



CID : 2308421672  
Name : MRS.PREETI JANARDAN PATE  
Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 25-Mar-2023 / 09:32  
Reported : 25-Mar-2023 / 12:51

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.99	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	24.2	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	23.3	20-40 %	
Absolute Lymphocytes	2050.4	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	492.8	200-1000 /cmm	Calculated
Neutrophils	66.4	40-80 %	
Absolute Neutrophils	5843.2	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	404.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	201000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	22.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	160.3	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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\*\*\* End Of Report \*\*\*

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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**Pathologist**





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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	17.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.68	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	100	>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	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.2	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	4.2	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

\*\*\* End Of Report \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

**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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*J Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)



MC-2111



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Collected :  
Reported :

\*\*\* End Of Report \*\*\*



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
  - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
  - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
  - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
  - The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

- References:**
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
  2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*

*J Thakker*

**Dr. JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	242.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	229.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	202.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	197.8	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	4.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
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Biochemist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.712	0.55-4.78 microIU/ml	CLIA



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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until 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 SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.55	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.41	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	25.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	35.7	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	<b>131.6</b>	46-116 U/L	Modified IFCC

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\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Reg. Location : Borivali West

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 13:06

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

**KIDNEYS:** Right kidney is not visualized in right iliac fossa. Left kidney measures 11.9 x 5.7 cm. Left kidney is normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus on left side.

**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 is anteverted, normal and measures 5.6 x 3.8 x 4.5 cm. Small fibroid seen in anterior wall measuring 2.1 x 1.5 x 2.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.4 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture.

The right ovary measures 1.6 x 1.2 cm

The left ovary measures 1.7 x 1.7 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509260504>

Authenticity Check



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Opinion:

- Right kidney is not visualized in right illac fossa.
- Small uterine fibroid.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509260504>

Lab # : Sex / Age 43/2

Date 25/3/23

Name : Mrs. Preeti Pate

GYNAEC EXAMINATION REPORT

PERSONAL HISTORY

CHIEF COMPLAINTS

: -

MARITAL STATUS

: married

MENSTRUAL HISTORY

:

(1) MENARCHE

13 yrs.

:

(2) PRESENT MENSTRUAL HISTORY

LMP - ~~25/3/23~~ 25/3/23

reg  
28-30  
days cycle

(3) PAST MENSTRUAL HISTROY

: 2 days - 3 days (10) flow

OBSTETRIC HISTORY

G<sub>2</sub>P<sub>2</sub>A<sub>1</sub>L<sub>2</sub>

: { (1) 21 yrs } P.P.N.D.

PAST HISTORY

: - (1) 14 yrs

PREVIOUS SURGERIES

: nil.

ALLERGIES

: no

FAMILY HISTORY

: nil

DRUG HISTROY

: no

BOWEL HABITS

: } (10)

BLADDER HABITS

Lab # :

Sex / Age 43 / F

Date 25/3/23

Name :

Preetu Rane

**GYNAEC EXAMINATION REPORT**

**GENERAL EXAMINATION**

TEMPERATURE : 98.6

RS : 10

PULSE : 70

CVS : 100

BP : 110/70

Breasts : NAD

Per Abdomen : Soft, NS.

Per vaginal : NAD

**RECOMMENDATIONS**

ADVISE :

**DR. MONALI SHAH**  
REG. NO. 57282  
CONSULTING HOMOEOPATH  
DIETITIAN & NUTRITIONIST



CID NO: 2308421672	
PATIENT'S NAME: MRS. .PREETI JANARDAN PATE	AGE/SEX: 43 Y/F
REF BY: -----	DATE: 25/03/2023

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MRS. .PREETI JANARDAN PATE	AGE/SEX: 43 Y/F
REF BY: -----	DATE: 25/03/2023

1. AO root diameter	2.8 cm
2. IVSd	1.2 cm
3. LVIDd	4.1 cm
4. LVIDs	2.1 cm
5. LVPWd	1.2 cm
6. LA dimension	3.6 cm
7. RA dimension	3.7 cm
8. RV dimension	2.9 cm
9. Pulmonary flow vel:	0.9 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	8 m/s
13. PASP by TR Jet	18 mm Hg
14. TAPSE	3.2 cm
15. Aortic flow vel	1.3 m/s
16. Aortic Gradient	7.0 m/s
17. MV:E	0.7 m/s
18. A vel	0.6 m/s
19. IVC	16 mm


**Impression:**

**Normal 2d echo study.**

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

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

  
**DR. S. NITIN**  
Consultant Cardiologist  
Reg. No. 87714

Date:- 25/08/23

CID: 2308421672

Name:- Preeti

Sex / Age: F / 44

**EYE CHECK UP**

Chief complaints:

Nil

Systemic Diseases:

Past history:

Nil

Unaided Vision:

R/E

L/E

Aided Vision:

6/6

6/6

Refraction:

NS

NS

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
 30<sup>th</sup> Floor, Vini Elegance,  
 Above L. T. Road,  
 Bandra West, Mumbai - 400 092.

CID : 2308421672  
Name : Mrs PREETI JANARDAN PATE  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 13:22

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## MAMMOGRAPHY

Bilateral mammograms have been obtained 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.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted. No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.  
No abnormal skin thickening is seen.  
Skin and nipple shadows are normal.  
No axillary lymph nodes seen.

**Sonomammography** of both breasts show normal parenchymal echotexture. No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

### Opinion:

**No significant abnormality detected in mammography and sonomammography of both breasts.**  
**ACR BIRADS CATEGORY I.**

*Suggest: Follow up mammography after one year is suggested.  
Please bring all the films for comparison.*

Click here to view images <<ImageLink>>

CID : 2308421672  
Name : Mrs PREETI JANARDAN PATE  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 13:22

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ACR BIRADS CATEGORY  
[American college of radiology breast imaging reporting and data system].  
I Negative  
II Benign finding  
III Probably benign finding.  
IV Suspicious (Indeterminate).  
V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

**Disclaimer:-**

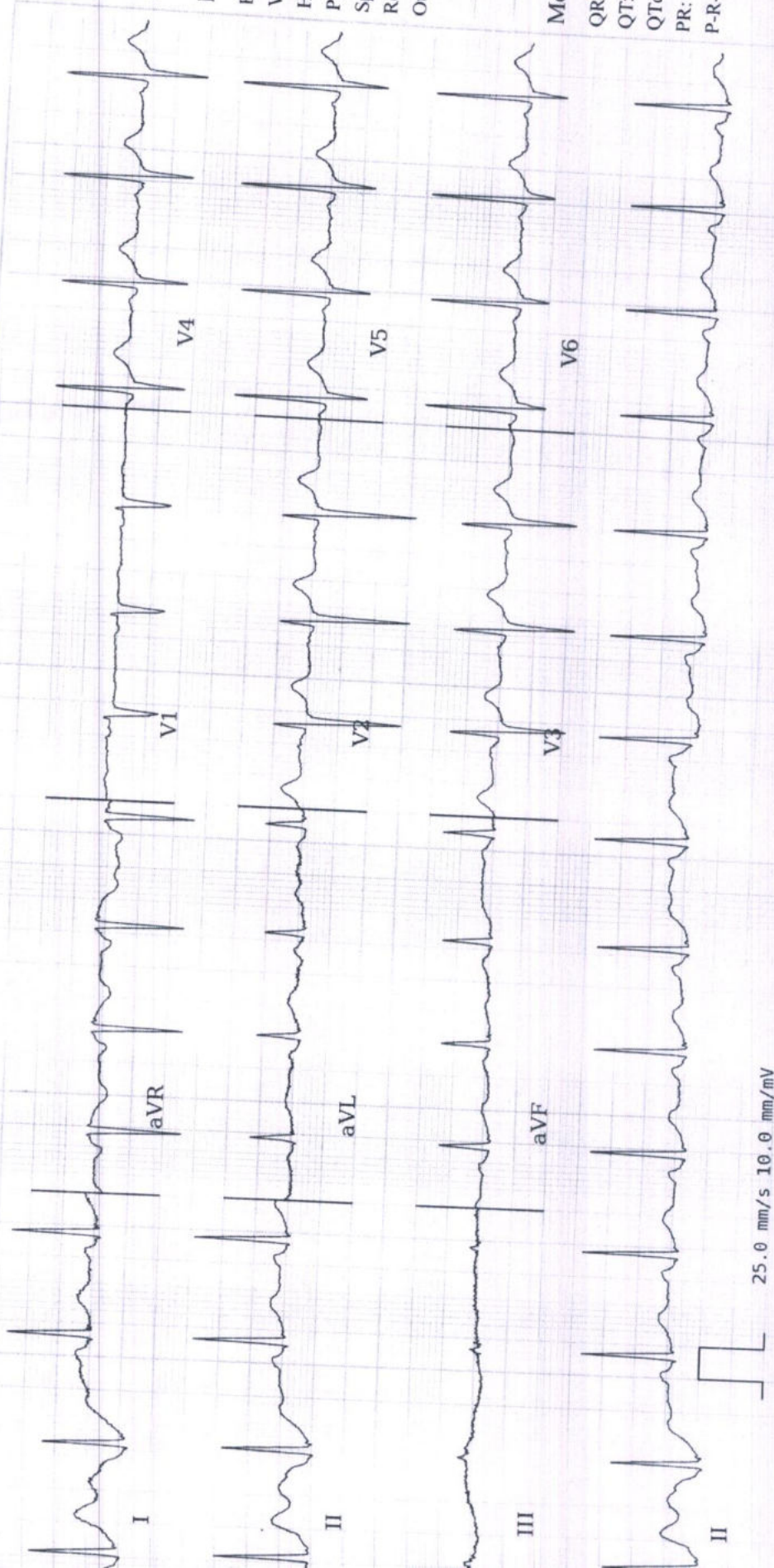
Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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



DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <<ImageLink>>



Age 44 NA 14  
years months days

Gender Female

Heart Rate 93bpm

Patient Vitals

BP: 110/70 mmHg  
Weight: 51 kg  
Height: 149 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 82ms  
QT: 360ms  
QTc: 447ms  
PR: 136ms  
P-R-T: 34° 32' 27°

G Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

*[Signature]*

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308421672  
Name : Mrs PREETI JANARDAN PATE  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 15:04

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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