

CERTIFICATE OF MEDICAL FITNESS

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

Mrs. Nisha Singh 47yof on 19/3/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Maintain Nutritious diet as explained</u></p> <p>2. <u>R/v with Gyna</u></p> <p>3.</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p> <p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 161 cm

Weight: 57 kg

Blood Pressure: 100/60 mmHg

Disadhech
Dr. Dipti Dadhech
Medical Officer

Apollo One

Address: Plot No 3, Block No. 34, Pusa Road, Karol Bagh, New Delhi - 110005

This certificate is not meant for medico-legal purposes

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

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

Ph.: 011-49407700, 8448702877
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Registered Address

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



TOUCHING LIVES

Patient Name : Mrs.NISHA SINGH
 Age/Gender : 47 Y 0 M 15 D/F
 UHID/MR No : CAOP.0000000038
 Visit ID : CAOPOPV41
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : spouse -725278



MC- 6048

Collected : 16/Mar/2024 12:22PM
 Received : 16/Mar/2024 03:57PM
 Reported : 18/Mar/2024 02:16PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

CYTOLOGY NO. L/367/24

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 benign superficial and intermediate squamous cells in a background of inflammation

III RESULT

- a EPITHELIAL CELL
SQUAMOUS CELL ABNORMALITIES NOT SEEN
GLANDULAR CELL ABNORMALITIES NOT SEEN
- b ORGANISM NIL

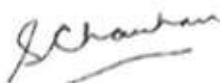
IV INTERPRETATION

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 ***

Page 1 of 1


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



SIN No:CS076622

Patient Name : Mrs.NISHA SINGH
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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




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

SIN No:BED240071181

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12	g/dL	12-15	Spectrophotometer
PCV	37.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical impedence / Microscopic
LYMPHOCYTES	30	%	20-40	Electrical impedence / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical impedence / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4928	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2310	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	154	Cells/cu.mm	20-500	Calculated
MONOCYTES	308	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				




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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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



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 M.B.B.S,M.D(Pathology)
 Consultant Pathologist.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	106	mg/dL	70-100	GOD - POD

Please correlate clinically.

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.



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

SIN No: PLF02126477



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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	241	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	94	mg/dL	<150	
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	183	mg/dL	<130	Calculated
LDL CHOLESTEROL	164.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	Calculated

Kindly correlate clinically

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.

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

SIN No:SE04664146



Patient Name : Mrs.NISHA SINGH
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	119.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		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.




Dr. Manju Kumari
 M.B.B.S, M.D (Pathology)
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.54	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	16.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.0-5.5	URICASE
CALCIUM	10.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.08		0.9-2.0	Calculated

Kindly correlate clinically



Dr.Manju Kumari
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 Consultant Pathologist.

SIN No:SE04664146



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.00	U/L	16-73	Glycylglycine Kinetic method
Kindly correlate clinically				



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

SIN No: SE04664146



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DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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	1.025		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN), THYROID PROFILE TOTAL (T3, T4, TSH), LBC PAP TEST (PAPSURE)

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

SIN No:UR2307327



Patient Name : Mrs.NISHA SINGH
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

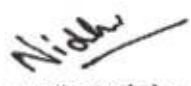
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control


A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)




Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist


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

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DEPARTMENT OF IMMUNOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	100	ng/dL	72.78-146.44	CLIA
THYROXINE (T4, TOTAL)	9.172	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.5780	mIU/L	0.38-5.33	CLIA

Kindly correlate clinically.


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

Page 2 of 3


Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist


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



SIN No:SPL24047668

NISHA HR : 83 bpm

Female 47Years P : 100 ms

Req. No. : PR : 139 ms

QRS : 75 ms

QT/QTcBz : 357/420 ms

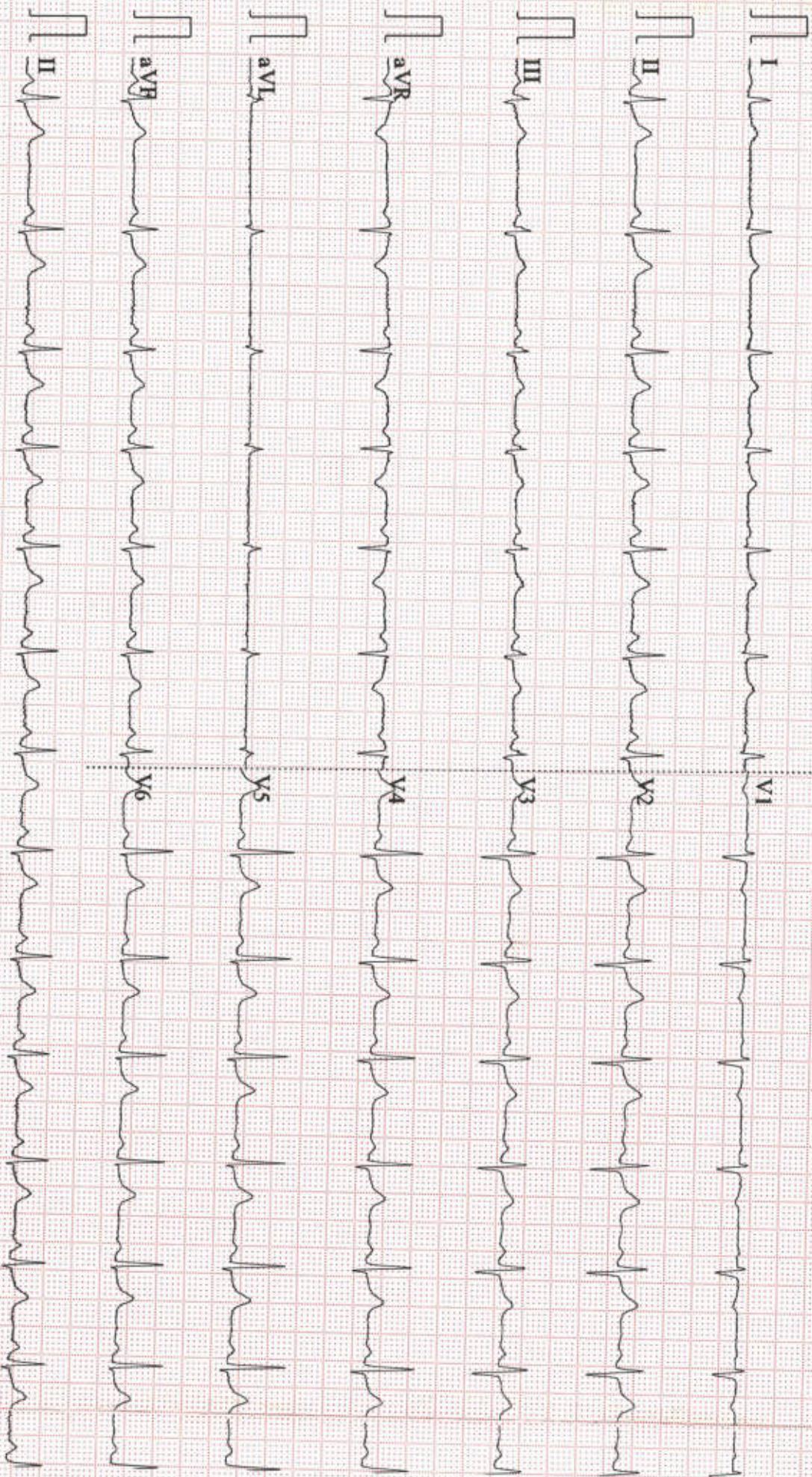
PQRST : 70/45/63 °

RV5/SV1 : 0.967/0.419 mV

Diagnosis Information:

Sinus Arrhythmia

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.23 SEMIP V192 APOLLO SPECTRA HOSPITALS

MICRO SOFT

11-01-2024

ID caop0000000038	Height 161cm	Age 47	Gender Female	Test Date / Time 16.03.2024. 11:46
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Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	25.7 (27.7~33.9)	25.7	33.0 (35.6~43.6)	35.2 (37.7~46.1)	57.4 (46.2~62.6)
Protein (kg)	6.9 (7.5~9.1)				
Minerals (kg)	2.63 (2.56~3.13)				
Body Fat Mass (kg)	22.2 (10.9~17.4)				

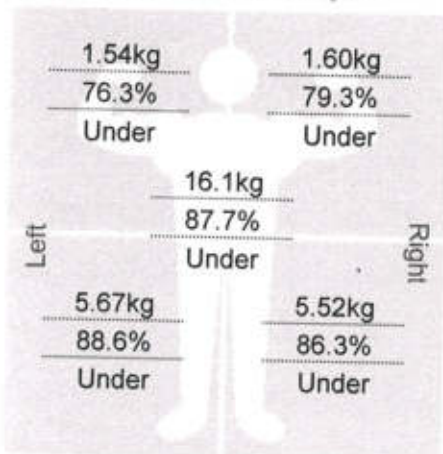
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		
SMM (kg)	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 %		22.2

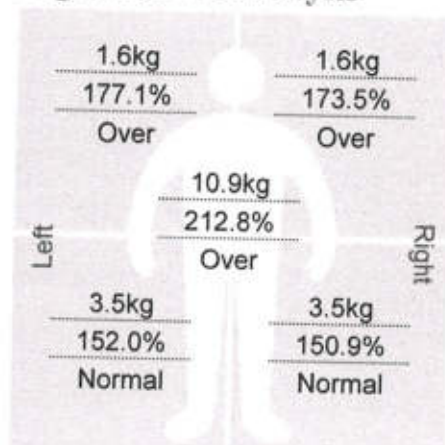
Obesity Analysis

	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	22.1	
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0		38.7

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	16.03.24 11:46
Weight (kg)	57.4
SMM (kg)	18.6
PBF (%)	38.7

