

Patient Name : Mr.NARENDER KUMAR	Collected : 10/Aug/2024 09:32AM
Age/Gender : 38 Y 2 M 0 D/M	Received : 10/Aug/2024 10:10AM
UHID/MR No : CAOP.0000000963	Reported : 10/Aug/2024 11:28AM
Visit ID : CAOPPV1237	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 785346	

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

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.4	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.37</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50	%	40-80	Electrical Impedance
LYMPHOCYTES	<b>44</b>	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3500	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3080</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	140	Cells/cu.mm	20-500	Calculated
MONOCYTES	280	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.14		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	151000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	04	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

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




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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	85	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)	115	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE	123	mg/dL		Calculated

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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

(eAG)

**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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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>210</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	106	mg/dL	<150	
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>160</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>138.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.20		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

  
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**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	65.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.86		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

  
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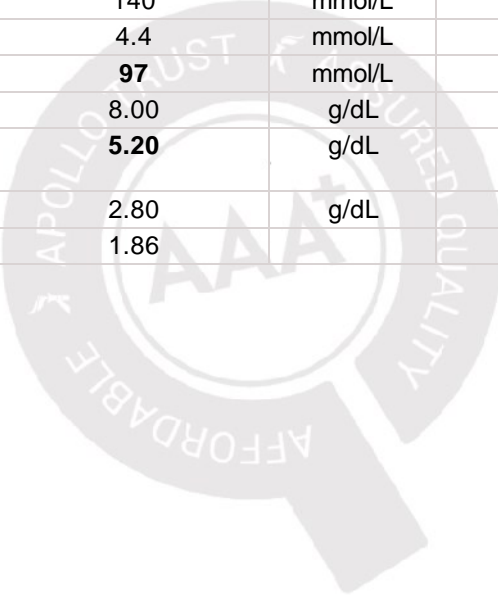


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	22.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	<b>10.40</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>97</b>	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.86		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	16-73	Glycylglycine Kinetic method




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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.71	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.790	µIU/mL	0.38-5.33	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



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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/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


**Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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

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## CERTIFICATE OF MEDICAL FITNESS


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

Mr Navindia Kumar on 10/08/24

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

	Tick
<p><b>Medically Fit</b></p> <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>Advice to Remio e HbA1c after</u></p> <p>2. <u>3 months &amp; lifestyle modification</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>	<input checked="" type="checkbox"/>
<p>Unfit</p>	<input type="checkbox"/>

Height: 175cm  
 Weight: 82kg  
 Blood Pressure: 112/69mmHg

Dr.   
 \_\_\_\_\_  
 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](http://www.apolloclinic.com)



<b>Patient Name</b>	: Mr. Narender Kumar	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: CAOP.0000000963	<b>OP Visit No</b>	: CAOPOPV1237
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-08-2024 12:29
<b>LRN#</b>	: RAD2400054	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 785346		

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**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.

*Incidental finding:- bifida rib noted in right side.*

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

Mr Narendra Kumar  
Age - 38y / M

Height : 175 cm	Weight : 82 kg	BMI : 26.78	Waist Circum :
Temp : 98. F	Pulse : 61 bpm	Resp : 18mt	B.P : 117/69 mmHg

General Examination / Allergies  
History

Past h/o : N/S

Sp h/o : N/S

Family : F - No  
M - No

Allergy : NO.

Addictions : Occasional Alcohol.

Diet : Mixed.

Physical : Moderate  
Activities

Conid vaccines : Adose

Marsied : 2 Rids.

<sup>SpO2 96</sup>  
Clinical Diagnosis & Management Plan

General check up

C/S : S, S, 2 ⊕.

PIA : soft BSO.

Cns : Conscious oriented

RS : B/C A ⊕.

Adv

- S. vit D, S. vit B<sub>12</sub>
- Follow up & Reports
- life style modification
- Balanced diet
- USG Abd.

Follow up date:

Doctor Signature

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



**Eye Checkup**

**NAME:-** MR. NARENDER Kumar

**Age:-** 38

**Date:** 10/8/24

**SELF / CORPORATE:-**

	Right Eye	Left Eye
Distant Vision	G/G	G/G
Near vision	G/G	G/G
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Apollo Health and Lifestyle Ltd.  
Signature  
Apolo One  
Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, WEA Karol Bagh  
New Delhi-110005

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd )  
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www.apolloclinic.com

ID	Height	Age	Gender	Test Date / Time
caop000000963	175cm	38	Male	10.08.2024. 09:25

## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	42.7 (37.9~46.3)	42.7	55.1 (48.7~59.5)	58.5 (51.5~63.0)	82.0 (57.3~77.5)
Protein (kg)	11.7 (10.2~12.4)	non-osseous			
Minerals (kg)	4.10 (3.50~4.28)				
Body Fat Mass (kg)	23.5 (8.1~16.2)				

