

Name : Mr. SUMIT SAURAV (43 /M)

Date : 09/03/2024

Address :

Examined by:

UHID : AMHL.0002311268

Package : MEDIWHEEL - FULL BODY ANNUAL PLUS WITH TMT MALE HCK

AHC No : AMHLAH199402



CHIEF COMPLAINTS

For corporate health checkup

Bloating, Flatulence

Knee pain

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,
Hypertension,
Dyslipidemia, Thyroid
disorder



DRUG ALLERGY

NO KNOWN ALLERGY

:09/03/2024



SYSTEMIC REVIEW

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Central nervous system

- Nil Significant

Eyes

Vision - normal with glasses

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant



Past medical history

Past medical history - nil significant



Surgical history

Appendicectomy - yes



Personal history

Marital status - Married

Diet - Non Vegetarian

Alcohol - does not consume alcohol

Smoking - No

Chews tobacco - No

Physical activity - Mild



Family history

Father - has expired

Mother - alive

Diabetes - mother

Hypertension - mother

Coronary artery
disease - none

Cancer - None

PHYSICAL EXAMINATION



General

Build - obese

Height - 164

Weight - 102

BMI - 37.92

Pallor - No

Oedema - no



Cardiovascular system

Heart rate (Per minute) - 76

Rhythm - Regular

- B.P. Sitting

Systolic(mm of Hg) - 136

Diastolic(mm of Hg) - 90

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Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

Abdomen

Organomegaly - No

Tenderness - No

Central nervous system

- No neurological deficit

Printed By : Benazir Begaum

ECG

SINUS RHYTHM.
POOR R WAVE PROGRESSION.

TREADMILL TEST / STRESS TEST

SUBMAXIMAL (UPTO 83 %) STRESS TEST IS
NEGATIVE FOR PROVOCABLE MYOCARDIAL
ISCHAEMIA.

ULTRASOUND SCREENING WHOLE ABDOMEN

* Grade I fatty liver.

[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.

**INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT
PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)**

Haematology

URINE SUGAR - POST PRANDIAL (QUALITATIVE)

Biochemistry

BUN (BLOOD UREA NITROGEN)

PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) - SERUM

ALBUMIN - SERUM

TSH: THYROID STIMULATING HORMONE - SERUM

TOTAL T3: TRI IODOTHYRONINE - SERUM

CREATININE - SERUM

URIC ACID - SERUM

Haematology

URINE ROUTINE AND MICROSCOPY

Biochemistry

A/G - RATIO

PROTEIN TOTAL - SERUM

AST (SGOT) - SERUM

Haematology

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Biochemistry

ALT(SGPT) - SERUM

BILIRUBIN, TOTAL - SERUM

Haematology

URINE SUGAR- FASTING(QUALITATIVE)

COMPLETE HAEMOGRAM

Biochemistry

BUN/CREATININE RATIO

GLUCOSE - PLASMA (POST PRANDIAL)

HBA1C (GLYCOSYLATED HAEMOGLOBIN)-WHOLE BLOOD

ALKALINE PHOSPHATASE - SERUM

TRIGLYCERIDES - SERUM

CHOLESTEROL - SERUM



Within Normal Range



Borderline High/Low



Out of Range

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TOTAL T4: THYROXINE - SERUM

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM

BILIRUBIN CONJUGATED (DIRECT) - SERUM

GLUCOSE - PLASMA (FASTING)

Blood Bank - 2 Services

BLOOD GROUPING AND TYPING (ABO AND RH)

Biochemistry

LDL CHOLESTEROL -SERUM

HDL CHOLESTEROL - SERUM



Within Normal Range



Borderline High/Low



Out of Range

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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.