

नाम Name RAJEEV KUMAR

कर्मचारी कूट क्र E. C. No. 102322

जारीकर्ता प्राधिकारी (उप.क्षे.प्र.) Issuing Authority (D.R.M.)



धारक के हस्ताक्षर Signature of Holder Mas. Keran

S. No.	Service Sub Group	Service Name
1	Haematology	HEMOGRAM (CBC+ESR)
2	Haematology	Urine Routine (CUE)
3	Others	BMI V
4	Blood Bank	Blood Grouping And Typing (Abo And Rh)
5	Bio Chemistry	Glycosylated Hemoglobin (HbA1C) - Whole Blood
6	Bio Chemistry	THYROID PROFILE - I(T3,T4 AND TSH)
7	Bio Chemistry	Lipid Profile (all Parameters)
8	Bio Chemistry	Renal Function Test
9	Bio Chemistry	LIVER FUNCTION TEST (PACKAGE)
10	Bio Chemistry	GGTP: Gamma Glutamyl Transpeptidase - Serum
11		ECG
12	Ultrasound	Ultrasound - Whole Abdomen
13	Cytology	LBC PAP SMEAR
14	Consultations	Fitness by General Physician
15	Consultations	Consultation - Dental
16	Consultations	Opthal by General Physician
17		Package Consultation - ENT
18	Consultations	Dietician consultation
19	Consultations	Package Gynaeocological Consultation 🗸
20		GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL
21		URINE GLUCOSE(FASTING)
22		URINE GLUCOSE(POST PRANDIAL)
23	County of the Co	2 D ECHO
24	X-Ray	X-Ray Chest PA

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

2400.00

Credit



CERTIFICATE OF MEDICAL FITNESS

	mrs. kiran Kymani on 04/04/23.	
er i	reviewing the medical history and on clinical examination it has been found e/she is	
•	Medically Fit	,
•	Fit with restrictions/recommendations	1
	Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
	1	
	2	
	3	
	However, the employee should follow the advice/medication that has been communicated to him/her.	
	Review after	
•	Currently Unfit.	+
	Review afterrecommended	
٠	Unfit	-

Dr. Downson Medical Officer Apollo Clinic,

This certificate is not meant for medico-legal purposes

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

Licensee: TECHNO MEDICALS INDIA

GST: 09ADNPA2038G1ZS

Address: TECHNO HERITAGE, Jehangirabad Palace, Next to DM Residence, Hazratganj, Lucknow 226001











Patient Name- Mrs k	iran	Date-	04104123
Age- 27		Sex-	6
BP-Systolic 14	Diastolic Tommhy.	R.B.S	
Pulse- 66 blmin.	0	SPO2-	984.
Temp- 96°F		Height-	
Weight- 51.3 190.	*	BMI-	-
Consultant-		Fat-	

- Normal Reports

- Fit to join work

CIO Crashitis

Anxiety

Re O Tab Raberec - OSR 1-0-0

Comenning days

G Syrup Crebush- MPS saa X 10 days

Catbsp)

(3) Tab Alprex 0.5 mg saa X 10 days

Syruph

Valid for 7 Days





Name: Mrs. Kiran / 27 Year / Female

Refered By : ARCOFEMI MEDIWHEEL

Patient No.: 3872-3862

Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

ARCOFEMI MEDIWHEEL FEMALE HEALTH PACKAGE

CBC (Complete Blood Count)	WHEEL FEMALE HEAL	I H PACKAGE
Hemoglobin	12.4 09/	
Method:(Cyanmethemoglobin)	12.4 gm%	Normal 12-15 gm%
Hematocrit (PCV) Method :(Calculated parameter)	34.6 %	Normal 36-45 %
RBC Count Method :(Electrical Impedence)	4.03 million/cmm	Normal 3.7-5 million/cmm
MCV Method:(Calculated parameter)	81.8 n	Normal 83-101 fl
MCH Method:(Calculated parameter)	29.3 pg	Normal 27-32 pg
MCHC Method:(Calculated parameter)	35.8 g/dl	Normal 31-37 g/dl
RDW-CV Method :(Electrical Impedence)	13.6 %	Normal 11.6-14 %
TLC (Total Leucocyte Count) Method :(Electrical Impedence)	5500 cells/cu.mm	Normal 4000-10000 cells/cu.mm
DLC (Differential Leucocyte Count) Method :(Electrical Impedence)		
Neutrophil	63 %	
Lymphocyte	30 %	40-80
Eosinophil	03 %	20-40
Monocyte	04 %	1-6
Basophil	00 %	2-10
ABSOLUTE LEUCOCYTE COUNT Method :(Electrical Impedence)	00 70	0-1
NEUTROPHILS	3465 cells/cu.mm	2000-7000
LYMPHOCYTES	1650 cells/cu.mm	1000-3000
EOSINOPHILS	165 cells/cu.mm	20-500
MONOCYTES	220 cells/cu.mm	20-1000
Platelet Count Method :(Electrical Impedence)	157 thousand/mm3	Normal 150-450 thousand/mm3
GBP (Perinheral Blood smoor)		

GBP (Peripheral Blood smear) RBC: Normocytic normochromic

WBC: Total leucocyte count is within normal limit with normal distribution of cells

Platelets: Platelets are adequate in number.

No hemoparasite or immature cells seen .

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TO BOOK AN APPOINTMENT



Name: Mrs. Kiran / 27 Year / Female

Refered By : ARCOFEMI MEDIWHEEL

Patient No.: 3872-3862

Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

ESR (Wintrobs)

18 mm/h

Normal 0-20 mm/h

Blood Grouping/ABO RH Typing

Blood Group

"O"

Rh Factor

POSITIVE

Blood Sugar (Fasting)

Method :(GOD-POD)

81 mg/dl

Normal 70-110 mg/dl

Blood Sugar (PP)

Method :(GOD-POD)

120 mg/dl

Normal 80-160 mg/dl

Checked By

Page 2 End

Hazratganj, Lucknow 226001

TO BOOK AN APPOINTMENT

7897 123 777



Name: Mrs. Kiran / 27 Year / Female

Refered By : $\mathbf{ARCOFEMI}$ $\mathbf{MEDIWHEEL}$

Patient No.: 3872-3862

Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

Kidney Function Test (KFT)

Serum Urea

Method: (UREASE)

Serum Creatinine

Method:(Creatinine amidohydrolase)

24 mg/dl

Normal 10-50 mg/dl

0.7 mg/dl

Normal 0.6-1.4 mg/dl

Serum Sodium

Method :(Direct ISE)

Serum Potassium Method :(Direct ISE) 138 mmol/L

Normal 135-146 mmol/L

4.1 mmol/L

Normal 3.5-5.1 mmol/L

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Page 3 End



Name: Mrs. Kiran / 27 Year / Female Refered By : ARCOFEMI MEDIWHEEL

Patient No.: 3872-3862 Collected On: 04-04-2023 Report On: 04-04-2023 06:09 PM

Liver Function Test (LFT)

Serum Bilirubin - Total			
Method :(Diazo sulfanilic)	0.6 mg/dl	Normal 0.2-1.2 mg/dl	
Serum Bilirubin - Direct Method :(Diazo sulfanilic)	0.2 mg/dl	Normal 0-0.3 mg/dl	
Serum Bilirubin-Indirect Method :(Calculated parameter)	0.4 mg/dl	Normal 0.3-1 mg/dl	
1			
Serum SGOT/AST Method :(UV with P-5-P)	19 U/L	Normal 10-46 U/L	
Serum SGPT/ALT Method :(UV with P-5-P)	22 U/L	Normal 10-49 U/L	
Serum Alkaline Phosphatase (SALP) Method :(p-nitrophenyl phosphate)	89 U/L	Normal 35-104 U/L	
Serum Gamma-Glutamyltransferase (GGT)	25 U/L	Normal 0-38 LUL	

Method:(IFCC)

Page 4 End

Normal 0-38 U/L



Name : Mrs. Kiran / 27 Year / Female Refered By : ARCOFEMI MEDIWHEEL Patient No.: 3872-3862 Collected On: 04-04-2023 Report On: 04-04-2023 06:09 PM

120 mg/dl	Normal < 200
78 mg/dl	Normal < 150
15.6 mg/dl	Normal < 30
41 mg/dl	Normal > 40
64 mg/dl	Normal < 100
2.93	Normal 0-4.5
2.46	Normal 0-3
	78 mg/dl 15.6 mg/dl 41 mg/dl 64 mg/dl

Page 5 End

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Name: Mrs. Kiran / 27 Year / Female Refered By : $\mathbf{ARCOFEMI}$ $\mathbf{MEDIWHEEL}$ Patient No.: 3872-3862

Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

HbA1c

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
HBA1C, GLYCATE			DIO. REF. RANGE	METHOD
HEAMOGLOBIN,	5.1	%		TURBIDIMETRIC
WHOLE BLOOD EDTA				
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.

Checked By

Page 6 End



Name: Mrs. Kiran / 27 Year / Female Refered By: ARCOFEMI MEDIWHEEL Patient No.: 3872-3862 Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

T3 T4 TSH

Serum T3

Method: (Chemiluminescence Immunoassay)

1.01 ng/ml

Normal 0.7-2 ng/ml

Serum T4

Method: (Chemiluminescence Immunoassay)

8.85 µg/dl

Normal 6.1-12.2 µg/dl

Serum Thyroid Stimulating Hormone (TSH)

Method: (Chemiluminescence Immunoassay)

2.10 uIU/ml

Normal 0.3-5.6 uIU/ml

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Page 7 End



Name: Mrs. Kiran / 27 Year / Female

Refered By : ARCOFEMI MEDIWHEEL

Patient No.: 3872-3862

Collected On: 04-04-2023

Report On: 04-04-2023 06:09 PM

Urine R/M

DE	EPARTMENT OF CLINI	CAL PATHOLOG	Y
URINE EXAMINATION REPORT	Γ		
TEST NAME	VALUE	UNIT	NORMAL VALUE
PSYSICAL EXAMINATION:-			TORINIE WILDE
Urine Color	Pale Yellow		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Turbid		Clear
Specific Gravity	1.025		1.010-1.025
CHEMICAL EXAMINATION:-			1.010-1.023
Albumin	Trace		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		
Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
MICROSCOPIC EXMINATION:-	Ausent		Absent
Pus Cells(WBC)	2-3	C-11 11 C	
Red Blood Cells (RBC)	Nil	Cells/hpf	
Epithelial Cell	0-2	Cells/hpf	
Casts		Cells/hpf	
Bacteria	Nil	Nil	
Crystals	Nil		
21,300.13	Nil	Nil	

End of Report



Checked By

Dr. Divya Mehdiratta MBBS, MD (Pathologist)







Patient Name

: MRS. KIRAN

Age/ Gender

: 27 Y/F

UHID/ MR No

Ref Doctor

: S.B.I

Reported

: 04.april.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

APOLLO CLINIC

HAZRATGANJ Dr. PRIYANK CHAUDHARY (RADIOLOGIST)

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

TO BOOK AN APPOINTMENT



Mrs. Kiram Age - 27 Y/F



c/o-none.

Vm < 619P.

VnepH < 616

Non (NG

CVm (38/38 & MNL

Subjective Improvement,

R-> -075PS -6/6

L-1-0.75 DS-6/6

NIVA (NIG

* Constant the

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Hazratganj, Lucknow 226001



Patient Name- Mrs. Kiran		Date-	04/04/23
Age- 27		Sex-	
B P – Systolic	Diastolic	. R.B.S	
Pulse-		SPO2-	
Temp-		Height-	
Weight-		BMI-	,
Consultant- Dr.	Sankita Linha.	Fat-	

Rouline ENT Check.

No complaints at present HO Cold 15 days back.

Ear.

R

1

EAC

N

TM

N.

N.

Mastoid.

Non lender.

Non lender.

TET

Reine

AC>BC

AC>BC.

Weber.

central

ABC.

SAE.

Neck - No palpashe

ENT. Exam.

NO.

Valid for 7 Days

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TO BOOK AN APPOINTMENT



de- regular dertal checkup



Ot - stains +

4-4.23.

calculus +

anterior spang Max & mand.

with edge to edge bille

Adu - 1 crae praphylaxis.

(counseling for oxlodate

tecatment

Suti

Dr. ROHIT MADAN

MDS (Periodontist & Oral Implantologist)

Consultant Dentist

DCI Reg. No. 002259

Apollo Clinic, Hazratgani

GST:09ADNPA2038G1ZS

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





NAME

: MRS. KIRAN

RTNO : 00

DATE

: 04.APRIL.2023

27 Y AGE

REFERRED BY : ARCOFEMI HEALTHCARE LTD

F SEX

ULTRASOUND OF WHOLE ABDOMEN

- LIVER: is normal in size (13.7 cms) with normal shape & echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber.
- 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 (10.4 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. Corticomedullary 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.
- UTERUS: It is anteverted with normal size measuring 76x46x36 mm. Myometrial & endometrial echoes are normal. Endometrial stripe measures 4.3 mm is normal. No obvious fluid collection seen with in endometrial canal. No focal mass lesion seen. Cervix appears
- RIGHT OVARY: is normal in size, shape and echotexture.
- **LEFT OVARY**: is normal in size, shape and echotexture.
- No fluid in POD.

IMPRESSION:

NO SIGNIFICANT DIAGNOSTIC ABNORMALITY DETECTED.

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

Dr. Priyank K.S. Chaudhary

MBBS, DMRD, DNB(Radiodiagnosis)

APOLLO CLINIC HAZRATGANJ

LUCKNOW

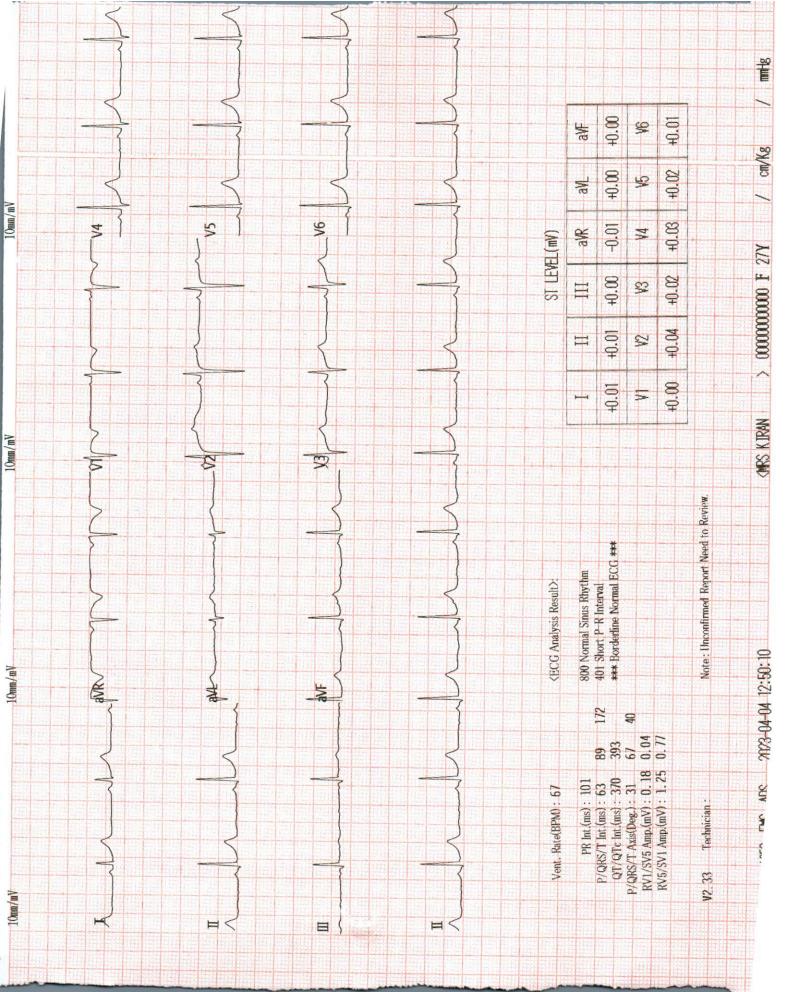
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TO BOOK AN APPOINTMENT 7897





PATIENT NAME : MRS KIRAN

AGE / SEX: 27 YRS /F

HID :4103

DATE: 04, APR, 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 2.3 cm.

b)Aortic Opening 1.7 cm. 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

4.4x3.8 cm.

Clot : none Others:

Right Atrium

Normal

Clot none I.A.S.: intact

IVC

9mm with normal respiratory variation

(Cont2)

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(...2)

VENTRICLES

RIGHT VENTRICLE:

Normal

Ejection fraction: 63%

LEFT VENTRICLE:

Fractional Shortening 34%

IVS (D) 0.8cm.(S)

1.0 cm.

LV mass:95g

LVID(D) 3.85cm.(S)

2.53 cm.

PW (D) 0.8cm (S)

1.0 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 OTHER SPECIAL VIEWS:

No clot / vegetation

(Cont.....3)

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(....3)

PERICARDIUM Normal DOPPLER STUDIES

	Velocity (m/sec)	Flow Pattern	Regurgitation	Gradient mmHg
MITRAL	E=0.96;A=0.56 E/A=1.2;E/e [*] =6	Normal	Mild	-
AORTIC	1.4	Normal	Nil	8.9
TRICUSPID	2.3	Normal	Mild	23
PULMONARY	1	Normal	Nil	4.3
PASP=23+RAP				

20.101

CONCLUSIONS:

- No RWMA
- LVEF = 63%
- IAS/IVS intact
- Mild MR
- Mild TR
- No AR
- No clot / vegetation.
- No pericardial effusion.
- No Diastolic Dysfunction

DR. A.K SINGH MD,DM (Cardiology)

