



# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27313680  
Age / Gender : **[SPOUSE]** Female Registered on : 11-Mar-2024 / 08:34 AM  
Ref.By : - Collected on : 11-Mar-2024 / 08:33 AM  
Req.No :  Reported on : 11-Mar-2024 / 12:55 PM  
Reference : Medi Wheel  
BIL4032054

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Trace		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	2 - 3	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf



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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27313680  
Age / Gender : **[SPOUSE]** 58 Years / Female Registered on : 11-Mar-2024 / 08:34 AM  
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Req.No :  Reported on : 11-Mar-2024 / 12:55 PM  
Reference : Medi Wheel  
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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---



**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY



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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27314645  
Age / Gender : **[SPOUSE]** 58 Years / Female Registered on : 11-Mar-2024 / 08:34 AM  
Ref.By : - Collected on : 11-Mar-2024 / 08:33 AM  
Req.No :  Reported on : 11-Mar-2024 / 16:54 PM  
BIL4032054 Reference : Medi Wheel

DEPARTMENT OF CYTOPATHOLOGY

### Pap Smear, Conventional

Clinical Details	Post menopausal screening
Specimen Type	Conventional
Specimen Adequacy	Satisfactory for evaluation. Transformation zone component seen. 50% cells obscured by inflammatory cells.
General Categorization	Smears studied show sheets of parabasal, along with superficial and intermediate squamous cells. Moderate inflammatory cells (neutrophils) seen.
Interpretation	Inflammatory smears. No evidence of intraepithelial lesion / malignancy in sample provided.

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Ref.By : - Collected on : 11-Mar-2024 / 08:33 AM  
Req.No :  Reported on : 11-Mar-2024 / 12:38 PM  
BIL4032054 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	A
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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### DEPARTMENT OF HEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	<b>30</b>	mm/hour	0-20 mm/hour
Method:Westergren			

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	11.5	g/dL	12.0-15.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	4.1	mill /cu.mm	3.8-4.8 mill /cu.mm
Method:Electrical Impedence			
PCV/HCT	<b>34</b>	%	36-46 %
Method:Numeric Integration			
MCV	84	fL	83-101 fL
Method:Calculated			
MCH	27.9	pg	27-32 pg
Method:Calculated			
MCHC	33.4	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	<b>14.3</b>	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	6.7	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
Method:Impedence flowcytometry/Light scattering			
<b>Differential Count</b>			
Neutrophils	61	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	29	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	6	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	4	%	1-6 %
Method:Flowcytometry/Microscopy			



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### DEPARTMENT OF HEMATOLOGY Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	300	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL

#### Peripheral Smear

RBC Normocytic and Normochromic  
 Method:Microscopy  
 WBC Within normal limits. No abnormal cells seen.  
 Method:Microscopy  
 Platelets Discrete and adequate. Normal in morphology.  
 Method:Microscopy

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Req.No :  Reported on : 11-Mar-2024 / 09:08 AM  
BIL4032054 Reference : Medi Wheel

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.14 cm
Left Atrium	3.16 cm
Left Ventricle	LVDd:4.56 cm IVSd :0.7 cm EF:61% LVDs:3.07 cm LVPwd:1.19 cm FS:32%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.8 m/sec A: 1.10 m/sec Aortic flow : 0.6 m/sec Pulmonary flow : 0.5 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 61 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27313680F  
 : **[SPOUSE]**  
 Age / Gender : 58 Years / Female Registered on : 11-Mar-2024 / 08:34 AM  
 Ref.By : - Collected on : 11-Mar-2024 / 08:33 AM  
 Req.No  Reported on : 11-Mar-2024 / 16:06 PM  
 BIL4032054 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.7	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.78	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

#### Glucose Urine Fasting

Investigation	Observed Value	
Urine Glucose Fasting	Nil	NIL
Method:Reagent strip/Reflectance photometry		

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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27313681F  
 : **[SPOUSE]** Registered on : 11-Mar-2024 / 08:34 AM  
 Age / Gender : 58 Years / Female Collected on : 11-Mar-2024 / 08:33 AM  
 Ref.By : - Reported on : 11-Mar-2024 / 16:06 PM  
 Req.No  Reference : Medi Wheel  
 BIL4032054

DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	<b>117</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/ 27313681P  
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 Age / Gender : 58 Years / Female Collected on : 11-Mar-2024 / 08:33 AM  
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DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	<b>155</b>	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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BIL4032054 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>5.9</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	122	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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--- End Of Report ---



*Yatish Sai*

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	<b>201</b>	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	50	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>123</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	28	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	143	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.02		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	2.46		Ideal : < 2 Good : 2 – 5 Bad : > 5

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.81	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.18	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.63	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	20	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	24	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	106	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.34	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.19	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.15	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.33		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	40	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.57	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.78	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	0.75	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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DEPARTMENT OF CLINICAL CHEMISTRY I

### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	5.70	mg/dL	1.9-7.5 mg/dL

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DEPARTMENT OF HEALTH CHECKUP

### Glucose Urine Post Prandial

Urine Glucose Post Prandial	Nil	NIL
Method:Reagent strip/Reflectance photometry		

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**Dr. Yatish Sai Lanke**  
Regd. No: 00856  
MD PATHOLOGY





# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003.

