

**CERTIFICATE OF MEDICAL FITNESS**

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

Mr. Brajesh Kumar 50yrs<sup>M</sup> 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>RV with physician for high sugar levels / Dyslipidemia / hyperuricemia</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 <u>3 months with reports.</u></p> <p><del>Current Unfit</del></p> |                                     |
| Review after _____ recommended   |                                     |
| Unfit  |                                     |

Height: 158.2 cm

Weight: 69 kg

Blood Pressure: 120/80 mmHg

Debathech  
Dr. Dipti Debathech  
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: U85100KA2009PTC049961

Apollo Spectra Hospitals  
Plot No. 3, Block No. 34, Pusa Road,  
WEA, Karol Bagh, New Delhi-110005

Ph.: 011-49407700, 8448702877  
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**Registered Address**

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

Patient Name : Mr.BIMLESH KUMAR  
Age/Gender : 50 Y 3 M 4 D/M  
UHID/MR No : CAOP.0000000039  
Visit ID : CAOPOPV42  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 170842

Collected : 16/Mar/2024 10:09AM  
Received : 16/Mar/2024 10:50AM  
Reported : 16/Mar/2024 11:31AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs Show mild anisocytosis, are predominantly Normocytic Normochromic . Rbc count is reduced.

WBCs Normal in number and morphology  
Differential count is within normal limits

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

Impression Mild erythropenia.

Advice Clinical correlation

Page 1 of 10



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

STN No:BED240071071



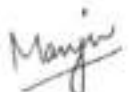
TOUCHING LIVES  
 Patient Name : Mr.BIMLESH KUMAR  
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DEPARTMENT OF HAEMATOLOGY  
 ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name                                   | Result       | Unit                    | Bio. Ref. Range | Method                             |
|---|--------------|-------------------------|-----------------|------------------------------------|
| <b>HEMOGRAM , WHOLE BLOOD EDTA</b>          |              |                         |                 |                                    |
| <b>HAEMOGLOBIN</b>                          | 13.2         | g/dL                    | 13-17           | Spectrophotometer                  |
| PCV   | <b>39.40</b> | %                       | 40-50           | Electronic pulse & Calculation     |
| <b>RBC COUNT</b>                            | <b>4.23</b>  | Million/cu.mm           | 4.5-5.5         | Electrical Impedance               |
| MCV   | 93           | fL                      | 83-101          | Calculated                         |
| MCH   | 31.2         | pg                      | 27-32           | Calculated                         |
| MCHC  | 33.5         | g/dL                    | 31.5-34.5       | Calculated                         |
| R.D.W                                       | <b>15</b>    | %                       | 11.6-14         | Calculated                         |
| <b>TOTAL LEUCOCYTE COUNT (TLC)</b>          | 7,000        | cells/cu.mm             | 4000-10000      | Electrical Impedance               |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>  |              |                         |                 |                                    |
| NEUTROPHILS                                 | 60           | %                       | 40-80           | Electrical impedance / Microscopic |
| LYMPHOCYTES                                 | 32           | %                       | 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                                 | 4200         | Cells/cu.mm             | 2000-7000       | Calculated                         |
| LYMPHOCYTES                                 | 2240         | Cells/cu.mm             | 1000-3000       | Calculated                         |
| EOSINOPHILS                                 | 210          | Cells/cu.mm             | 20-500          | Calculated                         |
| MONOCYTES                                   | 350          | Cells/cu.mm             | 200-1000        | Calculated                         |
| Neutrophil lymphocyte ratio (NLR)           | 1.88         |                         | 0.78- 3.53      | Calculated                         |
| <b>PLATELET COUNT</b>                       | 153000       | cells/cu.mm             | 150000-410000   | Electrical impedance               |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 13           | mm at the end of 1 hour | 0-15            | Modified Westergren                |
| <b>PERIPHERAL SMEAR</b>                     |              |                         |                 |                                    |



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

SIN No:BED240071071

Patient Name : Mr.BIMLESH KUMAR  
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

Page 3 of 10



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



SIN No:BED240071071

TOUCHING LIVES

Patient Name : Mr.BIMLESH KUMAR  
 Age/Gender : 50 Y 3 M 4 D/M  
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DEPARTMENT OF BIOCHEMISTRY  
 ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name   | Result | Unit  | Bio. Ref. Range | Method     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 6.9    | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 151    | mg/dL |                 | Calculated |

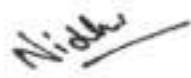
**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycoemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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



