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|-------------------------------|--|
| Patient Name : Mr.RIYAZ M Y | Collected : 09/Nov/2023 08:30AM |
| Age/Gender : 38 Y 5 M 4 D/M | Received : 09/Nov/2023 10:29AM |
| UHID/MR No : CMYS.0000058460 | Reported : 09/Nov/2023 11:37AM |
| Visit ID : CMYSOPV119101 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 79343254522 | |

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-



SIN No:BED230274976

APOLLO CLINICS NETWORK

| | |
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|-----------|--------|------|-----------------|--------|

HEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|-----------------------------|-------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 15.2 | g/dL | 13-17 | Spectrophotometer |
| PCV | 47.20 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.19 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 91 | fL | 83-101 | Calculated |
| MCH | 29.3 | pg | 27-32 | Calculated |
| MCHC | 32.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 11.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,600 | cells/cu.mm | 4000-10000 | Electrical Impedence |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|------|---|-------|----------------------|
| NEUTROPHILS | 52.7 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 38.6 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 2.3 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedence |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|--------|-------------|-----------|------------|
| NEUTROPHILS | 3478.2 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2547.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 151.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 389.4 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 33 | Cells/cu.mm | 0-100 | Calculated |

| | | | | |
|---|--------|-------------------------|---------------|----------------------|
| PLATELET COUNT | 245000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm at the end of 1 hour | 0-15 | Modified Westergren |

PERIPHERAL SMEAR

R.B.C: Majority are normocytic normochromic.
W.B.C: Are normal in number,morphology and distribution.
Platelets: Adequate and are seen in singles and clumps.
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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DEPARTMENT OF HAEMATOLOGY

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| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
|--|----------|--|--|--|
| BLOOD GROUP TYPE | O | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



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|-------------------------------|--|
| Patient Name : Mr.RIYAZ M Y | Collected : 09/Nov/2023 11:57AM |
| Age/Gender : 38 Y 5 M 4 D/M | Received : 09/Nov/2023 12:40PM |
| UHID/MR No : CMYS.0000058460 | Reported : 09/Nov/2023 01:04PM |
| Visit ID : CMYSOPV119101 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| | | | | |
|--------------------------------------|----|-------|--------|----------|
| GLUCOSE, FASTING , NAF PLASMA | 97 | 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) | 107 | 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.



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| UHID/MR No : CMYS.0000058460 | Reported : 09/Nov/2023 03:07PM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA | 5.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 114 | 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)



SIN No:EDT230101697

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

| LIPID PROFILE , SERUM | | | | |
|-----------------------|---------------|-------|--------|--------------|
| TOTAL CHOLESTEROL | 177 | mg/dl | 0-200 | CHOD |
| TRIGLYCERIDES | 117 | mg/dl | 0-150 | GPO, Trinder |
| HDL CHOLESTEROL | 51 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 126 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 102.99 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 23.33 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.49 | | 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:SE04535165

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| UHID/MR No : CMYS.0000058460 | Reported : 09/Nov/2023 11:25AM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|---------------------------------------|-------------|-------|---------|----------------------------|
| BILIRUBIN, TOTAL | 0.85 | mg/dl | 0-1.2 | NBD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.20 | mg/dl | 0-0.2 | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT) | 0.65 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 33 | U/l | 0-45 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/l | 0-35 | IFCC |
| ALKALINE PHOSPHATASE | 59.00 | U/l | 53-128 | IFCC (AMP buffer) |
| PROTEIN, TOTAL | 7.30 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.92 | g/dl | 3.5-5.2 | Bromocresol Green |
| GLOBULIN | 2.38 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2.07 | | 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 | 1.28 | mg/dL | 0.66-1.25 | Creatinine amidohydrolase |
| UREA | 29.27 | mg/dl | 13-43 | Urease, UV |
| BLOOD UREA NITROGEN | 13.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.10 | mg/dL | 3.5-8.5 | Uricase |
| CALCIUM | 10.28 | mg/dl | 8.6-10.3 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 4.80 | mg/dl | 2.7-4.5 | Molybdate |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.0 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 99 | mmol/L | 98 - 107 | Direct ISE |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 47.00 | U/l | 0-55 | IFCC |



SIN No:SE04535165

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 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) | 1.04 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 8.75 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 1.630 | 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:SPL23158216

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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.0 | | 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 | 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:UR2216611

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| UHID/MR No : CMYS.0000058460 | Reported : 09/Nov/2023 11:26AM |
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DEPARTMENT OF CLINICAL PATHOLOGY


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| 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:UPP015738,UF009742

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr Riyaz My on 09/11/2023

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 | ✓ |
| <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. Review after _____ recommended | |
| <ul style="list-style-type: none"> • Unfit | |

Dr. Abhineet
 Medical Officer
 The Apollo Clinic, Mysore
 # 25, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph: 9821-4006040/41

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT



Date : 09-11-2023
MR NO : CMYS.0000058460

Department : GENERAL
Doctor : D. Umesh HBS

Name : Mr. RIYAZ M Y

Registration No : 67084
Qualification : MBBS - MD

Age/ Gender : 38 Y / Male

Consultation Timing: 08:21

| | | | |
|--------------|---------------|-----------|----------------|
| Height : 171 | Weight : 69.9 | BMI : | Waist Circum : |
| Temp : | Pulse : 80/4 | Resp : 20 | B.P : 120/80 |

General Examination /
Allergies History

AS S/S
RS-Rhon
AN S/S

Clinical Diagnosis & Management Plan

C/O Bronchitis

T Eralust-AH - (10)
007

T Pantocid -D - (10)
100 SIP

Steam inhalts / Salt water gargle

Follow up date :

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

Date : 09-11-2023
MR NO : CMYS.0000058460
Name : Mr. RIYAZ M Y
Age/ Gender : 38 Y / Male

Department : GENERAL
Doctor :
Registration No :
Qualification :
Dr. Praveen Kumar R
MBBS

Consultation Timing: 08:21

| | | | |
|--------------|---------------|--------|----------------|
| Height : 172 | Weight : 69.9 | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 120/80 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Case for molar crown

ECW bilateral 9mm @

nose . nasal mucosa @

oral cavity w aphthae @
neu @

HL - trauma

Follow up date :

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

Date : 09-11-2023
MR NO : CMYS.0000058460

Department : GENERAL Dietetics
Doctor : Madhura. B.P

Name : Mr. RIYAZ M Y
Age/ Gender : 38 Y / Male

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

Consultation Timing: 08:21

IBW - 70 kg

| | | | |
|--------------|---------------|----------------------------|----------------|
| Height : 172 | Weight : 59.9 | BMI : 20 kg/m ² | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 120/80 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

LDL - 102.99

Δ^{sis} - Fatty liver

- ⇒ *Advised low fat diet with fiber rich foods.
- ⇒ cooking oil - 1/2 liter / person / month. Use combination of oils like Rice bran oil, Groundnut oil, Mustard oil, Gingelly oil, Sesame oil, coconut oil and Ghee. But do not mix the oils and boil.
- ⇒ *Avoid seed meat.
- ⇒ seeds like flax seeds, Pumpkin seeds, Sesame seeds, sunflower seeds and watermelon seeds - 1 teaspoon each, dry roasted.
- ⇒ Drink 12-14 big glasses of water / day.
- ⇒ Regular physical exercise is compulsory.

Follow up date :

Doctor Signature


B.P
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-400015/41

Date : 09-11-2023
MR NO : CMYS.0000058460

Department : GENERAL
Doctor :

Name : Mr. RIYAZ M Y

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 08:21

| | | | |
|--------------|---------------|--------|----------------|
| Height : 172 | Weight : 69.9 | BMI : | Waist Circum : |
| Temp : | Pulse : | Resp : | B.P : 120/80 |

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Right eye

Left eye

Distance v n

6/6

6/6

Near v n

N6

N6

Colour v n

normal

normal

Follow up date :


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

MR RIYAZ M Y

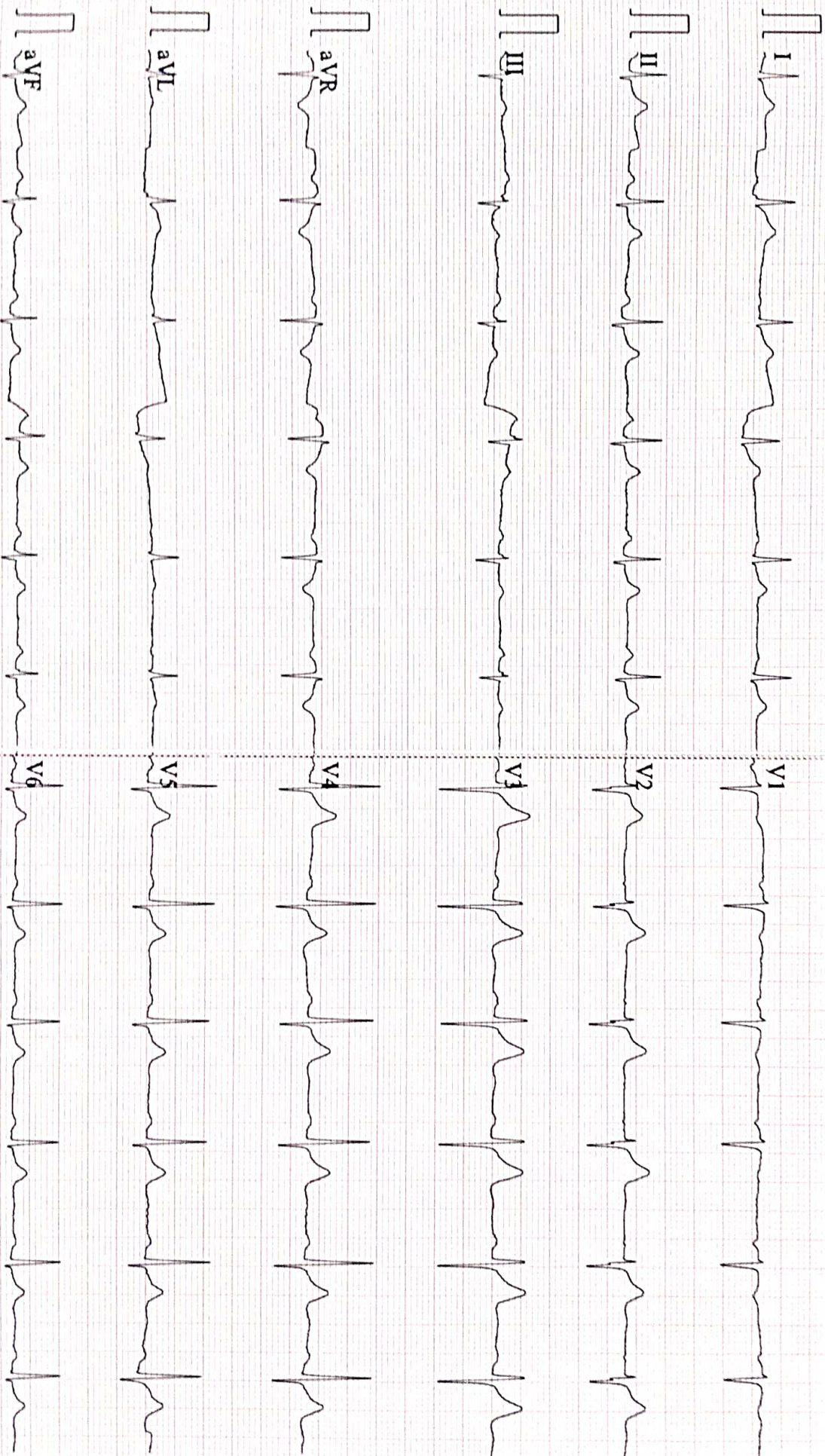
Male 38Years

172cm 69kg 120/80 mmHg

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

Diagnosis Information:

Unconfirmed Report.



| | | | |
|--------------------|--------------------|-------------|--------------------|
| Patient Name | : Mr. RIYAZ M Y | Age | : 38 Y M |
| UHID | : CMYS.0000058460 | OP Visit No | : CMYSOPV119101 |
| Reported on | : 09-11-2023 12:02 | Printed on | : 09-11-2023 12:03 |
| Adm/Consult Doctor | : | 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:09-11-2023 12:02

---End of the Report---

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

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

1860 500 7788

Page 1 of 1

| | | |
|---|-------------------------|------------------------|
| Patient Name: Mr.Riyaz M Y | Date: 09.11.2023 | Doctor:Dr. Self |
| Age / Sex : 38yrs /Male | UHID No : 58460 | OP: |
| ULTRASONOGRAPHY – ABDOMEN & PELVIS | | |

LIVER: It is increased 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 e/o calculi.

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

PANCREAS: It is normal in size, outline and echopattern.

RIGHT KIDNEY: It Measures 105x41 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 108x50mm 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 e/o calculi.

PROSTATE: It measures 24x27x28 mm with a volume of 9 cc. It is normal in size, outline and echotexture. The vascularity of prostate is normal.

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: FATTY LIVER.

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

Apollo Health and Lifestyle Limited

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mr. Riyaz M Y

Age & Sex :38yrs/Male

Date :09.11.2023

UHID No : 58460

MORPHOLOGICAL DATA:

| | |
|-------------------------|--------|
| Left Atrium | Normal |
| Left Ventricle | Normal |
| Right Atrium | Normal |
| Right Ventricle | Normal |
| Interatrial septum | Intact |
| Interventricular septum | Intact |
| Aorta | Normal |
| Pulmonary artery | Normal |
| Mitral valve | Normal |
| Tricuspid valve | Normal |
| Aortic valve | Normal |
| Pulmonary valve | Normal |
| Pericardium | Normal |

DIMENSIONS:

| | |
|-------|----------|
| RVIDd | 1.46 cms |
| LVIDd | 4.46cms |
| LVIDs | 2.70 cms |
| IVSd | 0.89 Cms |
| LVPWd | 0.79Cms |
| AORTA | 2.98 cms |
| LA | 3.02 Cms |
| LVEF | 68 % |

Apollo Health and Lifestyle Limited

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| | |
|--------------------------------|------------------------|
| Patient's Name : Mr. Riyaz M Y | Age & Sex : 38yrs/Male |
| Date : 09.11.2023 | UHID No : 58460 |

DOPPLER DATA:

| VALVES | Velocity (Cm/s) | Peak Gradient (mmHg) | Mean Gradient (mmHg) | Regurgitation |
|-----------|---|----------------------|----------------------|---------------|
| Mitral | E : 0.57 A : 0.40 E/A : 1.44 E/e' : 7.18 | 1.57 | | NIL |
| Tricuspid | E: 0.36 A: 0.30 | | | NIL |
| Aortic | 1.04 | 4.35 | | NIL |
| Pulmonary | 0.88 | 3.11 | | NIL |

IMPRESSION:

NORMAL VALVES AND CHAMBERS
NO RWMA
NORMAL LV FUNCTION
NO e/o CLOT/VEGETATION/ PE


Dr GOWTHAM H G
MD, DM CARDIOLOGY

Apollo Health and Lifestyle Limited

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