

CERTIFICATE OF MEDICAL FITNESS

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


Mr Chandan Kumar Jha on 16/3/24
49/M

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>Physician Consultation for hyperuricemia</u></p> <p>2. <u>Ferry kind G2</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: 165 cm
 Weight: 73.9 kg
 Blood Pressure: 130/85 mmHg


 Dr. Dipk. D. D. D.
 Medical Officer
 APOLLO SPECTRA HOSPITALS
 Plot No. 3, Block No. 34, Metro Pillar No. 77
 Pusa Road, WEA Karol Bagh
 New Delhi-110005

This certificate is not meant for medico-legal purposes

Apollo One

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

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

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Registered Address

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

Patient Name : Mr.CHANDAN KUMAR JHA
Age/Gender : 47 Y 4 M 14 D/M
UHID/MR No : CAOP.0000000031
Visit ID : CAOPOPV33
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 629733

Collected : 15/Mar/2024 09:18AM
Received : 15/Mar/2024 10:30AM
Reported : 15/Mar/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic with few macrocytes . Rbc count is reduced.
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	Mild erythropenia.
Advice	Clinical correlation

Page 1 of 14



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

SIN No:BED240068978



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	Spectrophotometer
PCV	44.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	103	fL	83-101	Calculated
MCH	35.7	pg	27-32	Calculated
MCHC	34.7	g/dL	31.5-34.5	Calculated
R.D.W	15.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	30	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4416	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2070	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	189000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	08	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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)	123	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.



Dr.Manju Kumari
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SIN No:PLP1431618



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	mg/dL		Calculated

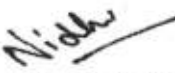
Comment:


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


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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	162	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	142	mg/dL	<150	
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	131	mg/dL	<130	Calculated
LDL CHOLESTEROL	102.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.23		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.30		<0.11	Calculated

Please 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.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse

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



SIN No: SE04661849

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.90	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	46	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	130.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Kindly correlate clinically

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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.03	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	9.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Please correlate clinically.



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , <i>SERUM</i>	30.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	94.5	ng/dL	72.78-146.44	CLIA
THYROXINE (T4, TOTAL)	6.874	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.599	mIU/L	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24045949



TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.360	ng/mL	0-4	CLIA

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DEPARTMENT OF CLINICAL PATHOLOGY

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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	6.0		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
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	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 13 of 14



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

SIN No:UR2305478





Patient Name : Mr.CHANDAN KUMAR JHA
 Age/Gender : 47 Y 4 M 14 D/M
 UHID/MR No : CAOP.0000000031
 Visit ID : CAOPOPV33
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 629733

Collected : 15/Mar/2024 09:17AM
 Received : 15/Mar/2024 11:54AM
 Reported : 15/Mar/2024 12:07PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Manju

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

SIN No:UF011176



=====

NAME: CHANDAN KUMAR JHA
DATE: 15.03.2024
REF. BY:- HEALTH CHECKUP

AGE : 47Y /SEX/M
MR. NO:- CAOP.0000000031
S.NO. :- 246

=====

X-RAY CHEST PA VIEW

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

Please correlate clinically and with lab. Investigations



DR. KAWAL DEEP DHAM
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

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

ID 150324-1	Height 165cm	Age 47	Gender Male	Test Date / Time 15.03.2024. 09:49
----------------	-----------------	-----------	----------------	---------------------------------------

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	35.7 (33.7~41.1)	35.7	46.0 (43.3~52.9)	48.6 (45.8~56.0)	73.4 (50.9~68.9)
Protein (kg)	9.7 (9.0~11.0)				
Minerals (kg)	3.19 (3.11~3.81)				
Body Fat Mass (kg)	24.8 (7.2~14.4)				

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 %		
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		

