

Patient Name	: Mrs.REKHA S	Collected	: 22/Jun/2024 10:21AM
Age/Gender	: 38 Y 10 M 22 D/F	Received	: 22/Jun/2024 12:33PM
UHID/MR No	: CMYS.0000061182	Reported	: 22/Jun/2024 02:05PM
Visit ID	: CMYSOPV126529	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6850		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240160905



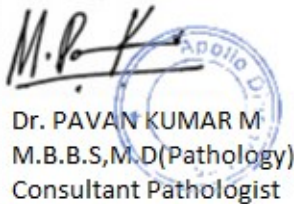
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	39.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	86	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.5	%	40-80	Electrical Impedance
LYMPHOCYTES	25.9	%	20-40	Electrical Impedance
EOSINOPHILS	1.7	%	1-6	Electrical Impedance
MONOCYTES	7.6	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5805	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2331	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	153	Cells/cu.mm	20-500	Calculated
MONOCYTES	684	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.49		0.78- 3.53	Calculated
PLATELET COUNT	203000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY

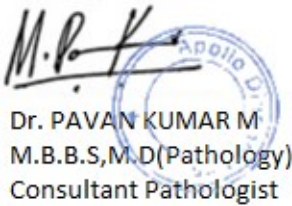
ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	mg/dl	74-106	GOD, POD

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:

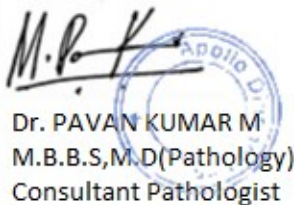
- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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



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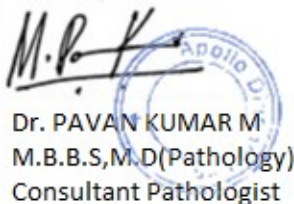
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ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	190	mg/dl	0-200	CHOD
TRIGLYCERIDES	133	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	37	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	153	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.49	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.59	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.15		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.20		<0.11	Calculated

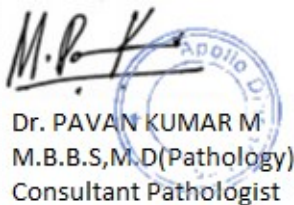
Comment:

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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.74	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.54	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	65.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.45	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.

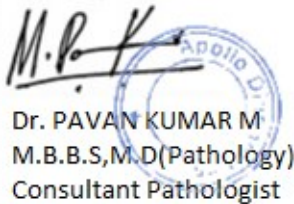
Values also correlate well with increasing BMI.

- 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, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2

2. Cholestatic Pattern:



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 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 HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.64	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	17.40	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.1	mg/dl	6-20	Urease, UV
URIC ACID	5.00	mg/dL	2.6-6	Uricase
CALCIUM	9.76	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dl	2.7-4.5	Molybdate
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	4.45	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.95	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		0.9-2.0	Calculated



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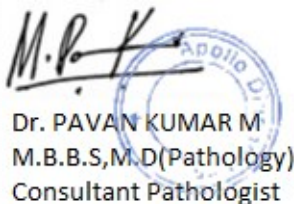


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	21.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.2	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	10.54	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.080	µIU/mL	0.35-4.94	CMIA

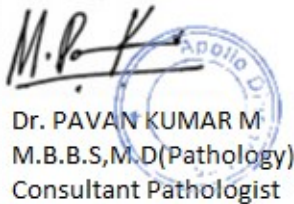
Comment:

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

- 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.
- 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.
- 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.
- 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

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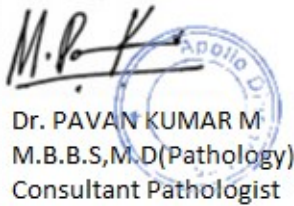


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DEPARTMENT OF IMMUNOLOGY

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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



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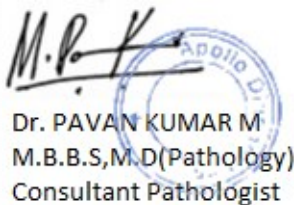
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.010		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5 - 7	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



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SIN No:UR2371918



Patient Name	: Mrs.REKHA S	Collected	: 22/Jun/2024 10:21AM
Age/Gender	: 38 Y 10 M 22 D/F	Received	: 22/Jun/2024 02:00PM
UHID/MR No	: CMYS.0000061182	Reported	: 22/Jun/2024 03:05PM
Visit ID	: CMYSOPV126529	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35E6850		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

