

|                                |  |
|--------------------------------|--|
| Patient Name : Mrs.KUSUMA B V  | Collected : 11/Nov/2023 08:07AM            |
| Age/Gender : 47 Y 11 M 19 D/F  | Received : 11/Nov/2023 10:29AM             |
| UHID/MR No : CMYS.0000058475   | Reported : 11/Nov/2023 12:33PM             |
| Visit ID : CMYSOPV119148       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 622549461636 |  |

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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SIN No:BED230276901

|                                |  |
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**HEMOGRAM , WHOLE BLOOD EDTA**

|                             |             |               |            |                                |
|-----------------------------|-------------|---------------|------------|--------------------------------|
| <b>HAEMOGLOBIN</b>          | <b>10.8</b> | g/dL          | 12-15      | Spectrophotometer              |
| PCV                         | 36.00       | %             | 36-46      | Electronic pulse & Calculation |
| RBC COUNT                   | <b>5.02</b> | Million/cu.mm | 3.8-4.8    | Electrical Impedence           |
| MCV                         | <b>72</b>   | fL            | 83-101     | Calculated                     |
| MCH                         | <b>21.6</b> | pg            | 27-32      | Calculated                     |
| MCHC                        | <b>30.1</b> | g/dL          | 31.5-34.5  | Calculated                     |
| R.D.W                       | <b>18.7</b> | %             | 11.6-14    | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,700       | cells/cu.mm   | 4000-10000 | Electrical Impedence           |

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

|             |      |   |       |                      |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 60.8 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 32.5 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2.2  | % | 1-6   | Electrical Impedence |
| MONOCYTES   | 4.2  | % | 2-10  | Electrical Impedence |
| BASOPHILS   | 0.3  | % | <1-2  | Electrical Impedence |

**ABSOLUTE LEUCOCYTE COUNT**

|             |        |             |           |            |
|-------------|--------|-------------|-----------|------------|
| NEUTROPHILS | 4073.6 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2177.5 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 147.4  | Cells/cu.mm | 20-500    | Calculated |
| MONOCYTES   | 281.4  | Cells/cu.mm | 200-1000  | Calculated |
| BASOPHILS   | 20.1   | Cells/cu.mm | 0-100     | Calculated |

|   |        |                         |               |                      |
|---|--------|-------------------------|---------------|----------------------|
| <b>PLATELET COUNT</b>                       | 320000 | cells/cu.mm             | 150000-410000 | Electrical impedence |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 10     | mm at the end of 1 hour | 0-20          | Modified Westergren  |

**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 with normal morphology and distribution .

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

Hemoparasites: Not seen.

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**DEPARTMENT OF HAEMATOLOGY**

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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

Note : Suggested iron studies.



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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

|                  |          |  |  |  |
|------------------|----------|--|--|--|
| BLOOD GROUP TYPE | B        |  |  | 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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|                               |     |       |        |          |
|-------------------------------|-----|-------|--------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 110 | 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:**

- 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) | 98 | 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.

|  |     |       |  |            |
|--|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA      | 5.5 | %     |  | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 111 | mg/dL |  | Calculated |

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**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)



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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE , SERUM

|                     |       |       |        |              |
|---------------------|-------|-------|--------|--------------|
| TOTAL CHOLESTEROL   | 198   | mg/dl | 0-200  | CHOD         |
| TRIGLYCERIDES       | 73    | mg/dl | 0-150  | GPO, Trinder |
| HDL CHOLESTEROL     | 59    | mg/dL | >40    | CHE/CHO/POD  |
| NON-HDL CHOLESTEROL | 139   | mg/dL | <130   | Calculated   |
| LDL CHOLESTEROL     | 124.8 | mg/dL | <100   | Calculated   |
| VLDL CHOLESTEROL    | 14.62 | mg/dL | <30    | Calculated   |
| CHOL / HDL RATIO    | 3.38  |       | 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<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



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**DEPARTMENT OF BIOCHEMISTRY**

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**LIVER FUNCTION TEST (LFT) , SERUM**

|                                       |       |       |         |                            |
|---------------------------------------|-------|-------|---------|----------------------------|
| BILIRUBIN, TOTAL                      | 0.90  | mg/dl | 0-1.2   | NBD                        |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.20  | mg/dl | 0-0.2   | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT)                  | 0.70  | mg/dL | 0.0-1.1 | Dual Wavelength            |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 14    | U/l   | 0-45    | IFCC                       |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 20.0  | U/l   | 0-31    | IFCC                       |
| ALKALINE PHOSPHATASE                  | 84.00 | U/l   | 42-98   | IFCC (AMP buffer)          |
| PROTEIN, TOTAL                        | 6.90  | g/dl  | 6.4-8.3 | Biuret                     |
| ALBUMIN                               | 4.37  | g/dl  | 3.5-5.2 | Bromocresol Green          |
| GLOBULIN                              | 2.53  | g/dL  | 2.0-3.5 | Calculated                 |
| A/G RATIO                             | 1.73  |       | 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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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

|                       |            |        |            |                           |
|-----------------------|------------|--------|------------|---------------------------|
| CREATININE            | 0.62       | mg/dL  | 0.5-1.04   | Creatinine amidohydrolase |
| UREA                  | 15.52      | mg/dl  | 13-43      | Urease, UV                |
| BLOOD UREA NITROGEN   | <b>7.2</b> | mg/dL  | 8.0 - 23.0 | Calculated                |
| URIC ACID             | 3.80       | mg/dL  | 2.5-6.2    | Uricase                   |
| CALCIUM               | 9.89       | mg/dl  | 8.6-10.3   | Arsenazo III              |
| PHOSPHORUS, INORGANIC | 3.81       | mg/dl  | 2.7-4.5    | Molybdate                 |
| SODIUM                | 144        | mmol/L | 135-145    | Direct ISE                |
| POTASSIUM             | 3.9        | mmol/L | 3.5-5.1    | Direct ISE                |
| CHLORIDE              | 101        | mmol/L | 98 - 107   | Direct ISE                |



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**DEPARTMENT OF BIOCHEMISTRY**

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| Test Name  | Result | Unit | Bio. Ref. Range | Method |
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| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | 15.00  | U/l  | 0-38            | IFCC   |



SIN No:SE04537096

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - 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)     | 1.16  | ng/mL  | 0.64-1.52  | CMIA |
| THYROXINE (T4, TOTAL)             | 9.88  | µg/dL  | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 2.530 | 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  |



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - 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       | Visual           |
| pH           | 5.0         |  | 5-7.5       | Bromothymol Blue |
| SP. GRAVITY  | 1.010       |  | 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        | 2 - 3  | /hpf | 0-5              | Microscopy |
| EPITHELIAL CELLS | 3 -4   | /hpf | <10              | MICROSCOPY |
| RBC              | NIL    | /hpf | 0-2              | MICROSCOPY |
| CASTS            | NIL    |      | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS         | ABSENT |      | ABSENT           | MICROSCOPY |



SIN No:UR2217951

|                                |  |
|--------------------------------|--|
| Patient Name : Mrs.KUSUMA B V  | Collected : 11/Nov/2023 08:07AM            |
| Age/Gender : 47 Y 11 M 19 D/F  | Received : 11/Nov/2023 10:30AM             |
| UHID/MR No : CMYS.0000058475   | Reported : 11/Nov/2023 11:07AM             |
| Visit ID : CMYSOPV119148       | Status : Final Report                      |
| Ref Doctor : Dr.SELF           | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 622549461636 |  |

**DEPARTMENT OF CLINICAL PATHOLOGY**


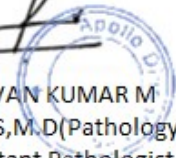
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

| 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



SIN No:UPP015751,UF009752

**Informed Consent/Declaration For Test Exclusion**

Patient Name: Ms. Kusuma B.V Age: 47yr

UHID Number: 58475

Please tick and sign the relevant part

I certify that I will skip LBC Test from my own.

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

Patient signature M. H. 23 T. B. V. Date 11/11/22

Witness signature: Sujeer Date: 11/11/22

### Informed Consent/Declaration For Test Exclusion

Patient Name: Kusuma B.v Age: 47 Yrs

UHID Number: 58475

Please tick and sign the relevant part

I certify that I will skip Echo + ENT + Physician Consultation Test from my own.

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

Patient signature [Signature] Date 11/11/2023

Witness signature: [Signature] Date: 11/11/23



Date : 11-11-2023  
 MR NO : CMYS.0000058475  
 Name : Mrs. Kusuma B V  
 Age/ Gender : 47 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 07:53

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

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

mammogram →  
 normal study  
 ush - cholelithiasis  
 uterus & ovaries  
 (2)

ML → 200hrs.  
 BH → Perimenopausal.  
 irregular cycles & spotting plus  
 mela a while.

BH -  
 I - US → 10b  
 sigl aut

O/E → BH  
 Syst.

adv: regular walk / yoga.  
 - TAB. SIBELCAL 180.  
 0-1-0 (30)  
 - low wt / low fat diet. x 6M.  
 - avoid sun rods.

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

Follow up date :

Doctor Signature

Date : 11-11-2023  
MR NO : CMYS.0000058475  
Name : Mrs. Kusuma B V  
Age/ Gender : 47 Y / Female

Department : GENERAL Dental  
Doctor : Dr. Jyothishree  
Registration No :  
Qualification :

Consultation Timing: 07:53

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

O/E

Care, SGT

ASU! - otal prophylaxis

Follow up date :

*Jyothishree*  
Doctor Signature  
Apollo Clinic  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 07  
Ph : 0821-4006040/41

Date : 11-11-2023  
MR NO : CMYS.0000058475

Department : GENERAL Dietetics  
Doctor : Madhura. B.P

Name : Mrs. Kusuma B V

Registration No :

Age/ Gender : 47 Y / Female

Qualification : M.Sc Nutrition & Dietetics  
PhD\*

Consultation Timing: 07:53

IBW - 52kg

|              |               |                            |                |
|--------------|---------------|----------------------------|----------------|
| Height : 154 | Weight : 53.3 | BMI : 22 kg/m <sup>2</sup> | Waist Circum : |
| Temp :       | Pulse :       | Resp :                     | B.P : 120/90   |

General Examination /  
Allergies History

HB - 10.8  
FBS - 110  
NON-HDL - 139  
LDL - 124.8


Clinical Diagnosis & Management Plan

4<sup>th</sup> - cholelithiasis

- ⇒ Advised low fat diet with Iron rich foods.
- ⇒ Take small frequent meals. Do not skip meals.
- ⇒ Include all variety of seasonal fruits, vegetables & green leafy vegetables.
- ⇒ Include nuts like Almond, walnuts regularly.
- ⇒ Include seeds like Flaxseeds, Pumpkin seeds, Sunflower seeds, watermelon seeds & sesame seeds - 1 teaspoon each dry roasted.
- ⇒ \* Include dry-fruits like dried dates & raisins.
- ⇒ Avoid maida, sugar, too much of salt, bakery soda & creams.

Follow up date:

Doctor Signature

 B.P  
**Apollo Clinic** 11/11/2023.  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41.

Date : 11-11-2023  
 MR NO : CMYS.0000058475  
 Name : Mrs. Kusuma B V  
 Age/ Gender : 47 Y / Female

Department : GENERAL  
 Doctor :  
 Registration No :  
 Qualification :

Consultation Timing: 07:53

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

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

Distance vn  
 Near vn  
 colour vn.

Right Eye

Left Eye

6/6

6/6

ng

ng

Normal

normal

Follow up date :

Doctor Signature

(Reading dist)  
 (+1.50 sph)

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

|  |                          |                                  |
|--|--------------------------|----------------------------------|
| <b>Patient Name: Mrs. Kusuma B V</b>         | <b>Date : 11.11.2023</b> | <b>Referring Doctor: DR Self</b> |
| <b>Age / Sex: 47 Yrs/Female</b>              | <b>UHID No : 58475</b>   | <b>Location : OP</b>             |
| <b>ULTRASONOGRAPHY- ABDOMEN &amp; PELVIS</b> |                          |                                  |

**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 shows a small calculus measuring 1.8mm

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

**PANCREAS:** It is normal.

**RIGHT KIDNEY:** It measures 10.6x3.4 cm with parenchymal thickness of 1.1 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 9.4x3.7 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 6.6x2.6x4.2 cm with ET=4.6 mm. It is normal in size, outline and echotexture. No mass lesion.

**Rt. OVARY:** It measures 2.4x1.6cm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 2.4x1.4 cm. It is normal. No mass lesion seen.

**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: CHOLELITHIASIS.**

Dr. Chetan H. DNB  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

(CIN) U65110TG2000PLC115819

Regd. Office: 10-6/2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No: (040) 4304 7777 Fax No: 4304 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

**APOLLO CLINICS NETWORK KARNATAKA**

Bangalore: Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarajpur Road | Mysore: VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



|                                      |                          |                                  |
|--------------------------------------|--------------------------|----------------------------------|
| <b>Patient Name: Mrs. Kusuma B V</b> | <b>Date : 11.11.2023</b> | <b>Referring Doctor: DR Self</b> |
| <b>Age / Sex: 47 Yrs/Female</b>      | <b>UHID No : 58475</b>   | <b>Location : OP</b>             |
| <b>ULTRASONOGRAPHY- BREAST</b>       |                          |                                  |

**RIGHT BREAST:** It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

**LEFT BREAST:** It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

No e/o axillary lymphadenopathy.

**IMPRESSION: NORMAL STUDY.**

  
**Dr. Chetan S H. DMRD DNB**  
**Consultant Radiologist.**

FEATURES:  
No e/o focal nodular or mass lesions seen.  
No e/o calcifications.

IMPRESSION: NO

IMPRESSION: NO

CONSULTANT RADILOGIST

**Apollo Health and Lifestyle Limited**

REGD. OFFICE: 110, 6th Floor, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
PH: No. 041 4904 7777 Fax No. 4904 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Koramangala | Mahapalike Road | Mysore | VV Mohalla

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

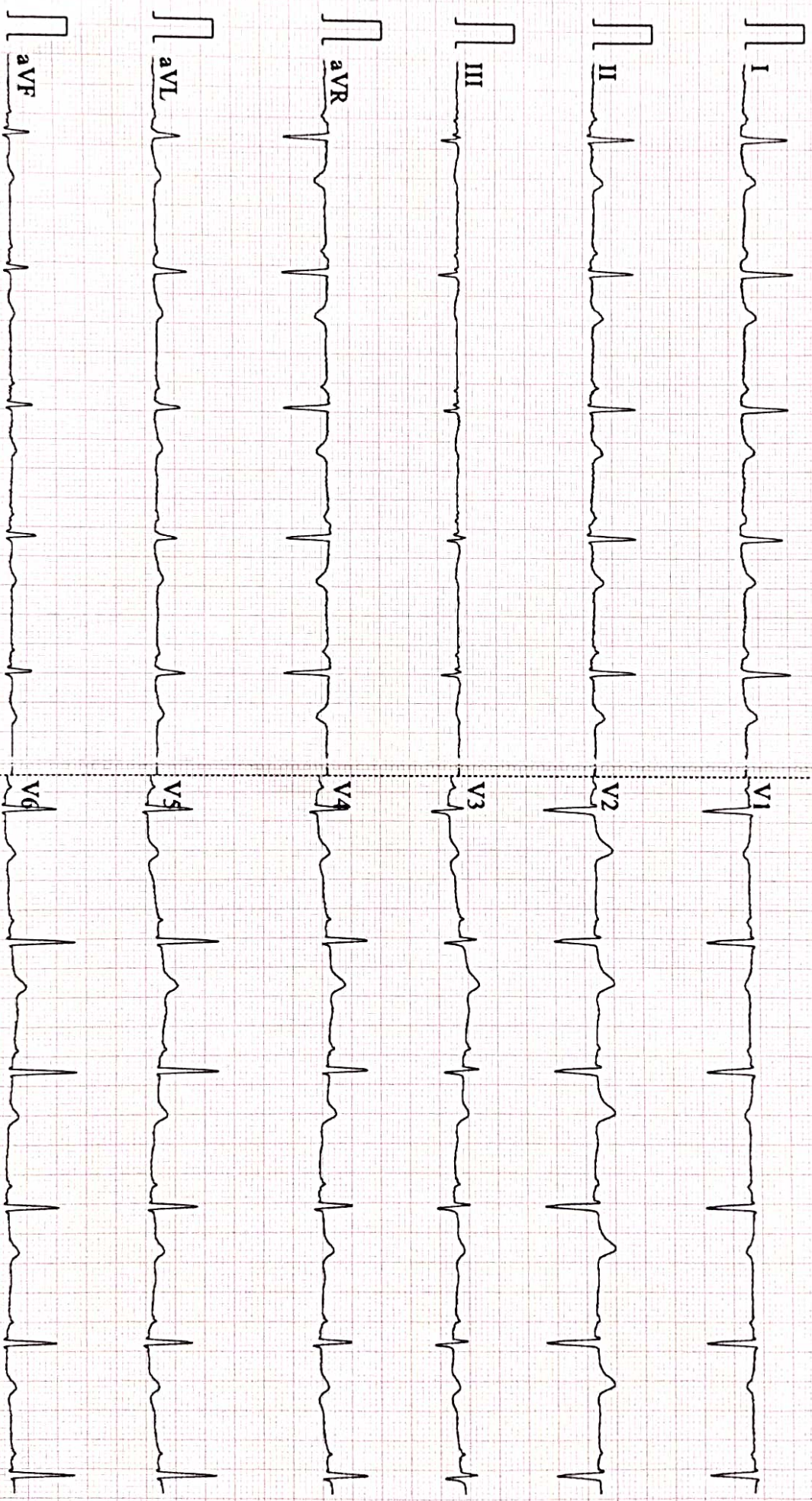
ID: 58475  
MRS KUSUMA B V  
Female 47Years  
154cm 53kg 130/90 mmHg

11-11-2023 09:51:00 AM

Diagnosis Information:

Unconfirmed Report.

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



0.5~45Hz AC50 25mm/s 10mm/mV 2\*5.0s 64 CARDIART

8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU