

| | | | |
|-------------------------|-------------------------|--------------------|---------------------|
| Customer Name | MRS.PRABAVATHY S | Customer ID | MED110821771 |
| Age & Gender | 47Y/FEMALE | Visit Date | 21/12/2021 |
| Ref Doctor | MediWheel | | |

Personal Health Report

General Examination:

Height : 154.0 cms
 Weight : 79.7 kg
 BMI : 33.6 kg/m²

BP: 110/70 mmhg
 Pulse: 102/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
 RS : NVBS +.
 Abd : Soft.
 CNS : NAD

Blood report:

Vitamin D (25 Hydroxy Vit D) – 13.3 ng/ml – Deficiency

Haemoglobin- 12.2 g/dl - low

Alkaline phosphatase –156.1 U/L Slightly elevated

Total cholesterol -218.2 mg/dl – Elevated

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Abnormal ECG.

ECHO – Basal and mid inferolateral wall hypokinetic; trivial TR; grade I LV diastolic dysfunction.

USG abdomen – Multiple uterine fibroids.

X-ray mammogram – Fibroadenoma in right breast.

Spirometry – Normal study.



| | | | |
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Eye Test – Near vision defect.

| Vision | Right eye | Left eye |
|----------------|-----------|----------|
| Distant Vision | 6/6 | 6/6 |
| Near Vision | N8 | N8 |
| Colour Vision | Normal | Normal |

Impression & Advice:

Haemoglobin- 12.2 g/dl - low. Advised to have iron rich diet and iron supplement prescribed by the physician.

Liver function test – Alkaline phosphatase –156.1 U/L Slightly elevated – To consult a gastroenterologist for further evaluation.

Vitamin D (25 Hydroxy Vit D) – 13.3 ng/ml – Deficiency. Advised Vitamin D supplements.

Total cholesterol -218.2 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

USG abdomen – Multiple uterine fibroids. To consult a gynecologist for further evaluation.

You are overweight by 23 kg to reduce gradually over a period of 5 to 6 months by having high fiber diet recommended by the dietician.


Regular brisk walking for 45 minutes daily, 5 days a week is essential.

X-ray mammogram – Fibroadenoma in right breast. To consult a physician for further evaluation.

Eye Test – Near vision defect. To consult an ophthalmologist for further evaluation and management.

ECG – Abnormal ECG & ECHO – Basal and mid inferolateral wall hypokinetic; trivial TR; grade I LV diastolic dysfunction. To consult a cardiologist for further evaluation.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

Dr. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM,
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.

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Name : Mrs. PRABAVATHY S
PID No. : MED110821771
SID No. : 221032349
Age / Sex : 47 Year(s) / Female
Type : OP
Ref. Dr : SELF

Register On : 21/12/2021 12:53 PM
Collection On : 21/12/2021 1:04 PM
Report On : 21/12/2021 7:59 PM
Printed On : 22/12/2021 8:48 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--|
| VITAMIN B12 (CYANOCOBALAMIN) (Serum/CMA) | 296.0 | pg/mL | Normal: 187 - 883 Deficiency: < 187.0 |
| Vitamin D (25-Hydroxy Vit D) (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 13.31 | ng/ml | Sufficiency: 31.0 - 100.0 Insufficiency: 21.0 - 30.0 Deficiency: < 20.0 Toxicity: > 100.0 |

INTERPRETATION:

Comments:

Vitamin D refers to a group of fat-soluble secosteroids responsible for enhancing intestinal absorption of calcium, iron, magnesium, phosphate and zinc. Vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin in response to exposure to UVB from natural sunlight, or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol.

This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

K. R. Mukilarasi
Dr. K. R. MUKILARASI (Path)
Consultant Pathologist
TNMC Reg. No: 116296

Ramesh Dayanand Kinha
Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 442072

VERIFIED BY

APPROVED BY

-- End of Report --

The results pertain to sample tested.

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| Name | PRABAVATHY S | Customer ID | MED110821771 |
| Age & Gender | 47Y/F | Visit Date | Dec 21 2021 9:30AM |
| Ref Doctor | MediWheel | | |

X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.


Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*


Dr. Rama Krishnan, MD, DNB,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.



