

CERTIFICATE OF MEDICAL FITNESS

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

Nikhil kumar Jha on 11/6/18 mmHg.

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 style="text-align: center;">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.....</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> | |

Height: 168cm.
 Weight: 82kg.
 Blood Pressure: 116/78mmHg.

Dr. Ameradha
 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 pilar 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

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

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mr.NIKHIL KUMAR JHA | Collected | : 24/Sep/2024 11:56AM |
| Age/Gender | : 32 Y 8 M 4 D/M | Received | : 24/Sep/2024 12:46PM |
| UHID/MR No | : CAOP.0000001864 | Reported | : 24/Sep/2024 01:31PM |
| Visit ID | : CAOPOPV02349 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33453 | | |

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

SIN No:AOP240903586



| | |
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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. Interval | Method |
|--|--------|-------------------------|--------------------|------------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.8 | g/dL | 13-17 | Spectrophotometer |
| PCV | 40.10 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.79 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 84 | fL | 83-101 | Calculated |
| MCH | 28.9 | pg | 27-32 | Calculated |
| MCHC | 34.5 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,800 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 64 | % | 40-80 | Electrical impedance / Microscopic |
| LYMPHOCYTES | 30 | % | 20-40 | Electrical impedance / Microscopic |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 04 | % | 2-10 | Electrical impedance / Microscopic |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4992 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2340 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 156 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 312 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.13 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 170000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 08 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |



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| TOUCHING LIVES | | Collected | : 24/Sep/2024 11:56AM | Expertise. Empowering you. |
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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. Interval | 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. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 88 | 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:

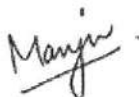
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 85 | 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. Interval | Method |
|--|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE | 97 | mg/dL | | Calculated |



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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.

- 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 glycemic 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)



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TOUCHING LIVES

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Collected : 24/Sep/2024 11:56AM
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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. Interval | Method |
|------------------------------|--------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 138 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 106 | mg/dL | <150 | |
| HDL CHOLESTEROL | 24 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 114 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 92.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 21.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.75 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.29 | | <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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.60 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.30 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 87 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 41.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.5 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 104.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.70 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.52 | | 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 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.



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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. Interval | Method |
|---|--------|--------|--------------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.70 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 13.10 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 6.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.90 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.60 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.10 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 141 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.5 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 7.80 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.70 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.10 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.52 | | 0.9-2.0 | Calculated |



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|------|--------------------|---------------------------------|
| GAMMA GLUTAMYL TRANSEPTIDASE (GGT), <i>SERUM</i> | 26.00 | U/L | 16-73 | Glycylglycine Kinetic method |



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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. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.23 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 11.45 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.863 | 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 |

1. 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.
2. 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.
3. 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.
4. 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 |




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MC- 6048

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|

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DEPARTMENT OF CLINICAL PATHOLOGY

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| Test Name | Result | Unit | Bio. Ref. Interval | 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 | Bromothymol Blue |
| 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 | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | Microscopy |
| RBC | NIL | /hpf | 0-2 | Microscopy |
| CASTS | NIL | | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | ABSENT | | ABSENT | Microscopy |

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.



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

SIN No:AOP240903583



| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mr.NIKHIL KUMAR JHA | Collected | : 24/Sep/2024 11:56AM |
| Age/Gender | : 32 Y 8 M 4 D/M | Received | : 24/Sep/2024 02:51PM |
| UHID/MR No | : CAOP.0000001864 | Reported | : 24/Sep/2024 04:17PM |
| Visit ID | : CAOPOPV02349 | Status | : Final Report |
| Ref Doctor | : Self | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E33453 | | |

DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***



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

SIN No:AOP240903584



Patient Name : Mr.NIKHIL KUMAR JHA
Age/Gender : 32 Y 8 M 4 D/M
UHID/MR No : CAOP.0000001864
Visit ID : CAOPOPV02349
Ref Doctor : Self
Emp/Auth/TPA ID : 22E33453

Collected : 24/Sep/2024 11:56AM
Received : 24/Sep/2024 02:51PM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.



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

SIN No:AOP240903584



Mr. Nikhil Kumar Jha
Age - 32y / m

| | | | |
|----------------|---------------|-------------|----------------|
| Height : 160cm | Weight : 82kg | BMI : 29.0 | Waist Circum : |
| Temp : 98.1°F | Pulse : 62/m | Resp : 20/m | B.P : 115/78 |

General Examination / Allergies

History :-

Past His :- H/o of tonsillitis

General health checkup.

Surgical His :- No relevant
H/o.

Allergy :- Not relevant
H/o.

CVS - S₂ Heared,
RS - R/L crepitation

Family His :-
F → Du Hypoglycemic drug,
M → No relevant H/o.

CNS - Pt is conscious & oriented to TSP
P/A - Soft and non-tender.

Covid Vaccines :- 2 doses.

Diet :- Mixed diet

ADVICE :-

Review after Reports.

Physical Activity :- good.

Menstruation His :- —

Marital His :- Married, 1 kid.

Addictions :-
Occasional alcohol.
No smoking.
No tobacco.

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| | |
|---------------------------------|------------------------------------|
| NAME: NIKHIL JHA | AGE: 32 /SEX: M |
| DATE: September 24, 2024 | REF.BY: -HEALTH CHECKUP |
| S.NO.:- | UHID NO.: - CAOP.0000001863 |

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, does not show any evidence of cholecystitis or cholelithiasis.

CBD is not dilated.

Portal vein is normal in caliber.

Both kidneys are of normal size (RK 10.3x 4.3cm, LK 10.9 x 5.6cm), 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. **Evidence of right kidney shows concretion of size 3.9mm at lower pole.**

Spleen is normal in size (10.1cm) 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 normal in Size(3.4x2.8x3.5 cm), volume 18cc and Shape. No focal lesion is seen.

IMPRESSION: -

- **Grade I fatty liver**
- **Right renal concretion**

Please correlate clinically.



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DR. SEEMA PRAJAPAT
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Patient

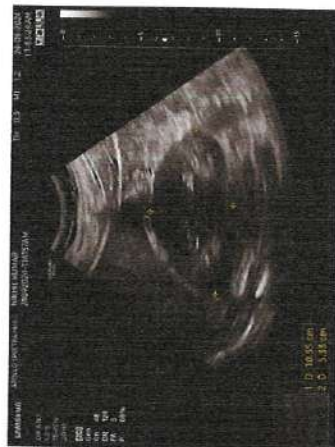
ID
Name
Birth Date
Gender

24092024-114157AM
NIKHIL KUMAR

Exam

Accession #
Exam Date
Description
Operator

24-09-2024



Echocardiography Report

Name: Mr. NIKHIL JHA

Age/Sex: 32Yrs/M

Date: 24.09.2024

Ref. By

Summary of 2D echo

Baseline echocardiography revealed:

- Normal Valves & Chambers
- No RWMA.
- LVEF - 60%
- Normal diastolic Function(E>A).
- Good RV function
- No MR
- NO TR
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

Observations:-Dimensions

| | | |
|---------|------|------------|
| LVID d= | 40.1 | (4-26mm) |
| LV IVS= | 11 | (1-04mm) |
| Pwd = | 11.3 | (0-79mm) |
| Ao = | 22.5 | (20-37mm) |
| LA = | 33.4 | (21-37mm) |
| LVEF = | 60% | (55 +6.2%) |

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Mitral Valve - Normal

- No MR

Aortic valve- Normal

- No AR

Tricuspid Valve -Normal

- NO 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
Sr. CONSULTANT CARDIOLOGIST

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Eye Checkup

NAME: - MR. NIKHIL KUMAR JHA

Age: - 32

Date: 24/9/24

✓ SELF / CORPORATE: -

| Right Eye | | Left Eye |
|----------------------|-------------------|-------------------|
| Distant Vision | Same vision (C/C) | Same vision (C/C) |
| Near vision | C/C | C/C |
| Color vision | C/C | C/C |
| Fundus examination | / | / |
| Intraocular pressure | / | / |
| Slit lamp exam | / | / |

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| | | | | |
|---------------------|-----------------|-----------|----------------|---------------------------------------|
| ID caop000001864 | Height 168cm | Age 32 | Gender Male | Test Date / Time 24.09.2024. 12:33 |
|---------------------|-----------------|-----------|----------------|---------------------------------------|

Body Composition Analysis

| | Values | Total Body Water | Soft Lean Mass | Fat Free Mass | Weight |
|----------------------|---------------------|------------------|---------------------|---------------------|---------------------|
| Total Body Water (L) | 38.0 (34.9~42.7) | 38.0 | 48.8 (44.8~54.8) | 51.8 (47.5~58.1) | 83.6 (52.8~71.4) |
| Protein (kg) | 10.2 (9.4~11.4) | | | | |
| Minerals (kg) | 3.62 (3.23~3.95) | non-ossaeous | | | |
| Body Fat Mass (kg) | 31.8 (7.5~14.9) | | | | |

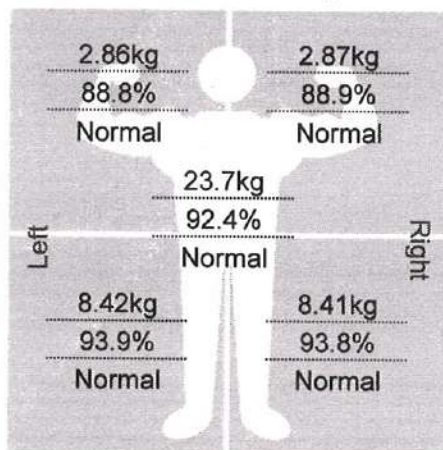
Muscle-Fat Analysis

| | Under | Normal | Over |
|--------------------|--|--------|------|
| Weight (kg) | 55 70 85 100 115 130 145 160 175 190 205 % | | |
| SMM (kg) | 70 80 90 100 110 120 130 140 150 160 170 % | 28.7 | |
| Body Fat Mass (kg) | 40 60 80 100 160 220 280 340 400 460 520 % | | 31.8 |

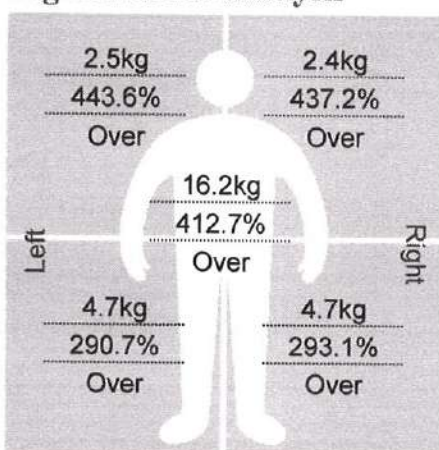
Obesity Analysis

| | Under | Normal | Over |
|--------------------------|--|--------|------|
| BMI (kg/m ²) | 10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0 | | 29.6 |
| PBF (%) | 0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0 | | 38.0 |

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

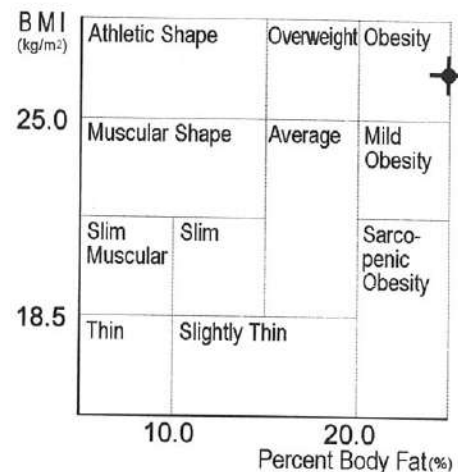
| | Weight (kg) | SMM (kg) | PBF (%) | Date / Time |
|--|-------------|----------|---------|-----------------|
| <input checked="" type="checkbox"/> Recent | 83.6 | 28.7 | 38.0 | 24.09.24. 12:33 |
| <input type="checkbox"/> Total | | | | |

InBody Score

57 / 100 Points

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

Body Type



Weight Control

| | |
|----------------|-----------|
| Target Weight | 62.1 kg |
| Weight Control | - 21.5 kg |
| Fat Control | - 22.5 kg |
| Muscle Control | + 1.0 kg |

Obesity Evaluation

| | | | | |
|-----|---------------------------------|--|---|-------------------------------|
| BMI | <input type="checkbox"/> Normal | <input type="checkbox"/> Under | <input checked="" type="checkbox"/> Slightly Over | <input type="checkbox"/> Over |
| PBF | <input type="checkbox"/> Normal | <input type="checkbox"/> Slightly Over | <input checked="" type="checkbox"/> Over | |

Body Balance Evaluation

| | | | |
|-------------|--|--|---|
| Upper | <input checked="" type="checkbox"/> Balanced | <input type="checkbox"/> Slightly Unbalanced | <input type="checkbox"/> Extremely Unbalanced |
| Lower | <input checked="" type="checkbox"/> Balanced | <input type="checkbox"/> Slightly Unbalanced | <input type="checkbox"/> Extremely Unbalanced |
| Upper-Lower | <input checked="" type="checkbox"/> Balanced | <input type="checkbox"/> Slightly Unbalanced | <input type="checkbox"/> Extremely Unbalanced |

Research Parameters

| | | |
|----------------------------|-----------------------|---------------|
| Basal Metabolic Rate | 1489 kcal | (1751~2058) |
| Waist-Hip Ratio | 0.96 | (0.80~0.90) |
| Visceral Fat Level | 15 | (1~9) |
| Obesity Degree | 135 % | (90~110) |
| Bone Mineral Content | 2.98 kg | (2.66~3.26) |
| SMI | 8.0 kg/m ² | |
| Recommended calorie intake | 2340 kcal | |

Impedance

| Z(Ω) | RA | LA | TR | RL | LL |
|---------|-------|-------|------|-------|-------|
| 5 kHz | 341.9 | 341.4 | 25.2 | 244.9 | 240.7 |
| 50 kHz | 302.1 | 302.9 | 23.2 | 215.8 | 213.2 |
| 250 kHz | 271.7 | 274.4 | 20.9 | 193.9 | 191.6 |

ID: 0000001864

24-09-2024 12:22:37 PM

Aravind
CC

MR. NIKHIL KUMAR JHA

Male 32Years

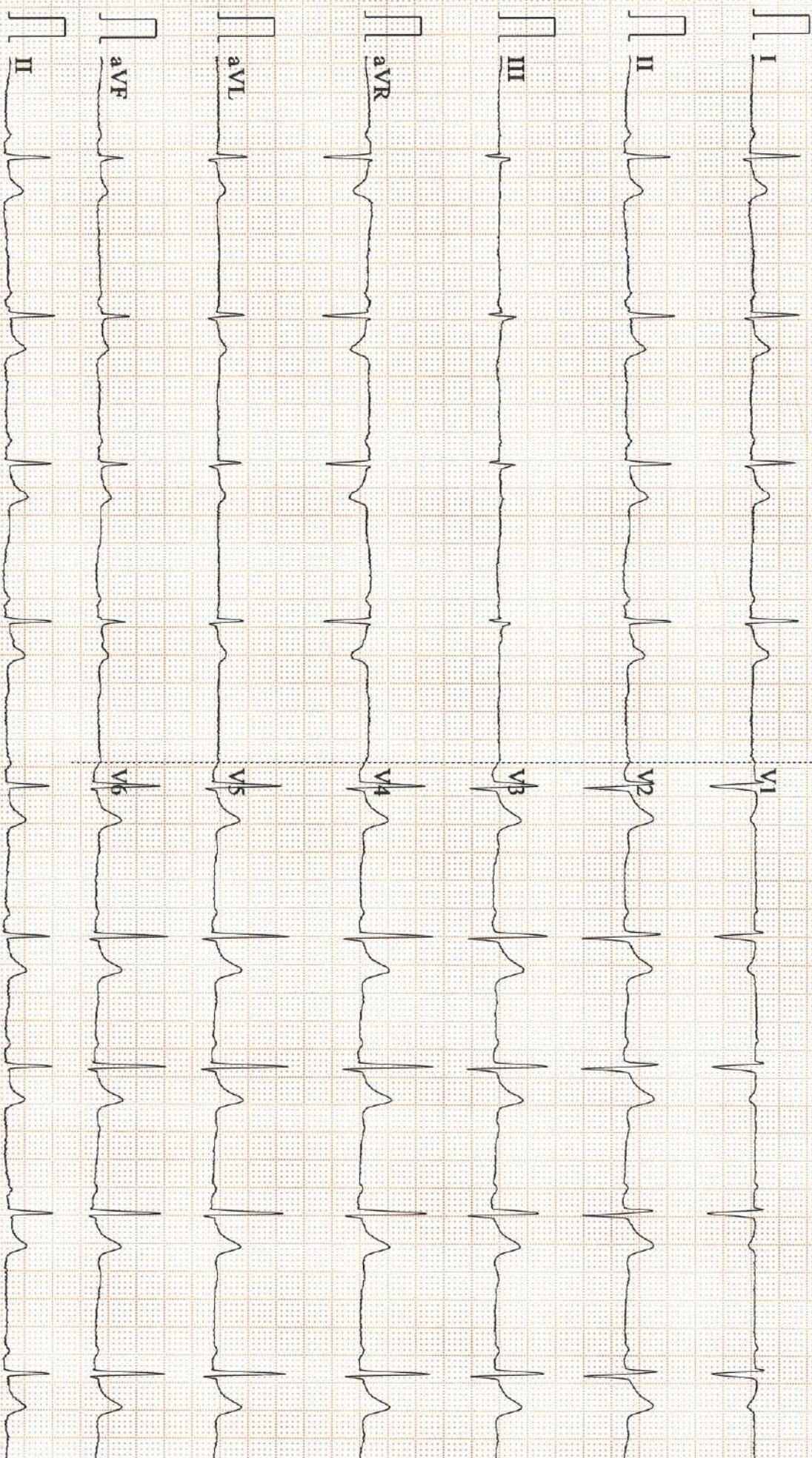
Req. No. :

Diagnosis Information:

Sinus Bradycardia with Sinus Arrhythmia

| | | |
|----------|---------------|-----|
| HR | : 54 | bpm |
| P | : 106 | ms |
| PR | : 179 | ms |
| QRS | : 74 | ms |
| QT/QTcBz | : 366/348 | ms |
| P/QRS/T | : 48/35/35 | ° |
| RV5/SV1 | : 1.290/0.770 | mV |

Report Confirmed by:



Dr. Rajeev Nangia

MBBS, MS (ENT)

Experience : 31 Years



NIKHIL KUMAR JHA 32y M

For Routine ENT Examination

7/9
Nose - NAD
Ears :- B/L TM's - H
Throat :- NAD
Op :- Normal ENT Examination

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10AM to 5PM



Mr. Nikhil Kumar.
32/M

ofc:- Gen. deposits ⁺⁺⁺
 Halitosis ⁺⁺

Multiple Caries.
RCT treated tooth 1st

RS.
↑
56.

↳ Adv.

Capping 1st + 6.
oral prophylaxis
+ Gum Care/Hyge.

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=====

NAME: NIKHIL KUMAR JHA
DATE: 24.09.2024
REF. BY: - HEALTH CHECKUP

=====

AGE: 32Y /SEX/M
MR. NO: - CAOP.0000001864
S.NO.: - 2568

=====

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 .

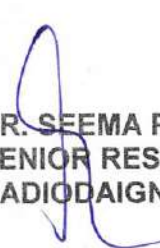
Both diaphragms are normal in position and contour .

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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