

MER- MEDICAL EXAMINATION REPORT

Date of Examination	9/12/24	
NAME	Smita Singh	
AGE	32	Gender R.
HEIGHT(cm)	168	WEIGHT (kg) 66 BMI - 23.4
B.P.	110/70	
ECG	Normal	
X Ray	Normal	
Vision Checkup	—	
Present Ailments	None	
Details of Past ailments (If Any)	None	
Comments / Advice : She /He is Physically Fit	Medicines Nil	



Dr. Smita Rastogi  
MBBS, DCP  
Reg. No. 37370

*Smita Rastogi*

Signature with Stamp of Medical Examiner

**സാധാരണക്കാരന്റെ**  
**അവകാശം**



ഷാലിനി സിംഗ്  
Shalini Singh

ജന്മ തീയതി: 2557 1616 3787



ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

Shalini Singh



**भारतीय प्रत्यक्ष निदान प्राधिकरण**  
**भारतीय प्रत्यक्ष निदान प्राधिकरण Authority of India**

സംസ്ഥാനം: UP  
വിലാസം: WO-2557 1616 3787  
വിലാസ നമ്പർ: 124, കരണ്ണ  
കരണ്ണ ഗ്രാമപഞ്ചായത്ത്, സുകുപുര  
സുകുപുര, ഉത്തർ പ്രദേശ്, 277304

Address: WO: Aick Singh,  
House No. 124, Karanmar  
Village, Karanpur Taluka  
Sukhpura, Ballia, Sukhpura,  
Uttar Pradesh, 277304

2557 1616 3787



1947  
1800 303 1947



help@aiid.gov.in



www.aiid.gov.in

You have been informed that ent ,diet, ophthal consultation facility is not available at our centre. If you are ready then your test can be start

2D echo test facility is not available at our center, instead we do TMT test.

Shabini Singh



**CLINIC :**

1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gomti Nagar, Lucknow - 226 010  
Ph : 0522-4008184, 4308184 • 8112323230  
Mob : 7618884441, 9450389932, 8177063877

Date	: 09-Mar-2024		
Name	: Mrs. SHALINI SINGH	Age	: 32 Yrs.
Ref.By	: APOLLO HEALTH	Sex	: Female
Haemoglobin	11.5	gm%	11 - 14
Total Leucocyte Count	5000	Cells/cumm.	4000-11000
<b>Differential Leucocyte Count</b>			
Polymorphs	64	%	45 - 70
Lymphocytes	29	%	20 - 45
Eosinophils	01	%	0 - 6
Monocytes	06	%	0 - 8
*Basophils	00	%	0 - 1
<b>Erythrocyte Sedimentation Rate (Wintrobe)</b>			
ESR	06	mm in 1st Hr.	0 - 19
* PCV	35.6	cc%	40 - 52
Corrected ESR	02	mm in 1st Hr.	0 - 19
Platelet Count	1.18	lakh/cumm.	1.5 - 4.0
Red Cells Count	4.23	million/cmm	3.90 to 4.60
<b>Absolute values</b>			
MCV	84.2	fL	77 - 97
MCH	27.2	pg	27 - 31
MCHC	32.3	gm /dl	31 - 34

Page 1  
**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smita Rastogi**  
Contd... M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.  
SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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Date	: 09-Mar-2024	Age	: 32 Yrs.
Name	: <b>Mrs. SHALINI SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### General Blood Picture

**RBCs** RBCs are Normocytic & Normochromic.  
No Normoblasts are seen.

**WBCs** TLC is within normal range.  
DLC shows normal counts.  
No immature cells of WBC seen.

**PLATELETS** Platelets are reduced in number and morphology.

**OTHERS** No haemoparasites are seen.

**IMPRESSION** THROMBOCYTOPENIA

Plasma Glucose - F GOD-POD Method	88	mg/dl	70 - 110
--------------------------------------	----	-------	----------

Plasma Glucose - PP GOD-POD Method	105	mg/dl	110 - 170
---------------------------------------	-----	-------	-----------

Blood Group & Rh	"B" Positive
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### LFT T&D

Total Bilirubin	0.71	mg%	0.2 - 1.0
Direct Bilirubin	0.28	mg%	0.0 to 0.40
Indirect Bilirubin	0.43	mg%	0.10 to 0.90
S.G.P.T	31	IU/L	5 - 40
S.G.O.T	22	IU/L	5 - 50
ALP	98	IU/L	35 to 104

Serum Gamma G.T.	21	IU/L	11 - 50
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M.B.B.S., DCP, CRIAT (BARC)

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Contd... M.B.B.S., DCP

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Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



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Date : 09-Mar-2024

Name : **Mrs. SHALINI SINGH**

Age : 32 Yrs.

Ref.By : APOLLO HEALTH

Sex : Female

**KFT**

UREA	23.4	mg %	15 - 50
CREATININE	0.70	mg %	0.5 - 1.5
URIC ACID	5.0	mg %	2 - 6
CALCIUM	9.4	mg %	8.8 - 10.0

Urine Sugar (Fasting) NIL

Urine Sugar (PP) NIL

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Contd. M.B.B.S., DCP

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Date	: 09-Mar-2024	Age	: 32 Yrs.
Name	: <b>Mrs. SHALINI SINGH</b>	Sex	: Female
Ref.By	: APOLLO HEALTH		

### THYROID TEST

Tri-iodothyronine (T3)	1.84	nmol/L	0.50 to 2.50
Thyroxine (T4)	5.16	mcg/dL	5.0 to 12.5
Thyroid Stimulating Hormone (TSH)	2.70	mlU/ ml	0.3 to 6.0

### COMMENTS

- 1) Primary hyperthyroidism is accompanied by elevated Serum T3 and T4 values along with depressed TSH levels.
- 2) Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 3) Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis.
- 4) Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels maybe encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- 5) Elevated TSH levels may also be indicative of TSH secreting Pituitary Tumour.

