

Dr. Yerrabothu Ramesh

MBBS, MD (General Medicine)
General physician and Diabetologist
Registration No. 03143

Switha sylv.

Non Dry

Non HIN

2015 - laparoscopic appendicec-
tomy
2021 - lap. cholecystectomy

USG Abdomen - ⊕

Mammography ⊕

Chest X-ray ⊕

ECG - ⊕

SD echo ⊕

T. Bilirubin - 1.05

TSH - ⊕



Adm

Tab. Udillo 300 mg Tab BD
|-----| x 3 days.





Mrs. SWETHA		Collected : 09-11-2024 09:30	Lab ID : 41127501670
DOB :		Received : 09-11-2024 09:49	Sample Quality : <i>Abnormal</i>
Age : 36 Years		Reported :	Location : HYDERABAD
Gender : Female		Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533420			Client : Prasad Hospitals India Private Limited -Pragathi Nagar-0511948

Parameter	Result	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

Erythrocytes

Hemoglobin <i>Colorimetric method</i>	12.2	g/dL	12.0 - 15.0
Red Blood Cells <i>Electrical Impedance method</i>	4.47	10 ⁶ Cells/ μ L	3.8 - 4.8
PCV (Hematocrit) <i>Calculated</i>	37.90	%	36 - 46
MCV(Mean Corpuscular Volume) <i>Calculated</i>	84.8	fL	83 - 101
MCH (Mean Corpuscular Hb) <i>Calculated</i>	27.2	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) <i>Calculated</i>	32.1	g/dL	31.5 - 34.5
Red Cell Distribution Width CV <i>Calculated</i>	12.80	%	11.6 - 14.6
Red Cell Distribution Width SD <i>Calculated</i>	41.10	fL	39 -46

Leucocytes

WBC -Total Leucocytes Count <i>Flowcytometry</i>	7.50	10 ³ Cells/ μ L	4 - 10
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Differential leucocyte count

Neutrophils <i>Flowcytometry</i>	63.9	%	40 - 80
Lymphocytes <i>Flowcytometry</i>	30.6	%	20 - 40
Monocytes <i>Flowcytometry</i>	3.90	%	2-10
Eosinophils <i>Flowcytometry</i>	1.6	%	1-6
Basophils <i>Flowcytometry</i>	0.00	%	0-2

Absolute leucocyte count

Neutrophils (Abs) <i>Flowcytometry</i>	4.79	10 ³ Cells/ μ L	1.5 - 8.0
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PRASAD HOSPITALS

NAME : VETHA	Collected : 09-11-2024 09:30	Lab ID : 41127501070
DOB :	Received : 09-11-2024 09:49	Sample Quality : Adequate
Age : 36 Years	Reported :	Location : HYDERABAD
Gender : Female	Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533420		Client : Prasad Hospitals India Private Limited - Pragathi Nagar-501194B



Lymphocytes (Abs) Flowcytometry	2.29	10 ³ Cells/ μ L	1.0 - 4.8
Monocytes (Abs) Flowcytometry	L 0.29	10 ³ Cells/ μ L	0.5 - 0.9
Eosinophils (Abs) Flowcytometry	L 0.12	10 ³ Cells/ μ L	0.2 - 0.5
Basophils (Abs) Flowcytometry	0	10 ³ Cells/ μ L	0.0 - 0.3
Platelets			
Platelet Count Electrical Impedance method	298.00	10 ³ / μ L	150-410
MPV Calculated	9.7	fL	9 - 13
PDW Calculated	15.6	fL	10.0 - 17.9
PlateletCrit Calculated	H 0.29	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) Calculated	23.90	%	15.0 - 35.0

Clinical significance:
CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

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PHA : : : 36 Years Gender : Female CRM : 223002533420		Collected : 09-11-2024 09:49 Received : 09-11-2024 09:49 Reported : Status : Provisional	Sample Quality : HOSPITALS Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragathi Nagar-5011948
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Parameter	Result	Unit	Biological Ref. Interval
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Blood Grouping & Rh typing, EDTA Blood " O " Positive
 Slide/Tube Agglutination (Forward & Reverse)

Clinical Significance:
 The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh[D] antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

PROVISIONAL REPORT

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PHA . . . Age : 36 Years Gender : Female CRM : 223002533420		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:49 Reported : Status : Provisional	Lab ID : 4112750170 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited - Pragathi Nagar-511948
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Parameter	Result	Unit	Biological Ref. Interval
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Blood Grouping & Rh typing, EDTA Blood " O " Positive
Slide/Tube Agglutination (Forward & Reverse)


Clinical Significance:
 The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

PROVISIONAL REPORT

Processed At: LifeWell Diagnostics Pvt Ltd, Prasad Hospital, Plot no | 35, Aditya Nagar, Pragathi Nagar, Beside New Showroom, Kakatpally, Hyderabad - 500093



PRASAD HOSPITALS

NAME : NETHA Age : 36 Years Gender : Female CRM : 223002533420	 Collected : 09-11-2024 09:30 Received : 09-11-2024 09:49 Reported : Status : Provisional	Lab ID : 1112501070 Sample Quality : PR Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited - Pragati Nagar 501104B
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Parameter	Result	Unit	Biological Ref. Interval
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Total Protein, Serum **L 5.91** **gm/dL** **6.4-8.8**
BIURET

Clinical Significance:-
 Urinary protein levels may rise in healthy individual after vigorous exercise. In a random urine sample, a protein: creatinine ratio can be used to roughly approximate 24 hours' excretion rate. False proteinuria may be due to contamination of urine with semen, menstrual blood etc.

Glucose (Fasting) Plasma **98.80** **mg/dL** **Normal: <100**
GOD-POD **Pre-Diabetic: 100-124**
Diabetic =>125

Clinical significance:-
 Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Glucose (Post Prandial), Plasma **117.60** **mg/dL** **Normal: =<140**
GOD-POD **Pre-Diabetic: 140-199**
Diabetic->200

Clinical significance:-
 A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

Total Cholesterol, Serum **186.00** **mg/dL** **Desirable: <200**
CHOD-PAP **Borderline: 200 - 239**
High: >=240

Clinical significance:-
 Lipoprotein metabolism profile analysis adds practical information about the etiology of cholesterol and/or triglyceride elevation. In some patients, increased serum lipids reflect elevated levels of intermediate-density lipoprotein (IDL), very-low-density lipoprotein (VLDL), lipoprotein a (Lp[a]), or even the abnormal lipoprotein complex-LpX. Patients must be fasting for at least 12 to 14 hours if a lipid screen is ordered. If total cholesterol is the only lipid test ordered, fasting is not necessary.



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PRASAD HOSPITALS

Patient Name: ETHA Age: 35 Years Gender: Female CRM: 223002533420		Collected: 09-11-2024 09:30 Received: 09-11-2024 09:19 Reported: Status: Provisional	Lab ID: 1112150470 Sample Quality: High Location: HYDERABAD Ref By: PRASAD HOSPITAL Client: Prasad Hospitals India Private Limited -Pragathi Nagar-501206
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Creatinine, Serum

L **0.54** mg/dL 0.6 - 1.1

Clinical significance:-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine level and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

Urea, Serum

L **13.40** mg/dL 15-18

Clinical Significance:

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe trauma, bleeding from the gastrointestinal tract and fibrinolysis can cause obstruction of urine flow or dehydration.

Blood Urea Nitrogen (BUN), Serum

5.26 mg/dL 6-20

Clinical significance:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (fluid volume depletion, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerular nephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

Uric Acid, Serum

2.70 mg/dL 2.3-6.5

Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malnutrition, xanthine drugs, and decreased excretion due to chronic renal failure or decreased renal reabsorption. Hyperuricemia may be secondary to severe rheumatoid disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Bilirubin - Total, Serum

H **1.53** mg/dL 0.1 - 1.3

Clinical Significance:

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubin are increased in hepatic and space-occupying lesions of the liver, and obstructive lesions such as carcinoma of the head of the pancreas, carcinoma of the ampulla of Vater.

Bilirubin - Direct, Serum

H **0.57** mg/dL <0.3

Clinical Significance:

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubin are increased in hepatic and space-occupying lesions of the liver, and obstructive lesions such as carcinoma of the head of the pancreas, carcinoma of the ampulla of Vater.

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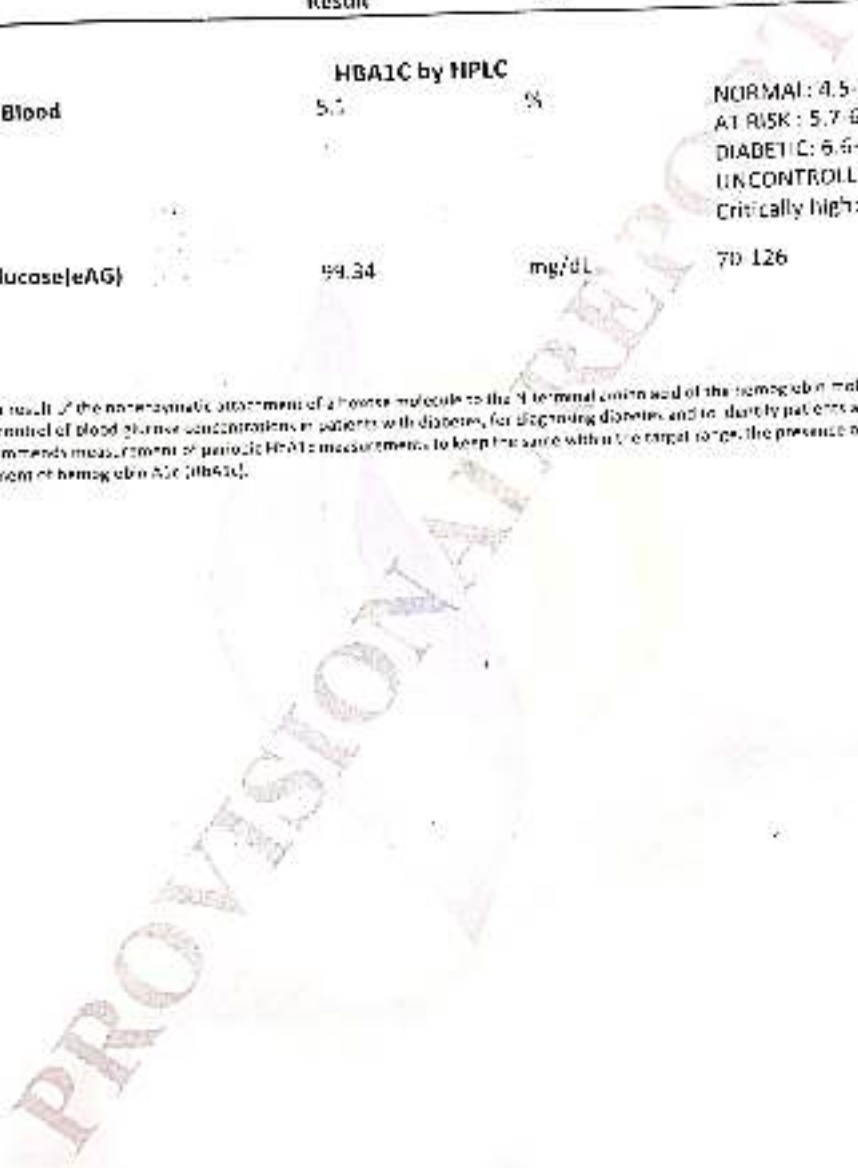
PRASAD HOSPITALS

Patient ID : 22J002533420 Age : 36 Years Gender : Female CRN : 22J002533420		Collected : 09-11-2024 09:00 Received : 09-11-2024 09:49 Reported : Status : Provisional	Lab ID : 411195A1770 Sample Quality : Location : HYDRABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited - Pragathi Nagar-501104K
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Parameter	Result	Unit	Biological Ref. Interval
HbA1c By HPLC, EDTA Blood HPLC	5.7	%	NORMAL: 4.5-5.6 AT RISK: 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG) Calculated	99.34	mg/dL	70-126

Clinical significance:

Hemoglobin A1c (HbA1c) is a result of the non-enzymatic attachment of a glucose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes, and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).



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Age : 35 Years	Collected : 09-11-2024 09:30	Lab ID : 1112531420
Gender : Female	Received : 09-11-2024 09:49	Sample Quality : GOOD
CRM : 273002531420	Reported :	Location : HYDERABAD
	Status : Provisional	Ref By : PRASAD HOSPITAL
		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-511348

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum CLIA	0.98	ng/ml	Non Pregnant: 0.7-2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd trimester: 1.0-2.60 3rd trimester: 1.0-2.60
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Clinical significance:-
Triiodothyronine (T3) values above 3.07 ng/ml in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone binding proteins. Abnormal levels (high or low) of thyroid hormone binding proteins (primarily albumin and thyroxine-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hyperthyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum CLIA	10.88	µg/dL	5.5-11.0
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Clinical significance:-
Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, euthyroid sick syndrome, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum CLIA	0.952	µIU/mL	Nonpregnant: 0.4-5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2
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Clinical significance:-
In primary hypothyroidism, total thyroid stimulating hormone levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid), from secondary (pituitary) and tertiary (hypothalamic) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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PRASAD HOSPITALS

Age : 35 Years
 Gender : Female
 Patient ID : 223002533420



Collected : 09-11-2024 09:30
 Received : 09-11-2024 09:49
 Reported :
 Status : Provisional

Lab ID : 41120501170
 Sample Quality : **High**
 Location : HYDRABAD
 Ref By : PRASAD HOSPITAL
 Client : Prasad Hospitals India Private Limited - Pragam Nagar-BYL2148

Parameter	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour <i>Visual</i>	Pale Yellow		Pale Yellow
Volume <i>Visual</i>	20	ml	
Specific Gravity <i>Dip Stick (Grant/Hymal blue)</i>	1.025		1.015 - 1.025
Appearance <i>Visual</i>	Clear		Clear
pH <i>Dip Stick (Double indicators)</i>	5.0		5.0 - 8.0

BIOCHEMICAL EXAMINATION

Protein, Urine <i>Dip Stick (Protein Error of indicators)</i>	Trace		Negative
Glucose <i>Dip Stick (GUP-POD)</i>	Negative		Negative
Ketones <i>Dip Stick (Sodium nitroprusside)</i>	Absent		Negative
Urobilinogen <i>Dip Stick (Clutch)</i>	Normal		Normal
Bilirubin <i>Dip Stick (Ascorbating reaction)</i>	Negative		Negative
Nitrite <i>Dip Stick (Diazotransfer)</i>	Negative		Negative
Blood <i>Dip Stick (Pyruvase)</i>	Negative		Negative
Leukocyte Esterase <i>Stick based</i>	Negative		Negative

MICROSCOPIC EXAMINATION

Pus cells <i>Microscopy</i>	2 - 3	/hpf	0-5
Epithelial Cells <i>Microscopy</i>	3 - 4	/hpf	0-2

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36 Years
Female
223007533420



Collected : 09-11-2024 09:37
Received : 09-11-2024 09:49
Reported :
Status : Provisional

Lab ID : 411750170
Sample Quality :
Location : HYDERABAD
Ref By : PRASAD HOSPITAL
Client : Prasad Hospitals India Private Limited - Pragathi Nagar-511548

RBCs <i>Microscopy</i>	Nil	/hpf	Nil
Casts <i>Microscopy</i>	Nil		Nil
Crystals <i>Microscopy</i>	Nil		Nil
Yeast cells <i>Microscopy</i>	Absent		Absent
Bacteria <i>Microscopy</i>	Absent		Absent

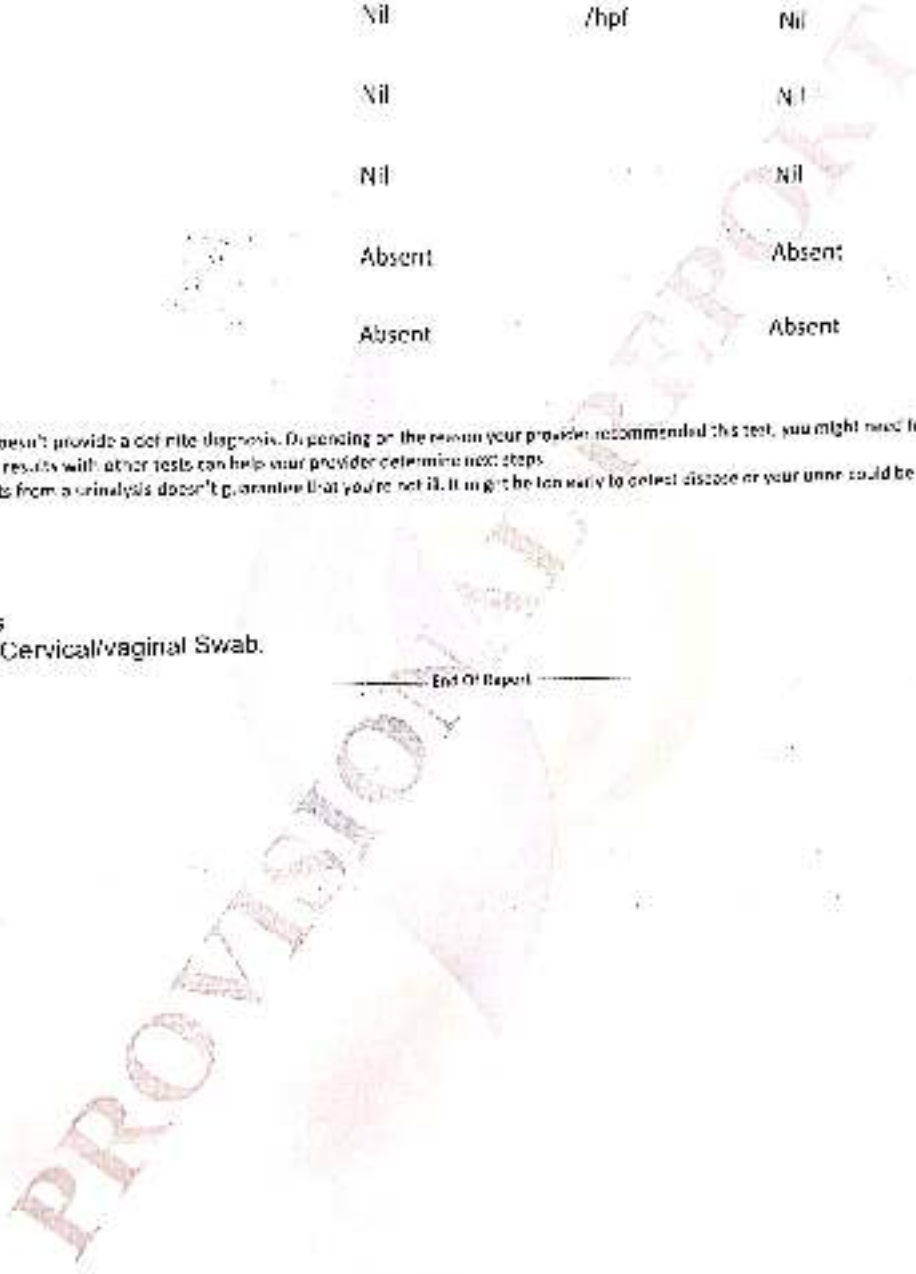
Clinical Significance:

A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need to follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be necessary to detect disease or your urine could be too diluted.

Pending Services

LBC-PAP Smear, Cervical/vaginal Swab.

End Of Report



DEPARTMENT OF CARDIOLOGY

NAME: MRS SWETHA

SEX: F

AGE: 36YRS

DONE BY: Dr. SRAVAN KUMAR V DM

DATE: 09/11/2024

REPORT OF 2D ECHOCARDIOGRAM WITH COLOUR DOPPLER

Mitral Valve : NORMAL
 Aortic Valve : NORMAL
 Pulmonary Valve : NORMAL
 Tricuspid Valve : NORMAL
 Right Atrium : NORMAL
 Right Ventricle : NORMAL
 Left Atrium : 3.0cm
 Left Ventricle : NO LVH, NO RWMA
 LV DIMENSIONS : IDd 4.4cm/ESd:2.8cm.
 IVSd: 1.1cm EF: 62%
 PwD: 1.0cm FS: 32%

IAS/IVS : INTACT
 Aorta : 2.8cm
 Pulmonary Artery : NORMAL
 IVC : NORMAL
 Pulmonary Veins : NORMAL
 Pericardium : NORMAL
 Others : NO LV CLOT

DOPPLER

Mitral Valve : E/A: 0.7/0.4m/sec
 Aortic Valve : 1.2m/s
 Pulmonary Valve : 0.8m/s
 Tricuspid Valve : 2.0m/s, RVSP 21+RAP

Color Doppler

MR: NIL TR: 1+ AR: NIL PR: NIL

CONCLUSION

NORMAL SIZED CARDIAC CHAMBERS
 NO RWMA OF LV
 NORMAL LV SYSTOLIC FUNCTION
 NORMAL LV FILLING PATTERN
 NO MR/ NO AR
 TRIVIAL TR, NO PAH
 NO PE, VEGETATION/CLOT

**DR. SRAVAN KUMAR V
 MBBS, MD, DM (CARDIOLOGIST)**



02/11/19 0:59:58

IP: 0320720

HR: 120

Art. Rate Rhythm

ECG Card:

PR: 160

PR: 160ms

Name: SMF, M

Gender: Female

Q-Tc: 330

Q-Tc: 330ms

Age: 76

Height(m):

ECG Date: 02/11/19

Weight(kg):

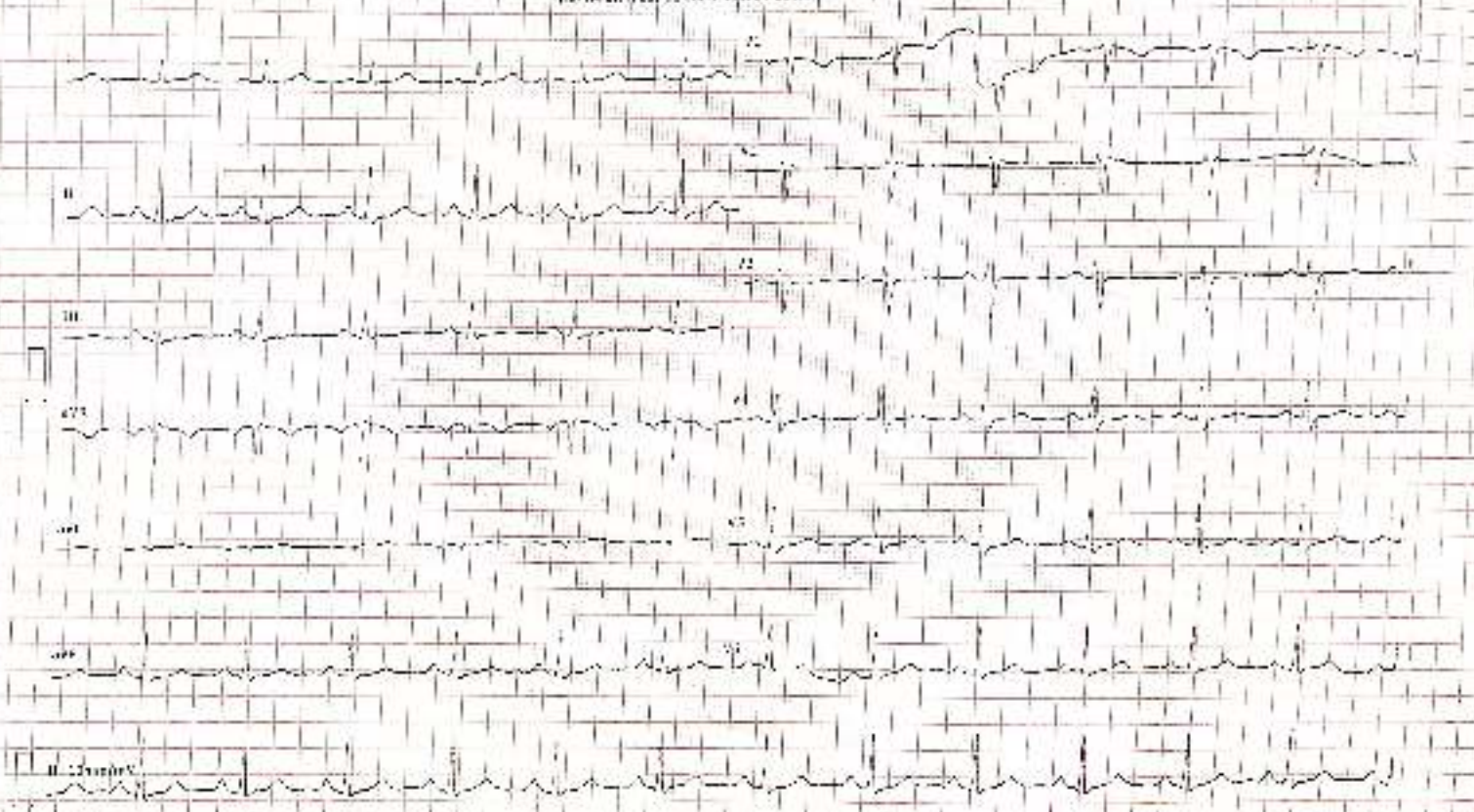
B.P.(mmHg):

ECG Time: 00:59:58

ECG No: 000000

ECG No: 000000

This result must be confirmed by a doctor



10mm/mV 25mm/s 0.15-40Hz

12-lead ECG



Patient Name	SWETHA 36Y/F	Date of Birth	
Patient ID	OP 29501	Age	
Referral Dr		Sex	Female
Study Date Time	9 Nov 2024 12:05pm	Report Date Time	9 Nov 2024 12:47pm

PLAIN RADIOGRAPH OF CHEST- PA VIEW

FINDINGS:

CARDIA : Cardiac size is normal.

Cardiac silhouette is normal.

Both domes of diaphragm are normal in position.

LUNGS : Both lungs appear clear.

Trachea and visualized major bronchi are normal in caliber and orientation.

Both hemi thoraces are of equal and normal volume.

HILA : Mediastinal silhouette appears normal.

Bilateral hilar shadows appear normal.

CP ANGLES : Bilateral costophrenic and cardiophrenic angles appear clear.

BONE CAGE : Visualized bilateral ribs and clavicles are intact.

IMPRESSION :

No abnormal radiographic changes in the chest.

Suggested clinical correlation; Kindly discuss if needed.

Dr. Meenu Chandran
Consultant Radiologist





PATIENT NAME: SWETHA
REF BY DR: PRASD HOSPITALTS

36YRS/FEMALE
09/11/2024

**PRASAD
HOSPITALS**

USG REPORT - BOTH BREASTS

Sonography of both breasts done

RIGHT BREAST:

Parenchyma

Skin Thickness normal

Sub cutaneous fat normal.

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal

Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

No significant enlargement of axillary node seen

LEFT BREAST:

Parenchyma

Skin Thickness normal

No ductal Dilatation.

No focal lesion seen.

Fibroglandular echogenicity normal.

Nipple areolar complex normal.

Retromammary

Retromammary area appeared normal





Axillary Tail

Axillary Tail: Normal.

Axillary Nodes

No significant enlargement of axillary node seen.

USG REPORT - BOTH BREASTS

IMPRESSION:

- Right breast parenchyma is normal.
- Right axilla normal.
- Left breast parenchyma is normal.
- Left axilla normal.

- Suggested clinical correlation for further evaluation.

BI - RADS SCORE IS: RIGHT BREAST: I

LEFT BREAST : I

NOTE: BI - RADS SCORING KEY

0 - Needs additional evaluation, I - Negative, II - Benign findings, III - Probably benign
IV - Suspicious abnormality - Biopsy to be considered, V - Highly suggestive of malignancy,
VI - Known biopsy proven malignancy.

Dr. Charishma Daruru
MBBS, MD (Radiodiagnosis)
Consultant Radiologist
Regd No: 91510
Prasad Hospitals India Pvt. Ltd.

CONSULTANT RADIOLOGIST.







PATIENT NAME: SWETHA

36YRS/FEMALE

REF BY DR. PRASAD HOSPITALS

09/11/2024

ULTRA SOUND SCAN ABDOMEN

- LIVER:** Normal in size, Normal shape & echo texture.
No focal lesion seen.
No IHBD, Portal vein is normal and CBD normal
- GALL BLADDER:** not visualized post cholecystectomy status.
- PANCREAS:** Normal in size, shape and echo pattern. Main pancreatic duct normal.
- SPLEEN:** Normal in size with normal echo texture.
No focal lesion seen. Splenic Veins normal.
- RIGHT KIDNEY** Normal in size, with normal shape and echogenicity.
Corticomedullary differentiation is well maintained
Pelvicalyceal system is normal.
No focal lesion seen. No e/o renal calculi
- LEFT KIDNEY:** Normal in size, with normal shape and echogenicity.
Corticomedullary differentiation is well maintained
Pelvicalyceal system is normal.
No focal lesion seen. No e/o renal calculi
- BLADDER:** Well, distended with normal wall thickness. No evidence of calculi.
- UTERUS:** Uterus measures: 7.8 x 3.9 x 4.5 cm
Anteverted appears normal in size, shape and echogenicity.
Endo myometrial junction is normal. E.T 9 mm.
- RIGHT OVARY:** Normal in size with normal echo texture. 2.9 x 1.3 cm
LEFT OVARY: Normal in size with normal echo texture. 2.4 x 1.3 cm

IMPRESSION: No significant abnormality detected.

For clinical correlation

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11-09-4

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Exam Date: 09.11.2024 11:46:35 AM

