Name : Mr. PRABHAT KUMAR JHA (46 /M) Date : 05/11/2024 **Address** ŝ Examined by: Dr .SANDIP KUMAR CHANDRA UHID : AMHL.0002447790 Package : MEDIWHEEL - FULL BODY ANNUAL PLUS WITH TMT MALE HCK AHC No: AMHLAH225165 - METOSARTAN 25 ROZUCOR F 20 CHIEF COMPLAINTS 📲 💁 Past medical history For general health checkup Past medical history - nil significant Bloating, Bowels not regular Surgical history PRESENT KNOWN ILLNESS Medication - stopped Hypertension Haemorrhoidectomy -2018 without medical advice Medication - regular Dyslipidaemia Personal history **DRUG ALLERGY** - Married Marital status No. of children - 2 NO KNOWN ALLERGY :05/11/2024 Diet - Non Vegetarian SYSTEMIC REVIEW Alcohol - consumes alcohol Frequency - daily Smoking - No Cardiovascular system - Yes Chews tobacco - Nil Significant Physical activity - Mild **Respiratory system** Family history - Nil Significant Father - has expired **Gastrointestinal system** Mother - alive Symptoms - bloating - 4 **Brothers** Genitourinary system Sisters - 2 - Nil Significant Diabetes - brother Hypertension - mother, brother Central nervous system Coronary artery - none - Nil Significant disease Eyes Cancer - father - Nil Significant Type - Bone marrow ENT PHYSICAL EXAMINATION - Nil Significant General Musculoskeletal system Build - obese Spine and joints - 174 Height - Nil Significant Weight - 101 Skin BMI - 33.36 Pallor - No - Nil Significant

Oedema

- no

Present medications

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AHC No : AMHLAH225165

Cardi

vascular system Heart rate (Per minute) - 101

Rhythm	- Regular
	- B.P. Sitting
Systolic(mm of Hg)	- 192
Diastolic(mm of Hg)	- 112
Heart sounds	- S1S2+
Diastolic(mm of Hg)	- 192 - 112

Respiratory system

Breath sounds	 Normal vesicular breath sounds
Abdomen	

Organomegaly	- No
Tenderness	- No

Opthalmology consultation

Opthalmology findings

- OCULAR MOVEMENTS: (RE):FULL (LE):FULL ANTERIOR SEGMENTS: (RE):WNL (LE):WNL VISUAL ACUITY DISTANCE:WITH GLASS (RE):6/6P (LE):6/6P VISUAL ACUITY NEAR:WITH GLASS (RE):N6 (LE)N6 ADVICE:*To continue present glass*Detail funduscopy*Review after 1yr/SOS

Printed By : Benazir Begaum

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COMPLETE HAEMOGRAM						
Test Name	Result	Unit Leve	el Range			
Hemoglobin	13.3	g/dl 🛛 🔍	13.0-17.0			
RBC COUNT	4.31 *	Million/ 🗕 ul	4.5-5.5			
Hematocrit - Hct:	40.0 *	%	41-53			
MCV	92.9	fl 🛛 🔍	83-101			
MCH	31.0	pg 🔍	27-32			
MCHC	33.3	%	31.5-34.5			
RDW	16.0 *	%	11.8-14.0			
WBC Count	5700	/cu mm 🔍	4000-10000			
Platelet Count	1.76	lacs/cu ● mm	1.5-4.0			
Neutrophils	52	%	40-80			
Lymphocytes	36	%	20-40			
Monocytes	07	%	2-10			
Eosinophils	05	%	01-06			
Basophils	00	%	0-0			
RBC:	Normocy	ytic Normoch	romic cells			
Platelets:	Adequat	e.				

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Test Name	Result	Unit	Level	Range
ERYTHROCYTE SEDIMENTATION RATE (ESR)	16 *	mm/* hr	1st 🗕	0-15

URINE ROUTINE AND MICROSCOPY

Test Name	Result	Unit	Level	Range
Volume:	30	mL		
Colour:	Pale St	raw		
Appearance	Slightly	Turbid		
Specific Gravity	1.025			
pH:	6.0			
Albumin:	Not Det	ected		
Glucose	Not Det	ected		
Ketone:	Not Det	ected		
Bile Pigments	Not Det	ected		
RBC	Nil	/hpf		
Pus Cells	Occasio	onal/hpf		

