Name : Mr. MRINAL KANTI DUTTA (54 /M) Date : 09/08/2024

Address: BARASAT, BANAMALIPUR, DR MANILAL MUKHERJEE SARANI, NORTH 24

PARGANAS, NORTH 24 PARGANAS, WEST BENGAL, INDIA

Examined by: Dr .SHARMISTHA MALLIK UHID : AGHL.0001471653

Package: MEDIWHEEL - FULL BODY ANNUAL PLUS WITH TMT MALE HCK AHC No: AMHLAH214337



For corporate health checkup

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,

Thyroid disorder, Heart disease, Stroke, Asthma

Hypertension Medication - regular; -

Telma 20

Dyslipidaemia Medication - regular; -

Razel 10



NO KNOWN ALLERGY :09/01/2021



Cardiovascular system

High blood pressure - yes; Medication - yes

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Central nervous system

- Nil Significant

Eyes

Vision - normal with glasses; Glasses - yes

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant



Past medical history

Past medical history - nil significant



Surgical history

Trans urethral - yes

retrograde prostatectomy



Personal history

Marital status - Married
No. of children - 2

Diet - Non Vegetarian

Alcohol - does not consume alcohol

- none

Smoking - No
Chews tobacco - No
Physical activity - Mild



Family history

Father - has expired Mother - has expired

Coronary artery

disease

Cancer - None

PHYSICAL EXAMINATION



General

 Build
 - normal

 Height
 - 169

 Weight
 - 68

 BMI
 - 23.81

 Pallor
 - No

 Oedema
 - no

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Cardiovascular system

Heart rate (Per minute) - 77

Rhythm - Regular

- B.P. Sitting

Systolic(mm of Hg) - 135
Diastolic(mm of Hg) - 88
Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath

sounds



Appearance - Normal
Organomegaly - No
Tenderness - No
Bowel sounds - Normal

Opthalmology consultation

Opthalmology findings - PGVA:RE:6/6 LE:6/6

BCVA:RE:N6 LE:N6

OCULAR MOVEMENT:WNL

ANT.SEG:WNL

ADVICE:*To continue present glass Rx*Detail dilated Funduscopy*Review

after 1yr/SOS

Printed By: Benazir Begaum

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| COMPLETE HAEMOG | RAM P | ROFIL | E | | Casts: | Not Fou | ınd | | |
|---------------------------------------------------------|----------|-----------------|---------|------------|-----------------------------------------------|-----------------|------------------|------------|-------------------|
| Test Name | Result | Unit | Level | Range | Crystals: | Not Fou | ınd | | |
| Hemoglobin | 12.9 * | g/dl | | 13.0-17.0 | • | | | | |
| RBC COUNT | 4.44 * | Millio ul | n/ 🛑 | 4.5-5.5 | URINE SUGAR - POS' (QUALITATIVE) | T PRAN | DIAL | | |
| Hematocrit - Hct: | 39.5 * | % | | 41-53 | Test Name | Result | Unit | Level | Range |
| MCV | 88.9 | fl | | 83-101 | URINE GLUCOSE(POST | Nil | | | |
| MCH | 29.0 | pg | | 27-32 | PRANDIAL) | | | | |
| MCHC | 32.6 | % | • | 31.5-34.5 | LIDINE CLICAD EACT | INC/OU | A 1 1 T A | TIVE\ | |
| RDW | 14.1 * | % | | 11.8-14.0 | URINE SUGAR- FAST Test Name | Result | | • | Range |
| WBC Count | 5300 | /cu m | ım 🗨 | 4000-10000 | URINE | Nil | Oilit | 20101 | rungo |
| Platelet Count | 1.24 * | lacs/o | cu 👤 | 1.5-4.0 | GLUCOSE(FASTING) | | | | |
| Neutrophils | 68 | % | | 40-80 | BLOOD GROUPING A | | • | | • |
| Lymphocytes | 24 | % | • | 20-40 | Test Name | Result | Unit | Level | Range |
| Monocytes | 07 | % | | 2-10 | ABO Group: | В | | | |
| Eosinophils | 01 | % | • | 01-06 | Rh (D) Type: | POSITI | VE | | |
| Basophils | 00 | % | • | 0-0 | LIVER FUNCTION TE | ST (PAC | KAGE | :) | |
| RBC: | Normoc | ytic Noi | rmochro | mic cells | Test Name | Result | Unit | Level | Range |
| Platelets: | Adequa | te on th | e smea | r | ALT(SGPT) - SERUM | 54 * | U/L | | 0-50 |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) URINE ROUTINE AND | 13 | mm/1 hr | | 0-15 | ALBUMIN - SERUM ALKALINE PHOSPHATASE - SERUM | 4.8 46 | g/dL U/L | • | 3.5-5.1 43-115 |
| Test Name | Result | | | Range | CLITOW | | | | |
| Volume: | 40 | mL | | · tuiligo | AST (SGOT) - SERUM | 51 * | U/L | • | 0-50 |
| Colour: | Pale Str | aw | | | | | | | |
| Appearance | Slightly | Turbid | | | BILIRUBIN TOTAL - SERUM | 1.1 | mg/dl | L | 0.3-1.2 |
| Specific Gravity | 1.025 | | | | | | | | |
| pH: | 6.0 | | | | LIPID PROFILE TEST | • | • | | _ |
| Albumin: | Not Det | ected | | | Test Name CHOLESTEROL - | Result 255 * | Unit mg/dl | | Range |
| Glucose | Not Det | ected | | | SERUM | 200 | mg/ui | _ | 0-200 |
| Ketone: | Not Det | ected | | | Non-HDL Cholesterol | 202 | | | |
| Bile Pigments | Not Det | ected | | | ODEATININE OFFICE | | | | |
| RBC | Nil | /hpf | | | CREATININE - SERUM Test Name | /I Result | Unit | l aval | Range |
| Pus Cells | Occasio | na / hpf | | | CREATININE - SERUM | 1.1 | mg/dl | | 0.9-1.3 |
| Epithelial Cells | Occasio | | | | | | ٠. ٣٠ | | 50 |

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| LIVER FUNCTION TES | THYROID PROFILE - I(T3,T4 AND TSH) | | | | | | | | |
|------------------------------------------------------|------------------------------------|-------|--------------------|---------------------------|------------------------------------------------|----------|------------|-------|-----------|
| Test Name | Result | Unit | Level | Range | Test Name | Result | Unit | Level | Range |
| GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM | 16 | U/L | • | 0-55 | TOTAL T3: TRI IODOTHYRONINE - SERUM | 1.09 | ng/ml | • | 0.87-1.78 |
| GLUCOSE - PLASMA | (FASTII | NG) | | | TOTAL T4: THYROXINE - SERUM | 9.38 | μg/dL | • | 5.48-14.2 |
| Test Name | Result | Unit | Level | Range | THITTOMINE GENOW | | | | |
| GLUCOSE - PLASMA 90 mg/dL | | 70-99 | LIPID PROFILE TEST | (PACKA | AGE) | | | | |
| (FASTING) | | | | | Test Name | Result | Unit | Level | Range |
| GLUCOSE - PLASMA | (POST | PRANI | OIAL) | | TRIGLYCERIDES - | 131 | mg/dL | | 0-150 |
| Test Name | ` Result | | • | Range | SERUM | | | | |
| GLUCOSE - PLASMA | 100 | mg/dl | | 70-140 | THYROID PROFILE - I | (T3,T4 A | 4 AND TSH) | | |
| (POST PRANDIAL) | | - | | | Test Name | Result | Unit | Level | Range |
| HBA1C (GLYCOSYLAT | | OOD | | | TSH: THYROID STIMULATING HORMONE - SERUM | 2.59 | μIU/m | L • | 0.38-5.33 |
| Test Name | Result | Unit | Level | Range | | | | | |
| HBA1C | 5.6 | % | | Nondiadetic : 4 | URIC ACID - SERUM | | | | |
| (GLYCOSYLATED HAEMOGLOBIN)-WHO | | | | - 5.6 % Prediabetics : | Test Name | Result | | | Range |
| LE BLOOD | | | | 5.7 - 6.4% | URIC ACID - SERUM | 7.7 * | mg/dL | | 2.6-7.2 |
| | | | | Diabetes : | | | | | |
| | | | | ADA | Test Name | Result | Unit | Level | Range |
| | | | | Theraputic goal : <7% | BILIRUBIN CONJUGATED (DIRECT) - SERUM | 0.2 | mg/dL | | 0.0-0.2 |
| LIPID PROFILE TEST | (PACKA | AGE) | | | , | | | | |
| Test Name | Result | | Level | Range | PROSTATIC SPECIFIC | ANTIG | EN (PS | A TO | TAL) - |
| HDL CHOLESTEROL - SERUM | 53 | mg/dl | • | 30-70 | SERUM Test Name | Result | Unit | Level | Range |
| | | | | | PROSTATIC SPECIFIC | 0.11 | ng/mL | | 0.00-6.50 |
| LDL CHOLESTEROL -SERUM | 177 * | mg/dl | • | Optimal: <100 | ANTIGEN (PSA TOTAL) - SERUM | | - | | |
| VLDL CHOLESTEROL - | 25 | mg/dl | • | 0-35 | BUN (BLOOD UREA N | IITROGI | EN) | | |
| SERUM (Calculated) | | | | | Test Name | Result | - | Level | Range |
| LIVER FUNCTION TES | ST (PAC | KAGE |) | | BUN (BLOOD UREA | 13.6 | mg/dL | | 7.0-18.0 |
| Test Name | Result | | | Range | NITROGEN) | | | | |
| PROTEIN TOTAL - | 7.7 | g/dL | | 6.4-8.3 | LIVER FUNCTION TES | ST (DAC | KVGE | 1 | |
| SERUM | | | | | Test Name | Result | • | | Range |
| | 2.9 | g/dL | | 1.8-3.6 | | | Onit | Level | _ |
| GLOBULIN: (CALCULATED) - | 2.9 | 9,42 | | 1.0 0.0 | A/G - RATIO | 1.7 | | | 1.0-2.0 |

Borderline High/Low

Out of Range

Within Normal Range

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Test Name Result Unit Level Range

BUN/CREATININE RATIO

12.8

ECG

COMPLETE RIGHT BUNDLE BRANCH BLOCK IN SINUS RHYTHM.
LEFT AXIS DEVIATION.

TREADMILL TEST / STRESS TEST

STRESS TEST IS NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHAEMIA.

ULTRASOUND SCREENING WHOLE ABDOMEN

- * Grade I fatty liver.
- * Calculus in left kidney.
- * Post TURP in prostate.

[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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Dr.SHARMISTHA MALLIK

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.

Printed By:

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AICVD RISK SCORE REPORT

| RISK STATUS | YOUR SCORE | ACCEPTABLE SCORE | | | |
|-------------|------------|------------------|--|--|--|
| Low Risk | 5 | 8 | | | |

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.

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