

CERTIFICATE OF MEDICAL FITNESS

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

Mr. Praveen Goyal on 26/2/24

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

	Tick
Medically Fit	✓
<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>Physician opinion for OHA - Parke-Davis Gonal</u></p> <p>2. <u>M+D₃ deficient - Physician opinion & Medication.</u></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: 170cm
 Weight: 80kg
 Blood Pressure: 119/80

D. Dadheech
 Dr. Dipti Dadheech
 Medical Officer

This certificate is not meant for medico-legal purposes

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

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

Patient Name	: Mr.PRAVEEN GOYAL	Collected	: 23/Mar/2024 09:55AM
Age/Gender	: 36 Y 2 M 30 D/M	Received	: 23/Mar/2024 12:00PM
UHID/MR No	: CAOP.0000000082	Reported	: 23/Mar/2024 02:40PM
Visit ID	: CAOPOPV87	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 665876		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation




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

SIN No: BED240079814

Patient Name : Mr.PRAVEEN GOYAL
 Age/Gender : 36 Y 2 M 30 D/M
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	41.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.85	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4095	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1890	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	126	Cells/cu.mm	20-500	Calculated
MONOCYTES	189	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
PLATELET COUNT	213000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	07	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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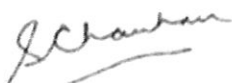
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	102	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:

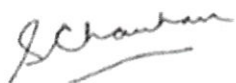
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	83	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.



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TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	189	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 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)



Dr. Tanish Mandal
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SIN No: EDT240036627



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	147	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	206	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	26	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	79.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	41.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.65		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.54		<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
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.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse



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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	90.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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 > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- 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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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.72	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	18.80	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.90	mg/dL	3.5-8.5	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.10	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	90.00	U/L	38-126	p-nitrophenyl phosphate

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	36.00	U/L	15-73	Glycylglycine Nitoranalide



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TOUCHING LIVES

MC- 6048

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.23	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.730	µIU/mL	0.34-5.60	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No: SPL24053551



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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	5.93	ng/mL		CLIA

Kindly correlate clinically

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

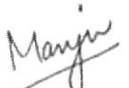
Decreased Levels:


- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.




Dr. Manju Kumari
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	124	pg/mL	107.2-653.3	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.830	ng/mL	0-4	CLIA



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

SIN No:SPL24053551



Patient Name : Mr.PRAVEEN GOYAL
 Age/Gender : 36 Y 2 M 30 D/M
 UHID/MR No : CAOP.0000000082
 Visit ID : CAOPOPV87
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 665876

Collected : 23/Mar/2024 09:55AM
 Received : 23/Mar/2024 02:11PM
 Reported : 23/Mar/2024 03:17PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-5	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



Patient Name : Mr.PRAVEEN GOYAL
 Age/Gender : 36 Y 2 M 30 D/M
 UHID/MR No : CAOP.0000000082
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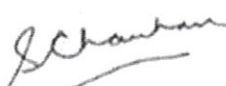
Collected : 23/Mar/2024 09:55AM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


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



NAME: PRAVEEN GOYAL	AGE: 36 Y/ SEX: M
DATE: March 23, 2024	REF.BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.:- 48	UHID NO.:-CAOP.0000000082

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows diffuse increase in echotexture 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 post operated.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size (RK 10.8x4.1cm, LK 12.5x4.4cm), shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Prostate is normal in size and shape. No focal lesion is seen.

Please correlate clinically

DR. KAWAL DEEP DHAM ,
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

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
www.apollospectra.com

Registered Address

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

=====

NAME: PRAVEEN GOYAL
DATE: 23.03.2024
REF. BY:- HEALTH CHECKUP

=====

AGE : 36Y /SEX/M
MR. NO:- CAOP.0000000082
S.NO. :- 342

=====

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.

ID caop0000000082	Height 170cm	Age 36	Gender Male	Test Date / Time 23.03.2024. 09:48
----------------------	-----------------	-----------	----------------	---------------------------------------

Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	36.3 (35.7~43.7)	36.3	46.5 (45.9~56.1)	49.4 (48.6~59.4)	80.4 (54.1~73.1)
Protein (kg)	9.6 (9.5~11.7)				
Minerals (kg)	3.49 (3.30~4.04)	non-osseous			
Body Fat Mass (kg)	31.0 (7.6~15.3)				

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 %		
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		

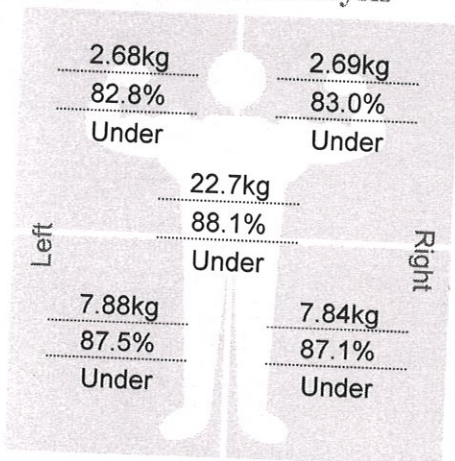
80.4
27.0
31.0

Obesity Analysis

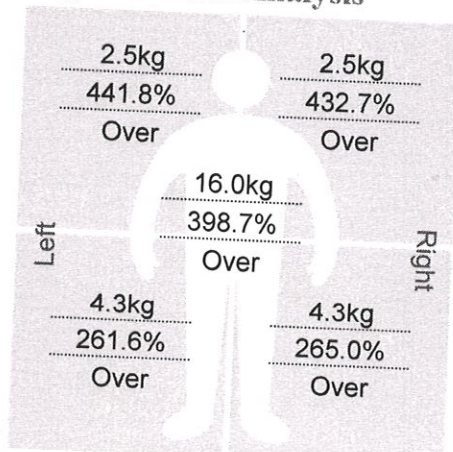
	Under	Normal	Over
BMI (kg/m ²)	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		

27.8
38.5

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	80.4	27.0	38.5
Total			

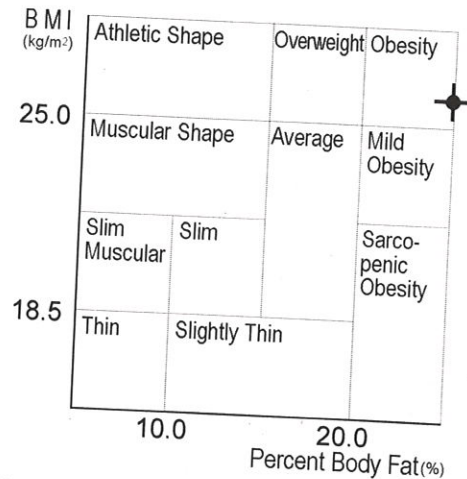
23.03.24. 09.48

InBody Score

54/100 Points

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

Body Type



Weight Control

Target Weight	63.6 kg
Weight Control	- 16.8 kg
Fat Control	- 21.4 kg
Muscle Control	+ 4.6 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	1438 kcal	(1699~1994)
Waist-Hip Ratio	1.00	(0.80~0.90)
Visceral Fat Level	16	(1~9)
Obesity Degree	126 %	(90~110)
Bone Mineral Content	2.90 kg	(2.73~3.33)
SMI	7.3 kg/m ²	
Recommended calorie intake	2257 kcal	

Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	358.3	354.6	28.0	273.5	263.2
50 kHz	325.8	327.4	24.7	244.7	240.7
250 kHz	297.5	300.5	21.4	223.1	219.6

Parveen Soyad
M 36 years

Sp: ENT: ~~ADHD~~
~~Depression~~



Adc

No medication

Im (N) (N)
Knee ← →
Wider ← →

Chest: clear

Sum
23/3/2024

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

PRAVEEN, GOYAL

Patient ID: 0000000082

23.03.2024 Male 170 cm 80 kg

I:14:21pm 36 yrs Asian

Vent. Rate 98 bpm Location: * 0 *

PR interval 150 ms System Evaluation:

QRS duration 86 ms Normal sinus rhythm

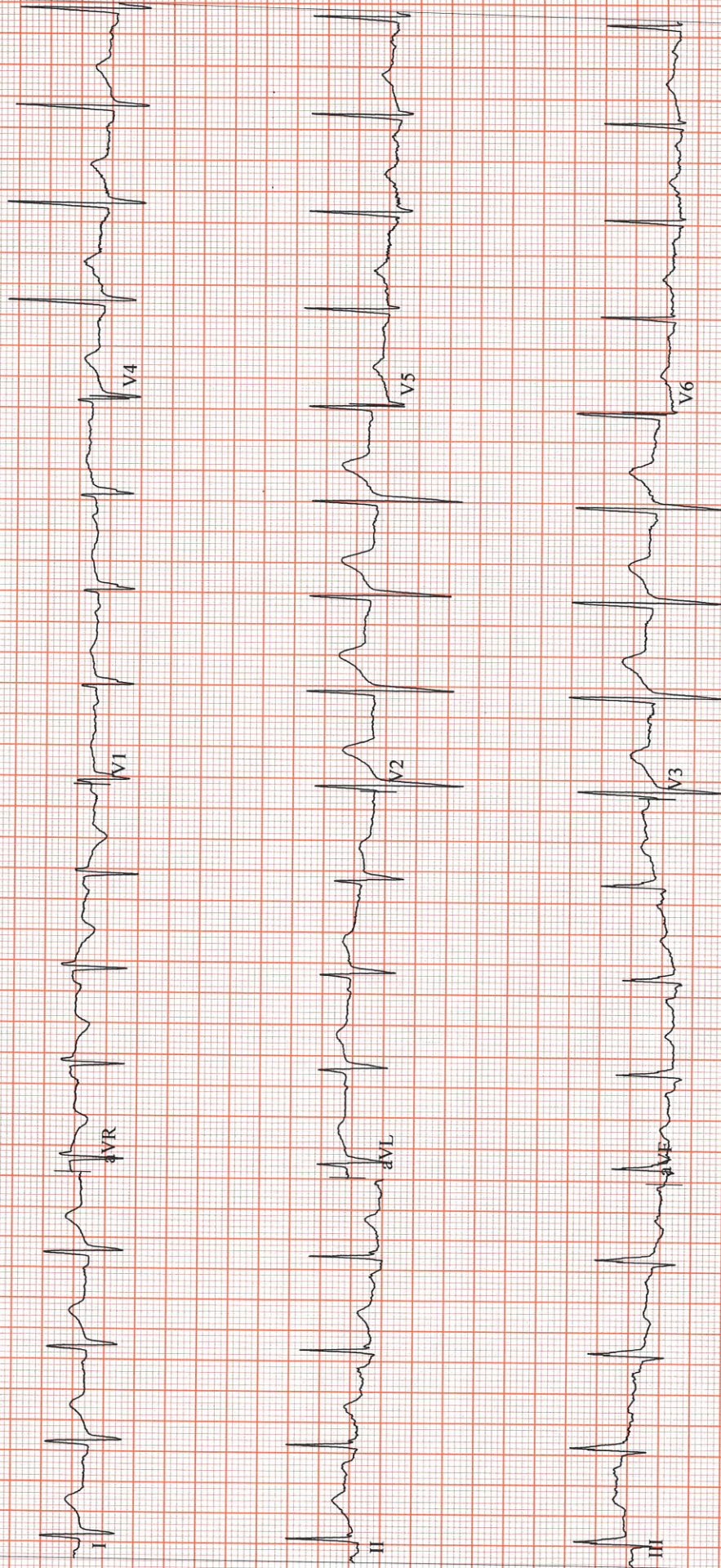
QT / QTc(B) 366 / 467 ms Normal ECG

P-R-T axes 64 / 73 / 28 °

P duration 106 ms

RR / PP interval 612 / 615 ms

Sokolow-Lyon 2.04 mV



Mr Praveen

Height : 170cm	Weight : 80kg	BMI : 27.8	Waist Circum :
Temp :	Pulse : 83	Resp :	B.P : 119/80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Recently diagnosed

diabetes

on OHA

NO H/O HTN

NO H/O Asthma
& allergies

Cholecystectomy
in 2018.

Adv

- To continue OHA
- Exercise
- Life style modifications

Dr. Dathheech

Dr. Diphi Dathheech

Follow up date:

Doctor Signature

Apollo One

Eye Checkup

NAME:- MR. PARVEEN GOYAL

Age:- 36

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	R-2.50 -0.50 x 180°	-2.00 -0.25 x 40°
Near vision		
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Address: Apollo One
Plot No. 3, Block No. 34,
Pusa Road, New Delhi – 110005
Ph. No. 011-40393610

Signature

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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Ameerpet, Hyderabad-500038, Telangana.

NAME: - *Ms. Praveen Goyal*
AGE: - *36*
GENDER: - *Male*

pt. Comes for regular dental checkup

*M/H - } Nil.
D/H - }*

*O/E - Calculus + +
& stain + +.*

Adv. scaling & polishing

*Treatment -
& scaling & polishing done -*

[Signature]
Dr. Ishita Agrawal

Signature: - *[Signature]*

Apollo One (Unit of Apollo Health and Lifestyle Ltd)

Plot no. 3, Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

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

www.apolloclinic.com



Name: PRAVEEN GOYAL

Age/Sex: 36Yrs/M

Date: 23.03.2024

ARCOFEMI HEALTHCARE LIMITED

TREADMILL TEST REPORT

Medication: None

Protocol: BRUCE

	Resting	Peak exercise	Recovery			
			3 (min)	4	6	8
HR/min	86	176	104			
B.P. mm Hg	120/80	150/110	130/85			

Reason for termination

- THR Achieved
- FATIGUE

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

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

AFOLLO SPECIALITY HOSPITAL
 PUSA ROAD KAROL BAGH
 DELHI

Station
 Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: PRAVEEN, GOYAL
 Patient ID: 0000000082
 Height: 170 cm
 Weight: 80 kg

DOB: 24.12.1987
 Age: 36 yrs
 Gender: Male
 Race: Asian

Study Date: 23.03.2024
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: --
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	03:34	0.00	0.00	88		
	STANDING	00:45	0.00	0.00	82		
EXERCISE	STAGE 1	03:00	1.70	10.00	126	120/80	
	STAGE 2	03:00	2.50	12.00	144	130/80	
	STAGE 3	03:00	3.40	14.00	157	140/90	
	STAGE 4	02:07	4.20	16.00	176	150/100	
RECOVERY		02:57	0.00	0.00	104	130/85	

The patient exercised according to the BRUCE for 11:06 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 86 bpm rose to a maximal heart rate of 176 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of --/-- mmHg, rose to a maximum blood pressure of 150/100 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

NORMAL

Physician _____

Technician _____

PRAVEEN, GOYAL

Patient ID: 0000000082

23.03.2024

Male 170 cm 80 kg

12:54:04pm

36 yrs Asian

Meds:

Test Reason:

Medical History:

Ref MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 11:06
 Max HR: 176 bpm 95 % of max predicted 184 bpm HR at rest: 86
 Max BP: 150/100 mmHg Max RPP: 26400 mmHg*bpm
 Maximum Workload: 13.40 METS
 Max. ST: -1.35 mm, -0.91 mV/s in III; EXERCISE STAGE 3 7:30

Arrhythmia: A:19, VBI:2, PVC:19, PSYC:1, CPLT:1
 ST/HR index: 0.77 μ V/bpm

HR reserve used: 91 %
 HR recovery: 34 bpm

VE recovery: 0 VE/min
 ST/HR hysteresis: 0.010 mV (III)

QRS duration: BASELINE: 88 ms, PEAK EX: 84 ms, REC: 88 ms

Reasons for Termination: Fatigue

Summary:

Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.

Chest Pain: none. **Arrhythmias:** none. **ST Changes:** none. **Overall Impression:** Normal stress test.

Conclusion: NORMAL

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [mph]	Grade [%]	Workload [METs]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [l/min]	ST Level [mm]	Comment
PRETEST	SUPINE	03:34	0.00	0.00	1.0	88			0	-0.20	
	STANDING	00:45	0.00	0.00	1.0	82			0	-0.15	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	126	120/80	15120	6	0.25	
	STAGE 2	03:00	2.50	12.00	7.0	144	130/80	18720	0	-0.55	
	STAGE 3	03:00	3.40	14.00	10.1	157	140/90	21980	0	-0.20	
	STAGE 4	02:07	4.20	16.00	13.4	176	150/100	26400	1	0.05	
RECOVERY		02:57	0.00	0.00	1.0	104	130/85	13520	0	-0.10	

GE CardioSoft V7.0 (10)

Unconfirmed

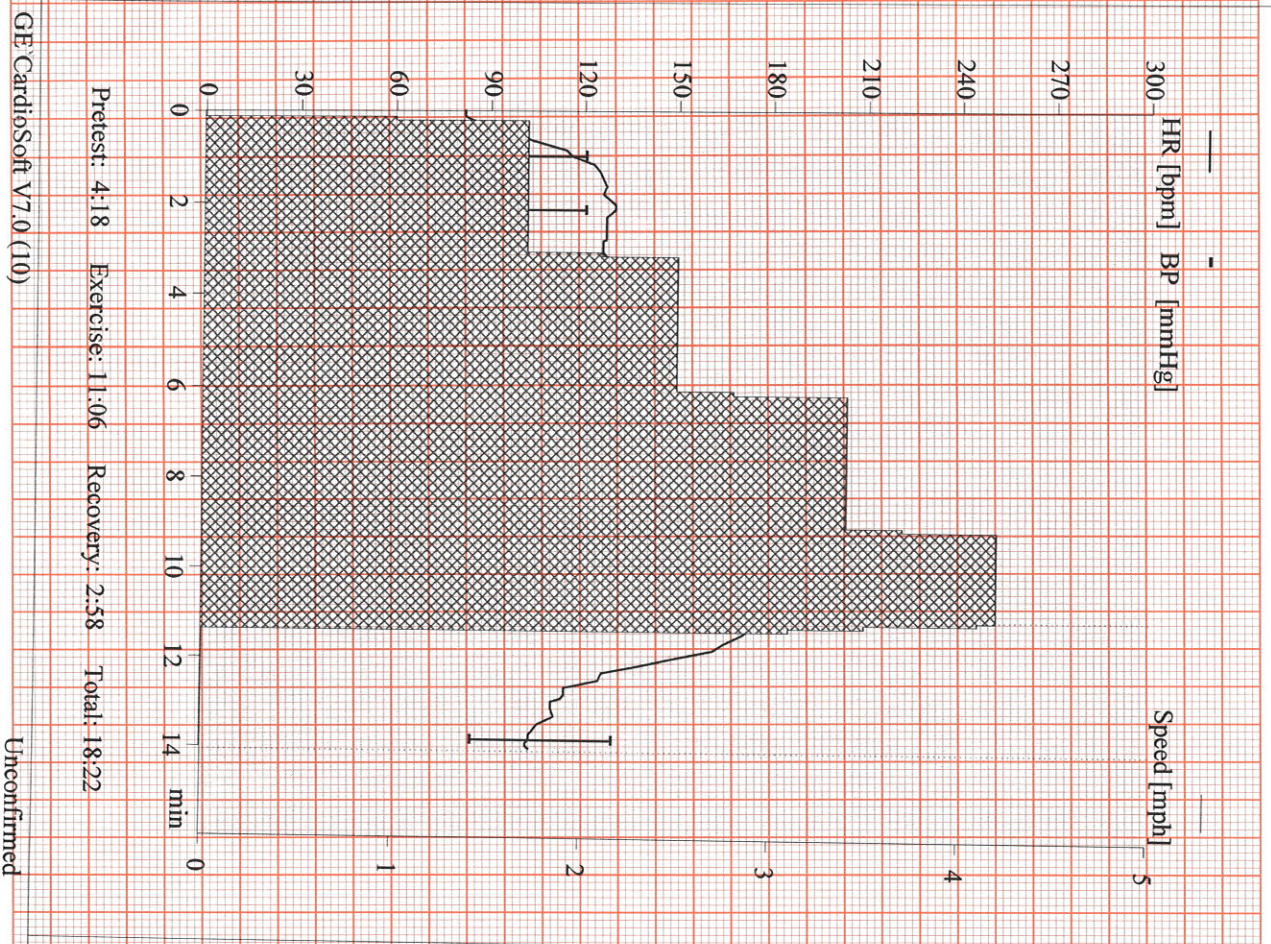
Attending MD:

PRAVEEN, GOVAL
 Patient ID: 0000000082
 23.03.2024 Male 170 cm 80 kg
 12:54:04pm 36 yrs Asian

Exercise Test / One Page Summary

APOLLO SPECIALITY HOSPITAL

Protocol: BRUCE



Max HR: 176 bpm 95 % of max predicted 184 bpm HR at rest: 86
 Max BP: 150/100 mmHg Max RPP: 26400 mmHg* bpm
 Maximum Workload: 13.40 METS
 Max: ST: -1.35 mm, -0.91 mV/s in III; EXERCISE STAGE 3 7:30
 Arrhythmia: A:19, VBIQ:2, PVC:19, PSVC:1, CPLT:1
 ST/HR index: 0.77 μ V/bpm
 HR reserve used: 91 %
 HR recovery: 34 bpm
 VE recovery: 0 VE/min
 ST/HR hysteresis: 0.010 mV (III)
 QRS duration: BASELINE: 88 ms, PEAK EX: 84 ms, REC: 88 ms

Reasons for Termination: Fatigue
 Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall Impression: Normal stress test.
 Conclusion: NORMAL

Location: * 0 *

PRAVEEN, GOYAL

Patient ID: 0000000082

23.03.2024

12:56:23pm

Male 170 cm 80 kg

36 yrs Asian

Exercise Test / 12-Lead Report

PRETEST

SUPINE

02:14

APOLLO SPECIALITY HOSPITAL

BRUCE

0.0 mph

0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

I 1.10

II 0.95

III -0.15

aVR -1.00

aVL 0.60

aVF 0.35

V1 0.40

V2 2.25

V3 1.45

V4 1.00

V5 0.75

V6 0.55

Lead ST(mm)

V1 0.40

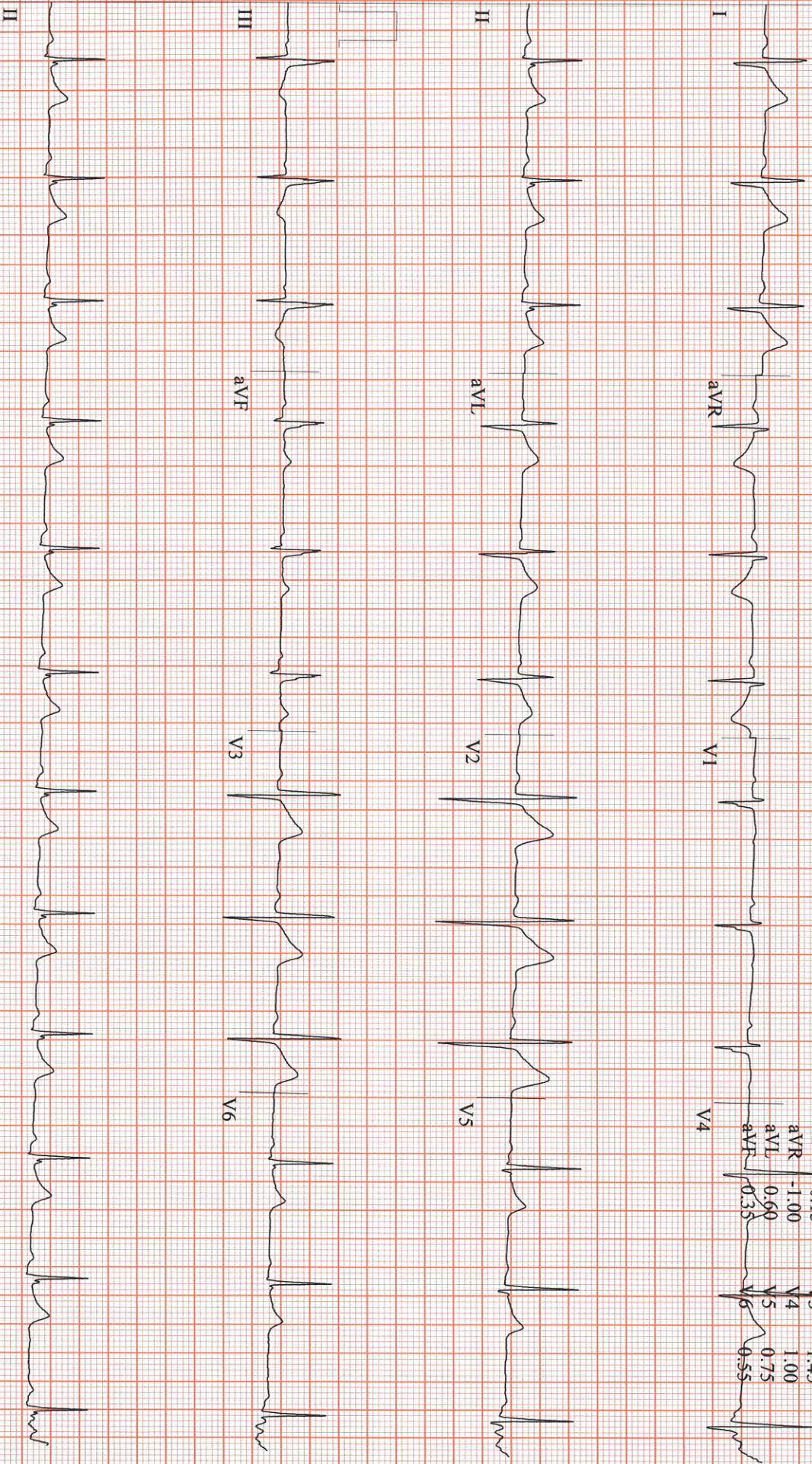
V2 2.25

V3 1.45

V4 1.00

V5 0.75

V6 0.55



GE CardiSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V2,V3)

Start of Test: 12:54:04pm

PRAVEEN, GOVAL

Patient ID: 000000082

23.03.2024 Male 170 cm 80 kg

12:57:55pm 36 yrs Asian

Exercise Test / 12-Lead Report

PRETEST

STANDING

03:45

APOLLO SPECIALITY HOSPITAL

BRUCE

0.0 mph

0.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

Lead ST(mm)



Lead	ST(mm)	Lead	ST(mm)
I	1.25	V1	0.40
II	1.20	V2	2.10
III	-0.05	V3	1.65
aVR	-1.20	V4	1.25
aVL	0.65	V5	1.00
aVF	0.55	V6	0.75

GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz PRF+ HR(I,V4)

