Dr. Goyal's
Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Piller No. 109-110, New Sanganer Road,
Sodala, Jaipur-302019
Tele : 0141-2293346, 4049787, 9887049787
Website: www. drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

General Physical Examination

Date of Examination: 15/04/2024

Name: MEENAKSHI MEENA Age: 44 Sex: f

DOB: 21/08/1979

Referred By: BOB

Photo ID: Aadhar ID #: attached.

Ht: 154 (cm) Wt: 70 (Kg)

Chest (Expiration): 93 (cm) Abdomen Circumference: 84 (cm)

Blood Pressure: 115 / 77 mm Hg PR: 96 / min

BMI 29.5 kg/m²

Eye Examination: D/s vision 6/6 with Specs, Near vision N/6, No colour blindness

Other: Not significant.

On examination he/she appears physically and mentally fit: Yes / ~~No~~

Signature Of Examine : ---------- **Name of Examinee:** ----------

Signature Medical Examiner : ---------- **Name Medical Examiner** ----------


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
MEENAKSHI MEENA
KEDAR MAL MEENA
27/08/1979
Permanent Account Number
ARWPM0645C
Signature

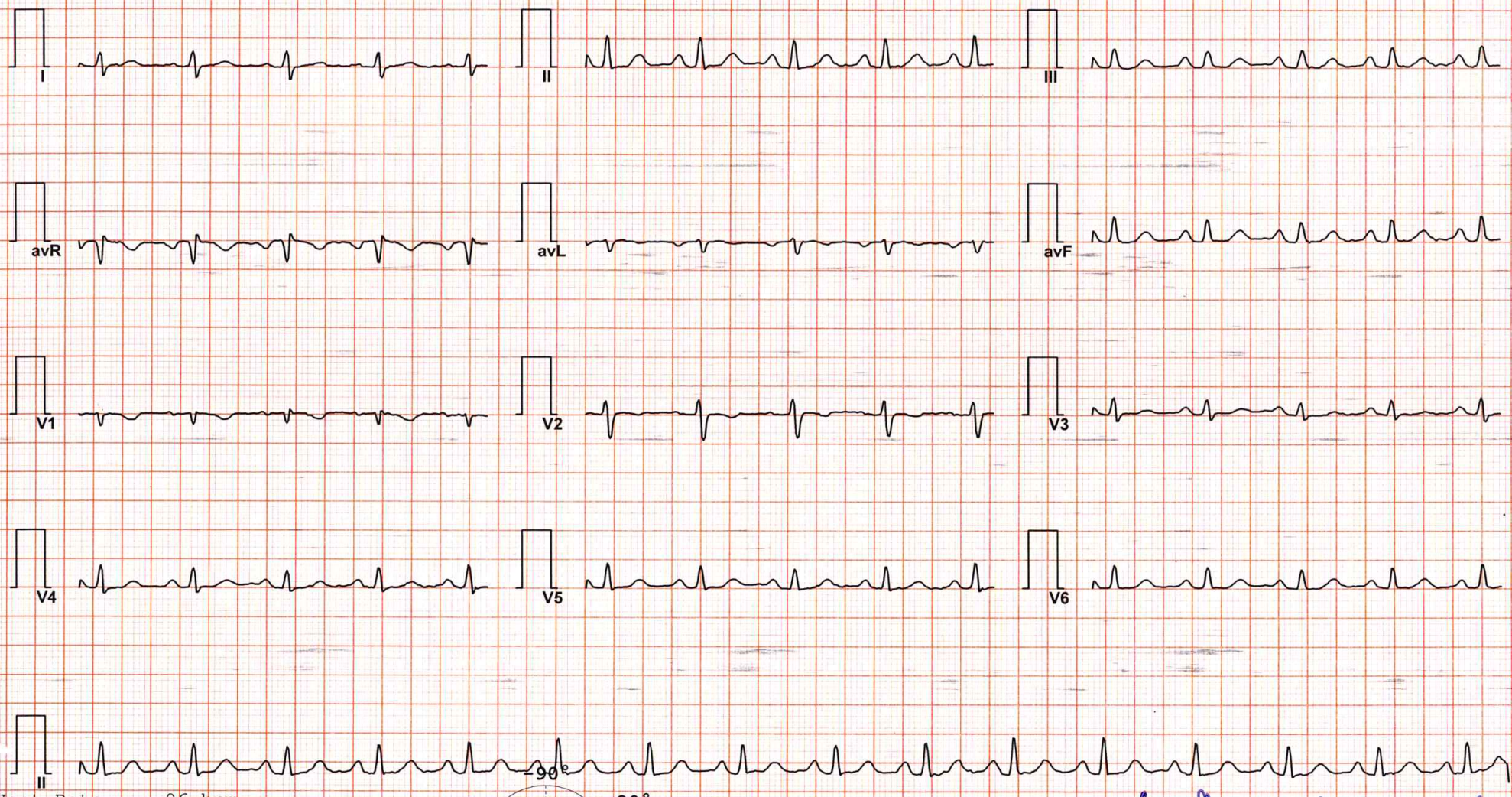
DR.GOYAL PATH LAB

ECG

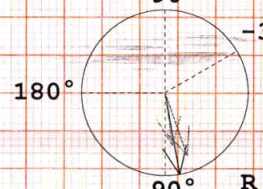
5322 / MRS MEENAKSHI MEENA / 44 Yrs / F

Heart Rate : 96 bpm / Tested On : 15-Apr-24 14:08:35 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s / Refd By.: BOB

AGHPL



Vent Rate : 96 bpm
PR Interval : 164 ms
QRS Duration: 74 ms
QT/QTc Int : 322/385 ms
P-QRS-T axis: 82.00• 80.00• 71.00•



Axis R 80.00° T 71.00° P 82.00°

Sinus rhythm with T inversion in lead V_1-V_2

Dr. Naresh Kumar Mohanka
RMC No. 35703
MBBS, DIP CARDIO (ESCORTS)
D.E.M. (RCGP-UK)

Reported By:

Allengers ECG (Pisces)(PIS218210312)

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Date :- 15/04/2024 09:05:35
NAME :- Mrs. MEENAKSHI MEENA
Sex / Age :- Female 44 Yrs 7 Mon 20 Days
Company :- MediWheel

Patient ID :-122425001
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA
Sample Collected Time 15/04/2024 09:09:23
Final Authentication : 15/04/2024 10:46:54

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGEFEMALE ABOVE 40			
GLYCOSYLATED HEMOGLOBIN (HbA1C) **Method:- HPLC**	5.7	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:
HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base.It is the major fraction,constituting approximately 80% of HbA1c.Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose overthe period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasmaglucose concentration in GHb depends on the time interval, with more recent values. providing a larger contribution than earlier values. The interpretation of GHbdepends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb.High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method.
Ref by ADA 2020

MEAN PLASMA GLUCOSE **Method:- Calculated Parameter**	117	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher

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Technologist

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MBBS. MD (Path)
RMC No. 17975/008828

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.4	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	7.08	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.1	%	40.0 - 80.0
LYMPHOCYTE	30.2	%	20.0 - 40.0
EOSINOPHIL	1.8	%	1.0 - 6.0
MONOCYTE	2.5	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.61	10^3/uL	1.50 - 7.00
LYMPH#	2.14	10^3/uL	1.00 - 3.70
EO#	0.12	10^3/uL	0.00 - 0.40
MONO#	0.18	10^3/uL	0.00 - 0.70
BASO#	0.03	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	**4.88** H	x10^6/uL	3.80 - 4.80
HEMATOCRIT (HCT)	39.30	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	**80.6** L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	**25.4** L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.5	g/dL	31.5 - 34.5
PLATELET COUNT	331	x10^3/uL	150 - 410
RDW-CV	**15.5** H	%	11.6 - 14.0
MENTZER INDEX	16.52		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.
If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	08	mm/hr.	00 - 20

(ESR) Methodology : Measurment of ESR by cells aggregation.
Instrument Name : Indepedent form Hematocrit value by Automated Analyzer (Roller-20)
Interpretation : ESR test is a non-specific indicator ofinflammatory disease and abnormal protein states.
The test in used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction
Levels are higher in pregnency due to hyperfibrinogenaemia.
The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue diseasa.

(CBC): Methodology : TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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Lab/Hosp :-

Sample Type :- PLAIN/SERUM
Sample Collected Time 15/04/2024 09:09:23
Final Authentication : 15/04/2024 10:32:55

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL **Method:- Enzymatic Endpoint Method**	202.59	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES **Method:- GPO-PAP**	104.86	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL **Method:- Direct clearance Method**	54.78	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL **Method:- Direct clearance Method**	130.33	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL **Method:- Calculated**	20.97	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO **Method:- Calculated**	3.70		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO **Method:- Calculated**	2.38		0.00 - 3.50
TOTAL LIPID **Method:- CALCULATED**	582.18	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola **Interpretation**: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES InstrumentName:Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

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Sample Collected Time 15/04/2024 09:09:23
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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) **Method:- Colorimetric method**	0.33	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) **Method:- Colorimetric Method**	0.10	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) **Method:- Calculated**	0.23	mg/dl	0.30-0.70
SGOT **Method:- IFCC**	14.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT **Method:- IFCC**	13.4	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE **Method:- AMP Buffer**	90.70	IU/L	30.00 - 120.00
SERUM GAMMA GT **Method:- IFCC**	21.70	U/L	7.00 - 32.00
SERUM TOTAL PROTEIN **Method:- Biuret Reagent**	6.42	g/dl	6.40 - 8.30
SERUM ALBUMIN **Method:- Bromocresol Green**	4.38	g/dl	3.80 - 5.00
SERUM GLOBULIN **Method:- CALCULATION**	**2.04** L	gm/dl	2.20 - 3.50
A/G RATIO	2.15		1.30 - 2.50

Total Bilirubin Methodology:Colorimetric method InstrumentName:Randox Rx Imola Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies.High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC **InstrumentName**:Randox Rx Imola **Interpretation**: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC**InstrumentName**:Randox Rx Imola **Interpretation:** The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology:AMP Buffer InstrumentName:Randox Rx Imola Interpretation:Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology:Biuret Reagent **InstrumentName**:Randox Rx Imola **Interpretation** : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green **InstrumentName**:Randox Rx Imola **Interpretation:** Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola **Interpretation**: Elevations in GGT levels areseen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

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Company :- MediWheel

Patient ID :-122425001
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM | Sample Collected Time 15/04/2024 09:09:23 | Final Authentication : 15/04/2024 10:22:21

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 **Method:- Chemiluminescence(Competitive immunoassay)**	1.330	ng/ml	0.970 - 1.690
SERUM TOTAL T4 **Method:- Chemiluminescence(Competitive immunoassay)**	9.400	ug/dl	5.520 - 12.970
SERUM TSH ULTRA **Method:- Enhanced Chemiluminescence Immunoassay**	1.260	µIU/mL	0.350 - 5.500

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state.A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease.T3 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration.Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation :The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy,that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation :TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Patient ID :-122425001
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- URINE | Sample Collected Time 15/04/2024 09:09:23 | Final Authentication : 15/04/2024 11:16:19

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH) **Method:- Reagent Strip(Double indicatior blue reaction)**	5.5		5.0 - 7.5
SPECIFIC GRAVITY **Method:- Reagent Strip(bromthymol blue)**	1.025		1.010 - 1.030
PROTEIN **Method:- Reagent Strip (Sulphosalicylic acid test)**	NIL		NIL
GLUCOSE **Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)**	NIL		NIL
BILIRUBIN **Method:- Reagent Strip (Azo-coupling reaction)**	NEGATIVE		NEGATIVE
UROBILINOGEN **Method:- Reagent Strip (Modified ehrlich reaction)**	NORMAL		NORMAL
KETONES **Method:- Reagent Strip (Sodium Nitropruside) Rothera's**	NEGATIVE		NEGATIVE
NITRITE **Method:- Reagent Strip (Diazotization reaction)**	NEGATIVE		NEGATIVE
RBC **Method:- Reagent Strip (Peroxidase like activity)**	NIL		NIL
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		

VIJENDRAMEENA
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Patient ID :-122425001
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-PLASMA/SERUM Sample Collected Time :- 15/04/2024 14:49:20 Final Authentication : 15/04/2024 15:19:51

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) **Method:- GOD PAP**	101.0	mg/dl	75.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) **Method:- GOD PAP**	115.3	mg/dl	70.0 - 140.0

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

SERUM CREATININE **Method:- Colorimetric Method**	0.88	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID **Method:- Enzymatic colorimetric**	3.84	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MANOJCHOUDHARY, MUKESHSINGH

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(D.M.R.D.)
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Sample Type :- EDTA, URINE, URINE-PP Sample Collected Time 15/04/2024 09:09:23 Final Authentication : 15/04/2024 15:12:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B" POSITIVE		

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies **(Span clone)**.

URINE SUGAR (FASTING) **Collected Sample Received**	Nil		Nil
URINE SUGAR PP **Collected Sample Received**	Nil		Nil

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Date :- 15/04/2024 09:05:35
NAME :- Mrs. MEENAKSHI MEENA
Sex / Age :- Female 44 Yrs 7 Mon 20 Days
Company :- MediWheel

Patient ID :-122425001
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- PLAIN/SERUM
Sample Collected Time 15/04/2024 09:09:23
Final Authentication : 15/04/2024 10:32:55

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	10.3	mg/dl	0.0 - 23.0

MUKESHSINGH

Dr. Rashmi Bakshi
MBBS. MD (Path)
RMC No. 17975/008828

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Sample Type :- SWAB
Sample Collected Time 15/04/2024 09:09:23
Final Authentication : 15/04/2024 13:07:48

PAP SMEAR

PAP SMEAR FOR CYTOLOGY EXAMINATION

Specimen - Conventional smear.

Clinical history -

Microscopy :

Adequacy - Satisfactory for opinion.

Endocervical cells - Not seen.

H/E stained smears show predominantly superficial ,intermediate and parabasal squamous epithelial cells in the background of moderate acute inflammation.

Epithelial cells abnormality - Not seen

IMPRESSION :Negetive for intraepithelial lesion or malignancy (NILM).

Adv: Clinical correlation.

Note: Please note papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative result, hence should be interpreted with caution.

Slides will be kept for one month only.

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

MANOJCHOUDHARY
Technologist

Dr Abha Gupta
Fellowship Oncopathology
MD pathology
RMC 33520

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BOB PACKAGEFEMALE ABOVE 40

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

Dr. NAVNEET AGARWAL (MD, DNB RADIO-DIAGNOSIS, MNAMS)
EX-SR NEURO-RADIOLOGY AIIMS NEW DELHI
(RMC No. 33613 / 14911)

*** End of Report ***

Dr. Piyush Goyal
(D.M.R.D.)

BILAL
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Sample Type :-
Sample Collected Time
Final Authentication : 15/04/2024 11:48:06

ULTRASONOGRAPHY REPORT: BREAST AND AXILLA

RIGHT breast:-

Skin, subcutaneous tissue and retroareolar region is normal.
Fibro glandular tissue shows normal architecture and echotexture.
Pre and retro mammary regions are unremarkable.
Multiple (4-5) small hypoechoic SOL measuring approx. 4-6 mm in upper & inner quadrants of right breast.
Two hypoechoic SOL of size ~ 4 mm and 11x6 mm at 9 'O clock position (Few calcified shadows also noted).
Small lymph node is seen in right axilla measuring approx. 11.8 mm.

Left breast:-

A well-defined mixed echogenic SOL of size 7.7 x 8.3 mm in upper outer quadrant of the left breast
Multiple small calcified shadows are also noted.
Another well-defined hypoechoic SOL of size ~ 10.7 x 5.2 mm at 3 'O clock position.
Fibro glandular tissue shows normal architecture and echotexture.
Pre and retro mammary regions are unremarkable.
Axillary lymph nodes are not significantly enlarged and their hilar shadows are preserved.

IMPRESSION:

*** Multiple well-defined SOL in bilateral breasts- likely fibroadenoma.**
(Needs FNAC correlation)

NIKITAPATWA

Transcript by.

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ULTRA SOUND SCAN OF ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.
Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary Bladder: is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size and measures 63x45x34 mm.
A small subserous fibroid of size ~ 15x14 mm is noted on anterior wall of uterus
Endometrial echo is normal. Endometrial thickness is 4.4 mm.

Both ovaries are visualised and are normal. No adnexal mass is seen.
No significant free fluid is seen in pouch of douglas.

IMPRESSION:
*** Subserous uterine fibroid.**
Needs clinical correlation

*** End of Report ***

NIKITAPATWA

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BOB PACKAGEFEMALE ABOVE 40
2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

_FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	24	mm	LA	34	Mm	IVS-D	8	mm
IVS-S	15	mm	LVID	40	Mm	LVSD	24	mm
LVPW-D	11	mm	LVPW-S	17	Mm	RV		mm
RVWT		mm	EDV		Ml	LVVS		ml
LVEF	69%			RWMA		ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	1.06	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.68	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		

AORTIC VALVE					
PEAK VELOCITY	0.81	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		

TRICUSPID VALVE					
PEAK VELOCITY	0.56	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		

PULMONARY VALVE					
PEAK VELOCITY	0.90	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

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Impression--

1. **Normal LV size & contractility**
2. **No RWMA, LVEF 69%.**
3. **Normal cardiac chamber.**
4. **Normal valve**
5. **No clot, no vegetation, no pericardial effusion.**

(Cardiologist)

*** End of Report ***

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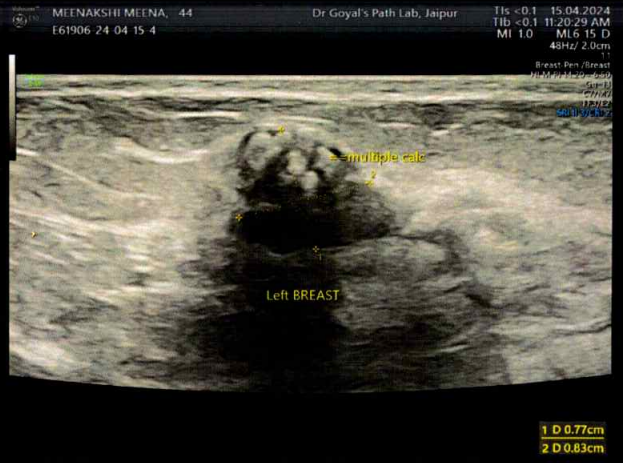
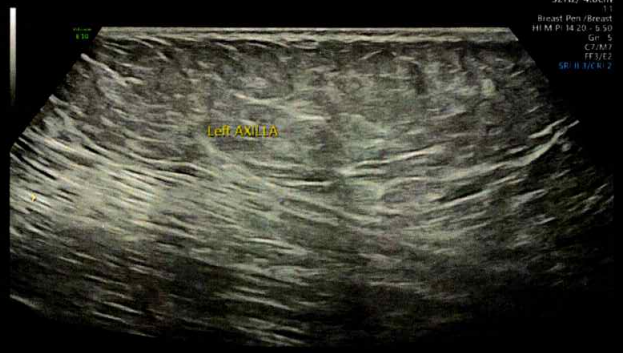
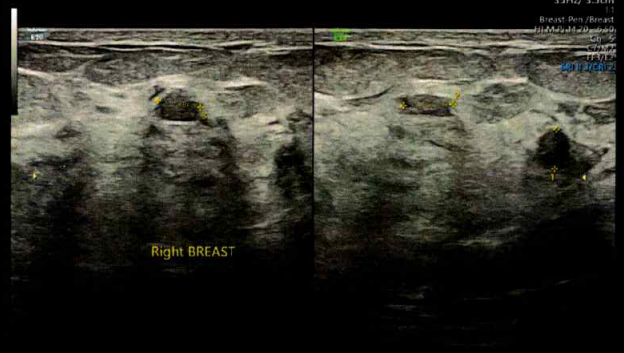
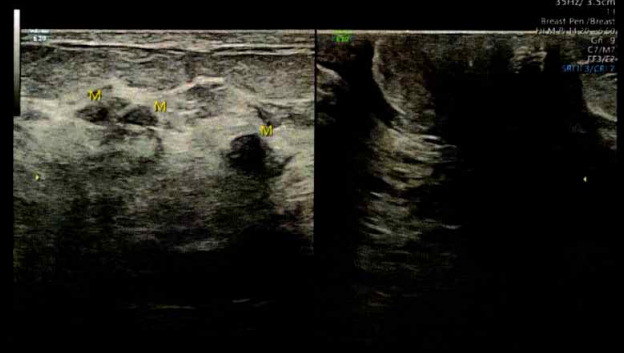
Name : MEENAKSHI MEENA / F

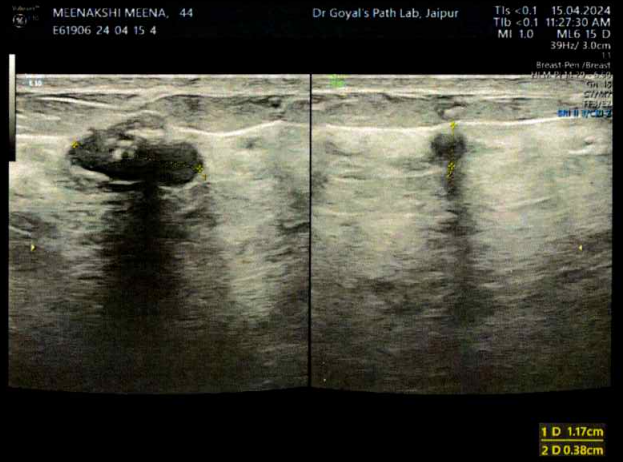
15 Apr 2024

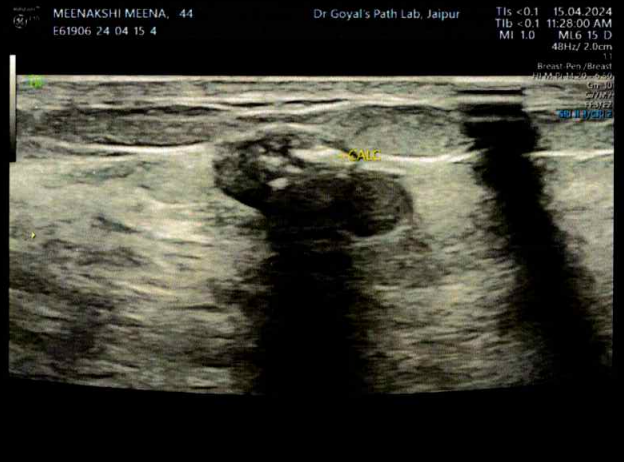


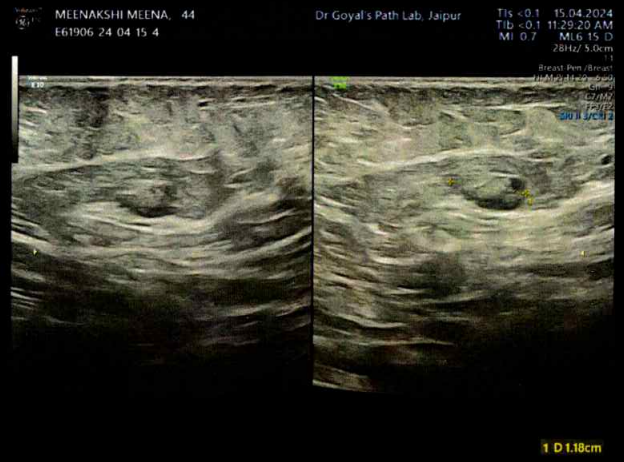












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15 Apr 2024