

| | |
|------------------------------------|--|
| Patient Name : Mr.DEVKANT TRIPATHI | Collected : 10/Mar/2024 11:42AM |
| Age/Gender : 37 Y 0 M 9 D/M | Received : 10/Mar/2024 02:19PM |
| UHID/MR No : CMAR.0000343077 | Reported : 10/Mar/2024 05:01PM |
| Visit ID : CMAROPV785161 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8054224529 | |

DEPARTMENT OF HAEMATOLOGY

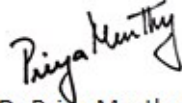
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|---------|-------------------------|-----------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.3 | g/dL | 13-17 | Spectrophotometer |
| PCV | 41.60 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.69 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 88.6 | fL | 83-101 | Calculated |
| MCH | 28.3 | pg | 27-32 | Calculated |
| MCHC | 31.9 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,510 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 52.9 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 33.3 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 5.9 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 7.4 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3443.79 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2167.83 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 384.09 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 481.74 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 32.55 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.59 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 187000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 38 | mm at the end of 1 hour | 0-15 | Modified Westegren method |
| PERIPHERAL SMEAR | | | | |

Page 1 of 14



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SIN No:BED240064376

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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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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RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

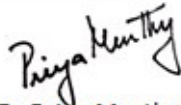
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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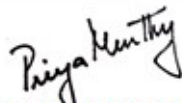
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|---|----------|------|-----------------|-----------------------------|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | A | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------|--------|-------|-----------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 95 | mg/dL | 70-100 | HEXOKINASE |

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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) | 92 | mg/dL | 70-140 | HEXOKINASE |


Comment:

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

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

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


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SIN No:EDT240029363

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| | | | |
|---------------------------------|-----|-------|------------|
| HbA1c, GLYCATED HEMOGLOBIN | 5.4 | % | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 108 | mg/dL | Calculated |


Comment:

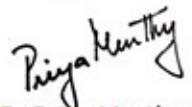
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| 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.

- 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. Range | Method |
|------------------------------|--------------|-------|-----------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 194 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 89 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 56 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 138 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 119.9 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 17.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.46 | | 0-4.97 | Calculated |

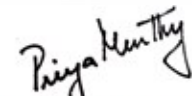
Comment:

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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.


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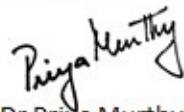
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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.78 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.14 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.64 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | <50 | IFCC |
| ALKALINE PHOSPHATASE | 101.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.89 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.43 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.46 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.28 | | 0.9-2.0 | Calculated |

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

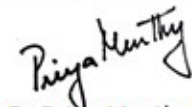
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


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|------------------------------------|--|
| Patient Name : Mr.DEVKANT TRIPATHI | Collected : 10/Mar/2024 11:42AM |
| Age/Gender : 37 Y 0 M 9 D/M | Received : 10/Mar/2024 02:33PM |
| UHID/MR No : CMAR.0000343077 | Reported : 10/Mar/2024 07:06PM |
| Visit ID : CMAROPV785161 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8054224529 | |

DEPARTMENT OF BIOCHEMISTRY

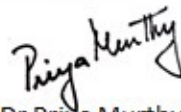
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.78 | mg/dL | 0.67-1.17 | Jaffe's, Method |
| UREA | 19.60 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.22 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 11.30 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.17 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 107 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.89 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.43 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.46 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.28 | | 0.9-2.0 | Calculated |

Result is rechecked. Kindly correlate clinically



DR.SHIVARAJA SHETTY
M.B.B.S.,M.D(Biochemistry)
CONSULTANT BIOCHEMIST



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:SE04657031

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| | |
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| Visit ID : CMAROPV785161 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 8054224529 | |

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 | 22.00 | U/L | <55 | IFCC |



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SIN No:SE04657031

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| | |
|------------------------------------|--|
| Patient Name : Mr.DEVKANT TRIPATHI | Collected : 10/Mar/2024 11:42AM |
| Age/Gender : 37 Y 0 M 9 D/M | Received : 10/Mar/2024 02:32PM |
| UHID/MR No : CMAR.0000343077 | Reported : 10/Mar/2024 03:18PM |
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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 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 5.6 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.181 | 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 |




DR.SHIVARAJA SHETTY
M.B.B.S,M.D(Biochemistry)
CONSULTANT BIOCHEMIST

SIN No:SPL24042870

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DEPARTMENT OF IMMUNOLOGY

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

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



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| Visit ID : CMAROPV785161 | Status : Final Report |
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| Emp/Auth/TPA ID : 8054224529 | |

DEPARTMENT OF CLINICAL PATHOLOGY

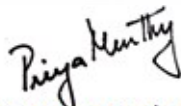
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| 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 | 5.5 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.020 | | 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 |
| BLOOD | NEGATIVE | | NEGATIVE | Peroxidase |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | LEUCOCYTE ESTERASE |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

Page 13 of 14



Dr. Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2302289

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| | |
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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 |

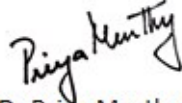
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

Page 14 of 14



Dr.Nisha
M.B.B.S,MD(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011144

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CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Devkant Tejpathi on 10/03/2024

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

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Medically Fit | <input checked="" type="checkbox"/> |
| <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. _____
Medical Officer

This certificate is not meant for medico-legal purposes

Patient Name : Mr. Devkant Tripathi

Age/Gender : 37 Y/M

UHID/MR No. : CMAR.0000343077

OP Visit No : CMAROPV785161

Sample Collected on :

Reported on : 11-03-2024 13:38

LRN# : RAD2262969

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 8054224529

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

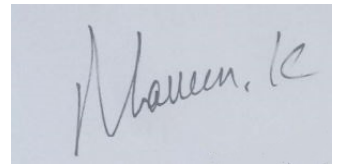
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Date : 10-03-2024

Department : GENERAL

MR NO : CMAR.0000343077

Doctor :

Name : Mr. Devkant Tripathi

Registration No :

Age/ Gender : 37 Y / Male

Qualification :

Consultation Timing: 09:46

| | | | |
|----------------|----------------|--------|-------------------|
| Height : 170cm | Weight : 78 kg | BMI : | Waist Circum : |
| Temp : | Pulse : 66 bpm | Resp : | B.P : 120/80 mmHg |

General Examination / Allergies

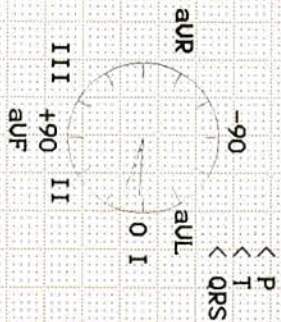
Clinical Diagnosis & Management Plan

History

Follow up date:

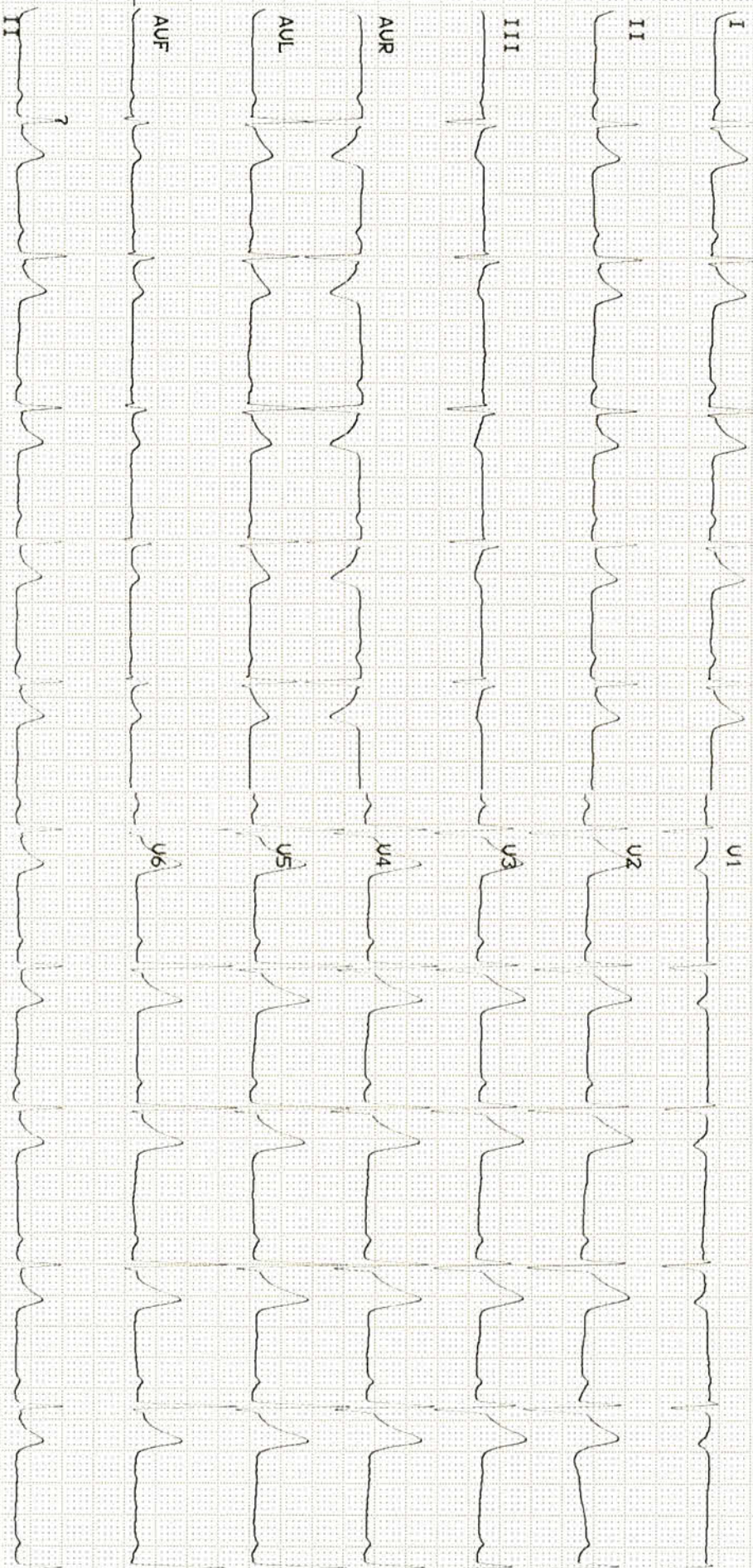
Doctor Signature

Measurement Results:
QRS : 86 ms
QT/QTcB : 368 / 386 ms
PR : 170 ms
P : 116 ms
RR/PP : 910 / 880 ms
P/QRS/T : 15 / 5 / 20 degrees
QTd/QTcBd : 34 / 36 ms
Sokolow : 2.1 mV
NK : 9



Interpretation:
ST-segment elevation (anterior)
borderline ECG

Unconfirmed report.



| | | | |
|--------------------|----------------------|-----------------|----------|
| NAME | MR.DEVAKANT TRIPATHI | DATE | 10/03/24 |
| AGE | 37 YEARS | SEX | MALE |
| REFERRED BY | Dr. JAGADEESH HV | BILL NO: | 113903 |


ECHO (2D & COLOUR DOPPLER)

| DIMENSIONS | VALUES | VALUES(RANGE) | DOPPLER | VALUES(m/sec) | |
|------------|--------|---------------|---------|---------------|-----|
| | | | | E | A |
| AO(ed) | 27mm | 25 - 37 mm | MV | 0.8 | 0.4 |
| LA(es) | 30mm | 19 - 40 mm | AV peak | 0.8 | |
| LVID(es) | 30mm | 24 - 42 mm | PV peak | 0.9 | |
| LVID(ed) | 42mm | 35 - 55 mm | | | |
| IVS(ed) | 10mm | 06 - 11mm | | | |
| LVPW(ed) | 12mm | 06 - 11mm | | | |
| EF | 52% | (50 - 70%) | | | |
| TAPSE | 18mm | >17mm | | | |

MORPHOLOGICAL DATA

| | |
|-------------------------|------------|
| Situs | Solitus |
| Cardiac position | Levocardia |
| Systemic veins | Normal |
| Pulmonary veins | Normal |
| Mitral valve | Normal |
| Aortic Valve | Normal |
| Tricuspid Valve | Normal |
| Pulmonary Valve | Normal |
| Right Ventricle | Normal |
| Left Ventricle | Normal |
| Interatrial Septum | Intact |
| Interventricular Septum | Intact |

| | |
|------------------|---|
| Pulmonary Artery | Normal |
| Aorta | Normal |
| Right Atrium | Normal |
| Left Atrium | Normal |
| LV – RWMA | No RWMA at rest. |
| LV – FUNCTION | Normal systolic function |
| Pericardium | Normal |
| IMPRESSION | <p>Normal cardiac chambers</p> <p>Normal valves</p> <p>Normal LV systolic function</p> <p>No pulmonary hypertension</p> <p>No RWMA at rest</p> <p>Normal pericardium,</p> <p>No intracardiac masses / thrombi</p> |


Dr. JAGADEESH HV
 Consultant Cardiologist
 KMC No. 86848

| | | | |
|--------------------|------------------------|-------------|--------------------|
| Patient Name | : Mr. Devkant Tripathi | Age | : 37 Y M |
| UHID | : CMAR.0000343077 | OP Visit No | : CMAROPV785161 |
| Reported on | : 10-03-2024 12:44 | Printed on | : 10-03-2024 12:45 |
| Adm/Consult Doctor | : | Ref Doctor | : SELF |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size , shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size , and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal .

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.7 x 4.6 cm

Left kidney measures 11.1 x 6.3 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Patient Name : Mr. Devkant Tripathi

Age : 37 Y M

UHID : CMAR.0000343077

OP Visit No : CMAROPV785161

Reported on : 10-03-2024 12:44

Printed on : 10-03-2024 12:45

Adm/Consult Doctor :

Ref Doctor : SELF

Printed on: 10-03-2024 12:44

---End of the Report---



Dr. RAMESH G
MBBS DMRD
RADIOLOGY

| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mr. Devkant Tripathi | Age/Gender | : 37 Y/M |
| UHID/MR No. | : CMAR.0000343077 | OP Visit No | : CMAROPV785161 |
| Sample Collected on | : | Reported on | : 10-03-2024 12:45 |
| LRN# | : RAD2262969 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 8054224529 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.7 x 4.6 cm

Left kidney measures 11.1 x 6.3 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

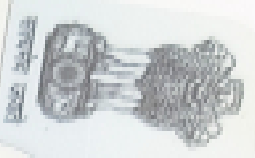
NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20070039027



Issue Date
12-03-2020

Validity (NT)
15-01-2027

Validity (TRP)



Holder's Signature

Name:

Date of Birth:

01-03-1987

DEVKANT TRIPATHI

Son/Daughter/Wife of:

RAJANIKANT TRIPATHI

Blood Group: A+ VE

Organ Donor:

N

Address:

ADARSH BALIKA INTER COLLEGE KEY DAKSHIN
SAKET MAGAR DEORIA 274001

Date of First Issue (16-01-2007)

Signature

(1) DP

(2) SF

(3) DP

(4) DP



REDIM NOTES
ALQAD GAMET

2024/3/19 9:37

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Sat, 9 Mar, 2024, 4:46 pm

Subject: Health Check up Booking Confirmed Request(bobS14561),Package Code-PKG10000366,
Beneficiary Code-297141

To: <alkaalf@gmail.com>

Cc: <customercare@mediwheel.in>



011-41195959

Dear **Alka pandey**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Name of Diagnostic/Hospital : Apollo Clinic- Marathahalli

Address of Diagnostic/Hospital- Apollo Clinic, 673/A, Shriram Samruddhi Apartments, Varthur
Road, Near Kundalahalli Signal, Whitefield, BEML Layout,
Brookefield - 560066

City : Bangalore

State :

Pincode : 560066

Appointment Date : 10-03-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:00am

Booking Status : Booking Confirmed

| Member Information | | |
|--------------------|---------|--------|
| Booked Member Name | Age | Gender |
| Devkant tripathi | 26 year | Male |

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

Please Download Mediwheel App



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Please visit to our [Terms & Conditions](#) for more informaion. [Click here to unsubscribe.](#)

@ 2024 - 25, Arcofemi Healthcare Pvt Limited.(Mediwheel)

Patient Name : Mr. Devkant Tripathi Age : 37 Y/M
 UHID : CMAR.0000343077 OP Visit No : CMAROPV785161
 Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:29
 Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

| DIMENSIONS | VALUES | VALUES(RANGE) | DIMENSIONS | VALUES | VALUES(RANGE) |
|------------|--------|---------------|------------|--------|---------------|
| AO(ed) | 30mm | 25 - 37 mm | IVS(ed) | 09mm | 06 - 11 mm |
| LA(es) | 35mm | 19 - 40 mm | LVPW(ed) | 08mm | 06 - 11 mm |
| RVID(ed) | 17mm | 07 - 21 mm | EF | 60 % | (50 – 70 %) |
| LVID(ed) | 45mm | 35 - 55 mm | %FD | 30% | (25 – 40%) |
| LVID(es) | 30mm | 24 - 42 mm | | | |

MORPHOLOGICAL DATA

| | |
|-------------------------|------------|
| Situs | Solitus |
| Cardiac position | Levocardia |
| Systemic veins | Normal |
| Pulmonary veins | Normal |
| Mitral valve | Normal |
| Aortic Valve | Normal |
| Tricuspid Valve | Normal |
| Pulmonary Valve | Normal |
| Right Ventricle | Normal |
| Left Ventricle | Normal |
| Interatrial Septum | Intact |
| Interventricular Septum | Intact |
| Pulmonary Artery | Normal |
| Aorta | Normal |
| Right Atrium | Normal |
| Left Atrium | Normal |
| | |

Patient Name : Mr. Devkant Tripathi Age : 37 Y/M
UHID : CMAR.0000343077 OP Visit No : CMAROPV785161
Conducted By: : Dr. JAGADEESH H V Conducted Date : 10-03-2024 16:29
Referred By : SELF

| | |
|-----------------|--|
| LV – RWMA | No RWMA at rest. |
| LV – FUNCTION | Normal systolic function |
| Pericardium | Normal Study |
| Doppler Studies | Normal |
| Doppler Summary | Normal |
| Rhythm | Sinus |
| IMPRESSION | Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi |

Dr. Jagadeesh H V
Consultant Cardiologist
KMC No. 86848