


Patient Name : Mrs.SARITA NEGI	Collected : 10/Feb/2024 08:46AM
Age/Gender : 49 Y 9 M 9 D/F	Received : 10/Feb/2024 10:35AM
UHID/MR No : CMYS.0000059548	Reported : 10/Feb/2024 01:46PM
Visit ID : CMYSOPV122190	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 580505377086	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240032988



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.5	g/dL	12-15	Spectrophotometer
PCV	38.70	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.13	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	94	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,000	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	34.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	4.8	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3990	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2394	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	259	Cells/cu.mm	20-500	Calculated
MONOCYTES	336	Cells/cu.mm	200-1000	Calculated
BASOPHILS	21	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	180000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

R.B.C: Majority are normocytic normochromic.

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



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Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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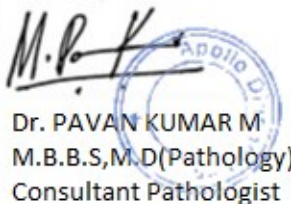


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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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



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Patient Name : Mrs.SARITA NEGI	Collected : 10/Feb/2024 08:45AM
Age/Gender : 49 Y 9 M 9 D/F	Received : 10/Feb/2024 10:27AM
UHID/MR No : CMYS.0000059548	Reported : 10/Feb/2024 11:17AM
Visit ID : CMYSOPV122190	Status : Final Report
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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
GLUCOSE, FASTING , NAF PLASMA	99	mg/dl	74-106	GOD, POD

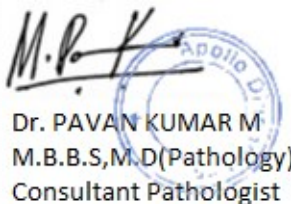
**Comment:**

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.



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Patient Name : Mrs.SARITA NEGI	Collected : 10/Feb/2024 08:46AM
Age/Gender : 49 Y 9 M 9 D/F	Received : 10/Feb/2024 02:49PM
UHID/MR No : CMYS.0000059548	Reported : 10/Feb/2024 03:51PM
Visit ID : CMYSOPV122190	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	90	mg/dl	70-140	GOD, POD

Result is rechecked. Kindly correlate clinically

**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.

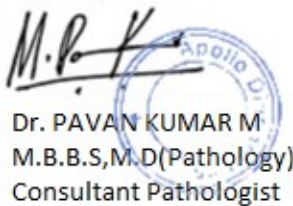
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

**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
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.



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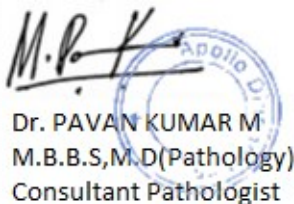


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## DEPARTMENT OF BIOCHEMISTRY

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

- 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 glyceimic 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
  - HbF >25%
  - Homozygous Hemoglobinopathy.  
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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**DEPARTMENT OF BIOCHEMISTRY**

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

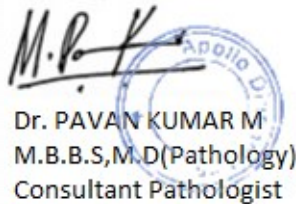
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>227</b>	mg/dl	0-200	CHOD
TRIGLYCERIDES	103	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	51	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	<b>176</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>155.23</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	20.52	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.43		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

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.60	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	45.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.10	g/dl	6.4-8.3	Biuret
ALBUMIN	4.08	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.02	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		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:

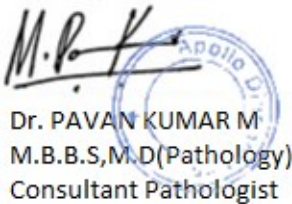
**1. Hepatocellular Injury:**

- 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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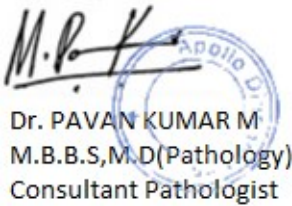


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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.78	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	18.91	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.8	mg/dl	6-20	Urease, UV
URIC ACID	4.30	mg/dL	2.6-6	Uricase
CALCIUM	8.98	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.22	mg/dl	2.7-4.5	Molybdate
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



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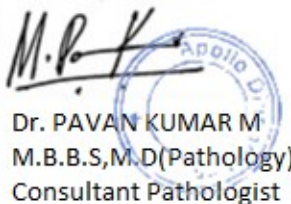


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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/l	0-38	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

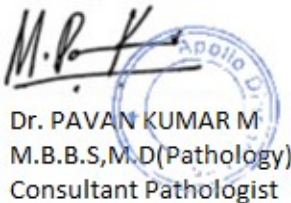
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.76	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.69	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	2.880	µIU/mL	0.35-4.94	CMIA

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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SIN No:SPL24021656



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DEPARTMENT OF IMMUNOLOGY

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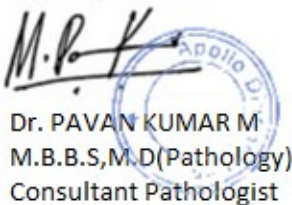


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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	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



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

SIN No:UR2278996



Patient Name : Mrs.SARITA NEGI	Collected : 10/Feb/2024 08:46AM
Age/Gender : 49 Y 9 M 9 D/F	Received : 10/Feb/2024 01:13PM
UHID/MR No : CMYS.0000059548	Reported : 10/Feb/2024 02:43PM
Visit ID : CMYSOPV122190	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 580505377086	

**DEPARTMENT OF CLINICAL PATHOLOGY**

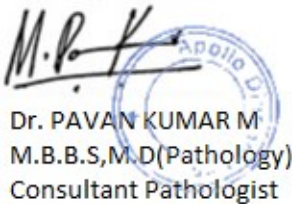
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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

SIN No:UF010491



**Patient Name** : Mrs. SARITA NEGI

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CMYS.0000059548

**OP Visit No** : CMYSOPV122190

**Sample Collected on** :

**Reported on** : 10-02-2024 15:29

**LRN#** : RAD2231600

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 580505377086

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

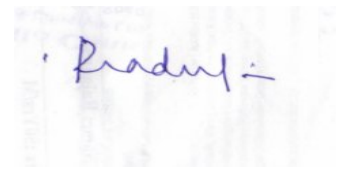
No obvious active pleuro-parenchymal lesion seen .

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.**



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




## CERTIFICATE OF MEDICAL FITNESS

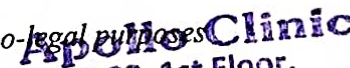
This is to certify that I have conducted the clinical examination

of Ms. Sarita Nagi on 10-2-24

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

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

Dr.   
 Medical Officer Dr. ROHITH.H.K  
 The Apollo Clinic, Mysore.

*This certificate is not meant for medico-legal purposes.*  
  
**# 23, 1st Floor,**  
**Kalidasa Road, Mysore - 02**  
**Ph : 0821-4006040/41**

**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)  
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 Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT  
 **1860 500 7788**

Date : 10-02-2024  
MR NO : CMYS.0000059548

Department : GENERAL  
Doctor : R CHITH-H.E.

Name : Mrs. SARITA NEGI

Registration No :

Age/ Gender : 49 Y / Female

Qualification :

Consultation Timing: 08:43

Height : 156	Weight : 79.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Pf case for Annual Health Checkup  
No fresh complaints.  
No h/o DM, HTN.



Follow up date :

Doctor Signature

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

Date : 10-02-2024  
MR NO : CMYS.0000059548

Department : GENERAL  
Doctor :

Name : Mrs. SARITA NEGI

Registration No : *A. Praveen Kumar .R*  
Qualification : *M.D. (ENT)*

Age/ Gender : 49 Y / Female

Consultation Timing: 08:43

Height : 156	Weight : 79.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Come for regular health check  
ear related gm. @  
nose nasal mucosa @  
oral cavity in oropharynx @  
neck @  
As per exam

Follow up date :

Doctor Signature

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

Date : 10-02-2024  
MR NO : CMYS.0000059548  
Name : Mrs. SARITA NEGI  
Age/ Gender : 49 Y / Female

Department : GENERAL Dietitian  
Doctor : Maadhura. B.P  
Registration No :  
Qualification : M.Sc Nutrition & Dietetics  
PhD

Consultation Timing: 08:43

IBW - 53kg

Height : 1.56	Weight : 79.8	BMI : 32.8 kg/m <sup>2</sup>	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80


General Examination /  
Allergies History

Total cholesterol - 227  
NON HDL - 176  
LDL - 155.23

Clinical Diagnosis & Management Plan

Δ<sup>sis</sup> - Fatty Liver.  
⇒ Advised low fat diet with fiber rich foods.  
⇒ Take small frequent meals. Do not skip.  
⇒ Dietary guidelines chart is given.

Follow up date :

Doctor Signature :  B.P  
10/2/2024

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

Date : 10-02-2024  
MR NO : CMYS.0000059548  
Name : Mrs. SARITA NEGI  
Age/ Gender : 49 Y / Female

Department : GENERAL  
Doctor :  
Registration No :  
Qualification :

Consultation Timing: 08:43

Height : 156	Weight : 79.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

Near  
un  
  
Distant  
un  
  
Colour  
un

At eye

lf eye

N/6

N/18

6/6

6/6

(N)

(N)

Follow up date :

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

Date : 10-02-2024  
MR NO : CMYS.0000059548

Department : GENERAL  
Doctor :

Name : Mrs. SARITA NEGI

Registration No :

Age/ Gender : 49 Y / Female

Qualification :

Consultation Timing: 08:43

Height : 156	Weight : 79.8	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 130/80

ml → 28mg Palz -  
FTVD  
not in belt on skin

General Examination /  
Allergies History

Clinical Diagnosis & Management Plan

PH → AS  
AH → AS

MT - regular w/ uls.

~~normal~~ normal - normal study.  
skin - fatty lumps, small papules  
wall fibroid.  
1.5 x 1.2 cm

Adv: TAB. SHELICAL 280  
0-1-0

(30)

x6m.

Follow up date :

*Bob*

Doctor Signature

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

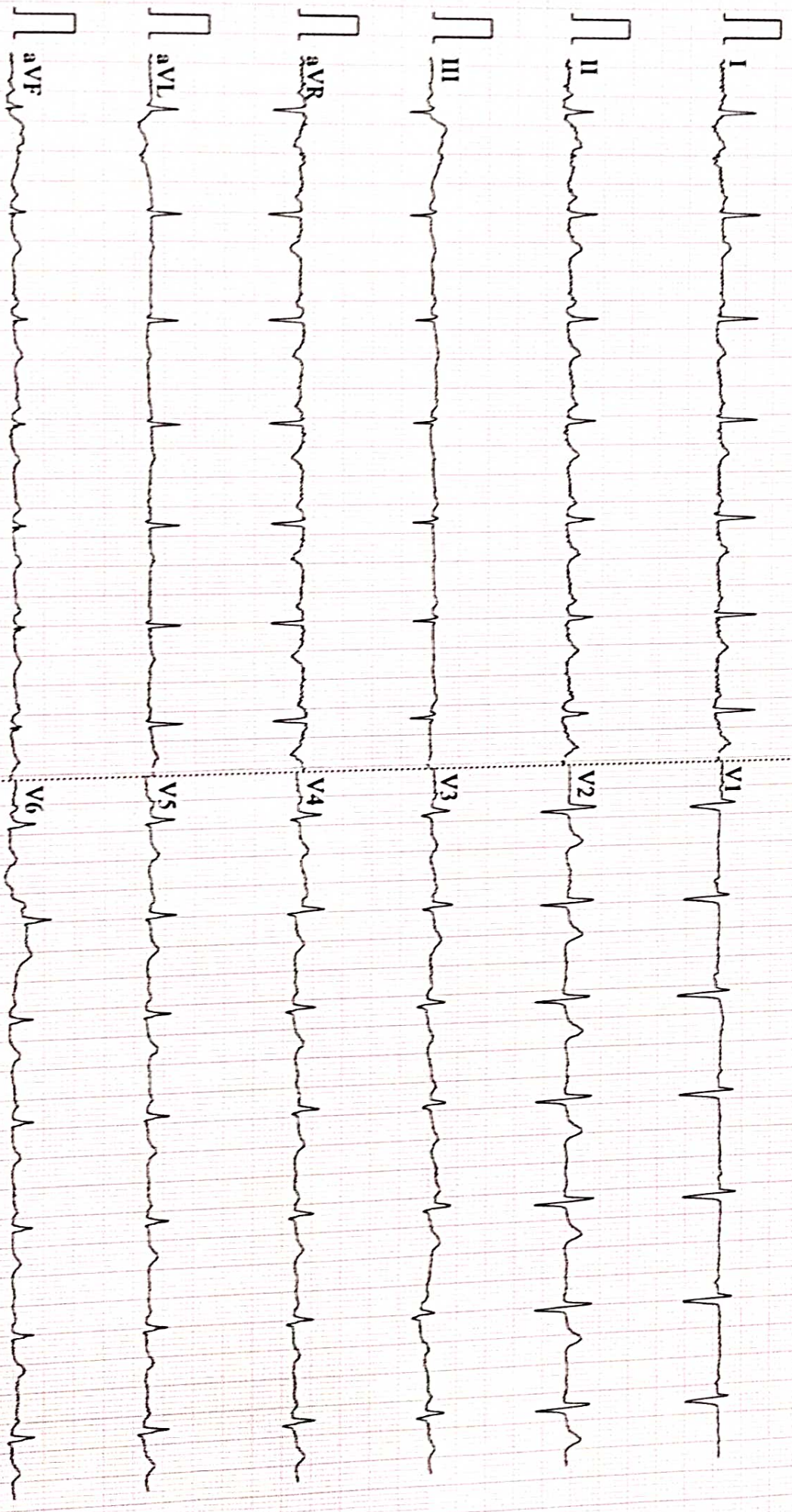
ID: 59548  
MRS SARITA NEGI  
Female 49 Years  
156cm 79kg 130/80 mmHg

10-02-2024 10:51:56 AM

Diagnosis Information:

Unconfirmed Report.

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



0.5-45Hz AC50 25mm/s 10mm/mV 2\*5.0s 84 CARDIART

D V143 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name : Mrs. SARITA NEGI  
UHID : CMYS.0000059548  
Reported on : 10-02-2024 15:28  
Adm/Consult Doctor :

Age : 49 Y F  
OP Visit No : CMYSOPV122190  
Printed on : 10-02-2024 15:29  
Ref Doctor : SELF

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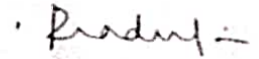
**DEPARTMENT OF RADIOLOGY**

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**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.**



Printed on:10-02-2024 15:28

---End of the Report---

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

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**Apollo Health and Lifestyle Limited**

ICPN : URS110TG2000PLC1156191  
Regd. Office: 1-10-10-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
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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. SARITA NEGI	Date : 10.02.2024	Referring Doctor: Dr .Self
Age / Sex: 49Yrs/Female	UHID NO: 59548	Location : OP
<b>ULTRASONOGRAPHY- ABDOMEN &amp; PELVIS</b>		

**LIVER:** It is increased in size(17.1 cm) 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 82x41mm 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 102x45 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No calculi seen.

**UTERUS:** It is anteverted and measures 37x46x52 mm with ET= 10mm. It is normal in size, outline and echotexture. Small hypoechoic lesion measuring 15x12 mm seen in posterior wall.

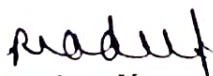
**Rt. OVARY:** It measures 23x24 mm. It is normal. No mass lesion seen.

**Lt. OVARY:** It measures 23x27 mm. It is normal. No mass lesion seen.

**RIE:** 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; SMALL POSTERIOR WALL FIBROID.

  
Dr. Pradeep Kumar C N, DNB  
Consultant Radiologist.

**Apollo Health and Lifestyle Limited**

(CIN: U65110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name: Mrs. Savita Negi	Date :10.02.2024	Referring Doctor: Dr.
Age / Sex: Yrs/Female	UHID No :	Location : OP
<b>ULTRASONOGRAPHY- BREAST</b>		

**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**

(CIN: U65110TG2000PLC115819)

Regd. Office: 1, 1D 6D 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Sarita Negi	Age & Sex;49Yrs /Female
Date : 10.02.2024	UHID No:59548

## 2D ECHOCARDIOGRAPHY STUDY

### Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 61 %
- No clots. No pericardial effusion

### Findings

Left Ventricle:	No RWMA
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	Normal

---

#### **Apollo Health and Lifestyle Limited**

(CIN: U65110TG2000PLC115819)

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Kumaraswami | Sarjapur Road | Mysore (VV Mohalla)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs. Sarita Negi	Age & Sex; 49Yrs /Female
Date : 10.02.2024	UHID No:59548

Measurements

AO : 206 cm  
LA : 2.7 cm

RV : 2.2 cm  
LVIDd 4.92 cm  
LVIDs : 3.30 cm  
IVSd : 0.83 cm  
IVSs : 1.21 cm  
PWd : 1.05 cm  
PWs : 1.24 cm  
EF : 61.0 %  
FS : 32.0 %

Doppler

	MV		TV		AV		PV	
E	0.91 m/s	E	---	m/s	V max	1.10 m/s	V max	0.98 m/s

A: 0.68 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**

MBBS, PGDCC (CARDIO)  
CCMH, CRF (ICCP), PGCC, CCEBDM  
Consultant- Non Invasive Cardiology  
KMC No 69949  
Regd Office: 110 RD E2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016  
Ph: No: (041) 4904 7777 Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.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. SARITA NEGI

**Age/Gender** : 49 Y/F

**UHID/MR No.** : CMYS.0000059548

**OP Visit No** : CMYSOPV122190

**Sample Collected on** :

**Reported on** : 12-02-2024 11:27

**LRN#** : RAD2231600

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 580505377086

---

**DEPARTMENT OF RADIOLOGY**

---

**SONO MAMMOGRAPHY - SCREENING**

**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.

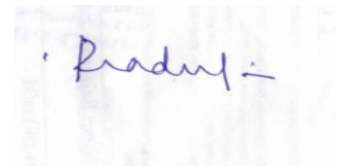
**LEFT BREAST:** It is normal in echopattern. No e/o focal nodular or mass lesions seen. No e/o calcifications. The skin over the breast is normal. Nipple and areola are normal. The subcutaneous, mammary and retro mammary zones are normal.

No e/o axillary lymphadenopathy.

**IMPRESSION:** NORMAL STUDY.

Dr. Pradeep Kumar C N, DNB.

**Consultant Radiologist.**



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

<b>Patient Name</b>	: Mrs. SARITA NEGI	<b>Age/Gender</b>	: 49 Y/F
<b>UHID/MR No.</b>	: CMYS.0000059548	<b>OP Visit No</b>	: CMYSOPV122190
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 12-02-2024 11:24
<b>LRN#</b>	: RAD2231600	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 580505377086		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** It is increased in size(17.1 cm) 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 82x41mm 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 102x45 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

**URINARY BLADDER:** It is well distended. The UB wall is normal. No calculi seen.

**UTERUS:** It is anteverted and measures 37x46x52 mm with ET= 10mm. It is normal in size, outline and echotexture. Small hypoechoic lesion measuring 15x12 mm seen in posterior wall.

**Rt. OVARY:** It measures 23x24 mm. It is normal. No mass lesion seen.

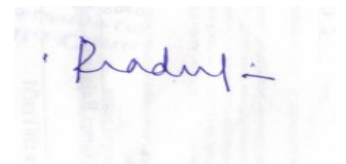
**Lt. OVARY:** It measures 23x27 mm. It is normal. No mass lesion seen.

**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:** FATTY LIVER; SMALL POSTERIOR WALL FIBROID.

Pradeep Kumar C N, DNB  
Consultant Radiologist.



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