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Type : OP
Ref. Dr : MediWheel

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Investigation

Observed Value

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

'AB' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

| | | | |
|---|------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 12.2 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 37.9 | % | 37 - 47 |
| RBC Count (EDTA Blood/Impedance Variation) | 5.00 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 75.9 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 24.5 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 32.3 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 14.9 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 39.8 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 8000 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 64.8 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 23.4 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 4.2 | % | 01 - 06 |


Dr. GOKULADHAS K Ph.D
Consultant Biochemist

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|---|-----------------------|----------------------|--|
| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 7.0 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.6 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 5.2 | $10^3 / \mu\text{l}$ | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.9 | $10^3 / \mu\text{l}$ | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.3 | $10^3 / \mu\text{l}$ | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.6 | $10^3 / \mu\text{l}$ | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.1 | $10^3 / \mu\text{l}$ | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 392 | $10^3 / \mu\text{l}$ | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 8.0 | fL | 8.0 - 13.3 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.313 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method) | 10 | mm/hr | < 20 |
| BUN / Creatinine Ratio | 21.0 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 80.6 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126 |

Dr. GOKULADHAS K P.B.D
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|----------------------|-----------------------|-------------|--------------------------------------|

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| | | | |
|---|----------|--|----------|
| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Negative | | Negative |
|---|----------|--|----------|

| | | | |
|--|-------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 109.5 | mg/dL | 70 - 140 |
|--|-------|-------|----------|

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

| | | | |
|---|----------|--|----------|
| Urine Glucose(PP-2 hours) (Urine - PP) | Negative | | Negative |
|---|----------|--|----------|

| | | | |
|--|-----|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 9.1 | mg/dL | 7.0 - 21 |
|--|-----|-------|----------|

| | | | |
|--------------------------------------|------|-------|-----------|
| Creatinine (Serum/Modified Jaffe) | 0.75 | mg/dL | 0.6 - 1.1 |
|--------------------------------------|------|-------|-----------|

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--------------------------------|-----|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 4.2 | mg/dL | 2.6 - 6.0 |
|--------------------------------|-----|-------|-----------|

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.42 | mg/dL | 0.1 - 1.2 |
|---|------|-------|-----------|

| | | | |
|---|------|-------|-----------|
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.13 | mg/dL | 0.0 - 0.3 |
|---|------|-------|-----------|

| | | | |
|--|------|-------|-----------|
| Bilirubin(Indirect) (Serum/Derived) | 0.29 | mg/dL | 0.1 - 1.0 |
|--|------|-------|-----------|

| | | | |
|--|------|-----|--------|
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 23.0 | U/L | 5 - 40 |
|--|------|-----|--------|

| | | | |
|--|------|-----|--------|
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 17.4 | U/L | 5 - 41 |
|--|------|-----|--------|

Dr. COKULADHASK Ph.D
Consultant Biochemist

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|--|-----------------------|-------------|--------------------------------------|
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 30.6 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 156.1 | U/L | 42 - 98 |
| Total Protein (Serum/Biuret) | 6.80 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 3.97 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.83 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.40 | | 1.1 - 2.2 |

Lipid Profile

| | | | |
|---|-------|-------|---|
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 218.2 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 126.4 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

| | | | |
|--|------|-------|--|
| HDL Cholesterol (Serum/Immuno-inhibition) | 47.0 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
|--|------|-------|--|

Dr. Gokuladhas K
Dr GOKULADHAS K Ph.D
 Consultant Biochemist

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|---|-----------------------|-------------|--|
| LDL Cholesterol (Serum/Calculated) | 145.9 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 25.3 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 171.2 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | | |
|---|-----|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 4.6 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 2.7 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 3.1 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |

Glycosylated Haemoglobin (HbA1c)

| | | | |
|-----------------------------|-----|---|---|
| HbA1C (Whole Blood/HPLC) | 5.6 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |
|-----------------------------|-----|---|---|

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Dr. Gokuladhas K. Ph.D.
Dr. GOKULADHAS K. Ph.D.
 Consultant Biochemist

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| Estimated Average Glucose (Whole Blood) | 114.02 | mg/dL | |

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

| | | | |
|--|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 1.22 | ng/ml | 0.7 - 2.04 |
|--|------|-------|------------|

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

| | | | |
|--|-------|-------|------------|
| T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 11.40 | µg/dl | 4.2 - 12.0 |
|--|-------|-------|------------|

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

| | | | |
|--|------|--------|-------------|
| TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 1.27 | µIU/mL | 0.35 - 5.50 |
|--|------|--------|-------------|

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Dr. COKULADHAS K Pr.D
Consultant Biochemist

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| <u>Urine Analysis - Routine</u> | | | |
| COLOUR (Urine) | Pale yellow | | Yellow to Amber |
| APPEARANCE (Urine) | Slightly turbid | | Clear |
| Protein (Urine/Protein error of indicator) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Pus Cells (Urine/Automated - Flow cytometry) | 4 - 6 | /hpf | NIL |
| Epithelial Cells (Urine/Automated - Flow cytometry) | 2 - 4 | /hpf | NIL |
| RBCs (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Casts (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Crystals (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

| | | |
|---------------------|--------|--------|
| Colour (Stool) | Yellow | Brown |
| Blood (Stool) | Absent | Absent |
| Mucus (Stool) | Absent | Absent |
| Reaction (Stool) | Acidic | Acidic |

