

| | |
|---------------------------------|--|
| Patient Name : Mrs.RAMYASHREE R | Collected : 09/Sep/2023 08:27AM |
| Age/Gender : 30 Y 8 M 15 D/F | Received : 09/Sep/2023 10:12AM |
| UHID/MR No : CMYS.0000057870 | Reported : 09/Sep/2023 11:35AM |
| Visit ID : CMYSOPV117336 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 234633496377 | |

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



SIN No:BED230216942

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HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 12 | g/dL | 12-15 | Spectrophotometer |
| PCV | 37.30 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.5 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 83 | fL | 83-101 | Calculated |
| MCH | 26.6 | pg | 27-32 | Calculated |
| MCHC | 32 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.2 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,900 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|-------------|---|-------|----------------------|
| NEUTROPHILS | 50.1 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 41.1 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 1.8 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 6.7 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.3 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|----------------------|
| NEUTROPHILS | 2454.9 | Cells/cu.mm | 2000-7000 | Electrical Impedence |
| LYMPHOCYTES | 2013.9 | Cells/cu.mm | 1000-3000 | Electrical Impedence |
| EOSINOPHILS | 88.2 | Cells/cu.mm | 20-500 | Electrical Impedence |
| MONOCYTES | 328.3 | Cells/cu.mm | 200-1000 | Electrical Impedence |
| BASOPHILS | 14.7 | Cells/cu.mm | 0-100 | Electrical Impedence |

PLATELET COUNT

| | | | | |
|----------------|--------|-------------|---------------|----------------------|
| PLATELET COUNT | 274000 | cells/cu.mm | 150000-410000 | Electrical impedence |
|----------------|--------|-------------|---------------|----------------------|

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|-------------------------|------|---------------------|
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 16 | mm at the end of 1 hour | 0-20 | Modified Westergren |
|--------------------------------------|----|-------------------------|------|---------------------|

PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
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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| 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 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 | 94 | mg/dL | 70-100 | 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:

- 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) | 79 | mg/dL | 70-140 | GOD - POD |
|---|----|-------|--------|-----------|

Result is rechecked. Kindly correlate clinically

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.

Ref: Marks medical biochemistry and clinical approach

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| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 4.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 74 | 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.

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(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:PLF02024760,PLP1367130,EDT230082792

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LIPID PROFILE , SERUM

| | | | | |
|---------------------|--------------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 208 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 58 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 52 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 156 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 144.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 11.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.00 | | 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 |

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------|-------|-----------|-------------------------|
| BILIRUBIN, TOTAL | 0.90 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.20 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.70 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 18 | U/L | <35 | Visible with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 25.0 | U/L | 14-36 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 86.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 7.70 | g/dL | 6.3-8.2 | Biuret |
| ALBUMIN | 4.50 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 3.20 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.41 | | 0.9-2.0 | Calculated |



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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-------|--------|------------|---------------------------|
| CREATININE | 0.66 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 17.10 | mg/dL | 15-36 | Urease |
| BLOOD UREA NITROGEN | 8.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 2.70 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 8.80 | mg/dL | 8.4 - 10.2 | Arsenazo-III |
| PHOSPHORUS, INORGANIC | 3.60 | mg/dL | 2.5-4.5 | PMA Phenol |
| SODIUM | 139 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.5 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98 - 107 | Direct ISE |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|-----------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 13.00 | 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) | 0.97 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 7.65 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.690 | µIU/mL | 0.35-4.94 | CMIA |

Comment:

Note:

| 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 |

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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 |



SIN No:SPL23128273

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 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 | 1 - 2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 2 - 3 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



SIN No:UR2180658


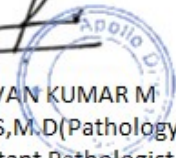
| | |
|---------------------------------|--|
| Patient Name : Mrs.RAMYASHREE R | Collected : 09/Sep/2023 08:27AM |
| Age/Gender : 30 Y 8 M 15 D/F | Received : 09/Sep/2023 01:49PM |
| UHID/MR No : CMYS.0000057870 | Reported : 09/Sep/2023 02:47PM |
| Visit ID : CMYSOPV117336 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 234633496377 | |

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 ***



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



Date : 09-09-2023
MR NO : CMYS.0000057870

Department : GENERAL
Doctor : Dr. Venkatesh HB

Name : Mrs. RAMYASHREE R

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

Age/ Gender : 30 Y / Female

Consultation Timing: 08:20

| | | | |
|--------------|---------------|-------------|----------------|
| Height : 163 | Weight : 51.7 | BMI : | Waist Circum : |
| Temp : | Pulse : 72/4 | Resp : 20/4 | B.P : 100/70 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

C/S
R/S
P/H

90 ovarian cyst

Regulen Enecum

T₂ ALT D₃ 60k eme - 5
T₂ Nerdalt 010 - 20

Follow up date :

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

Date : 09-09-2023
MR NO : CMYS.0000057870
Name : Mrs. RAMYASHREE R
Age/ Gender : 30 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:20

| | | | |
|--------------|---------------|--------|----------------|
| Height : 163 | Weight : 51.7 | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 100/70 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

ml → 8 yrs. Pa2 - FTNDs.
Tuberculosis

BH - NS
PH - NS

Scan → ? Porta ovoman cyst
6.7 x 7.9 cms

O/E ovary (w)

↓

Follow up → Jan 2023

whole abd + pelvic scan i full bladder

Follow up date :

Bar

Doctor Signature

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



Date : 09-09-2023
MR NO : CMYS.0000057870

Department : GENERAL Medicine
Doctor : Madhura B.P

Name : Mrs. RAMYASHREE R

Registration No :

Age/ Gender : 30 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PHD*

Consultation Timing: 08:20

| | | | |
|--------------|---------------|------------|----------------------------|
| Height : 163 | Weight : 51.7 | BMI : 19.5 | Waist Circum : 98 cm 58 kg |
| Temp : | Pulse : | Resp : | B.P : 100/72 |

General Examination /
Allergies History

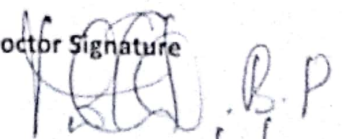
Total cholesterol - 208
NON-HDL - 156
LDL - 141.6

Clinical Diagnosis & Management Plan

- dx - Paraovarian cyst?
- * Advised high calorie & protein diet with fiber rich foods.
 - cooking oil - 1/2 liter / person / month.
 - Use combination of oil like rice bran oil, Groundnut oil, coconut oil, Mustard oil, Gingeli oil & ghee. Do not mix the oil.
 - Avoid maida, sugar, too much of salt, baking soda & creams completely.
 - Avoid bakery products, chole, deep fried foods, packed & processed foods.
 - Drink 12-14 big glasses of water / day.
 - Regular physical exercise is compulsory.

Follow up date :

Doctor Signature


B.P

9/9/2023
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41



Date : 09-09-2023
MR NO : CMYS.0000057870

Department : GENERAL
Doctor :

Name : Mrs. RAMYASHREE R
Age/ Gender : 30 Y / Female

Registration No :
Qualification :

Consultation Timing: 08:20

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

| | <u>Right eye</u> | <u>Left eye</u> |
|-------------|------------------|-----------------|
| Distance vn | 6/6 | 6/6 |
| Near vn | 6/6 | 6/6 |
| Colour vn | normal | normal |

Follow up date :

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

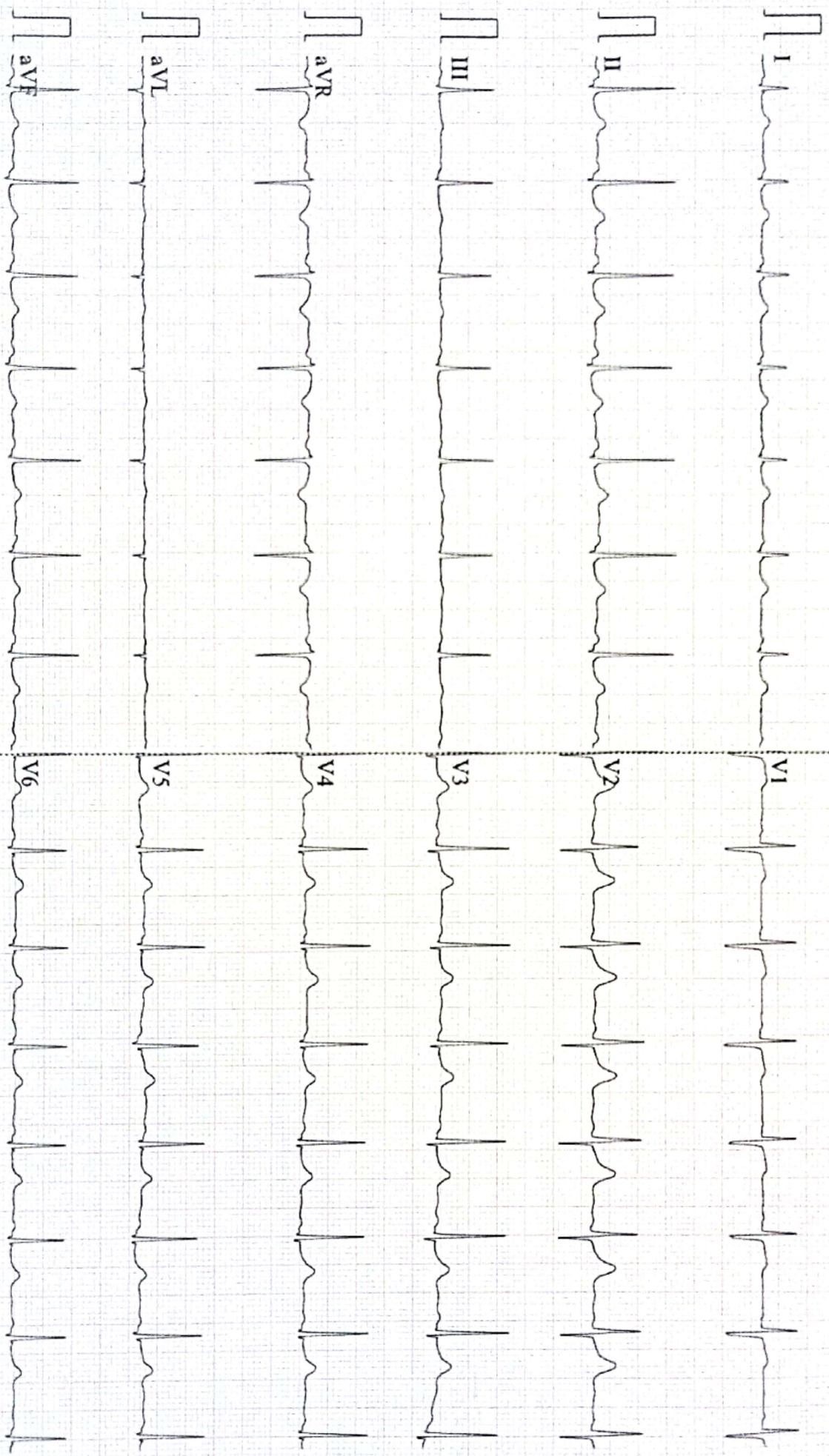
ID: 57870
MRS RAMYASHREE R
Female 30 Years
163cm 51kg 100/70 mmHg

09-09-2023 10:31:11 AM

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-400604C/41



0.5-45Hz AC50 25mm/s 10mm/mV 2*5.0s 86 CARDIART

D V1.43 Glasgow V28.60 APOLLO CLINIC MYSURU

| | | |
|--|------------------|----------------------------|
| Patient Name: Mrs Ramyashree R | Date :09.09.2023 | Referring Doctor: Dr .Self |
| Age / Sex: 30rs/Female | UHID No :57870 | Location : OP |
| ULTRASONOGRAPHY- ABDOMEN & PELVIS | | |

LIVER: It is normal in size and 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 10.1x4.2 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.3x3.6 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 10.7x4.6x5.4 cm with ET=7.2 mm. It is normal in size, outline and echotexture. No mass lesion.


Rt. OVARY: It measures 4.6x1.9 cm. It is normal. No mass lesion seen. **Anechoic cystic lesion measuring 6.1 x 1.9 cm is seen superior to right ovary.**

Lt. OVARY: It measures 3.9x2.3cm. 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:

- **Anechoic cystic lesion superior to right ovary- ? Paraovarian cyst.**


Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

(CIN: UR5110TG2000PLC115819)

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 (Basavanahalli) | 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

1860 500 7788

Scanned with CamScanner



Scanned with OKEN Scanner

| | |
|-----------------------------------|--------------------------|
| Patient's Name : Mrs Ramyashree R | Age & sex :30Yrs /Female |
| Date :09.09.2023 | UHD No:57870 |

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- No regional wall motion abnormality
- Normal left ventricular function. EF = 60%
- Normal valves
- No clots. No pericardial effusion

Findings

| | |
|------------------|--------|
| Left Ventricle: | Normal |
| Right Ventricle | Normal |
| Left Atrium | Normal |
| Right Atrium | Normal |
| Aorta | Normal |
| Pulmonary Artery | Normal |
| IAS | Intact |
| IVS | Intact |
| Valves | Normal |
| Pericardium | Normal |
| Doppler | Normal |

Dr. C.B. KESHAVAMURTHY MD, DM, DNB
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

CIN: URS1107G2000PLC115819
 Apollo Clinic | 10-80/82, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
 Ph. No: 040-4664 7777 Fax No: 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

APOLLO CLINICS NETWORK KARNATAKA
 Bangalore | Bommasaiguda | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli
 Karamaniguda | Nelmar Road | **Mysore** (VV Mohalla)

Online: appointments, www.apolloclinics.com

TO BOOK AN APPOINTMENT

1860 500 7788

| | |
|-----------------------------------|--------------------------|
| Patient's Name : Mrs Ramyashree R | Age & sex :30Yrs /Female |
| Date :09.09.2023 | UHID No:57870 |

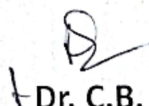
Measurements

AO : 2.29 cm
LA : 2.67 cm

RV : 1.79 cm
LVIDd : 4.10 cm
LVIDs : 2.79 cm
IVSd : 0.90 cm
IVSs : 1.17 cm
PWd : 1.05 cm
PWs : 1.30 cm
EF : 60.0 %
FS : 31.0 %

Doppler

| MV | TV | AV | PV |
|-------------|------------|----------------|----------------|
| E: 0.81 m/s | E 0.53 m/s | V max 1.13 m/s | V max 0.63 m/s |
| A: 0.42 m/s | A 0.40 m/s | | |
| MR Nil | TR Nil | AR Nil | PR Nil |


Dr. C.B. KESHAVAMURTHY MD, DM, DNB
CONSULTANT CARDIOLOGIST

Apollo Health and Lifestyle Limited

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Scanned with CamScanner



Scanned with OKEN Scanner

Informed Consent/Declaration For Test Exclusion

Patient Name: Mrs. Ramyashree Age: 30y 1F
UHID Number: 57870

Please tick and sign the relevant part

I certify that I will skip Chest X-ray ^{+ ENT Consultation} Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature Ramyashree. R Date 9/8/23

Witness signature: [Signature] Date: 9/9/23

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

Apollo

Informed Consent/Declaration For Test Exclusion

Patient Name: Ramyashree Age: 30 y / F
UHID Number: 57870

Please tick and sign the relevant part

I certify that I will skip LBC pap smear. (Friday) Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature Ramyashree R Date 9/9/2023

Witness signature: [Signature] Date: 9/9/2023

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-40060-0/41

