

Sanjay Kumar

AGE / SEX: 50/m

AGE NAME: mediawheel full Body Annual plus Above 50 male

INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
FASTING BLOOD	Sakshi
POST PRANDIAL BLOOD	Sakshi
URINE	Sakshi
URINE SMEAR (PSA)	Sakshi
CHEST XRAY	Hetal
ECG	Hetal
ULTRASOUND ABDOMEN	Hetal
GENERAL CONSULTATION (PHYSICIAN, DENTIST, EYE, ENT)	Hetal
PHYSICIAN CONSULTATION	Hetal
POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
COMPLIMENTARY BREAKFAST INCLUDED	

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे कारर के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	SANJAY SANJAY KUMARKUMAR
जन्म की तारीख	10-10-1973
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	06-11-2023
बुकिंग संदर्भ सं.	23D65428100074392S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. RANI RASHMI
कर्मचारी की क.क्र.संख्या	65428
कर्मचारी का पद	JOINT MANAGER
कर्मचारी के कार्य का स्थान	MUMBAI,ASHOKVAN
कर्मचारी के जन्म की तारीख	04-08-1974

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 06-11-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टार्ग-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उन्मुख सारणी में दी गई कर्मचारी कृट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SANJAY SANJAY KUMARKUMAR
DATE OF BIRTH	10-10-1973
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	06-11-2023
BOOKING REFERENCE NO.	23D65428100074392S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. RANI RASHMI
EMPLOYEE EC NO.	65428
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	MUMBAI,ASHOKVAN
EMPLOYEE BIRTHDATE	04-08-1974

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-11-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



# APEX SUPERSPECIALITY HOSPITALS



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## PHYSICIAN CONSULTATION

Mr. Sangay kumar  
Age sex - 50yrs / male.

wt - 91 Kg  
Height - 169 cm.

### PRESENT COMPLAINT:

ClO - Both knee joint pain : 1 months.  
no walking difficulty

### PAST MEDICAL / SURGICAL HISTORY:

- No any past medical history
- No any Sx. history

### GENERAL EXAMINATION:

- PULSE - 80/min
- BP: - 120/80 mm Hg
- BMI - 31.9 kg/m<sup>2</sup> (obese class I)
- APETITE: - Normal
- THIRST: - Normal
- STOOL: - Normal
- URINE: - Normal
- SLEEP: - Normal
- SKIN: - Allergies status, stop Rx.
- NAILS: - Normal
- HABITAT: - No

### SYSTEMIC EXAMINATION: —

RESPIRATORY EXAMINATION: - AEBE clear.

CARDIOVASCULAR EXAMINATION: - S1 S2 heard normally  
(CNS / conscious & oriented)

ABDOMINAL EXAMINATION: - soft

GYNACOLOGY / OBST HISTORY (FOR FEMALE): / no.



CAMP.



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Shantagurga Mangesh Charity Trust Medical Center 193-A, I.T. Road,  
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Tel: 022-2896675/4647/48 Web: apexgroupofhospitals.com  
Email: medical.admin.apexhospitals.in

**Diet Chart**

**Name :- SANJAY KUMAR**

**DIET :- FULL DIET HIGH PROTEIN , LOW FAT**

**Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)

**Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar  
**OR** 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water

**Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)  
**Supplement :- Truhand HP - 1 scoop with 100ml water**

**Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/ 1 bowl rice  
1 bowl bhaji (**Avoid Potato , Yam, Raw banana, ladyfinger,brinjal**)  
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)  
1 bowl curd/ 1 glass buttermilk

**Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhand HP - 1 scoop in 100ml water**  
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat

**Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder

**Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/1 bowl rice  
1 bowl bhaji  
1 bowl dal  
**OR** 1 bowl dal khichadi/ daliya  
1 bowl curd/ 1 glass buttermilk

**Bedtime :-** 1 tsp Sesame seed

**Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.**

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

**Avoid all spicy, oily and refined flour products. Restrict bakery products.**

**For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.**



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. SANJAY KUMAR	<b>LabNo</b>	771	
<b>UHID/IP No</b>	140022624 / 341	<b>Sample Date</b>	29/03/2024 9:44AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	29/03/2024 11:04AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	29/03/2024 5:07PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	14.6	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	<b>4.43 L</b>	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	41.2	%	40.0 - 50.0	
MCV	93	fl	78 - 100	Calculated
MCH	<b>32.96 H</b>	pg	27 - 31	Calculated
MCHC	35.44	gm/dl	30 - 36	Calculated
RDW	15.5	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6200	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	54	%	40 - 80	
Lymphocyte %	<b>41 H</b>	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3348	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2542	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	124	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	<b>186 L</b>	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	187	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	<b>12.2 H</b>	fl	7 - 12	

--End Of Report--

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<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b> Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

--End Of Report--

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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	18	mm/hr	0 * 20	Westergren

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD SUGAR F&amp;PP</b>				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	87.08	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	107.8	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen (SINGLE)	14.39	mg/dl	7 - 20	
<b>SERUM CREATININE</b>				
Sample: Serum				
Creatinine	1.06	mg/dl	0.80 - 1.50	Jaffes
<b>URIC ACID (SERUM)</b>				
Sample: Serum				
Uric Acid	3.95	mm/hr	3.5 - 8.5	URICASE-PEROXIDASE

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	168.2	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Pero xidase
Triglycerides	<b>161.7 H</b>	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	41.76	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	32.34	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	94.10	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.03		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.25 L</b>		2.50 - 3.50	Calculated Value

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)	0.87	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.29	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.58	mg/dl	1 - 1	
SGPT (ALT)	19.20	U/L	5 - 40	IFCC modified
SGOT (AST)	21.87	U/L	5 - 40	IFCC modified
Protein Total	6.58	gm/dl	6.00 - 8.00	Biuret
Albumin	3.61	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.97	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.22		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	56.58	IU/L	42 - 140	
GGTP (GAMMA GT)	16.56	IU/L	15.0 - 72.0	UV Kinetic IFCC

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY



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## DEPARTMENT OF LABORATORY SCIENCES

<b>Patient Name</b>	Mr. SANJAY KUMAR	<b>LabNo</b>	771	
<b>UHID/IP No</b>	140022624 / 341	<b>Sample Date</b>	29/03/2024 9:44AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	29/03/2024 11:04AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	29/03/2024 5:07PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	1-2			
RBCs	Absent			
Epithelial Cells	2-3			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

**Dr. Neeraj Gujar**  
MD PATHOLOGY

Patient Id : **PVD04223-24/75524**  
 Patient : MR SANJAY KUMAR  
 Age/sex : 50 Yrs/ Male  
 Center : APEX SUPERSPECIALITY HOSPITALS  
 Ref. By : Self

Sample ID : 24038007  
 Reg. Date : 29/03/2024  
 Report Date : 29/03/2024  
 Case No. :



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.2	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	102.54	mg/dL	
Method : HPLC-Biorad D10-USA			


**INTERPRETATION**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640



Patient Id : **PVD04223-24/75524**      Sample ID : 24038007  
 Patient : MR SANJAY KUMAR      Reg. Date : 29/03/2024  
 Age/sex : 50 Yrs/ Male      Report Date : 29/03/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	127.15	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.26	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.01	uIU/ml	0.27 - 4.20


Method : ECLIA

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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**DR. SANDEEP B. PORWAL**  
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 MMC Reg no 2001031640



Patient Id : **PVD04223-24/75524**  
Patient : MR SANJAY KUMAR  
Age/sex : 50 Yrs/ Male  
Center : APEX SUPERSPECIALITY HOSPITALS  
Ref. By : Self

Sample ID : 24038007  
Reg. Date : 29/03/2024  
Report Date : 29/03/2024  
Case No. :



**PROSTATE SPECIFIC ANTIGEN**

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.55	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2

Method : ECLIA

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

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**DR. SANDEEP B. PORWAL**  
MBBS MD (Path) Mumbai  
MMC Reg no 2001031640

ELECTRONICS COMPLEX

INDORE

TREADMILL TEST REPORT

sanjay kumar  
 ID : 22367  
 DATE : 29/03/2024  
 AGE/SEX : 50 / M  
 HT/WT : 178 / 90  
 REF. BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
							II	V1	V5	
SUPINE				95	130 / 90	123	-0.1	0.5	-0.3	
STANDING				94	130 / 90	122	0	0.2	-0.2	
HYPERVENT	0:8			93	130 / 90	120	0	-0.1	0	
VALSALVA				96	130 / 90	124	-0.1	0.1	0.2	
Stage 1	2:55	2.7	10	125	130 / 90	162	0.3	-0.1	0.1	4.67
Stage 2	5:55	4	12	145	130 / 90	188	0.7	-0.6	0.3	7.04
Stage 3	8:55	5.4	14	159	140 / 90	222	1.1	0	1.1	9.92
PK-EXERCISE	10:16	6.7	16	178	140 / 90	249	0.4	0.1	1	11.69
RECOVERY	13:21			112	150 / 90	168	0.3	-0.1	0.1	

RESULTS

EXERCISE DURATION : 10:16  
 MAX HEART RATE : 178 bpm  
 MAX BLOOD PRESSURE : 150 / 90 mm Hg  
 REASON OF TERMINATION : *Achur 7/172*  
 BP RESPONSE : *Normal*  
 ARRHYTHMIA : *NUM*  
 H.R. RESPONSE : *NUM*

**Dr. CHIRAG V. SHAH**  
 D.N.B.(M.D.)  
 CONSULTING PHYSICIAN CARDIOLOGIST  
 Reg. No. 2003 / QA / 1649

IMPRESSIONS

*NUM*  
*NUM*  
*NUM*  
*See with Negative for ischemia*

Technician :



# UNI-EM

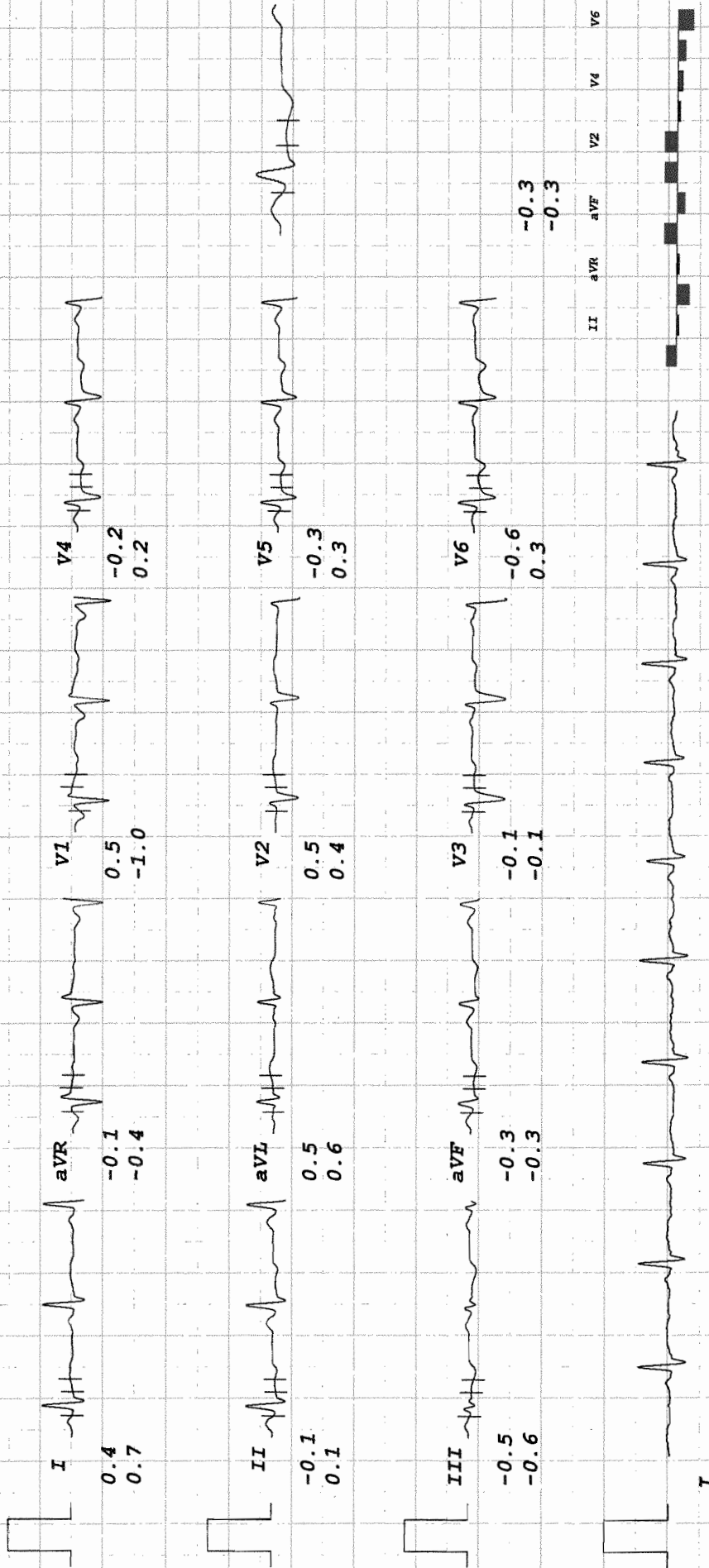
sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

PRETEST  
SUPINE  
RATE 95bpm  
B.P. 130/90

ST @ 10mm/mV  
80ms PostJ  
**LINKED MEDIAN**

Mag. X 2

aVF



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

RATE 94bpm  
B.P. 130/90

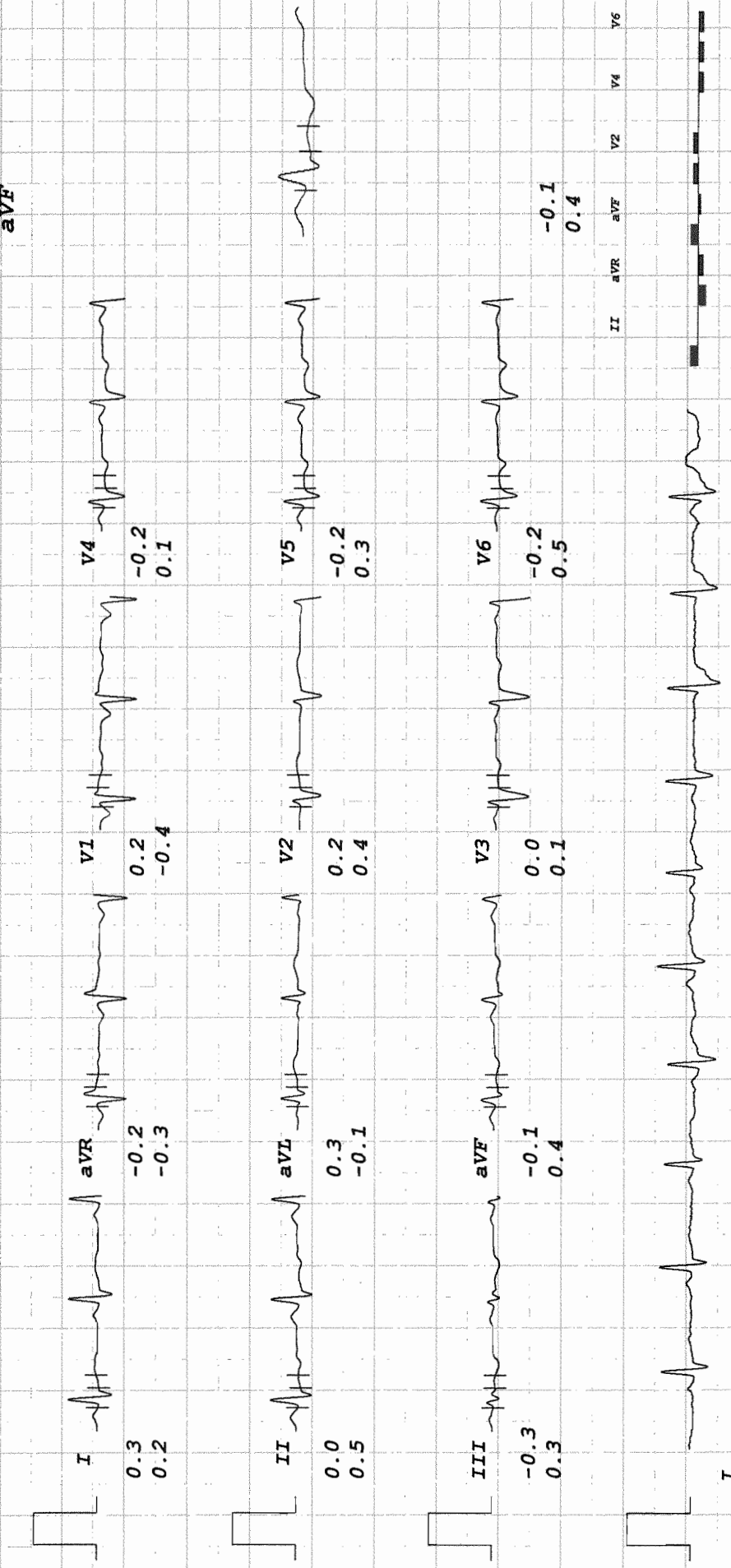
PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

ST @ 10mm/mV  
80ms PostJ

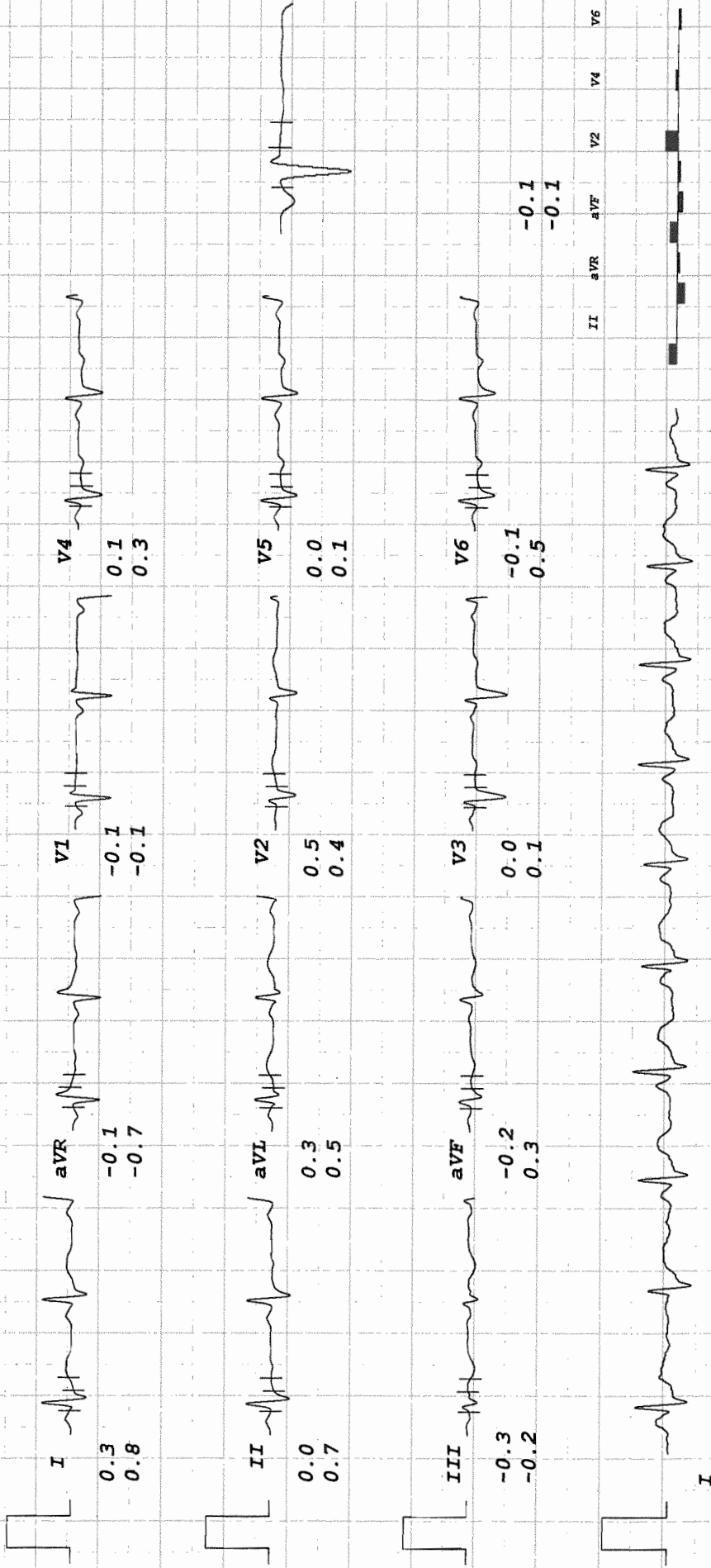
PRETEST  
HYPERVENT

PHASE TIME 0:08

LINKED MEDIAN

Mag. X 2

V1



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

RATE 96bpm  
B.P. 130/90

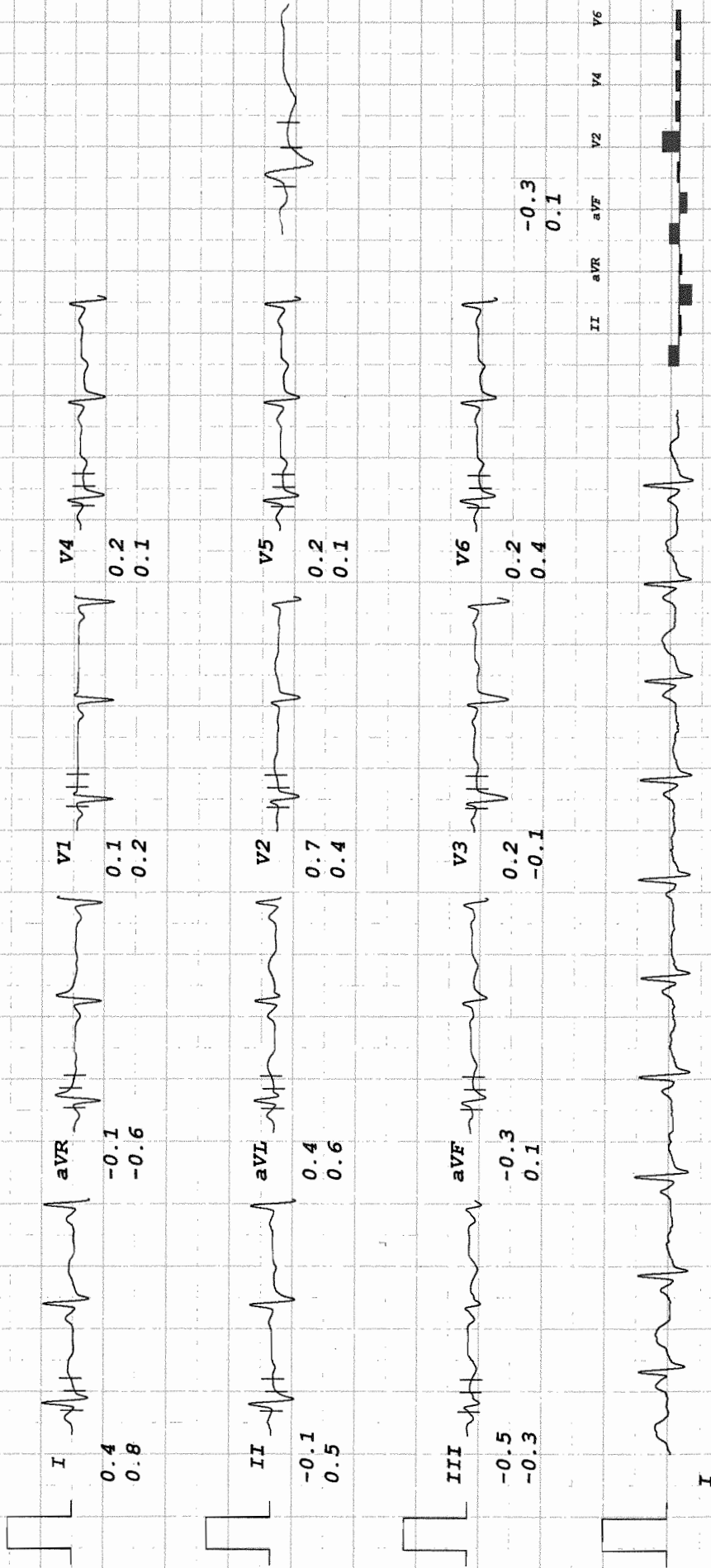
PRETEST  
VALSALVA

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

aVF





# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

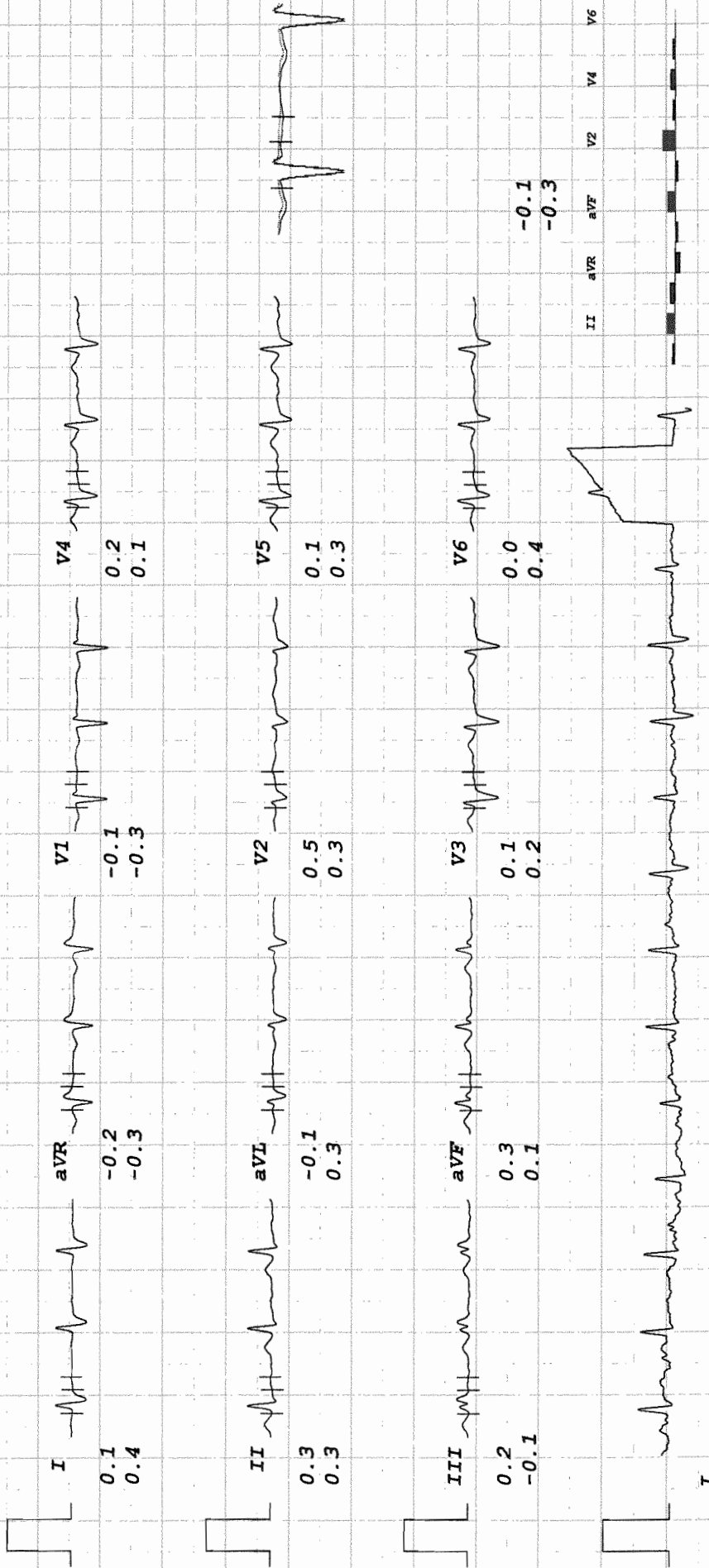
BRUCE  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