Within	Normal	Range
	110111101	i tungo

Epithelial Cells	Occasio	ona/hpf		
Casts:	Not Fou	Ind		
Crystals:	Found			
Ca-oxalate	10-15			
URINE SUGAR- FASTI Test Name URINE GLUCOSE(FASTING)	NG(QU Result Nil			Range
BLOOD GROUPING A		NG (A		
Test Name	Result	•		
ABO Group:	0			
Rh (D) Type:	POSITI	VE		
ALT(SGPT) - SERUM				
Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM	55 *	U/L	•	0-50
ALBUMIN - SERUM Test Name ALBUMIN - SERUM	Result 4.5	Unit g/dL	Level	Range 3.5-5.1
ALKALINE PHOSPHA	TASE - 3	SERUI	м	
Test Name	Result	Unit	Level	Range
ALKALINE PHOSPHATASE - SERUM	136 *	U/L	•	43-115
AST (SGOT) - SERUM				
Test Name	Result	Unit	Level	Range
AST (SGOT) - SERUM	80 *	U/L	•	0-50
BILIRUBIN, TOTAL - S	ERUM			
Test Name	Result	Unit	Level	Range
BILIRUBIN TOTAL - SERUM	0.6	mg/dl	-	0.3-1.2
CHOLESTEROL - SER	UM			
Test Name	Result	Unit	Level	Range
CHOLESTEROL - SERUM	297 *	mg/dl	- •	0-200
Non-HDL Cholesterol	237			
CREATININE - SERUM	l			
	.f D			

Out of Range

Borderline High/Low

Within Normal Range

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Test Name	Result	Unit	Level	Range	Test Name	Result	Unit	Level	Range
CREATININE - SERUM	1.0	mg/dl	_ ●	0.9-1.3	PROTEIN TOTAL - SERUM	7.6	g/dL	•	6.4-8.3
GGTP: GAMMA GLUT	AMYL T	RANS	PEPT	IDASE -	Albumin/Globulin Ratio	1.5		•	1.0-2.0
SERUM Test Name	Result	Unit		Range	GLOBULIN:	3.1	g/dL	•	1.8-3.6
GGTP: GAMMA	1024 *	U/L		0-55	(CALCULATED) -				
GLUTAMYL	1024	0/L	-	0-00	SERUM				
TRANSPEPTIDASE -					TOTAL T3: TRI IODO	THYRON	INE - S	SERUI	M
SERUM					Test Name	Result	Unit	Level	Range
GLUCOSE - PLASMA	(FASTIN	NG)			TOTAL T3: TRI	1.04	ng/ml	•	0.87-1.78
Test Name	Result	Unit	Level	Range	IODOTHYRONINE -				
GLUCOSE - PLASMA (FASTING)	127 *	mg/dl	_ ●	70-99	SERUM (Chemiliminescence)				
					TOTAL T4: THYROXII	NE - SEF	RUM		
GLUCOSE - PLASMA	•		,		Test Name	Result	Unit	Level	Range
Test Name				Range	TOTAL T4:	10.51	µg/dL		5.48-14.28
GLUCOSE - PLASMA (POST PRANDIAL)	171 *	mg/dl	_ ●	70-140	THYROXINE - SERUM (Chemiliminescence)				
HBA1C (GLYCOSYLATED				TRIGLYCERIDES - SE	RUM				
HAEMOGLOBIN)-WH					Test Name	Result	Unit	Level	Range
Test Name	Result		Level	Range	TRIGLYCERIDES -	1066 *	mg/dl	•	0-150
HBA1C (GLYCOSYLATED	7.0 *	%	•	Nondiadetic :4 - 5.6 %	SERUM				
HAEMOGLOBIN)-WHO LE BLOOD				Prediabetics : 5.7 - 6.4%	13H. THIROD STINULATING HORMONE -				
				Diabetes :	SERUM	Decult	11	Laval	Denne
				>/= 6.5%		Result	Unit μIU/m		Range
				ADA Theraputic goal : <7%	TSH: THYROID STIMULATING HORMONE - SERUM (Chemiliminescence)	3.53	μιο/π		0.38-5.33
HDL CHOLESTEROL	- SERUI	M							
Test Name	Result	Unit	Level	Range	URIC ACID - SERUM				
TC/HDL-C ratio serum	5.0 *		•	Optimal<3.5	Test Name	Result		_	
HDL CHOLESTEROL -	60	mg/dl	•	30-70	URIC ACID - SERUM	6.8	mg/dl	- •	2.6-7.2
SERUM					BILIRUBIN CONJUGA	ATED (DI	RECT	- SEF	RUM
LDL CHOLESTEROL	-SERUM	1			Test Name	Result			
Test Name	Result		Level	Range	BILIRUBIN	0.1	mg/dl	•	0.0-0.2
LDL CHOLESTEROL -SERUM	171 *	mg/dl		Optimal: <100	CONJUGATED (DIRECT) - SERUM				
VLDL CHOLESTEROL - SERUM (Calculated)	66 *	mg/dl	•	0-35	PROSTATIC SPECIFI	C ANTIG	EN (P	SA TO	TAL) -
PROTEIN TOTAL - SE	RUM				Test Name	Result	Unit	Level	Range
- ROTEIN TOTAL - SE									