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



TOUCHING LIVES  
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Collected : 16/Mar/2024 01:12PM  
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DEPARTMENT OF BIOCHEMISTRY  
 ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name                     | Result | Unit  | Bio. Ref. Range | Method    |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 136    | 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   |

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

| Test Name  | Result | Unit  | Bio. Ref. Range | Method    |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 170    | 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: PLP1432598

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DEPARTMENT OF BIOCHEMISTRY  
 ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name                    | Result | Unit  | Bio. Ref. Range | Method      |
|------------------------------|--------|-------|-----------------|-------------|
| <b>LIPID PROFILE , SERUM</b> |        |       |                 |             |
| TOTAL CHOLESTEROL            | 186    | mg/dL | <200            | CHE/CHO/POD |
| TRIGLYCERIDES                | 166    | mg/dL | <150            |             |
| HDL CHOLESTEROL              | 38     | mg/dL | >40             | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | 148    | mg/dL | <130            | Calculated  |
| LDL CHOLESTEROL              | 114.8  | mg/dL | <100            | Calculated  |
| VLDL CHOLESTEROL             | 33.2   | mg/dL | <30             | Calculated  |
| CHOL / HDL RATIO             | 4.89   |       | 0-4.97          | Calculated  |
| ATHEROGENIC INDEX (AIP)      | 0.28   |       | <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  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist.



SIN No:SE04664034

TOUCHING LIVES

Patient Name : Mr.BIMLESH KUMAR  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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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Consultant Pathologist.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name                                | Result | Unit  | Bio. Ref. Range | Method            |
|--|--------|-------|-----------------|-------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                 |                   |
| BILIRUBIN, TOTAL                         | 0.30   | mg/dL | 0.1-1.2         | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.10   | mg/dL | 0.1-0.4         | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                     | 0.20   | mg/dL | 0.0-1.1         | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 31     | U/L   | 4-44            | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 27.0   | U/L   | 8-38            | JSCC              |
| ALKALINE PHOSPHATASE                     | 100.00 | U/L   | 32-111          | IFCC              |
| PROTEIN, TOTAL                           | 7.50   | g/dL  | 6.7-8.3         | BIURET            |
| ALBUMIN                                  | 4.40   | g/dL  | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN                                 | 3.10   | g/dL  | 2.0-3.5         | Calculated        |
| A/G RATIO                                | 1.42   |       | 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.
- Bilirubin may be elevated.
- AST: ALT (ratio) - In case of hepatocellular injury AST: ALT > 1In 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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TOUCHING LIVES

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| Test Name   | Result       | Unit   | Bio. Ref. Range | Method            |
|---|--------------|--------|-----------------|-------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |              |        |                 |                   |
| CREATININE  | 0.83         | mg/dL  | 0.6-1.1         | ENZYMATIC METHOD  |
| UREA  | <b>16.90</b> | mg/dL  | 17-48           | Urease            |
| BLOOD UREA NITROGEN   | <b>7.9</b>   | mg/dL  | 8.0 - 23.0      | Calculated        |
| URIC ACID   | <b>8.20</b>  | mg/dL  | 4.0-7.0         | URICASE           |
| CALCIUM   | 10.10        | mg/dL  | 8.4-10.2        | CPC               |
| PHOSPHORUS, INORGANIC                                       | 3.00         | mg/dL  | 2.6-4.4         | PNP-XOD           |
| SODIUM  | 143          | mmol/L | 135-145         | Direct ISE        |
| POTASSIUM   | 4.9          | mmol/L | 3.5-5.1         | Direct ISE        |
| CHLORIDE  | 101          | mmol/L | 98-107          | Direct ISE        |
| PROTEIN, TOTAL  | 7.50         | g/dL   | 6.7-8.3         | BIURET            |
| ALBUMIN   | 4.40         | g/dL   | 3.8-5.0         | BROMOCRESOL GREEN |
| GLOBULIN  | 3.10         | g/dL   | 2.0-3.5         | Calculated        |
| A/G RATIO   | 1.42         |        | 0.9-2.0         | Calculated        |

Kindly correlate clinically




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

SIN No: SED4664034

TOUCH TWO EYES  
Patient Name : Mr.BIMLESH KUMAR  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324**

| Test Name                                      | Result | Unit | Bio. Ref. Range | Method                          |
|--|--------|------|-----------------|---------------------------------|
| GAMMA GLUTAMYL<br>TRANSPEPTIDASE (GGT) , SERUM | 17.00  | U/L  | 16-73           | Glycylglycine Kinetic<br>method |



