

PHYSICAL EXAMINATION REPORT

Patient Name	Urnila Gothwal	Sex/Age	F/52
Date	3/3/23	Location	Thane

History and Complaints

C/O - Back Pain
 - Flatulence
 - Skin Allergy (Soap, Sanitizers)

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	37.8
Weight (kg):	28.5	Skin:	contact Dermatitis Patches on Hands.
Blood Pressure	140/90	Nails:	NAD.
Pulse	76/min	Lymph Node:	NAD.

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	tenderness in R7. Breast ⊕
GI System:	NAD
CNS:	

Impression: - BSL - F (Impaired), ↑ HbA1c.

2D Echo -
 Cor I
 Drastatic
 Dysfunction
 Fatty Liver

- ECG - Non specific ST/T changes.
 - Need to change B/L glass.
 - Calcifications in B/L Breasts → Mammography.

Advice:

- Eye check-up.
- Low Fat, low sugar Diet.
- Repeat Sugar profile after (6) months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
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	c/o - flatulence.
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	TL, Back Pain.
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Veg
4)	Medication	For Back Pain & flatulence.



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

NAME: - Urnuila Coathwal AGE / SEX :- F/52
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Cl/-fibroids (1yr Back)

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :-

12 yrs.

• PRESENT MENSTRUAL HISTORY :-

Post-Menopausal (3yrs.)

• PAST MENSTRUAL HISTORY :-

Regular

• OBSTERIC HISTORY :-

G₃ P₃ A₀ 3 NVD

• PAST HISTORY :-

- Nil

• PREVIOUS SURGERIES :-

- Nil

• ALLERGIES :-

- contact dermatitis d/t soaps & sanitizers

• FAMILY HISTORY :-

- Nil

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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

For Back Pain,
Flatulence.

(N)

PERSONAL HISTORY :-

TEMPERATURE :-

(N)

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

76/min

140/90

Tenderness in Rt. Breast

NAD.

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Date:- 31/8/23

CID:

Name:- Urvita Gothwal Sex / Age: F-52

EYE CHECK UP

Chief complaints: 2CV

Systemic Diseases: All

Past history: All

Unaided Vision: 7326/60 NVVA 36

Aided Vision: 1326/08 NVVA 12

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Made to change BV glasses.

MR. PRAKASH KUDVA

Prakash
SR. OPTOMETRIST



CID : 2309017419
Name : MRS.URMILA DEVI GOTHWAL
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 31-Mar-2023 / 10:51
Reported : 31-Mar-2023 / 12:23

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.44	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Measured
MCV	86.6	80-100 fl	Calculated
MCH	27.0	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8010	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.5	20-40 %	
Absolute Lymphocytes	2362.9	1000-3000 /cmm	Calculated
Monocytes	4.4	2-10 %	
Absolute Monocytes	352.4	200-1000 /cmm	Calculated
Neutrophils	63.7	40-80 %	
Absolute Neutrophils	5102.4	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	168.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	424000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	9.1	11-18 %	Calculated
RBC MORPHOLOGY			



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Hypochromia	-
Microcytosis	-
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 26 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

Authenticity Check



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Reported : 31-Mar-2023 / 15:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	110.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	143.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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Collected : 31-Mar-2023 / 10:51
Reported : 31-Mar-2023 / 14:49

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	90	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.3	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	97	98-107 mmol/l	ISE

Kindly correlate clinically.

Note: In view of high potassium value kindly rule out preanalytic variables that can cause pseudo hyperkalemia. Repeat estimation on fresh sample, if clinically indicated.

