

## CERTIFICATE OF MEDICAL FITNESS

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

Miss Yamini on 2/9/24

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

	Tick
Medically Fit	<input checked="" type="checkbox"/>
<p>It Wit Restrictions Recommendations</p> <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Maintain healthy lifestyle.</u></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>	
<p>Current Unfit.</p> <p>Review after _____ recommended</p>	
Unfit	

Height: 150 cm

Weight: 55 kg

Blood Pressure: 108/78 mmHg

Dr. \_\_\_\_\_

Medical Officer

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

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

www.apolloclinic.com

Miss Namini  
Age 30y 1f

Height : 150 cm	Weight : 53 kg	BMI : 23.56	Waist Circum :
Temp : 98-6	Pulse : 85 bpm	Resp : 18 mt	B.P : 108/78 mmHg

General Examination / Allergies History

*SPEL 92%*  
Clinical Diagnosis & Management Plan

P. History - No.

Pt. came for general physical checkup.

Sx History - No.

O/E - CVS - S1S2

Family History - No.

CNS - conscious, oriented.

Unmarried.

RL - BL air entry +

Allergy - No.

PA - Soft, RT.

Diet N.Veg.

NO fresh complaints

Physical activity - Yoga daily

Das  
- Maintains healthy lifestyle

Addiction - No.

- Reports overweight

Menstrual history - LMP - 12/8/24  
Regular,  
uneventful.

Follow up date:

APOLLO HEALTH AND LIFESTYLE LTD.  
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Plot No. 3, Block No. 34, Metro Pillar No. 77  
Pusa Road, New Delhi-110005  
Doctor Signature

**DR. ALVEEN KAUR**

Consultant - Dentist

BDS

Contact : 9817966537



Advanced Diagnostics Powered by AI

Ms. Yani  
30/F.

Q:- Black Stains ++  
Calculus +++  
Tartar ++

R Adv.

- oral prophylaxis  
+ polishing

- filling 1st +

A handwritten signature in blue ink that reads "Dr. Alveen Kaur".  
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[www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name : Miss. YAMINI  
Age/Gender : 30 Y 7 M 10 D/F  
UHID/MR No : CAOP.0000001125  
Visit ID : CAOPOPV1463  
Ref Doctor : Dr.SELF  
Emp/Auth/TRA ID : Ref ID - 22E32308

Collected : 02/Sep/2024 11:51AM  
Received : 02/Sep/2024 12:18PM  
Reported : 02/Sep/2024 02:07PM  
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DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs Show mild anisocytosis, are predominantly Normocytic Normochromic ,

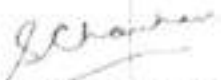
WBCs Normal in number and morphology  
Differential count is within normal limits

Platelets Adequate in number, verified on smear  
No Hemoparasites seen in smears examined.

Impression Normal peripheral smear study

Advice Clinical correlation

Page 1 of 13



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



SIN No: BED240222769

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**DEPARTMENT OF HAEMATOLOGY**

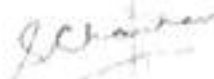
**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	13.5	g/dL	12-15	Spectrophotometer
PCV	40.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.51	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.0	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	6072	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2668	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	92	Cells/cu.mm	20-500	Calculated
MONOCYTES	368	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.28		0.78- 3.53	Calculated
PLATELET COUNT	291000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	34	mm at the end of 1 hour	0-20	Modified Westergren

**PERIPHERAL SMEAR**

Page 2 of 13



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

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



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

SIN No: BED240222769

TOUCHING LIVES  
 Patient Name : Miss. YAMINI  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	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. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	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. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE	114	mg/dL		Calculated



  
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 Consultant Pathologist

SIN No: EDT240089439

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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

(eAG)

**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.

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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	154	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	49	mg/dL	<150	
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	109	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.42		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

**Comment:**

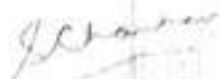
Reference interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



  
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 Consultant Pathologist

SIN No: SE04819733

TOUCHING LIVES  
 Patient Name : Mrs. YAMINI  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated

**Comment:**

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.  
 \*Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

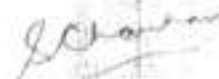
3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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SIN No: SE04819733

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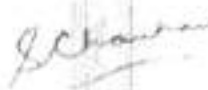
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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.53	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>11.60</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>5.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.80	mg/dL	3.0-5.5	URICASE
CALCIUM	<b>10.50</b>	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.30	g/dL	2.0-3.5	Calculated
A/G RATIO	1.39		0.9-2.0	Calculated



  
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TOUCH AND FEEL  
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPeptIDASE (GGT) , SERUM	13.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.53	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.390	µIU/mL	0.38-5.33	CLIA

**Comment:**

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

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

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



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

SIN No: SPL24137522



Patient Name : Miss. YAMINI  
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

*Nidhi*

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

SIN No:SPL24137522



Patient Name : Miss. YAMINI  
Age/Gender : 30 Y 7 M 10 D/F  
UHID/MR No : CAOP.0000001125  
Visit ID : CAQPOPV1463  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : Ref ID - 22E32309

Collected : 02/Sep/2024 11:51AM  
Received : 02/Sep/2024 01:04PM  
Reported : 02/Sep/2024 01:29PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Refractometric
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

**Comment:**  
All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.  
Microscopy findings are reported as an average of 10 high power fields.

Page 12 of 13



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

SIN No: UR2409998

Patient Name : Miss. YAMINI  
 Age/Gender : 30 Y 7 M 10 D/F  
 UHID/MR No : CAOP.0000001125  
 Visit ID : CAOPOPV1463  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : Ref ID - 22E32308

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DEPARTMENT OF CLINICAL PATHOLOGY


ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
 GLUCOSE (POST PRANDIAL) - URINE



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

SIN No:UP012083





Patient Name : Miss. YAMINI  
Age/Gender : 30 Y 7 M 10 D/F  
UHID/MR No : CAOP.0000001125  
Visit ID : CAOPPV1463  
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

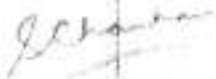
Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.

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



SIN No: UF012083

=====

NAME: YAMINI

DATE: 02.09.2024

REF. BY:- HEALTH CHECKUP

AGE : 30Y/SEX/F

MR. NO:- CAOP.0000001125

S.NO. :- 2200

=====

**X-RAY CHEST PA VIEW**

Rotation+

Both lung fields and hila are normal.


No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

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

  
**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**  
**RADIODIAGNOSIS**

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

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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

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Ameerpet, Hyderabad-500038, U85110TG2000PLC115819

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<b>NAME:-YAMINI</b>	<b>AGE: 30Y/ SEX: F</b> <small>Advanced Diagnostics Powered by AI</small>
<b>DATE: September 2, 2024</b>	<b>REF.BY:- ARCOFEMI MEDIWHEEL FEMALEAHC CREDIT PAN</b>
<b>S.NO.:- 734</b>	<b>UHID NO.:- CAOP.0000001125</b>

### ULTRASOUND WHOLE ABDOMEN

**Liver is normal in size(13.5cm) and shows normal in echotexture.** No focal lesion seen in the liver.

Intrahepatic bile ducts and portal radicals are normal in caliber.

**Gall bladder** is partially distended, 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 10.5 x 3.8cm, LK 10.2x4.6cm in length), shape and echo pattern. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

**Spleen** is normal in size (6.0cm) and echotexture.

**Pancreas** visualized part appears normal.

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

**Uterus** is anteverted, normal in size(7.7x2.8x4.1cm), shape and echo pattern.

**Endometrium** echo is 8.1mm thick.

**Bilateral ovaries** appear normal in size, shape, and echo. Pattern

Bilateral adnexa are clear

**Evidence of 32x7mm size loculated collection seen in POD.**

Please correlate clinically.



**DR. SEEMA PRAJAPATI**  
**SENIOR RESIDENT**

**RADIOLOGIST**

Apollo One (Health and Lifestyle Ltd)

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Patient

Name  
DOB Date  
Gender

00:00:00, 12:11:59PM  
YAMINI, VASU

Exam

Acquisition #  
Exam Code  
Description  
Operator

02-08-2024



Dr. Rajeev Nangia

MBBS, MS (ENT)

9312247509

Experience : 31 Years



Advanced Diagnostics Powered by AI

Came for earlier  
ENT Examination

Yamini

30/8 F

O/S  
Exam: - TM's - N

Not done

Rep:- Normal ENT  
Examination

Rajeev Nangia  
2/9/24

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New Delhi-110005

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ID caop000001125	Height 150cm	Age 30	Gender Female	Test Date / Time 02.09.2024. 10:19
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## Body Composition Analysis

	Values	Total Body Water	Soft Lean Mass	Fat Free Mass	Weight
Total Body Water (L)	23.5 (24.0~29.4)	23.5	30.2 (30.9~37.7)	32.1 (32.7~40.0)	53.6 (40.2~54.4)
Protein (kg)	6.3 (6.5~7.9)				
Minerals (kg)	2.29 (2.22~2.72)				
Body Fat Mass (kg)	21.5 (9.4~15.1)				

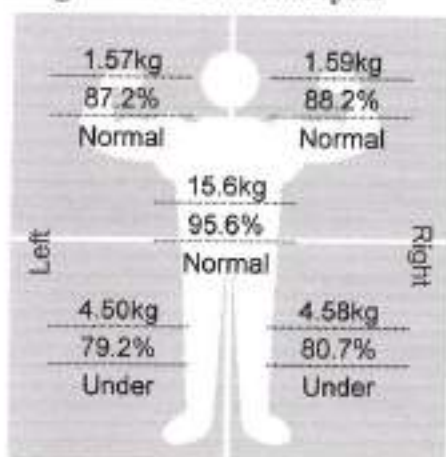
## Muscle-Fat Analysis

	Under	Normal	Over
Weight (kg)	55 70 85 100 115 130 145 160 175 190 205 %	53.6	
SMM (kg)	70 80 90 100 110 120 130 140 150 160 170 %	17.0	
Body Fat Mass (kg)	40 60 80 100 160 200 280 340 400 460 520 %	21.5	

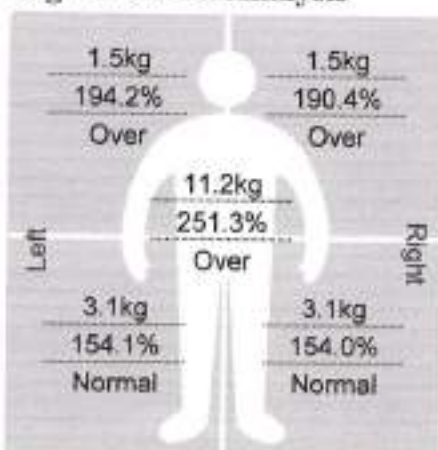
## Obesity Analysis

	Under	Normal	Over
BMI (kg/m <sup>2</sup> )	10.0 15.0 18.5 21.0 25.0 30.0 35.0 40.0 45.0 50.0 55.0	23.8	
PBF (%)	8.0 13.0 18.0 23.0 28.0 33.0 38.0 43.0 48.0 53.0 58.0	40.2	

## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

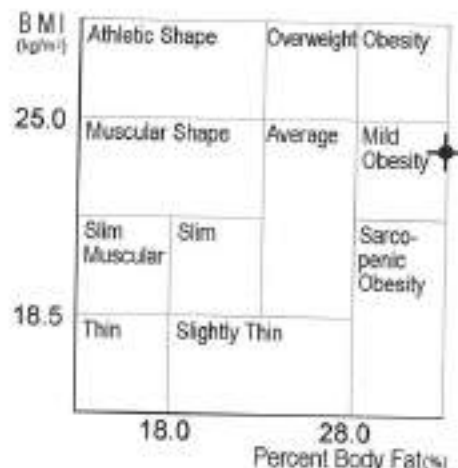
	02.09.24 10:19				
Weight (kg)	53.6				
SMM (kg)	17.0				
PBF (%)	40.2				
<input checked="" type="checkbox"/> Recent <input type="checkbox"/> Total					

## InBody Score

65/100 Points

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

## Body Type



## Weight Control

Target Weight	47.2 kg
Weight Control	- 6.4 kg
Fat Control	- 10.7 kg
Muscle Control	+ 4.3 kg

## Obesity Evaluation

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input 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 type="checkbox"/> Balanced	<input checked="" type="checkbox"/> Slightly Unbalanced	<input type="checkbox"/> Extremely Unbalanced

## Research Parameters

Basal Metabolic Rate	1063 kcal	( 1172~1351 )
Waist-Hip Ratio	0.93	( 0.75~0.85 )
Visceral Fat Level	12	( 1~9 )
Obesity Degree	113 %	( 90~110 )
Bone Mineral Content	1.89 kg	( 1.84~2.24 )
SMI	5.4 kg/m <sup>2</sup>	
Recommended calorie intake	1428 kcal	

## Impedance

	RA	LA	TR	RL	LL
Z <sub>50Hz</sub>	476.7	479.1	30.4	382.6	402.6
Z <sub>50Hz</sub>	433.1	439.8	27.0	346.7	363.3
Z <sub>250Hz</sub>	389.4	397.8	22.9	310.2	323.9

ID: 0000001125

MS YAMINI

Female 30Years

Req. No. :

02-09-2024 10:13:02 AM

HR : 75 bpm

P : 86 ms

PR : 132 ms

QRS : 77 ms

QT/QTcBz : 362/406 ms

P/QRS/T : 41/42/35 °

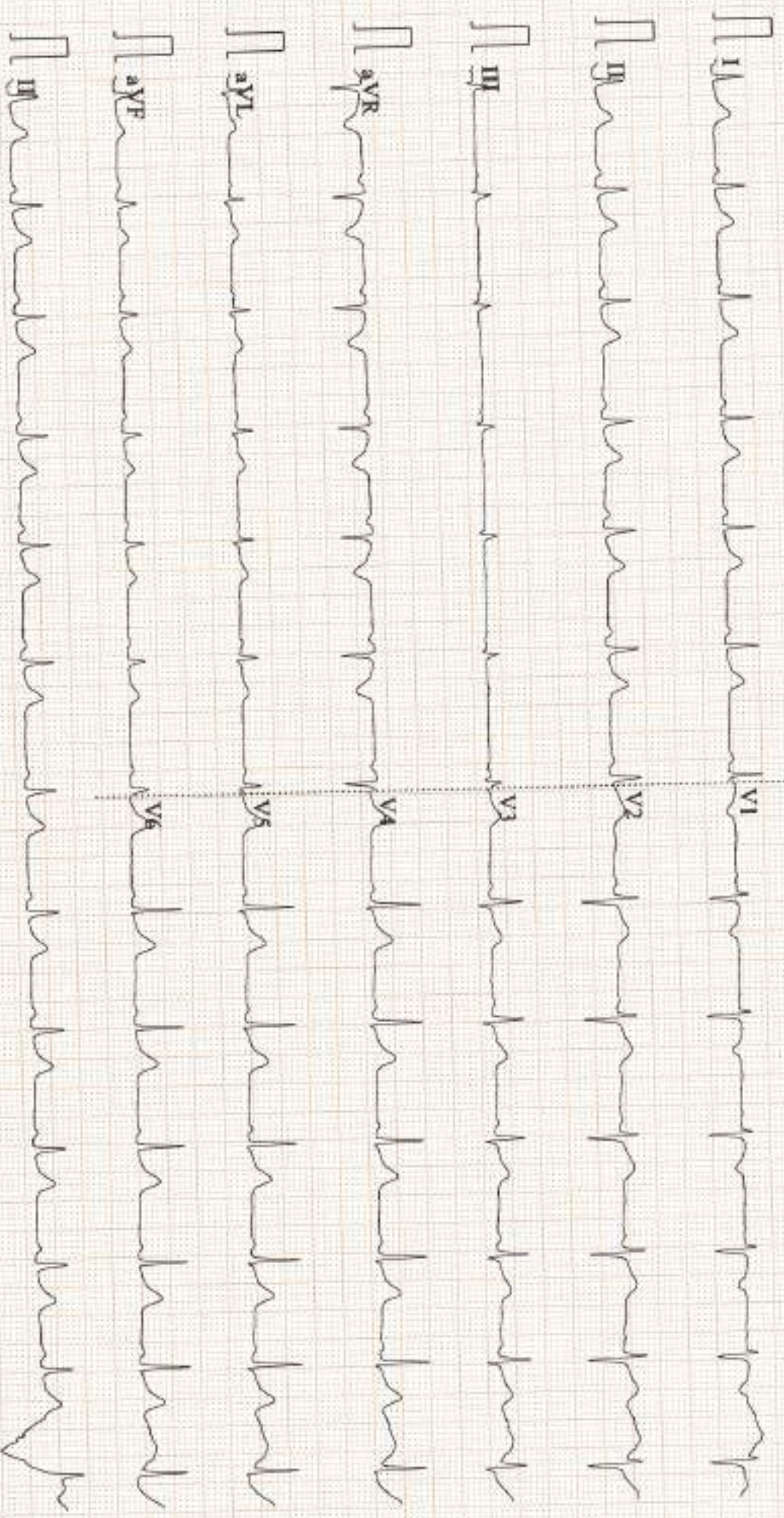
RV5/SV1 : 0.85/0.546 mV

Diagnosis Information:

Sinus Arrhythmia

Low Voltage(Chest Leads)

Report Confirmed by:



# Apollo One

## CONSENT FORM

Patient Name: Yamini Age: 30

UHID Number: EC No - 182047 Company Name: Bank of Baroda (Mediwheel)

I Mr/Mrs/Ms Yamini Employee of Bank of Baroda  
(Company) Want to inform you that I am not interested in getting EC due to Unmarried  
Tests done which is a part of my routine health check package. Age is not above 35 yrs.

And I claim the above statement in my full consciousness.

Patient Signature:  Date: 02/09/2024

### Apollo One - New Delhi Address:

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WEA, Opposite Metro Pillar No. 77, Karol Bagh, Pusa Road  
NEW DELHI, DELHI INDIA

Pincode:- 110005  
Phone no:- 1860-500-7788  
Email:- [ApolloOnePusaRoad@apolloclinic.com](mailto:ApolloOnePusaRoad@apolloclinic.com)



**Eye Checkup**

NAME:- Ms. Yamini

Age:- 30

Date: 2/9/24

SELF / CORPORATE:-

Right Eye		Left Eye
Distant Vision	-0.50 -0.25 x 90° (6/6)	-0.50 sph (6/6)
Near vision	6/6	6/6
Color vision	ok	ok
Fundus examination		
Intraocular pressure		
Slit lamp exam		

Signature  
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## Echocardiography Report

**Name:** Miss Yamini  
**Age/Sex:** 30Yrs/F  
**Date:** 02.09.2024

### Summary of 2D echo

#### **Baseline echocardiography revealed:**

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

#### **Observations:-Dimensions**

LVID d=	30.1	(35-55mm)
LV IVS=	7.9	(06-11mm)
Pwd =	9.2	(06-11mm)
Ao =	20.9	(20-37mm)
LA =	24.8	(21-37mm)
LVEF =	62%	(55 +62%)

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**Mitral Valve - Normal**

- No MR

**Aortic valve- Normal**

- No AR

**Tricuspid Valve -**

- No TR

**Pulmonary Valve-Normal**

- No PR

**Impression:**

- Normal Valves & Chambers
- No RWMA
- Normal LV systolic function (EF= 62%)
- Normal diastolic function
- No PAH



**DR RAJNI SHARMA (DM CARDIOLOGY)  
SENIOR CONSULTANT**

**Apollo One** (Unit of Apollo Health and Lifestyle Ltd )

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Eye

Accession #  
Exam Date  
Description  
Operator

0200004-1040004  
YAMTB

Reflex  
ID  
Name  
Exam Date  
Operator

