



Ms. VANDANA PANDEY (41 /F)

UHID : AHIL.0000802665

AHC No : AHILAH165927

Date : 24/09/2022

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE



Dear Ms. VANDANA PANDEY

Thank you for choosing Apollo ProHealth, India's first personalized, predictive health screening program with health risk assessments curated just for you to guide targeted intervention, continuum of care and a path to wellness. Our holistic care continuum integrates clinical expertise and artificial intelligence to gauge and avert the risk, onset and progression of non-communicable diseases (NCDs).

In this personalized health report, you will find your

- Medical History and Physical examination results
- Investigations Results
- Artificial Intelligence powered risk scores
- Physician's Impressions on your Health
- Path to Wellness: A personalized management protocol, including follow-up assessments
- Vaccination counselling advice

Apollo ProHealth encompasses the following processes:

Personalized Health Risk Assessment (pHRA): Based on your online risk assessment, medical history, physical examination, and psychological evaluation, we recommended a health screening assessment for you, including diagnostic and imaging tests. Based on the results of these assessments, we have advised additional follow-up tests and consultations - details of which we have included in your report. Your physician will explain their relevance, and we strongly suggest you comply with the recommendations.

Health Mentor: We have assigned a dedicated health mentor to proactively work with you towards your health goals and ensure that you regularly adhere to the guidance and recommendations from clinical and nutrition consultants. Your health mentor will call you periodically to track your progress

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ProHealth App: You will get access to the Apollo ProHealth App, which will facilitate easy navigation of personal health records, progress towards your health goals, appointment booking, customized tips and guidance for health and lifestyle management, and regularly connecting with your Health Mentor through the in-app chat. Until you return for your 2nd-year assessment, you will receive periodic updates and reminders to motivate you to keep up the momentum regarding health goal milestones.

Follow- Up Consultation:

For any follow-up consultations, you can visit your ProHealth physician in-person at the center or you can book a virtual consultation through <https://www.apollo247.com/specialties> or through the Apollo 247 app on your phone.

Scan the QR code to download the Apollo 247 App



You can also download the Apollo 247 app on
ANDROID IOS

Disclaimer: The services offered in the program may vary as per the respective agreements made in the program or center or agreed mutual consent.

Note: You are entitled to one complimentary follow-up consultation with your ProHealth physician within a period of 1 year. Please contact your health mentor for the complimentary consult coupon code. This is available for ProHealth Super, Regal and Covid Recovery and Wellness programs

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Name : Ms. VANDANA PANDEY (41 /F)

Address :

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Examined by : Dr. SHASHIKANT NIGAM

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Chief Complaints

For Annual health checkup
No specific complaints

Present Known illness

No history of : - Heart disease

Thyroid disease : - hypothyroidism; Since - 12 YEARS; Medication - regular; - THYROXIN



Drug Allergy

NO KNOWN ALLERGY :24/09/2022



Systemic Review

Cardiovascular system : - Nil Significant

Respiratory system : - Nil Significant

Oral and dental : - Nil Significant

Gastrointestinal system : - Nil Significant

Genitourinary system : - Nil Significant

Gynaec history : - Nil Significant

Central nervous system : - Nil Significant

Eyes : - Nil Significant



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ENT : - Nil Significant

Musculoskeletal system :

Spine and joints

- Nil Significant

Skin : - Nil Significant

General symptoms : - Nil Significant



Past medical history

Do you have any allergies? - No

Allergies - Nil

Covid 19 - Yes
- 2021

Post detection (3 Weeks) - No

Hospitalization for Covid 19 - No



Surgical history

Caesarian section - 2004, 2008



Personal history

Ethnicity - Indian Asian

Marital status - Married

No. of children - 2

Female - 1

Male - 1

Diet - Vegetarian

Alcohol - does not consume alcohol

Smoking - No

Chews tobacco - No



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Physical activity - Moderate



Family history

- Father - alive
- Aged - 75
- Mother - alive
- Aged - 68
- Brothers - 2
- Sisters - 2
- Hypertension - father,mother,brothers
- Coronary artery disease - none
- Cancer - None

Physical Examination



General

- General appearance - normal
- Build - normal
- Height - 150
- Weight - 65
- BMI - 28.89
- Pallor - No
- Oedema - no



Cardiovascular system

- Heart rate (Per minute) - 100
- Rhythm - Regular
- Systolic(mm of Hg) - 120
- Diastolic(mm of Hg) - 70
- B.P. Sitting
- Heart sounds - S1S2+

Respiratory system

- Breath sounds - Normal vesicular breath sounds

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Abdomen

Organomegaly - No
Tenderness - No

Printed By : MUKTA S ADALTI

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Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

Test Name	Result	Unit	Level	Range
Volume	20	mL		
Specific Gravity	1.010			
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	5.5			
Protein :	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Absent			
Bile Pigments:	Negative			
Urobilinogen	Nil	E.U./dL		
Nitrite	Negative			
Pus Cells	1-2 /h.p.f			0-5
RBC	Nil	/hpf		0-5/hpf
Epithelial Cells	Occassional			
Casts:	Absent			
Crystals:	Absent			

COMPLETE BLOOD COUNT WITH ESR

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	11.8 *	gm%	●	12-16
Packed cell volume(Calculated)	34.7 *	%	●	36-46
RBC COUNT (Impedance)	3.64 *	Million/ul	●	3.8-5.2
MCV (From RBC Histogram)	95.5	fl	●	80-100
MCH(Calculated)	32.47 *	pg	●	27-32
MCHC(Calculated)	34	%	●	31-36
RDW(Calculated)	13.9	%	●	11.5-14.5
WBC Count (Impedance)	5923	/cu mm	●	4000-11000



Within Normal Range



Borderline High/Low



Out of Range

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Neutrophils	70	%	●	40-75
Lymphocytes	20	%	●	20-40
Monocytes	08	%	●	2-10
Eosinophils	02	%	●	01-06
Basophils	00	%	●	0-1
Platelet Count (Impedance)	150000	/cu mm	●	150000-450000
MPV (Calculated)	12.5 *	fl	●	7-11
RBC:	Normocytic Normochromic cells			
WBC:	As mentioned.			
Platelets:	Adequate on the smear-Few giant platelets noted.			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	34 *	mm/1st hr	●	0-20

URINE GLUCOSE(FASTING)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

URINE GLUCOSE(POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Urine Glucose (Post Prandial)	Nil			

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
BLOOD GROUP:	A Positive			

LFT (LIVER FUNCTION TEST)

Liver function tests(LFT), are groups of clinical biochemistry blood assays that give information about the state of a patient's liver. These tests can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and follow the response to treatment.

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	27	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	109 *	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	25	U/L	●	>1 year Female : <32

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Total Bilirubin	0.644	mg/dL	●	0.300-1.200
Direct Bilirubin	0.243	mg/dL	●	Upto 0.3 mg/dl
Indirect Bilirubin	0.401	mg/dL	●	1 Day ≤5.1 mg/dL 2 Days ≤7.2 mg/dL 3-5 Days ≤10.3 mg/dL 6-7 Days ≤8.4 mg/dL 8-9 Days ≤6.5 mg/dL 10-11 Days ≤4.6 mg/dL 12-13 Days ≤2.7 mg/dL 14 Days - 9 Years 0.2-0.8 mg/dL 10-19 Years 0.2-1.1 mg/dL ≥20 Years 0.2-1.2 mg/dL

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.78	mg/dL	●	Adult Female: 0.5 - 1.2

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Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	15	U/L	●	Male : 10 - 71 Female : 6 - 42

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	94	mg/dL	●	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance ≥ 126 : Diabetes Mellitus

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	120	mg/dL	●	70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
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Glycosylated Hemoglobin (HbA1c)

4.4

%

●

Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4%

Diabetes >= 6.5%

Monitoring criteria for Diabetes Mellitus
<7.0 : Well Controlled Diabetes
7.1 – 8.0 : Unsatisfactory Control
> 8.0 : Poor Control & Needs Immediate Treatment

Estimated Average Glucose.

79.58

LFT (LIVER FUNCTION TEST)

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Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.65	g/dL	●	6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	7.65	g/dL	●	6.00-8.00
ALBUMIN - SERUM	4.8	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	4.8	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.85		●	2.20-4.20
Globulin-Serum/Plasma	2.85		●	2.20-4.20
A/G ratio	1.68		●	1.00-2.00
A/G ratio	1.68		●	1.00-2.00

THYROID PROFILE (T3,T4 AND TSH)

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	2.1	nmol/L	●	Adults(20-120 Yrs): 1.2 - 3.1 Pregnant Female : First Trimester : 1.61 - 3.53 Second Trimester : 1.98 - 4.02 Third Trimester : 2.07 - 4.02
TOTAL T4: THYROXINE - SERUM	159	nmol/L	●	Adults(20-100 Yrs):66 - 181 Pregnant Female : First Trimester : 94.3 - 190 Second Trimester : 102 - 207 Third Trimester : 89 - 202
TSH: THYROID STIMULATING HORMONE - SERUM	2.65	µIU/mL	●	14-120 years : 0.27 - 4.20



Within Normal Range



Borderline High/Low



Out of Range



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URIC ACID - SERUM

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	4.8	mg/dL	●	Male : 3.4-7.0 Female : 2.4-5.7

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	7	mg/dL	●	6-20
UREA - SERUM / PLASMA	15	mg/dL	●	15 - 50

LIPID PROFILE - SERUM

Test Name	Result	Unit	Level	Range
Total Cholesterol	165	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	156 *	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	42 *	mg/dL	●	< 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease
LDL Cholesterol (Direct LDL)	100	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	31		●	< 40 mg/dl
C/H RATIO	4		●	0-4.5

X-RAY CHEST PA

X-ray imaging creates pictures of the inside of your body. Chest X-ray can reveal abnormalities in the lungs, the heart, and bones that sometimes cannot be detected by examination.

NORMAL STUDY.

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ECHO/TMT

Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

CARDIOLOGY

ECG



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Executive Summary



BODY WEIGHT 65 KG ,IDEAL BODY 43-52 KG
 KNOWN CASE OF THYROID DIASEASE
 DYSLIPIDEMIA
 ECG - NORMAL
 ECHO - NORMAL
 USG ABDOMEN -NORMAL
 MAMMOGRAPHY- BIRADS-III
 X-RAY - NORMAL
 VISION – NORMAL
 DENTAL - AS PER DOCTOR ADVICE

Wellness Prescription

Advice On Diet :-



BALANCED DIET
 LOW FAT DIET

Advice On Physical Activity :-



REGULAR 30 MINUTES WALK FOR HEALTH AND 60 MINUTES FOR WEIGHT REDUCTION
 PRACTICE YOGA AND MEDITATION
 MAINTAIN WEIGHT BETWEEN 43-52 KG

Case is covered by Mummy's body

[Signature]
Dr.SHASHIKANT NIGAM

AHC Physician / Consultant Internal Medicine

Printed By : MUKTA S ADALTI

Dr. Shashikant Nigam
 MBBS, MD (Gen. Med.)
 Consultant Internal Medicine
 Apollo Hospitals International Ltd., Gandhinagar,
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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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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details : Ms. VANDANA PANDEY | Female | 41Yr 11Mth 16Days
UHID : AHIL.0000802665 **Patient Location:** AHC
Patient Identifier: AHILAH165927 
DRN : 122108177 **Completed on :** 24-SEP-2022 14:23
Ref Doctor : DR. SHASHIKANT NIGAM

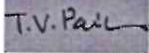
X-RAY CHEST PA

FINDINGS :

Lung fields are clear.
 Cardio thoracic ratio is normal.
 Both costophrenic angles are clear.
 Domes of diaphragm are well delineated.
 Bony thorax shows no significant abnormality.

IMPRESSION
 NORMAL STUDY.

--- END OF THE REPORT ---



TIRTH VINAYKUMAR PARIKH

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Patient Details : Ms. VANDANA PANDEY | Female | 41Yr 11Mth 16Days
UHID : AHIL.0000802665 **Patient Location:** AHC
Patient Identifier: AHILAH165927 
DRN : 222048782 **Completed on :** 24-SEP-2022 11:03
Ref Doctor : DR. SHASHIKANT NIGAM

USG WHOLE ABDOMEN

FINDINGS :

Liver appears normal in size and shows uniform normal echotexture. No evidence of focal or diffuse pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in calibre. Intrahepatic portal radicles appear normal.

Gall bladder appears normal with no evidence of calculus. Wall thickness appears normal. No evidence of pericholecystic collection.

Head, body and tail of pancreas appear normal in size and echotexture. No focal lesions identified Pancreatic duct appears normal in caliber.

Spleen measures 9.5 cms and shows uniform echotexture.

Both kidneys are normal in size and show normal echopattern with good corticomedullary differentiation .Cortical outlines appear smooth. No evidence of calculi. Pelvicalyceal system on both sides appear normal.

No evidence of ascites or lymphadenopathy.

Urinary bladder is normal in contour and outline.Wall thickness appears normal. No evidence of any intraluminal pathology seen.

Uterus is anteverted and appears normal in size and echotexture. No focal lesion is seen. Myometrial and endometrial echopattern appear normal.Endometrial thickness is 10.8 mm.

Both ovaries are normal in size and echopattern.

No free fluid is seen in Pouch Of Douglas.

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Ms. VANDANA PANDEY

AHIL.0000802665

AHILAH165927

USG WHOLE ABDOMEN

No definite evidence of adnexal/pelvic mass is seen.

IMPRESSION :

Normal Study

--- END OF THE REPORT ---

DR. VAIBHAVI PATEL

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CARDIOLOGY

Patient Details : Ms. VANDANA PANDEY | Female | 41Yr 11Mth 16Days
UHID : AHIL.0000802665 **Patient Location:** AHC
Patient Identifier: AHILAH165927 
DRN : 5622070325 **Completed on :** 24-SEP-2022 16:44
Ref Doctor : DR. SHASHIKANT NIGAM

ECHO/TMT

FINDINGS :

Normal cardiac chamber dimensions.
 Normal LV systolic function, LVEF: 60%
 No Regional wall motion abnormalities at rest.
 Normal LV compliance.
 All cardiac valves are structurally normal.
 IAS/ IVS intact.
 Trivial MR, No AR, Trivial TR.
 No PAH.
 No clots/ vegetation/ effusion.

MEASUREMENTS (mm) ::

	LVID diastole
Measurements (mm)	.

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Ms. VANDANA PANDEY

AHIL.0000802665

AHILAH165927

ECHO/TMT

IMPRESSION

--- END OF THE REPORT ---

DR SUBIR GHOSH MD.DM

Interventional Cardiologist

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Ms. VANDANA PANDEY

AHIL.0000802665

AHILAH165927

MAMMOGRAPHY BOTH BREAST

Well defined radio dense lesion in central upper quadrant left breast on MLO view.
Small well defined hypoechoic lesion without evident vascularity or calcification in left breast 10-11'o clock location.
Benign lesion - fibroadenoma.

Few prominent ducts in right breast outer upper quadrant & lower quadrant left breast & cyst in right breast at 2-3'o clock position.

Rest no significant abnormality.

(BIRADS-III)

Clinical correlation & 6 months USG follow up.

--- END OF THE REPORT ---

Nikita

Dr. NIKITA PANDYA

Consultant Radiologist

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RADIOLOGY

Patient Details : Ms. VANDANA PANDEY | Female | 41Yr 11Mth 16Days
UHID : AHIL.0000802665 **Patient Location:** AHC
Patient Identifier: AHILAH165927 
DRN : 1322013148 **Completed on :** 24-SEP-2022 11:51
Ref Doctor : DR. SHASHIKANT NIGAM

MAMMOGRAPHY BOTH BREAST

FINDINGS :

Breast composition :-

C. Heterogenously dense parenchyma obscuring optimum mammography evaluation.

Well defined radio dense lesion in central upper quadrant left breast on MLO view.

Both breasts show normal architecture of parenchyma, with glandular and fibrofatty elements.

No evidence of obvious focal lesion seen.

No evidence of any pleomorphic microcalcification.

No evidence of skin thickening or nipple retraction seen.

Retromammary area is normal.

Axillary tail region appear normal.

Nodes with preserved hilum noted in both axillary region.

On USG,

~13x20x13.5 mm sized well defined hypoechoic lesion without evident vascularity or calcification in left breast 10-11'o clock location.

Few prominent ducts (2.5-3 mm) in right breast outer upper quadrant & lower quadrant left breast & cyst (4x7.5 mm) in right breast at 2-3'o clock position.

Rest no significant abnormality seen.

IMPRESSION :

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VANDANA PANDEY

Female

802665

Born 08-Oct-80 41 Years

Rate 74

PR 126

QRSd 78

QT 360

QTc 400

--AXIS--

P 58

QRS 54

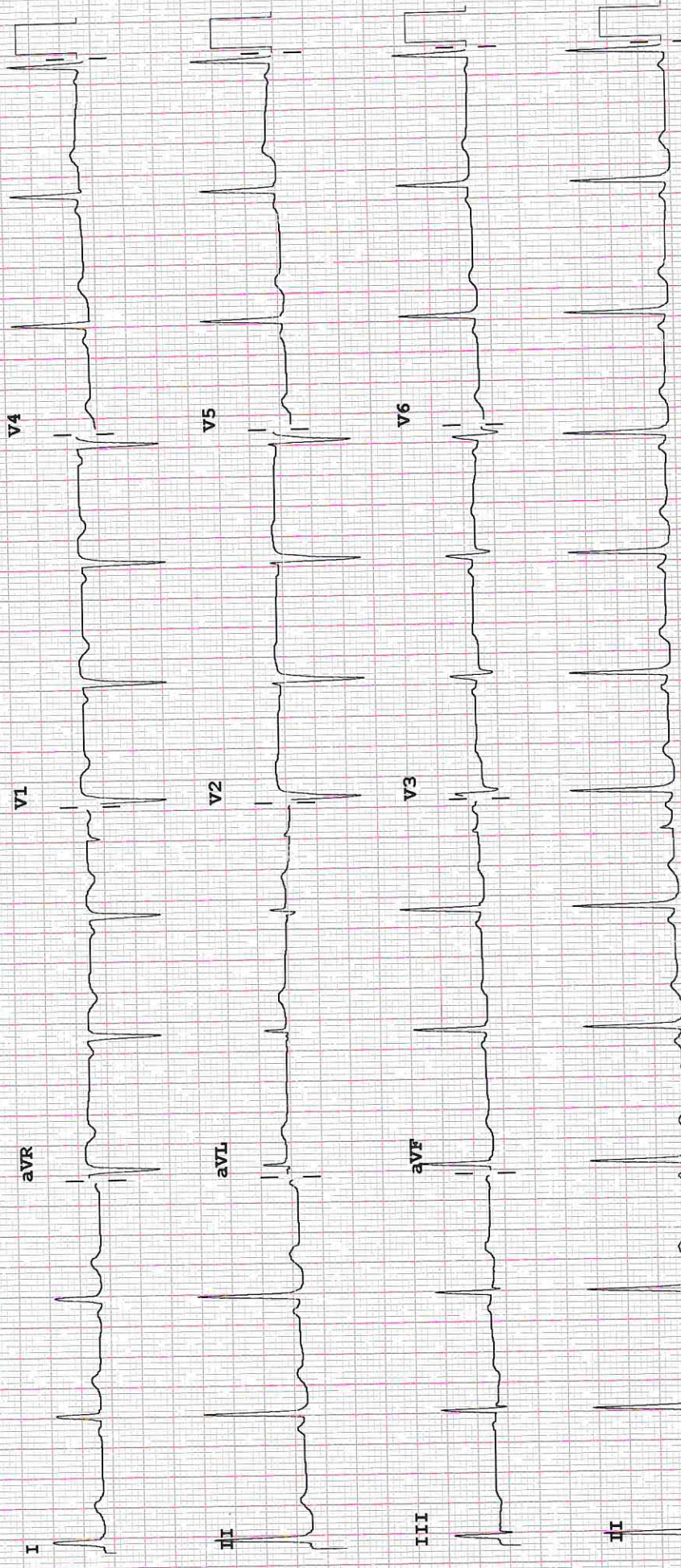
T 7

12 Lead; Standard Placement

AHIL.0000802665

Ms. VANDANA PANDEY

41 Year(s) / Female



F 50~ 0.15-100 Hz

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

PH10 CL P?

Device:



Place Label Here
If label not available, write Pt, Name, IP No/UHD, Age, Sex, Date, Name of Treating Physician

OBSTETRICS & GYNAECOLOGY - AHC

Name :	AHIL.0000802665	Date : 24/9/22	Unit No. :
Occupation : .	Ms. VANDANA PANDEY	Ref. Physician : Dr. Kirti Reddy
Age :	41 Year(s) / Female	Copies to :



GYNAEC CHECK UP

Chief Complaint: *NAH*

Children: *P2 + 1*

Deliveries: *2 LSCS*

Last Child: *14 yrs Arch*

Abortions: *Miscarriage*

Periods: *Regular 26 days / flow*

LMP: *10/9/22 - 25*

Menopause:

G. Condition:

P/A: *Soft*

S/E:

PV: *Ut - NS AV
Cx - Healthy
2 small antral follicle*

Impression:

Weight:

BP:

Breasts: *Normal*

PAP Smear: *taken*

Previous Medical H/O: *Hypothyroidism*

Previous Surgical H/O: *LSCS*

FIH - HTN.

Doctor Signature
Date & Time



24/09/2023



C
by Jc

AHIL.0000802665

Ms. VANDANA
PANDEY

41 Year(s) / Female



Dx:- Melasma

K/c/o Hypothyroidism

P:-

- Tab. Antoxid-HC

0-1-0
————— (20)

- Epilyno cream
————— (1)

- Kajivit ultra gel

night
————— (1)

- Ecran aqua gel (30+SPF)
1/2 hr before sun exposure
————— (1)

20 days

Dr. Pooja Solanki
M.D (Skin & Y.D)
Jr. Consultant
Dermatologist & Cosmetologist
Apollo Hospitals International Ltd., Gandhinagar
Reg. No.: G-45357

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DENTISTRY



Name : Date : 24/09/22 Unit No. :
 Occupation : Ref. Physician :
 Age : Sex : Male Female Copies to :

DENTAL RECORD

ALLERGIES : -NA
 PAIN : Score (0-10) 0 Location : _____ Character : _____
 DENTAL CLEANING HABIT Once Twice Occasionally
 Brush Finger Stick Any other
 Tooth Paste Powder Any other
 DO THE GUMS BLEED WHEN YOU BRUSH YOUR TEETH? Yes No
 ARE YOUR TEETH SENSITIVE TO HEAT / COLD? Yes No
 ORAL HYGIENE Good Fair Poor

ORAL TISSUE EXAMINATION	PERIODONTAL EXAMINATION	OCCLUSION
NORMAL FINDINGS IN DISEASE Lips : Cheeks : Tongue : Floor of the mouth : Palate : Tonsillar Area : Any other :	MILD MOD SEV Gingivitis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calculus <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Recession <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Periodontal Pockets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attrition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Erosion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLASS I II III CROSSBITE Hypoplasia Impaction Non-vital Fracture Abcess Ulcers Caries Missing Teeth Supernumerary Others
		[Handwritten: NA]

PRESENT COMPLAINT : Loose teeth

PRE-MEDICAL HISTORY: DM HTN Thyroid Acidity Pregnancy
 Anticoagulant Under Drug Therapy