

Patient Name	: Mr.ARVIND KUMAR YADAV	Collected	: 20/Apr/2024 11:22AM <i>Expertise. Empowering you.</i>
Age/Gender	: 46 Y 1 M 18 D/M	Received	: 20/Apr/2024 12:59PM
UHID/MR No	: CAOP.0000000220	Reported	: 20/Apr/2024 03:44PM
Visit ID	: CAOPOPV250	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 795792		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Predominantly Normocytic Normochromic
WBCs	Are essentially unremarkable. No abnormal cells seen.
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

Apollo Health and Lifestyle Limited

SIN No: BED240107177
Lab Address
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.9	g/dL	13-17	Spectrophotometer
PCV	43.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.12	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85.0	fL	83-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	45	%	40-80	Electrical Impedence
LYMPHOCYTES	49	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2160	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2352	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	96	Cells/cu.mm	20-500	Calculated
MONOCYTES	192	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	0.92		0.78- 3.53	Calculated
PLATELET COUNT	201000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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UHID/MR No : CAOP.0000000220	Reported : 20/Apr/2024 02:30PM
Visit ID : CAOPOPV250	Status : Final Report
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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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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UHID/MR No : CAOP.0000000220	Reported : 20/Apr/2024 01:58PM
Visit ID : CAOPOPV250	Status : Final Report
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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	223	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

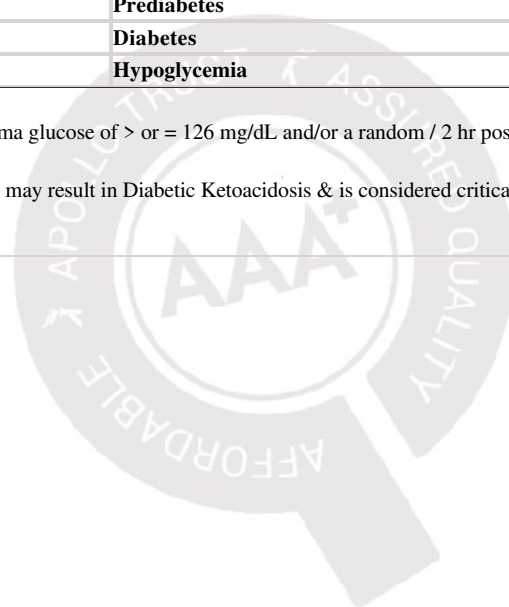
Comment:


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.




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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	9.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	226	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)



Dr Nidhi Sachdev
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	215	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	297	mg/dL	<150	
HDL CHOLESTEROL	23	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	192	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	59.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	9.35		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.75		<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 STANDARD PLUS MALE - 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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	63	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	49.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	133.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	4.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.02		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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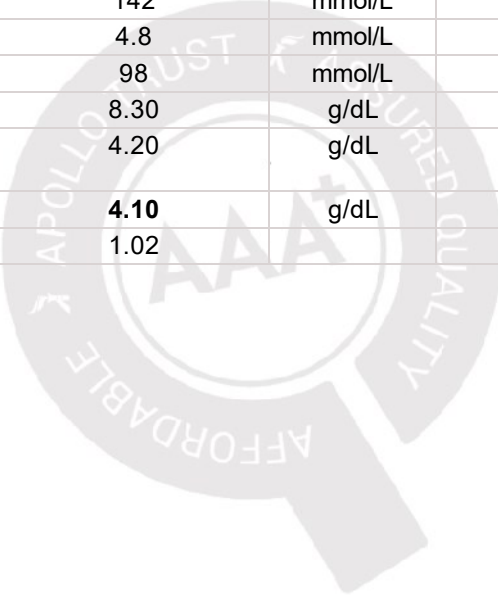


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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.63	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	4.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.02		0.9-2.0	Calculated




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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	95.00	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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.58	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.470	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 STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	1-2	/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
Result is rechecked. Kindly correlate clinically				

*** End Of Report ***

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CERTIFICATE OF MEDICAL FITNESS

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

Mr Arvind Yadav on 22/4/24

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>Lifestyle modifications</u></p> <p>2. <u>Cardiologist Consultation & 2DEcho</u></p> <p><u>HTVLO - Lipidemia</u></p> <p>3. <u>Treatment modification of OHA - I/VLO - ↑ D. Sugar levels</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>2DEcho.</u></p> <p>Current Unfit.</p> <p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 172 cm
 Weight: 83.9 kg
 Blood Pressure: 125/89 mmHg

D. Dadhech
 Dr. Dipti Dadhech
 Medical Officer

This certificate is not meant for medico-legal purposes **APOLLO HEALTH AND LIFESTYLE LTD.**

APOLLO ONE
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Apollo One (Unit of Apollo Health and Lifestyle Ltd)
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 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819



Patient Name	: Mr. Arvind Kumar Yadav	Age/Gender	: 46 Y/M
UHID/MR No.	: CAOP.0000000220	OP Visit No	: CAOPOPV250
Sample Collected on	:	Reported on	: 20-04-2024 14:27
LRN#	: RAD2305888	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 795792		

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. SEEMA PRAJAPATI
MBBS MD Radio
Radiology

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - GURUGRAM
2ND FLOOR, AGGARWAL CORPORATE
TOWER,, NEW DELHI, Delhi (UT), - 0

To,
The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kum. YADAV,ARVIND KUMAR

PF No. 795792 Designation : Single Window Operator - A

Checkup for Financial Year 2024-2025 Approved Charges Rs. 3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

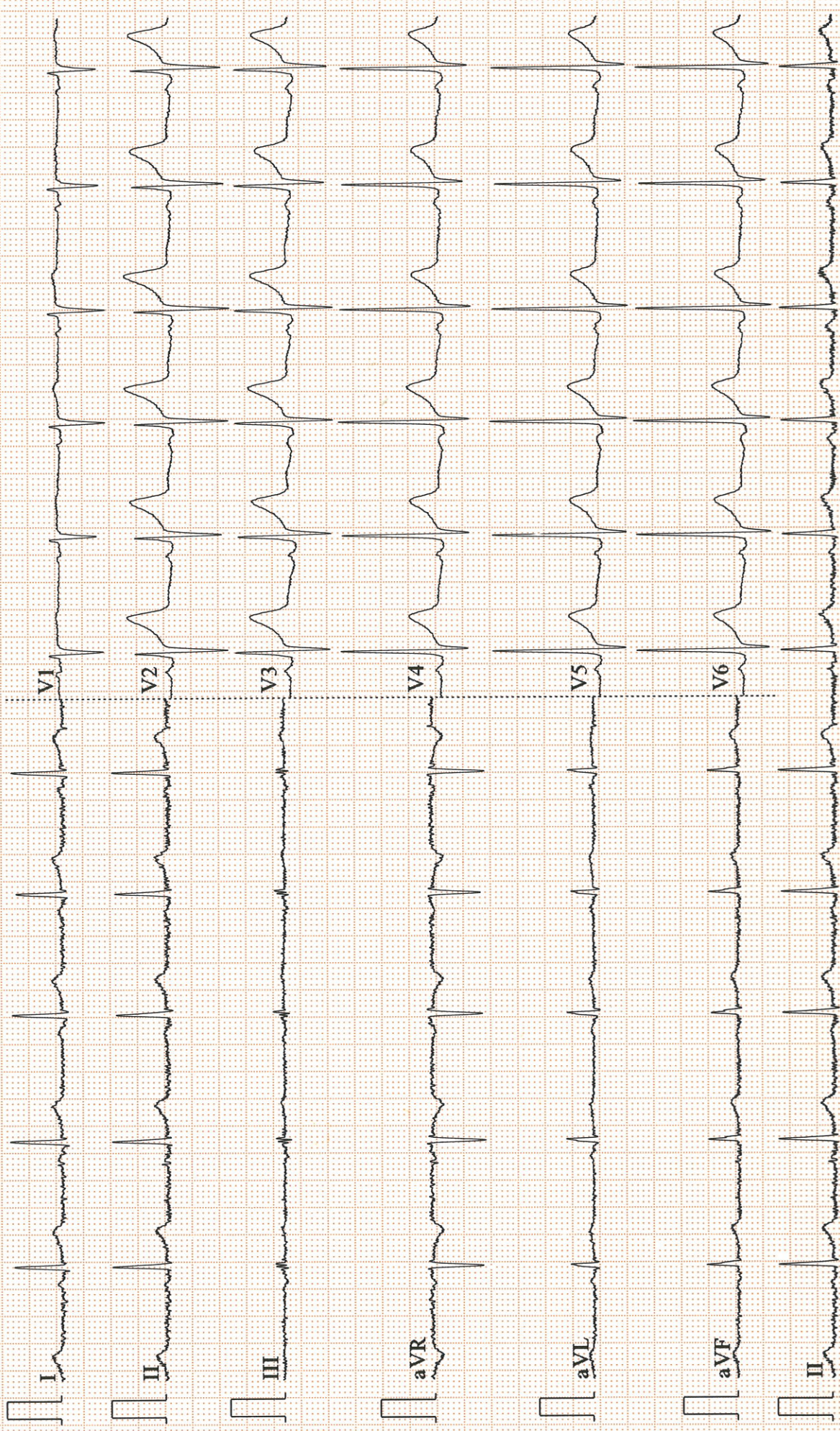
Health checkup at tie up Ctr | HealthChkup Authorisatn letter

MR. ARVIND KUMAR YADV
Male 46Years
Req. No. :

Diagnosis Information:
Sinus Rhythm
Normal ECG

HR : 68 bpm
P : 109 ms
PR : 153 ms
QRS : 91 ms
QT/QTcBz : 384/409 ms
P/QRS/T : 30/39/43 °
RV5/SV1 : 2.003/0.767 mV

Report Confirmed by:



Apollo One

CONSENT FORM

Patient Name: Arvind Kumar Yadav Age: 46
UHID Number: CAOR 0000000220 Company Name: Union Bank of India

I Mr/Mrs/MS Arvind Kumar Yadav Employee of Union Bank of India
(Company) Want to inform you that I am not interested in getting Blood sugar PP
Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: 

Date: 20/04/2024

Apollo One - New Delhi Address:

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

Pincode:- 110005
Phone no: - 1860-500-7788
Email: - ApolloOnePusaRoad@apolloclinic.com

Eye Checkup

NAME:- MR. ARVIND YADAV

Age:- 46

Date: 20/4/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-0.50 / +0.75 x 180°	-0.50 / -0.50 x 180°
Near vision	B.F +1.75	B.C +1.75
Color vision	OK	OK
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



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

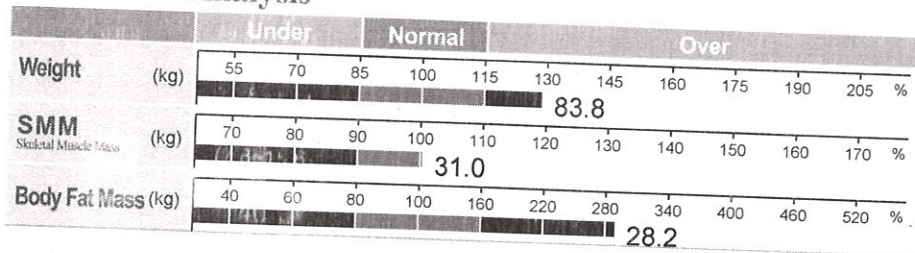
www.apolloclinic.com

ID caop0000000220	Height 172cm	Age 46	Gender Male	Test Date / Time 20.04.2024. 10:56
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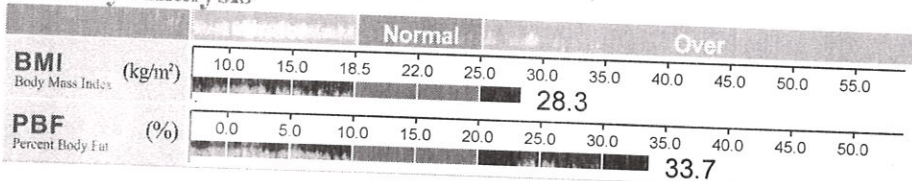
Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	40.7 (36.6~44.8)	40.7	52.3 (47.0~57.4)	55.6 (49.8~60.9)	83.8 (55.3~74.9)
Protein (kg)	10.9 (9.8~12.0)	non-osseous			
Minerals (kg)	3.96 (3.38~4.14)				
Body Fat Mass (kg)	28.2 (7.8~15.6)				

