



CID : 2211320839
Name : MRS. ANKITA PHATARPEKAR
Age / Gender : 46 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 23-Apr-2022 / 08:49
Reported : 23-Apr-2022 / 12:28

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.14	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	86.4	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6570	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	51.8	20-40 %	
Absolute Lymphocytes	3403.3	1000-3000 /cmm	Calculated
Monocytes	10.6	2-10 %	
Absolute Monocytes	696.4	200-1000 /cmm	Calculated
Neutrophils	35.7	40-80 %	
Absolute Neutrophils	2345.5	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	118.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	406000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 23-Apr-2022 / 10:18

Macrocytosis -
Anisocytosis -
Poikilocytosis Mild
Polychromasia Mild
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 17 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

M. Jain
Dr. MILLU JAIN
M.D.(PATH)
Pathologist



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Collected : 23-Apr-2022 / 08:49
Reported : 23-Apr-2022 / 17:10

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



Anupa Dixit

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Reported : 23-Apr-2022 / 11:18

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



Anupa Dixit

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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Reported : 23-Apr-2022 / 11:06

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Reported : 23-Apr-2022 / 11:19

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	216.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	140.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	53.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	163	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	28.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



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M.D.(PATH)
Consultant Pathologist & Lab Director



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Reported : 23-Apr-2022 / 11:19

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.47	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	152	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	5.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



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Collected : 23-Apr-2022 / 08:49
Reported : 23-Apr-2022 / 12:31

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	14.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	44.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	Less than 0.005	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Collected : 23-Apr-2022 / 08:49
Reported : 23-Apr-2022 / 12:31

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1) TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:** 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



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Reported : 23-Apr-2022 / 11:19

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	15.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	51.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	110.9	35-105 U/L	Colorimetric

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*** End Of Report ***



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Reg. Location : Andheri West (Main Centre)

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Collected : 23-Apr-2022 / 08:49
Reported : 23-Apr-2022 / 14:27

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	20-25	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain
Dr. MILLU JAIN
M.D.(PATH)
Pathologist

CID# : 2211320839
Name : MRS.ANKITA PHATARPEKAR
Age / Gender : 46 Years/Female
Consulting Dr. : -
Reg.Location : Andheri West (Main Centre)

SID# : 177400582156
Registered : 23-Apr-2022 / 08:44
Collected : 23-Apr-2022 / 08:44
Reported : 23-Apr-2022 / 12:28
Printed : 24-Apr-2022 / 10:01

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Date:- 23/04/2022

CID: 2211320839

Name:- Ankita Phaterpekar

Sex / Age: 46 / female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: Yes, using corrective glasses.

Refraction: -

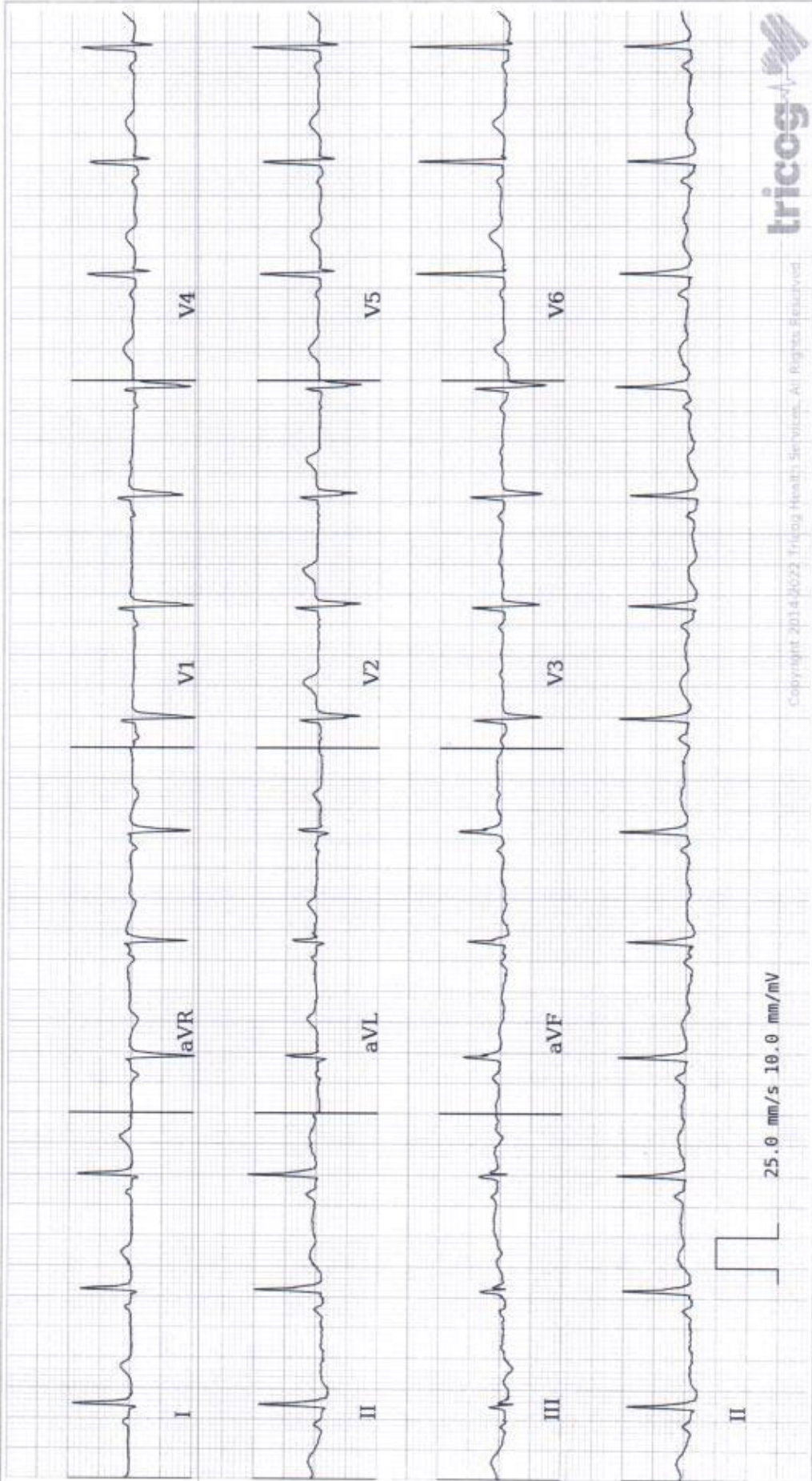
(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/9	—	—	—	6/9
Near	—	—	—	NR	—	—	—	NR

Colour Vision: Normal / Abnormal ✓

Remark: Needs ^{change of} glasses for Near & distant vision.



Age 46 3 22
years months days

Gender Female
Heart Rate 81bpm

Patient Vitals
BP: 120/70 mmHg
Weight: 61 kg
Height: 155 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements
QSRD: 82ms
QT: 370ms
QTc: 429ms
PR: 140ms
P-R-T: 54° 42° 29°

REPORTED BY

DR RAVI CHAVAN
MD, D. CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Patient's Name : ANKITA PHATARPEKAR

Age : 46YRS /FEMALE

Requesting Doctor : --

Date : 23.04.2022

CID. No : 2211320839

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Mild Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TRjet vel.method = 34mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall
noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, MILD TR, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

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M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	9	mm	Mitral Valve E velocity	1	m/s
LVIDd	38	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	9	mm	E/A Ratio	1.2	-
IVSs	14	mm	Mitral Valve Deceleration Time	194	ms
LVIDs	22	mm	E/E'	6	-
LVPWs	14	mm	TAPSE	28	
			Aortic valve		
IVRT	-	mm	AVmax	1.6	m/s
			AV Peak Gradient	10	mmHg
2D STUDY			LVOT Vmax	0.8	m/s
LVOT	18	mm	LVOT gradient	3	mmHg
LA	34	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.9	m/s
RV [RVID]	20	mm	PV Peak Gradient	4	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.7	m/s
			PASP	34	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

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Patient Name : ANKITA PHATARPEKAR

Age : 46 Years/ FEMALE

Ref Dr. : --

Date : 27.04.2022

CID. No : 2211320839

USG ABDOMEN AND PELVIS

LIVER: Liver is normal in size (11.7cm. cranio-caudal), shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.6 x 4.6cm. Left kidney measures 9.6 x 4.8cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (7.4cm.), shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal and measures 6.4 x 5.6 x 4.1cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.4mm. Cervix appears normal.


OVARIES: Both ovaries are normal.

The right ovary measures 2.5 x 1.4cm. The left ovary measures 2.7 x 1.6+cm.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End of Report ***


DR. NIKHIL DEV
MD. RADIOLOGIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053.

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Patient Name : ANKITA PHATARPEKAR

Age : 46 Years / FEMALE

Ref Dr. : --

Date : 27.04.2022

CID. No : 2211320839

MAMMOGRAPHY AND SONOMAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts. **Bilateral breast density ACR CATEGORY II**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen.
No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture. No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.

RIGHT BREAST - BIRADS CATEGORY I


LEFT BREAST - BIRADS CATEGORY I

Suggest: Follow up mammography after one year is suggested.
Please bring all the films for comparison.

ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].
Negative
II Benign finding
III Probably benign finding.
IV Suspicious (Indeterminate).
V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.


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