

## Mrs. RASHMI KUMARI (43 /F)

UHID : ASHB.0000032958

AHC No : BPLAH7527 Date : 24/03/2024

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

ADVANCED-FEMALE

#### Dear Mrs. RASHMI KUMARI

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

**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.

Name : Mrs. RASHMI KUMARI (43 /F) Date : 24/03/2024

Address: VISHNU HIGH TECK CITY D-98 BAWADIYA KALAN, BHOPAL, BHOPAL, MADHYA

PRADESH, INDIA

Examined by : Dr. GOPAL BATNI UHID : ASHB.0000032958

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**ADVANCED-FEMALE** 



## **Chief Complaints**

For corporate health checkup

**Burning Micturition** 

## Present Known illness

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

disease, Stroke, Asthma, COPD, Cancer, Impaired Glycemia



## **Drug Allergy**

NO KNOWN ALLERGY :12/04/2024



## **Systemic Review**

Cardiovascular system : Chest pain - no; Breathing difficulty - no

Respiratory system : - Nil Significant

Oral and dental : - Nil Significant

Gastrointestinal system : Appetite - normal; Bowel habits - regular

Genitourinary system : Frequency - increased; Dysuria/burning micturition - intermittent; Urgency -

no

**Gynaec history**: Last menstrual period - 2months; Pregnant - No; Periods - irregular; No of

Children - 1; No of deliveries - 1; Deliveries - LSCS; Number of abortions -

1

Central nervous system : - Nil Significant

**Eyes**: Vision - defective; Glasses for - reading

**ENT** : - Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin : - Nil Significant

Weight : - stable

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# MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

- Nil Significant **General symptoms** 

Present medications: - Nil

## Past medical history

Past medical history - nil significant

Covid 19 - Yes Post detection (3 - No

Weeks)

Hospitalization for - No

Covid 19

## **Surgical history**

Caesarian section

## Immunization history

Covid Dose1, Covid Dose2



## **Personal history**

Ethnicity - Indian Asian

Marital status - Married

No. of children

- house wife Occupation Diet - Mixed Diet

Alcohol - does not consume alcohol

- No Smoking Chews tobacco - No Physical activity - Mild



## **Family history**

Father - has expired

Aged - 50

Cause - accident Mother - alive

Aged - 65 **Brothers** 1 Sisters

Hypertension - father, brother

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Coronary artery - none

disease

Cancer - None

## **Physical Examination**



## General

General appearance - normal
Build - normal
Height - 159
Weight - 62.6
BMI - 24.76
Pallor - No
Oedema - no



## Cardiovascular system

Heart rate (Per minute) - 69

Rhythm - Regular Systolic(mm of Hg) - 106 Diastolic(mm of Hg) - 73

- B.P. Sitting

Heart sounds - S1S2+

## Respiratory system

Breath sounds - Normal vesicular breath sounds



## **Abdomen**

Appearance - Normal
Organomegaly - No
Tenderness - No



## **Central nervous system**

- No neurological deficit



- No significant finding

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# MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 



## **Musculo Skeletal System**

- No significant finding

## **Psychological Assessment**

Psychological assessment - Normal

## Opthalmology consultation

Opthalmology consultation

done by

Opthalmology findings

- Dr.SANGEETA BHADRA

 o/e presbiopia rest A/S WNL

ADV E/D REFRESH TEAR QID

Printed By: SANGEETA BHADRA

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# MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

## **COMPLETE BLOOD COUNT(CBC) WITH ESR**

| Test Name                            | Result  | Unit       | Level | Range        |
|--------------------------------------|---------|------------|-------|--------------|
| HAEMOGLOBIN                          | 12.6    | g/dL       | •     | 12.0 to 15.1 |
| Packed cell volume (Calculated)      | 36.3    | %          | •     | 35.5-44.9    |
| RBC Count                            | 4.56    | Million/ul | •     | 4.00-5.20    |
| MCV-                                 | 79.7 *  | fl         | •     | 80-100       |
| MCH-                                 | 27.7    | pg         | •     | 27-32        |
| MCHC-                                | 34.8    | g/dL       | •     | 32-36        |
| RDW                                  | 15.7    | %          | •     | 12.2-16.1    |
| TLC COUNT                            | 7.04    | 10³/mm³    | •     | 4.0-11.0     |
| Neutrophils                          | 60      | %          | •     | 40-80        |
| Lymphocytes                          | 29      | %          | •     | 20-40        |
| Monocytes                            | 9       | %          | •     | 2-10         |
| Eosinophils                          | 2       | %          | •     | 1-6          |
| Basophils                            | 0       | %          | •     | 0-2          |
| Platelet Count                       | 134.1 * | 10³/mm³    | •     | 150-450      |
| Mean Platelet Volume                 | 12.8 *  | fl         | •     | 6.5-12.0     |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 51 *    | mm/1st hr  | •     | 0-20         |

## **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       | Unit Le | vel Range     |
|---------------------|--------------|---------|---------------|
| Specific Gravity    | 1.005        |         | 1.005 - 1.025 |
| Colour:             | Pale-Yellow  |         |               |
| Transparency:       | Clear        |         |               |
| рН                  | Acidic       |         |               |
| Protein :           | Nil          |         |               |
| Sugar:              | Nil          |         |               |
| Ketone              | Nil          |         |               |
|                     |              |         |               |
| Within Normal Range | Borderline H | igh/Low | Out of Range  |

MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

Bilirubin: Nil

RBC Nil

Pus Cells 2-4 /hpf 0.0 - 5.0/HPF

Epithelial Cells 6-8 /hpf <20

Yeast Cells Absent

Bacteria: Absent

Casts: Absent ABSENT

Crystals: Absent

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name Result Unit Level Range

ABO Group: B

Rh (D) Type: Positive

**GLUCOSE - SERUM / PLASMA (FASTING)** 

Test Name Result Unit Level Range

Glucose - Plasma (Fasting) 95 mg/dL 70-100

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name Result Unit Level Range

Glucose - Plasma (Post prandial) 102 mg/dL 70-140

**GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD** 

Test Name Result Unit Level Range

GLYCOSYLATED HEMOGLOBIN 5.5 % 4.0-5.6

(HBA1C) - WHOLE BLOOD

**LIPID PROFILE TEST (PACKAGE)** 

Test Name Result Unit Level Range

Total Cholesterol 150 mg/dL • Desirable: <200

Borderline High: 200–239

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High >240

HDL Cholesterol 48 mg/dL >40

Within Normal Range Borderline High/Low Out of Range

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| LDL Cholesterol (Direct LDL)                           | 93    | mg/dL | • | Optimal: <100<br>Above optimal: 100-129<br>Borderline high: 130-159<br>High: 160-189<br>Very high: >190 |
|--|-------|-------|---|---|
| Triglycerides - Serum                                  | 132   | mg/dL | • | Normal<150<br>Borderline high 150–199<br>High 200–499<br>Very high: ≥ 500                               |
| VLDL CHOLESTEROL - SERUM                               | 26    |       | • | 15-30   |
| Total Cholesterol / HDL Cholesterol Ratio (Calculated) | 3.1 * |       | • | 3.5-5.0   |

## **LIVER FUNCTION TEST (PACKAGE)**

| Test Name                                | Result     | Unit                | Level | Range        |  |
|--|------------|---------------------|-------|--------------|--|
| Protein Total - Serum                    | 7.2        | g/dL                | •     | 6.6-8.3      |  |
| Albumin - Serum                          | 4.2        | g/dL                | •     | 3.5-5.2      |  |
| GLOBULIN                                 | 3.0        | g/dL                | •     | 2.6-4.6      |  |
| ALBUMIN AND GLOBULIN RATIO               | 1.4        |                     | •     | 0.9-2.0      |  |
| AST (SGOT)                               | 22         | U/L                 | •     | < 35         |  |
| ALT(SGPT) - SERUM                        | 20         | U/L                 | •     | <35          |  |
| BILIRUBIN TOTAL                          | 0.6        | mg/dL               | •     | 0.3–1.2      |  |
| BILIRUBIN CONJUGATED (DIRECT)            | 0.1        | mg/dL               | •     | <0.2         |  |
| BILIRUBIN UNCONJUGATED (INDIRECT)        | 0.5        | mg/dL               | •     | 0.1-1.2      |  |
| Alkaline Phosphatase - Serum             | 66         | U/L                 | •     | 30-120       |  |
| GAMMA GLUTAMYL<br>TRANSPEPTIDASE - SERUM | 20         | U/L                 | •     | 0-38         |  |
| CREATININE - SERUM / PLASMA              |            |                     |       |              |  |
| Test Name                                | Result     | Unit                | Level | Range        |  |
| CREATININE - SERUM / PLASMA              | 0.83       | mg/dL               | •     | 0.55-1.02    |  |
| Within Normal Range                      | Borderline | Borderline High/Low |       | Out of Range |  |

## MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

#### **URIC ACID - SERUM / PLASMA**

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.

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| Test Name   | Result | Unit   | Level | Range   |
|---|--------|--------|-------|---|
| Uric Acid - Serum   | 5.1    | mg/dL  | •     | 2.6-6.0   |
| BUN (BLOOD UREA NITROGEN)   |        |        |       |   |
| Test Name   | Result | Unit   | Level | Range   |
| BUN (BLOOD UREA NITROGEN)   | 10.1   | mg/dL  |       | Female: <50yrs 7.01-18.7 mg/dl<br>Female:>50yrs 9.81-20.1 mg/dl |
| THYROID PACKAGE   |        |        |       |   |
| Test Name   | Result | Unit   | Level | Range   |
| TOTAL T3: TRI IODOTHYRONINE -<br>SERUM                                      | 1.00   | ng/ml  | •     | 0.60-1.81   |
| TOTAL T4: THYROXINE - SERUM   | 9.62   | μg/dL  | •     | 5.01 - 12.45  |
| TSH: Thyroid Stimulating Hormone  PAP SMEAR /CERVICAL SMEAR  Histopathology | 3.4    | μIU/mL | •     | 0.35-5.50   |

Lab Ref No:

ASP/308/24

Specimen:

Received two conventional alcohol-fixed smears for cervical cytology. Papanicolaou staining done.

SPECIMEN ADEQUACY:

Satisfactory for evaluation

Microscopic Description:

Smears show superficial and intermediate squamous cells admixed with moderate polymorphonuclear infiltrate. Endocervical cell clusters appear normal.

#### INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy (NILM)- Inflammatory

## MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

#### **MAMMOGRAPHY**

Impression:- Both breasts demonstrate predominantly fatty tissue composition. No focal masses or architectural distortions are identified. No abnormal calcification are seen. Thickened band of fibroglandular tissue admixed with fibro fatty stroma seen in both breast in upper inner and outer quadrant. No definite focal lesion or abnormal duct dilatation seen. (BIRADS 2).

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The bilateral axillary lymph nodes appear unremarkable, with no evidence of abnormal enlargement or suspicious features.

Adv:-Clinical correlation with patient history is recommended for a comprehensive evaluation of breast health, regular breast self examination and routine screening are advice as per standard guideline.

#### **ULTRASOUND - WHOLE ABDOMEN**

IMPRESSION:- Sonography Study Reveals:-

• Bilateral few renal concretions (3mm). Renal cortex and medulla appears normal. No evidence of hydronephrosis or hydroureter.

ADV:- Clinical Correlation.

#### X-RAY CHEST PA

IMP:- RADIOGRAPHIC IMAGE REVEALS:-Normal findings are seen.

Thanks for Ref

#### **CARDIOLOGY**

TMT/2D ECHO

**ECG** 

## MEDIWHEEL FULL BODY ANNUAL PLUS CHECK

**ADVANCED-FEMALE** 

## **Executive Summary**



HEALTHY. REPORTS ARE WNL.

## **Wellness Prescription**

Advice On Diet :-



BALANCED DIET.

## **Advice On Physical Activity:-**



ROUTINE.

Printed By: Gopal Batni

Dr.GOPAL BATNI

AHC Physician / Consultant Internal Medicine

AHC No: BPLAH7527

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.