



CID : 2304222939  
Name : MRS.VAISHALI PANDIT  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 11-Feb-2023 / 10:27  
Reported : 14-Feb-2023 / 17:10

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

**Liquid Based Cytology**

Vaginal vault smear

Specimen - (G/SDC- 1129/23)

Received surepath vial.

**Clinical Notes :**

Hysterectomy done.

Vaginal vault : Small erosion.

**Adequacy -**

Satisfactory for evaluation.

**Microscopic :**

Smear reveals mainly superficial and fewer intermediate squamous cells along with dense neutrophilic infiltrate.

**Interpretation -**

1) Negative for intraepithelial lesion or malignancy.

2) Inflammatory smear.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note: Pap test is a screening test for cervical cancer with inherent false negative results.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*G Badkar*

**Dr.GAUTMI BADKAR**  
**M.D. (PATH), DNB (PATH)**  
**Pathologist**



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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
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.68	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.5	36-46 %	Calculated
MCV	88.6	80-100 fl	Measured
MCH	30.3	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9030	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.2	20-40 %	
Absolute Lymphocytes	2004.7	1000-3000 /cmm	Calculated
Monocytes	4.2	2-10 %	
Absolute Monocytes	379.3	200-1000 /cmm	Calculated
Neutrophils	62.8	40-80 %	
Absolute Neutrophils	5670.8	2000-7000 /cmm	Calculated
Eosinophils	10.5	1-6 %	
Absolute Eosinophils	948.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	27.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	316000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Measured
PDW	15.0	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-20 mm at 1 hr. Sedimentation

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	114.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



MC-2111

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



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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	20.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.91	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	70	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	3.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* 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**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 \*\*\*



*M Jain*

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





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Collected : 11-Feb-2023 / 10:27  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Trace	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	75-80	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

Note : Kindly correlate clinically & with blood glucose levels.

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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



*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**  
**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.

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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MC-2111



*M Jain*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	38.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	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	22.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



*Anupa*

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**M.D.(PATH)**  
**Consultant Pathologist &**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	2.32	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 high abnormal upto15 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:**

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**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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*Anupa*

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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	0.58	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	<b>40.3</b>	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.8	35-105 U/L	Colorimetric

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



*Anupa*

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

# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: VAISHALI PANDIT  
Patient ID: 2304222939

Date and Time: 11th Feb 23 12:21 PM

Age **49** **9** **7**  
years months days

Gender **Female**

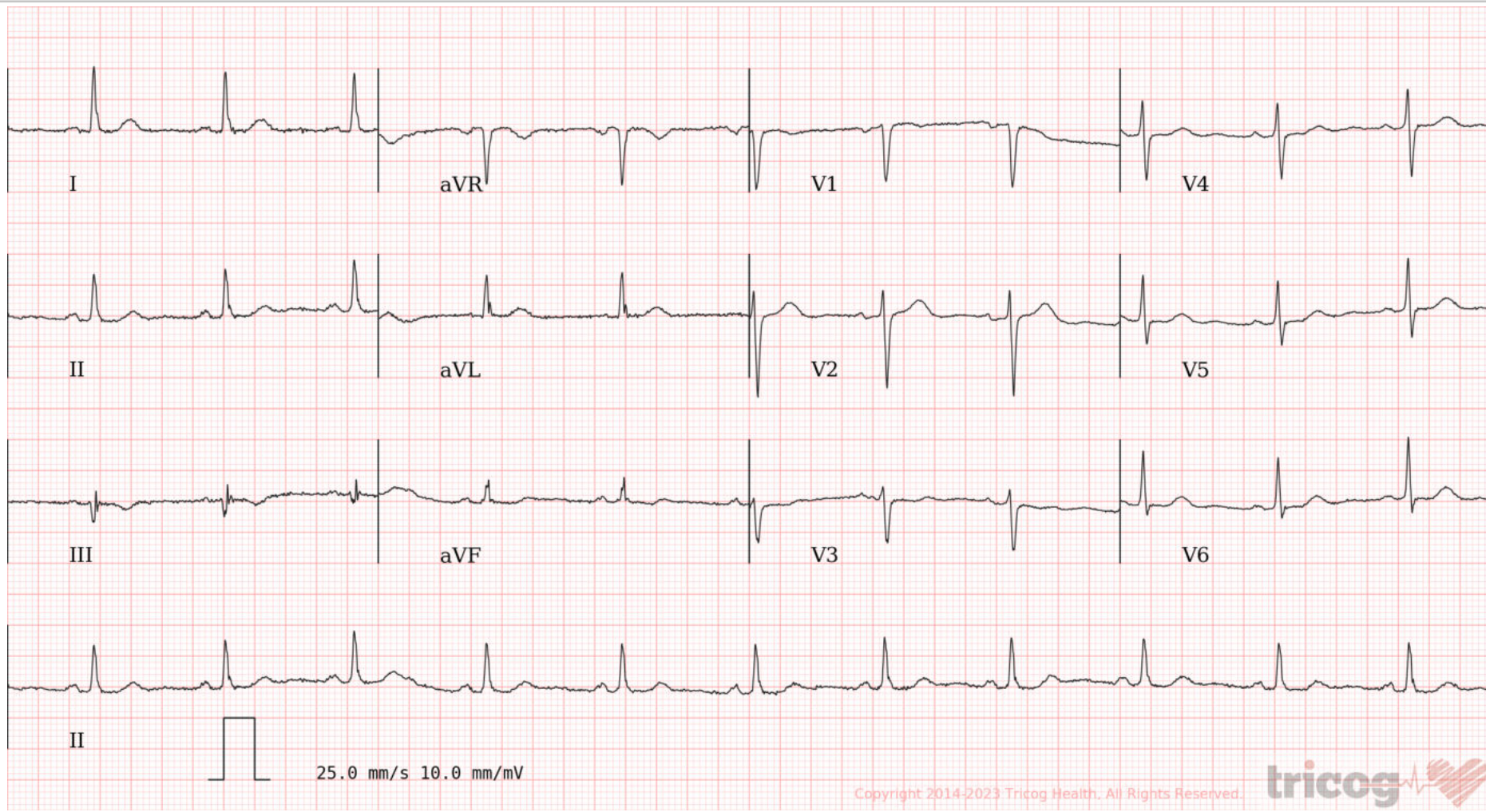
Heart Rate **71bpm**

### Patient Vitals

BP: 160/90 mmHg  
Weight: 73 kg  
Height: 152 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 92ms  
QT: 372ms  
QTc: 404ms  
PR: 152ms  
P-R-T: 39° 24° 15°



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

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694





**CID** : 2304222939  
**Name** : Mrs VAISHALI PANDIT  
**Age / Sex** : 49 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 11-Feb-2023  
**Reported** : 11-Feb-2023/12:13

## MAMMOGRAPHY

**Clinical profile:** for routine check up. No complains/ lump in breast. No significant family history. No previous films or reports provided at the time of mammography.

### X RAY MAMMOGRAPHY:

**Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views**

Mixed fibroglandular pattern is noted in both breasts (Type C).

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

The skin subcutaneous tissue, retromammary fat plane and muscle layer are well delineated and appear normal. Normal internal septations are also seen. No abnormal skin thickening is seen.

### SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

Tiny cysts are seen one on either sides as follows:

Right breast 3-4 O'clock 3.2 x 3.2 mm.

Left breast 4 O'clock 4.8 x 2.4 mm

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal with small ovoid lymph nodes with fatty hila within.

### IMPRESSION:

**Bilateral breast cysts.**

**ACR BIRADS Category- II (Benign).**

**No other significant abnormality in Mammography and Sonomammography of both breasts.**

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.





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**ACR BIRADS CATEGORY**

- I. **Negative**
- II. **Benign.**
- III. **Probably benign.**
- IV. **Suspicious / Indeterminate.**
- V. **Highly Suggestive of 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**

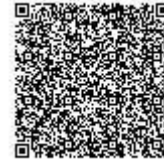
Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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**Age / Sex** : 49 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 11-Feb-2023  
**Reported** : 11-Feb-2023/12:13



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**Reg. Date** : 11-Feb-2023  
**Reported** : 11-Feb-2023/13:11

## USG OF WHOLE ABDOMEN

**Clinical profile:** for routine checkup. History of hysterectomy for fibroids. Patient denies any other health related issues with no other history of medical or surgical problems in the past. History of hypertension on treatment. On inquiry past history of kidney stone. 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 (17.9 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 12.2 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 (3.9 mm).

### Spleen:

Spleen is normal in size (9.9 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.

Right Kidney measures: 10.1 x 4.0 cm. There is mild dilatation of pelvicalyceal system with internal echoes within. No evidence of calculi or scarring. Extrarenal pelvis identified.

Left Kidney measures: 9.8 x 4.2 cm. There is evidence of 4.8 mm calculus in middle calyx. No evidence of hydronephrosis or scarring.

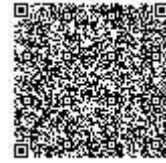
Corticomedullary differentiation appears preserved.

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 mild wall thickening (3.1 mm). No evidence of any calculi or focal mass lesion is seen within it.



Use a QR Code Scanner  
Application To Scan the Code

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Pre void volume is 325 ml with no significant post void residue.

**Uterus:**

Uterus is not visualized consistent with post hysterectomy status.

**Both ovaries:**

Both **ovaries** are normal in size and echotexture.  
Right ovary measures: 1.5 x 0.8 cm.  
Left ovary measures: 1.5 x 1.2 cm.

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

**IMPRESSION**

Mild right hydronephrosis with internal echoes.  
Mild urinary bladder wall thickening.  
This needs correlation with urine routine microscopy and CBC to rule out infective etiology.  
Left renal calculus. No hydronephrosis.  
Mild hepatomegaly with fatty infiltration (grade I).  
Post hysterectomy status.

-----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**

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.

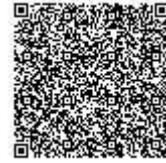
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**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**



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11/2/23.

Vaishali Pandit / u/f

Hypertensive : 2 yrs.

Hyst in 2021 for fibroid ut

2D & 1 TND 0/25

② FT US & for US

Mixed diet

GLC 152

73.2

160/90

PS2 Small erosion at vault

Adv:

Refer to Physician, Urologist

&  
Gynaecologist

E 10-5.

FBS 114.5. HbA1c 5.4

U ② Glucose trace, Blood trace.

75-80 pm cells.

HDL 39, LDL 140, LpL 118, SAPP 40.

USG: Mild rt Hydronephrosis

Mild urinary bladder wall thickening

Lt renal calculus.

Mild Hepatomegaly, i grade I fatty Infiltration.

*D. G. Hatak*

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

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

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



Date:- 11.02.2023

CID: 2304222939

Name:- Mrs. Vaishali Pandit

Sex / Age: / 49 yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V. PL 2 } N/8  
LL }  
BL }

D.V. PL 2 } 6/12  
LL }  
BL }

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/12	—————			6/12
Near	—————			N8	—————			N8

Colour Vision: Normal / Abnormal

Remark: WNL

*Dr. D.G. Hatakhar*  
**Dr. D.G. HATAKAR**  
R.No. 61067 M.D. (Ob.Gy)

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Vaishali Pandit

W/F

2304222939

EXAMINATION	gynaecology		
RS	: AEBE	CVS	: S <sub>1</sub> S <sub>2</sub> heart
BREAST EXAMINATION	: NAD	PER ABDOMEN	: NAD
PER VAGINAL	: small erosion at vault.		

MENSTRUAL HISTORY

MENARCHE

: 11 yrs.

PAST MENSTRUAL HISTORY

: Hyst in 2021 for fibroid ut

OBSTETRIC HISTORY :

① MND ♂ 23 ② FTUS ♀ 20 yrs for breech + uter.

PERSONAL HISTORY

ALLERGIES

: NIL

BLADDER HABITS

: Nil

BOWEL HABITS

: Constipation.

DRUG HISTORY

: NIL

PREVIOUS SURGERIES

: Hyst, USG.

FAMILY HISTORY :

NIL

CHIEF GYNAE COMPLAINTS :

NIL.

RECOMMENDATIONS :

Refer to Gynaecologist.

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Santacruz (East),  
Tel. No. 022-61700000

*D. G. Hatalkar*  
**Dr. D.G. HATALKAR**  
R.No. 61067 M.D. (Ob.Gy)



Patient's Name : Mrs.VAISHALI PANDIT      Age : 49 Yrs/ Female

Requesting Doctor :

Date :22-02-2023

CID No :2304222939

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## 2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.

Normal LV systolic function. LVEF = 55-60 %.

Good RV function.

Structurally Normal MV/ AV / TV / PV.

No valvular pathology.

LV / LA / RA / RV Normal in dimension.

IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [ LVDD].

No e/o thrombus in LA /LV.

No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

### IMPRESSION: -

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %


NO RWMA, NO VALVULAR PATHOLOGY.

NO PAH, NO LVDD.

IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	11	mm	Mitral Valve E velocity	0.85	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.5	cm/s
LVPWd	11	mm	E/A Ratio	>1	-
IVSs	16	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
LA/AO	N	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	8	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	6	mmHg
LA	26	mm	Pulmonary Valve		
RA	20	mm	PVmax	--	cm/s
RV [RVID]	30	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2	cm/s
			PASP	22	mmHg

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

  
DR. DINESH ROHIRA  
ECHOCARDIOLOGIST  
M.B.B.S, DNB  
Reg no : 2008/04/0837

**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.