Dr. GOKULADHASK P.D.
Consultant Biochemist

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SID No. : 221032347
Age / Sex : 47 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 21/12/2021 11:23 AM
Collection On : 21/12/2021 1:14 PM
Report On : 22/12/2021 6:24 AM
Printed On : 22/12/2021 8:49 AM



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|-----------------------------|-----------------------|-------------|--------------------------------------|
| Consistency (Stool) | Semi Solid | | Semi Solid |
| Ova (Stool) | NIL | | NIL |
| Others (Stool) | NIL | | NIL |
| Cysts (Stool) | NIL | | NIL |
| Trophozoites (Stool) | NIL | | NIL |
| RBCs (Stool) | NIL | /hpf | Nil |
| Pus Cells (Stool) | Occasional | /hpf | NIL |
| Macrophages (Stool) | NIL | | NIL |
| Epithelial Cells (Stool) | NIL | /hpf | NIL |

Dr. COKULADHAS K. Ph.D.
Consultant Biochemist

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 8 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

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| | | | |
|-------------------------|-------------------------|--------------------|---------------------|
| Customer Name | MRS.PRABAVATHY S | Customer ID | MED110821771 |
| Age & Gender | 47Y/FEMALE | Visit Date | 21/12/2021 |
| Ref Doctor | MediWheel | | |

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.2 x 4.0 cm.

The left kidney measures 11.3 x 5.1 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 7.5 x 5.5 x 5.0 cm.

A fibroid of 3.3 x 3.4 cm is seen in the fundal region.



| | | | |
|---------------|------------------|-------------|--------------|
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Another fibroid measuring 3.0 x 3.3 cm is seen in the posterior wall of uterus.

The endometrial thickness is 8.3 mm.

The right ovary measures 2.7 x 2.2 cm.

The left ovary measures 2.8 x 2.0 cm.


No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Multiple uterine fibroids.**



DR. UMALAKSHMI
SONOLOGIST



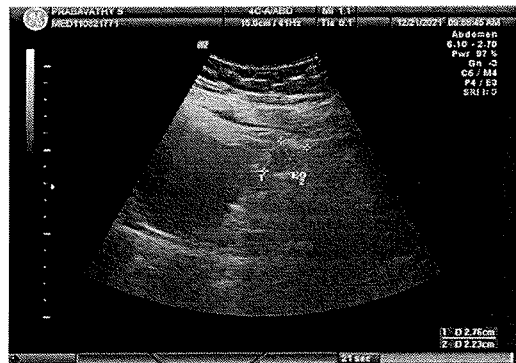
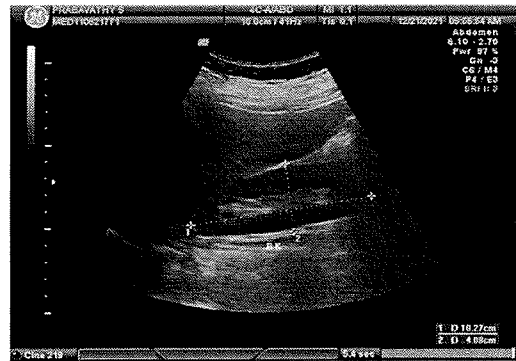
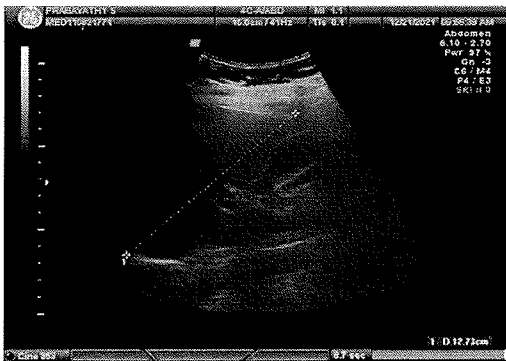
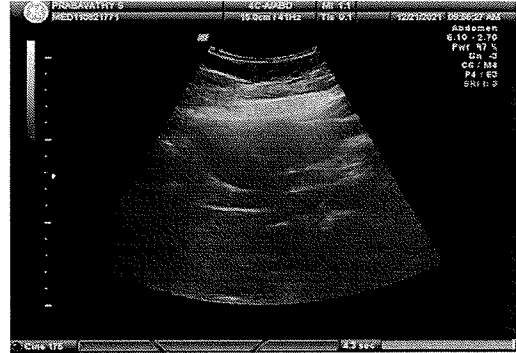
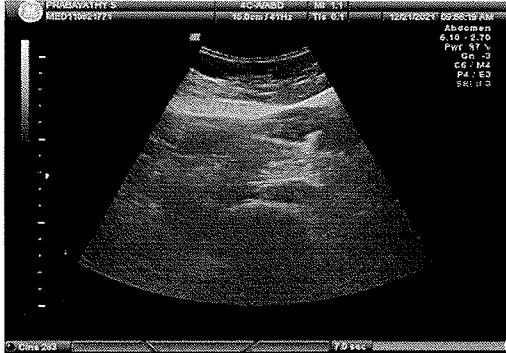


