




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



## TEST REPORT

Name	: MRS.NIVEDITA SHARMA [SPOUSE]	TID/SID	: UMR1352168/ 27173308
Age / Gender	: 47 Years / Female	Registered on	: 10-Feb-2024 / 09:44 AM
Ref.By	: -	Collected on	: 10-Feb-2024 / 09:44 AM
Req.No	:  BIL3931715	Reported on	: 10-Feb-2024 / 14:17 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.020		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	1 - 2	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am




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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---




**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY



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Ref.By	: -	Collected on	: 10-Feb-2024 / 09:44 AM
Req.No	 BIL3931715	Reported on	: 10-Feb-2024 / 16:49 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CYTOPATHOLOGY

#### Pap Smear, Conventional

Clinical Details	NA
Specimen Type	Conventional
Specimen Adequacy	Satisfactory for evaluation. Transformation zone component seen. 60% of the cells are obscured by Neutrophils
General Categorization	Smears studied show sheets of superficial and intermediate cells. Endocervical cells seen. Neutrophils are seen in the background.
Interpretation	Marked inflammatory smears. No evidence of intraepithelial lesion / malignancy in sample provided.

\* Sample processed at Parkline

--- End Of Report ---



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Ref.By : - Collected on : 10-Feb-2024 / 09:44 AM  
Req.No  Reported on : 10-Feb-2024 / 12:43 PM  
Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	13	mm/hour	0-20 mm/hour
Method:Westergren			

#### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	12.7	g/dL	12.0-15.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	4.4	mill /cu.mm	3.8-4.8 mill /cu.mm
Method:Electrical Impedence			
PCV/HCT	37	%	36-46 %
Method:Numeric Integration			
MCV	85	fL	83-101 fL
Method:Calculated			
MCH	28.7	pg	27-32 pg
Method:Calculated			
MCHC	33.9	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	14.6	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	5.5	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
Method:Impedence flowcytometry/Light scattering			
<b>Differential Count</b>			
Neutrophils	66	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	28	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	4	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	2	%	1-6 %
Method:Flowcytometry/Microscopy			

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### DEPARTMENT OF HEMATOLOGY

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	220	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL

#### Peripheral Smear

RBC Method:Microscopy	Normocytic Normochromic
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.

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## TEST REPORT

Name : **MRS.NIVEDITA SHARMA [SPOUSE]** TID/SID : UMR1352168/ 27173308F  
Age / Gender : 47 Years / Female Registered on : 10-Feb-2024 / 09:44 AM  
Ref.By : - Collected on : 10-Feb-2024 / 09:44 AM  
Req.No  Reported on : 10-Feb-2024 / 14:46 PM  
Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	8.3	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.90	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

#### Glucose Urine Fasting

Investigation	Observed Value	
Urine Glucose Fasting	Nil	NIL
Method:Reagent strip/Reflectance photometry		

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## TEST REPORT

Name : **MRS.NIVEDITA SHARMA [SPOUSE]** TID/SID : UMR1352168/ 27173310F  
Age / Gender : 47 Years / Female Registered on : 10-Feb-2024 / 09:44 AM  
Ref.By : - Collected on : 10-Feb-2024 / 09:44 AM  
Req.No :  Reported on : 10-Feb-2024 / 18:52 PM  
Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	98	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : $\geq$ 126 mg/dL

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*Yatish Sai*

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## TEST REPORT

Name : **MRS.NIVEDITA SHARMA [SPOUSE]** TID/SID : UMR1352168/ 27173310P  
Age / Gender : 47 Years / Female Registered on : 10-Feb-2024 / 09:44 AM  
Ref.By : - Collected on : 10-Feb-2024 / 09:44 AM  
Req.No  Reported on : 10-Feb-2024 / 18:52 PM  
BIL3931715 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	111	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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Req.No :  Reported on : 10-Feb-2024 / 14:46 PM  
Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	5.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	102	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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## TEST REPORT

Name	: MRS.NIVEDITA SHARMA [SPOUSE]	TID/SID	: UMR1352168/ 27173307
Age / Gender	: 47 Years / Female	Registered on	: 10-Feb-2024 / 09:44 AM
Ref.By	: -	Collected on	: 10-Feb-2024 / 09:44 AM
Req.No	:  BIL3931715	Reported on	: 10-Feb-2024 / 13:40 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	172	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	38	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>118</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	16	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	82	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.53		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	3.11		Ideal : < 2 Good : 2 – 5 Bad : > 5

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Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.13	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.30	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	<b>0.83</b>	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	13	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	18	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	64	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.42	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.33	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.09	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.40		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	19	U/L	7.0-50.0 U/L

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Req.No  Reported on : 10-Feb-2024 / 13:31 PM  
Reference : Medi Wheel  
BIL3931715

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.33	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.52	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	0.89	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

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Req.No	:  BIL3931715	Reported on	: 10-Feb-2024 / 13:40 PM
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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	4.11	mg/dL	1.9-7.5 mg/dL

