

Apollo Health Check

Name: Nishaben K. Panchal UHID: 23461 Date: 30/03/2023

Date of Birth: 07/02/1986 Age: 37 yrs Sex: Female

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Female - AHC

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 163 cm Weight: 86.4 kg Pulse: 78 /min
BP: 128/86 mmHg BMI: 32.60

Physician Consultation

Chief Complaints: Nil

History: Past History: Known case of Spondylosis on medication,
History of Hemorrhoids 7 yrs back,
History of LSCS 7 years back

Family History: Diabetes Mellitus & Hypothyroidism in Mother
And Hypothyroidism in Father

Addiction: Nil Allergy: Nil Exercise: Nil

Systemic Review: NAD

Impression: Clinically normal with Gall Bladder Calculus

Recommendation: Surgeon Reference


Dr. Mayur Patel

MD - Physician

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
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Medical Summary

ENT Consultation

No ENT complains

On Examination: Ear, Nose, Throat – NAD



Dr. Mayur Patel

MD - Physician

Dental Consultation

On Examination: Supraerupted irt $\frac{8}{8}$

Advice: Extraction irt $\frac{8}{8}$



Dr. Rushda Malek

Consultant - Dentist

Vision Check (With Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

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Medical Summary

Gynaec Consultation

Chief Complaints: Irregular periods since beginning

Menstrual History: Menarche: X Std. **LMP:** 28/02/2023

Regularity of Periods: Irregular – sometimes 1 ½ months

Sometimes even 3 months

Flow: 5 days

Obstetric History: Married Life: 11 years

Details of conception: G4P2

LCB: 3 ½ years

On Examination: Breasts: Normal

Per abdomen: Normal

Per vagina: Normal

Per speculum: Normal

Recommendations: Nil

Pap smear taken



Dr. Radha Mohan
Centre Director

Apollo Clinic, Vadodara

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DEPARTMENT OF LABORATORY MEDICINE

Name: Nishaben K Panchal

Sample Collected Date: 30/03/2023

Gender : FEMALE

Age: 37 Years

Test	Results	Units	Normal Range
Hb	10.7	gm/dl	Female:11-15 Male: 13-17
Total WBC count	4300	/cumm.	4000-11000
RBC Count	4.09	/mill/comm.	4.5-5.5
PCV	33.7	%	40-50
PLT	290000	/c.mm	150000/400000
MCV	82.3	fl	83-101
MCH	26.2	Pg	27-32
MCHC	31.8	gm/dl	31.5-34.5
RDW	14.1	%	11.6-14.0
DIFFERENTIAL COUNT			
Neutrophil	62	%	40-80
Lymphocyte	28	%	20-40
Eosinophil	05	%	2-10
Monocyte	05	%	Up to 8
Basophils	00	%	<1-2
ESR	12	mm/Hr	2 - 20
BLOOD GROUP	A POSITIVE		


 Dr. GOPI DAVARA
 MBBS DCP

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DEPARTMENT OF LABORATORY MEDICINE

Name : Nishaben K Panchal

Sample Collected Date : 30/03/2023

Gender : FEMALE

Age : 37 Years

Test	Results	Units	Normal Range
LIPID PROFILE			
S.Cholesterol	126	mg/dl	120-240
S.Triglycerides	74	mg/dl	50-200
S.LDL-Cholesterol	69.2	mg/dl	60-150
S.VLDL-Cholesterol	14.8	mg/dl	10-40
S.HDL-Cholesterol	42	mg/dl	30- 70
Ratio of Chol/HDL	3	mg/dl	0-4.5
LDL/HDL Ratio	1.64	mg/dl	2.5-3.5
Fasting Blood Sugar	96	mg/dl	70-110
Fasting Urine Sugar	Nil		
Post Prandial blood Sugar	108	mg/dl	80-140
Post Prandial Urine Sugar	Nil		
CREATININE	0.90	mg/dl	0.5-1.5
URIC ACID	4.51	mg/dl	2.6-7.2
S.Urea	18.3	mg/dl	10-50



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DEPARTMENT OF LABORATORY MEDICINE

Name : Nishaben K Panchal


Sample Collected Date: 30/03/2023

Gender : FEMALE

Age : 37 Years

LIVER FUNCTION TEST

Test	Results	Units	Normal Range
s.total protein	6.55	gm/dl	6.6-8.8
S.Albumin	3.54	gm/dl	3.5-5.2
S.globulin	3.01	gm/dl	2.8-4.5
S.Total Billirubin	0.79	mg/dl	0.1-1.2
S.Direct Billirubin	0.35	mg/dl	0-0.5
S.Indirect Billirubin	0.44	mg/dl	0.1-1.0
S.SGPT (ALT)	15	IU/L	5-40
S.SGOT (AST)	17	IU/L	5-40
ALKA-PHOS	109	U/L	M-80-306 F-64-306
GGT	10	U/L	10-50
S.A/G Ratio	1.17		1.0-2.0


