

CERTIFICATE OF MEDICAL FITNESS

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

Mr. Shivesh Kr. Singh on 26/3/24  
37/41

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
It Wit Restrictions Recommendations	
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.	
1. <u>Regular BP Monitoring</u>	
2. <u>Life style modification</u>	
3. _____	
However, the employee should follow the advice/medication that has been communicated to him/her.	
Review after _____	
Current Unfit.	
Review after _____ recommended	
Unfit	

Height: 177 cm  
Weight: 101 kg

Blood Pressure: 148/94 mm

D. Dadhuch

Dr. Dipni Dadhuch  
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

www.apolloclinic.com

Height : 177	Weight : 101kg	BMI :	Waist Circum :
Temp :	Pulse : 86	Resp : 17.	B.P : 148/94

General Examination / Allergies History

Clinical Diagnosis & Management Plan

NO H/O - HTN / I2DM

OCC - Alcohol

NO H/O - Surgeries / Allergies so far

Adv

- Reduce weight
- Life style modification required
- Diet as explained

Dr. Dadhuech  
Dr. Diphi Dadhuech

Follow up date:

Doctor Signature

Patient Name : Mr.SHIVESH KUMAR SINGH  
Age/Gender : 37 Y 11 M 20 D/M  
UHID/MR No : CAOP.0000000077  
Visit ID : CAOPOPV82  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 734652

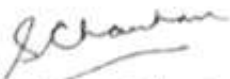
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DEPARTMENT OF HAEMATOLOGY

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

Page 1 of 12



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



SIN No:BED240079044

Patient Name : Mr.SHIVESH KUMAR SINGH  
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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>				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	38.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	15	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2760	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1380	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	184	Cells/cu.mm	20-500	Calculated
MONOCYTES	276	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	212000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				



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





TOUCHING LIVES

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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>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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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
GLUCOSE, FASTING , NAF PLASMA	105	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

**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  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  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)	98	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.



Dr. Shivangi Chauhan  
 M.B.B.S, M.D (Pathology)  
 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>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.Manju Kumari  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist.



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



SIN No:EDT240036125



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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	138	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	107	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	105	mg/dL	<130	Calculated
LDL CHOLESTEROL	83.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.18		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.15		<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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Dr. Shivangi Chauhan  
 M.B.B.S., M.D(Pathology)  
 Consultant Pathologist



SIN No: SE04672130



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DEPARTMENT OF BIOCHEMISTRY

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

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



TOUCHING LIVES

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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	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	70.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		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 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.



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




TOUCHING LIVES

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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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.79	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	17.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	3.5-8.5	Uricase
CALCIUM	9.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	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	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



Dr. Shivangi Chauhan  
M.B.B.S, M.D (Pathology)  
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
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	29.00	U/L	15-73	Glycylcysteine Nitoranalide

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

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SIN No:SE04672130

Patient Name : Mr.SHIVESH KUMAR SINGH	Collected : 23/Mar/2024 08:42AM
Age/Gender : 37 Y 11 M 20 D/M	Received : 23/Mar/2024 11:52AM
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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-IODOETHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.600	µIU/mL	0.34-5.60	CLIA


**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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



  
**Dr. Tanish Mandal**  
**M.B.B.S, M.D (Pathology)**  
**Consultant Pathologist**  
 SIN No: SPL24052910

TOUCHING LIVES  
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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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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



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



SIN No: UR2313425



=====

NAME: SHIVESH KUMAR SINGH  
DATE: 23.03.2024  
REF. BY:- HEALTH CHECKUP

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AGE : 37Y /SEX/M  
MR. NO:- CAOP.0000000077  
S.NO. :- 338

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**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 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](http://www.apolloclinic.com)

Apollo One

Eye Checkup

NAME:- MR SHIVESH KUMAR SINGH

Age:- 37

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-0.75 / -0.50 X110°	-0.75 SPH
Near vision	6/6	6/6
Color vision	6/6	6/6
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**

(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**

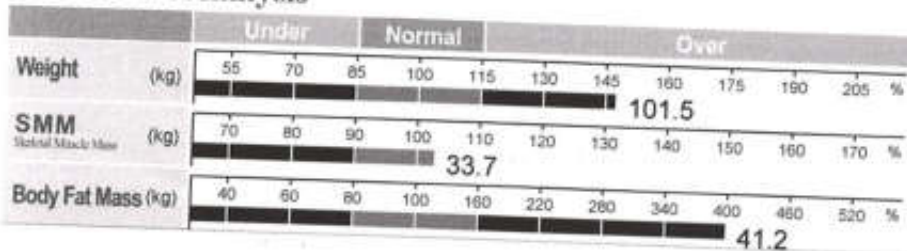
#7-1-617/A, 615 & 616 Imperial Towers,  
7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

ID caop0000000077	Height 177cm	Age 37	Gender Male	Test Date / Time 23.03.2024. 09:07
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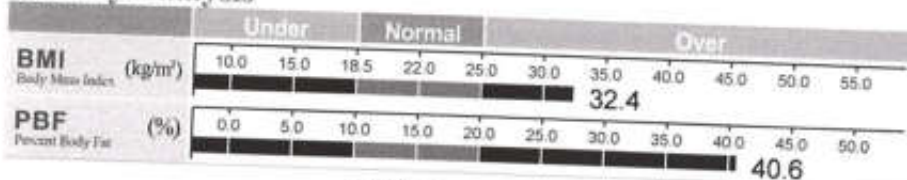
## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	44.2 (38.8~47.4)	44.2	56.7 (49.8~60.8)	60.3 (52.7~64.4)	101.5 (58.6~79.2)
Protein (kg)	11.8 (10.4~12.6)				
Minerals (kg)	4.33 (3.58~4.38)				
Body Fat Mass (kg)	41.2 (8.3~16.5)				

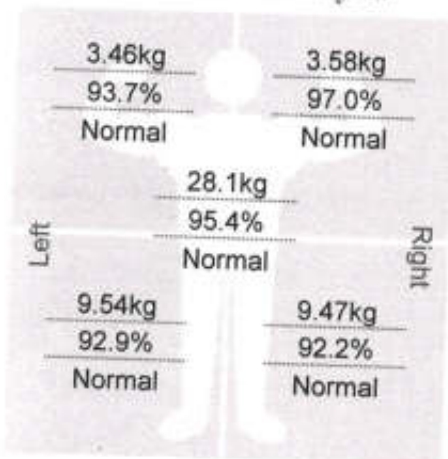
## Muscle-Fat Analysis



## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

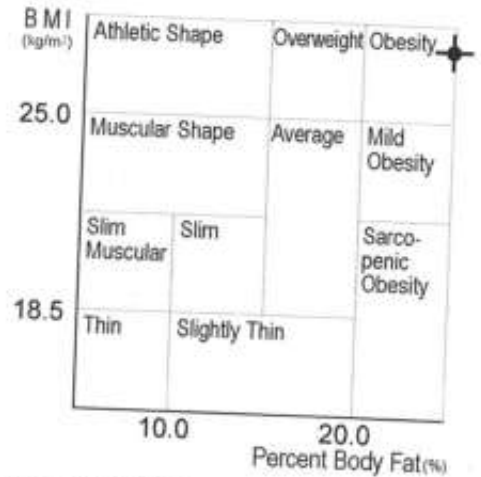
	23.03.24 09:07
Weight (kg)	101.5
SMM (kg)	33.7
PBF (%)	40.6
Recent Total	

## InBody Score

51 / 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	71.0 kg
Weight Control	- 30.5 kg
Fat Control	- 30.5 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Slightly Over	<input checked="" 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	1673 kcal	(2047~2420)
Waist-Hip Ratio	1.09	(0.80~0.90)
Visceral Fat Level	20	(1~9)
Obesity Degree	147 %	(90~110)
Bone Mineral Content	3.58 kg	(2.95~3.61)
SMI	8.3 kg/m <sup>2</sup>	
Recommended calorie intake	2662 kcal	

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	342.9	358.6	24.9	276.5	271.2
50 kHz	305.5	320.8	22.0	244.2	239.2
250 kHz	273.4	288.4	18.7	221.3	216.3