

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of VAIBHAV ANAND KELUSKAR on 10/08/2024

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>with D3 LL - Ado - Treatment</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>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. Mukul Arte
 Medical Officer
 The Apollo Clinic, (Location)

Dr. MUKUL ARTE MBBS, DNB
 Regn. No: 44293 (MCO)
 Approved By DG S (MCO)
 Consultant in Microbiology & Infection Medicine
 Apollo Hospitals, Chennai
 Apollo East, Madurai
SEA BIRD MEDICARE CENTRE

This certificate is not meant for legal purposes

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/8/2024.		
NAME	VAIBHAV ANAND KELUSKAR		
AGE	32	Gender	Male.
HEIGHT(cm)	180 cm	WEIGHT (kg)	82 kg.
B.P.	134/86 mm Hg.		
ECG	normal		
X Ray	NAD.		
Vision Checkup:	Color Vision : Normal Far Vision Ratio : 6/6 Near Vision Ratio : NS } uncorrected		
Present Ailments	Tinea Versicolor on back - Not on Rx		
Details of Past ailments (If Any)	nil		
Comments / Advice : She / He is Physically Fit	✓		

Dr. MUSKIM ARTE MBBS, DNB
 Regn. No: 44293 (MAMC)
 Approved By DG Shipping (MCI)
 Consultant in Marine Medicine
 A-101-102, Nakhtraga Plaza, Kel
 Andheri East, Mumbai 400058
 SEA BIRD MEDICINE CENTRE
 Signature with Stamp of Medical Examiner



SEA BIRD MEDICARE CENTRE

Report ID : **VAKM10813816** Reg. : **10-Aug-2024**
Patient Name : **Mr. VAIBHAV ANAND KELUSKAR** Report Date : **12-Aug-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.MUKUL ARTE** Age/Sex : **33 Year / Male**

CHEST X RAY REPORT

X-Ray No : 6593

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

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

Kochi: 0484- 2322022 / 4032022



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Ref By : **DR.MUKUL ARTE** Age/Sex : **33 Year / Male**

DENTAL REPORT

Name: Mr. Vaibhav Anand Keluskar

Age: 33 Yrs.

Company: Apollo

Sub: Dental Check up

Dental examination of the above mentioned candidate reveals ?caries.

Advised to review with dentist for further evaluation.



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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.

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. Jagmohan L.
Chopra MD

Dr.Asghar Majeed

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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 : 33 Year / Male

HEMATOLOGY

INVESTIGATION


Complete Blood Count

INVESTIGATION	OBSERVED VALUE	UNITS	REFERENCE RANGE
Haemoglobin	15.5	gm/dl	13-18 gm/dl
Total W.B.C	6500	/cu.mm	4000-11000 /cu.mm
Neutrophils	62	%	50-70 %
Lymphocytes	36	%	20-40 %
Eosinophils	02	%	0-7 %
Monocytes	00	%	0-8 %
Basophils	00	%	0-2 %
R.B.C Total	5.16	millions/cu .mm	4.5-5.5 millions/cu.mm
P.C.V	43.3	%	42-55 %
MCV	84.0	femolitre	80-96 femolitre
MCH	30.0	picogram	27-33 picogram
MCHC	35.7	%	32-36 %
W.B.C Morphology	Normal		
R.B.C Morphology	Normal		
Platelet Count	295000	/cu.mm	150000-450000 /cu.mm
Blood Group			
Blood Group	B Positive		
ESR			
ESR	05	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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Company Name : **M/S. APOLLO HEALTH AND**
Age/Sex : **33 Year / Male**

BIO-CHEMISTRY

INVESTIGATION

Liver Function Test

Alkaline Phosphatase

98 IU/L 40-129 IU/L

Renal Function Test

BUN

11 mg/dl 6-21 mg/dl

Sr.Creatinine

0.9 mg/dl 0.7-1.4 mg/dl

Uric Acid

3.7 mg/dl 2.5-7.2 mg/dl

Blood Sugar Estimation

Fasting Blood Sugar

96 mg/dl 70-110 mg/dl

Fasting Urine Sugar

Absent

Post Prandial Blood Sugar

112 mg/dl 70-140 mg/dl

Post Prandial Urine Sugar

Absent

Glycosylated Haemoglobin (HBA1C)

5.7 % 4.5-6.3%

Electrolytes


Sr.Calcium

8.7 mg/dl 8.4-10.4 mg/dl

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Age/Sex : **33 Year / Male**

LIPID PROFILE

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Serum. CHOLESTEROL (CHOD - PAP)	123	mg /dl	145-240 mg/dl
Serum. TRIGLYCERIDE (GPO - PAP)	85	mg /dl	25-160 mg/dl
S.HDL CHOLESTEROL	40	mg/dl	35-80 mg/dl
VLDL CHOLESTEROL	17	mg/dl	Upto 40
LDL CHOLESTEROL (calculate)	66	mg/dl	Upto 150
CHOL/HDL CHOL(Ratio)	3.0		Upto 5.0
LDL CHOL/HDL RATIO	1.6		0-3.0

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Age/Sex : **33 Year / Male**


LIVER FUNCTION TEST

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
SGOT	24	IU/L	0-37 IU/L
SGPT	38	IU/L	9-43 IU/L
GGT	16	IU/L	0-49 IU/L
S.Bilirubin (T)	0.4	mg/dl	0.2-1.2 mg/dl
S.Bilirubin (D)	0.1	mg/dl	0.0-0.3 mg/dl
S.Bilirubin (I)	0.3	mg/dl	
Total Protein	6.8	g/dl	6-8 g/dl
S.Albumin	4.5	g/dl	3.2-5.0 g/dl
S.Globulin	2.3	g/dl	
A/G Ratio	1.9		

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Age/Sex : **33 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	1.015		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		

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Laboratory Report		Lab ID : 40833804771
Patient : Mr. VAIBHAV KELUSKAR DOB : Tel No : PID No : Sex/Age : Male / 33 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

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen <small>CMIA</small>	0.712	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 -----



Verify



Dr Nilesh Bhamare

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

Page 5 of 5



MC-6563

Laboratory Report		Lab ID : 40833804771
Patient : Mr. VAIBHAV KELUSKAR DOB : Tel No : PID No : Sex/Age : Male / 33 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/↑	↓




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Page 4 of 5



Laboratory Report		Lab ID : 40833804771
Patient : Mr. VAIBHAV KELUSKAR DOB : Tel No : PID No : Sex/Age : Male / 33 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

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <small>CMIA</small>	95.88	ng/dL	70-204	
Thyroxine (T4) <small>CMIA</small>	6.33	µg/dL	4.87-11.72	
TSH <small>CMIA</small>	2.707	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), PRTH 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




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Page 3 of 5



MC-6563

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VITAMIN B - 12

Vitamin B - 12 Level 240.0 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.

Verify




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Page 2 of 5



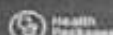
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) <small>CMIA</small>	L 8.7	ng/mL	Deficiency:- Below 10 ; Insufficiency :- 10-30 ; Sufficiency :- 30-100 ; Hypervitaminosis :- Above 100	

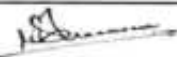
25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may 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)₂-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)₂-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)₂-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)₂-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

Page 1 of 5



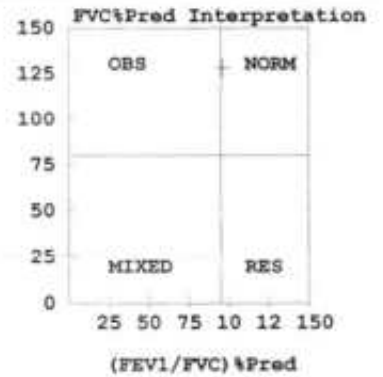
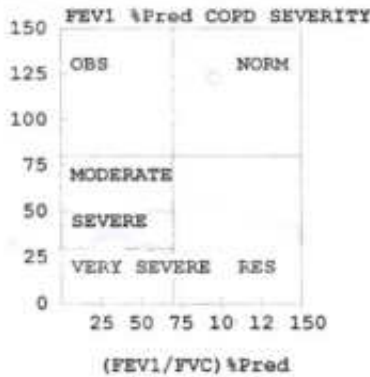
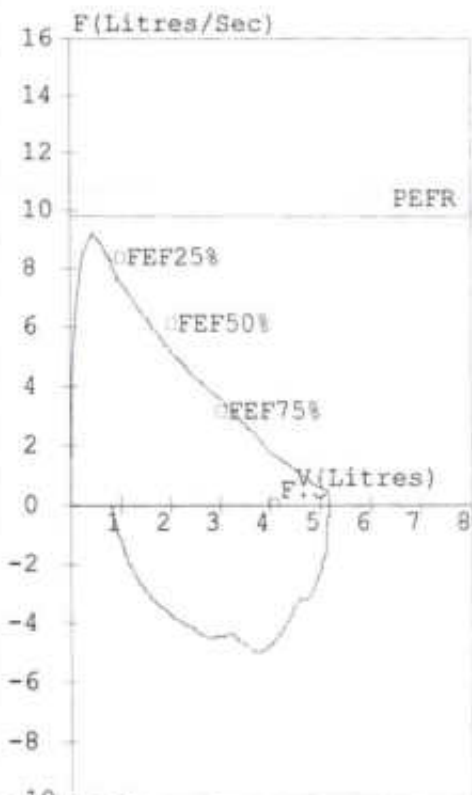
MC-6563

Seabird Medicare Center

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

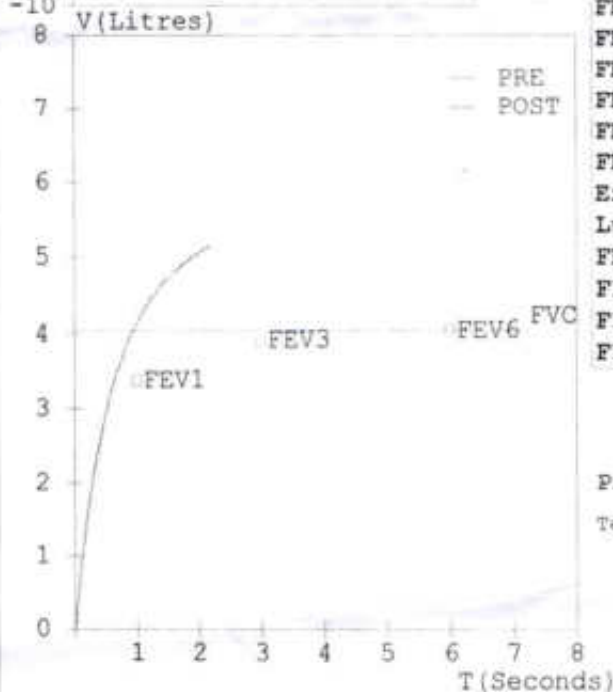
Patient: VAIBHAV A KELUSKAR
 Refd. By: APOLLO
 Pred. Eqns: RECORDERS
 Date: 10-Aug-2024 11:29 AM

Age: 33 Years Gender: Male
 Height: 180 Cms Smoker: No
 Weight: 82 Kgs Eth. Corr: 100
 ID: 2261 Temp:



Spirometry (FVC Results)

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC	(L) 04.05	05.17	128	-----	---	---
FEV1	(L) 03.38	04.16	123	-----	---	---
FEV1/FVC	(%) 83.46	80.46	096	-----	---	---
FEF25-75	(L/s) 04.44	03.79	085	-----	---	---
PEFR	(L/s) 09.80	09.18	094	-----	---	---
FIVC	(L) -----	04.37	---	-----	---	---
FEV.5	(L) -----	02.96	---	-----	---	---
FEV3	(L) 03.93	05.17	132	-----	---	---
PIFR	(L/s) -----	04.97	---	-----	---	---
FEF75-85	(L/s) -----	01.55	---	-----	---	---
FEF.2-1.2	(L/s) 07.88	08.06	102	-----	---	---
FEF 25%	(L/s) 08.37	06.68	080	-----	---	---
FEF 50%	(L/s) 06.09	04.13	068	-----	---	---
FEF 75%	(L/s) 03.15	01.97	063	-----	---	---
FEV.5/FVC	(%) -----	57.25	---	-----	---	---
FEV3/FVC	(%) 97.04	100.00	103	-----	---	---
FET	(Sec) -----	02.22	---	-----	---	---
ExptTime	(Sec) -----	00.05	---	-----	---	---
Lung Age	(Yrs) 033	025	076	-----	---	---
FEV6	(L) 04.05	-----	---	-----	---	---
FIF25%	(L/s) -----	02.71	---	-----	---	---
FIF50%	(L/s) -----	04.93	---	-----	---	---
FIF75%	(L/s) -----	04.42	---	-----	---	---



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.





Sea Bird
Sea Bird Medicare

ECHOCARDIOGRAPHIC EVALUTION


NAME: MR VAIBHAV KELUSKAR AGE/SEX: 33 YRS/ M

REF: APOLLO

DATE: 10/08/2024

IMPRESSION:-

- 1) All chambers normal in size.
- 2) Normal LV function.
- 3) No regional wall motion abnormality.
- 4) LV ejection fraction = 60 %
- 5) Great vessels are normal in size, relation & position.
- 6) IVS & IAS are intact.
- 7) Pericardium appears normal.
- 8) IVC normal in size and well collapsing with respiration.
- 9) No pulmonary hypertension present. RVSP by TR jet velocity= 26 mmHG
- 10) No evidence of clot in la & left ventricle.


DR. JACOB MATHEW MD,DMM,DTCD
PHYSICIAN MARINE MEDICINE

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

VAIBHAV ANAND KELUSKAR

ANAND SHIVRAM KELUSKAR

20/07/1991



Permanent Account Number

BOTPK5225D

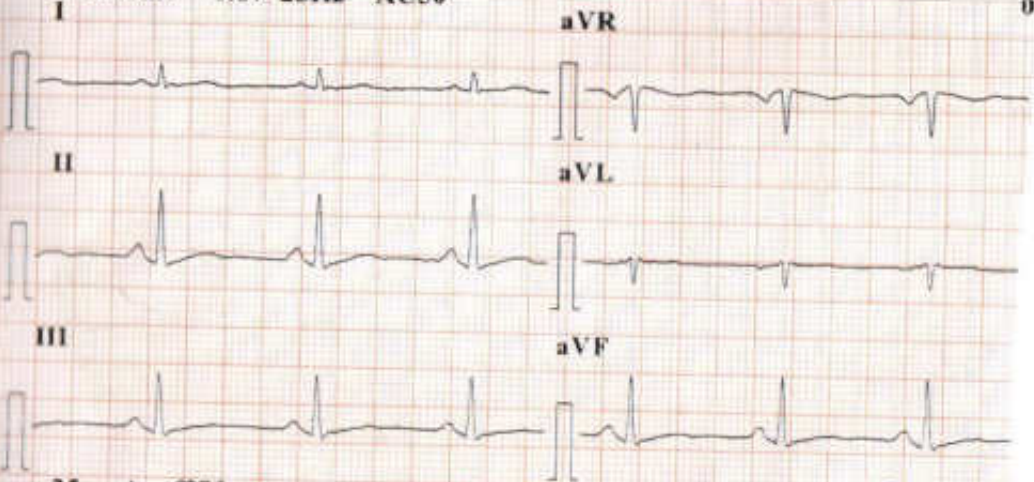


VA Keluskar

Signature

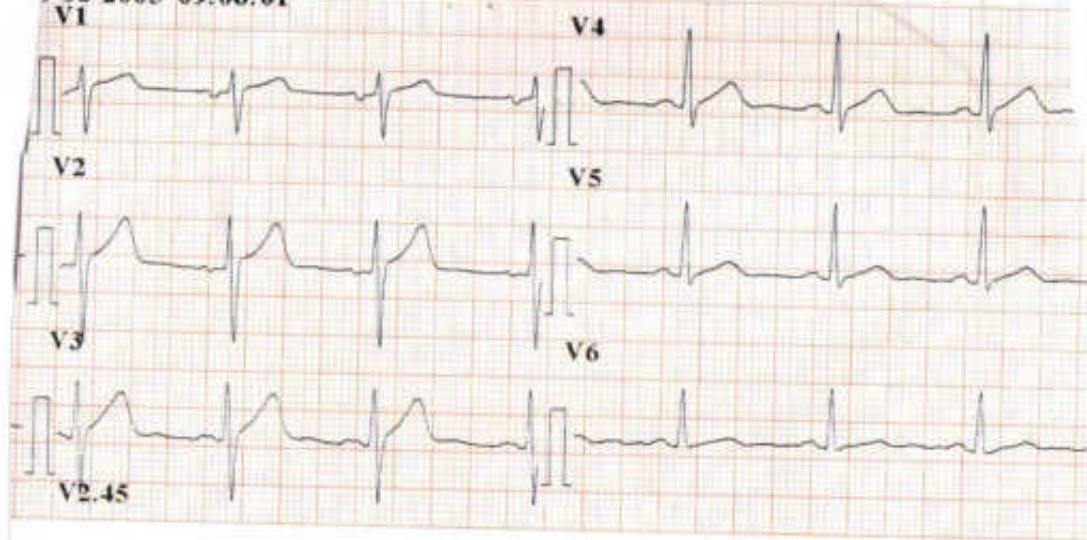
10mm/mV 0.67-25Hz AC50

01



W. K. ...

1-06-2005 09:06:01



E. C. G. REPORT

DATE 7th May Q. WAVE _____
RHYTHM Regular QRS COMPLEX N
VOLTAGE N ST. SEGMENT (S)-elevated
P. WAVE N T. WAVE _____
PR. INTERVAL N

REMARKS none

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A-101-102, Heritage Plaza, Telli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

ELECTROCARDIOGRAPHIC REPORT



Sea Bird
Sea Bird Medicare Centre

NAME Mr Vaibhav Katuskar
AGE 33 yrs DATE 10/05/2024

- 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