

Patient's Name : Mrs. ANJALI MOHRIR

Age : 50 / Female

Requesting Doctor :

Date : 25-01-2023

CID No : 2302509156

## 2D-ECHO & COLOUR DOPPLER STUDIES REPORT

### IMPRESSION:

Normal LV & RV Systolic Function,  
No PAH.

Clinical Symptoms: No H/O HTN, DM, IHD,  
ECG - NSR HR-70 BPM


### 2D ECHO & CFL,

- Cardiac, Chambers Normal LA, LV, RA & RV
- LVH Nil
- RWMA Nil
- LV Thickness Preserved
- Systolic Function LV Normal
- CH) LVEF ( Simpson )- 55-60 % ( AP 4
- RV Normal
- LV No LV clot.
- LV Diastolic Dysfunction, Nil
- LV Filling pressure Not Raised
- Valves, Normal, Av Tricuspid. Trivial TR, PR
- No significant calcium
- Septae IAS Intact. No Shunt.
- Grate Arteries IVS Intact. No Shunt.
- LA/LAA/LV Valves. Aorta & Pulmonary Arteries Normal.
- IVC. No Clot, Or Vegetation
- Pericardium Normal Size- 16 mm. Collapsing > 50% .  
Normal. No Effusion



2D Echo, M Mode & Doppler Measurements

LA/AO	25/25	mm	MVA (Planimetry)		sqcm
IVSD / LVPWD	7.8/7.4	mm	Mid RA		mm
LVIDD/ LVIDS	44.7/29	mm	Mid RV		mm
LVOT	22	mm			
TAPSE	25	mm	AVA (Planimetry)	3.6	sqcm
LA(ESVIndex(BP))		ml/sq.m			
Doppler Studies					
Mitral Valve					
E/A	1.1	> /	MV PG/MG		mmhg
DCT	167	ms	MVA(PHT)		sqcm
E' (Medial)		cm/sec			
E/E'	<8		IVRT		
E' (Lateral)		cm/sec			
E/E					
Aortic Valve					
AV Velocity		m/see	AVA(VTI)		Sqcm
AVPG/MG	9/5	mmhg	AV VIT	27.2	cm
LVOTPG/MG	4/3	Mmhg	AIPHT		msec
LVOT VTI	20.8	cm			
Tricuspid Valve					
TRPG/MG	Nil	mmhg	Pulmonary	Valve	
PASP/MeanPAP		mmhg	PV PG	3.8	mhg
TAPSV		cm/sec	PV PAT		

  
 DR. KAVERI . V  
 M.B.B.S. D.N.B Medicine  
 Consultant Non Invasive Cardiology  
 IAE Accredited Echocardiographer  
 Life Member IAE-LI373  
 MMC Reg NO- 65845



Date:- 25-01-2023

CID: 2302509156

Name:- Mrs. Anjali Mohari

Sex / Age: / 80 yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: M.V.  $\left. \begin{matrix} R \\ U \\ S \end{matrix} \right\} M 24$  D.V.  $\left. \begin{matrix} R \\ U \\ S \end{matrix} \right\} 6/9$

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			M 24	—————			M 24


Colour Vision:  Normal /  Abnormal


Remark: *WMA*

**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000


*D.G. Hatakalkar*  
**Dr. D.G. HATAALKAR**  
R.No. 61067 M.D. (Ob.Gy)



 भारत सरकार  
Government of India



अंजली राजेंद्र मोहरीर  
Anjali Rajendra Mohrir  
जन्म तारीख/DOB: 14/08/1972  
महिला/ FEMALE



8534 9375 8145

माझे आधार, माझी ओळख

7030 445476

*Ham*

**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Herbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

Patient Name: ANJALI MOHRIR

Date and Time: 25th Jan 23 11:48 AM

Patient ID: 2302509156

Age **50** **5** **12**  
years months days

Gender **Female**

Heart Rate **90bpm**

### Patient Vitals

BP: 150/90 mmHg

Weight: 74 kg

Height: 160 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

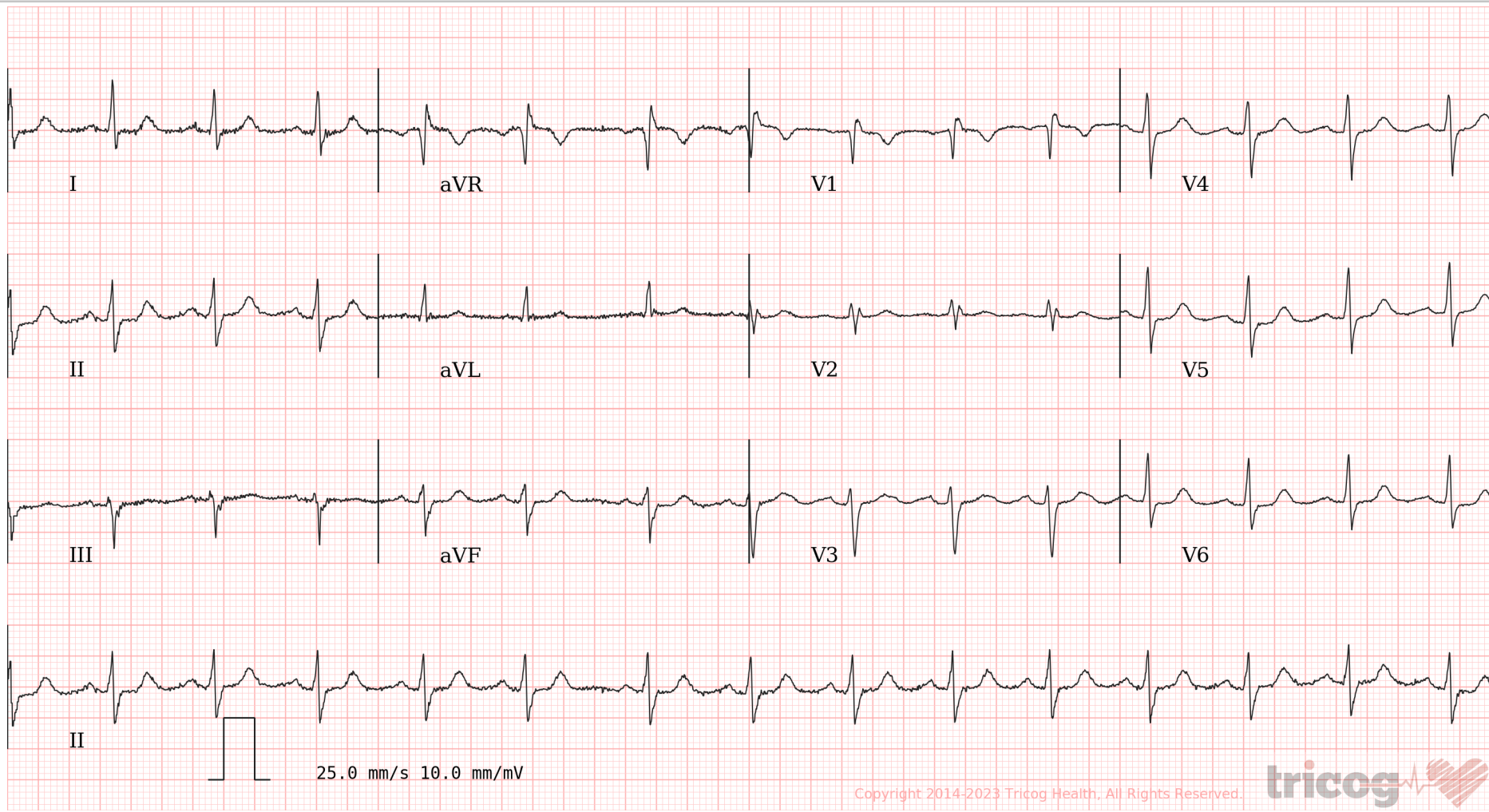
QRSD: 100ms

QT: 352ms

QTc: 430ms

PR: 166ms

P-R-T: 48° -30° 39°



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Sinus Rhythm, Sinus Arrhythmia Seen, Incomplete Right Bundle Branch Block. Poor "R" wave progression in anterior leads. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal  
MD Medicine  
2002/02/478





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**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 25-Jan-2023  
**Reported** : 25-Jan-2023/11:29

## **BILATERAL MAMMOGRAPHY**

Mammography of both the breasts was performed. Craniocaudal and mediolateral views were obtained using graded compression technique. Dense glandular and fibrofatty parenchymal densities are seen in both breasts. There is no evidence of mass, micro calcification, distortion or lymphadenopathy. The nipple and areola show normal ductal pattern. Both the axillae show no significant lymphadenopathy.

### **SONOMAMMOGRAPHY**

There is evidence of a well-defined (5.7 x 4.3 mm) wider than taller, hypoechoic lesion seen at 6 O'clock position of left breast with smooth margins. No calcification or necrosis seen. No abnormal vascularity is seen.

There is no evidence of any other solid spiculated mass/cystic lesion noted at either breast.

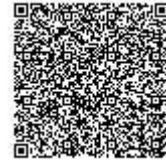
Both the breast show normal fibro-glandular breast parenchyma.

No evidence of any calcification/abnormal vascularity seen at either breast parenchyma.

Bilateral retro-areolar regions are unremarkable.

No evidence of any ductal dilatation noted on the present scan.

There is no significant axillary lymphadenopathy noted on the present scan.



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**IMPRESSION:**

**A well-defined wider than taller left breast lesion (5.7 x 4.3 mm) with sonographic features suggestive of benign etiology like fibroadenoma. BIRADS CATEGORY 1  
No other significant abnormality detected on present scan.**

**BI-RADS Assessment Categories are:**

- 0: Incomplete ; 1: Negative ; 2: Benign finding(s) ; 3: Probably benign ; 4: Suspicious abnormality ; 5: Highly suggestive of malignancy ; 6: Known biopsy – proven malignancy

An incomplete (BI-RADS 0) classification warrants either an effort to ascertain prior imaging for comparison or to call the patient back for additional views and/or higher quality films. A BI-RADS classification of 4 or 5 warrants biopsy to further evaluate the offending lesion. Some experts believe that the single BI-RADS 4 classification does not adequately communicate the risk of cancer to doctors and recommend a subclassification scheme:

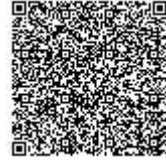
- 4A: low suspicion for malignancy
- 4B: intermediate suspicion of malignancy
- 4C: moderate concern, but not classic for malignancy

-----End of Report-----

**This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.**

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**

**NOTE:** Mammography has a high statistical sensitivity (over 90%). However a negative mammogram does not exclude malignancy. There are some palpable masses which can't be identified by mammography, a biopsy shouldn't be deferred because of a negative mammography report in presence of suspicious palpable mass. A small percentage of false positive examinations also occur.



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## USG OF WHOLE ABDOMEN

**Clinical profile:** for routine checkup. Patient denies any health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach only.

### Liver:

Liver is enlarged in size (16.7 cm) and shows bright echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber. Portal vein is normal in caliber and measures 11.4 mm.

### Gallbladder:

**Gallbladder** is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

**CBD** is normal in caliber (4.4 mm).

### Spleen:

Spleen is normal in size (9.6 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

### Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

### Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 11.0 x 3.7 cm.

Left Kidney measures: 10.5 x 4.9 cm.

Corticomedullary differentiation appears preserved.

No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

### Urinary bladder:

Urinary bladder is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

### Uterus:

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012509520804>



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Uterus is anteverted, bulky in size and normal in echotexture.  
It measures 10.8 x 6.7 x 5.2 cm (Volume ~ 200.3 cc).  
There is evidence of 29.7 x 25.3 mm (anterior intramural) and 31 x 28 mm (posterior wall subserosal) isoechoic to hypoechoic lesions suggestive of uterine fibroids.  
**Endometrium** shows normal appearance and thickness measures 10.7 mm.

**Both ovaries:**

Both **ovaries** are normal in size and echotexture.  
Right ovary measures 1.6 x 1.3 cm.  
Left ovary measures 2.6 x 1.8 cm.

There is no evidence of pelvic or adnexal mass seen.  
There is no free fluid in pouch of Douglas.

**IMPRESSION**

Mild hepatomegaly with grade I fatty infiltration.  
Bulky uterus with uterine fibroids.

-----End of Report-----

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Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.





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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

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-----

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