: Mr. RAJENDRA KUMAR SARKAR (58 /M) **Name** Date : 31/01/2024

: 2/13 WEST RABINDRANAGAR, PO-RABINDRA, PS-DUM DUM, KOLKATA, **Address**

KOLKATA, WEST BENGAL, INDIA

UHID : AGHL.0001587684 **Examined by:**

Package : MEDIWHEEL - FULL BODY ANNUAL PLUS WITH TMT MALE HCK AHC No: AMHLAH193832



For corporate health checkup Joint stiffness, Lower limb pain

PRESENT KNOWN ILLNESS

- Diabetes mellitus, No history of

Hypertension,

Dyslipidemia, Thyroid

disorder

- Ankylosing spondylosis Others



NO KNOWN ALLERGY :31/01/2024



Cardiovascular system

- Nil Significant

Respiratory system

Cough - intermittent

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Central nervous system

- Nil Significant

Eyes

- Nil Significant

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

Spondylitis - cervical, lumbar

Skin

- Nil Significant



Present medications

Alternative medicines taken - ayurvedha



Past medical history

- nil significant Past medical history



Surgical history

Open reduction and - left leg

internal fixation



Marital status - Married

Diet - Non Vegetarian

Alcohol does not consume alcohol

Smoking - No Chews tobacco - No Physical activity - Mild



Family history

Father - alive

Mother has expired

Coronary artery - none

disease

Cancer - None **Asthma** - father

PHYSICAL EXAMINATION



General

Height - 162 - 69 Weight - 26.29 BMI Pallor - No Oedema - no



Cardiovascular system

Heart rate (Per minute) - 64 Rhythm - Regular

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Systolic(mm of Hg) - 118 Diastolic(mm of Hg) - 72

- B.P. Sitting

Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath

sounds



Organomegaly - No Tenderness - No

Opthalmology consultation

Opthalmology findings - PGVA:RE:6/9P LE:PL+

BCVA:RE:N6 LE:N6

OCULAR MOVEMENT:WNL ANT.SEG:PSEUDO(BE) ADVICE:*To continue present glass Rx *Detail dilated Funduscopy*Review

after 1yr/SOS

Printed By: Jhuma Bagchi

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| COMPLETE HAEMO | OGRAM PI | ROFIL | E | | Epithelial Cells | Occasio | ona / hpf | | |
|--|----------|-----------------|--------|-------------|----------------------------------|----------------------|------------------|--------|---------|
| Test Name | Result | | Level | _ | Casts: | Not Fou | ınd | | |
| Hemoglobin | 13.9 | g/dl | • | 13.0-17.0 | Crystals: | Not Fou | ınd | | |
| RBC COUNT | 4.89 | Millio ul | n/ 🔵 | 4.5-5.5 | | | . | | |
| Hematocrit - Hct: | 41.7 | % | | 41-53 | URINE SUGAR - POS (QUALITATIVE) | TPRAN | DIAL | | |
| MCV | 85.4 | fl | | 83-101 | Test Name | Result | Unit | Level | Range |
| MCH | 28.4 | pg | • | 27-32 URINE | | Nil | | | |
| MCHC | 33.2 | % | | 31.5-34.5 | GLUCOSE(POST PRANDIAL) | | | | |
| RDW | 13.9 | % | | 11.8-14.0 | , | | | | |
| WBC Count | 7800 | /cu m | ım • | 4000-10000 | URINE SUGAR- FAST | • | | • | _ |
| Platelet Count | 1.83 | lacs/o | cu • | 1.5-4.0 | Test Name URINE GLUCOSE(FASTING) | Result Nil | Unit | Level | Range |
| Neutrophils | 58 | % | | 40-80 | GEOCOGE(I AGTING) | | | | |
| Lymphocytes | 33 | % | | 20-40 | BLOOD GROUPING A | ND TYF | PING (A | ABO A | ND RH |
| Monocytes | 06 | % | • | 2-10 | Test Name | | Unit | Level | Range |
| Eosinophils | 03 | % | | 01-06 | ABO Group: | AB | | | |
| Basophils | 00 | % | | 0-0 | Rh (D) Type: | POSITI | VE | | |
| RBC: | Normod | ytic No | mochro | mic cells | LIVER FUNCTION TE | ST (PAC | KAGE |) | |
| Platelets: | Adequa | te. | | | Test Name | Result | Unit | Level | Range |
| | | | | | ALT(SGPT) - SERUM | 19 | U/L | | 0-50 |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 14 | mm/1 hr | st | 0-15 | ALBUMIN - SERUM | 3.9 | g/dL | • | 3.5-5.1 |
| JRINE ROUTINE AN | ND MICRO | SCOP | Υ | | ALKALINE | 87 | U/L | | 43-115 |
| Test Name | Result | Unit | Level | Range | PHOSPHATASE - SERUM | | | | |
| Volume: | 40 | mL | | | | | | | |
| Colour: | Pale Str | aw | | | AST (SGOT) - SERUM | 19 | U/L | | 0-50 |
| Appearance | Clear | | | | BILIRUBIN TOTAL - | 0.9 | mg/d | | 0.3-1.2 |
| Specific Gravity | 1.010 | | | | SERUM | 0.9 | mg/u | | 0.3-1.2 |
| pH: | 7.5 | | | | LIDID DDOEILE TEST | /DACK | \ C \ \ | | |
| Albumin: | Not Det | ected | | | LIPID PROFILE TEST Test Name | Result | • | l aval | Range |
| Glucose | Not Det | Not Detected | | | CHOLESTEROL - | 155 | mg/d | | 0-200 |
| Ketone: | Not Det | Not Detected | | | SERUM | 100 | | | |
| Bile Pigments | Not Det | ected | | | CREATININE - SERUM | Л | | | |
| RBC | Nil | /hpf | | | Test Name | Result | Unit | Level | Range |
| Pus Cells | Occasio | na l hpf | | | CREATININE - SERUM | 0.8 * | mg/d | _ | 0.9-1.3 |

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| LIVER FUNCTION TE | ST (PAC | KAGE | Ξ) | | TOTAL T3: TRI | 1.31 | ng/m | • | 0.87-1.78 | | |
|--|-----------|---------------------------|-------|---------------------------|--|--------|--------|--------|------------|--|--|
| Test Name | Result | Unit | Level | Range | IODOTHYRONINE - SERUM | | | | | | |
| GGTP: GAMMA GLUTAMYL | 15 | U/L | • | 0-55 | TOTAL T4: | 8.58 | ua/dl | • | 5.48-14.28 | | |
| TRANSPEPTIDASE - SERUM | | | | | THYROXINE - SERUM | 0.50 | ду, ч. | | 0.40-14.20 | | |
| GLUCOSE - PLASMA | (FASTII | NG) | | | LIPID PROFILE TEST | (PACKA | AGE) | | | | |
| Test Name | Result | • | Level | Range | Test Name | Result | Unit | Level | Range | | |
| GLUCOSE - PLASMA (FASTING) | 93 | mg/d | L • | 70-99 | TRIGLYCERIDES - SERUM | 68 | mg/d | L | 0-150 | | |
| HBA1C (GLYCOSYLA | TED | | | | THYROID PROFILE - I | (T3,T4 | AND T | SH) | | | |
| HAEMOGLOBIN)-WHOLE BLOOD | | | | Test Name | Result | Unit | Level | Range | | | |
| Test Name | Result | | Level | Range | TSH: THYROID | 1.43 | μIU/n | nL 🗨 | 0.38-5.33 | | |
| HBA1C (GLYCOSYLATED | 5.6 | % | • | Nondiadetic: 4 - 5.6 % | STIMULATING HORMONE - SERUM | | | | | | |
| HAEMOGLOBIN)-WHO LE BLOOD | | | | Prediabetics : 5.7 - 6.4% | URIC ACID - SERUM | | | | | | |
| LE BLOOD | | | | Diabetes : | Test Name | Result | Unit | Level | Range | | |
| | | | | >/= 6.5% | URIC ACID - SERUM | 6.0 | mg/d | | 2.6-7.2 | | |
| | | | | ADA | G. (1.67.16.12 GZ. (G.)) | 0.0 | 3 | | | | |
| | | | | Theraputic goal : <7% | LIVER FUNCTION TEST (PACKAGE) | | | | | | |
| | | | | | Test Name | Result | Unit | Level | Range | | |
| LIPID PROFILE TEST | (PACK | AGE) | | | BILIRUBIN | 0.2 | mg/d | L | 0.0-0.2 | | |
| Test Name | Result | Unit | Level | Range | CONJUGATED (DIRECT) - SERUM | | | | | | |
| HDL CHOLESTEROL - | 42 | mg/d | L | 30-70 | (DIRECT) - SEROW | | | | | | |
| SERUM | | | | | PROSTATIC SPECIFIC | ANTIG | EN (P | SA TO | TAL) - | | |
| LDL CHOLECTEROL | 100 | mg/dL | | Ontine al. 4400 | SERUM | | | | | | |
| LDL CHOLESTEROL -SERUM | 100 | nig/u | _ | Optimal: <100 | Test Name | Result | Unit | Level | Range | | |
| VLDL CHOLESTEROL - SERUM (Calculated) | 13 | mg/d | L | 0-35 | PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) - SERUM | 1.02 | ng/m | L | 0.00-6.50 | | |
| , | | | | | - SLITOW | | | | | | |
| LIVER FUNCTION TE | | BUN (BLOOD UREA NITROGEN) | | | | | | | | | |
| Test Name | Result | Unit | Level | Range | Test Name | Result | Unit | Level | Range | | |
| PROTEIN TOTAL - SERUM | 6.8 | g/dL | • | 6.4-8.3 | BUN (BLOOD UREA NITROGEN) | 9.0 | mg/d | L | 7.0-18.0 | | |
| GLOBULIN: (CALCULATED) - SERUM | 2.9 | g/dL | • | 1.8-3.6 | LIVER FUNCTION TEST (PACKAGE) | | | | | | |
| | | | | | Test Name | Result | Unit | Level | Range | | |
| THYROID PROFILE - | I(T3,T4 / | AND T | SH) | | A/G - RATIO | 1.3 | | • | 1.0-2.0 | | |
| Test Name | Result | Unit | Level | Range | BUN/CREATININE RA | TIO | | | | | |
| | | | | | Took Name | Decult | 11 | Lavial | Dana. | | |

Test Name

Borderline High/Low

Result Unit Level Range

Out of Range

Within Normal Range

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BUN/CREATININE

10.7

ECG

RATIO

SINUS RHYTHM. BORDERLINE HIGH PF INTERVAL.

TREADMILL TEST / STRESS TEST

STRESS TEST IS NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHAEMIA.

ULTRASOUND SCREENING WHOLE ABDOMEN

- * Grade I fatty liver.
- * Prostatomegaly.

[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.

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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.

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AICVD RISK SCORE REPORT

| RISK STATUS | YOUR SCORE | ACCEPTABLE SCORE |
|-------------|------------|------------------|
| Low Risk | 7 | 9 |

Your cardiovascular disease risk in the next 10 years is within the Normal limits for 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

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.
- 3. 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 Al Models and APIs used at Apollo Hospitals are certified by ISO 13485 : 2016 vide certificate no. MD 763515