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Req.No	:  BIL3931715	Reported on	: 11-Feb-2024 / 10:17 AM
		Reference	: Medi Wheel

### DEPARTMENT OF HEALTH CHECKUP

### Glucose Urine Post Prandial

Urine Glucose Post Prandial	Nil	NIL
Method:Reagent strip/Reflectance photometry		

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Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No. MC-2566

## MEDICAL EXAMINATION REPORT

Name	Nivedita Sharma		Date :	10/2/24
Company	C/o. Medihel		Reg. No. :	3931715
Contact No.	9032826568		Sex <input type="checkbox"/> F <input type="checkbox"/>	Age : <input type="checkbox"/> 47 <input type="checkbox"/>
Type	Pre-Emp		Emp. No. :	Spouse
	Overseas		Height	159cm
	Annual	<input checked="" type="checkbox"/>	Weight	66 kg
Remarks				
	USG: Small uteroid fibroid 17x19mm. Advice follow up.  - Test all physical & lab parameters within (N) limits.			
Fitness Status	Medically Fit / Unfit		Dr. PRIYANKA SANNIDHI Physician's Signature Regn No. 11351	



# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mrs. Nivedita Sharma

AGE 49 yrs female

MARITAL STATUS Married CHILDREN: M  F

IDENTIFICATION (IF ANY) A mole on the left forearm.

## PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

father

Any personal H/o Major illness like : Typhoid.....Jaundice.....Etc.

Any H/o STD.....Skin infection.....

H/o Blood Transfusion.....Recent Vaccination..... COVIDSHIELD X 2 Dose

H/o Epilepsy.....Giddiness.....

H/o Surgery.....Fracture in the past.....

### Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(2)

Well Nourished

NPD

NIL

NIL

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye: 6/6

with glasses / without glasses

Right Eye: NG + 1.50 sph NG

With glasses / Without glasses

left Eye: NG + 1.50 sph NG

with glasses / without glasses

Colour Vision: Normal

Ophthalmologist's Signature

**DR. KATTA**  
M.B.B.S., D.P.O., F.R.F.  
Regd: 8961 (M.C)

Right Ear

Left Ear

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

### SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 110/20 mmHg

Lungs : A. Shape of Chest N/C symmetrical  
B. Breath Sounds B/C - clear ⊕  
C. Adventitious Sounds No

Heart : A. Sounds S1 S2 ⊕  
B. Murmurs No

#### Nervous System

Abdomen : A. Liver  
B. Spleen  
C. Piles  
D. Any Lump  
] NAD

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System :  
D. Motor System :  
E. Jerks :  
] (N)


General : A. Hernia  
B. Hydrocele  
C. Varicocele  
] NAD

Breast : Rt \_\_\_\_\_ Lt \_\_\_\_\_

## CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

**Date :**

  
\_\_\_\_\_  
**Signature**

**Place :**

**Note :** General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



# PARKLINE DIAGNOSTICS PVT. LTD.



NABL Accredited  
Certificate No. MC-2566

Mr. N. Vedita Sharma 47

10/2/24

O/E -

Mid anoma -

Bp - 110/80

CVS / N/A

Chil - 1

LCR - 18g

MH Regular

Normal bw.

Both Breasts Normal.

Both areola +  
Nipple Normal

K.R. Prasad

Dr. USHA MESS., DGO.  
Obstetrician & Gynaecologist  
Regd. No. 2883

Name: Nivedita Sharma (Rankin) Sex: F Age: 47

Date: 10/2/17

It has come for a routine dental checkup.

OPD No: 1765

O/E

Grade-I mobility

rt  $\frac{1}{678}$

Lower anterior crowding  
of teeth.

Silver Amalgam restoration

rt  $\frac{1}{7}$

Calculus-++

  
 MULTI SPECIALITY DENTAL CLINIC  
Smile Guaranteed, No Frills  
 B.D.S, IMPLANTOLOGIST (USA)  
 1-3-1, Rajamudaliar Street, Kalasiguda,  
 Secunderabad, Cell : 8977910590.

↑  
 Dr. Khanna



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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No. M-0862

## ENT CONSULTATION

S.No. 3931715

Emp.No. Spoun

Date 10/2/29

Name Ms: Nivedita Sharma Age 47 Yrs

Sex M/F

EARS :	Right	Left
EAC	: patent. no Gullman.	- do
TM	: Intact. pearly white. Cone of distorted	Intact, pearly white. Cone of light grey
TFT	: Rinne's +ve Weber's - central	Rinne's +ve
NOSE	: Septum & DNS to Rt, Bil. Tonsils! (R) Pns (R) - normal	
THROAT	: Oropharynx (R) Bil. Uvula (R) mouth Arytenoids Lt.	
NECK	: (R)	
IMPRESSION	: ENT, DNS to Rt & E. Catarrh	

Consultant ENT

Dr. D. Hari Krishna Reddy  
MS (ENT)  
Head & Neck Surgeon  
Reg. No: 88379



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## TEST REPORT

Name	: Mrs . NIVEDITA SHARMA [SPOUSE]	TID	: UMR1352168
Age / Gender	: 47 Years / Female	Registered on	: 10-Feb-2024 09:44 AM
Ref.By	:	Reported On	: 10-Feb-2024 01:19 PM
Req. No	: BIL3931715	Reference	: Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : Measuring 13.5 cms. Normal in size and echotexture. No focal lesions.  
No IHBD /CBD dilatation. Portal vein is normal.

