



Patient Name : Mr.UMESH SHINDE	Collected : 27/Mar/2024 07:53AM
Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 12:06PM
UHID/MR No : CWAN.0000090110	Reported : 27/Mar/2024 01:18PM
Visit ID : CWANOPV229133	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 462497	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

**RBC's are Normocytic Normochromic**  
**WBC's are normal in number and morphology**  
**Platelets are Adequate**  
**No hemoparasite seen.**



*Sneha Shah*  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:BED240083676

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



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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	16.6	g/dL	13-17	Spectrophotometer
PCV	47.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.37	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	87.7	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	<b>35.2</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,550	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	50.4	%	40-80	Electrical Impedence
LYMPHOCYTES	35.2	%	20-40	Electrical Impedence
EOSINOPHILS	<b>6.5</b>	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3301.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2305.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	425.75	Cells/cu.mm	20-500	Calculated
MONOCYTES	491.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	26.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.43		0.78- 3.53	Calculated
PLATELET COUNT	220000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBC's are Normocytic Normochromic  
WBC's are normal in number and morphology  
Platelets are Adequate



Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240083676

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DEPARTMENT OF HAEMATOLOGY

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

**No hemoparasite seen.**

  
Dr Sneha Shah  
MBBS, MD (Pathology)  
Consultant Pathologist

SIN No:BED240083676

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Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 12:06PM
UHID/MR No : CWAN.0000090110	Reported : 27/Mar/2024 01:48PM
Visit ID : CWANOPV229133	Status : Final Report
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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	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Consultant Pathologist

SIN No: BED240083676

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Patient Name : Mr.UMESH SHINDE	Collected : 27/Mar/2024 07:53AM
Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 12:19PM
UHID/MR No : CWAN.000090110	Reported : 27/Mar/2024 12:35PM
Visit ID : CWANOPV229133	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 462497	

**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	104	mg/dL	70-100	HEXOKINASE

**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.

*Sheha Shah*  
  
 Dr Sheha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:PLF02134261

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab





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Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 12:06PM
UHID/MR No : CWAN.0000090110	Reported : 27/Mar/2024 02:20PM
Visit ID : CWANOPV229133	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 462497	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	138	mg/dL	70-140	HEXOKINASE

**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. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.



DR. Sanjay Ingle  
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SIN No: EDT240038496

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





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UHID/MR No : CWAN.0000090110  
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Emp/Auth/TPA ID : 462497

Collected : 27/Mar/2024 07:53AM  
Received : 27/Mar/2024 12:06PM  
Reported : 27/Mar/2024 02:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

## DEPARTMENT OF BIOCHEMISTRY

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

4. 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 glycaemic control when clinical conditions that affect erythrocyte survival are present.
5. 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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SIN No: EDT240038496

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UHID/MR No	: CWAN.0000090110	Reported	: 27/Mar/2024 01:04PM
Visit ID	: CWANOPV229133	Status	: Final Report
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Emp/Auth/TPA ID	: 462497		

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	181	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>187</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	47	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	96.33	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>37.35</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.84		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.24</b>		<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



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SIN No: SE04676951

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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	0.69	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.56	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	33.84	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.6	U/L	<50	IFCC
ALKALINE PHOSPHATASE	79.01	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		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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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>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.04	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	27.82	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	13.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.02	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.33	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.82	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	145.87	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105.04	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.75	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.79	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated



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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>GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM</b>	23.47	U/L	<55	IFCC



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Patient Name : Mr.UMESH SHINDE	Collected : 27/Mar/2024 07:53AM
Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 12:12PM
UHID/MR No : CWAN.0000090110	Reported : 27/Mar/2024 01:34PM
Visit ID : CWANOPV229133	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 462497	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.22	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.64	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.890	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

- 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



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SIN No: SPL24056375

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab





Patient Name : Mr.UMESH SHINDE	Collected : 27/Mar/2024 07:53AM
Age/Gender : 39 Y 6 M 8 D/M	Received : 27/Mar/2024 03:14PM
UHID/MR No : CWAN.000090110	Reported : 27/Mar/2024 03:49PM
Visit ID : CWANOPV229133	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 462497	

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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3 - 4	/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

