

Patient Name : Mrs.VANJARAPU MADHURI	Collected : 28/Oct/2023 08:51AM
Age/Gender : 27 Y 6 M 16 D/F	Received : 28/Oct/2023 10:25AM
UHID/MR No : CVIS.0000065200	Reported : 28/Oct/2023 11:53AM
Visit ID : CMYSOPV118784	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95524545458	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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SIN No:BED230263658

Patient Name : Mrs.VANJARAPU MADHURI	Collected : 28/Oct/2023 08:51AM
Age/Gender : 27 Y 6 M 16 D/F	Received : 28/Oct/2023 10:25AM
UHID/MR No : CVIS.0000065200	Reported : 28/Oct/2023 01:18PM
Visit ID : CMYSOPV118784	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	11.1	g/dL	12-15	Spectrophotometer
PCV	36.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	5.26	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	70	fL	83-101	Calculated
MCH	21	pg	27-32	Calculated
MCHC	30.1	g/dL	31.5-34.5	Calculated
R.D.W	15.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,500	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	55.3	%	40-80	Electrical Impedence
LYMPHOCYTES	33.1	%	20-40	Electrical Impedence
EOSINOPHILS	4.4	%	1-6	Electrical Impedence
MONOCYTES	6.9	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2488.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1489.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	198	Cells/cu.mm	20-500	Calculated
MONOCYTES	310.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.5	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	369000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

R.B.C: Majority are microcytic hypochromic with normocytic hypochromic RBCs. Also seen are few pencil shaped cells and normocytic normochromic cells.

W.B.C: Are normal in number, morphology and distribution .

Platelets: Normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

Note : Suggested iron studies.



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.VANJARAPU MADHURI	Collected : 28/Oct/2023 12:58PM
Age/Gender : 27 Y 6 M 16 D/F	Received : 28/Oct/2023 02:25PM
UHID/MR No : CVIS.0000065200	Reported : 28/Oct/2023 02:58PM
Visit ID : CMYSOPV118784	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 95524545458	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	97	mg/dl	74-106	GOD, POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Patient Name : Mrs.VANJARAPU MADHURI	Collected : 28/Oct/2023 08:51AM
Age/Gender : 27 Y 6 M 16 D/F	Received : 28/Oct/2023 01:03PM
UHID/MR No : CVIS.0000065200	Reported : 28/Oct/2023 01:57PM
Visit ID : CMYSOPV118784	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	77	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230098196

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	177	mg/dl	0-200	CHOD
TRIGLYCERIDES	43	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.92	mg/dL	<100	Calculated
VLDL CHOLESTEROL	8.68	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.51		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04523534

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.81	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.61	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	66.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.69	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.31	g/dL	2.0-3.5	Calculated
A/G RATIO	2.03		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.68	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	24.96	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	11.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.89	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	4.04	mg/dl	2.7-4.5	Molybdate
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	12-43	Glycylcysteine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.510	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23152772

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Visit ID : CMYSOPV118784	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

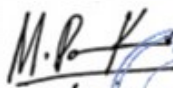
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

***** End Of Report *****

Result/s to Follow:

LBC PAP TEST (PAPSURE)



Dr. PAVAN KUMAR M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

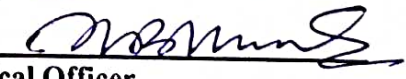
This is to certify that I have conducted the clinical examination

of Mrs VANJARAJU MADHURI on 27/10/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ • Unfit 	

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph: 0821-406640/41

Dr. 
 Medical Officer
 The Apollo Clinic, Mysore.

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Date : 28-10-2023
MR NO : CVIS.0000065200

Department : GENERAL
Doctor : *D. Umesh HB*

Name : Mrs. VANJARAPU MADHURI

Registration No : *67084*
Qualification : *M.B.B.S. MD*

Age/ Gender : 27 Y / Female

Consultation Timing: 08:38

Height : <i>152</i>	Weight : <i>51.8</i>	BMI : <i>23</i>	Waist Circum :
Temp :	Pulse : <i>70/w</i>	Resp : <i>20/w</i>	B.P : <i>100/80</i>

General Examination /
Allergies History

CNS
AS
PA | *N/A*

Clinical Diagnosis & Management Plan

Adv

Regular *Enema*

Follow up date :

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

D. Umesh
Doctor Signature

Date : 28-10-2023
MR NO : CVIS.0000065200

Department : GENERAL Dietetics
Doctor : Madhura. B.P

Name : Mrs. VANJARAPU MADHURI

Registration No :

Age/ Gender : 27 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 08:38

IBW - 50kg

Height : 152	Weight : 51.8	BMI : 22 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /
Allergies History


Hb - 11.1
LDL - 117.92

Clinical Diagnosis & Management Plan

- ⇒ * Advised balanced diet with Iron rich food
- ⇒ Use skimmed / Toned milk regularly.
- ⇒ Avoid acids, sugar, too much of salt, bakery soda and any form of cream.
- ⇒ Avoid bakery products, chate, deep fried foods, junk food, packed and processed foods completely.
- ⇒ Drink 12-14 big glasses of water / day.
- ⇒ Regular physical activity / exercise if necessary.
- ⇒ weekly once one fistfull of all variety of dry-fruits & nuts.

Follow up date :

Doctor Signature


B.P
28/10/2023

Date : 28-10-2023
MR NO : CVIS.0000065200

Department : GENERAL
Doctor :

Name : Mrs. VANJARAPU MADHURI

Registration No :

Age/ Gender : 27 Y / Female

Qualification :

Consultation Timing: 08:38

Height : 152	Weight : 51.8	BMI : 23	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

mL → Mrs. Palla
Both DS.
Tubed Clomised

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

PH - NS
PH - hypertension
USG - normal
slightly.

MH regular cycles
lmp → 8/10/23.

OLE → breasts MAD

adv. regular walk / yoga .
avoid junk food .

Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 28-10-2023
MR NO : CVIS.0000065200

Department : GENERAL
Doctor :

Name : Mrs. VANJARAPU MADHURI

Registration No : Dr. Praveen Kumar R

Age/Gender : 27 Y / Female

Qualification : MS (ENT)

Consultation Timing: 08:38

Height : 152	Weight : 51.8	BMI : 23	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Come for regular health check up

Ears : Bilateral TM @

Nose : Normal Mucosa @

oral cavity in exploration - @

neck @

As recommended

Follow up date :

Doctor Signature

Dr
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Date : 28-10-2023
 MR NO : CVIS.0000065200
 Department : GENERAL Dental
 Doctor : Dr. Jyothishree
 Name : Mrs. VANJARAPU MADHURI
 Registration No :
 Qualification :
 Age/ Gender : 27 Y / Female

Consultation Timing: 08:38

Height : 152	Weight : 51.8	BMI : 22	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

O/E

8 / 8

Decayed

Adv:- Indicated OHI

El.

Cat, St + P

Adv:- Oral prophylaxis

Jyothishree

Follow up date :

Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-4006040/41

Date : 28-10-2023
MR NO : CVIS.0000065200

Department : GENERAL
Doctor :

Name : Mrs. VANJARAPU MADHURI

Registration No :

Age/ Gender : 27 Y / Female

Qualification :

Consultation Timing: 08:38

Height : 152	Weight : 51.8	BMI : 23	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Right eye

Left eye

Distance Vn

6/6

6/6

Near Vn

N6

N6

Colour Vn

normal

normal



Follow up date :

Doctor Signature

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 9821-4006040/41

Patient Name : Mrs. VANJARAPU MADHURI Age : 27 Y F
UHID : CVIS.0000065200 OP Visit No : CMYSOPV118784
Reported on : 28-10-2023 13:30 Printed on : 28-10-2023 13:30
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

IMPRESSION : NORMAL STUDY.



Pradeep

Printed on:28-10-2023 13:30

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)
Regd Office: 1-10-62/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Ph. No: 040 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

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Koramangala | Sarjapur Road | Mysore: VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name :Mrs. Vanjarapu Madhuri	Age & Sex; 27Yrs /Female
Date : 28.10.2023	UHID No:65200

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 61 %
- No clots. No pericardial effusion

Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

Apollo Health and Lifestyle Limited

ICIN: U65110TG2900910115819
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Koranganiguda: Sarjapur Road, **Mysore:** KV Manjunath

Online appointments: apolloh.com | ApolloH.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Vanjarapu Madhuri	Age & Sex; 27Yrs /Female
Date : 28.10.2023	UHD No:65200

Measurements

AO : 2.4 cm
LA : 2.8 cm

RV : 2.3 cm
LVIDd : 4.25 cm
LVIDs : 2.86 cm
IVSd : 0.76 cm
IVSs : 1.11 cm
PWd : 0.89 cm
PWs : 1.27 cm
EF : 61.0 %
FS : 32.0 %

Doppler

MV	TV	AV	PV
E 0.79 m/s	E --- m/s	V max 1.17 m/s	V max 1.11 m/s
A: 0.32 m/s	A --- m/s		
MR Nil	TR Nil	AR Nil	PR Nil

Dr. GURU PRASAD. B. V, MBBS, PGDCC
CONSULTANT – NON-INVASIVE CARDIOLOGY

Apollo Health and Lifestyle Limited

Regd. Office: 1-10-11/2/2000/PLC/1156/19
Regd. Office: 1-10-11/2/2000/PLC/1156/19, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
Tel: +91 964 489 7777 Fax: +91 404 7244 Email: enquiry@apollohospitals.com | www.apollohospitals.com

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Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mrs. Vanjarapu Madhuri	Date : 28.10.2023	Referring Doctor: Dr. Self
Age / Sex: 27Yrs/Female	UHID No : 65200	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and echotexture. No focal lesions seen. IHBR are not dilated. CBD and Portal vein are normal.

GALL BLADDER: It is well distended and normal. No calculi seen.

SPLEEN: It is normal in size. outline and echopattern. No e/o focal lesions.

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 9.4x3.3 cm with parenchymal thickness of 1.0 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 8.9x3.6 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

URINARY BLADDER: It is well distended. The UB wall is normal. No calculi seen.

UTERUS: It is anteverted and measures 8.9x3.7x5.0 cm with ET=5.7 mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 3.4x1.9 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 3.5x2.3cm. It is normal. No mass lesion seen.

OTHERS: No e/o free fluid in the abdomen. No e/o lymphadenopathy. No e/o gut wall thickening. No mass lesion seen in the abdomen.

IMPRESSION: NORMAL STUDY.


Dr. Chetan H. DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

ICMR: UB51107G2000PLC115R19
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Koramangala | Katrajur Road | Mysore: VV Mohallal
Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

ID: 65200

28-10-2023

11:41:36 AM

MRS VANJARAPU MADHURU

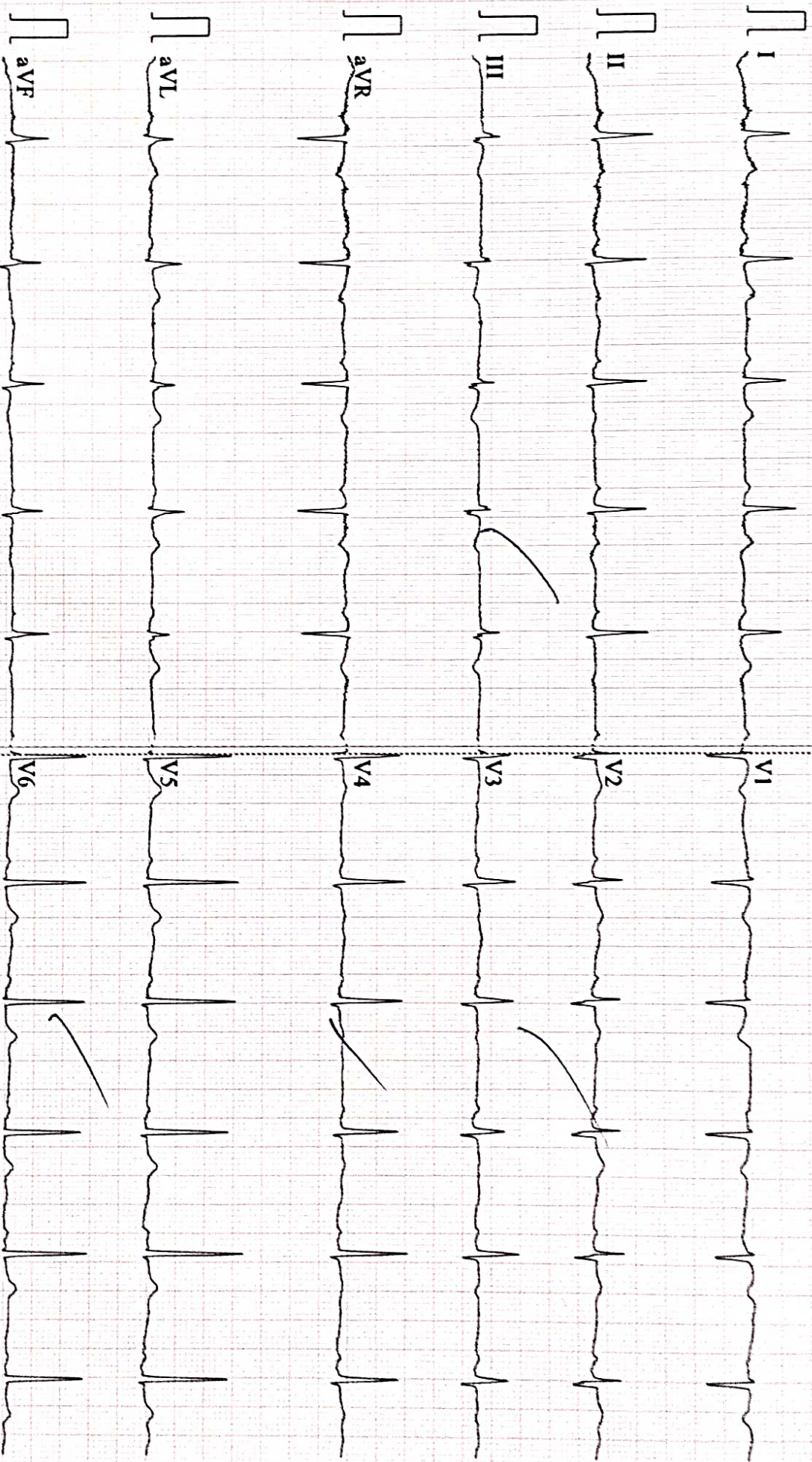
Female 27Years

152cm 51kg 100/80 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4006040/41



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 67 CARDIART

D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU