

Patient Name	: Mrs.MANJULA UNNIKRISHNAN	Collected	: 23/Dec/2023 09:09AM
Age/Gender	: 46 Y 10 M 14 D/F	Received	: 23/Dec/2023 11:20AM
UHID/MR No	: CMYS.0000058982	Reported	: 23/Dec/2023 01:36PM
Visit ID	: CMYSOPV120666	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 317331040064		

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

-



SIN No:BED230318626

APOLLO CLINICS NETWORK

Patient Name : Mrs.MANJULA UNNIKRISHNAN	Collected : 23/Dec/2023 09:09AM
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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
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	9.8	g/dL	12-15	Spectrophotometer
PCV	33.40	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	74	fL	83-101	Calculated
MCH	21.9	pg	27-32	Calculated
MCHC	29.4	g/dL	31.5-34.5	Calculated
R.D.W	17.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,100	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	54	%	40-80	Electrical Impedence
LYMPHOCYTES	35.3	%	20-40	Electrical Impedence
EOSINOPHILS	5.6	%	1-6	Electrical Impedence
MONOCYTES	4.8	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3294	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2153.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	341.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	292.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	18.3	Cells/cu.mm	0-100	Calculated

PLATELET COUNT

PLATELET COUNT	359000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	32	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR

R.B.C: Majority are microcytic hypochromic with normocytic normochromic RBCs. Also seen are few elongated cells and tear drop cells.

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

Platelets: Adequate and are seen in singles and clumps.

Hemoparasites: Not seen.

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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.



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UHID/MR No : CMYS.0000058982	Reported : 23/Dec/2023 01:50PM
Visit ID : CMYSOPV120666	Status : Final Report
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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
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



SIN No:BED230318626

Patient Name : Mrs.MANJULA UNNIKRISHNAN	Collected : 23/Dec/2023 11:55AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 23/Dec/2023 02:09PM
UHID/MR No : CMYS.0000058982	Reported : 23/Dec/2023 03:44PM
Visit ID : CMYSOPV120666	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
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GLUCOSE, FASTING , NAF PLASMA	90	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)	98	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.



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Age/Gender	: 46 Y 10 M 14 D/F	Received	: 23/Dec/2023 02:15PM
UHID/MR No	: CMYS.0000058982	Reported	: 23/Dec/2023 03:29PM
Visit ID	: CMYSOPV120666	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 317331040064		

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
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HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

HBA1C, GLYCATED HEMOGLOBIN	5.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	103	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230117902

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UHID/MR No	: CMYS.0000058982	Reported	: 23/Dec/2023 03:54PM
Visit ID	: CMYSOPV120666	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 317331040064		

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
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	186	mg/dl	0-200	CHOD
TRIGLYCERIDES	59	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	58	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	116.01	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.20		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



SIN No:SE04579922

Patient Name : Mrs.MANJULA UNNIKRIISHNAN	Collected : 23/Dec/2023 09:09AM
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Visit ID : CMYSOPV120666	Status : Final Report
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Emp/Auth/TPA ID : 317331040064	

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
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.74	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.52	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	11	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	57.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.60	g/dl	6.4-8.3	Biuret
ALBUMIN	4.27	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.28		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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SIN No:SE04579922

APOLLO CLINICS NETWORK

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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
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.73	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	18.85	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	2.5-6.2	Uricase
CALCIUM	9.71	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.81	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE



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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) , SERUM	15.00	U/l	0-38	IFCC



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UHID/MR No : CMYS.0000058982	Reported : 23/Dec/2023 12:59PM
Visit ID : CMYSOPV120666	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 317331040064	

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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	0.71	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.60	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	0.980	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

- 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.
- 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.
- 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.
- 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:SPL23188970

Patient Name : Mrs.MANJULA UNNIKRISHNAN	Collected : 23/Dec/2023 09:09AM
Age/Gender : 46 Y 10 M 14 D/F	Received : 23/Dec/2023 11:29AM
UHID/MR No : CMYS.0000058982	Reported : 23/Dec/2023 12:14PM
Visit ID : CMYSOPV120666	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 317331040064	

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
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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	1.015		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	2 - 3	/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



SIN No:UR2248211

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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

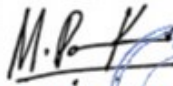
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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*** End Of Report ***


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



SIN No:UPP016066,UF010055

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Maniula Unistaynan on 23/12/2023

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

	Tick
<ul style="list-style-type: none"> Medically Fit 	<input checked="" type="checkbox"/>
<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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> Unfit 	

Dr. [Signature]
Medical Officer
The Apollo Clinic, Mysore.