## LINKED MEDIAN

Mag. X 2

V1





# UNI-EM

sanjay kumar  
 I.D. 22367  
 Age 50/M  
 Date 29/03/2024

RATE 145bpm  
 B.P. 130/90

ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 &

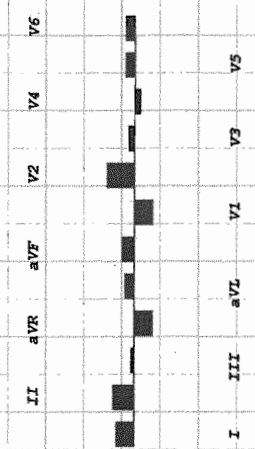
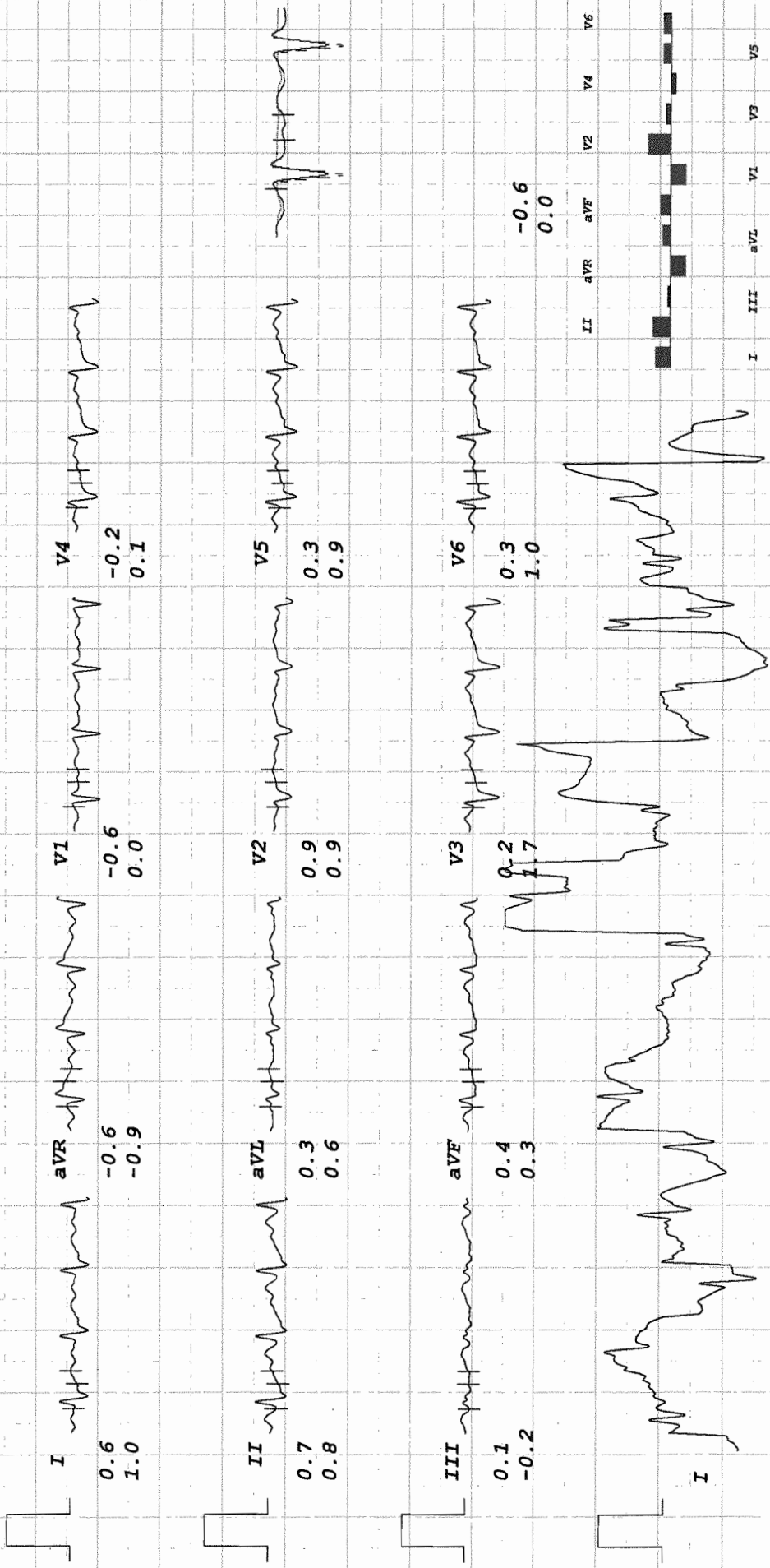
Bruce  
 Stage 2

TOTAL TIME 5:55  
 PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

V1



# UNI-EM

sanjay kumar  
 I.D. 22367  
 Age 50/M  
 Date 29/03/2024

Rate 159bpm  
 B.P. 140/90

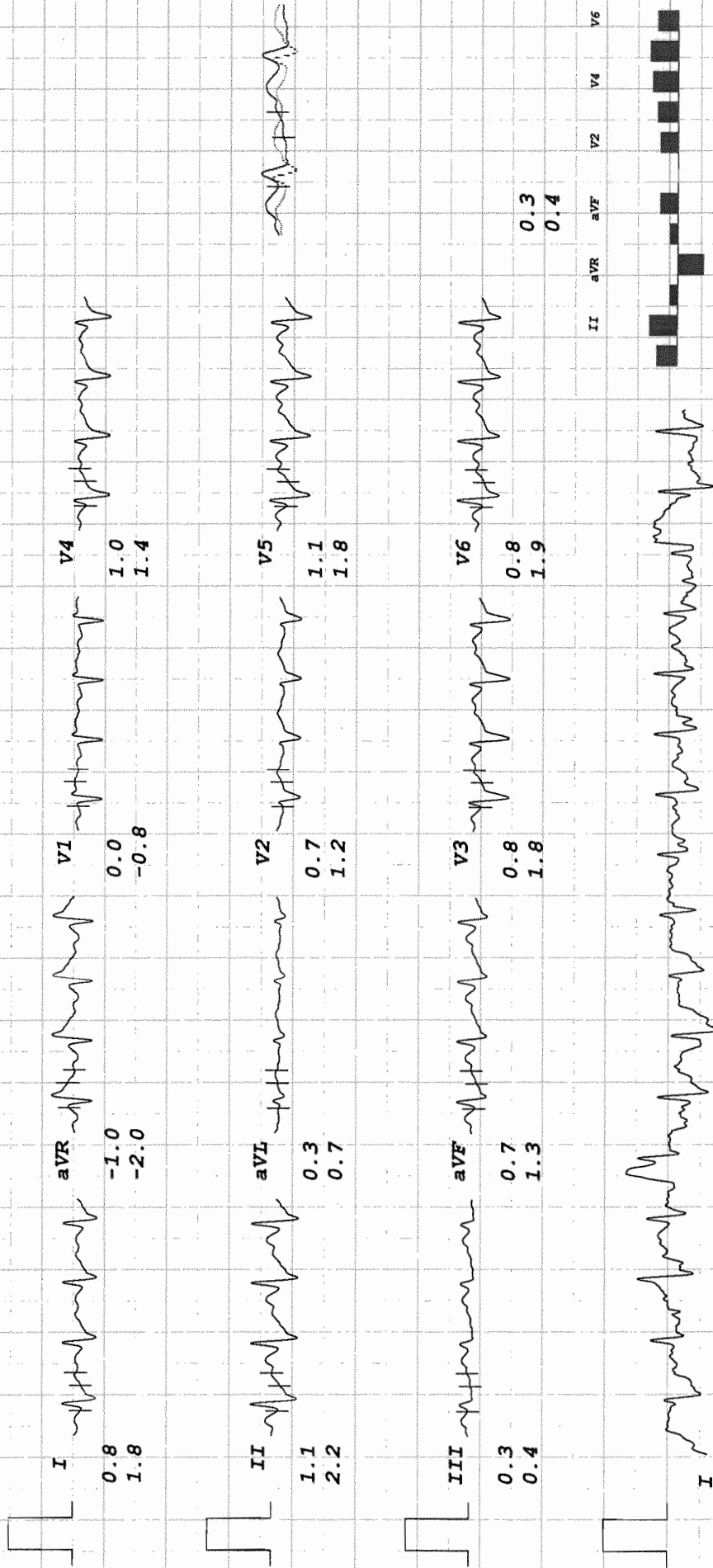
Bruce  
 Stage 3  
 TOTAL TIME 8:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

