

Regn Date : 05/03/24
Name : Mrs ARUNA PV.
Regn No : 2406504418

Age / Sex : 56 YRS / F
Rpt Date/Time :
Ref Dr :

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :			
RS	:	AEBE	CVS : S/S2 audible
BREAST EXAMINATION	:	Mammography done	PER ABDOMEN : Soft, Non tender
PER VAGINAL	:	Pap smear done	

MENSTRUAL HISTORY :			
MENARCHE	:	12 years .	No early menopause at the age of 40ys .
PAST MENSTRUAL HISTORY	:	Regular .	

OBSTETRIC HISTORY	
G ₂ L ₁ A ₀	

PERSONAL HISTORY :			
ALLERGIES	:	Not known .	BLADDER HABITS : Normal .
BOWEL HABITS	:	Regular	DRUG HISTORY : Tes. for Diabetes mellitus & Dyslipidemia since 2005
PREVIOUS SURGERIES	:	No LSCS in 1991	

FAMILY HISTORY :	
Both parents are diabetic on medication .	

CHIEF GYNAE COMPLAINTS :	
None	

RECOMMENDATIONS :	
None .	

Suburban Diagnostics (I) Pvt. Ltd.
Aston, 2nd Floor, Opp. Sunshine Building
Sundervan Complex, Andheri (West)
Mumbai - 400 053, Tel.: 022-40274527

Date:- 05/03/24

CID: 2406506418

Name:- MRS. ARUNA PV

Sex / Age: F / 56 YRS

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Diabetes Mellitus & Dyslipidaemia

Past history: on medication for DM & Dyslipidaemia

Unaided Vision:

Aided Vision: Yes, using corrective glasses

Refraction: Corrected vision

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N5	—————			N5

Colour Vision: Normal / Abnormal

Remark: Continue same glasses.

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CID : 2406504418
Name : MRS.ARUNA PV
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)



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Reported : 05-Mar-2024 / 10:38

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.13	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.4	36-46 %	Calculated
MCV	85.7	80-100 fl	Measured
MCH	29.1	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7280	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.0	20-40 %	
Absolute Lymphocytes	2390	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	360	200-1000 /cmm	Calculated
Neutrophils	59.0	40-80 %	
Absolute Neutrophils	4280	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	220	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	371000	150000-400000 /cmm	Elect. Impedance
MPV	7.1	6-11 fl	Measured
PDW	11.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **63** 2-30 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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J. Thakker

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

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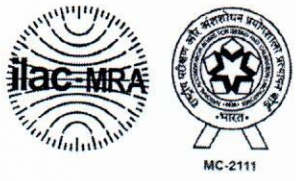
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	138.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	226.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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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	23.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	107	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	174.3	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.

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*** End Of Report ***



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Reported : 05-Mar-2024 / 10:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	6-8	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

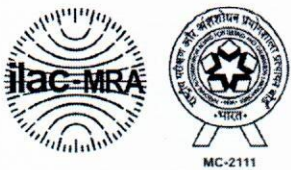
Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- 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 inert

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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	O
Rh TYPING	NEGATIVE

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

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	49.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	17.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.22	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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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	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.9	35-105 U/L	Colorimetric

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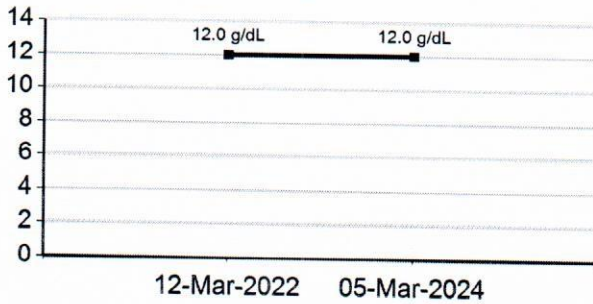
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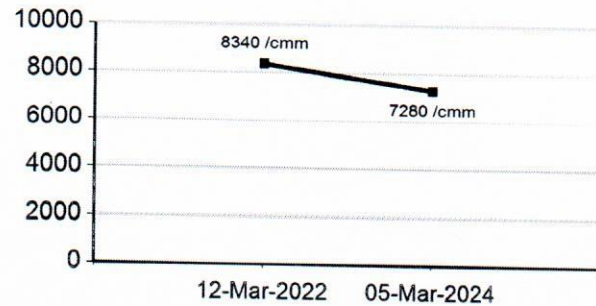


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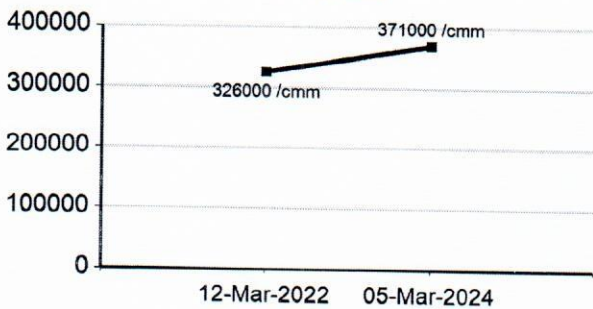
Haemoglobin



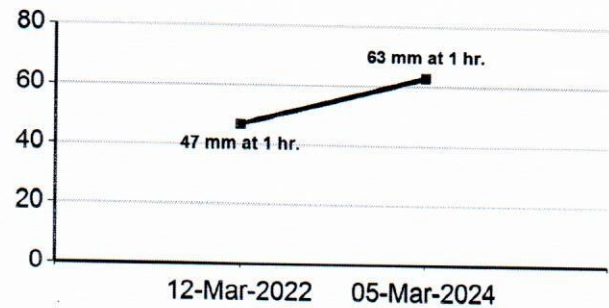
WBC Total Count



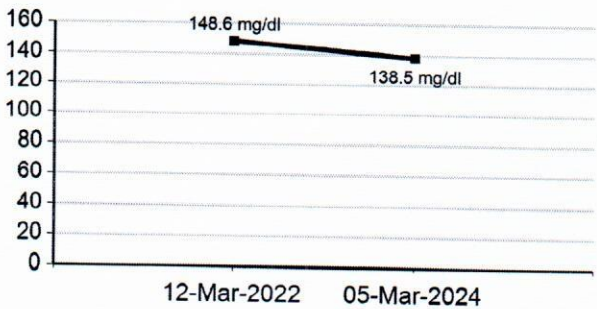
Platelet Count



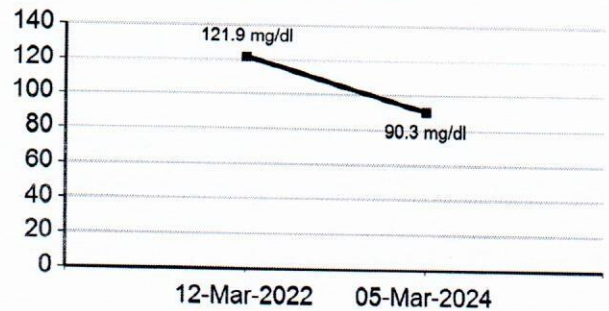
ESR



CHOLESTEROL



TRIGLYCERIDES



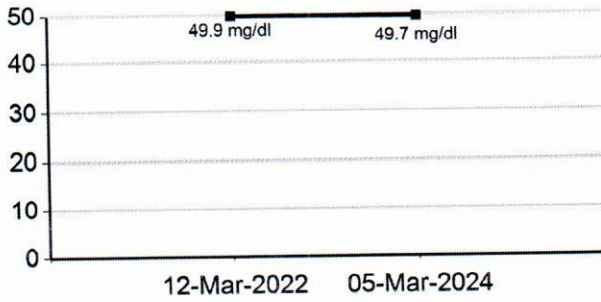
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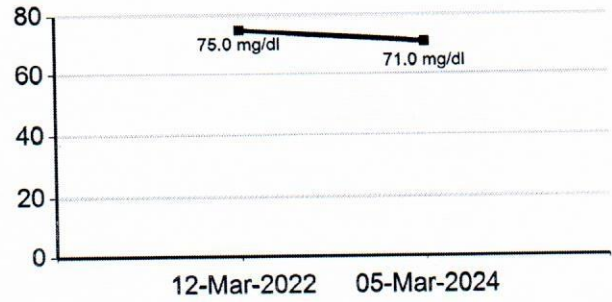
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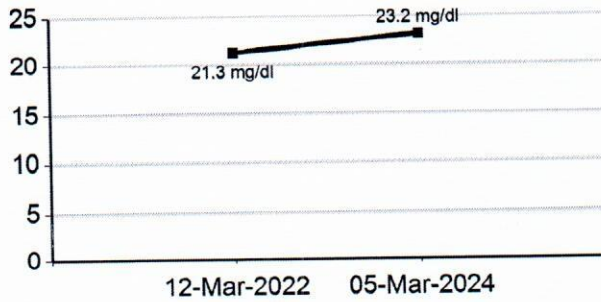
HDL CHOLESTEROL