**SPLEEN** : Measuring 8.8 cms. Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Well distended. No sludge / gall stones / sol.  
Gall bladder - Wall thickness is normal.  
No pericholecystic oedema.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 8.7 x 3.5 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 10.6 x 4.6 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended.Normal in contour.  
Wall thickness is normal. No calculus / sol.

**UTERUS** : Anteverted measuring 8.9 x 5.3 x 4.4 cms - Normal in size and echotexture.  
Posterior wall intramural fibroid measuring 17 x 9 mm.  
Cervix is normal in size and echopattern.

**ENDOMETRIUM** : 4.6 mm -Normal.

**OVARIES** : Right ovary : 2.7 x 1.7 cms      Left ovary : 3.2 x 1.7 cms.  
Both ovaries normal in size and echotexture.  
No adnexal mass seen.  
No fluid in POD.

**IMPRESSION** : Small Uterine fibroid.

**Clinical correlation.**

  
**Dr. SATHVINDER**  
MORD  
Regd.No: 56064  
Consultant Radiologist

Page:1 of 2

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings(Weekdays) : 7.30 am to 8.00 pm

Sundays & Holidays : 7.30 am to 9.30 am



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## TEST REPORT

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Age / Gender	: 47 Years / Female	Registered on	: 10-Feb-2024 09:44 AM
Ref.By	:	Reported On	: 10-Feb-2024 01:22 PM
Req. No	: BIL3931715	Reference	: Medi Wheel

### DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Both breasts show normal fibro-glandular parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /  
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.


**Ultrasound screening** did not reveal any abnormality.

No axillary lymphnodes seen.

**IMPRESSION : No breast abnormality noted - BIRADS- I**

Advised clinical correlation.

**Note: Please bring previous reports on next visit.**

  
**Dr. PRAJAKTA SUKHADEVI**  
DNB RADIOLOGY  
Reg. No. 68493

Page:1 of 2

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

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## TEST REPORT

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### BIRADS ASSESSMENT CATEGORIES

- 0 - Needs additional imaging.
- 1 - Negative - There is nothing the comment on.
- 2 - Benign finding.
- 3 - Probably benign finding - followup after 3 months suggested.
- 4 - Suspicious abnormality. Biopsy should be considered  
[ 4A - Low suspicion ,4B - Intermediate suspicion, 4C- Moderate concern]
- 5 - Highly suggestive of malignancy.
- 6 - Known biopsy proven malignancy.



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## TEST REPORT

Name : Mrs . NIVEDITA SHARMA [SPOUSE]  
Age / Gender : 47 Years / Female  
Ref.By :  
Req. No : BIL3931715

TID : UMR1352168  
Registered on : 10-Feb-2024 09:44 AM  
Reported On : 10-Feb-2024 10:30 AM  
Reference : Medi Wheel

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY

Dr. D.J. MOHAN  
MBBS  
(Reg No. 8586)  
Consultant Radiologist

**PATIENT SUMMARY REPORT**

**PARKLINE DIAGNOSTICS PVT.LTD**

ID : 3931715  
NAME : **MS NIVEDITA SHARMA**  
AGE / SEX : 47 / FEMALE

HEIGHT (cm) : 159  
WEIGHT (kg) : 66  
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL  
DONE BY : DR PRASHANT P  
TECHNICIAN : G.M.SURESH

CASE HISTORY :

MEDICATION :

OBJECT OF TEST : Routine Check Up

RISK FACTOR : None

ACTIVITY : Very Active

OTHER INVESTIGATION : ECG

REASON FOR TERMINATION : THR ACHIEVED

EXERCISE TOLERANCE : Good ( > 10 METS ).

EXERCISE INDUCED ARRHYTHMIAS : No.

HAEMO RESPONSE : Normal.

CHRONO RESPONSE : Normal.

FINAL IMPRESSION :

EXTRA COMMENTS :

*TMT Negative*

**Dr. P. PRASHANT MARUTI**  
DM, Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSMC/FMR/25860

Confirmed By \_\_\_\_\_

Signature

10/02/2024 09:58:50 AM  
MRS NIVEDITA SHARMA  
Female 47Years

HR : 69 bpm  
P : 99 ms  
PR : 127 ms  
QRS : 91 ms  
QT/QTc : 381/409 ms  
P/QRS/T : 62/39/48 °  
RV5/SV1 : 1.826/0.876 mV

Diagnosis Information:  
Sinus Rhythm  
Slight ST Elevation(V4,V5)

*cm*  
**Dr. P. PRASHANT MARUTI**  
DM., Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSHC/PMR/25860

Report Confirmed by.

