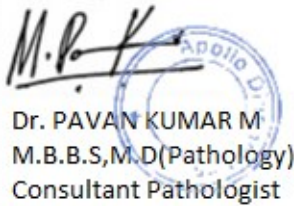


Patient Name	: Mr.RAJ KUMAR JAISWAL	Collected	: 29/Mar/2024 10:00AM
Age/Gender	: 38 Y 1 M 9 D/M	Received	: 29/Mar/2024 12:27PM
UHID/MR No	: CMYS.0000060294	Reported	: 29/Mar/2024 02:30PM
Visit ID	: CMYSOPV124000	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 282532428414		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

--



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Consultant Pathologist

SIN No:BED240087213



Patient Name : Mr.RAJ KUMAR JAISWAL	Collected : 29/Mar/2024 10:00AM
Age/Gender : 38 Y 1 M 9 D/M	Received : 29/Mar/2024 12:27PM
UHID/MR No : CMYS.0000060294	Reported : 29/Mar/2024 02:11PM
Visit ID : CMYSOPV124000	Status : Final Report
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Emp/Auth/TPA ID : 282532428414	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	42.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,200	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.9	%	40-80	Electrical Impedance
LYMPHOCYTES	48.8	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	4	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3088.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3513.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	273.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	288	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.88		0.78- 3.53	Calculated
PLATELET COUNT	183000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

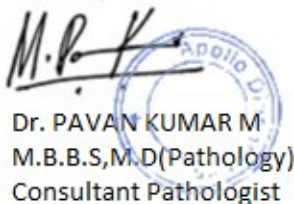
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

W.B.C: Are normal in number,morphology and increase in lymphocytes.

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH LYMPHOCYTOSIS.



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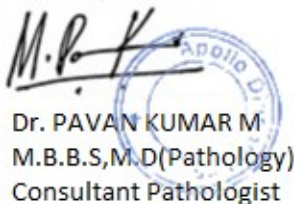


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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.RAJ KUMAR JAISWAL	Collected : 29/Mar/2024 09:59AM
Age/Gender : 38 Y 1 M 9 D/M	Received : 29/Mar/2024 12:27PM
UHID/MR No : CMYS.000060294	Reported : 29/Mar/2024 01:04PM
Visit ID : CMYSOPV124000	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	99	mg/dl	74-106	GOD, POD

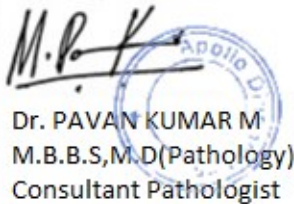
Comment:

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.



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Patient Name	: Mr.RAJ KUMAR JAISWAL	Collected	: 29/Mar/2024 10:00AM
Age/Gender	: 38 Y 1 M 9 D/M	Received	: 29/Mar/2024 01:33PM
UHID/MR No	: CMYS.000060294	Reported	: 29/Mar/2024 02:14PM
Visit ID	: CMYSOPV124000	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	106	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

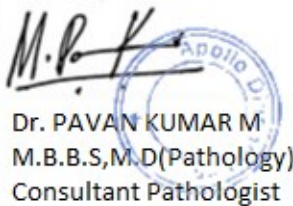
Comment:

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



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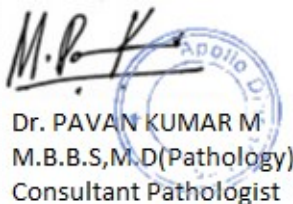


Patient Name	: Mr.RAJ KUMAR JAISWAL	Collected	: 29/Mar/2024 10:00AM
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Visit ID	: CMYSOPV124000	Status	: Final Report
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
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 glycemic 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	219	mg/dl	0-200	CHOD
TRIGLYCERIDES	102	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	35	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	184	mg/dL	<130	Calculated
LDL CHOLESTEROL	163.85	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.37	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.30		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.11		<0.11	Calculated

Result is rechecked. Kindly correlate clinically

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:



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SIN No:SE04680615

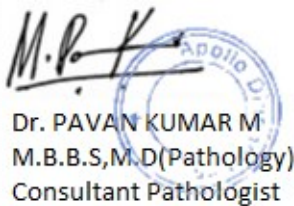


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DEPARTMENT OF BIOCHEMISTRY

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

- 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 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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	85.00	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.04	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.26	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:

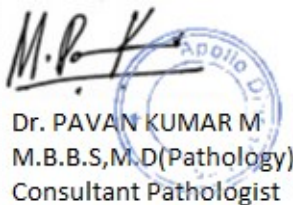
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.



