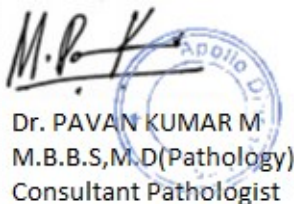


Patient Name	: Mrs.BEZWADA SREE VYSHNAVI	Collected	: 24/Feb/2024 08:58AM
Age/Gender	: 24 Y 3 M 1 D/F	Received	: 24/Feb/2024 10:46AM
UHID/MR No	: CMYS.0000059755	Reported	: 24/Feb/2024 11:40AM
Visit ID	: CMYSOPV122690	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 309450840778		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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

SIN No:BED240047941




Patient Name : Mrs.BEZAWADA SREE VYSHNAVI	Collected : 24/Feb/2024 08:58AM
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	10.4	g/dL	12-15	Spectrophotometer
PCV	32.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.91	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	26.7	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	30.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.1	%	1-6	Electrical Impedance
MONOCYTES	2.5	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3705	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1721.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	119.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	142.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	11.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.15		0.78- 3.53	Calculated
PLATELET COUNT	326000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	50	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

R.B.C: Majority are normocytic normochromic.



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DEPARTMENT OF HAEMATOLOGY


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

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 ANEMIA.



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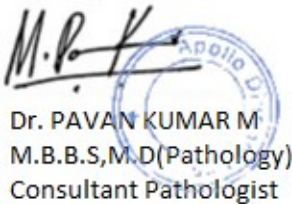


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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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



Dr. PAVAN KUMAR M
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Patient Name : Mrs.BEZWADA SREE VYSHNAVI	Collected : 24/Feb/2024 08:58AM
Age/Gender : 24 Y 3 M 1 D/F	Received : 24/Feb/2024 10:38AM
UHID/MR No : CMYS.0000059755	Reported : 24/Feb/2024 11:04AM
Visit ID : CMYSOPV122690	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	81	mg/dl	74-106	GOD, POD

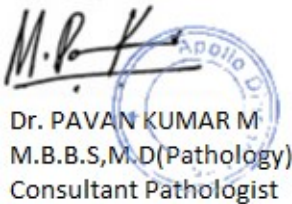
Comment:

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.



Dr. PAVAN KUMAR M
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SIN No:PLF02111892



Patient Name : Mrs.BEZAWADA SREE VYSHNAVI	Collected : 24/Feb/2024 08:58AM
Age/Gender : 24 Y 3 M 1 D/F	Received : 24/Feb/2024 02:28PM
UHID/MR No : CMYS.0000059755	Reported : 24/Feb/2024 03:23PM
Visit ID : CMYSOPV122690	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
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	88	mg/dL		Calculated

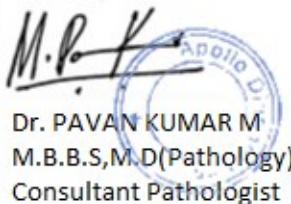
Comment:

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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.



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SIN No:EDT240021444



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DEPARTMENT OF BIOCHEMISTRY

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

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

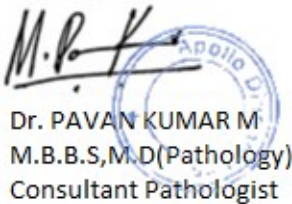
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	188	mg/dl	0-200	CHOD
TRIGLYCERIDES	50	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	38	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.48	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.9	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.00		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 400 mg/dL. When Triglycerides are more than 400 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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.23	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.13	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	8	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	42.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.20	g/dl	6.4-8.3	Biuret
ALBUMIN	4.29	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	2.91	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		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 ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.51-1.04	Enzymatic colorimetric
UREA	11.54	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	5.4	mg/dl	6-20	Urease, UV
URIC ACID	3.70	mg/dL	2.6-6	Uricase
CALCIUM	9.81	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	mg/dl	2.7-4.5	Molybdate
SODIUM	142	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



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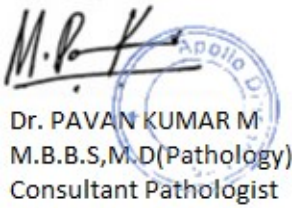


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	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

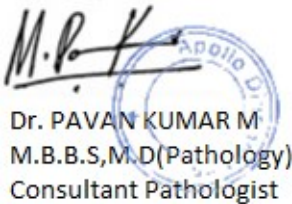
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.38	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.62	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.670	µIU/mL	0.35-4.94	CMIA

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:SPL24031531

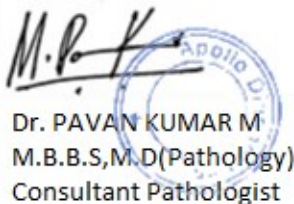


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DEPARTMENT OF IMMUNOLOGY

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



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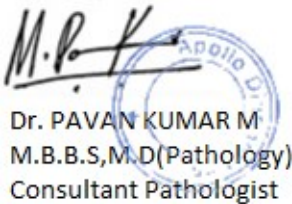


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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/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:UR2290069



Patient Name : Mrs.BEZWADA SREE VYSHNAVI	Collected : 24/Feb/2024 08:58AM
Age/Gender : 24 Y 3 M 1 D/F	Received : 24/Feb/2024 01:25PM
UHID/MR No : CMYS.0000059755	Reported : 24/Feb/2024 02:20PM
Visit ID : CMYSOPV122690	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 309450840778	

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 ***



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

SIN No:UF010710



Date : 24-02-2024

Department : GENERAL

MR NO : CMYS.0000059755

Doctor :

Name : Mrs. BEZAWADA SREE VYSHNA

Registration No :

Age/ Gender : 24 Y / Female

Qualification :

Consultation Timing: 08:53

Height : 145	Weight : 46.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

PH - PCO.
FH - DM +

MH - irregular menses
PCO

MI - 1 1/2 yrs.
trying to conceive.

364) 2-2 1/2 m. day

Imp - 31.1.23 POA,
2 - 8m BAUC
- 10WICS
- PUC done

adv: regular walk / yoga
low salt / low fat diet

- TAB. FOLYMIN ACT 0-1-0 (30)

Plan:

FS 0 I

Follow up date :

Bru
Doctor Signature

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

Date : 24-02-2024

Department : GENERAL

MR NO : CMYS.0000059755

Doctor :

Name : Mrs. BEZAWADA SREE VYSHNA

Registration No :

Age/ Gender : 24 Y / Female

Qualification :

Consultation Timing: 08:53

Height : 145	Weight : 46.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Near
vis.

Distant
vis.

Close
vis.

Rt eye

n/b

s/b

(n)

Lf eye

n/b

s/b

(n)

Follow up date :

Doctor Signature

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

Date : 24-02-2024

Department : GENERAL

MR NO : CMYS.0000059755

Doctor :

Name : Mrs. BEZAWADA SREE VYSHNAI

Registration No :



Dr. GURU PRASAD, B.V.
MBBS, PGDCC (CARDIO)
CCMH, CMC (CCP), PGCC, CCI, PDM
Consultant: Non Invasive Cardiology
MNC No: 08943

Qualification :

Age/ Gender : 24 Y / Female

Consultation Timing: 08:53

Height : 145	Weight : 46.4	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Cardio OPD

(MHC)

Asymptomatic

not

NISS (+)

ECG: NM

Labl: Noted

Adv:

Re-assess

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

Doctor Signature

Follow up date :



Dr. GURU PRASAD, B.V.
MBBS, PGDCC (CARDIO)
CCMH, CMC (CCP), PGCC, CCI, PDM
Consultant: Non Invasive Cardiology
MNC No: 08943

Date : 24-02-2024
MR NO : CMYS.0000059755

Department : GENERAL
Doctor :

Name : Mrs. BEZAWADA SREE VYSHNA
Age/ Gender : 24 Y / Female

Registration No : *Dr. Praveen Kumar. A*
Qualification : *MS (Com)*

Consultation Timing: 08:53

Height : 145	Weight : 46.4	BMI :	Waist Circumf. :
Temp :	Pulse :	Resp :	B.P : 100/70

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for neck heave check

(R) post. canal wall dem normal today
was (A)

(C) er was (A)
breath and ear

nose / max (A)

to

- otoscopy er done (A) - 10/24

2 L's

Follow up date :

Doctor Signature *R*

Apollo Clinic
23, 1st Floor,
Kaildasa Road, Mysore - 02
Ph : 0821-4000040/41

Date : 24-02-2024
MR NO : CMYS.0000059755

Department : GENERAL
Doctor :

Name : Mrs. BEZAWADA SREE VYSHNAI
Registration No :
Age/ Gender : 24 Y / Female
Qualification :

Consultation Timing: 08:53

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

General Examination /
Allergies History

24/2/24

Clinical Diagnosis & Management Plan

No complaints -
K/clo pcos - on reg. R
vital - pallor +,
R.S }
CVS } NAD.
PIA }

Adv

Nothing Advisable

Follow up date :

Doctor Signature

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

Date : 24-02-2024
MR NO : CMYS.0000059755

Department : GENERAL Dietetics
Doctor : Macleod - P.P

Name : Mrs. BEZAWADA SREE VYSHNA

Registration No :

Age/ Gender : 24 Y / Female

Qualification :

M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 08:53

IRCI - 45 kg

Height: 145	Weight: 46.4	BMI: 29 kg/m ²	Waist Circum: k/c/o - PCOS
Temp:	Pulse:	Resp:	B.P:

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Hb - 10.4
ESR - 50
HDL - 3.8
NON HDL - 150
LDL - 140
chol (HDL - 5.00)

→ Advised Balanced diet with Iron rich foods.
→ Seedy cycle - dry roasted - 1 teaspoon each.
* 1st day to 15th - Flaxseed + Pumpkin seeds.
* 16th - 30th day - Sesame + Sunflower
→ Include Iron rich foods like dark green leafy vegetables (drumstick, Palak, Methi etc).

Follow up date :

Doctor Signature
B.P
24/2/2024

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

ID: 59755

24-02-2024 12:36:17 PM

MRS BEZAWADA SREE VYSHNAVI

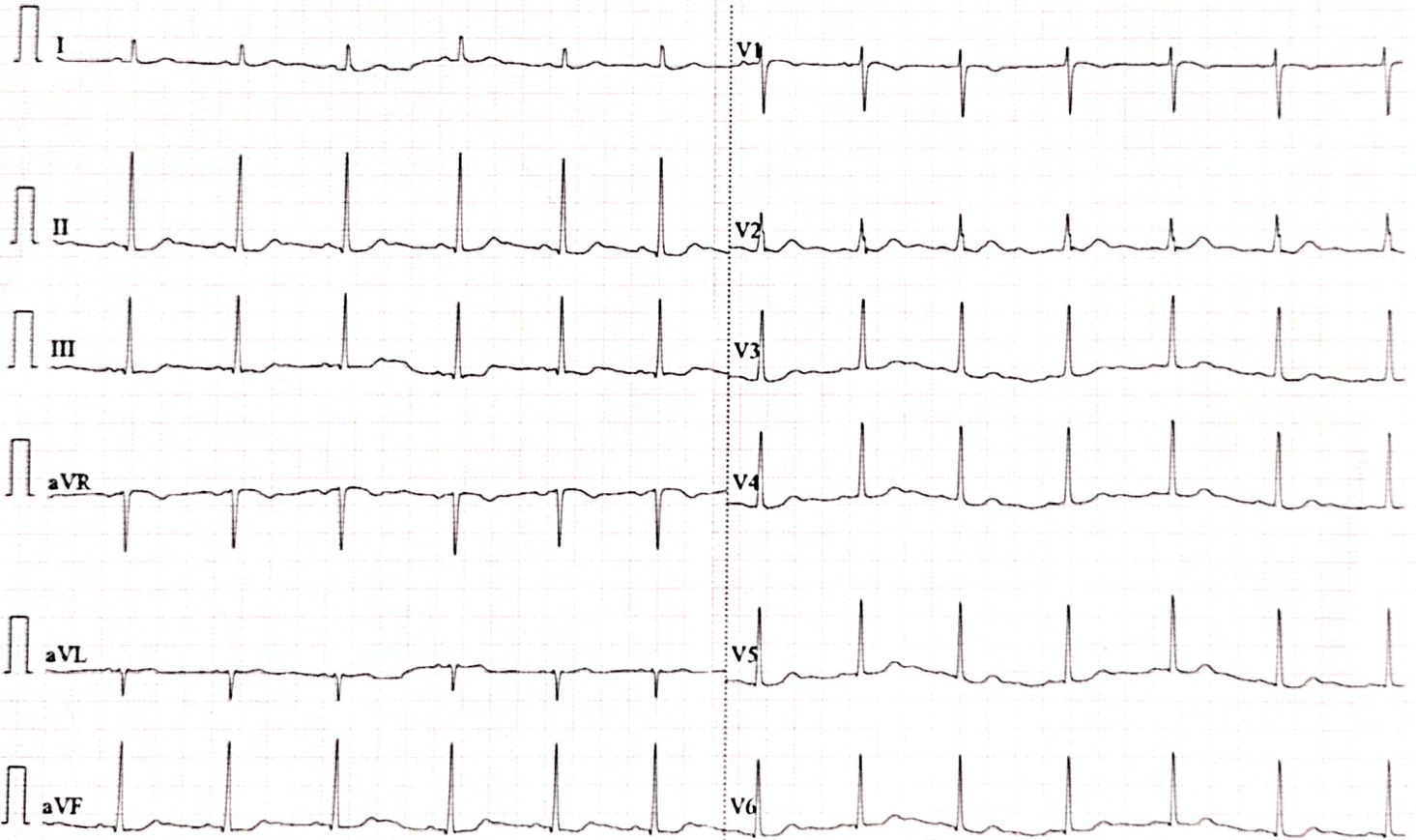
Female 24Years

14cm 46kg 100/70 mmHg

Diagnosis Information:

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

Unconfirmed Report.



Patient Name: Mrs. Bezawada Sree Vyshnavi	Date : 24.02.2024	Referring Doctor: Dr .Self
Age / Sex: 24 Yrs/Female	UHID NO: 59755	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 90x45 mm with parenchymal thickness of 14 mm. It is normal in size, outline and echotexture. No e/o calculus or hydronephrosis seen.

LEFT KIDNEY: It measures 100x55 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 empty.

UTERUS: It is anteverted and measures 60x28x52 mm with ET= 7mm. It is normal in size, outline and echotexture. No mass lesion.

Rt. OVARY: It measures 26x25 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 22x24 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: NORMAL STUDY.

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

Apollo Health and Lifestyle Limited

ICMR, UR5110TG200XPLC1158191
Kings Office 1, 10th G2, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph. No. (040) 4904 7777 Fax No. 4904 7744 | Email ID: enquiry@apolloh.com | www.apolloh.com

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Scanned with CamScanner

Informed Consent/Declaration For Test Exclusion

Patient Name: Ms Bezaiah Sree Age: 24y / F
UHID Number: 89755 Vyshnavi

Please tick and sign the relevant part

I certify that I will skip LBC procedure After today + chest x-ray Test from my own.

No refund is provided for the above excluded test and i have been informed about the same.

Patient signature S. Sree Vyshnavi Date 24/2/2024

Witness signature: [Signature] Date: 24/2/2024

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

Patient's Name : Mrs.Bezawada Sree Vyshnavi	Age & Sex : 24Yrs /Female
Date :24.02.2024	UHID No : 59755

2D ECHOCARDIOGRAPHY STUDY

Impression

- Normal chamber volumes and valves
- No regional wall motion abnormality seen
- Normal left ventricular systolic function. EF 67%
- 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 Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821-4006040/41

Apollo Health and Lifestyle Limited

(CIN: U85110TG2000PLC115819)
Kings Office 1 1D 1D 62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient's Name : Mrs.Bezawada Sree Vyshnavi	Age & Sex : 24Yrs /Female
Date :24.02.2024	UHID No : 59755

Measurement

AO : 2.2 cm
LA : 2.7 cm

RV : 1.8 cm
LVIDd : 3.39 cm
LVIDs : 1.46 cm
IVSd : 0.74 cm
IVSs : 1.12 cm
PWd : 0.62 cm
PWs : 0.74 cm
EF : 67 %
FS : 37 %

Doppler							
MV		TV		AV		PV	
E: 0.92 m/s	E — m/s	V max	0.96 m/s	V max	0.91 m/s		
A: 0.51 m/s	A — m/s						
MR Nil	TR Nil	AR Nil		PR Nil			

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



Dr. GURU PRASAD. B. V
MBBS, PGDCC (CARDIO)
CCMR, DM (CARDIO), PGCC, CC (CCM)
Consultant Non-Invasive Cardiology
Since 1985

Apollo Health and Lifestyle Limited

KIN UBS11GTG2000PLC115819
Regd Office: 11D-60-62, A/Anous Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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TO BOOK AN APPOINTMENT

1860 500 7788



Pat Name: Mrs. Bezawada Sree Vyshnavi	Date : 24.02.2024	Referring Doctor: Dr .Self
Age / Sex: 264Yrs/Female	UHID NO: 59755	Location : OP
ULTRASONOGRAPHY- BREAST		

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

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

No e/o axillary lymphadenopathy.

IMPRESSION: NORMAL STUDY.

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

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(CIN: UAS110TG0000PLC115819)
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