

## APOLLO HOSPITALS ENTERPRISE LIMITED

Credit cell Dept., Madurai Main Road, Managiri, Karaikudi Sivagangai - 630307, Tamil Nadu, India. Telephone: 04565-223712.

Date: 11-03-2024

To:

Medi Wheel, Arcofemi Health Care, F-701-A , Lado Sarai, Mehrauli, New Delhi-110030

**Dear Valued Customer** 

### Greetings from Apollo Hospital Enterprise Ltd

This is to inform you that we have raised invoice(s) for the month of March -2024 for the service rendered to you & hard copy of the invoice(s) sent by courier to your office address. Request you to process the payment as per our agreement and release the payment on or before due date.

Please find below the Invoice details for making our payment, the hardcopy of the same is attached herewith. Also find attached the Photostat copy of GOP

BILL NO	BILL DATE	PATIENT NAME	AMOUNT
KKD-OCR-95898	09-Mar-2024	MR.PRABHU A	RS.2,630.00
		Total	Rs.2,630.00

Kindly process the payment and at the earliest and credit the proceeds into our bank the details of which are provided below:

Bank Name & Address	Account No.	Beneficiary Name	IFSC Code	PAN
Axis Bank Limited Karaikudi	917020038313931	Apollo Hospitals Enterprise Limited	UTIB0000793	AAACA5443N

Thank you in advance for your prompt attention to this mail. We look forward to your prompt reply. Feel free to contact us for any further clarification, we are happy to assist you.

Assuring Our Best Service Always!

Regards,

Saravanakumar P

Credit Cell Dept. - Apollo Hospital

GSTIN: 33AAACA5443N3ZN

OP Credit - Bill of Supply

Reference No:

Name

: Mr. PRABHU A

Age: 34Yr 9Mth 9Days Sex:

UHID: ASM1.0000638332

Father

: ANTONY SELVAM

Name Address

: NO:1/2598,

ALAGU MUTHU STREET

Virudhunagar Tamil Nadu India 626001, CellNo:91-8122294472

OP Number: MUTHAL NAGAR

KKDMHC22967

Pan Number:

Doctor's Name

: Dr. MOHAMED AZEEM

Speciality

: GENERAL MEDICINE

Payer Name

: MEDIWHEEL AHC AGREEMENT (GSTIN--)

Ref No

: BANK OF BARODA

Authorization No : 23M123322100095808E

Employer Name : BANK OF BARODA

Bill No : KKD-OCR-95898

09-Mar-24

Time:

7:52:57

FOR APOLLO HOSPITALS

S.No	Aliascode	Service Type\Service Name	Department	Qty	Ref Tariff	Dis(%)	Amount(INR)
1		Health Checkup(999311)					
1	0	MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS	Apollo Health Check	1	2,630.00	0.00	2,630.00
			Sub To	tal			2,630.00



				+
Name: Mr. PRABHU A	OP Number:	KKDMHC22967	Bill No:	KKD-OCR-95898
	7i g	\$ 0		Añollo
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	<u> </u>			
Service Amount				2,630.00
				0.00
975				2,630.00
Total Bill Amount				2,630.00
Authorization Amount				0.00
To Pay				
Refund Amount()				0.00
Net Amount Before Tax				2,630.00
Transfer and the second				0.000.00
Net Amount				2,630.00
No Tax is Payable on Reverse Ch	arge Basis		ORE	CH HOSA
			0 3/10/	13/1
			111111	1601

Signature of patient/attendant

Relationship with patient :

Online Payment access- https://pay.apollohospitals.com

(QR) Denotes Quick Registration

\* Denotes Cancelled Services

Mr. Karthik R

Cashier



वैक ऑफ़ बड़ीट्रा Bank of Baroda

A. PRABU

123322





#### LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

### Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. A PRABU
EC NO.	123322
DESIGNATION	HEAD CASHIER "E"_II
PLACE OF WORK	KOTHAMANGALAM, SIVAGANGA
BIRTHDATE	29-05-1989
PROPOSED DATE OF HEAL	TH 09-03-2024
CHECKUP	
BOOKING REFERENCE NO.	23M123322100095808E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 02-03-2024 till 31-03-2024 The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



प्रति.

