

Name : MRS. ROSY SITARAM SHETTY

Age / Gender : 62 Years/Female

Consulting Dr. :

Reg. Location : Andheri West (Main Centre)

Collected : 17-May-2024 / 08:23

Reported : 18-May-2024 / 12:57

PHYSICAL EXAMINATION REPORT

History and Complaints:

K/C/O Hypothyroidism on medication since 15 years

EXAMINATION FINDINGS:

Height (cms): 160 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 170/110 mm of Hg

Pulse: 72/min

Weight (kg): 80 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION: FBS - 133 mg%, Uric acid - 6.2, Sr.cretinine- 1.02, HbA1c- 7.4 %, Highly Abnormal lipid profile, TSH - 39.76, T4- 9.8.

ADVICE: Follow up with family physician with all reports,
Lifestyle modification, Follow up mammography after 1 year.

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No
- 4) Diabetes Mellitus: No
- 5) Tuberculosis: No



CID# TESTING - HEA: 2413814189

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- | | |
|--|--------------------|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Yes, on medication |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----------------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Tab. Eltroxin 100 mcg on alt days |

*** End Of Report ***

Dr. Sharmila Kothari

Regn Date :

DATE : 17.5.24

NAME : Rosy Shetty

Age / Sex : 62/F

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :					
RS	:	AECB, No added sounds	CVS	:	S S ₂ (N) No murmurs
BREAST EXAMINATION	:	NAD	PER ABDOMEN	:	Soft LoSoke
PER VAGINAL	:	NAD			

MENSTRUAL HISTORY :					
MENARCHE	:	At 14 yrs of age	PAST MENSTRUAL HISTORY	:	3-4 days / 28 days

OBSTETRIC HISTORY	
G1P1 L4 A0	

PERSONAL HISTORY :					
ALLERGIES	:	Nil.	BLADDER HABITS	:	Regular
BOWEL HABITS	:	Regular	DRUG HISTORY	:	Tab eltroxin 100mg 1OD
PREVIOUS SURGERIES	:	Nil			

FAMILY HISTORY :	
—	

CHIEF GYNAE COMPLAINTS :	
Nil.	

RECOMMENDATIONS :	
Nil	

Date:-

CID:

Name:-

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Nil

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N·6	—	—	—	N·6

Colour Vision: Normal / Abnormal

Remark: vision normal.



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Reported : 17-May-2024 / 12:34

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.04	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Calculated
MCV	89.4	80-100 fl	Measured
MCH	30.6	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5610	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.0	20-40 %	
Absolute Lymphocytes	1450	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	340	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	3630	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	170	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	233000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	15.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 17-May-2024 / 10:50

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 46 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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MC-2111

J. Thakker

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



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Collected : 17-May-2024 / 08:38
Reported : 17-May-2024 / 16:08

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	133.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	192.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Collected : 17-May-2024 / 08:38
Reported : 17-May-2024 / 13:02

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.7	17.1-49.3 mg/dl	Kinetic
BUN, Serum	12.0	8-23 mg/dl	Calculated
CREATININE, Serum	1.02	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	62	(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	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	6.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/L	ISE
POTASSIUM, Serum	5.4	3.5-5.3 mmol/L	ISE
CHLORIDE, Serum	100	98-107 mmol/L	ISE

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Collected : 17-May-2024 / 08:38
Reported : 17-May-2024 / 12:27

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	165.7	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)

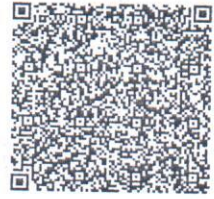
References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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Collected : 17-May-2024 / 08:38
Reported : 17-May-2024 / 14:26

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	5-8	pH Indicator
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	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
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Others	-		

Kindly rule out contamination.



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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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Collected : 17-May-2024 / 08:38
Reported : 17-May-2024 / 12:42

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

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

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

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Reported : 17-May-2024 / 18:34

