

NAME

AGE/SEX

Mrs. MALA DRAKSHAYANI

REF CENTER : MEDIWHEEL

50 Yrs / Female

REFERRED BY :

MR NO.

: 22090035

VISIT NO.

: 161500

DATE OF COLLECTION: 02-09-2022 at 08:20 AM

DATE OF REPORT

: 02-09-2022 at 11:50 AM

TEST PARAMETER

RESULT

REFERENCE RANGE

4 - 5.2 million/cu.mm

1.5 - 4.5 Lakhs/cumm

12 - 16 gm/dL

36 - 47 %

SPECIMEN

#### MEDIWHEEL HEALTH CHECKUP FEMALE

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

**HAEMOGLOBIN** Colorimetric Method HEMATOCRIT (PCV)

RED BLOOD CELL (RBC) COUNT PLATELET COUNT

Electrical Impedance MEAN CELL VOLUME (MCV)

Calculated MEAN CORPUSCULAR HEMOGLOBIN (MCH)

MEAN CORPUSCULAR HEMOGLOBIN

CONCENTRATION (MCHC)

TOTAL WBC COUNT (TC) Electrical Impedance

**NEUTROPHILS** VCS Technology/Microscopic LYMPHOCYTES

VCS Technology/Microscopic

#### DIFFERENTIAL COUNT

**EOSINOPHILS** VCS Technology/Microscopic MONOCYTES VCS Technology/Microscopic

**BASOPHILS** Electrical Impedance **ESR** 

Westergren Method

FASTING'BLOOD SUGAR

13.8 gm/dL

41.3 %

5.1 million/cu.mm

3.1 Lakhs/cumm

80.8 fl

27.0 pg 33.4 %

31 - 35 %

80 - 100 fl

26 - 34 pg

5930 cells/cumm

4000 - 11000 cells/cumm 40 - 75 %

60 %

25 - 40 %

32 %

04 %

0-7%

05 %

1 - 8 %

00 %

10 mm/hr

0 - 20 mm/hr

109.1 ma/dl

70 - 110 mg/dl

Killedy, u.



No. 79, Kendra Upadyayara Sangha Layout, Nagarbiseri Circle, Nagarbhavi, Bengaloruyansegotyara Enquiry: +91 99867 33 333, Appointments: +91 98863 55 135, Reports: +91 74063 P.C.P.M.D. The laboratory values And Normal values need to be interpreted based to patients clinical characteristics of the values in reference range is for an average normal individual Email: info@which may vary depending upon age, sex and other characteristics.
Website: www.mediclu.com



NAME

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN Colorimetric Diazo Method	0.50 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN Colorimetric Diazo Method	0.28 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN Calculation	<b>0.22</b> mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST)  IFCC Without Pyridoxal Phosphates	21.3 U/L	up to 31 U/L	
S G P T (ALT)  IFCC Without Pyridoxal Phosphates	23.4 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE p-Nitrophenyl Phosphate	404 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE	26.5 U/L	5 - 55 U/L	
(GGT) GCNA-IFCC			
TOTAL PROTEIN Biuret Colorimetric	7.36 g/dl	6.2 - 8 g/dl	
S.ALBUMIN Bromocresol Green (BCG)	4.22 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN Calculation	<b>3.1</b> g/dl	2.5 - 3.8 g/dl	
A/G RATIO Calculation	1.4	1 - 1.5	







BIOCHEMIST

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A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

### Diagnostics & Speciality Centre

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**TEST PARAMETER** 

RESULT

REFERENCE RANGE

**SPECIMEN** 

LIPID PROFILE TEST

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

89 mg/dL

up to 200 mg/dL

Border Line: 200 - 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

133.4 mg/dL

up to 150 mg/dL

Desirable: <150 mg/dL Border Line: 150 - 200 mg/dL High: >200 - 500 mg/dL

Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT

PEG-Cholesterol Esterase

47.9 mg/dl

40 - 60 mg/dl

>/= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major

risk for heart disease)

LDL CHOLESTEROL - DIRECT

Cholesterol Esterase-Cholesterol Oxidase

14.4 mg/dL

up to 100 mg/dL

100-129 mg/dL- Near optimal/above

optimal

130-159 mg/dL- Borderline High

160-189 mg/dL- High

190->190 mg/dL - Very High

VLDL CHOLESTEROL

Calculation

TOTAL CHOLESTROL/HDL RATIO

26.7 mg/dL

2 - 30 mg/dL

1.9

up to 3

3.0-4.4 - Moderate

>4.4 - High

LDL/HDL RATIO

0.3

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

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No. 78, Kendra Mondyayara Sangha Layout, Nagarah San Circle, Nagarahavi, Bengal Bru VAMSEE BHAR.A Enquiry: +MD 99867 33 333, Appointments: +91 98863 55 135, Reports: +91 76063 TANT PATHOLOGIST The laboratory values And Normal values need to be interpreted based on patients clinical characteristics 87he values in reference range is for an average normal individual

Email: info@mediclu.com Website: www.mediclu.com



NAME

: Mrs. MALA DRAKSHAYANI

AGE/SEX

REFERRED BY :

: 50 Yrs / Female

REF CENTER : MEDIWHEEL

MR NO.

: 22090035

VISIT NO.

: 161500

3rd Trimester: 0.41 - 5.18

DATE OF COLLECTION: 02-09-2022 at 08:20 AM

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: 02-09-2022 at 11:50 AM

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD UREA UREASE-GLUTAMATE DEHYDROGENASE (GLDH)	13.8 mg/dL	15 - 50 mg/dL	
CREATININE  Jaffe Kinetic	.0.82 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID Uricase-Peroxidase	2.8 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM Ion Selective Electrode (ISE)	139 mmol/L	136 - 145 mmol/L	
POTASSIUM Ion Selective Electrode (ISE)	3.9 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE Ion Selective Electrode (ISE)	104 mmol/L	97 - 111 mmol/L	
THYROID PROFILE			•
TOTAL TRIIODOTHYRONINE (T3)	1.33 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4)	10.47 μg/dL	6.09 - 12.23 μg/dL	
THYROID STIMULATING HORMONE (TSH)	1.641 µIU/mL	0.38 - 5.33 μIU/mL	
CMIA		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	

- TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

#### Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Blean. u.





No. 79, Kendra Upartyayara Sangha Layout, Nagaraksasi Circle, Nagarbhavi, Bengalaruvamseentar. Enquiry: + 21 99867 33 333, Appointments: +91 98863 55 135, Reports: +91 74063 10.0 MD

BIOCHEMIST

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TEST PARAMETER

RESULT

"B" Positive

REFERENCE RANGE

**SPECIMEN** 

BLOOD GROUP & Rh TYPING Tube Agglutination (Forward and Reverse)

GLYCATED HAEMOGLOBIN (HbA1C)

American Diabetic Association (ADA)

recommendations:

Non diabetic adults: <5.7 %

At risk (Pre diabetic): 5.7 -

6.4%

Diabetic: >/= 6.5%

Therapeutic goal for glycemic control:

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)

Calculation

125.50 mg/dL

#### Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

POST PRANDIAL BLOOD SUGAR

176.3 mg/dl

80 - 150 mg/dl

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No. 79, Kendra Upadyayara Sangha Layout, Nagqradseyi Circle, Nagarbhavi, BengalaruyaMSEERHAR.A Enquiry: +91 99867 33 333, Appointments: +91 98863 55 135, Reports: +91 74063 100 PATHOLOGIST

BIOCHEMIST FOR Home of Security Part House of Email: info@nylecticay yary depending upon age, sex and other characteristics.



MR NO.

VISIT NO.

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TEST PARAMETER

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REFERENCE RANGE

**SPECIMEN** 

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Pale yellow- yellow Pale Yellow Colour Clear/Transparent Clear Appearance al Method 1.005-1.035 1.015 Specific Gravity Strips Method 4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Strips Method Glucose Strips Method

pH

Blood Strips Method Ketone Bodies

Urobilinogen Strips Method Bile Salt Strips Method

Bilirubin Strips Method **Bile Pigments** 

MICROSCOPY

Pus Cells (WBC) Light Microscopic **Epithelial Cells** Light Microscopic RBC Light Microscopic Cast

Light Microscopic Crystal Light Microscopic

FASTING URINE SUGAR (FUS)

POSTPRANDIAL URINE SUGAR

6.0

Nil

Nil -Trace

Negative

Negative

Normal

Negative

Negative

0-5/hpf

0-4/hpf

0-2/hpf

NIL

Nil

Nil

Negative

Absent

Normal

Negative

Negative

Negative

4 - 5 /hpf

1-2/hpf

Not Seen /hpf

NIL

NIL

NIL Nil

MIL

0.5 %

NIL NIL

FASTING URINE

URINE

Collegy, u.



No. 79 Kendra Mardyayara Sangha Layout, Nagashisesi Circle, Nagarbhavi, Bengalaruyamseedhar.a Enquiry: +MJ 99867 33 333, Appointments: +91 98863 55 135, Reports: +91 74063 TANT PATHOLOGIST

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TEST PARAMETER

RESULT

REFERENCE RANGE

**SPECIMEN** 

Dispatched by: Sumalatha

\*\*\*\* End of Report \*\*\*\*

Printed by: Prema on 02-09-2022 at 05:49 PM



Collegy. u.





NAME:	Mrs. MALA DRAKSHAYANI	DATE:	02-09-2022
AGE:	50 YEARS	ID. NO:	192949
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

### X-RAY REPORT- CHEST (PA VIEW)

#### **OBSERVATIONS:**

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

#### IMPRESSION:

No significant abnormality in the visualized lung fields.

Dr. MOHAN S. MDRD Consultant radiologist

Email: info@mediclu.com

Website: www.mediclu.com



NAME:	Mrs. MALA DRAKSHAYANI	DATE:	02-09-2022	
AGE:	50 YEARS	ID. NO:	192949	Aller Servi
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL	

### X - RAY - MAMMOGRAM BOTH SIDES

#### **TECHNIQUE:**

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

#### **OBSERVATION:**

Type B parenchyma - Scattered fibro glandular opacities.

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification/ microcalcification seen.

Few subcentimeteric size small axillary lymph nodes.

#### **USG SCREENING:**

Few subcentimeteric size small axillary lymph nodes with preserved fatty hilum.

### Right breast:

No evidence of any solid/ cystic mass lesion noted.

### **Left breast:**

No evidence of any solid/ cystic mass lesion noted.



Email: info@mediclu.com

Website: www.mediclu.com

Page 1 of 2



NAME:	Mrs. MALA DRAKSHAYANI	DATE:	02-09-2022	
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GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL	

### X - RAY - MAMMOGRAM BOTH SIDES

#### **IMPRESSION:**

- > Type B parenchyma Scattered fibro glandular opacities.
- No significant abnormality in bilateral mammograms.
- No evidence of any focal lesion on USG correlation.
- No evidence of significant bilateral axillary lymph nodes.

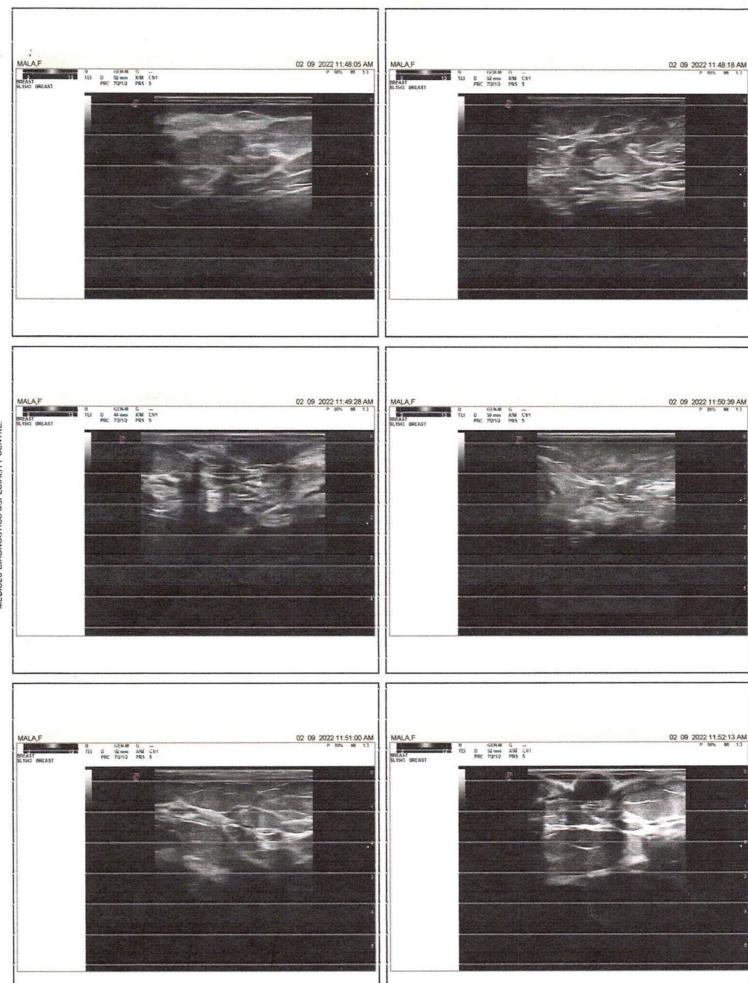
**RIGHT BREAST: BI-RADS I** 

LEFT BREAST: BI-RADS I

#### NOTE: BI - RADS SCORING KEY

- 0 Needs additional evaluation;
- I Negative
- II Benign findings
- III Probably benign
- IV Suspicious abnormality Biopsy to be considered
- V Highly suggestive of malignancy,
- VI Known biopsy proven malignancy

Dr. Shruthi. P. DMRD, FFM, DNB Consultant Radiologist





# TRANS THORACIC 2D ECHO - DOPPLER STUDY

NAME:	Mrs. MALA DRAKSHAYANI	DATE:	02-09-2022
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GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

		M	-Mode		
AORTA	NOTE THE PARTY OF THE			23	mm
LEFT ARTIUM				28	mm
RIGHT VENTRICLE(Dias	stole)			18	mm
LVID (Diastole)				36	mm
LVID (Systole)				22	mm
INTERVENTRICULAR SE	PTUM (Dias	stole)		10	mm
L V POSTERIOR WALL (	Diastole)			09	mm
L V MASS				130	grms
FRACTIONAL SHORTEN	ING			30	%
EJECTION FRACTION				60	%
	DO	PPLER /	COLOR	FLOW	
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR	
AORTIC VALVE	1.0	-	m/sec	NO AR	
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR	
PULMONARY VALVE	0.8	-	m/sec	NO PR	8





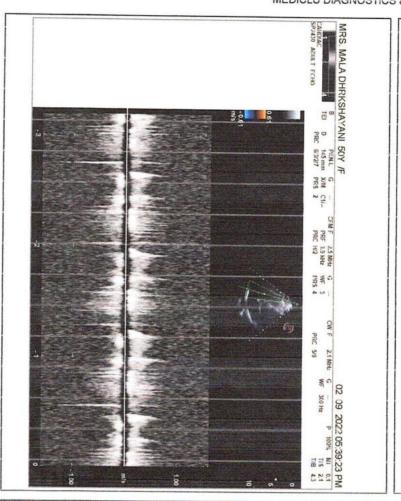
#### **FINDINGS**

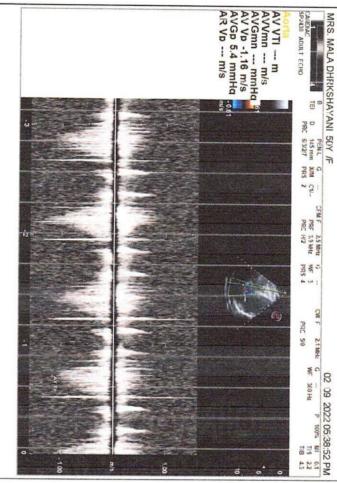
THICKNESS REGIONAL WALL MOTION	NORMAL	
MOTION		
ABNORMALITY	NORMAL	
NORMAL		
INTACT		
INTACT		
NORMAL, NO EFFUSIO	ON	
AORTA – NORMAL PULMONARY ARTERY - NORMAL		
	NORMAL NORMAL NORMAL NORMAL NORMAL INTACT INTACT NORMAL, NO EFFUSIO AORTA – NORMAL	

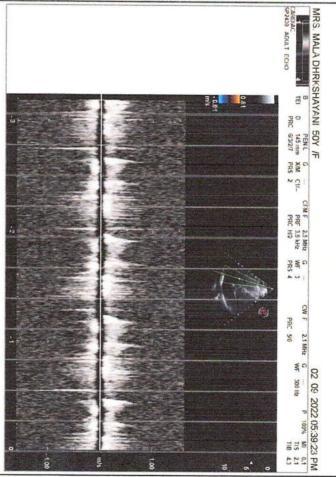
#### **CONCLUSION:**

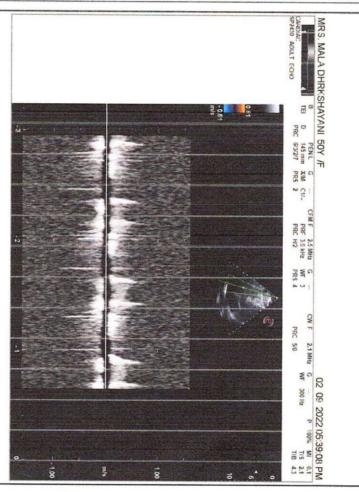
- NORMAL VAVLES AND CHAMBER DIMENSIONS.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL LV SYSTOLIC FUNCTION. EF=60%
- NORMAL RV FUNCTION.
- NO CLOTS / VEGETATION / PE.

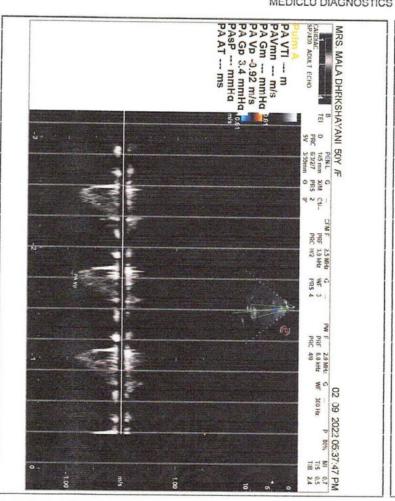
Dr. LOKESH.K.M CONSULTANT CARDIOLOGIST

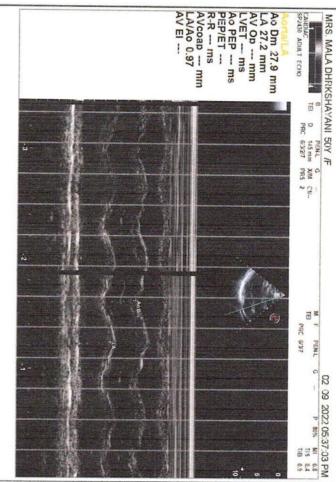


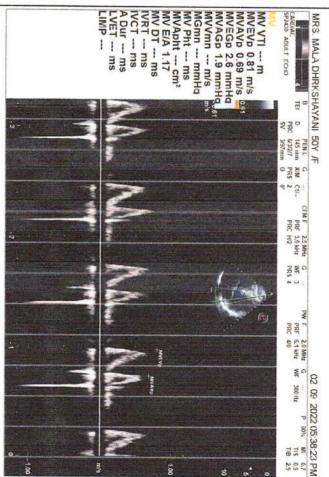


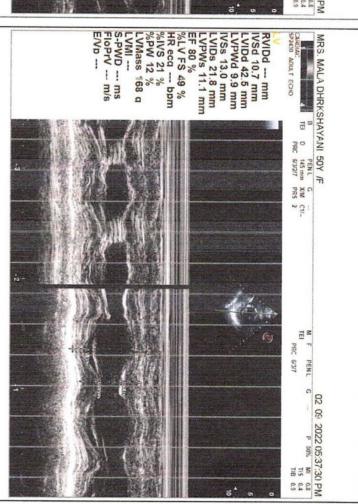














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AGE:	50 YEARS	ID. NO:	192949	
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL	

### **USG REPORT - ABDOMEN AND PELVIS**

#### **OBSERVATION:**

#### LIVER:

Liver is normal in size (15.4 cm) and mild increase in homogenous echotexture. With evidence of hypoechoic area measuring 4.9 x 2.0 cm noted in segment IVb – Likely focal fatty sparing. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

#### GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

#### PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

#### SPLEEN:

Normal in size (10.5 cm) with normal echotexture. No focal lesion is seen.

#### RIGHT KIDNEY:

Right kidney measures  $9.5 \times 1.0$  cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation.

No sonologically detectable calculi seen.

#### LEFT KIDNEY:

Left kidney measures 10.1 x 1.0cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

Email: info@mediclu.com

No evidence of pelvicalyceal dilatation.

No sonologically detectable calculi seen.



Website: www.mediclu.com



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### **USG REPORT - ABDOMEN AND PELVIS**

#### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

#### **UTERUS**:

Anteverted, normal in size measures 8.9 x 4.8 x 4.7 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 4.3 mm.

#### **OVARIES:**

Both ovaries are normal in size with normal echo pattern.

Right ovary-2.9 x 0.9 cm.

Left ovary- 1.8 x 1.1 cm.

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

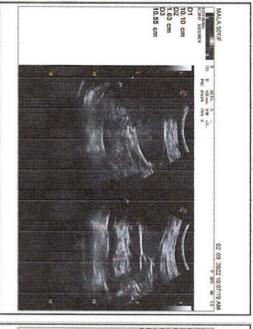
Grade I fatty liver.

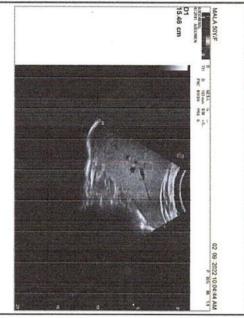
Dr. MOHAN S. MDRD Consultant radiologist

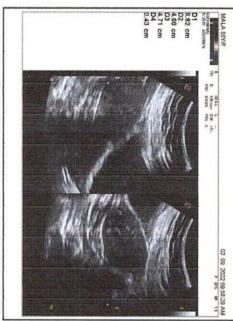
Email: info@mediclu.com

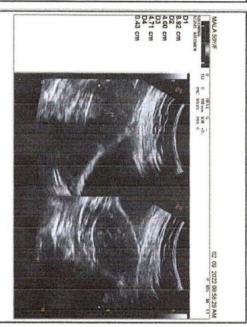
Website: www.mediclu.com

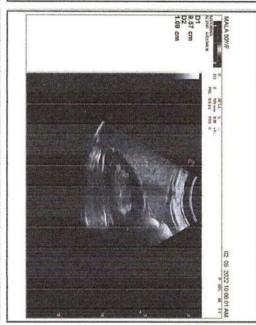
#### MEDICLU DIAGNOSTICS &SPECIALITY CENTRE.



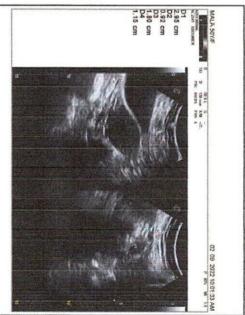


















To,

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

Dear Sir / Madam,

#### Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	MALA DRAKSHAYANI
DATE OF BIRTH	15-05-1970
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	02-09-2022
BOOKING REFERENCE NO.	22S173475100024642S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. T RAMAKRISHNAIAH
EMPLOYEE EC NO.	173475
EMPLOYEE DESIGNATION	DRIVER CUM PEON
EMPLOYEE PLACE OF WORK	BENGALURU,ZO BENGALURU
EMPLOYEE BIRTHDATE	07-08-1972

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 01-09-2022 till 31-03-2023. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

आयकर विभाग INCOME TAX DEPARTMENT



मारत सरकार GOVT. OF INDIA

MALA

APPAJI GOWDA

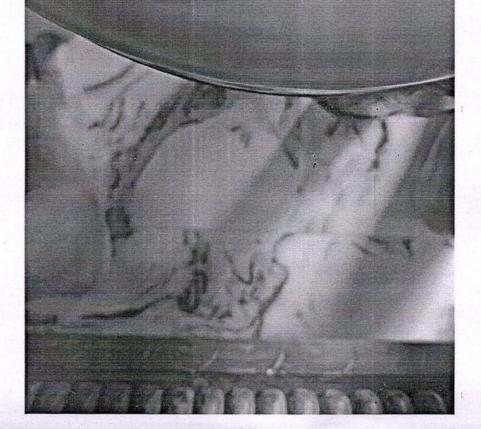
12/05/1970

Permanent Account Number

CNIPM1613G

Signature











#### (A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

### **Diagnostics & Speciality Centre**

NAME : **Mrs. MALA** MR/VISIT NO : 22090035 / 161500

**DRAKSHAYANI** 

AGE/SEX : 50 Yrs / Female BILLED TIME : 02-09-2022 at 08:14 AM

REFERRED BY: BILL NO: 192949

REF CENTER : MEDIWHEEL DATE OF REPORT : 02-09-2022 at 02:38 PM

#### MEDIWHEEL HEALTH CHECKUP FEMALE

#### **RADIOLOGY**

#### **X - RAY - MAMMOGRAM BOTH SIDES**

#### **TECHNIQUE:**

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

#### **OBSERVATION:**

Type B parenchyma – Scattered fibro glandular opacities.

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification/ microcalcification seen.

Few subcentimeteric size small axillary lymph nodes.

#### **USG SCREENING:**

**Dr. Shruthi P**DMRD,FFM,DNB
Consultant Radiologist







NAME : **Mrs. MALA** MR/VISIT NO : 22090035 / 161500

**DRAKSHAYANI** 

AGE/SEX : 50 Yrs / Female BILLED TIME : 02-09-2022 at 08:14 AM

REFERRED BY: BILL NO: 192949

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Few subcentimeteric size small axillary lymph nodes with preserved fatty hilum.

#### **Right breast:**

No evidence of any solid/ cystic mass lesion noted.

#### **Left breast:**

No evidence of any solid/ cystic mass lesion noted.

#### **IMPRESSION:**

- Type B parenchyma Scattered fibro glandular opacities.
- No significant abnormality in bilateral mammograms.
- No evidence of any focal lesion on USG correlation.
- · No evidence of significant bilateral axillary lymph nodes.

RIGHT BREAST: BI-RADS I LEFT BREAST: BI-RADS I

#### **NOTE: BI - RADS SCORING KEY**

- O Needs additional evaluation;
- I Negative
- II Benign findings
- III Probably benign
- IV Suspicious abnormality Biopsy to be considered
- V Highly suggestive of malignancy,
- VI Known biopsy proven malignancy

**Dr. Shruthi P**DMRD,FFM,DNB
Consultant Radiologist







(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

## **Diagnostics & Speciality Centre**

NAME : **Mrs. MALA** MR/VISIT NO : 22090035 / 161500

**DRAKSHAYANI** 

AGE/SEX : 50 Yrs / Female BILLED TIME : 02-09-2022 at 08:14 AM

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\*\*\*\* End of Report \*\*\*\*

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**Dr. Shruthi P**DMRD,FFM,DNB
Consultant Radiologist







#### (A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

### **Diagnostics & Speciality Centre**

NAME : **Mrs. MALA** MR/VISIT NO : 22090035 / 161500

**DRAKSHAYANI** 

AGE/SEX : 50 Yrs / Female BILLED TIME : 02-09-2022 at 08:14 AM

REFERRED BY: BILL NO: 192949

REF CENTER : MEDIWHEEL DATE OF REPORT : 02-09-2022 at 10:04 AM

#### MEDIWHEEL HEALTH CHECKUP FEMALE

#### **RADIOLOGY**

#### X-RAY CHEST (PA VIEW)

#### **OBSERVATIONS:**

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Tracheal is mid line.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

#### **IMPRESSION:**

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• No significant abnormality in the visualized lung fields.

\*\*\*\* End of Report \*\*\*\*

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Dr. MOHAN S

MDRD CONSULTANT RADIOLOGIST