*** End Of Report ***

Result/s to Follow:
LBC PAP TEST (PAPSURE)

Page 15 of 15


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

SIN No:UR2371918



8, 9, 12

Name : Mrs. REKHA S

Age: 38 Y

Sex: F

UHID: CMYS.0000061182



OP Number: CMYSOPV126529

Bill No : CMYS-OCR-23447

Date : 22.06.2024 10:02

Address : MYSORE

Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
INDIA OP AGREEMENT

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	LIVER FUNCTION TEST (LFT)	
3	GLUCOSE, FASTING	
4	HEMOGRAM + PERIPHERAL SMEAR	
5	GYNAECOLOGY CONSULTATION → P	
6	DIEET CONSULTATION → P	
7	COMPLETE URINE EXAMINATION	61.9 ✓
8	PERIPHERAL SMEAR	153,
9	EKG	120/80
10	LBC PAP TEST- PAPSURE	
11	RENAL PROFILE RENAL FUNCTION TEST (RFT KFT)	
12	DENTAL CONSULTATION	
13	HbA1c, GLYCATED HEMOGLOBIN	
14	ENT CONSULTATION → P	
15	FITNESS BY GENERAL PHYSICIAN → P	
16	BLOOD GROUP ABO AND RH FACTOR	
17	LIPID PROFILE	
18	BODY MASS INDEX (BMI)	
19	OPHTHAL BY GENERAL PHYSICIAN	
20	ULTRASOUND - WHOLE ABDOMEN	
21	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Niranjal

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Rokha S on 22/06/24

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 _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. [Signature]
Medical Officer
The Apollo Clinic, Mysore.



Date : 22-06-2024
MR NO : CMYS.0000061182
Name : Mrs. REKHA S
Age/ Gender : 38 Y / Female

Department : GENERAL
Doctor : Dr. Umesh H
Registration No : 67084
Qualification : M.B.B.S. MD

Consultation Timing: 10:02

Height : 153	Weight : 61.9	BMI :	Waist Circum :
Temp :	Pulse : 90/ub	Resp : 20/4	B.P : 120/80

General Examination /
Allergies History

AS
AS
SA / AS

Clinical Diagnosis & Management Plan

As

T. ALT-D₃ 60k
Ence a week (5)

Regular Ence

I- Calcid forte - (30)
010

I- Pantocid-D - (10)
500

Follow up date :


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

Date : 22-06-2024
MR NO : CMYS.0000061182

Department : GENERAL
Doctor :

Name : Mrs. REKHA S

Registration No :

Age/ Gender : 38 Y / Female

Qualification :

Consultation Timing: 10:02

Height : 153	Weight : 61.9	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

PH → NS

HT → hypertension.
Dent.

Clinical Diagnosis & Management Plan

HT - regular w/ds.
Imp → 3115124.

MI → 25 yrs. Pat; FINDS
subdomixed

Scan - left ovarian Hemorrhagic cyst
↓

adv: - regular walk / yoga.
- ortho optimum - for back
ache.
- ~~do~~ avoid junk food.

scan followup.
sep. 2024.

Follow up date :

B. J. Ramani
Doctor Signature

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

Date : 22-06-2024
MR NO : CMYS.0000061182
Name : Mrs. REKHA S
Age/ Gender : 38 Y / Female

Department : GENERAL [Dental]
Doctor : Dr. Sushil Kumar
Registration No :
Qualification :

Consultation Timing: 10:02

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

H R-S
+ 8 Buccals Placed } Adv. Extraction.

cat, sbt

Follow up date :


Doctor Signature

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

Date : 22-06-2024
 MR NO : CMYS.0000061182
 Name : Mrs. REKHA S
 Age/ Gender : 38 Y / Female

Department : GENERAL [Ophthal]
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 10:02

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

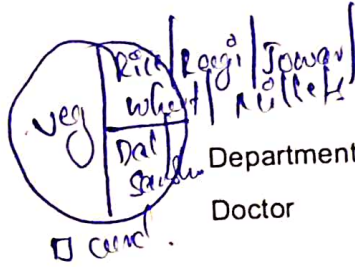
Distance	OD = 6/9	OS = 6/9
Near	N6	N6
Colour Vision	Normal	Normal

Follow up date :

Doctor Signature

Naveen

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



Date : 22-06-2024
 MR NO : CMYS.0000061182

Department : GENERAL Dietetic
 Doctor : Madhura. B.P

Name : Mrs. REKHA S
 Age/ Gender : 38 Y / Female

Registration No :
 Qualification : M.Sc Nutrition & Dietetic
 PhD*

Consultation Timing: 10:02

Height : 153	Weight : 61.9	BMI : 26 kg/m ²	Waist Circum : 180
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination / Allergies History

HDL - 37
 NON HDL - 153
 LDL - 126.49
 Chol / HDL - 5.15

Clinical Diagnosis & Management Plan

Δ^{sis} - Grade I Fatty liver, ovarian hemorrhagic cyst.
 → Advised low fat diet with fiber rich foods.
 → Dietary guidelines chart is given.

Follow up date :

Doctor Signature 22/6/2024

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

Date : 22-06-2024
MR NO : CMYS.0000061182

Department : GENERAL
Doctor :

Name : Mrs. REKHA S

Registration No : H. Praveen Kumar R

Age/ Gender : 38 Y / Female

Qualification : MS (ENT)

Consultation Timing: 10:02

Height : 153	Weight : 61.9	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for review unwell throat

Ear - (R) (M) - (N)

(L) Ex aoe - normal. (M) (N)

Nose - DNSTN (R) : Nasal allergy

oral cavity & oropharynx - (N)

seen (N)

to Review

Follow up date :

Doctor Signature

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

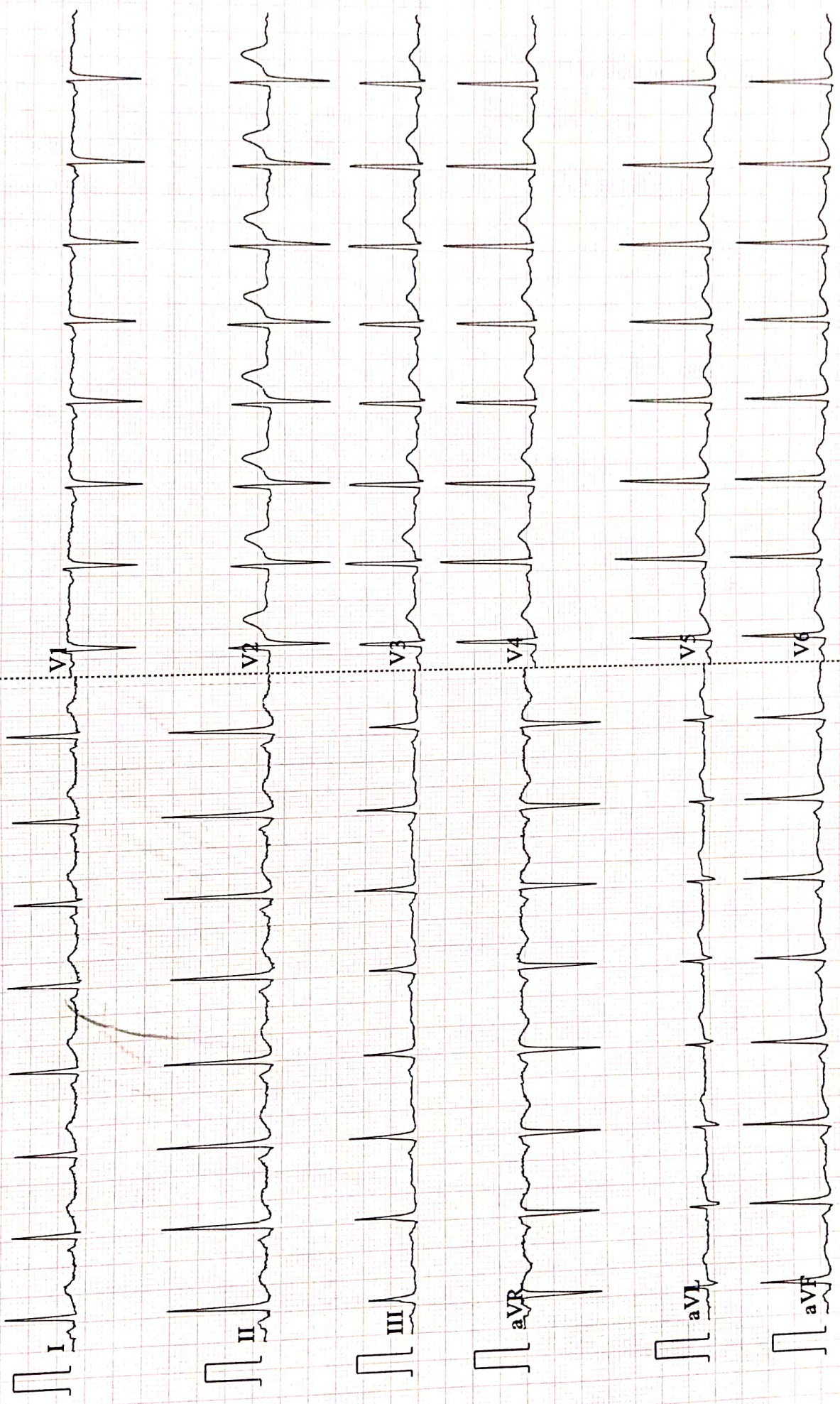
ID: 01162

MRS REKHA S
Female 38Years
153cm 61kg 120/80 mmHg

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

Diagnosis Information:

Unconfirmed Report.



Patient Name: Mrs. Rekha	Date : 06.04.2023	Referring Doctor: DR Self
Age / Sex: 38 Yrs/Female	UHID No : 7552	Location : OP
ULTRASONOGRAPHY- ABDOMEN & PELVIS		

LIVER: It is normal in size and is increased in 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 10.4x3.6 cm with parenchymal thickness of 1.2 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 11.9x3.7 cm with parenchymal thickness of 1.6 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 enlarged in size measures 10.6x5.0x5.8 cm with ET=10.8 mm. It is normal in echotexture. Posterior wall intramural fibroid measuring 2.8x2.0 cm is seen.

Rt. OVARY: It measures 3.5x2.5 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 5.5x2.9cm and shows a hemorrhagic cyst measuring 3.8x3.2 cm.

RIF: No evidence of focal collection or mass lesion seen. Appendix is not visualized.

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:

- ~~GRADE I FATTY LIVER.~~
- ~~BULKY UTERUS WITH FIBROID.~~
- LEFT OVARIAN HEMORRHAGIC CYST.

Dr. Chetan H, DNB

Consultant Radiologist.

Apollo Health Services Pvt. Ltd.

CIN: UB5110702000PLC115819

Regd. Office: 110/60/62, Ashoka Rajgopathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: 0471 4904 7777 | Fax No: 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore: Basavanagudi | Bellandur | Electronic City | Frayer Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli |
Koramangala: Harjipur Road | **Mysore:** VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788



ಭಾರತ ಸರ್ಕಾರ
Government of India

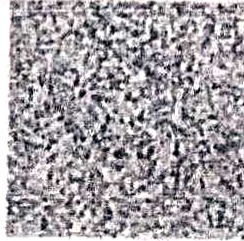
ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No : 0604/18591/10049

To
ರೇಖಾ ಎಸ್
Rekha S
W/O Basavaraju M.
103/2 A, 2nd Cross, Ramaiah Block,
Sri Ganapathi Sachchidananda Ashrama Post,
Dattanagara
VTC Mysore,
District Mysore
State Karnataka
PIN Code 570025.
Mobile 8970307188

51272443

MF512724433F1



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4321 4681 8104

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date 20/04/2011



ರೇಖಾ ಎಸ್
Rekha S
ಜನ್ಮ ದಿನಾಂಕ / DOB 31/07/1985
ಸ್ತ್ರೀ / Female

4321 4681 8104

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Union Bank of India

RO - MYSORE
NO.2254, KAUSALYA, THIRD FLOOR,
SOUTH WING, VINOBHA ROAD, - 0

To,

The Chief Medical Officer

M/S Mediwheel
<https://mediwheel.in/signup011-41195959>(A brand name of
Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 35-40 Female

Shri/Smt./Kum. REKHA S.,

P.F. No. 709164

Designation : Housekeeper cum Office Asst.

Checkup for Financial Year 2024-2025 Approved Charges Rs. 3000.00

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Rekha S
(Signature of the Employee)

Yours Faithfully
यूनियन बैंक ऑफ इंडिया
UNION BANK OF INDIA

BRANCH MANAGER/SENIOR MANAGER
रामकृष्णनगर, मसु.-570022
Ramakrishnanagar, MYSURU-22

PS. : Status of the application- Sanctioned

View Worklist

Previous in Worklist

Next in Worklist