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Name: Nishaben K Panchal

Sample Collected Date: 30/03/2023

Gender: FEMALE

Age : 37 Years

URINE EXAMINATION

Physical Examination

Volume	25 Mililitre
Colour	Yellow
Sp.Gravity	1.025
Deposit	Absent
Appearance	Clear
Ph	6.0

Chemical Examination

Protein	Nil
Sugar (F)	Nil
Urobilinogen	Normal
Ketone	Nil
BS/BP	Negative

Microscopic Examination

Red Blood cells	Nil
Epithelial cells	3-4/hpf
Cast	Nil
Pus cells	2-3/hpf
Crystal	Nil


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TEST REPORT

Reg. No. : 30301016877 Reg. Date : 30-Mar-2023 11:48 Collected On : 30-Mar-2023 11:48
 Name : Ms. NISHABEN PANCHAL Approved On : 30-Mar-2023 12:57
 Age : 37 Years Gender : Female Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C			
HbA1c <i>HPLC</i>	4.90	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>Method: Calculated</i>	94	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c \geq 6.5 *Or
- Fasting plasma glucose \geq 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemc control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemc control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycemc control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report.

Test done from collected sample.

Apollo Clinic, Vadodara

Dr. Vishal Jhaveri

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DEPARTMENT OF LABORATORY MEDICINE

CERVICAL CYTOLOGY REPORT

(As per Bethesda System)

Name : Nishaben K Panchal

Collected Date:30/03/2023

Gender : FEMALE

Age : 37 Years

Ref. by : Self

Gross Description : 2 fixed slides received

Specimen Adequacy: Adequate

Microscopic Description: Predominantly superficial and intermediate squamous epithelial cells .
No evidence of atypical/dysplasia.

Conclusion:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY(NILM)

Recommendations based on diagnostic category

1. Not satisfactory for evaluation : Please repeat the smear
2. Inflammatory smear : Please repeat after treatment of specific infection
3. LGSIL : Repeat smear annually for 2 years
4. HGSIL : Colposcopy and Biopsy
5. Squamous Cell Carcinoma : Biopsy
6. ASCUS : Repeat smear annually for 2 years
7. NILM : Smear is negative for malignancy, repeat if clinically suspicious



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TEST REPORT

Name : Mrs. NISHABEN PANCHAL	Reg. No : 3032001260
Age/Sex : 37 Years / Female	Reg. Date : 30-Mar-2023 11:41 AM
Ref. By :	Collected On : 30-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.467	µIU/ml	0.55 - 4.78
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Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

T3 (Triiodothyronine) * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.91	ng/mL	0.58 - 1.59
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

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TEST REPORT

Name : Mrs. NISHABEN PANCHAL
Age/Sex : 37 Years / Female
Ref. By :
Client Name : Apollo Clinic

Reg. No : 3032001260
Reg. Date : 30-Mar-2023 11:41 AM
Collected On : 30-Mar-2023

T4 (Thyroxine) * 11.17 µg/dL 4.87 - 12.60
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type: Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

----- End Of Report -----

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Report Status : **Final**

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Name : Nishaben K Panchal

Gender : Female

Age: 37 Years

Date : 30/03/2023

ECG Report

Result :

1. The rhythm is sinus.
2. Heart rate is 57 beats per minute.
3. Normal P, QRS, T wave axis.
4. Normal PR, QRS, QT duration.
5. No pathological Q wave or ST-T changes seen.
6. No evidence of chamber hypertrophy or enlargement seen.

Impression : Within Normal Limits.



Dr. Radha C Mohan
Center Director

Apollo Clinic, Vadodara

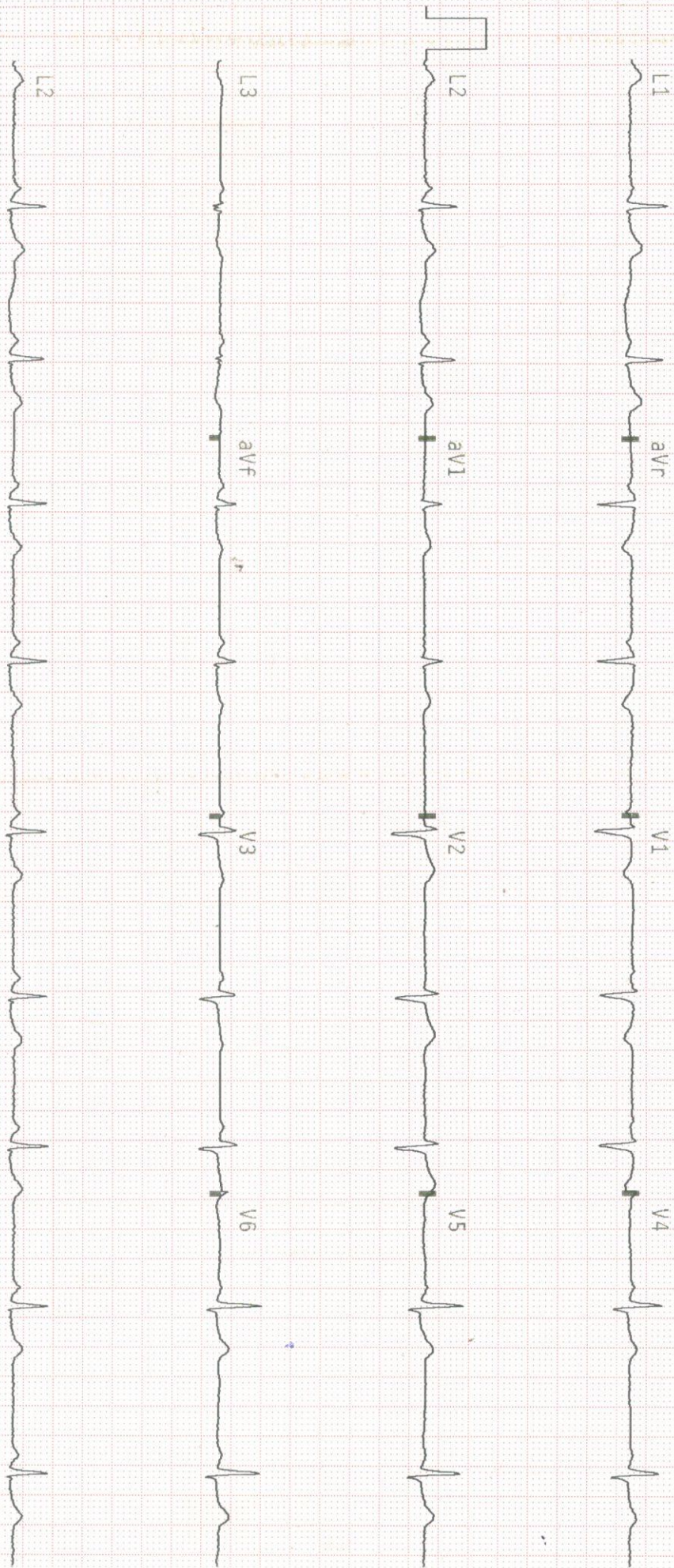
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Room : 2 Dep: OPD
ID : 30
Name : NISHABEN K PANCHAL
Gender : F Age : 037 (Yrs)
Height : 090 (cm) Weight: 000 (kg)

Axes (deg)
P : 48
QRS : 19
T : 21
Intervals (msec)
PR: 157, QRS: 96
QT: 433, QTc: 422
ST: 87

(2)



Name : Nishaben K Panchal

Age/Sex: 37YEARS/Female

Date: 30/03/2023

TMT(Tread Mill/Stress Test)

Result:

The pre exercise ECG was normal and there is no significant ST segment changes. During peak exercise and recovery there was no significant ST segment change seen. Patient could exercise for 10 minutes and 30 seconds of the Bruce Protocol and achieved a work load of 11.71 mets.

She attained a peak heart rate of 158 beats/minute which is 86% of the predicted maximum. The exercise was terminated owing to attainment of target heart rate. There was no classical angina. Clinically the blood pressure response was BP 132/80mmHg and there was no S3 S4 gallop in the recovery period.

IMPRESSION : TMT is negative for inducible ischemia.



Dr. Mayur Patel
Center Director

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Name: NISHABEN PANCHAL

Age : 37YRS

Date: 30/03/23

Sex : FEMALE

USG ABDOMEN

Liver is normal in size and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size and distended .15 mm sized calculus noted in gall bladder. No evidence of mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal.

Spleen is normal in size (101mm) and echotexture. Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 118x45 mm and LK 112x53 mm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness.

Right kidney shows mild changes of hydronephrosis and hydroureter with 3mm sized calculi in mid-lower poles -- p/o ureteric calculus likely.

No calculus or hydronephrosis is seen on left side.

Urinary bladder is normal. No calculus filling defect, mass or diverticula is seen. Residual urine nil.

Uterus normal size (73x23x47mm) and shape normal. Endometrium 7mm. No focal or diffuse lesion noted.

Ovaries: are normal. RO measures 29x19mm and LO measures 31x22mm. Parametrium are free. No fluid in pelvis.

IMPRESSION:

- CHOLELITHIASIS WITHOUT CHANGES OF CHOLECYSTITIS.
- RIGHT RENAL CALCULI WITH MILD OBSTRUCTIVE CHANGES -? URETERIC CALCULUS LIKELY.



Dr. H. M. PATEL
Consultant Radiologist

Apollo Clinic, Vadodara

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RADIOLOGY AND IMAGING

Name: NISHABEN K PANCHAL

Age: 37Yrs

Date: 30.03.2023

Sex: FEMALE

CHEST X-RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST



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