

Patient Name	: Mr.MANOJ KUMAR YADAV	Collected	: 13/Jan/2024 10:14AM
Age/Gender	: 37 Y 8 M 25 D/M	Received	: 13/Jan/2024 10:42AM
UHID/MR No	: SCHI.0000017365	Reported	: 13/Jan/2024 02:33PM
Visit ID	: SCHIOPV24944	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: vfbfghfgt		

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology  
SIN No:BED240009680



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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. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	16.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	<b>50.50</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.08	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	99.4	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	32	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.5</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,150	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58.1	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	1	%	1-6	Electrical Impedance
MONOCYTES	6	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2992.15	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1751	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	51.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	309	Cells/cu.mm	200-1000	Calculated
BASOPHILS	46.35	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	154000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE.  
NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA  
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**DEPARTMENT OF HAEMATOLOGY**

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

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Dr. SHWETA GUPTA  
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Age/Gender : 37 Y 8 M 25 D/M	Received : 13/Jan/2024 10:42AM
UHID/MR No : SCHI.0000017365	Reported : 13/Jan/2024 12:41PM
Visit ID : SCHIOPV24944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.MANOJ KUMAR YADAV	Collected : 13/Jan/2024 12:57PM
Age/Gender : 37 Y 8 M 25 D/M	Received : 13/Jan/2024 01:17PM
UHID/MR No : SCHI.0000017365	Reported : 13/Jan/2024 02:27PM
Visit ID : SCHIOPV24944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, FASTING , NAF PLASMA</b>	94	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > 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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	85	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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SIN No:PLP1408462



Patient Name : Mr.MANOJ KUMAR YADAV	Collected : 13/Jan/2024 10:15AM
Age/Gender : 37 Y 8 M 25 D/M	Received : 13/Jan/2024 01:01PM
UHID/MR No : SCHI.0000017365	Reported : 13/Jan/2024 03:26PM
Visit ID : SCHIOPV24944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : vfbfghfgt	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	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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Consultant Pathologist



SIN No:EDT240004155

Patient Name : Mr.MANOJ KUMAR YADAV	Collected : 13/Jan/2024 10:15AM
Age/Gender : 37 Y 8 M 25 D/M	Received : 13/Jan/2024 10:58AM
UHID/MR No : SCHI.0000017365	Reported : 13/Jan/2024 12:23PM
Visit ID : SCHIOPV24944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : vfbfghfgt	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	171	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	120	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>36</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>135</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>111</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.75		0-4.97	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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	94.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	<b>8.90</b>	g/dL	6.3-8.2	Biuret
ALBUMIN	<b>5.10</b>	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.80</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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.

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Dr. SHWETA GUPTA  
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SIN No:SE04600229





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**DEPARTMENT OF BIOCHEMISTRY**

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



Dr. SHWETA GUPTA  
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SIN No:SE04600229



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	20.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	16.00	U/L	15-73	Glycylglycine Nitoranalide



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Patient Name : Mr.MANOJ KUMAR YADAV	Collected : 13/Jan/2024 10:15AM
Age/Gender : 37 Y 8 M 25 D/M	Received : 13/Jan/2024 11:16AM
UHID/MR No : SCHI.0000017365	Reported : 13/Jan/2024 01:08PM
Visit ID : SCHIOPV24944	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : vfbfghfgt	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.39	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.25	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.310	µIU/mL	0.25-5.0	ELFA

**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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Patient Name : Mr.MANOJ KUMAR YADAV  
Age/Gender : 37 Y 8 M 25 D/M  
UHID/MR No : SCHI.0000017365  
Visit ID : SCHIOPV24944  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : vfbfghfgt

Collected : 13/Jan/2024 10:15AM  
Received : 13/Jan/2024 03:23PM  
Reported : 13/Jan/2024 05:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	5.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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Patient Name : Mr.MANOJ KUMAR YADAV	Collected : 13/Jan/2024 10:15AM
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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. 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 \*\*\*



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Consultant Pathology  
SIN No:UF010200



