





Ms. MEENA KUMARI (50 /F)

UHID

AHIL.0000820019

AHC No

AHILAH177531

Date

26/11/2022

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

Dear Ms. MEENA KUMARI

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 Hearth 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







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

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







Name : Ms. MEENA KUMARI (50 /F)

Date

: 26/11/2022

Address :

Examined by : Dr. SHASHIKANT NIGAM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

UHID

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Chief Complaints

For Annual health checkup **WEAKNESS** WEIGHT GAIN H/O MIGRAINE

Present Known illness

Thyroid disease : - hyperthyroidism; Since - 2 YR; Medication - regular; - TAB NEOMERCAZOLE 5

Others: - TAB SIBELIUM 5



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

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Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant

General symptoms

- Nil Significant

Past medical history

Do you have any

- No

allergies?

Do you have any drug - No

allergies?

Surgical history

Surgical history

- Nil



Personal history

Ethnicity

- Indian Asian

Marital status

- Married

No. of children

- 2

Female

2

Diet

Vegetarian

Alcohol

does not consume alcohol

Smoking

Chews tobacco

- No

Physical activity

- Moderate



Family history

Father

- alive

Aged

75

Mother

alive

Aged

- 65

Brothers

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Apollo Hospitals - City Centre (NON 1802H-JCI)

1, Tulsibaug Society, Nr. Parimal Garden, Ahmedabad.
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E-mall: infoahco@apolloshd.com
For online appointment: www.askapollo.com
Keep the records carefully and bring them along during your next visit to our Hospital





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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

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Sisters

Hypertension

father,mother,brother

Coronary artery

- none

disease

Cancer CVA

None - father

Physical Examination



General

General appearance

- normal

Build

- normal

Height

- 158

Weight

- 63.7

BMI

Pallor

- 25.52 - No

Oedema

- no

Cardiovascular system

Heart rate (Per minute)

- 80

Rhythm

- Regular

- B.P. Supine

Systolic(mm of Hg)

- 120

Diastolic(mm of Hg)

- 80

Heart sounds

- S1S2+

Respiratory system

Breath sounds

- Normal vesicular breath sounds

Abdomen Abdomen

Organomegaly

- No

Tenderness

- No

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MUKTA S ADALTI

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UHID : AHIL.0000820019 MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

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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 | 25 | mL | | |
| Specific Gravity | 1.005 | | | |
| Colour: | Pale-Yellow | | | |
| Transparency: | Clear | | | |
| На | 5.5 | | | |
| Protein : | Nil | | | |
| Sugar: | Nil | | | |
| Blood: | Trace | | | |
| Ketone | Absent | | | |
| Bile Pigments: | Absent | | | |
| Urobilinogen | Nil | E.U./dL | | |
| Nitrite | Negative | | | |
| Pus Cells | 1-2 /h.p.f | | | T 123 |
| RBC | 2-4 /h.p.f | /hpf | | 0-5 |
| Epithelial Cells | Occassional | | | 0-5/hpf |
| Casts: | Absent | | | |
| Crystals: | Absent | | | |
| | | | | |

COMPLETE BLOOD COUNT WITH ESR

| Test Name | Result | Unit | Level | Range |
|--------------------------------------|------------|------------|-------|------------|
| Hemoglobin (Photometric Measurement) | 11.4 * | gm% | | 12-16 |
| Packed cell volume(Calculated) | 36.9 | % | • | 36-46 |
| RBC COUNT (Impedance) | 5.9 * | Million/ul | | 3.8-5.2 |
| MCV (From RBC Histogram) | 62.6 * | fi | • | 80-100 |
| MCH(Calculated) | 19.29 * | pg | | 27-32 |
| MCHC(Calculated) | 30.8 * | % | | 31-36 |
| RDW(Calculated) | 15.4 * | % | • | 11.5-14.5 |
| WBC Count (Impedance) | 5031 | /cu mm | • | 4000-11000 |
| Within Normal Range | Borderline | High/Low | Out o | of Range |

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Out of Range







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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

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| | · - imiter | | | AHC No : AHILAH177531 |
|---|----------------|---------------|------------|-----------------------|
| Neutrophils | 64 | % | | |
| Lymphocytes | 28 | % | | 40-75 |
| Monocytes | 6 | % | | 20-40 |
| Eosinophils | 2 | | • | 2-10 |
| Basophils | | % | • | 01-06 |
| Platelet Count (Impedance) | 0 | % | | 0-1 |
| MPV (Calculated) | 261600 | /cu mm | | 150000-450000 |
| RBC: | 9.2 | fl | | 7-11 |
| | Erythrocytosis | noted~Hypoch | romic Mic | rocytic RBCs~Anemia |
| RBC:: | Anisocytosis (| | | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic- electronic) | 02 | mm/1st hr | • | 0-20 |
| SUGGEST: | Hb electrophor | esis ~S Imm D | rofla ia ' | att. Te. 19 |
| URINE GLUCOSE(FASTING) | | casa. Iron P | rone is in | dicated. |
| T6 N | | | | |

Test Name Result Unit Level Range

Urine Glucose (Post Prandial)

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: B 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, gauge the extent of known liver damage, and follow the response to treatment.

| = | ow trie response | to treatment. | | ,, |
|--|------------------|---------------|-------|-------------------------|
| Test Name | Result | Unit | Level | Range |
| ALT(SGPT) - SERUM / PLASMA | 22 | U/L | • | 0-35 |
| ALKALINE PHOSPHATASE - SERUM/PLASMA | 131 * | U/L | • | Adult(Female): 35 - 104 |
| AST (SGOT) - SERUM | 24 | U/L | | >1 year Female : <32 |
| Within Normal Range | Borderline | High/Low | Out o | of Range |
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| Total Bilirubin | 0.382 | | | 2.4 |
|---------------------|-------|-------|---|--|
| Direct Bilirubin | 0.302 | mg/dL | | 0.300-1.200 |
| | 0.141 | mg/dL | | Upto 0.3 mg/dl |
| Indirect Bilirubin | 0.241 | 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 |
| | | 3 | | 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 |
| CDEATININE CERTIFIC | | | | ≥20 Years 0.2-1.2 mg/dL |

CREATININE - SERUM / PLASMA

| Test Name | Result | Unit | Level | Range | |
|-----------------------------|--------|----------------------|-------|-------------------------|--|
| CREATININE - SERUM / PLASMA | 0.52 | mg/dL | | Adult Carrel of C | |
| LFT (LIVER FUNCTION TEST) | | 5 5 .7655 | | Adult Female: 0.5 - 1.2 | |

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, gauge the extent of known liver damage, and follow the response to treatment.

| Test Name | Result | Unit | Level | Range |
|---|-------------|-----------|-------|---|
| GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM | 25 | U/L | • | Male: 10 - 71 |
| GLUCOSE - SERUM / PLASMA (FA | STING) | | | Female : 6 - 42 |
| Test Name | Result | Unit | Level | Range |
| Glucose - Plasma (Fasting) | 89 | mg/dL | • | 70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance |
| GLUCOSE - SERUM / PLASMA (PO | ST PRANDIAI | _) - PPRS | | >= 126 : Diabetes Mellitus |
| Test Name | Result | Unit | Level | Range |
| Glucose - Plasma (Post Prandial) GLYCOSYI ATED HEMOCL COMMAN | 98 | mg/dL | • | 70-140 |
| GLYCOSYLATED HEMOGLOBIN (HE | BA1C) - WHO | E BLOOD | | |
| Test Name | Result | Unit | Level | Range |
| | | | | |

Within Normal Range

Borderline High/Low

Out of Range

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: 26/11/2022 Date

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Glycosylated Hemoglobin (HbA1c)

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

Estimated Average Glucose.

91.06

4.8

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, gauge the extent of known liver damage, and follow the response to treatment. Test Name

| Test Name | Result | Unit | Level | Range |
|---|------------|----------|--------|---|
| PROTEIN TOTAL - SERUM / PLASMA | 7.4 | g/dL | | 6.00-8.00 |
| PROTEIN TOTAL - SERUM / PLASMA | 7.4 | g/dL | • | |
| ALBUMIN - SERUM | 4.48 | g/dL | | 6.00-8.00 |
| ALBUMIN - SERUM | 4.48 | g/dL | | Adult(18 - 60 Yr): 3.5 - 5.2 |
| Globulin-Serum/Plasma | 2.92 | | • | Adult(18 - 60 Yr): 3.5 - 5.2 |
| Globulin-Serum/Plasma | 2.92 | | • | 2.20-4.20 |
| A/G ratio | 1.53 | | | 2.20-4.20 |
| A/G ratio | 1.53 | | | 1.00-2.00 |
| THYROID PROFILE (T3,T4 AND TS | H) | | | 1.00-2.00 |
| Test Name | Result | Unit | Level | Range |
| TOTAL T3: TRI IODOTHYRONINE - SERUM | 1.8 | 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 | 103 | 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 | 5.00 * | μIU/mL | | 14-120 years : 0.27 - 4.20 |
| Within Normal Range | Borderline | High/Low | Out of | Range |









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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 | 4.7 | mg/dL | | Male : 3.4-7.0 |
| BUN (BLOOD UREA NITROGEN) | | | | Female : 2.4-5.7 |
| Test Name | Result | Unit | Level | Range |
| BUN (BLOOD UREA NITROGEN) | 11 | mg/dL | • | 6-20 |
| UREA - SERUM / PLASMA <u>LIPID PROFILE - SERUM</u> | 23 | mg/dL | • | 15 - 50 |
| | | | | |
| Test Name | Result | Unit | Level | Range |
| Total Cholesterol | 234 * | mg/dl | • | 0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High |
| Triglycerides - Serum | 100 | mg/dL | | > 280 : Very High |
| HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric) LDL Cholesterol (Direct LDL) | 71 | mg/dL | | 0-150 < 40 : Major risk factor for heart disease 40 - 59 : The higher The better, >=60 : Considered protective against heart disease |
| - | 101 | mg/dL | | 100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High |
| VLDL CHOLESTEROL | 20 | | | >=190 : Very High |
| C/H RATIO | 3 | | - | < 40 mg/dl 0-4.5 |
| X-RAY CHEST PA | | | | ٠,٠ |

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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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

AHC No: AHILAH177531

ECHO/TMT

Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

CARDIOLOGY

ECG

Within Normal Range

Borderline High/Low

Out of Range

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UHID : AHIL.0000820019

Date : 26/11/2022

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

AHC No: AHILAH177531

Executive Summary



.BODY WEIGHT 63.7 KG,DEAL BODY WEIGHT 47-57 KG

.H/O THYROID

.DYSLIPIDEMIA

.ECG - NORMAL SINUS RHYTHM ► 35 1

.ECHO - NORMAL

.USG ABDOMEN - BULKY UTERUS

.CHEST X-RAY - NORMAL

.MAMMOGRAPHY - BIRADS-III

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 47-57 KG

Other Lifestyle Changes & Recommendations :-

REGULARLY MONITORING OF BLOOD PRESSURE

Follow-up and Review Plan



CHECK LIPID PROFILE EVERY 6 MONTHS CHECK T3,T4,TSH REGULARLY EVERY 6 MONTHS

Corsee Brand Lugs

Printed By : MUKTA S ADALTI

Scan the QR code

in AskApollo App to book your follow-up appointments and investigations

Dr.SHASHIKANT NIGHMAM

AHC Physician Nighman Apollo Hospitals International Ltd., Gandhinagar,

Apollo Hospitals International Ltd., Gandhinagar,

Bojatri. 382428, INDIA. Regd. No.: G-21961

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E-mail: infrahcc@apolloahd.com
For online appointment: www.askapollo.com
Keep the records carefully and bring them along during your next visit to our Hospital





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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

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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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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details:

Ms. MEENA KUMARI | Female | 50Yr 11Mth 15Days

UHID

AHIL.0000820019

Patient Location:

AHC

Patient Identifier:

AHILAH177531

DRN

122135429

Completed on:

26-NOV-2022 11:15

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 ---

Maly

DR. VAIBHAVI PATEL

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28-Nov-2022 8:54

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Page 1 of 1











RADIOLOGY

Patient Details:

Ms. MEENA KUMARI | Female | 50Yr 11Mth 15Days

UHID

AHIL.0000820019

Patient Location:

AHC

Patient Identifier:

AHILAH177531

AHC

DRN

1322017496

Completed on:

26-NOV-2022 14:32

Ref Doctor

DR. SHASHIKANT NIGAM

MAMMOGRAPHY BOTH BREAST

FINDINGS:

Breast composition:-

Heterogenously dense parenchyma obscuring optimum mammography evaluation.

Both breasts show normal architecture of parenchyma, with glandular and fibrofatty elements.

No evidence of obvious focal lesion seen.

No evidence of any pleomorphic microcalcification.

No evidence of skin thickening or nipple retraction seen.

Retromammary area is normal.

Axillary tail region appear normal.

Nodes with preserved hilum noted in both axillary region.

On USG:

Well defined anechoic cystic lesion of size 10 x 5 mm is seen in periareolar region at 12 o'clock position of right breast. No evidence of any internal echoes / septa / abnormal vascularity.

Small well defined cystic lesion with few internal echoes is seen at 12 o'clock position of right breast, measuring 3 x 2 mm. No evidence of any abnormal intralesional vascularity noted.

IMPRESSION:

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Ms. MEENA KUMARI

AHIL.0000820019

AHILAH177531

MAMMOGRAPHY BOTH BREAST

Simple cyst in periareolar region at 12 o'clock position of right breast.

Small well defined cystic lesion with few internal echoes at 12 o'clock position of right breast. Findings suggest complex cyst.

(BIRADS-III)

Advice follow up after 6 months - 1 year

END OF THE REPORT ---

Dr. SHIVANI GOYAL

Consultant Radiologist

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Radiology

Patient Details

Ms. MEENA KUMARI | Female | 50Yr 11Mth 15Days

UHID

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Patient Location:

AHC

Patient Identifier:

AHILAH177531

DRN

222061085

Completed on:

26-NOV-2022 11:49

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 9.2 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 9.5 x 6.9 x 4.7 cm. Endometrial thickness is 5 mm.

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

No free fluid is seen in Pouch Of Douglas.

No definite evidence of adnexal/pelvic mass is seen.

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Ms. MEENA KUMARI

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USG WHOLE ABDOMEN

Bulky uterus.

--- END OF THE REPORT ---

A. A PATEL.

Dr. ALPESH A PATEL

DNB Resident

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CARDIOLOGY

Patient Details:

Ms. MEENA KUMARI | Female | 50Yr 11Mth 15Days

UHID

AHIL.0000820019

Patient Location:

Patient Identifier:

AHILAH177531

DRN

5622089038

Completed on:

26-NOV-2022 15:28

Ref Doctor

DR. SHASHIKANT NIGAM

ECHO/TMT

FINDINGS:

Normal cardiac chamber dimensions.

Normal LV systolic function, LVEF: 60%

No Regional wall motion abnormalities at rest.

Reduced LV compliance.

All cardiac valves are structurally normal.

IAS/ IVS intact.

No MR, No AR, No PR, No TR.

No PAH.

No clots/ vegetation/ effusion.

MEASUREMENTS (mm) ::

| | LVID diastole |
|-------------------|---------------|
| Measurements (mm) | 20 |

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Ms. MEENA KUMARI

AHIL.0000820019

AHILAH177531

ECHO/TMT

IMPRESSION

--- END OF THE REPORT ---

DR SUBIR GHOSH MD.DM

Interventional Cardiologist

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AHIL.0000820019

67

Rate

133 87 362 382

PR QRSD QT QTC --AXIS--P QRS 4 T -4

MS. MEENA KUMARI 50 Year(s) / Female

| candard Fracement | | | ಗ್ರ ತ ಣ |
|---|--------|------|----------------|
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | a VR | TA | |
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If label not available, write Pt, Name, IP No/UHID, Age, Sex, Date, Name of Treating Physician

| TOUCHING LIVES | Age, Sex, Date, Name of Treating Physician |
|---|---|
| OBSTETRICS & GYNAECOL | OGY - AHC |
| AHIL.0000820019 Name: Ms. MEENA KUMARI Occupatior 50 Year(s) / Female | Date: Ablulton Unit No.: Ref. Physician: Dr. Witty Nahar Copies to: |
| | CHECK UP |
| Chief Complaint: | |
| None. | |
| Children: 2, 2 | Weight: |
| Deliveries: FTND | BP: |
| Last Child: Fch 22years FTND | |
| Abortions: I Spontaneous: I MTP | Breasts: Normal. |
| Periods: Jonegular | PAP Smear: Not taken. |
| LMP: 21/11/2022 | Previous Medical H/O: |
| Menopause: Perimenopousal, | Previous Medical H/O: Hyperthyroid (Neumicraro Song) |
| G. Condition: PX | PHO: Hors. HTN |
| P/A: Soft | Provious Surgical IIIO |

Doctor Signature
Date & Time

S/E:

P/V:

P/R:

Impression: