



Certificate No: MO-5597

Patient Name : Miss.MINAKSHI SINGH	Collected : 22/Jun/2024 01:02PM
Age/Gender : 36 Y 2 M 30 D/F	Received : 22/Jun/2024 04:34PM
UHID/MR No : CKHA.0000068943	Reported : 22/Jun/2024 05:00PM
Visit ID : CKHAOPV114972	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 35E7081	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen.**



Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apolloclinic.com | Email ID: enquiry@apolloclinic.com, PH No: 040-49047777, Fax No: 49047744

Apollo Clinic Kharadi
Sr.No 8/3,9/1/1Part, 1st Floor, OFFICE No .102,
B.V.P. Shops, 2nd Floor, KHL SCAPES, Opp. Reliance Mall,
Kharadi, Pune-411024





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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.6	g/dL	12-15	Spectrophotometer
PCV	35.80	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.23	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	84.6	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,140	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.4	%	40-80	Electrical Impedance
LYMPHOCYTES	35.3	%	20-40	Electrical Impedance
EOSINOPHILS	4.8	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3155.96	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2167.42	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	294.72	Cells/cu.mm	20-500	Calculated
MONOCYTES	478.92	Cells/cu.mm	200-1000	Calculated
BASOPHILS	42.98	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	305000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

**RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets are Adequate
No Abnormal cells seen.**

Sheha Shah
Dr Sheha Shah
MBBS, MD (Pathology)
Consultant Pathologist



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S,M.D(Pathology)
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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)

Sneha Shah
Dr Sneha Shah
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Patient Name : Miss.MINAKSHI SINGH	Collected : 22/Jun/2024 01:02PM
Age/Gender : 36 Y 2 M 30 D/F	Received : 22/Jun/2024 06:08PM
UHID/MR No : CKHA.0000068943	Reported : 22/Jun/2024 07:58PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHO-POD
TRIGLYCERIDES	61	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	142	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	12.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.62		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.58	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.42	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22.88	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.2	U/L	<35	IFCC
ALKALINE PHOSPHATASE	56.71	U/L	30-120	IFCC
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		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.

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Correlation with PT (Prothrombin Time) helps.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.57	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.81	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.67	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.66	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.15	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136.28	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.3	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100.39	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	3.96	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.32	g/dL	2.0-3.5	Calculated
A/G RATIO	1.19		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.93	U/L	<38	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.92	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.501	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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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	2 - 3	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

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

Result/s to Follow:

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Sneha Shah

 Dr Sneha Shah
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 Consultant Pathologist



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

LBC PAP TEST (PAPSURE)

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Minakshi Singh on 24/6/24

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 checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1..... <u>Calcium ↓</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. Lily Dube
Medical Officer
Reg. No.:- 2022/04/0739

This certificate is not meant for medico-legal purposes

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 | Viran Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 22-06-2024

Department : GENERAL

MR NO : CKHA.0000068943

Doctor : [Signature]

Name : Miss. MINAKSHI SINGH

Registration No :

Age/ Gender : 36 Y / Female

Qualification :

Consultation Timing: 12:09

Height : 156	Weight : 44.3	BMI : 18	Waist Circum : 68 ⁷²
Temp : 97.5 F	Pulse : 76	Resp : 20	B.P : 110 / 80

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Lmp - 14/6/24

Present complains - Nil

Comorbidity - Nil

Allergies - Nil

Surgical H/O Nil

Family H/O DM (father)

Addiction - Nil

OE

CVS-

CNS-

P/A-

Chest-

H/O covid infection -

Vaccinated with -

} NAP

Follow up date:

Doctor Signature

POWER PRESCRIPTION

NAME: Ms Manakshi Singh

GENDER: M/F

DATE: 22-6-24

AGE: 35

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	-	6/6
NEAR				

	SPH	CYL	AXIS	VISION
DISTANCE	PL	-	-	6/6
NEAR				

INSTRUCTIONS:

