

Patient Name- Mr. Pradyumn Mishra.	Date- 25/3/23
Age- 40 yrs	Sex- Male
B P - Systolic -134 Diastolic -87 mmHg	R.B.S.-
Pulse- 90	SPO2- 96%
Temp- 94.3 °F	Height-
Weight- 86.2 Kg.	BMI-
Consultant- Dr. Saurabh Agarwal.	Fat-

- Hepatomegaly with grade II fatty liver
- ↓ Vit D3

- Rx
- ① Tab Uprise D3 60K 1-0-0 X 8 weeks
(once a week)
 - ② Tab Heptagon 1-0-1 X 1 month
 - ③ Tab Evion 600 IU 1-0-0 X 1 month

Advice: Avoid oily spicy food
~~avoid~~ Diet modification
Exercise 30 min/day

Inv: USG Abdomen after 3 months

Saurabh
Dr. Saurabh Agarwal
MBBS, MD, FDM (UK), FAGE
Valid for 7 Days
Reg. No. 68395
Apollo Clinic Hazratganj

Licensee: TECHNO MEDICALS INDIA

GST: 09ADNPA2038G1ZS

Address: TECHNO HERITAGE, Jehangirabad Palace,
Next to DM Residence, 12, Rani Laxmi Bai Marg,
Hazratganj, Lucknow 226001

Online appointments: www.apolloclinic.com
Email: hazratganj.lko@apolloclinic.com

TO BOOK AN APPOINTMENT

 7897 123 777

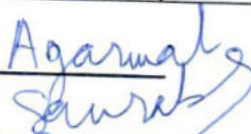
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Pratyush Mishra. on 25/03/23.

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<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>Hepatomegaly with grade II fatty liver</u></p> <p>2. <u>Vit D₃ ↓</u></p> <p>3.</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>3 months</u></p>	✓
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Saurabh Agarwal
 Medical Officer
 Apollo Clinic,

Dr. Saurabh Agarwal
 MBBS, MD, FIDM (UK), FAGE
 Reg. No. 68395
 Apollo Clinic Hazratganj

This certificate is not meant for medico-legal purposes

CONSENT FORM

Patient Name: Pratyush Mishra Age: 40
UHID Number: FNAZ.000000 Company Name: BOB

I Mr/Mrs/Ms: Pratyush Mishra Employee of _____
(Company) want to inform you that I am not interested in getting TPP. Not int

Tests done which is a part of my routine health check package.

And I Claim the above statement in my full consciousness.

Patient signature:  Date: 28/03/23

- ① PP - Not interested
- ②

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NAME : MR. PRATYUSH MISHRA **RTNO** : 2674
DATE : 27.MAR.2023 **AGE** : 40 Y
REFERRED BY : BOB **SEX** : M

ULTRASOUND WHOLE ABDOMEN

- **LIVER:** Liver is enlarged in size (16.4 cms) with normal shape & increased echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber. Periportal region appears normal.
- **GALL BLADDER:** is partially distended. Wall thickness is normal. No pericholecystic fluid collection noted. CBD is not dilated.
- **PANCREAS:** is normal in size and contour. Parenchyma shows normal echotexture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
- **SPLEEN:** is normal in size (9.8 cms), shape & position. Parenchyma shows normal echotexture. Splenic veins are not dilated.
- **B/L KIDNEYS:**
 - Both kidneys are normal in size, site, shape, position. Cortical echoes are normal. Cortico-medullary differentiation is maintained. Pelvicalyceal system are not dilated. No obvious calculus / mass / cyst seen.
- **URINARY BLADDER:** is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen.
- **PROSTATE:** appears normal in size measuring 29x28x24 mm and weighing 10.7 gms. Parenchyma shows normal echotexture. No focal lesion / prostatic calcification seen.
- No evidence of free fluid.


