

PHYSICAL EXAMINATION REPORT

Patient Name	Seema Mondle	Sex/Age	F/52
Date	27/02/2023	Location	Tune

History and Complaints

Mo DM +
HT +

EXAMINATION FINDINGS:

Height (cms):	152	Temp (0c):	N
Weight (kg):	72.6	Skin:	N
Blood Pressure	130/90	Nails:	N
Pulse	72	Lymph Node:	NB

Systems :

Cardiovascular:	S1 + S2 NO murmur
Respiratory:	lung clear
Genitourinary:	normal
GI System:	4/5 NP
CNS:	normal

Impression:

2DEHO
mild
LVH.

Overweight, CBC - Microcytosis,
BSL - Fp (Diabetic)
- Mammography - Calcifications in both
& (cysts) Breasts.
USG - Left kidney small in size.

Value - sugar (+++), HbA_{1c} -
- ↑ TC's.

- wt. Reduction.

Advice:

- Low Fat, Low sugar Diet.

- Physician's consultation for control of DM.

1)	Hypertension:	→ 15 yr on bp
2)	IHD	
3)	Arrhythmia	no on bp
4)	Diabetes Mellitus	→ 12 yr on bp
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	→ NO Appendicectomy 1990
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	no
2)	Smoking	no
3)	Diet	Mixed
4)	Medication	

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

Glucoseta 1-0-0
Zachmet 1-0
Glycud 1-0-0

NAME: - *Seema made* AGE / SEX :- *52 F*
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- *NIL*

MARITAL STATUS :- *married*

MENSTRUAL HISTORY :-

- MENARCHE :- *14 yr.*
- PRESENT MENSTRUAL HISTORY :- *menopause 2 yr*
- PAST MENSTRUAL HISTORY :- *3-4 / 30 / regular*
- OBSTERIC HISTORY :- *2 FTCS ~~28~~
25*
- PAST HISTORY :- *NIL*
- PREVIOUS SURGERIES :- *Appendectomy - 1990*
- ALLERGIES :- *NIL*
- FAMILY HISTORY :- *None - Father*

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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- DRUG HISTORY :- NIL ✓
- BOWEL HABITS :- N ✓
- BLADDER HABITS :- N ✓

PERSONAL HISTORY :-

TEMPERATURE :- N
RS :- 1 cup clear
CVS :- S1 + S2 + NO MURMUR
PULSE / MIN :- 72 ✓
BP (mm of hg):- 139/90 ✓
BREAST EXAMINATION:- N ✓
PER ABDOMEN :- 4 Snd ✓
PRE VAGINAL:- N ✓
RECOMMENDATION :-

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CID : 2305800453
Name : MRS.SEEMA RAVINDRA MONDE
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Feb-2023 / 08:37
Reported : 27-Feb-2023 / 12:47

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.56	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.7	36-46 %	Measured
MCV	89.2	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	29.6	31.5-34.5 g/dL	Calculated
RDW	16.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7630	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2464.5	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	663.8	200-1000 /cmm	Calculated
Neutrophils	57.3	40-80 %	
Absolute Neutrophils	4372.0	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	122.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	12.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-30 mm at 1 hr. Sedimentation

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Collected : 27-Feb-2023 / 08:37
Reported : 27-Feb-2023 / 14:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	160.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	293.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Reported : 27-Feb-2023 / 11:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	30.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	14.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	63	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.5	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	134	135-148 mmol/l	ISE
POTASSIUM, Serum	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	97	98-107 mmol/l	ISE

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0000-0718-55

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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	8.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	182.9	mg/dl	Calculated

Kindly correlate clinically.

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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Collected : 27-Feb-2023 / 08:37
Reported : 27-Feb-2023 / 14:09

**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 (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
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 insert

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

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	116.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	152.1	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	50.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	65.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	36.0	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	29.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Collected : 27-Feb-2023 / 08:37
Reported : 27-Feb-2023 / 10:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.3	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	3.86	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 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 at least 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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	11.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	104.4	35-105 U/L	PNPP

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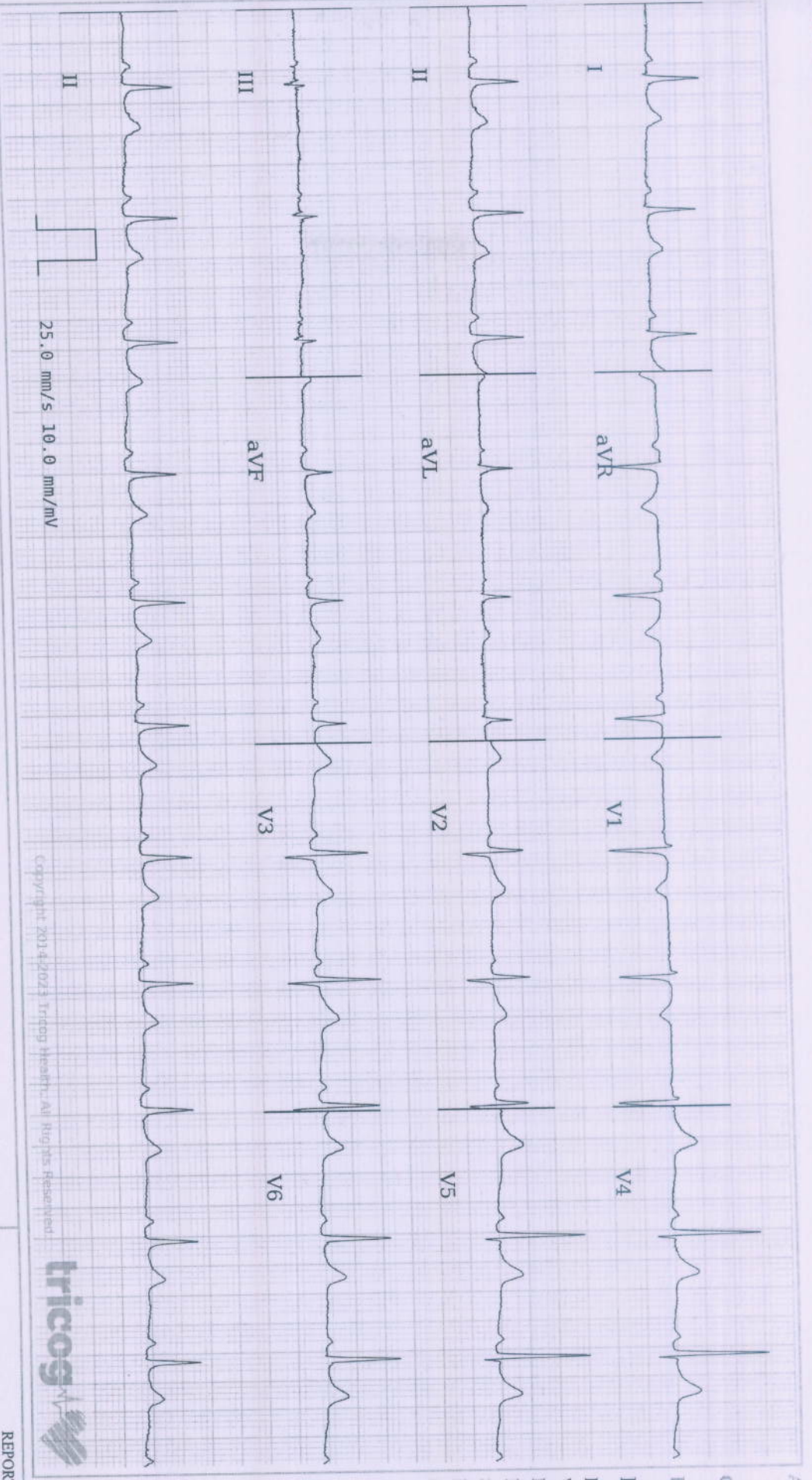


Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Patient Name: **SEEMA RAVINDRA MONDE**
Patient ID: **2305800453**

Date and Time: **27th Feb 23 9:34 AM**



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Age **52** **1** **29**
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: **130/90 mmHg**
Weight: **72 kg**
Height: **152 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **78ms**
QT: **386ms**
QTc: **422ms**
PR: **134ms**
P-R-T: **49° 37° 42°**

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

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.

Date: 27/12/23.

CID:

Name: Seena Konde

Sex / Age: F 58.

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: All

Past history: All

Unaided Vision: RE 6/12 L12/6 HV18 HV18

Aided Vision: RE 6/6 HV18 HV6

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: use own spectacles

MR. PRAKASH KUDVA

 SR OPTOMETRIST



Use a QR Code Scanner
Application To Scan the Code

CID : 2305800453
Name : Mrs Seema Ravindra Monde
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Feb-2023
Reported : 27-Feb-2023 / 11:21

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022708350530>

Reg. No. : 2305800453	Sex : FEMALE
NAME : MRS. SEEMA RAVINDRA MONDE	Age : 52 YRS
Ref. By : -----	Date : 27.02.2023

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.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts. **Calcifications are noted in both breast.**

No evidence of any abnormal density mass lesion / 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. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

A simple cyst measuring 6 mm in right breast at 9 o'clock position.

Few cyst are noted in left breast largest measuring 1.7 x 0.8 cm in retroareolar region with few internal echoes.

No focal solid mass lesion is seen in both breasts. No duct ectasia is seen..No significant axillary lymphadenopathy is seen.

IMPRESSION:

CALCIFICATIONS ARE NOTED IN BOTH BREAST.

CYST NOTED IN BOTH BREAST AS DESCRIBED ABOVE

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)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305800453
Name : Mrs Seema Ravindra Monde
Age / Sex : 52 Years/Female
Ref. Dr : **Reg. Date** : 27-Feb-2023
Reg. Location : G B Road, Thane West Main Centre **Reported** : 27-Feb-2023 / 11:48

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 9.0 x 4.6 cm. **Left kidney slightly small in size and measures 8.5 x 3.8 cm.** Both kidneys are normal, 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 AND OVARIES : Uterus and ovaries appears atrophic (post- menopausal status)

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022708350488>

Authenticity Check



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Application To Scan the Code

CID : 2305800453
Name : Mrs Seema Ravindra Monde
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Feb-2023
Reported : 27-Feb-2023 / 11:48

IMPRESSION:

- LEFT KIDNEY SLIGHTLY SMALL IN SIZE.

Advice: Clinical co-relation.

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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022708350488>

REG NO. : 2305800453	SEX : FEMALE
NAME : MRS.SEEMA MONDE	AGE : 52 YRS
REF BY : -----	DATE: 27.02.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	44	mm
LVIDS	30	mm
LVEF	60	%
IVS	12	mm
PW	10	mm
AO	15	mm
LA	30	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.

PATIENT NAME : MRS.SEEMA MONDE

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A- 0.8 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 2.0 m/s, PG 16.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- MILD CONCENTRIC HYPERTROPHY OF LV
- 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.

022-6170-0000