**LINKED MEDIAN**

Mag. X 2

III



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

RATE 178bpm  
B.P. 140/90

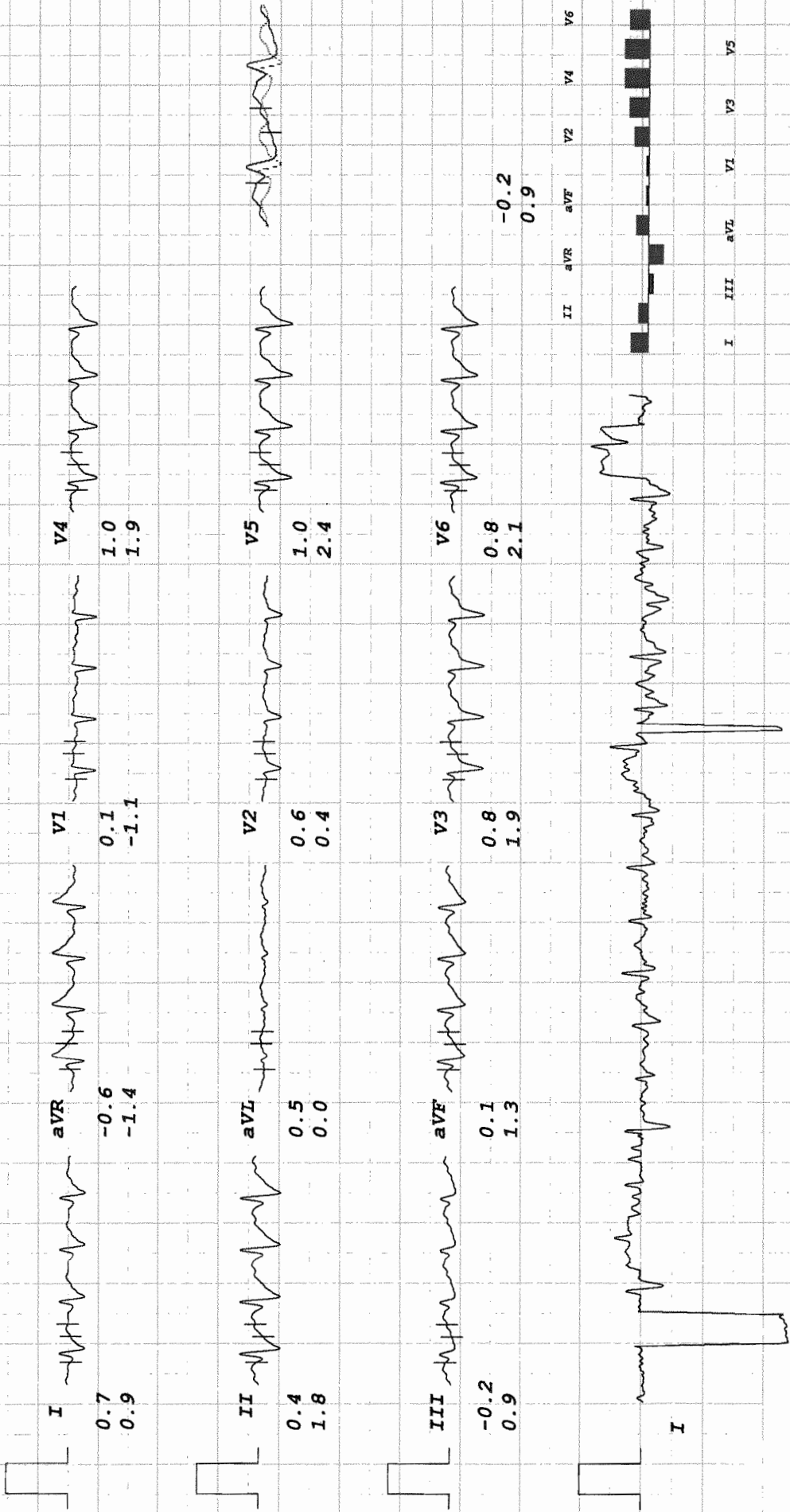
ST @ 10mm/mV  
80ms PostJ

PK-EXERCISE  
TOTAL TIME 10:16  
PHASE TIME 1:16

LINKED MEDIAN

Mag. X 2

III



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

Rate 112bpm  
B.P. 150/90

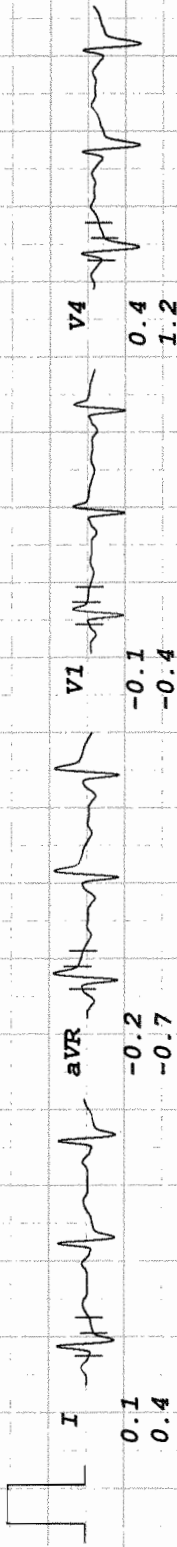
Bruce  
RECOVERY  
TOTAL TIME 13:21  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

## LINKED MEDIAN

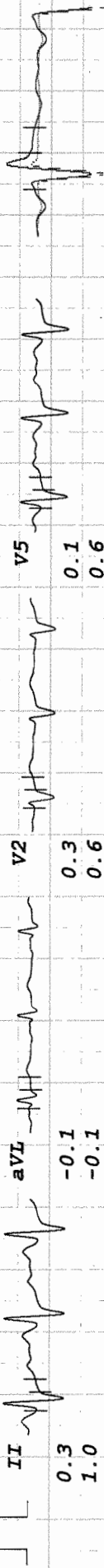
Mag. X 2

V1



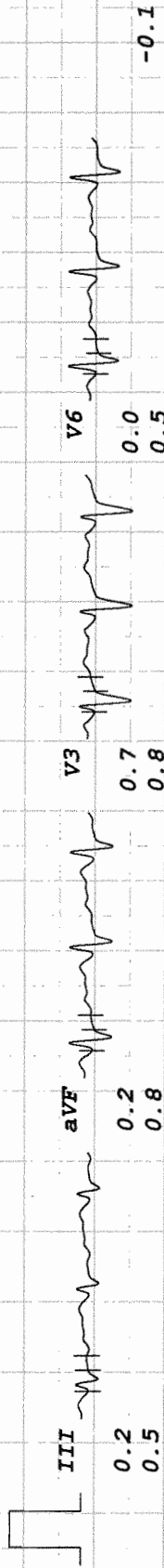
V4  
0.4  
1.2

V1  
-0.1  
-0.4



V5  
0.1  
0.6

V2  
0.3  
0.6

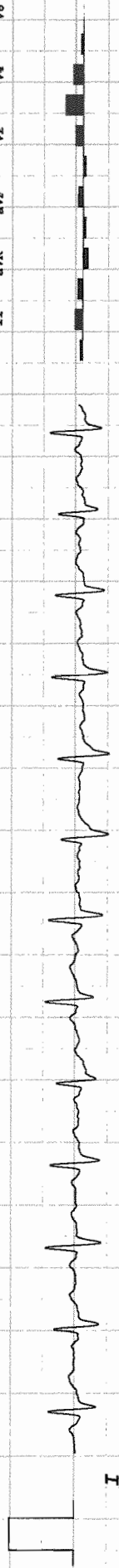


V6  
0.0  
0.5

V3  
0.7  
0.8

-0.1  
-0.4

II aVR aVL V2 V4 V6



I III aVL V1 V3 V5



# UNI-EM

sanjay kumar  
I.D. 22367  
Age 50/M  
Date 29/03/2024

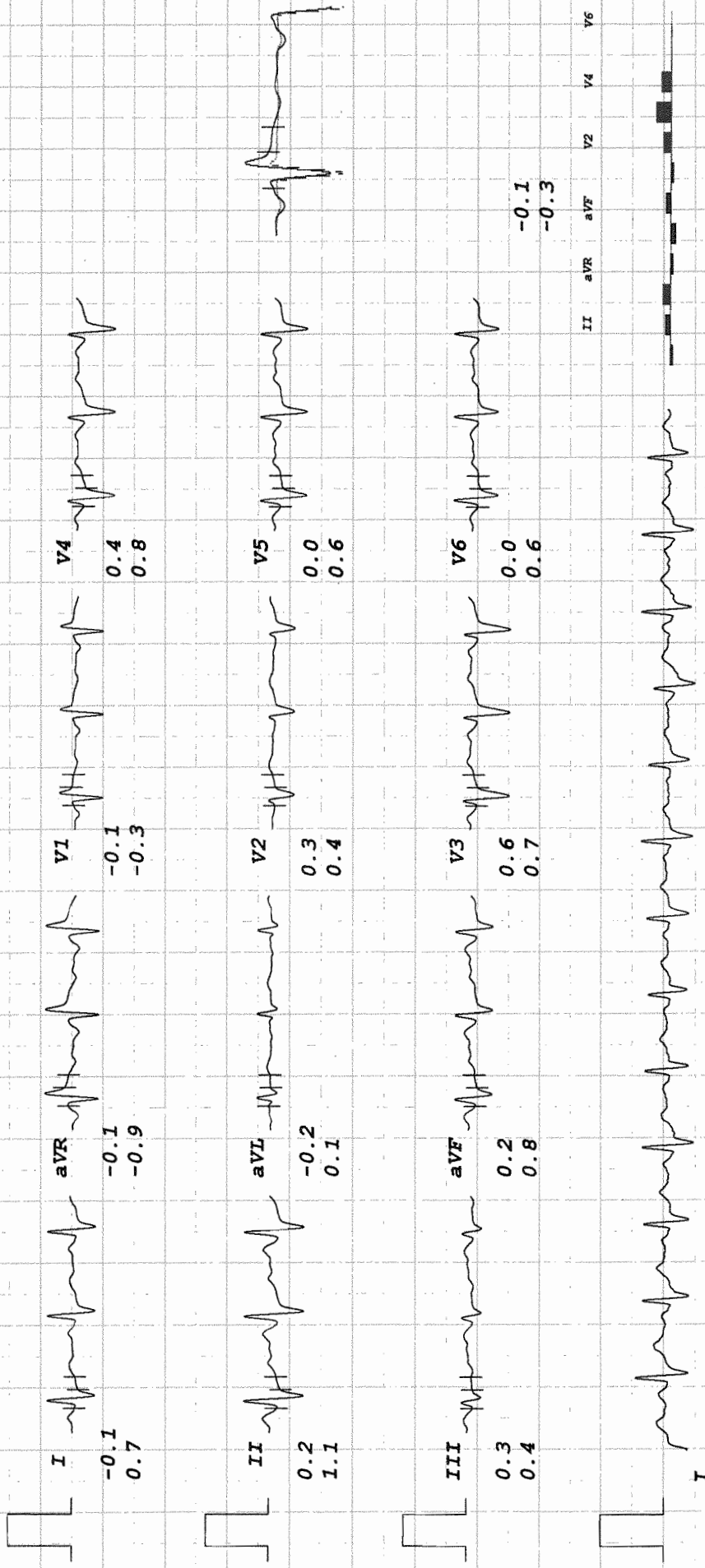
BRUCE  
RECOVERY  
RATE 113bpm  
B.P. 150/90

