



Name: DHOTRE PRERANA .
Age : 050 Years
Gender: F
PID: P00000462056
OPD :

Exam Date : 17-Dec-2022 12:11
Accession: 85161123441
Exam: MAMMOGRAPHY
Physician: HOSPITAL CASE^{AAAA}

Clinical history : Routine Screening. No positive family history noted.

No past history of any surgery noted.

Technique :

Full field Mammography of both breasts has been done. Cranio-caudal and medio-lateral projections have been obtained. Film markers are in axillary and lateral portions of breasts.

Comparison : No previous mammography done

Breast Density : Type A - Fatty fibro glandular breast parenchyma.

Mammography Findings :

No stellate or spiculate / stellate mass lesion / no suspicious micro-calcification seen in either breasts.
No e/o any asymmetry or area of architectural distortion noted.
There is no skin thickening or nipple retraction.
Pectorals, pre mammary and retro mammary space appears normal.
No lymph nodes seen in both axilla.

Screening Sonography :

Homogeneously fibro glandular breast parenchyma bilaterally.
No e/o any solid inflammatory lesions noted.
No significant duct ectasia noted.
No other significant abnormal findings noted.
No axillary nodes noted.

IMPRESSION : Type - A Parenchymal density with no significant abnormality. Both Breast BIRADS I

SUGGEST : Routine Annual Mammogram.
Routine Self Breast Examination.

BI-RAD - 0 - Needs additional imaging evaluation.

BI-RAD - I - Normal study. Routine annual screening suggested.

BI-RAD - II - Benign finding. Routine annual follow-up is suggested BI-RAD - III - Probable benign finding (<2% malignant). Initial short term follow-up (months later) is suggested.

BI-RAD - IV - Suspicious abnormality (2-95% malignant). Biopsy should be considered.

BI-RAD - V - Highly suggestive of malignancy (>95% malignant). Biopsy and appropriate action should be taken.

BI-RAD - VI - Biopsy proven malignancy.

P.S.: Though Mammography is the single best method for screening breast carcinoma, it does not detect all breast Cancers. False negative rate of mammography is 10%. If there is any clinical abnormality further evaluation by your doctor is essential, even if mammography is normal

Please bring your old reports during your next visit.

DR. NILOFER SHAH
MD RADIOLOGY, Sr. CONSULTANT RADIOLOGIST
Reg. No. : 68923/1991

Date: 19-Dec-2022 14:57:55



Grant Medical Foundation

Ruby Hall Clinic

Pimple Saudagar

Name: DHOTRE PRERANA .
Age : 050 Years
Gender: F
PID: P00000462056
OPD :

Exam Date : 17-Dec-2022 13:06
Accession: 85168131038
Exam: CHEST X RAY
Physician: HOSPITAL CASE^^^^

Health Check

Radiograph Chest PA View :

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

Impression : No significant abnormality noted.

DR. NILOFER SHAH
MD RADIOLOGY, Sr. CONSULTANT RADIOLOGIST
Reg. No. : 68923/1991

Date: 17-Dec-2022 13:27:29

2DECHO&DOPPLER REPORT

NAME: MRS. DHOTRE PRERANA AGE: 50Yrs/F DATE:17 /12/2022

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
 No mitral regurgitation .E= 0.82 & A=0.67m/sec, E/A ratio- 1.23, E/E' ratio- 4.94
 AORTIC VALVE : has three thin leaflets with normal opening
 No aortic regurgitation.AVPG= 8.95 mmHg
 PULMONARY VALVE; NORMAL,PVPG= 6.57 mmHg
 LEFT VENTRICLE : is normal , has normal wall thickness, No RWMA at rest .
 Normal LV systolic function. EF - 60%.
 LEFT ATRIUM: is normal.
 RIGHT ATRIUM & RIGHT VENTRICLE: normal in size. TAPSE = 26 mm.
 TRICUSPID VALVE & PULMONARY VALVES : normal.
 Trivial TR, PPG = 17 mmHg. PA Pressure = 22 mmHg.
 No PH.
 No pericardial effusion.
 M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
26mm	37mm	48mm	23mm	10mm	10mm	60%

IMP : **Normal LV Systolic function. EF-60%.**
No diastolic dysfunction
No RWMA at rest
Normal Valves and Chambers
IAS & IVS Intact
No clot / vegetation / thrombus / pericardial effusion.

