

<b>Patient Name-</b> Mr. Manish Kumar Tiwari	<b>Date-</b> 25/03/23
<b>Age-</b> 53	<b>Sex-</b> M
<b>B P – Systolic</b> 114 <b>Diastolic</b> 70 mmHg.	<b>R.B.S.-</b>
<b>Pulse-</b> 62/min	<b>SPO2-</b> 98.1.
<b>Temp-</b> 97.7°F	<b>Height-</b>
<b>Weight-</b> 85. kgs	<b>BMI-</b>
<b>Consultant-</b> Dr. Saurabh Agarwal.	<b>Fat-</b>

- Prediabetic
- Grade I fatty liver
- Mild prostatomegaly

Advice: Avoid oily spicy food  
Diet modification  
Exercise 30 min/day  
Avoid sugary things

Inv: USG Abdomen after 3 months

*Saurabh*  
Dr. Saurabh Agarwal  
MBBS, MD, FDM (UK), FAGE  
Reg. No. 68395  
Apollo Clinic Hazratganj

Valid for 7 Days

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TO BOOK AN APPOINTMENT

 **7897 123 777**

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Manish Kumar Tiwari on 25/03/23.

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	✓
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> <li>• Currently Unfit. Review after _____ recommended</li> <li>• Unfit</li> </ul>	

Dr. Saurabh Agarwal  
Medical Officer  
Apollo Clinic,

Dr. Saurabh Agarwal  
MBBS, MD, FIDM (UK), FAG  
Reg. No. 68395  
Apollo Clinic Hazratgar

*This certificate is not meant for medico-legal purposes*

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TO BOOK AN APPOINTMENT

 **7897 123 777**

Report Doc No.: **4658**

Patient No.: **3544-3534**

Name : **Mr. Manish Kumar Tiwari / 53 Year / Male**

Collected On : **25-03-2023**

Referred By : **ARCOFEMI MEDIWHEEL**

Report On: **25-03-2023 08:00 PM**

**CBC (Complete Blood Count)**

<b>Hemoglobin</b> Method : (Cyanmethemoglobin)	14.5 gm%	Normal 13-17 gm%
<b>Hematocrit (PCV)</b> Method : (Calculated parameter)	41.0 %	Normal 40-54 %
<b>RBC Count</b> Method : (Electrical Impedence)	4.76 million/cmm	Normal 4.2-5.5 million/cmm
<b>MCV</b> Method : (Calculated parameter)	86.1 fl	Normal 83-101 fl
<b>MCH</b> Method : (Calculated parameter)	30.5 pg	Normal 27-32 pg
<b>MCHC</b> Method : (Calculated parameter)	35.4 g/dl	Normal 31-37 g/dl
<b>RDW-CV</b> Method : (Electrical Impedence)	12.9 %	Normal 11.6-14 %
<b>TLC (Total Leucocyte Count)</b> Method : (Electrical Impedence)	7100 cells/cu.mm	Normal 4000-10000 cells/cu.mm
<b>DLC (Differential Leucocyte Count)</b> Method : (Electrical Impedence)		
Neutrophil	59 %	40-80
Lymphocyte	35 %	20-40
Eosinophil	01 %	1-6
Monocyte	05 %	2-10
Basophil	00 %	0-1
<b>ABSOLUTE LEUCOCYTE COUNT</b> Method : (Electrical Impedence)		
NEUTROPHILS	4189 cells/cu.mm	2000-7000
LYMPHOCYTES	2485 cells/cu.mm	1000-3000
EOSINOPHILS	71 cells/cu.mm	20-500
MONOCYTES	355 cells/cu.mm	200-1000
<b>Platelet Count</b> Method : (Electrical Impedence)	156 thousand/mm <sup>3</sup>	Normal 150-450 thousand/mm <sup>3</sup>

**GBP (Peripheral Blood smear )**

RBC : Normocytic normochromic

WBC : Total leucocyte count is within normal limit with normal distribution of cells

Platelets : Platelets are adequate in number.

No hemoparasite or immature cells seen .

Checked By 

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**ESR ( Wintros )** **12 mm/h**      Normal 0-10 mm/h

**Blood Grouping/ABO RH Typing**

Blood Group : **"A"**

Rh Factor : **POSITIVE**

**SUGAR**

**Blood Sugar (Fasting)** **82 mg/dl**      Normal 70-110 mg/dl  
Method : (GOD-POD)

**Blood Sugar (PP)** **115 mg/dl**      Normal 80-160 mg/dl  
Method : (GOD-POD)

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Page 2 End

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### Liver Function Test (LFT)

<b>Serum Bilirubin - Total</b> Method : <i>(Diazo sulfanilic)</i>	0.6 mg/dl	Normal 0.2-1.2 mg/dl
<b>Serum Bilirubin - Direct</b> Method : <i>(Diazo sulfanilic)</i>	0.3 mg/dl	Normal 0-0.3 mg/dl
<b>Serum Bilirubin-Indirect</b> Method : <i>(Calculated parameter)</i>	0.3 mg/dl	Normal 0.3-1 mg/dl
<b>Serum SGOT/AST</b> Method : <i>(UV with P-5-P)</i>	19 U/L	Normal 10-46 U/L
<b>Serum SGPT/ALT</b> Method : <i>(UV with P-5-P)</i>	21 U/L	Normal 10-49 U/L
<b>Serum Alkaline Phosphatase (SALP)</b> Method : <i>(p-nitrophenyl phosphate)</i>	81 U/L	Normal 40-129 U/L
<b>Serum Gamma-Glutamyltransferase (GGT)</b> Method : <i>(IFCC)</i>	28 U/L	Normal 0-55 U/L

  
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### Kidney Function Test (KFT)

<b>Serum Urea</b> Method : (UREASE)	26 mg/dl	Normal 10-50 mg/dl
<b>Serum Creatinine</b> Method : (Creatinine amidohydrolase)	0.9 mg/dl	Normal 0.6-1.4 mg/dl
<b>Serum Sodium</b> Method : (Direct ISE)	142 mmol/L	Normal 135-146 mmol/L
<b>Serum Potassium</b> Method : (Direct ISE)	3.8 mmol/L	Normal 3.5-5.1 mmol/L



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### Lipid Profile

<b>Serum Cholesterol -Total</b> Method : <i>(CHE/CHO/POD)</i>	183 mg/dl	Normal < 200
<b>Serum Triglyceride</b> Method : <i>(Enzymatic)</i>	91 mg/dl	Normal < 150
<b>Serum Cholesterol VLDL</b> Method : <i>(Calculated parameter)</i>	18.2 mg/dl	Normal < 30
<b>Serum Cholesterol HDL</b> Method : <i>(Polymer-Detergent)</i>	40 mg/dl	Normal > 40
<b>Serum Cholesterol LDL</b> Method : <i>(Calculated parameter)</i>	125 mg/dl	Normal < 100
<b>Total Cholesterol/HDL Ratio</b> Method : <i>(Calculated parameter)</i>	4.58	Normal 0-4.5
<b>LDL/HDL Ratio</b> Method : <i>(Calculated parameter)</i>	4.03	Normal 0-3

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Report On: 25-03-2023 08:00 PM

**HbA1c**

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
HBA1C, GLYCATED HEAMOGLOBIN, WHOLE BLOOD EDTA	6.3	%		TURBIDIMETRIC

Comment:

Reference range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES) DIAGNOSING DIABETES	5.7-6.4
DIABETICS	≥6.5
EXCELENT 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control.


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### T3 T4 TSH

<b>Serum T3</b> Method : (Chemiluminescence Immunoassay)	0.83 ng/ml	Normal 0.7-2 ng/ml
<b>Serum T4</b> Method : (Chemiluminescence Immunoassay)	9.48 µg/dl	Normal 6.1-12.2 µg/dl
<b>Serum Thyroid Stimulating Hormone (TSH)</b> Method : (Chemiluminescence Immunoassay)	3.76 uIU/ml	Normal 0.3-5.6 uIU/ml

  
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## Urine R/M

DEPARTMENT OF CLINICAL PATHOLOGY			
URINE EXAMINATION REPORT			
TEST NAME	VALUE	UNIT	NORMAL VALUE
<b>PHYSICAL EXAMINATION:-</b>			
Urine Color	Pale Yellow		Pale yellow
Reaction	Acidic		Acidic/Alkaline
Appearance	Clear		Clear
Specific Gravity	1.005		1.010-1.025
<b>CHEMICAL EXAMINATION:-</b>			
Albumin	Absent		Trace/Nil
Glucose	Absent		Absent
Ketone	Absent		Absent
Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite	Absent		Absent
<b>MICROSCOPIC EXMINATION:-</b>			
Pus Cells(WBC)	0-1	Cells/hpf	
Red Blood Cells (RBC)	Nil	Cells/hpf	
Epithelial Cell	1-2	Cells/hpf	
Casts	Nil	Nil	
Bacteria	Nil		
Crystals	Nil	Nil	

End of Report


  
 Checked By

  
**Dr. Divya Mehdiratta**  
 MBBS, MD (Pathologist)

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Mr. Manish Kumari Tiwari

Age - 53y/M



Vm < 6/12  
6/9P

C/o - none

VmEPH < 6/6  
6/6P

Nvm < N12  
N12

Cvm < 38/38 } WML  
38/38

Subjective Improvement.

R → +1.25 DS - 6/6

L → +1.25 DS - 6/6P

Add<sup>n</sup> +2.0 DS BE<sup>s</sup> < N16  
N6

Bifocal / Progressive glass.

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Manish Kumar Tiwari S3/M



25.3.23

c/c - regular dental checkups

o/c - stains +

calculus +

altrition

$$\begin{array}{r|l} & 123 \\ \hline 321 & 123 \end{array}$$

Adv - oral prophylaxis

- restoration

Sat

**Dr. ROHIT MADAN**  
MDS (Periodontist & Oral Implantologist)  
Consultant Dentist  
DCI Reg. No. 002259  
Apollo Clinic, Hazratganj

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 **7897 123 777**

Patient Name	: MR. MANISH KUMAR TIWARI
Age/ Gender	: 53Y/M
UHID/ MR No	: FHAZ.0000004019
Ref Doctor	: ARCHOFEMI-NEDIWHEEL

Reported	: 25.mar.2023
Status	:
Client Name	:
Patient Location	: LUCKNOW

### X-RAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

OPINION: **NORMAL STUDY.**

*Please correlate clinically*



Dr. PRIYANK CHAUDHARY  
(RADIOLOGIST)

Discrepancies due to technical or typing error should be reported for correction seven days. No compensation ability stands

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PATIENT NAME :MR MANISH KUMAR TIWARI

AGE / SEX: 53 YRS /N

UHID : 4019

DATE : 25 , MAR, 2023

## 2-D ECHO & M-MODE EXAMINATION VALVES

### 1. MITRAL VALVES STUDY:

a) **Motion:** Normal      b) **Thickness:** Normal      c) **Calcium-** none

### 2. AORTIC VALVE STUDY

a) **Aortic root** 3.2 cm.      b) **Aortic Opening** 1.7 cm.      c) **Closure:** Central  
d) **Calcium-** none      e) **Eccentricity Index** 1      f) **Vegetation-** none  
g) **Valve Structure :** Trileaflet

### 3. PULMONARY VALVE STUDY      Normal

a) **EF Slope**      Normal      b) **A Wave +**  
c) **Thickness**      Normal      d) **Others -**

### 4. TRICUSPID VALVE      Normal.

### 5. AORTIC MITRAL CONTINUITY: maintained

**Left Atrium**      4.0x2.8 cm.      Clot : none      Others:  
**Right Atrium**      Normal      Clot    none      I.A.S.: intact

(Cont .....2)

(...2)

### VENTRICLES

<b>RIGHT VENTRICLE:</b>	Normal	Ejection fraction: 59%
<b>LEFT VENTRICLE :</b>		Fractional Shortening 31%
IVS (D) 0.7cm.(S)	1.1 cm.	LV mass:102g
LVID(D) 4.32cm.(S)	2.98 cm.	
PW (D) 0.7cm (S)	1.2 cm	
RWMA: None		

### **TOMOGRAPHIC VIEWS**

<b>PARASTERNAL LONG AXIS VIEW:</b>	Normal
<b>SHORT AXIS VIEWS:</b>	Good LV contractility
Aortic Valve Level	AOV- Normal MV-Normal PV-Normal TV-Normal
Mitral Valve Level	
Papillary Muscle Level:	Normal
<b>APICAL 4 CHAMBER VIEW</b>	No clot / vegetation
<b>OTHER SPECIAL VIEWS:</b>	

(Cont.....3)




(....3)

**PERICARDIUM**  
Normal  
**DOPPLER STUDIES**

	Velocity (m/ sec)	Flow Pattern	Regurgitation
<b>MITRAL</b>	E=0.58;A=0.77 E/A=0.7	Normal	Nil
<b>AORTIC</b>	1.3	Normal	Nil
<b>TRICUSPID</b>	2.2	Trace	Trace TR
<b>PULMONARY</b>	1.2	Normal	Nil

**CONCLUSIONS:**

- No RWMA
- LVEF = 56%
- Trace TR
- IAS/IVS intact
- No significant MR/AR
- No clot / vegetation.
- No pericardial effusion.
- Grade I diastolic dysfunction.

  
**DR. S.KUMAR**  
MD,DM (Cardiology)

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TO BOOK AN APPOINTMENT



**NAME** : MR. MANISH KUMAR TIWARI  
**DATE** : 25.MAR.2023  
**REFERRED BY** : PAN INDIA  
**RT NO** : 4019  
**AGE** : 53 Y  
**SEX** : M

### ULTRASOUND WHOLE ABDOMEN

- **LIVER:** Liver is normal in size (14.7 cms) with normal shape & increased echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber. Periportal region appears normal.
- **GALL BLADDER:** is partially distended. Wall thickness is normal. No pericholecystic fluid collection noted. CBD is not dilated.
- **PANCREAS:** is normal in size and contour. Parenchyma shows normal echotexture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
- **SPLEEN:** is normal in size (9.6 cms), shape & position. Parenchyma shows normal echotexture. Splenic veins are not dilated.
- **B/L KIDNEYS:**
  - Both kidneys are normal in size, site, shape, position. Cortical echoes are normal. Cortico-medullary differentiation is maintained. Pelvicalyceal system are not dilated. No obvious calculus / mass / cyst seen.
- **URINARY BLADDER:** is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen.
- **PROSTATE:** appears enlarged in size measuring 40x33x31 mm and weighing 22.5 gms. Parenchyma shows normal echotexture. No focal lesion / prostatic calcification seen.
- No evidence of free fluid.

#### IMPRESSION:

- **GRADE I FATTY LIVER.**
- **MILD PROSTATOMEGALY.**

ADV: Please correlate clinically

Note:- discrepancies due to technical or typing errors should be reported for correction for seven days. No compensation liability stands.

Typed by

Poonam Tiwari

  
Dr. Priyank K.S. Chaudhary

MBBS, DMRD, DNB( Radiodiagnosis)

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