

CERTIFICATE OF MEDICAL FITNESS

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

Mr. Ziyaul Rahman on _____

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

	Tick
<p>Medically Fit <u>NO vision/BL/Blind?</u></p> <p style="text-align: right;">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>Review & Ophthalmologist</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>	<input checked="" type="checkbox"/>

Height: 170cm
 Weight: 79kg
 Blood Pressure: 118/85


 Dr. _____
 Medical Officer

This certificate is not meant for medico-legal purposes

Apollo One (Unit of Apollo Health and Lifestyle Ltd)
 Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
 New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
 Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

Registered Office: Apollo Health and Lifestyle Limited
 7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
 Ameerpet, Hyderabad-500038, U85110TG2000PLC115819


www.apolloclinic.com

TOUCHING LIVES		Collected	: 10/Aug/2024 10:09AM
Patient Name	: Mr.ZIYAUL RAHMAN	Received	: 10/Aug/2024 11:05AM
Age/Gender	: 35 Y 6 M 0 D/M	Reported	: 10/Aug/2024 11:30AM
UHID/MR No	: CAOP.0000000965	Status	: Final Report
Visit ID	: CAOPOPV1239	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Ref Doctor	: Dr.SELF		
Emp/Auth/TPA ID	: 22E29736		

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




SIN No:BED240208826

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.3	g/dL	13-17	Spectrophotometer
PCV	41.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.74	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	64	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5056	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2370	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	158	Cells/cu.mm	20-500	Calculated
MONOCYTES	316	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.13		0.78- 3.53	Calculated
PLATELET COUNT	152000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				


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DEPARTMENT OF HAEMATOLOGY

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	90	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:

- 1.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.
2. 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)	125	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE	111	mg/dL		Calculated

Page 4 of 13


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SIN No:EDT240085471

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DEPARTMENT OF BIOCHEMISTRY

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

(eAG)

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	164	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	227	mg/dL	<150	
HDL CHOLESTEROL	28	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	136	mg/dL	<130	Calculated
LDL CHOLESTEROL	90.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.86		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.55		<0.11	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	48	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	102.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

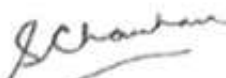
*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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

Page 7 of 13


 Dr. Shivangi Chauhan
 M.B.B.S.,M.D(Pathology)
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SIN No:SE04805575

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated



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



TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	38.00	U/L	16-73	Glycylglycine Kinetic method

[Faint signature and text, possibly a stamp or watermark]



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

SIN No:SE04805575

TOUCHING LIVES

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	1.3	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.22	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.429	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



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

SIN No:SPL24130641





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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Nidhi

Dr Nidhi Sachdev
 M.B.B.S,MD(Pathology)
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SIN No:SPL24130641



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
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

Comment:

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

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



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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 ***


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Mr. ZIYAUL RAHMAN

Age - 35 y/m

Height : 170 cm	Weight : 79 kg	BMI : 27.3	Waist Circum :
Temp :	Pulse : 92/mf	Resp : 20/mf	B.P : 110/85

General Examination / Allergies History

Past h/o :- B/L glaucoma
B/L Blind
& past h/o of Fall & trauma

Sp h/o :- B/L Eyes
SX.

Allergy :- NO.

Family h/o :- M - HTN.
F - NO.

Diet :- Mixed

Physical :- Moderate
activities

Married :- ~~NO~~

Address :- NO.

Covid vaccine :- 2 doses

Clinical Diagnosis & Management Plan ^{SP2 - 95-1.}

General health checkup

N/O. Cholelithiasis. in rxg. 1 year
No haemorrhoids.

~~NO~~ NO-VISION

CR :- S, S₂ (+)

RS :- B/L AEC (+)

HA :- Soft PS (+)

CNS :- Conscious
oriented

USG Abd :- Cholelithiasis
- Prostatomegaly
- GI health
fine

Lipid profile
disrupted.

