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Ms. MANORAMA RANA (50 /F)

UHID : AHIL.0000858375
AHC No : AHILAH203559
Date : 04/04/2023



MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

Namaste Ms. MANORAMA RANA,

Thank you for choosing Apollo ProHealth, India's first AI-powered health management program, curated to help you make positive health shifts. Being healthy is about making smart choices, and you have taken the first step with this program. We are privileged to be your healthcare partner. Your health is our priority.

We are with you on your path to wellness by:

Predicting your risk: Artificial Intelligence-powered predictive risk scores are generated, based on your personal, medical, and family history and detailed multi-organ evaluation of your body through diagnostic and imaging tests.

Preventing onset or progress of chronic lifestyle diseases: Your Health Mentor is available to help you understand your physician's recommendations and helping you handle any concerns (complimentary service up to one year)

Overcoming barriers to your wellbeing: Your Health Mentor will help you set your health goals and guide you with tips to stay on track. We will also, digitally remind you to proactively prioritize your health.

Through this report, you will be able to understand your overall health status, your health goals and the recommendations for your path to wellness. Your Health Report will include the following:

- Your medical history and physical examination reports
- Results from your diagnostic and imaging tests
- AI powered health risk scores
- Your physician's impression and recommendations regarding your overall health
- Your personalized path to wellness, including your follow-up assessments and vaccinations

For Enquiry/Appointments Contact +91 76988 15003 / +91 79 66701880

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Saving time. Saving lives.

We have reviewed the results of the tests and have identified some areas for you to act on. We believe that with focus and targeted interventions, you can be healthier and happier.



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You can visit your proHealth physician in person at this center, or you can book a virtual consultation for review via www.apollo247.com or through the Apollo 24*7 mobile app. You can avail 30% discount on additional tests and follow-up tests at Apollo Hospitals within one week. You may call your Health Mentor on 04048492633 or email at prohealthcare@apollohospitals.com

Stay Healthy and happy! 😊
Apollo ProHealth Care team

Disclaimer: The services offered in the program may vary depending on any prior mutual agreements between guests and the facility/unit.

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Name : Ms. MANORAMA RANA (50 /F)

Address :

Examined by : Dr. SHASHIKANT NIGAM

MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

Date

: 04/04/2023



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Chief Complaints

For Annual health checkup
No specific complaints

Present Known Illness

Thyroid disease - hypothyroidism; Since - 10-12 YEARS; Medication - regular; - THYROX 75



Drug Allergy

NO KNOWN ALLERGY

:04/04/2023



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
- Musculoskeletal system : - Nil Significant
- Spine and joints : - Nil Significant
- Skin : - Nil Significant
- General symptoms : - Nil Significant



Past medical history

- Do you have any allergies? - No
- Allergies - Nil
- Past medical history - nil significant



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



Surgical history

- Caesarian section - 1



Personal history

- Ethnicity - Indian Asian
- Marital status - Married
- No. of children - 1
- Male - 1
- Diet - Vegetarian
- Alcohol - does not consume alcohol
- Smoking - No
- Chews tobacco - No
- Physical activity - Mild



Family history

- Father - alive
- Mother - has expired
- Brothers - 2
- Sisters - 4
- Coronary artery disease - none
- Cancer - None

Physical Examination



General

- General appearance - normal
- Build - normal
- Height - 149
- Weight - 73.3
- BMI - 33.02



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Palpation - No

Oedema - no

 **Cardiovascular system**

Heart rate (Per minute) - 65

Rhythm - Regular

Systolic(mm of Hg) - 120

Diastolic(mm of Hg) - 84

Heart sounds - B.P. Sitting

- S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

 **Abdomen**

Organomegaly - No

Tenderness - No

Printed By : MUKTA S ADALTI

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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 | 30 | mL | | |
| Specific Gravity | 1.010 | | | |
| Colour: | Pale-Yellow | | | |
| Transparency: | Clear | | | |
| pH | 5 | | | |
| Protein : | Nil | | | |
| Sugar: | Nil | | | |
| Blood: | Negative | | | |
| Ketone | Absent | | | |
| Bile Pigments: | Absent | | | |
| Urobilinogen | Nil | E.U./dL | | |
| Nitrite | Negative | | | |
| Pus Cells | Occasional | | | 0-5 |
| RBC | Nil | /hpf | | 0-5/hpf |
| Epithelial Cells | Occasional | | | |
| Casts: | Absent | | | |
| Crystals: | Absent | | | |

COMPLETE BLOOD COUNT WITH ESR

| Test Name | Result | Unit | Level | Range |
|--------------------------------------|---------|------------|-------|------------|
| Hemoglobin (Photometric Measurement) | 11.8 * | gm% | ● | 12-16 |
| Packed cell volume(Calculated) | 36.3 | % | ● | 36-46 |
| RBC COUNT (Impedance) | 4.42 | Million/ul | ● | 3.8-5.2 |
| MCV (From RBC Histogram) | 82 | fl | ● | 80-100 |
| MCH(Calculated) | 26.74 * | pg | ● | 27-32 |
| MCHC(Calculated) | 32.6 | % | ● | 31-36 |
| RDW(Calculated) | 14.9 * | % | ● | 11.5-14.5 |
| WBC Count (Impedance) | 6825 | /cu mm | ● | 4000-11000 |

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| | | | | |
|--|--------------------|-----------|---|---------------|
| Neutrophils | 44 | % | ● | 40-75 |
| Lymphocytes | 40 | % | ● | 20-40 |
| Monocytes | 04 | % | ● | 2-10 |
| Eosinophils | 12 * | % | ● | 01-06 |
| Basophils | 00 | % | ● | 0-1 |
| Platelet Count (Impedance) | 178000 | /cu mm | ● | 150000-450000 |
| MPV (Calculated) | 10.7 | fl | ● | 7-11 |
| WBC: | Eosinophilia noted | | | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) (Automated/ optic-electronic) | 20 | mm/1st hr | ● | 0-20 |

URINE GLUCOSE(FASTING)

| Test Name | Result | Unit | Level | Range |
|-------------------------------|--------|------|-------|-------|
| Urine Glucose (Post Prandial) | Nil | | | |

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: | A Negative | | | |

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 |
|-------------------------------------|--------|-------|-------|-------------------------|
| ALT(SGPT) - SERUM / PLASMA | 26 | U/L | ● | 0-35 |
| ALKALINE PHOSPHATASE - SERUM/PLASMA | 85 | U/L | ● | Adult(Female): 35 - 104 |
| AST (SGOT) - SERUM | 23 | U/L | ● | >1 year Female : <32 |
| Total Bilirubin | 0.348 | mg/dL | ● | 0.300-1.200 |

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| | | | | |
|--------------------|-------|-------|---|--|
| Direct Bilirubin | 0.134 | mg/dL | ● | Upto 0.3 mg/dl |
| Indirect Bilirubin | 0.214 | 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 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 ≥20 Years 0.2-1.2 mg/dL |

CREATININE - SERUM / PLASMA

| Test Name | Result | Unit | Level | Range |
|-----------------------------|--------|-------|-------|-------------------------|
| CREATININE - SERUM / PLASMA | 0.73 | mg/dL | ● | Adult Female: 0.5 - 1.2 |

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| Test Name | Result | Unit | Level | Range |
|--|--------|------|-------|-----------------------------------|
| GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM | 18 | U/L | ● | Male : 10 - 71 Female : 6 - 42 |

GLUCOSE - SERUM / PLASMA (FASTING)

| Test Name | Result | Unit | Level | Range |
|----------------------------|--------|-------|-------|---|
| Glucose - Plasma (Fasting) | 100 | mg/dL | ● | 70 - 100 : Normal 100 - 125 : Impaired Glucose Tolerance >= 126 : Diabetes Mellitus |

GLUCOSE - SERUM / PLASMA (POST PRANDIAL) - PPBS

| Test Name | Result | Unit | Level | Range |
|----------------------------------|--------|-------|-------|--------|
| Glucose - Plasma (Post Prandial) | 121 | mg/dL | ● | 70-140 |

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

| Test Name | Result | Unit | Level | Range |
|-----------|--------|------|-------|-------|
|-----------|--------|------|-------|-------|

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MEDIWHEEL-FULL BODY CHK-ABOVE40-FEMALE

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Glycosylated Hemoglobin (HbA1c)

5.2

%

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.

102.54

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| Test Name | Result | Unit | Level | Range |
|--------------------------------|--------|------|-------|------------------------------|
| PROTEIN TOTAL - SERUM / PLASMA | 7.51 | g/dL | ● | 6.00-8.00 |
| PROTEIN TOTAL - SERUM / PLASMA | 7.51 | g/dL | ● | 6.00-8.00 |
| ALBUMIN - SERUM | 4.42 | g/dL | ● | Adult(18 - 60 Yr): 3.5 - 5.2 |
| ALBUMIN - SERUM | 4.42 | g/dL | ● | Adult(18 - 60 Yr): 3.5 - 5.2 |
| Globulin-Serum/Plasma | 3.09 | | ● | 2.20-4.20 |
| Globulin-Serum/Plasma | 3.09 | | ● | 2.20-4.20 |
| A/G ratio | 1.43 | | ● | 1.00-2.00 |
| A/G ratio | 1.43 | | ● | 1.00-2.00 |

THYROID PROFILE (T3,T4 AND TSH)

| Test Name | Result | Unit | Level | Range |
|--|--------|--------|-------|--|
| TOTAL T3: TRI IODOTHYRONINE - SERUM | 1.0 * | 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 | 70 | 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 | 1.34 | μIU/mL | ● | 14-120 years : 0.27 - 4.20 |

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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 | 5.2 | mg/dL | ● | Male : 3.4-7.0 Female : 2.4-5.7 |

BUN (BLOOD UREA NITROGEN)

| Test Name | Result | Unit | Level | Range |
|---------------------------|--------|-------|-------|---------|
| BUN (BLOOD UREA NITROGEN) | 12 | mg/dL | ● | 6-20 |
| UREA - SERUM / PLASMA | 26 | mg/dL | ● | 15 - 50 |

LIPID PROFILE - SERUM

| Test Name | Result | Unit | Level | Range |
|--|--------|-------|-------|--|
| Total Cholesterol | 234 * | mg/dl | ● | 0 - 200 : Desirable 200 - 240 : Borderline High 240 - 280 : High > 280 : Very High |
| Triglycerides - Serum | 197 * | mg/dL | ● | 0-150 |
| HDL CHOLESTEROL - SERUM / PLASMA (Direct Enzymatic Colorimetric) | 47 * | mg/dL | ● | < 40 : Major risk factor for heart disease 40 - 59 : The higher The better. >=60 : Considered protective against heart disease |
| LDL Cholesterol (Direct LDL) | 164 * | mg/dL | ● | 100 : Optimal 100-129 : Near Optimal 130-159 : Borderline High 160-189 : High >=190 : Very High |
| VLDL CHOLESTEROL | 39 | | ● | < 40 mg/dl |
| C/H RATIO | 5 * | | ● | 0-4.5 |

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.

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Investigations Not Done / Not Yet Reported

Haematology

STOOL ROUTINE

CARDIOLOGY

ECHO/TMT

ECG

Mammography

MAMMOGRAPHY BOTH BREAST



Within Normal Range



Borderline High/Low



Out of Range



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Executive Summary



- .BODY WEIGHT 73.3 KG, IDEAL BODY WEIGHT 42-51 KG
- .DYSLIPIDEMIA
- .EOSINOPHILIA
- .ECG - NORMAL
- .USG ABDOMEN - NO SIGNIFICANT ABNORMALITY
- MAMMOGRAPHY- BIRADS-II
- .CHEST X-RAY - NORMAL
- .VISION - NORMAL
- .DENTAL - AS PER DOCTOR ADVICE

Wellness Prescription

Advice On Diet :-



- BALANCED DIET
- LOW FAT DIET

Advice On Physical Activity :-



- REGULAR 30 MINUTES WALK FOR HEALTH AND 60 MINUTES FOR WEIGHT REDUCTION
- PRACTICE YOGA AND MEDITATION
- MAINTAIN WEIGHT BETWEEN 42-51 KG

Follow-up and Review Plan



PERIODIC BP MONITORING

Consult Endocrinologist



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to book your
follow-up
appointments and
investigations

For [Signature]
Dr. SHASHIKANT NIGAM

AHC Physician / Consultant Internal Medicine

Printed By : MUKTA S ADALTI

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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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RADIOLOGY

Patient Details : Ms. MANORAMA RANA | Female | 50Yr 4Mth 30Days
UHID : AHIL.0000858375 **Patient Location:** AHC
Patient Identifier: AHILAH203559 
DRN : 123044580 **Completed on :** 04-APR-2023 10:13
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 —


AKSHAY SHARMA
 Medical Officer

Printed on : 05-Apr-2023 8:22

Printed By : 153182

Reported By : 717876


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RADIOLOGY

Patient Details : Ms. MANORAMA RANA | Female | 50Yr 4Mth 30Days
UHID : AHIL.0000858375 **Patient Location:** AHC
Patient Identifier: AHILAH203559 
DRN : 1323007079 **Completed on :** 04-APR-2023 11:53
Ref Doctor : DR. SHASHIKANT NIGAM

MAMMOGRAPHY BOTH BREAST

FINDINGS :

Breast composition :-

B. Scattered fibroglandular breast tissue.

Asymmetric density with adjacent small well defined radio opacity in central quadrant of left breast.

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

No evidence of obvious focal lesion seen on right side.

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,

~24x3.8 mm sized area of duct dilatation/cyst without internal content or vascularity in left breast at 9-10'o clock position.

Rest no significant abnormality seen.

IMPRESSION :

Printed on : 07-Apr-2023 17:08

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Ms. MANORAMA RANA

AHIL.0000858375

AHILAH203559

MAMMOGRAPHY BOTH BREAST

Asymmetric density with adjacent small well defined radio opacity in central quadrant of left breast.

Small area of duct dilatation/cyst without internal content or vascularity in left breast at 9-10'o clock position.

Rest no significant abnormality.

(BIRADS-II)

Clinical correlation & routine follow up.

— END OF THE REPORT —

Nikita

Dr. NIKITA PANDYA

Consultant Radiologist

Printed on : 07-Apr-2023 17:08

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DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES

Patient Details : Ms. MANORAMA RANA | Female | 50Yr 4Mth 30Days
UHID : AHIL.0000858375 **Patient Location:** AHC
Patient Identifier: AHILAH203559 
DRN : 223019020 **Completed on :** 04-APR-2023 11:53
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.

Visualized Head and body of pancreas appear normal in size and echotexture. No focal lesions identified. Pancreatic duct appears normal in caliber.

Spleen measures 7.0 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 is atrophic, post menopausal.

No free fluid is seen in Pouch Of Douglas.

No definite evidence of adnexal/pelvic mass is seen.

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Ms. MANORAMA RANA

AHIL.0000858375

AHILAH203559

USG WHOLE ABDOMEN

IMPRESSION :

NO ABNORMALITY DETECTED.

--- END OF THE REPORT ---

DR. VAIBHAVI PATEL

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Mrs. Manorama, Rana
ID: 858375

04.04.2023 10:25:26
Apollo Hospital
Bhat
Gandhinagar

Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

--- / --- mmHg

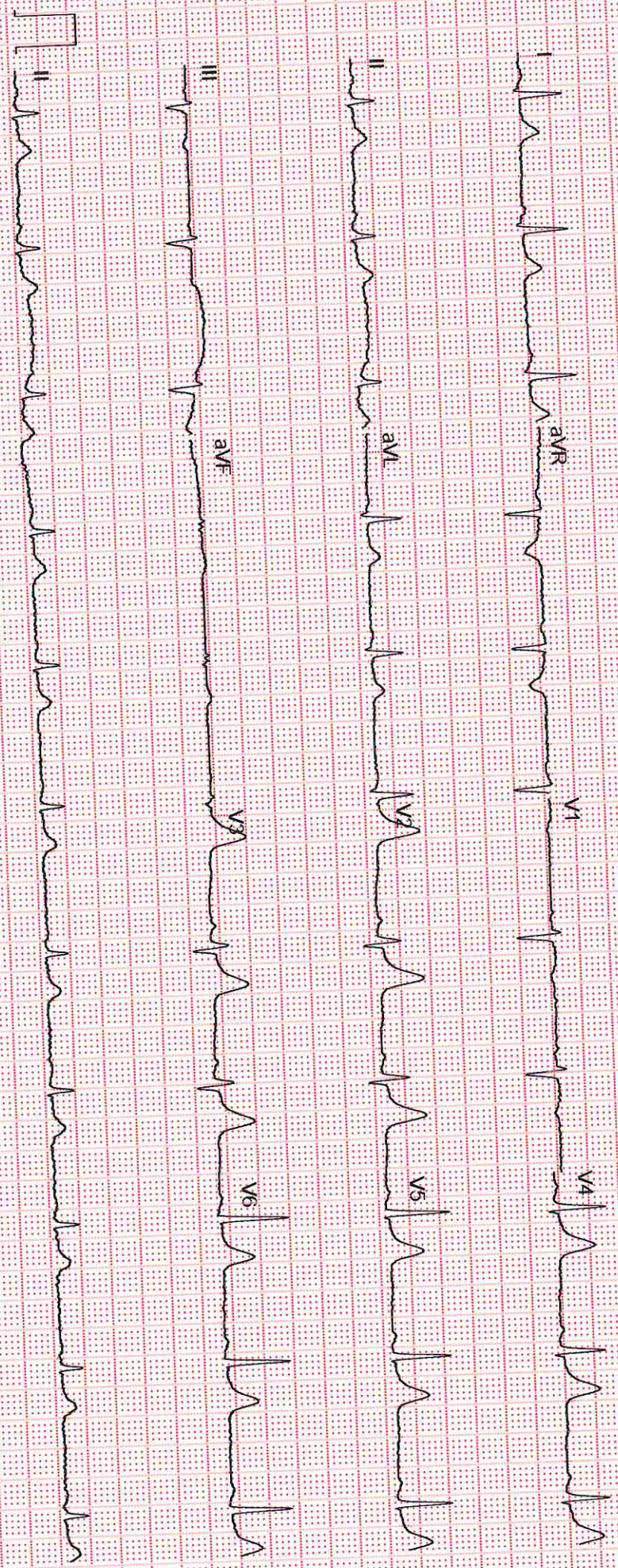
50 Years
Female

QRS
QT/QTcBaz
PR
P
RR/PP
P/ORS/T

76 ms
384/396 ms
134 ms
88 ms
940/937 ms
17/7/11 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph.
Referring Ph.
Attending Ph.



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV


ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

Place Label Here

If label not available, write Pt, Name, IP No/UHID, Age, Sex, Date, Name of Treating Physician

OBSTETRICS & GYNAECOLOGY - AHC

| | | | |
|-----------------|---|---|------------------|
| AHIL.0000858375 | | Date: <u>4/11/23</u> | Unit No. : |
| Name : ... | Ms. MANORAMA RANA | Ref. Physician : <u>Dr. Kiran Kumar</u> | |
| Occupation : | 50 Year(s) / Female | Copies to : | |
| Age : |  | | |

GYNAEC CHECK UP

Chief Complaint:

None Pit+1

Children: 1 ♂

Deliveries: 1 LSCS

Last Child: near 30 years LSCS

Abortions: 1 D&E

Periods: Post-menopausal

LMP: Since 1 year

Menopause: Since 1 year

G. Condition: Fit

Weight:

BP:

Breasts: Normal

PAP Smear: Not taken

Previous Medical H/O: Hypothyroid (on medication)

PH/O: None

Previous Surgical H/O:

None

P/A: Soft

S/E: -

P/V: -

P/R: -

Impression:

Kiran Kumar
Doctor Signature
Date & Time
4/11/23
1:00 PM



AHIL.0000858375

Ms. MANORAMA RANA

50 Year(s) / Female



DENTISTRY

Name : Date : 4/4/23 Unit No. :

Occupation : Ref. Physician :

Age : Sex : Male Female Copies to :

DENTAL RECORD

ALLERGIES : N/A

PAIN : Score (0-10) 0 Location : Character :

DENTAL CLEANING HABIT Once Twice Occasionally

Brush Finger Stick Any other

Tooth Paste Powder Any other

DO THE GUMS BLEED WHEN YOU BRUSH YOUR TEETH? Yes No

ARE YOUR TEETH SENSITIVE TO HEAT / COLD? Yes No

ORAL HYGIENE Good Fair Poor

| ORAL TISSUE EXAMINATION | PERIODONTAL EXAMINATION | OCCLUSION |
|---------------------------------|--|----------------------------|
| NORMAL FINDINGS IN DISEASE | MILD MOD SEV | CLASS I II III CROSSBITE |
| Lips : <u>N/A</u> | Gingivitis <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hypoplasia |
| Cheeks : <u>N/A</u> | Calculus <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Impaction <u>+</u> |
| Tongue : <u>N/A</u> | Recession <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Non-vital |
| Floor of the mouth : <u>N/A</u> | Periodontal Pockets <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Fracture |
| Palate : <u>N/A</u> | Attrition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Abcess |
| Tonsillar Area : <u>N/A</u> | Erosion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ulcers |
| Any other : <u>N/A</u> | Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Caries |
| | | Missing Teeth <u>20/62</u> |
| | | Supernumerary |
| | | Others |

PRESENT COMPLAINT : tooth decay

PRE-MEDICAL HISTORY: DM HTN Thyroid Acidity Pregnancy

Anticoagulant Under Drug Therapy