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



II aVR aVF V2 V4 V6

I III aVL V1 V3 V5



ID: 2024032911143109  
Name: Kumar, Sanjay  
Age: 50 Years  
Gender: Male

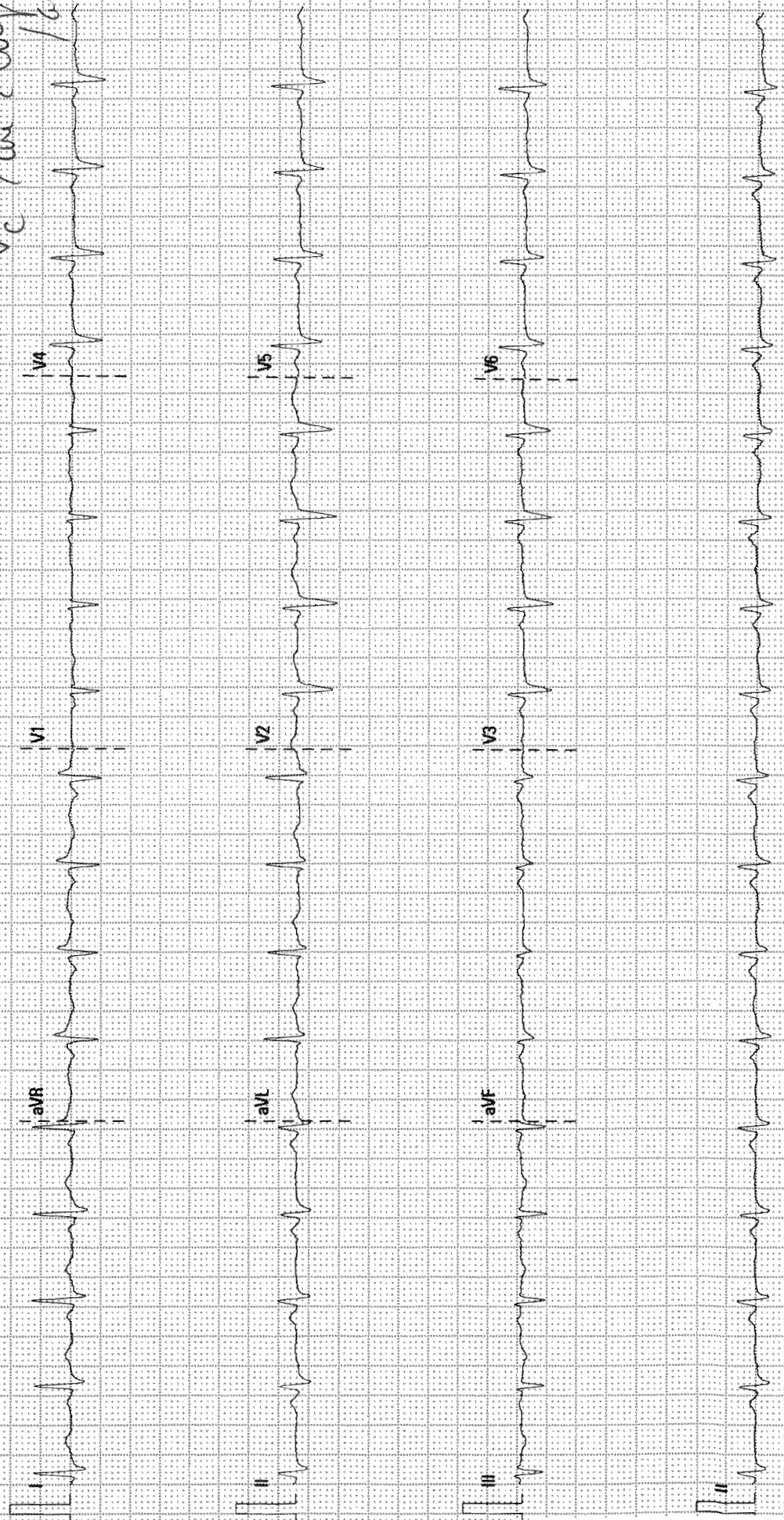
03-29-2024 11:21

Vent. Rate 102 bpm  
PR Interval 140 ms  
QRS Duration 92 ms  
QT/QTc Interval 336/410 ms  
P/QRS/T Axes 50/-8/1 deg  
QTc:Hodges

Sinus tachycardia  
Inferior and anterior T wave abnormality is nonspecific  
Borderline ECG

Unconfirmed Diagnosis

S-Tachycardia, LAD  
Vc 7mm c-loop hyper / elev by





Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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visit website  
googlemap



Tele.:  
022 - 2898 6677 / 46 / 47 / 48

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. SANJAY KUMAR	<b>LabNo</b>	771	
<b>UHID/IP No</b>	140022624 / 341	<b>Order Date</b>	29/03/2024 9:44AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	29/03/2024 4:12PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	31/03/2024 9:13PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

Mild cardiomegaly is seen.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



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# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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<b>Patient Name</b>	Mr. SANJAY KUMAR	<b>LabNo</b>	771	
<b>UHID/IP No</b>	140022624 / 341	<b>Order Date</b>	29/03/2024 9:44AM	
<b>Age/Gender</b>	50 Yrs/Male	<b>Receiving Date</b>	29/03/2024 12:57PM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	31/03/2024 9:13PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### SONOGRAPHY OF ABDOMEN AND PELVIS MALE

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous increased echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 9.3 cm normal in size and shape. Its echotexture is homogeneous.

#### KIDNEYS:

Right kidney : 9.5 x 3.9 cm

Left kidney : 9.7 x 4.3 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

**PROSTATE:** It measures about 3.6 x 3.5 x 3.3 cms; volume is 22.4 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

#### IMPRESSION:

Grade I fatty infiltration of liver.  
No other significant abnormality noted.

**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST