

Patient No. : 23219728 Report Date : 24/11/2023

Request No. : 190089994 24/11/2023 8.25 AM

Patient Name : **Mrs. DIVYA ANURAG**

Gender / Age : Female / 40 Years 10 Months 6 Days

Mammography (Both Breast)

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show extremely dense fibro glandular parenchyma.

No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.

No obvious skin thickening or nipple retraction seen.

Bilateral benign axillary lymph nodes seen.

Bilateral axillary breasts noted.

USG Screening:

Small hypoechoic lesion with tiny anechoic areas and tiny specks of calcifications within is seen in left breast at 3 o' clock position.

IMPRESSION:

Findings Favour benign lesion in left breast--p/o fibroadenoma. (BIRADS 2)

Kindly correlate clinically /Follow up

BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.

INFORMATION REGARDING MAMMOGRAMS:

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

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Mammography (Both Breast)

- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

Priyanka

Dr. Priyanka Patel, MD.

Consultant Radiologist



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23219728 Report Date : 24/11/2023

Request No. : 190089933 24/11/2023 8.25 AM

Patient Name : **Mrs. DIVYA ANURAG**

Gender / Age : Female / 40 Years 10 Months 6 Days

Echo or TMT

MITRAL VALVE : NORMAL, MINIMAL MR, NO MS
AORTIC VALVE : NORMAL, NO AR, NO AS
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LV SIZE AND SYSTOLIC FUNCTION LVEF -- 65%, NO
RESTING REGIONAL WALL MOTION ABNORMALITY
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR // TR, NO PAH

FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS, NO LVH
2. NORMAL LV SYSTOLIC FUNCTION, LVEF -- 65%
3. NO RESTING REGIONAL WALL MOTION ABNORMALITY
4. NORMAL DIASTOLIC FUNCTION
5. NORMAL RIGHT HEART SIZE AND RV PRESSURES
6. NORMAL CARDIAC VALVES, NO MITRAL // AORTIC STENOSIS
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

Dr. V.C.CHAUHAN, M.D.,CARD.

Patient No. : 23219728 Report Date : 24/11/2023

Request No. : 190089941 24/11/2023 8.25 AM

Patient Name : **Mrs. DIVYA ANURAG**

Gender / Age : Female / 40 Years 10 Months 6 Days

USG : Screening For Abdomen and Pelvis

Liver is normal in size and echopattern. **Small hemangioma of around 11 x7.5 mm is seen in right lobe of liver.** The hepatic veins are clear and patent. PV patent. No dilated IHBR. **Gall bladder is well distended and shows multiple calculi largest measures 9 mm.** Common bile duct measures 4 mm in diameter. Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis seen. Tiny subcentimeter sized cyst is seen in left kidney.

Uterus is anteverted, normal in size and echo pattern. Endometrium thickness is about 10 mm. No obvious mass lesion seen.

Uterine length : 82 mm.

A.P. : 41 mm.

Both ovaries reveal small follicles and appear unremarkable.

Urinary bladder is well distended and appears normal. No ascites.

COMMENT:

- **Small liver hemangioma.**
- **Multiple GB calculi.**
- **Left renal tiny cyst.**

Kindly correlate clinically

Dr. Priyanka Patel, MD.

Consultant Radiologist



DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23219728 Report Date : 24/11/2023

Request No. : 190089932 24/11/2023 8.25 AM

Patient Name : **Mrs. DIVYA ANURAG**

Gender / Age : Female / 40 Years 10 Months 6 Days

X-Ray Chest PA

Both lung fields are clear.

Both costophrenic sinuses appear clear.

Heart size is normal.

Hilar shadows show no obvious abnormality.

Aorta is normal.

Bilateral cervical rib.

Priyanka

Dr. Priyanka Patel, MD.

Consultant Radiologist





Patient Name : **Mrs. DIVYA ANURAG**
Gender / Age : Female / 40 Years 10 Months 6 Days
MR No / Bill No. : **23219728 / 242051648**
Consultant : Dr. BAGH Doctor
Location : **OPD**

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Approval Date : 24/11/2023 11:57 AM

TSH

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Thyroid Stimulating Hormone (US-TSH)	0.508	microIU/ml	

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39

2-20 weeks : 1.7 - 9.1

5 months - 20 years : 0.7 - 6.4

Adults (21 - 54 years) : 0.4 - 4.2

Adults (> 55 years) : 0.5 - 8.9

Pregnancy :

1st trimester : 0.3 - 4.5

2nd trimester : 0.5 - 4.6

3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition)

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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DEPARTMENT OF LABORATORY MEDICINE

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Renal Function Test (RFT)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	14	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.75	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. eGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	3.5	mg/dL	2.2 - 5.8

— End of Report —

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MD (Path). DCP.



