



Patient Name : Mr.PAWAN KUMAR	Collected : 23/Mar/2024 10:18AM
Age/Gender : 41 Y 8 M 13 D/M	Received : 23/Mar/2024 12:00PM
UHID/MR No : CAOP.0000000083	Reported : 23/Mar/2024 02:40PM
Visit ID : CAOPPV88	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 97890	

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

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**DEPARTMENT OF HAEMATOLOGY**

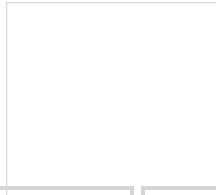
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.6	g/dL	13-17	Spectrophotometer
PCV	40.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.44</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,100	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	52	%	40-80	Electrical Impedence
LYMPHOCYTES	40	%	20-40	Electrical Impedence
EOSINOPHILS	03	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1640	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	123	Cells/cu.mm	20-500	Calculated
MONOCYTES	205	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	239000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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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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Patient Name : Mr.PAWAN KUMAR	Collected : 23/Mar/2024 02:30PM
Age/Gender : 41 Y 8 M 13 D/M	Received : 23/Mar/2024 04:10PM
UHID/MR No : CAOP.0000000083	Reported : 23/Mar/2024 06:55PM
Visit ID : CAOPOPV88	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	93	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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.

  
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Age/Gender : 41 Y 8 M 13 D/M	Received : 23/Mar/2024 03:40PM
UHID/MR No : CAOP.0000000083	Reported : 23/Mar/2024 07:21PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>175</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>37</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>136</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>101</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>35</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.31</b>		<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

  
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	68.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		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 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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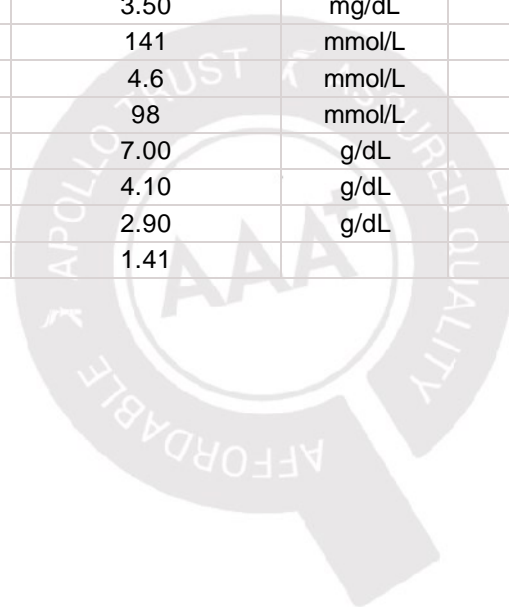


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.89	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	27.60	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	12.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.00	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.41		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	26.00	U/L	15-73	Glycylglycine Nitoranalide




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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)	1.14	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.1	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.340	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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.410	ng/mL	0-4	CLIA




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DEPARTMENT OF CLINICAL PATHOLOGY

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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	1.010		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
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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Age/Gender : 41 Y 8 M 13 D/M	Received : 23/Mar/2024 02:11PM
UHID/MR No : CAOP.0000000083	Reported : 23/Mar/2024 03:18PM
Visit ID : CAOPOPV88	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 97890	

**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

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

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




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

# Apollo One

## CONSENT FORM

Patient Name: Mr. Kumar Pawan Age: 41 yr. / M

UHID Number: ..... Company Name: Arcaferni Mediwheel

I  Mr/Mrs/Ms. Kumar Pawan Employee of Arcaferni Mediwheel  
(Company) Want to inform you that I am not interested in getting 2D ECHO  
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness. Called multiple times but not confirmed.

Patient Signature: For Kumar Pawan Date: .....

*Apollo One - New Delhi Address:*

Apollo One, Plot no. 3, Block no. 34, Pusa Road,  
WEA, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road  
NEW DELHI, DELHI INDIA

Pincode:- 110005  
Phone no:- 1860-500-7788  
Email:- [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)



<b>Patient Name</b>	: Mr. PAWAN KUMAR	<b>Age/Gender</b>	: 41 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000083	<b>OP Visit No</b>	: CAOPOPV88
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 26-03-2024 10:09
<b>LRN#</b>	: RAD2278771	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 97890		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration.**

No focal lesion seen in the liver.

Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder has multiple calculi in its lumen, largest measuring ~5mm shows evidence of Cholelithiasis.**

**Spleen** appears normal. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echopattern. No focal/mass lesion/calcification.

No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Both the kidneys** appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size and echo texture.No evidence of necrosis/calcification seen.

