

Patient Name : Mrs.SRUJANA YERRAGUNTLAPALLISAI	Collected : 11/Nov/2023 08:48AM
Age/Gender : 29 Y 11 M 6 D/F	Received : 11/Nov/2023 10:29AM
UHID/MR No : CMYS.0000058477	Reported : 11/Nov/2023 11:42AM
Visit ID : CMYSOPV119154	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 182358	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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SIN No:BED230277063

Patient Name : Mrs.SRUJANA YERRAGUNTAPALLISAI	Collected : 11/Nov/2023 08:48AM
Age/Gender : 29 Y 11 M 6 D/F	Received : 11/Nov/2023 10:29AM
UHID/MR No : CMYS.0000058477	Reported : 11/Nov/2023 12:34PM
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13	g/dL	12-15	Spectrophotometer
PCV	43.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	<b>6.51</b>	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	<b>67</b>	fL	83-101	Calculated
MCH	<b>20</b>	pg	27-32	Calculated
MCHC	<b>29.9</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>11,300</b>	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	66.9	%	40-80	Electrical Impedence
LYMPHOCYTES	21.7	%	20-40	Electrical Impedence
EOSINOPHILS	<b>6.9</b>	%	1-6	Electrical Impedence
MONOCYTES	4.1	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	<b>7559.7</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2452.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>779.7</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	463.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	45.2	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedence
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	12	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

R.B.C: shows erythrocytosis. Majority are microcytic hypochromic with good number of normocytic normochromic.  
W.B.C: normal in number with normal morphology and distribution.  
Platelets: normal in number and are seen in singles and clumps.  
Hemoparasites: Not seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

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Note: Suggested hemoglobin electrophoresis to rule out minor hemoglobinopathies.



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

BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



SIN No:BED230277063

Patient Name : Mrs.SRUJANA YERRAGUNTAPALLISAI	Collected : 11/Nov/2023 11:57AM
Age/Gender : 29 Y 11 M 6 D/F	Received : 11/Nov/2023 01:56PM
UHID/MR No : CMYS.0000058477	Reported : 11/Nov/2023 02:27PM
Visit ID : CMYSOPV119154	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	100	mg/dl	74-106	GOD, POD
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**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)	126	mg/dL	70-140	GOD - POD
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**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.



Patient Name : Mrs.SRUJANA YERRAGUNTAPALLISAI	Collected : 11/Nov/2023 08:48AM
Age/Gender : 29 Y 11 M 6 D/F	Received : 11/Nov/2023 12:55PM
UHID/MR No : CMYS.0000058477	Reported : 11/Nov/2023 01:45PM
Visit ID : CMYSOPV119154	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	133	mg/dl	0-200	CHOD
TRIGLYCERIDES	86	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	35	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	98	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.81		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.



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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.55	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	15.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	89.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	6.50	g/dl	6.4-8.3	Biuret
ALBUMIN	4.49	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	2.01	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.23</b>		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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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	<b>10.51</b>	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	<b>4.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.40	mg/dL	2.5-6.2	Uricase
CALCIUM	9.64	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	2.70	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE



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**DEPARTMENT OF BIOCHEMISTRY**

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

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



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	1.17	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.35	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.510	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:SPL23159027

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UHID/MR No : CMYS.0000058477	Reported : 11/Nov/2023 11:08AM
Visit ID : CMYSOPV119154	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4 - 6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



SIN No:UR2218088

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

Result/s to Follow:  
LBC PAP TEST (PAPSURE)



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



Date : 11-11-2023  
 MR NO : CMYS.0000058477  
 Name : Mrs. SRUJANA YERRAGUNTAP.  
 Age/ Gender : 29 Y / Female

Department : GENERAL  
 Doctor : Dr. Umang #13  
 Registration No : 67084  
 Qualification : MBBS. MD

Consultation Timing: 08:28

Height : 159	Weight : 63.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp : 20/min	B.P : 100/80

General Examination /  
 Allergies History

CVS |  
 AS |  
 RA |  
 N/A

Clinical Diagnosis & Management Plan

Adv  
 Regalan Encerun /  
 T. AZT D3 60k once a wk (5)

Follow up date :

**Apollo Clinic**  
 # 23, 1st Floor,  
 Kalidasa Road, Mysore - 02  
 9740821-4006040/41  
 Doctor Signature

Date : 11-11-2023 Department : GENERAL Diabetics  
 MR NO : CMYS.0000058477 Doctor : Pradhura. B.P

Name : Mrs. SRUJANA YERRAGUNTLAP, Registration No :  
 Age/ Gender : 29 Y / Female Qualification : M.Sc Nutrition & Dietetics  
 PhD\*

Consultation Timing: 08:28

Height : 159	Weight : 63.7	BMI : 26 kg/m <sup>2</sup>	Waist Circum : 78cm - 55kg
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /  
 Allergies History

HDL - 35

Clinical Diagnosis & Management Plan

- Δ<sup>sis</sup> - cholelithiasis
- κκκκ - PCOS
- Advised low calorie diet with fiber rich foods.
- cooking oil - 1/2 liter / person / month. Use combination of oils like groundnut oil, rice bran oil, coconut oil, Mustard oil, Gingelly oil and Olive. But do not mix the oils.
- Use skimmed / toned milk, instead of whole fat milk.
- Include seeds like flax seeds, pumpkin seeds, sunflower seeds and sesame seeds - (1st - 14th day) (15th - 30th) 1 teaspoon each, dry roasted.
- Regular physical exercise is compulsory.

Follow up date :

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



Date : 11-11-2023  
MR NO : CMYS.0000058477

Department : GENERAL  
Doctor :

Name : Mrs. SRUJANA YERRAGUNTALAP,  
Age/ Gender : 29 Y / Female

Registration No :  
Qualification :

Consultation Timing: 08:28

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

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

9 FT (N)

OIE → Bone density → MAP

mt - regular mth  
8mu 6m.

hlo irregular cycles +  
vmp-allolaz: PCO

adv: - regular walk 1yoga.  
- low wt) low fat diet.

FH - DM +  
PH - NS.

10<sup>th</sup> - 20<sup>th</sup> Feb 2024  
Palt Period  
(SI)

- GAB . FOR YMINU ACT  
0-1-0

(30) (3-4m)

Feb →  
2024

Plan - OIE EPS.

Follow up date :

**Apollo Clinic**

# 23, 1st Floor,  
Kalidasa Road, Mysore - 02  
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*Dr. [Signature]*  
Doctor Signature

Date : 11-11-2023  
MR NO : CMYS.0000058477

Department : GENERAL  
Doctor :

Name : Mrs. SRUJANA YERRAGUNTALAP,

Registration No : N. Praveen Kumar  
Qualification : M.D. (ENT)

Age/ Gender : 29 Y / Female

Consultation Timing: 08:28

Height : 159	Weight : 63.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Come for further health check

Chronic Allergic rhinitis

Chronic sinusitis

OTC for treated 1m. @

Nose - nasal mucosa pale

oral cavity & oropharynx - normal

Current of adenoiditis

Grade II hypertrophy of tonsil

neck - non tender J0 lymph node (+)

Follow up date :

As

ENT + Otorhinolaryngology

Doctor Signature  
Apex Clinio  
# 23, 1st Floor,  
Kalidasa Road, Mysore - 57  
Ph: 0821-4006000

Date : 11-11-2023

Department : GENERAL

MR NO : CMYS.0000058477

Doctor :

Name : Mrs. SRUJANA YERRAGUNTLAP,

Registration No :

Age/ Gender : 29 Y / Female

Qualification :

Consultation Timing: 08:28

Height : 159	Weight : 63.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Right eye

Left eye

Distance v n

S/G 20/40

S/G = glass ✓

Near v n

NG

N 2 /

Colour v n

Normal

Normal

Follow up date :

**Apollo Clinic**  
 Doctor's signature  
 Kalidasa Road, Mysore - 01  
 Ph : 0821-4006040/41

Date : 11-11-2023  
 MR NO : CMYS.0000058477  
 Name : Mrs. SRUJANA YERRAGUNTALAP,  
 Age/ Gender : 29 Y / Female  
 Department : GENERAL Dental  
 Doctor : Dr. Jyothishree  
 Registration No :  
 Qualification :

Consultation Timing: 08:28

Height : 159	Weight : 63.7	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 166/80

General Examination /  
 Allergies History

Clinical Diagnosis & Management Plan

O/E

Car, S + +

Adv:- Oral Prophylaxis

167 Decayed

Adv:- Restoration

Follow up date :

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

Patient Name	: Mrs. SRUJANA YERRAGUNTLAPALLISAI	Age	: 29 Y F
UHID	: CMYS.0000058477	OP Visit No	: CMYSOPV119154
Reported on	: 11-11-2023 16:29	Printed on	: 11-11-2023 16:29
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: 11-11-2023 16:29

---End of the Report---

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

**Apollo Health and Lifestyle Limited**

CPN: UAS110TG200RPLC115R19  
Regd. Office: 1-10-60-62, Anhoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph. No. (040) 4644 7777 Fax No. 4644 7744 | Email ID: enquiry@apollohi.com | www.apollohi.com

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

Patient Name: Mrs. Srujana	Date : 11.11.2023	Referring Doctor: DR Self
Age / Sex: 29Yrs/Female	UHID No : 58477	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:** It is well distended and shows few small calculi measuring 2 to 3mm.

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

**PANCREAS:** It is normal.

**RIGHT KIDNEY:** It measures 10.2x3.7 cm with parenchymal thickness of 1.4 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**LEFT KIDNEY:** It measures 10x4.8cm with parenchymal thickness of 1.4 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 9.1x3.8x4.7cm with ET=8.3 mm. It is normal in size, outline and echotexture. No mass lesion.

**Rt. OVARY:** It measures 3.1x1.6 cm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 3.5x1.7cm. It is normal. No mass lesion seen.

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

**IMPRESSION: CHOLELITHIASIS**

Dr. Chetan H, DNB  
Consultant Radiologist.

Apollo Health and Lifestyle Limited

CIN: U65110TG2000PLC115819

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Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

**1860 500 7788**

<b>Patient's Name :Mrs. Srujana Yerraguntlapallisai</b>	<b>Age &amp; Sex; 29Yrs /Female</b>
<b>Date : 11.11.2023</b>	<b>UHID No: 58477</b>

**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**

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TO BOOK AN APPOINTMENT

**1860 500 7788**

<b>Patient's Name : Mrs. Srujana Yerraguntlapallisai</b>	<b>Age &amp; Sex; 29Yrs /Female</b>
<b>Date : 11.11.2023</b>	<b>UHID No: 58477</b>

Measurements

AO : 2.1 cm  
LA : 2.7 cm

RV : 2.2 cm  
LVIDd : 3.68 cm  
LVIDs : 2.38 cm  
IVSd : 0.86 cm  
IVSs : 1.17 cm  
PWd : 0.86 cm  
PWs : 1.14 cm  
EF : 65.0 %  
FS : 35.0 %

Doppler

MV	TV	AV	PV
E 0.70 m/s	E --- m/s	V max 1.30 m/s	V max 0.88 m/s
A: 0.50 m/s	A --- m/s		
MR Nil	TR Nil	AR Nil	PR Nil

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

**Apollo Health and Lifestyle Limited**

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**Mangaluru** | Sarjapur Road, **Mysore** (VV Mohalla)

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

**1860 500 7788**



Diagnosis Information:

Unconfirmed Report.

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