



## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Abhishek Malik on 10/02/2024

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


	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</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>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	

Dr.   
 Medical Officer  
 The Apollo Clinic, (Location)

**Dr. MUKUL ARTE** MBBS, DNB  
 Regn. No: 44293 (MAMC)  
 Approved By DG Shipping (2023)  
 Consultant in Marine Medicine & Aviation Medicine  
 A-101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 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MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/08/24		
NAME	Abhishek Malik		
AGE	35 years	Gender	M
HEIGHT(cm)	179 cm	WEIGHT (kg)	84 kg
B.P.	130/80 mm Hg		
ECG	Normal		
X Ray	NAD		
Vision Checkup	Color Vision : Normal		
	Far Vision Ratio : 6/6 - corrected		
	Near Vision Ratio : N5 - uncorrected		
Present Ailments	① Hypertension on Rx (Irregular)		
Details of Past ailments (If Any)	Nil		
Comments / Advice :	She / He is Physically <input checked="" type="checkbox"/> Fit		

  
 \_\_\_\_\_  
 Dr. MUKIN ARTE  
 Registered Medical Practitioner  
 Approved By DG Health  
 Consultant in Family Medicine - 4 Years in Medicine  
 A-101-102, Madhwa Plaza, 4th Cross Lane,  
 Anubhavi East, Marathalli-560022  
 SEA BIRD MEDICARE CENTRE



# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543** Reg. : **10-Aug-2024**  
Patient Name : **Mr. ABHISHEK MALIK** Report Date : **12-Aug-2024**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR. MUKUL ARTE** Age/Sex : **35 Year / Male**

## CHEST X RAY REPORT

X-Ray No : 6608

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

### **Impression :**

**Normal Chest X-Ray.**

  
Dr. Jacob  
Mathew MD

**Proudly... Caring For You**

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)





# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543** Reg. : **10-Aug-2024**  
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Ref By : **DR. MUKUL ARTE** Age/Sex : **35 Year / Male**

## DENTAL REPORT

Name: Mr. Abhishek Malik

Age: 35 Yrs.

Company: Apollo

Sub: Dental Check up

Dental examination of the above mentioned candidate is done and candidate reveals c/o of bleeding gums.

Advised to review with dentist for further evaluation.



Dr. Jacob  
Mathew MD

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HQ- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

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Report ID : **AMM108133543** Reg. : **10-Aug-2024**  
Patient Name : **Mr. ABHISHEK MALIK** Report Date : **12-Aug-2024**  
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**  
Ref By : **DR. MUKUL ARTE** Age/Sex : **35 Year / Male**

## SONOGRAPHY (ABDOMEN)

Ref No : 10/08/2024

Investigation : Abdomen Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB, Pancreas & Spleen are within normal limits.

Both Kidneys are normal in size, position and echogenicity; CM differentiation normal .  
No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.

Prostate reveals normal stromal structure, weight is 17.05 ml.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

No Significant abnormality noted on the study.

Dr. Jacob  
Mathew MD

Dr. Jagpreet L. Chopra MD

Dr. Asghar Majeed

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# SEA BIRD MEDICARE CENTRE

Report ID : AMM108133543  
Patient Name : Mr. ABHISHEK MALIK  
Rank :  
Ref By : DR. MUKUL ARTE  
Location : SEA BIRD- ANDHERI

Reg. : 10-Aug-2024  
Report Date : 10-Aug-2024  
Company Name : M/S. APOLLO HEALTH AND  
Age/Sex : 35 Year / Male

## HEMATOLOGY

### INVESTIGATION


#### Complete Blood Count

INVESTIGATION	OBSERVED VALUE	UNITS	REFERENCE RANGE
Haemoglobin	14.5	gm/dl	13-18 gm/dl
Total W.B.C	5800	/cu.mm	4000-11000 /cu.mm
Neutrophils	66	%	50-70 %
Lymphocytes	32	%	20-40 %
Eosinophils	02	%	0-7 %
Monocytes	00	%	0-8 %
Basophils	00	%	0-2 %
R.B.C Total	4.75	millions/cu .mm	4.5-5.5 millions/cu.mm
P.C.V	40.4	%	42-55 %
MCV	84.9	femolitre	80-96 femolitre
MCH	30.4	picogram	27-33 picogram
MCHC	35.7	%	32-36 %
W.B.C Morphology	Normal		
R.B.C Morphology	Normal		
Platelet Count	157000	/cu.mm	150000-450000 /cu.mm
<b>Blood Group</b>			
Blood Group	B Positive		
<b>ESR</b>			
ESR	11	mm/hr	0-15 mm/hr

---END OF REPORT---

Kindly Correlate with clinical conditions.

Remark : ---

  
DR.SANDIP MOHANRAO HUDDEDAR  
MBBS, DCP  
Pathologist

  
M O I C

  
SONALI VASANT ADELKAR  
Lab Technician

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# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543**  
Patient Name : **Mr. ABHISHEK MALIK**  
Rank :  
Ref By : **DR. MUKUL ARTE**  
Location : **SEA BIRD- ANDHERI**

Reg. : **10-Aug-2024**  
Report Date : **10-Aug-2024**  
Company Name : **M/S. APOLLO HEALTH AND**  
Age/Sex : **35 Year / Male**

## BIO-CHEMISTRY

### INVESTIGATION

#### **Liver Function Test**

Alkaline Phosphatase

63 IU/L 40-129 IU/L

#### **Renal Function Test**

BUN

7.9 mg/dl 6-21 mg/dl

Sr.Creatinine

0.8 mg/dl 0.7-1.4 mg/dl

Uric Acid

7.9 mg/dl 2.5-7.2 mg/dl

#### **Blood Sugar Estimation**

Fasting Blood Sugar

98 mg/dl 70-110 mg/dl

Fasting Urine Sugar

Absent

Post Prandial Blood Sugar

108 mg/dl 70-140 mg/dl

Post Prandial Urine Sugar

Absent

Glycosylated Haemoglobin (HBA1C)

5.5 % 4.5-6.3%

#### **Electrolytes**


Sr.Calcium

9.0 mg/dl 8.4-10.4 mg/dl

---END OF REPORT---

Kindly Correlate with clinical conditions.

Remark : ---

  
DR.SANDIP MOHANRAO HUDDEDAR  
MBBS, DCP  
Pathologist

  
M O I C

  
SONALI VASANT ADELKAR  
Lab Technician

Proudly... Caring For You

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)





# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543**  
Patient Name : **Mr. ABHISHEK MALIK**  
Rank :  
Ref By : **DR. MUKUL ARTE**  
Location : **SEA BIRD- ANDHERI**


Reg. : **10-Aug-2024**  
Report Date : **10-Aug-2024**  
Company Name : **M/S. APOLLO HEALTH AND**  
Age/Sex : **35 Year / Male**

## LIPID PROFILE

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Serum. CHOLESTEROL (CHOD - PAP)	<b>137</b>	mg /dl	145-240 mg/dl
Serum. TRIGLYCERIDE (GPO - PAP)	100	mg /dl	25-160 mg/dl
S.HDL CHOLESTEROL	49	mg/dl	35-80 mg/dl
VLDL CHOLESTEROL	20	mg/dl	Upto 40
LDL CHOLESTEROL (calculate)	68	mg/dl	Upto 150
CHOL/HDL CHOL(Ratio)	2.7		Upto 5.0
LDL CHOL/HDL RATIO	1.3		0-3.0

