



आरतीय विक्रिक्ट आळख्या विक

भारत सरकार Inique Identification Authorit



नोंट्विण्याचा क्रमांक / Enrollment No 1207/71 ?78/02172

To, কৰিল প্ৰাথিশ আম Kavifa Ashish Vyas W/O Ashish Vyas 5 205,ramesh aparting () harsing lane opp n.1 high school maiad west Mumbai Maiad West Deiy Mumbai Mumbai Maharashtra 400064

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आपला आधार क्रमांक / Your Aadham No. :

6788 2447 5714

आधार - सामान्य माणसाचा आिकार



भारत सरकार Government of India



कविता आशिष २२५५ Kavita Ashish २५३५ जनम वर्ष / Year il nine - 1975

स्त्री : Female



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आधार - सामान्य माणसाचा अधिवःर

Kerta was

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD. 102-104, Shoomi Casite. Opp. Geragaon Sports Club. Link Road. Malad (W), Mumbai - 400 064.



ClD

: 2200870440

Name

: Mrs Kavita Vyas

Age / Sex

: 46 Years/Female

Ref. Dr

Reg. Location: Malad West Main Centre

Reg. Date

Reported

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

: 08-Jan-2022 / 09:29 08-Jan-2022 / 13:44

X-RAY CHEST PA VIEV

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.

TO BE CORRELATED CLINICALLY.

Note: Investigations have their limitations. Solitary radiological investigations never conful: the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X- ray is I nown to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Ple is: interpret accordingly.

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

R. Akash Chhari

i, BBS, MD, Radio-Diagnosis Mumbai

MC REG NO - 2011/08/2862

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Page 1 of 1



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Reg. Date: Reported

: 08-Jan-2022 / 09:38 : 08-Jan-2022 / 09:48

USG WHOLE ABDO VIEN

LIVER:

The liver is normal in size (14.6 cm), shape and smooth marging. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic lesion seen. The main portal vein and CBD appears normal. Evidence of focal hypoechoic lesion noted in Segment IV of liver measuring 1.6 x 0.6 cm.

GALL BLADDER:

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

PANCREAS:

The pancreas head, body and partial tail is visualized and app∷rs normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to be real gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion such. Right kidney measures 9.3 x 4.2 cm. Left kidney measures 10.1 x 3.9 cm.

SPLEEN:

The spleen is normal in size (8.9 cm),and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is partially distended and reveal no intralure nal abnormality.

UTERUS:

Post hysterectomy status.

Both the ovaries are well visualised and appears normal. Right ovary = $2.3 \times 1.0 \text{ cm}$. Left ovary = $1.9 \times 1.2 \text{ cm}$.

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Page 1 of 2

Floor, Aston, Sundervan Complex, Above Mercedes Sho HEALTHLINE - MUMBAI: 022-6170-0000 J OTHER CIT Feedback - customerservice@suburbandiagnostics.com |



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: 08-Jan-2022 / 09:48

IMPRESSION:-

Fatty infiltration of liver.

Focal hypoechoic lesion of liver as described above, likely :: be fat spared area.

Suggestion: - Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigation: ever confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have interobserver variations. Further / Follow-up imaging may be needed in some citie for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken und: covid-19 pandemic.

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

Reg. Dat:

Reported

Dr. Vivek Singh MD Radiodiagnosis Reg No: 2013/03/0388

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NAME: - Ponth No.

AGE/SEX:- F/USUON

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REF DR :-

GYANECOLOGICAL EXAMINA LON REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS:-

MARITAL STATUS:-

Printed .

MENSTRUAL HISTORY:-

• MENARCHE:-

• PRESENT MENSTRUAL HISTORY :-

• PAST MENSTRUAL HISTORY:-

• OBSTERIC HISTORY: - $P_2 I_2 I_3$

· PAST HISTORY: (could ad here

• PREVIOUS SURGERIES:- Particle of the 14 15

• ALLERGIES :- 1 il

brief Disclaime:

FAMILY HISTORY:- Fuller Life NOCOME DEG.

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1977

• BLADDER HABITS :-

PERSONAL HISTORY:

TEMPRATURE: - Maline

RS:-

PULSE/MIN: - - (8/m;)

BP (mm of hg):- $\int \iota_i \sigma / q \sigma$

BREAST EXAMINATION:-

PER ABDOMEN :- ()

PRE VAGINAL:-

RECOMMENDATION:-

OR SONAL HONRAG MO (G MED) C DNSULTING PHYSICIAL PEG. NO.2601/64/1882

SUBURBALITED CONTROL DAMATRYS LTO Opp. Garegoon Opens Club. Link Road, Malad (VV), Mumbai - 400 064.

object.

Name: Pavilayyas

Sex / Age: F / Unique

EYE CHECK UP

Chief complaints: N

Systemic Diseases: Nil

Past history: Ni

Unaided Vision:

Aided Vision: Res 816, Best 1116

Refraction:

(Right Eye)

		·	(Left Eye)					
	Sph	СуІ	Axis	Vn	Code	J · · ·		
Distance	100	*	`.		Sph	Cyl	Axis	Vn
Near								

Colour Vision: Normal Abnormal

Remark:

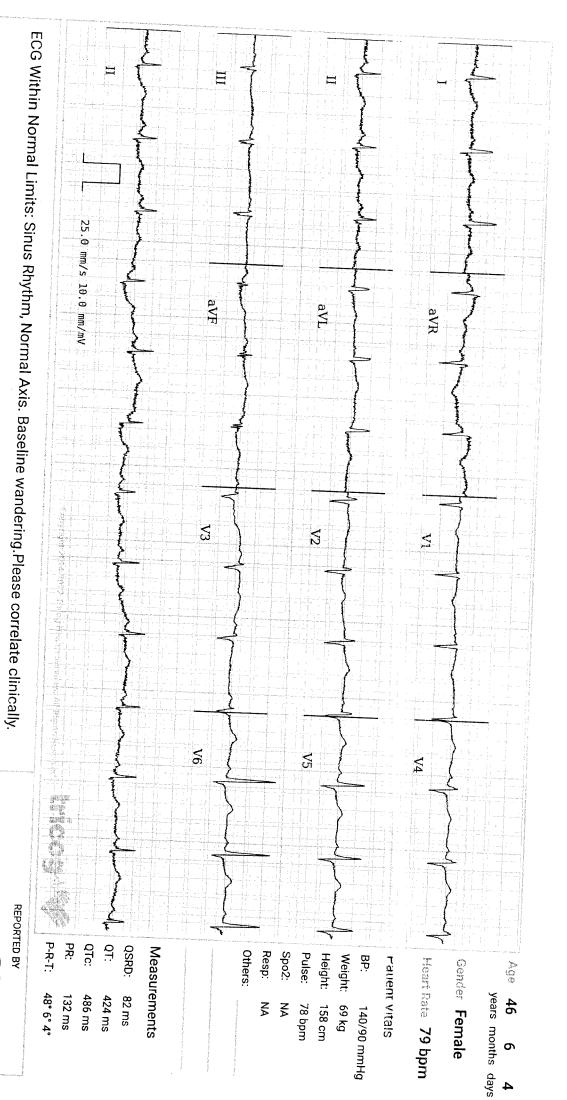
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SUBURBAN DIAGNOSTICS - MALAD WEST

Patient ID: Patient Name: KAVITA VYAS 2200870440

Date and Time: 8th Jan 22 9:32 AM



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 as entered by the clinician and not derived from the ECG.

DR SONALI HONRAO MD (General Medicine) 2001/04/1882

Physician