

# CERTIFICATE OF MEDICAL FITNESS

of MYS. Asha Ea Asokaron	Communication of security and
After reviewing the medical history and on clinical ex that he/she is	
Medically Fit	Tick
Fit with restrictions/recommendations	
Though following restrictions have been reveal not impediments to the job.	led, in my opinion, these are
1	
2	
3	
However the employee should follow the advice been communicated to him/her.	ce/medication that has
Review after	¥ *
Currently Unfit.	
Review after	recommended
Unfit	11711
	Dr.
	Medical Officer
This certificate is not meant for me	dico-legal purposes



Apollo Medical

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3 NO

30-11-2023

CMAR.0000333165

Department

: GENERAL

Doctor

ime

: Mrs. Asha Ea Asokan

Registration No

Qualification

je/ Gender

32 Y / Female

08:20 onsultation Timing:

Weight:

Pulse:

BMI: Resp: Waist Circum:

General Examination / Allergies

History

Height:

Temp:

Clinical Diagnosis & Management Plan

Diagnosis & Management Flam

BIL Sole WON

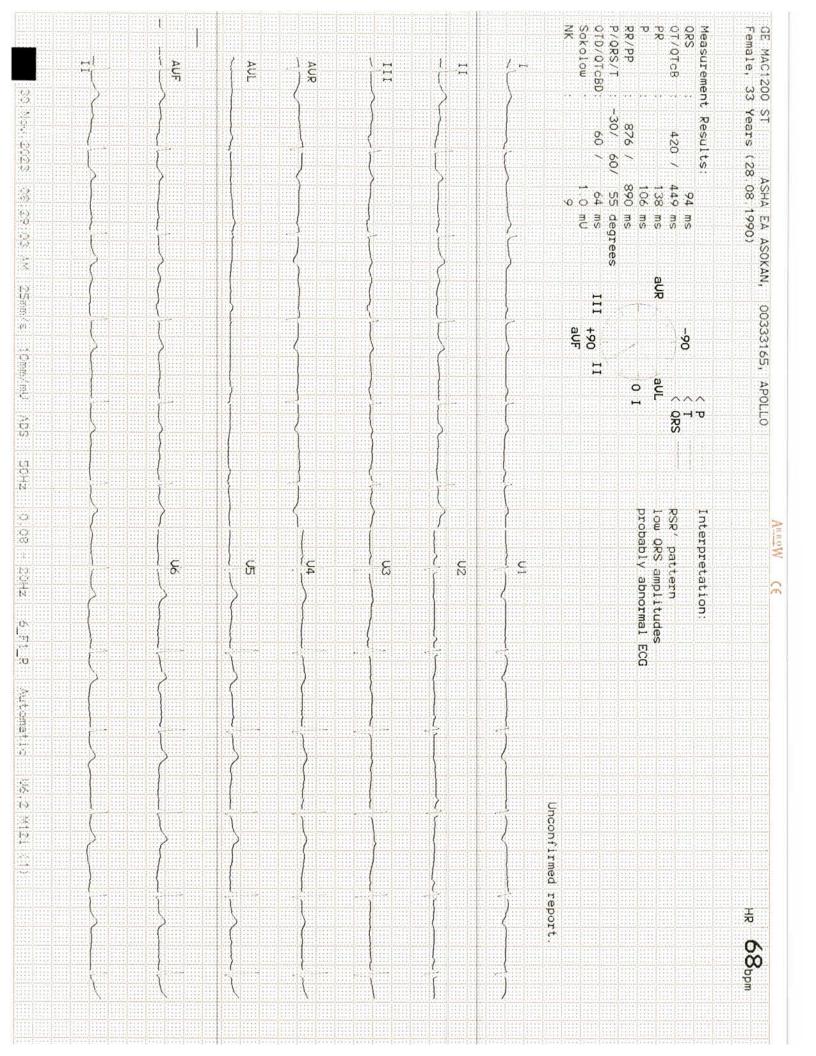
Officer Bue doors

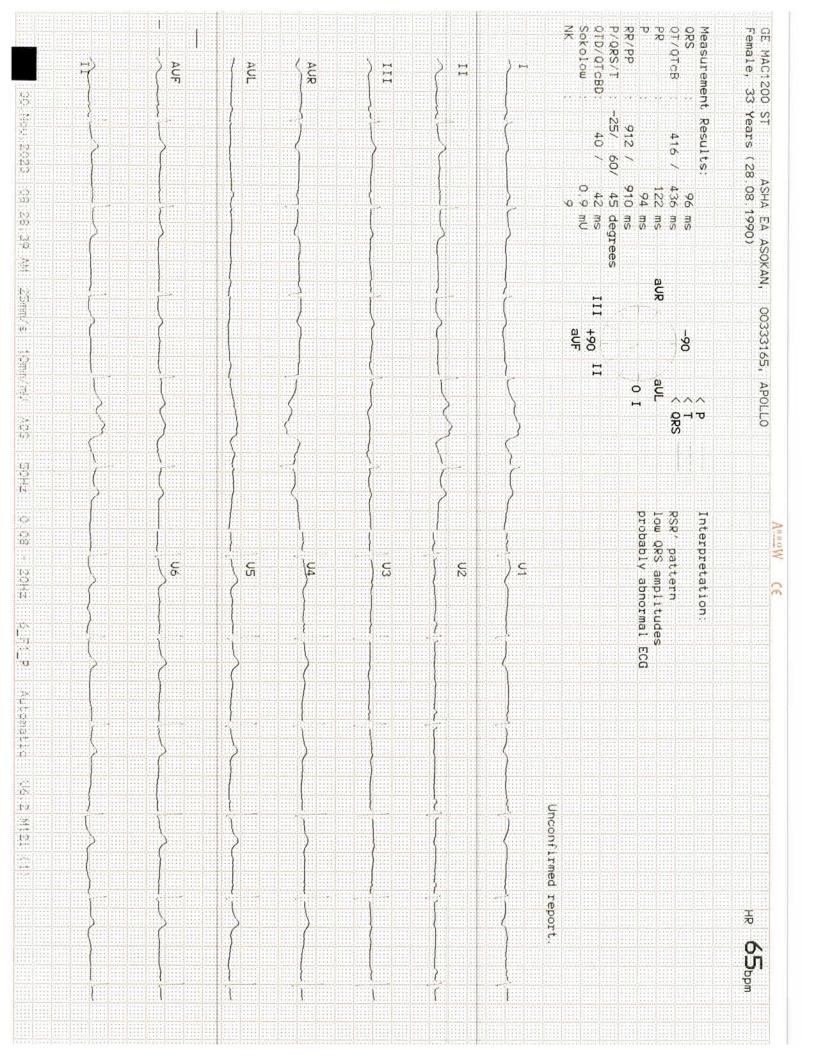
Johnson Bue doors

Johnson

Follow up date:

**Doctor Signature** 





Patient Name

: Mrs. Asha Ea Asokan

UHID

: CMAR.0000333165

Reported on

: 30-11-2023 14:13

Adm/Consult Doctor

Age

: 32 Y F

OP Visit No

: CMAROPV747482

Printed on

: 30-11-2023 18:41

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.

# **CONCLUSION:**

No obvious abnormality seen

Printed on:30-11-2023 14:13

--- End of the Report---

Mouen. le

Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology





Patient Name

: Mrs. Asha Ea Asokan

UHID

: CMAR.0000333165

Reported on

: 30-11-2023 12:08

Adm/Consult Doctor

Age

: 32 Y F

OP Visit No

: CMAROPV747482

Printed on

: 30-11-2023 12:31

Ref Doctor

: SELF

## DEPARTMENT OF RADIOLOGY

## **ULTRASOUND - WHOLE ABDOMEN**

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Partially distended. No definite calculi identified in this state of distension . No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Head and body appears normal. Rest obscured by bowel gas.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 9.8cm and parenchymal thickness measures 1.5cm. Left kidney measures 9.0cm and parenchymal thickness measures 1.5cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

UTERUS: appears normal in size, measuring 7.2x5.4x4.7cm. Myometrial echoes appear normal. Endometrium appears thickened measuring 19.2mm. and shows two focal echogenic lesions within, largest measuring 14.8x11mm. No obvious vascularity appreciated at the time scan.

#### **OVARIES:**

Right ovary bulky measures 6.0x4.8cm.cystic lesion with diffuse internal echoes. No obvious septation/mural nodule /calcification. It measures 3.0x2.9cm

Left ovary bulky measures 6.1x3.8cm.cystic lesion with few internal echoes. No obvious septation/mural nodule /calcification. It measures 3.7x3.1cm

Right adnexa shows oblong cystic lesion with few incomplete septa abutting left ovary measuring 5.8x2.1cm.

No free fluid is seen.





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Visualized bowel loops appears normal.

#### IMPRESSION:

BILATERAL OVARIAN ENDOMETRIOTIC/ HEMORRHAGIC CYST.
THICKENED ENDOMETRIUM WITH LIKELY POLYPS AS DESCRIBED.
RIGHT HYDROSALPINX.

Suggested clinical correlation and further evaluation if needed.

## Report disclaimer:

- 1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
- 2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
- 3. Printing mistakes should immediately be brought to notice for correction.

Printed on:30-11-2023 12:08

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Dr. NAVEEN KUMAR K MBBS, DMRD Radiology, (DNB) Radiology

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