

**CERTIFICATE OF MEDICAL FITNESS**

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

Mr Kalyan Sharma 57yr/M on 18/3/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>R/V consult Physician for high blood</u>  <u>sugar levels /dyslipidemia</u>                  2. <u>Add extra Pinch of salt in diet</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>with Physician for medications of T2DM</u></p>	
Current Unfit.	
Review after _____ recommended	
Unfit	

Height: 168.9 cm  
 Weight: 73 kg  
 Blood Pressure: 110/80 mmHg

D. D. Dheerch  
 Dr. D. D. Dheerch  
 Medical Officer



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: U85100KA2009PTCD49961

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.

Patient Name : Mr.KALYAN SHARMA  
Age/Gender : 57 Y 1 M 23 DiM  
UHID/IR No : CAOP.0000000036  
Visit ID : CAOPPV40  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 119851

Collected : 16/Mar/2024 10:52AM  
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs Show mild anisocytosis, are predominantly Normocytic Normochromic .


WBCs Normal in number and morphology  
Differential count show increased absolute lymphocyte count. No atypical cell noted.

Platelets Adequate in number, verified on smear  
No Hemoparasites seen in smears examined.

Impression Lymphocytosis.

Advice Clinical correlation



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

SIN No: BED240071394

Patient Name : Mr.KALYAN SHARMA  
Age/Gender : 57 Y 1 M 23 D/M  
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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	42.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.65	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	42	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4400	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3696	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	264	Cells/cu.mm	20-500	Calculated
MONOCYTES	440	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.19		0.78- 3.53	Calculated
PLATELET COUNT	241000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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

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

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




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

SIN No: BED240071394



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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	208	mg/dL	70-100	GOD - POD

Please correlate clinically.

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL.	Interpretation
70-100 mg/dL.	Normal
100-125 mg/dL.	Prediabetes
≥126 mg/dL.	Diabetes
<70 mg/dL.	Hypoglycemia

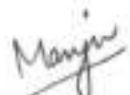
- Notes:
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$ , and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
  - Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	323	mg/dL	70-140	GOD - POD

Please correlate clinically.

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

SIN No: PLP1432530

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 Age/Gender : 57 Y 1 M 23 D/M  
 UHID/MR No : CAOP.0000000036  
 Visit ID : CAOPPV40  
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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	212	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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

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

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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 Consultant Pathologist



Dr. Tanish Mandal  
 M.B.B.S,MD(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
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	227	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	193	mg/dL	<150	
HDL CHOLESTEROL	56	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	171	mg/dL	<130	Calculated
LDL CHOLESTEROL	132.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.05		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.18		<0.11	Calculated

Kindly correlate clinically

**Comment:**

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

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

**Note:**

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

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Dr. Manju Kumari  
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Consultant Pathologist.

SIN No. SE04664356





Patient Name : Mr.KALYAN SHARMA  
Age/Gender : 57 Y 1 M 23 D/M  
UHID/MR No : CAOP.000000003B  
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	65	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	50.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	94.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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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*Manju*

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M.B.B.S,M.D(Pathology)  
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SIN No:SE04664356

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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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	95	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		0.9-2.0	Calculated

Kindly correlate clinically



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	253.00	U/L	16-73	Glycylglycine Kinetic method

Please correlate clinically.



  
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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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	101	ng/dL	72.78-146.44	CLIA
THYROXINE (T4, TOTAL)	10.06	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.1800	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



*Nidhi*  
 Dr Nidhi Sachdev  
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 Consultant Pathologist

*Tanish*  
 Dr.Tanish Mandal  
 M.B.B.S,M.D(Pathology)  
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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.760	ng/mL	0-4	CLIA

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



  
Dr.Tanish Mandal  
M.B.B.S.,M.D(Pathology)  
Consultant Pathologist  
SIN No.SPL24047845

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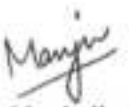
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/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

Kindly correlate clinically



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

SIN No: UR2307509



Patient Name : Mr.KALYAN SHARMA  
Age/Gender : 57 Y 1 M 23 D/M  
UHID/IMR No : CAOP.0000000036  
Visit ID : CAOPOPV40  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 119851

Collected : 16/Mar/2024 10:52AM  
Received : 16/Mar/2024 11:39AM  
Reported : 16/Mar/2024 11:42AM  
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)	POSITIVE (++)		NEGATIVE	Dipstick
Kindly correlate clinically				

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE (+)		NEGATIVE	Dipstick
Kindly correlate clinically				

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

Result/s to Follow:  
THYROID PROFILE TOTAL (T3, T4, TSH), HBA1C (GLYCATED HEMOGLOBIN), PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)



*Manju*

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

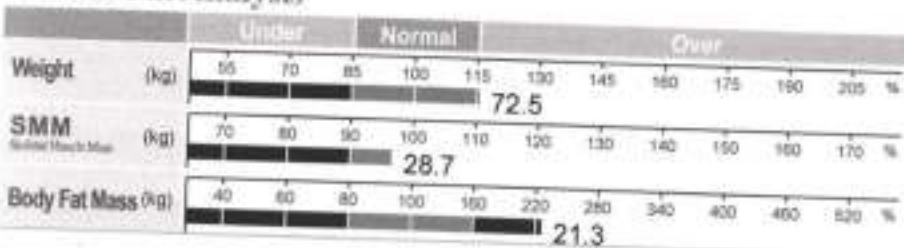
SIN No:UP011192

ID caop0000000036	Height 168.9cm	Age 57	Gender Male	Test Date / Time 16.03.2024. 09:51
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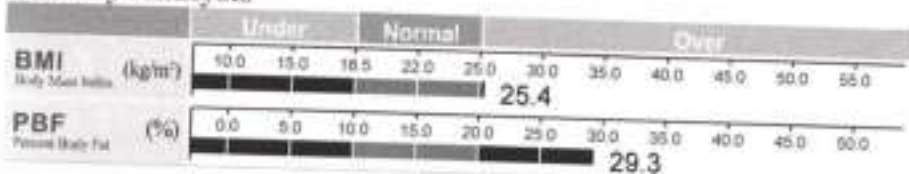
## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	37.6 (35.3~43.1)	37.6	48.3 (45.4~55.4)	51.2 (48.0~58.7)	72.5 (53.4~72.2)
Protein (kg)	10.2 (9.4~11.6)				
Minerals (kg)	3.41 (3.27~3.99)				
Body Fat Mass (kg)	21.3 (7.5~15.1)				

## Muscle-Fat Analysis



## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	72.5	28.7	29.3
Total			

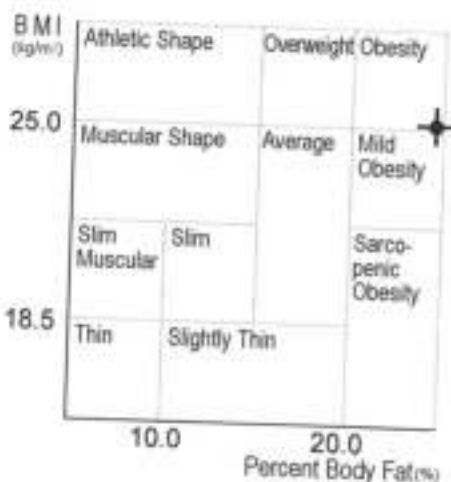
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## InBody Score

66/100 Points

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

## Body Type



## Weight Control

Target Weight	62.8 kg
Weight Control	- 9.7 kg
Fat Control	- 11.8 kg
Muscle Control	+ 2.1 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	1477 kcal	(1568~1834)
Waist-Hip Ratio	0.97	(0.80~0.90)
Visceral Fat Level	9	(1~9)
Obesity Degree	116 %	(90~110)
Bone Mineral Content	2.85 kg	(2.69~3.29)
SMI	7.4 kg/m <sup>2</sup>	
Recommended calorie intake	1911 kcal	

## Impedance

	RA	LA	TR	RL	LL
Z <sub>50Hz</sub>	350.3	359.3	29.5	314.4	316.1
Z <sub>50Hz</sub>	309.0	313.4	24.7	272.3	274.0
Z <sub>250Hz</sub>	277.8	279.0	20.6	242.8	245.0

16/03/24

B.P - 110/80  
P.R - 68/21  
SpO2 - 97%  
HT - 168.9  
WT - 73kg.

Mr. Kalyan Sharma  
age - 57 yrs/M

K/Ko - HTN & ulcerative colitis  
on medication.

FH - HTN (+)

Echo has been done & Cardiologist

Adv

- To maintain (H) diet
- To continue Medications as advised.

D. Dadhech  
Dr. Difti Dadhech

**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.



Kalyan Shaema  
57/yr.

Pt came for dental checkup.

M/H: - History of Blood pressure since 10 yr.

D/H: - Nil

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

Collapsed bite.

Adv: - Scaling & Polishing

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

NAME: Mr. KALYAN SHARMA	AGE: 51 Y/ SEX: M
DATE: March 16, 2024	REF.BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.:-25	UHID NO.:- CAOP.0000000036

### 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 11.6x6.6cm, LK 9.1x4.2cm), 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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#### **Registered Address**

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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

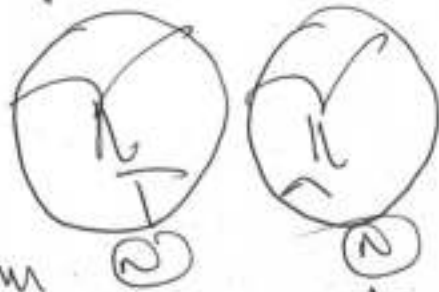
9818176167

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

Mr. Kalyan Sharma  
57 years.

S  
ENT: (N)AD  
L Normal

He



No medication.

TM  
Rwe  
Weber + ← → +

S. D. Dang  
16.3.2024

Chest: clear

Xray PNS - water's view

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Ameerpet, Hyderabad-500038, Telangana.



## Apollo One

### Eye Checkup

NAME:- MR. Kalyan Sharma

Age:- 57

Date: 16/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	+2.50 / +0.50 x 18°	+2.00 SM
Near vision	Pos +1.50 SM	Pos +1.50 SM
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

APOLLO HEALTH AND LIFESTYLE LTD.  
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New Delhi-110005

Signature



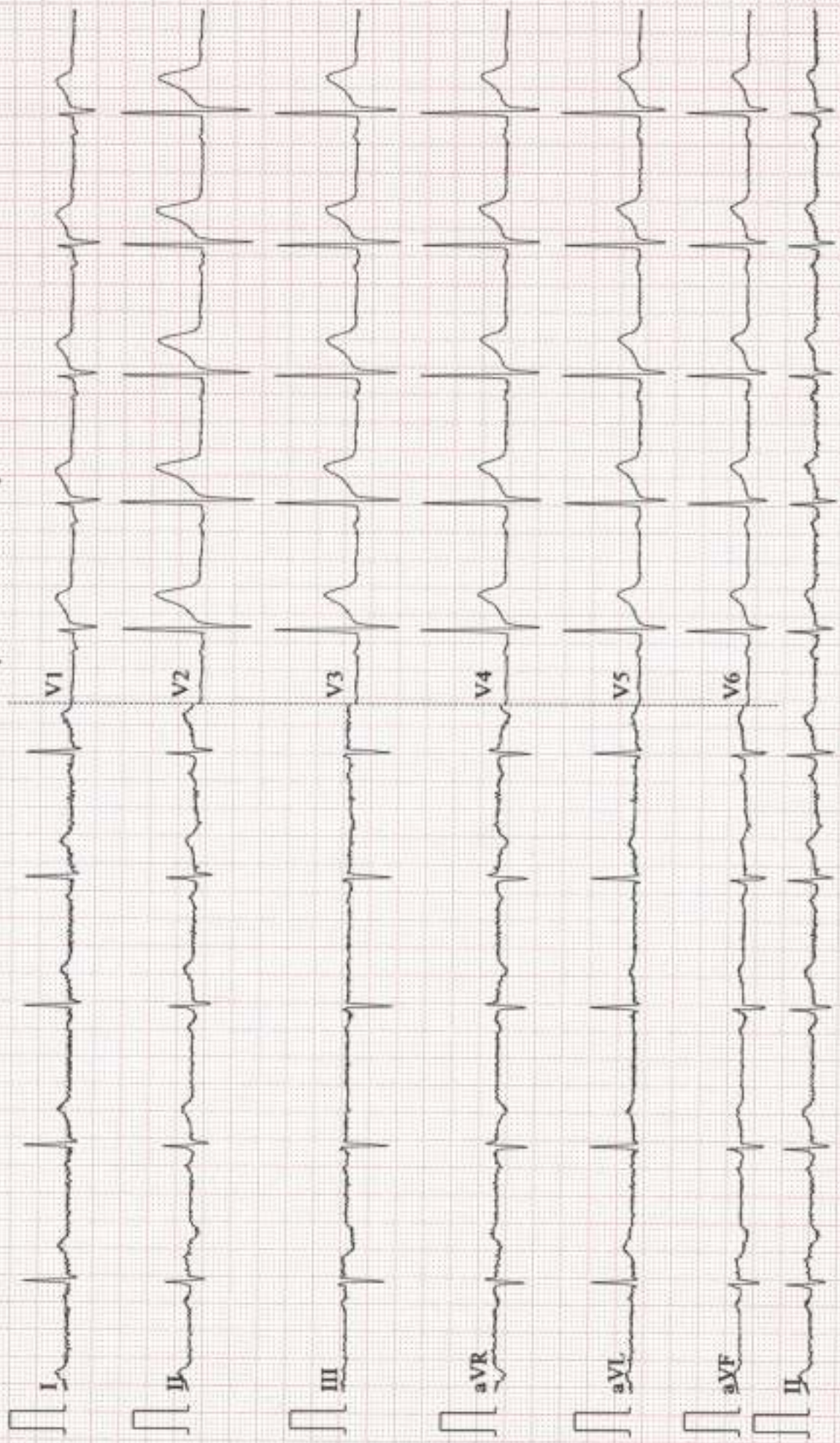


ID: 0000000036  
KALYAN SHARMA  
Male 57Years  
Req. No. :

16-03-2024 09:57:40 AM  
HR : 63 bpm  
P : 102 ms  
PR : 167 ms  
QRS : 85 ms  
QT/QTcBz : 389/401 ms  
P/QRS/T : 53/-17/43 °  
RV5/SV1 : 1.382/0.432 mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:





# Apollo One

## CONSENT FORM

Patient Name: Kalyan Sharma Age: 57  
UHID Number: ..... Company Name: Bank of Baroda

I Mr/Mrs/Ms Kalyan Sharma Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting .....  
Tests done which is a part of my routine health check package. (1) X Ray (2) 2D Echo

And I claim the above statement in my full consciousness.

Patient Signature:  Date: .....

*Apollo One - New Delhi Address:*

*Apollo One, Plot no. 3, Block no. 34, Pusa Road,  
WEA, Opposite Metro Pillar No. 77, Kirti Bagh, Pusa Road  
NEW DELHI, DELHI INDIA*

Pincode:- 110005  
Phone no:- 1860-500-7788  
Email: - [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)