

**Subject:** Fwd: FW: Health checkup in Ivy Hospital  
**From:** sanjeev kamboj <sanjeev.kumar1@ivyhospital.com>  
**Date:** 25/02/2025, 4:16 pm  
**To:** mainreception@livasahospitals.com

Sanjeev kamboj

----- Forwarded message -----

**From:** Abhishek Singh <abhishek.singh@livasahospitals.in>  
**Date:** 25 Feb 2025 11:01  
**Subject:** FW: Health checkup in Ivy Hospital  
**To:** mainreception@livasahospitals.com,sanjeev kamboj <sanjeev.kumar1@ivyhospital.com>  
**Cc:**

Regards

Abhishek Singh

Senior Manager- Corporate

8699999914

[Abhishek.Singh@Livasahospitals.in](mailto:Abhishek.Singh@Livasahospitals.in)

logo with trade mark

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**From:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Sent:** Tuesday, February 25, 2025 10:24 AM  
**To:** Abhishek Singh <abhishek.singh@livasahospitals.in>  
**Cc:** Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>  
**Subject:** Health checkup in Ivy Hospital

Dear Team,

Two of our client visited in your center on 25nd feb'2025. so kindly consider this mail & confirm his

health checkup.

Name - Mr. Amrit kumar singh

Package - Mediwheel Full Body Health Checkup Male Above 40

Name:-Anupama singh

Package- Mediwheel Full Body Health Checkup Female Above 40

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— image001.png




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— Attachments:

image001.png

6.3 KB



**एनडीएल**  
 Unique Identification Authority of India

107-ई, शांति निवास, डी.एम.रोड, बुलंदशहर जिला, उत्तर प्रदेश - 203001  
 Address: 107-E, Shanti Niketan, D.M. Road, Opp LIC Office, Bulandshahr, Bulandshahr, Uttar Pradesh - 203001

VID : 9174 1218 5560 4866  
 4872 0945 5573


Download Date: 11/12/2013

1947


**बैंक ऑफ बड़ोदा**  
 Bank of Baroda

नाम: **AMRIT KUMAR SINGH**  
 Name: **AMRIT KUMAR SINGH**

कर्मचारी कूट क्र. **158452**  
 E. C. No. **158452**

  
 धारक के हस्ताक्षर  
 Signature of Holder

जारीकर्ता प्राधिकारी उ.प्र. (स.प्र.) बैंक, बुलंदशहर  
 Issuing Authority DRM (AGM) Chd Region

**भारत सरकार**  
 Government of India

अमिउ कुमार सिंह  
 Amrit Kumar Singh  
 जन्म तिथि/DOB: 19/08/1977  
 लिंग/ MALE

Issue Date: 05/08/2013

**4872 0945 5573**  
**VID : 9174 1218 5560 4866**

**मेरा आधार, मेरी पहचान**

**Name** : MRS. Anupma Singh (40y, Female)  
**Phone** : 8082421756  
**ID** : 508076  
**Doctor** : Dr. Puneet Kumar

**Date & Time** : 25-Feb-2025 04:42 PM  
**#Visit** : 1

**Past Medical History:** HYPOTHYROIDISM

**Diagnosis:** HYPOTHYROIDISM , GRADE 1 FATTY LIVER

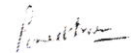
Rx

Medicine	Dosage	Timing - Freq. - Duration
1) TOCOAD CAPSULE *	1 - 0 - 0	After Food - Daily - 90 Days
Timing : 1 After breakfast		
2) THYRONORM 37.5 MCG TABLET *	1 - 0 - 0	Empty Stomach - Daily - 90 Days
Composition : thyroxine 37.5 MCG		
Timing : 1 Morning Empty Stomach		

**Diet and Exercise:** low fat diet  
 30-40 min walk daily

**Next Visit** :90 days (26-May-2025 - Monday)

**Admission Advice:** NO



Dr. Puneet Kumar  
 Consultant - Internal Medicine  
 MBBS, MD (Medicine)  
 Regd. No.: PMC 41837



Patient Name ANUPMA SINGH Patient ID 508076  
Gender/Age Female / 41 Test Date : 25 Feb 2025

**CARDIOLOGY DIVISION**  
**ECHOCARDIOGRAPHY REPORT**

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	3.6	3.7-5.6 CM
Left Ventricular ES Dimension	2.8	2.2-4.0 CM
IVS (D)	0.9	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	1.0	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.4	2.0-3.7 CM
LA Diameter	3.4	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	62%	54-76%

**Mitral Valve** : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

**Aortic Valve** : Thin Trileaflet open completely with central closure

**Tricuspid Valve** : Thin, opening well with no prolapse

**Pulmonary Valve** : Thin, Pulmonary Artery not dilated

**Pulse & CW Doppler** : **Mitral valve:** E= 109cm/s, A= 85cm/s, E>A

**Aortic valve:** Vmax =154 cm/s

**Pulmonary valve:** Vmax =111 cm/s

**Chamber Size -**

**LV -** Normal/ Enlarged      **LA -** Normal / Enlarged  
**RV -** Normal/ Enlarged      **RA -** Normal/ Enlarged  
**RWMA -** Nil  
**Others** : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

**Livasa Hospital, Mohali**  
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Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ



Remarks -

**FINAL IMPRESSION -**

No RWMA of LV

Normal LV systolic function (LVEF~62%)



**DR. RAKESH BHUTUNGRU**  
Director-Non Invasive Cardiology  
MBBS, MD(Medicine), DM(Cardiology)  
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

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CIN No.: U85110PB2005PTC027898  
GSTIN: 03AABCI4594F1ZQ

HR 64 bpm

Mrs. Anu pmd  
UHID - 508076

Measurement Results:

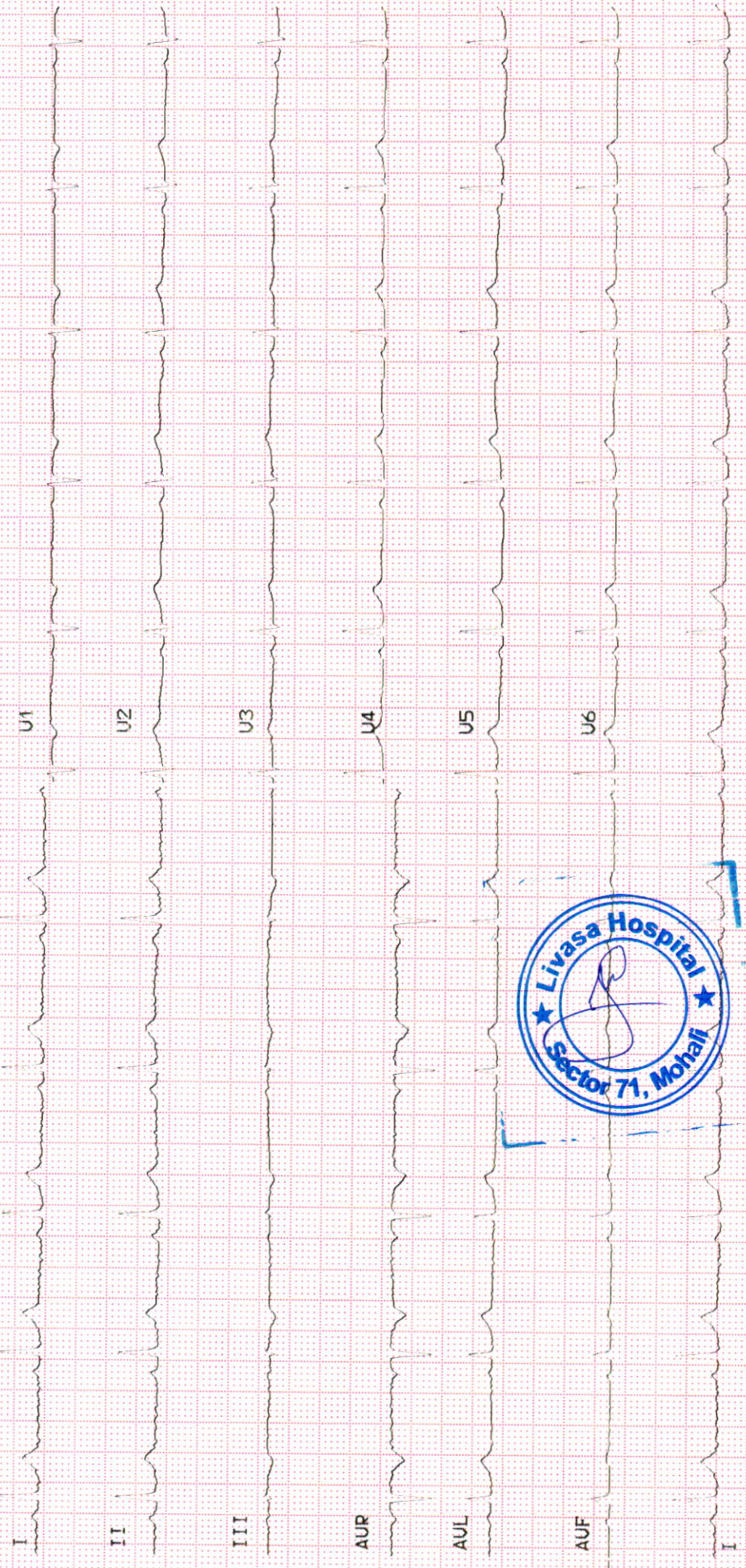
QRS : 82 ms  
 QT/QTcB : 376 / 388 ms  
 P : 112 ms  
 RR/PP : 938 / 940 ms  
 P/QRS/T : 40 / 25 / 15 degrees  
 QTd/QTcBD : 34 / 35 ms  
 Sokolow : 1.0 mV  
 NK : 9

Interpretation:

Low QRS amplitudes  
 ST segment depression between II and U6  
 probably abnormal ECG

< P  
 < T  
 < QRS  
 aVL  
 0 I  
 aUR  
 III +90 II  
 aVF

Unconfirmed report.



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NAME	: MRS. ANUPMA SINGH	Requisition Date	: 25/Feb/2025 11:21AM
DOB/Gender	: 10-Jun-1984/F	SampleCollDate	: 25/Feb/2025 11:31AM
UHID	: 508076	Sample Rec.Date	: 25/Feb/2025 11:31AM
Inv. No.	: 4979629	Approved Date	: 25/Feb/2025 12:23PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

<b>Serum Total T3</b> (CLIA Vitros 5600)	1.30	ng/mL	0.970 – 1.69
---------------------------------------------	------	-------	--------------

#### Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

<b>Serum Total T4</b> (CLIA Vitros 5600)	10.50	µg/dL	5.52 – 12.97
---------------------------------------------	-------	-------	--------------

#### Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

<b>Serum TSH</b> (CLIA Vitros 5600- TSH 3rd generation)	2.900	mIU/L	0.4001 - 4.049 PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL 1st Trimester 0.1298 – 3.120 2nd Trimester 0.2749 – 2.652 3rd Trimester 0.3127 – 2.947
------------------------------------------------------------	-------	-------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

#### Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically

Result Entered By: Sapna Thappa 41280



DR. BHUMIKA BISHT

M.D. PATHOLOGY

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GSTIN: 03AABCI4594F1ZQ



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MC-6172

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DOB/Gender	: 10-Jun-1984/F	Sample CollDate	: 25/Feb/2025 11:31AM
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
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## BIOCHEMISTRY

### GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)	95	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic $\geq$ 126 mg/dl
--------------------------------------------------------------------------------------------	----	-------	--------------------------------------------------------------------------------------

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level  $\geq$ 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

### RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	14.00	mg/dL	14.98-36.38
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.70	mg/dL	0.52--1.04 mg/dl
Serum Uric acid (VITROS 5600 /Colorimetric - Uricase)	4.40	mg/dL	2.5--6.2 mg/dl

#### Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
<b>LIVER FUNCTION TEST WITH GGT</b>			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphyline, Diazonium salt)	1.00	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.80	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with PSP)	32	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with PSP)	35	U/L	<35
Serum AST/ALT Ratio (Calculated)	0.91		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	19	U/L	12 - 43
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	82	U/L	38-126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	8.1	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromocresol Green)	4.9	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	3.20	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.53	%	1.0 - 1.8

### Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

### LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	204	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	109	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgC12)	61	mg/dL	Low to Average <40 mg/dl High ≥ 60 mg/dl

The highlighted values should be correlated clinically

Result Entered By: Sapna Thappa 41280



### Livasa Hospital, Mohali

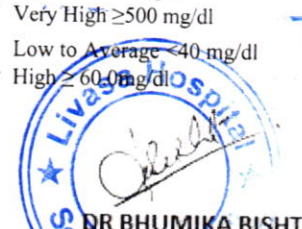
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	22	mg/dL	7-35
Serum LDL cholesterol (Calculated)	121	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	3.34		3-5
Serum LDL-HDL Ratio (Calculated)	1.99		1.5 - 3.5

### Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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UHID	: 508076	Sample Rec.Date	: 25/Feb/2025 12:54PM
Inv. No.	: 4979629	Approved Date	: 25/Feb/2025 01:50PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
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## CLINICAL PATHOLOGY

### COMPLETE URINE EXAMINATION

#### Physical Examination

Urine Volume	35.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

#### Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	7.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.005		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Negative
Urine for Urobilinogen (Coupling)	Normal		Normal
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

#### Microscopic Examination

Urine Pus Cells	6-8		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	2-4	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

## HAEMATOLOGY

### Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.1
Estimated Average Glucose (eAG)	100

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:  
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

## BLOOD GROUP RH TYPE

### ABO & RH Typing

#### Forward Grouping

Anti A	POSITIVE
Anti B	NEGATIVE
Anti D	POSITIVE
Final Blood Group	A POSITIVE

#### NOTE :

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

The highlighted values should be correlated clinically

Result Entered By: Sapna Thappa 41280



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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

# LIVASA HOSPITAL

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MC-5172

**Livasa**  
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NAME	: MRS. ANUPMA SINGH	Requisition Date	: 25/Feb/2025 11:21AM
DOB/Gender	: 10-Jun-1984/F	Sample Coll Date	: 25/Feb/2025 11:31AM
UHID	: 508076	Sample Rec. Date	: 25/Feb/2025 11:31AM
Inv. No.	: 4979629	Approved Date	: 25/Feb/2025 12:23PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13412221		

Test Description	Observed Value	Unit	Reference Range
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## HAEMATOLOGY

### ESR

Primary Sample Type: EDTA Blood

ESR (Automated ESR analyser)	111	mm/h	0-15
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### COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	12.3	g/dl	12.0 - 15.0
Hematocrit(PCV) (Calculated)	40.8	%	33-45
Red Blood Cell (RBC) (Impedence/DC Detection)	4.40	10 <sup>6</sup> / $\mu$ l	3.8-4.8
Mean Corp Volume (MCV) (Impedence/DC Detection)	91.9	fL	83-97
Mean Corp HB (MCH) (Calculated)	27.7	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.1	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	14.0	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	128	10 <sup>3</sup> /ul	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	15.2	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	5.9	10 <sup>3</sup> / $\mu$ l	4.0 - 10.0

### Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	57	%	40-75
Lymphocytes	32	%	20-40
Monocytes	8	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,363	$\mu$ l	2000-7000
Absolute Lymphocyte Count	1,888	uL	1000-3000
Absolute Monocyte Count	472	uL	200-1000
Absolute Eosinophil Count	177	$\mu$ l	20-500

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Test Description	Observed Value	Unit	Reference Range
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\*\*\* End Of Report \*\*\*

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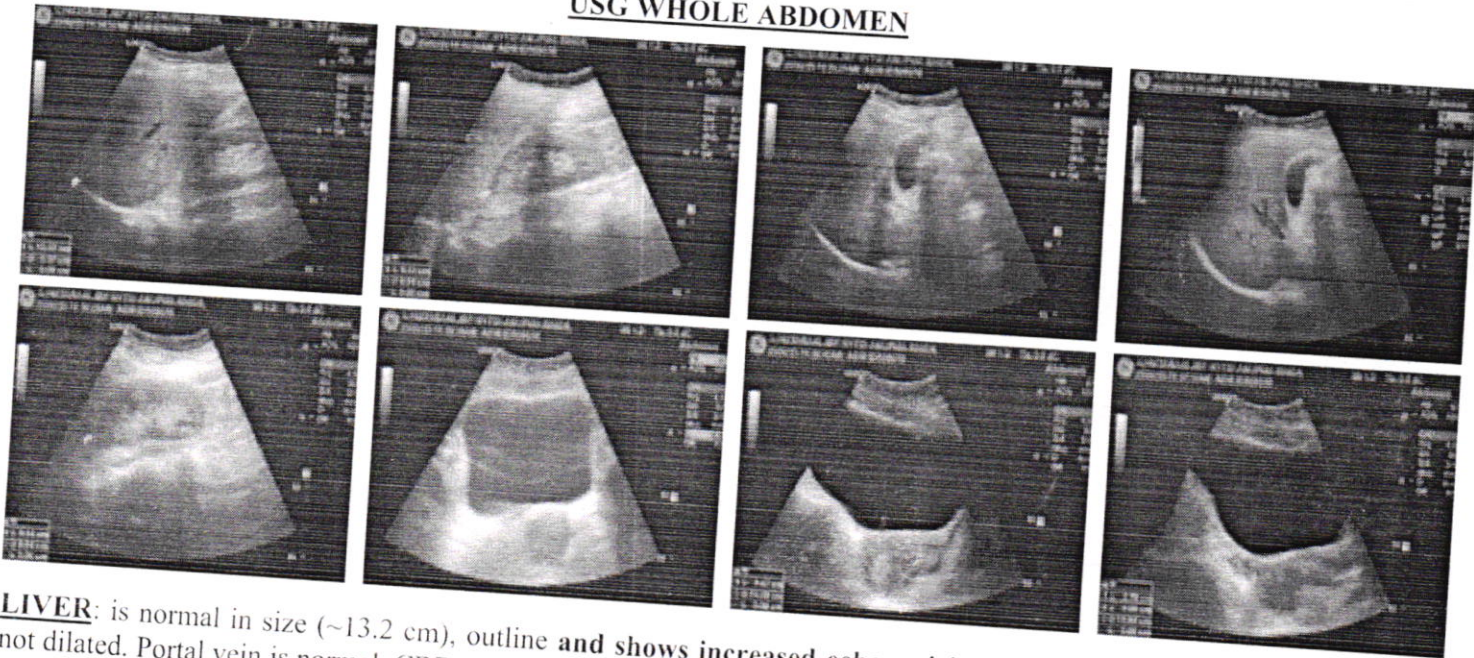
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NAME	., ANUPMA SINGH	SEX/AGE	F40Y
PATIENT ID	ID508076	Accession Number	
REF CONSULTANT	PACKAGE	DATE	25/02/2025 11:24

**USG WHOLE ABDOMEN**



**LIVER:** is normal in size (~13.2 cm), outline and shows increased echogenicity. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

**GALL BLADDER:** is partially distended at the time of examination.

**SPLEEN:** is normal in size (~7.6 cm), outline and echotexture. No focal lesion is seen.

**PANCREAS & UPPER RETROPERITONEUM:** Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

**RIGHT KIDNEY:** It is normal in size (~9.3 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**LEFT KIDNEY:** It is normal in size (~9.1 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

**U-BLADDER:** is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

**UTERUS:** is retroverted, normal in size, outline and echotexture. ET is ~10.7 mm. No discrete focal lesion is seen.

**OVARIES:** They are normal in size and echotexture. No SOL is seen. No free fluid is seen in peritoneal cavity.

**IMPRESSION:**

Fatty liver (Grade I).

Adv. Clinical correlation and followup.

Dr. Shruti  
DNB Resident

(NOT FOR MEDICO-LEGAL PURPOSE)

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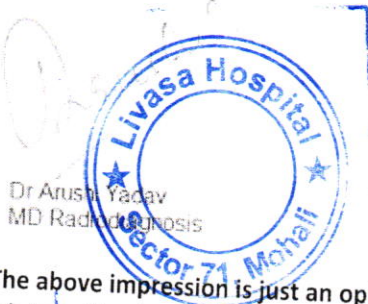
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NAME	., ANUPMA SINGH	SEX/AGE	F40Y
PATIENT ID	ID508076	Accession Number	
REF CONSULTANT	PACKAGE	DATE	25/02/2025 11:24



The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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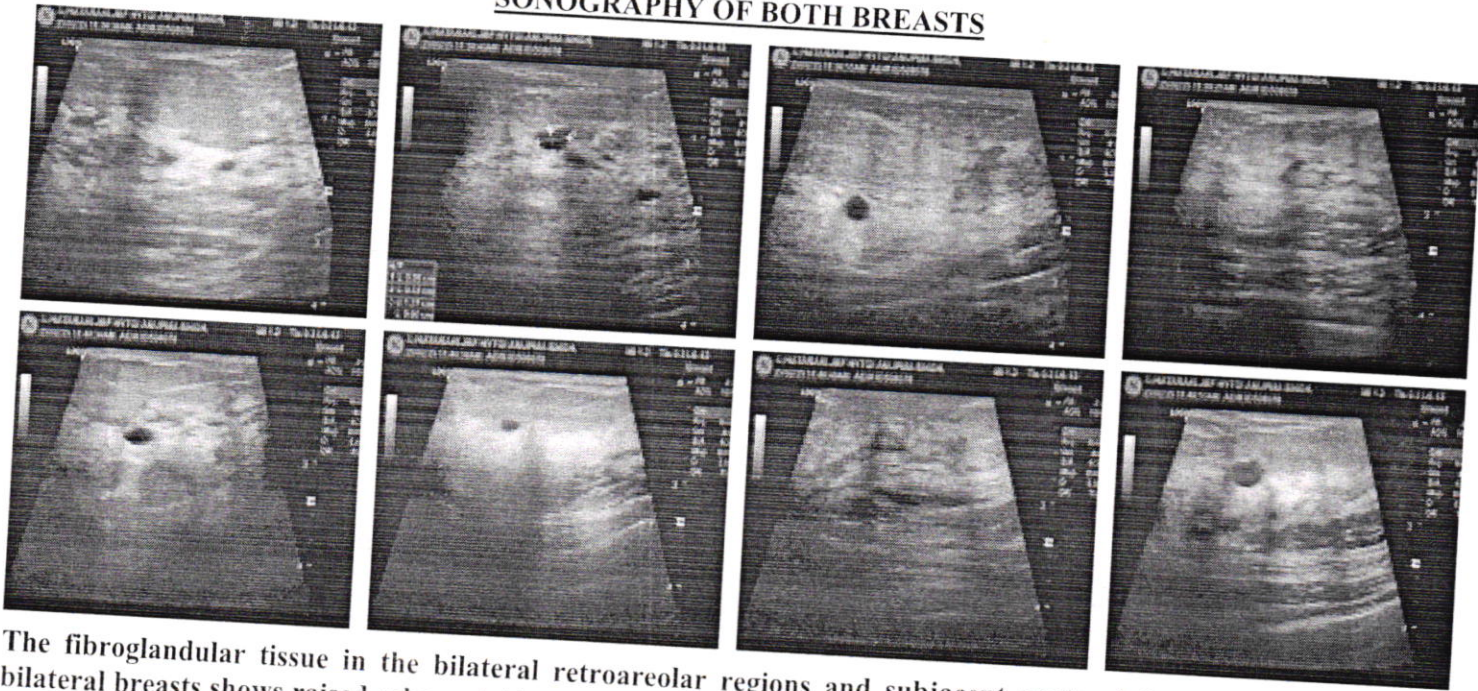
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**SONOGRAPHY OF BOTH BREASTS**



The fibroglandular tissue in the bilateral retroareolar regions and subjacent parts of the quadrants of the bilateral breasts shows raised echogenicity (R>L) with few ill-defined subcentimetric hypoechoic areas within - s/o fibroadenosis.

Rest of the fibro glandular breast tissue is seen in both breasts.

Multiple subcentimetric anechoic cysts are seen in bilateral breasts.

No spiculated lesion /cluster of microcalcification are seen in both breasts

Nipple and retroareolar region of both breast are normal.

Skin and subcutaneous tissues are normal in both breasts.

**IMPRESSION: BIRADS 2.**

**BIRADS ASSESSMENT CATEGORIES**

CATEGORY 0: NEEDS ADDITIONAL IMAGING EVALUATION

CATEGORY 1: NEGATIVE

**CATEGORY 2: BENIGN FINDING**

CATEGORY 3: PROBABLY BENIGN FINDING: SHORT INTERVAL FOLLOWED UP SUGGESTED

CATEGORY 4: SUSPICIOUS ABNORMALITY: BIOPSY SHOULD BE CONSIDERED

CATEGORY 5: HIGH S/O MALIGNANCY: APPROPRIATE ACTION SHOULD BE TAKEN

CATEGORY 6: KNOWN BIOPSY PROVE MALIGNANCY. ASSURE TREATMENT IS COMPLETED. (NOT FOR MEDICO-LEGAL PURPOSE)

**Adv. Clinical correlation and followup.**

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DNB Resident



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