



Ms. AVANI SOLANKI (36 /F)

UHID : AHIL.0000822387

AHC No : AHILAH179217

Date : 05/12/2022

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE



Dear Ms. AVANI SOLANKI

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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The Emergency Specialist  
**DIAL 1056**  
Saving time. Saving lives.



Name : Ms. AVANI SOLANKI (36 /F)

Date : 05/12/2022



Address :

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Examined by : Dr. SHASHIKANT NIGAM

UHID : AHIL.00008223

MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

AHC No : AHILAH179217



### Chief Complaints

For Annual health checkup

WEAKNESS

HEADACHE

BODY ACHE



### 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

ENT : - Nil Significant

Musculoskeletal system :

Spine and joints

- Nil Significant



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Skin : - Nil Significant

General symptoms : - Nil Significant



### Past medical history

Do you have any allergies? - No

Do you have any drug allergies? - No



### Surgical history

Caesarian section - 2012

Cosmetic surgery - LASIK - 2001



### Personal history

Ethnicity - Indian Asian

Marital status - Married

No. of children - 1

Male - 1

Profession - corporate employed

Diet - Vegetarian

Alcohol - does not consume alcohol

Smoking - No

Chews tobacco - No

Physical activity - Moderate



### Family history

Father - alive

Aged - 68

Mother - has expired

Aged - 40

Brothers - 1

Coronary artery disease - none

Cancer - None



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## Physical Examination



### General

General appearance	- normal
Build	- normal
Height	- 165
Weight	- 75.2
BMI	- 27.62
Pallor	- No
Oedema	- no



### Cardiovascular system

Heart rate (Per minute)	- 82
Rhythm	- Regular
	- B.P. Supine
Systolic(mm of Hg)	- 120
Diastolic(mm of Hg)	- 70
Heart sounds	- S1S2+

### Respiratory system

Breath sounds	- Normal vesicular breath sounds
---------------	----------------------------------



### Abdomen

Organomegaly	- No
Tenderness	- No

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### URINE FOR ROUTINE EXAMINATION

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:	Slightly Turbid			
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	Occasional	/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)	12.3	gm%	●	12-16
Packed cell volume(Calculated)	37.6	%	●	36-46
RBC COUNT (Impedance)	4.71	Million/ul	●	3.8-5.2
MCV (From RBC Histogram)	79.7 *	fl	●	80-100
MCH(Calculated)	26.06 *	pg	●	27-32
MCHC(Calculated)	32.7	%	●	31-36
RDW(Calculated)	14.8 *	%	●	11.5-14.5
WBC Count (Impedance)	6201	/cu mm	●	4000-11000

● Within Normal Range      ● Borderline High/Low      ● Out of Range

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Neutrophils	68	%	●	40-75
Lymphocytes	24	%	●	20-40
Monocytes	06	%	●	2-10
Eosinophils	02	%	●	01-06
Basophils	00	%	●	0-1
Platelet Count (Impedance)	284700	/cu mm	●	150000-450000
MPV (Calculated)	7.7	fl	●	7-11
RBC::	Hypochromia (+)-Microcytes (+)			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	13	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, ga the extent of known liver damage, and follow the response to treatment.

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	15	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	60	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	17	U/L	●	>1 year Female : <32
Total Bilirubin	0.334	mg/dL	●	0.300-1.200

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Direct Bilirubin	0.143	mg/dL	●	Upto 0.3 mg/dl
Indirect Bilirubin	0.191	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	0.85	mg/dL	●	Adult Female: 0.5 - 1.2

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Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	13	U/L	●	Male : 10 - 71 Female : 6 - 42

### GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	96	mg/dL	●	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerar ≥ 126 : Diabetes Mellitus

### GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post Prandial)	98	mg/dL	●	70-140

### GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
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Glycosylated Hemoglobin (HbA1c)

5.5

%



Normal < 5.7

%Increased risk for Diabetes 5.7 - 6.4

Diabetes >= 6.5%

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

Estimated Average Glucose.

111.15

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Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	7.05	g/dL		6.00-8.00
PROTEIN TOTAL - SERUM / PLASMA	7.05	g/dL		6.00-8.00
ALBUMIN - SERUM	4.54	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
ALBUMIN - SERUM	4.54	g/dL		Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	2.51			2.20-4.20
Globulin-Serum/Plasma	2.51			2.20-4.20
A/G ratio	1.81			1.00-2.00
A/G ratio	1.81			1.00-2.00

### THYROID PROFILE (T3,T4 AND TSH)

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.7	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	122	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	3.36	µIU/mL		14-120 years : 0.27 - 4.20



Within Normal Range



Borderline High/Low



Out of Range

**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	4.1	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)	8	mg/dL	●	6-20
UREA - SERUM / PLASMA	17	mg/dL	●	15 - 50

**LIPID PROFILE - SERUM**

Test Name	Result	Unit	Level	Range
Total Cholesterol	191	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	185 *	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	46 *	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)	132 *	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	37		●	< 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.

● Within Normal Range    ● Borderline High/Low    ● Out of Range



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**Investigations Not Done / Not Yet Reported**

**Haematology**

STOOL ROUTINE

**Histopathology**

CONVENTIONAL PAP SMEAR /CERVICAL SMEAR

**CARDIOLOGY**

ECHO/TMT

ECG

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MEDIWHEEL-FULL BODY CHK-BELOW40-FEMALE

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### Executive Summary



- .BODY WEIGHT 75.2 KG,DEAL BODY WEIGHT 51-63 KG
- .DYSLIPIDEMIA
- .ECG - NORMAL SINUS RHYTHM
- .TMT — TEST IS NEGATIVE,EXERCISE TIME 8:02 ,WORKLOAD 10.1 METS
- .USG ABDOMEN - NORMAL
- .CHEST X-RAY - NORMAL
- .EYE – NORMAL

### Wellness Prescription

#### Advice On Diet :-



- BALANCED DIET---
- LOW FAT DIET

#### Advice On Physical Activity :-



- REGULAR WALK FOR 30 MINS FOR HEALTH,
- 60 MINS WALK FOR WEIGHT REDUCTION
- PRACTICE YOGA AND MEDITATION
- MAINTAIN WEIGHT BETWEEN 51-63 KG

### Follow-up and Review Plan



- CHECK LIPID PROFILE EVERY 6 MONTHS



Scan the QR code  
in AskApollo App  
to book your  
follow-up  
appointments at  
investigations

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Dr. SHASHIKANT NIGAM

AHC Physician / Consultant Internal Medicine

**Dr. Shashikant Nigam**  
MBBS, MD (Gen. Med.)  
Consultant Internal Medicine  
Apollo Hospitals International Ltd. Gandhinagar,  
Gandhinagar, Ahmedabad. Regd. No.: G-21961

Note :- The Health Check-up examinations and routine investigations have been performed 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. AVANI SOLANKI | Female | 36Yr 7Mth 25Days  
**UHID** : AHIL.0000822387 **Patient Location:** AHC  
**Patient Identifier:** AHILAH179217   
**DRN** : 122139087 **Completed on :** 05-DEC-2022 09:33  
**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 ---

DR. VAIBHAVI PATEL

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### Radiology

**Patient Details** : Ms. AVANI SOLANKI | Female | 36Yr 7Mth 25Days  
**UHID** : AHIL.0000822387 **Patient Location:** AHC  
**Patient Identifier:** AHILAH179217   
**DRN** : 222062651 **Completed on :** 05-DEC-2022 09:48  
**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 9.9 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 measures 5.5 x 7.1 x 4.5 cm. Endometrial thickness is 9 mm.

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

Both ovaries are normal in size and echopattern.

No free fluid is seen in Pouch Of Douglas.

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Reported By : 717876

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The Emergency Specialist



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Ms. AVANI SOLANKI

AHIL.0000822387

AHILAH179217

USG WHOLE ABDOMEN

No definite evidence of adnexal/pelvic mass is seen.

--- END OF THE REPORT ---

Dr. HARSH S VYAS

DNB Resident

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### Radiology

**Patient Details** : Ms. AVANI SOLANKI | Female | 36Yr 7Mth 25Days  
**UHID** : AHIL.0000822387 **Patient Location:** AHC  
**Patient Identifier:** AHILAH179217   
**DRN** : 222062651 **Completed on :** 05-DEC-2022 09:48  
**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 9.9 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 measures 5.5 x 7.1 x 4.5 cm. Endometrial thickness is 9 mm.

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

Both ovaries are normal in size and echopattern.

No free fluid is seen in Pouch Of Douglas.

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Ms. AVANI SOLANKI

AHIL.0000822387

AHILAH179217

**USG WHOLE ABDOMEN**

No definite evidence of adnexal/pelvic mass is seen.

--- END OF THE REPORT ---

Dr. HARSH S VYAS

DNB Resident

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**DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES**

**Patient Details** : Ms. AVANI SOLANKI | Female | 36Yr 7Mth 25Days  
**UHID** : AHIL.0000822387 **Patient Location:** AHC  
**Patient Identifier:** AHILAH179217   
**DRN** : 122139087 **Completed on :** 05-DEC-2022 09:33  
**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 ---

DR. VAIBHAVI PATEL

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**OBSTETRICS & GYNAECOLOGY - AHC**

Name : ..... AHIL.0000822387 .....  
 Occupation : ..... Ms. AVANI SOLANKI .....  
 Age : ..... St 36 Year(s) / Female

Date : 5/12/2022 Unit No. : .....  
 Ref. Physician : Dr. Nandana Sinha  
 Copies to : .....



**AEC CHECK UP**

**Chief Complaint:**

None. G.P. A.O.L.

Children: 1 ♂

Deliveries: 1 LSCS

Last Child: Mch / 10 years / LSCS .

Abortions: None.

Periods: Regular 5 / 23 days

LMP: 26/11/2022

Menopause: -

G. Condition: Fit

P/A: Soft

S/E: -

P/V: -

P/R: -

Weight:

BP:

Breasts: Normal

PAP Smear: Not Taken (Patient do not want take the t)

Previous Medical H/O: None

F/H/O: None.

Previous Surgical H/O:

LSCS 10 years back

Lasik in both eyes 15 years back

Impression: Dyspareunia

Lox jelly 2% LA before intercourse.

Nandana Sinha

Doctor Signature  
Date & Time

5/12/2022  
11:54 AM.

**OPHTHAL**

AHIL.0000822387

Ms. AVANI  
SOLANKI

36 Year(s) / Female

**ON RECORDS**

Date :

5/12/22

Name :

UHID :



Distance Vision :

Right Eye -

6/9  
6/9

(BE)

6/9

Left Eye -

Near Vision :

Right Eye :

N 6

Left Eye :

N 6

APLN.TN - Right Eye

14

Left Eye-

12 mmHg

Both Eye - Colour Vision

Normal

Both Eye - Anterior Segment Examinations -

WM

Both Eye Posterior Segment Examinations -

WM

Doctor's Signature

Ophthalmologist Name

AHMROP028V1

*Jr*  
**Dr. Jagriti Sinha**  
MS (Ophthalmology)  
Jr. Consultant  
Apollo Hospitals International Ltd., Gurgaon  
Gurgaon-382428, INDIA. Regd. No.: G-08752

05-Dec-22 9:43:48 AM

MS AVANI SOLANKI

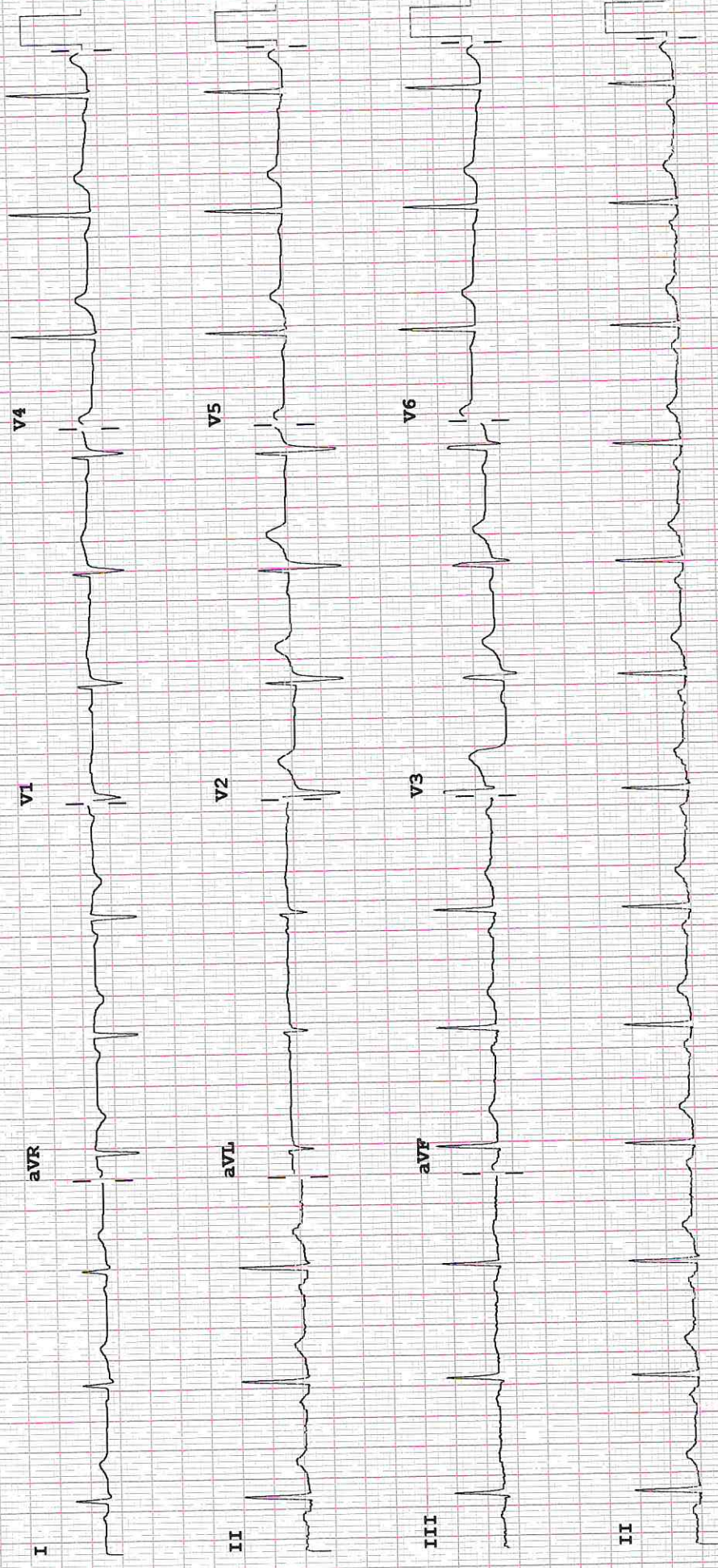
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Rate 77

PR 160  
QRS 79  
QT 352  
QTc 399

--AXIS--  
P 64  
QRS 70  
T 52

12 Lead; Standard Placement



F 50~0 15-100 Hz

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

Device

PH10 01 PH

36years  
 165cm  
 Asian  
 75kg  
 Female

Referred by: DR.SAMEER DANI, MHC  
 Test Ind:

BRUCE  
 Total Exercise time: 8:02  
 Max HR: 168bpm 91% of max predicted 184bpm  
 Max BP: 130/80  
 Maximum workload: 10.1 METS  
 Reason for Termination: THR ACHIEVED.  
 Comments: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT HIGH WORKLOAD  
 NORMAL HEYMODYNAMIC RESPONSE  
 NO ANGINA OCCURRED, NO ARRHYTHMIAS AT PROVOKED  
 NO GALLOP // MURMUR AT PEAK EXERCISE  
 TEST TERMINATED DUE TO THR ACHIEVED  
 GOOD EFFORT TOLERANCE.

TEST	HR (bpm)	BP (mmHg)	ST (mm)
BASELINE EXERCISE	97bpm	BP: 120/70	
MAX ST EXERCISE	138bpm	BP: 120/70	
PEAK EXERCISE	168bpm	BP: 130/80	
TEST END RECOVERY	105bpm	BP: 110/70	
TEST END RECOVERY	105bpm	BP: 110/70	