- Adv
- life style stop modification
 - Balanced diet
 - Follow up & report
 - S-vit D, S-vit B₁₂
 - Review & physician
 - Refer to G. Surgeon

Follow up date:

APOLLO HEALTH AND LIFESTYLE LTD.
APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No-77
Pusa Road, WEA Karol Bagh
Doctor Signature

NAME: ZIYAUL RAHMAN	AGE: 35/ SEX: M
DATE: August 10, 2024	REF.BY: - ARCOFEMI HEALTHCARE LIMITED
S.NO.: -652	UHID NO.: - CAOP.0000000965

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size(13.9cm) and shows diffuse increase in echotexture with 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 is partially contracted, and lumen shows multiple calculi largest measuring 8.5 mm with normal gall bladder wall thickness s/o cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 12.0x 4.6cm, LK 12.3x 5.7cm), 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 (9.8cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is partially filled and shows no mural or intraluminal pathology.

Prostate is enlarged in Size(48x36x41mm), volume ~38cc and Shape, S/O Prostatomegaly. No focal lesion is seen.

Please correlate clinically.



DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

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Patient

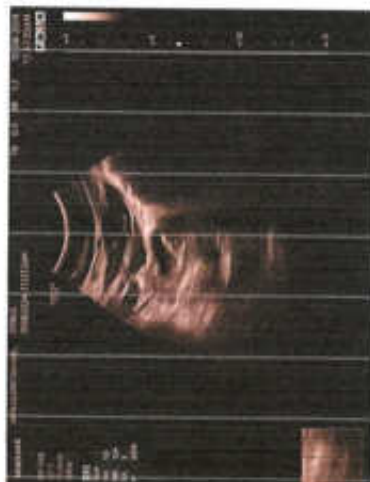
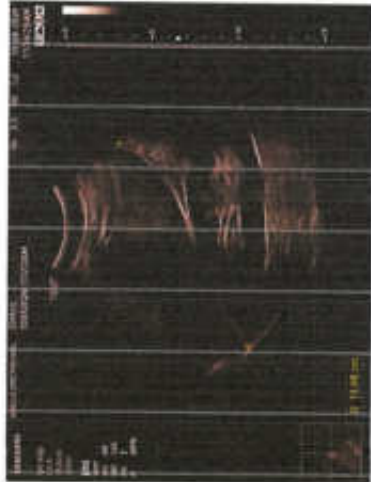
ID
Name
Birth Date
Gender

10080026-113110AM
ZIVALL

Exam

Accession #
Exam Date
Description
Operator

10-08-2024



Echocardiography Report

Name: Mr. ZIYAUL RAHMAN

Age/Sex: 35Yrs/M

Date: 10.08.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 60%
- Normal Diastolic function (E>A)
- Good RV function
- No MR
- Trace TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse

Observations:-Dimensions

LVID d=	36.8	(35-55mm)
LV IVS=	11	(06-11mm)
Pwd =	11.6	(06-11mm)
Ao =	26	(20-37mm)
LA =	32	(21-37mm)
LVEF =	60%	(55 +6.2%)

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Mitral Valve - Normal

- No MR

Aortic valve- Normal

- No AR

Tricuspid Valve -

Trace TR

Pulmonary Valve-Normal

- No PR

Impression:

- Normal Valves & Chambers
- No RWMA
- Normal LV systolic function (EF= 60%)
- Normal Diastolic function
- No PAH

DR. RAJNI SHARMA (DM CARDIOLOGY)

SR. CONSULTANT

Dr. RAJNI SHARMA
MBBS, MD, DM Cardiology
Senior Consultant- Cardiology
Apollo One, Plot No.34, Pusa Road
Karol Bagh, New Delhi-110005
Regn. No. DMC-22672

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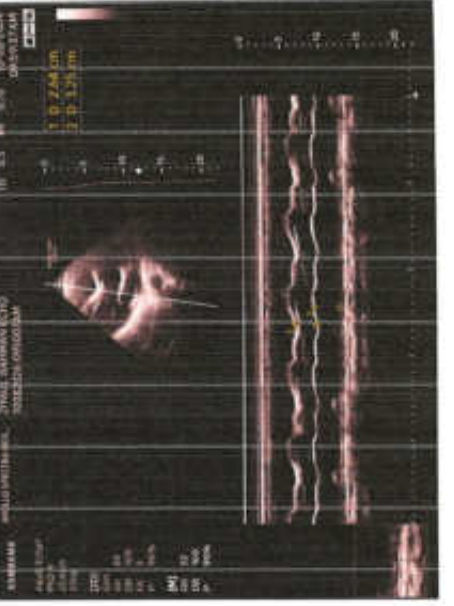
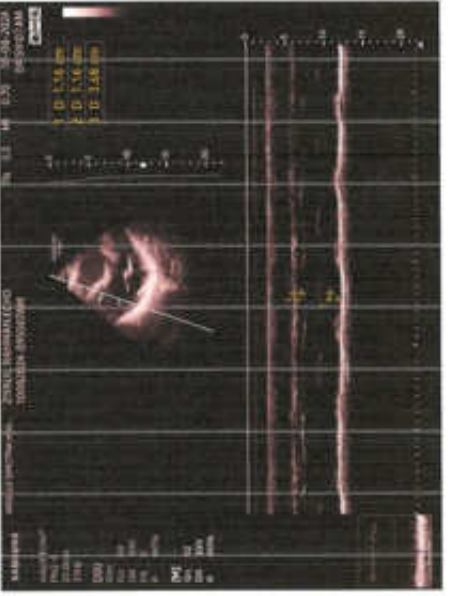
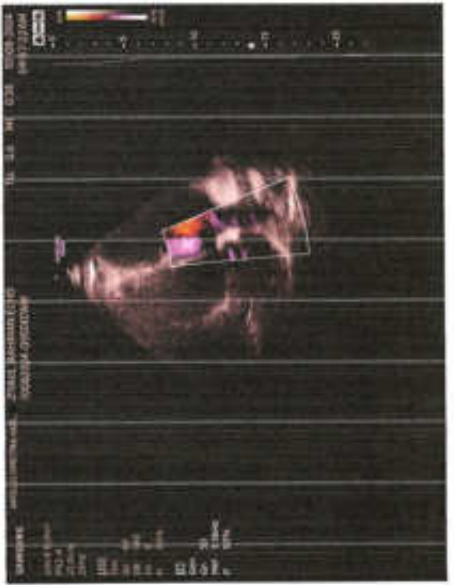
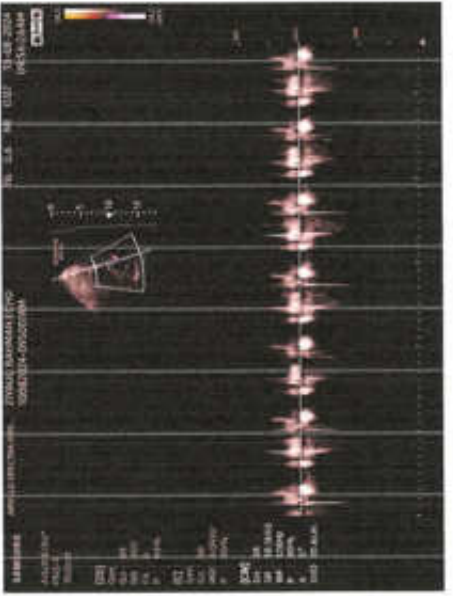
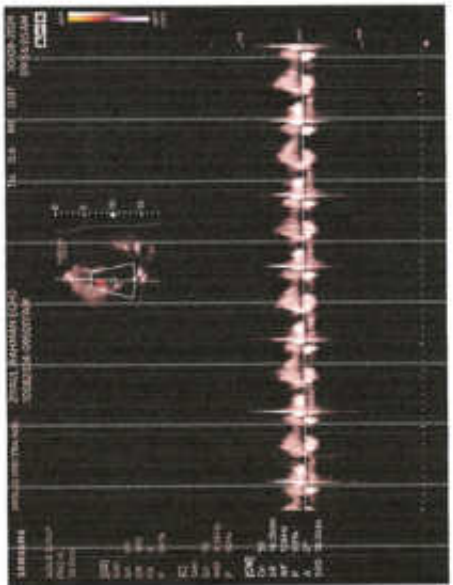
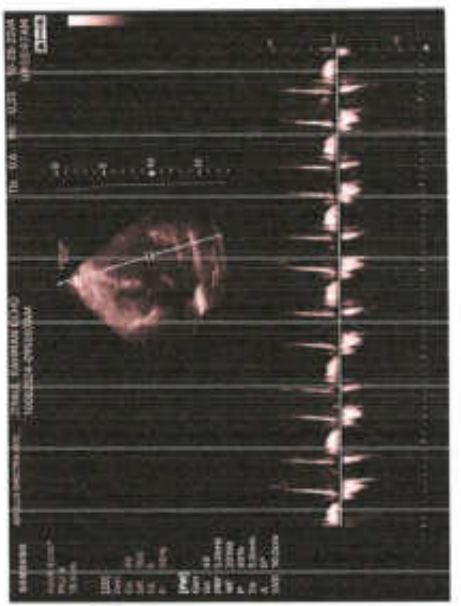
Exam

Accession #
Exam Date
Description
Operator

1066024-08007AM
ZIVALL RAHMANI ECHO

10-08-2024

Patient
ID
Name
Birth Date
Gender



Apollo One

CONSENT FORM

Patient Name: Ms. Ziyaul Rahman Age: 35

UHID Number: CAOP-0000000965 Company Name: Arcofemi medivheel

I Mr/Mrs/Ms. Ziyaul Rahman Employee of Arcofemi medivheel
(Company) Want to inform you that I am not interested in getting eye test because
Tests done which is a part of my routine health check package. Parent is blind.

And I claim the above statement in my full consciousness.

Patient Signature: Ziyaul

Date: 10/8/24

Apollo One - New Delhi Address:

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, Pusa Road

New Delhi - 110005, INDIA

Pincode:- 110005

Phone no:- 1860-500-7788

Email: [ApolloOnePusaRoad@apolloclinic.com](mailto: ApolloOnePusaRoad@apolloclinic.com)

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www.apolloclinic.com

ID: 0000000965

10-08-2024

11:08:36 AM

ARROW

CC

MR. ZIYAUL RAHMAN

Male 35Years

Req. No. :

HR : 71 bpm

P : 105 ms

PR : 153 ms

QRS : 94 ms

QT/QTcBz : 344/376 ms

P/QRS/T : 62/12/15 °

RV5/SV1 : 0.768/0.326 mV

Diagnosis Information:

Sinus Arrhythmia

Report Confirmed by:



Dr. Alveen Kaur

Senior Consultant - Dental Surgeon

BDS, MDA (RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGLORE)

For Booking an appointment +91 8929440195

Days - Mon to Sat

DMC No. - A - 12249



Mr. Ziyaul Rahman .
35/A1

Op:- Tartar
plaque.
Halitosis ++.

Adv. → Deep oral prophylaxis
polishing.
filling.

Pt. recalled on Monday for S.


Signature:-

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New Delhi-110005

=====

NAME: ZIYAUH RAHMAN
DATE: 10.08.2024
REF. BY:- HEALTH CHECKUP

=====

AGE :35Y/SEX/M
MR. NO:- CAOP.0000000965
S.NO. :- 1926

=====

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. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIOAIGNOSIS**

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

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ID caop0000000965	Height 170cm	Age 35	Gender Male	Test Date / Time 10.08.2024. 11:16
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Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	38.0 (35.7~43.7)	38.0	48.8 (45.9~56.1)	51.8 (48.6~59.4)	79.4 (54.1~73.1)
Protein (kg)	10.2 (9.5~11.7)				
Minerals (kg)	3.62 (3.30~4.04)				
Non-osseous	27.6				

InBody Score

60/100 Points

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

Body Type

BMI | Athletic Shape | Overweight Obesity



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

Mr ZIYAUUL RAHMAN

135 years

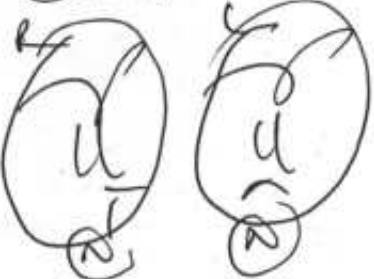
Sup

(Allergin) Rhinitis
Adu

Tab Allegra (m) on x 5 day

S-Is E

Chest : clear



Signature
10.8.2024

Eye Checkup

NAME: -

Age: -

Date:

SELF / CORPORATE: -

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

Signature

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