---END OF REPORT---

Kindly Correlate with clinical conditions.  
Remark : ---

  
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# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543**  
Patient Name : **Mr. ABHISHEK MALIK**  
Rank :  
Ref By : **DR. MUKUL ARTE**  
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Reg. : **10-Aug-2024**  
Report Date : **10-Aug-2024**  
Company Name : **M/S. APOLLO HEALTH AND**  
Age/Sex : **35 Year / Male**

## LIVER FUNCTION TEST

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
SGOT	50	IU/L	0-37 IU/L
SGPT	96	IU/L	9-43 IU/L
GGT	26	IU/L	0-49 IU/L
S.Bilirubin (T)	1.0	mg/dl	0.2-1.2 mg/dl
S.Bilirubin (D)	0.2	mg/dl	0.0-0.3 mg/dl
S.Bilirubin (I)	0.8	mg/dl	
Total Protein	7.4	g/dl	6-8 g/dl
S.Albumin	4.7	g/dl	3.2-5.0 g/dl
S.Globulin	2.7	g/dl	
A/G Ratio	1.7		

---END OF REPORT---

Kindly Correlate with clinical conditions.  
Remark : ---

  
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# SEA BIRD MEDICARE CENTRE

Report ID : **AMM108133543**  
Patient Name : **Mr. ABHISHEK MALIK**  
Rank :  
Ref By : **DR. MUKUL ARTE**  
Location : **SEA BIRD- ANDHERI**


Reg. : **10-Aug-2024**  
Report Date : **10-Aug-2024**  
Company Name : **M/S. APOLLO HEALTH AND**  
Age/Sex : **35 Year / Male**

## URINE ROUTINE

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Colour	PALE YELLOW		PALE YELLOW
Appearance	CLEAR		CLEAR
Specific Gravity	1.020		1.030
pH	ACIDIC		ACIDIC
Odour	AROMATIC		AROMATIC
Proteins (UR)	ABSENT		ABSENT
Sugar	ABSENT		ABSENT
Bile Salts	ABSENT		ABSENT
Bile Pigments	ABSENT		ABSENT
Ketones (UR)	ABSENT		ABSENT
Occult Blood	ABSENT		ABSENT
Urobilinogen(UR)	ABSENT		ABSENT
Pus Cells (UR)	2-3	/hpf	2-3/hpf
RBC cells	ABSENT	/hpf	2-3/hpf
Epithelial Cells	1-2	/hpf	1-2/hpf
Casts (UR)	ABSENT	/hpf	
Crystals	ABSENT	/hpf	
Bacteria (UR)	ABSENT		ABSENT
Others (UR)	ABSENT		

---END OF REPORT---

Kindly Correlate with clinical conditions.  
Remark : ---

  
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Website: [www.seabirdhf.com](http://www.seabirdhf.com) | Email: [seabird@seabirdhf.com](mailto:seabird@seabirdhf.com)

Laboratory Report		Lab ID : 40833804769
<b>Patient</b> : Mr. ABHISHEK MALIK <b>DOB</b> :  <b>Tel No</b> : <b>PID No</b> : <b>Sex/Age</b> : Male / 35 Years <b>Ref Id</b> : <b>Specimen</b> : Serum	 <b>Ref. By</b> :  <b>Client</b> : Sea Bird Medicare Pvt Ltd- Andheri 102, Heritage Plaza, Telli Galli Cross Lane, Near Andheri East Station, Andheri East,  <b>Processing Location</b> : NDPL - Vidyavihar	<b>Registered On:</b> 10-Aug-2024 14:18 <b>Collected On:</b> 10-Aug-2024 14:18 <b>Reported On:</b> 10-Aug-2024 16:59

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) CMA	33.2	ng/mL	Deficiency:- Below 10 ; Insufficiency :- 10-30 ; Sufficiency :- 30-100 ; Hypervitaminosis :- Above 100	


25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

#### INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)<sub>2</sub>-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)<sub>2</sub>-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)<sub>2</sub>-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)<sub>2</sub>-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.



Verify


  
**Dr Nilesh Bhamare**  
 M.D.Pathology  
 MMC Reg.No.2005/9/3404

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MC-6563



Laboratory Report		Lab ID : 40833804769
<b>Patient</b> : Mr. ABHISHEK MALIK <b>DOB</b> :  <b>Tel No</b> : <b>PID No</b> : <b>Sex/Age</b> : Male / 35 Years <b>Ref Id</b> : <b>Specimen</b> : Serum		<b>Ref. By</b> :  <b>Client</b> : Sea Bird Medicare Pvt Ltd- Andheri 102, Heritage Plaza, Telli Galli Cross Lane, , Near Andheri East Station, Andheri East,  <b>Processing Location</b> : NDPL - Vidyavihar
		<b>Registered On:</b> 10-Aug-2024 14:18  <b>Collected On:</b> 10-Aug-2024 14:18  <b>Reported On:</b> 10-Aug-2024 16:59

### VITAMIN B - 12

Vitamin B - 12 Level 263.0 pg/mL 187-883  
 CMA

#### Introduction:

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

#### Clinical Significance:

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

#### Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

#### Increased in:

Renal failure, liver disease and myeloproliferative diseases.

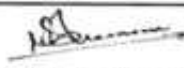
Variations due to age: Increases: with age.

Temporarily increased after Drug.

Falsely high in Deteriorated sample.



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M.D.Pathology  
 MMC Reg.No.2005/9/3404

Page 2 of 5



MC-6563

Laboratory Report		Lab ID : 40833804769
<b>Patient</b> : Mr. ABHISHEK MALIK <b>DOB</b> :  <b>Tel No</b> : <b>PID No</b> : <b>Sex/Age</b> : Male / 35 Years <b>Ref Id</b> : <b>Specimen</b> : Serum		<b>Ref. By</b> :  <b>Client</b> : Sea Bird Medicare Pvt Ltd- Andheri 102, Heritage Plaza, Telli Galli Cross Lane, , Near Andheri East Station, Andheri East.  <b>Processing Location</b> : NDPL - Vidyavihar  <b>Registered On:</b> 10-Aug-2024 14:18 <b>Collected On:</b> 10-Aug-2024 14:18 <b>Reported On:</b> 10-Aug-2024 16:59

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3) <small>CMIA</small>	93.69	ng/dL	70-204	
Thyroxine (T4) <small>CMIA</small>	6.80	µg/dL	4.87-11.72	
TSH <small>CMIA</small>	1,151	µIU/mL	0.45-4.50	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.


### TSH ref range in pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5



  
**Dr Nilesh Bhamare**  
 M.D.Pathology  
 MMC Reg.No.2005/9/3404

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## Laboratory Report

Lab ID : 40833804769

Patient : Mr. ABHISHEK MALIK  
DOB :  
Tel No :  
PID No :  
Sex/Age : Male / 35 Years  
Ref Id :  
Specimen : Serum



Ref. By :  
Client : Sea Bird Medicare Pvt Ltd- Andheri  
102, Heritage Plaza, Telli Galli Cross Lane, , Near  
Andheri East Station, Andheri East,  
Processing Location :  
NDPL - Vidyavihar

Registered On:  
10-Aug-2024 14:18  
Collected On:  
10-Aug-2024 14:18  
Reported On:  
10-Aug-2024 16:59

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test) when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Verify



*NB*  
**Dr Nilesh Bhamare**

M.D.Pathology  
MMC Reg.No.2005/9/3404

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MC-6563




**Laboratory Report**
**Lab ID : 40833804769**
**Patient : Mr. ABHISHEK MALIK**  
 DOB :

**Ref. By :**
**Registered On:**  
 10-Aug-2024 14:18

 Tel No :  
 PID No :  
 Sex/Age : **Male / 35 Years**  
 Ref Id :  
 Specimen : Serum

**Client :** Sea Bird Medicare Pvt Ltd- Andheri  
 102, Heritage Plaza, Telli Galli Cross Lane, Near  
 Andheri East Station, Andheri East,

**Collected On:**  
 10-Aug-2024 14:18  
**Reported On:**  
 10-Aug-2024 16:59

**Processing Location :**  
 NDPL - Vidyavihar

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

**Prostate Specific Antigen (PSA)**

Prostate Specific Antigen CMA	0.415	ng/mL	Upto 2.5	
----------------------------------	-------	-------	----------	--

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

**Use**

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

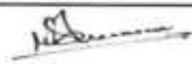
**FREE PSA:TOTAL PSA**
**Males:**

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----

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 M.D.Pathology  
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Page 5 of 5



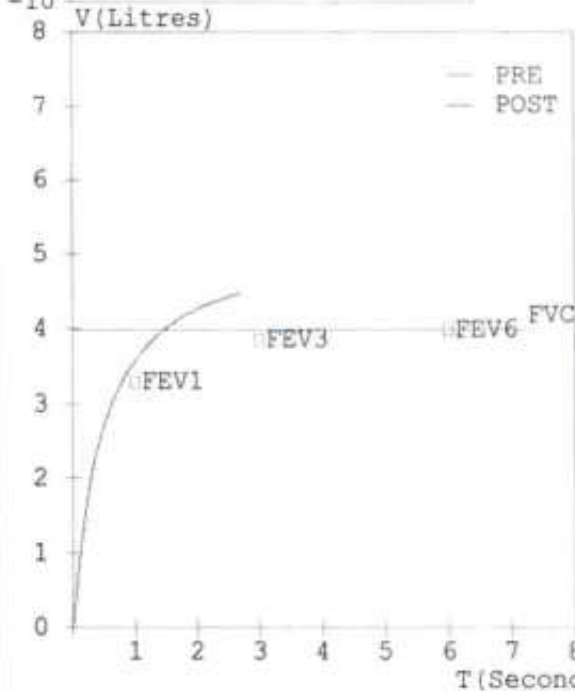
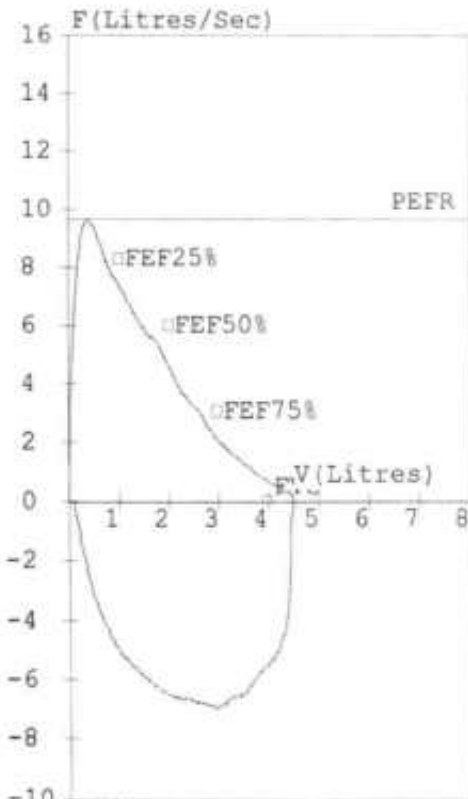


# Seabird Medicare Center

A-101-102, Heritage Plaza, Telli cross Lane

Patient: ABHISHEK MALIK  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 10-Aug-2024 01:25 PM

Age : 35 Years Gender : Male  
 Height : 179 Cms Smoker : Yes  
 Weight : 84 Kgs Eth. Corr: 100  
 ID: 2270 Temp :



150	FEV1 %Pred COPD SEVERITY	
125	OBS	NORM
100	100	
75	MODERATE	
50	SEVERE	
25	VERY SEVERE	RES
0		
	25 50 75 100 125 150	
	(FEV1/FVC) %Pred	

150	FVC %Pred Interpretation	
125	OBS	NORM
100	100	
75		
50		
25	MIXED	RES
0		
	25 50 75 100 125 150	
	(FEV1/FVC) %Pred	

### Spirometry (FVC Results)

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	03.97	04.47	113	-----	---	---
FEV1 (L)	03.30	03.59	109	-----	---	---
FEV1/FVC (%)	83.12	80.31	097	-----	---	---
FEF25-75 (L/s)	04.34	03.25	075	-----	---	---
PEFR (L/s)	09.66	09.62	100	-----	---	---
FIVC (L)	-----	04.37	---	-----	---	---
FEV.5 (L)	-----	02.74	---	-----	---	---
FEV3 (L)	03.85	04.47	116	-----	---	---
PIFR (L/s)	-----	06.92	---	-----	---	---
FEF75-85 (L/s)	-----	01.13	---	-----	---	---
FEF.2-1.2 (L/s)	07.69	08.10	105	-----	---	---
FEF 25% (L/s)	08.30	06.97	084	-----	---	---
FEF 50% (L/s)	06.00	03.75	062	-----	---	---
FEF 75% (L/s)	03.05	01.48	049	-----	---	---
FEV.5/FVC (%)	-----	61.30	---	-----	---	---
FEV3/FVC (%)	96.98	100.00	103	-----	---	---
FET (Sec)	-----	02.71	---	-----	---	---
Exptime (Sec)	-----	00.04	---	-----	---	---
Lung Age (Yrs)	035	032	091	-----	---	---
FEV6 (L)	03.97	-----	---	-----	---	---
FIF25% (L/s)	-----	06.41	---	-----	---	---
FIF50% (L/s)	-----	06.62	---	-----	---	---
FIF75% (L/s)	-----	05.57	---	-----	---	---

**Pre Test COPD Severity**  
 Test within normal limits

Pre Medication Report Indicates  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
BHXPM1232P

नाम / Name  
ABHISHEK MALIK

पिता का नाम / Father's Name  
INDER MALIK

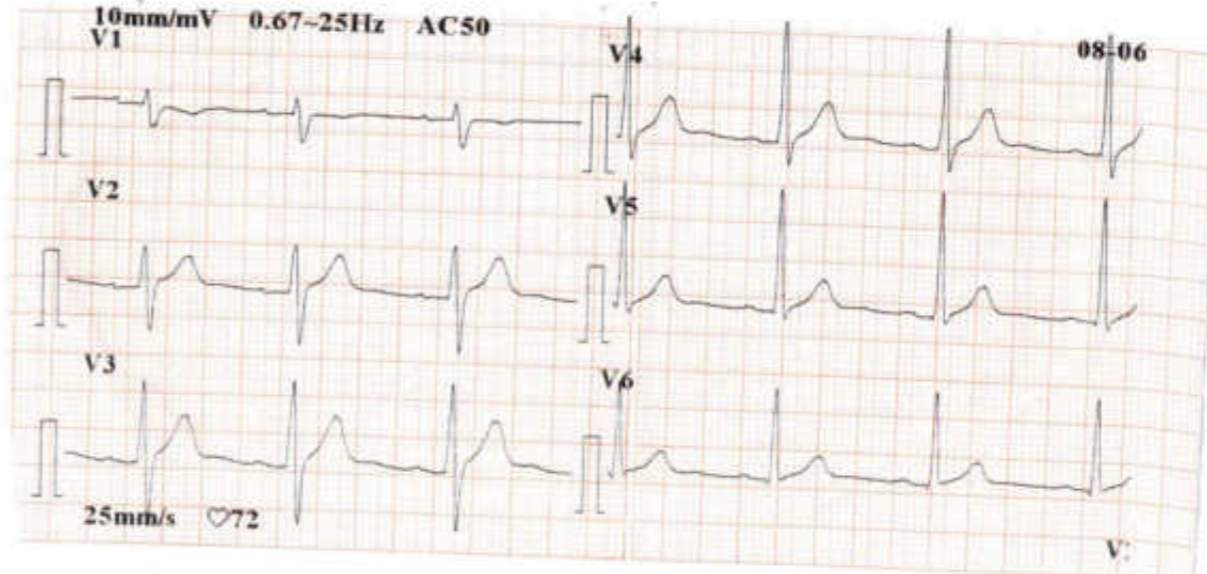
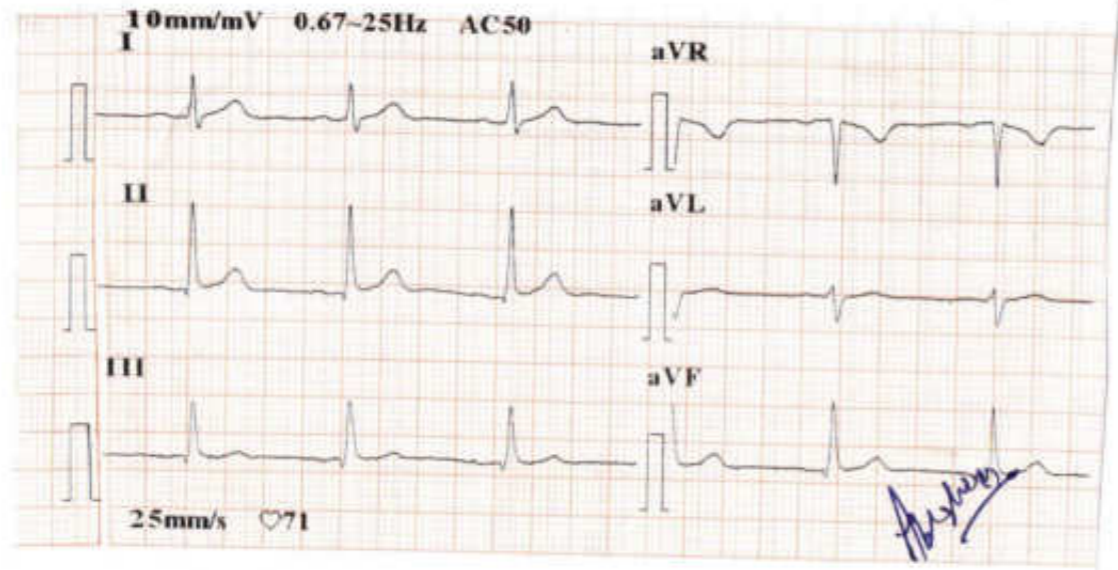
जन्म की तारीख / Date of Birth  
08/05/1989

*Abhishek M*  
हस्ताक्षर / Signature



18032018

*Abhishek M*





## E. C. G. REPORT

RATE 75/min Q. WAVE \_\_\_\_\_

RHYTHM Regular QRS COMPLEX N

VOLTAGE N ST. SEGMENT iso-electric

P. WAVE N T. WAVE \_\_\_\_\_

PR. INTERVAL N

REMARKS ok

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SEA BIRD MEDICARE CENTRE

## ELECTROCARDIOGRAPHIC REPORT



*Sea Bird*  
Sea Bird Medicare Centre

NAME Mr. Abhishek Malik.

AGE 35y DATE 10/08/2024

- 102, Heritage Plaza, Telli Cross Lane, Nr. Andheri (E) Stn., Andheri (East), Mumbai - 400 069.  
Tel.: 2682 1823, 5578 3905
- 102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens, Powai, Mumbai - 400076  
Tel.: 2570 4157



## SEABIRD MEDICARE PVT LTD.

**Patient Details**      Date: 10-Aug-24      Time: 12:11:41  
**Name:** ABHISHEK MALIK    ID: 5843  
**Age:** 35 y      Sex: M      Height: 179 cms.      Weight: 84 Kg.  
**Clinical History:**

**Medications:**

### Test Details

**Protocol:** Bruce      Pr.MHR: 185 bpm      THR: 166 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 8 m 28 s      Max. HR: 162 ( 88% of Pr.MHR )bpm      Max. Mets: 10.20  
**Max. BP:** 140 / 70 mmHg      Max. BP x HR: 22680 mmHg/min      Min. BP x HR: 6020 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 25	1.0	0	0	87	120 / 70	-4.25 V2	5.66 V3
Standing	0 : 5	1.0	0	0	86	120 / 70	-1.49 aVR	2.12 II
Hyperventilation	0 : 2	1.0	0	0	86	120 / 70	-1.06 aVR	1.77 II
1	3 : 0	4.6	1.7	10	108	120 / 70	-1.49 aVR	2.83 II
2	3 : 0	7.0	2.5	12	129	130 / 70	-1.27 aVR	3.54 II
Peak Ex	2 : 28	10.2	3.4	14	162	140 / 70	-1.27 aVR	4.25 II
Recovery(1)	1 : 0	1.8	1	0	131	140 / 70	-2.55 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	112	120 / 70	-2.12 aVR	5.66 II
Recovery(3)	1 : 0	1.0	0	0	103	120 / 70	-1.70 aVR	4.95 II
Recovery(4)	1 : 0	1.0	0	0	100	120 / 70	-1.06 aVR	3.18 II
Recovery(5)	0 : 1	1.0	0	0	100	120 / 70	-0.85 aVR	2.12 II

### Interpretation

The patient exercised according to the Bruce protocol for 8 m 28 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 87 bpm, rose to a max. heart rate of 162 ( 88% of Pr.MHR ) bpm. Resting blood Pressure 120 / 70 mmHg, rose to a maximum blood pressure of 140 / 70 mmHg. Negative for induced Ischaemic heart diseases

*Abhishek M*

**Dr. Sachin Khandelwal**  
 MBBS, Dip. Card (PGDCC), AFIH  
 Physician & Clinical Cardiology  
 Regd. No. MMC-84885

Ref. Doctor: APOLLO  
 ( Summary Report edited by user )

Doctor: DR. SACHIN KHANDELWAL  
 (c) Schiller Healthcare India Pvt. Ltd. V.4.7



ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24 Exec Time : 0 m 0 s Stage Time : 1 m 19 s HR: 84 bpm

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph Grade: 0 %

(THR: 166 bpm) B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

0.4 0.0

1.7 2.1

0.8 1.1

-1.1 -1.1

0.0 0.0

1.5 1.8

ST Level (mm) ST Slope (mV / s)

V1 0.0 0.0

V2 1.5 1.1

V3 1.5 1.4

V4 1.3 1.4

V5 1.1 1.4

V6 0.8 1.1

Chart Speed: 25 mm/sec  
Schuller Spandan V47

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



ABHISHEK MALIK (35 M)

Test Report

Protocol: Bruce

ID: 5843

Date: 10-Aug-24

Exec Time: 0 m 0 s

Stage Time: 1 m 24 s

HR: 84 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

0.4 0.0

V1 0.0 0.0

1.7 2.1

V2 1.5 1.1

0.8 1.1

V3 1.5 1.4

-1.1 -1.1

V4 1.3 1.4

0.0 0.0

V5 1.1 1.4

1.5 1.8

V6 0.8 1.1

Chart Speed: 25 mm/sec  
Schlier Spandin V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

Test Report

HR: 82 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

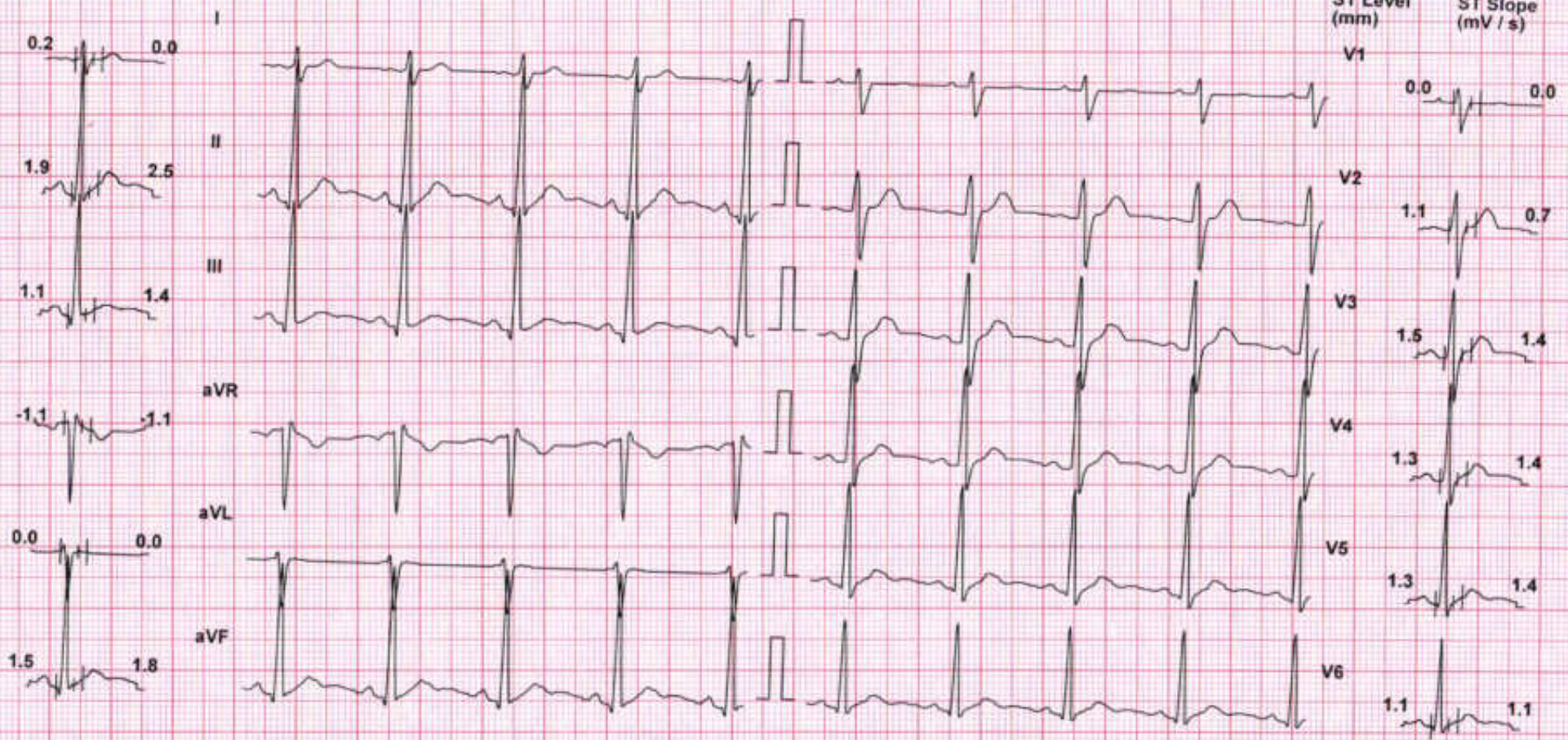


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



# SEABIRD MEDICARE PVT LTD.

## Test Report

ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 107 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 % (THR: 166 bpm) B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

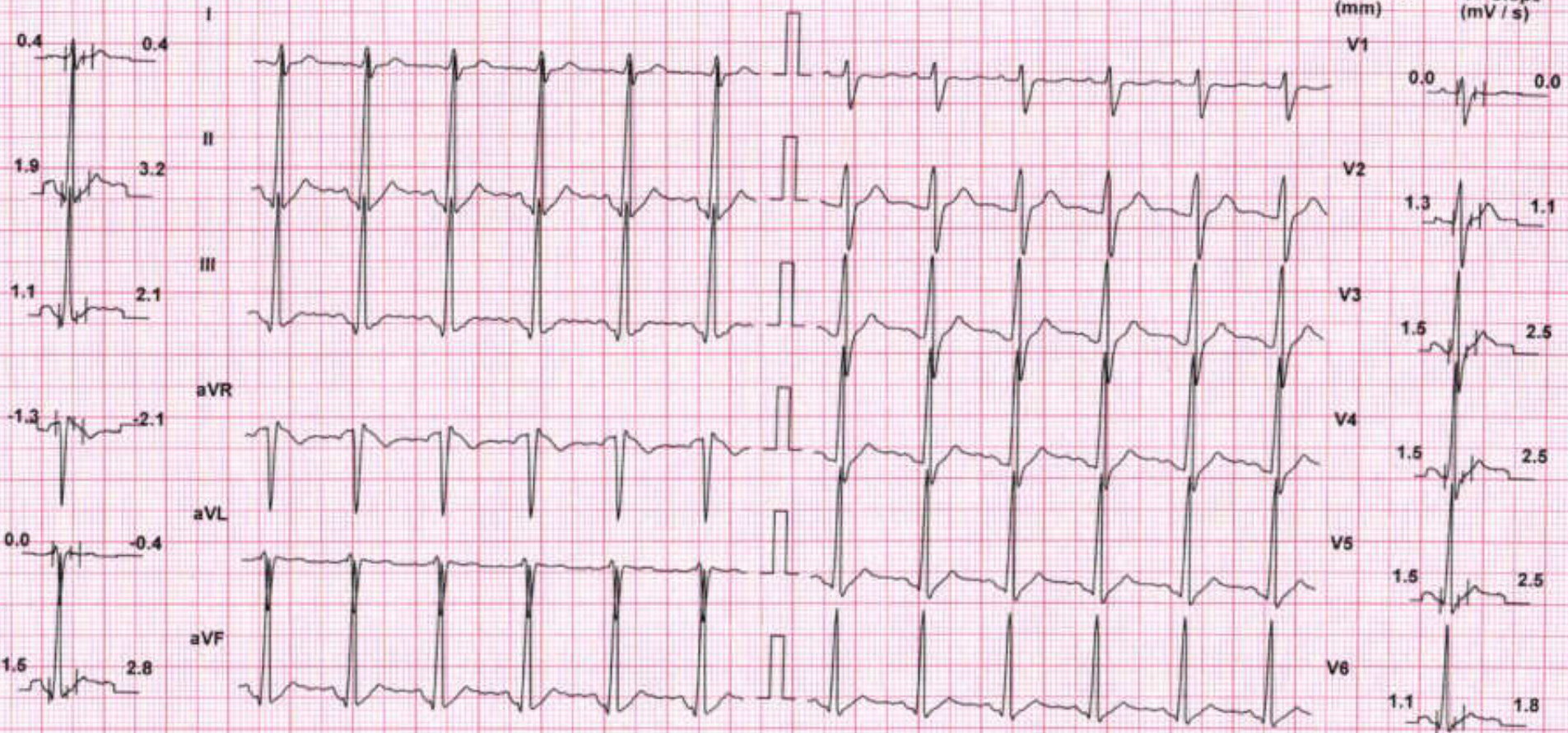


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 166 bpm) B.P: 130 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

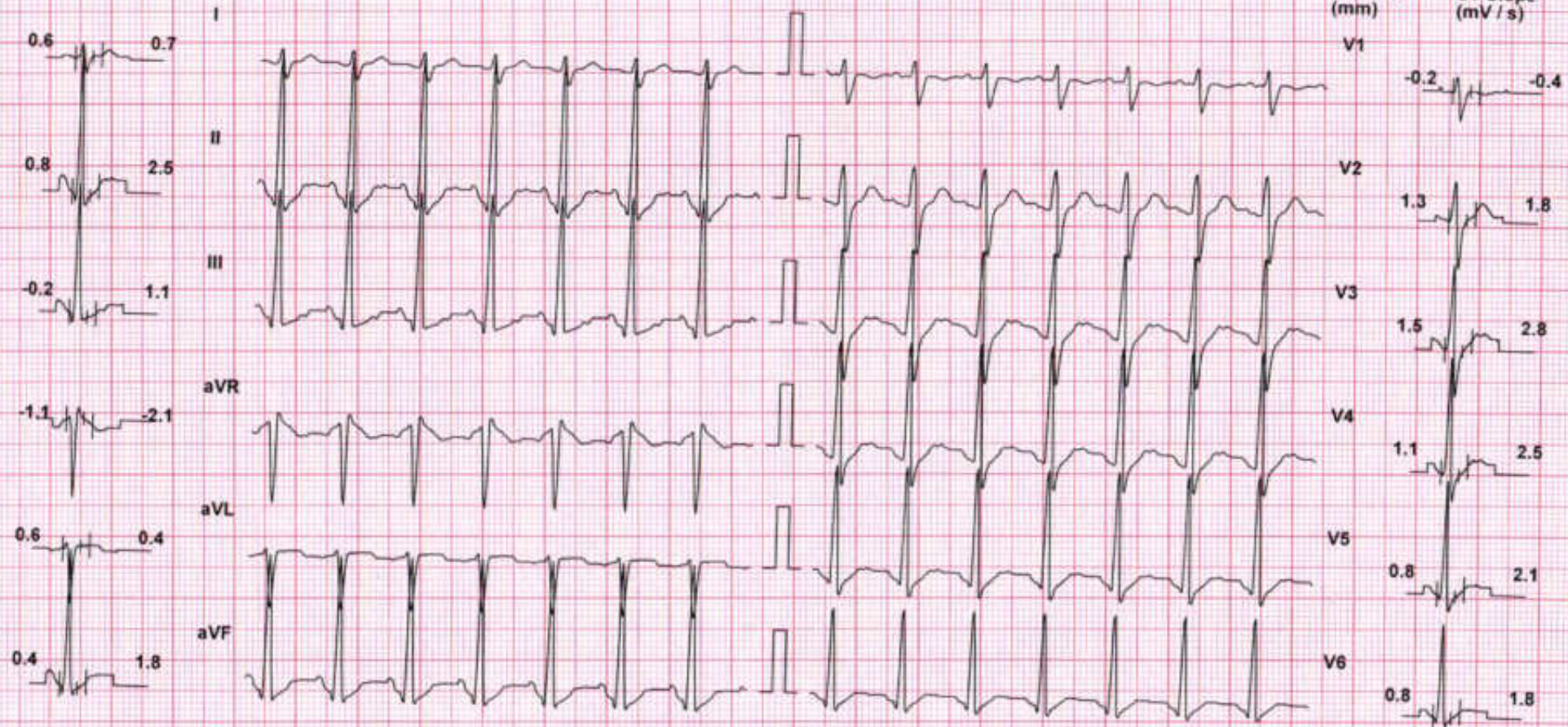


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 8 m 22 s

Stage Time : 2 m 22 s

HR: 162 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 166 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mV / s)

0.8 1.4

0.4 4.2

-0.8 2.1

-0.8 -3.2

0.8 0.0

-0.2 3.2

ST Level (mm) ST Slope (mV / s)

V1 -0.4 0.0

V2 0.6 1.8

V3 0.8 3.2

V4 0.6 3.5

V5 0.6 3.5

V6 0.6 3.2

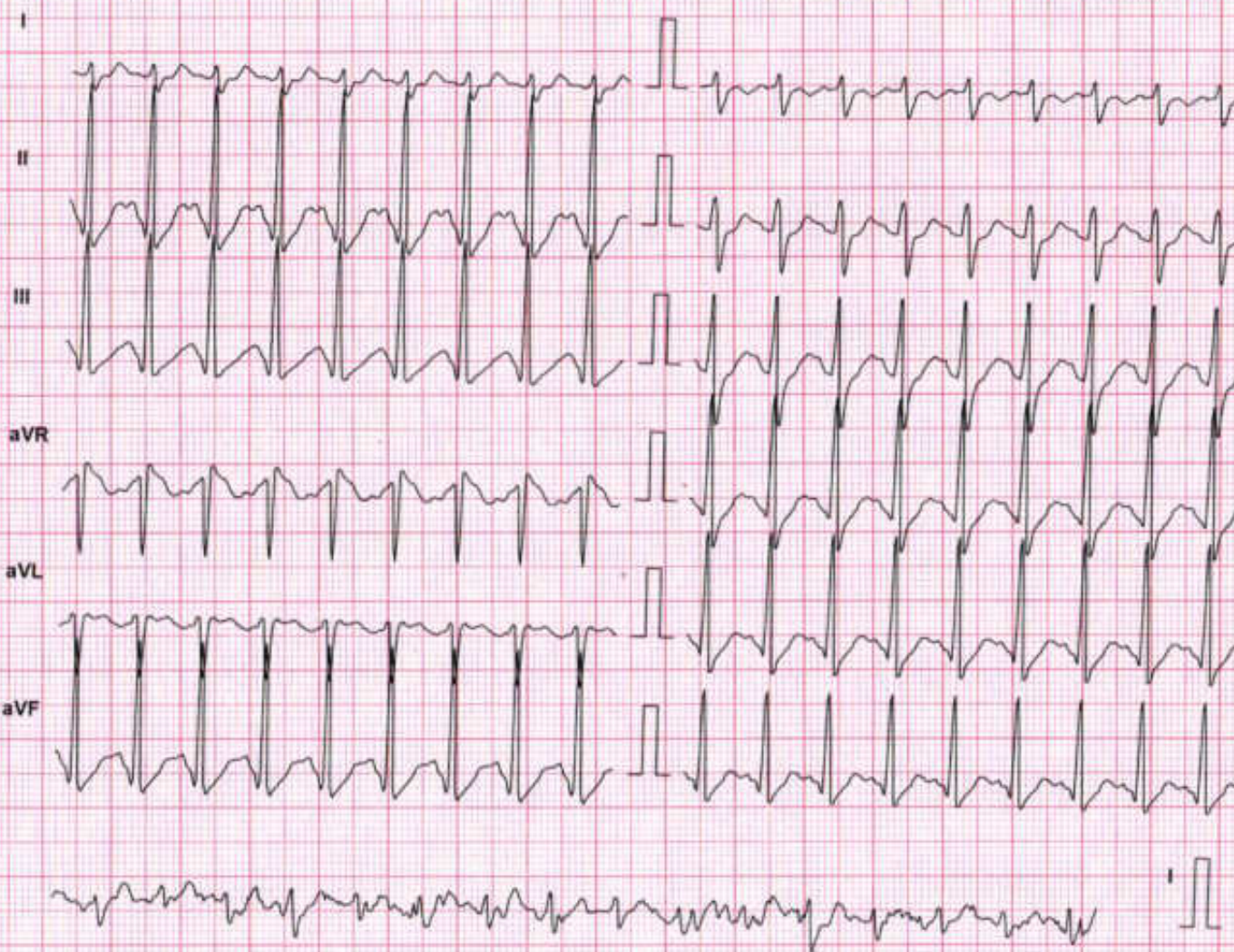


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 8 m 28 s

Stage Time : 0 m 54 s

HR: 130 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

I 1.5 1.8

V1 -0.4 -0.7

II 3.0 5.7

V2 2.8 3.9

III 1.3 3.2

V3 2.8 4.6

aVR -2.1 -3.5

V4 2.8 4.2

aVL 0.4 0.0

V5 2.1 3.5

aVF 2.3 4.2

V6 1.7 2.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



# SEABIRD MEDICARE PVT LTD.

## Test Report

ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24 Exec Time : 8 m 28 s Stage Time : 0 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

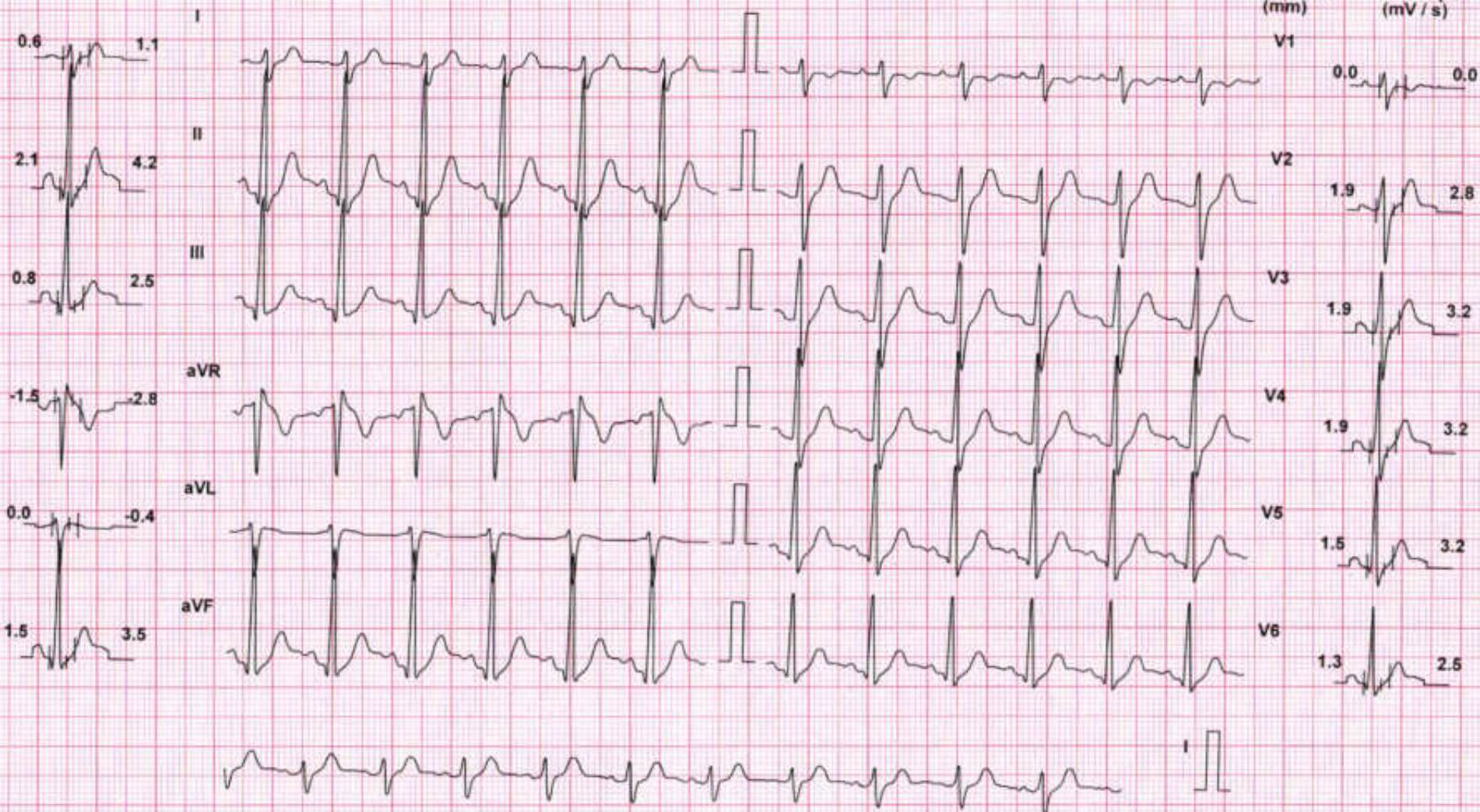


Chart Speed: 25 mm/sec  
Schlier Spandau V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



# SEABIRD MEDICARE PVT LTD.

## Test Report

ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 8 m 28 s

Stage Time : 0 m 54 s

HR: 103 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

ST Level (mm)    ST Slope (mV / s)

ST Level (mm)    ST Slope (mV / s)

I    0.2    0.7

V1    0.0    0.0

II    1.1    2.8

V2    1.1    1.4

III    0.2    1.4

V3    1.3    2.5

aVR    -0.8    -2.1

V4    1.1    2.5

aVL    0.4    0.0

V5    0.8    1.8

aVF    0.8    2.1

V6    0.8    1.8

Chart Speed: 25 mm/sec  
Schlitz Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SEABIRD MEDICARE PVT LTD.