SIGNATURE 

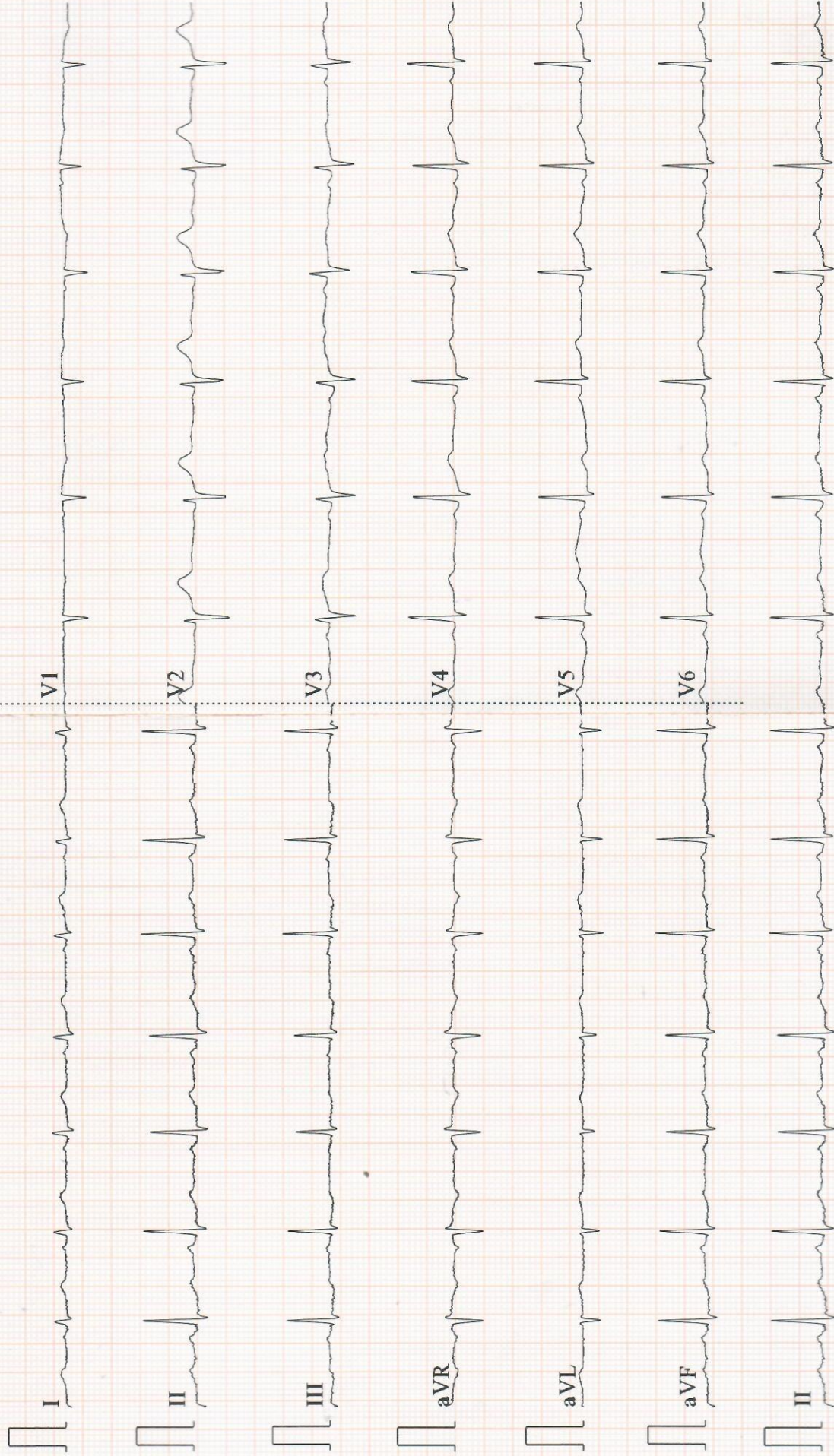
22-06-2024 12:05:55

minakshi singh
Female 35Years
kg / mmHg
Req. No. :

HR : 80 bpm
P : 92 ms
PR : 130 ms
QRS : 82 ms
QT/QTcBz : 382/441 ms
P/QRS/T : 58/80/19 °
RV5/SV1 : 0.836/0.406 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient Name : Miss. MINAKSHI SINGH Age : 36 Y F
UHID : CKHA.0000068943 OP Visit No : CKHAOPV114972
Reported on : 22-06-2024 13:32 Printed on : 22-06-2024 16:14
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: It appears normal in size, shape and shows normal 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: It is well distended. No calculus or sludge noted.

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

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

Right kidney : Normal in size ms 8.9 x 3.5 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 9.5 x 4.1 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 2.8 x 4.8 cms. No focal lesion seen.

Endometrial thickness is 7.2 mm.

Right ovary : measures 2.6 x 2.3 cms.

Left ovary : not visualised PA.

Both ovaries: appears normal in size and echotexture.

Visualised bowel loops appear normal.

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**

Patient Name : Miss. MINAKSHI SINGH
UHID : CKHA.0000068943
Reported on : 22-06-2024 13:32
Adm/Consult Doctor :

Age : 36 Y F
OP Visit No : CKHAOPV114972
Printed on : 22-06-2024 16:14
Ref Doctor : SELF

IMPRESSION :

- **NO SIGNIFICANT ABNORMALITY.**

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:22-06-2024 13:32

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MINAKSHI SINGH
MAHARAJ KUNWAR THAKUR

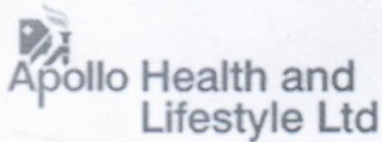
30/05/1988
Permanent Account Number
DUYPS3345P

Signature



Kharadi Apollo Clinic

From: noreply@apolloclinics.info
Sent: Thursday, June 20, 2024 11:00 AM
To: Minakshis302@gmail.com
Cc: Kharadi Apollo Clinic; Vinayak Dimble; Syamsunder M
Subject: Your appointment is confirmed



Dear MINAKSHI SINGH,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **KHARADI clinic** on **2024-06-22** at **08:30-08:45**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - 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:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.