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TOUCHING LIVES

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

| Test Name  | Result | Unit  | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b> |        |       |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 105    | ng/dL | 72.78-146.44    | CLIA   |
| THYROXINE (T4, TOTAL)                              | 10.89  | µg/dL | 4.5-12.6        | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 3.3070 | 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  |

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

Page 2 of 2



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



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



STN No:SPL24047573

Patient Name : Mr.BIMLESH KUMAR  
 Age/Gender : 50 Y 3 M 4 D/M  
 UHID/MR No : CAOP.0000000039  
 Visit ID : CAOPOPV42  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 170842

Collected : 16/Mar/2024 10:09AM  
 Received : 16/Mar/2024 10:41AM  
 Reported : 16/Mar/2024 11:00AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY  
 ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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   | 6.5         |      | 5-7.5            | Bromothymol Blue           |
| SP. GRAVITY  | 1.020       |      | 1.002-1.030      | Dipstick                   |
| <b>BIOCHEMICAL EXAMINATION</b>                       |             |      |                  |                            |
| URINE PROTEIN  | NEGATIVE    |      | NEGATIVE         | PROTEIN ERROR OF INDICATOR |
| GLUCOSE  | NEGATIVE    |      | NEGATIVE         | GOD-POD                    |
| URINE BILIRUBIN                                      | NEGATIVE    |      | NEGATIVE         | AZO COUPLING               |
| URINE KETONES (RANDOM)                               | NEGATIVE    |      | NEGATIVE         | NITROPRUSSIDE              |
| UROBILINOGEN   | NORMAL      |      | NORMAL           | EHRlich                    |
| BLOOD  | NEGATIVE    |      | NEGATIVE         | Dipstick                   |
| NITRITE  | NEGATIVE    |      | NEGATIVE         | Dipstick                   |
| LEUCOCYTE ESTERASE                                   | NEGATIVE    |      | NEGATIVE         | PYRROLE HYDROLYSIS         |
| <b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b> |             |      |                  |                            |
| PUS CELLS  | 2-4         | /hpf | 0-5              | Microscopy                 |
| EPITHELIAL CELLS                                     | 3-4         | /hpf | <10              | MICROSCOPY                 |
| RBC  | NIL         | /hpf | 0-2              | MICROSCOPY                 |
| CASTS  | NIL         |      | 0-2 Hyaline Cast | MICROSCOPY                 |
| CRYSTALS   | ABSENT      |      | ABSENT           | MICROSCOPY                 |

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

Result/s to Follow:  
 HBA1C (GLYCATED HEMOGLOBIN), THYROID PROFILE TOTAL (T3, T4, TSH)

Page 10 of 10



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



SIN No: UR2307222

=====

NAME: BIMLESH KUMAR

DATE: 16.03.2024

REF. BY:- HEALTH CHECKUP

=====

AGE : 50Y /SEX/M

MR. NO:- CAOP.0000000039

S.NO. :- 252

=====

X-RAY CHEST PA VIEW

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Please correlate clinically and with lab. Investigations

  
DR. KAWAL DEEP DHAM  
CONSULTANT RADIOLOGIST

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

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: UBS100KA2009PTC049961

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.