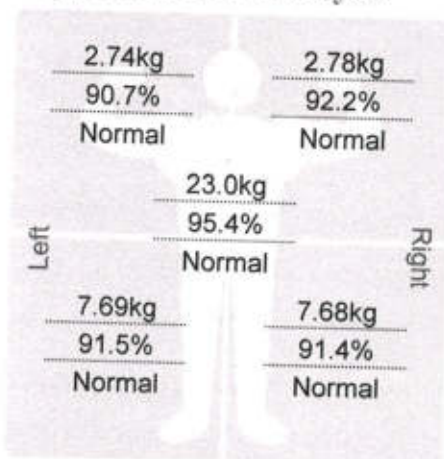
73.4
27.2
24.8

Obesity Analysis

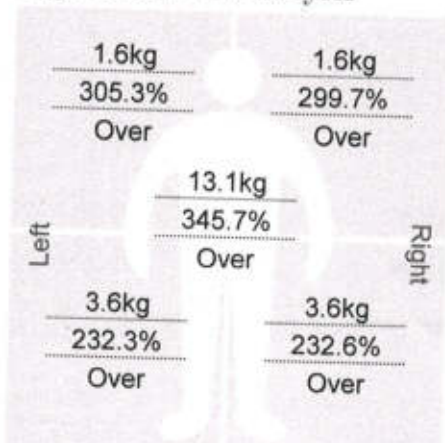
	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		

27.0
33.8

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

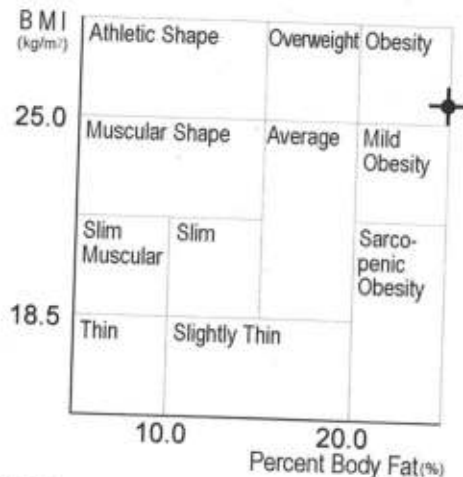
	Weight (kg)	SMM (kg)	PBF (%)	Date
Recent	73.4	27.2	33.8	15.03.24 09:49
Total				

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	59.9 kg
Weight Control	- 13.5 kg
Fat Control	- 15.8 kg
Muscle Control	+ 2.3 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	1420 kcal (1583~1852)
Waist-Hip Ratio	0.95 (0.80~0.90)
Visceral Fat Level	11 (1~9)
Obesity Degree	123 % (90~110)
Bone Mineral Content	2.62 kg (2.56~3.13)
SMI	7.7 kg/m ²
Recommended calorie intake	1999 kcal

Impedance

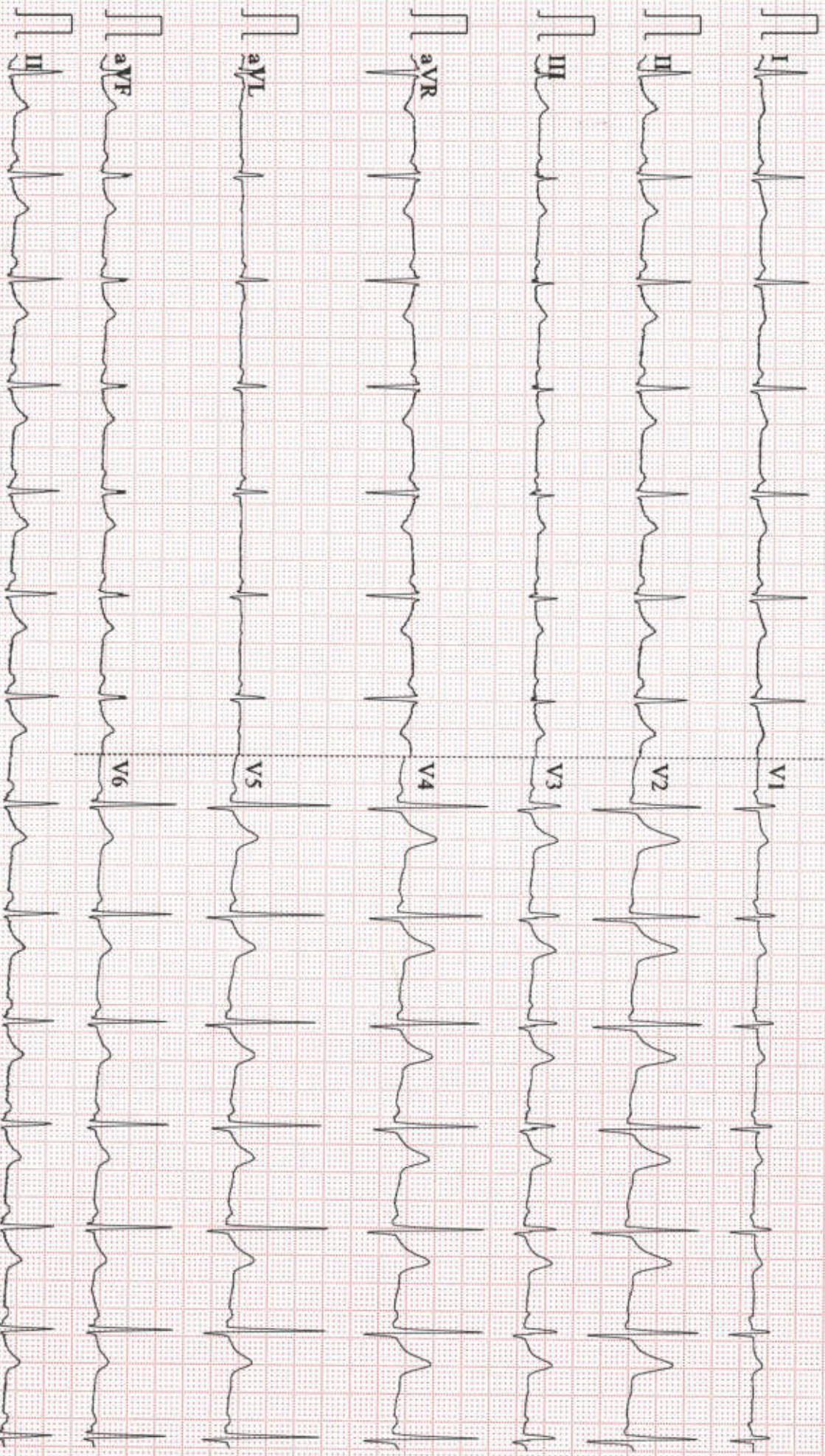
	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	343.8	348.7	31.5	276.8	275.6
50 kHz	293.4	299.7	26.4	236.7	235.0
250 kHz	261.3	267.5	22.4	212.9	210.8

