

Patient Name : Mrs.NAINA	Collected : 23/Mar/2024 11:33AM
Age/Gender : 24 Y 8 M 3 D/F	Received : 23/Mar/2024 12:20PM
UHID/MR No : CAOP.0000000086	Reported : 23/Mar/2024 02:19PM
Visit ID : CAOPPV91	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : Spouse - 188175	

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




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Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	36.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.42	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	26.7	pg	27-32	Calculated
MCHC	32.6	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	02			
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00			
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5520			
LYMPHOCYTES	3220			
EOSINOPHILS	184			
MONOCYTES	276			
Neutrophil lymphocyte ratio (NLR)	1.71			
PLATELET COUNT	160000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20			
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Gel agglutination
Rh TYPE	NEGATIVE			Gel agglutination
Result Rechecked				




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Patient Name : Mrs.NAINA	Collected : 23/Mar/2024 01:43PM
Age/Gender : 24 Y 8 M 3 D/F	Received : 23/Mar/2024 04:10PM
UHID/MR No : CAOP.0000000086	Reported : 23/Mar/2024 06:56PM
Visit ID : CAOPPV91	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ 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)	141	mg/dL	70-140	GOD - POD

Please correlate clinically.

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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Patient Name : Mrs.NAINA	Collected : 23/Mar/2024 11:33AM
Age/Gender : 24 Y 8 M 3 D/F	Received : 23/Mar/2024 03:40PM
UHID/MR No : CAOP.0000000086	Reported : 23/Mar/2024 05:49PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	157	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	67	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	115	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.74		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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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DEPARTMENT OF BIOCHEMISTRY

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


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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
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)	14	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	100.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		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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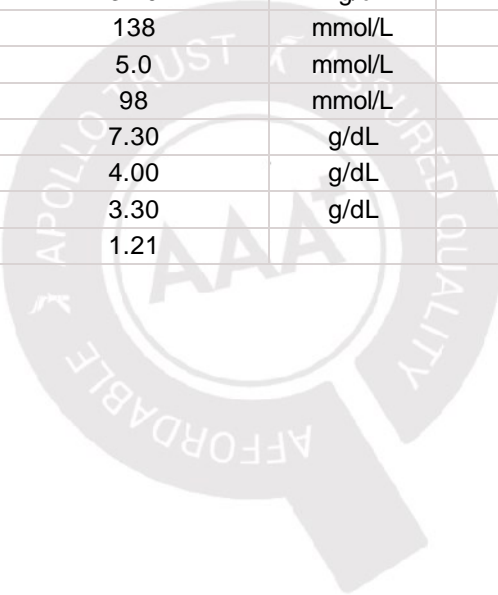



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.58	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	19.30	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	2.5-6.2	Uricase
CALCIUM	9.80	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.3-8.2	Biuret
ALBUMIN	4.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.21		0.9-2.0	Calculated




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Apollo Health and Lifestyle Limited

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 2C/14, New Rohtak Rd, Block 66a, Karol Bagh, New Delhi-110005

Registered Office
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 Regd. Office: 7-1-617/A, 615 and 616, IMPERIAL TOWERS 7th Floor, Ameerpet
 Hyderabad, Telangana State 500038
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	12-43	Glycylglycine Nitoranalide




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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.73	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.330	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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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
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
BIOCHEMICAL EXAMINATION				
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
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	4-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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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 *****

Result/s to Follow:
LBC PAP TEST (PAPSURE)



Shivangi Chauhan
Dr.Shivangi Chauhan
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Consultant Pathologist



Patient Name	: Mrs. NAINA	Age/Gender	: 24 Y/F
UHID/MR No.	: CAOP.0000000086	OP Visit No	: CAOPOPV91
Sample Collected on	:	Reported on	: 26-03-2024 10:09
LRN#	: RAD2279122	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: Spouse - 188175		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

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.

Uterus appears normal in size. It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 3 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

No evidence of any adnexal pathology noted.

IMPRESSION:-

No significant abnormality detected.

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

Mrs. Naina 24y/k on 26/3/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
It Wit Restrictions Recommendations	
<p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Lifestyle modifications - More veg. & fruits</u> <u>imm rich diet</u></p> <p>2. <u>Rpt BS - F after 1 hour</u></p> <p>3. <u>QRV & refer</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>1 hour & BS + PP refer</u></p> <p>Current Unfit.</p> <p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 156 cm
Weight: 61 kg
Blood Pressure: 108/82

Dr. Dadiheech
Dr. Diphi Dadiheech
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	: Mrs. NAINA	Age	: 24 Y/F
UHID	: CAOP.0000000086	OP Visit No	: CAOPOPV91
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 26-03-2024 15:04
Referred By	: SELF		

ECG REPORT

Observation :-

1. Sinus Tachycardia.
2. Heart rate is 112beats 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



Patient Name	: Mrs. NAINA	Age/Gender	: 24 Y/F
UHID/MR No.	: CAOP.0000000086	OP Visit No	: CAOPOPV91
Sample Collected on	:	Reported on	: 23-03-2024 12:17
LRN#	: RAD2279122	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: Spouse - 188175		

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 .

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

Apollo One

Eye Checkup

NAME:- MRS. NAINA

Age:- 24

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-0.75 SPH	-0.75 SPH
Near vision	6/6	6/6
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



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.



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NAINA
DATE OF BIRTH	20-07-1999
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M188175100100398S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BASWAL RISHU
EMPLOYEE EC NO.	188175
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	MISRIPUR
EMPLOYEE BIRTHDATE	08-07-1992

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **14-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



NAME: - Mrs. Naina

AGE: - 24

GENDER: - Female

pt. Comes for regular check up

M/H - NIL

D/H - NIL

O/E - Calculus, Stain
++ +

Adv.

Scaling & polishing.

Dr. Ishita Agrawal

Signature: - 

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www.apolloclinic.com

Mrs. Naina

24y/F

Height : 156 cm	Weight : 61 Kg	BMI :	Waist Circum :
Temp :	Pulse : 88	Resp :	B.P : 108/82

General Examination / Allergies History

Clinical Diagnosis & Management Plan

no Ho - T2DM / HTN

Addicm - MI

Allergic - MI

Adv

- Diet modification.

Dr. D. D. D. D.

Dr. Dipri D. D. D.

Follow up date:

Doctor Signature

ID caop0000000086	Height 156cm	Age 24	Gender Female	Test Date / Time 23.03.2024. 10:32
----------------------	-----------------	-----------	------------------	---------------------------------------

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	25.6 (26.0~31.8)	25.6	32.8 (33.4~40.8)	34.8 (35.4~43.3)	61.0 (43.4~58.8)
Protein (kg)	6.8 (7.0~8.6)				
Minerals (kg)	2.42 (2.41~2.95)				
Body Fat Mass (kg)	26.2 (10.2~16.4)	non-osseous			

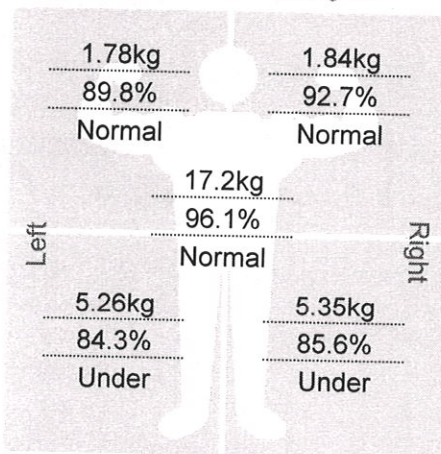
Muscle-Fat Analysis

	Under	Normal	Over	
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	61.0		
SMM (kg) Skeletal Muscle Mass	70 80 90 100 110 120 130 140 150 160 170 %	18.6		
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %	26.2		

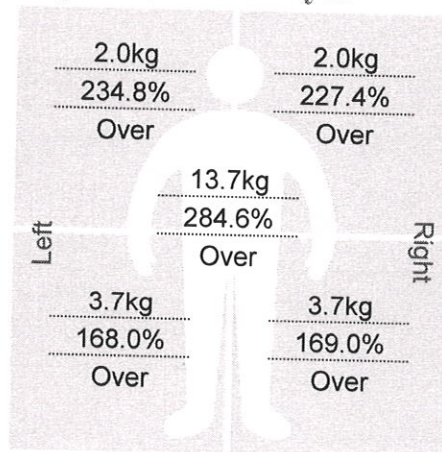
Obesity Analysis

	Under	Normal	Over	
BMI (kg/m ²) Body Mass Index	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	25.1		
PBF (%) Percent Body Fat	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0	42.9		

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	23.03.24 10:32
Weight (kg)	61.0
SMM (kg) Skeletal Muscle Mass	18.6
PBF (%) Percent Body Fat	42.9

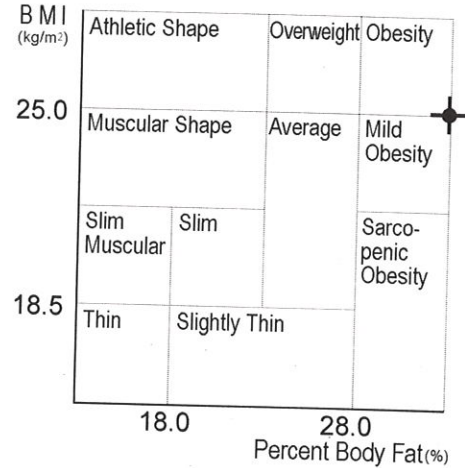
Recent Total

InBody Score

61 / 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	51.1 kg
Weight Control	- 9.9 kg
Fat Control	- 14.4 kg
Muscle Control	+ 4.5 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Slightly Over <input 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 type="checkbox"/> Balanced <input checked="" type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

Research Parameters

Basal Metabolic Rate	1122 kcal (1283~1486)
Waist-Hip Ratio	0.98 (0.75~0.85)
Visceral Fat Level	15 (1~9)
Obesity Degree	119 % (90~110)
Bone Mineral Content	2.00 kg (1.98~2.42)
SMI	5.8 kg/m ³
Recommended calorie intake	1596 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	423.2	431.5	35.0	338.4	349.3
50 kHz	379.8	393.8	31.1	306.0	316.6
250 kHz	343.8	358.9	27.4	276.0	286.1

Ms Naina
Fragran

Imp: ENT: Normal



TM Normal

Rinne \rightarrow

Weber \leftrightarrow

Chest: clear

Adv

No medication

Dr. Doo
23/3/2024

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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Apollo One

CONSENT FORM

Patient Name: Naina Age: 24

UHID Number: Company Name: bank of Baroda

I Mr/Mrs/Ms Rishi Baswal Employee of BOB
(Company) Want to inform you that I am not interested in getting LBC

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

And I claim the above statement in my full consciousness.

Patient Signature: Naina

Date: 23/3/2024

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