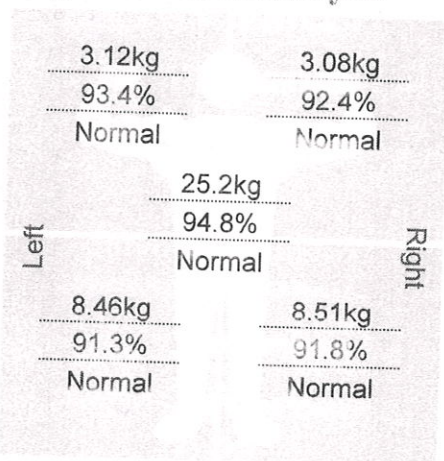
Muscle-Fat Analysis



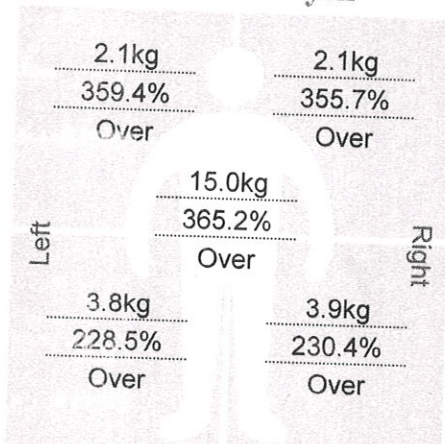
Obesity Analysis



Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	83.8	31.0	33.7
Total			

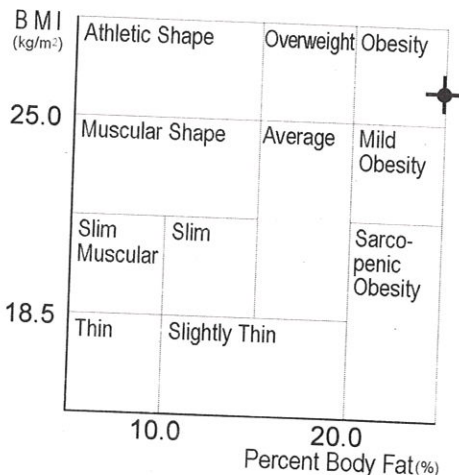
20.04.24. 10:56

InBody Score

62/100 Points

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

Body Type



Weight Control

Target Weight	65.4 kg
Weight Control	- 18.4 kg
Fat Control	- 18.4 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	1570 kcal (1755~2062)
Waist-Hip Ratio	0.99 (0.80~0.90)
Visceral Fat Level	13 (1~9)
Obesity Degree	129 % (90~110)
Bone Mineral Content	3.28 kg (2.79~3.41)
SMI	7.8 kg/m ²
Recommended calorie intake	2234 kcal

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	348.6	342.2	25.9	275.9	276.3
50 kHz	313.1	309.1	21.6	244.0	245.4
250 kHz	282.6	280.9	18.1	218.7	220.2

Mr. Arvind Yadav

Height : 172 cm	Weight : 83.9 kg.	BMI :	Waist Circum :
Temp :	Pulse : 79 b/m	Resp : 22 mt	B.P : 125/89 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

PMH - Covid omicron - 2023

Asthma - NOT on any medication
 on Statins X 3yrs
 T2DM on OHA

FH - Father - CAD & T2DM

Allergen - not so far

Addiction - occ - Alcohol


Diet - veg

Married 2 kids.

SpO₂ - 96%

Adv

- wt reduction
- lifestyle modifications


 Dr. Dipika Dadhuech

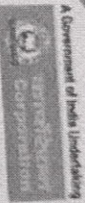
Follow up date:

Doctor Signature

यूनियन बैंक
संघ बैंक
Union Bank
of India



यूनियन बैंक
संघ बैंक



A Government of India Undertaking

IDENTITY CARD



नाम / Name : Arvind Kumar Yadav
पदनाम / Post : SWO - A
शाखा / Branch : Badaun
कर्म. क्र. / Emp. Code : 795792
रक्त समूह / Blood Group : O+
जारी दिनांक / Issue. Dt. : 01/05/2022

जारीकर्ता प्राधिक. / Issuing Auth.

 भारत सरकार
Government of India



Arvind Kumar Yadav
Date of Birth/DOB: 02/03/1978
Male/ MALE

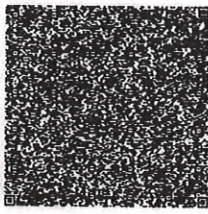
2209 9380 1942
VID: 9131 3562 6977 2096



मेरा आधार, मेरी पहचान

www.uidai.gov.in help@uidai.gov.in 1947

2209 9380 1942
VID: 9131 3562 6977 2096



QR Code with Photograph

Address:
C/O Prashu Ram Yadav, Pokhara, ,, Babu
Bel, Ballia
Uttar Pradesh - 277402

भारत सरकार
Unique Identification Authority of India

Patient Name	: Mr. Arvind Kumar Yadav	Age	: 46 Y/M
UHID	: CAOP.0000000220	OP Visit No	: CAOPOPV250
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 20-04-2024 15:25
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 68beats 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.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:22PM
UHID/MR No : CAOP.0000000222	Reported : 20/Apr/2024 05:11PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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

Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:22PM
UHID/MR No : CAOP.0000000222	Reported : 20/Apr/2024 05:11PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	12.0	g/dL	12-15	Spectrophotometer
PCV	35.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.05	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	87.0	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	43	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3796	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3139	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	146	Cells/cu.mm	20-500	Calculated
MONOCYTES	219	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
PLATELET COUNT	249000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				



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



Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:22PM
UHID/MR No : CAOP.0000000222	Reported : 20/Apr/2024 02:30PM
Visit ID : CAOPOPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination




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

Patient Name : Mrs.SEEMA YADAV	Collected : 22/Apr/2024 10:21AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 30 D/F	Received : 22/Apr/2024 12:56PM
UHID/MR No : CAOP.000000222	Reported : 22/Apr/2024 01:25PM
Visit ID : CAOPOPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	100	mg/dL	70-100	GOD - POD

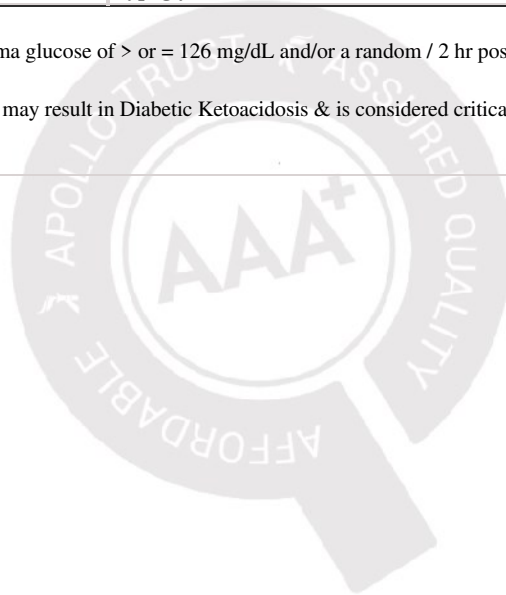
Comment:


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.




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



Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 04:06PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 07:57PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	114	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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



SIN No:EDT240048957

Apollo Health and Lifestyle Limited

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

Registered Office
(CIN-U85110TG2000PLC115819)
Regd. Office: 7-1-617/A, 615 and 616, IMPERIAL TOWERS 7th Floor, Ameerpet
Hyderabad, Telangana State 500038
Email ID: customer.care@apollodiagnosics.in
T: 040 44442424

Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:51PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 02:31PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	153	mg/dL	<150	
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	114	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.15		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<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


Dr. Shivangi Chauhan
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Emp/Auth/TPA ID : 795792	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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).




Dr. Shivangi Chauhan
M.B.B.S, M.D(Pathology)
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Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:51PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 02:31PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	74.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		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. Shivangi Chauhan
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

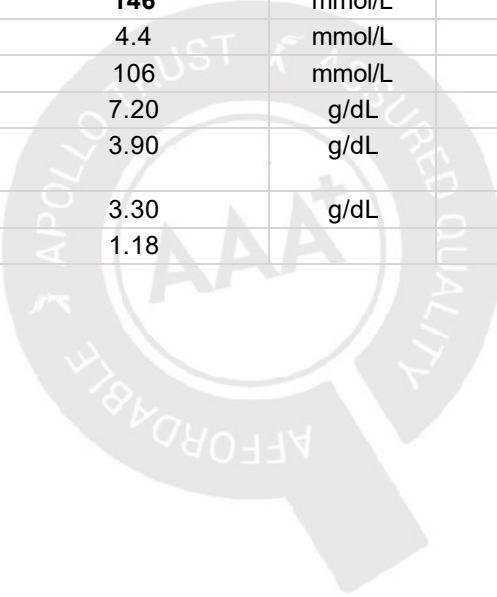


Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:51PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 02:31PM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	0.66	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	24.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.10	mg/dL	3.0-5.5	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	146	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	3.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.18		0.9-2.0	Calculated




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



Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 01:51PM
UHID/MR No : CAOP.0000000222	Reported : 20/Apr/2024 02:31PM
Visit ID : CAOPOPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	14.00	U/L	16-73	Glycylglycine Kinetic method




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

Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 04:08PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 05:44PM
Visit ID : CAOPOPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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)	1.17	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.970	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



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



Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 11:49AM <i>Expertise. Empowering you.</i>
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 04:19PM
UHID/MR No : CAOP.000000222	Reported : 20/Apr/2024 05:12PM
Visit ID : CAOPOPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

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	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	2-4	/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



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



Patient Name : Mrs.SEEMA YADAV	Collected : 20/Apr/2024 01:18PM
Age/Gender : 40 Y 7 M 28 D/F	Received : 20/Apr/2024 04:41PM
UHID/MR No : CAOP.0000000222	Reported : 22/Apr/2024 10:07AM
Visit ID : CAOPPV252	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 795792	

DEPARTMENT OF CYTOLOGY

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	L/679/24
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 and parabasal 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
M.B.B.S,MD(Pathology)
Consultant Pathologist





Patient Name	: Mrs. SEEMA YADAV	Age/Gender	: 40 Y/F
UHID/MR No.	: CAOP.0000000222	OP Visit No	: CAOPOPV252
Sample Collected on	:	Reported on	: 22-04-2024 11:03
LRN#	: RAD2305920	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 795792		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size (14.3cm) and echotexture. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is not visualized h/o post op.

CBD is ~ (8mm),

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 11.2 x 4.5 cm, LK 10.7 x 4.7cm), shape and echo pattern. No 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 (8.7 cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is minimally filled.

Uterus is normal in size (7.9x4.8x5.2) shape & echotexture, ET ~6.9mm

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

Bilateral adnexae are clear. No adnexal mass.

No free fluid or pelvic collection seen.