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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	6.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	145.6	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
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	193.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.9	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	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	23.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.+20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.21	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	0.3	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	16.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	20.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	22.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	76.0	35-105 U/L	PNPP

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*** End Of Report ***



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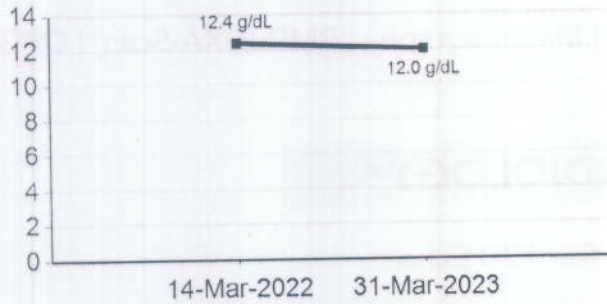
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Haemoglobin



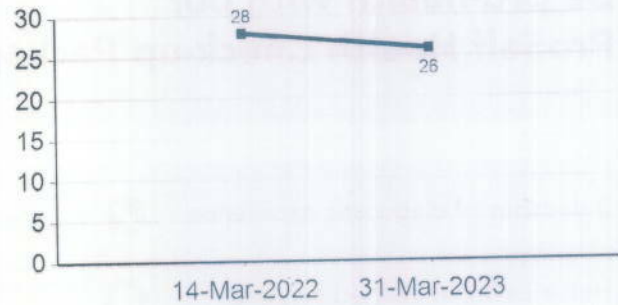
WBC Total Count



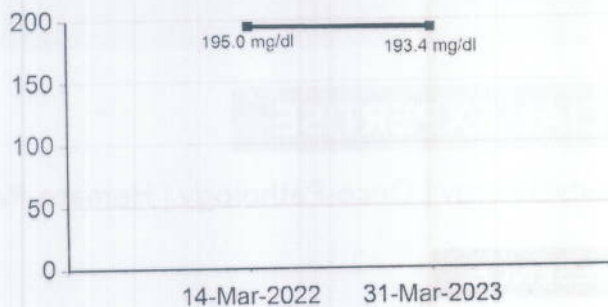
Platelet Count



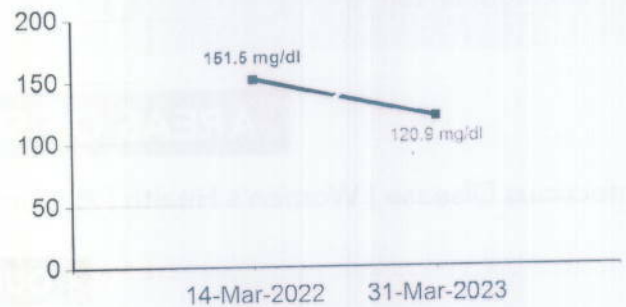
ESR



CHOLESTEROL



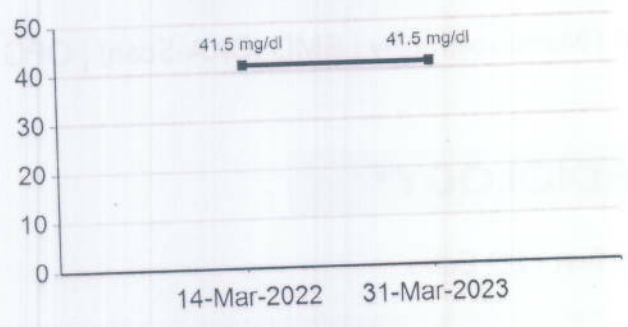
TRIGLYCERIDES



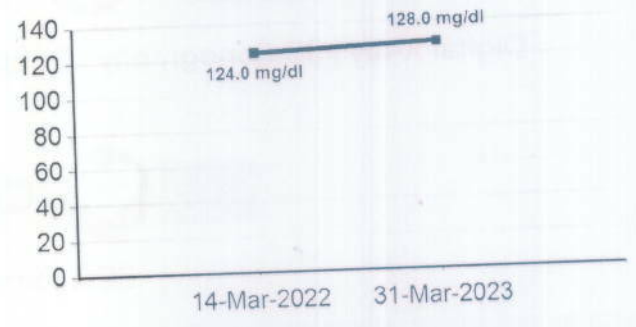


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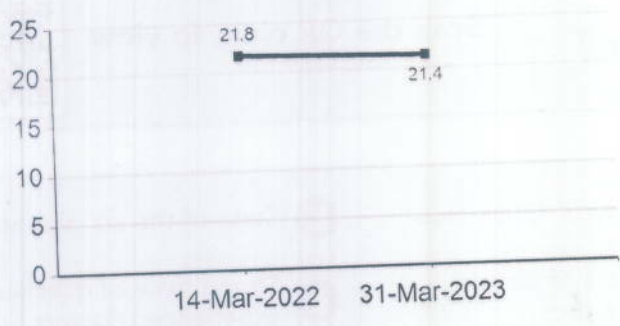
HDL CHOLESTEROL



