

Name : Mrs. NAIMA AMIN SAIYED (54 /F)

Date : 11/02/2023

Address : AHMEDABAD, AHMEDABAD, AHMEDABAD, GUJARAT, INDIA

Examined by : Dr .BHAWANA DAGA

UHID : AHCC.0001127172

Package : MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

AHC No : AHCCA4484



## CHIEF COMPLAINTS

For corporate health checkup  
No specific complaints

## PRESENT KNOWN ILLNESS

No history of  
- Diabetes mellitus,  
Dyslipidemia, Thyroid  
disorder, Heart disease,  
Stroke, Asthma, COPD,  
Cancer, Impaired Glycemia  
Hypertension Since - 3 YEARS.  
Stress Since - 1 YEAR.

## DRUG ALLERGY

NO KNOWN ALLERGY

:11/02/2023

## SYSTEMIC REVIEW

### Cardiovascular system

Chest pain - yes; Character - dull aching; Lasts - for few minutes; Site of pain - scapular area(left), upper chest(left); Breathing difficulty - yes; Exacerbated by - moderate exertion; Relieved by - rest

### Present medications

- names not known

### Past medical history

Do you have any allergies? - No  
Covid 19 - Yes  
Hospitalization for Covid 19 - No

### Surgical history

Caesarian section - TWICE  
Others - LAPAROTOMY AFTER 2ND LSCS.

### Immunization history

- Covid Dose1, Covid Dose2



## Personal history

Marital status - Married  
No. of children - 3  
Diet - Mixed Diet  
Alcohol - does not consume alcohol  
Smoking - No  
Chews tobacco - No  
Physical activity - Moderate



## Family history

Diabetes - father  
Hypertension - father, mother  
Coronary artery disease - father, mother  
Cancer - None

## PHYSICAL EXAMINATION



### General

General appearance - normal  
Build - Morbid obesity  
Height - 156  
Weight - 94  
BMI - 38.63  
Pallor - No  
Oedema - no



### Cardiovascular system

Heart rate (Per minute) - 95  
Rhythm - Regular  
Systolic(mm of Hg) - 147  
Diastolic(mm of Hg) - 93  
Heart sounds - S1S2+

### Respiratory system

Rate of respiration(per minute) - 14  
Breath sounds - Normal vesicular breath sounds

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Organomegaly - No  
Tenderness - No

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**URINE FOR ROUTINE EXAMINATION**

Test Name	Result	Unit	Level	Range
Specific Gravity	1.020			
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	6			
Protein:	Nil			
Sugar:	Nil			
Blood:	Negative			
Ketone	Absent			
Bile Pigments:	Absent			
Urobilinogen	Normal	E.U./d L		
Nitrite	Negative			
Pus Cells	Nil		0-5	
RBC	Nil	/hpf	0-5/hpf	
Epithelial Cells	Nil			
Casts:	Absent			
Crystals:	Absent			

Basophils	00	%	●	0-1
Platelet Count (Impedance)	349000	/cu mm	●	150000-450000
MPV (Calculated)	9.1	fl	●	7-11
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic- electronic)	47 *	mm/1st hr	●	0-20

**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)**

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM / PLASMA	17	U/L	●	0-35
ALKALINE PHOSPHATASE - SERUM/PLASMA	84	U/L	●	Adult(Female): 35 - 104
AST (SGOT) - SERUM	17	U/L	●	>1 year Female : <32
Total Bilirubin	0.38	mg/dL	●	0.300-1.200
Direct Bilirubin	0.153	mg/dL	●	Upto 0.3 mg/dl

**COMPLETE BLOOD COUNT WITH ESR**

Test Name	Result	Unit	Level	Range
Hemoglobin (Photometric Measurement)	12.8	gm%	●	12-16
Packed cell volume(Calculated)	40.2	%	●	36-46
RBC COUNT (Impedance)	4.19	Million/ ul	●	3.8-5.2
MCV (From RBC Histogram)	96	fl	●	80-100
MCH(Calculated)	30.6	pg	●	27-32
MCHC(Calculated)	31.9	%	●	31-36
RDW(Calculated)	15.5 *	%	●	11.5-14.5
WBC Count (Impedance)	9800	/cu mm	●	4000-11000
Neutrophils	71	%	●	40-75
Lymphocytes	21	%	●	20-40
Monocytes	06	%	●	2-10
Eosinophils	02	%	●	01-06

● Within Normal Range

● Borderline High/Low

● Out of Range

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Indirect Bilirubin

0.23 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 mg/dL  
 Years 0.2-0.8 mg/dL  
 10-19 Years 0.2-1.1 mg/dL  
 ≥20 Years 0.2-1.2 mg/dL

**GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD**

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	8.27 *	%	●	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

**CREATININE - SERUM / PLASMA**

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.7	mg/dL	●	Adult Female: 0.5 - 1.2

**LFT (LIVER FUNCTION TEST)**

Test Name	Result	Unit	Level	Range
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	24	U/L	●	Male : 10 - 71 Female : 6 - 42

**GLUCOSE - SERUM / PLASMA (FASTING)**

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	163 *	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)	255 *	mg/dL	●	70-140

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

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Glycosylated Hemoglobin (HbA1c)

8.27 \* % ● 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

Mean Blood Sugar 191

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	6.5 *	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)	9	mg/dL	●	6-20
UREA - SERUM / PLASMA	19	mg/dL	●	15 - 50

**LIPID PROFILE - SERUM**

Test Name	Result	Unit	Level	Range
Total Cholesterol	174	mg/dl	●	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High
Triglycerides - Serum	139	mg/dL	●	0-150
HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	36 *	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)	115	mg/dL	●	100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High
VLDL CHOLESTEROL	28		●	< 40 mg/dl
C/H RATIO	4.9 *		●	0-4.5

**LFT (LIVER FUNCTION TEST)**

Test Name	Result	Unit	Level	Range
PROTEIN TOTAL - SERUM / PLASMA	8.23 *	g/dL	●	6.00-8.00
ALBUMIN - SERUM	4.81	g/dL	●	Adult(18 - 60 Yr): 3.5 - 5.2
Globulin-Serum/Plasma	3.4		●	2.20-4.20
A/G ratio	1.4		●	1.00-2.00

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

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.38	ng/mL	●	0.8 - 2.0
TOTAL T4: THYROXINE - SERUM	9.25 *	ug/dL	●	5.1 - 14.1
TSH: THYROID STIMULATING HORMONE - SERUM	5.5 *	µIU/mL	●	14-120 years : 0.27 - 4.20

**ECHO/TMT**

**URIC ACID - SERUM**

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

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Mild concentric LVH.

Normal LV systolic function, LVEF: 60%.

Grade I diastolic dysfunction.

No PAH.

### USG WHOLE ABDOMEN

Liver appears normal in size and shows grade I fatty echotexture. No evidence of focal pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in caliber. Intrahepatic portal radicles appear normal.

Gall bladder show few variable sized calculi, largest approx. 10 mm. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized pancreas appear normal in size and echotexture. No focal lesions identified. Visualize pancreatic duct appears normal in caliber.

Spleen is normal in size 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 significant lymphadenopathy. Visualized bowel loops appear normal and shows normal peristalsis.

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

On transabdominal scan;

Uterus is postmenopausal. ET measures 4 mm.

Uterus is anteverted and appears normal in size and echotexture. No focal lesion noted.

No definite evidence of adnexal/pelvic mass is seen.

Small Umbilical hernia (defect 13 mm) noted with herniation of fat.

### IMPRESSION :

Grade I fatty liver.

Gall bladder show few variable sized calculi without changes of cholecystitis.

Small Umbilical hernia

### X-RAY CHEST PA

NORMAL STUDY.

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

### Haematology

URINE GLUCOSE(FASTING)

STOOL ROUTINE

### CARDIOLOGY

ECG

### Mammography

MAMMOGRAPHY BOTH BREAST

● Within Normal Range

● Borderline High/Low

● Out of Range

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### Executive Summary

- HTN.
- BMI HIGH.
- GRADE 1 FATTY LIVER.
- IMPAIRED BLOOD GLUCOSE LEVELS.
- HYPERURICEMIA.

### Wellness Prescription

#### Advice On Diet :-

- CARB RESTRICTED. LOW FAT DIET.

#### Advice On Physical Activity :-

- REGULAR EXERCISE.

### Medications

- TAB GLADOR M1 BEFORE BREAKFAST FOR 15 DAYS.
- TAB DPFOR M 20/500 AFTER DINNER FOR 15 DAYS.
- TAB FEBUTAZ 20 MG ONCE AFTER LUNCH.
- CONTINUE BP MEDICINE.

### Recommended Follow-up Tests

Test Name	Test Schedule	Repeat Frequency	Remarks
GLUCOSE - SERUM / PLASMA (FASTING)	14 Day(s)		
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS	14 Day(s)		

### Follow-up and Review Plan

- FOLLOW UP AFTER 15 DAYS.



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

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**Dr. BHAWANA DAGA**

AHC Physician Consultant Internal Medicine

Printed By : BHAWANA DAGA

**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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TAB FEBUTAZ 20 MG ONCE AFTER LUNCH.  
CONTINUE BP MEDICINE.



Dr. BHAWANA DAGA  
AHC Physician / Consultant Internal Medicine



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DEPARTMENT OF BIOCHEMISTRY AND IMMUNOLOGY



Name : Mrs. NAIMA AMIN SAIYED  
 UHID : AHCC.0000127072 / AHCCAH4484  
 SIN \ LRN : 3751084 \ 3751091 \ 3751087 \ 3751093 \  
 Specimen : 1608436 Serum  
 Ref Doctor : DR. MHC

Age : 54Yr 2Mth 9Days Gender : Female  
 W/BNo/RefNo : AHC



Collected on : 11-FEB-2023 09:46:53 AM Received on : 11-FEB-2023 11:41:34 AM Reported on : 11-FEB-2023 05:26:13 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE - SERUM / PLASMA (FASTING) (Hexokinase)	163 *	70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD (Immunoturbidimetric)	8.27 *	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	%
Mean Blood Sugar	191		
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS (Hexokinase)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)	255 *	70 - 140	mg/dL
ALT(SGPT) - SERUM / PLASMA	17	Adult Female : <34	U/L

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(UV without P5P) ALKALINE PHOSPHATASE - SERUM/PLASMA (PNP AMP BUFFER)	84	Adult(Female): 35 - 104	U/L
AST (SGOT) - SERUM (UV without P5P)	17	>1 year Female : <32	U/L
BILIRUBIN (DIRECT/INDIRECT/TOTAL) - SERUM (Diazotization)			
Bilirubin Total	0.38	0-1 days : 0 - 6mg/dl 1-2 days : 0 - 8mg/dl 2-5 days : 0 - 12mg/dl 5days - 4 months : 0.3 - 1.2mg/dl >4 months : 0.3-1.2 mg/dl	mg/dL
Direct Bilirubin	0.153	Upto 0.3 mg/dl	mg/dL
Indirect Bilirubin	0.23	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	mg/dL
CREATININE - SERUM / PLASMA (Alkaline picrate + kinetic rate blanked)	0.7	Adult Female: 0.5 - 1.2	mg/dL
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	24	Male : 10 - 71 Female : 6 - 42	U/L



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DEPARTMENT OF BIOCHEMISTRY AND IMMUNOLOGY

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(IFCC)			
PROTEIN TOTAL - SERUM / PLASMA (Biuret)	8.23 *	>2 Year: 6.0 - 8.0	g/dL
ALBUMIN - SERUM	4.81	Adult(18 - 60 Yr): 3.5 - 5.2	g/dL
Globulin-Serum/Plasma	3.4	2.2 - 4.2	
A/G ratio	1.4	1.00 - 2.00	
TOTAL T3: TRI IODOTHYRONINE - SERUM (Electrochemiluminescence:ECLIA)	1.38	0.8 - 2.0	ng/mL
TOTAL T4: THYROXINE - SERUM (Electrochemiluminescence:ECLIA)	9.25 *	5.1 - 14.1	ug/dL
TSH: THYROID STIMULATING HORMONE - SERUM (Electrochemiluminescence:ECLIA)	5.5 *	14-120 years : 0.27 - 4.20	µIU/mL
URIC ACID - SERUM (Uricase colorimetric)	6.5 *	Male : 3.4-7.0 Female : 2.4-5.7	mg/dL
BUN (BLOOD UREA NITROGEN) (Histology)	9	Adult : 6 - 20	mg/dL
UREA - SERUM / PLASMA	19	15 - 50	mg/dL
LIPID PROFILE - SERUM			
TOTAL CHOLESTEROL (CHOD POD)	174	0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High	mg/dl
TRIGLYCERIDES - SERUM (Enzymatic Endpoint)	139	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499	mg/dL



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HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric)	36 *	Very High: >=500 < 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease	mg/dL
LDL CHOLESTEROL - SERUM / PLASMA (Direct LD <sub>c</sub> )	115	< 100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High	mg/dL
VLDL CHOLESTEROL (Calculated)	28	< 40 mg/dl	
C/H RATIO (Calculated)	4.9 *	> 4.5	

11/02/2023

Report Status:Final

\* END OF REPORT \*

CHECKED BY 1010616  
717880

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MD PATHOLOGY,  
CONSULTANT

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DEPARTMENT OF CLINICAL PATHOLOGY

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SIN \LRN : 3751088 \ 1608436
Specimen : Urine
Ref Doctor : DR. MHC



Collected on : 11-FEB-2023 09:46:53 AM Received on : 11-FEB-2023 04:34:29 PM Reported on : 11-FEB-2023 05:11:35 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME RESULT

URINE GLUCOSE(POST PRANDIAL)

\$ URINE GLUCOSE(POST PRANDIAL)

11/02/2023

Report Status:Final

\* END OF REPORT \*

CHECKED BY : 1060162 717880

Printed On : 11-FEB-2023 06:47:10 PM

Dr.HARDIK KOSHTI MD PATHOLOGY, CONSULTANT

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DEPARTMENT OF CLINICAL PATHOLOGY



Name : Mrs. NAIMA AMIN SAIYED  
 Age : 54Yr 2Mth 9Days Gender : Female  
 UHID : AHCC.0000127072 / AHCCAH4484  
 W/BNo/RefNo : AHC  
 SIN /LRN : 3751090 \ 1608436  
 Specimen : Urine  
 Ref Doctor : DR. MHC



Collected on : 11-FEB-2023 09:46:53 AM Received on : 11-FEB-2023 11:41:45 AM Reported on : 11-FEB-2023 05:12:07 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
-----------	--------	--------------------------------	-------

URINE FOR ROUTINE EXAMINATION : (Solubility Method)

PHYSICAL EXAMINATION

Specific Gravity : 1.020  
 Colour: Pale-Yellow  
 Transparency: Clear

CHEMICAL EXAMINATION

pH : 6  
 Protein : 10  
 Sugar: 10  
 Blood: Negative  
 Ketone : Absent  
 Bile Pigments: Absent  
 Urobilinogen : Normal  
 Nitrite : Negative

Cells:			E.U./dL
Pus Cells	Nil		
RBC	Nil	0-5/hpf	
Epithelial Cells	Nil	0-5/hpf	/hpf
Casts:	Absent		
Crystals:	Absent		

11/02/2023

Report Status:Final

\* END OF REPORT \*

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 MD PATHOLOGY,  
 CONSULTANT



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DEPARTMENT OF HAEMATOLOGY



Name : Mrs. NAIMA AMIN SAIYED Age : 54Yr 2Mth 9Days Gender : Female  
 UHID : AHCC.0000127072 / AHCCAH4484 W/BNo/RefNo : AHC  
 SIN LRN : 3751092 \ 1608436  
 Specimen : Whole Blood ( EDTA )  
 Ref Doctor : DR. MHC



Collected on : 11-FEB-2023 09:46:53 AM Received on : 11-FEB-2023 11:41:21 AM Reported on : 11-FEB-2023 03:14:00 PM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>COMPLETE BLOOD COUNT WITH ESR</b>			
Hemoglobin (Photometric Measurement)	12.8	12 - 16	gm%
Packed cell volume(Calculated)	40.2	36 - 46	%
RBC COUNT (Impedance)	4.19	3.8 - 5.2	Million/ul
MCV (From RBC Histogram)	96	80 - 100	fl
MCH(Calculated)	130.6	27 - 32	pg
MCHC(Calculated)	131.9	31 - 36	%
RDW(Calculated)	15.5 *	11.5 - 14.5	%
WBC Count (Impedance)	9900	4000 - 11000	/cu mm
<b>Differential Count (VCS Technology and Microscopy)</b>			
Neutrophils	71	40 - 75	%
Lymphocytes	21	20 - 40	%
Monocytes	08	2 - 10	%
Eosinophils	02	01 - 06	%
Basophils	00	0 - 1	%
Platelet Count (Impedance)	349000	150000 - 450000	/cu mm
MPV (Calculated)	9.1	7 - 11	fl
<b>PERIPHERAL SMEAR(Microscopy)</b>			
ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic)	47 *	0 - 20	mm/1st hr

11/02/2023

Report Status:Final

\* END OF REPORT \*

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717880

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MD PATHOLOGY,  
CONSULTANT

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For online appointment : www.askapollo.com









## DENTISTRY

Name : ..... Date : 11/02/23 Unit No. : .....

Occupation : ..... Ref. Physician : .....

Age : ..... Sex :  Male  Female Copies to : .....

### DENTAL RECORD

**ALLERGIES :**

PAIN : Score (0-10) \_\_\_\_\_ Location : \_\_\_\_\_ Character : \_\_\_\_\_

DENTAL CLEANING HABIT

<input checked="" type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Occasionally
<input checked="" type="checkbox"/> Brush	<input type="checkbox"/> Finger	<input type="checkbox"/> Stick
<input checked="" type="checkbox"/> Tooth Paste	<input type="checkbox"/> Powder	<input type="checkbox"/> Any other
		<input type="checkbox"/> 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	MILD MOD SEV	CLASS I II III CROSSBITE
Lips :	Gingivitis <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Hypoplasia
Cheeks :	Calculus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Impaction
Tongue :	Recession <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non-vital
Floor of the mouth :	Periodontal Pockets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fracture
Palate :	Attrition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abcess
Tonsillar Area :	Erosion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ulcers
Any other :	Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Caries
		Missing Teeth
		Supernumerary
		Others

**PRESENT COMPLAINT :**

PRE-MEDICAL HISTORY:  DM  HTN  Thyroid  Acidity  Pregnancy

Anticoagulant  Under Drug Therapy


*4 years*



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### CARDIOLOGY

**Patient Details** : Mrs. NAIMA AMIN SAIYED | Female | 54Yr 2Mth 9Days  
**UHID** : AHCC.0000127072 **Patient Location:** AHC  
**Patient Identifier:** AHCCA4484   
**DRN** : 5623014184 **Completed on :** 11-FEB-2023 16:33  
**Ref Doctor** : DR. MHC

### ECHO

Mild Concentric LVH.  
 Normal cardiac chamber dimensions.  
 Normal LV systolic function, LVEF: 60%. No RWMA at rest.  
 Grade I diastolic dysfunction.  
 All cardiac valves are structurally normal.  
 Mild MR, No AR, No PR, Mild TR. No PAH, RVSP: 26 mm Hg.

No clots/ vegetation/ effusion.

#### **Impression**

Mild Concentric LVH.  
 Normal LV systolic function, LVEF: 60%.  
 Grade I diastolic dysfunction.  
 No PAH.

— END OF THE REPORT —



DR SAMEER DANI MD.DM

Interventional Cardiologist

Printed on : 11-Feb-2023 17:22 Printed By : 717723 Reported By : 717723 Page 1 of 1

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**DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES**

**Patient Details** : Mrs. NAIMA AMIN SAIYED | Female | 54Yr 2Mth 9Days  
**UHID** : AHCC.0000127072 **Patient Location:** AHC  
**Patient Identifier:** AHCCA4484   
**DRN** : 123019125 **Completed on :** 11-FEB-2023 10:50  
**Ref Doctor** : DR. MHC

**X-RAY CHEST PA**

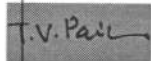
**FINDINGS :**

Both lung fields appear normal. No evidence of consolidation or collapse.  
 Bilateral hilar shadows appear normal. Trachea and major bronchi appear normal.  
 Cardiothoracic ratio is normal.  
 Both costophrenic angles are clear. Domes of diaphragm are well delineated.  
 Visualized bony thorax appear normal.

**IMPRESSION**

NORMAL STUDY.

— END OF THE REPORT —



TIRTH VINAYKUMAR PARIKH

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## DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

**Patient Details** : Mrs. NAIMA AMIN SAIYED | Female | 54Yr 2Mth 9Days  
**UHID** : AHCC.0000127072 **Patient Location:** AHC  
**Patient Identifier:** AHCCA4484   
**DRN** : 223007819 **Completed on :** 11-FEB-2023 09:38  
**Ref Doctor** : DR. MHC

### USG WHOLE ABDOMEN

#### IMPRESSION

Liver appears normal in size and shows grade I fatty echotexture. No evidence of focal pathology seen. Intra and extra hepatic biliary radicles are not dilated. Portal vein is normal in caliber. Intrahepatic portal radicles appear normal.

Gall bladder show few variable sized calculi, largest approx. 10 mm. Wall thickness appears normal. No evidence of pericholecystic collection.

Visualized pancreas appear normal in size and echotexture. No focal lesions identified.

Visualize pancreatic duct appears normal in caliber.

Spleen is normal in size 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 significant lymphadenopathy. Visualized bowel loops appear normal and shows normal peristalsis.

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

On transabdominal scan;

Uterus is postmenopausal. ET measures 4 mm.

Uterus is anteverted and appears normal in size and echotexture. No focal lesion noted.

No definite evidence of adnexal/pelvic mass is seen.

Small Umbilical hernia (defect 13 mm) noted with herniation of fat.

#### IMPRESSION :

Grade I fatty liver.

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Mrs. NAIMA AMIN SAIYED

AHCC.0000127072

AHCCA4484

**USG WHOLE ABDOMEN**

Gall bladder show few variable sized calculi without changes of cholecystitis.  
Small Umbilical hernia

— END OF THE REPORT —

*T.V. Parikh*

TIRTH VINAYKUMAR PARIKH

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AHCC.0000127072  
 MRS. NAIMA AMIN SAIYED  
 Age: 54 Year(s) Year(s)/Female  
 11 Feb 2023 8:44:12 AM



**OBSTETRICS & GYNAECOLOGY - AHC**

Name : .....	Date : .....	Unit No. : .....
Occupation : .....	Ref. Physician : .....	
Age : ..... Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Copies to : .....	

**GYNAEC CHECK UP**

**Chief Complaint:**

Nil

**Children:**

3 FTCS  
 1 PTD - 23 yrs  
 2 23 yrs  
 1 20 yrs  
 1 14 yrs

**Weight:**

**Deliveries:**

3

**BP:**

**Last Child:**

18 yrs

**Breasts:**

NAD

**Abortions:**

4

**PAP Smear:**

Taken

**Periods:**

-

**Previous Medical H/O:**

Nil

**LMP:**

-

**Menopause:**

2 yrs

**Previous Surgical H/O:**

4 3 PTCS  
 1 laparotomy

**G. Condition:**

Good

**P/A:**

soft

**S/E:**

**P/V:**

wt 2v - Ns, fx clear

**P/R:**

**Impression:**

Mammography and USG

**Doctor Signature  
 Date & Time**



# ELECTROCARDIOGRAM REPORT

AHGC:0000127072  
 MRS. NAIMA AMIN SAYED  
 Age: 54 Year(s) Year(s)/Female  
 11 Feb 2023 8:44:10 AM



Name: \_\_\_\_\_ Age/Sex: \_\_\_\_\_ Date: \_\_\_\_\_  
 Ref. By: \_\_\_\_\_ ECG No.: \_\_\_\_\_ UHID/IP: \_\_\_\_\_

Referral Diagnosis:

Atria - Rate:

Rhythm:

Axis:

PR Interval:

P Wave:

Voltage:

Q Wave:

S-T Changes:

Final Impression:

Reported By:

*NSK (un)*

Ventricular Rate:

QRS:

QTc:

	V <sub>4R</sub>	V <sub>1</sub>	V <sub>2</sub>	V <sub>5</sub>	V <sub>6</sub>
R/S					



**\*Caution:** Please get the ECG photocopied for future reference.



EYE CHECK UP

NAME Mrs Naima Saïyed

Date 11/02/23  
591F

VA 6/9D  
6/9

flo

BCVA(Distance & Near)

RE -1.25 x 90 ~ 6/6

LE -0.50 x 80 ~ 6/6

Add 2.0

Colour Vision Nesmeel

Advice:

Anterior Segment

Fundus

Advice:



Diagnosis

Checked By

Copy ID: Name: Birth date: / mmHg

years 1100 Sinus rhythm 9110 \*\* normal ECG \*\*

AHCC:0000127072  
MRS. NAIMA AMIN SAIYED  
Age: 54 Year(s) Year(s)/Female  
11 Feb 2023 8:44:09 AM



Medication:  
Symptoms:  
History:  
Vent. rate 92 bpm  
PR int 156 ms  
QRS dur 90 ms  
QT/QTc(E) int 348/ 398 ms  
P/QRS/T axis 50/ 28/ 47 °  
RV5/SV1 amp 0.57/ 0.29 mV  
RV5+SV1 amp 0.86 mV

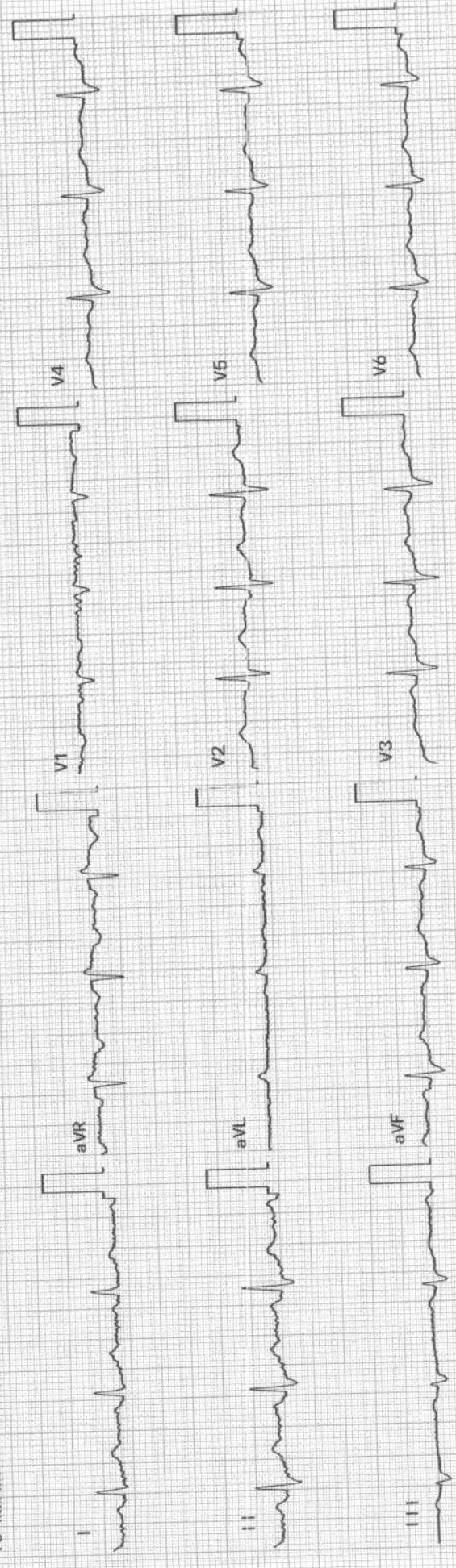
Unconfirmed Report  
Reviewed by:

10 mm/mV

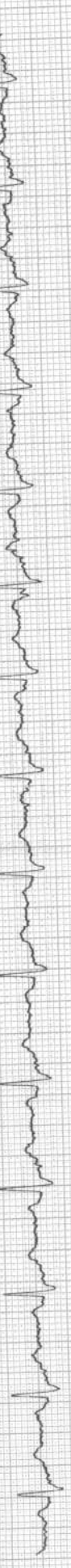
10 mm/mV

10 mm/mV 25 mm/s 35 Hz 10 mm/mV

Filter: H50 D



Rhythm [I I] 10 mm/mV





**CBCC**

# Apollo CBCC Cancer Care

Original Sector of Cancer Care  
by Joint Commission International



## DEPARTMENT OF RADIOLOGY

**PATIENT NAME** : NAIMA A SAIYED  
**AGE/SEX** : 54 YRS / FEMALE  
**REF BY** : APOLLO CBCC  
**DATE** : 11/ 02 /2023

### BILATERAL MAMMOGRAPHY

**Dedicated digital mammography with cranio caudal and medio lateral oblique view was performed.**

The mammary parenchyma appears inhomogenously dense in retroareolar and lateral aspect of breast- because of prominent fibroglandular tissue. This some what lowers the sensitivity of mammography. No clustered microcalcification seen, although the dense surrounding tissue obscured the lesion.  
 No definite evidence of architectural distortion is seen.  
 No skin thickening or nipple retraction seen on either side.

**COMMENTS:-**  
**Mammographically inhomogenously dense parenchyma- because of prominent fibroglandular tissue. No secondary mammo-graphic signs of malignancy (BIRADS I )**

#### **BIRADS Categories:**

- 0 need imaging evaluation
- I negative
- II benign finding
- III probably benign findings
- IV suspicious abnormality
- V highly suggestive of malignancy
- VI biopsy proven malignancy

The false negative of mammography is approximately 10%. Management of palpable abnormality must be based upon clinical grounds.

#### **Screening mammogram:**

- Women with no symptoms**
- Age: 35- 39: baseline study**
- Age: 40-49 : every 1-2 yrs**
- Age: 50 and above : every year**

*(Signature)*  
**DR. NISARG PATEL**  
**CONSULTANT RADIOLOGIST**

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 E-mail : info@apollochennai.com

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**DEPARTMENT OF RADIOLOGY**

**PATIENT NAME : NAIMA A SAIYED**  
**AGE/SEX : 54 YRS / FEMALE**  
**REF BY : APOLLO CBCC**  
**DATE : 11/ 02 /2023**

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**Age: 35- 39: baseline study**

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**DR. NISARG PATEL**  
**CONSULTANT RADIOLOGIST**



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DEPARTMENT OF HISTOPATHOLOGY

--

<b>Name</b>	: Mrs. NAIMA AMIN SAIYED	<b>Age</b>	: 54Yr	<b>Gender</b>	: Female
<b>UHID</b>	: AHCC.0000127072 / AHCCOPP19679	<b>W/BNo/RefNo</b>	: OP		
<b>Lab No</b>	: AHIL01.H2300308	<b>LRN</b>	: 1609089		
<b>Ref Doctor</b>	: DR. MHC				



**Collected on** : 11-FEB-2023 07:43:24 PM     **Received on** : 13-FEB-2023 09:25:03 AM     **Reported on** : 13-FEB-2023 03:42:08 PM

**CONVENTIONAL PAP SMEAR /CERVICAL SMEAR**

**Ref No:**

CY 262/23

**SPECIMEN TYPE:**

Conventional

Cervical smear

One wet fixed smear received, labeled as 'Naima AHCC 127072'.

**SPECIMEN ADEQUACY:**

Satisfactory for evaluation without endocervical cells.

**INTERPRETATION/RESULT:**

Negative for intraepithelial lesion or malignancy, with Fungal organisms morphologically consistent with Candida species.

\* END OF REPORT \*

Dr. SUCHITA K PATEL  
MD PATHOLOGY

Typed By: 1058420

Printed On : 14-FEB-2023 09:24:30 AM

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CBCC

# Apollo CBCC Cancer Care



## DEPARTMENT OF RADIOLOGY

PATIENT NAME : NAIMA A SAIYED  
 AGE/SEX : 54 YRS / FEMALE  
 REF BY : APOLLO CBCC  
 DATE : 11/ 02 /2023

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**Age: 35- 39: baseline study**

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**DR. NISARG PATEL**  
**CONSULTANT RADIOLOGIST**

(A unit of Apollo-Amrisha Oncology Services Pvt. Ltd.) CIN : U85110GJ2014PTC079950

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Phone : +91 79 66305800 / 01 or +91 79888 15148

CIN No. : U85110TN190778CO28016-1 GSTIN : 24A88A150125

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