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	354.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	376.3	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	40.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	314.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	248.6	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	65.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	8.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	6.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	2.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	9.8	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	39.76	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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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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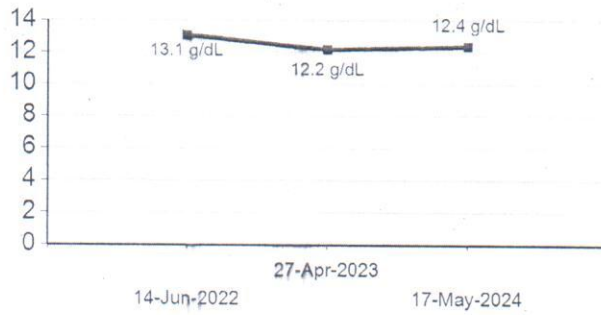
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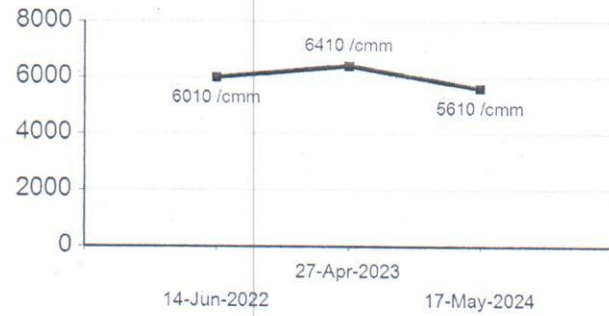
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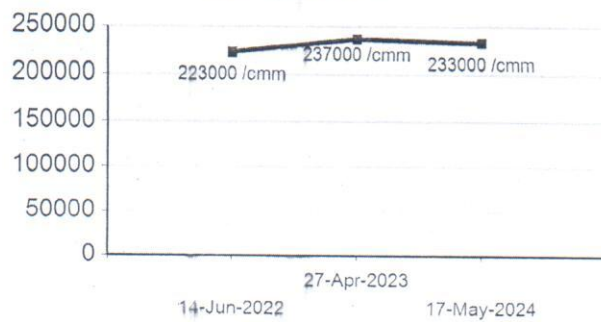
Haemoglobin



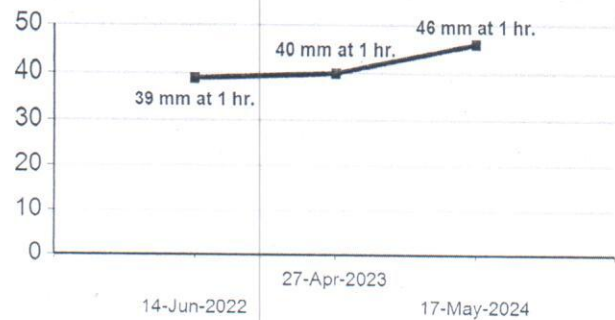
WBC Total Count



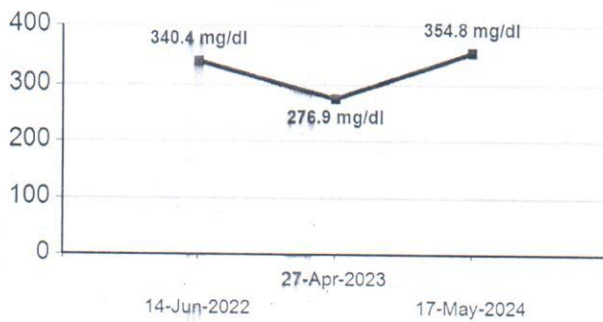
Platelet Count



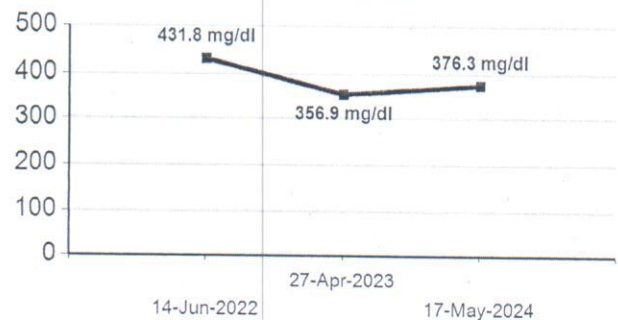
ESR

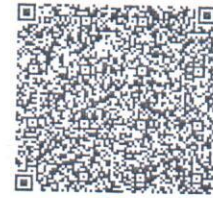


CHOLESTEROL



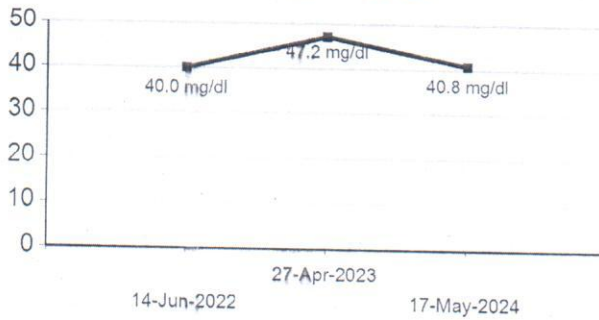
TRIGLYCERIDES



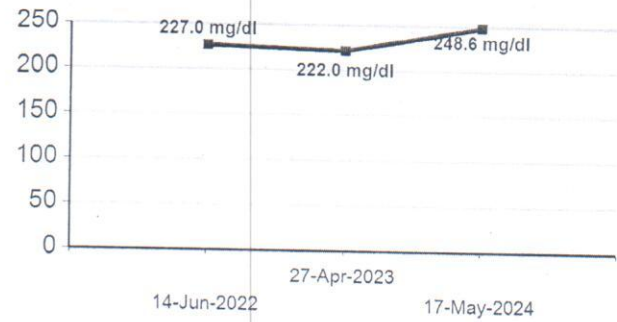


CID : 2413814189
Name : MRS. ROSY SITARAM SHETTY
Age / Gender : 62 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

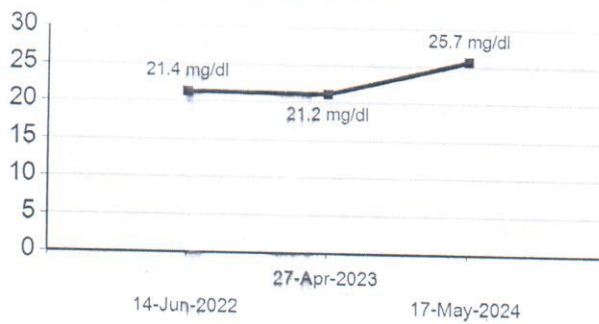
HDL CHOLESTEROL



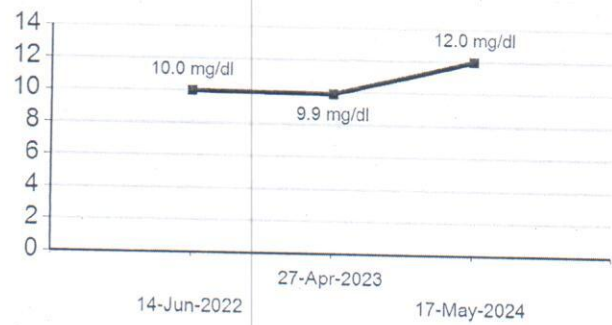
LDL CHOLESTEROL



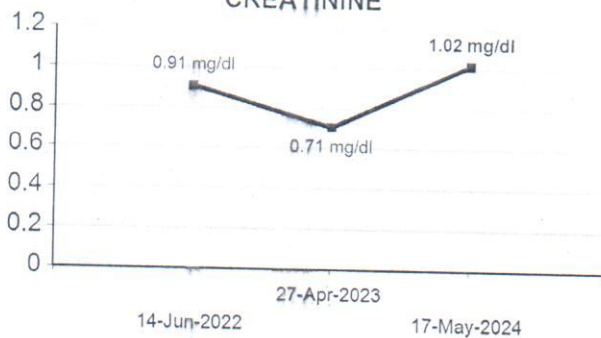
BLOOD UREA



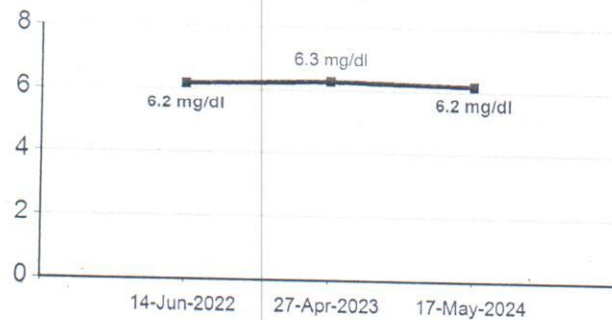
BUN



CREATININE



URIC ACID

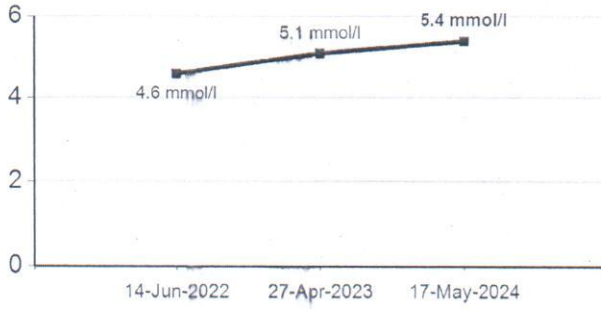




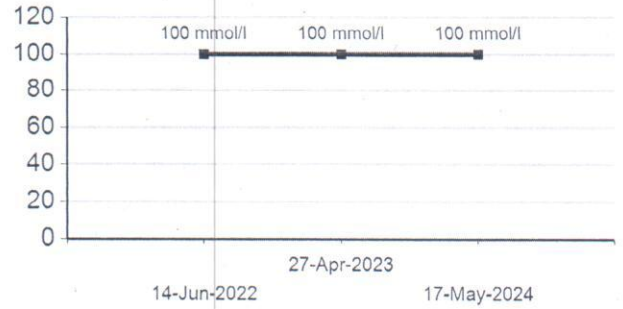
Use a QR Code Scanner Application To Scan the Code

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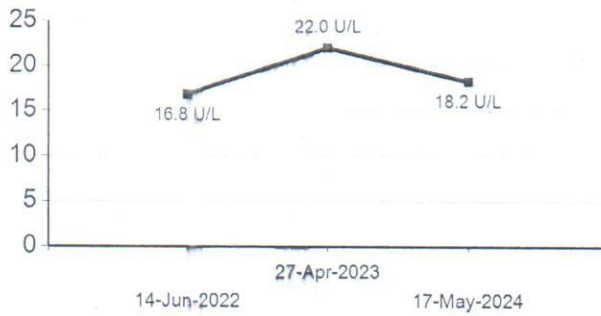
POTASSIUM



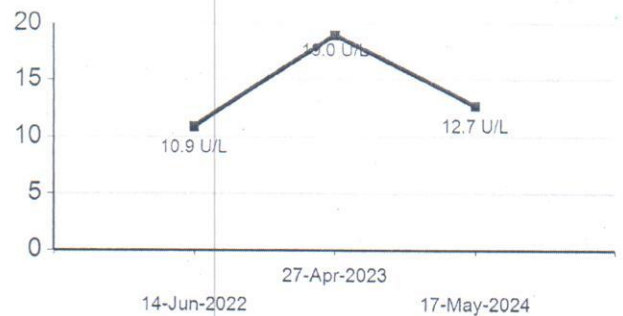
CHLORIDE



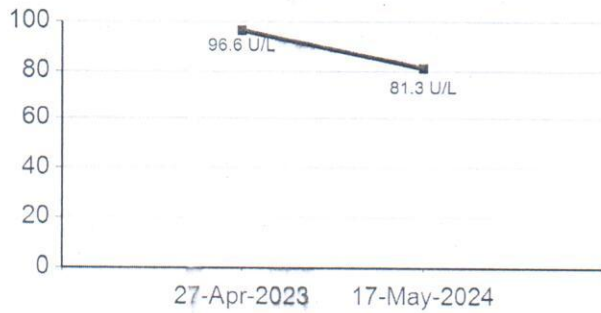
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

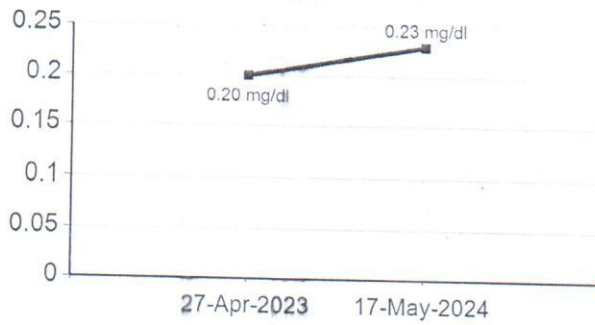




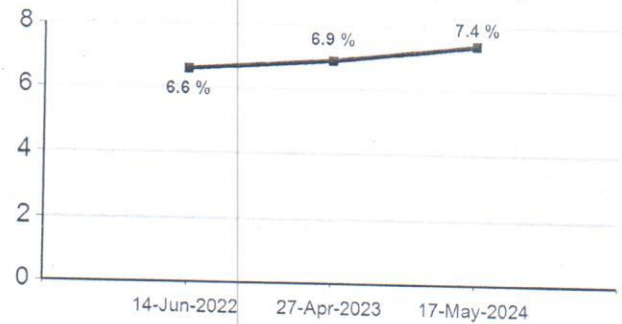
Use a QR Code Scanner Application To Scan the Code

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Reg. Location : Andheri West (Main Centre)

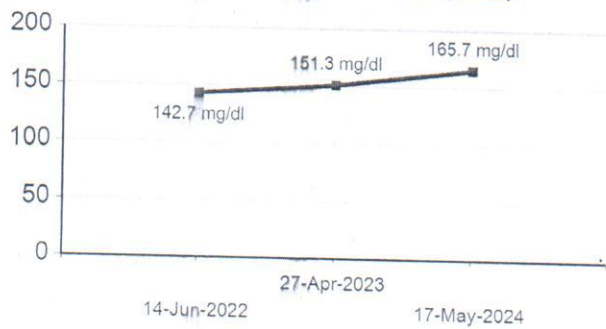
BILIRUBIN (DIRECT)



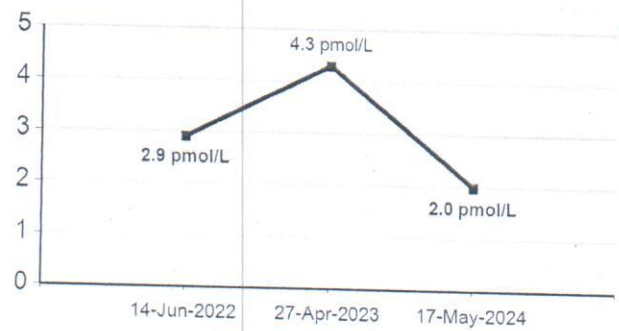
Glycosylated Hemoglobin (HbA1c)



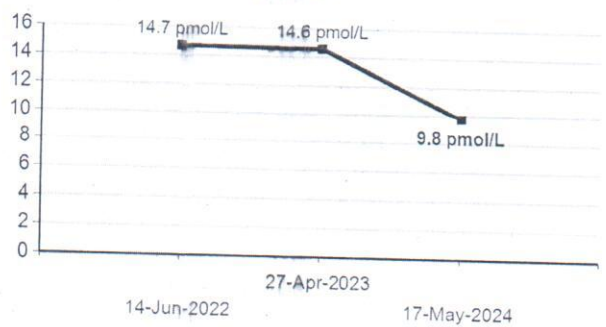
Estimated Average Glucose (eAG)



Free T3



Free T4



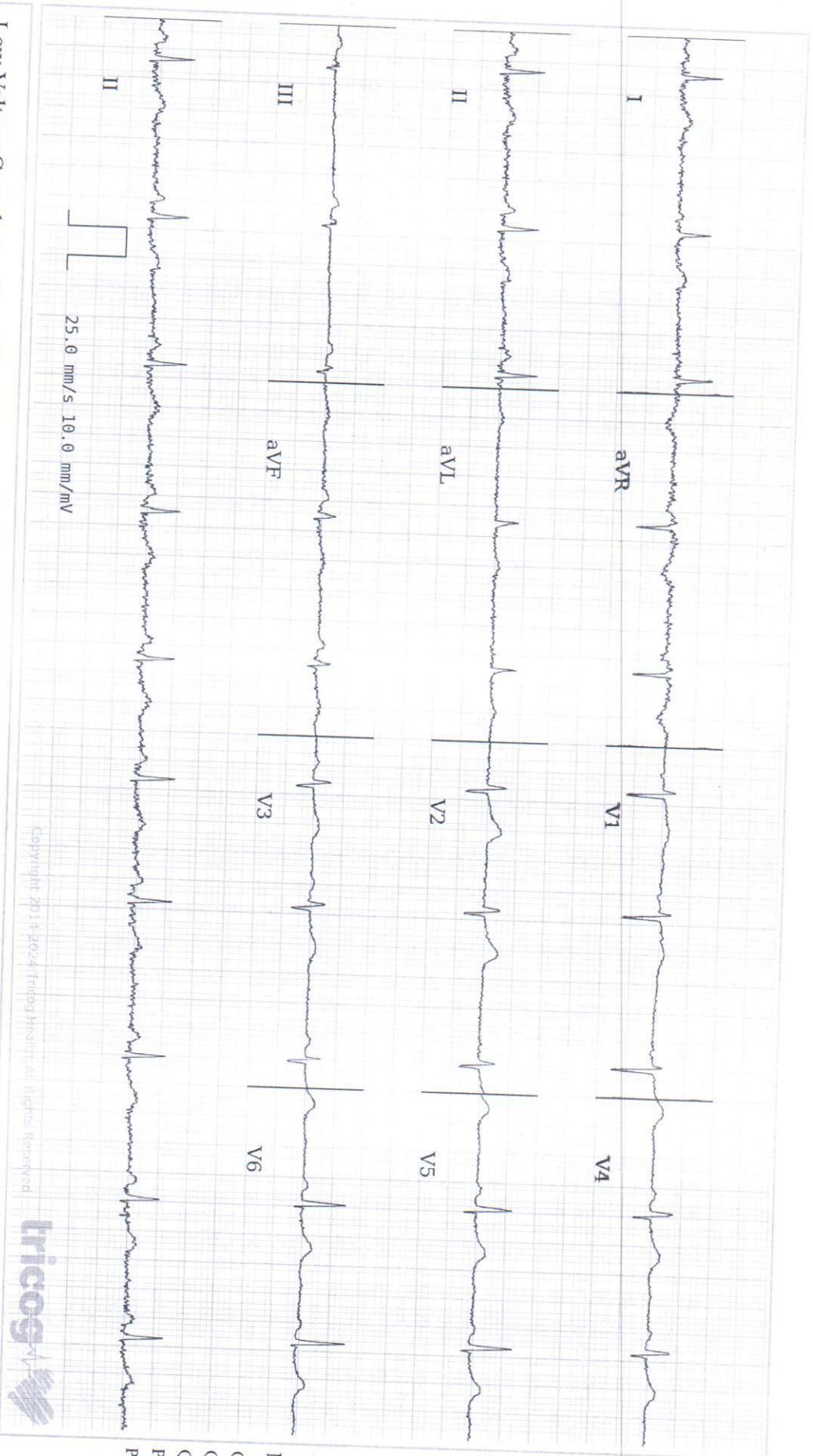
sensitiveTSH



Patient Name: ROSY SITARAM SHETTY
Patient ID: 2413814189

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: 17th May 24 8:47 AM



Age **62** NA NA
years months days

Gender **Female**

Heart Rate **62bpm**

Patient Vitals

BP: 170/110 mmHg
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 62ms
QT: 430ms
QTcB: 436ms
PR: 162ms
P-R-T: 57° 24° 41°

REPORTED BY

[Signature]

DR RAVI CHAVAN
MD, D/CARD, D, DIABETES
Cardiologist & Diabetologist
2004/06/24/68

Low Voltage Complexes, Sinus Rhythm., Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical
physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Copyright 2014-2024 Tricog Health. All rights reserved. or symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified





CID : 2413814189
Name : Mrs ROSY SITARAM SHETTY
Age / Sex : 62 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)


Reg. Date : 17-May-2024
Reported : 17-May-2024 / 10:00

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2024051708305139

CID : 2413814189
Name : Mrs ROSY SITARAM SHETTY
Age / Sex : 62 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 17-May-2024
Reported : 17-May-2024 / 15:12

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.5cm) and shows bright echotexture.
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.

ALL 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 calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.4 x 4.0cm. Left kidney measures 10.5 x 4.9cm.

SPLEEN:

The spleen is normal in size (8.4cm) 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.
Prevoid volume = 336cc. Postvoid volume = 44cc.

UTERUS:

Uterus is anteverted, small. The uterine myometrium shows multiple calcifications.
Periendometrial halo is well maintained. Endometrium measures 4.0mm.
Cervix appears normal. (Post menopausal status).

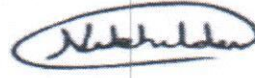
OVARIES:

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

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IMPRESSION:-
Grade I fatty liver.

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



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

CID : 2413814189
Name : Mrs ROSY SITARAM SHETTY
Age / Sex : 62 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 17-May-2024
Reported : 17-May-2024 / 15:14

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.
Fat deposition is noted in bilateral axilla.

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.

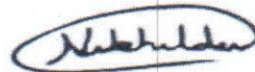
ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

- Negative
- IV Suspicious (Indeterminate).
- II Benign finding
- V Highly suggestive of malignancy.
- III Probably benign finding.

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

Patient's Name : ROSY SITARAM SHETTY

Age : 62 YRS / FEMALE

Requesting Doctor : --

DATE: 17.05.2024

CID. No : 2413814189

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 = 25 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	10	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	36	mm	Mitral Valve A velocity	0.6	m/s
LVPWd	10	mm	E/A Ratio	1.4	-
IVSs	16	mm	Mitral Valve Deceleration Time	200	ms
LVIDs	20	mm	E/E'	11	-
LVPWs	16	mm	TAPSE	24	
			Aortic valve		
IVRT	-	ms	AVmax	1	m/s
			AV Peak Gradient	4	mmHg
2D STUDY			LVOT Vmax	0.7	m/s
LVOT	18	mm	LVOT gradient	2	mmHg
LA	36	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.7	m/s
RV [RVID]	22	mm	PV Peak Gradient	2	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2.2	m/s
			PASP	25	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.