY INFILTRATION OF LIVER.**

**GRADE I PROSTATOMEGALY**

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 .please note: non obstructing ureteric calculi; small renal/ ureteric calculi may not always be detected on USG; a CT KUB is advised if symptoms persist .
- 4.Printing mistakes should immediately be brought to notice for correction.
- 5.This is USG Abdomen screening.



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