

27-11-23

(A)

R
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R
T

Mrs. Shabana Ahmed

HT 149 cm

Wt 82 kg

BP 120/80

Anaemi - \bar{c} haematuria \bar{c} fatty liver

- Consult family physician
- low fat diet
- Repeat urine (R) - sos - after 15 days

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452



CID : 2333100212
Name : MRS.SHABANA MUKTHAR AHMED
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 27-Nov-2023 / 08:15
Reported : 27-Nov-2023 / 10:37

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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
RBC PARAMETERS			
Haemoglobin	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.23	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.5	36-46 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.9	20-40 %	
Absolute Lymphocytes	2379.3	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	369.6	200-1000 /cmm	Calculated
Neutrophils	60.1	40-80 %	
Absolute Neutrophils	4627.7	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	300.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	23.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	332000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.8	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 -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 45 2-20 mm at 1 hr. Sedimentation

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



Chandrakant Pawar
Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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Age / Gender : 41 Years / Female
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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	98.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	130	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	

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*** End Of Report ***



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Reg. Location : Swargate, Pune (Main Centre)

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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	10.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	119	(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	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	3.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106.3	98-107 mmol/l	ISE

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 Pune Lab, Pune Swargate
*** End Of Report ***



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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)	Acidic (6.5)	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	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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.

Refernces:

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 Pune Lab, Pune Swargate
*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	134.0	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	26.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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*** End Of Report ***

Dr.CHANDRAKANT PAWAR
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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	4.4	3.10-6.80 pmol/L	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023

Free T4, Serum	12.7	12-22 pmol/L Pregnant Women (pmol/L): First Trimester:12.1-19.6 Second Trimester:9.63-17.0 Third Trimester:8.39-15.6	ECLIA
----------------	------	--	-------

Note: Kindly note change in reference range and method w.e.f 12-07-2023

sensitiveTSH, Serum	2.22	0.270-4.20 mIU/ml Pregnant Women (microIU/ml): First Trimester:0.33-4.59 Second Trimester:0.35-4.10 Third Trimester:0.21-3.15	ECLIA
---------------------	------	---	-------

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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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	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	11.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.8	35-105 U/L	Colorimetric

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*** End Of Report ***



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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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

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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*** End Of Report ***



Chandrakant Pawar
Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

Name: *Shabana Ahmed*

Sex / Age: *21 / F*

CID: *233100212*

Date: *27/11/23*

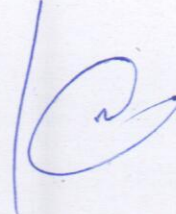
EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye <i>6/6</i>	Left Eye <i>6/6</i>
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye <i>N/G</i>	Left Eye <i>N/G</i>
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

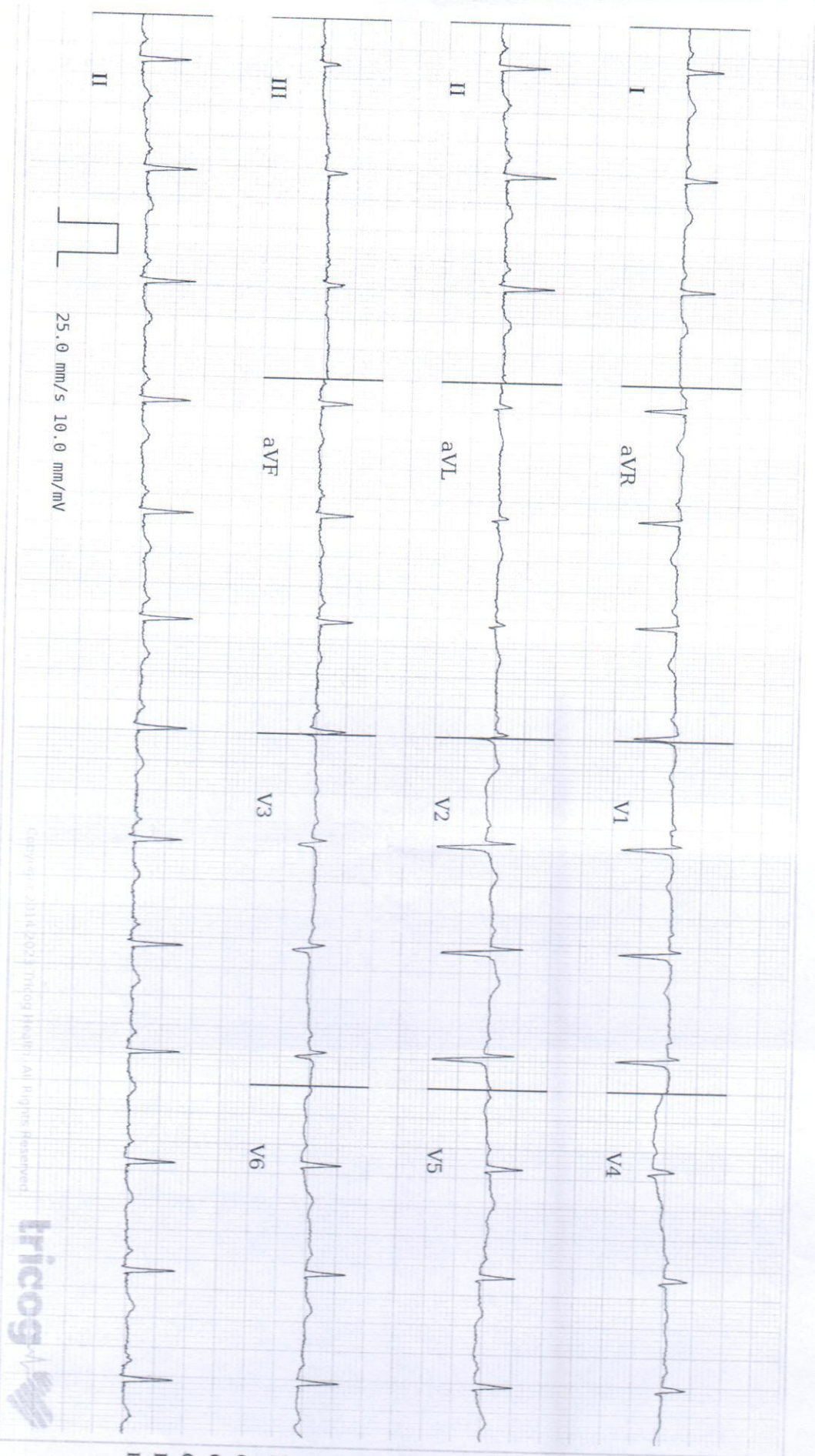
LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION



DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452



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Age **41** NA NA
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 82 kg

Height: 149 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 68ms

QT: 362ms

QTcB: 420ms

PR: 148ms

P-R-T: 53° 49° 44°

REPORTED BY

Signature

DR. ISHWARLAL BAMB
M.B.B.S. MD (MEDICINE)
cardiologist
39452

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

DISCLAIMER: This analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms. Shahu College Road, Pune-411-009 cannot be interpreted by a qualified physician. Please consult with a doctor for the clinical and not derived from the ECG.

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452
Tel: 020-41094509

I Shabana Muhtaz Ahmed,
do not want to do papsmear as
I do not ~~have~~ want to process
papsmear test and stool test.

Shabana

Shabana Muhtaz Ahmed

CID : 2333100212
Name : Mrs SHABANA MUKTHAR AHMED
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 12:39

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ULTRASOUND ABDOMEN & PELVIS

LIVER: Normal in size (measures 13.5 cm) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 10.9 x 4.1 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 10.9 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium, paraaortic and flanks obscured due to excessive bowel gas.

Prominent bowel loops seen in the abdomen.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Anteverted normal in size, measures 7.7 x 3.7 x 3.5 cm. No area of increased or decreased echogenicity. Endometrial echoes are normal. Endometrial thickness is 7.8 mm.

Both the ovaries are normal in size shape and echotexture.

No obvious abnormal ovarian or adnexal mass lesion.

No free fluid noted in the POD.

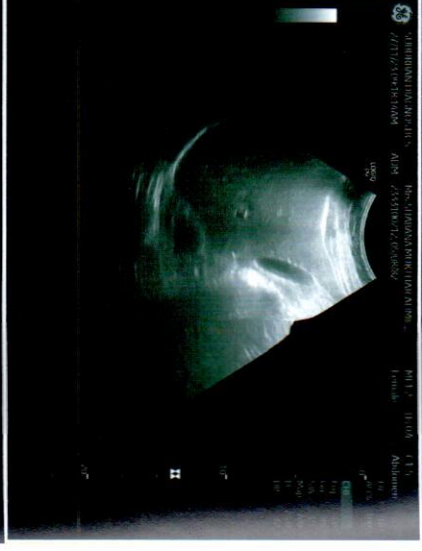
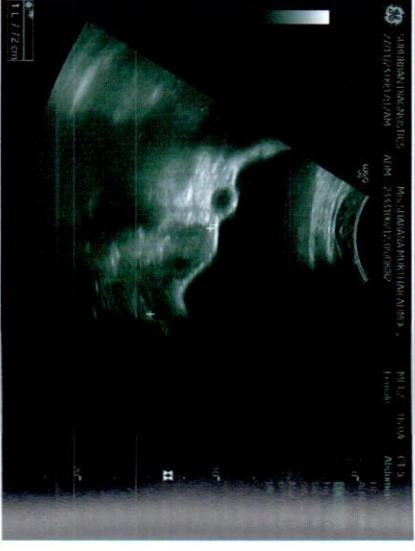
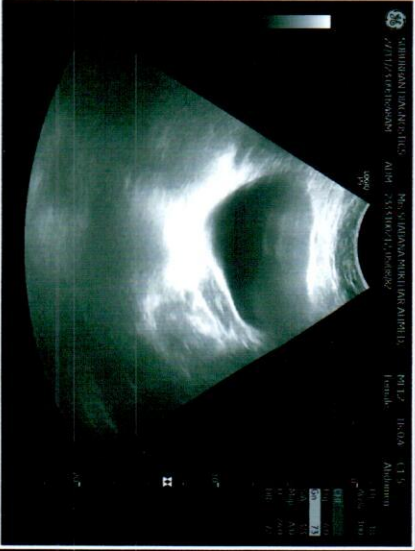
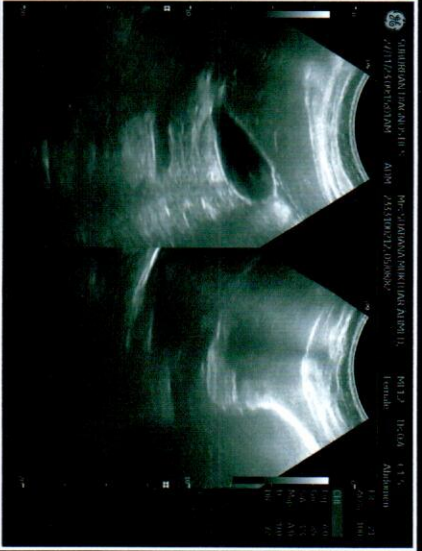
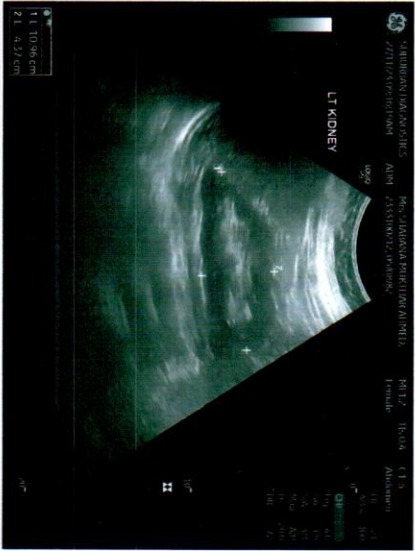
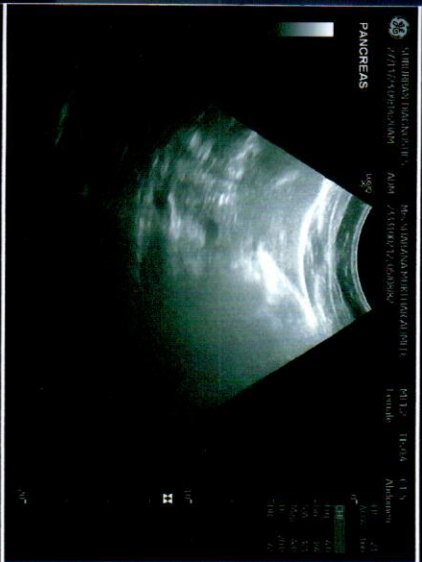
IMPRESSION : Normal size liver with grade I fatty changes.

Clinical correlation is indicated.-----End of Report-----

Dr. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
Reg. No. 2001/02/397

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Patient Name: Mrs. Shabavna Ahmed Ref : Arcofemi Healthcare

Age / Sex: 41/F

Date: 27/11/2023

C.I.D.: 2333100212

2D ECHO REPORT

Findings:-

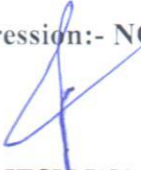
- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.

DOPPLER:-

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

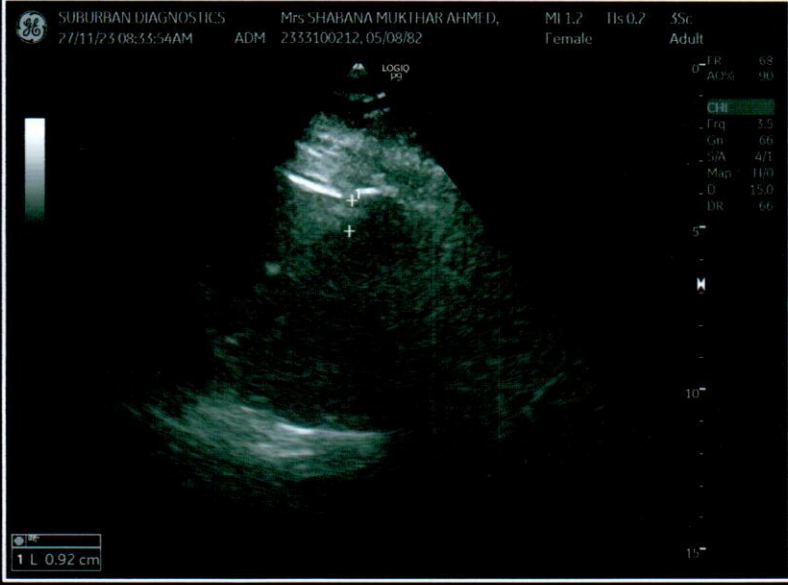
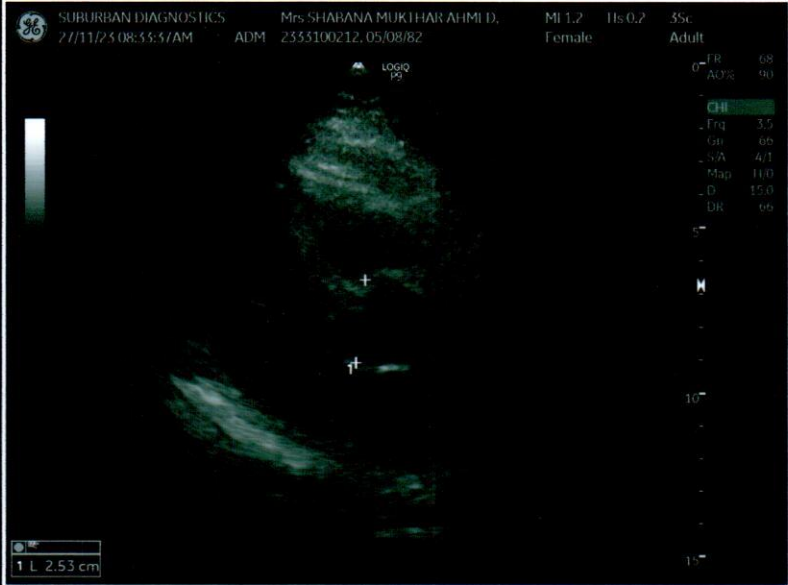
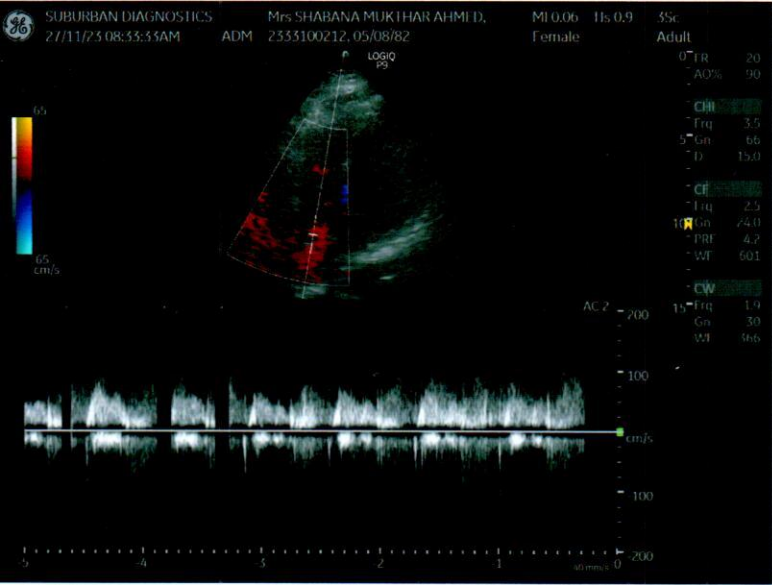
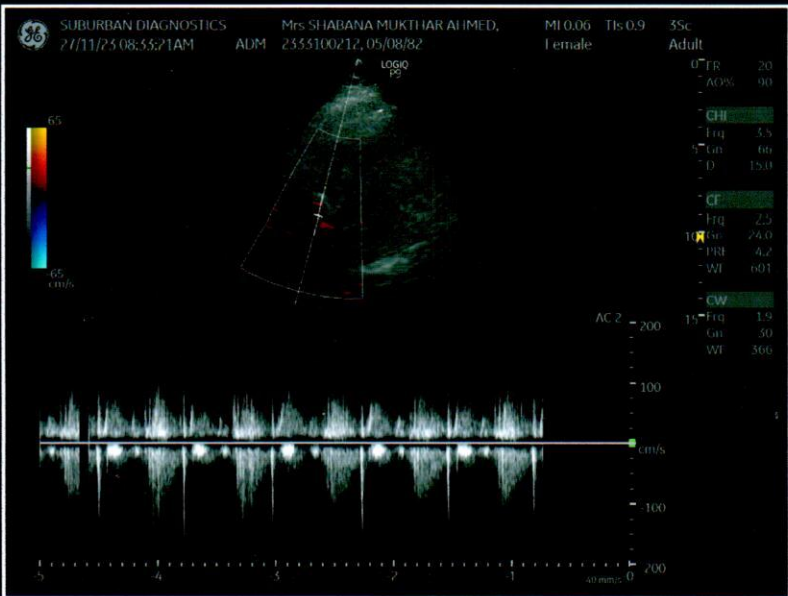
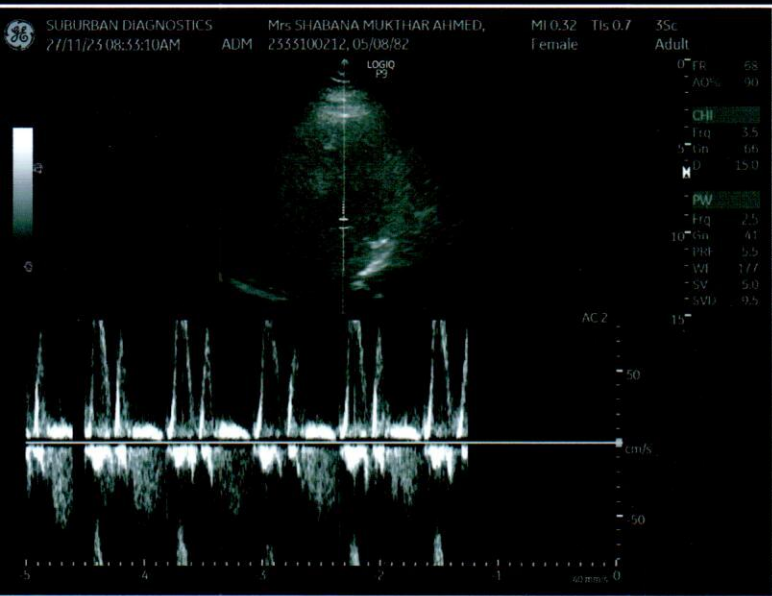
Measurements (mm):- AO-25, LA-28, IVS-10, PW-10, LVIDd-44, LVIDs-28, LVEF-60%

Impression:- NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)



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

Dr RAJESH WAGH
MD (MEDICINE), DM (CARDIOLOGY).
Reg.No.2006/03/1928



CID : 2333100212
Name : Mrs SHABANA MUKTHAR AHMED
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 17:06

MAMMOGRAPHY

Examination : Bilateral Digital X-ray Mammography & Screening Sonomammography

Findings : Bilateral film screen mammography was performed in craniocaudal and mediolateral oblique views. Both breasts show moderately dense fibroglandular parenchyma.

No evidence of any dominant mass, clusters of microcalcification, nipple retraction, skin thickening is seen in either breast.

Screening sonomammography of the breasts showed no solid or cystic breast lesion. No axillary enlarged lymph nodes seen.

IMPRESSION :

No significant abnormality is seen. (BI-RADS category 1).

Routine follow up is recommended.

ACR BIRADS CATEGORY

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

I Negative _____ IV Suspicious (Indeterminate).

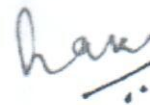
II Benign finding _____ V Highly suggestive of malignancy.

III Probably benign finding.

Note :

Not all breast abnormalities show up on mammogram. The false negative rate of mammography is 10-15%. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

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



Dr. ANURADHA KELKAR
MD Radiologist
Reg. No. 42497

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Page no 1 of 1



CID : 2333100212
Name : Mrs SHABANA MUKTHAR AHMED
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 18:47

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr Prajakta Sorte (Radiologist)
Degree - M.B.B.S DMRE
Registration no - 2005/12/4132

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