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Creatinine

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Creatinine	0.75	mg/dL	0.6 - 1.1
<i>(By Modified Kinetic Jaffe Technique)</i>			

Estimate Glomerular Filtration rate **More than 60**

(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs.

EGFR Calculated by IDMS Traceable MDRD Study equation.

Reporting of eGFR can help facilitate early detection of CKD.

By Modified Kinetic Jaffe Technique)

Fasting Plasma Glucose

Fasting Plasma Glucose	89	mg/dL	70 - 110
Post Prandial 2 Hr.Plasma Glucose	119	mg/dL	70 - 140

Vitamin B12

Vitamin B12 Level	500.0	pg/ml	200 - 900
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(Done by CLIA based method on automated immunoassay Vitros 5600.

Interpretation :

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : < 179

** Fasting sample is required.*

** Therapeutic intake during preceding days (Oral-3 days, Parenteral 3 wks) may lead to increased level.)*

Vitamin D Total (25 OH Vit D)	14.36	ng/ml	
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(Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by CLIA based method on automated immunoassay Vitros 5600

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol {25 (OH) D} is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

** Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)*

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

** Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :*

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

** Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)*

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DEPARTMENT OF LABORATORY MEDICINE

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Vitamin D Total (25 OH Vit D)

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Approval Date : 24/11/2023 12:29 PM

Haematology

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Blood Group			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	5.5		
Specific Gravity	>=1.030		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	5 - 10	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

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Stool Routine

Test	Result	Units	Biological Ref. Range
Physical Examination (Stool)			
Colour	Brown		
Consistency	Semi Solid		
Mucus.	Absent		
Blood.	Absent		
Chemical Examination			
Reaction	Acidic		
Occult Blood	Negative		
Microscopic Examination			
Ova	Absent		
Cyst.	Absent		
Trophozoites	Absent		
Red Blood Cells.	Absent	/hpf	
Pus Cells	Absent	/hpf	
Epithelial Cells	Absent		
Fat	Absent		

(Method : Manual + Chemical (Occult Blood by Peroxidase like activity of Haemoglobin) + Microscopy)

Test Note :

- Stool Occult Blood test needs to be tested on three consecutive samples for proper interpretation.

- For 72 hours prior to Occult Blood test, patient should not take following items: Red meat, fish, poultry, turnips, horseradish, cauliflower, spinach, broccoli, bananas, black grapes, plums etc., drugs like aspirin, NSAIDs, anticoagulants, reserpine, iodine and high dose of Vitamin C.)

--- End of Report ---



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	92	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	212	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	56	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	156	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	143	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	18.4	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.55		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.79		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	13.4	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	5.13	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	42.8	%	36 - 46
Mean Corpuscular Volume (MCV)	83.4	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	26.1	pg	27 - 32
MCH Concentration (MCHC)	31.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	39.8	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.34	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	63	%	40 - 80
Lymphocytes	31	%	20 - 40
Eosinophils	1	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	5.24	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.56	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.12	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.35	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	304	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	13	mm/1 hr	0 - 12



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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

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Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
Pap Smear	Pap Smear Screening Report / Cervico-Vaginal Cytology... Cyto No : P/2091/23 Received at 1:58 pm. Clinical Details : No complain P/V findings : Cx. / Vg. - NAD. LMP : 10/11/23 TBS Report / Impression : * Satisfactory for evaluation; transformation zone components identified. * No significant inflammatory cellularity. * No epithelial cell abnormality favouring squamous intraepithelial lesion or frank malignancy (NILM).		

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bathesda system (Modified 2014)

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	1.09	mg/dL	0 - 1
Bilirubin - Direct	0.20	mg/dL	0 - 0.3
Bilirubin - Indirect	0.89	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	35	U/L	13 - 35
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	59	U/L	14 - 59
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	67	U/L	42 - 98
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	37	U/L	5 - 55
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.23	gm/dL	6.4 - 8.2
Albumin	4.06	gm/dL	3.4 - 5
Globulin	4.17	gm/dL	3 - 3.2
A : G Ratio	0.97		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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