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|--------------------------------|--|
| Patient Name : Mrs.MANJULA N | Collected : 09/Dec/2023 09:31AM |
| Age/Gender : 46 Y 3 M 16 D/F | Received : 09/Dec/2023 11:22AM |
| UHID/MR No : CMYS.0000058802 | Reported : 09/Dec/2023 01:17PM |
| Visit ID : CMYSOPV120161 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 496006078462 | |

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:BED230303967

| | |
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HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 15.6 | g/dL | 12-15 | Spectrophotometer |
| PCV | 47.10 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.57 | Million/cu.mm | 3.8-4.8 | Electrical Impedence |
| MCV | 103 | fL | 83-101 | Calculated |
| MCH | 34.3 | pg | 27-32 | Calculated |
| MCHC | 33.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 11.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,000 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 49.9 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 39.3 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 5.5 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 4.7 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.6 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|------|-------------|-----------|------------|
| NEUTROPHILS | 2994 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2358 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 330 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 282 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 36 | Cells/cu.mm | 0-100 | Calculated |

| | | | | |
|--------------------------------------|--------|-------------------------|---------------|----------------------|
| PLATELET COUNT | 347000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 06 | mm at the end of 1 hour | 0-20 | Modified Westergren |

PERIPHERAL SMEAR

RBCs : Majority are normocytic normochromic. Also seen are few macrocytes

WBCs : are normal in number with normal morphology and distribution.

Platelets : are adequate and seen in clumps and singles.

Hemoparasites : Not seen.

IMPRESSION : NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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DEPARTMENT OF HAEMATOLOGY

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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 | 94 | mg/dl | 74-106 | GOD, POD |
|--------------------------------------|----|-------|--------|----------|

Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |
| <70 mg/dL | Hypoglycemia |

Note:

- 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) | 128 | 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.

| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.0 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 97 | mg/dL | | Calculated |

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| | |
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| 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 | 207 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 140 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 52 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 155 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 126.72 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 28 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.96 | | 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.



SIN No:SE04564435

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DEPARTMENT OF BIOCHEMISTRY

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

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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------------|-------|---------|----------------------------|
| BILIRUBIN, TOTAL | 0.92 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.24 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.68 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 16 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 19.0 | U/l | 0-31 | IFCC |
| ALKALINE PHOSPHATASE | 65.00 | U/l | 42-98 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 6.50 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.27 | g/dl | 3.5-5.2 | Bromocresol Green |
| GLOBULIN | 2.23 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.91 | | 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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DEPARTMENT OF BIOCHEMISTRY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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SIN No:SE04564435



APOLLO CLINICS NETWORK

| | |
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DEPARTMENT OF BIOCHEMISTRY

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

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

| | | | | |
|-----------------------|------------|--------|------------|---------------------------|
| CREATININE | 0.55 | mg/dL | 0.5-1.04 | Creatinine amidohydrolase |
| UREA | 14.88 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 7.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 4.70 | mg/dL | 2.5-6.2 | Uricase |
| CALCIUM | 9.93 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.00 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 102 | mmol/L | 98 - 107 | Direct ISE |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 19.00 | U/l | 0-38 | IFCC |



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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) | 0.83 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.94 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 4.410 | 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 |



SIN No:SPL23178244

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DEPARTMENT OF CLINICAL PATHOLOGY

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.015 | | 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 | 3 - 4 | /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:UR2237551

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|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |



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| Age/Gender : 46 Y 3 M 16 D/F | Received : 10/Dec/2023 10:41AM |
| UHID/MR No : CMYS.0000058802 | Reported : 11/Dec/2023 05:06PM |
| Visit ID : CMYSOPV120161 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 496006078462 | |

DEPARTMENT OF CYTOLOGY

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

LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

| | | |
|------------|----------------------------------|--|
| | CYTOLOGY NO. | 20615/23 |
| I | SPECIMEN | |
| a | SPECIMEN ADEQUACY | ADEQUATE |
| b | SPECIMEN TYPE | LIQUID-BASED PREPARATION (LBC) |
| | SPECIMEN NATURE/SOURCE | CERVICAL SMEAR |
| c | ENDOCERVICAL-TRANSFORMATION ZONE | ABSENT |
| d | COMMENTS | SATISFACTORY FOR EVALUATION |
| II | MICROSCOPY | Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/ malignancy. |
| III | RESULT | |
| a | EPITHEIAL CELL | |
| | SQUAMOUS CELL ABNORMALITIES | NOT SEEN |
| | GLANDULAR CELL ABNORMALITIES | NOT SEEN |
| b | ORGANISM | NIL |
| IV | INTERPRETATION | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

*** End Of Report ***



Dr. A. Kalyan Rao
M.B.B.S, M.D (Pathology)
Consultant Pathologist



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

Page 14 of 14



SIN No:CS071103

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs MANJULA - N on 09/12/2023

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

| | Tick |
|--|-------------------------------------|
| <ul style="list-style-type: none">Medically Fit | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none">Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p> | |
| <ul style="list-style-type: none">Currently Unfit. <p>Review after _____ recommended</p> | |
| <ul style="list-style-type: none">Unfit | |

Dr. [Signature]
Medical Officer

The Apollo Clinic, Mysore.

Apollo Clinic

#33 1st Floor,
Kalidasa Road, Mysore - 02

Ph: 0821-4008000 / 0821-4008001

1860 500 7788

Apollo Health and Lifestyle Limited

(CIN: URS1107G2000PLC115819)

Regd Office: 1, 10 & D 62, Avinaka Road, 1st Floor, Apollo Clinic, 1st Floor, Kalidasa Road, Mysore - 02

Ph: No: 0821-4008 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Online appointments: www.apolloclinic.com

This certificate is not meant for medical legal purposes

Date : 09-12-2023
 MR NO : CMYS.0000058802
 Name : Mrs. MANJULA N
 Age/ Gender : 46 Y / Female

Department : GENERAL
 Doctor : Dr. Umesh HR
 Registration No : 67084
 Qualification : MBBS- MD

Consultation Timing: 09:07

| | | | |
|-------------|--------------|-----------|---------------|
| Height: 152 | Weight: 64.5 | BMI: | Waist Circum: |
| Temp: | Pulse: 70w | Resp: 20w | B.P: 120/80 |

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

WS
 ORS
 DPT / WAZ

Ad
 Regular Enema / Dieting
 T2 ALT D3 60K one (5)
 a.u.
 F Zorodol - P (4)
 1-0-1

Follow up date :


 Doctor Signature

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

Date : 09-12-2023
 MR NO : CMYS.0000058802
 Name : Mrs. MANJULA N
 Age/ Gender : 46 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 09:07

| | | | |
|--------------|---------------|--------|----------------|
| Height : 152 | Weight : 64.8 | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 120/80 |

General Examination /
 Allergies History
 PH - ~~NS~~ hypothyroidism
 2H - NS.

Clinical Diagnosis & Management Plan
 MH - perimenopausal.
 Past uterus - regular
 normal flow.

ML - 35 hrs.
 P - 26/11/23.
 (880 mg)
 HMB + → size 3 to 4 cm

Para
 FNDS
 Tuberculosis

USH - st Broad
 Ligament Fibroid.

Adv: Followup of AMB &
 Fibroids

Followup scan
 after 6m

- regular walk / exercise
 - SOB. SHELCAK x T
 (30)

Abd - Pelvic scan -
 Full bladder
 (M)
 TVS.

0-1-0.
x 6m

Follow up date :
 Doctor Signature

Date : 09-12-2023
MR NO : CMYS.0000058802

Department : GENERAL Dietics
Doctor : Madhura. B.P

Name : Mrs. MANJULA N

Registration No :

Age/ Gender : 46 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 09:07

| | | | |
|-------------|--------------|---------------------------|--------------------|
| Height: 152 | Weight: 64.5 | BMI: 27 kg/m ² | Waist Circum: 91cm |
| Temp: | Pulse: | Resp: | B.P: 120/80 |

General Examination /
Allergies History

Total cholesterol - 223
Non HDL - 155
LDL - 96.73

Clinical Diagnosis & Management Plan

1. ITCO - 50kg
2. ITCO - Thyroid on medication
- Advised low fat diet with fiber rich diets.
 - Take small frequent meals. Do not skip meals.
 - Include all variety of seasonal fruits, vegetables and green leafy vegetables.
 - Include nuts like Almonds, walnuts & dry fruits like dried dates & raisins regularly.
 - Include seeds like flax seeds, Pumpkin seeds, sunflower seeds, watermelon seeds & sesame seeds - 1 teaspoon, dry roasted.
 - Cooking oil - 1/2 litre / person / month. use combination of oils like Rice Bran oil, Mustard oil, Groundnut oil, Gingelly oil, coconut oil & ghee. But do not mix the oils.

Follow up date :

Doctor Signature

- Avoid maida, sugar, too much of salt, Sorkhe soda & creams.

- Avoid cruciferous vegetables like cabbage, cauliflower, broccoli & spinach.

Date : 09-12-2023
MR NO : CMYS.0000058802
Name : Mrs. MANJULA N
Age/ Gender : 46 Y / Female

Department : GENERAL
Doctor :
Registration No : *N. Praveen Kumar R*
Qualification : *M.S (ENT)*

Consultation Timing: 09:07

| | | | |
|---------------------|----------------------|--------|---------------------|
| Height : <i>152</i> | Weight : <i>64.5</i> | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : <i>120/80</i> |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for regular health checkup

Ear - bilateral TM - normal

nose - nasal mucosa @

oral cavity & oropharynx - @

neck @

As - examined

Follow up date :

[Signature]
Doctor Signature

Apollo Clinic
23/ 1st Floor,
Kalidasa Road, Mysore - 57
Ph : 0821-4006040/41

Date : 09-12-2023
MR NO : CMYS.0000058802
Name : Mrs. MANJULA N
Age/ Gender : 46 Y / Female

Department : GENERAL
Doctor :
Registration No :
Qualification :

Consultation Timing: 09:07

| | | | |
|-------------|--------------|-------|---------------|
| Height: 152 | Weight: 64.2 | BMI: | Waist Circum: |
| Temp: | Pulse: | Resp: | B.P: 120/80 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

| | | |
|-----------------|-----------------|-------------------|
| | <u>Rt eye</u> | <u>Lf eye</u> |
| Near vism. | N ₂₄ | N ₂₄ . |
| Distant vism | 6/9 ✓ | 6/6 |
| Colour vism | (R) | (L) |

Follow up date :

Doctor Signature

Not brought glasses

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-400000, 41

MRS MANJULA N

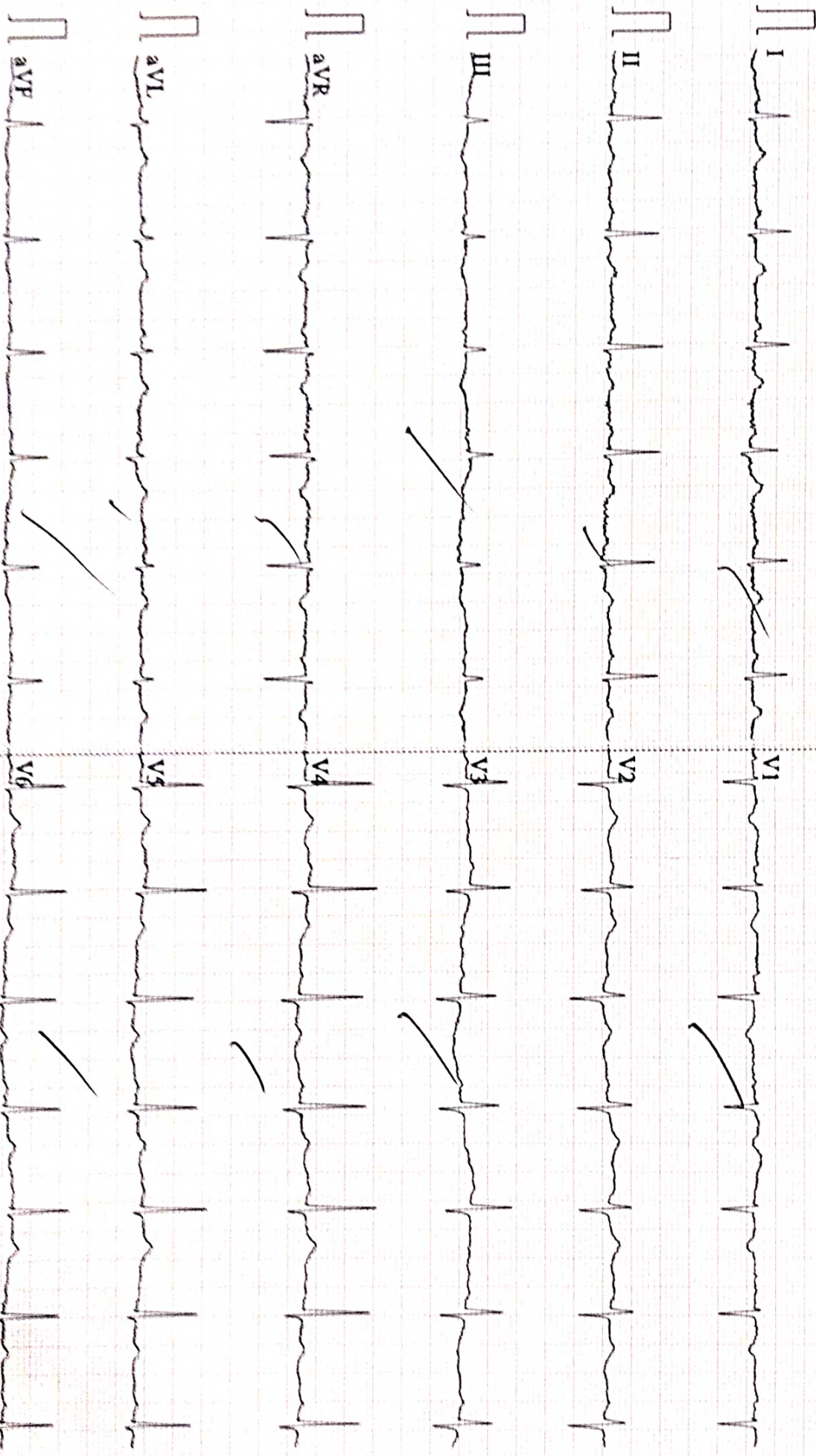
Female 46Years

152cm 64kg 120/80 mmHg

Diagnosis Information:

Unconfirmed Report.

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-0006040/41



| | | |
|--|-------------------|----------------------------|
| Patient Name: Mrs .Manjula N | Date : 09.12.2023 | Referring Doctor: Dr .Self |
| Age / Sex: 46 Yrs/Female | UHID NO: 058802 | Location : OP |
| ULTRASONOGRAPHY- ABDOMEN & PELVIS | | |

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 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 106x40 mm with parenchymal thickness of 13 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 127x51 mm with parenchymal thickness of 13 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 bulky, measures 109x55x58mm with ET= 9mm. Large hypoechoic lesion measuring 90x89 mm seen in right adnexa.

Rt. OVARY: It measures 28x31 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 24x28 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: RIGHT BROAD LIGAMENT FIBROID.

Pradeep
Dr. Pradeep Kumar C N, DNB
Consultant Radiologist.

Patient's Name : Mrs.Manjula N

Age & sex : 46Yrs /Female

Date : 09.12.2023

UHID No 58802

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- Normal left ventricular function. EF 61%
- No regional wall motion abnormality
- 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: U85110TG02000PLC115819

Kingd Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Koramangala | Marappur Road | Mysore: IVV Mahalle

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

| | |
|--------------------------------|---------------------------|
| Patient's Name : Mrs.Manjula N | Age & sex : 46Yrs /Female |
| Date : 09.12.2023 | UHID No 58802 |

Measurements

AO : 2.66 cm
LA : 2.99 cm

RV : 1.65 cm
LVIDd : 3.87 cm
LVIDs : 2.60 cm
IVSd : 0.95 cm
IVSs : 1.17 cm
PWd : 0.89 cm
PWs : 1.30 cm
EF : 61.0 %
FS : 32.0 %

Doppler

| MV | TV | AV | PV |
|-------------|------------|----------------|----------------|
| E: 0.91 m/s | E 0.48 m/s | V max 1.46 m/s | V max 0.88 m/s |
| A: 0.73 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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REGD. OFFICE: 110-62-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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TO BOOK AN APPOINTMENT

1860 500 7788

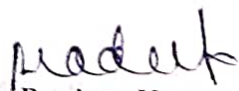
| | | |
|--------------------------------|-------------------|----------------------------|
| Patient Name: Mrs .Manjula N | Date : 09.12.2023 | Referring Doctor: Dr .Self |
| Age / Sex: 46 Yrs/Female | UHID NO: 058802 | Location : OP |
| ULTRASONOGRAPHY- BREAST | | |

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. Pradeep Kumar C N, DNB.
Consultant Radiologist.

Apollo Health and Lifestyle Limited

Regd. Office: 1-10-10/2/2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Koramangala | Marappur Road | Mysore | VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. MANJULA N
UHID : CMYS.0000058802
Reported on : 09-12-2023 16:06
Adm Consult Doctor :

Age : 46 Y F
OP Visit No : CMYSOPV120161
Printed on : 09-12-2023 16:06
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.

IMPRESSION :NORMAL STUDY.

Pradeep

Printed on:09-12-2023 16:06

---End of the Report---

Dr. PRADEEP KUMAR C N
MBBS DNB(RADIOLOGY)
Radiology

Apollo Health and Lifestyle Limited

CIN: U65110TG2000RPL0115819

Regd Office: 1-10-12-2 Ashoka Raaghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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