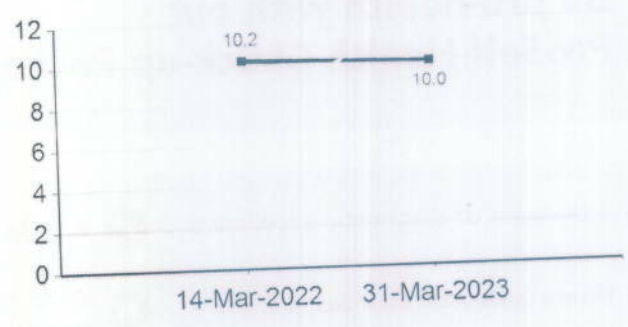
LDL CHOLESTEROL



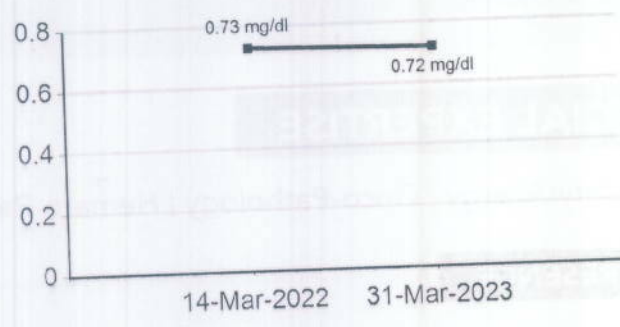
BLOOD UREA



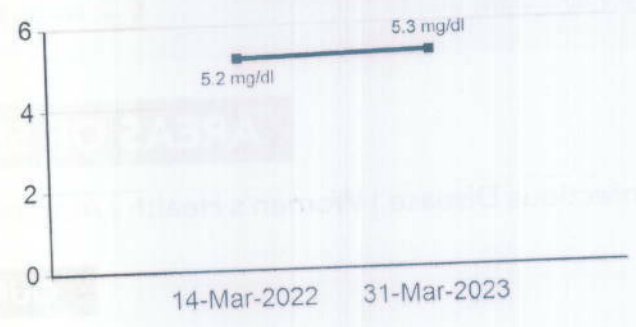
BUN



CREATININE



URIC ACID

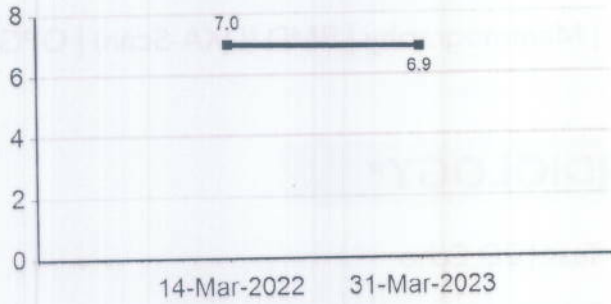




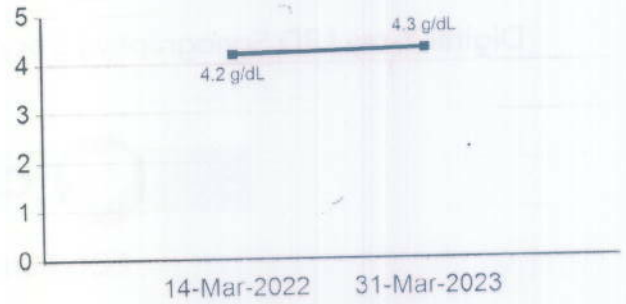
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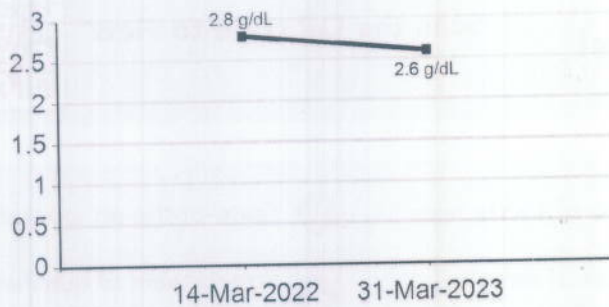
TOTAL PROTEINS



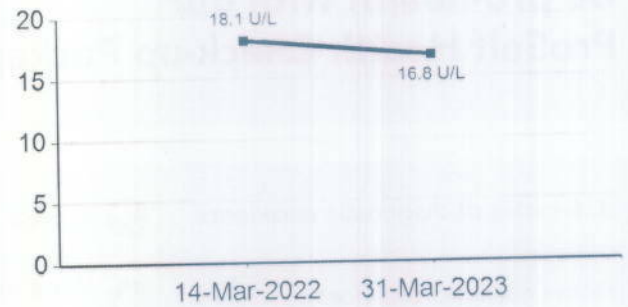
ALBUMIN



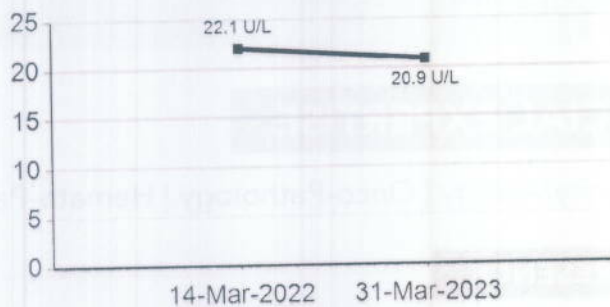
GLOBULIN



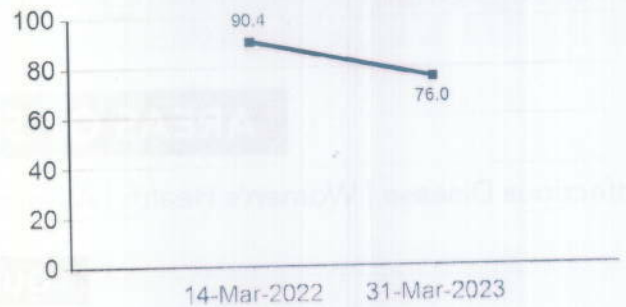
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



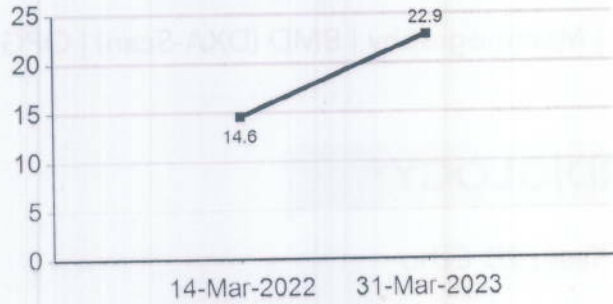
Authenticity Check



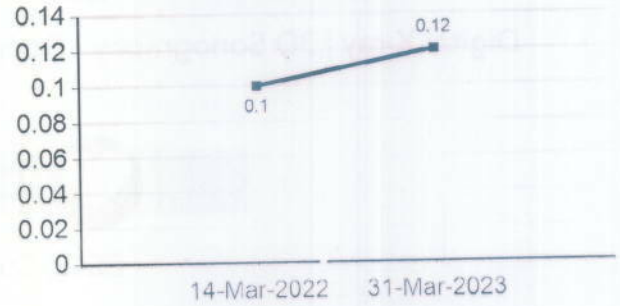
Use a QR Code Scanner Application To Scan the Code

CID : 2309017419
 Name : MRS.URMILA DEVI GOTHWAL
 Age / Gender : 52 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

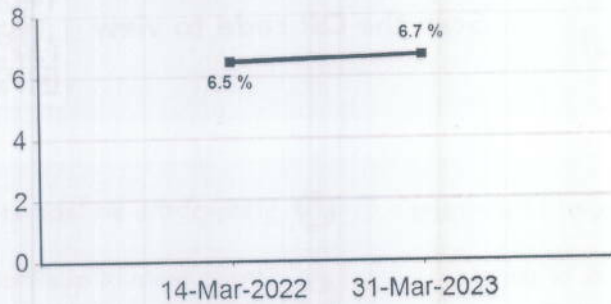
GAMMA GT



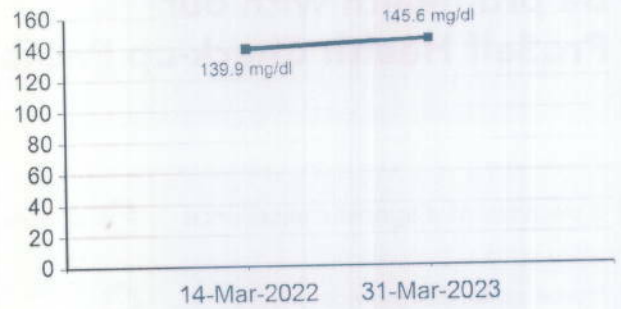
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)



Free T3



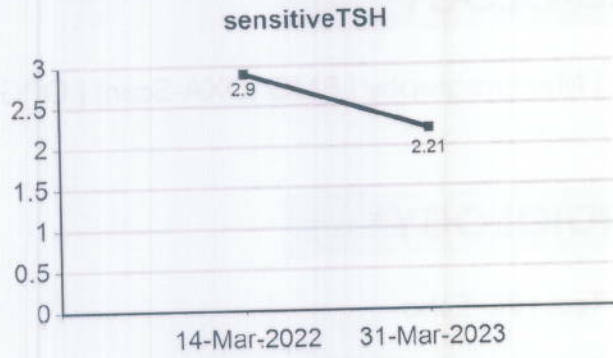
Free T4





Use a QR Code Scanner
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Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 31st Mar 23 11:29 AM

Patient Name: URMILA DEVI GOTHWAL
Patient ID: 2309017419



PRECISE TESTING • HEALTHIER LIVING

Age 52 years 5 months 5 days

Gender Female

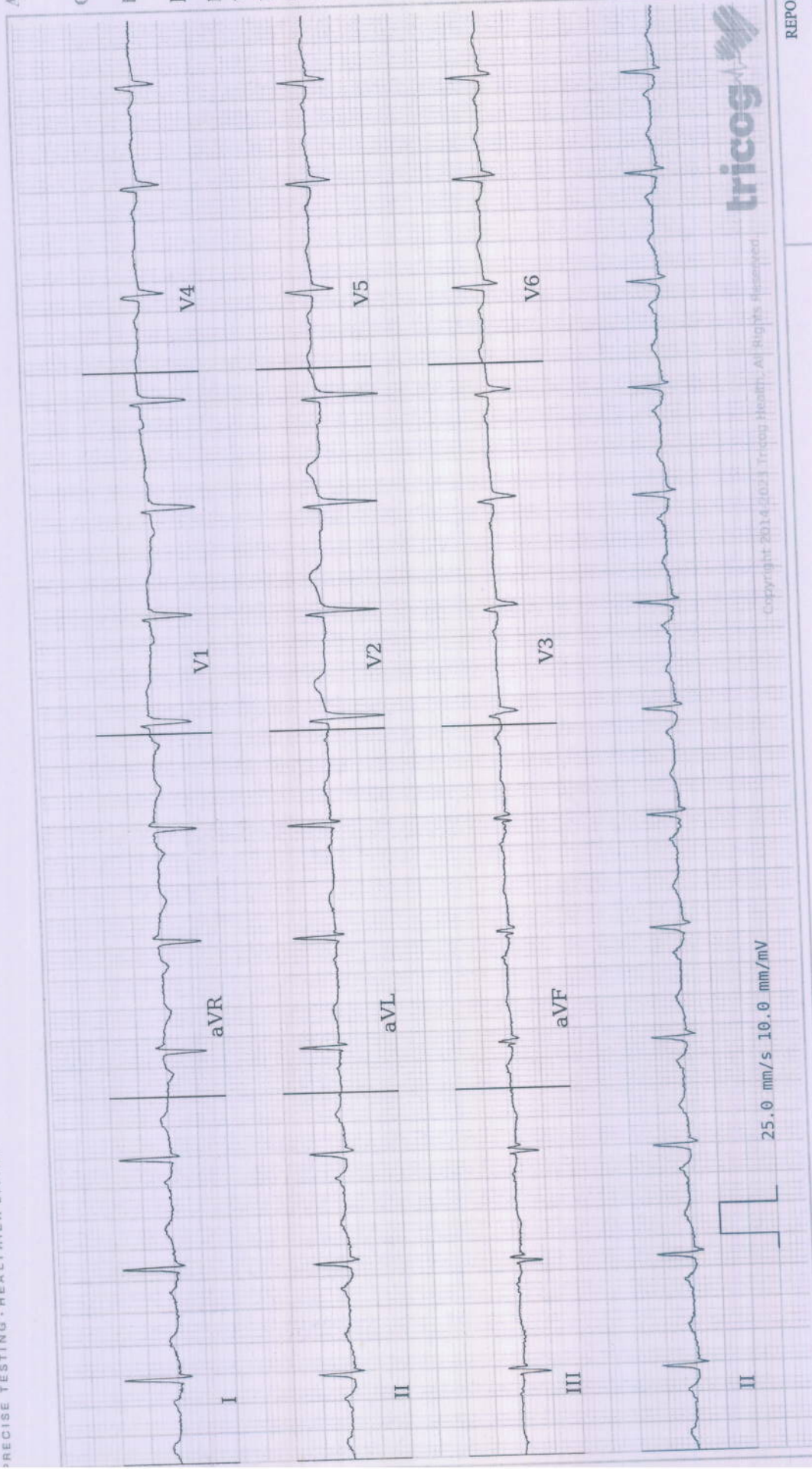
Heart Rate 84bpm

Patient Vitals

BP: 140/90 mmHg
Weight: 78 kg
Height: 160 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 84ms
QT: 388ms
QTcB: 458ms
PR: 180ms
P-R-T: 45° 7° 19°



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REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Sinus Rhythm, Non-specific ST/T Wave Changes. 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.

Reg. No. : 2309017419	Sex : FEMALE
NAME : MRS. URMILA DEVI GOTHWAL	Age : 52 YRS
Ref. By : -----	Date : 31.03.2023

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 breasts.

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.

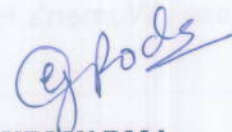
On Sonomammography of both breasts mixed fibroglandular tissues are seen. No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal. No significant axillary lymphadenopathy is seen.

IMPRESSION:

**CALCIFICATIONS ARE NOTED IN BOTH BREASTS.
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)**

REG NO. : 2309017419	SEX : FEMALE
NAME : MRS. URMILA DEVI GOTHWAL	AGE : 52 YRS
REF BY : -----	DATE: 31.03.2023

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	48.9	mm
LVIDS	32.8	mm
LVEF	61	%
FS	33	%
IVS	10.4	mm
PW	10.4	mm

AORTIC VALVE :

LADd	26.1	mm
AODd	32.3	mm
ACS	16.1	mm

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
Regional wall motion abnormality : Absent.
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. **GRADE I DIASTOLIC DYSFUNCTION.**
2 Normal Flow and gradient across other valves.
3. No shunt / coarctation.
4. No pulmonary hypertension.

IMPRESSION :

**GRADE I DIASTOLIC DYSFUNCTION.
OTHERWISE NORMAL 2D / M- MODE /DOPPLER STUDY OF THE HEART.**



DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)

CID : 2309017419
Name : Mrs URMILA DEVI GOTHWAL
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 31-Mar-2023
Reported : 31-Mar-2023 / 14:01

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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.

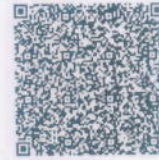
-----End of Report-----



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

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Page no 1 of 1



CID : 2309017419
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Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 31-Mar-2023
Reported : 31-Mar-2023 / 12:44

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and *shows increased echoreflectivity*. 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 4.2 cm. Left kidney measures 10.4 x 4.5 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 appears atrophic (post- menopausal status)

No free fluid or significant lymphadenopathy is seen.

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Authenticity Check



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 31-Mar-2023
Reported : 31-Mar-2023 / 12:44

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos 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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