Apollo HOSPITALS

ARUNABHK38@GMAIL.COM
MOB- 9765284977

Apollo Clinic

Name	: Mr. Arunabh Kumar Sinha	Age : 42Y 4M 10D	UHID : CWAN.0000138558
Address	: Kondhwa Bk Pune Maharashtra INDIA 411048	sex : Male	
Plan	: ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT		OP No: CWANOPV243251 Bill No: CWAN-OCR-52554 Date: Nov 11th, 2024, 8:37 AM

Sno.	Service Type/Service Name	Department	
1	ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324		
1	COMPLETE URINE EXAMINATION	Clinical Pathology	☐
2	BILIRUBIN, TOTAL - SERUM	Biochemistry	☐
3	ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM	Biochemistry	☐
4	FITNESS BY GENERAL PHYSICIAN	Consultation	☐
5	X-RAY CHEST PA	X Ray Radiology	☐
6	BLOOD GROUP ABO AND RH FACTOR	Blood Bank	☐
7	ECG	Cardiology	☐
8	CREATININE, SERUM	Biochemistry	☐
9	BUN/CREATININE RATIO	Biochemistry	☐
10	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Biochemistry	☐
11	GLUCOSE, FASTING	Biochemistry	☐
12	OPTHAL BY GENERAL PHYSICIAN	Consultation	☐
13	HEMOGRAM + PERIPHERAL SMEAR	Haematology	☐
14	PERIPHERAL SMEAR	Haematology	☐

h:- 173.
w:- 95.35g
bp:- 110/70

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Anurabh K. Sinha on 12/4/2024.

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

	Tick
• Medically Fit	
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Mild Increase in Sugars - Advise HbA1c levels 2. High SGPT levels 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after	✓
• Currently Unfit. Review after recommended	
• Unfit	

Dr. [signature]
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

Apollo HOSPITALS

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Date	: 11/11/2024	Department	:General Physician
Patient Name	: Mr. Arunabh Kumar Sinha	Doctor	: Dr.MUSHFIYA BAHRAINWALA
UHID	: CWAN.0000138558	Registration No.	: 2020010062
Age / Gender	: 42Yrs 4Mths 10Days/ Male	Qualification	: MBBS and PG in Hospital Management

Consulation Timing : 8:38 AM

Height : 178cm.	Weight : 95 kg	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/mmHg

General Examination / Allergies History	Clinical Diagnosis & Management Plan
	For ACG PAC NO Co. at the moment O/E: CVS CNS Resp. NAD Abd Plan: Report
	Follow up date:

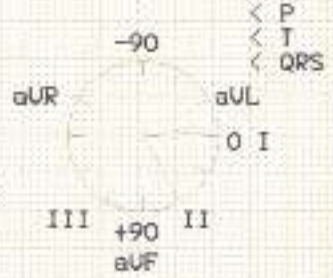
Doctor Signature

GE MAC1200 ST SINHA, ARUNABH 000138558, APOLLO CLINIC WANOWRIE
Male, 42 Years (01.07.1982)

HR 63bpm

Measurement Results:

QRS		94 ms
QT/QTcB	402 /	416 ms
PR		134 ms
P		98 ms
RR/PP	934 /	940 ms
P/QRS/T	-10/ 60/	-5 degrees
QTD/QTcBD	40 /	41 ms
Sokolow		2.5 mV
NK		9

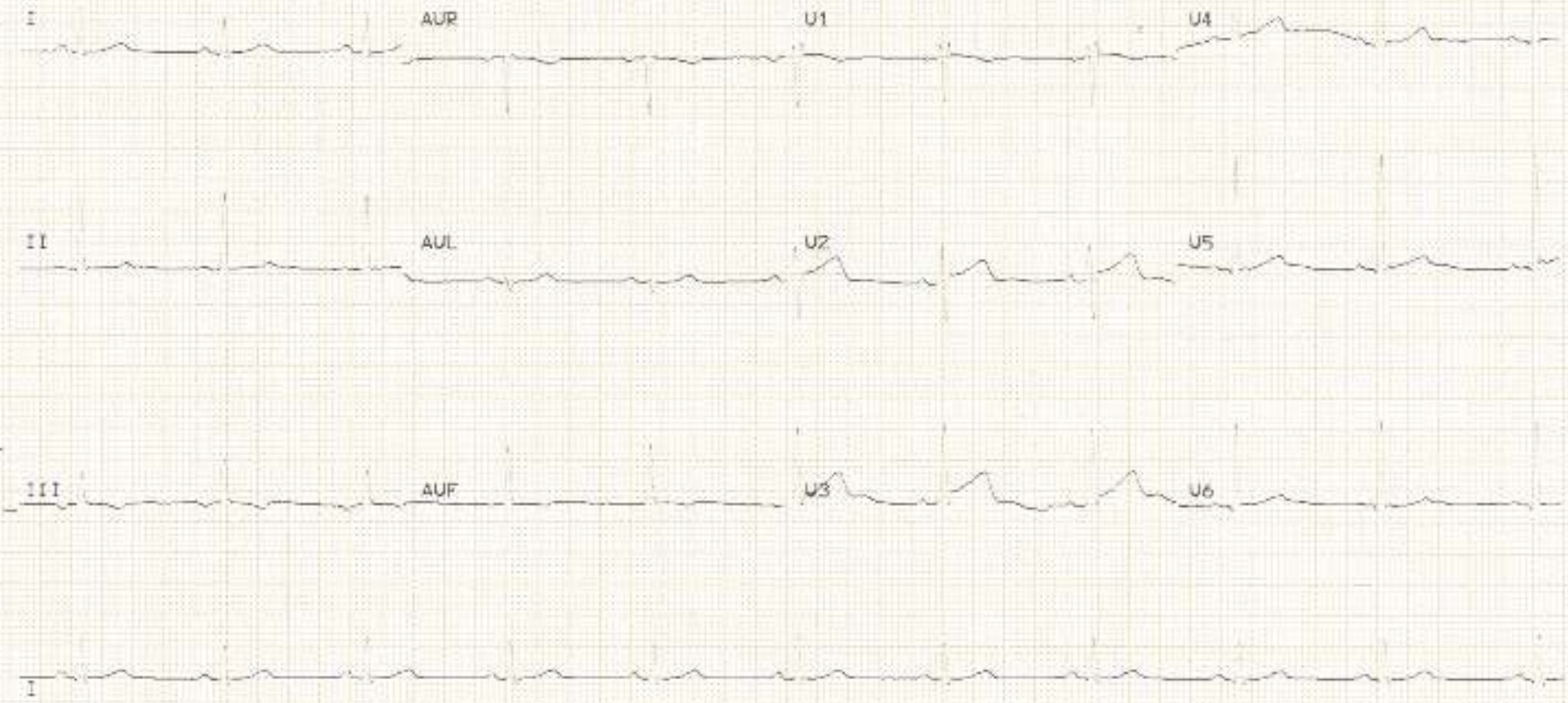


Interpretation:

normal ECG

DR. MUSHFIYA BAHRAINWALA
M.B.B.S
Reg. No.: 47527
Apollo Clinic Wanowarie
NIBM Road, Kondhwa.

~~Unconfirmed report~~



11 Nov 2024 11:20:29 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3-E1-R Automatic V6-2 M12L (1)

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The Apollo Clinic

Wanowrie
Pune-411048

PATIENT NAME :- Mr. Arunabh Sinha DATE :- 11/11/24

AGE/SEX :- 42/M UHID : 138558

EYE CHECK UP COMPLETE PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	6/6	6/6
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL	NORMAL
Iop	NORMAL	NORMAL
Family History/Medical History	NO	

IMPRESSION:- Both eyes normal vision

Advice :-

Opthalmologist

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Patient Name	: Mr. Arunabh Kumar Sinha	Age	: 42Yrs 4Mths 10Days
UHID	: CWAN.0000138558	OP Visit No.	: CWANOPV243251
Printed On	: 11-11-2024 10:01 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 9920144559		

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 .

Cardiac shadow is normal.

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

---End Of The Report---

Dr. SHAAZ KHAN
MBBS,DMRE
--
Radiology

Apollo

Certificate No. MC-5697

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Patient Name	: Mr.ARUNABH KUMAR SINHA	Collected	: 11/Nov/2024 08:43AM
Age/Gender	: 42 Y 4 M 10 D/M	Received	: 11/Nov/2024 12:01PM
UHID/MR No	: CWAN.0000138558	Reported	: 11/Nov/2024 12:59PM
Visit ID	: CWANOPV243251	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9920144559		

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.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:CWA241100333
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	16.2	g/dL	13-17	Spectrophotometer
PCV	49.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.4	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	**14.6**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,310	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	62.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.7	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	6.7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3956.37	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1747.87	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138.82	Cells/cu.mm	20-500	Calculated
MONOCYTES	422.77	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.17	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.26		0.78- 3.53	Calculated
PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	7	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Dr Sneha Shah
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

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Patient Name	: Mr.ARUNABH KUMAR SINHA	Collected	: 11/Nov/2024 08:43AM
Age/Gender	: 42 Y 4 M 10 D/M	Received	: 11/Nov/2024 11:48AM
UHID/MR No	: CWAN.0000138558	Reported	: 11/Nov/2024 12:26PM
Visit ID	: CWANOPV243251	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	**114**	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:

1.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.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**172**	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. Interval	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , *SERUM*	**117.69**	U/L	<50	IFCC

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ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.
ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.
The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Interval	Method
BILIRUBIN, TOTAL , *SERUM*	0.81	mg/dL	0.3–1.2	DPD

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Dr Sneha Shah
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Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN/CREATININE RATIO , *SERUM*				
BLOOD UREA NITROGEN	**6.5**	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.84	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
BUN / CREATININE RATIO	7.69			Calculated

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Test Name	Result	Unit	Bio. Ref. Interval	Method
CREATININE , *SERUM*	0.84	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.004		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

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TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Sneha Shah
Apollo Diagnostics

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