

**CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination of

Mr Baldev Mandal 48y/M 19/3/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Follow Cardiologist's advice</u></p> <p>2. <u>Life style Modifications as advised.</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>with Cardiologist- and Physicians</u></p> <p>Current Unfit- _____</p>	
Review after _____ recommended	
Unfit	

Height: 171.7 cm  
 Weight: 89.7 kg  
 Blood Pressure: 150/100 mmHg

D. Dasthuch  
 Dr. Dipti Dasthuch  
 Medical Officer



**Apollo One**  
 Address: Plot No 3, Block No. 34, Pusa Road, Karol Bagh, New Delhi – 110005

This certificate is not meant for medico-legal purposes

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
 CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
 Plot No. 3, Block No. 34, Pusa Road,  
 WEA, Karol Bagh, New Delhi-110005

Ph.: 011-49407700, 8448702877  
 www.apollospectra.com

**Registered Address**  
 #7-1-617/A, 615 & 616 Imperial Towers,  
 7th Floor, Opp. Ameerpet Metro Station,  
 Ameerpet, Hyderabad-500038, Telangana.

Patient Name : Mr.BALDEV MANDAL  
Age/Gender : 48 Y 2 M 24 D/M  
UHID/MR No : CAOP.0000000041  
Visit ID : CAOPOPV45  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 678742

Collected : 18/Mar/2024 10:06AM  
Received : 18/Mar/2024 10:50AM  
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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/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

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Dr. Manju Kumari  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist.

SIN No: UR2308836

TOUCHING LIVES

Patient Name : Mr.BALDEV MANDAL  
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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




Dr. Manju Kumari  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist.

SIN No:UF011218

TOUCHING LIVES


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 Visit ID : CAOPPV45  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr. Shivangi Chauhan  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist



Patient Name : Mr.BALDEV MANDAL  
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.390	ng/mL	0-4	CLIA




Dr. Tanish Mandal  
 M.B.B.S., M.D (Pathology)  
 Consultant Pathologist  
 SIN No: SPL24049133

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.03	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.22	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.830	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

- 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.
- 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.
- 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.
- 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




Dr. Tanish Mandal  
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Consultant Pathologist  
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TOUCHING LIVES

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	28.00	U/L	16-73	Glycylglycine Kinetic method



Dr. Manju Kumari  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist.

SIN No: SB04666158



TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	22.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated




Dr. Manju Kumari  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist.

SIN No:SE04666158



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	82	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	46.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	110.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.4		0.9-2.0	Calculated

Please correlate clinically.

**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 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 ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

- 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.
- 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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SIN No: SED4666158



TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	130	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	200	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	91	mg/dL	<130	Calculated
LDL CHOLESTEROL	51	mg/dL	<100	Calculated
VLDL CHOLESTEROL	40	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.33		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.35		<0.11	Calculated

Kindly correlate clinically

**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.




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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	123	mg/dL		Calculated

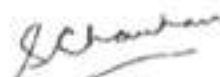
**Comment:**


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)

  
 Dr. Shivangi Chauhan  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist

  
 Dr. Tanish Mandal  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	mg/dL	70-140	GOD - POD

**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. Shivangi Chauhan  
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	GOD - POD

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.



Dr. Manju Kumari  
 M.B.B.S, M.D(Pathology)  
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SIN No: PLF02127719



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**DEPARTMENT OF HAEMATOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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TOUCHING LIVES

Patient Name : Mr.BALDEV MANDAL  
 Age/Gender : 48 Y 2 M 24 D/M  
 UHID/MR No : CAOP.0000000041  
 Visit ID : CAOPPV45  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 678742

Collected : 18/Mar/2024 10:07AM  
 Received : 18/Mar/2024 11:09AM  
 Reported : 18/Mar/2024 11:36AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation




Dr.Manju Kumari  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist.

SIN No:BED240073110



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.4	g/dL	13-17	Spectrophotometer
PCV	38.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	35	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2320	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1400	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	80	Cells/cu.mm	20-500	Calculated
MONOCYTES	200	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.66		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Page 2 of 16



  
Dr. Manju Kumari  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist.

SIN No: BED240073110

## Echocardiography Report

**Name:** BALDEV MANDAL

**Age/Sex:** 48Yrs/M

**Date:** 18.03.2024

### Summary of 2D echo

#### **Baseline echocardiography revealed:**

- Mild concentric LVH .
- No RWMA.
- LVEF - 62%
- Grade I diastolic dysfunction. (E<A)
- Good RV function
- No MR
- Trace TR, NORMAL RVSP
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

### Observations:- Dimensions

LVID d=	41.4	(34-47 mm)
LV IVS=	13	(8-11mm)
Pwd =	13	(8-11mm)
Ao =	25	(18-36mm)
LA =	35	(26-37mm)

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Ameerpet, Hyderabad-500038, Telangana.

=====

NAME: BALDEV MANDAL  
DATE: 18.03.2024  
REF. BY: - HEALTH CHECKUP

=====

AGE: 48Y /SEX/M  
MR. NO: - CAOP.0000000040  
S.NO.: - 262

=====

**X-RAY CHEST PA VIEW**

Both the lung fields show no active parenchymal pathology.


Both the costophrenic angles are clear.

**Cardio-thoracic Ratio is altered.**

Both the domes of diaphragm are normal.

Bony thorax appears normal.

**Please correlate clinically and with lab. Investigations**

  
**DR. KAWAL DEEP DHAM**  
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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**Dr. Sanjiv Dang**

MBBS, MS (ENT)  
Ear, Nose & Throat Consultant  
DMC Regn. No. 9555  
Timing : 5.30 pm - 8.30 pm  
E : sanjivdang.mamc@gmail.com

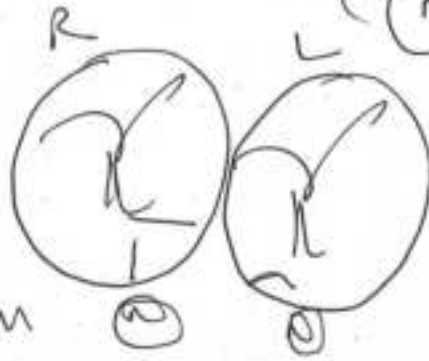
For appointment please contact :  
011-40043300-07, 8448702877

Mr. Baldev Mandal

MASIPAM



ENT: NAD  
Normal



Adv  
No medication  
18.3.24

Chest: clear

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Mr. Baldev Mandal

48yr IM

Bp- 150/100mmHg

Recently diagnosed HTN  
No H/O any allergies to food  
no surgeries Adv

- To go for diet modification  
lifestyle modification
- RLV E Refers.

Dr. Dadheech

Dr. Diphi Dadheech

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18/03/24

Mr. Baldev Mandal  
age - 48 yrs/M

B.P 150/100  
PR - 74/24  
SpO2 - 98%

WT - 90.4 Kg.  
HT - 171.7

Pt came for dental checkup

M/H - H/O BP (not taking medication for same)  
D/H - Lapping done. 2 months back

O/E: - Caries  $\overline{76/7}$  Missing  $\overline{878/678}$

Stain +++ Calculus ++

Adv: - Reoperation  $\overline{76/7}$

Scaling & Polishing

Implant / RPD  $\overline{c}$  for lower arch.

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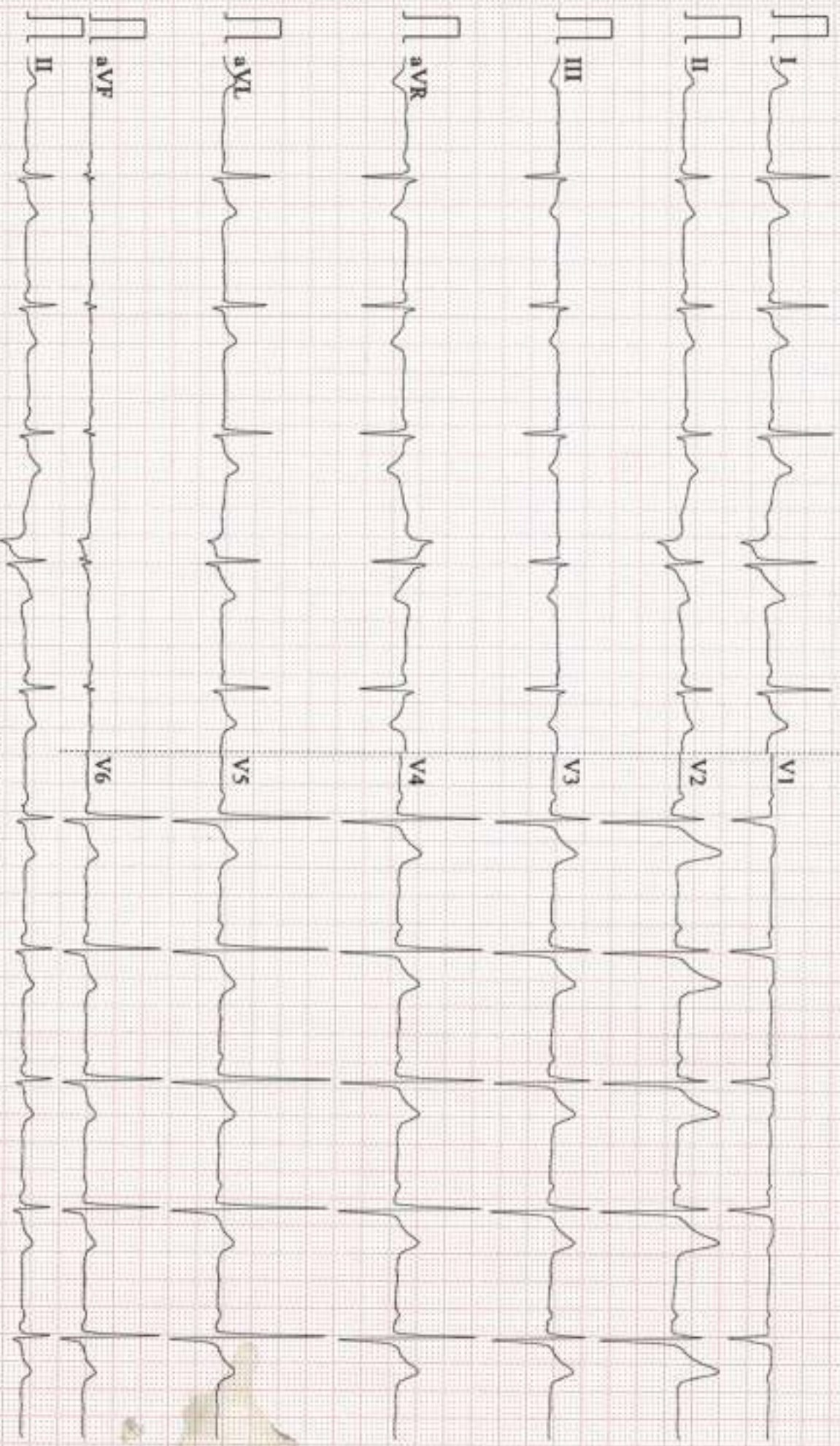
#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

ID: 0000000041  
BALDEV MANDAL  
Male 48Years  
Req. No. :

18-03-2024 09:58:02 AM  
HR : 64 bpm  
P : 116 ms  
PR : 162 ms  
QRS : 96 ms  
QT/QTcBz : 390/403 ms  
P/QRS/T : 42/5/7 °  
RV5/SV1 : 1.975/0.726 mV

Diagnosis Information:  
Sinus Rhythm  
Abnormal q and Q Wave(III,aVF,V1)

Report Confirmed by:



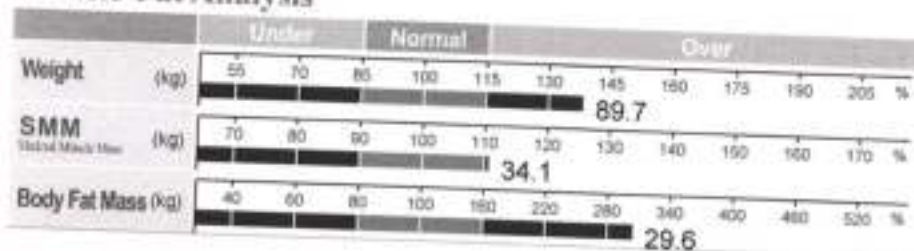
0.67~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V223 SEMIP V192 APOLLO SPECTRA HOSPITALS

ID 0000000041	Height 171.7cm	Age 48	Gender Male	Test Date / Time 18.03.2024. 11.01
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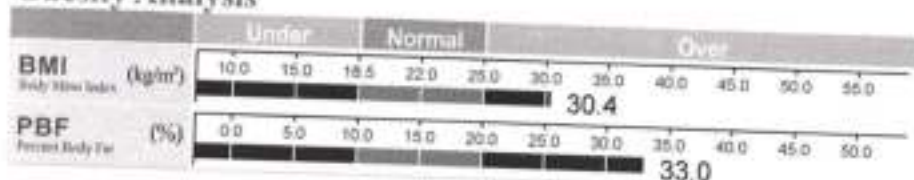
## Body Composition Analysis

	Value	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	44.1 (36.5~44.5)	44.1	56.8 (46.8~57.2)	60.1 (49.6~60.6)	89.7 (55.2~74.6)
Protein (kg)	12.0 (9.8~12.0)				
Minerals (kg)	4.02 (3.38~4.13)				
Body Fat Mass (kg)	29.6 (7.8~15.6)				

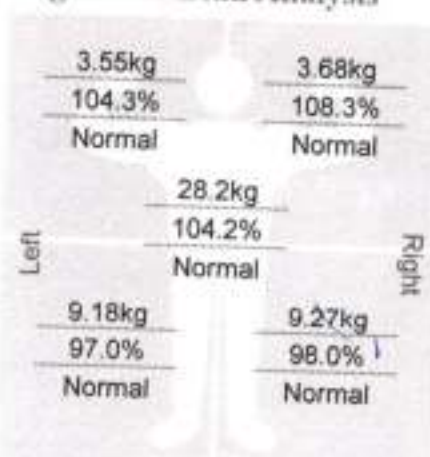
## Muscle-Fat Analysis



## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	89.7	34.1	33.0
Total			

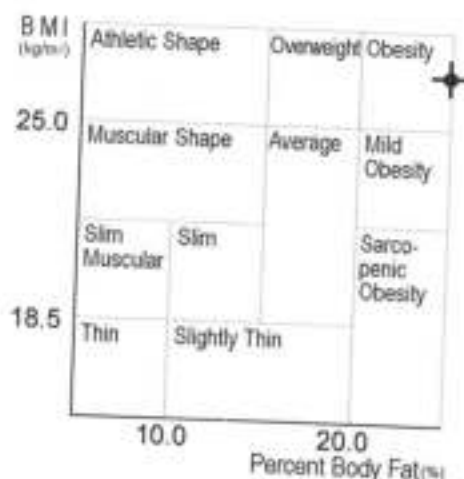
18.03.24 11.01

## InBody Score

66/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Body Type



## Weight Control

Target Weight	70.7 kg
Weight Control	- 19.0 kg
Fat Control	- 19.0 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Slightly Over	<input checked="" type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Slightly Over	<input checked="" type="checkbox"/> Over	

## Body Balance Evaluation

Upper	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced
Upper-Lower	<input checked="" type="checkbox"/> Balanced	<input type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1668 kcal	( 1852~2182 )
Waist-Hip Ratio	1.01	( 0.80~0.90 )
Visceral Fat Level	13	( 1~9 )
Obesity Degree	138 %	( 90~110 )
Bone Mineral Content	3.32 kg	( 2.78~3.40 )
SMI	8.7 kg/m <sup>2</sup>	
Recommended calorie intake	2317 kcal	

## Impedance

	RA	LA	TR	RL	LL
Z <sub>50Hz</sub>	303.0	314.8	27.1	261.4	265.5
S <sub>50Hz</sub>	265.8	278.5	23.0	230.0	233.7
Z <sub>250Hz</sub>	234.0	247.3	19.1	202.7	208.0



NAME: BALDEV MANDAL	AGE: 48 Y/ SEX: M
DATE: March 18, 2024	REF.BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.:-27	UHID NO.:- CAOP.0000000041

### ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltrations.** No focal lesion seen in the liver.  
Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** does not show any evidence of cholecystitis or cholelithiasis.  
**CBD** is not dilated.  
**Portal vein** is normal in caliber.

**Both kidneys** are of normal size (RK 10.5x4.9cm, LK 9.6x5.0cm), shape and echopattern.  
No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size and echotexture.  
**Pancreas** does not show any pathology.

No free fluid seen in the peritoneal cavity.

**Urinary bladder** is distended and shows no mural or intraluminal pathology.  
**Prostate** is normal in size and shape. No focal lesion is seen.

*Please correlate clinically*

  
**DR. KAWAL DEEP DHAM ,**  
**CONSULTANT RADIOLOGIST**

This report is only a professional opinion and it is not valid for medico-legal purposes.

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**Apollo One**

**Eye Checkup**

NAME:- MR. BAIDEV MANDAM

Age:- 48

Date: 18/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	+0.50 x 140°	+1.00 SPH
Near vision	ADD +1.75	ADD +1.75
Color vision	OK	OK
Fundus examination	/	/
Intraocular pressure	/	/
Slit lamp exam	/	/

Address: Apollo One  
Plot No. 3, Block No. 34,  
Pusa Road, New Delhi – 110005  
Ph. No. 011-40393610

Signature 

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