



CID : 2330119514
Name : MRS.SANJANA LENDI S
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 30-Oct-2023 / 17:05

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

Liquid based cytology

Specimen : (G/SDC - 8854/23)

Received EziPrep vial.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

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

Interpretation :

1. Negative for intraepithelial lesion or malignancy.
2. Inflammatory smear.

Recommended : Repeat testing after inflammation subsides.

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

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

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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



Dr.VRUNDA SHETH
MBBS., DNB(Path),
CHIEF OF HISTOPATHOLOGY &
CYTOPATHOLOGY

PHYSICAL EXAMINATION REPORT

Patient Name	Panjana Lendi	Sex/Age	f / 43
Date	28/10/23	Location	Thane

History and Complaints

Arthritis
R.A ?

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	Afebr
Weight (kg):	61	Skin:	MAD
Blood Pressure		Nails:	IL
Pulse		Lymph Node:	NP

Systems :

Cardiovascular:	MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

ofaculties
Both
Breasts - Need specs For Distant Near vision.
↓ Hb.
Neutrophilic ↑ ESR
Arbroids, 2-ovarian Hemorrhagic cyst, fluid
Chest xray - opacities are noted ↑ B/L BV Prominent

Advice:

- Eye check - UP
- Iron Supplement
- Gynaec consultation
- Chest physician's consultation

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

NO
NO
Arthritis R.A

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NO
NO
mixed
↓/p EDr Akerkar Sir
(Rheumatology)

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439
30/10/23

NAME: - Sarjana Leelhi AGE / SEX: F/43
 REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- 8/30 days, Reg.
- PAST MENSTRUAL HISTORY :- Reg.
- OBSTERIC HISTORY :- G 2 P 2 A 0
- PAST HISTORY :- lump in Rt. Breast
- PREVIOUS SURGERIES :- Nil | 2 NVD
for lump in Rt. Breast
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

0000-0770-0000

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

RA

Ⓟ

PERSONAL HISTORY :-

TEMPERATURE :-

Ⓟ

RS :-

~~NAD~~

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

Star on R2. Breast (+)
NAD

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

022-61700000

Date: 28/10/25
Name: Sonjara Lunkar CID: 2330119514
Sex / Age: F 45

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Asth.

Unaided Vision: R 22/12 22/18 14/12

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Needs spectacles for D.M.

MR. PRAKASH KUDVA

SR. OPTOMETRIST



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Reported : 28-Oct-2023 / 11:34

R
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T

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.30	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.8	36-46 %	Measured
MCV	81.1	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	12870	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	18.3	20-40 %	
Absolute Lymphocytes	2355.2	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	1016.7	200-1000 /cmm	Calculated
Neutrophils	70.0	40-80 %	
Absolute Neutrophils	9009.0	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	476.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	12.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	375000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Neutrophilic Leukocytosis

Kindly Correlate Clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 48 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 28-Oct-2023 / 16:25

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	136.0	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 G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 28-Oct-2023 / 09:23
Reported : 28-Oct-2023 / 19:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.53	0.55-1.02 mg/dl	Enzymatic

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

eGFR, Serum	118	(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
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	8.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	2.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.3	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	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

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.

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*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
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	167.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.0	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	83.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	84.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	62.8	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	21.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.8	0-3.5 Ratio	Calculated

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Dr. Vrushali Shroff

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



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Collected : 28-Oct-2023 / 09:23
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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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	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	3.14	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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	0.40	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	20.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	55.8	46-116 U/L	Modified IFCC

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 28-Oct-2023
Reported : 28-Oct-2023 / 14:39

X-RAY CHEST PA VIEW

Few inhomogenous opacities are noted in left mid and lower zones likely s/o infective etiology.

Increased bilateral bronchovascular prominence.

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.

Kindly correlate clinically and suggest further evaluation.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809121163>

REG NO : 2330119514	SEX : FEMALE
NAME : MRS. SANJANA S LENDI	AGE : 43 YRS
REF BY : -----	DATE : 28.10.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	39	mm
LVIDS	21	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	14	mm
LA	23	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

OUR PRESENCE

022-6170-0000

PATIENT NAME : MRS. SANJANA S LENDI

COLOR DOPPLER:

- Mitral valve doppler – E- 0.9 m/s, A- 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.2 m/s, PG 6.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



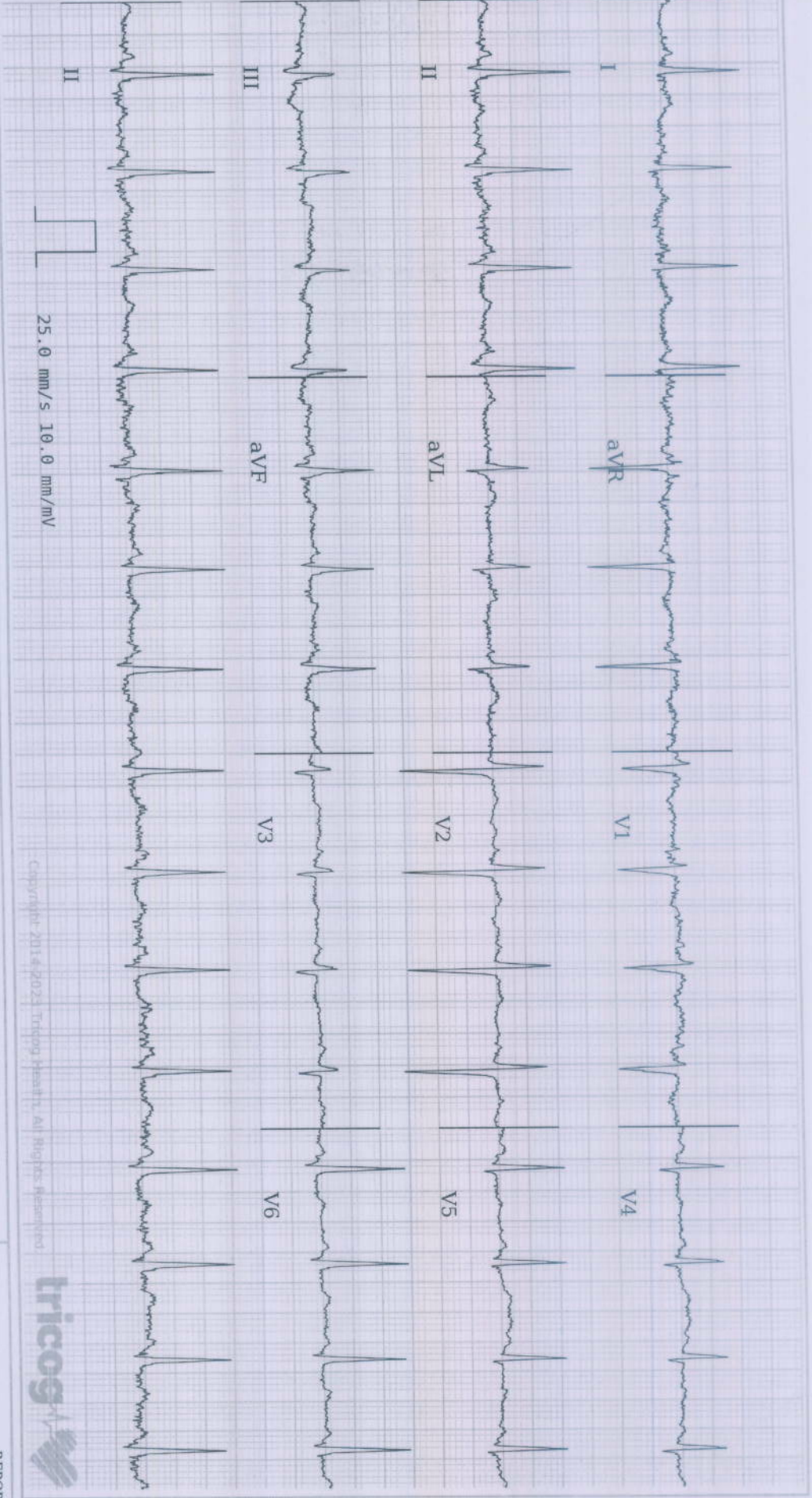
DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

OUR PRESENCE

022-6170-0000

Patient Name: SANJANA LENDI
Patient ID: 2330119514

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 28th Oct 23 12:20 PM



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Age **43** NA NA
years months days

Gender **Female**

Heart Rate **95bpm**

Patient Vitals

BP: NA

Weight: 61 kg

Height: 148 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 370ms

QTcB: 464ms

PR: 118ms

P-R-T: 54° 44° 18°

ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Baseline artifacts. Please correlate clinically.

REPORTED BY

DR SHAALAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in 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.



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Reported : 28-Oct-2023 / 12:36

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size 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 9.8 x 4.3 cm. Left kidney measures 9.9 x 3.6 cm. Both kidneys are normal in size, 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: Uterus is retroverted, bulky and measures 8.0 x 5.7 x 6.0 cm. Shows few fibroids largest measuring 4.7 x 3.3 cm in posterior wall. Endometrial echo is in midline and measures 5 mm. Cervix appears normal.

OVARIES:

The right ovary measures 2.1 x 1.6 cm, Normal.

The left ovary is bulky measures 3.2 x 2.6 cm. 2.7 x 2.2 cm cystic lesion with internal echoes and septa noted in left ovary s/o hemorrhagic cyst.

No significant lymphadenopathy is seen.

Mild free noted in pouch of douglas.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809121099>



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Application To Scan the Code

CID : 2330119514
Name : Mrs SANJANA LENDI S
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 28-Oct-2023
Reported : 28-Oct-2023 / 12:36

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IMPRESSION:

- **BULKY UTERUS WITH FIBROIDS.**
- **BULKY LEFT OVARY WITH HEMORRHAGIC CYST.**
- **MILD FREE NOTED IN POUCH OF DOUGLAS.**

Advice: *Clinical co-relation, further evaluation and follow up.*

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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Page no 2 of 2

Reg. No. :2330119514	Sex : FEMALE
NAME : MRS. SANJANA LENDI S	Age : 43 YRS
Ref. By : -----	Date : 28.10.2023

MAMMOGRAPHY

Bilateral mammograms have been obtained using 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.

Heterogeneously dense fibroglandular pattern is noted in both breasts limiting optimal visualization .

Small calcific opacities noted in both breasts.

One large calcification is noted in right breast central quadrant.

No evidence of any nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

Calcification is noted in retroareolar region of right breast measuring 6 mm.

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.No significant axillary lymphadenopathy is seen.

IMPRESSION:

- ⑩ **SMALL CALCIFIC OPACITIES NOTED IN BOTH BREASTS.**
- ⑩ **ONE LARGE CALCIFICATION IS NOTED IN RIGHT BREAST.**

ACR BIRADS CATEGORY II BOTH BREASTS.

SUGGEST CLINICAL CORRELATION AND FOLLOW UP.

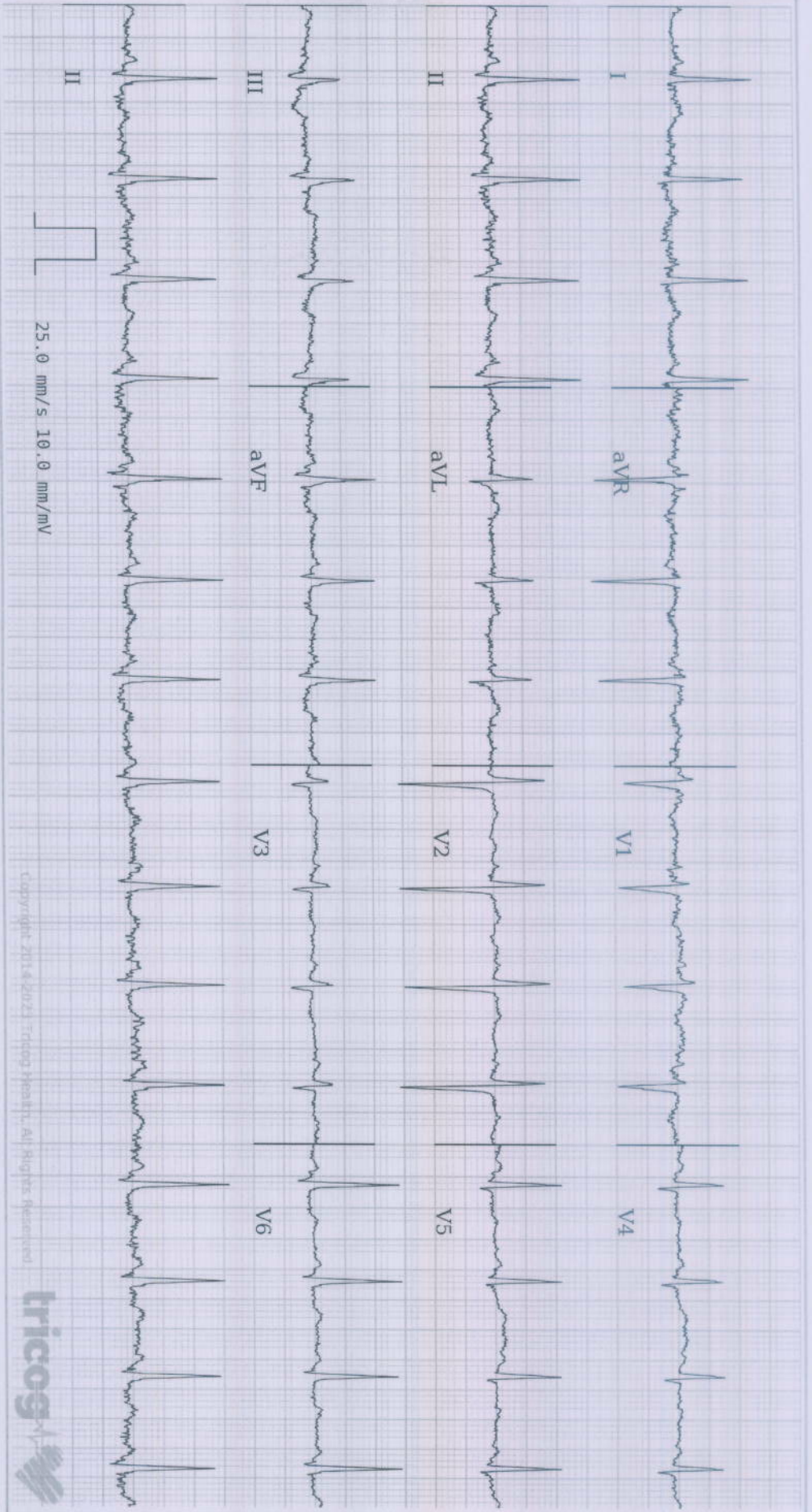
Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations.



DR.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)

Patient Name: SANJANA LENDI
Patient ID: 2330119514

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 28th Oct 23 12:20 PM



Age **43** NA NA
years months days

Gender **Female**

Heart Rate **95bpm**

Patient Vitals

BP: NA

Weight: 61 kg

Height: 148 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms
QT: 370ms
QTcB: 464ms
PR: 118ms
P-R-T: 54° 44° 18°

ECG Within Normal Limits: Sinus Rhythm. Baseline wandering. Baseline artifacts. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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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.