

Certificate No: MO-5597


Patient Name : Mrs.MANISHA SHIRKE
Age/Gender : 42 Y 6 M 0 D/F
UHID/MR No : CKHA.0000075026
Visit ID : CKHAOPV116908
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 45632

Collected : 27/Jul/2024 09:37AM
Received : 27/Jul/2024 03:19PM
Reported : 27/Jul/2024 04:42PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC's Anisocytosis+, Microcytes+, Elliptocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist





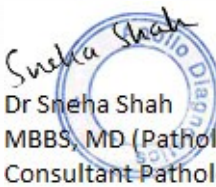
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DEPARTMENT OF HAEMATOLOGY

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	11.3	g/dL	12-15	Spectrophotometer
PCV	34.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.7	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	72.5	fL	83-101	Calculated
MCH	23.9	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	17.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,360	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.3	%	40-80	Electrical Impedance
LYMPHOCYTES	39.3	%	20-40	Electrical Impedance
EOSINOPHILS	2.9	%	1-6	Electrical Impedance
MONOCYTES	4.5	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4988.88	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3678.48	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	271.44	Cells/cu.mm	20-500	Calculated
MONOCYTES	421.2	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.36		0.78- 3.53	Calculated
PLATELET COUNT	432000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				
RBC's Anisocytosis+, Microcytes+, Elliptocytes+				
WBC's are normal in number and morphology				
Platelets are Adequate				
No Abnormal cells seen				

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist



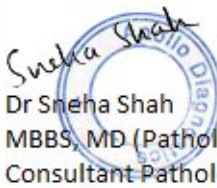
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DEPARTMENT OF HAEMATOLOGY

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			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	HEXOKINASE

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:

- 1.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.
2. 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)	176	mg/dL	70-140	HEXOKINASE

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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	mg/dL		Calculated



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M.B.B.S,M.D(Pathology)
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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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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	151	mg/dL	<200	CHO-POD
TRIGLYCERIDES	184	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	44	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	106	mg/dL	<130	Calculated
LDL CHOLESTEROL	69.72	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36.73	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.40		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.32	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.05	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.27	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12.77	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	12.9	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	78.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.55	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	13.63	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.13	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.74	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.01	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102.89	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.20	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.14	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	12.94	U/L	<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)	0.94	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	15.25	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.647	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

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Visit ID : CKHAOPV116908	Status : Final Report
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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
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++		NEGATIVE	Dipstick

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

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

Result/s to Follow:
LBC PAP SMEAR



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



Name: Mrs. Manisha Shirke

Age/ Sex: 42 Yrs / F

Date: 27/07/2024

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	24	PULMONARY VE(m/sec)	1
LEFT ATRIUM (mm)	29	PG (mmHg)	4
		AORTIC VEL (m/sec)	0.9
IVS - D (mm)	10	PG (mmHg)	2.8
LVIDD - D (mm)	40	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
No regional wall motion abnormality.
Normal LV systolic function.
Mitral valve Normal. No mitral regurgitation/ No Mitral stenosis.
Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
Normal Tricuspid & pulmonary valve.
No tricuspid regurgitation.. No pulmonary hypertension.
Intact IAS and IVS.
No clots, vegetations, pericardial effusion noted.
Aortic arch appears normal

IMPRESSION:

Normal PA pressures.
Normal LV systolic function, No RWMA. LVEF 60%.

for

[Signature]

DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Manisha Shirke on 24/07/24

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 	✓
<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>prediabetes</u></p> <p>2..... <u>dyslipidemia</u></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. Review after: _____ recommended • Unfit 	


Dr. Shivaji Rathod
 MBBS General Physician
 Reg. No.: 2015/08/4599

Dr. _____
 Medical Officer
 Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Date : 27-07-2024
MR NO : CKHA.0000075026

Department : GENERAL 42/F
Doctor :

Name : Mrs. Manisha Shirke

Registration No :

Age/ Gender : 42 Y / Female

Qualification :

Consultation Timing: 09:09

Height : 143	Weight : 62.2	BMI : 29	Waist Circum : 100
Temp : 97.4	Pulse : 94	Resp : 20	B.P : 107/58

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Present complains -

Comorbidity -

Allergies -

Surgical H/O

Family H/O

Addiction -

OE

CVS-

CNS-

P/A-

Chest-

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Mr. Manisha Shirke.

