

Certificate No: MO-5597

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|--------------------------------------|--|
| Patient Name : Mr.KESHAV BIHARI VYAS | Collected : 21/Mar/2024 09:27AM |
| Age/Gender : 42 Y 6 M 0 D/M | Received : 21/Mar/2024 02:57PM |
| UHID/MR No : CKHA.0000072538 | Reported : 21/Mar/2024 03:29PM |
| Visit ID : CKHAOPV111085 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : UBOIES4527 | |

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.**



Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.8 | g/dL | 13-17 | Spectrophotometer |
| PCV | 45.80 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.98 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 92 | fL | 83-101 | Calculated |
| MCH | 31.7 | pg | 27-32 | Calculated |
| MCHC | 34.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,570 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 61.4 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 26.5 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 5.5 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.1 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4033.98 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1741.05 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 361.35 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 400.77 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 32.85 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.32 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 289000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 9 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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Sheha Shah
Dr Sheha Shah
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Consultant Pathologist





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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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



Sneha Shah
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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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| Patient Name : Mr.KESHAV BIHARI VYAS | Collected : 21/Mar/2024 10:08AM |
| Age/Gender : 42 Y 6 M 0 D/M | Received : 21/Mar/2024 01:00PM |
| UHID/MR No : CKHA.0000072538 | Reported : 21/Mar/2024 01:21PM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 92 | 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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 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) | 127 | 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.



DR.Sanjay Ingle
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 114 | 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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------|-------|-----------------|--------------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 198 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 224 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 43 | mg/dL | 40-60 | Enzymatic Immuno-inhibition |
| NON-HDL CHOLESTEROL | 155 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 110.61 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 44.76 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.65 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.36 | | <0.11 | Calculated |

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | Desirable | Borderline High | High | Very High |
|------------------------|-------------------------------------|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL | < 200 | 200 - 239 | ≥ 240 | |
| TRIGLYCERIDES | <150 | 150 - 199 | 200 - 499 | ≥ 500 |
| LDL | Optimal < 100; Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130; Above Optimal 130-159 | 160-189 | 190-219 | >220 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.56 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.11 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.45 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 24.52 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.3 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 69.89 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.23 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.45 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.78 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.6 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|-------------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.91 | mg/dL | 0.72 – 1.18 | Modified Jaffe, Kinetic |
| UREA | 17.75 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 8.3 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.50 | mg/dL | 3.5–7.2 | Uricase PAP |
| CALCIUM | 9.01 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 2.88 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139.37 | mmol/L | 136–146 | ISE (Indirect) |
| POTASSIUM | 4.5 | mmol/L | 3.5–5.1 | ISE (Indirect) |
| CHLORIDE | 102.08 | mmol/L | 101–109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.23 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.45 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 2.78 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.6 | | 0.9-2.0 | Calculated |



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 22.58 | U/L | <55 | IFCC |



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| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.04 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 7.74 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.795 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

| | |
|-----------------------------|--|
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | <5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | >1.025 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GLUCOSE OXIDASE |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING REACTION |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | SODIUM NITRO PRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | MODIFIED EHRlich REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2 - 4 | /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 |

*** End Of Report ***



Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Reshmi Bihari Tyagi on 22/03/24

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

| | Tick |
|--|------|
| <ul style="list-style-type: none"> Medically Fit | ✓ |
| <ul style="list-style-type: none"> Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Dyslipidemia</u></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"> Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none"> Unfit | |

Zu
Dr. Zuha Khan
Dr.
MBBS General Physician
Medical Officer
Apollo Clinic, Kharadi
Reg. No: 2020/03/1804

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 21-03-2024
MR NO : CKHA.0000072538

Department : GENERAL
Doctor :

Name : Mr. KESHAV BIHARI VYAS

Registration No :
Qualification :

Age/ Gender : 42 Y / Male

Consultation Timing: 07:52

| | | | |
|---------------|---------------|-----------|--------------------|
| Height : 178 | Weight : 84.5 | BMI : 25 | Waist Circum : 106 |
| Temp : 97.5 F | Pulse : 88 | Resp : 22 | B.P : 123/84 |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil complains. → [ON]

Comorbidity - H/O - Allergic asthma x 3 years.
- hypertrophy of sinus?
[Corticosteroid + β-agonist].

Allergies - Dust/pollen.

Surgical H/O - NO.

Family H/O - Parents - HTN.

Addiction - NO.

OE

CVS- }
CNS- } NAD
P/A- }
Chest- }

H/O covid infection - 2020.

Vaccinated with - 2 vaccine.