## Test Report

ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 8 m 28 s

Stage Time : 0 m 54 s HR: 100 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

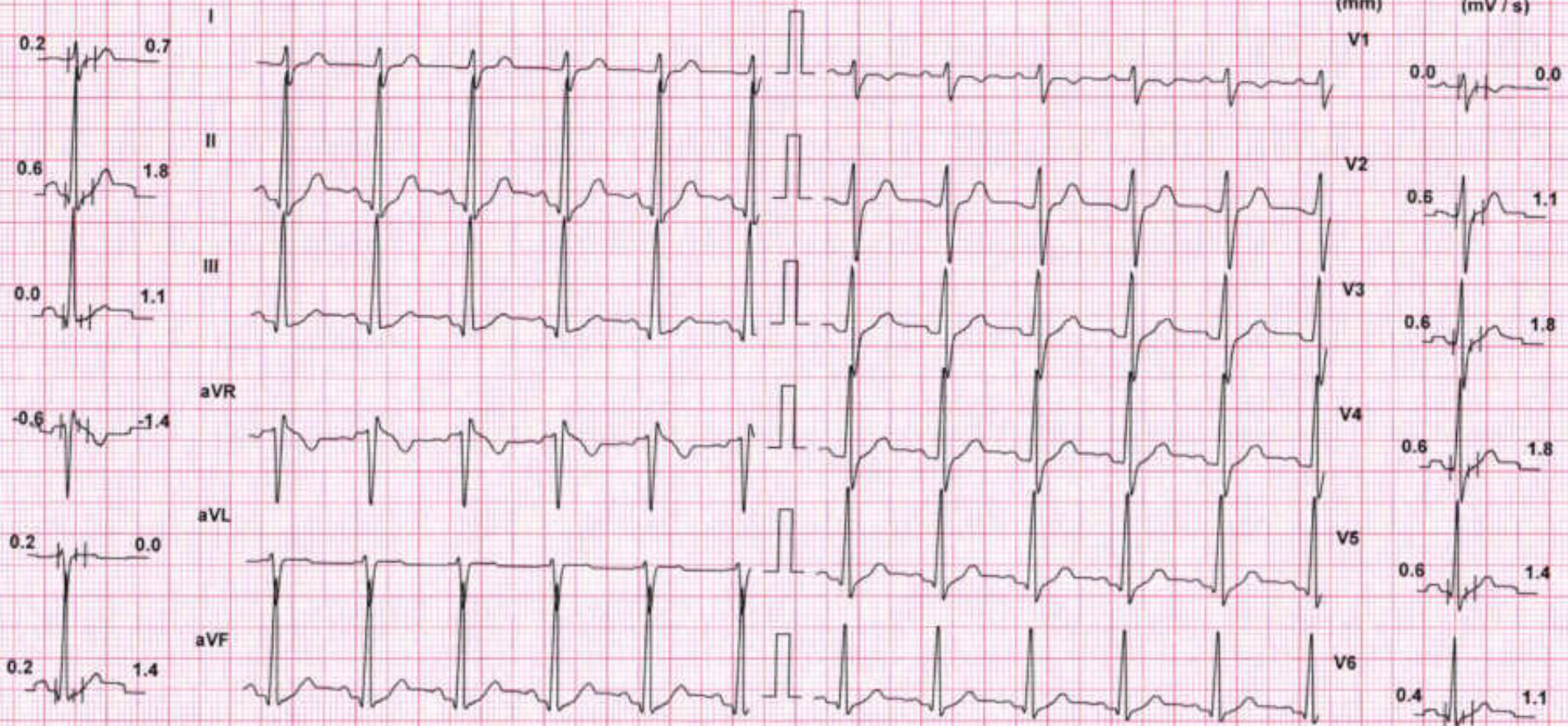


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



# SEABIRD MEDICARE PVT LTD.

## Test Report

ABHISHEK MALIK (35 M)

ID: 5843

Date: 10-Aug-24

Exec Time : 8 m 28 s

Stage Time : 0 m 55 s

HR: 100 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 120 / 70

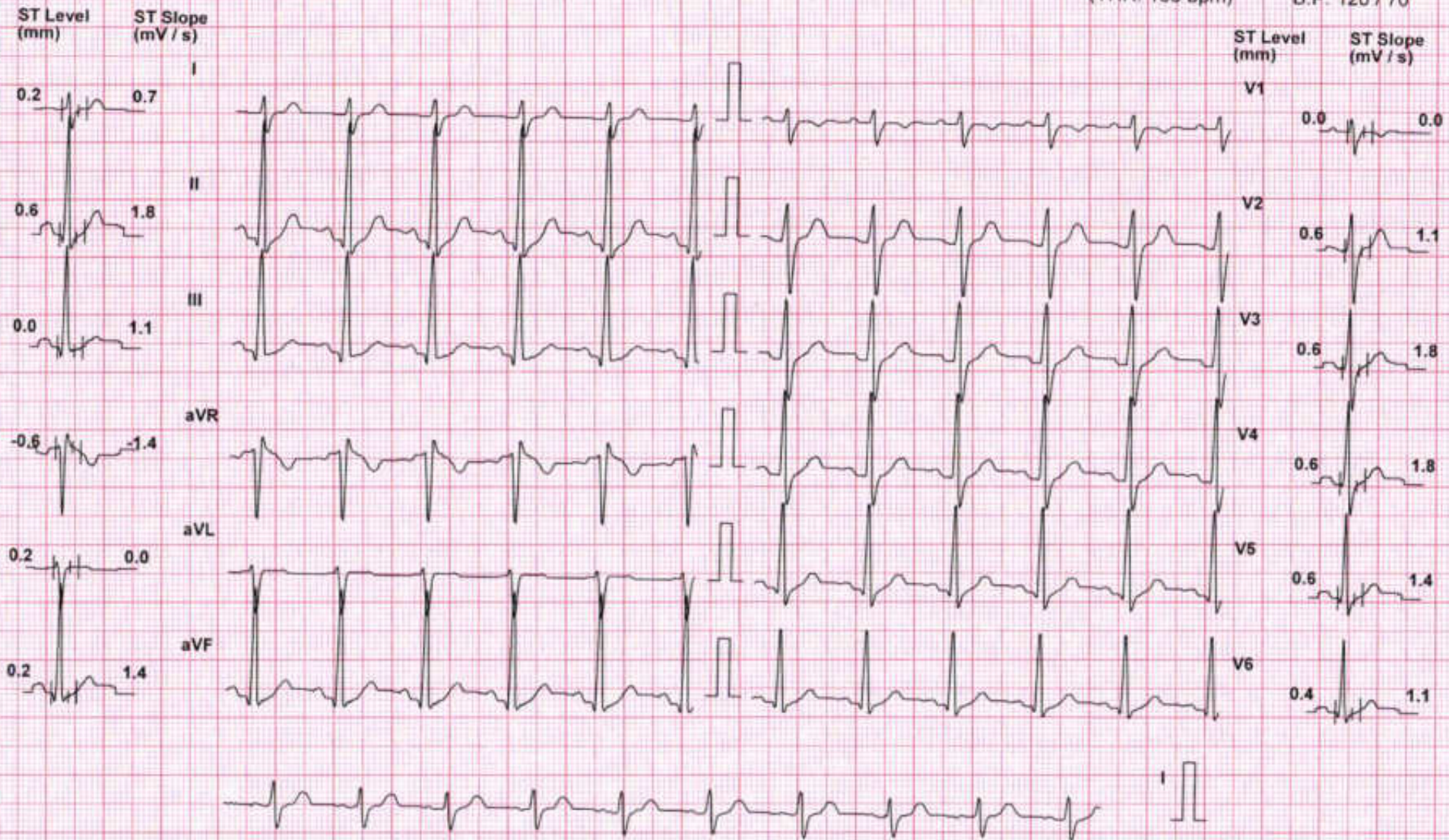


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 50 ms

Post J = J + 60 ms

Schiller Spandau V4.7

Linked Median