<b>Name</b> : Mr. Manoj Kumar Yadav  <b>Address</b> : 946 sec-7 sarai  <b>Plan</b> : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age:</b> 37 Y  <b>Sex:</b> M	<b>UHID:</b> SCHI.0000017365  <small>*SCHI.0000017365*</small> <b>OP Number:</b> SCHIOPV24944 <b>Bill No</b> :SCHI-OCR-9090 <b>Date</b> : 13.01.2024 10:01
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT) ✓	
2	D ECHO ✓ 1115 PM	
3	LIVER FUNCTION TEST (LFT) ✓	
4	GLUCOSE, FASTING ✓	
5	HEMOGRAM + PERIPHERAL SMEAR ✓	
6	DIET CONSULTATION ✓	
7	COMPLETE URINE EXAMINATION ✓	
8	URINE GLUCOSE(POST PRANDIAL) ✓	
9	PERIPHERAL SMEAR ✓	
10	ECG ✓	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) ✓	
12	DENTAL CONSULTATION ✓	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) . . 12:50 PM ✓	
14	URINE GLUCOSE(FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN ✓	
16	X-RAY CHEST PA ✓	
17	ENT CONSULTATION ✓	
18	FITNESS BY GENERAL PHYSICIAN	
19	BLOOD GROUP ABO AND RH FACTOR ✓	
20	LIPID PROFILE ✓	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN ✓	
23	ULTRASOUND - WHOLE ABDOMEN ✓	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) ✓	

Height:..... 161 cm

Weight:..... 66 kg

B.P:..... 110/70 mm hg

Pulse:..... 86 /mf

SpO2 = 98%



भारत सरकार



मनोज कुमार यादव  
Manoj Kumar Yadav  
जन्म तिथि/DOB: 18/04/1986  
पुरुष/ MALE

**6124 1104 7151**  
VID : 9134 7149 3615 2760

मेरा आधार, मेरी पहचान



EMP-NAME	AGE	GENDER
NEELU	46 year	Female
MR. KHARGA MANOJ KUMAR	51 year	Male
MR. YADAV MANOJ KUMAR	37 year	Male
MR. MEENA SUMER SINGH	30 year	Male

**DR. (Pof.) Ameet Kishore**  
SENIOR CONSULTANT SURGEON  
MBBS,(AFMC), FRCS(Glass), FRCS(Edin), FRCS-ORL(UK)  
Ear, Nose, Throat & Neuro-Otology

For Appointment: +91 1140465555  
M: +91 9910995018

**DR. Sharad Nair**  
MBBS,MS,(ENT),FHNORS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Head, Neck & Cancer Surgery

For Appointment: +91 1140465555  
M: +91 9910995018

**DR. Ashwani Kumar**  
MBBS,DNB,MNAMS  
CONSULTANT SURGEON  
Ear, Nose, & Throat Surgery  
Allergy Specialist

For Appointment: +91 1140465555  
M: +91 9910995018

Health check

Mr. Manoj Kumar Yadav 37/M

q/o. Irritation in ear

q/e Healed perforation (R) ear

Ⓛ TM ✓

- nose - DNI ⊕  
- throat - ⊕

Adm  
- valsalva excursi. →  
- Impedance / PTA

## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

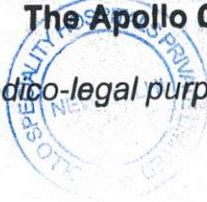
of Manoj kumar on 13/11

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 checked="" 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> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input 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. Manoj  
**Medical Officer**  
**The Apollo Clinic, Uppal**

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



## PREVENTIVE HEALTH CARE SUMMARY

NAME :- <u>Manoj Kumar</u>	UHID No : <u>17365</u>
AGE / GENDER :- <u>37y M</u>	RECEIPT No :-
PANEL : <u>Arcofemi</u>	EXAMINED ON :- <u>13/1/24</u>

R/C

**Chief Complaints:**

No surgical H/O

**Past History:**

DM : Nil  
 Hypertension : Nil  
 CAD : Nil

CVA : Nil  
 Cancer : Nil  
 Other : Nil

**Personal History:**

Alcohol : occ  
 Smoking : Nil

Activity : Active  
 Allergies : Nil

**Family History:**

**General Physical Examination:**

Height 161 : cms  
 Weight 66 : Kgs

Pulse 86/m bpm  
 BP 110/70 mmHg

Rest of examination was within normal limits.

**Systemic Examination:**

CVS : Normal  
 Respiratory system : Normal  
 Abdominal system : Normal  
 CNS : Normal  
 Others : Normal

## PREVENTIVE HEALTH CARE SUMMARY

NAME :-	Harjot	UHID No :
AGE :-	SEX :	RECEIPT No :-
PANEL :		EXAMINED ON :-

### Investigations:

- All the reports of tests and investigations are attached herewith

lmm

### Recommendation:

•  
Cap Q Active once a day - 3 months  
My vit D<sub>3</sub> 60 k once a week  
6-12 weeks

  
Dr. Navneet Kaur  
Consultant Physician



13/01/2024

Mr. Manoj Kumar Yadav  
37 Y / Male

C/C :- Regular Dental check up

M/H :- N-R

PDH :- Extraction done in upper at back region,  
6-7 years back

O/E :- Calculus +++  
Stains present  
Missing  $\frac{76}{234}$

Cervical Abrasion /  
Abfraction  $\frac{234}{2}$

Mobility  $\frac{2 \text{ grade 1}}{2}$

Advised :- Scaling & oral prophylaxis

GIC restoration<sup>1</sup>  
(Class V)  $\frac{234}{2}$

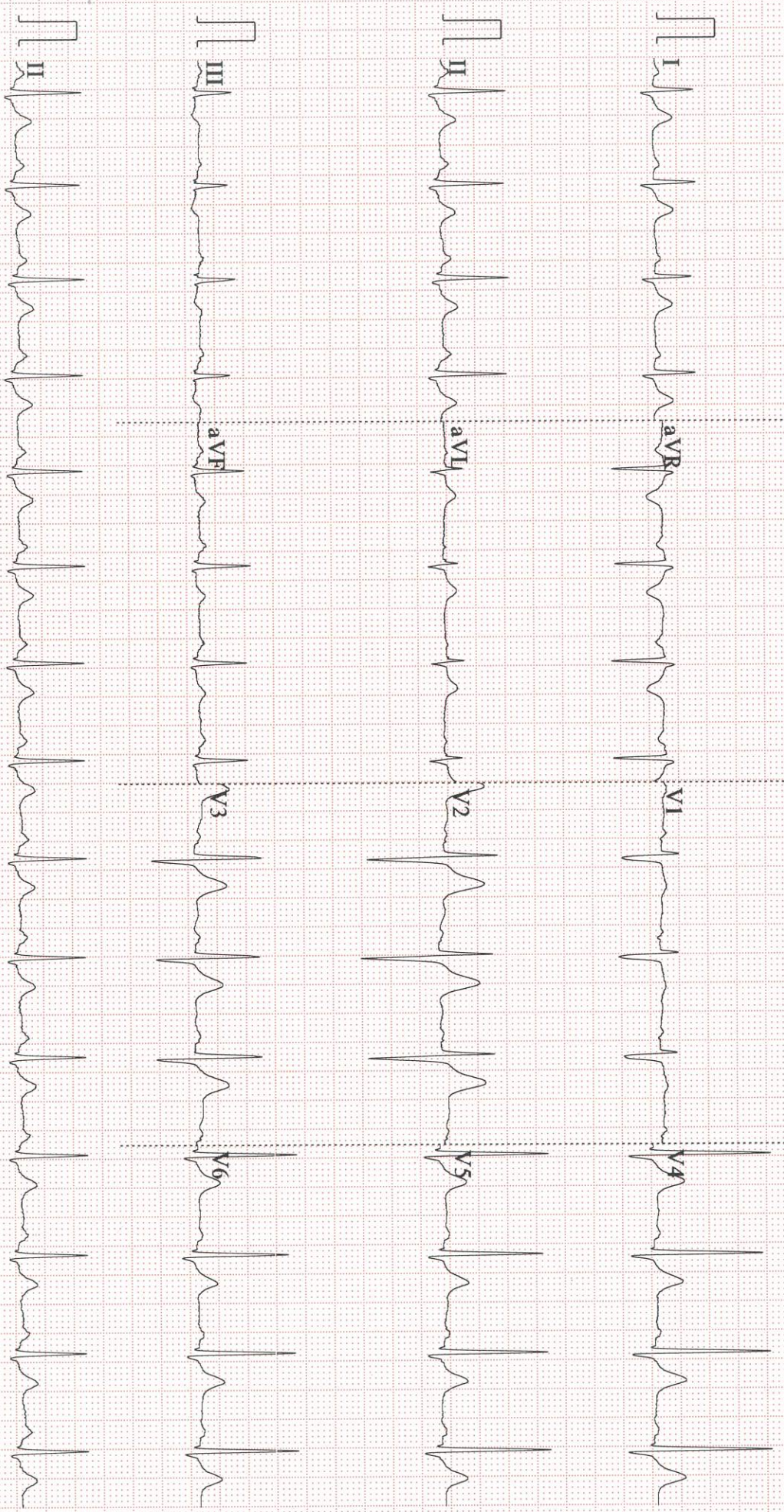
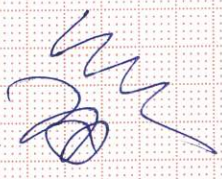
Ph

ID: 17365  
Manoj  
Male 37Years  
Req. No. :

13-01-2024 11:40:50  
HR : 89 bpm  
P : 97 ms  
PR : 150 ms  
QRS : 90 ms  
QT/QTcBz : 326/398 ms  
P/QRS/T : 53/60/12 °  
RV5/SV1 : 1.796/0.669 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



0.67~25Hz AC50 25mm/s 10mm/mV 4\*2.5s+1r V2.22 SEMIP V1.92 APOLLO SPECIALTY HOSPITALS

MICRO MED EVENTS



Patient Name : Mr. Manoj Kumar Yadav Age : 37 Y/M  
 UHID : SCHI.0000017365 OP Visit No : SCHIOPV24944  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 13-01-2024 16:00  
 Referred By : SELF

#### MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/**Absent**. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A **E=A**  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_msec  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg MVA \_\_\_\_\_cm<sup>2</sup>  
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

#### TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler **Normal**/Abnormal  
 Tricuspid stenosis Present/**Absent** RR interval \_\_\_\_\_msec.  
 EDG \_\_\_\_\_mmHg MDG \_\_\_\_\_mmHg  
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_msec. Pred. RVSP=RAP+ \_\_\_\_\_mmHg

#### PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.  
 Doppler **Normal**/Abnormal.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Pulmonary annulus \_\_\_\_\_mm  
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_mmHg. End diastolic gradient \_\_\_\_\_mmHg

#### AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/**3**/4  
 Doppler **Normal**/Abnormal  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_mmHg Aortic annulus \_\_\_\_\_mm  
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements	Normal Values	Measurements	Normal values
Aorta	2.7 (2.0 – 3.7cm)	LA es	2.9 (1.9 – 4.0cm)
LV es	2.4 (2.2 – 4.0cm)	LV ed	4.3 (3.7 – 5.6cm)
IVS ed	0.9 (0.6 – 1.1cm)	PW (LV)	0.8 (0.6 – 1.1cm)
RV ed	(0.7 – 2.6cm)	RV Anterior wall	(upto 5 mm)
LVVd (ml)		LVVs (ml)	
EF	65% (54%-76%)	IVS motion	<b>Normal</b> /Flat/Paradoxical


#### CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy  
 Contraction **Normal**/Reduced  
 Regional wall motion abnormality **Absent**  
 LA **Normal**/Enlarged/**Clear**/Thrombus  
 RA **Normal**/Enlarged/**Clear**/Thrombus  
 RV **Normal**/Enlarged/**Clear**/Thrombus

## PERICARDIUM

### COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=65%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion



*Dr. M K Gupta  
M.B.B.S, MD,FIACM  
Senior Consultant Cardiologist*

**Apollo Spectra Hospitals:** Plot No. A-2, Chirag Enclave, Greater Kailash -1, New Delhi -110048

Ph: 011-40465555, 9910995018 | [www.apollospectra.com](http://www.apollospectra.com)

**Apollo Specialty Hospital Pvt. Ltd.**

CIN - U85100TG2009PTC099414

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040-4904 7777 | [www.apollohl.com](http://www.apollohl.com)

NAME :	MANOJ KUMAR YADAV	AGE/SEX:	37	YRS./M
UHID :	17365			
REF BY :	APOLLO SPECTRA	DATE:-	13.01.2024	

**ULTRASOUND WHOLE ABDOMEN**

**Liver:** Appears normal in size, and echotexture. Intrahepatic biliary radicles are not dilated. No focal or diffuse lesion is seen. CBD and portal vein are normal in caliber.

**Gall Bladder:** normally distended with clear lumen and normal wall thickness. No calculus or sludge is seen.

**Pancreas and Spleen:** Appears normal in size and echotexture.

**Both Kidneys:** are normal in size, shape, and echopattern. The parenchymal thickness is normal and cortico-medullary differentiation is well maintained. Pelvicalyceal systems are not dilated. No calculus or mass lesion is seen. Ureter is not dilated.

**Urinary Bladder:** is moderately distended and shows no obvious calculus or sediments. Bladder wall thickness is normal.

**Prostate:** normal in size, weight 18 Gms. It is normal in echotexture with no breach in the capsule.

No free fluid seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY**

**Please correlate clinically and with lab. Investigations.**

  
DR. MONICA CHHABRA  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

## DIGITAL X-RAY REPORT

NAME: MANOJ	DATE: 13.01.2024
UHID NO : 17365	AGE: 37YRS/ SEX: M

### X-RAY CHEST PA VIEW

Both the lung fields show no active parenchymal pathology.

Both the costophrenic angles are clear.

Heart size is normal.

Both the domes of diaphragm are normal.

Bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY

Please correlate clinically and with lab investigations

  
**DR. MONICA CHHABRA**  
Consultant Radiologist

Dr. MONICA CHHABRA  
Consultant Radiologist  
DMC No. 18744  
Apollo Spectra Hospitals  
New Delhi-110019

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