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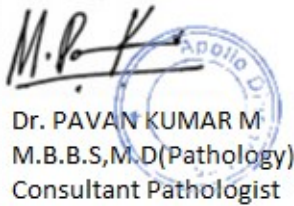


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Age/Gender	: 38 Y 1 M 9 D/M	Received	: 29/Mar/2024 12:27PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.66	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	23.17	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.8	mg/dl	6-20	Urease, UV
URIC ACID	6.30	mg/dL	3.5-7.2	Uricase
CALCIUM	9.36	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.92	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.30	g/dl	6.4-8.3	Biuret
ALBUMIN	4.04	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.26	g/dL	2.0-3.5	Calculated
A/G RATIO	1.24		0.9-2.0	Calculated



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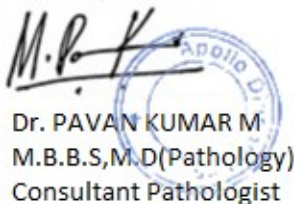


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/l	0-55	IFCC



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Visit ID : CMYSOPV124000	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

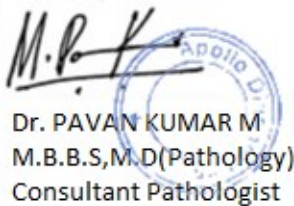
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.37	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	9.85	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.400	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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Consultant Pathologist

SIN No:SPL24059074



Patient Name	: Mr.RAJ KUMAR JAISWAL	Collected	: 29/Mar/2024 10:00AM
Age/Gender	: 38 Y 1 M 9 D/M	Received	: 29/Mar/2024 12:27PM
UHID/MR No	: CMYS.0000060294	Reported	: 29/Mar/2024 02:00PM
Visit ID	: CMYSOPV124000	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 282532428414		

DEPARTMENT OF IMMUNOLOGY

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



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:SPL24059074

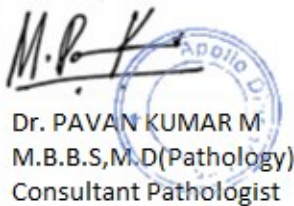


Patient Name : Mr.RAJ KUMAR JAISWAL	Collected : 29/Mar/2024 10:00AM
Age/Gender : 38 Y 1 M 9 D/M	Received : 29/Mar/2024 01:41PM
UHID/MR No : CMYS.000060294	Reported : 29/Mar/2024 02:48PM
Visit ID : CMYSOPV124000	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 282532428414	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	5 - 6	/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



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UR2320062



Patient Name : Mr.RAJ KUMAR JAISWAL	Collected : 29/Mar/2024 10:00AM
Age/Gender : 38 Y 1 M 9 D/M	Received : 29/Mar/2024 01:13PM
UHID/MR No : CMYS.000060294	Reported : 29/Mar/2024 01:48PM
Visit ID : CMYSOPV124000	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 282532428414	

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 ***



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:UF011554



Name : Mr. RAJ KUMAR JAISWAL

Age: 38 Y

Sex: M

UHID: CMYS.0000060294

OP Number: CMYSOPV124000

Bill No: CMYS-OCR-22880

Date: 29.03.2024 09:57

Address: MYSORE

Plan: ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

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 → P	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	DIET CONSULTATION → P	
7	COMPLETE URINE EXAMINATION	
8	URINE GLUCOSE (POST PRANDIAL)	
9	PERIPHERAL SMEAR	
10	ECG	
11	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	test - 85.8
12	DENTAL CONSULTATION	
13	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	Hk - 168
14	URINE GLUCOSE (FASTING)	
15	HbA1c, GLYCATED HEMOGLOBIN	BP - 110/80
16	X-RAY CHEST PA	
17	ENT CONSULTATION → P	
18	FITNESS BY GENERAL PHYSICIAN → P	
19	BLOOD GROUP ABO AND RH FACTOR	
20	LIPID PROFILE	
21	BODY MASS INDEX (BMI)	
22	OPHTHAL BY GENERAL PHYSICIAN	
23	ULTRASOUND - WHOLE ABDOMEN → P	
24	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Raj Kumar Jainwal on 29-3-24

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

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <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>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. [Signature]
Medical Officer
The Apollo Clinic, Mysore.

Apollo Health and Lifestyle Limited

ICR No. UB1110TG2000PLC1158191
 Apollo Clinic - 1, 10-62-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
 Ph No: 041-4304 7777 Fax No: 4304 7764 | Email ID: enquiry@apollohi.com | www.apollohi.com

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 Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

Apollo Clinic
 #23, 1st Floor,
 Ralidasa Road, Mysore - 02
 Ph : 0821-4006040
 TO BOOK AN APPOINTMENT

1860 500 7788

Date : 29-03-2024
MR NO : CMYS.0000060294

Department : GENERAL
Doctor : ROHITH. H. K.

Name : Mr. RAJ KUMAR JAISWAL

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 09:56

Height : 168	Weight : 85.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Pt came for Annual Health Check up
No fresh complaints
No h/o DM, HTN



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 29-03-2024
MR NO : CMYS.0000060294

Department : GENERAL
Doctor :

Name : Mr. RAJ KUMAR JAISWAL

Registration No : *Dr Pradeep Kumar*

Age/ Gender : 38 Y / Male

Qualification : *MSc*

Consultation Timing: 09:56

Height: <i>168</i>	Weight: <i>85.8</i>	BMI: <i>30.5</i>	Waist Circum: <i>110/30</i>
Temp: <i>98.6</i>	Pulse: <i>72</i>	Resp: <i>16</i>	BP: <i>110/80</i>

General Examination/
Allergic History

Clinical Diagnosis & Management Plan

Come for regular health check

Ear bilateral PM @

NOE - nasal mucosa @

oral cavity & oropharynx @

neck @

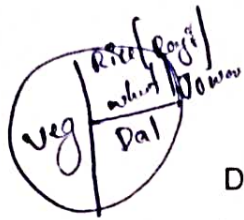
Az heard

flc

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Date : 29-03-2024
 MR NO : CMYS.0000060294

Department : GENERAL Dietetic
 Doctor : Madhura . P . P

Name : Mr. RAJ KUMAR JAISWAL

Registration No :

Age/ Gender : 38 Y / Male

Qualification : M.Sc Nutrition & Dietetic
 PhD

Consultation Timing: 09:56

TBW - 68kg

Height : 168	Weight : 85.8	BMI : 30 kg/m ²	Waist Circum : 100/50
Temp :	Pulse :	Resp :	B.P :

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

Total cholesterol - 219
 HDL - 35
 Non HDL - 184
 LDL - 163.85
 Cholesterol/HDL - 6.30

Δ^{stc} - Grade I fatty liver
 → Advised low fat diet with fiber rich foods.
 → Dietary guideline chart is given.

Follow up date :

Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

29/3/2024

Date : 29-03-2024
MR NO : CMYS.0000060294

Department : GENERAL [dental]
Doctor :

Name : Mr. RAJ KUMAR JAISWAL
Age/ Gender : 38 Y / Male

Registration No :
Qualification :

Consultation Timing: 09:56

168

85,8

110/80

dB

Ca-H SE-H

Adv: - oral prophylaxis

+ 8

Horizontal Impaction noted

Adv: - extraction

Dr. Jyothika

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 29-03-2024
 MR NO : CMYS.0000060294
 Name : Mr. RAJ KUMAR JAISWAL
 Age/ Gender : 38 Y / Male

Department : GENERAL (opthal)
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:56

Height : 168	Weight : 85.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 110/80

General Examination /
 Allergies History


-NO-

Clinical Diagnosis & Management Plan

Not wearing spectacle.
 No fresh complaints.
 Not on any treatment.
 No HTN DM LFTN.

vision	(R)	(L)
Far	N6	N6
Near	6/6	6/6
colour	(N)	(N)

Follow up date :

Doctor Signature 

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Regular Eye checks.

Patient Name	: Mr. RAJ KUMAR JAISWAL	Age	: 38 Y M
UHID	: CMYS.0000060294	OP Visit No	: CMYSOPV124000
Reported on	: 29-03-2024 15:38	Printed on	: 29-03-2024 15:39
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.

IMPRESSION :NORMAL STUDY .

Printed on:29-03-2024 15:38

---End of the Report---



Dr. CHETAN HOLEPPAGOL
MBBS, DNB(RADIO DIAGNOSIS)
Radiology

Apollo Health and Lifestyle Limited

(CIN: U65110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 778**

Patient's Name : Mr. RAJ KUMAR JAISWAL	Age & Sex; 38Yrs /Male
Date : 29.03.2024	UHID No:0060294

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 66 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mr. RAJ KUMAR JAISWAL	Age & Sex: 38YRS / Male
Date : 29.03.2024	UHID No:0060294

Measurements

AO : 2.6 cm
LA : 2.6 cm

RV : 2.2 cm
LVIDd : 4.44 cm
LVIDs : 2.81 cm
IVSd : 0.90 cm
IVSs : 1.36 cm
PWd : 0.90 cm
PWs : 1.31 cm
EF : 66.0 %
FS : 36.0 %

Doppler

	MV		TV		AV		PV	
E	0.78 m/s	E	---	m/s	V max	0.74 m/s	V max	0.86 m/s
A:	0.62 m/s	A	---	m/s				

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY



Dr. GURU PRASAD. B. V
MBBS, PGDCC (CARDIOLOGY)
CCMR, CCEP (CCMR), PGCC, CCEBNI
Consultant - Non Invasive Cardiology
UHID No: 0060294

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115810)

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mr. RAJ KUMAR JAISWAL	Date: 29.03.2024	Referring Doctor: Self
Age / Sex :38yrs /Male	UHID :0060294	
ULTRASONOGRAPHY – ABDOMEN & PELVIS		

LIVER: It is normal in size and shows increased echogenicity. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is distended and normal. No evidence of calculi.

SPLEEN: It is normal in size, outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It measures 9.9cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.1cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.


URINARY BLADDER: It is well distended. The UB wall is normal. No e/o calculi.

PROSTATE: It is normal in size, outline and echotexture.

No e/o free fluid in the abdomen.

IMPRESSION:

- Grade 1 fatty liver.
- Otherwise normal study.


Dr. Raghuveer Subhas Prasad, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

CIN: U65110TG2000PLC115819

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Online appointments: www.apollohi.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

MR RAJKUMAR JAISWAL

Male 38Years

168cm 85kg 110/80 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41