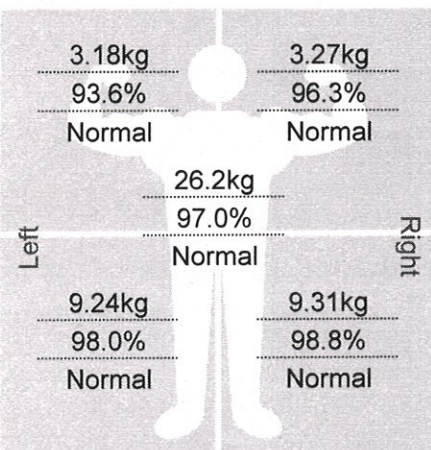
## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		82.0
SMM (kg) <small>Skeletal Muscle Mass</small>	70 80 90 100 110 120 130 140 150 160 170 %		33.2
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		23.5

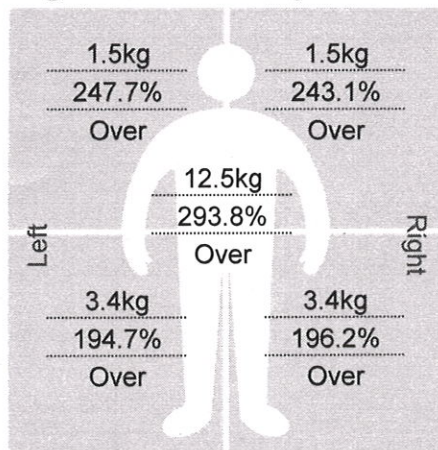
## Obesity Analysis

	Under	Normal	Over
BMI (kg/m <sup>2</sup> ) <small>Body Mass Index</small>	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		26.8
PBF (%) <small>Percent Body Fat</small>	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		28.7

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	10.08.24. 09:25
Weight (kg)	82.0
SMM (kg) <small>Skeletal Muscle Mass</small>	33.2
PBF (%) <small>Percent Body Fat</small>	28.7

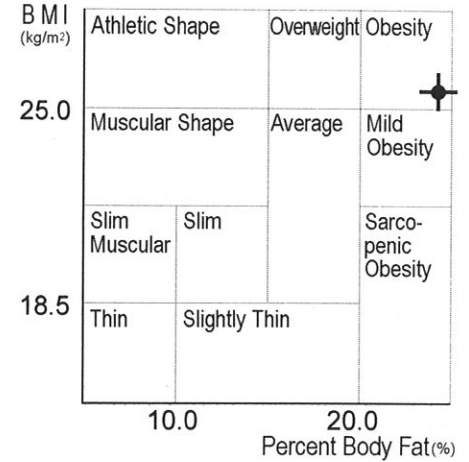
Recent  Total

## InBody Score

68/100 Points

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

## Body Type



## Weight Control

Target Weight	68.8 kg
Weight Control	- 13.2 kg
Fat Control	- 13.2 kg
Muscle Control	0.0 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 checked="" type="checkbox"/> Balanced <input type="checkbox"/> Slightly Unbalanced <input type="checkbox"/> Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1633 kcal ( 1725~2026 )
Waist-Hip Ratio	0.94 ( 0.80~0.90 )
Visceral Fat Level	9 ( 1~9 )
Obesity Degree	122 % ( 90~110 )
Bone Mineral Content	3.37 kg ( 2.89~3.53 )
SMI	8.2 kg/m <sup>2</sup>
Recommended calorie intake	2296 kcal

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	358.0	371.8	28.6	293.7	296.1
50 kHz	312.7	325.5	24.2	250.9	254.8
250 kHz	277.6	288.8	20.3	220.5	223.4

ID: 0000000963

10-08-2024 09:18:28 AM A.R.R.O.W Ce

**NARENDER KUMAR**

Male 38Years

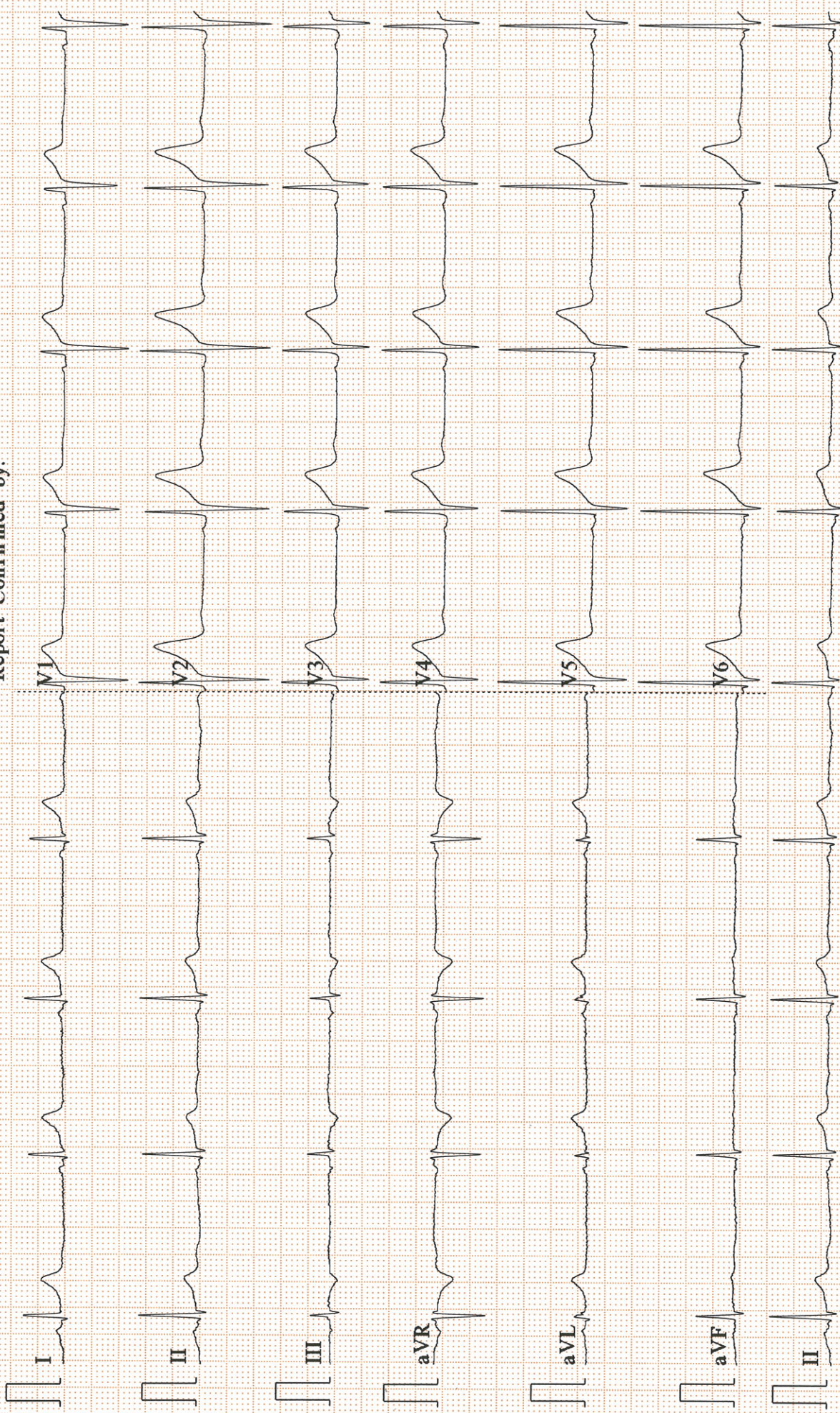
Req. No. :

**Diagnosis Information:**

Sinus Bradycardia

HR : 50 bpm  
 P : 97 ms  
 PR : 139 ms  
 QRS : 87 ms  
 QT/QTcBz : 410/375 ms  
 PQRS/T : -25/49/11 °  
 RV5/SV1 : 1.750/1.042 mV

Report Confirmed by:



भारत सरकार  
Government of India

आधार

नरेन्द्र कुमार  
Narender Kumar  
जन्म तारीख/DOB: 10/06/1986  
पुरुष/ MALE  
Mobile No: 8828842996

6509 0811 6058  
VID : 9108 5116 1051 8954

मेरा आधार, मेरी पहचान

Download Date: 07/06/2022

Issue Date: 08/08/2013

1947

help@uidai.gov.in | www.uidai.gov.in

6509 0811 6058  
VID : 9108 5116 1051 8954

Address: Village-Hasanpur, Post-  
S/O: Permanent, District-New Delhi,  
Ujwal, Near Chawpal, South West Delhi,  
Hasan Pur, South West Delhi,  
Delhi - 110073

S/O: पंजाब, बिलासपुर, टिकट-उजवा, पोस्ट  
उजवा, बिलासपुर, बिलासपुर जिला, दिल्ली - 110073

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अपे श्रेय Union Bank  
of India

आन्धा  
Andhra



नाम : नरेन्द्र कुमार

Name : Narender Kumar

कर्मचारी क्र. / Employee No. : 785346

जन्म तिथि / Birth Date : 10-06-1986

रक्त ग्रुप / Blood Group : A+ve

हस्ताक्षर / Signature

जारी करने का स्थान : केन्द्रीय कार्यालय दिल्ली ( मध्य )  
Place of Issue : Ro Delhi (Central)

जारी करने की तारीख : ०८/अक्टूबर/२०२०  
Date of Issue : 08-10-2020

जारीकर्ता प्राधिकारी / Issuing Authority

Patient Name	: Mr. Narender Kumar	Age	: 38 Y/M
UHID	: CAOP.0000000963	OP Visit No	: CAOPOPV1237
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 10-08-2024 15:55
Referred By	: SELF		

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### **ECG REPORT**

#### **Observation :-**

1. Sinus bradycardia.
2. Heart rate is 50beats 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