


भारत सरकार
 GOVERNMENT OF INDIA



ഷീല സായു പ്രകാശ്
Sheela Sayu Prakash
ജനന വർഷം/YoB: 1970
സ്ത്രീ Female



2930 3217 5534

ആധാർ - സാധാരണക്കാരന്റെ അവകാശം


भारतीय विशिष्ट पहचान प्राधिकरण
 UNIQUE IDENTIFICATION AUTHORITY OF INDIA

വിലാസം:
W/O: സായു പ്രകാശ്,
വതക്കാമ്പരമ്പിൽ വീട്,
എൻ ജേ ആർ എ
170എ, ഏരുർ
വാസുദേവ് റോഡ്,
പാലാരിവട്ടം പി ഒ,
എർണാകുളം
പാലാരിവട്ടം,
പാലാരിവട്ടം,
എറണാകുളം
കേരളം, 682025

Address:
W/O: Sayu Prakash,
Vadakkamparambil
Veedu, NJRA170A, Eror
Vasudev Road,
Palarivattom P O,
Ernakulam Palarivattom,
Palarivattom, Ernakulam
Kerala, 682025

Aadhaar - Aam Aadmi ka Adhikar

Sheela



| | |
|-------------------------------|----------------------------|
| NAME: MRS SHEELA SAYU PRAKASH | STUDY DATE:24.06.2023 |
| AGE / SEX : 53 YRS / F | REPORTING DATE :24.06.2023 |
| REFERRED BY:MEDIWHEEL | ACC NO: 4126WF008498 |

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Mild cardiomegaly noted
- Bilateral CP angles and domes of diaphragm appear normal.

Kindly correlate clinically



Navneet
Dr. NAVNEET KAUR, MBBS,MD
Consultant Radiologist.

Shela.c

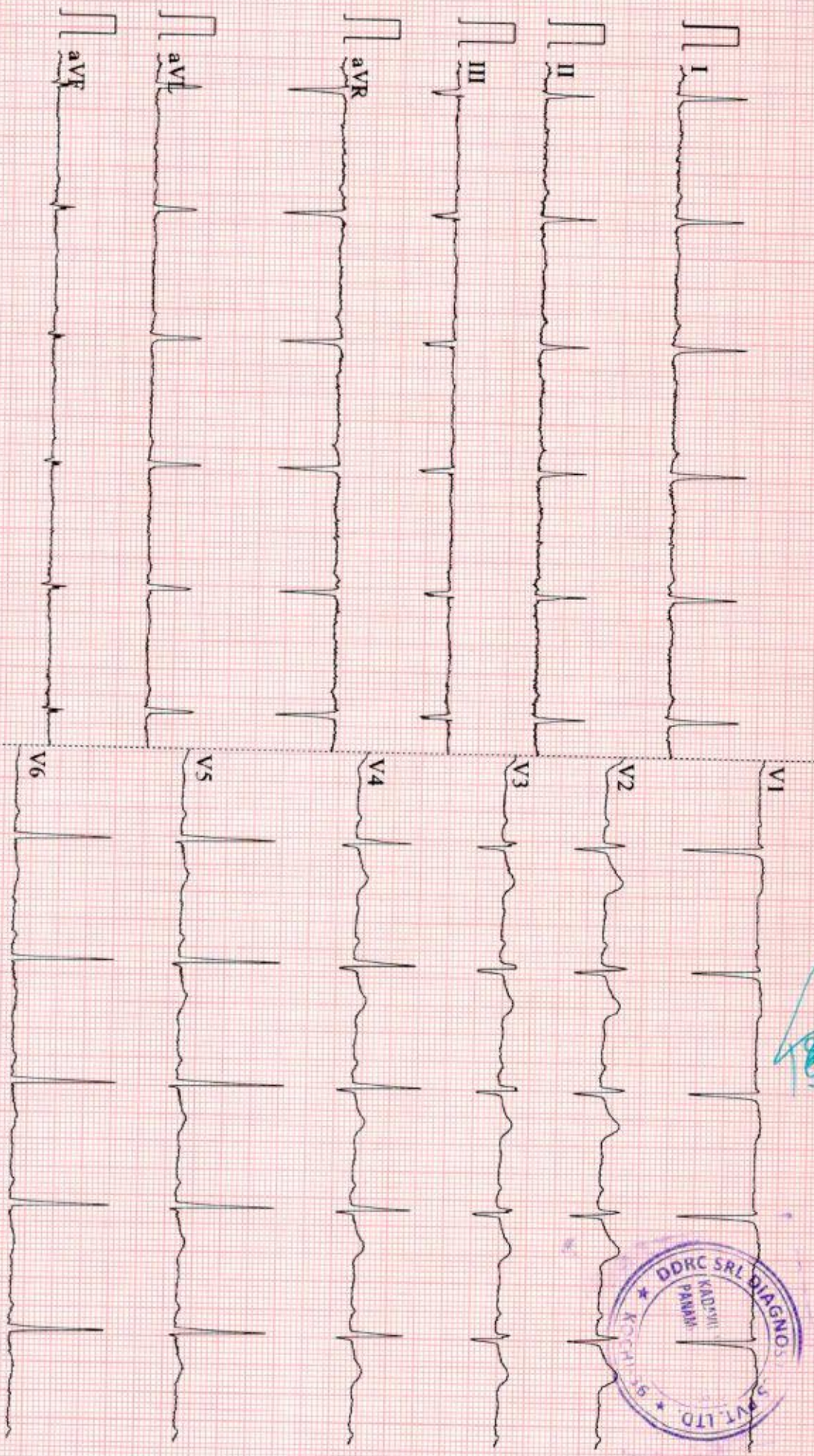
| | | |
|---------|---------------|-----|
| HR | : 66 | bpm |
| P | : 117 | ms |
| PR | : 181 | ms |
| QRS | : 81 | ms |
| QT/QTc | : 414/437 | ms |
| P/QRS/T | : 0/6/47 | ° |
| RV5/SV1 | : 1.775/1.275 | mV |

Diagnosis Information:

Technician : ALEENA
 Ref-Phys. : MEDIWHEEL
 Report Confirmed by: *[Signature]*

No Significant Abnormality

Dr. Jabir Abdullakutty
 MD, DM, FACC, FRCP (Edin), FESC, FSCA,
 Reg. No. 19740
 Senior Consultant Cardiologist
 Lisle Hospital, Cochin-18



Date... 24/6/23

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Sheela Sayu Aged 53 and his / her

visual standards is as follows :

Visual Acuity:

For far vision

R: 6/18

L: 6/9

CPG { 6/9
6/6P

For near vision

R: N10

L: N10

CPG { N6
N6

Color Vision : Normal (BE)



Rocky

CIYA MARY P ROCKY
(Optometrist)

DIAGNOSTIC REPORT

Patient Ref. No. 666000004938396

**CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156DDRC SRL DIAGNOSTICS LTD
DDRC SRL TOWER, G-131, PANAMPILLY NAGAR,
ERNAKULAM, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@agilus.in**PATIENT NAME :** SHEELA SAYU PRAKASHPATIENT ID : **SHEEF2406704126**ACCESSION NO : **4126WF008498** AGE : 53 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 24/06/2023 08:34

REPORTED : 26/06/2023 18:01

REFERRING DOCTOR : DR. BOB MEDIWHEEL

CLIENT PATIENT ID :

| Test Report Status | Final | Results | Biological Reference Interval | Units |
|--------------------|-------|---------|-------------------------------|-------|
|--------------------|-------|---------|-------------------------------|-------|

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO*** OPHTHAL**

OPHTHAL

Test completed



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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 9 Adult(<60 yrs) : 6 to 20 mg/dL
METHOD : UREASE - UV

BUN/CREAT RATIO

BUN/CREAT RATIO 16.0

CREATININE, SERUM

CREATININE 0.56 18 - 60 yrs : 0.6 - 1.1 mg/dL
METHOD : JAFFE KINETIC METHOD

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 241 **High** Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55.

METHOD : HEXOKINASE

GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 166 **High** Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.

METHOD : HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 10.5 **High** Normal : 4.0 - 5.6%. %
Non-diabetic level : < 5.7%.
Diabetic : >6.5%
Glycemic control goal
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.

MEAN PLASMA GLUCOSE 254.7 **High** < 116.0 mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL 229 Desirable : < 200 mg/dL
Borderline : 200-239
High : >or= 240



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| | | | |
|---------------------------------------|-------------|--|-------|
| METHOD : CHOD-POD | | | |
| TRIGLYCERIDES | 244 | High Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499 | mg/dL |
| HDL CHOLESTEROL | 37 | Low General range : 40-60 | mg/dL |
| METHOD : DIRECT ENZYME CLEARANCE | | | |
| DIRECT LDL CHOLESTEROL | 150 | Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : > or = 190 | mg/dL |
| NON HDL CHOLESTEROL | 192 | High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220 | mg/dL |
| VERY LOW DENSITY LIPOPROTEIN | 48.8 | High Desirable value : 10 - 35 | mg/dL |
| CHOL/HDL RATIO | 6.2 | High 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk | |
| LDL/HDL RATIO | 4.1 | High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk | |
| LIVER FUNCTION TEST WITH GGT | | | |
| BILIRUBIN, TOTAL | 0.34 | General Range : < 1.1 | mg/dL |
| METHOD : DIAZO METHOD | | | |
| BILIRUBIN, DIRECT | 0.15 | General Range : < 0.3 | mg/dL |
| METHOD : DIAZO METHOD | | | |
| BILIRUBIN, INDIRECT | 0.19 | 0.00 - 0.60 | mg/dL |
| TOTAL PROTEIN | 7.6 | Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 | g/dL |
| ALBUMIN | 4.6 | 20-60yrs : 3.5 - 5.2 | g/dL |
| GLOBULIN | 3.0 | 2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04 | g/dL |
| ALBUMIN/GLOBULIN RATIO | 1.5 | 1.00 - 2.00 | RATIO |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 48 | Adults : < 33 | U/L |



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PATIENT NAME : SHEELA SAYU PRAKASH PATIENT ID : **SHEEF2406704126**

ACCESSION NO : **4126WF008498** AGE : 53 Years SEX : Female ABHA NO :

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| ALANINE AMINOTRANSFERASE (ALT/SGPT) | | 117 | Adults : < 34 U/L |
| METHOD : IFCC WITHOUT PDP | | | |
| ALKALINE PHOSPHATASE | | 95 | Adult (<60yrs) : 35 - 105 U/L |
| METHOD : IFCC | | | |
| GAMMA GLUTAMYL TRANSFERASE (GGT) | | 43 | Adult (female) : < 40 U/L |
| TOTAL PROTEIN, SERUM | | | |
| TOTAL PROTEIN | | 7.6 | Ambulatory : 6.4 - 8.3 g/dL Recumbant : 6 - 7.8 |
| METHOD : BIURET | | | |
| URIC ACID, SERUM | | | |
| URIC ACID | | 4.8 | Adults : 2.4-5.7 mg/dL |
| METHOD : SPECTROPHOTOMETRY | | | |
| ABO GROUP & RH TYPE, EDTA WHOLE BLOOD | | | |
| ABO GROUP | | TYPE O | |
| METHOD : GEL CARD METHOD | | | |
| RH TYPE | | POSITIVE | |
| BLOOD COUNTS,EDTA WHOLE BLOOD | | | |
| HEMOGLOBIN | | 13.0 | 12.0 - 15.0 g/dL |
| METHOD : NON CYANMETHHEMOGLOBIN | | | |
| RED BLOOD CELL COUNT | | 4.48 | 3.8 - 4.8 mil/ μ L |
| METHOD : IMPEDANCE | | | |
| WHITE BLOOD CELL COUNT | | 5.99 | 4.0 - 10.0 thou/ μ L |
| METHOD : IMPEDANCE | | | |
| PLATELET COUNT | | 247 | 150 - 410 thou/ μ L |
| METHOD : IMPEDANCE | | | |
| RBC AND PLATELET INDICES | | | |
| HEMATOCRIT | | 39.9 | 36 - 46 % |
| METHOD : CALCULATED | | | |
| MEAN CORPUSCULAR VOL | | 89.0 | 83 - 101 fL |
| METHOD : DERIVED FROM IMPEDANCE MEASURE | | | |
| MEAN CORPUSCULAR HGB. | | 29.1 | 27.0 - 32.0 pg |
| METHOD : CALCULATED | | | |
| MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION | | 32.7 | 31.5 - 34.5 g/dL |
| METHOD : CALCULATED | | | |
| RED CELL DISTRIBUTION WIDTH | | 15.3 | 12.0 - 18.0 % |



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Cert. No. MC-2354

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| MENTZER INDEX | | 19.9 | |
| MEAN PLATELET VOLUME | | 8.0 | 6.8 - 10.9 fL |
| METHOD : DERIVED FROM IMPEDANCE MEASURE | | | |
| WBC DIFFERENTIAL COUNT | | | |
| SEGMENTED NEUTROPHILS | | 45 | 40 - 80 % |
| METHOD : DHSS FLOWCYTOMETRY | | | |
| LYMPHOCYTES | | 45 | High 20 - 40 % |
| METHOD : DHSS FLOWCYTOMETRY | | | |
| MONOCYTES | | 6 | 2 - 10 % |
| METHOD : DHSS FLOWCYTOMETRY | | | |
| EOSINOPHILS | | 4 | 1 - 6 % |
| METHOD : DHSS FLOWCYTOMETRY | | | |
| BASOPHILS | | 0 | 0 - 2 % |
| METHOD : IMPEDANCE | | | |
| ABSOLUTE NEUTROPHIL COUNT | | 2.70 | 2.0 - 7.0 thou/ μ L |
| METHOD : CALCULATED | | | |
| ABSOLUTE LYMPHOCYTE COUNT | | 2.70 | 1 - 3 thou/ μ L |
| METHOD : CALCULATED | | | |
| ABSOLUTE MONOCYTE COUNT | | 0.36 | 0.20 - 1.00 thou/ μ L |
| METHOD : CALCULATED | | | |
| ABSOLUTE EOSINOPHIL COUNT | | 0.24 | 0.02 - 0.50 thou/ μ L |
| METHOD : CALCULATED | | | |
| ABSOLUTE BASOPHIL COUNT | | 0.00 | 0.00 - 0.10 thou/ μ L |
| METHOD : CALCULATED | | | |
| NEUTROPHIL LYMPHOCYTE RATIO (NLR) | | 1 | |
| ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD | | | |
| SEDIMENTATION RATE (ESR) | | 23 | High 0 - 20 mm at 1 hr |
| METHOD : WESTERGREN METHOD | | | |
| * SUGAR URINE - POST PRANDIAL | | | |
| SUGAR URINE - POST PRANDIAL | | NOT DETECTED | NOT DETECTED |
| THYROID PANEL, SERUM | | | |
| T3 | | 65.65 | Low Non-Pregnant Women 80.0 - 200.0 Pregnant Women 1st Trimester:105.0 - 230.0 2nd Trimester:129.0 - 262.0 3rd Trimester:135.0 - 262.0 ng/dL |
| METHOD : ELECTROCHEMILUMINESCENCE | | | |



DIAGNOSTIC REPORT



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SOUTH DELHI, DELHI,
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8800465156



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PATIENT NAME : SHEELA SAYU PRAKASH **PATIENT ID : SHEEF2406704126**

ACCESSION NO : **4126WF008498** AGE : 53 Years SEX : Female ABHA NO :

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| T4 | | 6.63 | Non-Pregnant Women 5.10 - 14.10 Pregnant Women 1st Trimester: 7.33 - 14.80 2nd Trimester: 7.93 - 16.10 3rd Trimester: 6.95 - 15.70 METHOD : ELECTROCHEMILUMINESCENCE |
| TSH 3RD GENERATION | | 0.845 | Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3 METHOD : ELECTROCHEMILUMINESCENCE |

Comments

Kindly correlate clinically.
Kindly contact lab within 24 hrs if clinically not correlated.
Repeat estimation recommended on fresh sample within 2 Days if clinically not correlated.

PHYSICAL EXAMINATION, URINE

COLOR **AMBER**
APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

| | | |
|--------------------|--------------|---------------|
| PH | 5.0 | 4.8 - 7.4 |
| SPECIFIC GRAVITY | 1.020 | 1.015 - 1.030 |
| PROTEIN | NOT DETECTED | NOT DETECTED |
| GLUCOSE | NOT DETECTED | NOT DETECTED |
| KETONES | NOT DETECTED | NOT DETECTED |
| BLOOD | NOT DETECTED | NOT DETECTED |
| BILIRUBIN | NOT DETECTED | NOT DETECTED |
| UROBILINOGEN | NORMAL | NORMAL |
| NITRITE | NOT DETECTED | NOT DETECTED |
| LEUKOCYTE ESTERASE | NOT DETECTED | NOT DETECTED |

MICROSCOPIC EXAMINATION, URINE

| | | | |
|------------------|--------------|--------------|------|
| RED BLOOD CELLS | NOT DETECTED | NOT DETECTED | /HPF |
| WBC | 2-3 | 0-5 | /HPF |
| EPITHELIAL CELLS | 3-5 | 0-5 | /HPF |
| CASTS | NOT DETECTED | | |





Patient Ref. No. 666000004938396

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| | | |
|----------|--------------|--------------|
| CRYSTALS | NOT DETECTED | |
| BACTERIA | NOT DETECTED | NOT DETECTED |
| YEAST | NOT DETECTED | NOT DETECTED |

CYTOLOGY - CS (PAP SMEAR)

CYTOLOGY - CS (PAP SMEAR)
CYTOLOGY NO : CY/2931/2023

NATURE OF SPECIMEN : Pap smear.

GROSS SPECIMEN : 2 smears stained.

MICROSCOPY:

Satisfactory smear shows superficial squamous cells and intermediate squamous cells.
Lactobacilli seen. Background shows neutrophils.
Negative for malignant cells.

IMPRESSION : Negative for intraepithelial lesion or malignancy.

*** SUGAR URINE - FASTING**

| | | |
|-----------------------|--------------|--------------|
| SUGAR URINE - FASTING | NOT DETECTED | NOT DETECTED |
|-----------------------|--------------|--------------|



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DIAGNOSTIC REPORT

CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: ARCOFEMI HEALTHCARE LIMITED

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

*** ECG WITH REPORT**

REPORT

TEST COMPLETED

*** 2D - ECHO WITH COLOR DOPPLER**

REPORT

TEST COMPLETED

*** USG ABDOMEN AND PELVIS**

REPORT

TEST COMPLETED

*** CHEST X-RAY WITH REPORT**

REPORT

TEST COMPLETED

*** MAMMOGRAPHY -BOTH**

REPORT

TEST COMPLETED

****End Of Report****

Please visit www.ddrcsrl.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

DR.HARI SHANKAR, MBBS MD
 (Reg No - TCMC:62092)
 HEAD - Biochemistry &
 Immunology

DR.NILA THERESA DAVIS,MBBS
 MD(PATH)
 (Reg No - TCMC:45470)
 CONSULTANT PATHOLOGIST

DR.SMITHA PAULSON,MD
 (PATH),DPB
 (Reg No - TCMC:35960)
 LAB DIRECTOR & HEAD-
 HISTOPATHOLOGY &
 CYTOLOGY

DR.NISHA G,MBBS MD(PATH),
 (Reg No - TCMC:45399)
 CONSULTANT PATHOLOGIST



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MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

| | |
|---------------------------|--|
| 1. Name of the examinee | : Mr./Mrs./Ms. SHEELA SAYU PRAKASH. |
| 2. Mark of Identification | : (Mole/Scar/any other (specify location)): mole below neck. |
| 3. Age/Date of Birth | : 53 / 10-05-1970 Gender: F/M |
| 4. Photo ID Checked | : (Passport/Election Card/PAN Card/Driving Licence/Company ID) Aadhaar |

PHYSICAL DETAILS:

| | | |
|-----------------------------------|------------------------------|--------------------------------------|
| a. Height169..... (cms) | b. Weight70..... (Kgs) | c. Girth of Abdomen94... (cms) |
| d. Pulse Rate70..... (/Min) | e. Blood Pressure: | Systolic Diastolic |
| | 1 st Reading | 140 80 |
| | 2 nd Reading | |

FAMILY HISTORY:

| Relation | Age if Living | Health Status | If deceased, age at the time and cause |
|------------|---------------|---------------|--|
| Father | | | 75 MI |
| Mother | | | 72 MI |
| Brother(s) | 69 | Good health | |
| Sister(s) | 60, 62, 55 | | |

HABITS & ADDICTIONS: Does the examinee consume any of the following?

| Tobacco in any form | Sedative | Alcohol |
|---------------------|----------|---------|
| Nil | Nil | Nil |

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N |
| b. Have you undergone/been advised any surgical procedure? Y/N | d. Have you lost or gained weight in past 12 months? Y/N |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? Y/N | • Any disorder of Gastrointestinal System? Y/N |
| • Any disorders of Respiratory system? Y/N | • Unexplained recurrent or persistent fever, and/or weight loss Y/N |
| • Any Cardiac or Circulatory Disorders? Y/N | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N |
| • Enlarged glands or any form of Cancer/Tumour? Y/N | • Are you presently taking medication of any kind? Y/N |
| • Any Musculoskeletal disorder? Y/N | <i>For Diabetes & Hypertension</i> Y/N |

DDRC SRL Diagnostics Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam, - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

- Any disorders of Urinary System? **Y/N**
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin **Y/N**

FOR FEMALE CANDIDATES ONLY

- a. Is there any history of diseases of breast/genital organs? **Y/N**
- b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) **Y/N**
- c. Do you suspect any disease of Uterus, Cervix or Ovaries? **Y/N**
- d. Do you have any history of miscarriage/abortion or MTP **Y/N**
- e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc **Y/N**
- f. Are you now pregnant? If yes, how many months? **Y/N**

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? **Y/N**
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? **Y/N**
- Are there any points on which you suggest further information be obtained? **Y/N**
- Based on your clinical impression, please provide your suggestions and recommendations below;

Medically fit

- Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

Advise medical Consultation

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner :

[Handwritten Signature]



Name & Seal of DDRC SRL Branch :

Dr. C. SAGAR
Reg No. 10159
Consultant Executive Medical Check Up
DDRC SRL Diagnostics Pvt. Limited

Date & Time :

DDRC SRL Diagnostics Limited

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

| | | | |
|----------|-------------------------|--------|---------------|
| NAME | MRS SHEELA SAYU PRAKASH | AGE | 53 YRS |
| SEX | FEMALE | DATE | June 24, 2023 |
| REFERRAL | MEDIWHEEL | ACC NO | 4126WF008498 |

MAMMOGRAPHY

Technique: Bilateral MLO and CC views

Clinical details: Screening mammography

Findings:

- Both breasts show ACR type C composition.
- Breast parenchymal architecture is preserved.
- No evidence of micro/macro calcifications seen in breast.
- The skin, nipple-areola complex and retro-areolar zone are normal.
- The retro-mammary clear zone and underlying pectoralis muscle appear normal.

ULTRASOUND SCREENING:

RIGHT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.
- Prominent axially fat pad is noted. No evidence of axillary lymphadenopathy.

LEFT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.
- Prominent axially fat pad is noted. No evidence of axillary lymphadenopathy.

IMPRESSION:

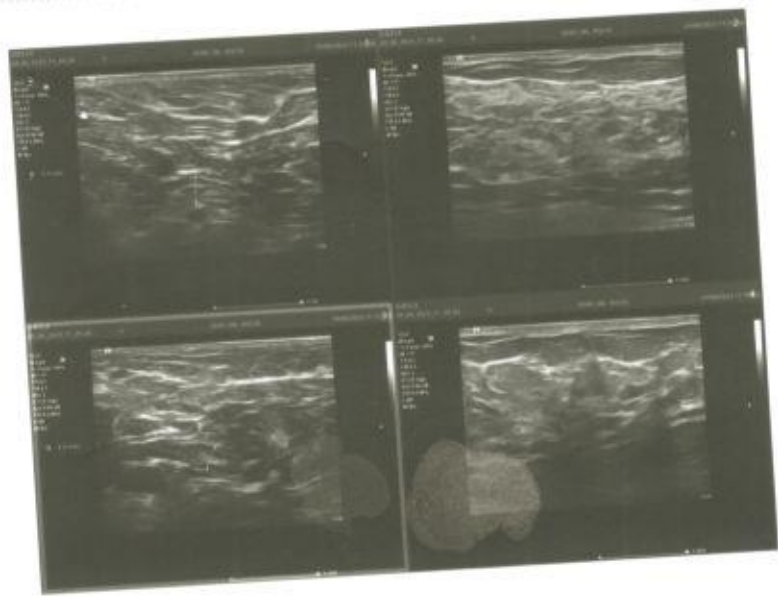
- *No significant abnormality of both breasts (BIRADS I)*


Dr. NAVNEET KAUR MBBS . MD
 Consultant Radiologist

ACR BIRADS Category

| | |
|------------|--|
| 0 | More information is needed to give a final mammogram report |
| I | Your mammogram is normal. |
| II | Your mammogram shows only minor abnormalities that are not suspicious for cancer. No additional testing is needed. |
| III | Your mammogram shows minor abnormalities that are probably benign. The radiologist may recommend follow-up testing to make sure the suspicious area has not changed. |
| IV | Your mammogram shows a suspicious change, and a biopsy should probably be performed. |
| V | Your mammogram shows a worrisome change. A biopsy is strongly recommended. |
| VI | Known biopsy - proven malignancy; Surgical excision when clinically appropriate. |

For Emergency Call: 9496005127. Thanks for referral. Your feedback will be appreciated.
 (Please bring relevant investigation reports during all visits)



Name : Sheela Sayu Prakash

53F

Date: 24/06/2023


Ref : Mediwheel

Accession No:4126WF008498

ECHOCARDIOGRAPHY REPORT

Cardiac ultrasound examination was done using Acuson *Juniper* machine with 5P1 transducer. Imaging and Doppler studies including Colour Flow Mapping (CFM) were performed (images and measurements attached) Relevant observations are noted as follows:

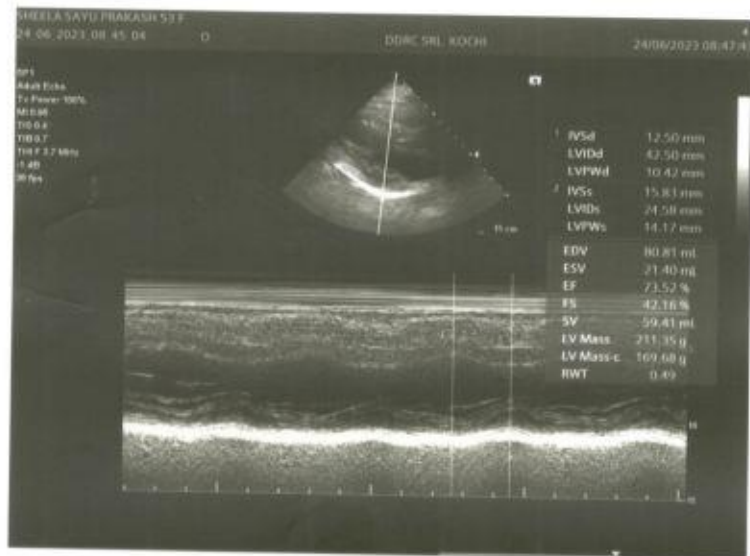
- Concentric LVH.
- Normal LV size and contractility (EF: 66%)
- No regional wall motion abnormalities.
- Grade I Diastolic Dysfunction.
- Trivial MR & TR.
- No PAH
- No intracardiac clots
- No pericardial effusion



Dr. JABIR ABDULLAKUTTY (Cardiologist)
MD, DM, FESC, FACC, FSCAI.

Ultrasound reports are not 100% specific and can vary significantly depending on the clinical conditions. The report has to be correlated clinically and is not for medico-legal purposes.

Thanks for the referral. Your feedback is appreciated.



SHEELA SAIJI PRAKASH S J F

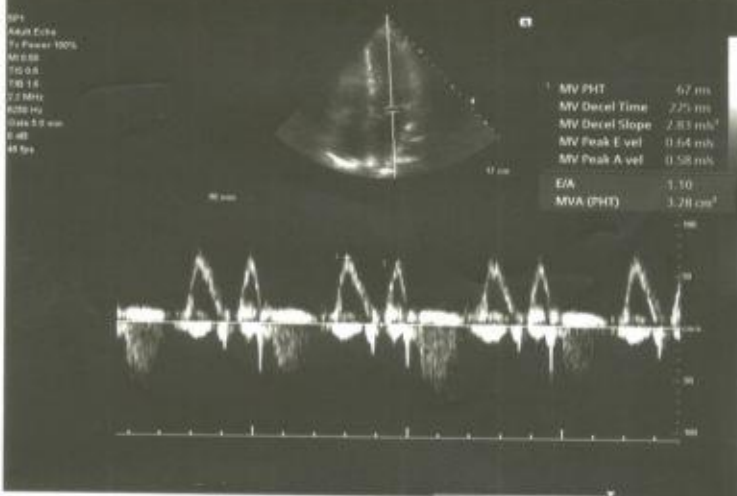
24/06/2023 08:45:04

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DRRC SRI KOCHI

24/06/2023 08:50:03

11



| | | | |
|----------|-------------------------|--------|---------------|
| NAME | MRS SHEELA SAYU PRAKASH | AGE | 53 YRS |
| SEX | FEMALE | DATE | June 24, 2023 |
| REFERRAL | MEDIWHEEL | ACC NO | 4126WF008498 |

USG ABDOMEN AND PELVIS

| | |
|-------------|---|
| LIVER | Measures ~ 14.3 cm. Bright echotexture. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber. |
| GB | Partially contracted. |
| SPLEEN | Measures ~ 10.6 cm, normal to visualized extent. Splenic vein normal. |
| PANCREAS | Normal to visualized extent. PD is not dilated. |
| KIDNEYS | RK: 10 x 5.9 cm, appears normal in size and echotexture. LK: 9.1 x 6.6 cm, shows a 12 x 10 mm cortical cyst at lower pole. Maintained corticomedullary differentiation and normal parenchymal thickness. No hydroureteronephrosis. |
| BLADDER | Normal wall caliber, no internal echoes/calculus within. |
| UTERUS | Post menopausal status. ET - 5 mm. |
| OVARIES | Post menopausal status. |
| NODES/FLUID | Nil to visualized extent. |
| BOWEL | Visualized bowel loops appear normal. |

A 13 mm defect is seen in anterior abdominal wall at the level of umbilicus with herniation of omental fat through the defect.

IMPRESSION

- + *Grade I fatty liver.*
- + *Left renal cortical cyst (Bosniak type I)*
- + *Umbilical hernia.*

Kindly correlate clinically.

Navneet
Dr. NAVNEET KAUR MBBS . MD
 Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.

CIN : U85190MH2006PTC161480

(Refer to " CONDITIONS OF REPORTING " Overleaf)