DR. KEDAR KULKARNI
DNB(MEDICINE), DNB(CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST

2DECHO&DOPPLER REPORT

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DR. KEDAR KULKARNI
DNB(MEDICINE), DNB(CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST

Name: DHOTRE PRERANA.	Exam Date : 17-Dec-2022 09:34
Age : 050Y	Accession: 85079093548
Gender: F	Exam: ABDOMEN AND PELVIS
PID: P00000462056	Physician: HOSPITAL CASE^^^^
OPD :	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size 15.5 cm and shows increased echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen. Pancreas appears normal in size and echotexture. No focal lesion is seen. Spleen appears normal in size and echotexture. No focal lesion is seen.

Right kidney measures 10.1 x 4.8 cms. Left kidney measures 10.1 x 4.8 cms. Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Uterus is normal in size and echotexture. Endometrium is central. No focal lesion is seen. Both ovaries are normal. No adnexal pathology is seen.

Visualised bowel loops are non-dilated and show normal peristalsis. There is no ascites or significant lymphadenopathy seen.

IMPRESSION :

Grade I fatty liver.

No significant abnormality noted.

Suggest : Clinical correlation.



DR. YATIN R. VISAVE
CONSULTANT RADIOLOGIST
MBBS, DMRD
Regd. No. 090812

Date: 17-Dec-2022 16:21:38



Grant Medical Foundation
 Ruby Hall Clinic
 Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No. P-33, Hinjawadi, Pune - 411057
 Ph. : 020 66999999, E-mail : info@rubyhall.com 24 hrs Helpline - 9422310505

OPHTHALMOLOGY

MRS. DHOTRE PRERANA

 Ref: PS003794- Reg: OPS00002706
 50.1.17/F - NH - 17/12/2022
 P00000462056 -

NAME :

AGE : 50/F

- | | R | L |
|---------------------|---------------------------------------|-------------|
| 1) Vision | unaided <u>6/12</u> | <u>6/12</u> |
| | <u>c</u> glasses <u>6/6</u> | <u>6/9p</u> |
| 2) Near Vision | unaided <u>N8</u> | <u>N8</u> |
| | <u>c</u> glasses <u>N6</u> | <u>N6</u> |
| 3) Binocular Vision | <u>Normal</u> | |
| 4) Colour Vision | <u>(BE) - WNL</u> | |
| 5) Tension | <u>Normal</u> | |
| 6) Anterior Segment | <u>(RE) - Ant. seg - WNL (LE) PSC</u> | |
| 7) Pupils | <u>NSRL</u> | |
| 8) Lens | <u>(BE) - clear</u> | |
| 9) Media & Fundus | <u>central (BE) - WNL</u> | |

10) Remarks Patient is unfit from ophthalmic point of view at present due to (LE) cataract.

Date : 17/12/2022

(Signature)

Name of Doctor Dr. Mayuri Patil

Signature of Doctor



Grant Medical Foundation

Ruby Hall Clinic

Hinjawadi

For Mrs. Prerana Dhotre

17/12/2022

Dental Consult done.

Dental Tt advised -

- Complete scaling & polishing
- Extn \bar{c} 38

Sanyali

Dr. Sanyali Khomane (D.D.S.)

ID: 17-Dec-2022 10:10

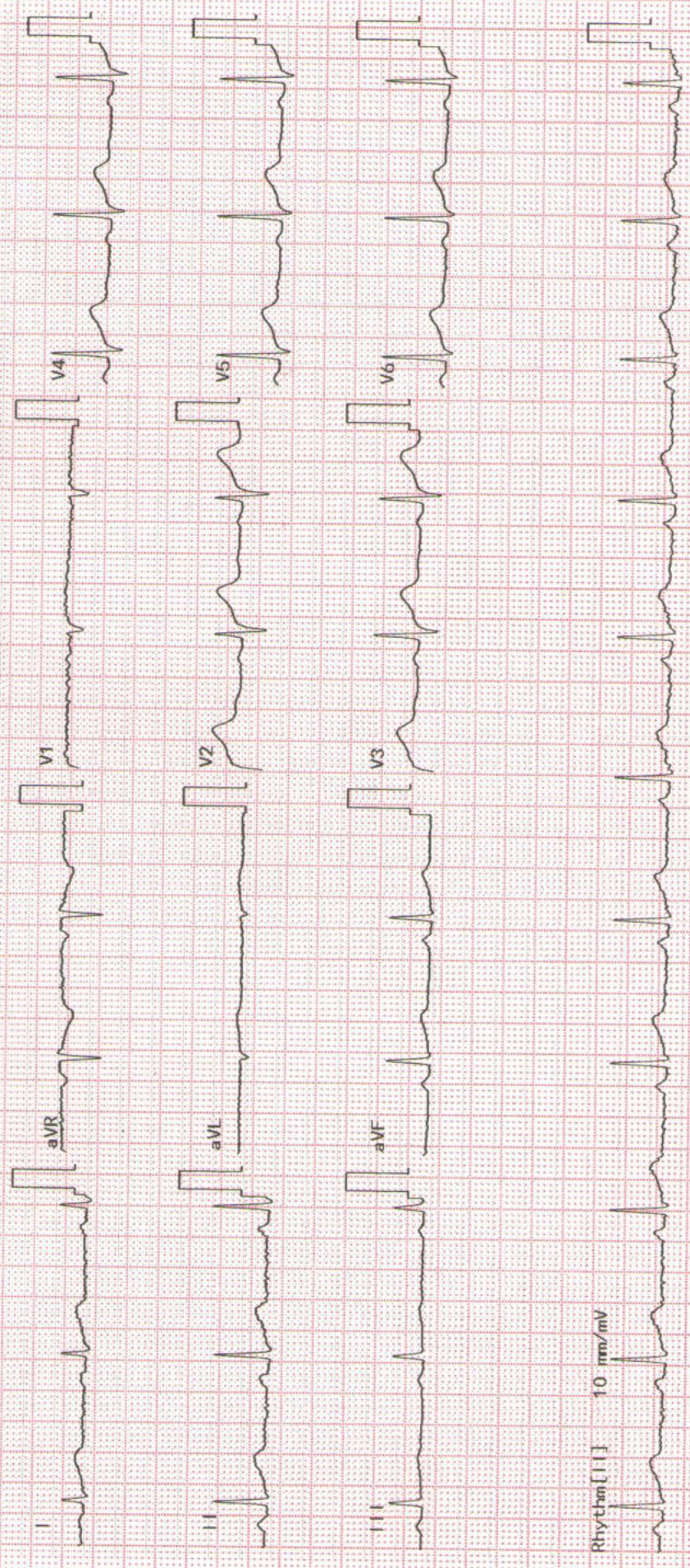
Name: prerana
 Sex: F
 Birth date: /
 Weight: kg
 Medication:
 Symptoms:
 History:
 Vent. rate: 64 bpm
 PR int: 170 ms
 QRS dur: 88 ms
 QT/QTc(E) int: 408/418 ms
 P/QRS/T axis: 64/64/43
 RV5/SV1 amp: 1.12/0.26 mV
 RV5+SV1 amp: 1.39 mV

50 years
 1100 Sinus rhythm
 9110 ** normal ECG **

MRS. DHOTRE PRERANA
 Ref: PS003794- Reg. OPS00002706
 50.1.17F - NH - 17/12/2022
 P00000462056 -

Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV 10 mm/mV 10 mm/mV



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: MRS.. DHOTRE PRERANA	Age /Gender	: 50 Y(s)/Female
Bill No/ UHID No	: PS003794 / P00000462056	Report Date	: 17-Dec-2022 1:13 pm
Received Date	: 17-Dec-2022 09:09 am	Specimen	: SERUM
Lab No/Result No	: 221201319 / RES317486		
Referred By	: Dr. HOSPITAL CASE		

Investigation	Result	Reference Range	Method
BUN			
UREA	: 28.0	17.1-49.2 mg/dL	Urease
UREA NITROGEN(BUN)	: 13.0	6.0 - 20.0 mg/dL	
GLUCOSE (FASTING)	: 117.0	Prediabetic : 100 - 125 mg/dL Diabetic : >= 126 mg/dL Normal : < 100.0 mg/dL	GOD-POD
REFERENCE : ADA 2015 GUIDELINES			
GLUCOSE (POST PRANDIAL)	: 97.0	60 - 140 mg/dL	GOD-POD
CREATININE	: 0.6	0.5 - 1.2 mg/dL	Enzymatic
ELECTROLYTES (Na & K)			
SODIUM	: 145.0	136.0 - 145.0 mmol/L	Direct ISE
POTASSIUM	: 4.3	3.5 - 5.1 mmol/L	Direct ISE
CALCIUM	: 123	8.6 - 10.2 mg/dL	Arsenazo
PHOSPHOROUS	: 3.1	2.7-4.5 mg/dL	Phospho Molybdate
URIC ACID	: 4.5	2.6 - 6.0 mg/dL	Uricase
LIVER FUNCTION TEST			
TOTAL BILIRUBIN	: 0.3	0.3 - 1.2 mg/dL	Diazo
DIRECT BILIRUBIN	: 0.1	0.0 - 0.4 mg/dL	Diazo
INDIRECT BILIRUBIN	: 0.2	0.0 - 0.8 mg/dL	Diazo
ALANINE TRANSAMINASE.	: 27	< 35 U/L	KINETIC
ASPARTATE TRANSAMINASE	: 26.0	10.0 - 40.0 U/L	Kinetic
ALKALINE PHOSPHATASE	: 138.0	30.0 - 115.0 U/L	4 NPP/AMP Buffer
TOTAL PROTEIN	: 6.6	6.0 - 8.0 g/dL	Biuret
ALBUMIN	: 3.7	3.5 - 4.8 g/dl	BCG
GLOBULIN	: 2.9	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.3	1.0-2.1	Calculated
TOTAL PROTEIN	: 6.6	6.0 - 8.0 g/dL	Biuret
ALBUMIN	: 3.7	3.5 - 4.8 g/dl	BCG
GLOBULIN	: 2.9	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.3	1.0-2.1	Calculated
LIPID PROFILE			
CHOLESTEROL	: 105.0	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	: 61.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	: 45.0	35 - 65 mg/dL	Enzymatic
LDL CHOLESTEROL	: 48.0	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 12.0	5.0 - 36.0 mg/dL	Calculated
CHOL/HDL RATIO	: 2.3	2.0 - 6.2	Calculated

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: MRS.. DHOTRE PRERANA	Age /Gender	: 50 Y(s)/Female
Bill No/ UHID No	: PS003794 / P00000462056	Report Date	: 17-Dec-2022 1:13 pm
Received Date	: 17-Dec-2022 09:09 am	Specimen	:
Lab No/Result No	: 221201319 / RES317486		
Referred By	: Dr. HOSPITAL CASE		

Investigation	Result	Reference Range	Method
ATP III NCEP GUIDELINES FOR INTERPRETATION OF LIPID PROFILE			
PARAMETER	DESIRABLE	BORDERLINE	REQUIRES TREATMENT
Total Cholesterol	Below 200	200 - 240	Above 240
HDL Cholesterol	Above 60	40 - 59	Below 40
LDL Cholesterol\lab	Below 130	130-160	Above 160

T3-T4-TSH

Tri-iodothyronine (T3)	: 1.13	0.87 - 1.78 ng/ml	ECLIA
THYROXINE (T4), TOTAL	: 8.03	5.5 - 11.0 ug/dL	ECLIA
THYROID STIMULATING HORMONE (ULTRA)	: 5.49	0.28 - 3.89 uIU/mL	ECLIA

TSH - For pregnancy the reference range is as follows -

1st trimester : 0.6 - 3.4 uIU/mL
2nd trimester : 0.37 - 3.6 uIU/mL
3rd trimester : 0.38 - 4.04 uIU/mL

GLYCOSYLATED HAEMOGLOBIN (HBA1c)	: 6.5	Prediabetic : 5.7 - 6.4 % Diabetic : >= 6.5 % Therapeutic Target : < 7.0 %	HPLC
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REFERENCE : ADA 2015 GUIDELINES

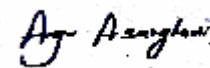
*** End Of Report ***

Verified By

RUHI

NOTE:

- * Clinically correlate, Kindly discuss if necessary.
- * This report relates only to the item received.



Dr. ANJANA SANGHAVI, MD PATHOLOGY

Consultant Pathologist

DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name	: MRS.. DHOTRE PRERANA	Age /Gender	: 50 Y(s)/Female
Bill No/ UHID No	: PS003794 / P00000462056	Report Date	: 17-Dec-2022 6:50 pm
Received Date	: 17-Dec-2022 09:09 am	Specimen	: URINE
Lab No/Result No	: 221201319 / RES317681	Sec/Cup/Rep	: No. 0931
Referred By	: Dr. HOSPITAL CASE		

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>
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URINE ROUTINE

PHYSICAL EXAMINATION

COLOUR : Pale Yellow
APPEARANCE : Slightly Turbid

CHEMICAL TEST

pH	: 5.0	5.0-7.0
SPECIFIC GRAVITY	: 1.020	1.015-1.030
ALBUMIN	: Absent	Absent
SUGAR	: Absent	Absent
KETONE BODIES	: Absent	Absent
BILE PIGMENTS	: Absent	Absent
UROBILINOGEN	: Normal	Normal
NITRITES	: Absent	Absent
LEUCOCYTES ESTERASE	: Trace	Absent

MICROSCOPIC TEST

PUS CELLS.	: 6-8	0-5 /hpf
RED BLOOD CELLS.	: Absent	0 - 2 /hpf
EPITHELIAL CELLS.	: 10-12	0 - 5 /hpf
BACTERIA	: Absent	Absent
CAST	: Absent	Absent
YEAST CELLS	: Absent	Absent
CRYSTALS	: Calcium oxalate crystals seen	Absent
OTHERS	: Absent	Absent

Note: This test is performed on automated CLINICAL PATHOLOGY analyzer - URI PLUS200

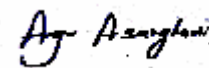
*** End Of Report ***

Verified By

SGD1

NOTE:

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Dr. ANJANA SANGHAVI, MD PATHOLOGY

Consultant Pathologist

DEPARTMENT OF HAEMATOLOGY

Patient Name	: MRS.. DHOTRE PRERANA	Age /Gender	: 50 Y(s)/Female
Bill No/ UHID No	: PS003794 / P00000462056	Report Date	: 17-Dec-2022 12:35 pm
Received Date	: 17-Dec-2022 09:09 am	Specimen	: EDTA WHOLE BLOOD
Lab No/Result No	: 221201319 / RES317436		
Referred By	: Dr. HOSPITAL CASE		

Investigation	Result	Reference Range	Method
HAEMOGRAM REPORT			
W.B.C.COUNT	: 5,720	4000 - 11000 /ul	Coulter Principle
Differential Count			
NEUTROPHILS	: 50.1	40-75 %	Derived from WBC Histogram
LYMPHOCYTES	: 38.9	20-40 %	
MONOCYTES	: 5.4	2-10 %	
EOSINOPHILS	: 4.1	1.0 - 6.0 %	
BASOPHILS	: 1.5	0.0 - 1.0 %	
ABSOLUTE NEUTROPHIL COUNT	: 2.86	2 - 7 x10 ³ cells/ul	
ABSOLUTE LYMPHOCYTE COUNT	: 2.22	1 - 3 x10 ³ cells/ul	
ABSOLUTE MONOCYTE COUNT	: 0.31	0.2-1.0 x10 ³ cells/ul	
ABSOLUTE EOSINOPHIL COUNT	: 0.24	0.02-0.5 x10 ³ cells/ul	
ABSOLUTE BASOPHIL COUNT	: 0.09	0.02-0.1 x10 ³ cells/ul	
R.B.C COUNT	: 4.97	3.8 - 5.8 million/ul	Coulter Principle
HAEMOGLOBIN	: 8.2	12 - 15.0 g/dl	Cynmethhaemoglobin, Photometry
HAEMATOCRIT	: 27.8	36-46 %	Calculated Parameter
MCV	: 56.0	83 - 99 fL	Coulter Principle
MCH	: 16.4	27-32 pg	Calculated parameter
MCHC	: 29.4	31.5-34.5 g/dL	Calculated Parameter
RDW	: 20.4	11.6-14.0 %	Calculated from RBC Histogram
PLATELET COUNT	: 373	150 - 450 x10 ³ /ul	Coulter principle
MPV	: 8.9	7.8-11 fl	Coulter Principle
RBC MORPHOLOGY	: Anisocytosis+,Microcytosis+,Hypochromia+.		
IMPRESSION	: Microcytic hypochromic Anaemia		
ESR at 1 Hour	: 28	0 - 30 mm/hr	Modified Westergren Method

=====

INTERPRETATION :

ESR is a screening test to detect presence of systemic disease;however a normal result does not rule out a systemic disease.

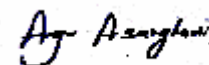
ESR is also used to monitor course of disease or response to therapy if initially elevated.

BLOOD GROUP : B RH POSITIVE

*** End Of Report ***

Verified By

RUHI



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Consultant Pathologist

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