, K VINOD
ID: 4075076

Male

33 Years

22.03.2024 9:47:34
TENET DIAGNOSTICS HUB
1-60/8/6/SM/GF/UNIT 3, SHOP2,3
GACHIBWLI, SERILINGAMPALLY, HY

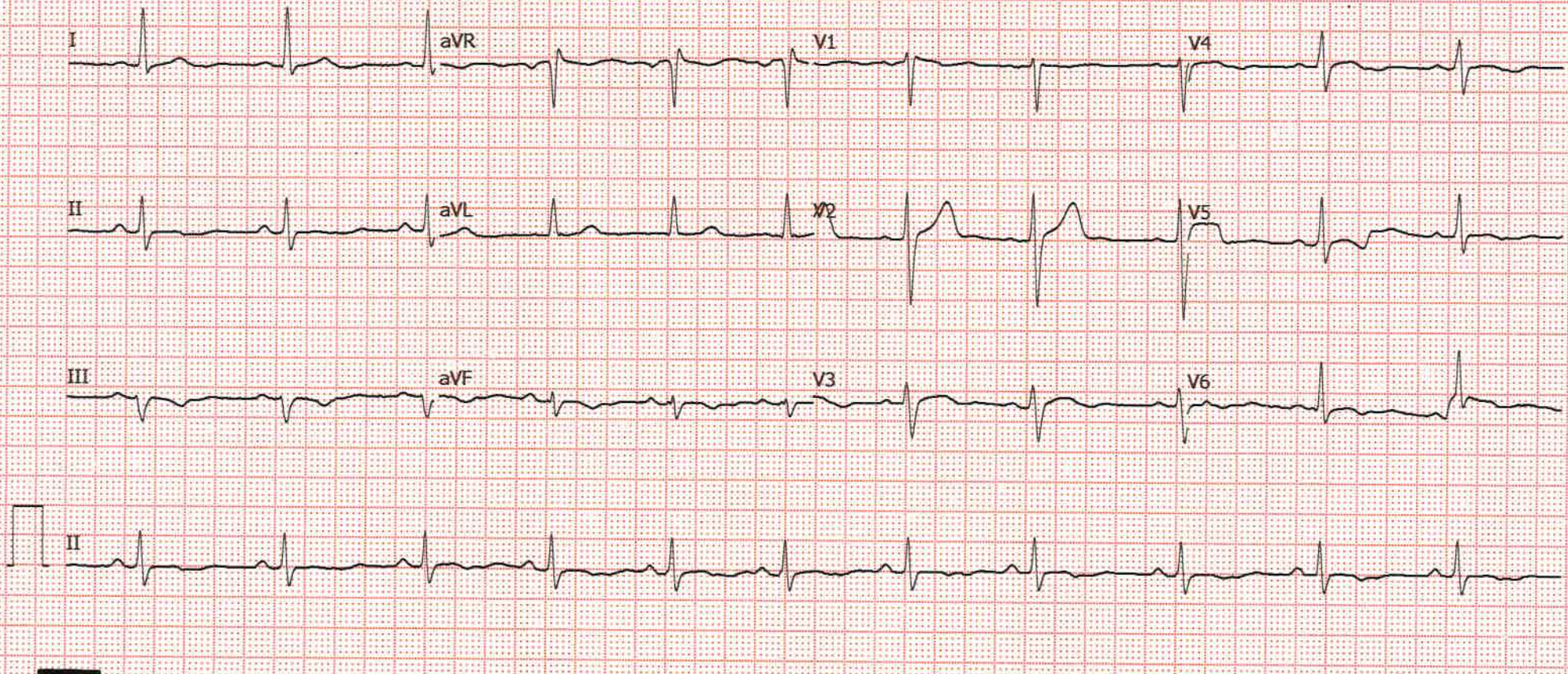
68 bpm
-- / -- mmHg

QRS :	106 ms
QT / QTcBaz :	374 / 397 ms
PR :	158 ms
P :	110 ms
RR / PP :	880 / 882 ms
P / QRS / T :	60 / 6 / -27 degrees

Normal sinus rhythm with sinus arrhythmia
Nonspecific T wave abnormality
Abnormal ECG

Technician: ks
Ordering Ph:
Referring Ph:
Attending Ph:

Dr. P. Gopala Krishna
B.Sc., M.B.B.S.,
Reg. No. 7294



GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

1/1

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369173
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 09:00 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 14:08 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Photo detectors(instrument)	Pale yellow	Straw to Yellow
Appearance Method:Photo diode array sensor	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.5)	4.6-8.0
Specific gravity Method:Refractometry	1.004	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	3-4	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	2-3	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.K Sucharita
Consultant Pathologist
Reg.No - TSMC/FMR/01493

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369174
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 09:00 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 14:28 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	2	<=10 mm/hour

Method: Westergren/Vesmatic 20

Reference: Dacie and Lewis Practical Hematology, 12th Edition, User Manual of Vesmatic 20/20 Plus New and Henry's Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition

Interpretation: Erythrocyte sedimentation rate (ESR) is a useful but nonspecific markerof underlying inflammation.

ESR is elevated in: Rheumatoid arthritis, chronic infection, collagen disease, polyclonal hyperglobulinemia and hyperfibrinogenemia, Temporal arteritis, septic arthritis, pelvic inflammatory disease, and appendicitis, Osteomyelitis, Neoplastic disease (Myeloma, Macroglobulinemia, Prostate cancer, Hodgkin's disease,Renal cell carcinoma), Stroke, coronary artery disease, Pregnancy (increase at the 10th to the 12th week, and returns to normal about 1 month postpartum)

ESR is decreased in: Polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (liver, kidney disease) and congestive heart failure.

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Spectrophotometry	15.9	13.0-17.0 g/dL
PCV/HCT Method:Calculated	47.8	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.22	4.50-5.50 mill /cu.mm
MCV Method:Calculated	91.6	83.0-101.0 fL
MCH Method:Calculated	30.6	27.0-32.0 pg
MCHC Method:Calculated	33.4	31.5-34.5 g/dL
RDW (CV) Method:Calculated	13.2	11.6-14.0 %
MPV Method:Calculated	8.9	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	9300	4000-10000 cells/cumm

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TEST REPORT

Platelet Count Method:Electrical Impedance	3.17	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	53.7	40.0-80.0 %
Lymphocytes Method:Microscopy	35.7	20.0-40.0 %
Eosinophils	1.6	1.0-6.0 %
Monocytes	8.8	2.0-10.0 %
Basophils Method:Flowcytometry/Microscopy	0.2	< 1.0-2.0 %
Absolute Neutrophil Count Method:Calculated	4994.1	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	**3320.1**	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	148.8	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	818.4	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	**18.6**	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1.5	0.78-3.53
RBC	Normocytic Normochromic	
WBC	Normal in Morphology & Distribution	
Platelets Method:Microscopy	Adequate	

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	:
Req.No	: BIL4075076	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Dr.K Sucharita
Consultant Pathologist
Reg.No - TSMC/FMR/01493

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369172
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 09:00 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 15:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	11.45	6-20 mg/dL
Urea. Method:Urease/UV	24.5	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.95	0.70-1.20 mg/dL

Interpretation: Creatinine is a nitrogenous waste product produced by muscles from creatinine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	12.05	10-20

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

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Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	:
Req.No	: BIL4075076	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27370055P
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 10:46 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 13:11 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	90	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369174
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 09:00 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 15:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	4.7	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	88	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c 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 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
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Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
Ref.By	: -	Collected on	: 22-Mar-2024 / 09:00 AM
Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 15:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	197	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	**39**	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	23.6	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	134.4	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Enzymatic end point	118	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	**5.05**	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	**3.45**	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

tenet DIAGNOSTICS
It's Good to Know

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Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	1.18	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	0.29	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.89	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	**63**	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	30	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	93	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	27	10-71 U/L
Total Protein. Method:Biuret	7.7	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.7	3.5-5.2 g/dL
Globulin. Method:Calculated	3.00	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.57	0.8-2.0