Follow up date:

Shan
Doctor Signature

POWER PRESCRIPTION

NAME: Mrs Keshav Bihari yag

GENDER: M/F

DATE: 21

AGE: 42

UHID: 72538

RIGHT EYE

LEFT EYE

| | SPH | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | -0.75 | . | . | 6/6 |
| NEAR | +1.25 | | | |

| | SPH | CYL | AXIS | VISION |
|----------|-------|-----|------|--------|
| DISTANCE | -1.25 | . | . | 6/6 |
| NEAR | +1.25 | | | |

INSTRUCTIONS:

SIGNATURE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 72538

Keshav vyas

Male 42Ycars

kg / mmHg

Req. No. :

21-03-2024 11:43:28

HR : 86 bpm

P : 102 ms

PR : 140 ms

QRS : 80 ms

QT/QTcBz : 350/419 ms

P/QRS/T : 29/9/47 °

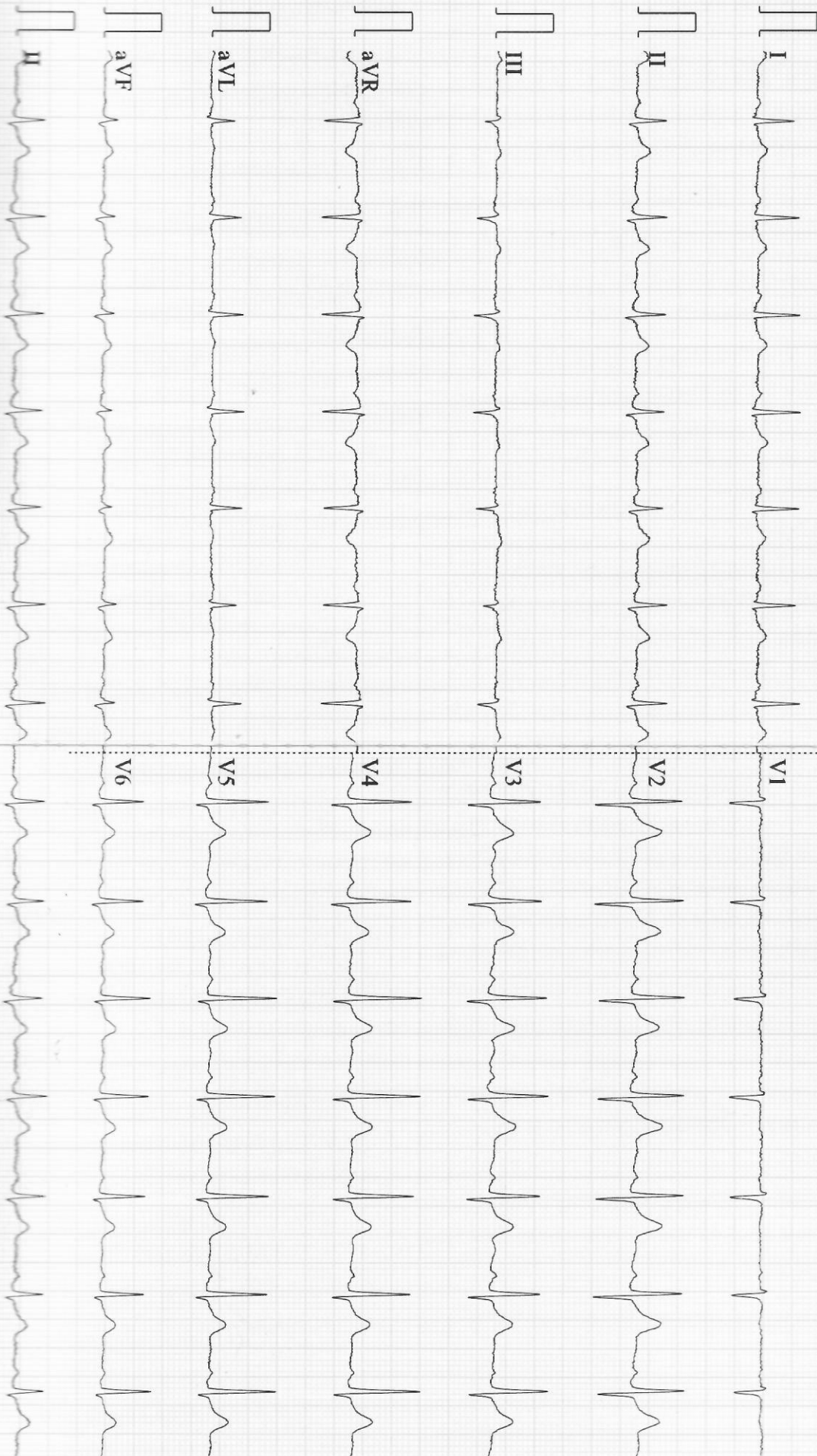
RV5/SV1 : 1.120/0.507 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



Patient Name : Mr. KESHAV BIHARI VYAS Age : 42 Y M
UHID : CKHA.0000072538 OP Visit No : CKHAOPV111085
Reported on : 21-03-2024 18:48 Printed on : 21-03-2024 19:12
Adm/Consult Doctor : Ref Doctor : SELF

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

Printed on:21-03-2024 18:48

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

भारत सरकार
Government of India

Issue Date: 20/07/2014

Keshav Bihari Vyas
DOB: 26/08/1981
Male

9808 4300 6937

मेरा आधार, मेरी पहचान

Age 42 years

980843006937

| S. No. | Company Name | PACKAGE NAME | Booking ID | EMP-NAME | AGE | GENDER | EMAIL | CONTACT NO |
|--------|--------------------------------|--|------------|--------------------------|------------|--------|------------------------|------------|
| 99 | Arcofemi/Mediwheel/MALE/FEMALE | ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324 | UBOIES4527 | Dr KESHAV BIHARI VYAS | 42 year | Male | KBV2608@GMAIL.C OMI | 9909963820 |