

Mrs. ANJANA KATIYAR (43 /F)

UHID : ASHB.0000034025

AHC No : BPLAH7796 Date : 07/04/2024

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

ADVANCED-FEMALE

Dear Mrs. ANJANA KATIYAR

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 Health 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 milestones.

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 : Mrs. ANJANA KATIYAR (43 /F) Date : 07/04/2024

Address: LALGHATI AREA, BHOPAL, BHOPAL, MADHYA PRADESH, INDIA

Examined by: Dr. PROMISE JAIN UHID: ASHB.0000034025

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Chief Complaints

For corporate health checkup
RIGHT SIDED TOOTHACHE ON AND OFF SINCE 4-5 MONTHS
SENSITIVITY WITH COLD

Present Known illness

No history of - Diabetes mellitus, Hypertension, Dyslipidemia, Heart disease, Stroke,

Asthma, COPD, Cancer, Impaired Glycemia

Thyroid disease - hypothyroidism; Since - 2014; - T. THYRONORM 125 MCG

*

Drug Allergy

NO KNOWN ALLERGY :07/04/2024



Systemic Review

Cardiovascular system : - Nil Significant

Respiratory system : - Nil Significant

Gastrointestinal system : - Nil Significant

Genitourinary system : - Nil Significant

Gynaec history: Last menstrual period - 09/03/24, IRREGULAR SINCE 1 YEAR. MENSES

EVERY COUPLE MONTHS; Periods - irregular; Associated with - dysmenorrhoea; No of Children - 2; Last child birth - 10 YEARS; No of deliveries - 2; Deliveries - LSCS; Delivery details - LSCS - 2010, 2014

Central nervous system : - Nil Significant

Eyes: Vision - normal with glasses; Glasses - yes; Glasses for - refractive error

Musculoskeletal system :

Spine and joints

- Nil Significant

Weight : - has lost weight with effort; Number of kgs - 78.9

Present medications: - T. THYRONORM 125 MCG OD; Compliance - regular

Past medical history

AHC No: BPLAH7796

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Do you have any

- No

allergies?

Covid 19 - Yes

Hospitalization for

- No

Covid 19

Oxygen support - No



Surgical history

Lower segment - 2010, 2014

caesarean section

Immunization history

- Covid Dose1, Covid Dose2



Personal history

Ethnicity - Indian Asian

Marital status - Married

No. of children - 2

Diet - Vegetarian

Alcohol - does not consume alcohol

Smoking - No Chews tobacco - No

Physical activity - Sedentary



Family history

Father - alive Aged - 75 Mother - alive - 70 Aged **Brothers** - 1 - 2 Sisters **Diabetes** - child Hypertension - father Coronary artery - none

disease

Cancer - father
Type - Oral

AHC No: BPLAH7796

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Physical Examination



🕰 General

General appearance - normal
Height - 167
Weight - 78.9
BMI - 28.29
Pallor - No
Oedema - no



Cardiovascular system

Heart rate (Per minute) - 99

Rhythm - Regular Systolic(mm of Hg) - 123 Diastolic(mm of Hg) - 84

- B.P. Sitting

Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds



Abdomen 🛴

Organomegaly - No Tenderness - No

Opthalmology consultation

Opthalmology consultation

done by

Opthalmology findings

- Dr.SANGEETA BHADRA

- With Glass Vision 6/6

A/S WNL

E/D Refres tears QID

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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

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COMPLETE BLOOD COUNT(CBC) WITH ESR

Test Name	Result	Unit	Level	Range
HAEMOGLOBIN	10.8 *	g/dL	•	12.0 to 15.1
Packed cell volume (Calculated)	31.5 *	%	•	35.5-44.9
RBC Count	4.08	Million/ul	•	4.00-5.20
MCV-	77.3 *	fl	•	80-100
MCH-	26.5 *	pg	•	27-32
MCHC-	34.3	g/dL	•	32-36
RDW	16.5 *	%	•	12.2-16.1
TLC COUNT	5.05	10³/mm³	•	4.0-11.0
Neutrophils	61	%	•	40-80
Lymphocytes	31	%	•	20-40
Monocytes	7	%	•	2-10
Eosinophils	1	%	•	1-6
Basophils	0	%	•	0-2
Platelet Count	151.3	10³/mm³	•	150-450
Mean Platelet Volume	11.1	fl	•	6.5-12.0
ERYTHROCYTE SEDIMENTATION RATE (ESR)	46 *	mm/1st hr	•	0-20

URINE ROUTINE (CUE)

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
Specific Gravity	1.015		•	1.005 - 1.025
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	Acidic			
Protein :	Nil			
Sugar:	Nil			
Ketone	Nil			
Within Normal Range	Borderline H	ligh/Low	Out	of Range

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

ADVANCED-FEMALE

Bilirubin: Nil

RBC Nil

Pus Cells 1-2 /hpf 0.0 - 5.0/HPF

Epithelial Cells 1-2 /hpf <20

Yeast Cells Absent

Bacteria: Absent

Casts: Absent ABSENT

Crystals: Absent

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name Result Unit Level Range

ABO Group: O

Rh (D) Type: Positive

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name Result Unit Level Range

Glucose - Plasma (Fasting) 105 * mg/dL 70-100

<u>GLUCOSE - SERUM / PLASMA (POST PRANDIAL)</u>

Test Name Result Unit Level Range

Glucose - Plasma (Post prandial) 128 mg/dL • 70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name Result Unit Level Range

GLYCOSYLATED HEMOGLOBIN 5.8 * % 4.0-5.6

(HBA1C) - WHOLE BLOOD

LIPID PROFILE TEST (PACKAGE)

Test Name Result Unit Level Range

Total Cholesterol 153 mg/dL • Desirable: <200

Borderline High: 200-239

AHC No: BPLAH7796

High >240

HDL Cholesterol 46 mg/dL >40

🌑 Within Normal Range 🕒 Borderline High/Low 🛑 Out of Range

AHC No: BPLAH7796

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

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LDL Cholesterol (Direct LDL)	95	mg/dL	•	Optimal: <100 Above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190
Triglycerides - Serum	170 *	mg/dL	•	Normal<150 Borderline high 150–199 High 200–499 Very high: ≥ 500
VLDL CHOLESTEROL - SERUM	34 *		•	15-30
Total Cholesterol / HDL Cholesterol Ratio (Calculated)	3.4 *		•	3.5-5.0
LIVER FUNCTION TEST (PACKAGE)			
Test Name	Result	Unit	Level	Range
Protein Total - Serum	7.8	g/dL	•	6.6-8.3
Albumin - Serum	4.3	g/dL	•	3.5-5.2
GLOBULIN	3.5	g/dL	•	2.6-4.6
ALBUMIN AND GLOBULIN RATIO	1.2		•	0.9-2.0
AST (SGOT)	22	U/L	•	< 35
ALT(SGPT) - SERUM	32	U/L	•	<35
BILIRUBIN TOTAL	0.6	mg/dL	•	0.3–1.2
BILIRUBIN CONJUGATED (DIRECT)	0.1	mg/dL	•	<0.2
BILIRUBIN UNCONJUGATED (INDIRECT)	0.5	mg/dL	•	0.1-1.2
Alkaline Phosphatase - Serum	98	U/L	•	30-120
GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	12	U/L	•	0-38
CREATININE - SERUM / PLASMA				
Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.47 *	mg/dL	•	0.55-1.02
Within Normal Range	Borderline H	ligh/Low	Out	of Range

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URIC ACID - SERUM / PLASMA

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.

AHC No: BPLAH7796

Test Name	Result	Unit	Level	Range
Uric Acid - Serum	3.0	mg/dL	•	2.6-6.0
BUN (BLOOD UREA NITROGEN)				
Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	10.7	mg/dL		Female: <50yrs 7.01-18.7 mg/dl Female:>50yrs 9.81-20.1 mg/dl
THYROID PACKAGE				
Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.05	ng/ml	•	0.60-1.81
TOTAL T4: THYROXINE - SERUM	15.98 *	μg/dL	•	5.01 - 12.45
TSH: Thyroid Stimulating Hormone	2.51	μIU/mL	•	0.35-5.50

Investigations Not Done / Not Yet Reported

Histopathology

PAP SMEAR /CERVICAL SMEAR

X Ray

MAMMOGRAPHY

CARDIOLOGY

TMT/2D ECHO

Ultrasound Radiology

ULTRASOUND - WHOLE ABDOMEN

CARDIOLOGY

ECG

X Ray

X-RAY CHEST PA

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Executive Summary



Overweight Hypothyroidism

Wellness Prescription

Advice On Diet :-



Low calorie, low sugar, low fat diet

Advice On Physical Activity:-



30 minutes brisk walk 5 days a week

Follow-up and Review Plan

Printed By: Promise Jain



Weight reduction
To repeat TSH in 3 months



AHC No: BPLAH7796

Dr.PROMISE JAIN

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.