

Patient Name	: Mrs.POORIMA S	Collected	: 29/Mar/2024 08:24AM
Age/Gender	: 38 Y 7 M 19 D/F	Received	: 29/Mar/2024 10:19AM
UHID/MR No	: CMYS.0000060285	Reported	: 29/Mar/2024 11:40AM
Visit ID	: CMYSOPV123988	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 645050438934		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240086514




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Age/Gender : 38 Y 7 M 19 D/F	Received : 29/Mar/2024 10:19AM
UHID/MR No : CMYS.0000060285	Reported : 29/Mar/2024 01:43PM
Visit ID : CMYSOPV123988	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.8	g/dL	12-15	Spectrophotometer
PCV	37.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.59	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	81	fL	83-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,900	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56.2	%	40-80	Electrical Impedance
LYMPHOCYTES	32.1	%	20-40	Electrical Impedance
EOSINOPHILS	4.9	%	1-6	Electrical Impedance
MONOCYTES	6.5	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2753.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1572.9	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	240.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	318.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.7	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.75		0.78- 3.53	Calculated
PLATELET COUNT	208000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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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 ANEMIA.


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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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Age/Gender	: 38 Y 7 M 19 D/F	Received	: 29/Mar/2024 01:33PM
UHID/MR No	: CMYS.0000060285	Reported	: 29/Mar/2024 02:11PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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:

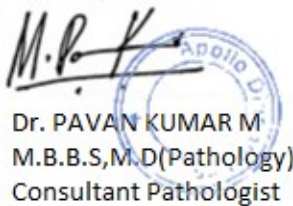
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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



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SIN No:EDT240040009



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	158	mg/dl	0-200	CHOD
TRIGLYCERIDES	72	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	55	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	103	mg/dL	<130	Calculated
LDL CHOLESTEROL	88.82	mg/dL	<100	Calculated
VLDL CHOLESTEROL	14.32	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.88		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.10		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) 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.
- 5) 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.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Visit ID : CMYSOPV123988	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.39	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.22	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	48.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	5.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.05	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	1.85	g/dL	2.0-3.5	Calculated
A/G RATIO	2.19		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:

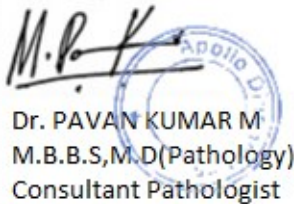
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.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

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	18.30	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.6	mg/dl	6-20	Urease, UV
URIC ACID	4.40	mg/dL	2.6-6	Uricase
CALCIUM	9.11	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.56	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	5.90	g/dl	6.4-8.3	Biuret
ALBUMIN	4.05	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	1.85	g/dL	2.0-3.5	Calculated
A/G RATIO	2.19		0.9-2.0	Calculated



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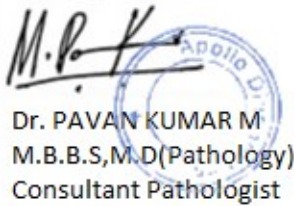


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	8.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

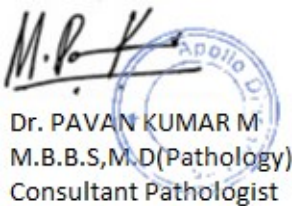
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.82	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.51	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.130	µIU/mL	0.35-4.94	CMIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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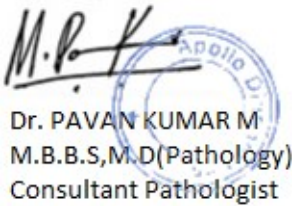
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324



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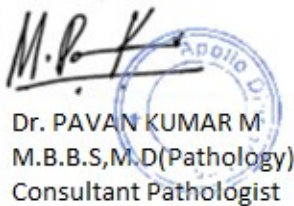
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 8	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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Dr. PAVAN KUMAR M
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SIN No:UR2319396



29

Name : Mrs. Poomina S	Age: 37 Y	UHID: CMYS.0000060044
Address : mysore	Sex: F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number: CMYSOPV123418
		Bill No : CMYS-OCR-22654
		Date : 14.03.2024 08:26

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	H → 153
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE (POST PRANDIAL)	U → 110/30
10	PERIPHERAL SMEAR	
11	EKG	BP → 110/30
12	PAP TEST - PAPSURE	
13	RENAL PROFILE RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE (FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	P
19	ENT CONSULTATION	P
20	FITNESS BY GENERAL PHYSICIAN	P
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Pending Reports - LBC & docu

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination
of Mrs Poorvima S on 14/03/24

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

	Tick
<ul style="list-style-type: none"> • 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. *[Signature]*
Medical Officer
The Apollo Clinic, Mysore.

Apollo Clinic
#25, 1st floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.
Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK KARNATAKA

Bangalore (Basavanagudi | Bellandur | Electronic City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) **Mysore** (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 14-03-2024
 MR NO : CMYS.0000060044
 Name : Mrs. Poornima S
 Age/ Gender : 37 Y / Female

Department : GENERAL
 Doctor :
 Registration No :
 Qualification :

Consultation Timing: 08:26

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

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

PH - NS
 2H → DM +
 s.c.m → Bullous ut
 seeding
 - broad lip. di.roid +
 3.5 x 3 cm.

mH → regular meals. heavy m
 amp → all day.
 hypertension +.
 fibroids.
 01E → . pancreas NAD.

m → 12 yrs B2 -
 Both US.
 Tuberculosis.

adv: - regular walk 1yoga.

- low wt / low fat diet
- avoid junk food.

during periods

- TAB. PAUSE MF 1-0-1 x 2 days (4)
- TAB. PANTOCID DSR (5)
- BF 1-0-0

Follow up date :

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

Date : 14-03-2024
MR NO : CMYS.0000060044

Department : GENERAL
Doctor :

Name : Mrs. Poornima S
Age/ Gender : 37 Y / Female

Registration No : Dr. Praveen Kumar
Qualification : MS (ENT)

Consultation Timing: 08:26

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Clisley Dr. Praveen - ENT

Come for medical check ups

Sinonasal polyposis

Also Hypotension for (E)

As

- PwCS

• Antihistamines

Follow up date :


Doctor Signature

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

Date : 14-03-2024
MR NO : CMYS.0000060044

Department : GENERAL
Doctor : Dr. Venkatesh HBS

Name : Mrs. Poornima S

Registration No : 67089

Age/ Gender : 37 Y / Female

Qualification : M.B.B.S. M.D.

Consultation Timing: 08:26

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : 72 wt	Resp : 20 wt	B.P : 110/70 mm Hg

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

CVS
RS
RA / N/A

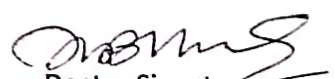
ADA

T. Nerval 870 - (30)

T AZT D3 60k emu u wa (10)

Isos Profole

Follow up date :


Doctor Signature

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

Date : 14-03-2024
 MR. NO : CMYS.0000060044
 Name : Mrs. Poornima S
 Age/Gender : 37 Y / Female
 Department : GENERAL Dietetics
 Doctor : Madhura. B.P
 Registration No :
 Qualification : M.Sc Nutrition & Dietetics
 PhD

Consultation Timing: 08:26

IRI - 510

Height : 153	Weight : 54 kg	BMI : 23 kg/m ²	Waist Circum :
Temp :	Pulse : 0	Resp : 0	B.P :

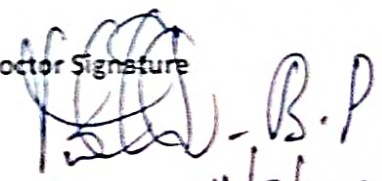
General Examination /
 Allergies History

Hb - 10
 ESR - 36
 Non HDL - 153
 LDL - 133.9

Clinical Diagnosis & Management Plan

→ Advised low calorie, high protein diet with fiber rich foods.
 → Include Iron rich foods such as dark green leafy vegetables, dry dates, other vegetables with vitamin - C rich foods (in combination) for better absorption of Iron.

Follow up date :

Doctor Signature


Apollo Clinic 14/3/2024
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 02
 Ph : 0821-490040/41

Date : 14-03-2024
MR NO : CMYS.0000060044
Name : Mrs. Poornima S
Age/ Gender : 37 Y / Female

Department : GENERAL [opthal]
Doctor :
Registration No :
Qualification :

Consultation Timing: 08:26

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Visum RT Eye 2+

near N-6 N-6

far 6/6 6/6

Color (N) (N)

Iron Profile

Follow up date :

Dr. Poornima S
Doctor Signature
Apollo Clinic
23, 1st Floor,
Kallidasa Road, Mysore - 02
Ph : 0821-4005040/41

Date : 14-03-2024
MR NO : CMYS.0000060044
Name : Mrs. Poornima S
Age/ Gender : 37 Y / Female

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

Consultation Timing: 08:26

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

O/E

Cut. Stt

Gen. - oral prosthesis

Gen Teeth attrition noted

Follow up date :

S Jayashree
Doctor Signature
Apollo Clinic
25, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Patient Name: Mrs. Poornima S	Date : 14.03.2024	Referring Doctor: DR Self
Age / Sex: 37 Yrs/Female	UHID No : 60044	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 10.3x3.9 cm with parenchymal thickness of 1.3 cm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 10.4x5.0 cm with parenchymal thickness of 1.7 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 mildly enlarged, anteverted and measures 10.2x4.8x5.7 cm with ET=7.1 mm. Small seedling fibroids are seen in the posterior wall. Hypoechoic lesion measuring 3.5 x 3.0 cm is seen in the right adnexa adjacent to right ovary. Color Doppler shows no internal vascularity.

Rt. OVARY: It measures 3.3x2.7 cm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 2.6x2.2cm. It is normal. No mass lesion seen.

IMPRESSION:

- **MILDLY BULKY UTERUS WITH SEEDLING FIBROIDS.**
- **HYPOECHOIC LESION IN THE RIGHT ADNEXA- Likhley broad ligament fibroid.**

Suggested MRI pelvis for further evaluation.

Dr. Chetan H, DNB
Consultant Radiologist.

Apollo Health and Lifestyle Limited

City: UHS1107G2000PLC1158191

Kings Office: 1-10-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Koramangala | Sarjapur Road | Mysore (VVMohalla)

Online appointments: www.apolloh.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Poornima S

Age & sex : 37Yrs /Female

Date : 14.03.2024

UHID No : 60044

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

Apollo Health and Lifestyle Limited

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Dr. C.B. KESHAVAMURTHY MD, DM, DNB

CONSULTANT CARDIOLOGIST
 Apollo Health and Lifestyle Limited | Apollo Hospitals | Apollo Clinics
 Bengaluru | Mysore | Tumkur | Karnataka
 Bengaluru | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

ID: 60044

14-03-2024

09:48:16 AM

MRS POORNIMA S

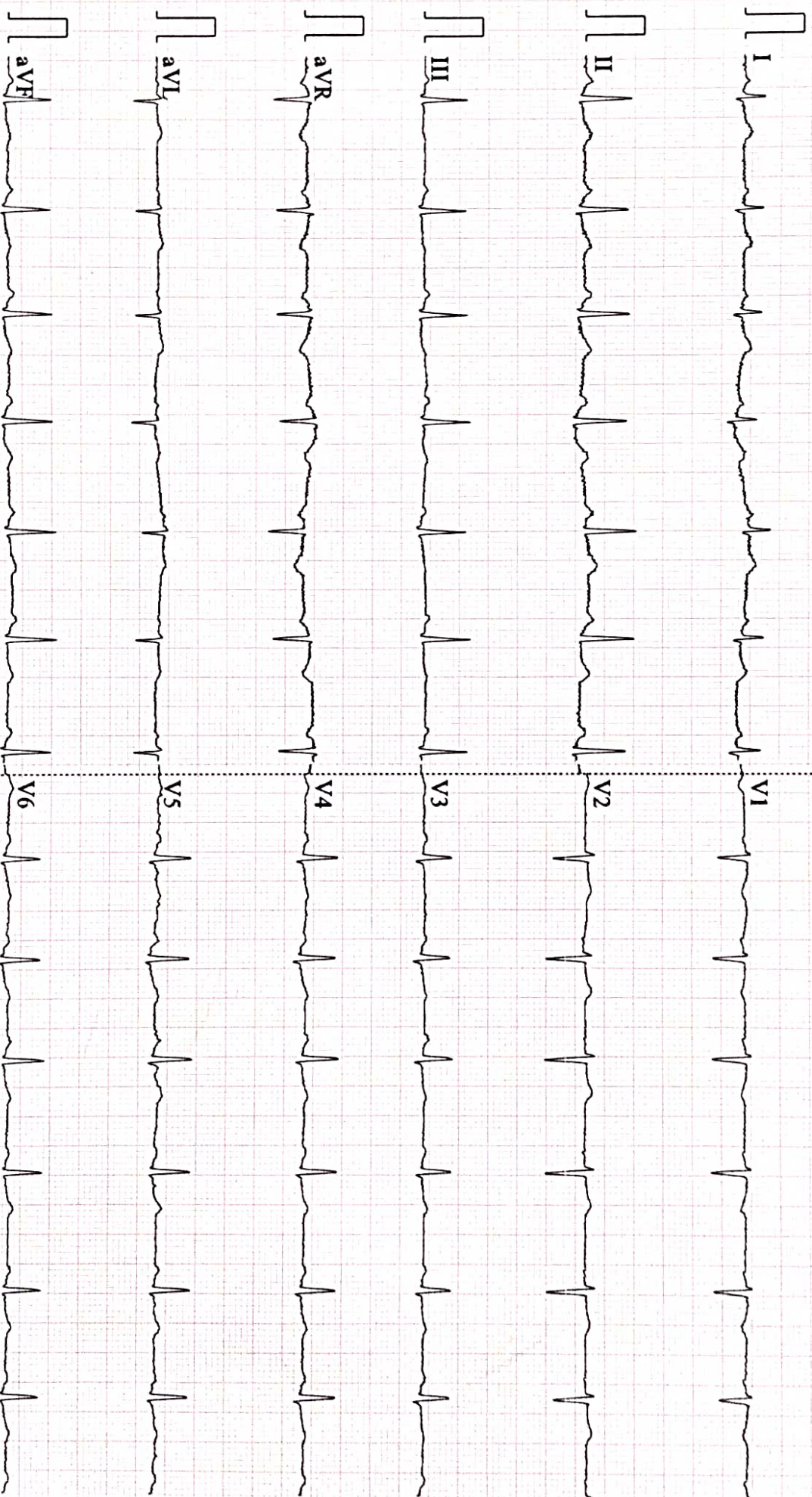
Female 37years

153cm 74kg 110/70 mmHg

Diagnosis Information:

Unconfirmed Report.

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



0.5~45Hz AC50 25mm/s

10mm/mV

2*5.0s

79

CARDIART

8 D V1.43

Glasgow V28.6.0

APOLLO CLINIC MYSURU