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

CIN: URS110TG2000PLC1158191
 Regd. Office: T-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

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

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 23-12-2023
MR NO : CMYS.0000058982

Department : GENERAL
Doctor :

Name : Mrs. Manjula Unnikrishnan
Age/ Gender : 46 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:03

Height : 158	Weight : 59.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for medical checkup

Breast - normal - Normal Study

ECA - Normal

USG Abdomen - Small posterior
well formed

Chest Xray - Normal Study


Hb + - 9.8

ure - 12

Dr

Good nutrition diet

Follow up date :


Doctor Signature

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

Date : 23-12-2023

Department : GENERAL

MR NO : CMYS.0000058982

mt. manjula Doctor Unnikrishnan: 23/12/23

23/12/23

Name : Mrs. Manjula Unnikrishnan

Registration No :

Age/ Gender : 46 Y / Female

Qualification :

Consultation Timing: 09:03

Height : 158	Weight : 59.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination / Allergies History

OH - NS
FH - IHD +
DM +

slam.

small rest-wall fibroid.

chest xray normal slides.

lipid profile.

Clinical Diagnosis & Management Plan

OH - regular cycles.
mp - 26/11/23.

eye →

Adv: regular walk/ yoga . . x

- low wt / low fat diet

- avoid sunbath.

- TAB SHELICAL ISO 0-1-0
(30)

x6M.

ML → 21 yrs. Para - Both ds subectomised.

Follow up date :

Doctor Signature

Apollo Clinic

23, 1st Floor,
Kalidasa Road, Mysore - 01
Ph : 0821-4006040/41

Date : 23-12-2023
MR NO : CMYS.0000058982

Department : GENERAL
Doctor :

Name : Mrs. Manjula Unnikrishnan
Age/ Gender : 46 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:03

Height : 1.58	Weight : 59.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Rae - (L) was (+).

Nose |
Throat | - NAD.

td

- 1) C. Bevon 500 x (10)
- 2) T. Livogen. 500 x (30)

Author

Follow up date :

Doctor Signature

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

Date : 23-12-2023
MR NO : CMYS.0000058982

Department : GENERAL Dietetics
Doctor : Madhura. B.P

Name : Mrs. Manjula Unnikrishnan

Registration No :

Age/ Gender : 46 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 09:03

IBW - 55kg

Height : 158	Weight : 59.9	BMI : 23 kg/m ²	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Hb - 9.8
ESR - 32
LDL - 116

Clinical Diagnosis & Management Plan

- Δ^{cis} - Small posterior wall fibroid.
- Advised "Balanced diet" with Iron rich foods.
 - Take small frequent meals. Do not skip meals.
 - Include all variety of seasonal fruits, vegetables and green leafy vegetables.
 - Include nuts like Almonds, walnuts and dried fruits like dried dates & raisins.
 - Include seeds like flaxseeds, Pumpkin seeds, Sesame seeds, Sunflower seeds & watermelon seeds - 1teaspoon each, dry roasted.
 - Avoid maida, sugar, too much of salt, baking soda & creams.
 - Avoid bakery products, chats, junk foods, deep fried foods, packed & processed foods.

Follow up date :

Doctor Signature

23/12/2023

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

Date : 23-12-2023
MR NO : CMYS.0000058982

Department : GENERAL
Doctor :

Name : Mrs. Manjula Unnikrishnan
Age/ Gender : 46 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:03

Height : 158	Weight : 59.1	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P : 120/80

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Rt eye

Lf eye

Near
vision
Corrected with glasses.

Distant

vision.

Gloss

un

N/18

N/6

6/6

(N)

N/18.

N/6

6/6.

(N)

Follow up date :

Doctor Signature

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

Patient Name : Mrs. Manjula Unnikrishnan Age : 46 Y F
UHID : CMYS.0000058982 OP Visit No : CMYSOPV120666
Reported on : 23-12-2023 15:43 Printed on : 23-12-2023 15:43
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:23-12-2023 15:43

---End of the Report---

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

Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 0821 4006010/11

Apollo Health and Lifestyle Limited

ICIN : U85110TG2000PLC115819I
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

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Koramangala | Sarjapur Road | **Mysore** | VV Mohalla

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Page 1 of 1

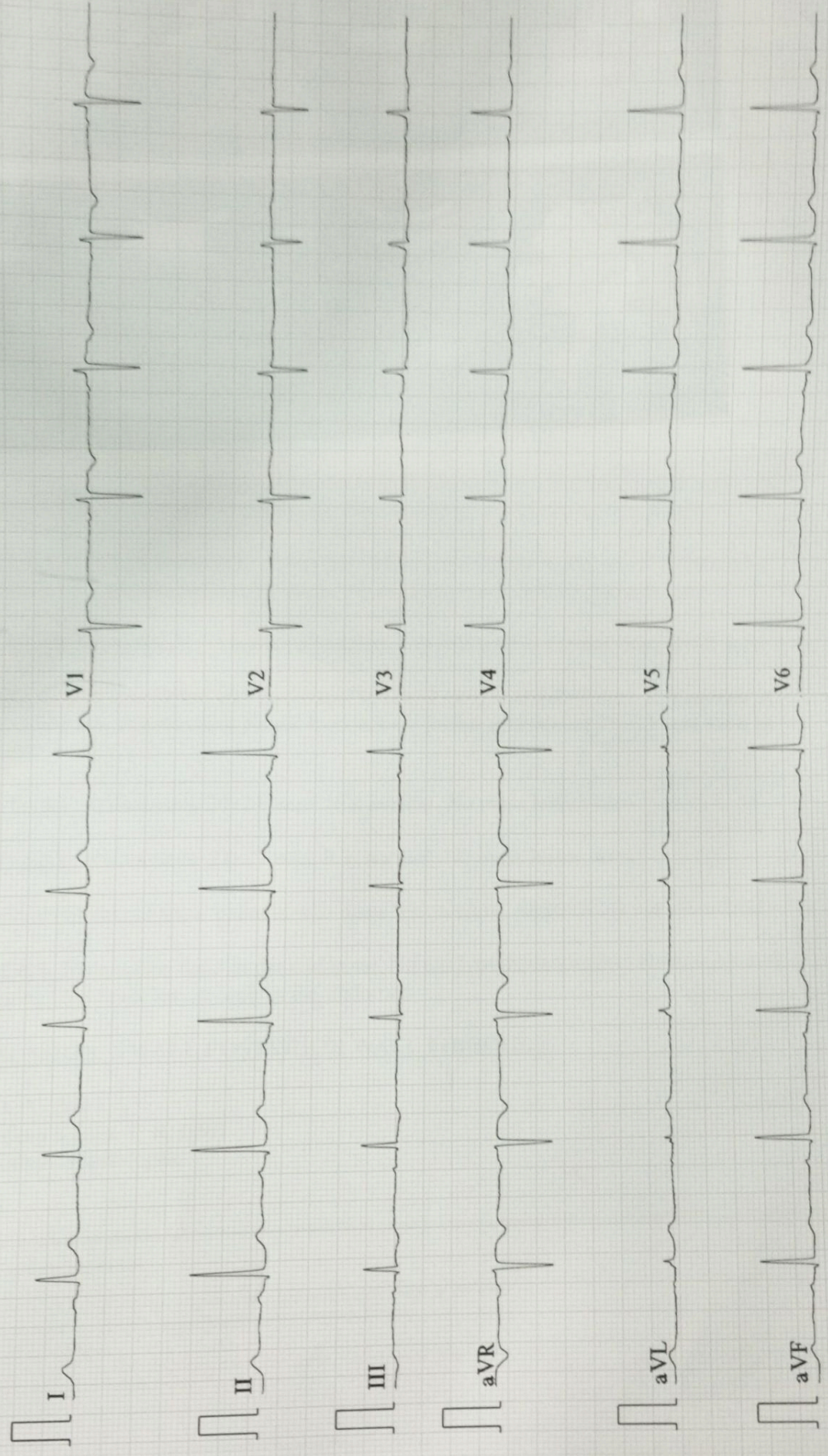
23-12-2023 10:30:03 AM

MRS MANJULA UNNIKRISHNAN
Female 46Years
158cm 59kg 120/80 mmHg

APOLLO CLINIC
23, 1st Floor,
Kalidasa Road, Mysore - 02
Ph : 08221-4006040/41

Diagnosis Information:

Unconfirmed Report.



Patient Name: Mrs. Manjula Unnikrishnan	Date : 23.12.2023	Referring Doctor: Dr. Self
Age / Sex: 46 Yrs/Female	UHID NO: 058982	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 92x38mm 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 92x40 mm with parenchymal thickness of 10mm. 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 75x51x52 mm with ET=7 mm. It is normal in size, outline and echotexture. **Small hypoechoic lesion measuring 22x23 mm seen in posterior wall**

Rt. OVARY: It measures 20x21 mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 21x27 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: SMALL POSTERIOR WALL FIBROID.

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

Apollo Health and Lifestyle Limited

100, Apollo Towers, 200 Feet Road, 11th Floor

Apollo Office - 100 Feet Road, Apollo Towers, 11th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph: No. 080 8888 1111 Fax No. 080 8888 7788 | Email: ID: enquiry@apollohospitals.com | www.apollohospitals.com

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For more information, visit: www.apollohospitals.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Manjula Unnikrishnan	Age & Sex; 46Yrs /Female
Date : 23.12.2023	UHID No:58985

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chambers and valves
- No regional wall motion abnormality
- Normal left ventricular systolic function. EF 68%
- 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

REGD. OFFICE: 110-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Manjula Unnikrishnan

Date : 23.12.2023

Age & Sex; 46Yrs /Female

UHID No:58985

Measurements

AO : 2.2 cm
LA : 2.2 cm

RV : 2.6 cm

LVIDd 4.48 cm

LVIDs : 2.76 cm

IVSd : 0.83 cm

IVSs : 0.98 cm

PWd : 0.79 cm

PWs : 1.33 cm

EF : 68.0 %

FS : 38.0 %

Doppler

	MV		TV		AV		PV	
E	1.08 m/s	E	---	m/s	V max	1.49 m/s	V max	0.97 m/s
A:	0.56 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)
CCMH, CHC(CCP), PGCC, CCLDR
Consultant - Non Invasive Cardiology
NACC No: 88948

Apollo Health and Lifestyle Limited

Regd Office: 110-62-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016
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Koramangala | Sarjapur Road | Mysore (VV Mohalla)

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TO BOOK AN APPOINTMENT

1860 500 7788

Patient Name: Mrs.Manjula Unnikrishnan	Date : 23.12.2023	Referring Doctor: Dr .Self
Age / Sex: 46Yrs/Female	UHID NO: 058982	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.

Pradeep

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

Dr. Pradeep Kumar C N, DNB,
Consultant Radiologist

Apollo Health and Lifestyle Limited

INC: U85110TG2000PLC115R191
Regd. Office: 1, TD-60-62, 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

Informed Consent/Declaration For Test Exclusion

Patient Name: Mrs. Manjula Age: 46 yrs

UHID Number: 58982

Please tick and sign the relevant part

I certify that I will skip LBC pap test Test from my own.

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

Patient signature [Signature] Date 23/12/23

Witness signature: [Signature] Date: _____

Name: Mrs. Manjula Unnikrishnan
Age/Gender: 46 Y/F
Address: MYSORE
Location: MYSORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: MYSORE_06042023
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SABAH JAVED

MR No: CMYS.0000058982
Visit ID: CMYSOPV120666
Visit Date: 23-12-2023 09:03
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

Chief Complaints

COMPLAINTS:::: **For Annual Health Checkup,**

SYSTEMIC REVIEW

****Weight**

--->: **Stable,**

Number of kgs: **56,**

-=: **152,**

HT-HISTORY

Past Medical History

PAST MEDICAL HISTORY: **Nil Significant,**

Cancer: **nil,

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

IMPRESSION

Finding Category : **within normal limits,**

RECOMMENDATION

DISCLAIMER

Disclaimer: **The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,**

Doctor's Signature