Mr. Chandan Kumar Jha
Male 47 Years
Req. No. :

HR : 79 bpm
P : 97 ms
PR : 130 ms
QRS : 79 ms
QT/QTcBz : 361/416 ms
P/QRS/T : 55/49/61 °
RV5/SV1 : 1.703/0.398 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r

V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITALS

MICRO HD

11-11-2024

NAME: CHANDAN KR. JHA	AGE: 47 Y/ SEX: M
DATE: March 15, 2024	REF. BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.: - 22	UHID NO.: - CAOP.0000000031

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows diffuse increase in echotexture suggestive of Grade I fatty infiltration. . 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 11.1x4.5cm, LK 12.4x4.5cm), shape and echopattern. No calculus, growth or hydronephrotic 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.

Prostate is normal in size and shape. No focal lesion is 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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Name: Mr CHANDAN KR.JHA

Age/Sex: 47 Yrs/M

Date: 15.03.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Grade -I diastolic dys function.
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

Observations:-Dimensions

LVID d=	38	(34-47mm)
LV IVS=	11.3	(1-04mm)
Pwd =	10	(0-79mm)
Ao =	21	(20-37mm)
LA =	33.8	(21-37mm)
LVEF =	60%	(55 +6.2%)

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Name: - Chandan Jha.

47/47

Pt of bad breath

M/H: - H/o Blood pressure since 3 years
& taking medication

H/H: -

D/H: - Bridge done in lower left back region

O/E: - Stom + + +
calculus + + +

Mucosa 

Affusion & abrasion seen all over teeth

Adv: - OPG (Digital)
Scaling & Polishing.

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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

Chandana Kuwartha
M.A. F.Y.C.A.S

Ref : ENT: (DSD)

Adv



~~Diagnosis~~
o Fall Absolute 36 OD / 3 months

S. D. Dang
15-3-2024

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Mr. Chandan

B.P. - ~~104~~ ~~59~~ 130 / 85

SpO₂ - 97%

Pulse rate - 77

Height - 165cm

Weight - 73.9kg

Kidney - HTN x 1wk - on medication

not recently diagnosed

↓
has HTN x 24rs but not on medication

no H/O - T2DM

Adv

- To continue Med. as advised
- lifestyle modifications as advised

D. Dadheech

Dr. Diphi Dadheech

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Apollo One

Eye Checkup

NAME:- MR. CHANDAN KUMAR JHA

Age:- 47

Date: 15/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	Plano 6/6	Plano 6/6
Near vision	+1.75 SPH	+1.75 SPH
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

(Signature)