Start of Test: 12:54:04pm

MICRO MED CHARTS Page 2

PRAVEEN, GOYAL

Patient ID: 000000082
 23.03.2024 Male 170 cm 80 kg
 1:01:12pm 36 yrs Asian

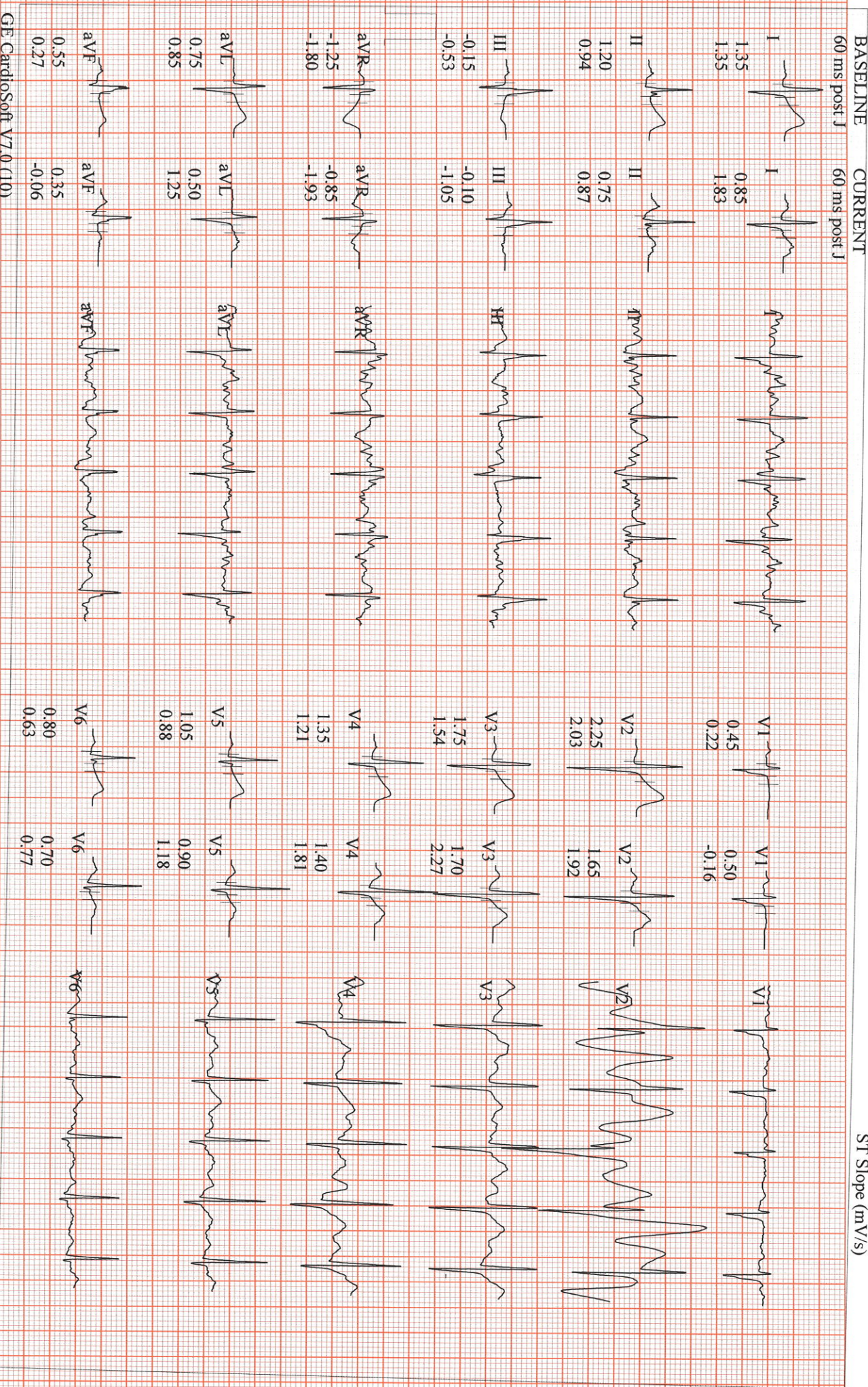
Exercise Test / Comparative Medians Report

EXERCISE STAGE 1
 126 bpm
 120/80 mmHg
 02:50

BRUCE
 1.7 mph
 10.0 %

APOLLO SPECIALITY HOSPITAL

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRR+ HR(V2,V3)

Start of Test: 12:54:04pm

PRAVEEN, GOYAL

Patient ID: 000000082

23.03.2024

1:04:12pm

Exercise Test / Comparative Medians Report

EXERCISE STAGE 2

05:50

APOLLO SPECIALITY HOSPITAL

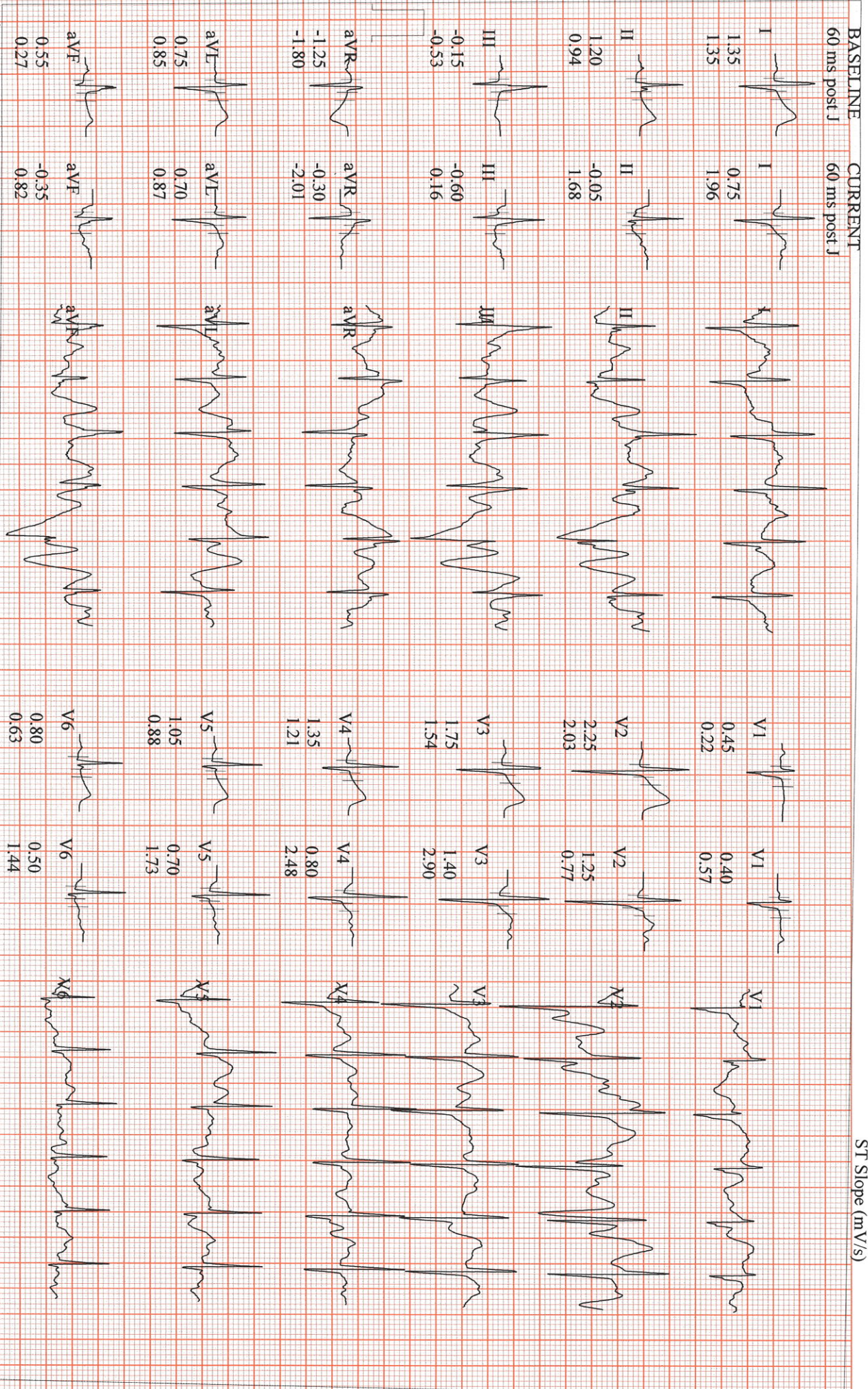
BRUCE

2.5 mph

146 bpm
130/80 mmHg

Male 170 cm 80 kg
36 yrs Asian

Lead
ST Level (mm)
ST Slope (mV/s)



GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V2)

Start of Test: 12:54:04pm

PRAVEEN, GOYAL

Patient ID: 0000000082
 23.03.2024 Male 170 cm 80 kg
 1:07:12pm 36 yrs Asian

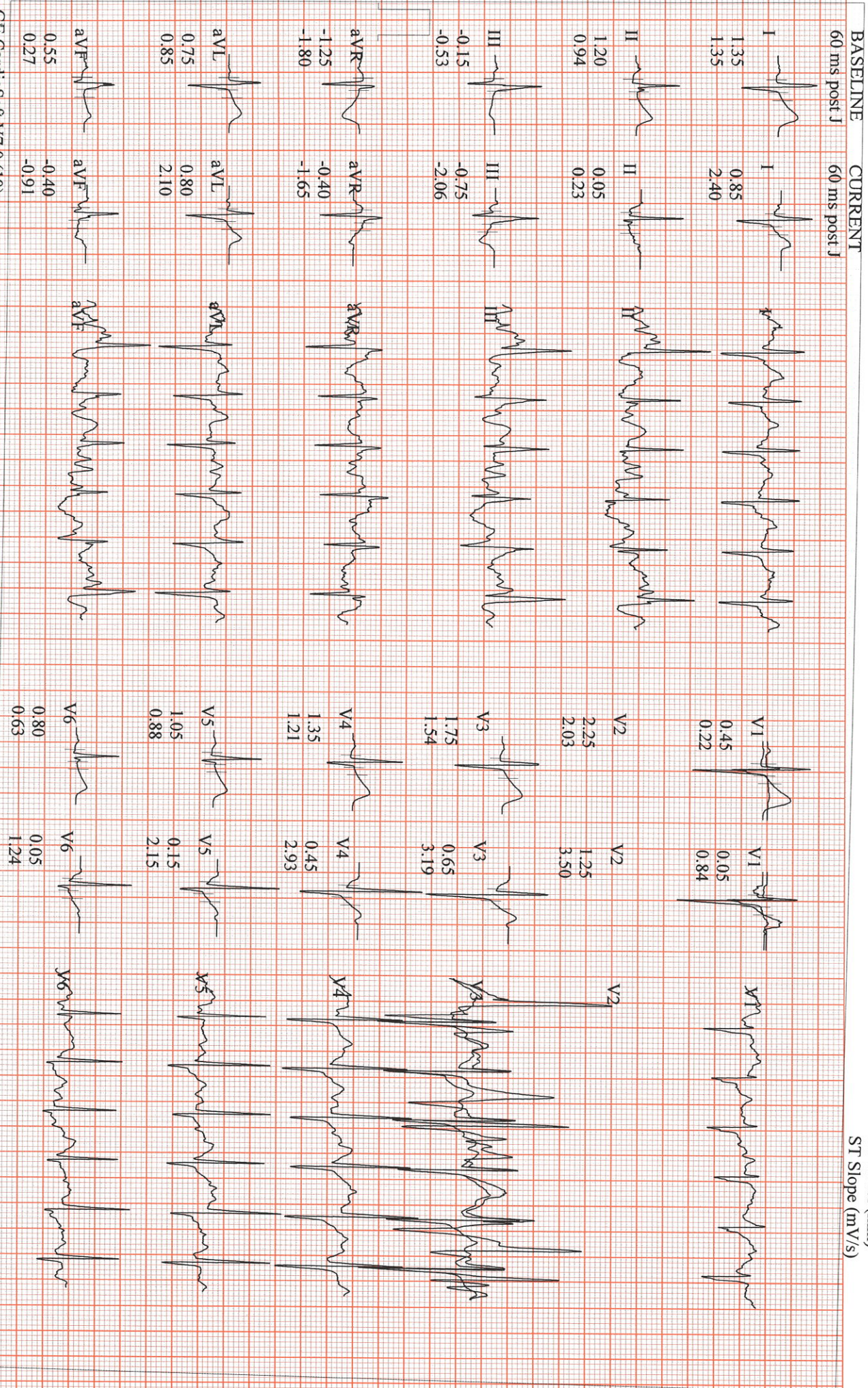
Exercise Test / Comparative Medians Report

EXERCISE STAGE 3
 155 bpm
 140/90 mmHg
 08:50

BRUCE
 3.4 mph
 14.0 %

APOLLO SPECIALITY HOSPITAL

Lead
 ST Level (mm)
 ST Slope (mV/s)



GE CardioSoft V7.0 (10)
 25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V3,V2)

Start of Test: 12:54:04pm

PRAVEEN, GOVAL

Patient ID: 000000082

23.03.2024

1:09:34pm

Male 170 cm 80 kg

36 yrs Asian

Exercise Test / 12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 4

11:07

APOLLO SPECIALITY HOSPITAL

BRUCE

4.2 mph

16.0 % Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

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Lead ST(mm)

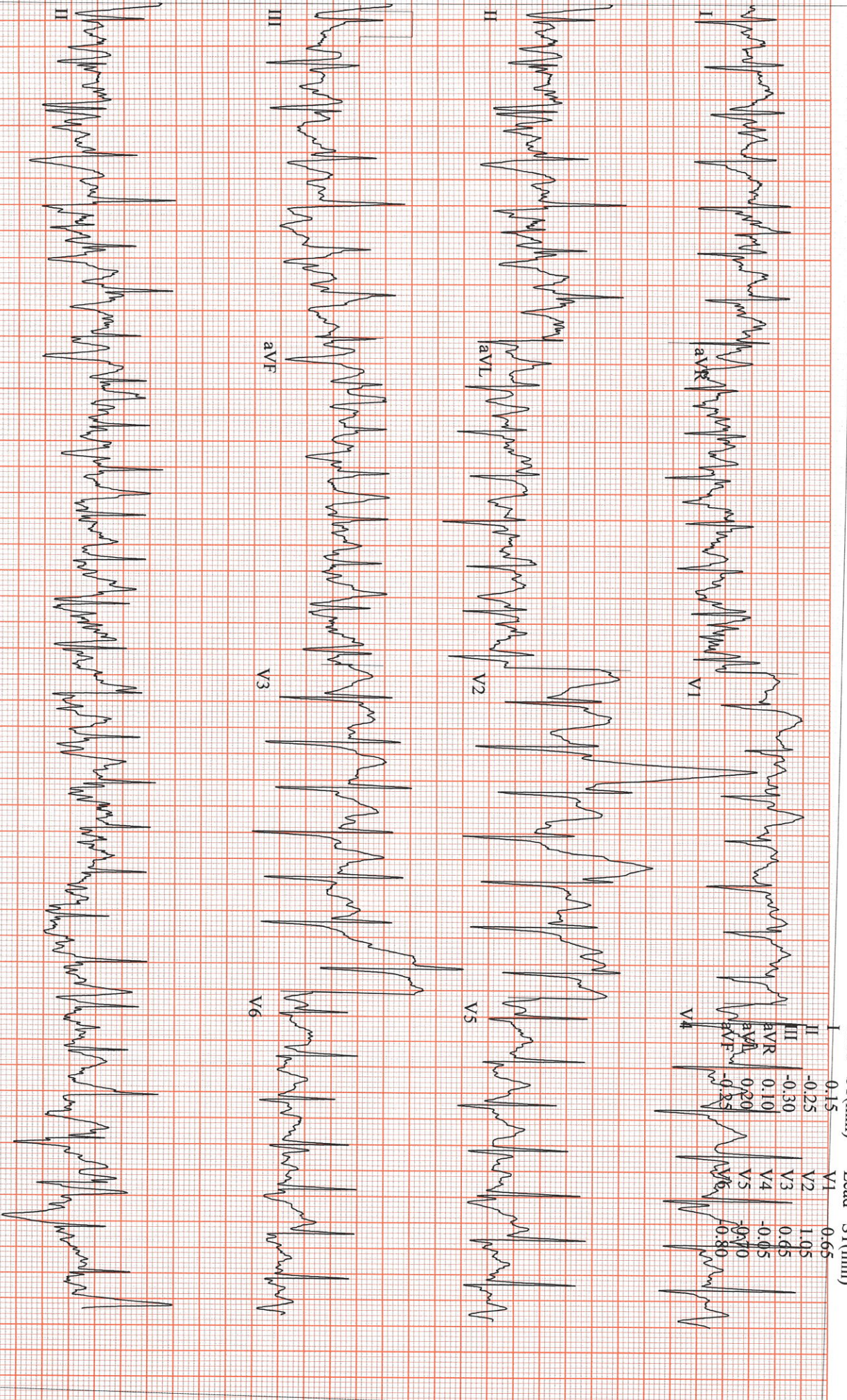
Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4,V3)

Start of Test: 12:54:04pm

PRAVEEN, GOYAL

Patient ID: 0000000082

23.03.2024

1:10:23pm

Male 170 cm 80 kg

36 yrs Asian

Exercise Test / 12-Lead Report

RECOVERY

#1

155 bpm

150/100 mmHg

00:50

BRUCE

0.0 mph

0.0 %

APOLLO SPECIALITY HOSPITAL

Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

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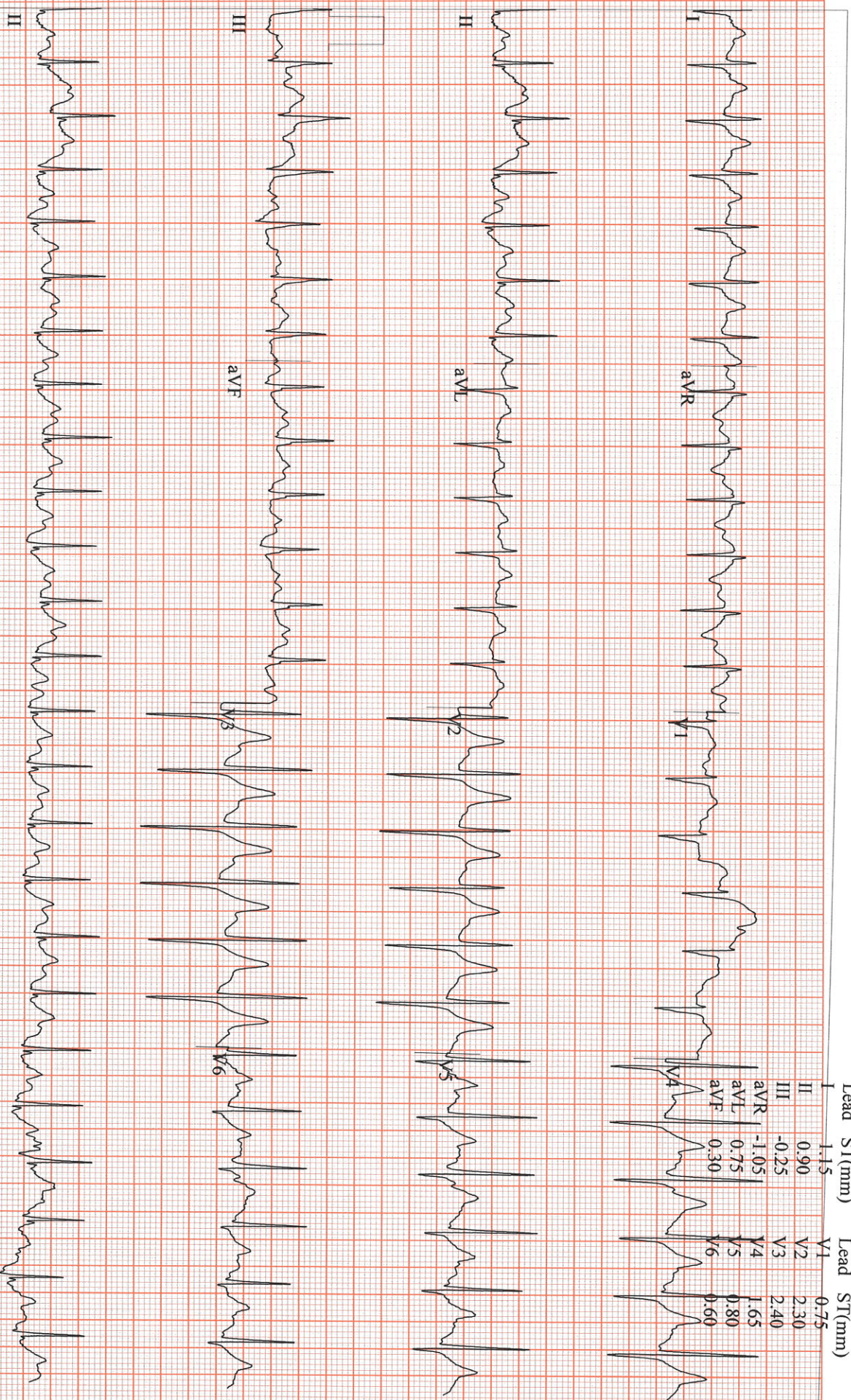
Lead ST(mm)

Lead ST(mm)

GE CardioSoft V7.0 (10)
25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4,V3)

Start of Test: 12:54:04pm

MICRO MED CHARTS
Page 7



PRAVEEN, GOYAL

Patient ID: 000000082

23.03.2024

1:11:23pm

Male

170 cm

80 kg

36 yrs

Asian

Exercise Test / 12-Lead Report

RECOVERY

#1

01:50

APOLLO SPECIALITY HOSPITAL

BRUCE

0.0 mph

0.0 %

Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

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Lead ST(mm)

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Lead ST(mm)

Lead ST(mm)

Lead ST(mm)

