

## CERTIFICATE OF MEDICAL FITNESS

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

Mr. Rishu Baswal on 26/5/24

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

	Tick
<p><b>Medically Fit</b></p> <p style="text-align: center;">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>Physician Consultation ASAP</u></p> <p>2. <u>for Diabetes, dyslipidemia, hypothyroidism</u></p> <p>3. <u>Life style modifications</u></p> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> <p><b>Current Unfit.</b></p> <p>Review after _____ recommended</p> <p><b>Unfit</b></p>	<input checked="" type="checkbox"/>

Height: 162 cm  
 Weight: 68 kg  
 Blood Pressure: 140/96 mm

D. Dadhech  
 Dr. D. Dadhech  
 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

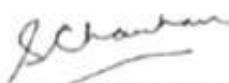
Patient Name : Mr.RISHU BASWAL  
 Age/Gender : 31 Y 8 M 15 D/M  
 UHID/MR No : CAOP.0000000085  
 Visit ID : CAOPOPV90  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 188175

Collected : 23/Mar/2024 11:37AM  
 Received : 23/Mar/2024 12:20PM  
 Reported : 23/Mar/2024 02:41PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic .
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation

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




TOUCHING LIVES  
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	42.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	76	fL	83-101	Calculated
MCH	24.6	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5070	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2340	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	156	Cells/cu.mm	20-500	Calculated
MONOCYTES	234	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.17		0.78- 3.53	Calculated
PLATELET COUNT	185000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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 Consultant Pathologist



Patient Name	: Mr.RISHU BASWAL	Collected	: 23/Mar/2024 01:45PM
Age/Gender	: 31 Y 8 M 15 D/M	Received	: 23/Mar/2024 04:10PM
UHID/MR No	: CAOP.0000000085	Reported	: 23/Mar/2024 06:55PM
Visit ID	: CAOPOPV90	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	279	mg/dL	70-100	GOD - POD

Please correlate with clinical and fasting details and other relevant investigations

**Comment:**

As per American Diabetes Guidelines, 2023

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

- Note:
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
  - Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	349	mg/dL	70-140	GOD - POD

Please correlate clinically.

**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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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	12.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	303	mg/dL		Calculated

**Comment:**


Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



  
 Dr. Tanish Mandal  
 M.B.B.S, M.D (Pathology)  
 Consultant Pathologist  
 SIN No: EDT240037029

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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	197	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	311	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	62.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.63		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.59		<0.11	Calculated


**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

**Note:**

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse

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


cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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SIN No: SE04673667



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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	0.50	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	55	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	<b>136.00</b>	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		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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TOUCH 100 LIVES


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.67	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	24.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	3.5-8.5	Uricase
CALCIUM	10.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.60	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.31		0.9-2.0	Calculated

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	107.00	U/L	15-73	Glycylglycine Nitoranalide

Please correlate clinically.

  
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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
<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)	15.58	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.990	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: SPL24054138




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DEPARTMENT OF CLINICAL PATHOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick
Result rechecked. Please correlate with clinical details				

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE (+++)		NEGATIVE	Dipstick
Result rechecked. Please correlate with clinical details				

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

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



Mr. Rishu Baswal

Height : 162	Weight : 68kg	BMI :	Waist Circum :
Temp :	Pulse : 115	Resp : 18+	B.P : 140/96

General Examination / Allergies History

Clinical Diagnosis & Management Plan

NO H/O- HTN

T2DM - Since last 3yrs.

Adv

- Cardiologist R/v and Echo

- Life style modification

D. Dadheech  
Dr Diphi Dadheech

Follow up date:

Doctor Signature

NAME: RISHU BASWAL	AGE: 31Y/ SEX: M
DATE: March 23, 2024	REF.BY: ARCOFEMI HEALTHCARE LIMITED
S.NO.:- 50	UHID NO.:-CAOP.0000000085

### ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size 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** 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 10.8x5.7cm, LK 12.7x5.3cm), shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size and echotexture.

**Pancreas** does not show any pathology.

No free fluid seen in the peritoneal cavity.

**Urinary bladder** is distended and shows no mural or intraluminal pathology.

**Prostate** is normal in size and shape. No focal lesion is seen.

*Please correlate clinically*

**DR. KAWAL DEEP DHAM ,**  
**CONSULTANT RADIOLOGIST**

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

#### **APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)  
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals  
66A/2, New Rohtak Road, Karol Bagh,  
New Delhi-110 005

Ph.: 011-49407700, 8448702877  
www.apollospectra.com

#### **Registered Address**

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



=====

NAME: RISHU BASWAL  
DATE: 23.03.2024  
REF. BY:- HEALTH CHECKUP

AGE : 31Y /SEX/M  
MR. NO:- CAOP.0000000085  
S.NO. :- 350

=====

**X-RAY CHEST PA VIEW**

Both lung fields and hila are normal.  
No obvious active pleuro-parenchymal lesion seen.  
Both costophrenic and cardiophrenic angles are clear.  
Both diaphragms are normal in position and contour.  
Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen.

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

  
**DR. KAWAL DEEP DHAM**  
**CONSULTANT RADIOLOGIST**

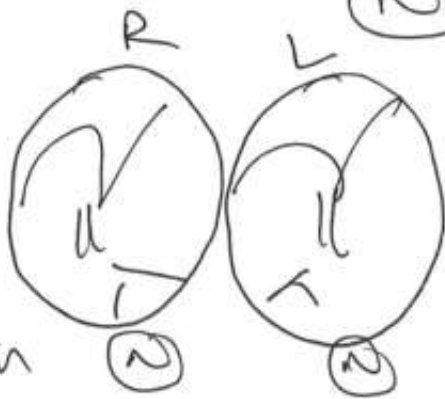
Note: It is only a professional opinion. Kindly correlate clinically.

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd )  
Plot no. 3 , Block no. 34, Pusa Road, WEA, opposite metro pillar no. 77, Karol Bagh,  
New Delhi - 110005. Contact Number 011- 40393610 / Helpline No: 1860 500 7788  
Emergency: 1066 / Email: ApolloOnePusaRoad@apolloclinic.com

**Registered Office:** Apollo Health and Lifestyle Limited  
7-1-617/A, 615 and 616, Imperial Towers, 7th Floor,  
Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

Roshu Baswal  
M 31 cases

Imp: ENT: (N) AD  
(N) Normal



Adv  
No migration

TM  
Ramp →  
Weber ←→  
Chest: clear

{ Done }  
23/3/2024

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Ameerpet, Hyderabad-500038, Telangana.

Apollo One

Eye Checkup

NAME:- MR. Rishu Basu

Age:- 31

Date: 23/3/24

SELF / CORPORATE:-

	Right Eye	Left Eye
Distant Vision	-3.00   -0.50 X70	-3.50 SPH
Near vision	C/C	C/6
Color vision		
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Address: Apollo One  
Plot No. 3, Block No. 34,  
Pusa Road, New Delhi - 110005  
Ph. No. 011-40393610

Signature



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7th Floor, Opp. Ameerpet Metro Station,  
Ameerpet, Hyderabad-500038, Telangana.

NAME: - *Rishu Barwal*

AGE: - *31 year*

GENDER: - *Male.*

*Pt came for regular dental checkup*

*M/H } Nil  
P/H }*

*O/E: - calculus +  
stains ++*

*Adv: - Scaling & Polishing*

**Dr. Ishita Agrawal**

*Ishita*  
**Signature: -**

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

ID caop0000000085	Height 162cm	Age 31	Gender Male	Test Date / Time 23.03.2024. 12:43
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## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	33.3 (32.5~39.7)	33.3	42.9 (41.7~50.9)	45.4 (44.2~54.0)	68.3 (49.0~66.4)
Protein (kg)	9.1 (8.7~10.7)				
Minerals (kg)	3.04 (3.01~3.67)				
Body Fat Mass (kg)	22.9 (6.9~13.9)				

## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %		68.3
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %		25.4
Body Fat Mass (kg)	40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520 %		22.9

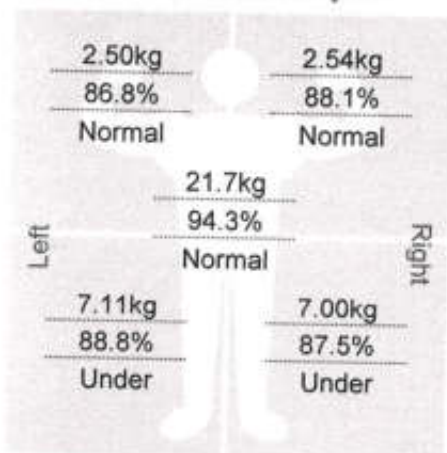
## Obesity Analysis

	Under	Normal	Over
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 22.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0		26.0
PBF (%)	0.0 5.0 10.0 15.0 20.0 25.0 30.0 35.0 40.0 45.0 50.0		33.5

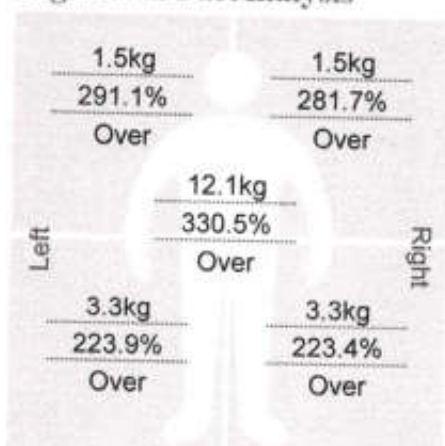
Lean Mass  
%  
Evaluation

Fat Mass  
%  
Evaluation

## Segmental Lean Analysis



## Segmental Fat Analysis



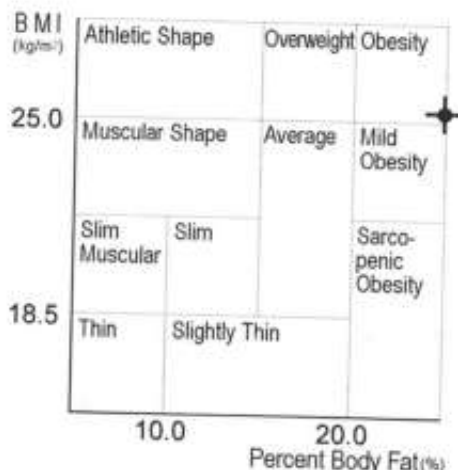
\* Segmental fat is estimated.

## InBody Score

62/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Body Type



## Weight Control

Target Weight	57.8 kg
Weight Control	- 10.5 kg
Fat Control	- 14.2 kg
Muscle Control	+ 3.7 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	1351 kcal ( 1499~1749 )
Waist-Hip Ratio	0.94 ( 0.80~0.90 )
Visceral Fat Level	10 ( 1~9 )
Obesity Degree	118 % ( 90~110 )
Bone Mineral Content	2.53 kg ( 2.47~3.03 )
SMI	7.3 kg/m <sup>2</sup>
Recommended calorie intake	2043 kcal

## Impedance

	RA	LA	TR	RL	LL
Z(Ω) 5 kHz	378.6	380.3	29.2	326.6	313.4
50 kHz	332.5	339.0	26.1	282.1	271.8
250 kHz	293.3	300.9	22.8	247.7	237.5

## Body Composition History

	Weight (kg)	SMM (kg)	PBF (%)
Recent	68.3	25.4	33.5
Total			