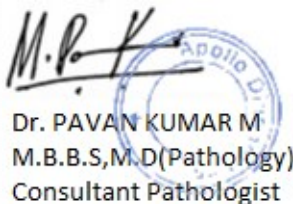


Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 01:35PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-



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

SIN No:BED240009166



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>11.1</b>	g/dL	12-15	Spectrophotometer
PCV	<b>35.00</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	31.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.7</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.9	%	20-40	Electrical Impedance
EOSINOPHILS	2.5	%	1-6	Electrical Impedance
MONOCYTES	5.8	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	2264	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1396	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	100	Cells/cu.mm	20-500	Calculated
MONOCYTES	232	Cells/cu.mm	200-1000	Calculated
BASOPHILS	8	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	<b>87000</b>	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>22</b>	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.

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

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Dr. PAVAN KUMAR M  
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Consultant Pathologist

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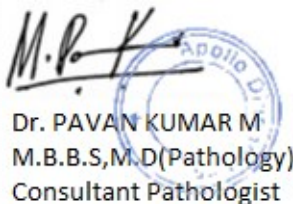
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**Platelets:** Reduced and are seen in singles and few clumps.

**Hemoparasites:** Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC ANEMIA WITH THROMBOCYTOPENIA.**



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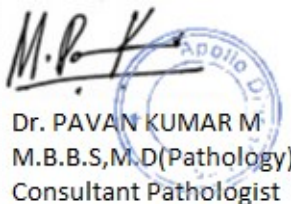


Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 11:27AM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 03:28PM
Visit ID : CMYSOPV121309	Status : Final Report
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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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

SIN No:BED240009166



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 12:19PM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 03:55PM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 05:54PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

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
GLUCOSE, FASTING , NAF PLASMA	84	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:

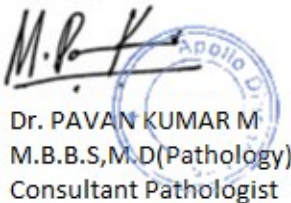
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	99	mg/dL	70-140	GOD - POD

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.



Dr. PAVAN KUMAR M  
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Consultant Pathologist

SIN No:PLP1408321



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 02:07PM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 02:59PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	71	mg/dL		Calculated

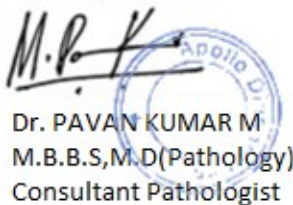
**Comment:**

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)



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SIN No:EDT240003875



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 12:19PM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 04:26PM
Visit ID : CMYSOPV121309	Status : Final Report
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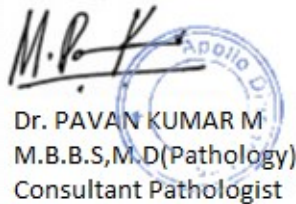
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	148	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	61	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	53	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	95	mg/dL	<130	Calculated
LDL CHOLESTEROL	82.35	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.27	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.77		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.



Dr. PAVAN KUMAR M  
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SIN No:SE04599738



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

  
Dr. PAVAN KUMAR M  
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SIN No:SE04599738





Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42	U/L	9-52	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	35.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	73.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.17		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:**

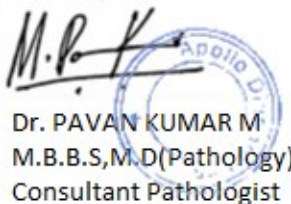
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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:**

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SIN No:SE04599738

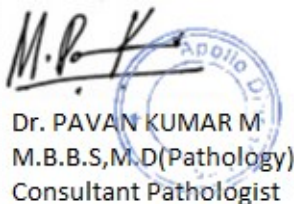


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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.70	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>38.34</b>	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	17.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE



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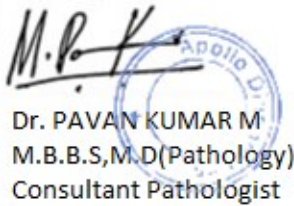


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ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	12-43	Glycylglycine Nitoranalide

  
Dr. PAVAN KUMAR M  
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SIN No:SE04599738



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 11:40AM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 01:09PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.02	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	3.840	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



Dr. PAVAN KUMAR M  
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SIN No:SPL24006107



Patient Name	: Mrs.POOJA KUMARI	Collected	: 13/Jan/2024 08:59AM
Age/Gender	: 30 Y 0 M 27 D/F	Received	: 13/Jan/2024 11:40AM
UHID/MR No	: CMYS.0000059225	Reported	: 13/Jan/2024 01:09PM
Visit ID	: CMYSOPV121309	Status	: Final Report
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Emp/Auth/TPA ID	: 958189482194		

DEPARTMENT OF IMMUNOLOGY

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

  
Dr. PAVAN KUMAR M  
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SIN No:SPL24006107

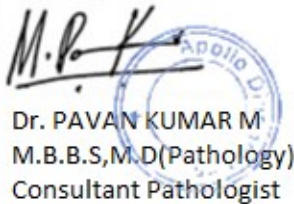


Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 01:00PM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 01:42PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

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
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2 - 3	/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



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

SIN No:UR2261902



Patient Name : Mrs.POOJA KUMARI	Collected : 13/Jan/2024 08:59AM
Age/Gender : 30 Y 0 M 27 D/F	Received : 13/Jan/2024 01:57PM
UHID/MR No : CMYS.0000059225	Reported : 13/Jan/2024 03:09PM
Visit ID : CMYSOPV121309	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 958189482194	

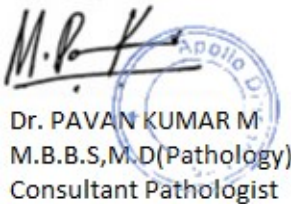
**DEPARTMENT OF CLINICAL PATHOLOGY**

**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)	NIL		NEGATIVE	Dipstick

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

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



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

SIN No:UF010164





## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Praja Kumar on 13-1-24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	<input type="checkbox"/>

Dr. J.R. Senthil 13/1/24  
**Medical Officer**  
**The Apollo Clinic, Mysore.**

**Apollo Health and Lifestyle Limited**

(CIN: UR5110TG2000PLC115819)

Kingd Office: 1-10/6D/62, Avinaka Raghupathi Channarayana Street, 5th Floor, Bangalore - 560016

Ph. No: (081) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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*This certificate is not meant for medico-legal purposes.*

**Apollo Clinic**

# 23, 1st Floor,  
**Kalidasa Road, Mysore - 02**  
TO BOOK AN APPOINTMENT  
 Ph: 081-49047777

**1860 500 7788**

Date : 13-01-2024  
MR NO : CMYS.0000059225

Department : GENERAL  
Doctor : ROHITH. H.K

Name : Mrs. POOJA KUMARI

Registration No :

Age/ Gender : 30 Y / Female

Qualification :

Consultation Timing: 08:46

Height: 166	Weight: 62.5	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 100/60

General Examination /  
Allergies History

Hb. - 11.1  
Pit. count - 87k.

Clinical Diagnosis & Management Plan

Pt came for Annual Health check up  
No fresh complaints  
No h/o DM, HTN.



Follow up date :

Doctor Signature

**Apollo Clinic**  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4005040/41

Date : 13-01-2024  
 MR NO : CMYS.0000059225

Department : GENERAL  
 Doctor :

Name : Mrs. POOJA KUMARI

Registration No :

Age/ Gender : 30 Y / Female

Qualification :

Consultation Timing: 08:46

Height : 166	Weight : 62.5	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/60

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

ml → 7 hrs. Pili - US.  
 6 hrs - Boy  
AVH

PH → TB.  
 abdomen - 2 yrs back.  
 cholelithiasis → lap chole  
 2 yrs back

OIE → bowels (N)

PH → NS.

Adv: regular exercise.

scan - normal study.

- avoid junk food.

- TAB FOLYMIN ACT 0-1-0 (30)  
3-4m

10<sup>th</sup> day - 20<sup>th</sup> day

↓  
 (TI)

Follow up date :

*[Signature]*

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

Date : 13-01-2024  
MR NO : CMYS.0000069225  
Name : Mrs. POOJA KUMARI  
Age/Gender : 30 Y / Female

Department : GENERAL  
Doctor :  
Registration No : Dr. Praveen Kumar  
Qualification : MS / ENT

Consultation Timing: 08:45

Height: 160	Weight: 62.5	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 100/66

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Come for regular hearing check

(R) impacted wax

EA: (R) EA wax (L)

(L) GM - normal

NOE - hard mass (L)

nasal cavity & oropharynx (L)

NOE (L)

te v wax dissects

Follow up date :

Doctor Signature

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

Date : 13-01-2024  
MR NO : CMYS.0000059225

Department : GENERAL Dietetics  
Doctor : Madhura. B. P

Name : Mrs. POOJA KUMARI  
Age/ Gender : 30 Y / Female

Registration No :  
Qualification : M.Sc Nutrition & Dietetics  
PhD

Consultation Timing: 08:46

IRW - 56kg

Height : 160	Weight : 62.5	BMI : 26 kg/m <sup>2</sup>	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/60

General Examination /  
Allergies History

Hb - 11.1  
ESR - 22

Clinical Diagnosis & Management Plan

- > Advised Balanced diet with Iron rich foods.
- > use skimmed / toned milk instead of whole fat milk.
- > chest is given.

Follow up date :

Doctor Signature - B. P

Apollo Clinic 13/01/2024  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
Ph : 0821-4006040/41

Name-  
Age-  
Height-  
Weight-  
BMI-

~~HBW-~~

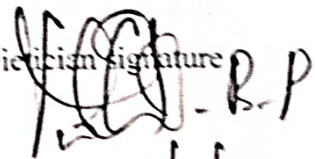
Department- Dietetics

Name- Madhura B P

Qualification- M.Sc Nutrition & Dietetic  
PhD\*

- ~~Advised~~
- Do not skip any of the meals, take small frequent meals.
- Include all variety of seasonal fruits, vegetables and green leafy vegetables on regular basis.
- Include nuts like Almond, Walnuts and dry-fruits like dried dates and raisins regularly.
- Include seeds like Flax seeds, Pumpkin seeds, Sunflower seeds, Sesame seeds and watermelon seeds- 1 teaspoon each and dry roasted.
- Avoid 5 white slow poisons like Sugar, Salt, Maida, Baking soda and creams.
- Cooking oil- ½ litre/person/month.
- Use combination of oils like Rice bran oil, Groundnut oil, Sesame oil, Mustard oil/ Coconut oil and Ghee. Change the oil every month or 2 months. But do not mix the oils.
- Drink at least 2-3 liters of water in a day.
- Skimmed or toned milk can be used on regular basis. Since it's a rich source of protein and low in calories.
- Avoid Butter, Vanaspati and Dalda.
- Avoid deep-fried foods, Biscuits, Cookies, Bakery products, Pastries, Papad, packed and processed foods, chocolates, Alcohol, caffeine and carbonated beverages.
- Avoid junk foods like Pizza and Burger.

Dietician signature



13/01/2024

Date : 13-01-2024  
MR NO : CMYS.0000059225  
Name : Mrs. POOJA KUMARI  
Age/ Gender : 30 Y / Female

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:46

Height: 160	Weight: 62.5	BMI:	Waist Circum:
Temp:	Pulse:	Resp:	B.P: 100/60

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Rt eye

Near  
vium.  
Corrected with glasses  
Distant  
vium  
Corrected with glasses  
Colour  
vium.

Lf eye

N/18  
N/6  
6/36  
6/6  
⊙

Rt eye

N/18  
N/6  
6/36  
6/6  
⊙

Follow up date :

  
Doctor Signature

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

Patient Name: Mrs. Pooja Kumari	Date : 13.01.2024	Referring Doctor: Dr .Self
Age / Sex: 30Yrs/Female	UHID NO:59225	Location : OP
<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:** Post surgical status..

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

**PANCREAS:** It is normal.

**RIGHT KIDNEY:** It measures 92x42 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures mm with parenchymal thickness of mm. 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 57x38x48 mm with ET= 8mm. It is normal in size, outline and echotexture. No mass lesion.

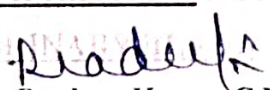
**Rt. OVARY:** It measures 22x22 mm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 27x26 mm. 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: NORMAL STUDY.**

  
Dr. Pradeep Kumar C N, DNB  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

UIN: UIN1101G2000PLC115819

King's Office: 110 60 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

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

**IMPRESSION: NORMAL STUDY.**



**Informed Consent/Declaration For Test Exclusion**

Patient Name: Mrs Pooja Kumari Age: 30 yrs

UHID Number: 59825

Please tick and sign the relevant part

I certify that I will skip Pap Smear Test from my own.

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

Patient signature Pooja Kumari. Date 13/1/24

Witness signature: [Signature] Date: 13/1/24

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

Patient's Name : Mrs. Pooja Kumari	Age & Sex; 30Yrs /Female
Date : 13.01.2024	UHID No:59225

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 65 %
- 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**

(CIN: UAS110TG2000PLC115819)

Regd Office: 110-6D E2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Pooja Kumari	Age & Sex; 30Yrs /Female
Date : 13.01.2024	UHID No:59225

Measurements

AO : 2.4 cm  
LA : 2.7 cm

RV : 2.2 cm  
LVIDd : 3.97 cm  
LVIDs : 2.57 cm  
IVSd : 0.98 cm  
IVSs : 1.08 cm  
PWd : 0.92 cm  
PWs : 0.95 cm  
EF : 65.0 %  
FS : 35.0 %

Doppler  
MV TV AV PV  
E 1.09 m/s E --- m/s V max 1.17 m/s V max 0.88 m/s  
:  
A: 0.62 m/s A --- m/s

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

**Apollo Health and Lifestyle Limited**

ICPE: UR5110TG2000PLC115R19  
Regd Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
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TO BOOK AN APPOINTMENT

**1860 500 7788**

MRS POOJA KUMARI

Female 30Years

160cm 62kg 100/60 mmHg

Diagnosis Information:

Unconfirmed Report.

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

