# FITNESS CERTIFICATE

NAME: Ms. Deepa. B	AGE & SEX: Y/ 41 yn /
Ht: Cm 154 cm	Wt: Kg 69.6kg

PARAMETERS	MEASUREMENTS
PULSE/BP (supine)	74 mt 110/80 mmHg
INSPIRATION	cms
EXPIRATION	cms
ABDOMINAL CIRCUMFERENCE	cms
PREVIOUS ILLNESS	
VISION	$\begin{array}{c c} R & L \\ DISTANT VISION: 6/9 & 6/12 \\ NEAR VISION : N 10 & N 8 \\ COLOUR MISSION & 0 10 \\ \end{array}$
FAMILY HISTORY	COLOUR VISION: Norma FATHER : MOTHER:
Hb.1. 4 - Advised I	on Supplements.
REPORTS: Bludsugar (FA) J Ac FITNESS: HbA, CA J	MOTHER: In Supplements trised Diabetologist opinion,
DATE: 15-7.24	DR. GOMATHY.S
PLACE : CHENNAI	CONSULTANT PHYSICIAN
USG Abd - R evenal augio.	myslipsno -> Adrised Nephologia
3	Or S. GOMATHY, M.B.B.S., B.M.CH.

Dr. S. GOMATHY, M.B.B.S., B.M.CH., Reg. No : 52007 Consultant Physician A Medall Company Pvt. Ltd.

Name : Ms. deepa B		
PID No. : MED410081651	Register On : 13/07/2024 8:38 AM	
SID No. : 1802420962	Collection On : 13/07/2024 9:40 AM	
Age / Sex : 41 Year(s) / Female	Report On : 15/07/2024 6:22 PM	modall
Type : OP	Printed On : 16/07/2024 11:20 AM	
Ref. Dr : MediWheel		
Investigation	<u>Observed</u> <u>Unit</u> <u>Value</u>	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING	'O' 'Positive'	
(EDTA Blood/Agglutination)		
<b>INTERPRETATION:</b> Reconfirm the Blood	l group and Typing before blood transfusion	
<u>Complete Blood Count With - ESR</u>		
Haemoglobin (Whole Blood - W/Spectrophotometry)	<b>10.1</b> g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematoc (Whole Blood - W/Derived from Impedance)	rit <b>32.4</b> %	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.48 mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	<b>72.3</b> fL	78 - 100
Mean Corpuscular Haemoglobin(MCI (Whole Blood - W/Derived from Impedance)	H) <b>22.6</b> pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	<b>31.3</b> g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	<b>16.7</b> %	11.5 - 16.0
<b>RDW-SD</b> (EDTA Blood/Derived from Impedance)	42.26 fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	7600 cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	59.8 %	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow	28.9 %	20 - 45



Cytometry)



Dr Samudrala Bharathi MD Pathology Lab Director TMC. No.: 72802

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The results pertain to sample tested.

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Age / Sex	: 41 Year(s) / Female	Report On	: 15/07/2024 6:22 PM	meda
Туре	: OP	Printed On	: 16/07/2024 11:20 AM	DIAGNOSTI
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.0	%	01 - 10
Basophils (EDTA Blood'Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood'Impedance Variation & Flow Cytometry)	4.54	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.20	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood'Impedance Variation & Flow Cytometry)	0.46	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood'Impedance Variation & Flow Cytometry)	0.03	10^3 / µl	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	344	10^3 / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.5	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	20	mm/hr	< 20







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Туре	: OP Pri	nted On : 16/07/2024 11:20 AM	DIAGNOSTICS
Rof Dr	. MediWheel		

### Ref. Dr : MediWheel

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BUN / Creatinine Ratio	10.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	148.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**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)	186.80	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)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	8.29	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.77	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)	4.70	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.60	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3







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Туре	: OP	Printed On	: 16/07/2024 11:20 AM DIAG
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	22.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	47.00	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	78.30	U/L	42 - 98
Total Protein (Serum/Biuret)	7.37	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.07	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	168.10	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	62.10	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500





Dr Samudrala Bharathi MD Pathology Lab Director TMC. No.: 72802

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Age / Sex : 41 Ye	ar(s) / Female	Report On :	15/07/2024 6:22 PM	medall
Type : OP		Printed On :	16/07/2024 11:20 AM	DIAGNOSTICS
Ref. Dr : Medi	Wheel			
Investigation		<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
increasing as much a variation too. There	as 5 to 10 times the fasting is evidence recommending	levels, just a few hour triglycerides estimation	s after eating. Fasting trig on in non-fasting condition	s change drastically in response to food, lyceride levels show considerable diurnal n for evaluating the risk of heart disease and circulating level of triglycerides during most
HDL Cholesterol	ition)	54.30	mg/dL	Optimal(Negative Risk Factor): >= 60
(Setuni/Immunoinnuo	uuon)			Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)		101.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholestere (Serum/Calculated)	bl	12.4	mg/dL	< 30
Non HDL Choles (Serum/Calculated)	terol	113.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220
2.It is the sum of all		teins including LDL,		k marker than LDL Cholesterol. crons and it is the "new bad cholesterol" and is a
Total Cholesterol Ratio (Serum/Calculated)	/HDL Cholesterol	3.1		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/HDI (TG/HDL) (Serum/Calculated)	Cholesterol Ratio	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
Consultant	KUMAR Ph.D Microbiologist			Dr Samudrala Bharathi MD Pathology Lab Director TMC. No.: 72802
,	ENIFIED DI			APPROVED BY

The results pertain to sample tested.

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Туре	: OP	Printed On :	16/07/2024 11:20 AM	DIAGNOSTICS
Ref. Dr	: MediWheel			
<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
LDL/HD (Serum/Ca	OL Cholesterol Ratio	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosyl</u>	ated Haemoglobin (HbA1c)			
HbA1C (Whole Blo	ood - W/HPLC)	6.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERPI	RETATION: If Diabetes - Good co	ontrol : 6.1 - 7.0 % , Fair	control: 7.1 - 8.0 %, Poor	r control $>= 8.1$ %
Estimate (Whole Bl	d Average Glucose	151.33	mg/dL	
hypertrigh Condition ingestion,	s that prolong RBC life span like I yceridemia,hyperbilirubinemia,Dru s that shorten RBC survival like ac Pregnancy, End stage Renal diseas ID PROFILE / TFT	ugs, Alcohol, Lead Poiso cute or chronic blood los	ning, Asplenia can give fal s, hemolytic anemia, Hemo	
	odothyronine) - Total emiluminescent Immunometric Assa	1.18 y	ng/ml	0.7 - 2.04
<b>INTERPI</b> Comment Total T3 v		tion like pregnancy, drug	gs, nephrosis etc. In such ca	ases, Free T3 is recommended as it is
	oxine) - Total emiluminescent Immunometric Assa	9.63 y	µg/dl	4.2 - 12.0
<b>Comment</b> Total T4 v		tion like pregnancy, drug	gs, nephrosis etc. In such ca	ases, Free T4 is recommended as it is
Dr	S SIVAKUMAR Ph.D			Dr Samudrala Bharathi MD Pathology Lab Director TMC. No.: 72802
	VERIFIED BY		1211C3698796	APPROVED BY

The results pertain to sample tested.

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
TSH (Thyroid Stimulating Hormone)	45.97	µIU/mL	0.35 - 5.50
(Serum/Chemiluminescent Immunometric Assay			

(CLIA))

### **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&amplt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

# Urine Analysis - Routine

COLOUR	Pale yellow		Yellow to Amber
(Urine) APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated ó"Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated ó"Flow cytometry)	0 - 1	/hpf	NIL
RBCs (Urine/Automated ó"Flow cytometry )	NIL	/HPF	NIL
Casts (Urine/Automated 6"Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated ó"Flow cytometry )	NIL	/hpf	NIL





Dr Samudrala Bharathi MD Pathology Lab Director TMC. No.: 72802

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The results pertain to sample tested.

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<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Ref. Dr	: MediWheel			
Туре	: OP	Printed On	: 16/07/2024 11:20 AM	DIAGNOSTICS
Age / Sex	: 41 Year(s) / Female	Report On	: 15/07/2024 6:22 PM	medall
SID No.	: 1802420962	<b>Collection On</b>	: 13/07/2024 9:40 AM	
PID No.	: MED410081651	Register On	: 13/07/2024 8:38 AM	$\sim$
Name	: Ms. deepa B			

NIL

Others

(Urine)

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







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-- End of Report --

The results pertain to sample tested.

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Name	: Ms. deepa B	$\sim$	Register On	:	13/07/2024 8:38 AM
PID No.	: MED410081651	0	<b>Collection On</b>	:	13/07/2024 9:40 AM
SID No.	: 1802420962	medall	Report On	:	15/07/2024 6:22 PM
Age / Sex	: 41 Year(s) / Female	DIAGNOSTICS	Printed On	:	16/07/2024 11:20 AM
Ref. Dr	: MediWheel		Туре	:	OP

# PAP Smear by LBC( Liquid based Cytology )

# PAP Smear by LBC( Liquid based Cytology )

# SPECIMEN NO : Cy1959 /2024

# MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

**PREDOMINANT CELLS:** Superficial, intermediate, endocervical cells.

BACKGROUND: Neutrophils.

ORGANISMS: No specific organisms.

IMPRESSION:

Inflammatory Smear.

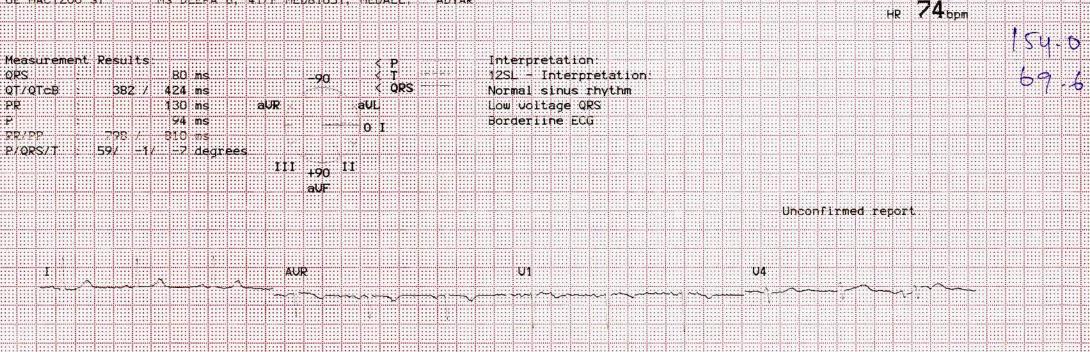
Negative for intraepithelial lesion/ malignancy.



DR SURYA LAKSHMI Consultant Pathologist KMC NO: 112817













13 Jul 2024 09 59 57 AM 25mm/s 10mm/mU ADS 50Hz 0 08 - 20Hz 3 F1 Automatic U6 2 121 (1) 12SLav231

Name	deepa B	ID	MED410081651
Age & Gender	41-Female	Visit Date	7/15/2024 6:22:57 PM
Ref Doctor Name	MediWheel		

# SONOGRAM REPORT

### WHOLE ABDOMEN

# The liver is normal in size and shows diffuse fatty changes. No focal mass seen.

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 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 9.6 x 4.1 cms. Tiny angiomyolipoma of 4.6 mm is seen in the lower pole.

The left kidney measures 9.8 x 5.0 cms.

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.

1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have	7.Results of the test are influenced by the various factors such as sensitivity, specificity of the
limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and	procedures of the tests, quality of the samples and drug interactions etc.,
pathological findings.	8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification
2. The results reported here in are subject to interpretation by qualified medical professionals only.	or retesting where practicable within 24 hours from the time of issue of results.
3 Customer identities are accented provided by the customer or their representative	9 Liability is limited to the extend of amount billed

<sup>4.</sup>information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not false opinion.

be investigated for its truthfulness. 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

<sup>6.</sup>Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.

<sup>11.</sup>Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	deepa B	ID	MED410081651
Age & Gender	41-Female	Visit Date	7/15/2024 6:22:57 PM
Ref Doctor Name	MediWheel		

The uterus is anteverted, and measures 11.8 x 4.8 cms.

# The fundus is pulled up and is adherent to the anterior abdominal wall (Post LSCS).

Myometrial echoes are homogeneous.

The endometrial thickness is 9 mm.

The right ovary measures 3.3 x 3.2 x 2.5 cms volume : 14 cc.

The left ovary measures 3.9 x 3.4 x 1.9 cms volume : 13 cc.

# Both ovaries are enlarged and shows multiple tiny cysts in the periphery.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

# **IMPRESSION**:

sr

- Fatty livre.
- Tiny right renal angiomyolipoma.
- Pelvic adhesions (Post LSCS).
- Polycystic ovaries.

CONSULTANT RADIOLOGIST

DR. S.GNANAM MBBS., DMRD.,

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Name	deepa B	ID	MED410081651
Age & Gender	41-41-Female		7/15/2024 6:22:57 PM
Ref Doctor Name	MediWheel		

# **ECHO CARDIOGRAPHY REPORT**

# Measurements:-

**M Mode:** 

IVS d	0.8cm	IVS s	0.8cm
LVID d	4.0cm	LVID s	2.6cm
LVPW d	0.9cm	LVPW s	0.9cm
AO	2.2cm	LA	1.2cm

# **Doppler study:**

Loca	ation		m/sec	Location	m/sec
AV	vel		1.4	MV E	0.7
PGT	ר		8mmHg	Α	0.6
EF			62%	E/A Ratio	1.2
FS			33%		
<u>2D:</u>					
LA	:	NORMA	L	<b>RA</b> : 1	NORMAL
LV	:	NORMA	L	<b>RV</b> : 1	NORMAL
AV	:	NORMA	L	PV : NORMAI	_
MV	:	NORMA	L	TV : NORMAI	_
AO	:	NORMA	L	PA : NO	DRMAL

### **Observations:**

#### REPORT DISCLAIMER

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procedures of the tests, quality of the samples and drug interactions etc.,

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Name	deepa B	ID	MED410081651
Age & Gender	41-41-Female	Visit Date	7/15/2024 6:22:57 PM
Ref Doctor Name	MediWheel		

- Cardiac chambers dimension-normal
- No regional wall motion abnormality
- Normal LV systolic function
- Normal LV Diastolic Function
- No MR / No MS
- No AR / No AS
- TR (Trivial) /No PAH
- Normal RV Function.
- No PE / Clot / Mass
- IAS/ IVS appear Intact

### **CONCLUSIONS:**

- NORMAL CARDIAC DIMENSIONS.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- LVEF 62%
- GOOD LV SYSTOLIC FUNCTION.
- NORMAL LV DIASTOLIC FUNCTION

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- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	deepa B	ID	MED410081651
Age & Gender	41-41-Female	Visit Date	7/15/2024 6:22:57 PM
Ref Doctor Name	MediWheel		

In

# Prof. N. Subramanian MD, DM(CARD) FRCP, FACC

**Consultant Cardiologist** 

Done by- Ms.Monisha.S Cardiac Technologist

REPORT DISCLAIMER

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# **X-RAY MAMMOGRAPHY OF BOTH BREASTS**

Soft tissue X-ray mammography of both breasts was performed using the cranio-caudal and medio-lateral oblique views.

Both breasts show fibroglandular and fatty densities.

No mass or calcification seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Benign lymph nodes are seen in both axilla.

### **On USG screening:**

### No significant abnormality.

### **IMPRESSION:**

• NO MAMMOGRAPHIC EVIDENCE OF ABNORMALITY. -BIRADS - I.

sr

# DR. S.GNANAM MBBS., DMRD.,

CONSULTANT RADIOLOGIST

# **NB: BIRADS Categories.**

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- I Normal.
- II Benign finding.
- III Probably benign, to be followed up after 6 months.
- IV Indeterminate lesion, biopsy necessary.
- V Highly suggestive of malignancy.

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Name	Ms. deepa B	ID	MED410081651	
Age & Gender	41Y/F	Visit Date	Jul 13 2024 8:37AM	
Ref Doctor	MediWheel			

# X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.

DR. TRISHUL SHETTY CONSULTANT RADIOLOGIST