

Patient Name : Mrs. Manisha Kumari

Age/Gender : 28 Y/F

UHID/MR No. : CVIM.0000237822

OP Visit No : CVIMOPV596883

Sample Collected on :

Reported on : 18-03-2024 11:07

LRN# : RAD2270809

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 393376

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.



Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

NAME : MANISHA KUMARI
AGE : 28 YRS /F

DATE : 18/03/2024

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE : Normal trileaflets,. normal subvalvular apparatus . .Trivial MR

AORTIC VALVE : Normal trileaflets, normal gradients across the valve. No AS/AR.

PULMONARY VALVE : normal.

TRICUSPID VALVE: normal gradients . No tricuspid regurgitation. No pulmonary hypertension.

Left Ventricle : LV is normal in size with normal wall thickness. No regional wall motion abnormality. Good LV systolic function. LVEF 60%.

Left Atrium : is normal and free of clots.

RA/RV : are normal

IAS/IVS : intact with normal thickness.


No clot/veg/ pericardial effusion.

MEASUREMENTS

AORTA	:22MM
LEFT ATRIUM	27MM
IVSd	:10 MM
PWd	:10MM
LVIDd	:40 MM
LVIDs	:27MM
LVEF	: 60 %

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION, LVEF 60%
NO PAH


DR. PRAMOD NARKHEDE
DNB(Medicine), DNB(Cardiology)
Consultant Interventional Cardiologist
Apollo clinic, Viman Nagar

Name : Mrs. Manisha Kumari

Age: 28 Y

UHID:CVIM.0000237822

Sex: F



Address : pune

OP Number:CVIMOPV596883

 Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN
 INDIA OP AGREEMENT

Bill No :CVIM-OCR-63629

Date : 17.03.2024 09:53

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	D ECHO	
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION	
7	DIET CONSULTATION	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG	
12	LBC PAP TEST- PAPSURE ✓	
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION	
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	HbA1c, GLYCATED HEMOGLOBIN	
18	X-RAY CHEST PA	
19	ENT CONSULTATION ✓	
20	FITNESS BY GENERAL PHYSICIAN ✓	
21	BLOOD GROUP ABO AND RH FACTOR	
22	LIPID PROFILE	
23	BODY MASS INDEX (BMI)	
24	OPHTHAL BY GENERAL PHYSICIAN	
25	ULTRASOUND - WHOLE ABDOMEN	
26	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manisha Kumari on 17/03/24

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>↑ Tc, ↑ Eosinophilia</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. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Archana V.
 Medical Officer
 The Apollo Clinic, (Location)
 Registration No. 103429

This certificate is not meant for medico-legal purposes

Date : 17-03-2024
MR NO : CVIM.0000237822

Department : GENERAL
Doctor :

Name : Mrs. Manisha Kumari
Age/ Gender : 28 Y / Female

Registration No :
Qualification :

Consultation Timing: 09:52

Height : 157	Weight : 62	BMI : 25	Waist Circum : 88
Temp : 97.5	Pulse : 78	Resp : 20	B.P : 110/70

General Examination / Allergies History

slc
cus
RS
P/A
CMS

NAD

Clinical Diagnosis & Management Plan

- Annual health checkup
- Medical history - Nil
- Surgical history - Nil.
- Family history - Father - DM
Mother - Hypothyroidism
- Addiction - Nil
- Allergy - Nil.
- Diet - Mixed.

Basit

Follow up date:

Doctor Signature

Mamisha Kamari

29 year

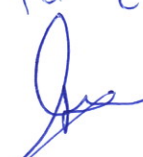
Height :	Weight :	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

29 year old female
C/O - pain dur
menstruation.

FA/GH
LMP = 13/2011

Del
- use c ATP)
↓
- flu c reports


Follow up date:

Doctor Signature

Mrs. Manisha Kumar
28 yrs, Female

171377

Height : 157	Weight : 62	BMI :	Waist Circum :
Temp :	Pulse :	Resp :	B.P :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT Examination

CG Ear / NAB
Nose
Throat

→ No ENT pathology detected

(Dr. Nandini)
By monika M3390
Doctor Signature

Follow up date:

EYE EXAMINATION

DATE: 17/8/20

MOBILE NO: →

NAME:- MANISHA KUNARI

AGE:- 28

CORPORATE:- Arcelor

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N/6	N/6
Color vision	Normal	Normal
Fundus examination	Normal	Normal
Intraocular pressure	Normal	Normal
Slit lamp exam.	Normal	Normal

Normal Eye Refractive

Impression - Normal Eye Check Up.

(Ophthalmology)

The Apollo Clinic
DR. M. D. ALAVAND
MBBS, D.O.M.S.
Cor. Eye Surgeon
Reg. no.: 30319



237822
28 Years

manisha kumari (v n)
Female

17-Mar-24 11:51:14 AM

Rate 89 Sinus rhythm.....normal p axis, V-rate 50-99

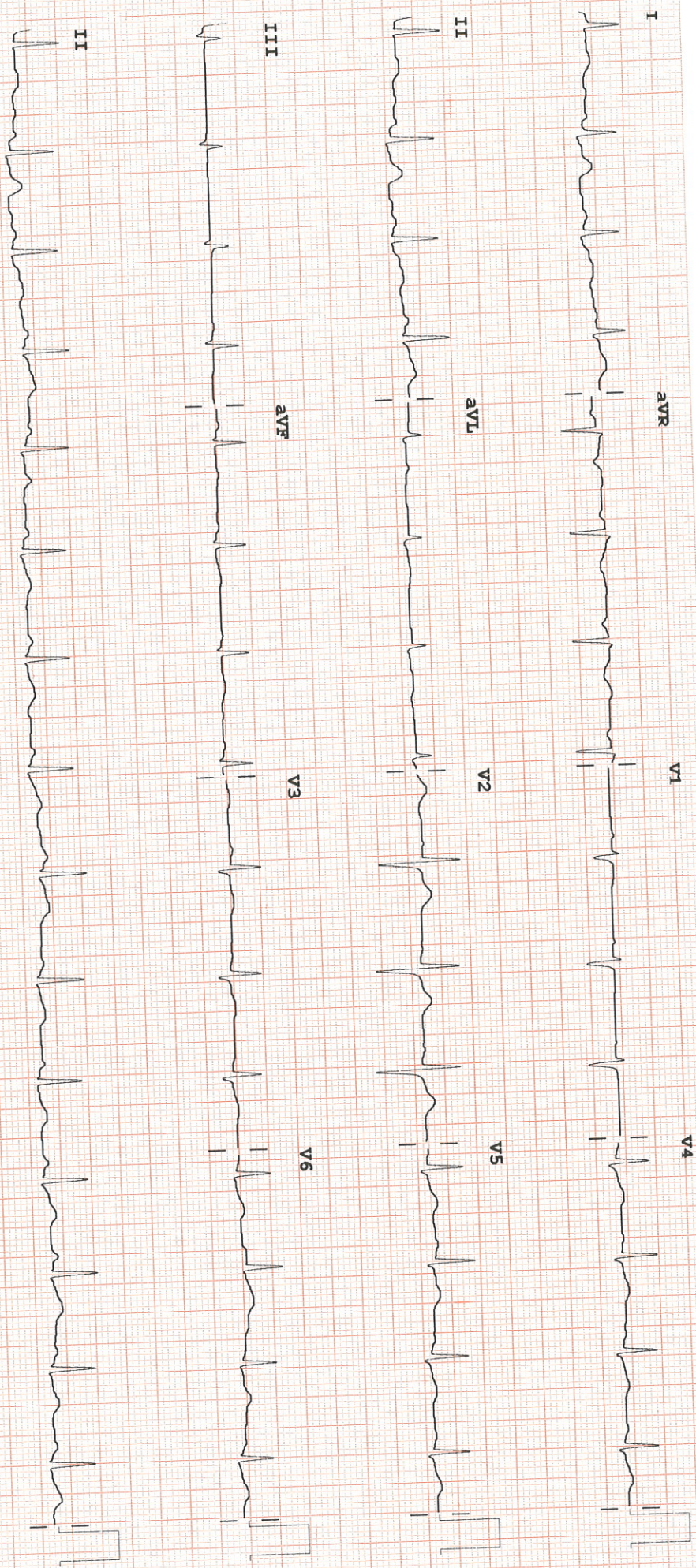
PR 128
QRSD 82
QT 357
QTc 435

--AXIS--
P 49
QRS 51
T 43

12 Lead; standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50- 40 Hz W

PH100B CL

P?

REORDER M3709A



Certificate No: MC-5697

Patient Name : Mrs.MANISHA KUMARI
Age/Gender : 28 Y 7 M 23 D/F
UHID/MR No : CVIM.0000237822
Visit ID : CVIMOPV596883
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 393376

Collected : 17/Mar/2024 12:16PM
Received : 17/Mar/2024 04:23PM
Reported : 17/Mar/2024 06:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

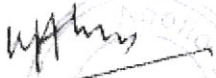
DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC's are Normocytic Normochromic
WBC's eosinophilic leucocytosis
Platelets are Adequate
No hemoparasite seen.**




DR, MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:BED240072379

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC- 5697

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Collected : 17/Mar/2024 12:16PM
Received : 17/Mar/2024 04:23PM
Reported : 17/Mar/2024 06:41PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



[Signature]
DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:BED240072379

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

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UHID/MR No : CVIM.0000237822
Visit ID : CVIMOPV596883
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 393376

Collected : 17/Mar/2024 12:16PM
Received : 17/Mar/2024 04:23PM
Reported : 17/Mar/2024 06:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	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.

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)



DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:EDT240033211

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

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UHID/MR No : CVIM.0000237822
Visit ID : CVIMOPV596883
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 393376

Collected : 17/Mar/2024 12:16PM
Received : 17/Mar/2024 04:45PM
Reported : 17/Mar/2024 05:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	29.57	U/L	<38	IFCC



Manish T. Akare
DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist

SIN No:SE04665403

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

Patient Name : Mrs.MANISHA KUMARI
 Age/Gender : 28 Y 7 M 23 D/F
 UHID/MR No : CVIM.0000237822
 Visit ID : CVIMOPV596883
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 393376

Collected : 17/Mar/2024 12:16PM
 Received : 17/Mar/2024 04:44PM
 Reported : 17/Mar/2024 05:34PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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)	1.37	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.48	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.4040	µIU/mL	0.34-5.60	CLIA

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




DR. Sanjay Ingle
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24048592

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab
Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
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Nyati Millenium Premises, Cooperative Society Limited, Shop No.S1 & S11 Floor, Building "C", Viman Nagar, Pune, Maharashtra, India - 411014



Certificate No: MC-5697

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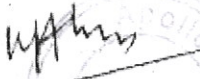
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 Reported : 17/Mar/2024 05:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - 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	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY




 DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist

SIN No:UR2308262

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



Certificate No: MC-5697

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Collected : 17/Mar/2024 12:16PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



(Signature)
DR. MANISH T. AKARE
 M.B.B.S, MD(Path.)
 Consultant Pathologist

SIN No:UPP017158

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mrs. Manisha Kumari
UHID : CVIM.0000237822
Reported on : 17-03-2024 11:34
Adm/Consult Doctor :

Age : 28 Y F
OP Visit No : CVIMOPV596883
Printed on : 18-03-2024 16:17
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

Gall bladder is collapsed. No obvious pericholecystic fluid is noted.

Spleen appears normal in shape and echotexture. No obvious focal lesion is noted.

Visualized pancreas appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Both kidneys appear normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No obvious calculus, focal lesion, hydronephrosis or hydroureter noted on either side.

Urinary bladder is well distended and appears normal with normal bladder wall thickness. No echoreflexive calculus or soft tissue mass noted.

Uterus is anteverted & normal in size. No focal lesion is seen. The endometrium is central & with empty cavity. Both the ovaries appear normal. No adnexal pathology noted on either side.

No e/o any free fluid noted.

Patient Name : Mrs. Manisha Kumari
UHID : CVIM.0000237822
Reported on : 17-03-2024 11:34
Adm/Consult Doctor :

Age : 28 Y F
OP Visit No : CVIMOPV596883
Printed on : 18-03-2024 16:17
Ref Doctor : SELF

Visualized bowel loops are unremarkable. No obvious dilatation noted at present . Excessive bowel gases noted.

Appendix could not be assessed due to bowel gases. However no probe tenderness / inflammatory changes / collection in RIF at present.

IMPRESSION:

- No significant abnormality detected at present scan

Suggest : clinical correlation and further evaluation

This report is professional opinion and not the final diagnosis. However clinical correlation is always advisable. Second radiologist opinion can be advocated if required. Not valid for medicolegal purpose.

Printed on:17-03-2024 11:34

---End of the Report---



Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology

Patient Name : Mrs. Manisha Kumari
UHID : CVIM.0000237822
Reported on : 18-03-2024 11:06
Adm/Consult Doctor :

Age : 28 Y F
OP Visit No : CVIMOPV596883
Printed on : 18-03-2024 16:17
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on: 18-03-2024 11:06

---End of the Report---

Preeti
Dr. PREETI P KATHE
DMRE, MD, DNB
Radiology

Patient Name : Mrs. Manisha Kumari

Age/Gender : 28 Y/F

UHID/MR No. : CVIM.0000237822

OP Visit No : CVIMOPV596883

Sample Collected on :

Reported on : 17-03-2024 11:35

LRN# : RAD2270809

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 393376

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and shows normal echogenicity. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein appears normal in size, flow & phasicity. Hepatic veins & their confluence appears normal.

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IMPRESSION:

Patient Name : Mrs. Manisha Kumari

Age/Gender : 28 Y/F

-
- **No significant abnormality detected at present scan**

Suggest : clinical correlation and further evaluation

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Dr. BHUSHANA SURYAWANSHI
MBBS, DMRE
Radiology