

Bm Joshi

Suburban Diagnostics (P) Pvt. Ltd.  
301 & 302, 3rd Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivalli (West), Mumbai - 400 092.

माझे आभार, माझी ओळख

शाहना महेशकुमार जोशी  
Bhavna Maheshkumar Joshi  
जन्म तारीख/ DOB: 21/03/1971  
महिला / FEMALE  
4808 7046 8210

माझे आभार, माझी ओळख

50

PHYSICAL EXAMINATION FORM

Patient Name: Bhavna Joshi

CID: 2203633862

Sex/Age : F/50 Yrs

Date :05-02-2022

History and Complaints:

**Asymptomatic**

EXAMINATION FINDINGS:

Height (cms) :- 158 cms

Temp (0c) : Afebrile

Blood Pressure 144/90 (mm/hg):

Pulse:77/min

Weight (kg) :-75.3

Skin: - Normal

Nails: - Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: **S1S2 audible**

Respiratory: **AEBE**

Genitourinary: **NAD**

GI System: **Liver & Spleen not palpable**

CNS: **NAD**

IMPRESSION:

*Lipid profile ↑  
Ser. uric acid ↑*

ADVICE:

*physician ref.*

CHIEF COMPLAINTS:

- 1) Hypertension :-Yes, ~~1~~ **1 wk**
- 2) IHD :-NO
- 3) Arrhythmia :- NO
- 4) Diabetes Mellitus :-NO
- 5) Tuberculosis :- NO
- 6) Asthama :- NO

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

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

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- 7) Pulmonary Disease :-NO
- 8) Thyroid/ Endocrine disorders :- NO
- 9) Nervous disorders :- NO
- 10) GI system :-NO
- 11) Genital urinary disorder :- NO
- 12) Rheumatic joint diseases or symptoms :- NO
- 13) Blood disease or disorder :- NO
- 14) NO Cancer/lump growth/cyst :- NO
- 15) Congenital disease :- NO
- 16) Surgeries :- NO
- 17) Musculoskeletal System :- NO

**PERSONAL HISTORY:**

- 1) Alcohol :- No
- 2) Smoking : No
- 3) Diet:- Veg
- 4) Medication :- Nil

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

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CID : 2203633862  
Name : MRS.BHAVNA JOSHI  
Age / Gender : 50 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 05-Feb-2022 / 09:28  
Reported : 05-Feb-2022 / 12:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	5.23	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.7	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8870	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	19.6	20-40 %	
Absolute Lymphocytes	1738.5	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	612.0	200-1000 /cmm	Calculated
Neutrophils	71.6	40-80 %	
Absolute Neutrophils	6350.9	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	141.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	26.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	450000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	Mild		
Microcytosis	Occasional		





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Age / Gender : 50 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 05-Feb-2022 / 09:28  
Reported : 05-Feb-2022 / 11:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	111.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.1	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Anupa Dixit*

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

CID : 2203633862  
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Reported : 05-Feb-2022 / 13:30

**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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 \*\*\*



*J. Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)



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Reported : 05-Feb-2022 / 12:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

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



*Bmhasakar*  
Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist

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Collected : 05-Feb-2022 / 09:28  
Reported : 05-Feb-2022 / 13:56

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

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

Note: This sample is not tested for Bombay blood group.

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

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



*M. Sharma*  
Dr.MEGHA SHARMA  
M.D. (PATH), DNB (PATH)  
Pathologist

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Age / Gender : 50 Years / Female  
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Reported : 05-Feb-2022 / 14:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	251.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	254.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	206.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	178.9	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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*Bmhasakar*  
Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	76	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	6.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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



*Bmhaskar*  
Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist

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Reported : 05-Feb-2022 / 11:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	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	1.54	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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**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)

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



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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	14.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	40.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	<b>110.0</b>	35-105 U/L	Colorimetric

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



*Bmhasakar*

Dr.KETAKI MHASKAR  
M.D. (PATH)  
Pathologist

Date:- 05/02/2022

CID: 2203633862

Name:- Ms Bhavana Joshi Sex / Age: F /

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: ✓

Aided Vision: Nil

Refraction: Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/18				6/18
Near				N/24				N/24

Colour Vision: Normal / Abnormal

Remark: R-E

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD  
CONSULTANT-CARDIOLOGIST  
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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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5/2/22.

**GYNAECOLOGICAL CONSULTATION**

PARAMETER:

EXAMINATION:

RS :

CVS :

BREAST EXAMINATION:

PER ABDOMEN:

PER VAGINAL:

MENSTRUAL HISTORY:

MENARCHE: 15 yrs.

PAST MENSTRUAL HISTORY:

OBSTETRIC HISTORY:

PERSONAL HISTORY:

ALLERGIES :

BLADDER :

BOWEL HABITS:

DRUG HISTORY:

PREVIOUS SURGERIES:

FAMILY HISTORY:

CHIEF GYNAE COMPLAINTS:

RECOMMENDATIONS:

Suburban Diagnostics (I) Pvt. Ltd.  
301 & 302, 3rd Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092.

  
**DR. MONALI SHAH**  
REG. NO. 57282  
CONSULTING HOMOEOPATH  
DIETITIAN & NUTRITIONIST

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

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CID : 2203633862  
Name : Mrs bhavna joshi  
Age / Sex : 50 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

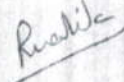
Reg. Date : 05-Feb-2022 / 10:47  
Reported : 05-Feb-2022 / 16:22

**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-----

  
DR. ROHIT MALIK  
DNB, DMRD, DMRE (MUM)  
RADIO DIAGNOSIS

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**CID** : 2203633862  
**Name** : Mrs bhavna joshi  
**Age / Sex** : 50 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 05-Feb-2022 / 09:43  
**Reported** : 05-Feb-2022 / 10:55

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

**KIDNEYS:** Right kidney measures 10.8 x 3.9 cm. Left kidney measures 10.7 x 4.9 cm. 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, shape and echotexture. No focal lesion is seen.

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

Uterus is not visualized post menopausal status.  
Both ovaries not visualized, atrophic  
Bilateral adnexa is clear.  
No free fluid or obvious significant lymphadenopathy is seen.

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**CID** : 2203633862  
**Name** : Mrs bhavna joshi  
**Age / Sex** : 50 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 05-Feb-2022 / 09:43  
**Reported** : 05-Feb-2022 / 10:55

**Opinion:**

**No significant abnormality is detected.**

**For clinical correlation and follow up.**

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

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

Dr. VIKRANT S. PATIL  
M. D. Radio Diagnosis  
Reg No 2014052421

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CID#	: 2203633862	SID#	: 177804902534
Name	: MRS.BHAVNA JOSHI	Registered	: 05-Feb-2022 / 09:26
Age / Gender	: 50 Years/Female	Collected	: 05-Feb-2022 / 09:26
Consulting Dr.	: -	Reported	: 05-Feb-2022 / 11:03
Reg.Location	: Borivali West (Main Centre)	Printed	: 05-Feb-2022 / 11:06

### **MAMMOGRAPHY**

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 breasts are symmetrical with mixed fibroglandular pattern is noted.  
No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.  
No architectural distortion is seen.  
No abnormal skin thickening is seen.  
Skin and nipple shadows are normal.  
No axillary lymph nodes 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.

#### **Opinion:**

Ø **No significant abnormality detected in mammography and sonomammography of both breasts.**

**ACR BIRADS CATEGORY I.**

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

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Reg.Location	: Borivali West (Main Centre)	Printed	: 05-Feb-2022 / 11:06

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].

- |                              |                                    |
|------------------------------|------------------------------------|
| I Negative                   | IV Suspicious (Indeterminate).     |
| II Benign finding            | V Highly suggestive of malignancy. |
| III Probably benign finding. |                                    |

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

**Disclaimer:-**

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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



**Dr.Vikrant Patil**  
**M.D. Radio Diagnosis. Reg No.**  
**2014052421**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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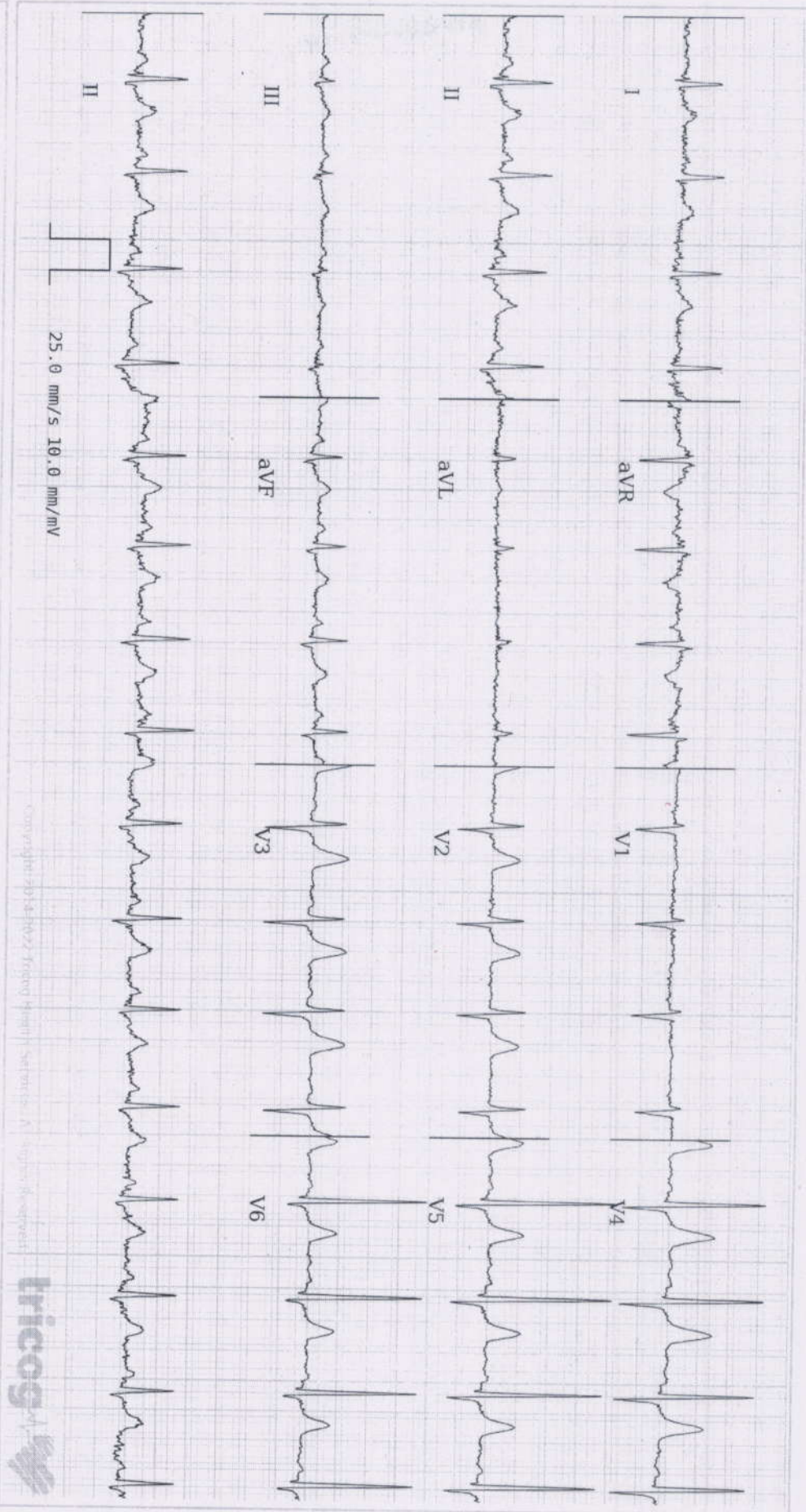
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**SUBURBAN DIAGNOSTICS - BORIVALI WEST**

Patient Name: BHAVNA JOSHI  
Patient ID: 2203633862

Date and Time: 5th Feb 22 10:06 AM



Age 50 10 15  
years months days

Gender Female

Heart Rate 99 bpm

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

**Measurements**

QSRD: 82 ms  
QT: 340 ms  
QTc: 436 ms  
PR: 112 ms  
P-R-T: 70° 35° 54°

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

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301& 302, 3rd Floor, Vini Elegance,  
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Borivali (West), Mumbai - 400 092.

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an advisory only. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

<b>CID NO: 2203633862</b>	
<b>PATIENT'S NAME: MRS. BHAVNA JOSHI</b>	<b>AGE/SEX: 50 Y/F</b>
<b>REF BY: -----</b>	<b>DATE: 05/02/2022</b>

### 2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. Mild concentric LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
5. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
6. Inter-ventricular septum is intact and normal.
7. Intra Atrial Septum intact.
8. Pulmonary vein, IVC, hepatic are normal.
9. No LV clot.
- 10.No Pericardial Effusion
- 11.Grade 1 Diastolic dysfunction.

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PATIENT'S NAME: MRS. BHAVNA JOSHI	AGE/SEX: 50 Y/F
REF BY: -----	DATE: 05/02/2022

1. IVSd	1.4 cm
2. LVIDd	4.4 cm
3. LVIDs	2.2 cm
4. LVPWd	1.4 cm
5. AO root diameter	3.0 cm
6. LA dimension	3.6 cm
7. RA dimension	3.5 cm
8. RV dimension	2.8 cm
9. Pulmonary flow vel:	1.1 m/s
10. Pulmonary Gradient	5 m/s
11. Aortic flow vel	1.3 m/s
12. Aortic Gradient	7 m/s
13. Aortic mean PG	4 mm Hg
14. Tricuspid flow vel	1.7 m/s
15. Tricuspid Gradient	12 m/s
16. PASP by TR Jet	22 mm Hg
17. MV:E	0.8 m/s
18. A vel	0.9 m/s
19. IVC	16 mm
20. TAPSE	3.2 cm
21. E/E'	8.8


**Impression:**

Mild concentric LV Hypertrophy.  
Grade 1 Diastolic disfunction.  
Normal 2d echo study.

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
Consultant Cardiologist  
Reg. No. 87714

**Suburban Diagnostics (I) Pvt. Ltd.**  
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