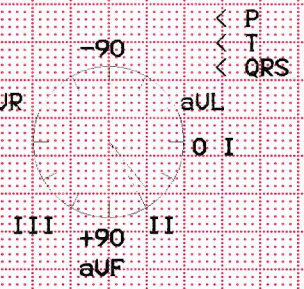
Female

HR 79 bpm

Measurement Results:

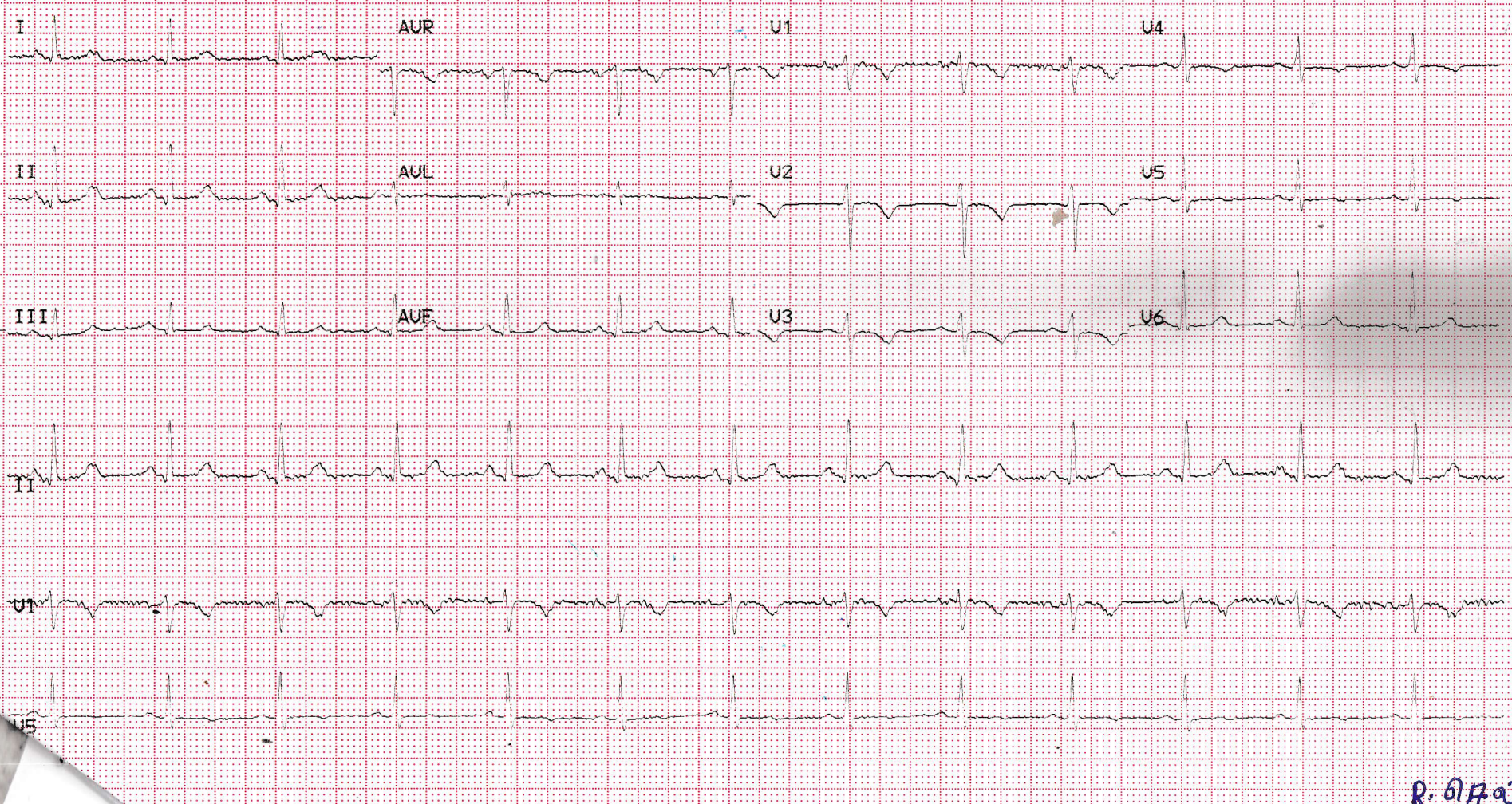
QRS		82	ms
QT/QTcB	380 /	435	ms
PR		138	ms
P		108	ms
RR/PP	756 /	755	ms
P/QRS/T	60/ 51/	51	degrees



< P
< T
< QRS

Interpretation:
12SL - Interpretation
Normal sinus rhythm
T wave abnormality, consider anterior ischemia
Abnormal ECG

Unconfirmed report.



MICRO MED

MEDICAL EXAMINATION REPORT

Name Mrs. Selvi Gender M / F Date of Birth 29/06/1972

Position Selected For Identification marks

A. HISTORY:

1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)?

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthama, Bronchitis, Emphysema
- ☐ Back or spinal problems
- ☐ Epilepsy
- ☐ Cancer
- ☐ Depression/ bipolar disorder
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Any other serious problem for which you are receiving medical attention
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Migraine Headaches
- ☐ Sinusitis or Allergic Rhinitis (Hay Fever)

2. List the medications taken Regularly. NO

3. List allergies to any known medications or chemicals NO.

4. Alcohol : Yes ☐ No ☑ Occasional ☐

5. Smoking : Yes ☐ No ☑ Quit(more than 3 years) ☐

6. Respiratory Function :

a. Do you become unusually short of breath while walking fast or taking stair - case? Yes ☐ No ☑

b. Do you usually cough a lot first thing in morning? Yes ☐ No ☑

c. Have you vomited or coughed out blood? Yes ☐ No ☑

7. Cardiovascular Function & Physical Activity :

a. Exercise Type: (Select 1)

- ○ No Activity
- ○ Very Light Activity (Seated At Desk, Standing)
- ○ Light Activity (Walking on level surface, house cleaning)
- ○ Moderate Activity (Brisk walking, dancing, weeding)
- ○ Vigrous Activity (Soccer, Running)

b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week)

c. Do you feel pain in chest when engaging in physical activity? Yes ☐ No ☑

8. Hearing :

a. Do you have history of hearing troubles? Yes ☐ No ☑

b. Do you experiences ringing in your ears? Yes ☐ No ☑

c. Do you experience discharge from your ears? Yes ☐ No ☑

d. Have you ever been diagnosed with industrial deafness? Yes ☐ No ☑

9. Musculo - Skeletal History

a. Neck :
b. Back :
c. Shoulder, Elbow, Writs, Hands
d. Hips, Knees, Ankles, Legs

Have you ever injured or experienced pain? Yes ☐ No ☑
If Yes ; approximate date (MM/YYYY)
Consulted a medical professional ? Yes ☐ No ☑
Resulted in time of work? Yes ☐ No ☑
Surgery Required ? Yes ☐ No ☑
Ongoing Problems ? Yes ☐ No ☑

10. Function History

a. Do you have pain or discomfort when lifting or handling heavy objects? Yes ☐ No ☑

b. Do you have knee pain when squatting or kneeling ? Yes ☐ No ☑

c. Do you have back pain when forwarding or twisting? Yes ☐ No ☑

d. Do you have pain or difficulty when lifting objects above your shoulder height? Yes ☐ No ☑

e. Do you have pain when doing any of the following for prolonged periods (Please circle appropriate response)

•Walking : Yes ☐ No ☑ •Kneeling : Yes ☐ No ☑ •Squating : Yes ☐ No ☑

•Climbing : Yes ☐ No ☑ •Sitting : Yes ☐ No ☑

•Standing : Yes ☐ No ☑ •Bending : Yes ☐ No ☑

f. Do you have pain when working with hand tools? Yes ☐ No ☑

g. Do you experience any difficulty operating machinery? Yes ☐ No ☑

h. Do you have difficulty operating computer instrument? Yes ☐ No ☑

B. CLINICAL EXAMINATION :

a. Height 148 b. Weight 66.800 **Blood Pressure** 146 / 79 mmhg

Chest measurements: a. Normal ☐ b. Expanded ☐

Waist Circumference	Normal	**Ear, Nose & Throat**	Normal
Skin	Normal	**Respiratory System**	Normal
Vision	Normal	**Nervous System**	Normal
Circulatory System	Normal	**Genito- urinary System**	Normal
Gastro-intestinal System	Normal	**Colour Vision**	Normal.

Discuss Particulars of Section B :-

C. REMARKS OF PATHOLOGICAL TESTS :

Chest X -ray	Normal	ECG	Normal
Complete Blood Count	12.5	Urine routine	Normal
Serum cholesterol	225.4	Blood sugar	152.4/208.4
Blood Group	O+	S.Creatinine	0.89

D. CONCLUSION :

Any further investigations required

Any precautions suggested

E. FITNESS CERTIFICATION

Certified that the above named recruit does not appear to be suffering from any disease communicable or otherwise, constitutional weakness or bodily informity except Rif - . I do not consider this as disqualification for employment in the Company. S

☑ Candidate is free from Contagious/Communicable disease

Dr.S. MANIKANDAN, M.D.,D.M.,(Cardio)
Reg.No: 61785, Consultant Cardiologist
Medall Diagnostics
Tirunelveli - 3.

Date : _____ Signature of Medical Adviser

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination)*	'O' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry)*	12.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Derived from Impedance)*	39.6	%	37 - 47
RBC Count (Blood/*Impedance Variation)*	4.55	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Derived from Impedance)*	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Derived from Impedance)*	27.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Derived from Impedance)*	**31.6**	g/dL	32 - 36
RDW-CV (*Derived from Impedance)*	**16.5**	%	11.5 - 16.0
RDW-SD (*Derived from Impedance)*	50.18	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Impedance Variation)*	6440	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry)*	64.0	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry)*	26.9	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry)*	1.6	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry)*	7.0	%	01 - 10

E.SUKANTHI RANI
Sr.Lab Tech

VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

The results pertain to sample tested.

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance Variation & Flow Cytometry)*	4.12	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	1.73	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance Variation & Flow Cytometry)*	0.10	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	0.45	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance Variation & Flow Cytometry)*	0.03	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance Variation)*	218	10^3 / µl	150 - 450
MPV (Blood/*Derived from Impedance)*	8.4	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter)*	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	**30**	mm/hr	< 30
BUN / Creatinine Ratio	19.31		
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**152.4**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.			
Glucose, Fasting (Urine) (Urine - F*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	**208.4**	mg/dL	70 - 140

E.SUKANTHI RANI
Sr.Lab Tech

VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.			
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	17.19	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.89	mg/dL	0.6 - 1.1
Uric Acid (Serum/*Enzymatic)*	2.9	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum*)*	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	26.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum*)*	29.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	19.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	87.6	U/L	53 - 141
Total Protein (Serum/*Biuret)*	7.94	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	3.24	gm/dL	2.3 - 3.6

E.SUKANTHI RANI
Sr.Lab Tech

VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/*Derived)*	1.45		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	**225.4**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	122.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**37.9**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	**163.1**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	24.4	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	**187.5**	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

E.SUKANTHI RANI
Sr.Lab Tech

VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	**5.9**		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	**3.2**		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	**4.3**		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*Ion exchange HPLC by D10*)	**7.0**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	154.2	mg/dL

INTERPRETATION: Comments
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

E.SUKANTHI RANI
Sr.Lab Tech
VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632
APPROVED BY

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.13	ng/ml	0.4 - 1.81

INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	10.10	µg/dl	4.2 - 12.0

INTERPRETATION:
Comment :
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	3.150	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Colour (Urine)	yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Protein (Urine)	Negative	Negative

E.SUKANTHI RANI
Sr.Lab Tech
VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632
APPROVED BY

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	: **Mrs. SELVI R**	**Register On**	: 08/03/2025 7:49 AM
PID No.	: MED122025353	**Collection On**	: 08/03/2025 8:12 AM
SID No.	: 625005165	**Report On**	: 08/03/2025 1:51 PM
Age / Sex	: 52 Year(s) / Female	**Printed On**	: 11/03/2025 4:26 PM
Type	: OP		
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	**2-3**	/hpf	NIL
Epithelial Cells (Urine)	**1-2**	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

E.SUKANTHI RANI
Sr.Lab Tech

VERIFIED BY

Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is normal sized and smooth walled and contains no calculus.

Pancreas: The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.2 x 4.0 cm. Normal architecture.

The collecting system is not dilated.
The left kidney measures 11.2 x 4.6 cm. Normal architecture.

The collecting system is not dilated.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Uterus*:* postmenopausal uterus.

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

The uterus is anteverted, and measures 6.3 x 2.3 x 3.8 cm.
Myometrial echoes are homogeneous.
The endometrium is central and normal measures 3.5 mm in thickness.

Ovaries: The right ovary measure 2.5 x 1.4 cm.
The left ovary measures 2.4 x 1.5 cm.
No significant mass or cyst is seen in the ovaries.
Parametria are free.

RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

- **LIVER,GB,PANCREAS ,SPLEEN,BOTH KIDNEYS APPEAR NORMAL.**
- **URINARY BLADDER ,UTERUS AND BOTH OVARIES APPEAR NORMAL.**
- **NO MASS LESION SEEN ,NO ADNEXAL MASS NOTED.**
- **No Free Fluid IN ABDOMEN.**

DR.M.AVUDAIAPPAN, BSC., MBBS., PGDUSG.
SONOLOGIST.

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

MEDALL

Thanks for your reference

DIGITAL MAMMOGRAM OF BOTH BREASTS

Both breasts were studied in medio - lateral oblique and craniocaudal views.

Right breast:

Breast is composed of glandular tissue interspersed with connective tissue.
Parenchymal pattern-b.
No evidence of micro / macro calcification noted in it.
Normal vascular markings are seen in right breast.
The skin, nipple, areola and subcutaneous tissues appear normal.

No evidence of significant axillary lymphadenopathy.

Left breast:

Breast is composed of glandular tissue interspersed with connective tissue.
Parenchymal pattern-b.
No evidence of micro / macro calcification noted in it.
Normal vascular markings are seen in left breast.
The skin, nipple, areola and subcutaneous tissues appear normal.

No evidence of significant axillary lymphadenopathy.

USG SCREENING : No mass / cyst / duct dilatation in both breasts.

Few insignificant bilateral axillary lymph nodes are noted.

IMPRESSION:

- ✓ **No significant abnormality demonstrated in both breasts - BIRADS - 1 (Negative).**

DR.MOHAMMED AAKILA.M. MBBS.,DNB.,
Consultant Radiologist
Reg. No: 107534

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d … 4.7cm
LVID s … 2.6cm
EF … 75 %
IVS d …0.8cm
IVS s … 0.9 cm
LVPW d … 0.7cm
LVPW s … 1.6 cm
LA … 3.0cm
AO … 3.1 cm
TAPSE … 25 mm
IVC … 1.1 cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Mitral valve : E: 0.88m/s A: 1.10 m/s
E/A Ratio: 0.80 E/E: 10.55

Aortic valve: AV Jet velocity: 1.41 m/s

Tricuspid valve: TV Jet velocity: 1.76 m/s TRPG: 12.35 mmHg.

Pulmonary valve: PV Jet velocity: 0.91 m/s

IMPRESSION:

1. **Normal chambers & Valves.**
2. **No regional wall motion abnormality present.**
3. **Normal LV systolic function.**
4. **Pericardial effusion - Nil.**
5. **No pulmonary artery hypertension.**

Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

Name	MRS.SELVI R	ID	MED122025353
Age & Gender	52Y/FEMALE	Visit Date	08 Mar 2025
Ref Doctor Name	MediWheel		

Name	Mrs. SELVI R	ID	MED122025353
Age & Gender	52Y/F	Visit Date	Mar 8 2025 7:48AM
Ref Doctor	MediWheel		

Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Both costophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DEMONSTRATED.**

DR. DANIEL STANLEY PETER, M.D.R.D.,
Consultant Radiologist
Reg. No: 82342