| Name | Mr. SATYENDRA NATH DAS (42 /M) | Date | : 24/11/2023 | | | |
|------------------------------|--|---|----------------------------|-------------------|--|--|
| Address | 2 NO-DEBIGARH,3RD LANE,MADHY WEST BENGAL, INDIA | AMGRAM,PS-BARASAT, I | BARASAT, KOLKATA, KOLKATA, | | | |
| Examined by | : | | UHID | : AGHL.0001513700 | | |
| Package : N | EDIWHEEL - FULL BODY HEALTH AN | INUAL PLUS HCK | AHC N | o : AMHLAH187266 | | |
| | OMPLAINTS | Musculoskeletal system | ı | | | |
| For corporate hea | | Spine and joints | | | | |
| No specific compl | • | - Nil Significant | | | | |
| | | Skin | | | | |
| PRESENT KNC No history of | - Diabetes mellitus, | - Nil Significant | | | | |
| NO HISTORY OF | Hypertension, Thyroid | Present medicat | ions | | | |
| Dyslipidaemia | disorder, Stroke, Asthma Since - 8 yrs; Medication - regular | - T Nicoran 5 T Lipikind F 10 T Nodon 2.5 | | | | |
| Coronary artery disease | Year - 2018; - Minimal CAD; - On medical | Version Past medical history | ory | | | |
| | management | Do you have any allergies? | - No | | | |
| | LLERGY | Do you have any drug | - No | | | |
| 02 | :25/11/2023 | allergies? | Ma a | | | |
| Ofloxacin and ornidaz | | Covid 19 | - Yes - 2021 | | | |
| | | Hospitalization for Covid 19 | - No | | | |
| Cardiovascular s | ystem | | | | | |
| Chest pain - yes; | Character - dull aching; Lasts - for | Surgical history | | | | |
| few minutes; Radi | ating to - arm(left) | Inguinal hernia repair - | - in childho | bod | | |
| Respiratory syste | em | Right | | | | |
| - Nil Significant | | Personal history | | | | |
| Gastrointestinal | system | Marital status | - Married | | | |
| | Dyspepsia - no; Bowel habits - | No. of children | - 1 | | | |
| | al bleeding - yes; - anal fissure; | Diet | - Non Veg | etarian | | |
| Piles - no; Hernia | - no | Alcohol | - consume | es alcohol | | |
| Genitourinary sy | stem | | occasion | ally | | |
| - Nil Significant | | Smoking | - Yes | | | |
| Eyes | | Type Number | - Cigarette - 4 | ; | | |
| - | th glasses; Glasses - yes | Frequency | - 4 - daily | | | |
| | ar giacoco, Ciacoco - yco | Chews tobacco | - Ualiy - No | | | |
| ENT | | Physical activity | - Mild | | | |
| - Nil Significant | | | | | | |
| | | | | | | |

Date : 24/11/2023

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

AHC No : AMHLAH187266

| Family history | | Opthalmology findings | - PGVA:RE:6/6 LE:6/6 BCVA:RE:N6 LE:N6 |
|--|--|-----------------------|---|
| Father Mother Brothers Sisters Diabetes | - has expired - alive - 2 - 1 - mother | | OCULAR MOVEMENT:WNL ANT.SEG:WNL ADVICE:*To continue present glass Rx*Review after 1yr/SOS |
| Hypertension Coronary artery disease Cancer | - mother - father - None | | |

PHYSICAL EXAMINATION



| Build | - over weight |
|--------|---------------|
| Height | - 159 |
| Weight | - 73 |
| BMI | - 28.88 |
| Pallor | - No |
| Oedema | - no |
| | |

Cardiovascular system

| Heart rate (Per minute) | - 54 |
|-------------------------|----------------|
| Rhythm | - Regular |
| | - B.P. Sitting |
| Systolic(mm of Hg) | - 100 |
| Diastolic(mm of Hg) | - 68 |
| Heart sounds | - S1S2+ |
| | |

Respiratory system

Breath sounds

- Normal vesicular breath sounds



Organomegaly Tenderness

| - | No |
|---|----|
| - | No |



- No significant finding

Opthalmology consultation

Printed By : Benazir Begaum

UHID ; AGHL.0001513700

Date : 24/11/2023

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

AHC No : AMHLAH187266

| Test Name | Result | Unit | Level | Range | Casts: | Not Fou | | | |
|------------------------------|--|--------------|--------|------------|------------------------------------|----------------------|---------|-------|-------|
| Hemoglobin | 12.4 * | g/dl | • | 13.0-17.0 | Crystals: | Not Fou | ind | | |
| RBC COUNT | 4.19 * | Millio ul | n/ 🗕 | 4.5-5.5 | URINE SUGAR - POS (QUALITATIVE) | T PRAN | DIAL | | |
| Hematocrit - Hct: | 37.3 * | % | ٠ | 41-53 | Test Name | Result | Unit | Level | Rang |
| MCV | 89.0 | fl | ٠ | 83-101 | | Nil | | | |
| МСН | 29.6 | pg | | 27-32 | GLUCOSE(POST PRANDIAL) | | | | |
| МСНС | 33.2 | % | ٠ | 31.5-34.5 | | | | | |
| RDW | 12.9 | % | • | 11.8-14.0 | URINE SUGAR- FAST | • | | | Dama |
| WBC Count | 5300 | /cu m | m 🔍 | 4000-10000 | Test Name URINE | Result Nil | Unit | Level | Rang |
| Platelet Count | 1.08 * | lacs/o mm | xu 😐 | 1.5-4.0 | GLUCOSE(FASTING) | | | | |
| Neutrophils | 54 | % | ٠ | 40-80 | BLOOD GROUPING A | ND TYP | 'ING (A | BO A | ND R |
| Lymphocytes | 35 | % | • | 20-40 | Test Name | Result | Unit | Level | Rang |
| Monocytes | 07 | % | ٠ | 2-10 | ABO Group: | 0 | | | |
| Eosinophils | 04 | % | • | 01-06 | Rh (D) Type: | POSITI | VE | | |
| Basophils | 00 | % | • | 0-0 | LIVER FUNCTION TE | ST (PAC | KAGE |) | |
| RBC: | Normoc | vtic Nor | mochro | mic cells | Test Name | Result | Unit | Level | Rang |
| Platelets: | Normocytic Normochromic cells Adequate on the smear | | | | ALT(SGPT) - SERUM | 33 | U/L | • | 0-50 |
| ERYTHROCYTE SEDIMENTATION | 01 | mm/1 hr | st ● | 0-15 | ALBUMIN - SERUM | 4.2 | g/dL | • | 3.5-5 |
| RATE (ESR) | | | | | ALKALINE PHOSPHATASE - | 49 | U/L | • | 43-1′ |
| RINE ROUTINE AN | ND MICRO | SCOP | Y | | SERUM | | | | |
| Test Name | Result | Unit | Level | Range | | | | | |
| Volume: | 20 | mL | | | AST (SGOT) - SERUM | 32 | U/L | • | 0-50 |
| Colour: | Pale Str | aw | | | BILIRUBIN TOTAL - | 0.6 | mg/dL | • | 0.3-1 |
| Appearance | Turbid | | | | SERUM | 0.0 | ing, at | _ | 0.0-1 |
| Specific Gravity | 1.030 | | | | LIPID PROFILE TEST (PACKAGE) | | | | |
| pH: | 6.0 | | | | Test Name | Result | • | Level | Rand |
| Albumin: | Not Det | ected | | | CHOLESTEROL - | 139 | mg/dL | _ | 0-20 |
| Glucose | Not Det | ected | | | SERUM | | Ū | | |
| Ketone: | Not Det | ected | | | CREATININE - SERUM | л | | | |
| Bile Pigments | Not Dete | ected | | | Test Name | Result | Unit | Level | Rand |
| RBC | Nil | /hpf | | | CREATININE - SERUM | 1.4 * | mg/dL | _ | 0.9-1 |
| Pus Cells | Occasio | nalhpf | | | | | | | |
| Epithelial Cells | Occasio | nalhof | | | LIVER FUNCTION TES | ST (PAC Result | | | Ranc |

48

GGTP: GAMMA

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

0-55

U/L

| GLUTAMYL TRANSPEPTIDASE - SERUM | -10 | 0.2 | | 0.00 | IODOTHYRONINE - SERUM | 0.02 | | _ | 0.01-1.10 |
|---------------------------------------|---------|-------|-------|---------------------------|--|-----------|-------|-------|------------|
| GLUCOSE - PLASMA | (FASTII | NG) | | | TOTAL T4: THYROXINE - SERUM | 8.3 | µg/dL | • | 5.48-14.28 |
| Test Name | Result | Unit | Level | Range | | | | | |
| GLUCOSE - PLASMA | 93 | mg/dL | • | 70-99 | LIPID PROFILE TEST | (PACKA | AGE) | | |
| (FASTING) | | | | | Test Name | Result | Unit | Level | Range |
| GLUCOSE - PLASMA | (POST | PRAN | DIAL) | | TRIGLYCERIDES - SERUM | 128 | mg/d | L | 0-150 |
| Test Name | Result | Unit | Level | Range | | | | | |
| GLUCOSE - PLASMA | 162 * | mg/dL | • | 70-140 | THYROID PROFILE - | I(T3,T4 / | AND T | SH) | |
| (POST PRANDIAL) | | | | | Test Name | Result | Unit | Level | Range |
| HBA1C (GLYCOSYLA HAEMOGLOBIN)-WH | | OOD | | | TSH: THYROID STIMULATING HORMONE - SERUM | 2.4 | µIU/n | nL ● | 0.38-5.33 |
| Test Name | Result | Unit | Level | Range | | | | | |
| HBA1C | 5.5 | % | | Nondiadetic : 4 | | | | | |
| (GLYCOSYLATED HAEMOGLOBIN)-WHO | | | | - 5.6 % Prediabetics : | Test Name | | | | Range |
| LE BLOOD | | | | 5.7 - 6.4% | URIC ACID - SERUM | 3.9 | mg/d | L | 2.6-7.2 |
| | | | | Diabetes : >/= 6.5% | LIVER FUNCTION TE | ST (PAC | KAGE | E) | |
| | | | | ADA | Test Name | Result | Unit | Level | Range |
| | | | | Theraputic goal : <7% | BILIRUBIN CONJUGATED (DIRECT) - SERUM | 0.1 | mg/d | L | 0.0-0.2 |
| LIPID PROFILE TEST | (PACK | AGE) | | | | | | | |
| Test Name | Result | Unit | Level | Range | BUN (BLOOD UREA N | ITROG | EN) | | |
| HDL CHOLESTEROL - | 30 | mg/dL | • | 30-70 | Test Name | Result | Unit | Level | Range |
| SERUM | | | | | BUN (BLOOD UREA NITROGEN) | 13.8 | mg/d | L | 7.0-18.0 |
| LDL CHOLESTEROL -SERUM | 94 | mg/dL | • | Optimal: <100 | LIVER FUNCTION TE | ST (PAC | KAGE | E) | |
| VLDL CHOLESTEROL - | 15 | mg/dL | • | 0-35 | Test Name | Result | Unit | Level | Range |
| SERUM (Calculated) | | | | | A/G - RATIO | 2.0 | | | 1.0-2.0 |
| LIVER FUNCTION TE | ST (PAC | KAGE |) | | BUN/CREATININE RA | τιο | | | |
| Test Name | Result | Unit | Level | Range | Test Name | Result | Unit | Level | Range |
| PROTEIN TOTAL - SERUM | 6.3 * | g/dL | • | 6.4-8.3 | BUN/CREATININE RATIO | 9.7 | | | |
| GLOBULIN: | 2.1 | g/dL | • | 1.8-3.6 | | | | | |
| (CALCULATED) - SERUM | | | | | ECG | | | | |

UHID : AGHL.0001513700

0.92

TOTAL T3: TRI

THYROID PROFILE - I(T3,T4 AND TSH)

Test Name

Result Unit Level Range

Within Normal Range

Borderline High/Low



ng/ml 🔍

AHC No : AMHLAH187266

0.87-1.78

Date : 24/11/2023

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

AHC No : AMHLAH187266

SINUS BRADYCARDIA. LEFT VENTRICULAR HYPERTROPHY. INCOMPLETE RIGHT BUNDLE BRANCH BLOCK. SIGNIFICANT ST- SEGMENT DEPRESSION LATERAL, ANTERIOR LEADS. LARGE NEGATIVE T WAVE ANTERIOR, LATERAL LEADS- PLEASE CORRELATE CLINICALLY.

ULTRASOUND SCREENING WHOLE ABDOMEN

* Grade I fatty liver.

[NOTE: At times pelvic structures are not well visualized due to inadequate patient preparation / excess bowel gas shadow. However suggested clinical correlation and other investigations if clinically indicated.

X-RAY CHEST PA

Chest skiagram does not reveal any significant abnormality.

INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Histopathology

PAP SMEAR /CERVICAL SMEAR CARDIOLOGY TREADMILL TEST / STRESS TEST





Out of Range

Date : 24/11/2023

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

AHC No : AMHLAH187266

Printed By :

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. UHID : AGHL.0001513700

Date : 24/11/2023

Package : MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS HCK

AHC No : AMHLAH187266

AICVD RISK SCORE REPORT

| RISK STATUS | YOUR SCORE | ACCEPTABLE SCORE |
|-------------|------------|------------------|
| High Risk | 14 | 5 |

Your likelihood of developing cardiovascular disease in the next ten years is 1.6 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 3 months if you have:
 - o Uncontrolled high blood pressure
 - o Diabetes
 - o Dyslipidemia
 - o Coronary heart disease
- You will be referred to a cardiologist.

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.
- 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