

CERTIFICATE OF MEDICAL FITNESS

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

Mr. Sanjay on 22/09/20

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

	Tick
<p>Medically Fit</p> <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>FBSS, PPBS T, H₂A1c - T</u></p> <p>2. <u>Cimil profile delayed</u></p> <p>3. <u>LFT - Delayed</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after <u>Physician Review</u></p>	<input checked="" type="checkbox"/>
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	
<p>Unfit</p>	

Height: 1.72m
Weight: 86kg

Blood Pressure: 119/83 mmHg

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

Dr. [Signature]
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

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Echocardiography Report

Name: MR. SANJAY

Age/Sex: 34Yrs./M

Date: 28.09.2024

Summary of 2D echo

Baseline echocardiography revealed:

- No chamber enlargement seen.
- No RWMA.
- LVEF - 62%
- Normal diastolic function. (E>A)
- Good RV function
- No MR
- Trace TR.
- Trace MR.
- No thrombus detected.
- No Pericardial effusion seen.
- IVC shows normal inspiratory collapse.

Observations:-Dimensions

LVID d=	39.3	(34-47 mm)
LV IVS=	11.7	(8-11mm)
Pwd =	11.7	(8-11mm)
Ao =	24.2	(18-36mm)
LA =	35.9	(26-37mm)

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Mitral Valve - Normal

- Trace MR

Aortic valve- Normal

- No AR

Tricuspid Valve -Normal


- Trace TR

Pulmonary Valve-Normal

- No PR

Impression:

- NORMAL VALVE AND CHAMBERS
- No RWMA
- Normal LV systolic function (EF= 62%)
- Normal diastolic function.
- No PAH


DR. RAJNI SHARMA
MBBS, MD, DM Cardiology
Senior Consultant- Cardiology
Apollo One, Plot No.34, Pusa Road
Karol Bagh, New Delhi-110005
Regn. No. DMC-22672

DR. RAJNI SHARMA (DM CARDIOLOGY)
SR. CONSULTANT

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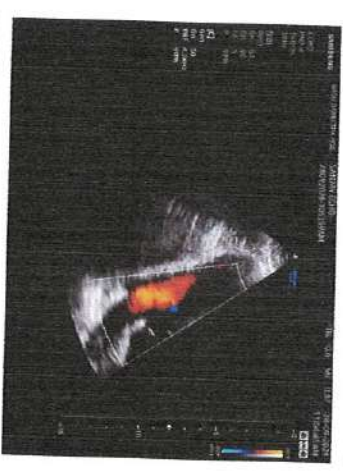
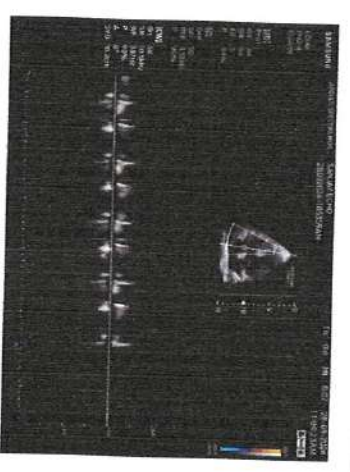
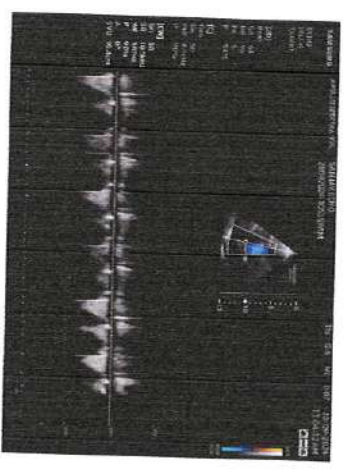
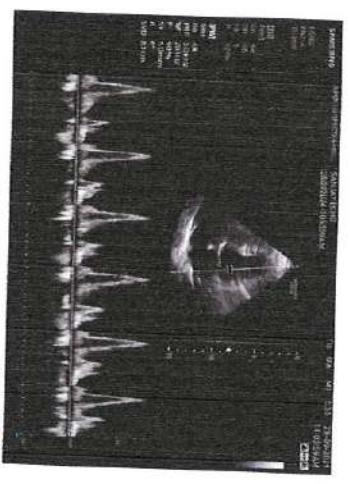
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Patient

ID
Name
Birth Date
Gender

28092024-105359AM
SANJAY ECHD

Exam
Accession #
Exam Date
Description
Operator



=====

NAME: SANJAY

AGE: 34Y /SEX/M

DATE: 28.09.2024

MR. NO: -CAOP.0000001916

REF. BY: - HEALTH CHECKUP

S.NO.: - 2653

=====

X-RAY CHEST PA VIEW

Rotation+

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.