IMPRESSION:

➤ **HEPATOMEGALY WITH GRADE II FATTY LIVER.**

ADV: Please correlate clinically

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

Typed by
Poonam Tiwari


Dr. Priyank K.S. Chaudhary
MBBS, DMRD, DNB(Radiodiagnosis)

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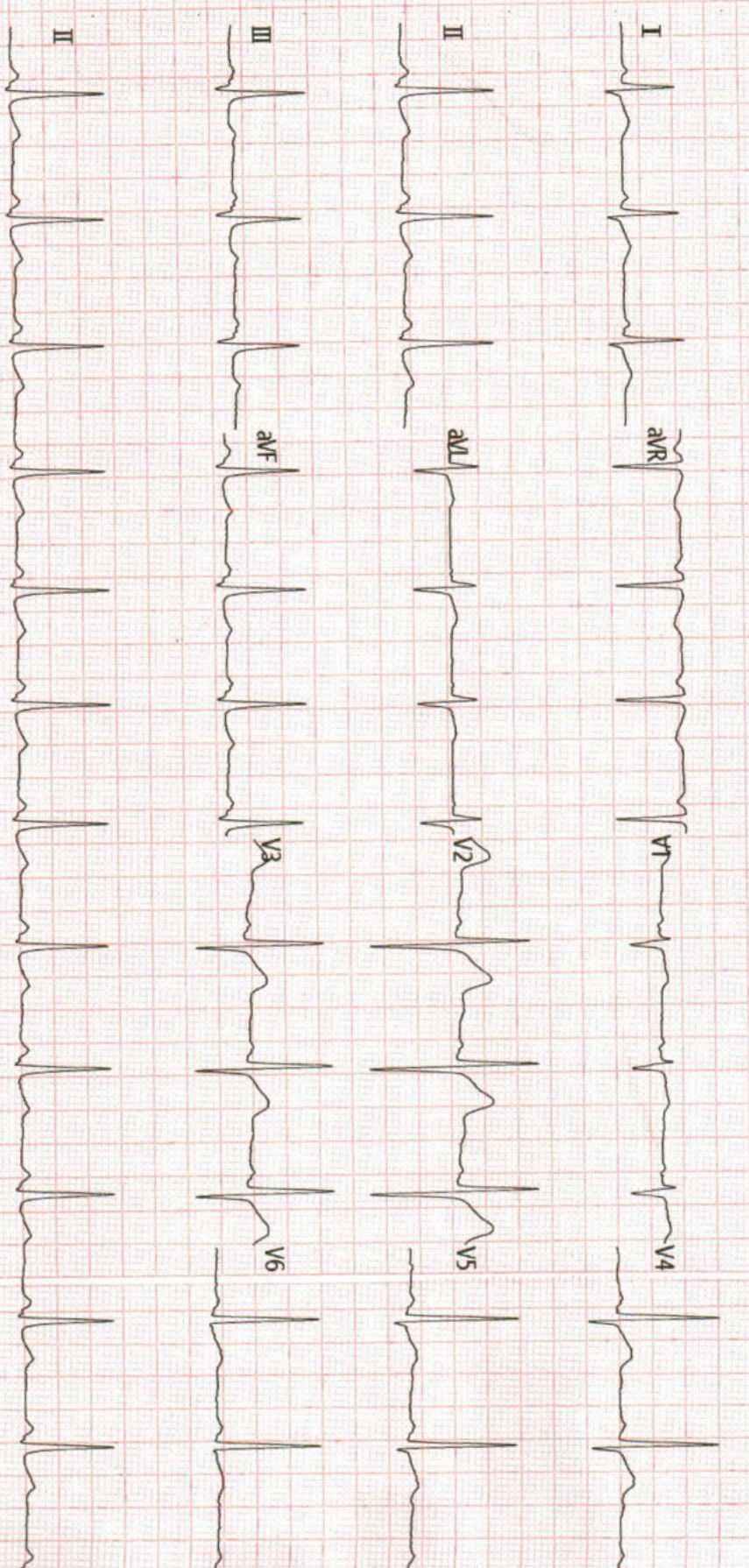
10mm/mV

10mm/mV

10mm/mV

10mm/mV

10mm/mV



Vent. Rate(BPM) : 79

<ECG Analysis Result>

PR Int.(ms) : 124
 P/QRS/T Int.(ms) : 94
 QT/QTc Int.(ms) : 366
 P/QRS/T Axis(Deg.) : 61
 RV1/SV5 Amp.(mV) : 0.17
 RV5/SV1 Amp.(mV) : 1.68

800 Normal Sinus Rhythm
 611 T Abnormality(Flat T)
 *** Borderline Abnormal ECG ***

ST LEVEL (mV)

	I	II	III	aVR	aVL	aVF
	-0.00	-0.01	-0.00	+0.00	+0.00	-0.01
	V1	V2	V3	V4	V5	V6
	+0.05	+0.14	+0.07	+0.04	+0.00	-0.00

V2 33 Technician:

Note: Unconfirmed Report Need to Review

PATIENT NAME :MR PRATYUSH MISHRA

AGE / SEX: 40 YRS/M

UHID :2674

DATE : 27 , MAR 2023

2-D ECHO& M-MODE EXAMINATION VALVES

1. MITRAL VALVES STUDY:

a) **Motion:** Normal b) **Thickness:** Normal c) **Calcium-** none

2. AORTIC VALVE STUDY

a) **Aortic root** 2.5cm. b) **Aortic Opening** 1.8cm. c) **Closure:** Central
d) **Calcium-** none e) **Eccentricity Index** 1 f) **Vegetation-** none
g) **Valve Structure :** Trileaflet

3. PULMONARY VALVE STUDY Normal

a) **EF Slope** Normal b) **A Wave +**
c) **Thickness** Normal d) **Others -**

4. TRICUSPID VALVE Normal.

6. AORTIC MITRAL CONTINUITY: maintained

Left Atrium 4.5x4.5cm. Clot : none Others:
Right Atrium Normal Clot : none I.A.S.: intact
IVC 11mm with normal respiratory variation

(Cont2)

(...2)

VENTRICLES

RIGHT VENTRICLE:	Normal	Ejection fraction: 58%
LEFT VENTRICLE :		Fractional Shortening 30%
IVS (D) 1.0cm.(S)	1.3 cm.	LV mass:124g
LVID(D) 4.00cm.(S)	2.80 cm.	
PW (D) 0.9cm (S)	1.4 cm	
RWMA: None		
IVS: Intact		

TOMOGRAPHIC VIEWS

PARASTERNAL LONG AXIS VIEW:

Normal

Good LV contractility

SHORT AXIS VIEWS:

Aortic Valve Level	AOV- Normal MV-Normal PV-Normal TV-Normal
--------------------	--

Mitral Valve Level

Papillary Muscle Level:

APICAL 4 CHAMBER VIEW

No clot / vegetation

OTHER SPECIAL VIEWS:

(Cont.....3)

(.....3)

PERICARDIUM
Normal
DOPPLER STUDIES

	Velocity (m/ sec)	Flow Pattern	Regurgitation	Gradient mmHg
MITRAL	E=0.64;A=0.56 E/A=1.1;E/e'=7.1	Normal	Nil	-
AORTIC	1	Normal	Nil	4.1
TRICUSPID	1.9	Normal	Trace	15
PULMONARY	1	Normal	Nil	4.4

CONCLUSIONS:

- No RWMA
- LVEF = 58%
- Trace TR
- IAS/IVS intact
- No significant MR/AR
- No clot / vegetation.
- No pericardial effusion.
- No Diastolic Dysfunction

Anil
DR. A.KSINGH
MD,DM(Cardiology)

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Report Doc No.: **4657**
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Referred By : **BANK OF BARODA**

Patient No.: **3540-3530**
Collected On : **25-03-2023**
Report On: **25-03-2023 07:55 PM**

CBC (Complete Blood Count)

Hemoglobin Method : (Cyanmethemoglobin)	13.9 gm%	Normal 13-17 gm%
Hematocrit (PCV) Method : (Calculated parameter)	38.9 %	Normal 40-54 %
RBC Count Method : (Electrical Impedence)	4.84 million/cmm	Normal 4.2-5.5 million/cmm
MCV Method : (Calculated parameter)	80.4 fl	Normal 83-101 fl
MCH Method : (Calculated parameter)	28.7 pg	Normal 27-32 pg
MCHC Method : (Calculated parameter)	35.7 g/dl	Normal 31-37 g/dl
RDW-CV Method : (Electrical Impedence)	13.1 %	Normal 11.6-14 %
TLC (Total Leucocyte Count) Method : (Electrical Impedence)	6900 cells/cu.mm	Normal 4000-10000 cells/cu.mm
DLC (Differential Leucocyte Count) Method : (Electrical Impedence)		
Neutrophil	52 %	40-80
Lymphocyte	41 %	20-40
Eosinophil	02 %	1-6
Monocyte	05 %	2-10
Basophil	00 %	0-1
ABSOLUTE LEUCOCYTE COUNT Method : (Electrical Impedence)		
NEUTROPHILS	3588 cells/cu.mm	2000-7000
LYMPHOCYTES	2899 cells/cu.mm	1000-3000
EOSINOPHILS	138 cells/cu.mm	20-500
MONOCYTES	345 cells/cu.mm	200-1000
Platelet Count Method : (Electrical Impedence)	205 thousand/mm ³	Normal 150-450 thousand/mm ³
ESR (Wintrobe)	08 mm/h	Normal 0-10 mm/h

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Collected On : **25-03-2023**
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Liver Function Test Complete (LFT)

Serum Bilirubin - Total Method : <i>(Diazo sulfanilic)</i>	0.7 mg/dl	Normal 0.2-1.2 mg/dl
Serum Bilirubin - Direct Method : <i>(Diazo sulfanilic)</i>	0.3 mg/dl	Normal 0-0.3 mg/dl
Serum Bilirubin-Indirect Method : <i>(Calculated parameter)</i>	0.4 mg/dl	Normal 0.3-1 mg/dl
Serum SGOT/AST Method : <i>(UV with P-5-P)</i>	36 U/L	Normal 10-46 U/L
Serum SGPT/ALT Method : <i>(UV with P-5-P)</i>	62 U/L	Normal 10-49 U/L
Serum Alkaline Phosphatase (SALP) Method : <i>(p-nitrophenyl phosphate)</i>	118 U/L	Normal 40-129 U/L

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Blood Grouping/ABO RH Typing

Blood Group : **"B"**
Rh Factor : **POSITIVE**

Blood Sugar (Fasting)
Method : (GOD-POD)

110 mg/dl

Normal 70-110 mg/dl

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Serum Urea Method :(<i>UREASE</i>)	24 mg/dl	Normal 10-50 mg/dl
Serum Bun Method :(<i>Calculated parameter</i>)	11 mg/dl	Normal 6-24 mg/dl
Serum Creatinine Method :(<i>Creatinine amidohydrolase</i>)	0.8 mg/dl	Normal 0.6-1.4 mg/dl
Serum Uric Acid Method :(<i>URICASE</i>)	4.5 mg/dl	Normal 2.5-7.5 mg/dl

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Lipid Profile

Serum Cholesterol -Total Method : <i>(CHE/CHO/POD)</i>	158 mg/dl	Normal < 200
Serum Triglyceride Method : <i>(Enzymatic)</i>	84 mg/dl	Normal < 150
Serum Cholesterol VLDL Method : <i>(Calculated parameter)</i>	16.8 mg/dl	Normal < 30
Serum Cholesterol HDL Method : <i>(Polymer-Detergent)</i>	39 mg/dl	Normal > 40
Serum Cholesterol LDL Method : <i>(Calculated parameter)</i>	103 mg/dl	Normal < 100
Total Cholesterol/HDL Ratio Method : <i>(Calculated parameter)</i>	4.05	Normal 0-4.5
LDL/HDL Ratio Method : <i>(Calculated parameter)</i>	3.56	Normal 0-3

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HbA1c

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
HBA1C, GLYCATHEAMOGLOBIN,	5.1	%		TURBIDIMETRIC
<i>WHOLE BLOOD EDTA</i>				

Comment:

Reference range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7-6.4
DIAGNOSING DIABETES	≥6.5
DIABETICS	
EXCELENT CONTROL	6-7
FAIR TO GOOD CONTROL	7-8
UNSATISFACTORY CONTROL	8-10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control.

