



Certificate No.: PEH-2022-1862  
April 07, 2022 - April 06, 2024

MR No. 140611 Patient Name S/O S. Sunte Saral Age 49 Sex F Date 14/05/24  
Mob No. \_\_\_\_\_

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-156  
K-87  
B2 120/80  
P-82

**Vitals**

- B.P.
- P.R.
- O2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

ESR ↑  
- hyperuricemia refer

*[Signature]*  
**Dr. Bhawna Garg**  
MBBS, DIP.GO, PGDHA  
MEDICAL CO ORDINATOR  
RJN Apollo Spectra Hospital  
Reg.No. MP18035

Signature :

Patient NAME : Mrs. SUNITA SHRIVAS	Collected : 14/Sep/2024 09:32AM
Age/Gender : 49 Y 0 M 0 D /F	Received : 14/Sep/2024 10:15AM
UHID/MR NO : ILK.00029115	Reported : 14/Sep/2024 10:44AM
Visit ID : ILK.132628	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	11.7	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	36.7	%	35-49	Cell Counter
RBC Count	4.3	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.4	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.8	g/dl	30.0-35.0	Calculated
RDW	14.5	%	11-16	Calculated
Total WBC count (TLC)	5,900	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	63.4	%	50-70	Cell Counter
Lymphocytes	23.7	%	20-40	
Monocytes	7.5	%	01-10	Cell Counter
Eosinophils	5.1	%	01-06	Cell Counter
Basophils	0.3	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	3,741	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1398	per cumm	600-4000	Calculated
Monocyte (Abs.)	443	per cumm	0-600	Calculated
Eosinophil (Abs.)	300	per cumm	40-440	Calculated
Basophils (Abs.)	18	per cumm	0-110	Calculated
Platelet Count	1.80	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	52	mm 1st hr.	0-20	Wester Green
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*Sarita Pathak*

**DR. SARITA PATHAK**  
M.D (PATH)



SIN NO : 10508764, **RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

**BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA**

**RBC'S** : Normocytic Normochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number , morphology and distribution. No toxic granules seen.

No abnormal cell seen.

**PLATELETS** : Adequate on smear .

**IMPRESSION ;** NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Visit ID : ILK.132628	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	103.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

**GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA**

Post Prandial Glucose	111.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA</b>				
Glycosylated Haemoglobin HbA1c	5.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	114.02			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

**INTERPRETATION:**

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



**DR. SARITA PATHAK**  
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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	18.47	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.2	mg/dL	2.6-6.0	Urease
Sodium	142.0	Meq/L	135-155	Direct ISE
Potassium	4.7	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	3.8	mg/dL	2.5-5.6	PMA Phenol
BUN	8.63	mg/dL	6.0-20.0	Reflect Spectrothoto




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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID PROFILE , SERUM**

Type OF Sample	SERUM-F	Unit	Bio. Ref. Range	Method
Total Cholesterol	170.0	mg/dl	up to 200	End Point
Total Triglycerides	76.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	50.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	120	mg/dL	<130	
LDL Cholesterol	104.8	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	15.2	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.4		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) WITH GGT , SERUM**

Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	17.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	12.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	83.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	7.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.6	g/dl	6.4-8.3	Biuret
Albumin	3.8	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.36	%	1.0-2.3	Calculated



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Age/Gender : 49 Y 0 M 0 D /F	Received : 14/Sep/2024 10:24AM
UHID/MR NO : ILK.00029115	Reported : 14/Sep/2024 01:49PM
Visit ID : ILK.132628	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I, SERUM**

Trilodothyronine Total (TT3)	0.99	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	8.56	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	5.432	µIU/ml	0.35-5.50	Chemilluminescence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

**AGE RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH**

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

**PREGNENCY RELATED GUIDELINES FOR REFERENCE RANGES FOR TSH**

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

**NOTE :** TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

**Ultrasensitive kits used.**

Serum T3/ FT3, T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours ( secondary hyperthyroidism).



