SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Deepali Jain	Sex/Age	F/50
Date	30/3/23	Location	Thane.

History and Complaints

C/o- toes Pain.

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	N
Weight (kg):	71	Skin:	Dry skin
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	NAD.

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

Impression:

- ↑ ESR (39), ↑ TSH (5.7)
- Urine- Pus cells (10-12/hpf)
- ↑ Cholesterol., LDL., Non HDL.

Chest X-ray- Foot → Calcaneal spurs

2DEHO → LVH.

USG- Fatty Liver, Lt. Kidney Hypertrophy; Rt. Kidney - Not seen.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Advice:
- Low Fat, Low Sugar Diet.
- Reg. Exercise.
- Drink Plenty of Liquids.
- Repeat Lipid Profile, Thyroid Profile after (6) Months.

orthopaedics consultation

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Veg.
4)	Medication	- No.

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

SUBURBAN DIAGNOSTICS
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REPORT

NAME: - Deepali Jain. AGE / SEX :- F/50

REGN NO : - REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS :- Nil

MARITAL STATUS :- Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal.
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY: - $G_2 P_2 A_0$.
- PAST HISTORY :- Nil 2NVD.
- PREVIOUS SURGERIES :- Nil
- ALLERGIES :- - Sulpha drugs.
- FAMILY HOSTORY :- Nil

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

PERSONAL HISTORY :-

TEMPRATURE :-

RS :-

CVS :- NAD

PULSE / MIN :- 72/min

BP (mm of hg):- 130/80

BREAST EXAMINATION:-

PER ABDOMEN :- NAD.

PRE VAGINAL:-

RECOMMENDATION :-

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2308913740		
Name	: MRS.DEEPALI DEVENDAR JAIN		
Age / Gender	: 49 Years / Female		
Consulting Dr.	: -	Collected	: 30-Mar-2023 / 11:23
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 30-Mar-2023 / 16:16

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.7	36-46 %	Measured
MCV	92.6	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	**15.0**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8190	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	2768.2	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	507.8	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	4504.5	2000-7000 /cmm	Calculated
Eosinophils	5.0	1-6 %	
Absolute Eosinophils	409.5	20-500 /cmm	Calculated
Basophils	**0.0**	0.1-2 %	
Absolute Basophils	**0.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	**7.5**	11-18 %	Calculated

RBC MORPHOLOGY

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HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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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	39	2-20 mm at 1 hr.	Sedimentation

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

*** End Of Report ***

ilac-MRA

MC-5314

Dr.AMIT TAORI
M.D (Path)
Pathologist

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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	91.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.3	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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	89	>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	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	5.2	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	97	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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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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	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	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	10-12	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

Kindly correlate clinically

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

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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

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	201.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.8	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	45.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	132.0	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	23.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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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	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	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	5.7	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

Kindly correlate clinically.

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Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

*** End Of Report ***

ilac-MRA

MC-5314

Dr.AMIT TAORI
M.D (Path)
Pathologist

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2308913740		
Name	: MRS.DEEPALI DEVENDAR JAIN		
Age / Gender	: 49 Years / Female		
Consulting Dr.	: -	Collected	: 30-Mar-2023 / 11:23
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 30-Mar-2023 / 18:50

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	**1.23**	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	**0.41**	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.82	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	103.5	35-105 U/L	PNPP

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

*** End Of Report ***

ilac-MRA

MC-5314

Dr.AMIT TAORI
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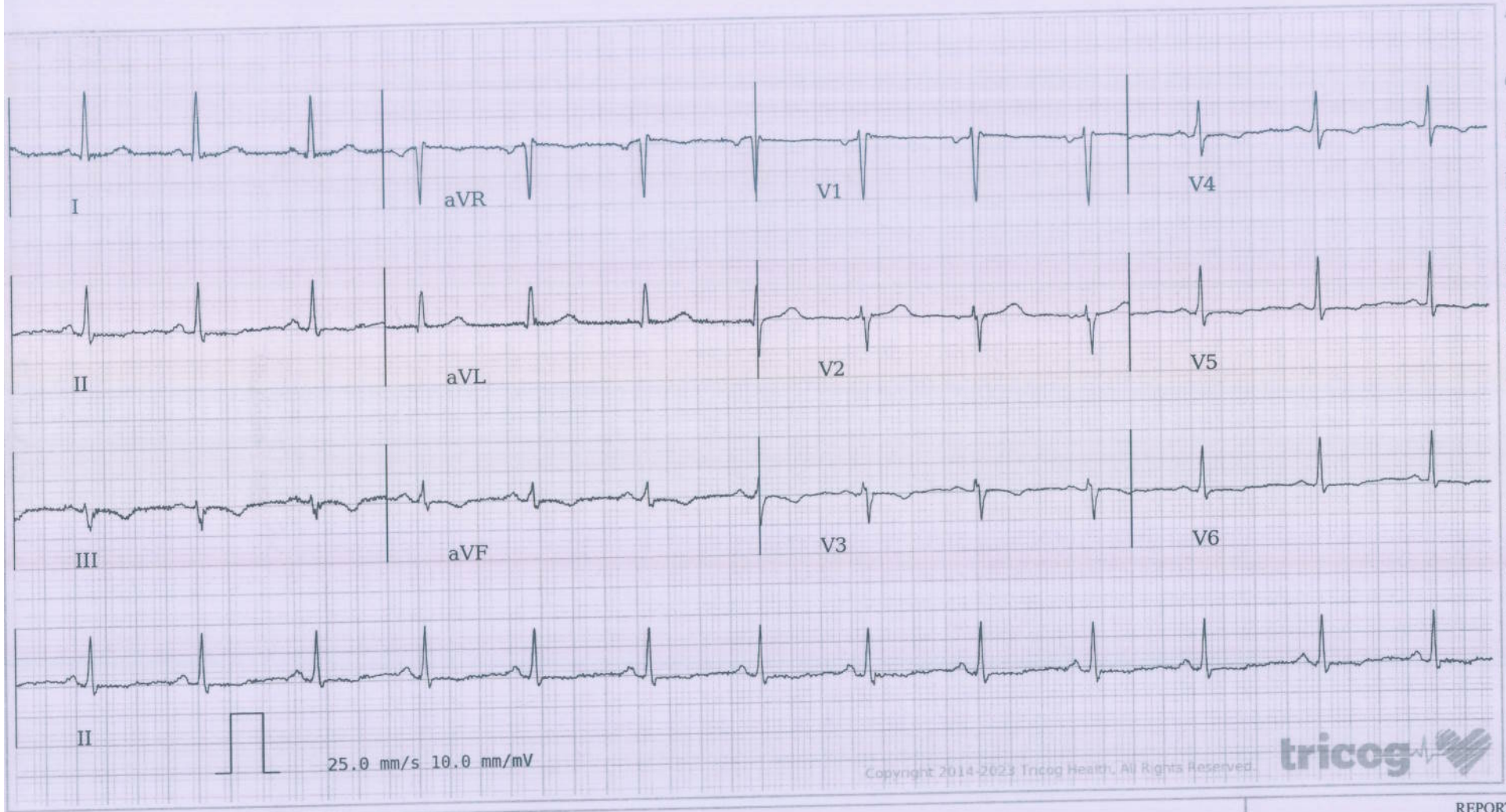
SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: DEEPALI DEVENDAR JAIN
Patient ID: 2308913740

Date and Time: 30th Mar 23 12:22 PM



tricog

Age 49 years 11 months 26 days

Gender **Female**

Heart Rate **83bpm**

Patient Vitals

BP:	160/100 mmHg
Weight:	71 kg
Height:	160 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	82ms
QT:	360ms
QTc:	423ms
PR:	146ms
P-R-T:	66° 15° -34°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

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CID	: 2308913740		
Name	: Mrs DEEPALI DEVENDAR JAIN		
Age / Sex	: 49 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Mar-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Mar-2023 / 13:33

USG WHOLE ABDOMEN

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 is not seen in right renal fossa. Left kidney is enlarged in size measures 13.1 x 4.2 cm. (compansatory hypertrophy)***
Left kidney is normal in 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).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033010452788

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

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CID	: 2308913740		
Name	: Mrs DEEPALI DEVENDAR JAIN		
Age / Sex	: 49 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Mar-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Mar-2023 / 13:33

IMPRESSION:

- GRADE I FATTY INFILTRATION OF LIVER.
- RIGHT KIDNEY IS NOT SEEN IN RIGHT RENAL FOSSA.
- LEFT KIDNEY ENLARGED IN SIZE MEASURES 13.1 X 4.2 CM. (COMPANSATORY HYPERTROPHY)

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

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

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

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

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SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2308913740		
Name	: Mrs DEEPALI DEVENDAR JAIN		
Age / Sex	: 49 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Mar-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Mar-2023 / 14:44

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----------

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

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HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2308914132		
Name	: Mrs DEEPALI DEVENDAR JAIN		
Age / Sex	: 49 Years/Female		
Ref. Dr	: AMIT CHAVAN	Reg. Date	: 30-Mar-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Mar-2023 / 14:46

X-RAY BOTH FOOT AP / LAT VIEW

Calcaneal spurs are noted postero-superiorly and inferiorly on both sides.

Joint spaces are normal.

No evidence of any bone erosion or destruction seen in vertebral bodies under review.

No lytic / sclerotic lesion is seen.

No obvious fracture is seen in bones under review.

Kindly correlate clinically

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

G. R. Fartade

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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

REG NO. : 2308913740	SEX : FEMALE
NAME : MRS.DEEPALI JAIN	AGE : 49 YRS
REF BY : ----------	DATE: 30.03.2023

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LVIDD	42	mm
LVIDS	24	mm
LVEF	60	%
IVS	11	mm
PW	10	mm
AO	15	mm
LA	32	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.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT NAME : MRS.DEEPALI JAIN

COLOR DOPPLER:

- Mitral valve doppler – E- 0.8 m/s, A- 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.4 m/s, PG 8.9 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)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Reg. No. : 2308913740	**Sex : FEMALE**
NAME : MRS. DEEPALI JAIN	**Age : 49 YRS**
Ref. By : ----------	**Date : 30.03.2023**

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.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.
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 soild or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IN BOTH BREASTS.
ACR BIRADS CATEGORY I BOTH BREASTS.

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. GAURAV FARTADE
DMRE
(CONSULTANT RADIOLOGIST)