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Contd... M.B.B.S., DCP

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Date : 09-Mar-2024	Age : 32 Yrs.
Name : Mrs. SHALINI SINGH	Sex : Female
Ref.By : APOLLO HEALTH	

### LIPID PROFILE

Triglycerids	97	mg%	70 - 190
S. Cholestrol S.	153	mg%	130 - 230
S. HDL Cholestrol	45.1	mg%	35 - 75
S. LDL Cholestrol	88.5	mg%	75 - 150
VLDL	19.4	mg%	0 - 34
Chol / HDL factor	3.39		
LDL / HDL Factor	1.96		

### COMMENTS

- \* Triglycerides (TG) are the main dietary lipids. Cholesterol constitutes a small part of the dietary lipids, it is mostly synthesised in the liver. Both TG and Chol. are transported through the plasma by lipoproteins (Chylomicrons, VLDL, LDL, IDL, HDL).
- \* LDL is the major cholesterol particle in plasma and high levels are strongly implicated in the formation of atheroma. An increase in the LDL leads to hypercholesterolemia, and therefore a risk factor for IHD. LDL increases with age particularly in females. Oestrogen lower LDL and raise HDL. Raised chol. in females is mostly due to disturbed thyroid function.
- \* Increase in VLDL leads to hyperglyceridaemia. Raised TGs are associated with increased risk of CHD. Very high TGs increase the risk of Pancreatitis. Cholesterol is often raised due to Diabetes, Renal disease, Diuretic or Betablocker therapy.

### TYPES OF HYPERLIPOPROTEINEMIAS

TYPE 1: Normal cholesterol TG greatly raised	TYPE 3: Cholesterol increased TG increased
TYPE 2a: Cholesterol increased LDL increased TG normal	TYPE 4: Cholesterol normal /increased VLDL increased TG increased
TYPE 2b Chol. increased VLDL raised TG increased LDL increased	TYPE 5: Cholesterol increased LDL reduced VLDL increased TG greatly increased

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M.B.B.S., DCP, CRIAT (BARC)

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M.B.B.S., DCP

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Date	: 09-Mar-2024	Age	: 32 Yrs.
Name	: Mrs. SHALINI SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

### Glycosylated Haemoglobin

Glycosylated Hcemooglobin	5.2	%	4.5 TO 6.0
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**INTERPRETATION AND COMMENTS**

=====

NON DIABETIC : 4.5 to 6.0 %  
GOOD CONTROL: 6.0 to 7.0  
FAIR CONTROLLED 7.0 AND 8.0  
UNCONTROLLED 8.0 AND ABOVE

Glycosylated haemoglobin is the adducted glucose in the haemoglobin of the red blood cells, this adduction is stable for the life time of the RBC (i.e 120 days). There fore the measure of glycosylated haemoglobin reflects the average blood glucose concentration over the preseding several weeks. The sudden change in blood glucose level would not effect the glycosylated haemoglobin level ,which serves as a better marker of long term metabolic control and the efficacy of therapy.

**Dr. Sanjay Rastogi**  
M.B.B.S., DCP, CRIAT (BARC)

**Dr. Smith Rastogi**  
Contd... M.B.B.S., DCP

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Date	: 09-Mar-2024	Age	: 32 Yrs.
Name	: Mrs. SHALINI SINGH	Sex	: Female
Ref.By	: APOLLO HEALTH		

## Urine Examination

<b>PHYSICAL</b>			
Colour	Straw		
Turbidity	Nil		
Deposit	Nil		
Reaction	Acidic		
*Specific Gravity	1.025		
<b>CHEMICAL</b>			
Protein	Nil		
Sugar	Nil		
*Bile Salts	Nil		
*Bile Pigments	Nil		
Phosphate	Nil		
<b>MICROSCOPIC</b>			
Pus Cells	Nil	/hpf	
Epithelial Cells	0-1	/hpf	
Red Blood Cells	Nil	/hpf	
Casts	Nil		
Crystals	Nil		
Others	Nil		

Dr. Sanjay Rastogi  
M.B.B.S., DCP, CRAT (BARC)

Dr. Smriti Rastogi  
M.B.B.S., DCP

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Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



TEST REQUEST ID :012403090033	SAMPLE DATE	:09/Mar/2024 09:42AM
NAME :Mrs. SHALINI SINGH	SAMPLE REC. DATE	:09/Mar/2024 09:42AM
AGE/SEX :32 YRS/FEMALE	REPORTED DATE	:09/Mar/2024 12:03PM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090033

## XRAY CHEST PA

- Trachea is central in position.
- Bilateral lung fields are normally aerated.
- Both hilar shadows are normal.
- Both C.P. angles are clear.
- Cardiac shadow is within normal limits.
- Bony cage appears normal.

## OPINION: NORMAL STUDY.

Please correlate clinically.

\*\*\* End Of Report \*\*\*

Dr. Sanjay Rastogi  
M.B.B.S., DCP, CRIAT (BARC)

DR. PANKAJ UPADHYAYA

Dr. Smita Rastogi  
M.B.B.S., DCP

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DMRD

Consultant Radiologist

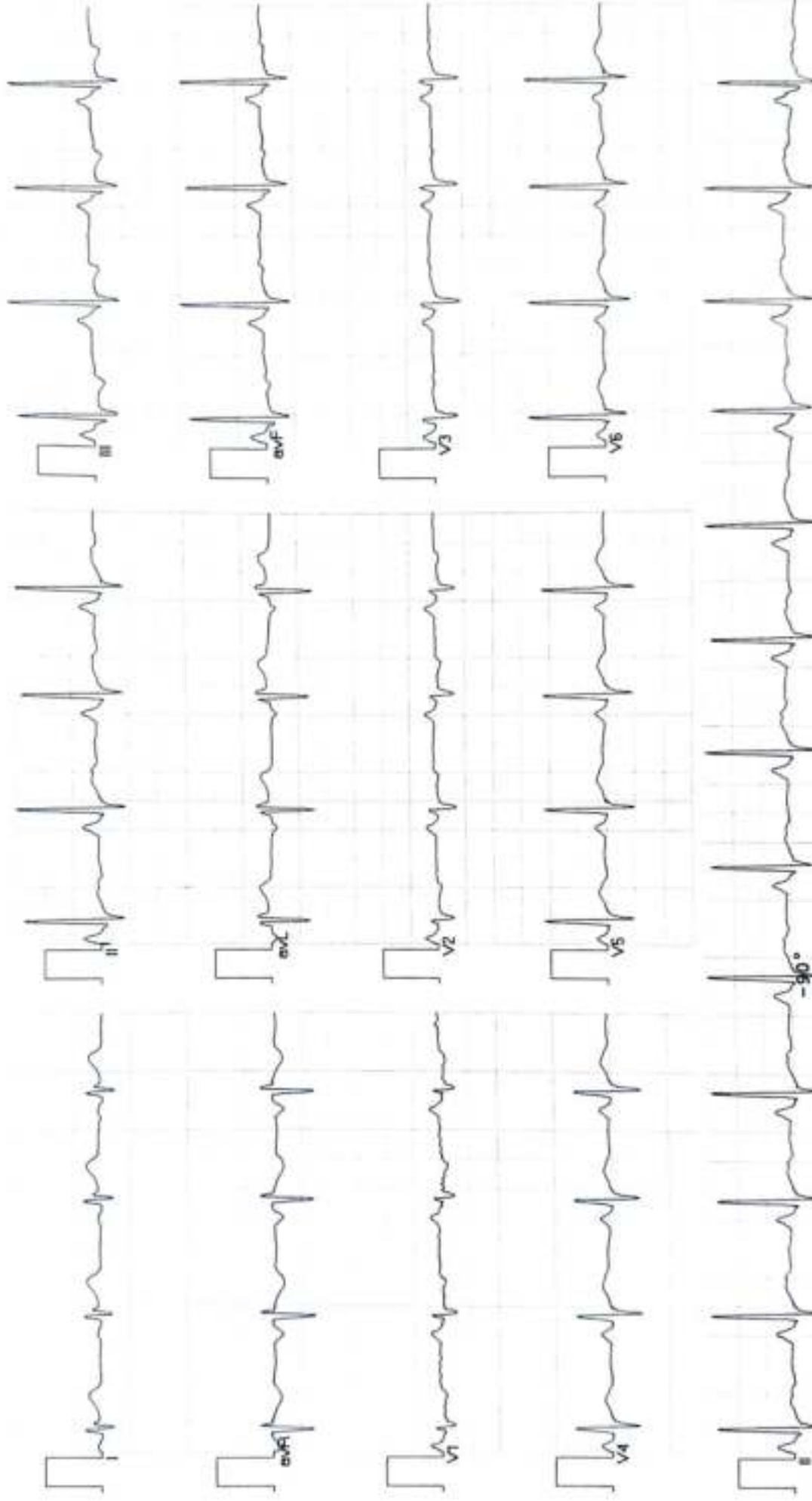
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Vent Rate : 77 bpm  
 PR Interval : 138 ms  
 QRS Duration: 94 ms  
 QRS/QTc Int : 352/382 ms  
 P-QRS-T axis: 79.00° 77.00° -3.00°



Axis  
 90° R 77° T -3° P 79°

Normal ECG

Shalini Singh

Dr. AMIT MOHAN MD  
 REG. NO. 46559

# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

Gomti Nagar Lucknow

Report



SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg

Date: 09 - 03 - 2024 Refd By : APOLLO HEALTH Examined By:

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	085	46 %	110/70	094	00	
Standing	00:07	0:04	00.0	00.0	01.0	086	46 %	110/70	094	00	
HV	00:11	0:04	00.0	00.0	01.0	084	45 %	110/70	092	00	
ExStart	00:22	0:11	00.0	00.0	01.0	084	45 %	110/70	092	00	
PeakEx	01:54	1:32	02.7	10.0	02.9	129	69 %	138/88	178	00	
Recovery	02:54	1:00	00.0	00.0	02.9	093	49 %	136/84	126	00	
Recovery	03:54	2:00	00.0	00.0	02.9	074	39 %	132/80	097	00	
Recovery	04:54	3:00	00.0	00.0	02.9	072	38 %	126/80	090	00	
Recovery	05:16	3:22	00.0	00.0	02.9	073	39 %	126/80	091	00	

## FINDINGS :

**Exercise Time** : 01:32  
**Max HR Attained** : 129 bpm 69% of Target 188  
**Max BP Attained** : 138/88 (mm/Hg)  
**Max WorkLoad Attained** : 2.9 Poor response to induced stress  
**Test End Reasons** : Fatigue , Stopped By Client

## REPORT :

### CONCLUSIONS:

1. STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE.

  
**Dr. ANIL MOHAN**  
 MD  
 Reg. No. 44559

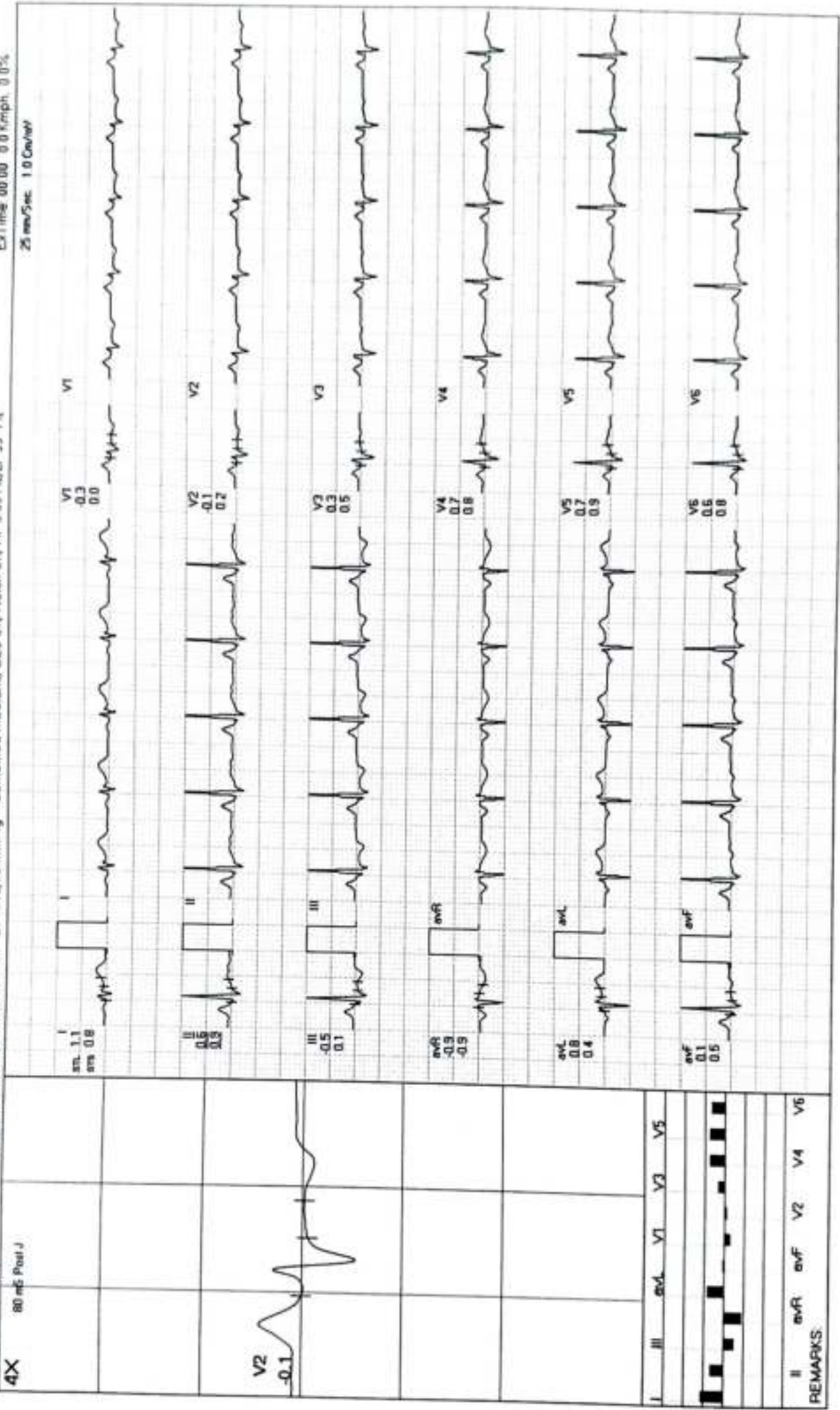
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 86

**BRUCE:Supine(0:05)**



Date 09-03-2024 METS 1.0/86 bpm 46% of THR BP-110/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz  
 4X 80 mV Post J ExTime 00:00 0.0 KmPh. 0.0%  
 25 mm/Sec 1.0 Cm/mV



REMARKS:  
 II aVR aVF V2 V4 V6



**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 86

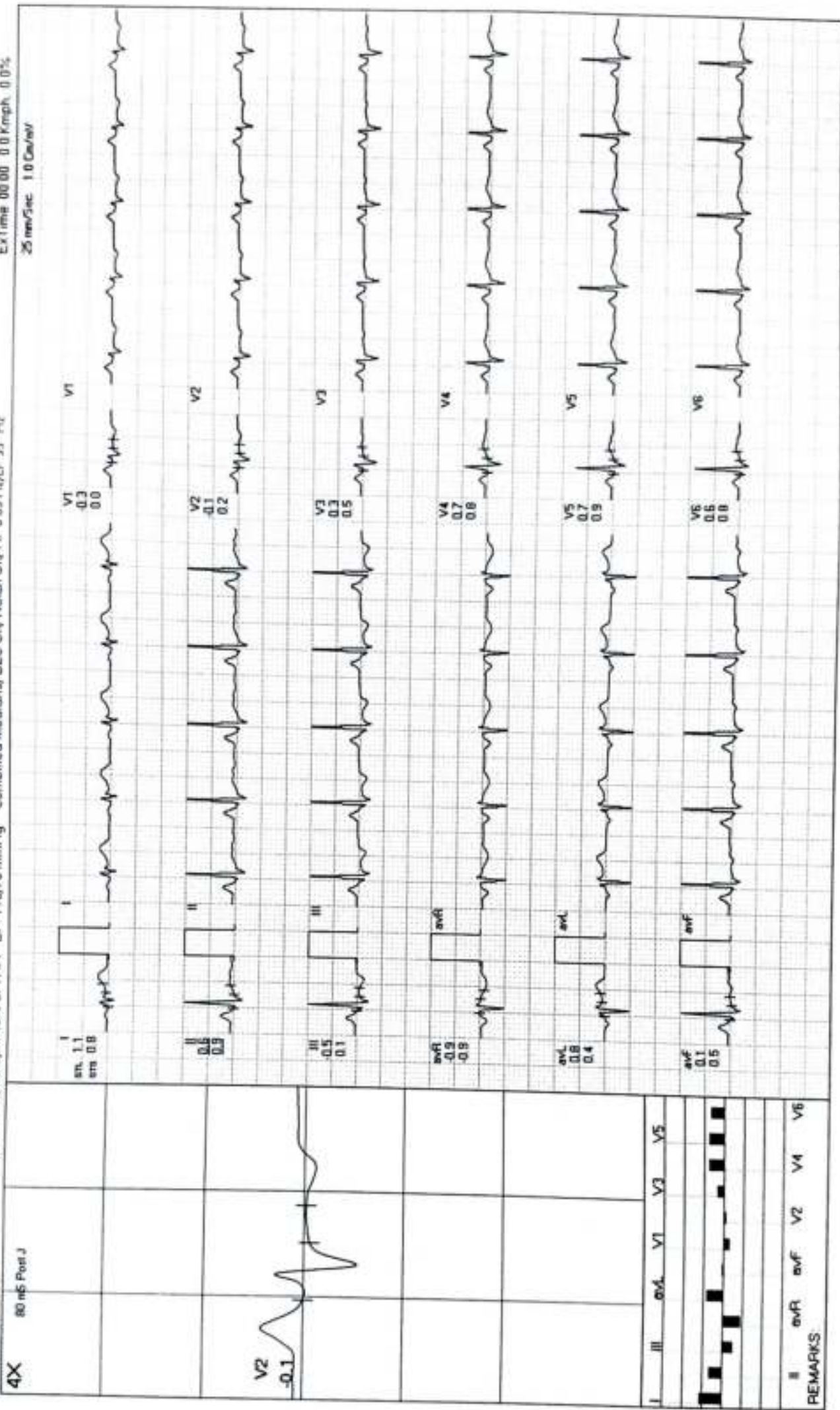
**BRUCE: Standing(0:04)**



ExTime 00:00 0.0 Kmph 0.0%  
25 mm/Sec 1.0 Cm/mV

MEETS 1.0/86 bpm 46% of TH-R BP: 110/70 mmHg Combined Medians/BLC Ony/Notch Ony/HF 0.05 Hz/LF 35 Hz

Date 09-03-2024



4X 80 m5 Post J

Lead	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
ST												
T												

REMARKS

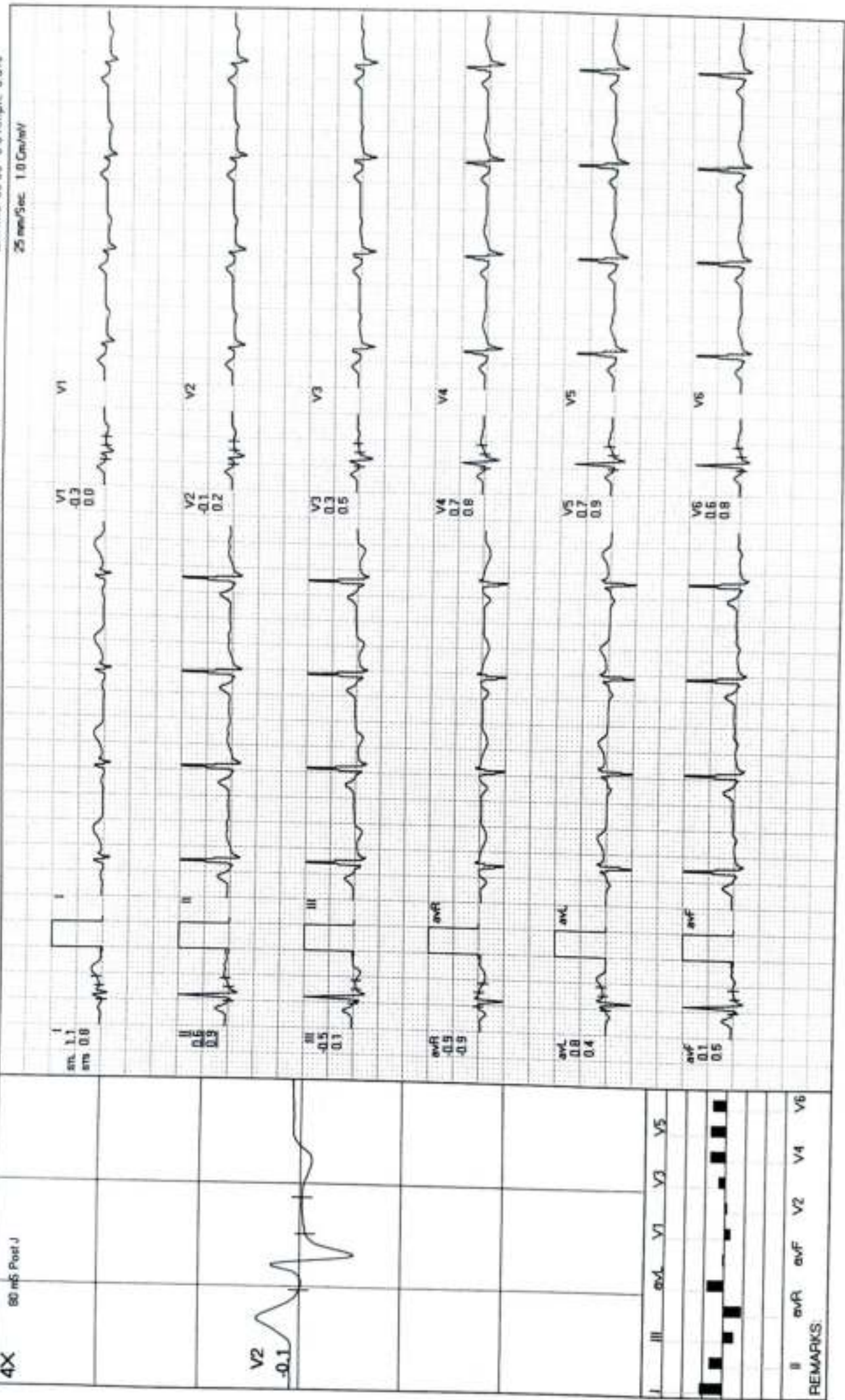
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

SHALINI SINGH / 32 Yrs / F / 163 Cms / 66 Kg / HR : 84

**BRUCE:HV(0:06)**



Date: 09-03-2024 METS: 1.0/84 bpm 45% of THR BP: 110/70 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 00:00 0.0 Kmph 0.0%



4X 80 mS Post J

I  
am 1.1  
am 0.8

V1  
-0.3  
0.0

II  
0.6  
0.9

V2  
-0.1  
0.2

III  
-0.5  
0.1

V3  
0.3  
0.5

aVR  
-0.5  
-0.9

V4  
0.7  
0.8

aVL  
0.8  
0.4

V5  
0.7  
0.9

aVF  
0.1  
0.5

V6  
0.6  
0.8

V2  
-0.1

I II aVL aVF V1 V3 V5



II aVR aVF V2 V4 V6

REMARKS:



# MODERN PATHOLOGY AND DIAGNOSTIC CENTER

SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 84

ExStart

AGLDL







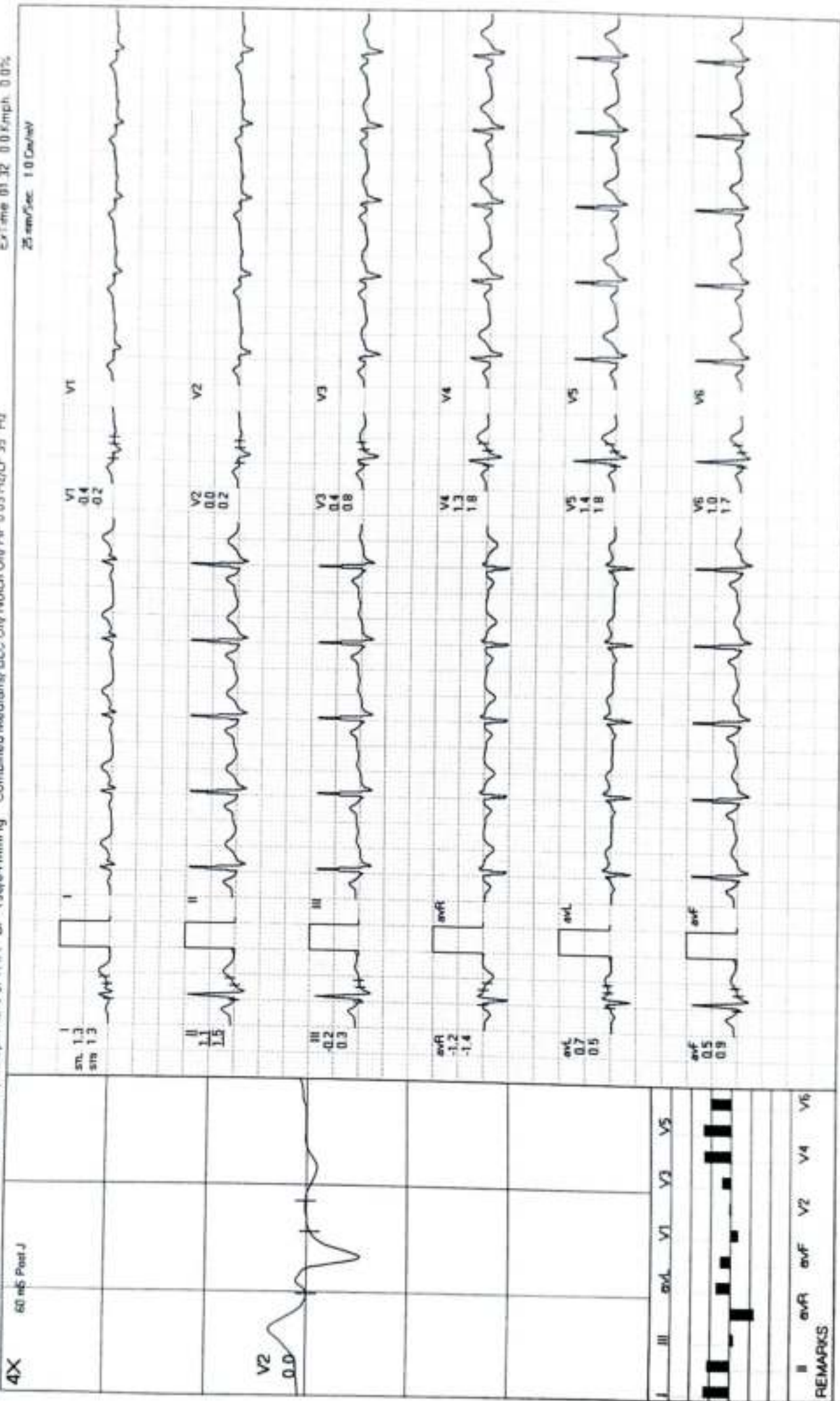
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SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 93

**Recovery(1:00)**



Date 09-03-2024 METS 2.9/93 bpm 49% of THR BP 136/84 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz  
 4X 60 mS Post J ExTime 01:32 0.0 KmPh 0.0%  
 25 mm/Sec 1.0 Cal/Div



REMARKS

**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

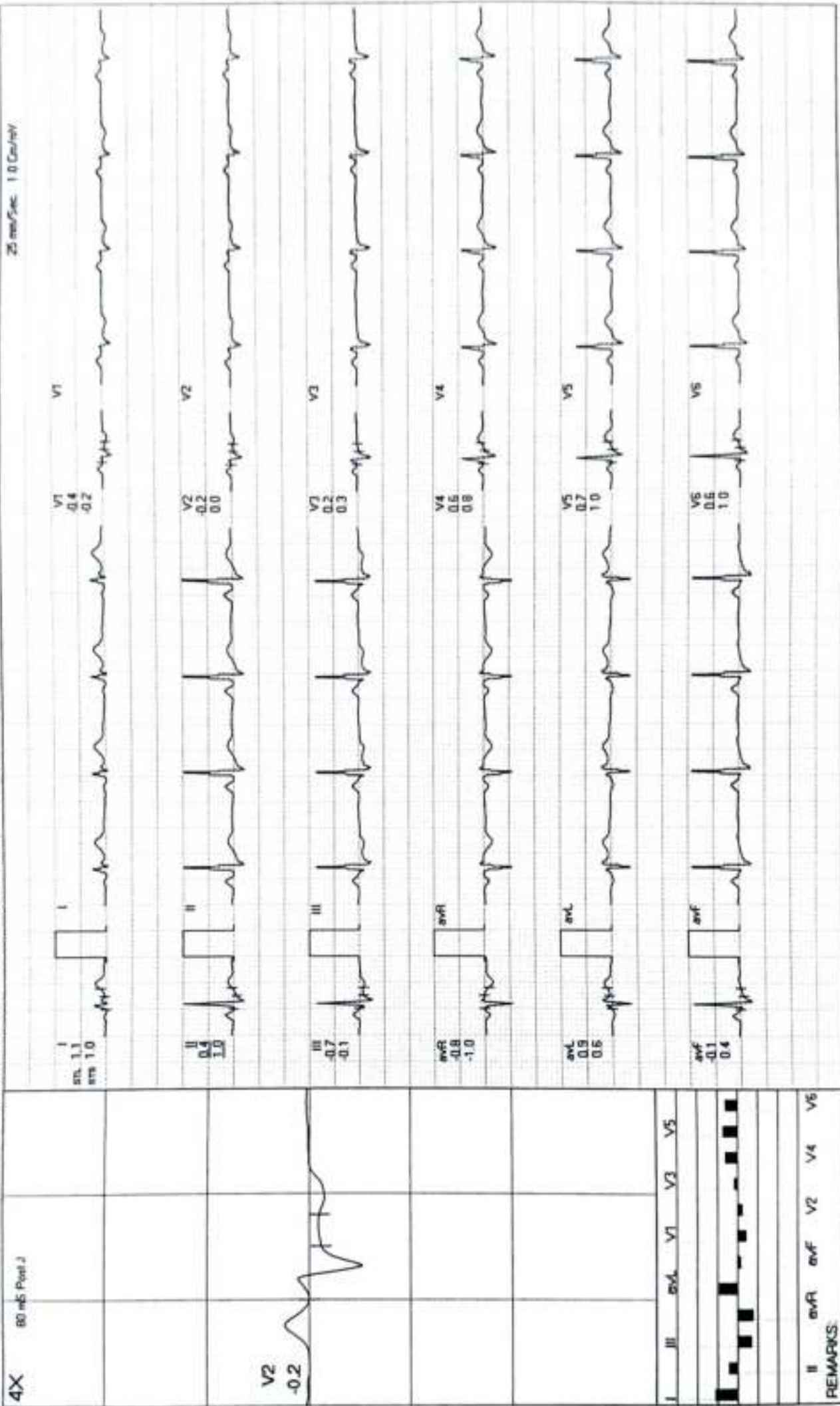
**Recovery(2:00)**

SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 74

Date 09-03-2024 METS 2.9/74 bpm 39% of THR EP 132/80 mmHg Combined Medians/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 01:32 0.0 Km/h 0.0%

25 mm/Sec 1.0 Cm/Div



REMARKS: II aVR aVL V2 V4 V5



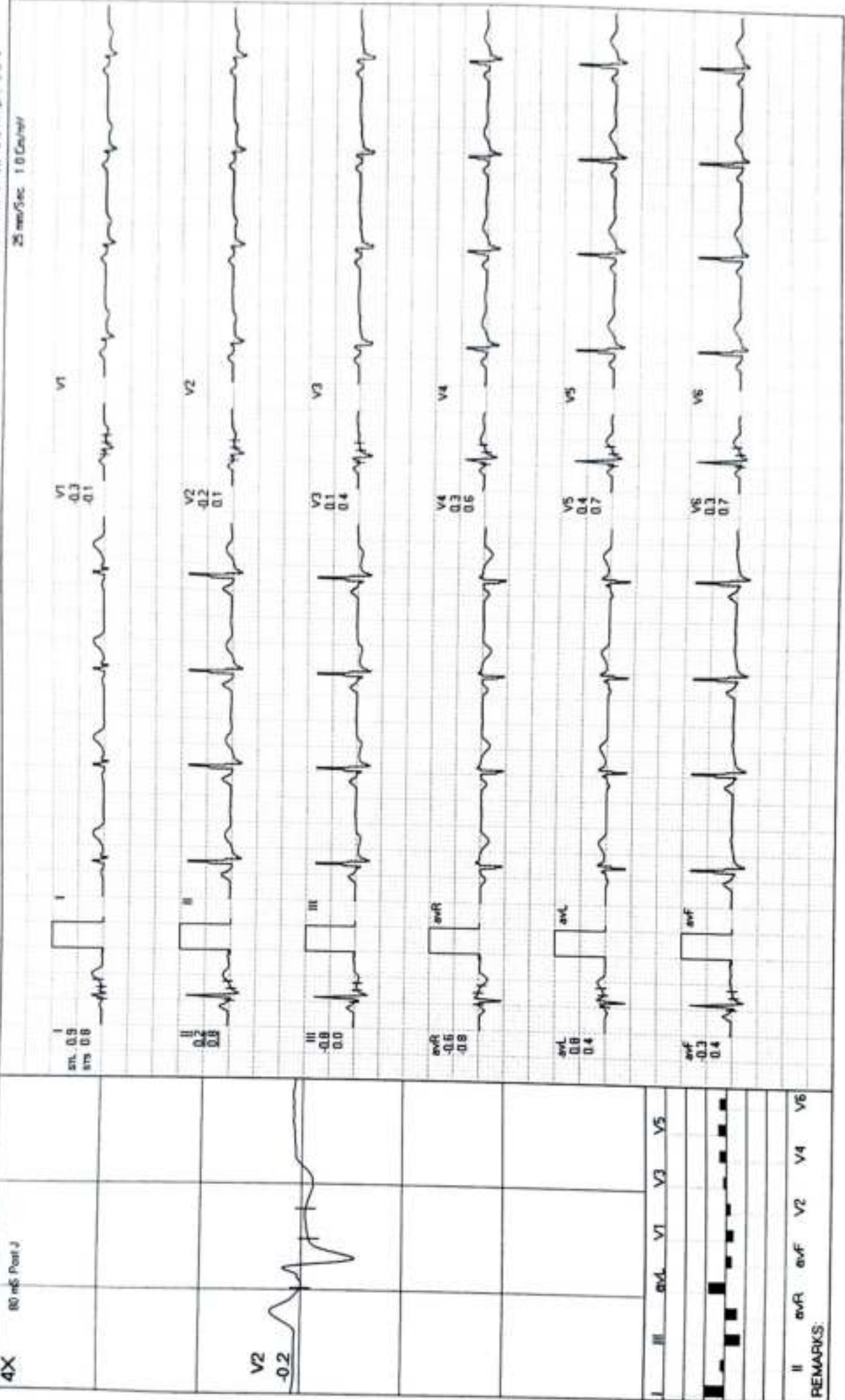
**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 72

Recovery(3:00)



Date 09-03-2024 METS: 2.9/72 bpm 38% of THR BP 126/80 mmHg Combined Medians/ELC On/Notch On/HF 0.05 Hz/LF 35 Hz ExTime 01:32 0.0 kmph 0.0%



REMARKS:

**MODERN PATHOLOGY AND DIAGNOSTIC CENTER**

**Recovery(3:22)**

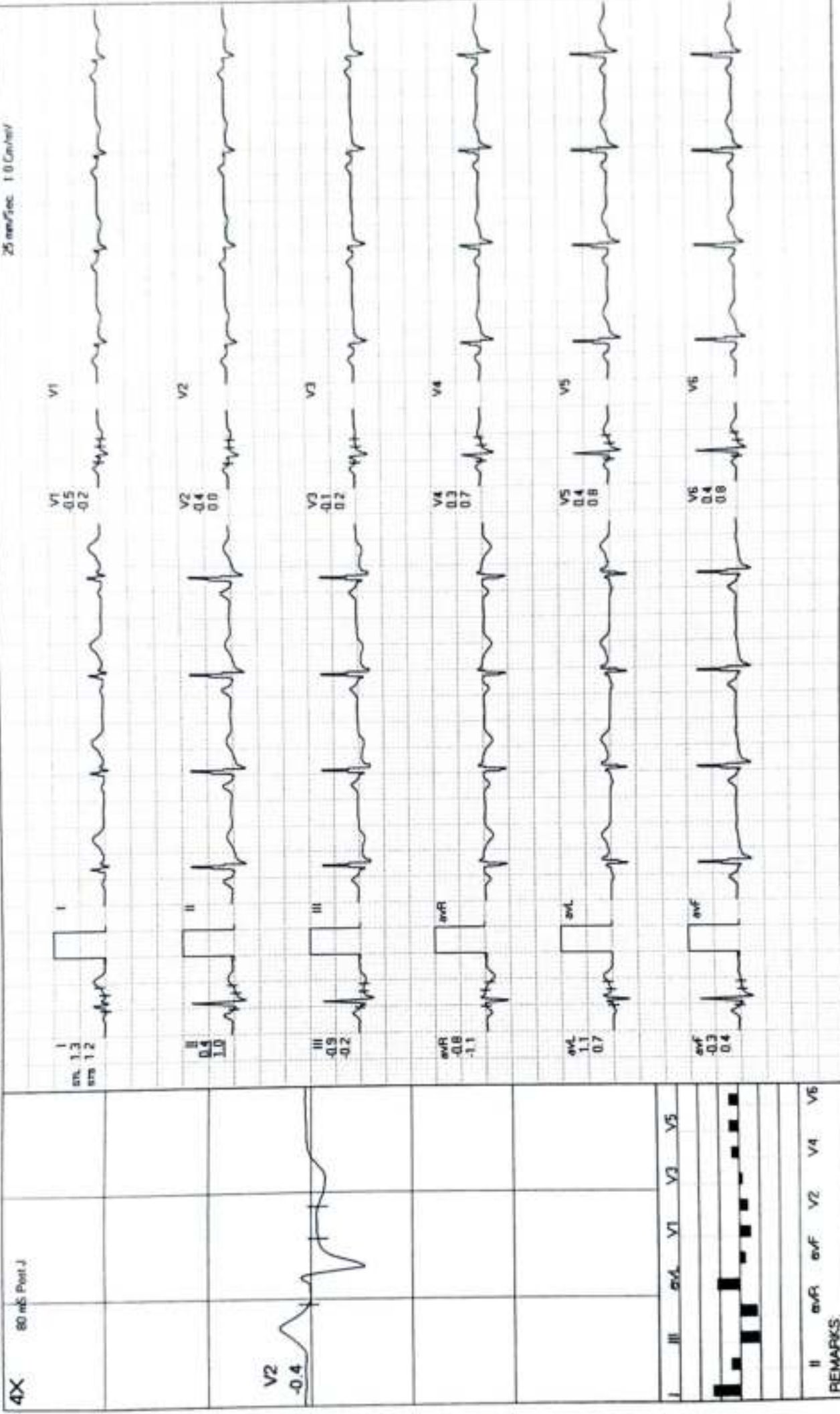


SHALINI SINGH / 32 Yrs / F / 168 Cms / 66 Kg / HR : 73

Date 09-03-2024 METS 2.9/73 bpm 39% of THR BP 126/80 mmHg Combined Medians/BLC On/Match On/ HF 0.05 Hz/LF 35 Hz

ExTime 01:32 0.0 kmph 0.0%

25 mm/sec 1.0 Cm/Div





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M.B.B.S., M.D. (Path & Bact)



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Gomti Nagar, Lucknow - 226 010  
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SAMPLE DATE : 09/03/2024  
NAME : Mrs. Shalini Singh  
AGE/SEX : 32/YRS/FEMALE  
REFERRED BY : Apollo Health

Test Name	Result	Bio. Ref. Range	Unit
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## CLINICAL PATHOLOGY TEST REPORT

PAP

**GROSS:**

Smears collected from the ecto and the endo cervix. Slides prepared and stained with PAP stain.

**MICROSCOPIC:**

Smears studied show adequate representing material, comprising mainly of squamous epithelial cells. These cells have abundant pale pink eosinophilic cytoplasm and normal appearing round to oval nuclei. Smears from the endocervix show fair number of "stripped nuclei" of the endometrial cells. Occasional small cluster of the endometrial cells are seen. These cells have indistinct cellular borders, scanty basophilic cytoplasm and oval nuclei with clumped chromatin. Smears from both the sites are mildly infiltrated with inflammatory cells, mostly polymorphs.

**IMPRESSION:** SMEARS SUGGESTIVE OF NORMAL PAP SMEAR WITH MODERATE INFLAMMATION

\*\*\* End Of Report \*\*\*

Dr. Sanjay Rastogi  
M.B.B.S., DCP, CRIAT (BARC)

Dr. Smita Rastogi  
M.B.B.S., DCP

Results, adhering to W.H.O. and International Federation of Clinical Chemists Quality Control Standards.

SAMPLE COLLECTION FACILITY AVAILABLE

Report needs clinicopathological correlation ♦ Not for Medico Legal Purpose

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# MODERN PATHOLOGY & DIAGNOSTIC CENTRE

Dr. R. P. Rastogi  
M.B.B.S., M.D. (Path & Bact)



**CLINIC :**

1/4A, Vineet Khand, (Opp Jaipuria Management)  
Gombi Nagar, Lucknow - 226 010  
Ph: 0522-4008184, 4308184 • 8112323333  
Mob: 7618884441, 9450389932, 8177060132



TEST REQUEST ID :012403090033	SAMPLE DATE	:09/Mar/2024 09:42AM
NAME :Mrs. SHALINI SINGH	SAMPLE REC. DATE	:09/Mar/2024 09:42AM
AGE/SEX :32 YRS/FEMALE	REPORTED DATE	:10/Mar/2024 10:50AM
REFERRED BY : Apollo Health and Lifestyle Limited,	BARCODE NO	:01090033

## USG WHOLE ABDOMEN-FEMALE

**Liver:** is normal in size (146 mm). **Parenchymal echogenicity is increased.** No focal echovariant lesion is seen. Intrahepatic biliary radicles are not dilated.

**Gall Bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness.

**CBD:** is normal in diameter. Portal vein is normal in diameter.

**Pancreas:** is normal in size, shape and echotexture. No focal echovariant lesion is seen. Pancreatic duct is not dilated.

**Spleen:** is normal in size (114 mm), shape and echotexture. No focal echovariant lesion is seen. Splenic vein is normal.

**Both Kidneys:** are normal in size (RK- 95 x 40 mm & LK -108 x 44 mm), shape, position and excursion. Parenchymal echogenicity and echotexture is normal with maintained corticomedullary differentiation. No mass, cyst or calculi is seen. Pelvicalyceal systems are not dilated. Ureters are not dilated.

**Urinary bladder:** is well distended. Lumen is anechoic. Wall is of normal thickness. No mass or calculus is seen.

**Uterus** is normal in size (91 x 54 x 46 mms), shape and echotexture. It is anteverted. Myometrium is homogenous. No focal mass is seen. Endometrial thickness is normal 6.0 mm. Cervix appears normal in size, shape and echotexture. No evidence of collection in cervical canal.

**Bilateral Ovaries and adnexae** Both ovaries are normal in size, shape and echotexture. No adnexal solid or cystic mass lesion is seen.

Both iliac fossae are clear. No obvious bowel pathology is noted. There is no free fluid in peritoneal cavity.

**OPINION: GRADE-I FATTY LIVER.**

\*\*\* End Of Report \*\*\*

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