#### **IMPRESSION:-**

**Cholelithiasis.**

**Suggest – clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

**Dr. KAWAL DEEP DHAM**  
**MBBS, DMRD**  
Radiology



**CERTIFICATE OF MEDICAL FITNESS**

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

Mr. Pawan Kumar on 26/8/24

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>Life style modification</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> <p><del>Current Unfit.</del></p>	
<p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 166 cm  
 Weight: 77 kg  
 Blood Pressure : 125/68 mmHg

D. Dadhech  
 Dr. Dipri Dadhech  
 Medical Officer

This certificate is not meant for medico-legal purposes

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd )  
 Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788  
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

**Registered Office:** Apollo Health and Lifestyle Limited  
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,  
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Patient Name	: Mr. PAWAN KUMAR	Age	: 41 Y/M
UHID	: CAOP.0000000083	OP Visit No	: CAOPOPV88
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 26-03-2024 15:01
Referred By	: SELF		

---

### **ECG REPORT**

#### **Observation :-**

1. Sinus bradycardia.
2. Heart rate is 58beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement see

#### **Impression:**

NORMAL RESTING ECG.

----- END OF THE REPORT -----



Dr. RAJNI SHARMA



<b>Patient Name</b>	: Mr. PAWAN KUMAR	<b>Age/Gender</b>	: 41 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000083	<b>OP Visit No</b>	: CAOPOPV88
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 12:16
<b>LRN#</b>	: RAD2278771	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 97890		

---

**DEPARTMENT OF RADIOLOGY**

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**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

**Dr. KAWAL DEEP DHAM**  
**MBBS, DMRD**  
Radiology



भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रमांक/Enrolment No.: 1007/12068/00694

To: Pawan Kumar  
(पवन कुमार)  
S/O Shital Singh  
H. No - C - 34  
Street No - 13  
Gokul Pur  
Shahdara  
North East  
Delhi - 110094

Date: 09/08/2011

Ref. No : 00003468-000694  
UB 04185164 8 IN

आपका आधार क्रमांक / Your Aadhaar No. :

**5534 7169 4952**

आधार — आम आदमी का अधिकार



भारत सरकार  
GOVERNMENT OF INDIA



पवन कुमार  
Pawan Kumar  
जन्म वर्ष / Year of Birth : 1982  
पुरुष / Male

5534 7169 4952

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

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

Plot No. 3, Block No. 34, Pusa Road,  
 WEA, Karol Bagh, New Delhi-110005  
 Apollo Spectra Hospitals  
 (Formerly known as Nova Specialty Hospitals Private Limited)  
 CIN: U85100KA2009PTC049961

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

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

Signature 

	Right Eye	Left Eye
Distant Vision	Plano 6/c	-0.25 504
Near vision	6/c	6/c
Color vision	6/c	6/c
Fundus examination		
Intraocular pressure		
Slit lamp exam		

SELF / CORPORATE: -

Date: 23/3/24

Age: - 41

NAME: - Mr. Pravin Kumar

**Eye Checkup**

**Apollo One**

Apollo Spectra Hospitals  
Plot No. 3, Block No. 34, Pusa Road,  
WEA, Karol Bagh, New Delhi-110005  
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7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

Handwritten notes and diagrams:  
- Two circular diagrams representing faces with arrows indicating directions.  
- Labels: "Tm @ @", "Fm @ @", "R", "L", "FMT : @ @", "Chest - cream", "Water", "Pulse", "No medical con", "Flow", "Dr. Pawan Kumar M.D. in Ayurved".  
- A large scribble at the top left.

BOOK YOUR APPOINTMENT TODAY!

Doctor Signature

Follow up date:

*Dr. Bipin Dandekar*  
*Dandekar*

- Life style modification
- Exercise

Adv

NO H/O - 122M/  
 HTN  
 Addictm - M/  
 Asthmy - M/

General Examination / Allergies  
 History  
 Clinical Diagnosis & Management Plan

Temp :	Pulse : <del>88</del> 65	Resp : 934	B.P : 125/68
Height : 166	Weight : 77kg	BMI :	Waist Circum :

*Pawan Kumar*

NAME: - Mr. Pawan Kumar  
AGE: - 41  
GENDER: - Male

23/08/24

Pt. Comes for regular dental checkup

M/H - Nil  
F/H - Nil

O/C - 7,6 / 6,7  
Canes 7,6 / 5,6

Mr. Sanku, Restoration with  
7,6 / 6,7  
7,6 / 5,6

Dr. Ishita Agrawal

Signature: - 

Apollo One (Unit of Apollo Health and Lifestyle Ltd)  
Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
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www.apolloclinic.com



Bank of Baroda  
बँक ऑफ बरोडा



PAWAN KUMAR

Name

97890

Account No. 97890

*[Handwritten signature]*

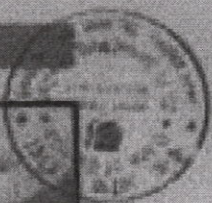
Baroda Bank Ltd, Baroda  
Reserve Bank of India (RBI), CM (S), 20, ND.

*[Handwritten signature]*

Name of Holder

Signature of Holder

2021/4/27 22:22



## Apollo One Pusaroad

---

**From:** noreply@apolloclinics.info  
**Sent:** 21 March 2024 18:57  
**To:** pwkumar@yahoo.com  
**Cc:** Apollo One Pusaroad  
**Subject:** Your appointment is confirmed



**Dear MR. KUMAR PAWAN,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **Apollo one pusa road clinic** on **2024-03-23** at **08:45-09:00**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

**Note:** Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

**Note:** Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

**Instructions to be followed for a health check:**