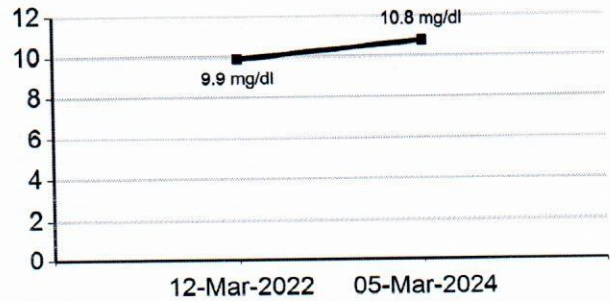
LDL CHOLESTEROL



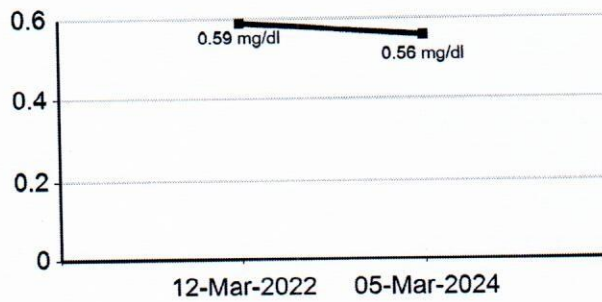
BLOOD UREA



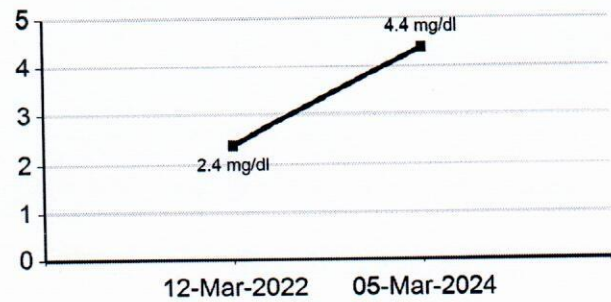
BUN



CREATININE



URIC ACID



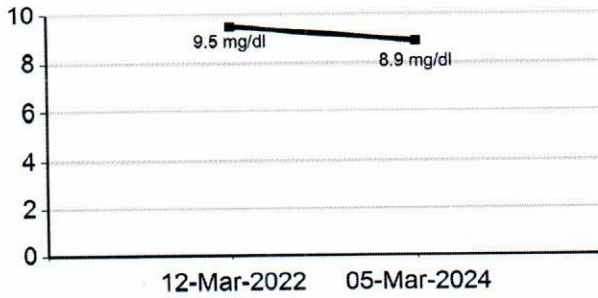
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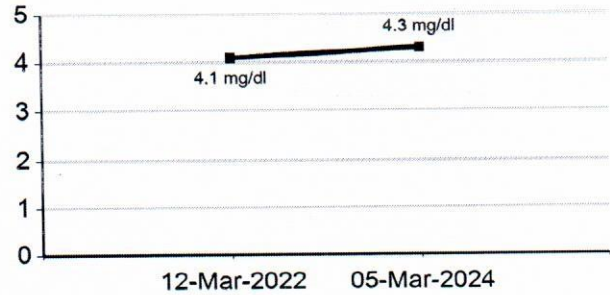
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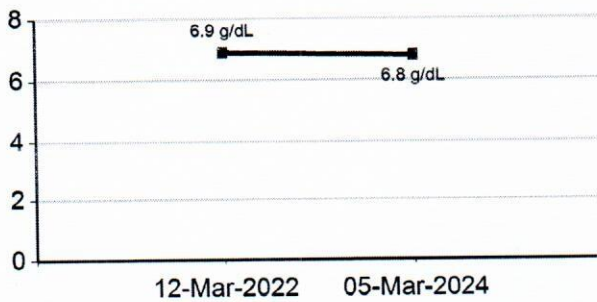
CALCIUM



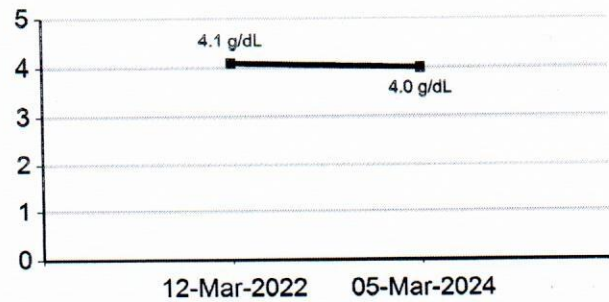
PHOSPHORUS



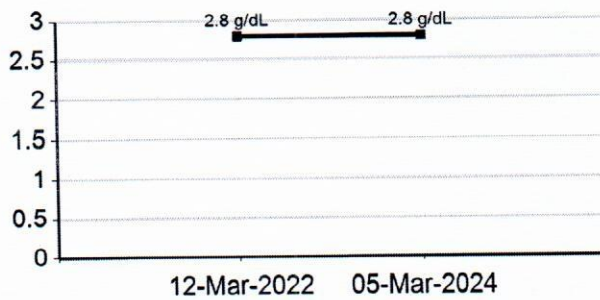
TOTAL PROTEINS



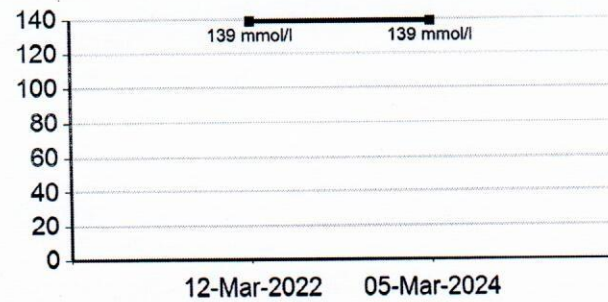
ALBUMIN



GLOBULIN



SODIUM



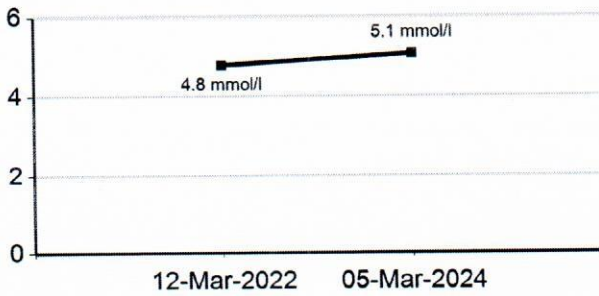
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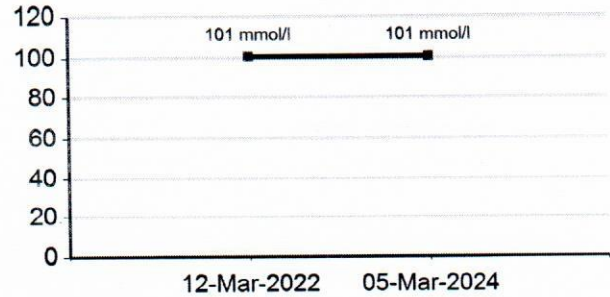
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CID : 2406504418
Name : MRS.ARUNA PV
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

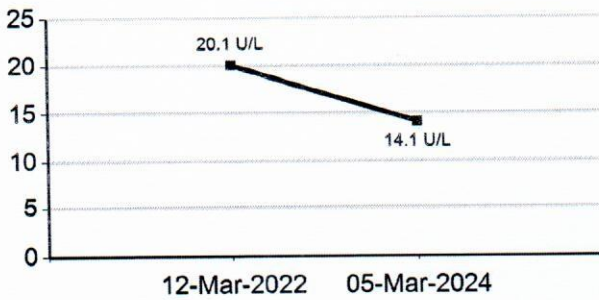
POTASSIUM



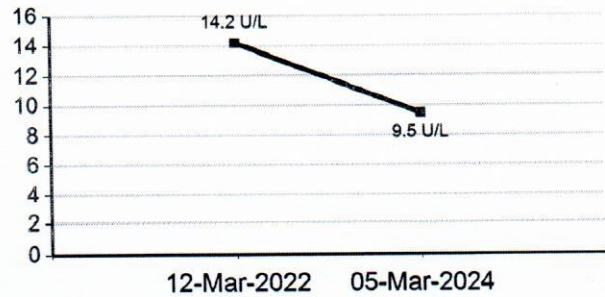
CHLORIDE



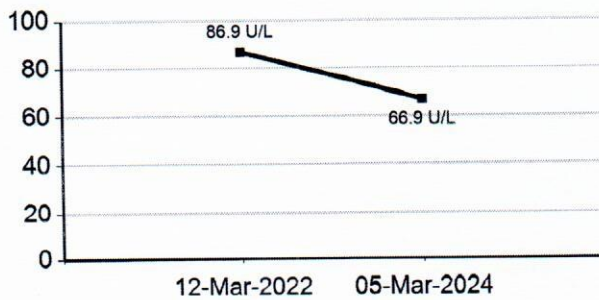
SGOT (AST)



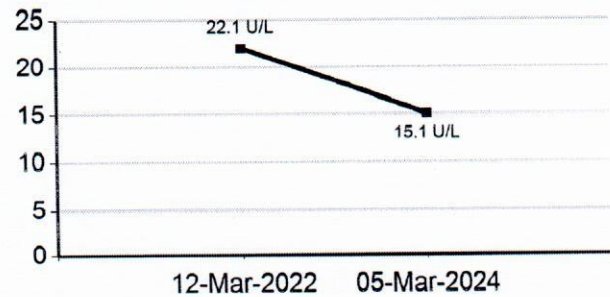
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT



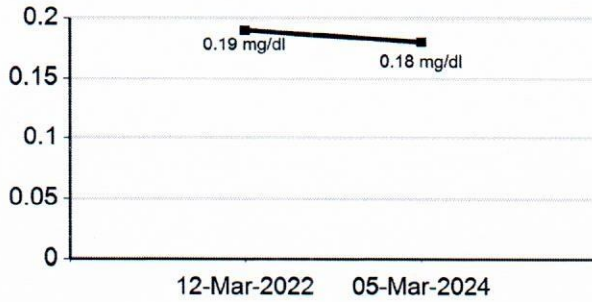
Authenticity Check



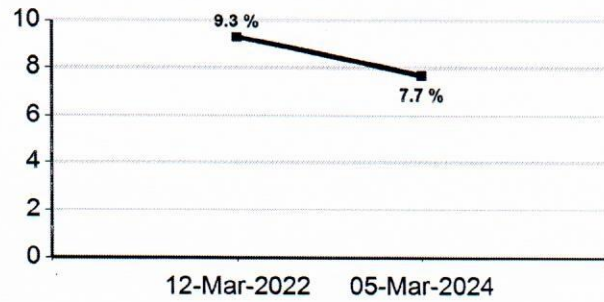
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Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

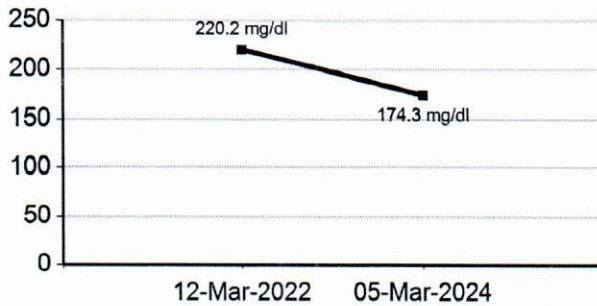
BILIRUBIN (DIRECT)



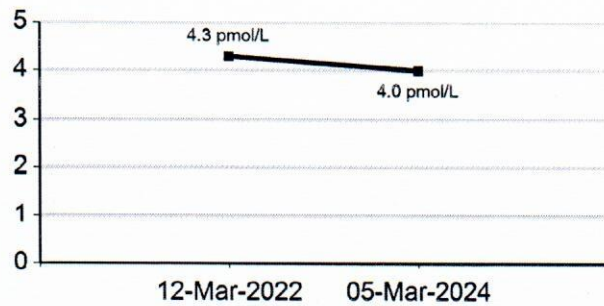
Glycosylated Hemoglobin (HbA1c)



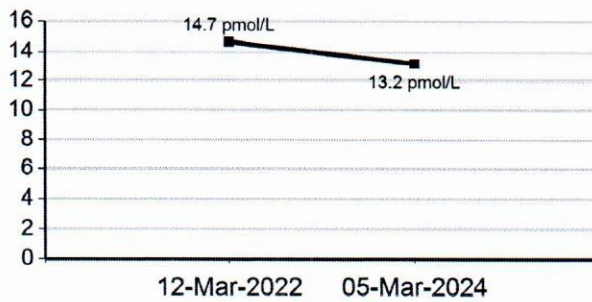
Estimated Average Glucose (eAG)



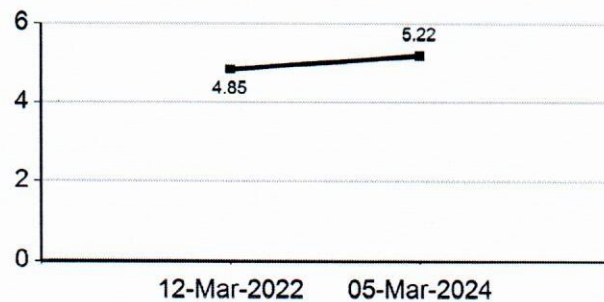
Free T3



Free T4



sensitiveTSH



Authenticity Check



Use a QR Code Scanner
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CID : 2406504418
Name : Mrs ARUNA PV
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 05-Mar-2024
Reported : 05-Mar-2024 / 13:12

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (16.3cm). It shows normal parenchymal echo pattern.
The intra hepatic biliary and portal radical appear normal.
No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.
No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any hydronephrosis or mass lesion seen.
Right kidney measures 10.1 x 4.6cm. Left kidney measures 8.9 x 4.8cm.
A 4.8mm sized calculus is noted in the lower pole of the left kidney.

SPLEEN:

The spleen is normal in size (9.2cm) and echotexture.
No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

Uterus is anteverted, small. The uterine myometrium shows multiple calcifications.
Periendometrial halo is well maintained. Endometrium measures 3.5mm.
Cervix appears normal. (Post menopausal status).

OVARIES:

Both ovaries are not visualised mostly atrophic (Post menopausal status).

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Name : Mrs ARUNA PV
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 05-Mar-2024
Reported : 05-Mar-2024 / 13:12

IMPRESSION:-

Mild hepatomegaly as described above.
Left renal calculus as described above.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

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Name : Mrs ARUNA PV
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 05-Mar-2024
Reported : 05-Mar-2024 / 14:52

MAMMOGRAPHY AND SONOMAMMOGRAPHY

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 breast density ACR CATEGORY II

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen. No abnormal skin thickening is 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.

IMPRESSION:

**NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.
RIGHT BREAST - BIRADS CATEGORY I
LEFT BREAST - BIRADS CATEGORY I**

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

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.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

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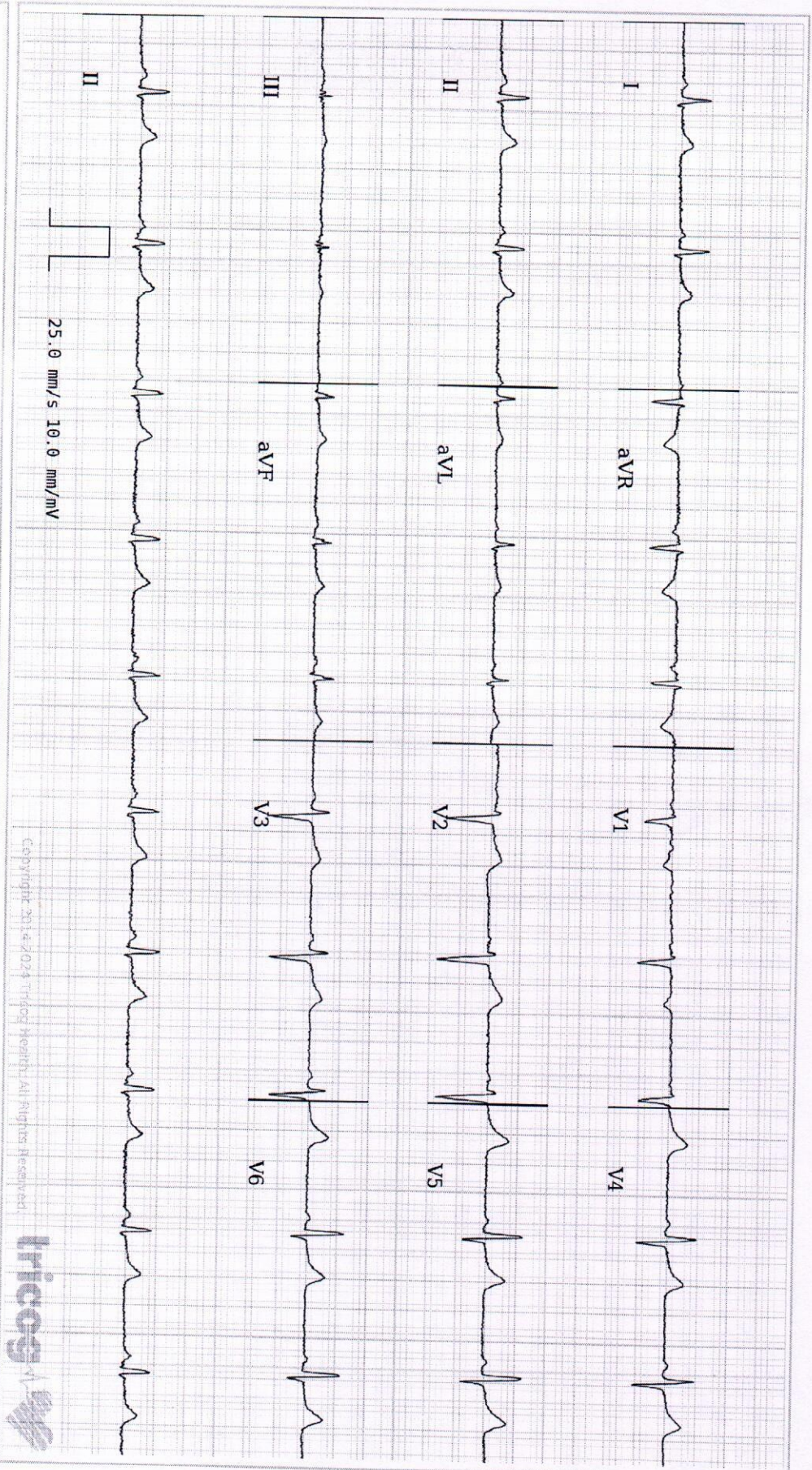
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HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnosics.com | **WEBSITE:** www.suburbandiagnosics.com

Patient Name: ARUNA PV
Patient ID: 2406504418

Date and Time: 5th Mar 24 8:23 AM



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Age 56 NA NA
years months days

Gender Female

Heart Rate 64bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 84ms
QT: 416ms
QTcB: 429ms
PR: 116ms
P-R-T: 40° 41° 41°

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

REPORTED BY

DR RAVI CHAVAN
MD, D/CARD, D, DIABETES
Cardiologist & Diabetologist
2004/06/24/8

(Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are entered by the clinician and not derived from the ECG.

Patient's Name : ARUNA PV

Age : 56YRS / FEMALE

Requesting Doctor :---

DATE: 05.03.2024

CID. No : 2406504418

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TRjet vel.method = 30 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	9	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	40	mm	Mitral Valve A velocity	.07	m/s
LVPWd	9	mm	E/A Ratio	1.4	-
IVSs	14	mm	Mitral Valve Deceleration Time	175	ms
LVIDs	20	mm	E/E'	6	-
LVPWs	16	mm	TAPSE	30	
			Aortic valve		
IVRT	-	ms	AVmax	1.7	m/s
			AV Peak Gradient	12	mmHg
2D STUDY			LVOT Vmax	1	m/s
LVOT	18	mm	LVOT gradient	4	mmHg
LA	36	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.7	m/s
RV [RVID]	20	mm	PV Peak Gradient	2	mmHg
IVC	14	mm	Tricuspid Valve		
			TR jet vel.	2.5	m/s
			PASP	30	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.



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CID : 2406504418
Name : Mrs ARUNA PV
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 05-Mar-2024
Reported : 05-Mar-2024 / 10:56

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

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