Borderline High/Low

Out of Range

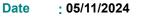
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PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) - SERUM (Chemiliminescence)	0.43	ng/mL 🔎	0.00-6.50	* Grade I fatty changes in liver. * Prostatomegaly.
()				
BUN (BLOOD UREA N	NITROG	EN)		[NOTE: At times pelvic structures are not well visualized
Test Name	Result	Unit Leve	I Range	due to inadequate patient preparation / excess bowel gas
BUN (BLOOD UREA NITROGEN)	7.9	′.9 mg/dL ● 7.0-18.0		shadow. However suggested clinical correlation and other investigations if clinically indicated.]
BUN/CREATININE RA	τιο			
Test Name	Result	Unit Leve	l Range	
BUN/CREATININE RATIO	7.9			
BUN (BLOOD UREA NITROGEN)	7.9	mg/dL 🔍	7.0-18.0	Dr. SANJIB MAJUMDAR MD (RADIODIAGNOSIS)
CREATININE - SERUM	1.0	mg/dL 🔍	0.9-1.3	CONSULTANT RADIOLOGIST Reg. No. 56991 (WBMC)
				ECG
X-RAY CHEST PA	X-RAY CHEST PA			SINUS RHYTHM.
* Chest skiagram does n abnormality.	ot revea	l any significa	ant	INCOMPLETE RIGHT BUNDLE BRANCH BLOCK. T WAVE ABNORMALITY, CONSIDER LATERAL ISCHEMIA. PLEASE CORRELATE CLINICALLY.
				INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT
				PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)
Dr. KOUSHIKI SEN DNB RESIDENT				Biochemistry
In consultation with				·
				A/G - RATIO
				Haematology
Dr. SANJIB MAJUMDAF	2			URINE SUGAR - POST PRANDIAL (QUALITATIVE)
MD (RADIODIAGNOSIS				CARDIOLOGY
CONSULTANT RADIOL Reg. No. 56991 (WBMC	ÓGIST			TREADMILL TEST / STRESS TEST
ULTRASOUND SCREEM		IOLE ABDON	MEN	

UHID : AMHL.0002447790



AHC No : AMHLAH225165

Within Normal Range

Borderline High/Low

Out of Range

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Executive Summary

HYPERTENSION - POORLY CONTROLLED, ON IRREGULAR MEDICINE TRANSAMINITIS DYSLIPIDEMIA TYPE 2 DM - HBA1C - 7.0 PRSOTATOMEGALY

Wellness Prescription

Advice On Diet :-



SALT RESTRICTED, FAT RESTRICTED, DIABETIC DIET

Other Lifestyle Changes & Recommendations :-

MONITOR BP AND CBG AT HOME REDUCE WEIGHT DAILY 45 MINUTES BRISK WALKING FOLLOW MEDICINE STRICTLY

Medications

URSOKEM 300MG TAB 10'S(URSODEOXYCHOLIC ACID) 1 TAB BID Oral After Breakfast and After Dinner 2 Month(s)

LIPAGLYN 4 MG TAB(SAROGLITAZAR 4 MG) 1 TAB OD Oral after breakfast To Continue DIAMICRON XR 60MG TAB 14'S(GLICLAZIDE 60MG) 1 TAB OD Oral before breakfast To Continue FENOLIP 145MG TAB(FENOFIBRATE 145MG) 1 TAB OD Oral after dinner 2 Month(s) URIMAX 0.4MG MR CAP 15'S(TAMSULOSIN 0.4MG) 1 TAB OD Oral after dinner 2 Month(s) STAMLO T TAB(TELMISARTAN 40 MG+AMLODIPINE 5 MG) 1 TAB BID Oral After Breakfast and After Dinner To Continue

MINIPRESS XL 5MG 30S(PRAZOSIN 5MG) 1 TAB BID Oral After Breakfast and After Dinner To Continue ECOSPRIN -75MG TAB 14'S(ASPIRIN 75MG) 1 TAB OD Oral after food To Continue AFTER LUNCH YEES 40MG TAB(ESOMEPRAZOLE 40MG) 1 TAB OD Oral before breakfast To Continue TAB RAZEL EZ (10-10) - 1 TAB AFTER DINNER X CONTINUE

TAB STAMLO 5 MG - 1 TAB STAT FOR HIGH BP

Follow-up and Review Plan



REVIEW AFTER 2 MONTHS WITHR EPORTS OF CBC, LFT, CREATININE, FBS, PPBS, UINE RE/ME, URIC ACID, CALCIUM, .



VISIT EMERGENCY SOS

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Printed By : Sandip Kumar Chandra

Dr.SANDIP KUMAR CHANDRA

AHC Physician / Consultant Internal Medicine

Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.

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Medications

Drug Name	Strength	Dosage	Frequency	Route of Admin	Relationship with Meal	Duration	Indication
URSOKEM 300MG TAB 10'S(URSODEOXYCHOLIC ACID)		1 TAB	BID	Oral	After Breakfast and After Dinner	2 Month(s)	
LIPAGLYN 4 MG TAB(SAROGLITAZAR 4 MG)		1 TAB	OD	Oral	after breakfast	To Continue	
DIAMICRON XR 60MG TAB 14'S(GLICLAZIDE 60MG)		1 TAB	OD	Oral	before breakfast	To Continue	
FENOLIP 145MG TAB(FENOFIBRATE 145MG)		1 TAB	OD	Oral	after dinner	2 Month(s)	
URIMAX 0.4MG MR CAP 15'S(TAMSULOSIN 0.4MG)		1 TAB	OD	Oral	after dinner	2 Month(s)	
STAMLO T TAB(TELMISARTAN 40 MG+AMLODIPINE 5 MG)		1 TAB	BID	Oral	After Breakfast and After Dinner	To Continue	
MINIPRESS XL 5MG 30S(PRAZOSIN 5MG)		1 TAB	BID	Oral	After Breakfast and After Dinner	To Continue	
ECOSPRIN -75MG TAB 14'S(ASPIRIN 75MG)		1 TAB	OD	Oral	after food	To Continue	AFTER LUNCH
YEES 40MG TAB(ESOMEPRAZOLE 40MG)		1 TAB	OD	Oral	before breakfast	To Continue	

TAB RAZEL EZ (10-10) - 1 TAB AFTER DINNER X CONTINUE

TAB STAMLO 5 MG - 1 TAB STAT FOR HIGH BP

Dr.SANDIP KUMAR CHANDRA

AHC Physician / Consultant Internal Medicine

Name : Mr. PRABHAT KUMAR JHA (46 /M)

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AICVD RISK SCORE REPORT

RISK STATUS	Y
Moderate Risk	

ACCEP	TABLE	SCORE
		000112

7

6

Your likelihood of developing cardiovascular disease in the next ten years is 1.3 times higher than the people of your age and gender

The AICVD risk score developed by Apollo Hospitals is a novel artificial intelligence -based risk scoring system that predicts your risk of having Coronary Artery Disease (CAD) related events in the next ten years. This scoring system uses Indian data and has been validated by multiple national and international institutions. This risk score is more than 92% accurate and has been compiled based on your physical parameters, heart health attributes, lifestyle and medical history. **Note:** The risk category is determined through the ratio between guest score and acceptable score at multiple decimal points. The outputs are shown in whole numbers.

Based on your AICVD risk score you are advised the following:

- Follow the guidance and education on lifestyle and dietary management provided through the ProHealth program. Maintain a healthy BMI (<25). Avoid tobacco in any form and if you are a smoker, stop smoking.
- Continue with medications for high blood pressure, diabetes, or dyslipidemia, if advised by your physician.Maintain HbA1c <7% (<53mmol/mol), blood pressure <140/90mmHg.
- Follow your physician's advice regarding follow up tests, consults and annual health assessment
- It is recommended that you visit your physician every 6 months if you have:
 - o Uncontrolled high blood pressure, Diabetes, Dyslipidemia, Coronary heart disease

DISCLAIMER

- 1. This is not a diagnostic tool and it does not guarantee accuracy of the result and cannot be acted upon independently.
- 2. This risk score and clinical algorithm is a general guideline for physicians. Any additional laboratory investigations, diagnostic imaging,
- treatment or patient education related to lifestyle management is under the physician 's or cardiologist's discretion.
- 3. To ensure the information in the report is up to date, accurate and correct, doctor shall be consulted for interpretation of the report.
- 4. Apollo Hospitals and its staff does not offer any assurance on the information made available or be liable for any loss or damage as the said report is based on the AICVD risk score without any intervention from their side .
- 5. By usage of the AICVD risk score, it is deemed that the beneficiary of this service has agreed to get the same done at his own risk and further agrees with this disclaimer without any limitation or any clauses or sub-clauses.

The Clinical AI Models and APIs used at Apollo Hospitals are certified by ISO 13485 : 2016 vide certificate no. MD 763515