

CID: 2328724619	Age/Gender : 52 Years/Female
Name : Mrs. Sylvia Deosta	Registered : 14/10/2023
Ref. By: Dr. -----	Reported : 14/10/2023
Reg.Location : Bhayander	Printed : 14/10/2023

2D-Echocardiogram & Doppler Report

Cardiac Evaluation:

DIMENSIONS:

IVSd	9.3	mm
IVSs	12.1	mm
LVIDd	44.6	mm
LVIDs	26.4	mm
LVPWd	8.6	mm
LVPWS	11.4	mm
LVEF	60	%
AO	22.6	mm
LA	28.9	mm
AVC	14.3	mm

MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Trivial
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

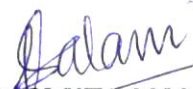
DOPPLER DATA:

Mitral E velocity	0.86	cm/s	
Mitral A velocity	0.84	cm/s	
Mitral E/A	1.02		
AV max	0.9	cm/s	PG 3.2 mmhg
PV max	1.15	cm/s	PG 5.3 mmhg
TR max	1.35	cm/s	PG 25 mmhg

IMPRESSION:

- Normal dimensions of all cardiac chambers.
- No RWMA, Trivial TR.
- Good LV systolic Function. LVEF = 60 %.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 25 mm hg).

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


DR. SMITA VALANI
M.B.B.S., D. Cardiology
Reg. No. 2011/03/0587
CONSULTANT CARDIOLOGIST

Date:- 14/10/23
Name:- Sylvia Ocosta

CID: 2328724619
Sex / Age: 52/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

} NO

Unaided Vision:

RE - LE

Aided Vision:

6/6 6/6

Refraction:

N/G N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Shop No. 101-A, 1st Floor,
Kshiti Building, Above Reymond,
Near Thunga Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

D'COSTA SYLVIA VIOLET

MANUEL D'COSTA

30/10/1970
Permanent Account Number
AIMPD9322L

Sylvia
Signature



15092005

*for medical check. at
Suburban
Diagnostics*

Amt
DR. ANITA CHOUDHARY
M.B.B.S.

CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (!) PVT. LTD.

Shop No. 101-A, 1st Floor,
Kshiro Building, Above Raymond,
Near Thunga Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000



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Name : MRS.SYLVIA DCOSTA
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 14-Oct-2023 / 15:00

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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.00	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.0	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4130	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.0	20-40 %	
Absolute Lymphocytes	1899.8	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	384.1	200-1000 /cmm	Calculated
Neutrophils	42.0	40-80 %	
Absolute Neutrophils	1734.6	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	99.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	12.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	241000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 17 2-30 mm at 1 hr. Sedimentation

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



J. Thakker

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



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Collected : 14-Oct-2023 / 08:56
Reported : 14-Oct-2023 / 18:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.0	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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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



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Reported : 14-Oct-2023 / 14:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.54	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	111	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
-------------	-----	---	------------

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	3.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.3	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	104	98-107 mmol/l	IMT

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 Borivali Lab, Borivali West
*** End Of Report ***



J. Thakker

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Pathologist & AVP(Medical Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	-		

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 inert

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



S. Sakhare
Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist



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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 Erythrocytes magnetized technology (EMT) 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

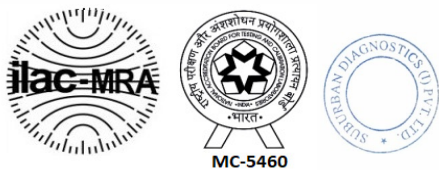
Limitations:

- 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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	232.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	50.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	54.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	178.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	168.1	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	10.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.534	0.55-4.78 microIU/ml	CLIA

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)



Anupa

Dr.ANUPA DIXIT
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.85	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.62	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	12.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	7.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	54.7	46-116 U/L	Modified IFCC

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*** End Of Report ***



Dr. Vrushi Shroff

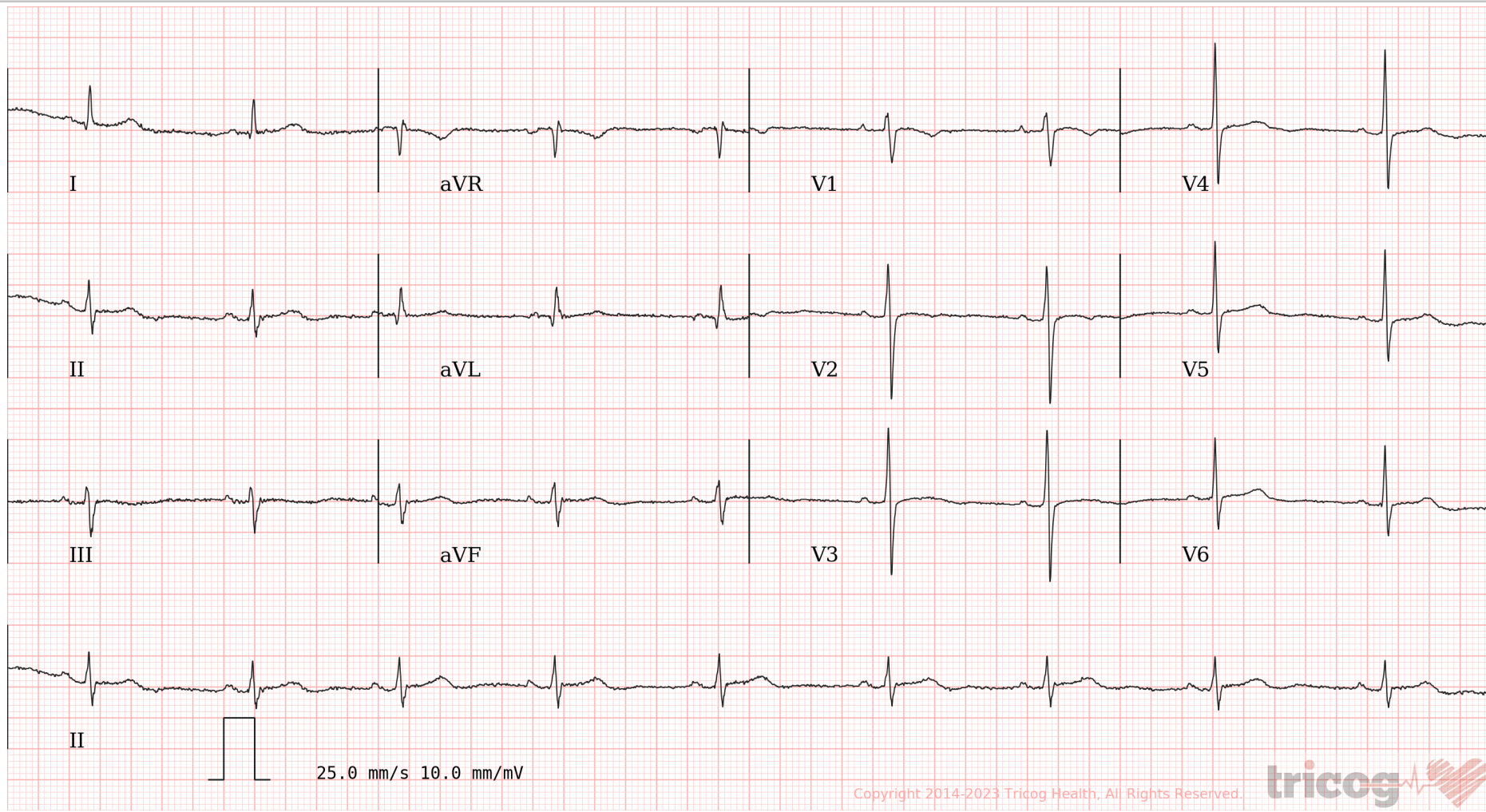
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SYLVIA DCOSTA

Date and Time: 14th Oct 23 9:06 AM

Patient ID: 2328724619



Age **52** **NA** **NA**
years months days

Gender **Female**

Heart Rate **57bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 59 kg
Height: 159 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 404ms
QTcB: 393ms
PR: 156ms
P-R-T: 36° -7° 32°

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Sinus Bradycardia,, Normal axis T wave inversion in V1-V2 ? Non specific. No other significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



CID : 2328724619
Name : Mrs SYLVIA DCOSTA
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023/11:27

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.5 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 10.5 x 4.1 cm. Left kidney measures 10.1 x 5.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (7.8 cm) and echotexture. Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS : POST MENOPAUSAL:

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101408490633>



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The uterus is anteverted and appears normal. It measures 5.2 x 3.0 x 1.8 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 3.3 mm.

OVARIES:

Right ovary : 2.2 x 1.3 cm.

Left ovary : 2.8 x 1.1 cm.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **No significant abnormality made out.**

Kindly correlate clinically.

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

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

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

DR. VIBHA S KAMBLE
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