

Name : Mrs. RAJALAKSMI S (44 /F)

Date : 27/01/2023

Address : NO:20/12, THOOTHUKUDI TOWN THOOTHUKDI, OTHER, THOOTHUKKUDI, TAMIL NADU, INDIA

Examined by: Dr .PAUL SUDHAKAR

UHID : ASM1.0000652327

Package : MEDIWHEEL WHOLE BODY HEALTH CHECK FEMALE ABOVE 40YRS

AHC No : MDUMH99961



CHIEF COMPLAINTS

Frequency of urination
Head ache
Back pain
Heavy Periods

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,
Hypertension,
Dyslipidemia, Thyroid
disorder, Heart disease,
Stroke, Asthma, COPD,
Cancer, Impaired Glycemia



DRUG ALLERGY

NO KNOWN ALLERGY :27/01/2023



SYSTEMIC REVIEW

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

Frequency - increased, nocturnal; - 3 YRS- WAKES UP 3 TIMES AT NIGHT

Gynaec history

Periods - heavy

Central nervous system

Head ache - yes; Site of pain - one sided; Triggered by - travel; Relieved by - sleep

Eyes

- Nil Significant

ENT

- Nil Significant

Musculoskeletal system

Spine and joints
Back - pain; - AGGRAVATED BY SITTING FOR LONG HOURS

Skin

- Nil Significant

General symptoms

General symptoms - tiredness



Past medical history

Covid 19 - Yes
Post detection (3 Weeks) - Yes
Hospitalization for Covid 19 - No
Oxygen support - No



Surgical history

Surgical history - Nil



Personal history

Diet - Mixed Diet
Alcohol - does not consume alcohol
Smoking - No
Chews tobacco - No
Physical activity - Moderate
- level ground walking



Family history

Diabetes - father
Coronary artery disease - father
Cancer - None

PHYSICAL EXAMINATION**General**

General appearance	- normal
Build	- moderate
Height	- 154
Weight	- 71.3
BMI	- 30.06
Pallor	- No
Oedema	- no

**Cardiovascular system**

Heart rate (Per minute)	- 80
Rhythm	- Regular
	- B.P. Sitting
Systolic(mm of Hg)	- 100
Diastolic(mm of Hg)	- 70
Heart sounds	- S1S2+

Respiratory system

Breath sounds	- Normal vesicular breath sounds
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**Abdomen**

Organomegaly	- No
Tenderness	- No

Gynaec findings

Gynaec checkup done by	- Dr.SHREEDEVI
Gynaec findings	- Heavy painful periods for the past more since 4 years affecting her daily activities. She has to take leave during menses.
Marital status	- married
No of Children	- 2
Deliveries	- normal, not sterilised
Abortion	- 1
Periods	- regular
L M P	- 3 4/30 days cycle, LMP 3 days
Breast examination	- soft
P/A	- soft
P/S	- cervix first degree descent

P/V

Pap smear

Advice :

- uterus retroverted, bulky,
- Taken
- Review with reports Lap hysterectomy after pre op work up. T. Livogen Z 1 0 1 for 15 days. She wants to discuss and come back

Dental consultation

Dental findings

- Adv RCT 17
Gingival recession in relation to lower anteriors
Adv Crown placement

Printed By : Makarasi T S

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HEMOGRAM

Test Name	Result	Unit	Level	Range
Hemoglobin	9.1 *	gm%	●	11.5-16.5
Packed cell volume(Calculated)	29 *	%	●	37-47
WBC Count	7.4	10 ³ /m ³	●	4-11
Platelet Count	387	10 ³ /m ³	●	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR)	53 *	mm/1st hr	●	0-20
RBC Count	3.87	Million/ul	●	3.7-5.6
MCV	75	fl	●	75-95
MCH(Calculated)	24 *	pg	●	26-32
MCHC(Calculated)	31	g/dl	●	31-36
Reticulocytes	1.1	%		
Neutrophils	65	%	●	40-80
Lymphocytes	28	%	●	20-40
Eosinophils	02	%	●	01-06
Monocytes	05	%	●	2-10
RBC:	NORMOCHROMIC NORMOCYTIC RBCS WITH ANISOPOIKILOCYTOSIS.			
WBC:	WITHIN NORMAL LIMITS.			
Platelets:	ADEQUATE.			
Impression	NORMOCHROMIC NORMOCYTIC ANEMIA.			
Note	KINDLY CORRELATE CLINICALLY.			

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
Specific Gravity	1.015		●	1.001 - 1.035
Colour:	Straw Yellow			Straw Yellow
Transparency:	Slightly Turbid			Clear
pH	6		●	4.6-8.00
Protein :	Trace			NIL
Sugar :-	Nil			NIL
Ketone	Negative			NEGATIVE
Bile Pigments :-	Negative			NEGATIVE

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

Bile Salts :-	Absent		ABSENT
Urobilinogen	Normal	E.U./dL	Normal
RBC	4-6	/hpf	0-2
Pus Cells	6-8	/hpf	Male : 2 - 3 Female : 2 - 5
Epithelial Cells	2-4	/hpf	3 - 5

ALT(SGPT) - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
ALT(SGPT)	12	U/L	●	Adult Female : <34

ALBUMIN - SERUM

Test Name	Result	Unit	Level	Range
Albumin - Serum	4.3	g/dL	●	Adult(20 - 60 Yr): 3.5 - 5.2
Globulin - Serum: (Calculated)	3.9 *	g/dL	●	Adult (2.0 - 3.5)

ALKALINE PHOSPHATASE - SERUM/PLASMA

Test Name	Result	Unit	Level	Range
Alkaline Phosphatase - Serum	70	U/L	●	Adult(Female): < 104

AST (SGOT) - SERUM

Test Name	Result	Unit	Level	Range
AST (SGOT)	20	U/L	●	Adult Female: <31

BILIRUBIN, TOTAL - SERUM

Test Name	Result	Unit	Level	Range
Bilirubin, Total - Serum	0.3	mg/dL	●	NORMAL : 0.2 TO 1.1

CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Total Cholesterol	194	mg/dL	●	Adult Desirable: <200 Borderline High: 200 - 239 High: >=240

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
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Creatinine - Serum	0.6	mg/dL	●	Female: 0.6 - 1.1	LDL Cholesterol (Direct LDL)	125	mg/dL	●	Optimal: <100 Near/above optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: >=190
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GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

Test Name	Result	Unit	Level	Range
GGTP: Gamma Glutamyl Transpeptidase	10	U/L	●	Female: < 38

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Serum / Plasma (Fasting)	90	mg/dL	●	60-99

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Serum / Plasma (Post Prandial)	85	mg/dL	●	< 140 Increase risk of diabetes(Impaired Glucose tolerance):140-199; Diabetic>=200

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	5.3	%	●	Normal < 5.7% Increased risk for Diabetes 5.7 - 6.4% Diabetes >= 6.5%

HDL CHOLESTEROL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
HDL Cholesterol	46	mg/dL	●	Low: <40 High: >=60

LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)

Test Name	Result	Unit	Level	Range
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PROTEIN TOTAL - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Protein Total - Serum	8.2 *	g/dL	●	>2 Year: 6.0 - 8.0

TRIGLYCERIDES - SERUM

Test Name	Result	Unit	Level	Range
Total Cholesterol / HDL Cholesterol Ratio (Calculated)	4.2		●	< 4.5

UREA - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
Urea	13	mg/dL	●	Adult: 13 - 43

URIC ACID - SERUM

Test Name	Result	Unit	Level	Range
Uric Acid - Serum	3.7	mg/dL	●	Adult Female: 2.6 - 6.0

VLDL CHOLESTEROL - SERUM

Test Name	Result	Unit	Level	Range
VLDL CHOLESTEROL - SERUM	14		●	Desirable:<30
Triglycerides - Serum	71	mg/dL	●	Normal: <150 High: 150 - 199 Hypertriglyceridemic: 200 - 499 Very High: >=500

BILIRUBIN CONJUGATED (DIRECT) - SERUM

Test Name	Result	Unit	Level	Range
Bilirubin Conjugated - Serum	0.1	mg/dL	●	0.0-0.2
Bilirubin Unconjugated - Serum (Calculated)	0.2	mg/dL	●	0.0-1.0

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BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	6.1	mg/dL	●	Adult : 6 - 20

Liver shows increased echopattern with no evidence of focal pathology.
The intra or extra hepatic biliary radicles are not dilated.

Gall bladder is mildly distended.

TOTAL T3: TRI IODOTHYRONINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	102	ng/dL	●	60-180

Pancreas and spleen appear normal.

No evidence of ascites.

Right kidney measures 10.7 x 4.5 cm.

TOTAL T4: THYROXINE - SERUM

Test Name	Result	Unit	Level	Range
TOTAL T4: THYROXINE - SERUM	8.6	µg/dL	●	3.5 - 12.5

Left kidney measures 10.4 x 5.0 cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

TSH: THYROID STIMULATING HORMONE - SERUM

Test Name	Result	Unit	Level	Range
TSH: Thyroid Stimulating Hormone	2.54	µIU/mL	●	0.35 - 5.50

Bladder is partially distended.

Uterus is enlarged, measures 12.1 x 8.5 cms and shows multiple hypoechoic lesions and irregular contour, largest measures 4.0 x 3.6 cm. Endometrial thickness measures 3.6 mm.

PAP SMEAR /CERVICAL SMEAR

Ref No:
G 142/2023.
SPECIMEN TYPE:
Cervical smear
SPECIMEN ADEQUACY:
Satisfactory for evaluation
INTERPRETATION/RESULT:
Negative for intraepithelial lesion or malignancy.
*

Both ovaries are appear normal.

IMPRESSION:

CLINICAL INDICATION: MASTER HEALTH CHECK UP.

ULTRASOUND SCREENING WHOLE ABDOMEN
STUDY DONE ON 27.01.2023 SHOWS,

- GRADE I FATTY LIVER.
- ENLARGED UTERUS WITH MULTIPLE FIBROIDS.

- Reactive cellular changes associated with mild inflammation. Fungal organisms morphologically consistent with candida are seen.
COMMENTS AND SUGGESTIONS:
SUGGESTED TO REPEAT AFTER A COURSE OF TREATMENT.

Seen in Consultation With:
DR.K. USHA RANI, MD.,
SR. CONSULTANT PATHOLOGIST.

REPORTED BY,

DR. A. PANDIAN, MBBS., DMRD.,

CONSULTANT RADIOLOGIST.

X-RAY CHEST PA

NO SIGNIFICANT ABNORMALITY IS DETECTED.

2D-ECHO WITH COLOUR DOPPLER

ULTRASOUND SCREENING WHOLE ABDOMEN

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NORMAL CHAMBERS DIMENSIONS.
STRUCTURALLY NORMAL VALVES.
NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL LV DIASTOLIC FUNCTION.
NO PERICARDIAL EFFUSION/ CLOT.
LVEF:68%

CARDIOLOGY

ECG

MAMOGRAPHY

CRANIO CAUDAL AND OBLIQUE MEDIOLATERAL
VIEWS OF BOTH BREASTS WERE STUDIED.

Both breasts show normal architecture of glandular
tissue interspersed with adipose tissue and fibrous
strands

The skin does not show focal or diffuse thickening or
retraction.

The nipples are not retracted.

The retromammary spaces are clear on both sides.

Subcutaneous tissues over both breasts appear normal.

No evidence of axillary lymphadenopathy.

USG screening reveals no significant abnormality.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED IN
BOTH BREASTS.

Suggested clinical correlation.

REPORTED BY,

DR. A. PANDIAN, MBBS., DMRD.,

CONSULTANT RADIOLOGIST.

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

Haematology

STOOL ROUTINE

 Within Normal Range  Borderline High/Low  Out of Range


Executive Summary

 Physical Examination and routine Investigation in AHC Package reveals the following :


- Fibroid Uterus
- Fatty liver
- Anemia

Wellness Prescription

Advice On Diet :-

 - Healthy Diet

Advice On Physical Activity :-

 - Regular walking

Recommended Follow-up Consultations

Speciality Name	Doctor Name	Schedule WithIn	Remarks
OBSTETRICS AND GYNAECOLOGY		1 Week(s)	

Printed By : Sasikala T

Dr.PAUL SUDHAKAR
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.