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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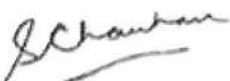
Patient Name : Mr.SANJAY SANJAY
 Age/Gender : 34 Y 8 M 11 D/M
 UHID/MR No : CAOP.0000001916
 Visit ID : CAOPOPV02430
 Ref Doctor : Self
 Emp/Auth/TPA ID : 22E33534

Collected : 28/Sep/2024 11:07AM
 Received : 28/Sep/2024 11:38AM
 Reported : 28/Sep/2024 02:02PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Predominantly Normocytic Normochromic
WBCs	Are essentially unremarkable. No abnormal cells seen.
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



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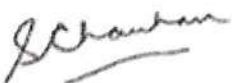
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 Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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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	15.9	g/dL	13-17	Spectrophotometer
PCV	45.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.54	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	34.6	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	35	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5220	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3045	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	174	Cells/cu.mm	20-500	Calculated
MONOCYTES	261	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	245000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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



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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	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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Patient Name	: Mr.SANJAY SANJAY	Collected	: 28/Sep/2024 11:07AM
Age/Gender	: 34 Y 8 M 11 D/M	Received	: 28/Sep/2024 01:36PM
UHID/MR No	: CAOP.0000001916	Reported	: 28/Sep/2024 02:15PM
Visit ID	: CAOPOPV02430	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33534		

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	118	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:

1. 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.
2. Very high glucose levels ($>$ 450 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)	191	mg/dL	70-140	GOD - POD

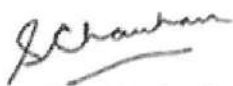
Comment:

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, sulfonyleureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 13



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

HBA1C, GLYCATED HEMOGLOBIN	6.8	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	148	mg/dL	Calculated

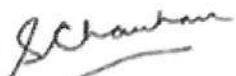
Comment:

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)



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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	379	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	191	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	75.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.79		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.70		<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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Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	188	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	78.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.4		<1.15	Calculated
ALKALINE PHOSPHATASE	95.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		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.


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



This test has been performed at Apollo Health and Lifestyle Ltd - RRL ASHOK NAGAR

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

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Patient Name	: Mr.SANJAY SANJAY	Collected	: 28/Sep/2024 11:07AM
Age/Gender	: 34 Y 8 M 11 D/M	Received	: 28/Sep/2024 03:53PM
UHID/MR No	: CAOP.0000001916	Reported	: 28/Sep/2024 05:02PM
Visit ID	: CAOPOPV02430	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33534		

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	0.90	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated

Page 8 of 13



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



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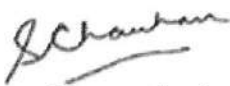
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Age/Gender	: 34 Y 8 M 11 D/M	Received	: 28/Sep/2024 03:53PM
UHID/MR No	: CAOP.0000001916	Reported	: 28/Sep/2024 04:38PM
Visit ID	: CAOPOPV02430	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E33534		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	117.00	U/L	16-73	Glycylglycine Kinetic method



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Patient Name : Mr.SANJAY SANJAY	Collected : 28/Sep/2024 11:07AM
Age/Gender : 34 Y 8 M 11 D/M	Received : 28/Sep/2024 03:10PM
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Visit ID : CAOPOPV02430	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33534	

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)	0.974	ng/mL	0.41-1.47	CLIA
THYROXINE (T4, TOTAL)	8.068	µg/dL	4.5-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.920	mIU/L	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



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

Consultant Pathologist

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Patient Name	: Mr.SANJAY SANJAY	Collected	: 28/Sep/2024 11:07AM
Age/Gender	: 34 Y 8 M 11 D/M	Received	: 28/Sep/2024 03:10PM
UHID/MR No	: CAOP.0000001916	Reported	: 28/Sep/2024 04:24PM
Visit ID	: CAOPOPV02430	Status	: Final Report
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Emp/Auth/TPA ID	: 22E33534		

DEPARTMENT OF IMMUNOLOGY

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

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



Dr. Tanish Mandal
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Patient Name : Mr.SANJAY SANJAY	Collected : 28/Sep/2024 11:07AM
Age/Gender : 34 Y 8 M 11 D/M	Received : 28/Sep/2024 01:47PM
UHID/MR No : CAOP.0000001916	Reported : 28/Sep/2024 01:49PM
Visit ID : CAOPOPV02430	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

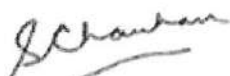
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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	1.025		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	2-3	/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. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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SIN No: AOP240903932
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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. Shivangi Chauhan
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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.

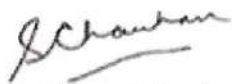
Laboratories not be responsible for any interpretation whatsoever.

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



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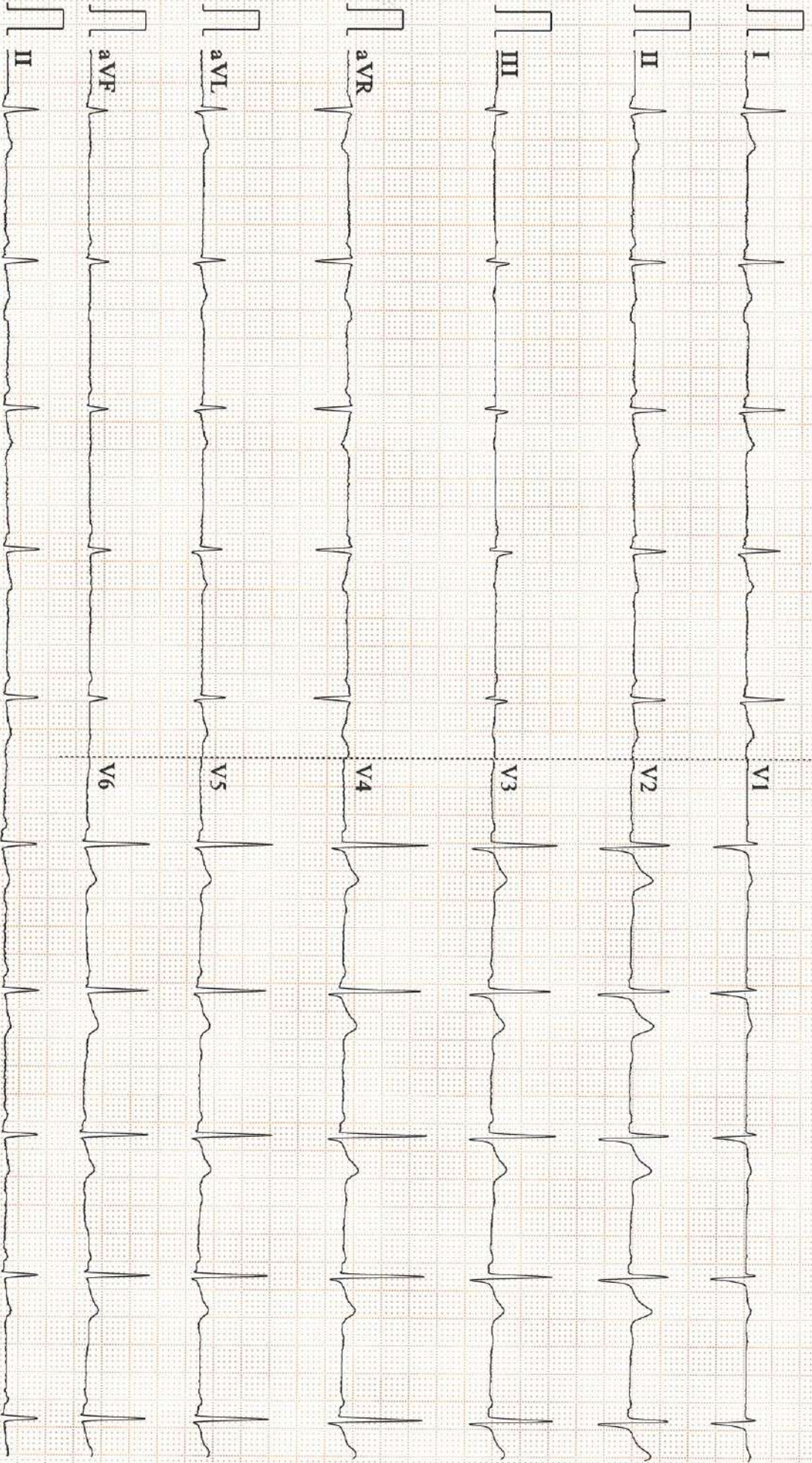
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MR. SANJAY
Male 34Years
Req. No. :

Diagnosis Information:
Sinus Bradycardia

HR	: 58	bpm
P	: 94	ms
PR	: 152	ms
QRS	: 79	ms
QT/QTcBz	: 387/380	ms
P/QRS/T	: 57/37/17	°
RV5/SV1	: 1.269/0.615	mV

Report Confirmed by:



Dr. Rajeev Nangia

MBBS, MS (ENT)

Experience : 31 Years



SANJAY

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For Center
ENT Exam

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Rajeev Nangia
28/9/24

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APOLLO ONE
Plot No. 3, Block No. 34, Metro Pillar No. 77
Pusa Road, WEA Karol Bagh

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
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7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,
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BDS, MIDA, REG NO- A-12249
Specialized in Surgical, & Cosmetic procedures & Trauma
For Booking Call on - 9817966537
Days: - Mon to Sat
10AM to 5PM



Mr. Sanjay
34/M

Q: - Senee deposits presents^{PPP}.
Calculus^{PPP}.
Tartar^{PP}
Halitosis^{PP}.

DC 1st
768 | 567

R Adv.
R^{Deep} Oral prophylaxis done.
+ polishing done.

Adv. fillings.

Signature: Dr. Alveen Kaur
APOLLO HEALTH AND LIFESTYLE LTD
Plot No. 3, Pusa Road, Karol Bagh, New Delhi - 110005

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

Eye Checkup


NAME: - MR. SAMJOY

Age: - 34

Date: - 28/9/24

SELF / CORPORATE: -

	Right Eye	Left Eye
Distant Vision	6/6 Same vision	6/6 Same vision
Near vision	6/6	6/6
Color vision	OK	OK
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature: 

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Mr. Sanjay (34y/m)



Advanced Diagnostics Powered by AI

Height : 172cm	Weight : 80kg	BMI : 29.07	Waist Circum :
Temp :	Pulse : 70b/m	Resp : 18/m	B.P : 119/83mmHg

20/02-2024

General Examination / Allergies

History :-

Past His :- NS

Surgical His :- NS

Allergy :- NO

Family His :- M - DM2
F - NO

Covid Vaccines :- 1 dose

Diet :- Mixed

Physical Activity :- Sedentary

Menstruation His :- -

Marital His :- Married, 2 kids

Addictions :- Alcohol
Socially

General health checkup

CVS }
RS } WNL

CNS }
P/A } mild central
Hemic ⊕

ADVICE :-

life style
modification
Balanced diet

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ID caop0000001916	Height 172cm	Age 34	Gender Male	Test Date / Time 28.09.2024. 11:51
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Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	41.3 (36.6~44.8)	41.3	53.2 (47.0~57.4)	56.3 (49.8~60.9)	86.1 (55.3~74.9)
Protein (kg)	11.3 (9.8~12.0)	non-osseous			
Minerals (kg)	3.67 (3.38~4.14)				
Body Fat Mass (kg)	29.8 (7.8~15.6)				

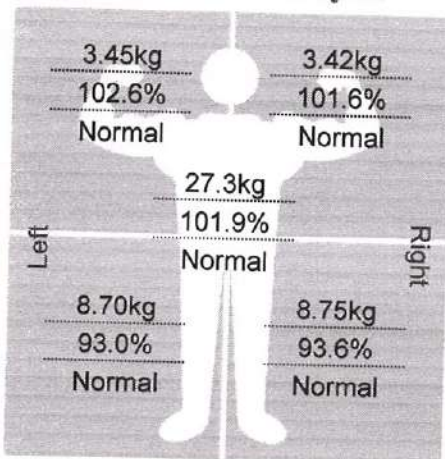
Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		86.1
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %		32.0
Body Fat Mass (kg)	40 60 80 100 160 220 280 340 400 460 520 %		29.8

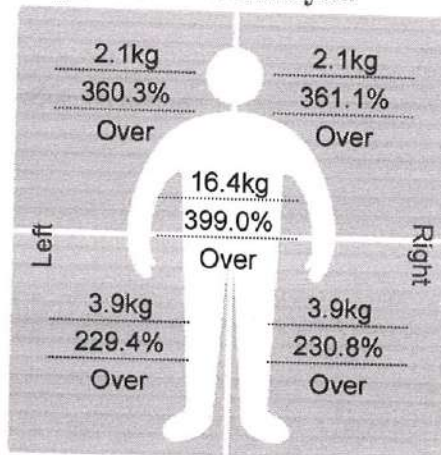
Obesity Analysis

	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		29.1
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		34.6

Segmental Lean Analysis



Segmental Fat Analysis



* Segmental fat is estimated.

Body Composition History

	28.09.24. 11:51			
Weight (kg)	86.1			
SMM (kg)	32.0			
PBF (%)	34.6			

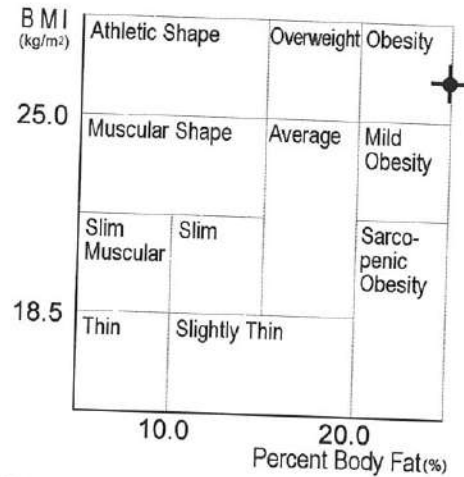
Recent Total

InBody Score

61 / 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	66.3 kg
Weight Control	- 19.8 kg
Fat Control	- 19.8 kg
Muscle Control	0.0 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	1587 kcal	(1793~2109)
Waist-Hip Ratio	1.05	(0.80~0.90)
Visceral Fat Level	14	(1~9)
Obesity Degree	132 %	(90~110)
Bone Mineral Content	3.09 kg	(2.79~3.41)
SMI	8.2 kg/m ²	
Recommended calorie intake	2389 kcal	

Impedance

Z(Ω)	RA	LA	TR	RL	LL
5 kHz	330.7	327.3	31.3	302.8	306.3
50 kHz	288.0	285.0	26.1	259.6	262.5
250 kHz	254.2	252.2	22.4	229.2	231.8



NAME: SANJAY	AGE: 34 /SEX: M
DATE: September 28, 2024	REF.BY: - HC
S.NO.: - 748	UHID NO.: - CAOP.0000001152

ULTRASOUND WHOLE ABDOMEN

Liver is enlarge in size(17.0cm) 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 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 9.5x 4.8cm, LK 10.5x 4.8cm), 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.

There is a defect of size.8.9mm seen in anterior abdominal wall at umbilicus region through which omentum herniating suggestive of umbilical hernia

Spleen is normal in size (11.1cm) and echotexture.

Pancreas visualized part appears normal.

No free fluid seen in the peritoneal cavity.

Urinary bladder is minimally filled.

Prostate is normal in Size(3.5x2.6x3.1mm), volume ~15cc and Shape. No focal lesion is seen.

Impression.

- **Hepatomegaly with fatty liver grade I**
- **umbilical hernia**

Please correlate clinically.

DR. SEEMA PRAJAPATI
SENIOR RESIDENT
RADIODIAGNOSIS

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

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Patient

ID
Name
Birth Date
Gender

28092024-101229AM
SAMJAY

Exam
Accession #
Exam Date
Description
Operator

28-09-2024