MEDALL

Precision Diagnostics-vadapalani

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

| | | | |
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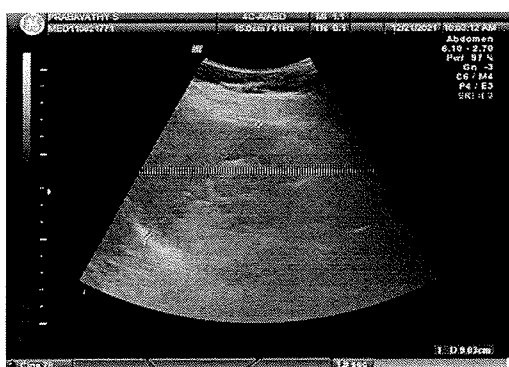
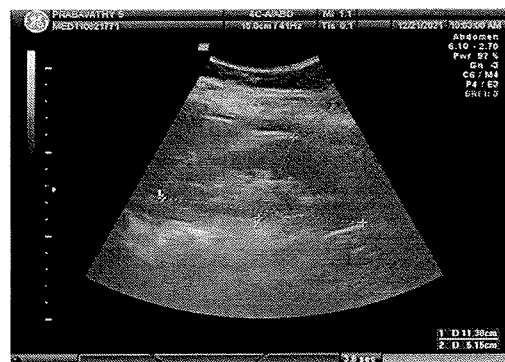
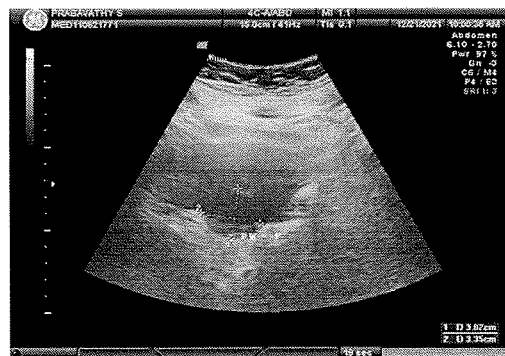
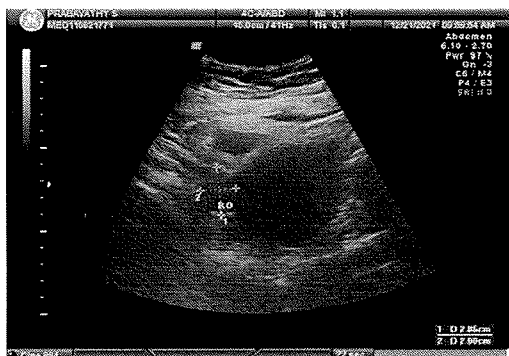


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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with scattered fibroglandular densities (ACR Type "C" parenchyma).

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening or skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axilla are clear.

On correlated ultrasound screening,

A fibroadenoma of 0.5 x 0.5 cm is seen in the 6 'o' clock position of right breast.

IMPRESSION :

- **ACR Type 'C' parenchyma.**
- **Fibroadenoma in right breast.**
- **BIRADS - II.**



DR. UMALAKSHMI
SONOLOGIST



| | | | |
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Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.



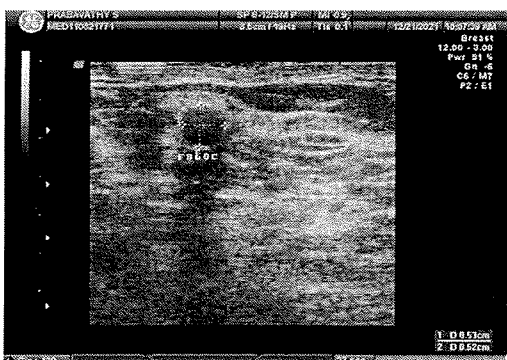
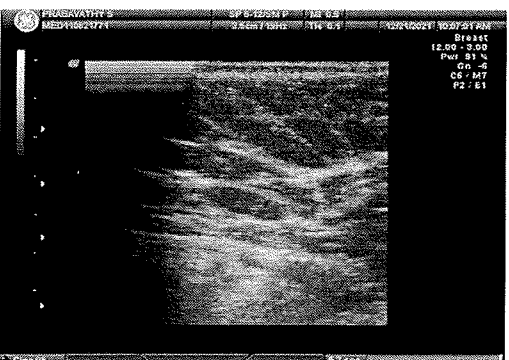
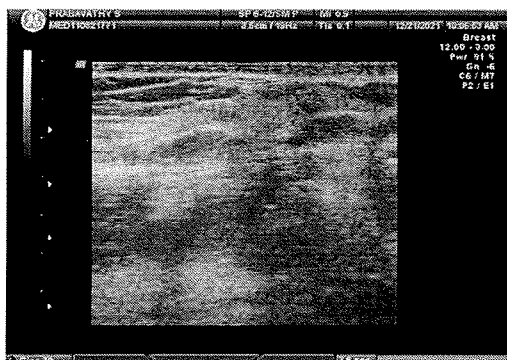
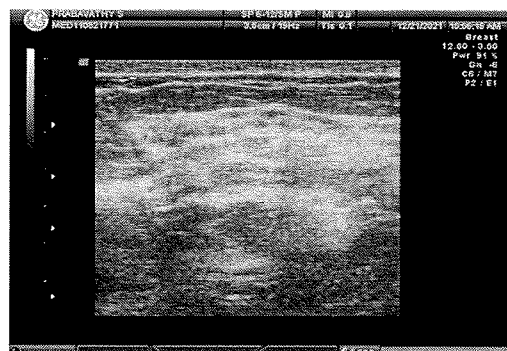
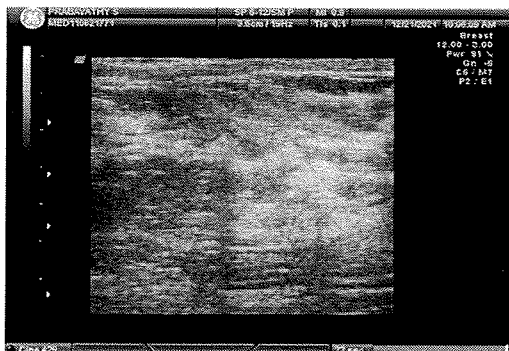


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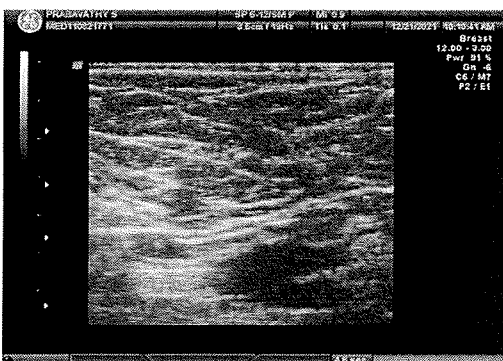
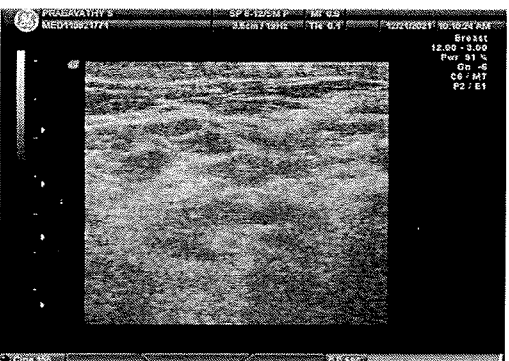
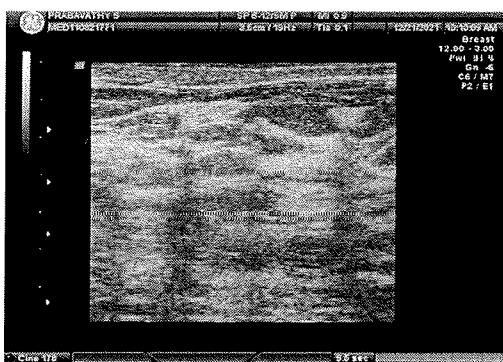
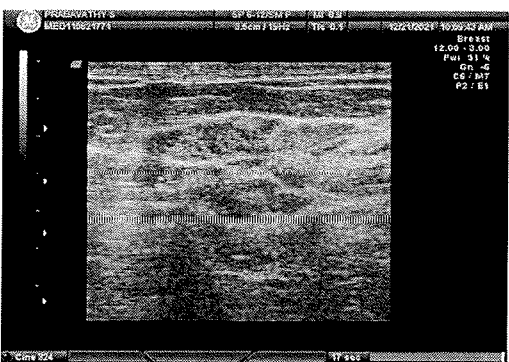
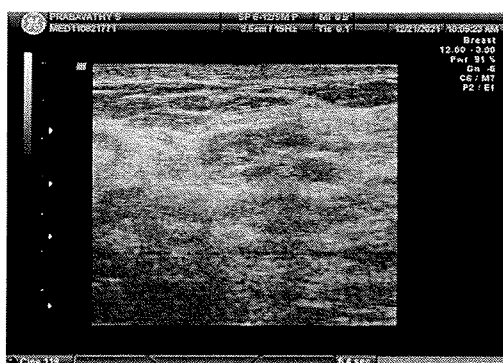
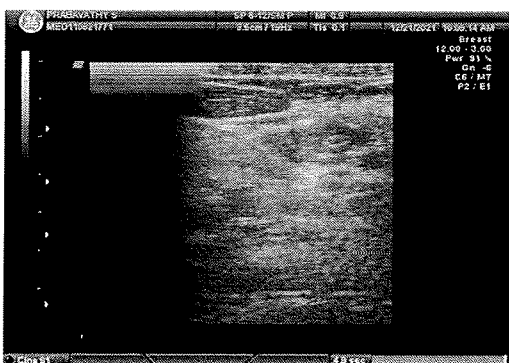
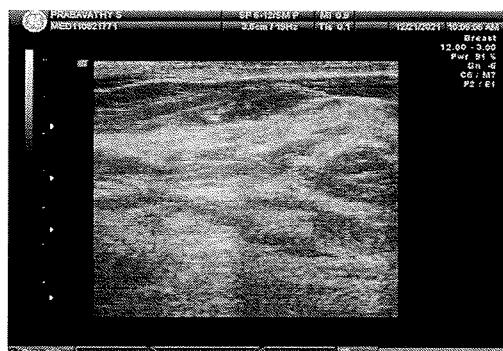
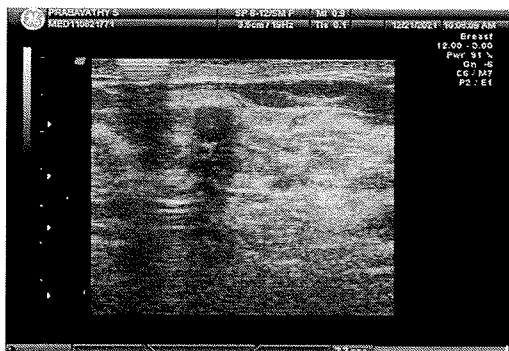


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DEPARTMENT OF CARDIOLOGY**TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT****ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:****ACOUSTIC WINDOW : GOOD****LV STUDY**

| | |
|------------|------|
| IVS(d) cm | 1.18 |
| IVS(s) cm | 1.30 |
| LPW(d) cm | 1.18 |
| LPW (s) cm | 1.30 |
| EDV ml | 74 |
| ESV ml | 25 |
| SV ml | 48 |
| EF % | 65 |
| FS % | 29 |

DOPPLER PARAMETERS

| Parameters | Patient Value |
|------------|---------------|
| LA cm | 2.90 |
| AO cm | 2.78 |

| Valves | Velocity max(m/sec mm/Hg) |
|--------|---------------------------|
| AV | 1.20 m/s |
| PV | 1.07 m/s |
| MV (E) | 0.43 m/s |
| (A) | 0.61 m/s |
| TV (E) | 0.55 m/s |
| (A) | 0.62 m/s |

FINDINGS:

- ❖ Good left ventricle systolic function.
- ❖ Basal and mid inferolateral wall hypokinetic.
- ❖ Grade I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ All valves are structurally normal.
- ❖ Trivial TR. No PAH.
- ❖ No AR, PR and MR.
- ❖ Normal pericardium/Intact septum.
- ❖ No clot/aneurysm.

IMPRESSION:

- ✦ **NORMAL LV SYSTOLIC FUNCTION.**
- ✦ **BASAL AND MID INFEROLATERAL WALL HYPOKINETIC.**
- ✦ **TRIVIAL TR.**
- ✦ **GRADE I LV DIASTOLIC DYSFUNCTION.**


B. SUDHA RANI (BSPA)
CARDIOLOGY

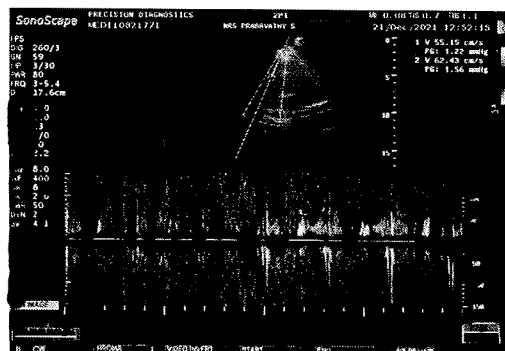
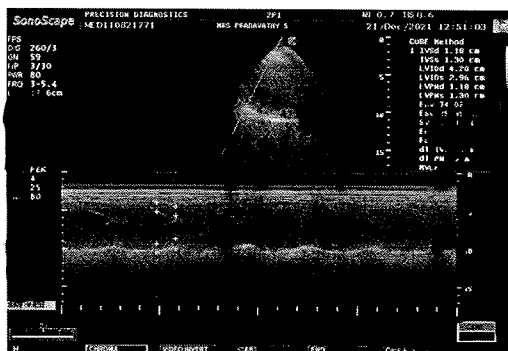
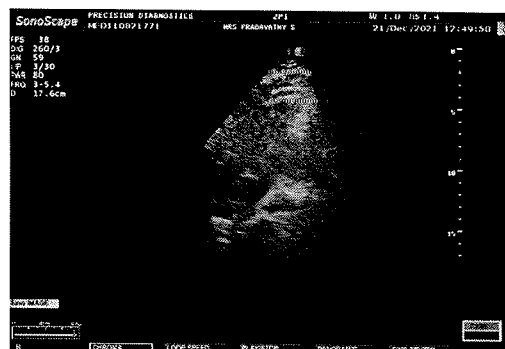
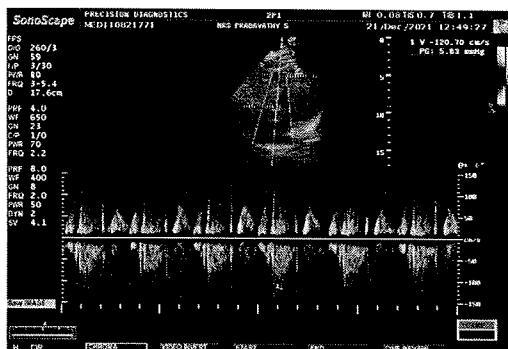
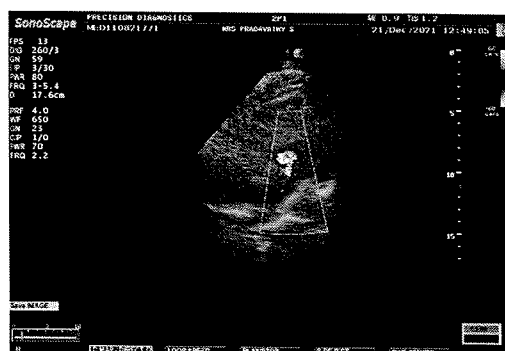
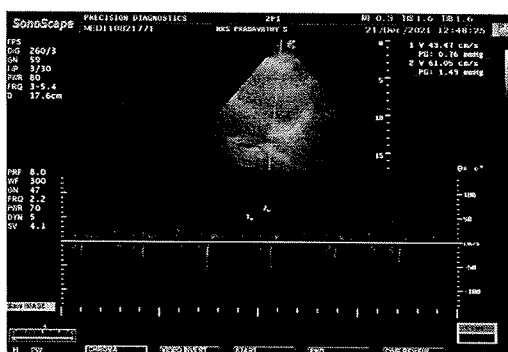
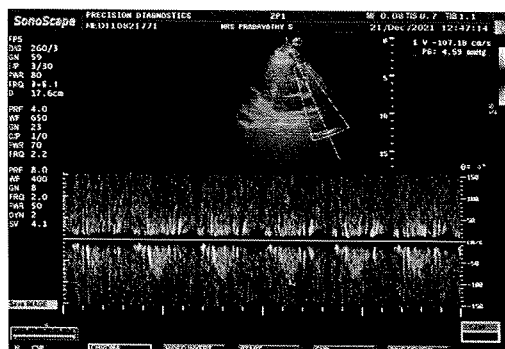
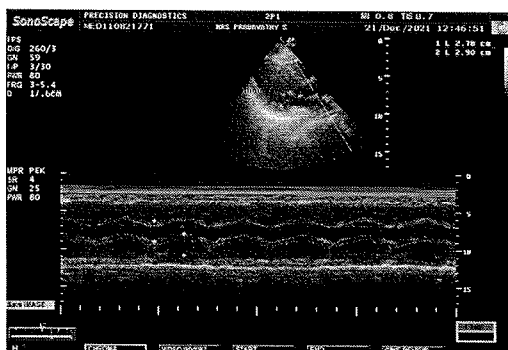




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Precision Diagnostics-vadapalani
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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Pat-Name: **Mrs Prabavathy S**

Pat-No: **MED110821771**

Case No.:



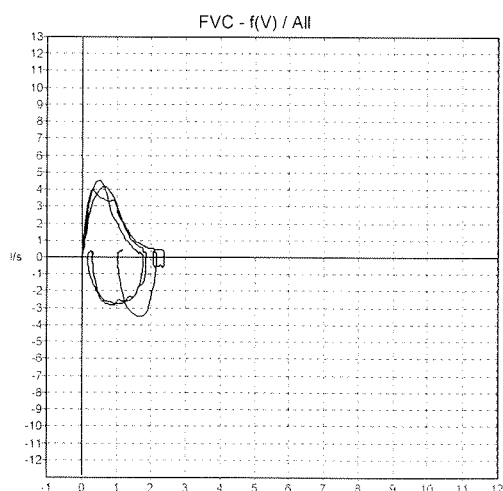
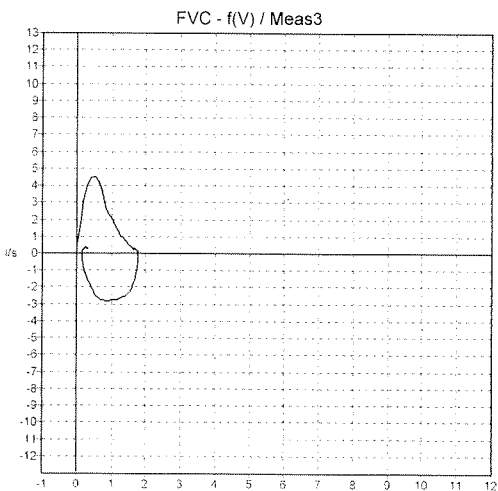
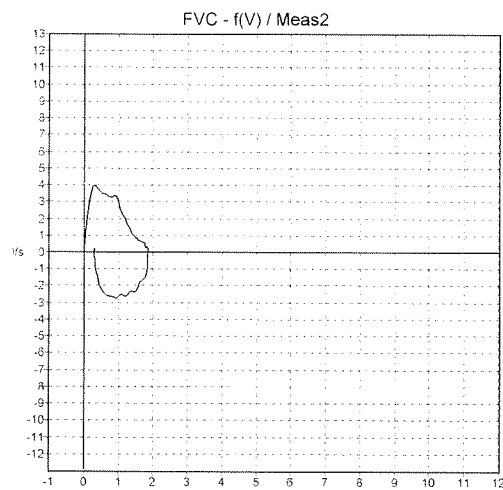
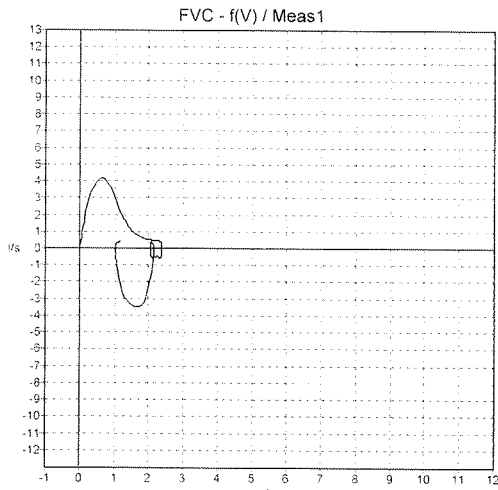
Born: 28.04.1974
Age: 47 Y
Sex: Female
Height: 154.0 cm
Weight: 79.0 kg
Ethnic: -

Indic:
Med:
Rem:

| | | Indian Pred | PRE Best | %Pred | Meas1 | Meas2 | Meas3 |
|-------------|---------|-------------|----------|-------|-------|-------|-------|
| FVC | [l] | 2.64 | 2.41 | 91 | 2.41 | 1.86 | 1.78 |
| FEV 0.5 | [l] | 0.00 | 1.46 | - | 1.46 | 1.39 | 1.31 |
| FEV 1.0 | [l] | 2.01 | 1.87 | 93 | 1.87 | 1.77 | 1.60 |
| FEV 3.0 | [l] | 2.06 | 0.00 | - | 0.00 | 0.00 | 0.00 |
| FEV 0.5/FVC | [%] | 0 | 61 | - | 61 | 75 | 73 |
| FEV 1.0/FVC | [%] | 80 | 78 | 98 | 78 | 95 | 90 |
| FEV 3.0/FVC | [%] | 0 | 0 | - | 0 | 0 | 0 |
| FEF 0.2-1.2 | [l/s] | 0.00 | 3.33 | - | 3.33 | 3.15 | 2.78 |
| FEF 25-75% | [l/s] | 2.05 | 1.60 | 78 | 1.60 | 2.44 | 2.07 |
| FEF 75-85% | [l/s] | 0.00 | 0.57 | - | 0.57 | 0.92 | 0.66 |
| PEF | [l/s] | 4.85 | 4.24 | 87 | 4.24 | 4.05 | 4.57 |
| FIVC | [l] | 0.00 | 1.12 | - | 1.12 | 1.57 | 1.61 |
| FIV 1 | [l] | 0.00 | 0.00 | - | 0.00 | 0.00 | 0.00 |
| FIV 1/FIVC | [%] | 0 | 0 | - | 0 | 0 | 0 |

Interpretation
 Normal Condition

Validated by



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| | | | |
|--------------|--------------|-------------|--------------------|
| Name | PRABAVATHY S | Customer ID | MED110821771 |
| Age & Gender | 47Y/F | Visit Date | Dec 21 2021 9:30AM |
| Ref Doctor | MediWheel | | |

X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

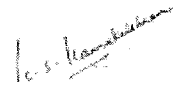
Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*



**Dr. Rama Krishnan. MD, DNB,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.**



AGE:
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 342 / 452 ms
 PR : 118 ms
 P : 106 ms
 RR/PP : 570 / 570 ms
 P/QRS/T : 53 / 40 / 9 degrees

< P
 < T
 < QRS
 aUR
 aUL
 0 I
 III +90
 aVF
 II

Interpretation:
 12SL - Interpretation:
 Sinus tachycardia
 ST & T wave abnormality; consider inferior ischemia
 Abnormal ECG

Unconfirmed report.