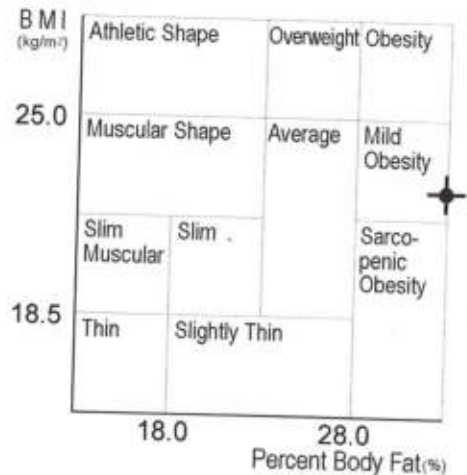
Recent Total

InBody Score

64/100 Points

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

Body Type



Weight Control

Target Weight	54.4 kg
Weight Control	- 3.0 kg
Fat Control	- 9.7 kg
Muscle Control	+ 6.7 kg

Obesity Evaluation

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

Research Parameters

Basal Metabolic Rate	1130 kcal	(1229~1420)
Waist-Hip Ratio	0.89	(0.75~0.85)
Visceral Fat Level	12	(1~9)
Obesity Degree	105 %	(90~110)
Bone Mineral Content	2.20 kg	(2.12~2.58)
SMI	5.5 kg/m ²	
Recommended calorie intake	1440 kcal	

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	509.5	529.8	30.3	364.0	344.4
50 kHz	464.3	486.5	27.1	331.3	312.9
250 kHz	424.2	446.0	23.8	301.6	283.4

Apollo One

Eye Checkup

NAME:- MRS. NISHA SINGH

Age:- 47

Date: 16/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-1.00 / -0.50 x 180°	-1.00 / -0.50 x 90°
Near vision	ADD +1.50	ADD +1.50
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

(Signature)

Nisha Singh.
46 yr

4 pm for regular dental checkup

M/H: - } Nil
D/H: - }

O/E: - ~~Adv:~~ Calculus +
Stain +

Deep occlusal
caries $\frac{1}{6}$

Adv: - RCT $\frac{1}{6}$
- Xray $\frac{1}{6}$

followed by Respiration / RCT.

- Scaling & Polishing.

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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

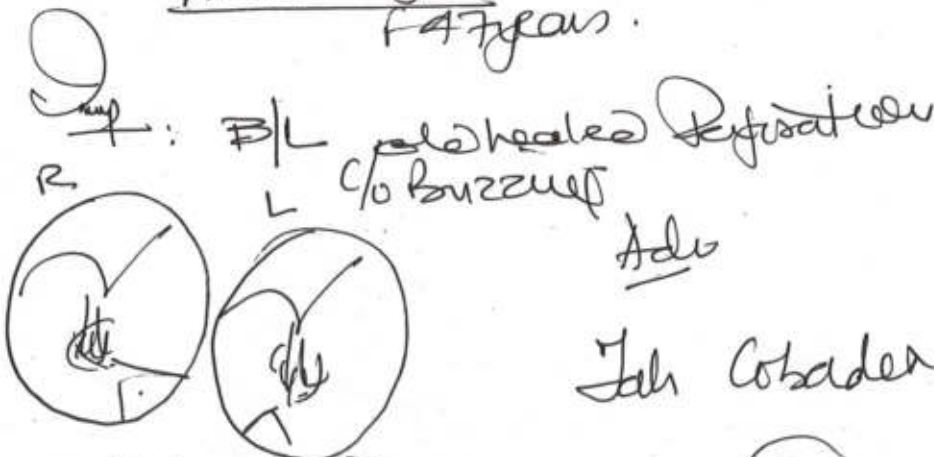
#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

Dr. Sanjiv Dang

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

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

Nisha Singh
F 47 years.



TM
less
old healed
Perforation

Jah Cobader CZS 100 / 3 months

Done
16.3.24

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Ameerpet, Hyderabad-500038, Telangana.

16/03/24

B.P - 100/60
PR - 84/4
SpO2 - 98%
HT - 161
WT - 57kg

Mrs. Nisha Singh,
age - 47yrs/F

not ak/ck - T2DM / HTN
Amenorrhoea x 2mths - Spont
pv (+)
Adv

L/E - uti - Thred - 2D Echo
no visible - Gyne Consultng
during
speculum examination

Dr. Daddhech

Dr. Dipri Daddhech

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Ameerpet, Hyderabad-500038, Telangana.

NAME: NISHA SINGH	AGE: 47Y/ SEX: F
DATE: March 16, 2024	REF. BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.: - 26	UHID NO.: - CAOP.0000000038

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis. CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 10.6X3.6cm, LK 9.7 X 5.2 cm in length), shape and echo pattern. No calculus, growth or hydro nephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.

Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.

Uterus shows post-menopausal atrophy.

Both the ovaries appear normal in size, shape, and echopattern.

Bilateral adnexa are clear. No adnexal mass.

No free fluid or pelvic collection seen.

Please correlate clinically.

DR. KAWAL DEEP DHAM ,
CONSULTANT RADIOLOGIST

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

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