Name	: Ms. EC	DDIMI VIJAYA LAXMI (45 /F)		Date	: 30/10/2024		
Address	:						
Examined	by:Dr.SU	CHISMITA BHAUMIK		UHID	: AMHL.0002445215		
Package : MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANC FEMALE HCK			PLUS CHECK ADVANCE	AHC No	: AMHLAH224650		
		AINTS	ENT - Nil Significant				
For corporate I	nealth chec	kup	Musculoskeletal system	n			
PRESENT KNOWN ILLNESS No history of - Diabetes mellitus, Dyslipidemia, Thyroid disorder, Heart disease, Stroke, Asthma		Spine and joints - Nil Significant					
		disorder, Heart disease, Stroke, Asthma	Skin - allergic rash				
Hypertension		Medication - regular; - Telma 40	Weight - stable				
DRUG	ALLERG	SY	Version Past medical hist	orv			
	ERGY	:30/10/2024	Past medical history	- nil significant			
	EMIC RE	/IEW	Surgical history				
Cardiovascula	ar system		Appendicectomy	- yes			
High blood pre	ssure - yes	; Medication - yes	Hysterectomy	- yes			
Respiratory sy	/stem		Personal history				
- Nil Significant	t		Marital status	- Married			
Oral and denta	al		No. of children	- 3			
- Nil Significant	t		Diet	- Non Vege	etarian		
Gastrointestin	al system		Alcohol		consume alcohol		
Dyspepsia - ye acidity, bloating		persistent; Symptoms -	Smoking Chews tobacco Physical activity	- No - No - Sedentary	V		
Genitourinary	system		+		,		
- Nil Significant	t		Family history				
Gynaec histor	у		Father	- has expire			
No of Children	- 3; Last ch	nild birth - 15 yrs;	Mother	- has expire			
Deliveries - normal vaginal delivery; Hysterectomy -		Diabetes Coronary artery	- father,mo - none				
yes			disease	- none			
Central nervo	-		Cancer	- None			
- Nil Significant	t		PHYSICAL EXAMINA	ATION			
Eyes			•				
Vision - norma for - refractive	-	es; Glasses - yes; Glasses					

UHID ; AMHL.0002445215

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Package : MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCE FEMALE HCK AHC No : AMHLAH224650

Build	- obese
Height	- 152
Weight	- 77.9
BMI	- 33.72
Pallor	- No
Oedema	- no



Cardiovascular system

Heart rate (Per minute)	- 79
Rhythm	- Regular
	- B.P. Sitting
Systolic(mm of Hg)	- 153
Diastolic(mm of Hg)	- 101
Heart sounds	- S1S2+

Respiratory system

Breath sounds

- Normal vesicular breath sounds



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Appearance	- Normal
Organomegaly	- No
Tenderness	- No

Opthalmology consultation

Opthalmology findings - OCULAR MOVEMENTS: (RE):FULL (LE):FULL ANTERIOR SEGMENTS: (RE):WNL (LE):WNL VISUAL ACUITY DISTANCE:WITHOUT GLASS (RE):6/ (LE):6/ VISUAL ACUITY NEAR:WITHOUT GLASS (RE):N8P (LE)N8P SPECTACLE POWER: RE:-2.50X10*(6/6) LE:-2.75X160*(6/6) ADD: +1.50DSPH(N6)

+1.50DSPH(N6) ADVICE:*Glass Rx*Review after 1yr/SOS

Printed By : Benazir Begaum

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Date

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COMPLETE HAEMOGRAI	М
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Result	Unit	Level	Range
11.9 *	g/dl	٠	12.0-15.0
4.30	Millio ul	n/ 🔍	3.8-4.8
35.9 *	%	٠	36-46
83.4	fl	٠	83-101
27.7	pg	٠	27-32
33.2	%	٠	31.5-34.5
13.4	%	٠	11.8-14.0
7500	/cu m	ım 🔍	4000-10000
1.76	lacs/o mm	cu 🔍	1.5-4.0
62	%	٠	40-80
31	%	٠	20-40
04	%	٠	2-10
03	%	٠	01-06
00	%	٠	0-0
Normoc	ytic Nor	mochro	mic cells
Adequa	te.		
	11.9 * 4.30 35.9 * 83.4 27.7 33.2 13.4 7500 1.76 62 31 04 03 00 Normoc	11.9 * g/dl 4.30 Millio 35.9 * % 83.4 fl 27.7 pg 33.2 % 13.4 % 7500 /cu m 1.76 lacs/c % % 31 % 04 % 03 % 00 %	11.9 * g/dl 4.30 Million/ 35.9 * % 83.4 fl 27.7 pg 33.2 % 13.4 % 7500 /cu mm 1.76 lacs/cu mm % 62 % 31 % 04 % 03 % 00 % Normocytic Normochro

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Test Name	Result	Unit	Level	Range
ERYTHROCYTE	21 *	mm/1st 单 hr		0-20
SEDIMENTATION				
RATE (ESR)				

URINE ROUTINE AND MICROSCOPY

Test Name	Result Unit	Level Ra	ange		
Volume:	40 mL				
Colour:	Pale Straw				
Appearance	Slightly Turbid				
Specific Gravity	1.010				
pH:	6.0				
Albumin:	Not Detected				
Glucose	Not Detected				
Ketone:	Not Detected				
Bile Pigments	Not Detected				
RBC	Nil /hpf				
Pus Cells	Occasionalhpf				

Epithelial Cells	2-4 /h.p.f /hpf
Casts:	Not Found
Crystals:	Not Found

URINE SUGAR - POST PRANDIAL (QUALITATIVE)

Test Name	Result	Unit	Level	Range
URINE	Nil			
GLUCOSE(POST				
PRANDIAL)				

URINE SUGAR- FASTING(QUALITATIVE)

Test Name	Result	Unit	Level	Range
URINE	Nil			
GLUCOSE(FASTING)				

BLOOD GROUPING AND TYPING (ABO AND RH)

Test Name	Result Unit	Level	Range
ABO Group:	А		
Rh (D) Type:	POSITIVE		

ALT(SGPT) - SERUM

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM	38 *	U/L	٠	0-35

ALBUMIN - SERUM

Test Name	Result	Unit	Level	Range
ALBUMIN - SERUM	4.3	g/dL	•	3.5-5.1

ALKALINE PHOSPHATASE - SERUM

Test Name	Result	Unit	Level	Range
ALKALINE PHOSPHATASE - SERUM	108 *	U/L	•	33-98

AST (SGOT) - SERUM

Test Name	Result	Unit	Level	Range
AST (SGOT) - SERUM	24	U/L	•	0-35
BILIRUBIN, TOTAL - S	BERUM			
Teat Name	Decult	11	Laval	Danaa

Test Name	Result	Unit Level	Range
BILIRUBIN TOTAL - SERUM	0.3	mg/dL 🔍	0.3-1.2

CHOLESTEROL - SERUM

Test Name Result Unit Level Range

Borderline High/Low

Package : MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCE FEMALE HCK AHC No ; AMHLAH224650

	168	mg/dl	_	0-200				
SERUM Non-HDL Cholesterol	119	Ū			LDL CHOLESTEROL -SERUM	81	mg/dL 🔍	0-100
CREATININE - SERUN					VLDL CHOLESTEROL - SERUM (Calculated)	38 *	mg/dL 🔶	0-35
Test Name	Result	Unit	l evel	Range				
CREATININE - SERUM	0.5 *	mg/dl		0.6-1.1	PROTEIN TOTAL - SE	RUM		
CREATININE - SERUM	0.5 *	mg/dl		0.6-1.1	Test Name	Result	-	Range
CREATININE - SERUM	0.5	mg/u	-	0.0-1.1	PROTEIN TOTAL - SERUM	6.7	g/dL 🔍	6.4-8.3
GGTP: GAMMA GLUT SERUM	AMYL T	RANS	PEPT	IDASE -	Albumin/Globulin Ratio	1.8	•	1.0-2.0
Test Name	Result	Unit	Level	Range	GLOBULIN:	2.4	g/dL 🛛 🔵	1.8-3.6
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE -	33	U/L	•	0-38	(CALCULATED) - SERUM			
SERUM					TOTAL T3: TRI IODOT	HYRON	IINE - SERUI	М
					Test Name	Result	Unit Level	Range
GLUCOSE - PLASMA	•				TOTAL T3: TRI	1.33	ng/ml 🛛 🔍	0.87-1.78
Test Name	Result			Range	IODOTHYRONINE - SERUM			
GLUCOSE - PLASMA (FASTING)	127 *	mg/dl	- •	70-99	(Chemiliminescence)			
GLUCOSE - PLASMA	(POST I	PRANI			TOTAL T4: THYROXIN	IE - SEF	RUM	
Test Name	•			Range	Test Name	Result	Unit Level	Range
GLUCOSE - PLASMA (POST PRANDIAL)	218 *	mg/dl	-	70-140	TOTAL T4: THYROXINE - SERUM (Chemiliminescence)	9.7	µg/dL ●	5.48-14.28
HBA1C (GLYCOSYLA					TRIGLYCERIDES - SE	RUM		
				D	Test Name	Result	Unit Level	Range
Test Name HBA1C	Result 6.3 *	Unit %	Level	Range Nondiadetic: 4	TRIGLYCERIDES -	215 *	mg/dL 🔴	0-150
(GLYCOSYLATED	0.3	70	•	- 5.6 %	SERUM			
HAEMOGLOBIN)-WHO LE BLOOD				Prediabetics : 5.7 - 6.4% Diabetes :	TSH: THYROID STIMU SERUM	JLATING	HORMONE	-
				>/= 6.5%	Test Name	Result	Unit Level	Range
				ADA Theraputic goal : <7%	TSH: THYROID STIMULATING HORMONE - SERUM (Chemiliminescence)	1.87	µIU/mL ●	0.38-5.33
HDL CHOLESTEROL	- SERUI	M			(61161111111100001100)			
Test Name	Result			Range	URIC ACID - SERUM			
HDL CHOLESTEROL -	49	mg/dl	-	30-70	Test Name	Result		Range
SERUM	0			On the state 5	URIC ACID - SERUM	4.7	mg/dL 🔍	2.4-5.7
TC/HDL-C ratio serum	3		•	Optimal<3.5	BILIRUBIN CONJUGA	TED (DI	RECT) - SEF	RUM
LDL CHOLESTEROL -	SERUM	l			Test Name	•	Unit Level	

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BILIRUBIN	0.2	mg/dL 🔎	0.0-0.2
CONJUGATED			
(DIRECT) - SERUM			

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit Level	Range
BUN (BLOOD UREA NITROGEN)	7.0	mg/dL 🔎	7.0-18.0
UREA - SERUM	15	mg/dL 🔍	13-43
UREA - SERUM	15	mg/dL 🔍	13-43

BUN/CREATININE RATIO

Test Name	Result	Unit Leve	Range
BUN/CREATININE RATIO	14		
BUN (BLOOD UREA NITROGEN)	7.0	mg/dL 🔎	7.0-18.0
UREA - SERUM	15	mg/dL 🔍	13-43
UREA - SERUM	15	mg/dL 🔍	13-43
CREATININE - SERUM	0.5 *	mg/dL 🔎	0.6-1.1
CREATININE - SERUM	0.5 *	mg/dL 🔎	0.6-1.1

PAP SMEAR /CERVICAL SMEAR

Ref No: AG01.C2408667 SPECIMEN TYPE: Vault smear (Papanicolaou stain) x 1 SPECIMEN ADEQUACY: Satisfactory for evaluation INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy,with no organism

ULTRASOUND SCREENING WHOLE ABDOMEN

* Hepatomegaly with 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.]

Dr. KOUSHIKI SEN DNB RESIDENT In consultation with

DR. DEBASISH DATTA DMRD (RADIODIAGNOSIS) CONSULTANT RADIOLOGIST Reg. No. 42727 (WBMC)

ECG

SINUS RHYTHM. LOW VOLTAGE QRS WITH POOR "R" WAVE PROGRESSION.

X-RAY MAMMOGRAPHY BILATERAL (MHC)

* Small circumscribed subcentimetric nodular radio opacity in the outer quadrant of the left breast, well-projected only a single view. (BIRADS II)

* No other significant abnormality detected.

[Suggested: USG correlation, if clinically indicated.]

BIRADS Category: (0 Negative, 2

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)

Biochemistry

A/G - RATIO

Within Normal Range

Borderline High/Low

UHID : AMHL.0002445215

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CARDIOLOGY TREADMILL TEST / STRESS TEST



Within Normal Range



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Executive Summary



1. H/O Hypertension - on medication.

- 2. Obesity.
- 3. Pre-diabetic.
- 4. USG Hepatomegaly with grade I fatty liver.

5. MAMMOGRAPHY - Small circumscribed subcentimetric nodular radio opacity in the outer quadrant of the left breast, well-projected only a single view. (BIRADS II).

Wellness Prescription

Advice On Diet :-



* Low fat, low calorie, low sugar, low salt healthy balanced diet.

* Drink plenty of fluids.

Advice On Physical Activity :-



* Regular exercise and maintain ideal weight.

Other Lifestyle Changes & Recommendations :-

- * Regular BP Monitoring.
- * Weight reduction advised.
- * Dietician review.

Medications

- * Tab. GLYCIPHAGE SR 500 MG (METFORMIN) 1 tab. once daily after breakfast to continue.
- * To continue home medication as before.

Recommended Follow-up Tests

Test Name	Test Schedule	Repeat Frequency	Remarks
ULTRASOUND BREAST BILATERAL	7 Day(s)		Review with report.
HBA1C - BLOOD	3 Month(s)		Review with report.

Follow-up and Review Plan



* Annual health check-up.



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Printed By : AVIJIT DAS

Dr.SUCHISMITA BHAUMIK

AHC Physician / Consultant Internal Medicine

Date

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. UHID : AMHL.0002445215

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Medications

- * Tab. GLYCIPHAGE SR 500 MG (METFORMIN) 1 tab. once daily after breakfast to continue.
- * To continue home medication as before.

Dr.SUCHISMITA BHAUMIK

AHC Physician / Consultant Internal Medicine

Name : Ms. EDDIMI VIJAYA LAXMI (45 /F)

UHID : AMHL.0002445215

: 30/10/2024

Date

Package : MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCE FEMALE HCK AHC No : AMHLAH224650

AICVD RISK SCORE REPORT					
RISK STATUS	YOUR SCORE	ACCEPTABLE SCORE			
Moderate Risk	6	4			

Your likelihood of developing cardiovascular disease in the next ten years is 1.3 times higher than the people of 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
- It is recommended that you visit your physician every 6 months if you have:
 - o Uncontrolled high blood pressure, Diabetes, Dyslipidemia, Coronary heart disease

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.

The Clinical AI Models and APIs used at Apollo Hospitals are certified by ISO 13485 : 2016 vide certificate no. MD 763515