Tel : +91 40-42038139, 2784 5852, 7995421787, 7093445852,

Email parklinediagnostics@gmail.com www.parklinediagnostics.com

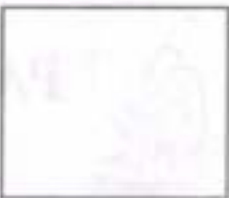


NABL Accredited  
Certificate No. MC-2566

## MEDICAL EXAMINATION REPORT

Name	Ms. Rajiya Begam Ayyubkhan <sup>Pathan</sup>		Date:	11/5/24
Company	C/o Mediwheel		Reg. No.:	4032054
Contact No.	9822661201		Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
			Age:	<input type="checkbox"/> 50 <input checked="" type="checkbox"/> 56
Type	Pre-Emp		Emp. No.:	Spousal
	Overseas		Height	155cm
	Annual	✓	Weight	62kg.
Remarks	<p>Raised ESR cont. Advice follow up for infection cause.</p> <p>Impaired glucose tolerance @ <math>\bar{c}</math> HbA<sub>1c</sub> - 5.9% Advice follow up for prediabetes.</p> <p>Rest all clinical &amp; Lab parameters WNL.</p>			
Fitness Status	Medically Fit / Unfit		<p>Dr. PIVANKA SANNIDHI</p> <p>Physician's Signature Regn. No. 11351</p>	

# COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Ms. Laziya Begam Ayyub Khan Pathan

AGE 56 yrs / Female

MARITAL STATUS Married CHILDREN : M  F

IDENTIFICATION (IF ANY) A mole on the Rt. palm.

## PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid..... NIL..... Jaundice..... NIL..... Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination.....

H/o Epilepsy..... NIL..... Giddiness..... NIL

H/o Surgery..... Fracture in the past..... NIL

### Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication -

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

} NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

well nourished

NPD

NIL

NIL

Distant Vision : Near Vision :

Right Eye: 6/60 - 2.0 sph 6/18

Right Eye: NG

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/9

left Eye: NH + 2.50 sph NH

with glasses / without glasses

with glasses / without glasses

Colour Vision: BE normal

Ophthalmologist's Signature

DR. KATTA  
M.B.B.S., D.O., F.R.C.S.  
(AMC)

Right Ear

Left Ear

Hearing :

Rinee's Test :

Weber Test :

Discharge :

### SYSTEMIC EXAMINATION

Pulse : 86 bpm

B.P. : 120/80 mmHg

Lungs :

- A. Shape of Chest 5/6 symmetrical
- B. Breath Sounds 5/6 clear
- C. Adventitious Sounds NO

Heart :

- A. Sounds S1 S2
- B. Murmurs NO

Nervous System

Abdomen :

- A. Liver
- B. Spleen
- C. Piles
- D. Any Lump

NAD

A. Higher Function :

B. Cranial Nerves :

C. Sensory System :

D. Motor System :

E. Jerks :

(N)

General :

- A. Hernia
- B. Hydrocele
- C. Varicocele

NAD

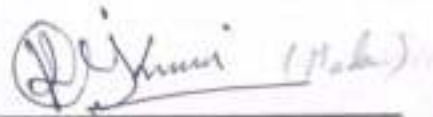
Breast :

Rt \_\_\_\_\_ Lt. \_\_\_\_\_

## CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

  
Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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Certificate No. MC-2566

## ENT EXAMINATION

S. No. 4032054

Emp. No. : Spout

Date 11/3/24

Name Ms: Rajiya Begam Ayyub Age 56 Yrs  
Khan pathan

Sex M/F

### EARS :

### Right

### Left

EAC	: patent. no Cerumen	- ob.
TM	: Intact. pearly white.	- ob.
TFT	: Cone of light Rinne's +ve	Rinne's +ve.

### Weber's - Central mid

NOSE	: Septum : (N). Bil. T's, mala (N). Pros - (N) - not tender
THROAT	: Oropharynx : (N). Bil. v.c's (N). mandib bil Aseptically
NECK	: (N)
IMPRESSION	: ENT clinically NAD

Consultant ENT


Dr. D. Hari Krishna Reddy  
MS (ENT)  
Head & Neck Surgeon  
Reg. No: 88379

11/3/24

To,

Parkline Diagnostics.

I MS. Raziya Begum Ayubkhan father  
Not willing Gynaecologist Consultation, Dental Consultation

  
Thanking you.






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## TEST REPORT

Name : **MS.RAZIYA BEGAM AYYUBKHAN PATHAN** TID/SID : UMR1384841/  
Age / Gender : **58 Years / Female** Registered on : 11-Mar-2024 / 08:34 AM  
Ref.By : - Collected on : 11-Mar-2024 / 08:33 AM  
Req.No :  Reported on : 11-Mar-2024 / 09:08 AM  
Reference : Medi Wheel  
BIL4032054

### DEPARTMENT OF CARDIOLOGY 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.14 cm
Left Atrium	3.16 cm
Left Ventricle	LVDd:4.56 cm IVSd :0.7 cm EF:61% LVDs:3.07 cm LVPwd:1.19 cm FS:32%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.8 m/sec A: 1.10 m/sec Aortic flow : 0.6 m/sec Pulmonary flow : 0.5 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 61 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

\* Sample processed at Parkline

— End Of Report —

**Dr. P. PRASANT MARUTI**  
DM, Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSMC/FRI/25040  
Page 1 of 2





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## TEST REPORT

Name	: Ms. RAZIYA BEGAM AYYUBKHAN PATHAN	TID	: UMR1384841
Age / Gender	: 56 Years / Female	Registered on	: 11-Mar-2024 08:34 AM
Ref.By	:	Reported On	: 11-Mar-2024 10:51 AM
Req. No	: BIL4032054	Reference	: Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : Normal in size and echotexture. No focal lesions.  
No IHBD /CBD dilatation. Portal vein is normal.

**SPLEEN** : Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Well distended. No sludge / gall stones / sol.  
Gall bladder - Wall thickness is normal.  
No pericholecystic oedema.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 10.7 x 3.8 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 11.3 x 5.1 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended.Normal in contour.  
Wall thickness is normal. No calculus / sol.

**UTERUS** : Anteverted measuring 5.3 x 2.6 x 3.5 cms - Normal in size and echotexture.  
No space occupying lesion is seen.  
Cervix is normal in size and echopattern.

**ENDOMETRIUM** : Normal.

**OVARIES** : Both ovaries poor window.  
No adnexal mass seen.  
No fluid in POD.

**IMPRESSION** : Normal US Abdomen.  
Clinical correlation.

**Dr. D.J. MOHAN**  
MD OMRD  
(Reg No. 8995)  
Consultant Radiologist



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## TEST REPORT

Name	: Ms . RAZIYA BEGAM AYYUBKHAN PATHAN	TID	: UMR1384841
Age / Gender	: 58 Years / Female	Registered on	: 11-Mar-2024 08:34 AM
Ref.By	:	Reported On	: 11-Mar-2024 12:25 PM
Req. No	: BIL4032054	Reference	: Medi Wheel

### DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Both breasts show normal fibro-glandular parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /  
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.

**Ultrasound screening did not reveal any abnormality.**

No axillary lymphnodes seen.

**IMPRESSION : No breast abnormality noted - BIRADS-I**

Advised clinical correlation.

Note: Please bring previous reports on next visit.

  
**Dr. PRAJAKTÁ SUKHADEVÉ**  
DNB RADIOLOGY  
Reg. No. 68493

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## TEST REPORT

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Age / Gender	: 56 Years / Female	Registered on	: 11-Mar-2024 08:34 AM
Ref.By	:	Reported On	: 11-Mar-2024 12:25 PM
Req. No	: BIL4032054	Reference	: Medi Wheel

### BIRADS ASSESSMENT CATEGORIES

- 0 - Needs additional imaging.
- 1 - Negative - There is nothing the comment on.
- 2 - Benign finding.
- 3 - Probably benign finding - followup after 3 months suggested.
- 4 - Suspicious abnormality. Biopsy should be considered  
[ 4A - Low suspicion ,4B - Intermediate suspicion, 4C- Moderate concern]
- 5 - Highly suggestive of malignancy.
- 6 - Known biopsy proven malignancy.



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## TEST REPORT

Name	: Ms . RAZIYA BEGAM AYYUBKHAN PATHAN	TID	: UMR1384841
Age / Gender	: 56 Years / Female	Registered on	: 11-Mar-2024 08:34 AM
Ref.By	:	Reported On	: 11-Mar-2024 09:55 AM
Req. No	: BIL4032054	Reference	: Medi Wheel

### X-RAY CHEST PA VIEW

Lungs are clear.

Cardia is normal.

Hila are normal.

C P angles are free.

‡ Prominent left 4th costosternal junction.

Rest of Bony cage is normal.



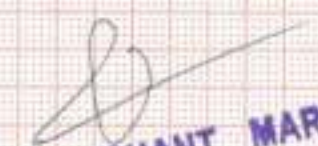
Dr. D.J. MOHAN  
MD DMRD  
(Reg No. 8995)  
Consultant Radiologist

ID: 4032034 03/2024 09.09.24  
MS.RAZIYA BEGAM AYYUBKHAN PATHAN  
Female 56Years

HR : 78 bpm  
P : 108 ms  
PR : 148 ms  
QRS : 92 ms  
QT/QTc : 365/417 ms  
PQRS/T : 69/72/69 °  
RV5/SVI : 1.28/0.800 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

WML



**Dr. P. PRASHANT MARUTI**  
DM, Cardiology  
Consultant Interventional Cardiologist  
The ...

Report Confirmed by:



