



Patient Name : Mrs.PRIYANKA	Collected : 23/Mar/2024 10:05AM
Age/Gender : 36 Y 8 M 18 D/F	Received : 23/Mar/2024 12:00PM
UHID/MR No : CAOP.0000000084	Reported : 23/Mar/2024 02:40PM
Visit ID : CAOPPV89	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 HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	38.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	15.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3024	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2240	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	224	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.35		0.78- 3.53	Calculated
PLATELET COUNT	246000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

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



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Patient Name : Mrs.PRIYANKA	Collected : 23/Mar/2024 02:31PM
Age/Gender : 36 Y 8 M 18 D/F	Received : 23/Mar/2024 04:11PM
UHID/MR No : CAOP.0000000084	Reported : 23/Mar/2024 06:56PM
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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	252	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

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)	260	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.PRIYANKA	Collected : 23/Mar/2024 10:06AM
Age/Gender : 36 Y 8 M 18 D/F	Received : 23/Mar/2024 03:40PM
UHID/MR No : CAOP.0000000084	Reported : 23/Mar/2024 05:34PM
Visit ID : CAOPOPV89	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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	217	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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UHID/MR No : CAOP.0000000084	Reported : 23/Mar/2024 12:58PM
Visit ID : CAOPOPV89	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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	222	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	395	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	185	mg/dL	<130	Calculated
LDL CHOLESTEROL	106	mg/dL	<100	Calculated
VLDL CHOLESTEROL	79	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.00		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.67		<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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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	124.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		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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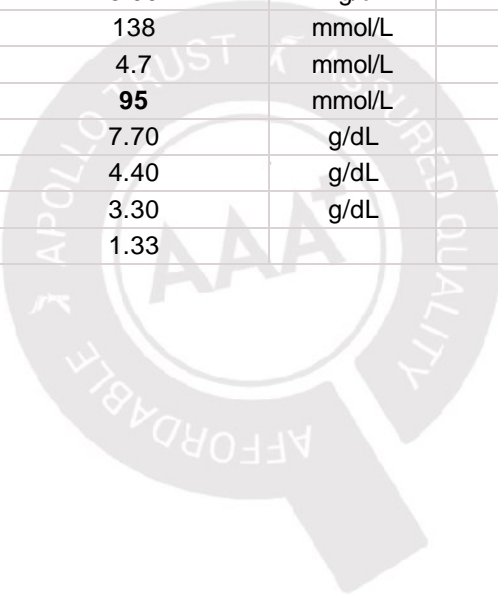



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DEPARTMENT OF BIOCHEMISTRY

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	0.52	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	28.90	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	13.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.50	mg/dL	2.5-6.2	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	95	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.33		0.9-2.0	Calculated




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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	31.00	U/L	12-43	Glycylglycine Nitoranalide




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Apollo Health and Lifestyle Limited

SIN No: SE04673056

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

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 Regd. Office: 7-1-617/A, 615 and 616, IMPERIAL TOWERS 7th Floor, Ameerpet
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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)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.99	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.600	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	SLIGHTLY TURBID		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	POSITIVE (+++)		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	10-15	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
Result rechecked. Please correlate with clinical details				



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Result rechecked. Please correlate with clinical details

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

Result rechecked. Please correlate with clinical details




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Patient Name : Mrs.PRIYANKA	Collected : 23/Mar/2024 12:42PM
Age/Gender : 36 Y 8 M 18 D/F	Received : 23/Mar/2024 07:27PM
UHID/MR No : CAOP.0000000084	Reported : 26/Mar/2024 03:17PM
Visit ID : CAOPOPV89	Status : Final Report
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DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	L/425/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Smear shows sheets of superficial, intermediate squamous cells.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr Nidhi Sachdev
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Consultant Pathologist



Apollo One

CONSENT FORM

Patient Name: Priyanka K Age: 47 yr. / F
UHID Number: Company Name: Bank of Baroda.

I Mr/Mrs/Ms. Priyanka K Employee of Bank of Baroda
(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. we have many times called to patient, not confirmed.
And I claim the above statement in my full consciousness.

Patient Signature: for Priyanka K. 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



Patient Name	: Mrs. PRIYANKA	Age/Gender	: 36 Y/F
UHID/MR No.	: CAOP.0000000084	OP Visit No	: CAOPOPV89
Sample Collected on	:	Reported on	: 26-03-2024 10:15
LRN#	: RAD2278857	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 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 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 4 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. Priyanka 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"/>
<p style="text-align: center;">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>Physician Consultation for family level care</u> <u>Diabetes, Hypertension, PID & T2DM</u></p> <p>2. <u>Lifestyle modification - Patient is</u> <u>diabetic and needs medications.</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p> <p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 160 cm

Weight: 77 kg

Blood Pressure: 151/96 mmHg

D. Dadheech

Dr. Dipti Dadheech
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

www.apolloclinic.com

Patient Name	: Mrs. PRIYANKA	Age	: 36 Y/F
UHID	: CAOP.0000000084	OP Visit No	: CAOPOPV89
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 26-03-2024 15:02
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 73beats 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. PRIYANKA	Age/Gender	: 36 Y/F
UHID/MR No.	: CAOP.0000000084	OP Visit No	: CAOPOPV89
Sample Collected on	:	Reported on	: 23-03-2024 12:16
LRN#	: RAD2278857	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 97890		

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

Doctor Signature

Follow up date:

Dr. Dinesh Dadalesh
Dr. Dinesh Dadalesh
- life style modification
- BP monitoring / Medication to be started if required.
Adv

Dr. Dinesh

Address - Nil
Allergies - Nil
Drugs - Nil

160cm / 77kg / 83

General Examination / Allergies
History
Clinical Diagnosis & Management Plan

Temp :	Pulse :	Resp :	B.P. :
Height : 160cm	Weight : 77	BMI :	151/96
			Waist Circum :

Prayanka

Signature: - 

Dr. Ishita Agrawal

Adv - scaling & Polishing

O/E - crown +
spun +

M/H
D/H

Pt comes for regular dental checkup

KS -

GENDER: - Female

AGE: - 36

NAME: - Mrs. Priyanka

23/12/24

Apollo One Pusaroad

From: noreply@apolloclinics.info
Sent: 21 March 2024 20:12
To: pwkumar@yahoo.com
Cc: Apollo One Pusaroad
Subject: Your appointment is confirmed



Dear Priyanka K,

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	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"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:

Apollo One Pusaroad

From: noreply@apolloclinics.info
Sent: 21 March 2024 20:12
To: pwkumar@yahoo.com
Cc: Apollo One Pusaroad
Subject: Your appointment is confirmed



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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:

Apollo One

Eye Checkup

NAME:- MRS PRIYANICA

Age:- 36

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-1.25 / -1.00 X 180°	-1.50 X 180°
Near vision	6/6	6/6
Color vision	/	/
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.

Ms Priyanka
F 36 years.

BLE cerumen

ENT: (R/O)

Adv

Solivax Ear (R/O) / 5 days

Chest: clear

S (O/O)
23/3/2024

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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Registered Address

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7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Body Composition Analysis

Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	31.3	40.2	42.7	77.8
Protein (kg)	8.5	(7.4~9.0)	(37.3~45.5)	(45.7~61.9)
Minerals (kg)	2.91	(2.53~3.09)	(37.3~45.5)	(45.7~61.9)
Body Fat Mass (kg)	35.1	(10.8~17.2)		

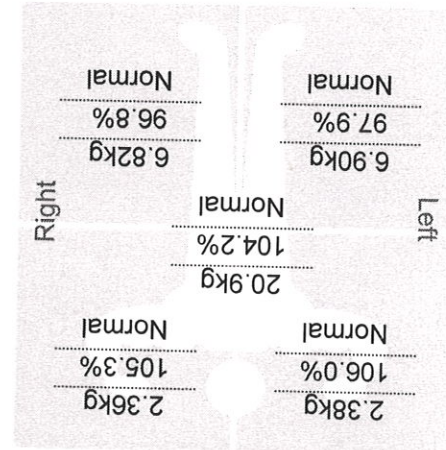
Muscle-Fat Analysis

Weight (kg)	SMM (kg)	Body Fat Mass (kg)
55	70	40
60	80	60
70	90	80
80	100	100
90	110	120
100	120	140
110	130	160
120	140	180
130	150	200
140	160	220
150	170	240
160	180	260
170	190	280
180	200	300
190	210	320
200	220	340
210	230	360
220	240	380
230	250	400
240	260	420
250	270	440
260	280	460
270	290	480
280	300	500
290	310	520
300	320	540
310	330	560
320	340	580
330	350	600
340	360	620
350	370	640
360	380	660
370	390	680
380	400	700
390	410	720
400	420	740
410	430	760
420	440	780
430	450	800
440	460	820
450	470	840
460	480	860
470	490	880
480	500	900
490	510	920
500	520	940
510	530	960
520	540	980
530	550	1000

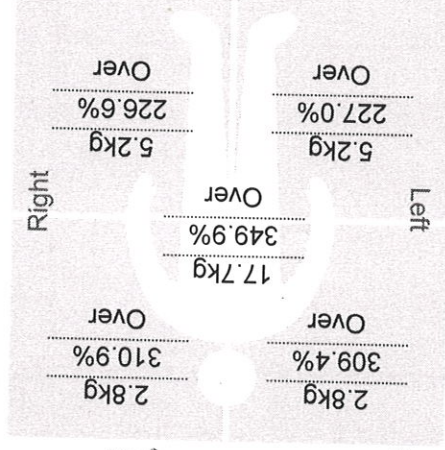
Obesity Analysis

BMI (kg/m ²)	Body Mass Index (kg/m ²)	PBF (%)
10.0	10.0	8.0
11.0	11.0	13.0
12.0	12.0	16.0
13.0	13.0	19.0
14.0	14.0	22.0
15.0	15.0	25.0
16.0	16.0	28.0
17.0	17.0	31.0
18.0	18.0	34.0
19.0	19.0	37.0
20.0	20.0	40.0
21.0	21.0	43.0
22.0	22.0	46.0
23.0	23.0	49.0
24.0	24.0	52.0
25.0	25.0	55.0
26.0	26.0	58.0
27.0	27.0	61.0
28.0	28.0	64.0
29.0	29.0	67.0
30.0	30.0	70.0
31.0	31.0	73.0
32.0	32.0	76.0
33.0	33.0	79.0
34.0	34.0	82.0
35.0	35.0	85.0
36.0	36.0	88.0
37.0	37.0	91.0
38.0	38.0	94.0
39.0	39.0	97.0
40.0	40.0	100.0

Segmental Lean Analysis



Segmental Fat Analysis



Body Composition History

Weight (kg)	SMM (kg)	PBF (%)
77.8	23.5	45.1
23.03.24		11:36

InBody Score

59 / 100 Points

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

Body Type

BMI (kg/m ²)	Body Type
18.5	Thin
18.5	Slightly Thin
25.0	Muscular
25.0	Slim
25.0	Muscular Shape
25.0	Average
25.0	Mild Obesity
25.0	Overweight Obesity
25.0	Obesity
25.0	Sarco-penic Obesity
25.0	Obesity

Weight Control

Target Weight	55.5 kg
Weight Control	- 22.3 kg
Fat Control	- 22.3 kg
Muscle Control	0.0 kg

Obesity Evaluation

BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Slightly 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	1293 kcal (1535~1793)
Waist-Hip Ratio	0.98 (0.75~0.85)
Visceral Fat Level	18 (1~9)
Obesity Degree	145% (90~110)
Bone Mineral Content	2.47 kg (2.09~2.55)
SMI	7.2 kg/m
Recommended calorie intake	1722 kcal

Impedance

Z(2) 5 kHz	425.0	422.4	29.2	304.8	296.2
Z(2) 50 kHz	375.9	374.8	25.1	273.3	266.2
Z(2) 250 kHz	333.5	331.8	20.8	243.6	235.9
	RA	LA	TR	RL	LL



आधार

व्यक्तिगत पहचान प्रमाणिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

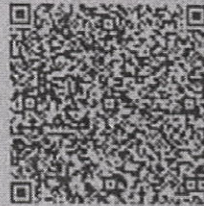
नामांकन क्रम / Enrollment No 1007/12064/00736

To,
प्रियंका
Priyanka
W/O Pawan Kumar
H. NO- C-34
Street NO- 13
Village Gokal Pur
Shandara
North East
Delhi 110094
9868839519

Ref: 31 / 23C / 61463 / 61845 / P



UE219669058IN



आपका आधार क्रमांक / Your Aadhaar No. :

9389 2651 6093

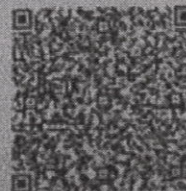
आधार – आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



प्रियंका
Priyanka
जन्म वर्ष / Year of Birth : 1987
महिला / Female



9389 2651 6093

आधार – आम आदमी का अधिकार