MEDICAL SUMMARY

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NAME	Mrs. Nirmala Thorat	ID	
AGE/GENDER	50 Yrs / M	DATE OF HEALTHCHECK	04/04/23
COMPANY NAME :- Arcofemi mediwheel -AHC- PLUS Above Advance female			

HEIGHT	154. cm	BMI :-	MARITAL STATUS	Married
WEIGHT	68 Kg.	28.7	NO OF CHILDREN	Two

C/O: Asymptomatic

K/C/O: Nil

PRESENT MEDICATION: Nil

P/M/H: No major illness in past

P/S/H: No major Surgery in past

H/A: SMOKING:

ALCOHOL: Nil

TOBACCO/PAN:

FAMILY HISTORY: FATHER: Healthy.

MOTHER: DM

O/E:

LYMPHADENOPATHY: Nil

BP: 120/80 mm PULSE: 76/min

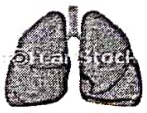
PALLOR/ICTERUS/CYNOSIS/CLUBBING: Nil

TEMPERATURE: normal

SCARS: Nil

OEDEMA: Nil

S/E:

RS:  normal
Breath Sound

CVS: S1S2 normal
no murm

P/A: normal

Extremities & Spine:

ENT:

SKIN: Normal

CNS: normal

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DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.
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MEDICAL SUMMARY

NAME	Mrs. Nirmala thorat	ID	
AGE/GENDER	50 yrs/F	DATE OF HEALTHCHECK	04/04/23

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR:	6/6	6/6		
NEAR:	N/8	N/8		
COLOUR VISION:	Normal			
ADVISE:				

FINDINGS AND RECOMMENDATION:

FINDINGS:-

S.Ch 202

S.TG 269

2DECHO - mild TR & mild PAH

Sonomma - fibroadenosis breast

RECOMMENDATIONS:

1. To avoid excess oily/fat and fried food.
2. ½ hr walking.
3. To Consult Surg for fibroadenosis
4. F/u 2DECHO after 1 year

FINAL IMPRESSION:

ab.

Dr. ASH[illegible] SINGH
M.D. (Medicine)
Reg. No. MMC 66677

CONSULTANT SIGNATURE

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Mrs. NIRMALA THORAT			Lab ID	:	30408300415
DOB	:		Collected	:	04-04-2023 00:00
Age	:	50 Years	Received	:	04-04-2023 15:39
Gender	:	Female	Reported	:	04-04-2023 18:13
CRM	:		Status	:	Interim
Location	:	PANVEL	Client	:	PN148R
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
ESR (Erythrocyte Sedimentation Rate), EDTA Blood	**13**	mm/hr	<= 12	Westergren(Manual)

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progess of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abdnormalities of red cells like sickle cells or speherocytosis etc.

Mrs. NIRMALA THORAT
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Dr. Sunil Kode MD DPB AFIH
MD DPB AFIH

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Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Blood Grouping & Rh typing, EDTA Blood	"O" Rh POSITIVE			Slide/Tube Agglutination (Forward & Reverse)

Clinical Significance:
The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group sysytems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatability antigens.

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Location	:	PANVEL	Client	:	PN148R
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Post Prandial), Plasma	101.10	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200	GOD-POD

Clinical significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

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Location	:	PANVEL	Client	:	PN148R
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Sample Quality	:	Adequate			

Test	Result	Unit	Biological Reference Intervals
HbA1c By HPLC, EDTA Blood	5.7	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG)	116.89	mg/dL	70-126

Clinical significance :-

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to kreep the same within the target range.The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

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Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Fasting, Urine	ABSENT		Absent / Present	Strip Method

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Post prandial, Urine	ABSENT		Absent / Present	Strip Method

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Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA.				
Erythrocytes				
Hemoglobin	12.9	gm/dL	12.0 - 15.0	Colorimetric method
Red Blood Cells	4.35	10^6/µL	3.8 - 4.8	Electrical Impedance method
PCV (Hematocrit)	38.90	%	36 - 46	Calculated
MCV(Mean Corpuscular Volume)	89.4	fL	83 - 101	Calculated
MCH (Mean Corpuscular Hb)	29.6	Pg	27 - 32	Calculated
MCHC(Mean Corpuscular Hb Concentration)	33.1	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	14.20	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	41.30	fL	39 - 46	Calculated
Leucocytes				
WBC -Total Leucocytes Count	9.04	10^3/µL	4.0 - 10.0	Electrical Impedance method
Differential leucocyte count				
Neutrophils	57.20	%	40 - 80	Electrical Impedance method
Lymphocytes	30.70	%	20 - 40	Electrical Impedance method
Monocytes	7.60	%	2-10	Electrical Impedance method
Eosinophils	3.20	%	1-6	Electrical Impedance method
Basophils	1.30	%	0-2	Electrical Impedance method
Absolute leucocyte count				
Neutrophils (Abs)	5.17	10^3 Cells/µL	1.5 -8.0	Electrical Impedance method
Lymphocytes (Abs)	2.78	10^3 Cells/µL	1.0 - 4.8	Electrical Impedance method
Monocytes (Abs)	0.69	10^3 Cells/µL	0.05 - 0.9	Electrical Impedance method
Eosinophils (Abs)	0.29	10^3 Cells/µL	0.05 - 0.5	Electrical Impedance method
Basophils (Abs)	0.12	10^3 Cells/µL	0.0 -0.3	Electrical Impedance method
Platelets				
Platelet Count	245	10^3/µL	150 - 410	Electrical Impedance method
MPV	9.0	fL	7.4 - 10.4	Calculated
WBC Morphology	Normal			
RBC Morphology	Normochromic Normocytic.			
Platelets on Smear	Adequate			
Mentzer Index Formula	21	Index	<13 : Strong suspect of Thalassaemia.	

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Sample Quality	:	Adequate			

LIVER FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval	Method
Bilirubin - Total, Serum	0.34	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.06	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.28	mg/dL	0.2-1	Calculated
SGOT, Serum	14.76	U/L	<31	IFCC without PLP
SGPT,Serum	23.20	U/L	<35	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	90.0	U/L	42 - 98	AMP
GGT (Gamma Glutamyl Transferase), Serum	15.90	U/L	<38	G-glutamyl-p-nitroanilide
Total Protein, Serum	**6.23**	gm/dL	6.4-8.8	BIURET
Albumin	3.67	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.56	gm/dL	1.9-3.9	Calculated
A:G ratio	1.43		1.1 - 2.5	Calculated

Clinical significance:
Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease.The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.

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Location	:	PANVEL	Client	:	PN148R
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Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
		Lipid Profile		
Total Cholesterol, Serum	**202.00**	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP
Triglycerides, Serum	**269.30**	mg/dL	Normal: <150 High:150-199 Hypertriglyceridemia: 200-499 Very high: >499	GPO
HDL Cholesterol, Serum	**49.60**	mg/dL	Low : < 40 High : > 60	DIRECT
Low Density Lipoprotein-Cholesterol (LDL)	98.54	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189	DIRECT
VLDL	**53.86**	mg/dL	6-40	Calculated
Total Cholesterol/HDL Ratio	**4.07**		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5	Calculated
LDL / HDL Ratio	1.99	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5	Calculated
Non HDL Cholesterol, Serum	**152.40**	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190	Calculated

Clinical significance:

A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis).A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

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Parameter	Result	Unit	Biological Ref. Interval	Method
		RENAL PROFILE		
Creatinine, Serum	0.60	mg/dL	0.6 - 1.1	ENZYMATIC

Clinical significance :-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

eGFR	128	ml/min/1.73m^2	Normal > 90 Mild decrease in GFR : 60-90 Moderate decrease in GFR : 30-59 Severe decrease in GFR : 15-29 Kidney Failure: < 15	Calculated

Clinical Significance:

Tests to precisely measure GFR are highly complex. Therefore, healthcare providers use a formula to come up with an estimated GFR (eGFR). The formula combines results from a serum creatinine blood test with information like your age and gender.A serum creatinine blood test measures levels of creatinine, a waste product in your blood. Your body makes and uses creatine, a chemical, to provide energy to muscles. When muscles use this energy, muscle tissue breaks down, releasing creatinine (a toxin) into the blood. Healthy kidneys filter this toxin out of the blood and your body gets rid of it when you urinate. But when you have kidney disease, creatinine stays in the blood and gradually builds up.

Urea, Serum	**11.80**	mg/dL	15-48	UREASE-GLDH

Clinical Significance:

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration

Blood Urea Nitrogen (BUN), Serum	**5.51**	mg/dL	6 -20	Urease end point reaction

Clinical significance:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

BUN/Creatinine Ratio, Serum	9.18		5.0 - 23.5	Calculated method

Clinical significance:

The blood urea nitrogen (BUN)/creatinine ratio (BCR) is one of the common laboratory tests used to distinguish Pre renal azotemia and Acute tubular necrosis.

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Uric Acid, Serum	4.90	mg/dL	2.3-6.6	URICASE-POD

Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hypouricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Calcium, Serum	9.10	mg/dL	8.6 - 10.2	Arsenazo Method

Clinical significance :

Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Values of total calcium can be affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels.
The following regression equation may be helpful.
Corrected total calcium (mg/dl)= total calcium (mg/dl) + 0.8 (4- albumin [g/dl])

Phosphorous, Serum	4.1	mg/dL	2.5 - 4.5	Phosphomolybdate Reduction

Clinical significance:-

Phosphorus occurs in blood in the form of inorganic phosphate and organically bound phosphoric acid. Serum phosphate concentrations are dependent on meals and variation in the secretion of hormones such as parathyroid hormone (PTH) and may vary widely. Hyperphosphatemia is usually secondary to an inability of the kidneys to excrete phosphate. Hypophosphatemia is relatively common in hospitalized patients. Levels below 1.5 mg/dL may result in muscle weakness, hemolysis of red cells, coma, and bone deformity and impaired growth.

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Parameter	Result	Unit	Biological Ref. Interval	Method
THYROID FUNCTION TEST				
Tri Iodo Thyronine (T3 Total), Serum	102.56	ng/dL	60 - 181	CLIA

Clinical significance:-

Triiodothyronine (T3) values above 200 ng/dL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum	6.41	ug/dL	4.5 - 12.6	CLIA

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid - Thyroid Stimulating Hormone (TSH), Serum	4.830	µIU/mL	Nonpregnant: 0.4 - 5.5 Pregnant: Refer Clinical Significance below	CLIA

Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

Mrs. NIRMALA THORAT
CRM:

Shop No 12 National Palace Takka, near Panch Mukhi Hanuman Mandir, Panvel, Navi Mumbai, Maharashtra 410206

for Dr. Sunil Kode MD DPB AFIH
MD DPB AFIH

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Mrs. NIRMALA THORAT			Lab ID	:	30408300415
DOB	:		Collected	:	04-04-2023 00:00
Age	:	50 Years	Received	:	04-04-2023 15:41
Gender	:	Female	Reported	:	04-04-2023 18:04
CRM	:		Status	:	Interim
Location	:	PANVEL	Client	:	PN148R
Ref DOC	:				
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Fasting) Plasma	78.40	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125	GOD-POD

Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

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DOB	:		Collected	:	04-04-2023 00:00
Age	:	50 Years	Received	:	04-04-2023 15:41
Gender	:	Female	Reported	:	04-04-2023 18:52
CRM	:		Status	:	Interim
Location	:	PANVEL	Client	:	PN148R
Ref DOC	:				
Sample Quality	:	Adequate			

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval	Method
PHYSICAL EXAMINATION				
Colour	Pale Yellow		Pale Yellow	Visual
Volume	5 cc	ml		Visual
Specific Gravity	1.010		1.015 - 1.025	Reagent Strip
Appearance	Slightly turbid		Clear	Visual
pH	6.5		5.0 -8.0	Reagent Strip
BIOCHEMICAL EXAMINATION				
Protein, Urine	Absent		Negative	Reagent Strip
Glucose	Absent		Negative	Reagent Strip
Ketones	Absent	mmol/L	<0.4	Reagent Strip
Urobilinogen	Absent		Normal	Reagent Strip
Bilirubin	Absent		Negative	Reagent Strip
Bile Salt / Bile Pigment, Urine	Absent			
Nitrite	Absent		Negative	Reagent Strip
Blood	Absent		Negative	Reagent Strip
MICROSCOPIC EXAMINATION				
Pus cells	2-3	/hpf	0-5	Microscopy
Epithelial Cells	0-1	/hpf	0-2	Microscopy
RBCs	Absent	/hpf	Nil	Microscopy
Casts	Nil		Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast cells	Absent		Absent	Microscopy
Bacteria	Absent		Absent	Microscopy
Mucus	Absent			

Clinical Significance:
A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps.
Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

End Of Report

Mrs. NIRMALA THORAT
CRM
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for
Dr. Sunil Kode MD DPB AFIH
MD DPB AFIH

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DATE: 04/04/2023

PATIENT'S NAME:NIRMALA THORAT AGE: 50 YRS / SEX: F

REFERRED BY : ACROFEMI MEDIWHEEL

EXAMINATION : X-RAY CHEST PA VIEW

X-RAY CHEST PA VIEW

- Fibrosis in right mid zone.
- Cardiac shadow appears normal. unfolded aorta noted.
- C. P. angles appear clear.
- Both the domes of diaphragm are at normal level.
- Bony thorax & soft tissue around do not reveal any abnormality.

Dr. Ashutosh Chitnis
MBBS, MD, DMRE
(Radiologist)
REG. NO. 57658

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2 – D ECHOCARDIOGRAPHY REPORT

NAME : Mrs NIRMALA THORAT	**AGE/SEX :** 50 Y/ F
REF : ARCOFEMI MEDIWHEEL	**DATE:** 04/04/2023

2D ECHO REPORT

All the cardiac chambers are normal.

Structures of cardiac valves are normal.

Normal chamber dimensions .

No MR, MILD TR.

All septa are normal.

No regional wall motion abnormality at rest.

No clot/ vegetation.

No pericardial effusion.

MILD pulmonary hypertension.

No diastolic dysfunction.

LVEF 60%.

IVC collapsed.

IMPRESSION:- MILD TR , MILD PAH , NORMAL LV FUNCTION

APOLLO CLINIC

DR. RAHUL CHALWADE
MBBS; MD Medicine ; DM Cardiology
Consultant Interventional Cardiologist

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PATIENT'S NAME : NIRMALA THORAT		
AGE / SEX	: 50 YRS / F	DATE : 04/04/2023
REF BY	: ACROFEMI MEDIWHEEL	

SONOMAMMOGRAPHY OF BOTH BREASTS

There is 1.0cm hypoechioc nodule seen at 6 '0' clock position in right breast. No calcification, shadowing or neo-vascularity.

There is 4mm hypoechioc nodule deep to nipple in left breast.
No calcification, shadowing or neo-vascularity.

No evidence of ductal ectasia seen.

No evidence of intra mammary or axillary lymphadenopathy seen.

No evidence of skin thickening or nipple retraction seen.

IMPRESSION –

- **Small fibroadenomas in both breast (One on each side)**
- **BI-RADS 2.**

APOLLO CLINIC KALAMBOLI

Dr. Ashutosh Chitnis
MD, DMRE, MBBS,
Radiologist
Reg .No:-57658

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PATIENT'S NAME : NIRMALA THORAT

AGE / SEX : 50 YRS / FEMALE DATE: 04/04/2023

REF BY : ACROFEMI MEDIWHEEL

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER:- Liver is normal in size 13.9cm. Normal echotexture. No focal lesion.

GALL BLADDER & BILLIARY SYSTEM:-
Gall bladder is normal in size. Wall thickness is normal. No calculus or growth.
Common bile duct is normal and measures 4 mm at ports hepatis.
Portal vein is normal and measures 10 mm.

PANCREAS & SPLEEN:-
It is normal in size and echotexture. No focal lesion.
Spleen is normal in size is 10.6cm. No focal lesion.

KIDNEYS:-Both kidneys are normal in size, shape and echotexture.
The cortico-medullary differentiation is well maintained.
Right Kidney = 8.2cm x 3.7cm. No calculus or hydronephrosis.
Left Kidney = 9.1cm x 4.9cm. No calculus or hydronephrosis.

RETROPERITONEUM:-
There is no evidence of peritoneal & retroperitoneal lymphadenopathy.
Aorta and IVC visualised normal.

FREE FLUID:-
There is no free fluid in pelvis Morrison's pouch, subdiaphrgmatic region and pelvis.

URINARY BLADDER:-
It is well distended, normal and wall thickness normal. No calculus or growth seen

UTERUS AND OVARIES:-
Uterus is non gravid, non bulky & anteverted & measures 6.3cm x 2.7 cm x 3.4cm in size.
Endometrial thickness measures 6mm in size. Normal endometrial and myometrium echo.
Both ovaries are normal. No adnexal mass.

IMPRESSION:

- **No significant abnormality detected.**

APOLLO CLINIC KALAMBOLI

Dr. Ashutosh Chitnis
MD, DMRE, MBBS,
Radiologist
Reg .No:-57658

2023-4-4 9:07:45 ID:00004039

Name: Nirmala Thorat Gender:

Age: 50/F Height(cm):

Weight(Kg): BP(mmHg): /

HR.....bpm 60

P.....ms 103

Q-R-S.....ms 90

QT/QTc.....ms 440/450

P/QRS/T AXES.....deg 75/62/57

RV5/SV1.....mV 0.82/0.54

RV5+SV1.....mV 1.36

R< Conclusion >R

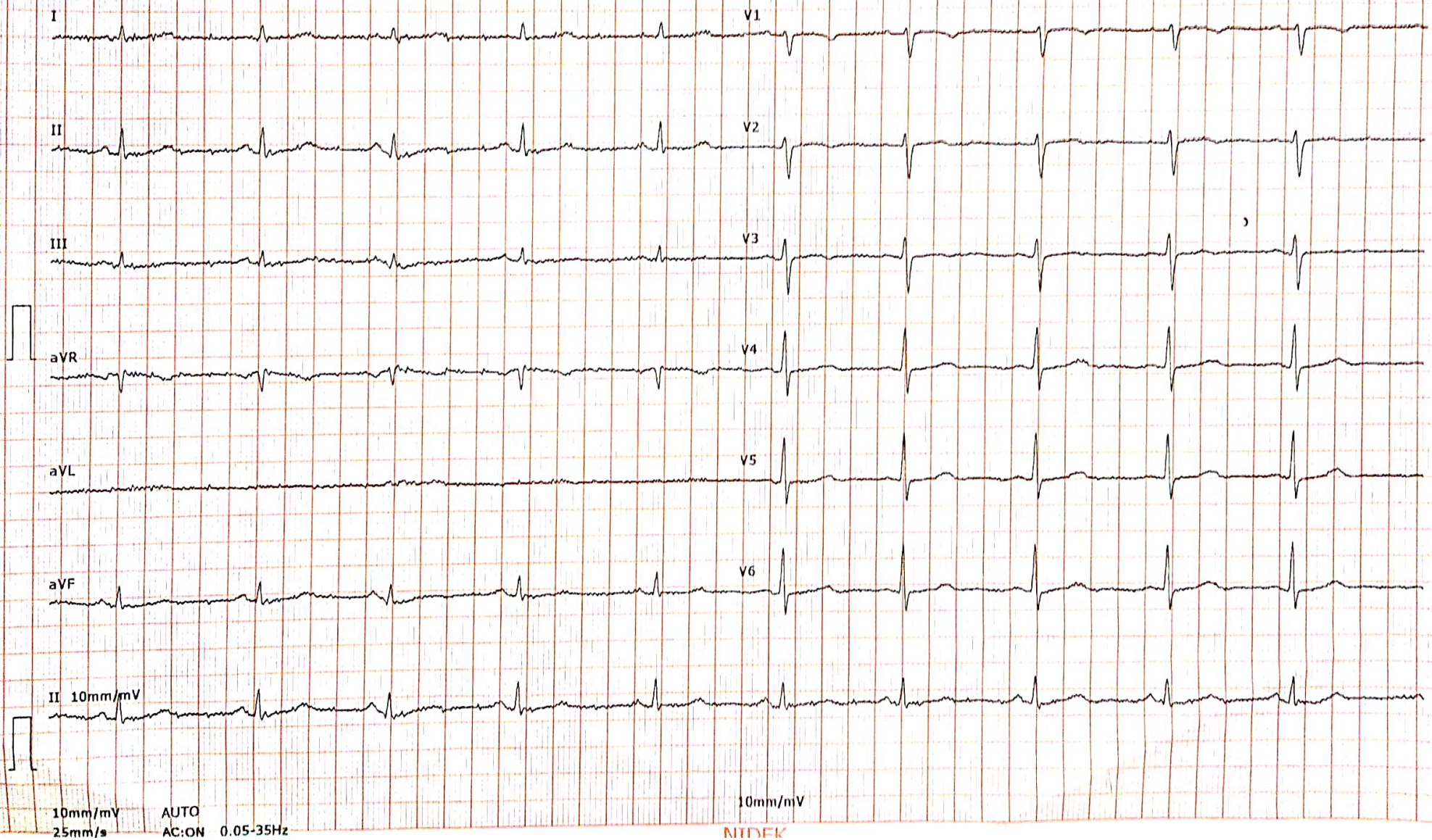
Sinus rhythm

Sinus arrhythmia

* * * * * * *

Report Confirmed by:

Normal ECG ad



10mm/mV AUTO

25mm/s AC:ON 0.05-35Hz

NIDEK

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MEDICAL SUMMARY

NAME	mrs. Nirmala Thorat	DATE OF CHECKUP	.03.2023
AGE	50 yrs.	GENDER	F

DENTAL - CONSULTATION

1) Adv filling in 8/8 region.

2) Adv scaling and polishing.

APOLLO CLINIC * KALAMBOLI

CONSULTANT SIGNATURE

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MEDICAL SUMMARY

NAME	MRS Nirmala Thorat	DATE OF CHECKUP	4.4.23
AGE	50 YRS	GENDER	F

ENT Consultation

- Asymptomatic
- No ENT related symptoms

Ear - Both external Ear normal
- No wax, No Tenderness
- Hearing - Normal
- Rinnets Test Normal, Webers Test Normal

Nose - External apperance - Normal
- mucosal membrane Healthy
- No polyp.
- No Sinus Tenderness

Throat - Oropharyngeal mucosa - Normal
- Tonsils Normal
- Voice normal

DR.SHAILESH SHARMA
MBBS,DLO
CONSULTANT SIGNATURE
Reg. No 075112

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DIET CHART

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PRE BRACKFAST / चाय के समय नास्ता / चहाच्या वेळचा नास्ता

Tea / चाय / चहा
Skimmed Milk / बिना मलाई का दूध / बिन साईचे दूध
Biscuit Marie / बिस्कीट / मेरी बिस्किट)

BREAKFAST / सुबह का नास्ता / सकाळची न्याहरी

Iddli or Roti / इडली / चपाती — Sambhar / सांबार / सांबार
Porride / Comflakes
Vegetable / सब्जी / भाजी — Skimmed Milk / बिना मलाई का दूध / बिन साईचे दूध

MID- MORNING /सुबह का नास्ता / सकाळची न्याहरी

Fruits / फल / फळे

LUNCH / भोजन / जेवण

Rice / चावल / भात — Dry Chapaties / रोटी / चपाती
Dal / दाल / डाळ
Skinless Chicken / Fish — Greenleafy Veg./हरी सब्जी / हिरव्या पालेभाज्या
Salad / रायता / कोशिंबीर — Curd / Butter Milk / दही / ताक

MID-AFTERNOON / दोपहर / दुपारी

Fruit / फल / फळे

EVENING SNACK / शाम का नास्ता / संध्याकाळचा नास्ता

Tea / चाय / चहा
Marie Biscuit / मारी बिस्कुट / मारी बिस्किट

DINNER / रात का भोजन / रात्रीचे जेवण

Dry Chapaties / पराठा सुखा / चपाती सुकी
Dal / दाल / डाळ
Greenleafy Veg. / हरी सब्जी / हिरव्या पालेभाज्या
Salad / रायता / कोशिंबीरी
1 tsp. of Oil for Cooking / जेवण बनविताना फक्त १ लहान चमचा तेल वापरा.

AFTER DINNER / खाने के बाद / जेवणा नंतर

Skimmed Milk / बिना मलाई का दुध / बिन साईचे दुध

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