Dr. SEEMA PRAJAPATI
MBBS MD Radio
Radiology

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

Sacna Yadav
F40 years

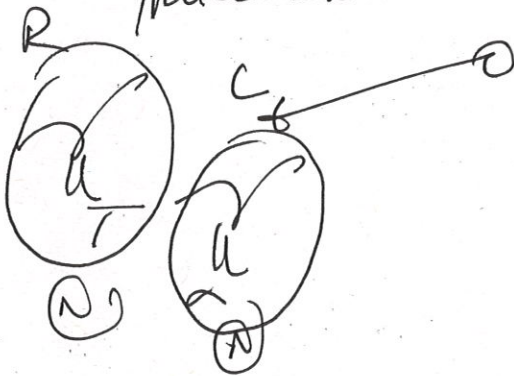


(Early) ! MENIERE'S Vertigo
Panacuris

% occasional
dizziness
hypacusis

Adli

Tak VERTIN 16 mg BOD x today



50000
22/4/2024

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.

CERTIFICATE OF MEDICAL FITNESS

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

Mrs. Seema Yadav on 22/4/24

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>Lifestyle modification</u>.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p>Current Unfit.</p>	
<p>Review after _____ recommended</p> <p>Unfit</p>	

Height: 157cm
 Weight: 84kg
 Blood Pressure : 125/80 mmHg

D. Dadheerch
 Dr. Dipti Dadheerch
 Medical Officer

This certificate is not meant for medico-legal purposes

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

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pilar 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

Eye Checkup

NAME:- Mrs. SEEMA YADAV

Age:- 40

Date: 20/1/24

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		

Signature



Apollo One (Unit of Apollo Health and Lifestyle Ltd)

Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
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Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh
New Delhi-110005

Height: 157cm	Weight: 84.kg.	BMI:	Waist Circum:
Temp:	Pulse: 98b/m	Resp: 22mt	B.P: 125/80 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

PMH - ~~not~~ significant
 Covid - Omicron in 2023
 no med. taken.

FH - Father - T2DM

- wt reduction

- lifestyle modification

Allergies - ~~not~~ to ~~food~~ Allergic to dust

Addiction - not so far

Diet - veg

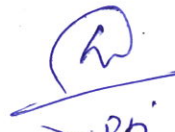
Married

2 kids

MH - Reg cycl


Follow up date:


Adv


 Dr. Dipi Dadhech

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


Doctor Signature



भारत सरकार
Government of India


सीमा यादव
Seema Yadav
जन्म तिथि/DOB: 23/08/1983
महिला/FEMALE

2671 9475 6839
VID: 9114 3383 7302 4333

मेरा आधार, मेरी पहचान

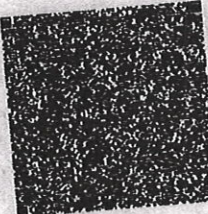



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O अरविन्द कुमार यादव, क्यूटीआर नं. 290/14,
इन्डिया एसी मरीड अकॉमोडेस्न, सुब्रतो पार्क, सुब्रतो
पार्क, दक्षिण पश्चिमी दिल्ली,
दिल्ली - 110010

Address:
C/O Arvind Kumar Yadav, QTR NO.
290/14, WAC MARRIED
ACCOMODATION, SUBROTO PARK,
Subroto Park, South West Delhi,
Delhi - 110010

2671 9475 6839
VID: 9114 3383 7302 4333


QR Code with Photograph

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

Apollo One

CONSENT FORM

Patient Name: Seema Age: 40

UHID Number: Company Name:

I ~~Mr~~/Mrs/MS Seema Yadav Employee of Union Bank of India
(Company) Want to inform you that I am not interested in getting Ultrasound, Glucose
Tests done which is a part of my routine health check package. Fasting - B ENT CONSULTANCY

And I claim the above statement in my full consciousness.

Patient Signature: Seema Date: 29/04/24

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

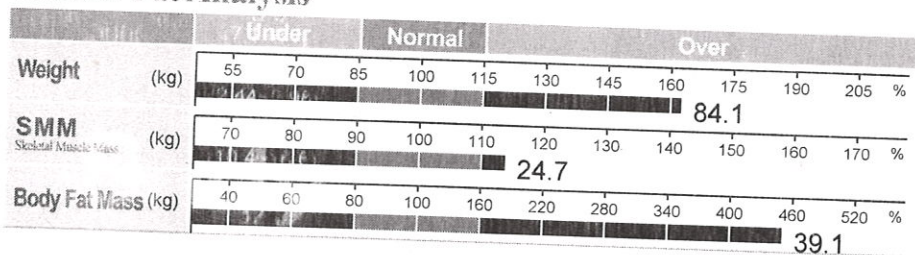
Pincode:- 110005
Phone no: - 1860-500-7788
Email: - ApolloOnePusaRoad@apolloclinic.com

ID caop000000222	Height 157cm	Age 41	Gender Female	Test Date / Time 20.04.2024. 11:32
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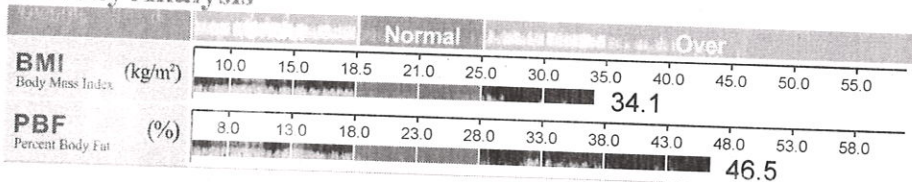
Body Composition Analysis

Item	Value	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	32.9 (26.4~32.2)	32.9	42.3 (33.8~41.4)	45.0 (35.9~43.8)	84.1 (44.0~59.6)
Protein (kg)	8.9 (7.1~8.7)	NON-OSSICIOUS			
Minerals (kg)	3.24 (2.44~2.98)				
Body Fat Mass (kg)	39.1 (10.4~16.6)				

Muscle-Fat Analysis



Obesity Analysis



Segmental Lean Analysis

Side	Weight (kg)	%	Evaluation
Left	2.52kg	111.3%	Normal
	21.3kg	105.4%	Normal
	6.78kg	95.6%	Normal
Right	2.46kg	108.6%	Normal
	19.2kg	94.5%	Normal
	6.71kg	94.5%	Normal

Segmental Fat Analysis

Side	Weight (kg)	%	Evaluation
Left	3.4kg	395.8%	Over
	19.2kg	395.3%	Over
	5.7kg	259.3%	Over
Right	3.4kg	394.2%	Over
	19.2kg	394.2%	Over
	5.8kg	262.4%	Over

* Segmental fat is estimated.

Body Composition History

Item	Value
Weight (kg)	84.1
SMM (kg)	24.7
PBF (%)	46.5

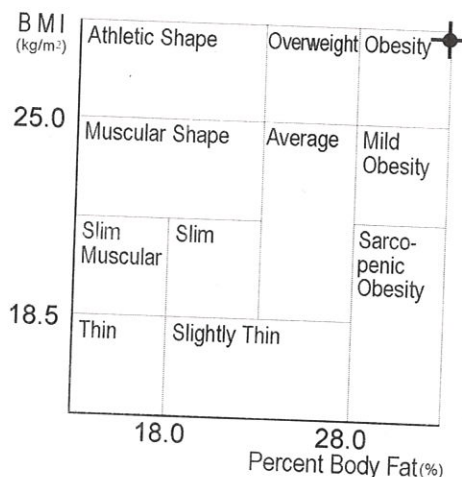
Recent Total 20.04.24 11:32

InBody Score

60/100 Points

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

Body Type



Weight Control

Target Weight	58.5 kg
Weight Control	- 25.6 kg
Fat Control	- 25.6 kg
Muscle Control	0.0 kg

Obesity Evaluation

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

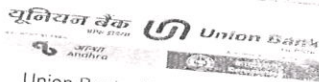
Basal Metabolic Rate	1342 kcal (1629~1909)
Waist-Hip Ratio	0.96 (0.75~0.85)
Visceral Fat Level	19 (1~9)
Obesity Degree	162 % (90~110)
Bone Mineral Content	2.68 kg (2.01~2.45)
SMI	7.5 kg/m ²
Recommended calorie intake	1729 kcal

Impedance

Z(Ω)	5 kHz	LA	TR	RL	LL
5 kHz	387.5	373.6	22.9	272.9	261.6
50 kHz	345.7	335.6	19.7	238.5	231.1
250 kHz	311.8	303.6	17.2	211.6	206.1

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - GURUGRAM
2ND FLOOR, AGGARWAL CORPORATE
TOWER,, NEW DELHI, Delhi (U.T.) - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup

40-50 Male

Staff Smt./Kum. YADAV,ARVIND KUMAR

P.E. No. 795/92

Designation :

Single Window Operator - A

Checkup for Financial Year

2024-

Approved Charges Rs.

3500.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you

Yours Faithfully

BRANCH MANAGER/SENIOR MANAGER



(Signature of the Employee)

PS. : Status of the application- Sanctioned

Health checkup at tie up Ctr | HealthChkup Authorisatn letter

NAME: - Mrs. Seema Yadav

AGE: - 40

GENDER: - Female

pt. Comes for regular dental check-up

m/h }
o/h } Nil
p/h }
P/H }

P/E: - Mummy 7/6 stain ++

lamey - 8/8

Fractured respiration 7/7

Adv: - Scaling & Polishing

Re - respiration 7/7

Respiration 8/8

Dr. Ishita Agrawal



Signature: -

APOLLO HEALTH AND LIFESTYLE LTD.

APOLLO ONE

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Pusa Road, WEA Karol Bagh

New Delhi-110005

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Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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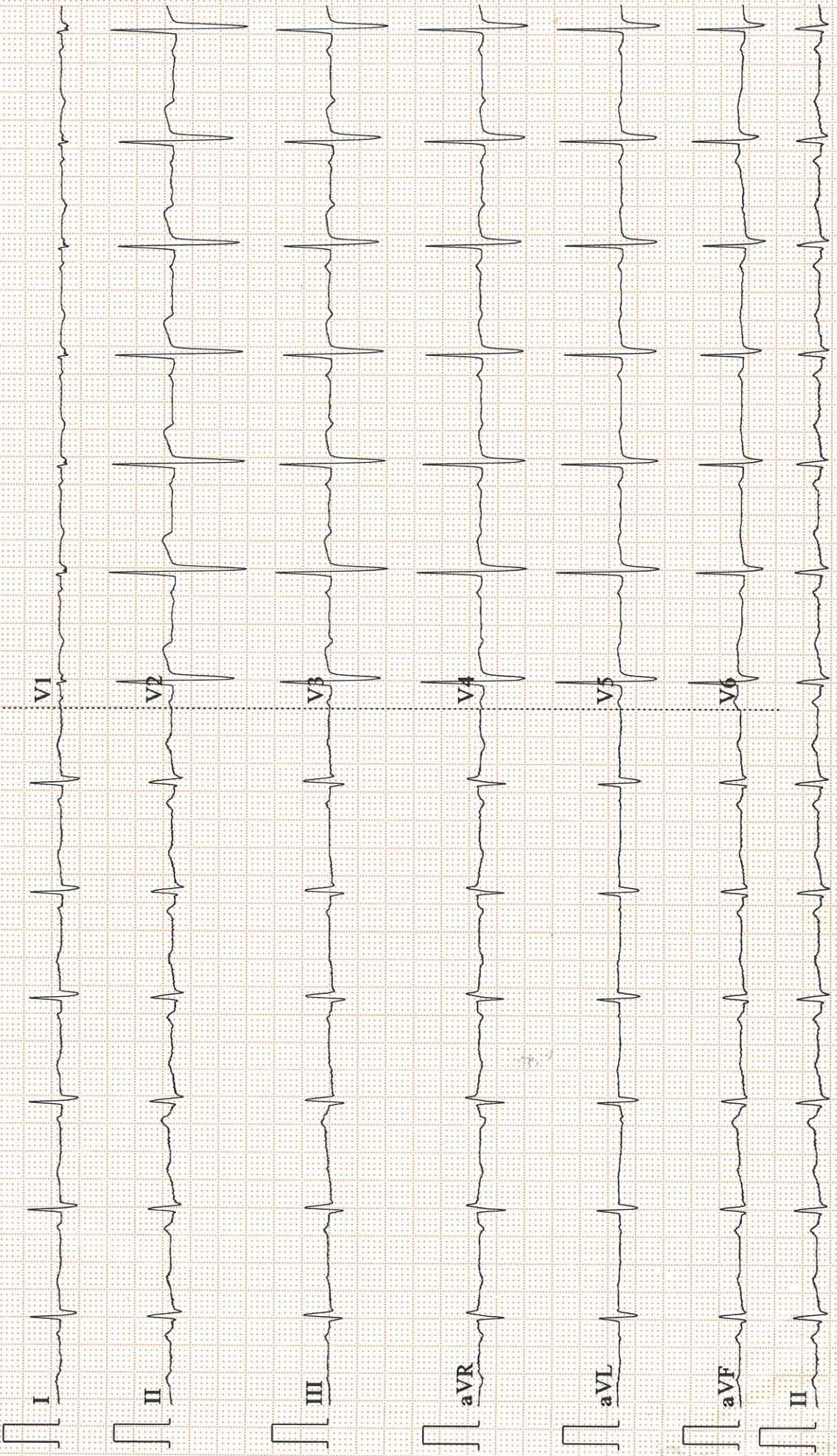
www.apolloclinic.com

MRS. SEEMA YADAV
 Female 40Years
 Req. No. :

HR : 78 bpm
 P : 101 ms
 PR : 159 ms
 QRS : 97 ms
 QT/QTcBz : 384/439 ms
 P/QRS/T : 61/52/48 °
 RV5/SV1 : 1.1140.122 mV

Diagnosis Information:
Sinus Rhythm
Low T Wave(V3,V4,V5,V6)

Report Confirmed by:



Patient Name	: Mrs. SEEMA YADAV	Age	: 40 Y/F
UHID	: CAOP.0000000222	OP Visit No	: CAOPOPV252
Reported By:	: Dr. RAJNI SHARMA	Conducted Date	: 20-04-2024 15:23
Referred By	: SELF		

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 78beats 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