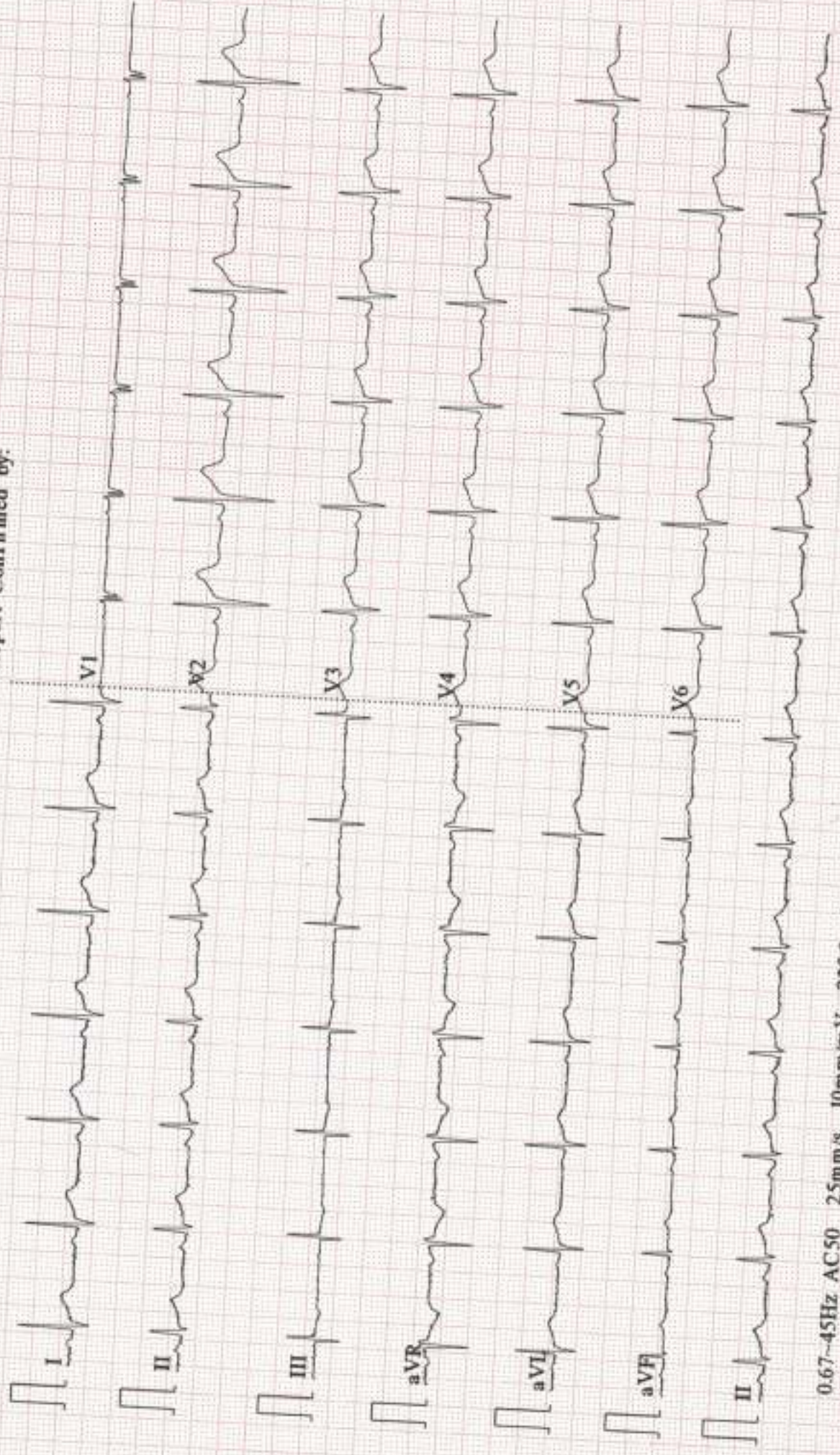
BENGALURU | CHENNAI | DELHI | GREATER NOIDA | GWALIOR | GURUGRAM | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PATNA | PUNE

**BIMLESH KUMAR**  
Male 50Years  
Req. No. :

16-03-2024 11:58:51 AM  
HR : 78 bpm  
P : 90 ms  
PR : 131 ms  
QRS : 79 ms  
QT/QTcBz : 354/405 ms  
P/QRS/T : 27/41/14 °  
RV5/SVI : 0.800/0.301 mV

**Diagnosis Information:**  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



# InBody

[InBody370S]

ID 0000000039 | Height 158.2cm | Age 30 | Gender Male | Test Date / Time 16.03.2024. 11:52

## Body Composition Analysis

|                      | Values              | Total Body Water | Soft Lean Mass      | Fat Free Mass       | Weight              |
|----------------------|---------------------|------------------|---------------------|---------------------|---------------------|
| Total Body Water (L) | 31.8<br>(31.0~37.8) | 31.8             | 41.0<br>(39.8~48.6) | 43.4<br>(42.1~51.5) | 69.6<br>(46.8~63.4) |
| Protein (kg)         | 8.7<br>(8.3~10.1)   |                  |                     |                     |                     |
| Minerals (kg)        | 2.92<br>(2.69~3.50) |                  |                     |                     |                     |
| Body Fat Mass (kg)   | 26.2<br>(6.6~13.2)  |                  |                     |                     |                     |

## InBody Score

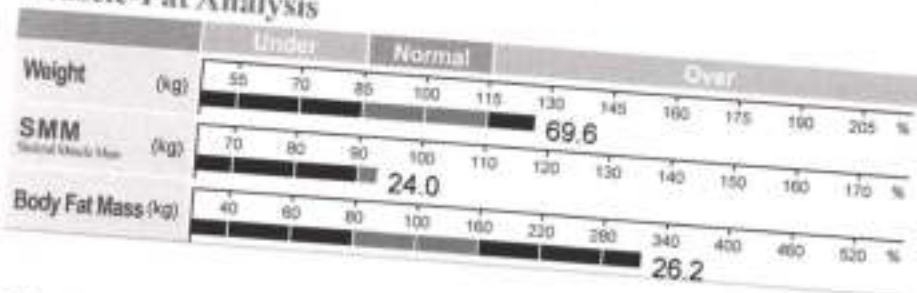
59/100 Points

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

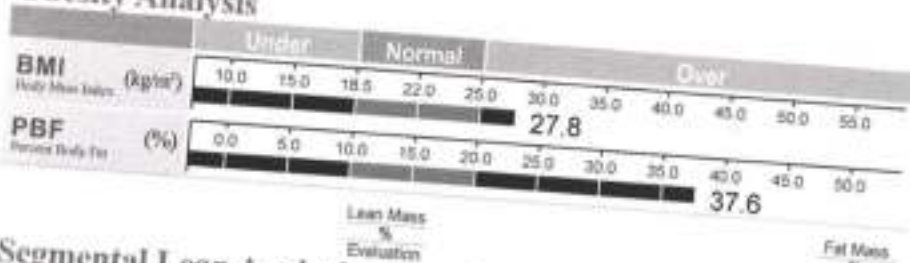
## Body Type



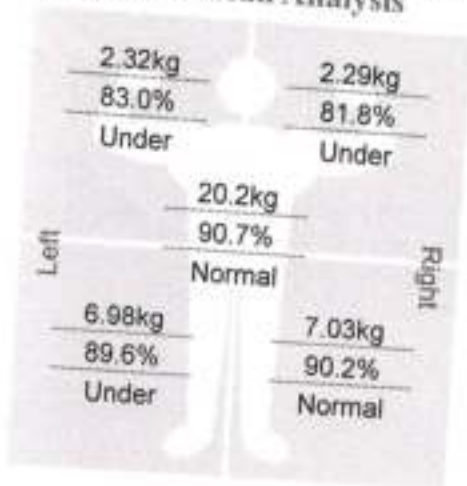
## Muscle-Fat Analysis



## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



## Weight Control

Target Weight 55.1 kg  
Weight Control -14.5 kg  
Fat Control -17.9 kg  
Muscle Control +3.4 kg

## Obesity Evaluation

BMI  Normal  Under  Slightly Over  Over  
PBF  Normal  Slightly Over  Over

## Body Balance Evaluation

Upper  Balanced  Slightly Unbalanced  Extremely Unbalanced  
Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced  
Upper-Lower  Balanced  Slightly Unbalanced  Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate 1307 kcal (1520~1776)  
Waist-Hip Ratio 0.90 (0.80~0.90)  
Visceral Fat Level 12 (1~9)  
Obesity Degree 126% (90~110)  
Bone Mineral Content 2.40 kg (2.36~2.88)  
SMI 7.4 kg/m<sup>2</sup>  
Recommended calorie intake 2053 kcal

## Impedance

|                    | RA    | LA    | TR   | RL    | LL    |
|--------------------|-------|-------|------|-------|-------|
| Z <sub>50Hz</sub>  | 394.9 | 386.4 | 30.6 | 269.3 | 268.8 |
| Z <sub>50Hz</sub>  | 338.6 | 334.2 | 25.6 | 232.7 | 234.7 |
| Z <sub>250Hz</sub> | 299.3 | 296.1 | 21.5 | 207.4 | 208.6 |

## Body Composition History

|        | Weight (kg) | SMM (kg) | PBF (%) |
|--------|-------------|----------|---------|
| Recent | 69.6        | 24.0     | 37.6    |
| Total  |             |          |         |



## Apollo One

### Eye Checkup

NAME:- MR. Bimlesh Kumar

Age:- 50

Date: 16/3/24

SELF / CORPORATE:-

|                      | Right Eye   | Left Eye    |
|----------------------|-------------|-------------|
| Distant Vision       | -2.50 x 85' | -2.00 x 90' |
| Near vision          | ADD +1.75   | ADD +1.75   |
| Color vision         |             |             |
| Fundus examination   |             |             |
| Intraocular pressure |             |             |
| Slit lamp exam       |             |             |

APOLLO HEALTH AND LIFESTYLE LTD  
APOLLO ONE  
Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, WEA Karol Bagh  
New Delhi-110005



Mr. Bimlesh Kumar

50yr / M

B.P - 120/80  
PR - 80/12  
SpO2 - 98%  
HT - 158.2  
WT - 69kg

NO - H/O - HTN / T2DM

H/O - Shoulder dislocation (+)

Adv

- Monitor (+) diet
- Exercise.

D. Dadhech

Dr. Dipri Dadhech