0.95

0.85

-0.10

-0.95

-0.50

0.40

0.60

0.80

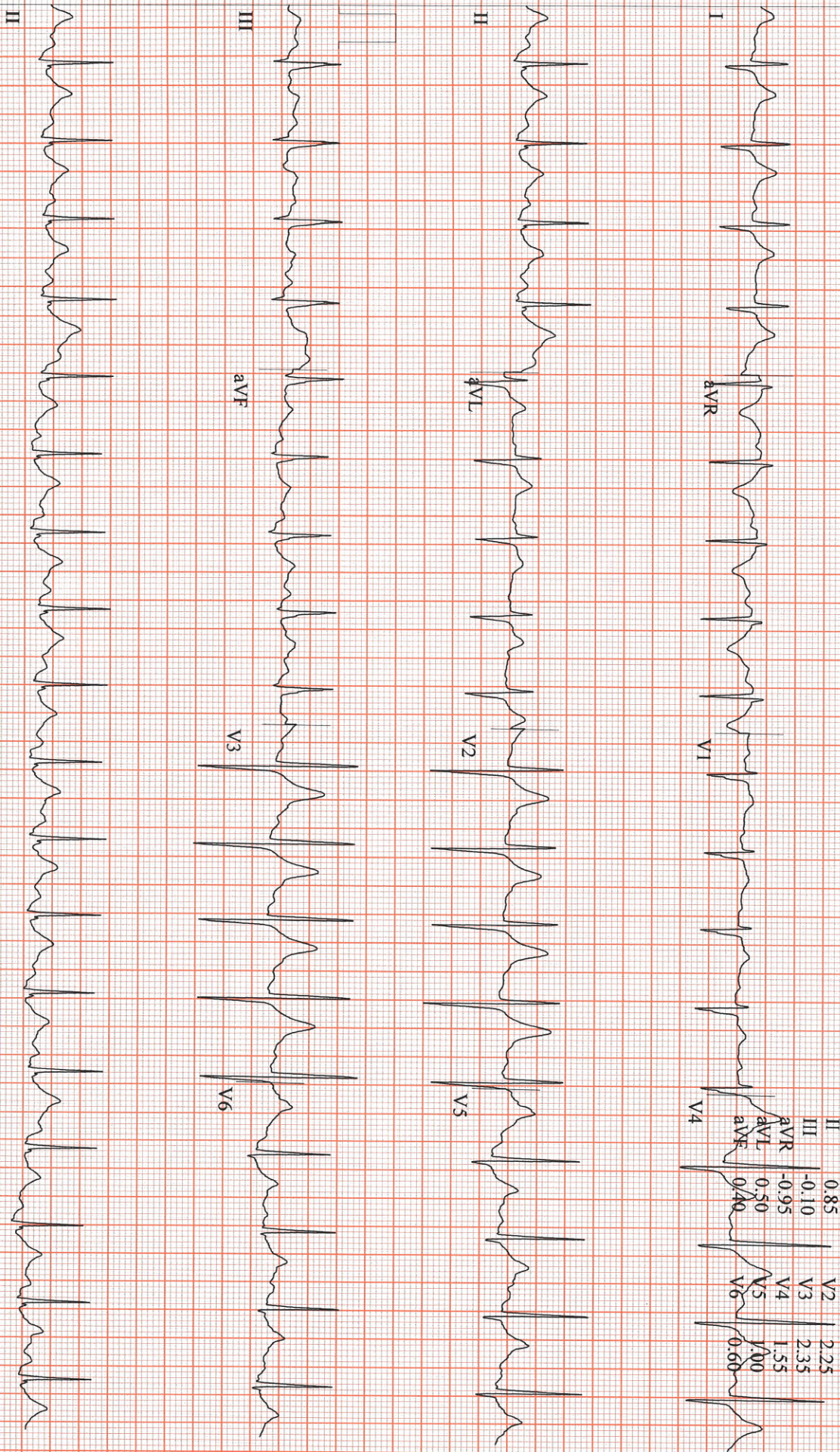
2.25

2.35

1.55

1.00

0.60



GIE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4, V3)

Start of Test: 12:54:04pm

MICRO MED CHARTS

Page 8

PRAVEEN, GOYAL

Patient ID: 000000082

23.03.2024

1:12:23pm

Male 170 cm 80 kg

36 yrs Asian

Exercise Test / 12-Lead Report

RECOVERY

#1

02:50

APOLLO SPECIALITY HOSPITAL

BRUCE

0.0 mph

0.0% Measured at 60 ms Post J (10mm/mV)

Auto Points

Lead ST(mm)

Lead ST(mm)

I 0.90

V1 0.65

II 0.75

V2 1.95

III -0.15

V3 1.90

aVR -0.80

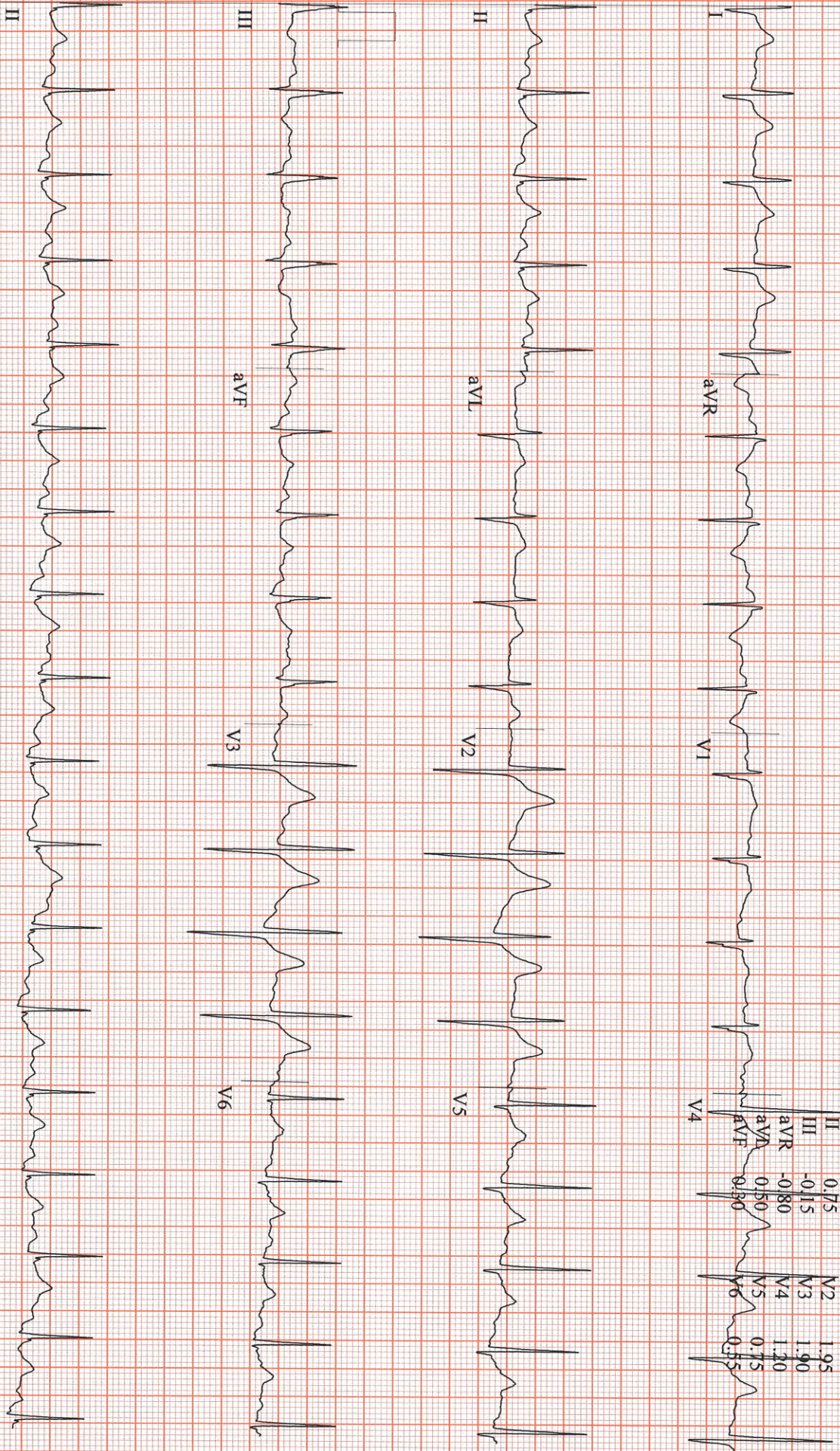
V4 1.30

aVL 0.50

V5 0.75

aVF 0.30

V6 0.35



GE CardioSoft V7.0 (10)

25 mm/s 10 mm/mV 50 Hz 0.05Hz FRF+ HR(V4,V3)

Start of Test: 12:54:04pm

MICRO MED CHARTS

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