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369172
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
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Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 15:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA). Total Method:ECLIA	0.824	<4.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: PSA is a protein produced by cells in the prostate and is used to screen men for prostate cancer. PSA levels are elevated in Prostate cancer, and other conditions such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy and other tests like urinalysis and ultrasound to rule out urinary tract infections and for an accurate diagnosis. PSA levels are vital to determine the effectiveness of treatment and to detect recurrence in diagnosed cases of prostate cancer.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
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Req.No	: BIL4075076	Reported on	: 22-Mar-2024 / 15:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.19	0.80-2.00 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	7.6	5.1-14.1 µg/dL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.13	0.27-4.20 µIU/mL **Note:** Biological Reference Ranges are changed due to revision of reference source.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.K VINOD (BOBS16783)**	TID/SID	: UMR1400703/ 27369172
Age / Gender	: 33 Years / Male	Registered on	: 22-Mar-2024 / 08:53 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	6.2	3.4-7.0 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at National Referral Laboratory,
Tenet Diagnostics,Hyderabad

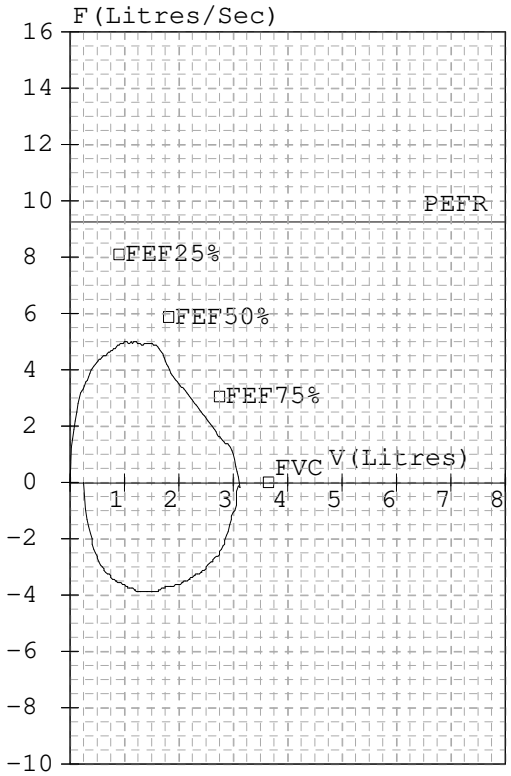
--- End Of Report ---

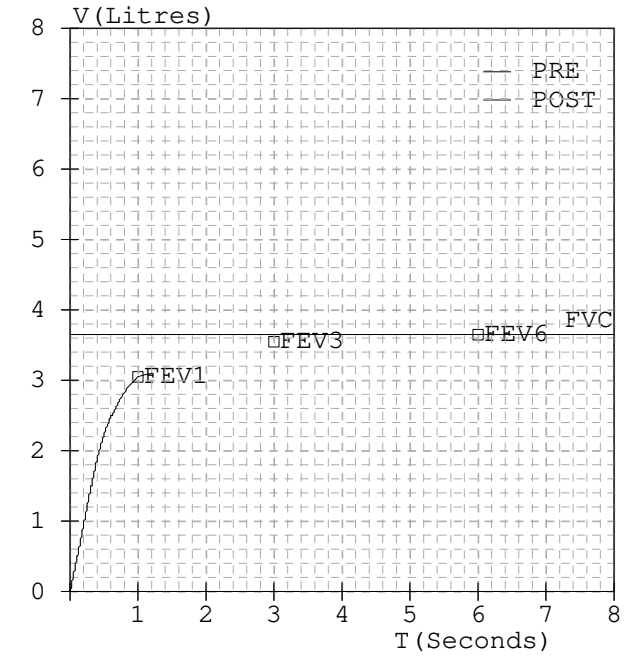
Dr Afreen Anwar
Consultant Biochemist

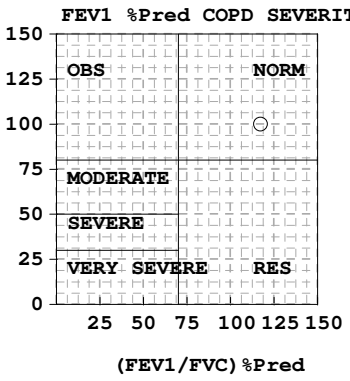
TENET MEDCORP PVT LTD

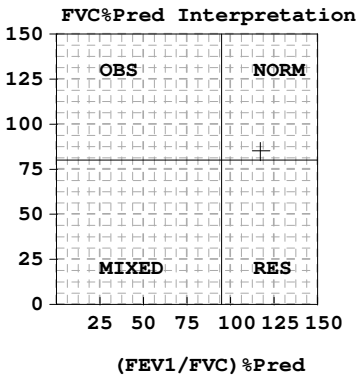
GROUND FLOOR,Q-MART BUILDING,SRESHTA MARVEL,GACHIBOWLI,HYD

Patient: K VINOD	**Age**	: 33 Yrs	**Gender**	: Male
Refd.By:	**Height**	: 172 Cms	**Smoker**	: No
Pred.Eqns: RECORDERS	**Weight**	: 73 Kgs	**Eth. Corr:**	100
Date : 22-Mar-2024 09:42 AM	**ID**	: 4075076	**Temp**	:









FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.65	03.11	085	-----	---	---
FEV1	(L)	03.06	03.06	100	-----	---	---
FEV1/FVC	(%)	83.84	98.39	117	-----	---	---
FEF25-75	(L/s)	04.29	04.12	096	-----	---	---
PEFR	(L/s)	09.24	04.94	053	-----	---	---
FIVC	(L)	-----	02.85	---	-----	---	---
FEV.5	(L)	-----	02.23	---	-----	---	---
FEV3	(L)	03.54	03.11	088	-----	---	---
PIFR	(L/s)	-----	03.87	---	-----	---	---
FEF75-85	(L/s)	-----	02.17	---	-----	---	---
FEF.2-1.2	(L/s)	07.47	04.32	058	-----	---	---
FEF 25%	(L/s)	08.09	04.66	058	-----	---	---
FEF 50%	(L/s)	05.88	04.82	082	-----	---	---
FEF 75%	(L/s)	03.04	02.71	089	-----	---	---
FEV.5/FVC	(%)	-----	71.70	---	-----	---	---
FEV3/FVC	(%)	96.99	100.00	103	-----	---	---
FET	(Sec)	-----	01.20	---	-----	---	---
ExplTime	(Sec)	-----	00.18	---	-----	---	---
Lung Age	(Yrs)	033	033	100	-----	---	---
FEV6	(L)	03.65	-----	---	-----	---	---
FIF25%	(L/s)	-----	02.65	---	-----	---	---
FIF50%	(L/s)	-----	03.60	---	-----	---	---
FIF75%	(L/s)	-----	03.82	---	-----	---	---

FVC Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

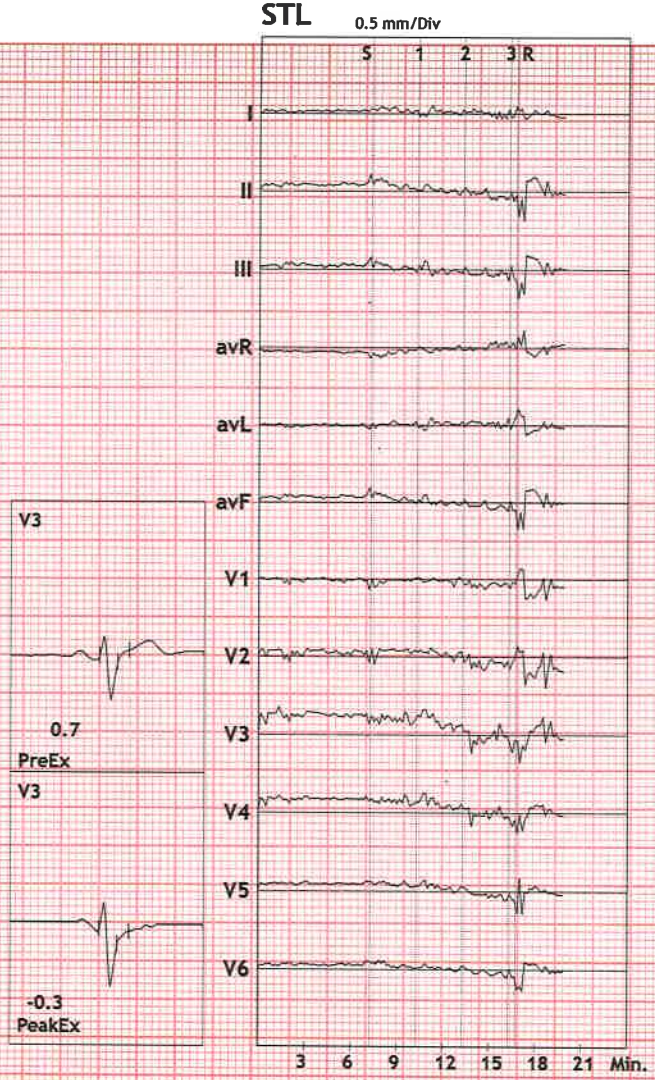
TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD 33 Yrs/Male 73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM
Ref.By : ARCOFEMI HEALTH CARE
Medication : Nil
Objective :

Summary

Protocol : BRUCE
History : Nil

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	65	120/80	78	-	
Standing					1.0	66	120/80	79	-	
ExStart					1.0	86	120/80	103	-	
Stage 1	3:01	3:02	2.7	10.0	4.6	108	130/80	140	-	
Stage 2	3:01	6:02	4.0	12.0	7.0	123	130/80	159	-	
Stage 3	3:01	9:02	5.5	14.0	10.2	144	140/80	201	-	
PeakEx	0:28	9:29	6.8	16.0	10.7	160	150/80	240	-	
Recovery	1:00		0.0	0.0	4.3	144	160/80	230	-	
Recovery	3:00		0.0	0.0	1.0	85	150/80	127	-	



Findings :

Exercise Time : 9:28 minutes
Max HR attained : 158 bpm 85% of Max Predictable HR 187
Max BP : 160/80(mmHg)
WorkLoad attained : 10.7 (Good Effort Tolerance)
No significant ST segment changes noted during exercise or recovery.
No Angina / Arrhythmia / SOB

Final Impression:*** TEST IS NEGATIVE FOR EXERCISE INDUCIBLE ISCHEMIA ***

REPORTED BY DR RAJESH K

Dr. Rajesh Kancherla
M.B.B.S, PGDip CARD (London)
Associate Cardiologist

Advice/Comments:

TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

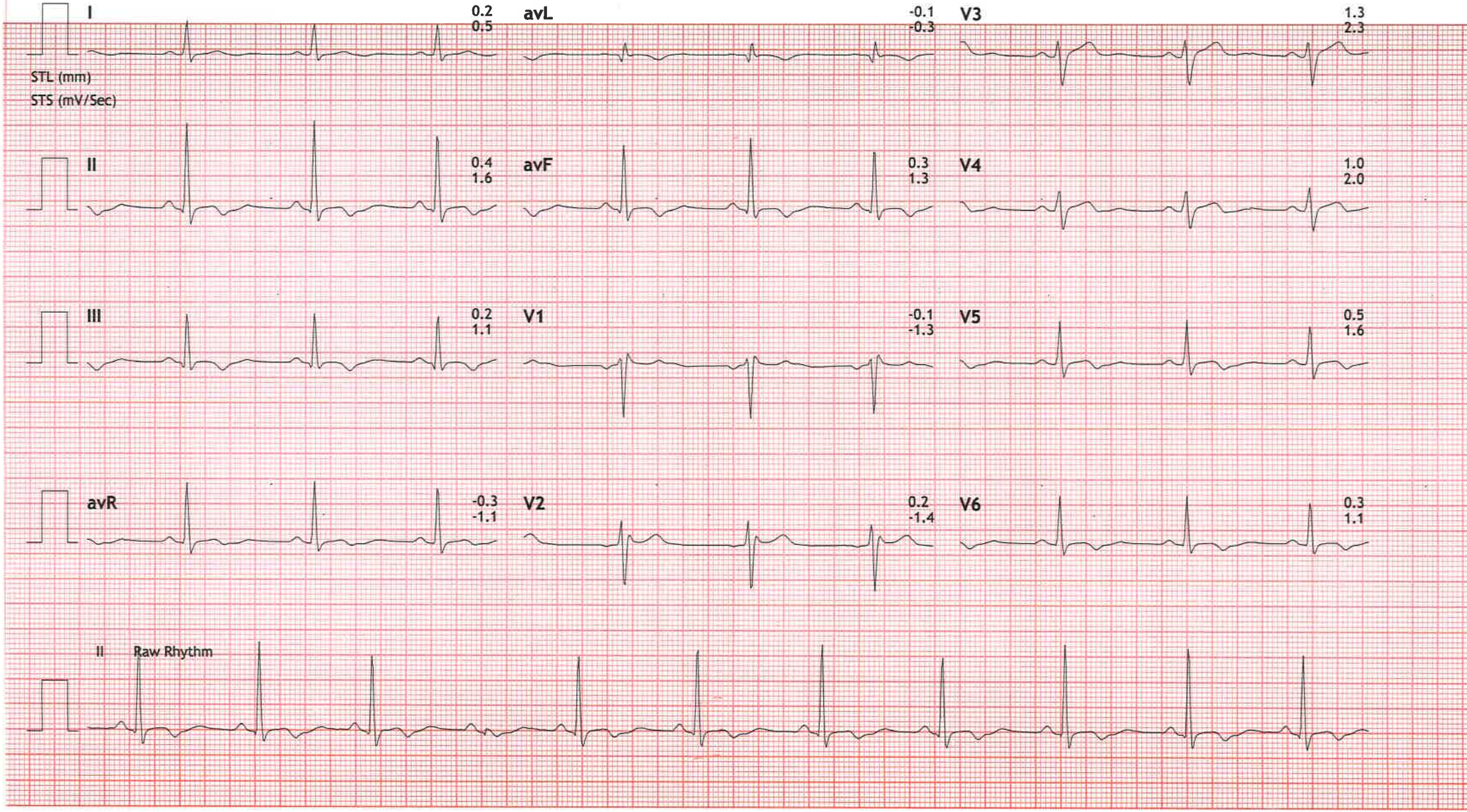
Linked Medians Report

HR: 65 bpm
METS: 1.0
BP: 120/80
MPHR:34% of 187
Speed: 0.0 kmph
Grade: 0.0%
Stage Report Time: 22-Mar-2024 11:15:46 AM

BRUCE
(0.05-100)Hz

Ex Time 04:47
BLC :On
Notch :On

SUPINE
10.0 mm/mV
25 mm/Sec.



TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

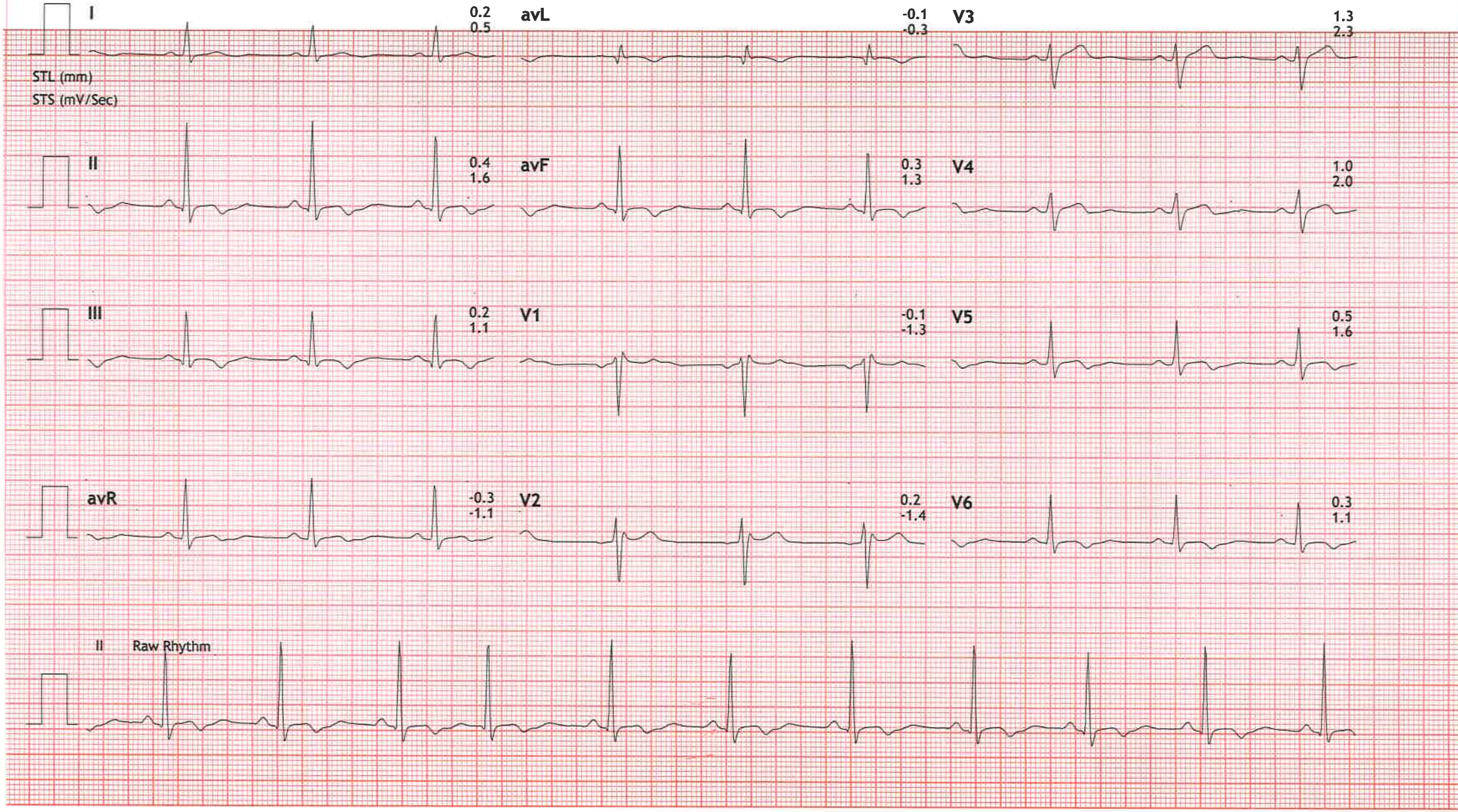
Linked Medians Report

HR: 66 bpm
METS: 1.0
BP: 120/80
MPHR:35% of 187
Speed: 0.0 kmph
Grade: 0.0%
Stage Report Time: 22-Mar-2024 11:15:48 AM

BRUCE
(0.05-100)Hz

Ex Time 04:48
BLC :On
Notch :On

STANDING
10.0 mm/mV
25 mm/Sec.

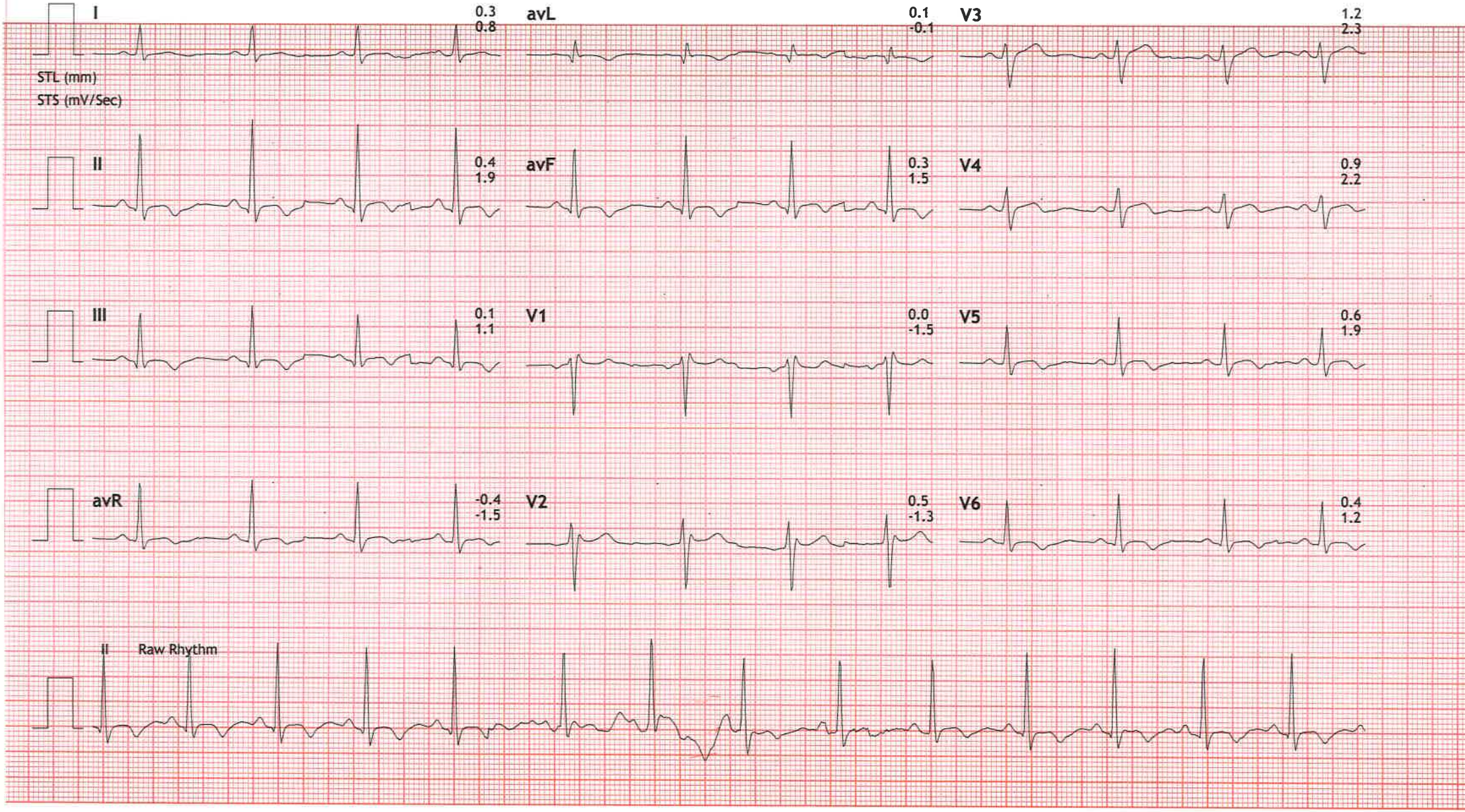


TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

Linked Medians Report

HR: 86 bpm | MPHR:45% of 187 | BRUCE | Ex Time 00:00 | **ExStart**
METS: 1.0 | Speed: 0.0 kmph | (0.05-100)Hz | BLC :On | 10.0 mm/mV
BP: 120/80 | Grade: 0.0% | | Notch :On | 25 mm/Sec.
Stage Report Time: 22-Mar-2024 11:18:15 AM



TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

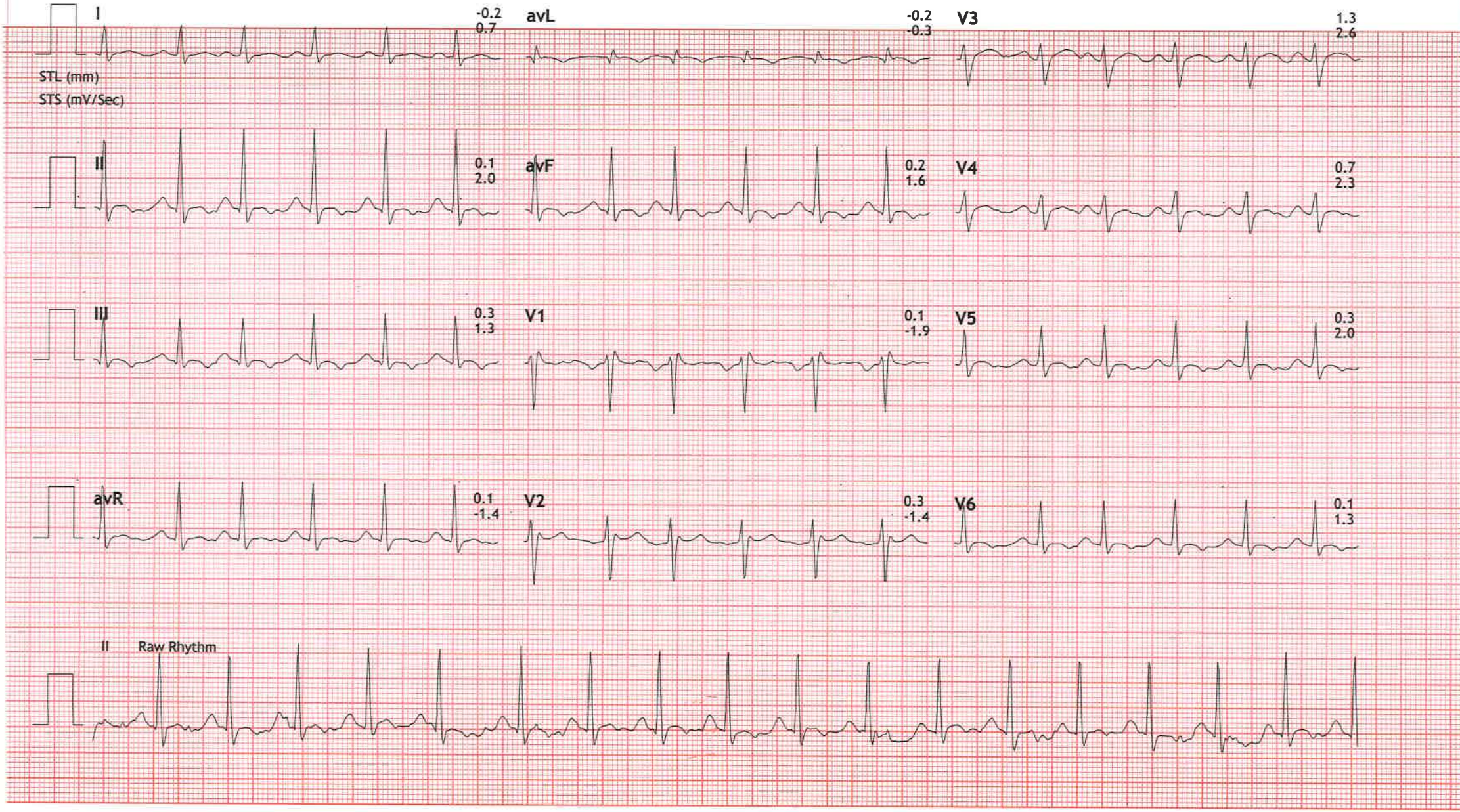
Linked Medians Report

HR: 108 bpm
METS: 4.6
BP: 130/80
MPHR:57% of 187
Speed: 2.7 kmph
Grade: 10.0%
Stage Report Time: 22-Mar-2024 11:21:15 AM

BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC :On
Notch :On

Stage 1 (03:00)
10.0 mm/mV
25 mm/Sec.



TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

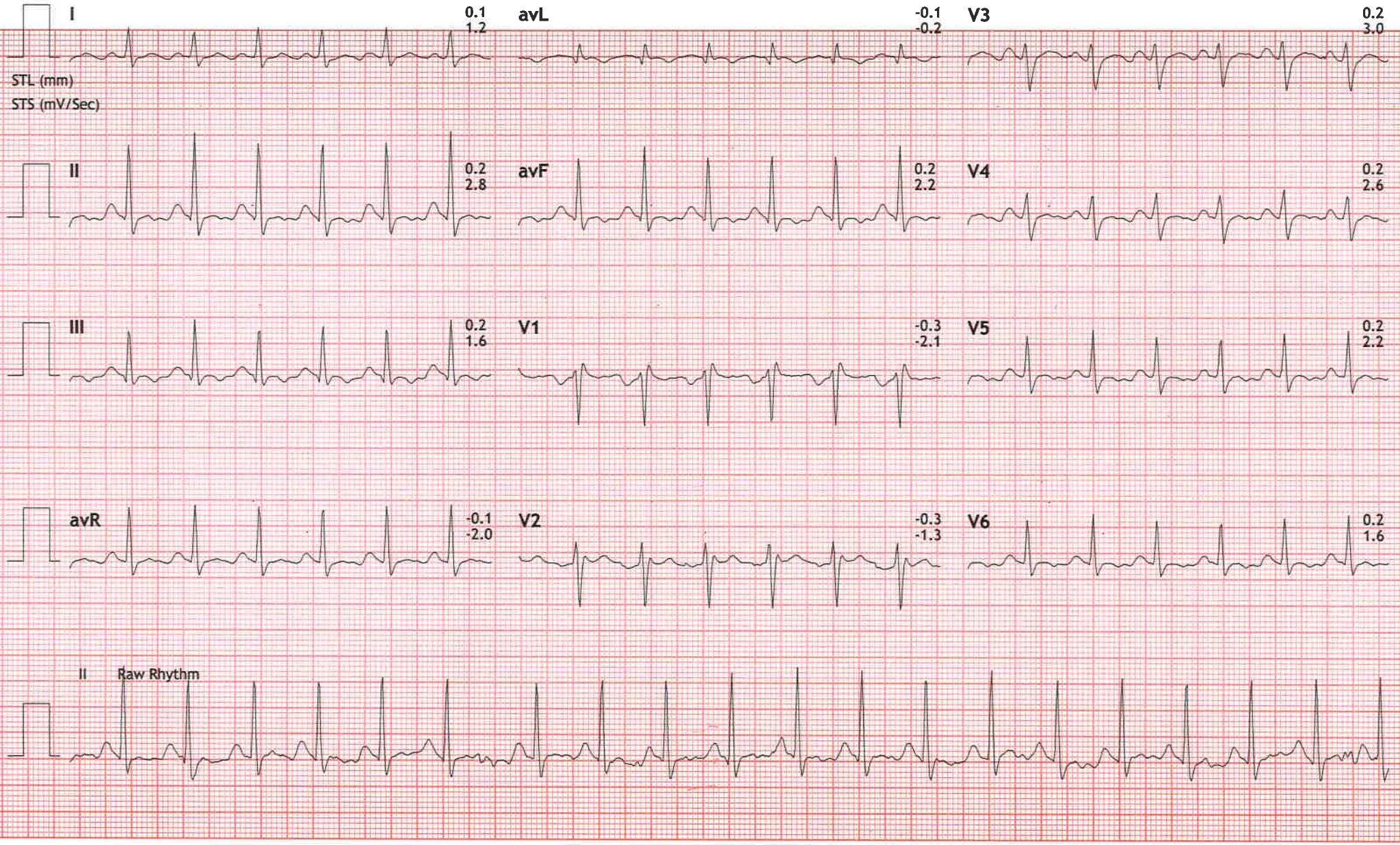
HR: 123 bpm
METS: 7.0
BP: 130/80
MPHR:65% of 187
Speed: 4.0 kmph
Grade: 12.0%
Stage Report Time: 22-Mar-2024 11:24:15 AM

Linked Medians Report

BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC :On
Notch :On

Stage 2 (03:00)
10.0 mm/mV
25 mm/Sec.



TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

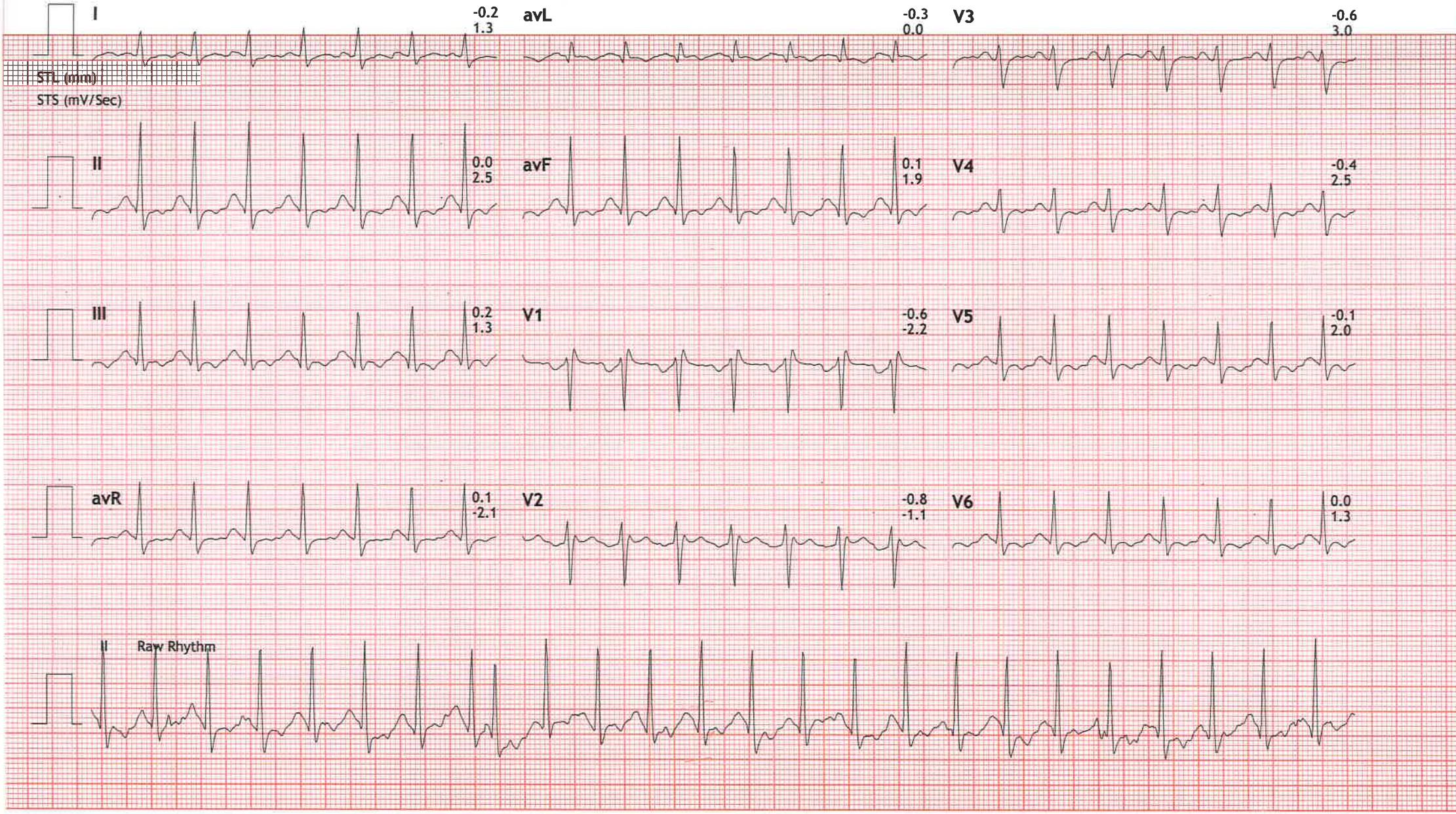
Linked Medians Report

HR: 144 bpm | MPHR:77% of 187
METS: 10.2 | Speed: 5.5 kmph
BP: 140/80 | Grade: 14.0%
Stage Report Time: 22-Mar-2024 11:27:16 AM

BRUCE
(0.05-100)Hz

Ex Time 09:00
BLC :On
Notch :On

Stage 3 (03:00)
10.0 mm/mV
25 mm/Sec.

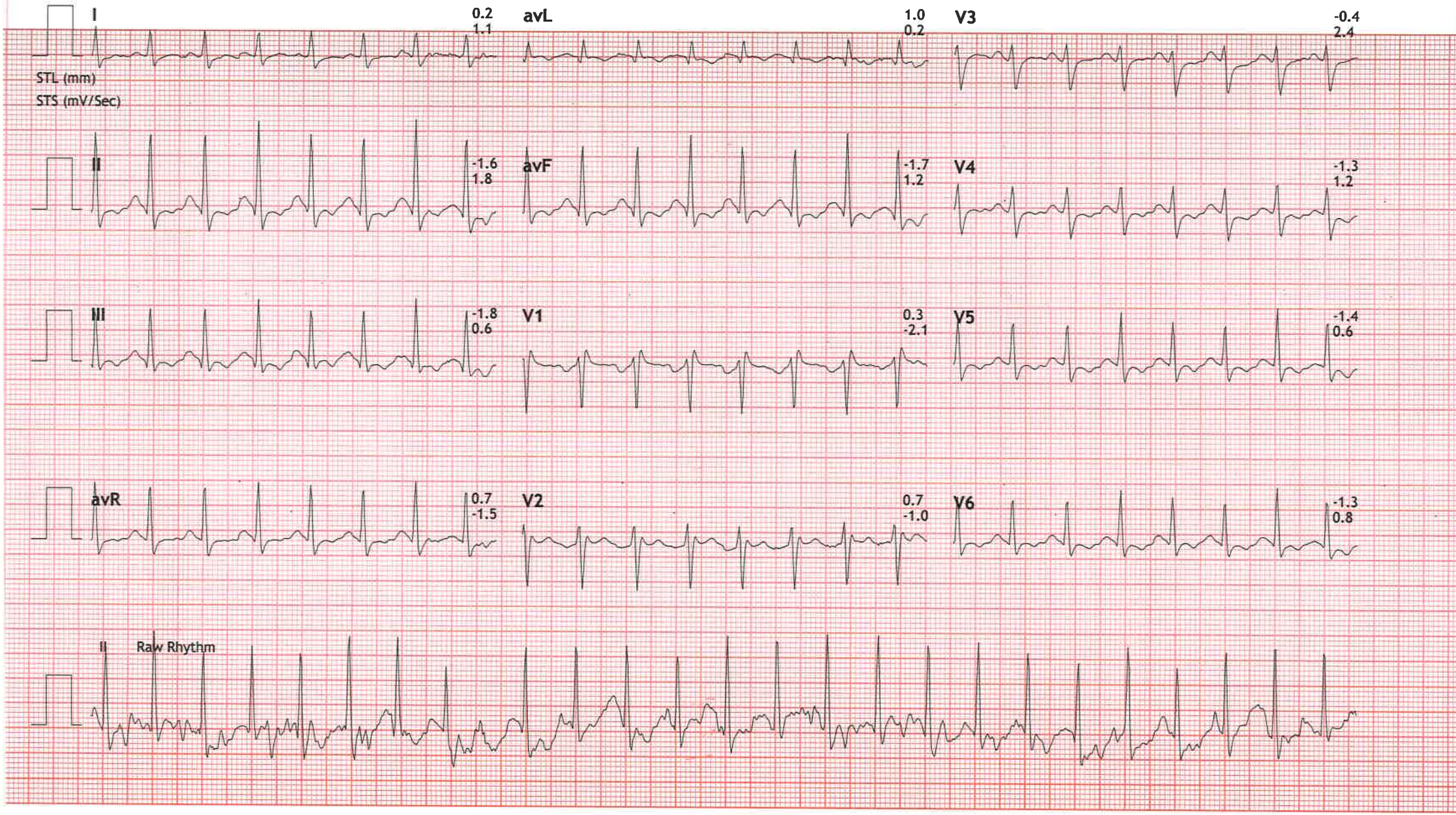


TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

Linked Medians Report

HR: 160 bpm | MPHR:85% of 187 | BRUCE | Ex Time 09:27 | **PeakEx**
METS: 10.7 | Speed: 6.8 kmph | (0.05-100)Hz | BLC :On | 10.0 mm/mV
BP: 150/80 | Grade: 16.0% | | Notch :On | 25 mm/Sec.
Stage Report Time: 22-Mar-2024 11:27:44 AM



TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

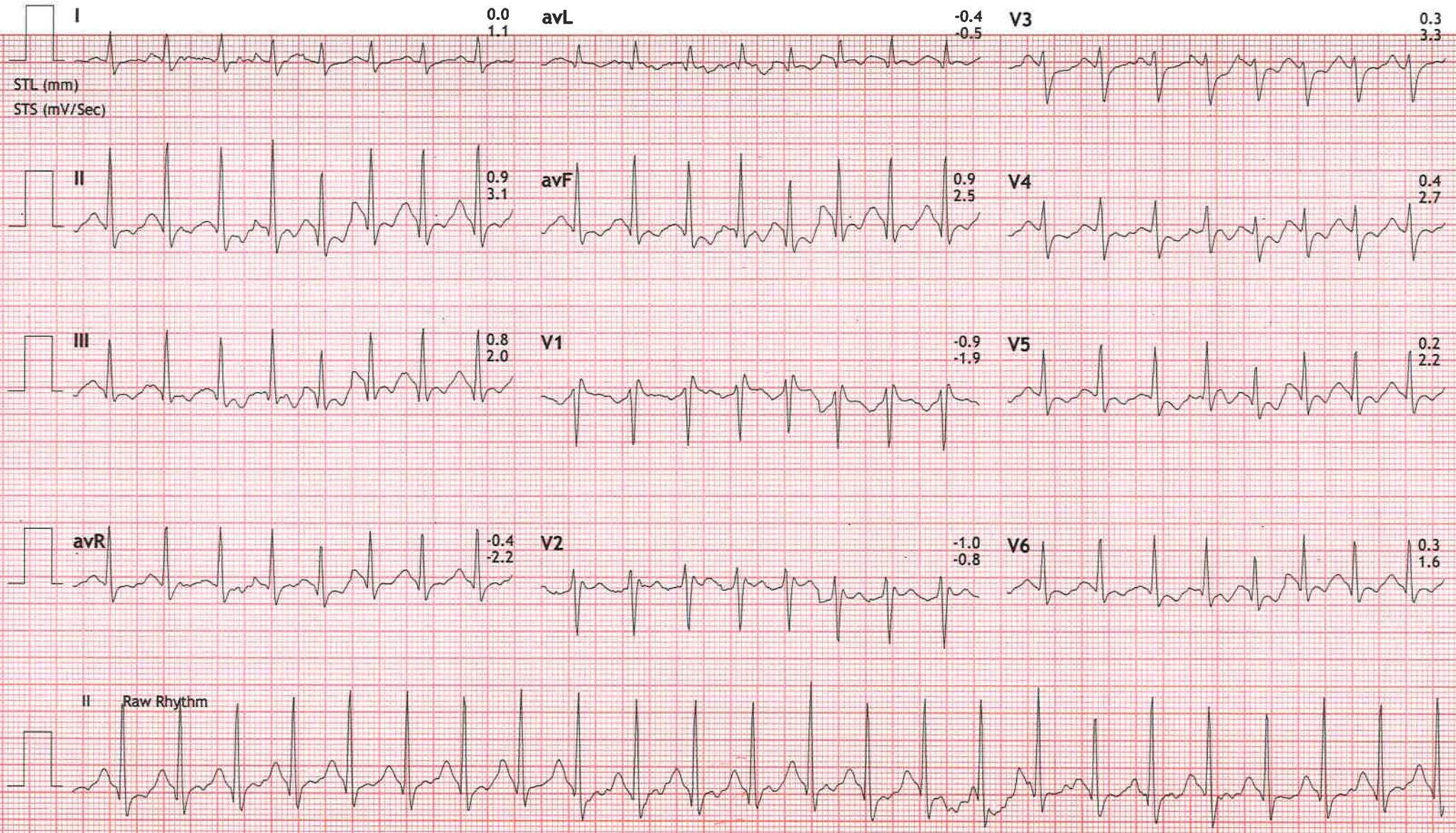
Linked Medians Report

HR: 144 bpm | MPHR:77% of 187
METS: 4.2 | Speed: 0.0 kmph
BP: 160/80 | Grade: 0.0%
Stage Report Time: 22-Mar-2024 11:28:42 AM

BRUCE
(0.05-100)Hz

Ex Time 09:27
BLC :On
Notch :On

Recovery : (00:59)
10.0 mm/mV
25 mm/Sec.

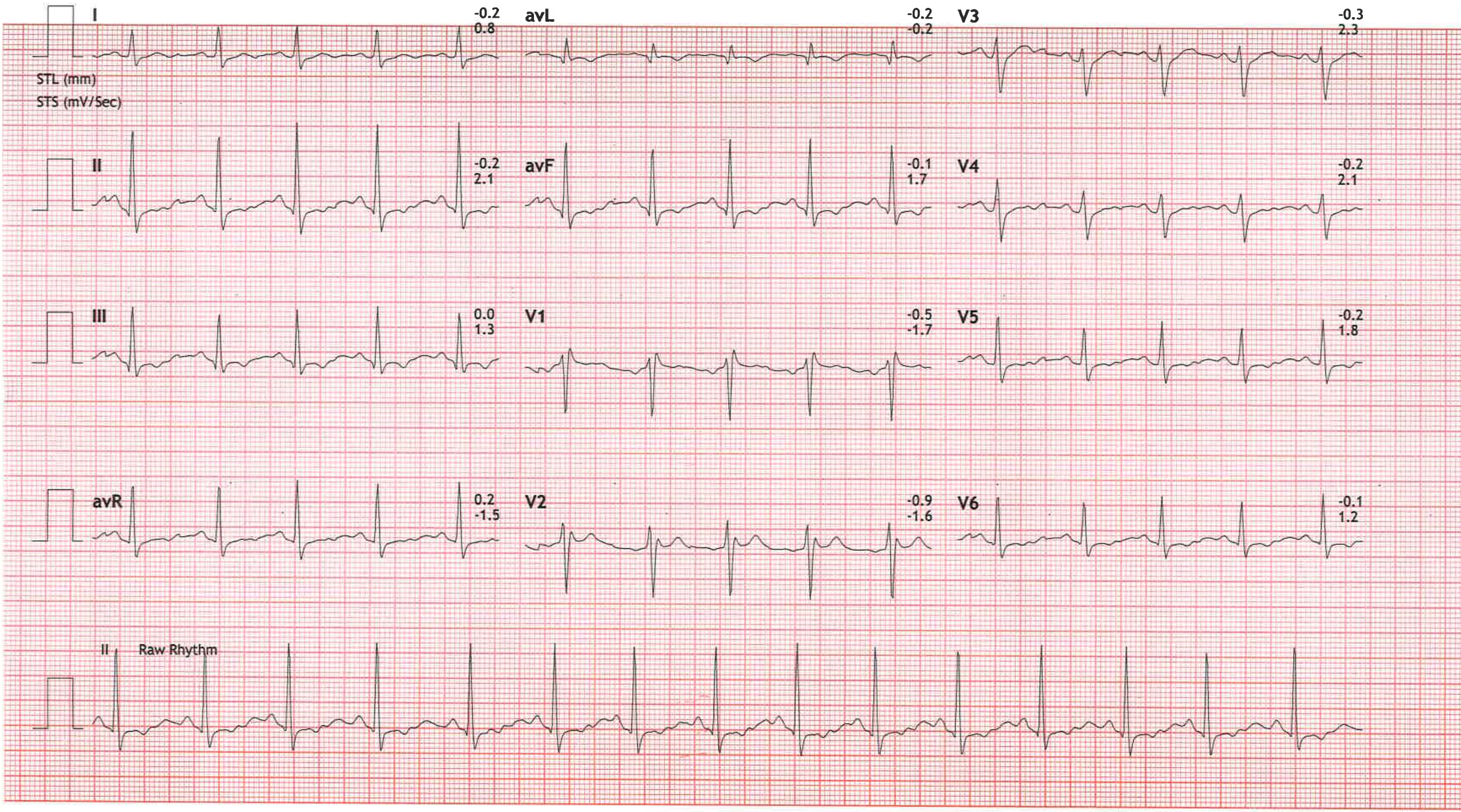


TENET MEDCORP PVT LTD
GACHIBOWLI, HYDERABAD.

4075076/K VINOD
33 Yrs/Male
73 Kg/172 Cms
Date: 22-Mar-2024 11:10:36 AM

Linked Medians Report

HR: 85 bpm | MPHR:45% of 187 | BRUCE | Ex Time 09:27 | **Recovery : (02:59)**
METS: 1.0 | Speed: 0.0 kmph | (0.05-100)Hz | BLC :On | 10.0 mm/mV
BP: 150/80 | Grade: 0.0% | | Notch :On | 25 mm/Sec.
Stage Report Time: 22-Mar-2024 11:30:42 AM



Name	**: Mr . K VINOD (BOBS16783)**	TID	: UMR1400703
Age/Gender	: 33 Years/Male	Registered On	: 22-Mar-2024 08:53 AM
Ref By	:	Reported On	: 22-Mar-2024 01:22 PM
Reg.No	: BIL4075076	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF ULTRASOUND

Ultrasound Whole Abdomen

LIVER is normal shape, size (15.7 cms) and increased echotexture.
No evidence of focal lesion. No intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER : Partially distended.
CBD is of normal calibre.

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

SPLEEN shows normal shape, size (9.9 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico-medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures: 10.9 x 4.3 cms, Left kidney measures: 10.9 x 5.5 cms.

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

PROSTATE shows normal shape, size and echopattern.
It measures: 2.9 x 3.7 x 2.7 cms, Vol : 16 cc.

No evidence of free fluid in the abdomen and pelvis.

IMPRESSION:

*** Grade I fatty liver changes.**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr.Sahithi Puttagunta
Consultant Radiologist
Fellowship in MSK Imaging

Name	**: Mr . K VINOD (BOBS16783)**	TID	: UMR1400703
Age/Gender	: 33 Years/Male	Registered On	: 22-Mar-2024 08:53 AM
Ref By	:	Reported On	: 22-Mar-2024 12:39 PM
Reg.No	: BIL4075076	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

CLINICAL DETAILS : Health checkup.

FINDINGS:

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

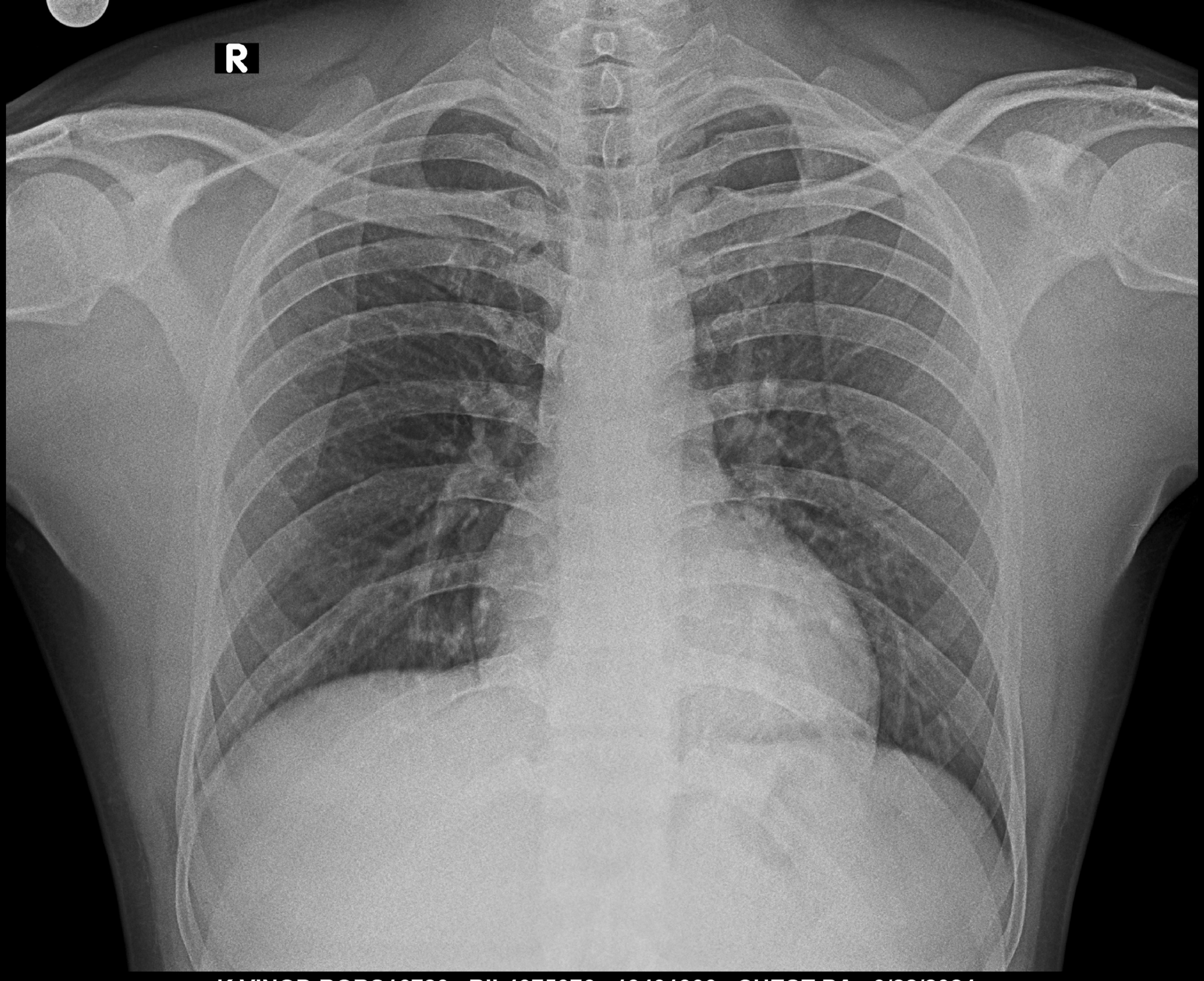
IMPRESSION:

*** NORMAL STUDY.**

- For Clinical correlation and follow up.

*** End Of Report ***

Dr Deepthi G
Reg.No - 71514
Consultant Radiologist



K VINOD BOBS16783 BIL4075076 19431930 CHEST PA 3/22/2024

TENET DIAGNOSTICS GACHIBOWLI HYD