

**OUT PATIENT DEPARTMENT**

<b>Patient Name</b> : Mrs. SONALI KALPESH PATIL	<b>UMR No</b> : 542501001957
<b>Age/Gender</b> : 33Years, 1Months/FEMALE	<b>Bill No</b> : HC542501000843_15 <b>Bill Dt</b> : 24-Jan-2025
<b>Mobile</b> : 8983011954	<b>Visit Dt.</b> : 24-Jan-2025 <b>Visit Type</b> : Single
<b>Organisation</b> : ARCOFEMI HEALTHCARE PVT. LTD (MEDIWHEEL).	

**Vitals :**

BP Sit	BP Stand	Height						
0/	0/	157						

**Consultant :**

**Dr.Binota Singh**

*BDS, eMBA*

*CONSULTANT*

**Final Diagnosis :**

reversitis pulpitis with 26

generalised periodontitis

**Assessment And Plan :**

caries wit 26

stains and calculus

**Advice :**

filling with 26

scaling and polishing

**Rx :**

**Dr.Binota Singh**

*BDS, eMBA*

*CONSULTANT*

Patient ID:	542501002523	Patient Name:	SONALI PATIL
Age:	46YRS	Sex:	F
Accession Number:	HC 2025	Modality:	US
Referring Physician:	DMO	Study:	USG BREAST
Study Date:	29-Jan-2025		

### ULTRASOUND EXAMINATION OF THE BREAST

Real -Time Sonography of both the Breasts was done with a high resolution linear transducer.

Normal glandular breast parenchyma is seen in both breasts.

A well defined oval shaped cyst of size 6.6 x 3.2 mm is noted at 12 o' clock location of right breast. Another cyst measuring approximately 6.2 x 2.8 mm is seen in peri-areolar region at 8 o' clock location of right breast.

Three small anechoic cysts of sizes 6.0 x 2.8 mm, 3.6 x 2.3 mm and 4.4 x 2.7 mm are seen at 3 o' clock location of left breast. A lobulated cyst with thin internal septae noted at 12 o' clock location of left breast, measuring approximately 10.8 x 3.6 mm.

There is no evidence of any ductal dilatation seen in the retro-areolar region.

Small reactive lymph nodes with maintained fatty hilum are seen in both axilla.

#### **IMPRESSION:**

- **Bilateral small breasts cysts, as described.**

#### **BIRADS II - (Benign findings)**

**\*Suggest: Mammography after 1 year**

*(BIRADS CATEGORY : BIRADS 0 - Requires additional evaluation, I - Negative, II - Benign findings, III - Probably benign findings, IV - Suspicious abnormality, V-Highly suggestive of malignancy, VI- Known biopsy proven malignancy).*



**Dr. Garima Shailendra Sharma**  
MBBS, M.D. (Radio Diagnosis),  
DNB, FRCR  
Consultant Radiologist.

Date: 29-Jan-2025 10:06:03



## LABORATORY REPORT : Cytology

<b>Name</b>	: Mrs. SONALI SACHIN PATIL	<b>Age /Sex</b>	: 046Y Y(s)/FEMALE
<b>Sample Collected On</b>	: 31-Jan-2025 03:24 PM	<b>UMR No.</b>	: B2B25015008
<b>Department Receiving</b>	: 31-Jan-2025 07:10 PM	<b>Bill No.</b>	: MOPB250117502
<b>Reported Date</b>	: 01-Feb-2025 02:34 PM	<b>Result No</b>	: RJB250112235
<b>Advised By</b>	: DR. DMO	<b>Sample ID</b>	: JBH250107876
<b>Sample Type</b>	:	<b>Client Name</b>	: Medicover Hospitals Navi Mumbai

### LBC

#### CYTOLOGY NO.

CY-448/25

#### CLINICAL HISTORY

LMP- 24/01/25. Colposcopy: Cervix - Normal. Vagina: Normal.

#### SPECIMEN TYPE

Liquid- based preparation.

#### SPECIMEN ADEQUACY

Satisfactory for evaluation without evidence of endocervical or transformation zone component.

#### GENERAL CATEGORIZATION

Negative for intraepithelial lesion or malignancy.

#### MICROSCOPIC EXAMINATION

Smear contains superficial, intermediate and parabasal cells. Mild inflammatory cells present.

#### ORGANISMS

Not present.

#### INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

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

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By :

ID -15730



Dr Amrutha T

CONSULTANT PATHOLOGIST

TSMC/FMR/26706