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

i i		कर्मचारी विवरण
नाम ं		MR. A PRABU
क.कू संख्या	į	123322
पदनाम	i.	HEAD CASHIER "E"_II
कार्य का स्थान	5	KOTHAMANGALAM,SIVAGANGA
जन्म की तारीख	-	29-05-1989
स्वास्थ्य जांच की प्रस्तावि	त तारीख	09-03-2024
बुकिंग संदर्भ सं.		23M123322100095808E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 02-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवाँइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जन्रेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

# SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC .
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	ACT
ALT	AST
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	
ECG	X Ray Chest ECG
2D/3D ECHO / TMT	20/20 EQUA / TXX
Stress Test	
PSA Male (above 40 years)	111yrold 1 forme (13, 14, 15H)
and (above to years)	Mammography (above 40 years)
Thyroid Profile (T3, T4, TSH)	and Pap Smear (above 30 years).
Dental Check-up consultation	Dental Check-up consultation
Physician Consultation	Physician Consultation
Eye Check-up consultation	Eye Check-up consultation
Skin/ENT consultation	Skin/ENT consultation Gynaec Consultation



ARH-OF-AHC-08

Mr. PRABHU A (34 /M)

UHID

: ASM1.0000638332

AHC No

KKDMHC22967

Date

09/03/2024

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE

**BELOW 40YRS** 

#### Dear Mr. PRABHU A

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

Scan the QR code to access your digital smart report, anytime anywhere!





ARH-QF-AHC-08



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 <a href="https://www.apollo247.com/specialties">https://www.apollo247.com/specialties</a> 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





ARH-QF-AHC-08

: Mr. PRABHU A (34 /M) Name

Date

: 09/03/2024

Address: NO:1/2598, ALAGU MUTHU STREET MUTHAL NAGAR, VIRUDHUNAGAR,

VIRUDHUNAGAR, TAMIL NADU, INDIA

Examined by : Dr. MOHAMED AZEEM

UHID

ASM1.0000638332

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW

AHC No : KKDMHC22967

40YRS



### Chief Complaints

For general health checkup

Abdominal pain

Present Known Illness

No history of

- Hypertension, Dyslipidemia, Thyroid disorder, Heart disease, Stroke,

Asthma, COPD, Cancer, Impaired Glycemia

Diabetes mellitus

- type 2; Since - 1 year, Medication - regular



Drug Allergy

NO KNOWN ALLERGY

:07/09/2022



### Systemic Review

Cardiovascular system

Chest pain - no

Respiratory system

- Nil Significant

Oral and dental

- Caries tooth

Gastrointestinal system

Appetite - normal; Abdominal pain - yes; Site - hypochondrium(left)

Genitourinary system

Frequency - normal

Central nervous system

- Nil Significant

Eyes

Vision - normal

**ENT** 

- Normal hearing

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant

General symptoms

- Nil Significant



Past medical history

Do you have any

- No

allergies?



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ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

: 09/03/2024 Date

AHC No: KKDMHC22967

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

Do you have any drug - No allergies?

Covid 19

- No

Hospitalization for

- No

Covid 19

Surgical history

Surgical history

- Nil

Immunization history

- Covid Dose1, Covid Dose2

Personal history

Marital status

- Married

Diet

- Mixed Diet

Alcohol

- does not consume alcohol

Smoking

- No

Chews tobacco

- No

Physical activity

- Moderate

Family history

Father

- alive

Mother

- alive

Coronary artery

- none

disease

Cancer

- None

## Physical Examination



### 📤 General

Height

- 160

Weight

- 79.5

BMI

- 31.05

Pallor

- No

Oedema

- no



### Cardiovascular system

Heart rate (Per minute)

- 74

Rhythm

- Regular







ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

Date

: 09/03/2024

AHC No: KKDMHC22967

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

Systolic(mm of Hg) - 120

Diastolic(mm of Hg) - 80

Systolic(mm of Hg) - 120

Diastolic(mm of Hg) - 80

Systolic(mm of Hg) - 120

Diastolic(mm of Hg) - 80

Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

∆ Abdomen

Organomegaly - No

Tenderness - No



Printed By:

Archana R

Page 5 of 14



ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

Date

: 09/03/2024

AHC No: KKDMHC22967

# MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

#### **HEMOGRAM**

Haemogram is a test panel that gives information about the cells in a patient's blood. Abnormally high or low counts may indicate the presence of many forms of disease, and hence blood counts are amongst the most commonly performed blood tests in medicine, as they can provide an overview of a patient's general health status.

		x + - *x	1 mint	Range
Test Name	Result	i nit	Lavel	Mango
1 to a control in	15.0	gm%	•	13.0-18.0
Hemoglobin		0/	0	40-54
Packed cell volume(Calculated)	44	%	-	40-54
WBC Count	8.2	10³/mm³	•	4-11
Neutrophils	60	%		40-80
Lymphocytes	32	%	•	20-40
Eosinophils	03	%		01-06
Monocytes	05	%		2-10
RBC Count	5.0	Million/ul	6	4.2-6.5
Platelet Count	274	10²/mm³	•	150-450
MCV	88	fl	0	75-95
MCH(Calculated)	30	pg		26-32
MCH(Calculated)	_	g/dl		31-36
MCHC(Calculated)	34		_	
ESR	18 *	mm/hr		0-15
RDW(Calculated)	13	%		11.6-14.0

### 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	[]	Loval	Range
Colour:	Pale-Yellow			
Transparency:	Clear		_	ACH (
Specific Gravity	1.015 *		•	1.016 - 1.026 OREACH HOSE
pH	7			10 mg 12
Protein :	Nil			A A Collo A
Sugar:	+++			Sinosetala S
Ketone	Absent			GIRI, KARA
Bile Pigments:	Negative			
Bile Salts :	Negative	•		
Within Normal Range	Borderline	High/Low	<b>O</b> O	ut of Range

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ARH-QF-AHC-08

Nama: Mr. PRABHU A

UHID : ASM1.0000638332

: 09/03/2024 Date

AHC No: KKDMHC22967

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

Urobilinogen

Normal

E.U./dL

RBC

Occasional

/hof

0-2

Pus Cells

1-2 /h.p.f

**Epithelial Cells** 

1-2 /h.p.f

BLOOD GROUPING AND TYPING ABO and Rh

Test Name

Result

Unit

Level

Range

Blood Group:-

В

Rh (D) Type:-

POSITIVE

ALT(SGPT) - SERUM / PLASMA

Test Name

Result

Unit

Level

Range

ALT(SGPT)

68 \*

U/L

Adult Male: < 45

ALBUMIN - SERUM

Test Name

Result

Unit

Range Level

Albumin - Serum

4.1

a/dL

Adult(20 - 60 Yr): 3.5 - 5.2

Globulin - Serum:(Calculated)

3.5

g/dL

Adult (2.0 - 3.5)

ALKALINE PHOSPHATASE - SERUM/PLASMA

Test Name

Result

Unit

Range Level

Alkaline Phosphatase - Serum

108

U/L

Adult(Male): < 129

AST (SGOT) - SERUM

Yest Name

Result

Unit

Range Level

AST (SGOT)

40 \*

U/L

Adult Male: <35

BILIRUBIN, TOTAL - SERUM

Test Name

Result

Unit

Level

Range

Bilirubin, Total - Serum

0.6

mg/dL

Adult: Upto 1.3

CHOLESTEROL - SERUM / PLASMA

**Test Name** 

Result

Unit

Level

Range

Within Normal Range

Borderline High/Low

Out of Range

Page 7 of 14

APOLLO PREVENTIVE HEALTH SCREENIN



ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

Date

: 09/03/2024

AHC No: KKDMHC22967

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS Total Cholesterol

145

mg/dL

Adult Desirable: <200 Borderline High: 200 - 239

High: >=240

CREATININE - SERUM / PLASMA

Test Name

Result

Unit

Range Level

Level

Creatinine - Serum

0.9

mg/dL

Male: 0.9 - 1.3

**GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM** 

Test Name

Result

Unit

Range

GGTP; Gamma Glutamyl Transpeptidase

43

U/L

Male: < 55

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name

Result

Unit

Range Level

GLUCOSE - SERUM / PLASMA (FASTING)

230 \*

mg/dL

Adult: 60 - 100

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name

Result

357 \*

Unit

Range 'Level

GLUCOSE - SERUM / PLASMA (POST

mg/dL

< 140

PRANDIAL)

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name

Result

Unit

Range Level

Glycosylated Hemoglobin (HbA1c)

8.6 \*

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

35 \*

mg/dL

Low: <40 High: >=60

LDL CHOLESTEROL - SERUM / PLASMA (DIRECT LDL)

Test Name

Result

Unit

Level

Range



Within Normal Range

Borderline High/Low

Out of Range

Page 8 of 14

## ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

Date

: 09/03/2024

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

AHC No: KKDMHC22967

LDL Cholesterol (Direct LDL)

79

mg/dL

Optimal: <100

Near/above optimal: 100 - 129 Borderline High: 130 - 159

High: 160 - 189 Very High: >=190

PROTEIN TOTAL - SERUM / PLASMA

Test Name

Result

Unit

Level Ra

Range

Protein Total - Serum

7.6

g/dL

>2 Year: 6.0 - 8.0

TOTAL T3: TRI IODOTHYRONINE - SERUM

Test Name

SERUM

Result

Unit

Lavel Range

TOTAL T3: TRI IODOTHYRONINE -

114

ng/dL

60-180

**TOTAL T4: THYROXINE - SERUM** 

Test Name

Result

Unit

Level

Range

TOTAL T4: THYROXINE - SERUM

6.6

μg/dL

Unit

mg/dL

3.5 - 12.5

TRIGLYCERIDES - SERUM

Test Name

Result

Level Range

Triglycerides - Serum

250 \*

Normal: <150

High: 150 - 199

Hypertriglyceridemic: 200 - 499

Very High: >=500

Total Cholesterol / HDL Cholesterol Ratio (Calculated)

4.1

**4.5** 

# TSH: THYROID STIMULATING HORMONE - SERUM

TSH is a test that measures the amount of the hormone TSH in the blood. It can tell you if it's overactive (hyperthyroidism) or underactive (hypothyroidism). The test also detect thyroid disorder before you have any symptoms.

Test Name		Result	Unit	Lavel	Range
TSH: Thyroid Stimulating Hormone		3.49	µIU/mL	•	0.35 - 5.50
UREA - SERUM / PLASMA					
Test Name		Result	Unit	Level	Range
Urea	<b>4</b>	17	mg/dL		Adult: 13 - 43



0

Within Normal Range

Borderline High/Low

Out of Range

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APOLLO PREVENTIVE HEALTH SCREENIN



ARH-QF-AHC-08

Name: Mr. PRABHU A MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

UHID : ASM1.0000638332

Date

: 09/03/2024

AHC No: KKDMHC22967

## 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.

Range Level Unit Result Test Name Adult Male: 3.5 - 7.2 mg/dL 4.9 Uric Acid - Serum

BILIRUBIN CONJUGATED (DIRECT) - SERUM

Range Unit Level Result Test Hame 0.0-0.4 mg/dL 0.2 Bilirubin Conjugated - Serum 0.0 - 1.2mg/dL 0.4 Bilirubin Unconjugated - Serum (Calculated)

**BUN (BLOOD UREA NITROGEN)** 

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

## 2D-ECHO WITH COLOUR DOPPLER

Normal Chambers Dimensions. Structurally Normal Valves. No Regional Wall Motion Abnormality. Normal LV Systolic Function. Normal Lv Diastolic function. No Pericardial Effusion/Clot. LVEF:65

# ULTRASOUND SCREENING WHOLE ABDOMEN



Within Normal Range

Borderline High/Low

Out of Range

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ARH-QF-AHC-08

Name: Mr. PRABHU A

UHID : ASM1.0000638332

Date

: 09/03/2024

AHC No: KKDMHC22967

MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS Liver measures 15.8 cm in size and surface appears normal. Diffuse moderate homogeneous increase in parenchymal echogenicity noted No focal lesions. No IHBR dilatation. Portal vein and common bile duct normal

caliber.

Gall bladder is distended. Wall thickness appears normal. Multiple calculi in GB largest measuring 6 mm.

PANCREAS: contour and echo- pattern are normal, no calcifications/calculi. pancreatic duct is not dilated.

PARA AORTIC AREAS: AORTA and IVC appear normal, no evidence of para aortic lymphadenopathy.

SPLEEN measures 9.3 cm normal in size and echo-pattern, no focal lesions, splenic vein is normal.

Right kidney measures 10.8 X 5.5 cm in size and shows normal echopattern with no evidence of calculi or calyceal dilatation. Cortico medullary differentiation is maintained.

Left kidney measures 11.5 X 5.1 cm in size and shows normal echopattern with no evidence of calculi or calyceal dilatation. Cortico medullary differentiation is maintained.

Bladder shows normal contour.

Prostate volume of 13 cc and shows normal echopattern.

Bowel shows peristalsis. No obvious bowel wall thickening.

Both iliac fossa are free.

No free fluid in the abdomen.

IMPRESSION:

Grade II fatty liver.

Cholelithiasis.

### X-RAY CHEST PA

--Normal Study

Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

CARDIOLOGY

**ECG** 



Within Normal Range

Borderline High/Low

Out of Range

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MEDIWHEEL WHOLE BODY HEALTH CHECK MALE BELOW 40YRS

AHC No: KKDMHC22967

#### Executive Summary



Mr Prabhu , a 34 year old male underwent Pro health Apollo Heath Check .Medical History, Physical examination and the relevant investigations reveal the following:

Obesity

Diabetes Mellitus - Type II

Dyslipidemia

Cholelithiasis

Nonalcoholic steatohepatitis

#### Wellness Prescription

#### Advice On Diet :-



LOW FAT DIET DIABETIC DIET

#### Advice On Physical Activity:-



WEIGHT REDUCTION

#### Medications

Printed By: RAJKUMAR

ISTAMET 50/500MG TAB(SITAGLIPTIN + METFORMIN) 1-0-1 BID Oral After Meals 2 Month(s) LIPAGLYN 4 MG TAB(SAROGLITAZAR) 1-0-0 OD Oral After Meals 2 Month(s)
TAB GOLIV 1-0-0 AFTER FOOD X 2 MONTH

Dr.MOHAMED AZEEM

AHC Physician / Consultant Internal Medicine

Dr. MOHAMED AZEEM SHERFDEEN

MBBS., MD., CCDEM(Diabetes)
Associate Consultant-Internal Medicine
Reg. No: 103809
Apollo Hospitals-Karaikudi.

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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#### Medications

Drug Name	Strength Dosage	Frequency	Route of Admin	Relationship with Meal	Duration	Indication
ISTAMET 50/500MG TAB(SITAGLIPTIN + METFORMIN)	1-0-1	BID	Oral	After Meals	2 Month(s)	
LIPAGLYN 4 MG TAB(SAROGLITAZAR)	1-0-0	OD	Oral	After Meals	2 Month(s)	

TAB GOLIV 1-0-0 AFTER FOOD X 2 MONTH

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