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HBsAg

Australia Antigen (**HBsAg**) : NON REACTIVE

(By rapid card test)

Interpretation:

This is the initial detectable marker found in the serum in the incubation period of HBV infection. The titer is HBsAg peaks at or shortly after the onset of elevated serum enzymes. The clinical improvement and decrease in enzyme concentration is paralleled by a fall in HBsAg titres and subsequent disappearance. The duration of HBsAG positivity is variable depending on the clinical course of the disease. HBsAG is detected in serum a month after the exposure, peaking in the preicteric phase and disappearing in 1-13 weeks after the onset of enzyme abnormalities.

Persistence of HBsAg after complete clinical recovery indicates a carrier state. Vaccination against HBV does not cause HBsAG positivity.

HCV (Card Test)

Anti Hepatitis C Virus (**HCV**) : NON REACTIVE

(By rapid card test)

Interpretation:

Anti HCV Antibody is a very specific antibody to HCV appearing 2-6 months after infection. However the length of the window period before the seroconversion may be variable and some individuals may take as long as a year to express the antibodies.

A reaction test for Anti HCV implies infection with HCV but not infectivity or immunity. Anti HCV may be negative in those cases of HCV infection where the disease is acute, self limiting & transient. The elevated titres of Anti HCV IgG following infection do not seem to confer effective immunity to subsequent infection.

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Serum Prostate Specific Antigen (PSA)
Method : *(Chemiluminescence Immunoassay)*

0.701 ng/ml

Normal 0-4 ng/ml Borderline 5-10
ng/ml High 11-100 ng/ml

Serum Vitamin B12

DEPARTMENT OF IMMUNOLOGY				
TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
VITAMIN B12, SERUM	191.62	pg/mL	180-914	CLIA
Comment:				
TEST RESULT (in pg/mL)	INTERPRETATION			
180-914	NORMAL			
145-180	INDETERMINATE			
<145	DEFICIENT			
<p>Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.</p> <p>Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations.</p>				

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Vitamin D3

DEPARTMENT OF IMMUNOLOGY				
TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
VITAMIN D(25- OH VITAMIN D), SERUM	16.15	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10-30
SUFFICIENCY	30-100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20-30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Serum Thyroid Stimulating Hormone (TSH) 2.44 uIU/ml Normal 0.3-5.6 uIU/ml
Method : *(Chemiluminescence Immunoassay)*

Serum Iron Profile

Serum Iron Total 68 µg/dl Normal 60-160 µg/dl
Method : *(FERROZINE)*
TIBC 282 µg/dl Normal 250-400 µg/dl
Method : *(FERROZINE)*
Serum UIBC 214 µg/dl Normal 160-360 µg/dl
Method : *(Calculated parameter)*

TRANSFERRIN SATURATION 24 % Normal 14-50 %
Method : *(Calculated parameter)*

Serum Ferritin 64.68 ng/ml Normal 22-322 ng/ml

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Urine R/M

DEPARTMENT OF CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
TEST NAME	VALUE	UNIT	NORMAL VALUE
PHYSICAL EXAMINATION:-			
Urine Color	Pale Yellow		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Clear		Clear
Specific Gravity	1.030		1.010-1.025
CHEMICAL EXAMINATION:-			
Albumin	Absent		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		Absent
Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
MICROSCOPIC EXMINATION:-			
Pus Cells(WBC)	0-1	Cells/hpf	
Red Blood Cells (RBC)	Nil	Cells/hpf	
Epithelial Cell	1-2	Cells/hpf	
Casts	Nil	Nil	
Bacteria	Nil		
Crystals	Nil	Nil	

End of Report



Checked By


Dr. Divya Mehdiratta
MBBS, MD (Pathologist)

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Hazratganj, Lucknow 226001

Online appointments : www.apolloclinic.com
Email : hazratganj.lko@apolloclinic.com

TO BOOK AN APPOINTMENT

 **7897 123 777**

Patient Name- Mr. Pratyush Mishra.	Date- 25/03/23
Age- 40	Sex- M.
B P – Systolic	R.B.S.-
Diastolic	SPO2-
Pulse-	Height-
Temp-	BMI-
Weight-	Fat-
Consultant- Dr. Souhita Sinha.	

Routine ENT check up.

No ENT complaints.
H/O sneezing (+)

O/E Ear.	R	L
EAC	N	N
TCA	N	N
Mastoid.	Non tender.	- DO -
TFT		
Rinne	AC > BC	AC > BC
Weber.	Central.	
ABC.	SAE.	SAE.
FN	N.	N.
Nystagmus.	NO	NO.

Nose - septal spur to (R) (+)

PNS - No tenderness.

oral cavity - WNL.

o/p_x - Not seen.

visibility only till hard palate.

Valid for 7 Days

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TO BOOK AN APPOINTMENT

 **7897 123 777**

Patient Name	: MRS. AFREEN KHAN
Age/ Gender	: 18 Y/F
UHID/ MR No	: 2675
Ref Doctor	: TAAJ HOTEL

Reported	: 25.mar.2023
Status	:
Client Name	:
Patient Location	: LUCKNOW

X-RAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: **NORMAL STUDY.**

Please correlate clinically



Dr. PRIYANK CHAUDHARY
(RADIOLOGIST)

Discrepancies due to technical or typing error should be reported for correction seven days. No compensation ability stands

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TO BOOK AN APPOINTMENT



Patient Name : MR. PRATYUSH MISHRA	Reported : 25.mar.2023
Age/ Gender : 40 Y/M	Status :
UHID/ MR No : 2674	Client Name :
Ref Doctor : BOB	Patient Location : LUCKNOW

X-RAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: **NORMAL STUDY.**

Please correlate clinically



Dr. PRIYANK CHAUDHARY
(RADIOLOGIST)

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TO BOOK AN APPOINTMENT

 **7897 123 777**

Pratyush Mishra. 40/M

c/c - regular dental checkup

o/c - stains +
calculus +

Adv - oral prophylaxis



25.3.23.

Roht

Dr. ROHIT MADAN
MDS (Periodontist & Oral Implantologist)
Consultant Dentist
DCI Reg. No. 002259
Apollo Clinic, Hazratganj

Licensee: TECHNO MEDICALS INDIA

GST : 09ADNPA2038G1Z5

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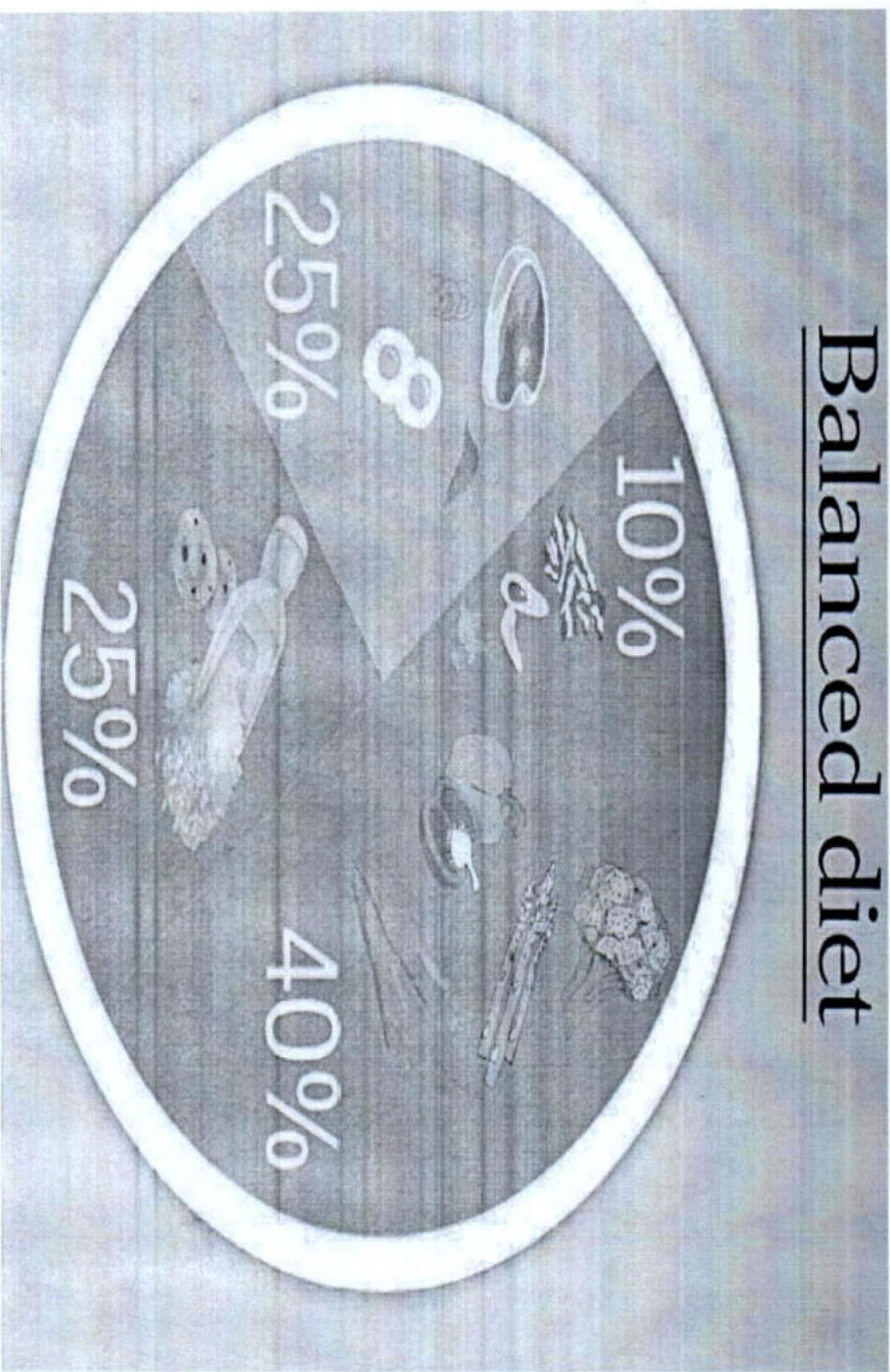
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TO BOOK AN APPOINTMENT

 **7897 123 777**

Balanced diet



- Fruits and vegetables
- Fibre-rich carbohydrates
- Protein
- Fats

WEEK 1

<p>Early morning (7:00 am)</p>	<p>Flax Seeds (roasted)(1tsp) + 1st Lemon + 1 glass Luke warm water / Apple cider vinegar (1/2th tsp) + a pinch of cinnamon powder in a glass of luke warm water - 3:30 pm</p>
<p>Breakfast (9:30 to 10:00 am)</p>	<p>Open paneer sandwich with mint chutney / 2-3 idlis (sautéed with veggies) / 2 egg omelette with 2 whole grain bread slices / 2 small multigrain mixed vegetable or Dal stuffed parathas / Oats porridge with nuts (1 bowl) / Dalia Veg Poha (1 bowl)</p>
<p>Mid-Noon (12:00 pm)</p>	<p>Mattha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)</p>
<p>Launch (2:00 pm)</p>	<p>2 multigrain roti + 1 bowl vegetable subji / non-veg subji + 1 bowl boiled pulse (rajma, kadhi, chana, black chana, green moong etc) / 1 bowl brown rice + 1 bowl mixed vegetable subji with dal (1 bowl)</p>
<p>Evening tea (5:00 pm)</p>	<p>2 multigrain flour khakras / mixed seeds / Roasted makhana (25gm) + Tea / green tea</p>
<p>Dinner (8:00 Pm)</p>	<p>Lauki Curry / Turai / Matar Mushroom / matar nutrella chunks + 2 multigrain chapati + Salad / Lemon rice with Coconut chutney + Fruit Yogurt</p>
<p>Post-dinner (if you are up late)</p>	<p>1 cup turmeric milk</p>

(Handwritten mark)

WEEK 2

Early morning (7:00)	10 ml aloe vera + wheatgrass juice / Luke warm water
Breakfast (9:30 – 10:00pm)	2 medium vegetable uthappam / 1 bowl vegetable upma + chutney / 2 medium paneer, oats and ragi cheela with green chutney/ 1 bowl fruit, flaxseed and oats porridge
Mid-noon (12:00 pm)	Yakult (sugar Free) / a fruit + multiseeds (10gms)
Lunch (2:00 pm)	Dosa (1) + sambhar (1 bowl) / missi roti (2) + paneer curry / veg pulao + tomato chutney / dal Baati (2) chokha
Evening Tea (5:00 pm)	Tea + Marigold biscuits / Roasted Chana, laiyya
Dinner (8:00pm)	Bhelpuri (150-200gm) / Chickpea salad / Veg salad (paneer broccoli, bell pepper, beans) / egg salad + Soup
Post-dinner (if you are up late)	1 glass turmeric milk



WEEK 3

Early morning (7:00 am)

1 tsp Chia seeds (soaked in 1 cup water) + Luke warm water (1 glass) + ½ lemon

Breakfast (9:30am to 10:00am)

Paneer prantha with curd (1) / Moong dal veggie cheela / cucumber, tomato, onion club sandwich / Egg poached (2) + nuts (1 walnut, 5 almonds)

Mid-Noon (12:00pm)

fistful of Assorted nuts + 100ml coconut water

Lunch (2:00 pm)

2 multigrain roti + 1 bowl veg or non-veg (seafood, fish, chicken) subji of choice + 1 bowl of thick dal / 1 bowl brown rice + 1 bowl mixed vegetable sambhar + 1 bowl subji + 1 bowl low-fat curd

Evening tea (5:00pm)

2-3 dhokla / 2 Atta mathi (homemade) + tea

Dinner (8:00 pm)

1 bowl fruit and veggie mixed salad of choice + 2 bran rotis (wheat roti or oat bran) + 1 bowl of subji / Palak dal / idli Sambhar

Post-dinner (if you are up late)

1 cup turmeric milk

WEEK 4

Early morning (7:00 am)

10 ml Amla juice + 1 glass luke warm water / 3-4 walnuts and almonds + water.

Breakfast (9:30 – 10:00am)

2 medium dal paranthas (less oil) (made from leftover dal if any) + 1 bowl low-fat curd / Steamed sprouts (100gm) with a papaya / apple, almond smoothie (150ml)

Mid-Noon (12:00pm)

Granola bar / Matha (butter milk) (150ml) / A fruit (papaya, Guava, Apple, orange, Pear, kiwi)

Lunch (2:00 pm)

1 bowl millet and dal khichdi + 1 bowl mixed vegetable kadhai / 2 multigrain roti + 1 bowl non-veg subji or egg bhurji or paneer bhurji/ 2 vegetable millet uttapams + 1 bowl sambhar / kalbi chana with wheat kulcha

Evening Tea (5:00 pm)

Tea with rusk (1) / roasted peanut makhana + tea

Dinner (8:00 pm)

Veg pasta (wheat) (150gm) / paneer tikka with bell peppers (200gm) / veg frankie (2) / soy Manchurian + veg pulao (150gm)

Post-dinner (if you are up late)

1 glass warm milk / fruit pudding