GENDER: M/F

DATE: 27/07/24.

AGE: 42 yrs.

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	-0.75	—		6/6
NEAR	+0.50	—		NG.

	SPH	CYL	AXIS	VISION
DISTANCE	-0.75	—		6/6
NEAR	+0.50	—		NG.

INSTRUCTIONS:

SIGNATURE

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

APOLLO CLINICS NETWORK MAHARASHTRA

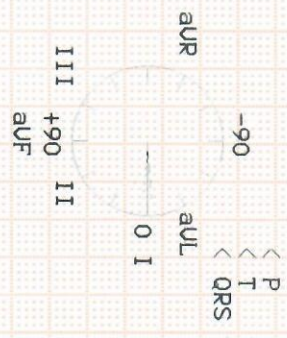
Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

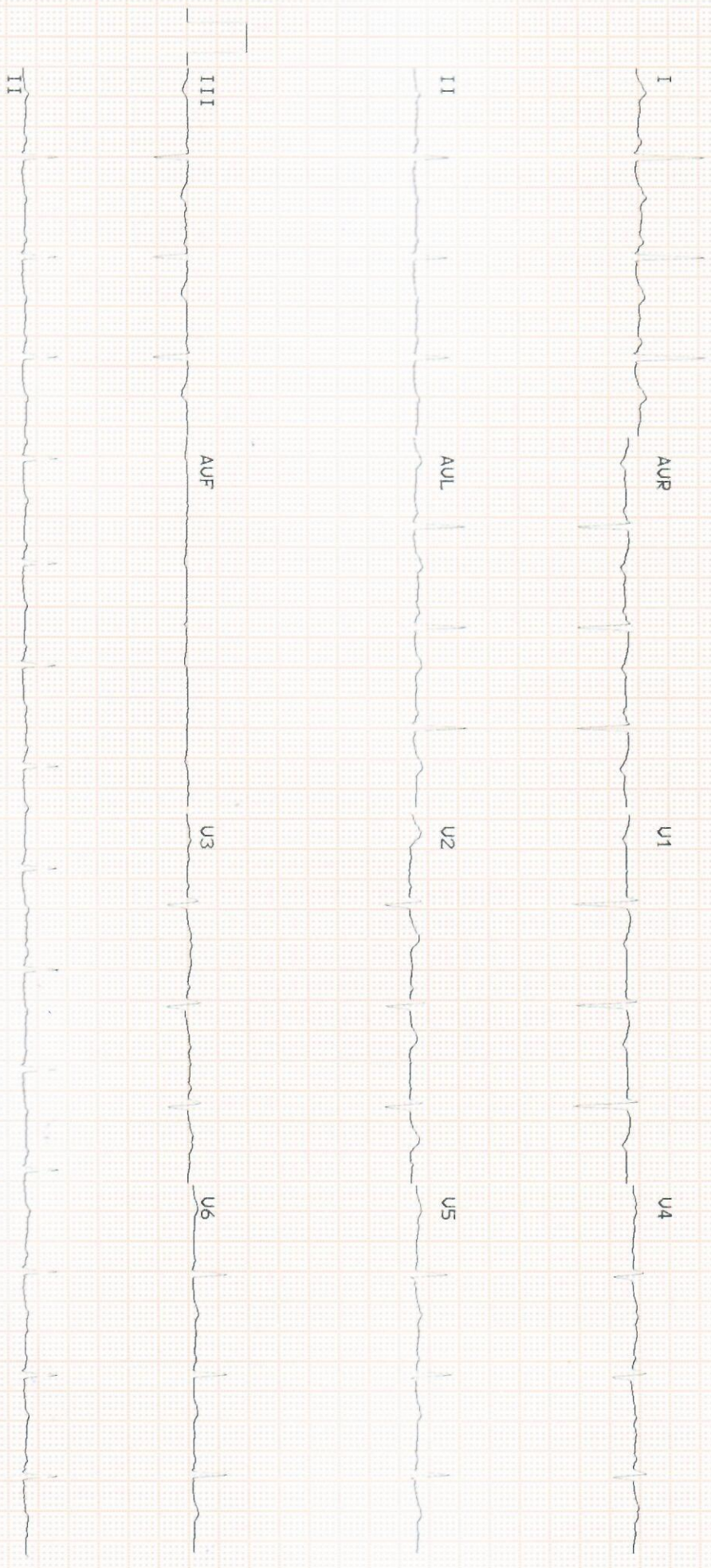
 **1860 500 7788**

AGE: 42
 Measurement Results:
 QRS : 82 ms
 QT/QTcB : 374 / 454 ms
 PR : 104 ms
 P : 82 ms
 RR/PP : 678 / 675 ms
 P/QRS/T : 5 / 0 / -5 degrees
 QTd/QTcBd : 36 / 44 ms
 Sokolow : 1.4 mV
 NK : 12



Interpretation:

Unconfirmed report.



Patient Name : Mrs. Manisha Shirke
UHID : CKHA.0000075026
Reported on : 27-07-2024 16:20
Adm/Consult Doctor :

Age : 42 Y F
OP Visit No : CKHAOPV116908
Printed on : 27-07-2024 18:51
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 .

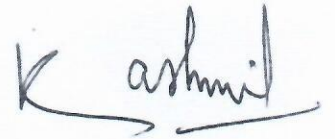
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:27-07-2024 16:20

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)
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Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

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Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Manisha Shirke Age : 42 Y F
UHID : CKHA.0000075026 OP Visit No : CKHAOPV116908
Reported on : 27-07-2024 16:10 Printed on : 27-07-2024 18:51
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

Both breast parenchyma shows normal echoanatomy.

No solid / cystic lesion noted.

Visualized vessels appears normal.

No obvious lymphadenopathy noted.

IMPRESSION:

NORMAL STUDY.

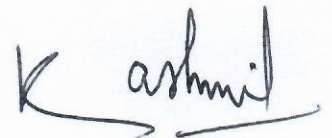
Clinical correlation suggested

Consultant Radiologist.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:27-07-2024 16:10

---End of the Report---



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1860 500 7788

Patient Name : Mrs. Manisha Shirke Age : 42 Y F
UHID : CKHA.0000075026 OP Visit No : CKHAOPV116908
Reported on : 27-07-2024 16:06 Printed on : 27-07-2024 18:51
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and **shows raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: collapsed.

Spleen: It appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: It appears normal in size, shape and **shows raised echotexture**. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney: Normal in size ms 9.7 x 4.5 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney: Normal in size ms 10.3 x 4.7 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: It is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Uterus: is anteverted, and measures 7.1 x 3.2 x 5.3 cms. No focal lesion seen. Endometrial thickness is 7.2 mm.

Right ovary: DF noted of size 28 X 21 mm .

Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

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TO BOOK AN APPOINTMENT

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Patient Name : Mrs. Manisha Shirke
UHID : CKHA.0000075026
Reported on : 27-07-2024 16:06
Adm/Consult Doctor :

Age : 42 Y F
OP Visit No : CKHAOPV116908
Printed on : 27-07-2024 18:51
Ref Doctor : SELF

IMPRESSION :

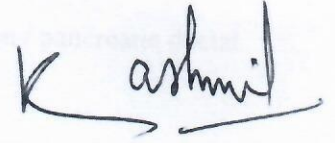
- Grade I fatty changes in liver.

Clinical correlation suggested.....

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:27-07-2024 16:06

---End of the Report---



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

14122012

भारत सरकार
GOVT. OF INDIA



आयकर विभाग
INCOME TAX DEPARTMENT
SHIRKE MANEESHA RAJARAM
SUKHADEV BHIVASEN PAWAR

06/07/1982
Permanent Account Number
ENJPS3503Q



मनिषा शिरके
Signature

Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: 23 July 2024 02:07 PM
To: rajaramshirke4@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear Manisha Manisha,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-07-27** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check: