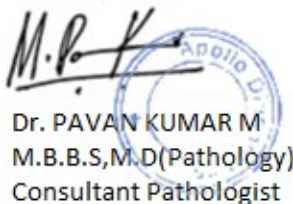


Patient Name	: Mrs.NAMITA S KOULAGI	Collected	: 06/Feb/2024 08:06AM
Age/Gender	: 50 Y 0 M 0 D/F	Received	: 06/Feb/2024 10:26AM
UHID/MR No	: CMYS.0000059489	Reported	: 06/Feb/2024 12:36PM
Visit ID	: CMYSOPV122039	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 62776		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

SIN No:BED240028867




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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	7.8	g/dL	12-15	Spectrophotometer
PCV	27.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.08	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	66	fL	83-101	Calculated
MCH	19.2	pg	27-32	Calculated
MCHC	28.9	g/dL	31.5-34.5	Calculated
R.D.W	17.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.1	%	40-80	Electrical Impedance
LYMPHOCYTES	26.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.7	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4743.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1946.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	347.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	347.8	Cells/cu.mm	200-1000	Calculated
BASOPHILS	14.8	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	461000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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



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DEPARTMENT OF HAEMATOLOGY

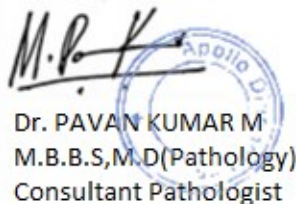
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

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

Platelets: Increased in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA WITH THROMBOCYTOSIS.



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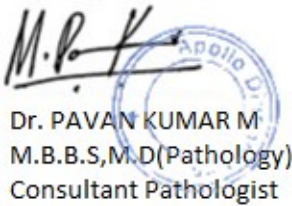


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DEPARTMENT OF HAEMATOLOGY

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



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Patient Name : Mrs.NAMITA S KOULAGI	Collected : 06/Feb/2024 08:06AM
Age/Gender : 50 Y 0 M 0 D/F	Received : 06/Feb/2024 12:13PM
UHID/MR No : CMYS.0000059489	Reported : 06/Feb/2024 12:41PM
Visit ID : CMYSOPV122039	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	105	mg/dl	74-106	GOD, POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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

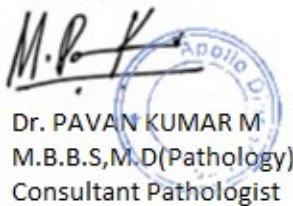
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	167	mg/dL	70-140	GOD - POD

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	5.8	%		HPLC



Dr. PAVAN KUMAR M
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SIN No:EDT240012542



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DEPARTMENT OF BIOCHEMISTRY

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

ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL	Calculated
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Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT240012542



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DEPARTMENT OF BIOCHEMISTRY

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

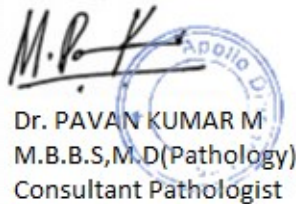
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	264	mg/dl	0-200	CHOD
TRIGLYCERIDES	120	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	47	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	217	mg/dL	<130	Calculated
LDL CHOLESTEROL	193.13	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.03	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.64		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.



Dr. PAVAN KUMAR M
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SIN No:SE04620296



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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	0.33	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.23	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/l	0-31	IFCC
ALKALINE PHOSPHATASE	91.00	U/l	42-98	IFCC (AMP buffer)
PROTEIN, TOTAL	7.40	g/dl	6.4-8.3	Biuret
ALBUMIN	3.93	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.47	g/dL	2.0-3.5	Calculated
A/G RATIO	1.13		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:

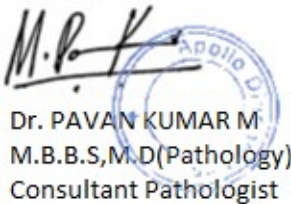
1. Hepatocellular Injury:

- 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	0.57	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	10.57	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	4.9	mg/dl	6-20	Urease, UV
URIC ACID	4.10	mg/dL	2.5-6.2	Uricase
CALCIUM	9.00	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.74	mg/dl	2.7-4.5	Molybdate
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	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	21.00	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

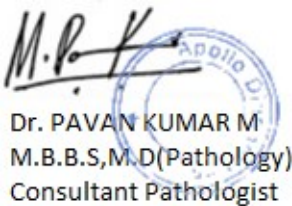
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.97	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	11.98	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	5.280	µIU/mL	0.35-4.94	CMIA

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:SPL24019016



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DEPARTMENT OF IMMUNOLOGY

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


Dr. PAVAN KUMAR M
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Consultant Pathologist

SIN No:SPL24019016



Patient Name : Mrs.NAMITA S KOULAGI	Collected : 06/Feb/2024 08:06AM
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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	6.5		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	4 - 5	/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



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SIN No:UR2275958



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Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 62776	

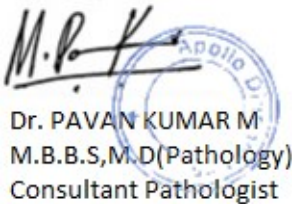
DEPARTMENT OF CLINICAL PATHOLOGY

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:UF010446



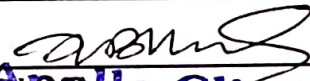
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs Namta's KOUZAGE on 06/02/24

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

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

Dr. 
 Medical Officer
Apollo Clinic
 The Apollo Clinic Mysore,
 Kalidasa Road, Mysore - 02
 Ph: 0821-4005040/41

This certificate is not meant for medico-legal purposes.

Apollo Health and Lifestyle Limited

(CIN - UB5110TG2000PLC115819)

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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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Date : 06-02-2024
MR NO : CMYS.0000059489

Department : GENERAL
Doctor : *Dr. Umesh HB*

Name : Mrs. NAMITA S KOULAGI
Age/ Gender : 49 Y / Female

Registration No : 67084
Qualification : MBBS-MD

Consultation Timing: 07:55

Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse : <i>70/1</i>	Resp : <i>20/1</i>	B.P : <i>120/80</i>

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

*LS
RS
AA / NAB*

C₂ IDA

*T Pantamine plus (30)
010*

*T ALT D₃ 60K once (10)
a week*

Pain Profile

Follow up date :

[Signature]
Doctor Signature

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

Date : 06-02-2024
MR NO : CMYS.0000059489

Department : GENERAL
Doctor :

Name : Mrs. NAMITA S KOULAGI
Age/ Gender : 49 Y / Female

Registration No :
Qualification :

Consultation Timing: 07:55

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

	<u>Rt eye</u>	<u>Lf eye</u>
Near vision	N24	N24
Corrected with glass	N6	N6
Distant vision	6/6	6/6
Colour vision	(N)	(N)

Follow up date :

Doctor Signature

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

Date : 06-02-2024
MR NO : CMYS.0000059489

Department : GENERAL
Doctor :

Name : Mrs. NAMITA S KOULAGI
Age/ Gender : 49 Y / Female

Registration No : *Dr Praveen Kumar.R*
Qualification : *M.C (ENT)*

Consultation Timing: 07:55

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

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Came for nasal block check

Ear - Bicaudal FM @

Nose - nasal mucosa @

oral cavity in response @

neck @

A

Recurrent

Follow up date :

R
Doctor Signature
Apollo Clinic
23, 1st Floor,
Kalidasa Road, Mysore - 57
Ph : 0821-4006401

Date : 06-02-2024
 MR NO : CMYS.0000059489

Department : GENERAL
 Doctor :

Name : Mrs. NAMITA S KOULAGI
 Age/ Gender : 49 Y / Female

Registration No :
 Qualification :

Consultation Timing: 07:55

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

General Examination /
 Allergies History

Clinical Diagnosis & Management Plan

PH - NS
 PH - DM +

DM → regular insulin
 IAMB +

MI → 27 yrs. PaPa -
 both US
 MI - 7 insila

Hb-1. ↓ 2.8

S. 95 H
 ↓
 6m late

Aug 2024.
 mgls 86mg
 8.30am

sym - cholelithiasis
 umbilical Hernia.

mammisogram -
 normal study.

mln
 during
 periods

edu: - SAB. SCHEDULE
 0-1-0

- SAB. Bandy plus ①

SAB. PAUSE MF
 1-0-1 x
 3 days

SAB. APTIRAB DSR
 BF 1-0-0 ②

- prokinetic agent
 powder i outc

- form rich diet
 Bars.

3m → 175 H.
 late may 2024
 Follow up date: _____

Doctor Signature

Apollo Clinic
 # 23, 1st Floor,
 Kalidasa Road, Mysore - 57
 Ph : 0821-4006040/41

Date : 06-02-2024
MR NO : CMYS.0000059489

Department : GENERAL Dietetic
Doctor : Madhura . B . P

Name : Mrs. NAMITA S KOULAGI

Registration No :

Age/ Gender : 49 Y / Female

Qualification : M.Sc Nutrition & Dietetics
PhD*

Consultation Timing: 07:55

TBW - 56kg

Height : 160	Weight : 73.3	BMI : 28.6	Waist Circum : 90
Temp :	Pulse :	Resp :	B.P :

General Examination /
Allergies History

Clinical Diagnosis & Management Plan

Δ¹ - cholelithiasis, umbelical hernia

⇒ Advised low fat, diabetic diet with Iron rich foods.

⇒ Take small frequent meals. Do not skip meals.

⇒ Include all variety of seasonal fruits, vegetables and green leafy vegetables regularly.

⇒ Include nuts like Almonds & walnuts.

* Avoid fruits like Mango, Papaya, Jackfruit, custard apple & big banana [or can be taken weekly once - twice]

* Avoid root vegetables like Potato, sweet potato, Yam & Arbi.

Follow up date :

Apollo Clinic

23, 1st Floor,

Kalidasa Road, Mysore - 02

Ph: 0824 405040/41

⇒ * Avoid cruciferous vegetables like cabbage, cauliflower, broccoli, soy & its products.

HB - 7.8
ESR - 24
HbA1c - 5.8%
Total cholesterol - 264
Non HDL - 217
LDL - 193.13
chol/HDL - 5.64
Thyroxine - 11.9
TSH - 5.28

6/2/2024
B.P

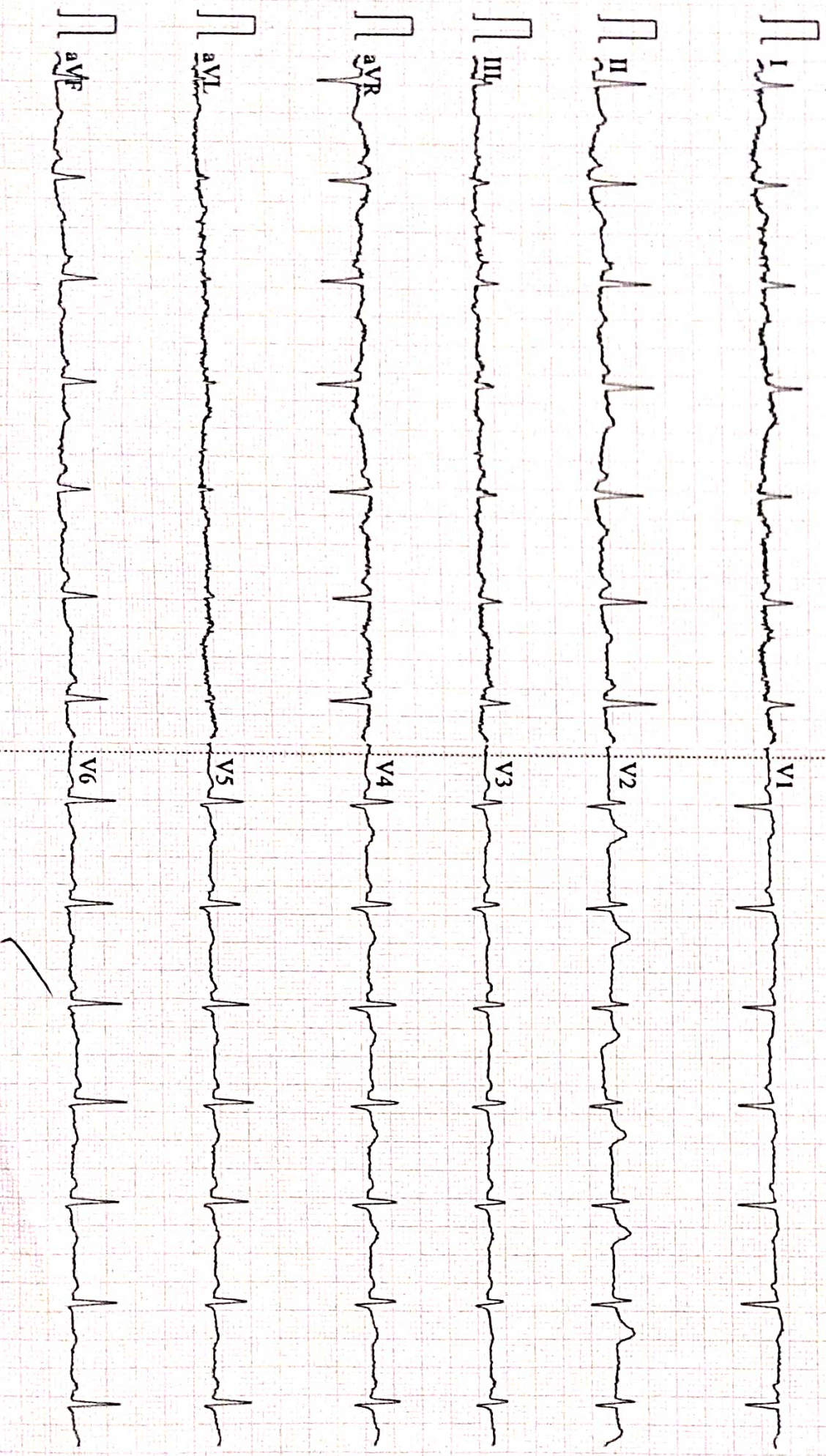
ID: 59489
MRS NAMITHA S KAULAGI
Female 50 Years
160cm 73kg 120/70 mmHg

06-02-2024 09:27:47 AM

Diagnosis Information:

Unconfirmed Report.

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



0.5-45Hz ACS50 25mm/s 10mm/mV 2*5.0s 82 CARDIART 8 D V1.43 Glasgow V28.6.0 APOLLO CLINIC MYSURU

Patient Name : Mrs. NAMITA S KOULAGI
UHID : CMYS.0000059489
Reported on : 06-02-2024 15:27
Adm/Consult Doctor :

Age : 49 Y F
OP Visit No : CMYSOPV122039
Printed on : 06-02-2024 15:28
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:06-02-2024 15:27

---End of the Report---

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

Apollo Health and Lifestyle Limited

ICMR URS110TG2000PLC1158191

Regd Office: 110-60-62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016

Ph No: (041) 4904 7777, Fax No: 4904 7744 | E-mail 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. Namita S Koulagi	Date : 06.02.2024	Referring Doctor: Dr .Self
Age / Sex: 50Yrs/Female	UHID NO: 59489	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 contracted and shows multiple calculi.

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

PANCREAS: It is normal.

RIGHT KIDNEY: It measures 102x45mm 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 111x47 mm with parenchymal thickness of 13 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 78x45x58 mm with ET= 07mm. It is normal in size, outline and echotexture. No mass lesion. IUCD Cu T is seen insitu.

Rt. OVARY: It measures 24x22mm. It is normal. No mass lesion seen.

Lt. OVARY: It measures 21x24mm. 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. **Defect of 1.6 cm seen in mbilical region with herniation of omentum through it.**

IMPRESSION: CHOLELITHIASIS; UMBILICAL HERNIA.

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

Apollo Health and Lifestyle Limited

ICPN: UAS110TG2000PLC115819

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TO BOOK AN APPOINTMENT

1860 500 7788

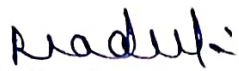
Patient Name: Mrs. Namita S Koulagi	Date : 06.02.2024	Referring Doctor: Dr. Self
Age / Sex: 50 Yrs/Female	UHID No : 59489	Location : OP
ULTRASONOGRAPHY- BREAST		

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.

Apollo Health and Lifestyle Limited

(CIN: UR5110TG2000PLC115819)

Head Office: 1-10-60-62, 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's Name : Mrs.Namita S Koulagi

Age & sex : 50Yrs /Female

Date : 06.02.2024

UHID No 59489

2D ECHOCARDIOGRAPHY STUDY

Impression:

- Normal chamber volumes
- Normal left ventricular systolic function. EF 63%
- LV diastolic dysfunction
- No regional wall motion abnormality
- Normal valves
- No clots. No pericardial effusion

Findings

Left Ventricle:	Normal
Right Ventricle	Normal
Left Atrium	Normal
Right Atrium	Normal
Aorta	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Valves	Normal
Pericardium	Normal
Doppler	LV diastolic dysfunction

Apollo Health and Lifestyle Limited

Dr. G.B. KESHAVAMURTHY MD, DM, DNB
CONSULTANT CARDIOLOGIST

Bangalore: Saravananagar | Bellary: Bellary | Electronic City | Frazer Town | HSR Layout | Indra Nagar | JP Nagar | Kundalahalli |
Koramangala | Marathahalli | Mysore: KV Mahal

Online appointments: www.apollohospitals.com

TO BOOK AN APPOINTMENT

1860 500 7788

Patient's Name : Mrs. Namita S Koulagi	Age & sex : 50Yrs /Female
Date : 06.02.2024	UHID No 59489

Measurements

AO : 2.24 cm
LA : 2.82 cm

RV : 1.88 cm
LVIDd : 4.06 cm
LVIDs : 2.67 cm
IVSd : 1.08 cm
IVSs : 1.33 cm
PWd : 1.08 cm
PWs : 1.37 cm
EF : 63.0 %
FS : 34.0 %

Doppler

MV	TV	AV	PV
E: 0.75 m/s	E 0.46 m/s	V max 1.74 m/s	V max 0.91 m/s
A: 0.89 m/s	A 0.38 m/s		
MR Nil	TR Nil	AR Nil	PR Nil


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

CONSULTANT CARDIOLOGIST

(CIN: U25110TG2000PLC115819)

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Informed Consent/Declaration For Test Exclusion


Patient Name: Mrs Damita Age: 50


UHID Number: 59489

Please tick and sign the relevant part

I certify that I will skip LBC Papsmeay Test from my own.

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

Patient signature  Date 6/2/24

Witness signature:  Date: 6/2/24