*A.K. Rajan*

**DR. ASHOK KUMAR**  
M.D. (PATH)

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Age/Gender : 49 Y 0 M 0 D /F	Received : 14/Sep/2024 10:15AM
UHID/MR NO : ILK.00029115	Reported : 14/Sep/2024 03:39PM
Visit ID : ILK.132628	Status : Final Report
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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	STRAW			Visual
Appearance	Turbid			Visual
pH	5.0		5.0-7.5	Dipstick
Specific Gravity	1.020		1.002-1.030	Dipstick

**Chemical Examination**

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

**Microscopic Examination.**

Pus Cells	4-5	/Hpf	0-5	
Epithelial Cells	10-12	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	INCREASED		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

**URINE SUGAR FASTING , URINE**

Fasting Urine Sugar	NIL		NIL	
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*A.K. Rajopg*

**DR. ASHOK KUMAR**  
M.D. (PATH)

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE SUGAR (POST PRANDIAL) , URINE(PP)**

URINE SUGAR (P. P.)	NIL		NIL	
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**\*\*\* End Of Report \*\*\***



*(Handwritten Signature)*

**DR. ASHOK KUMAR**  
**M.D. (PATH)**



SIN NO : 10508764

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Mob No. ....

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- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health checkup  
4/9 - Earlc } EOC-der  
                  } TM-gate  
  
New }  
Th } WAS  
  
No Achur EAR gate  
                  }  
                  } Joun

- Vitals**
- P.R.
  - SPO2
  - Temp

- Medical Illness**
- Hypertension
  - Diabetes
  - Thyroid
  - Cardiac Disease
  - Drug Allergies

**Next Appointment/Follow up**

Signature :

**ECHO CARDIOGRAPHY REPORT**

Patient Name: MRS. SUNITA SHRIVAS	Age / Sex 49Y/ F
UHID/Bill No: 140611	Date :14/09/2024

Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate  
 Mitral Valve : Normal  
 Tricuspid Valve : Normal  
 Aortic Valve : Normal  
 Pulmonary Valve : Normal  
 Left Atrium : 3.4cms  
 Left Ventricle : IVSD : 1.2 cms      LVPWD : 1.2cms  
                               EDD : 4.9 cms                EF 58%  
                               ESD : 3.0 cms                FS 30%

RWMA : NO REGIONAL WALL MOTION ABNORMALITY  
 Right Atrium : Normal  
 Right Ventricle : Normal  
 Aorta : 3.1cms  
 IAS IVS : Intact  
 Pulmonary Artery : Normal  
 Pericardium : Normal  
 SVC, IVC : Normal  
 Pulmonary Artery : Normal  
 Intracardiac Masses : Nil  
 Doppler : E > A

**CONCLUSION**

- NORMAL CARDIAC CHAMBERS DIMENSION.
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LV SYSTOLIC FUNCTION, LVEF 58%
- NORMAL VALVE
- INTACT SEPTUM
- NO CLOT /VEGETATION / PERICARDIAL EFFUSION

*(Signature)*  
**Dr. Abhishek Sharma**  
 MBBS, MD (Medicine), DNB (Cardiology)  
 Consultant, Interventional-Cardiology  
 RJN Apollo Spectra Hospitals  
 Reg.No. MP 12056

Consultant  
 Dr. Abhishek sharma (DNB)  
 (Interventional Cardiologist)

MR No. .... Patient Name Suma ..... Age 40 Sex f Date 14/09/24

Mob No. ....

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- CRP
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- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

*Heart checkup*

*O/E -*

*REF 2 (norm) 2 / 6 (pain)*

*G/A -*

*norm 2 / 6*

*fr.*

*check dds 7/10*

**Vitals**

- .P.
- P.R.
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :





॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO. : 2055163  
 NAME : MRS SUNITA SHRIVAS  
 AGE/SEX : 48 YRS / FEMALE

DATE : 14-September-2024  
 MRD NO. : R-093527  
 CITY : jhansi

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6		
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
11:36AM	18		18	

**INVESTIGATION :**

GONIOSCOPY BOTH EYES IN BE ( DONE )

Rx.

1 ONTEARS EYE DROPS 1\*15ML  
 (CARBOXYMETHYLCELLULOSE SODIUM  
 LUBRICANT IP 0.5% W/V)  
 ONE DROP 4 TIMES A DAY FOR 30 DAYS

EYE From To Instructions

BOTH EYE 14-Sep-2024 13-Oct-2024

TREATMENT PLAN : GP NEAR  
 REFFERED TO :  
 DR. REMARK : PERIODIC REV ADV  
 NEXT REVIEW : AS PER DR. ADVISED

DR. SAVITRI DEVAL

**NOTE**

: Kindly continue medications as advised for the period advised.  
 In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counseled

Advised medicine may be replaced with a good quality generic medicine.

Ratan Jyoti Netralaya  
 18, Vikas Nagar  
 Near Sai Baba Temple  
 Gwalior-474002

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध ● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

**नेत्रदान**

करें और करायें इसे अपने परिवार की परम्परा बनायें  
 नेत्रदान के लिए सम्पर्क करें : 9111004044

MR No. .... Patient Name Mrs. Sumita Shrivastava Age 49 yrs Sex ..... Date 14/09/24

Mob No. ....

**Investigations : (Please Tick)**

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- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

→ Come for health check up  
→ K/d/o Hypothyroidism = 5 yrs  
0/4 P<sub>3</sub>L<sub>3</sub>A<sub>1</sub> Con 50 mg thyroxine  
→ RA ATROVD  
→ LUB / 16 yrs / M  
PP not done

LMP - 3/9/24  
PMH - R/ovary flow  
P/H → Laproscopic appendectomy in 2005  
→ Laproscopy for uterine stroma in 2000  
P/H → Father HTN

0/E arfavi  
afimle  
P - 82/min  
BP - 120/80  
MMHg  
No pallor/edema  
P/A - soft, NT  
P/S - vagina (N)  
Cervix hyperostoid  
watery discharge (+)  
Multiple nabothian  
follicle around os  
Pap's smear taken

**Vitals**

- P.R.
- SPO2
- Temp

**Medical Illness**

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

**Next Appointment/Follow up**

Signature :  
P/V - ut ofv MRS, Mobile,  
NT, B/L, Ax free p.t.c





**PATIENT NAME** - **SUNITA SHRIVAS 49Y/F**  
**REFERRED BY** - **HEALTH CHECKUP**  
**DATE** - **14/09/2024**  
**INVESTIGATION** - **USG BREAST**

USG of both breasts was done using high frequency linear probe.

**IMAGING FINDINGS:**

**Right breast:** Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

**Left breast:** Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Both the breast reveals normal echotexture & fibroglandular parenchyma.

No evidence of any focal solid or cystic mass lesion is seen in bilateral breast.


No evidence of duct dilatation, skin thickening is noted in bilateral breast.

No evidence of significant axillary lymphadenopathy.

**OPINION:- Features are suggestive of-**

- **No significant abnormality in sonomammography both breasts.**

Clinical correlation and follow up study is suggested. **Mammographic correlation is suggested**

  
**DR. SAKSHI CHAWLA**  
**(MD RADIODIAGNOSIS)**

**Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.**

PATIENT NAME - SUNITA SHRIVAS 49Y/F  
REFERRED BY - HEALTH CHECKUP  
DATE - 14/09/2024  
INVESTIGATION - USG WHOLE ABDOMEN

**IMAGING FINDINGS:-**

**Liver** appears normal in size, position, shape and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

**Gall Bladder** is partially distended. GB wall appears normal. Visualized **CBD** is of normal caliber.

**Spleen** appears normal in size (~7.9cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Pancreas** is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

**Both Kidneys:** Measurements are right kidney ~9.9x4.1cm and left kidney ~10x4.5cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

**Urinary Bladder** is normal in shape. Cystic out pouching seen near left VUJ measured upto ~24mm protruding into the urinary bladder lumen.

**TAS:-**


**Uterus** is anteverted, appears normal in size measures ~7.9x4.8cm, position and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

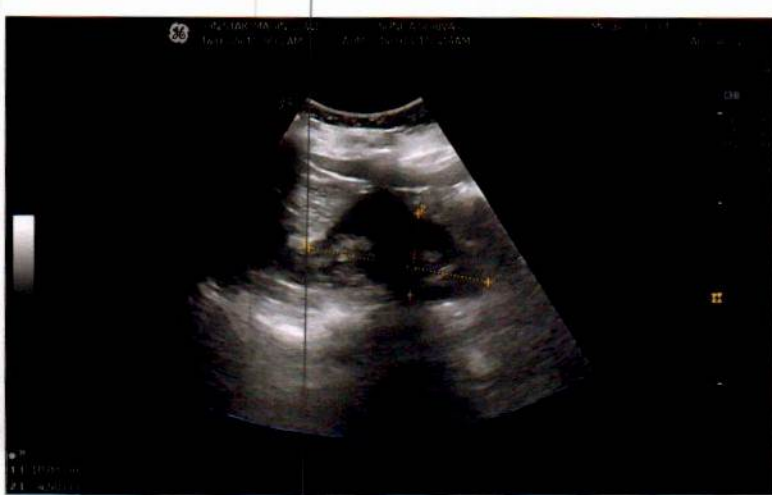
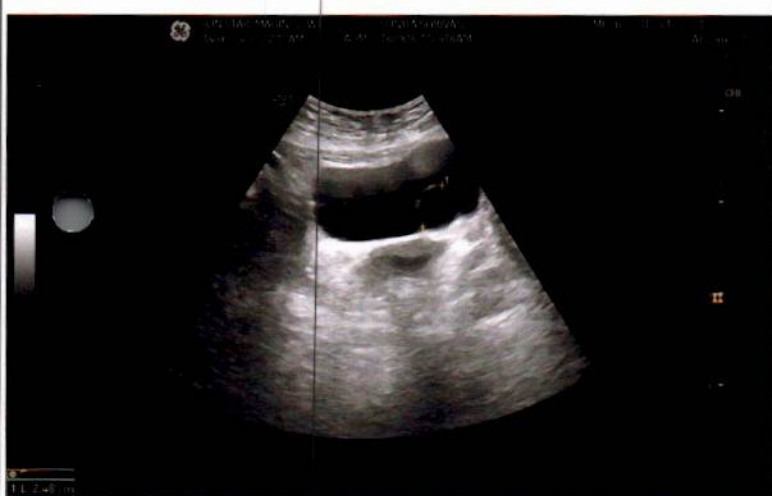
**OPINION:-** Features are suggestive of-

- Cystic out pouching near left VUJ (measured upto ~24mm) protruding into the urinary bladder lumen- ? Ureterocele
- Grade I fatty liver

**Suggested clinical correlation/Follow up imaging.**

  
**DR. SAKSHI CHAWLA**  
(MD RADIODIAGNOSIS)

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PT. NAME: SUNITA SHRIVAS	AGE/SEX: 49Y/F
REF. BY: 140611	14/09/2024

X-RAY CHEST (PA)

IMAGING FINDINGS:

**Metallic artifacts are seen**

Prominent vascular markings seen in both lung fields.

B/L costophrenic angle appear clear and normal.

Trachea is central.

Cardiothoracic ratio is within normal limit.

Soft tissue and bony cage appear normal.

B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

- No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

**DR. SAKSHI CHAWLA**  
**(MD RADIODIAGNOSIS)**

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Rate 66 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
Sinus rhythm.....normal P axis, V-rate 50- 99

PR 150  
QRS 87  
QT 368  
QTc 386

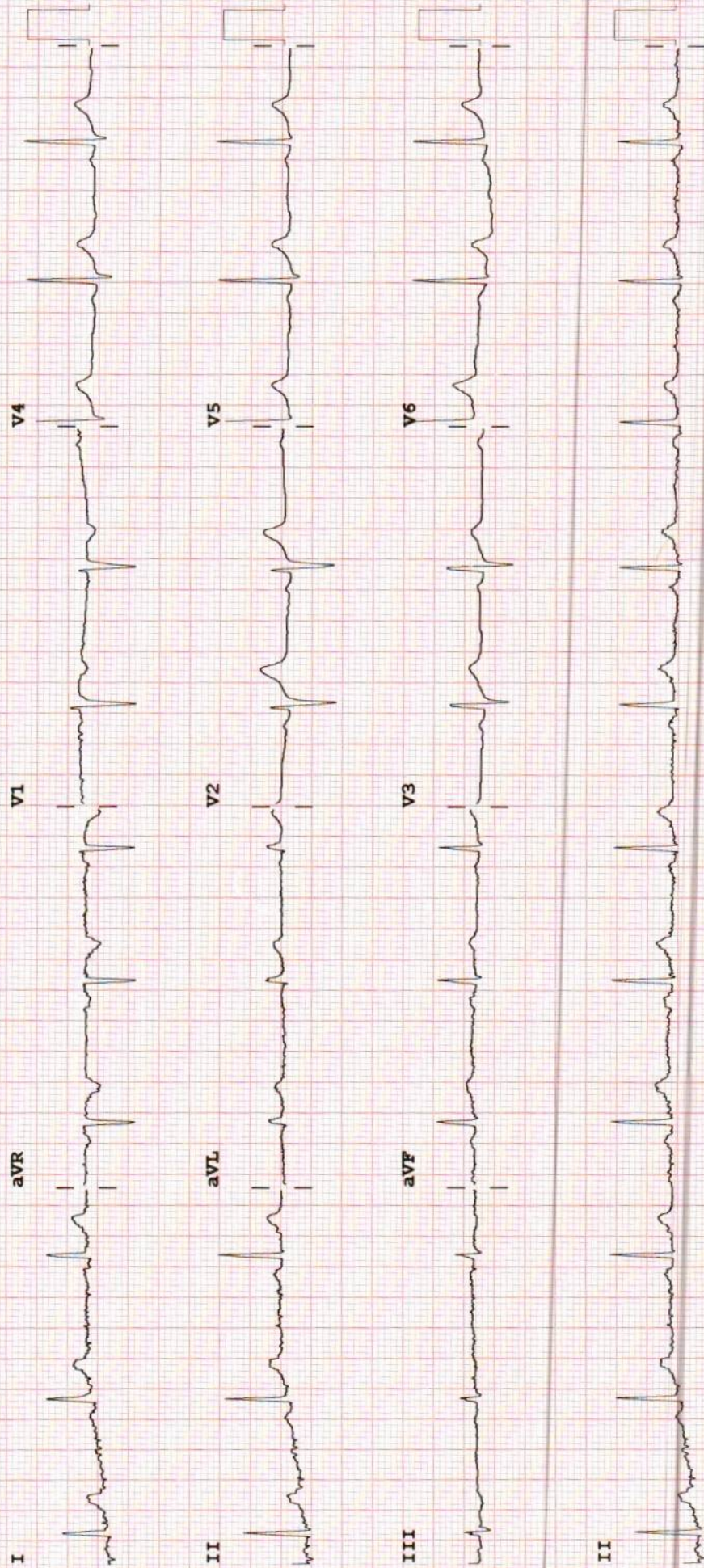
--AXIS--

P 34  
QRS 37  
T 26

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL

P?