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

Page 14 of 14


  
 Dr Sneha Shah  
 MBBS, MD (Pathology)  
 Consultant Pathologist

SIN No:UR2317152

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



umeshshinde 58063@gmail.com

<b>Name</b> : Mr. UMESH SHINDE  <b>Address</b> : PISOLI  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 39 Y  <b>Sex</b> : M	<b>UHID</b> :CWAN.0000090110  <b>OP Number</b> :CWANOPV229133 <b>Bill No</b> :CWAN-OCR-50590 <b>Date</b> : 27.03.2024 07:49
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	3 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	4 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	5 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	6 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 ECG IM 8:51 OUT 8:57	
<input checked="" type="checkbox"/>	8 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	9 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 101.15 AM.	
<input checked="" type="checkbox"/>	10 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	11 X-RAY CHEST PA	
	12 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	13 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	14 LIPID PROFILE	
<input checked="" type="checkbox"/>	15 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	16 OPHTHAL BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	17 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Ht - 165  
 Wt - 77.7  
 BP - 140/100





## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Umesh Sheride on 27/3/2024

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

	Tick
<ul style="list-style-type: none"><li>• Medically Fit</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Fit with restrictions/recommendations</li></ul> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"><li>1. <u>Mild Increase in Triglycerides level</u></li><li>2. <u>BP on the higher side -</u></li><li>3. <u>Advise Regular monitoring &amp; 2D Echo</u></li></ol> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"><li>• Currently Unfit.</li></ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Unfit</li></ul>	<input type="checkbox"/>

Dr. Musheya  
Medical Officer  
The Apollo Clinic, (Location)

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

**DR. MUSHEYA BAHRAINWALA**  
M.B.B.S

Reg. No.: 47527  
Apollo Clinic Wankar  
NIBM Road, Kondhwa.



Date : 27-03-2024  
MR NO : CWAN.0000090110

Department : GENERAL  
Doctor :

Name : Mr. UMESH SHINDE

Registration No :

Age/ Gender : 39 Y / Male

Qualification :

Consultation Timing: 07:49

Height : 165 cm.	Weight : 77.7 kg	BMI :	Waist Circum : <u>100</u>
Temp :	Pulse :	Resp :	B.P : 144/99/49

**General Examination / Allergies History**

2 Covid Vaccines taken

**Clinical Diagnosis & Management Plan**

For AHC

No Cxs. at the moment.  
Olt: CUS }  
CUB }  
Resp. } NAD  
Abd. }

Ado:- 2D Echo  
Physic Reports  
Monitor B.P. regularly

**DR. MUSHFIYA BAHRAINWALA**  
M.B.B.S  
Reg. No.: 47527  
Apollo Clinic, Manavari  
NIBM Road, Kondiwa.



Follow up date:

Doctor Signature



MAC1200 ST SHINDE, UMESH 000090110, APOLLO CLINIC WANOWRIE

Age, 39 Years (19.09 1984)

HR 78 bpm

*WNL*

Measurement Results:

PR/TCB : 394 / 453 ms  
 PP : 758 / 790 ms  
 QS/T : 75/ 15/ -20 degrees  
 QTcBD : 92 / 106 ms  
 below : 1.0 mV  
 11

Interpretation:

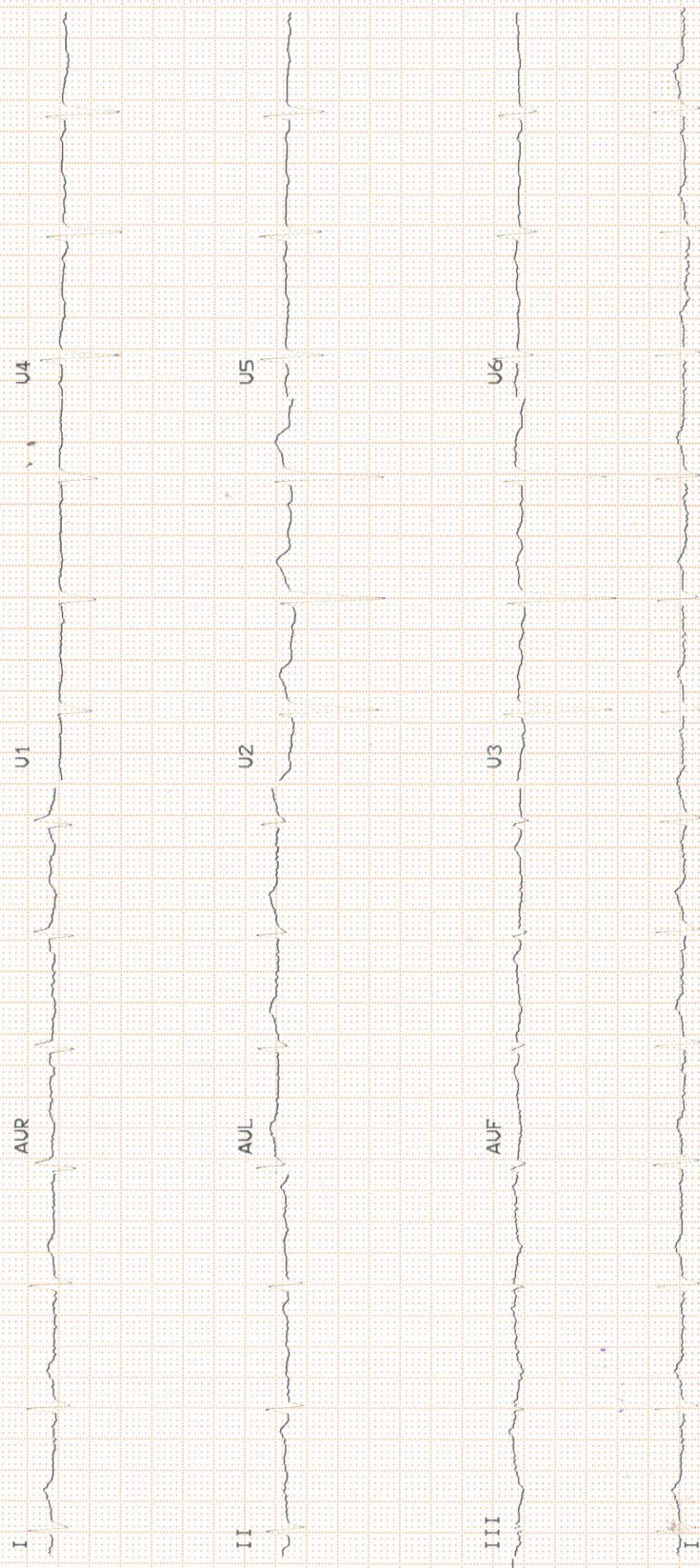
R/S inversion area between U5 and U6 borderline ECG

< P  
< T  
< QRS



**DR. MUSHFIYA BAHRAIN**  
 M.B.B.S  
 Reg. No.: 47527  
 Apollo Clinic Wanowarie  
 NIBM Road, Kondhwa.

Unconfirmed report.





**The Apollo Clinic**

Wanowrie  
Pune-411048

PATIENT NAME :- *Omesh Shinde*

DATE :- *27/03/21.*

AGE/SEX :- *35/M.*

UHID :

EYE CHECK UP

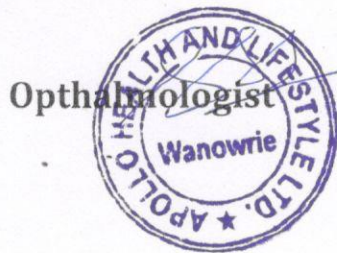
COMPLETE

PREMEDICAL/OTHER

	RIGHT EYE	LEFT EYE
Far Vision	<i>plano — 6/6</i>	<i>plano — 6/6</i>
Near Vision	N/6	N/6
Anterior Segment Pupil	NORMAL	NORMAL
Fundus	NORMAL	NORMAL
Colour Vision	NORMAL	NORMAL
Iop	NORMAL	NORMAL
Family History/Medical History	<i>Nil.</i>	<i>Nil.</i>

IMPRESSION:-

Advice :-



Patient Name	: Mr. UMESH SHINDE	Age	: 39 Y M
UHID	: CWAN.0000090110	OP Visit No	: CWANOPV229133
Reported on	: 27-03-2024 10:56	Printed on	: 27-03-2024 10:56
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

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.**

Printed on:27-03-2024 10:56

---End of the Report---

  
**Dr. SHAAZ AHMED KHAN**  
**MBBS,DMRE**  
Radiology