



**DR. NITIN SONAVANE**  
M.B.B.S., F.I.H., D.DIAB, D.DIABD,  
CONSULTANT CARDIOLOGIST  
REGD. NO.: 87714

ॐ १६५५११



Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
-Mumbai-400053.

Date:

To,  
**Suburban Diagnostics (India) Private Limited**  
301, 302 3rd Floor, Vini Eligance,  
Above Tanishq Jewellers,  
Borivali (W), Mumbai- 400092

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Kantamma Thorasap  
don't want to performed the following tests:

- 1) TMT
- 2)
- 3)
- 4)
- 5)
- 6)


CID No. & Date : 2 30281 8907

Corporate/ TPA/ Insurance Client Name : Medihealth

Thanking you.

Yours sincerely,

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Lokhandwala Road, Andheri (West),  
Mumbai-400053.

(Mr/Mrs/Ms.  Dr. 11/11/11)

CID# : 2302818907  
Name : MRS.KANTAMMA THOPARAPU  
Age / Gender : 59 Years/Female  
Consulting Dr. :-  
Reg.Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:52  
Reported : 28-Jan-2023 / 15:01

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 148cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 130/90mmhg  
Pulse: 72min

Weight (kg): 42kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Normal

### Systems

Cardiovascular: S1S2  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

### IMPRESSION:

Bt- sugar.  
Sr potassium.

### ADVICE:

phthician Ref<sup>n</sup>.

### CHIEF COMPLAINTS:

- |                      |                  |
|----------------------|------------------|
| 1) Hypertension:     | No               |
| 2) IHD               | No               |
| 3) Arrhythmia        | No               |
| 4) Diabetes Mellitus | Dm since 2 month |
| 5) Tuberculosis      | No               |

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- 6) Asthama No
- 7) Pulmonary Disease No
- 8) Thyroid/ Endocrine disorders No
- 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 mix
- 4) Medication Dm Rx

\*\*\* End Of Report \*\*\*

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 Dr.NITIN SONAVANE  
 PHYSICIAN

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Reported : 28-Jan-2023 / 11:57

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>CBC (Complete Blood Count), Blood</u></b>			
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.63	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.2	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4430	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.0	20-40 %	
Absolute Lymphocytes	1816.3	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	239.2	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	2325.8	2000-7000 /cmm	Calculated
Eosinophils	0.5	1-6 %	
Absolute Eosinophils	22.2	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	26.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	212000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	16.6	11-18 %	Calculated



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**RBC MORPHOLOGY**

- Hypochromia -
- Microcytosis -
- Macrocytosis -
- Anisocytosis -
- Poikilocytosis -
- Polychromasia -
- Target Cells -
- Basophilic Stippling -
- Normoblasts -
- Others - Normocytic, Normochromic

**WBC MORPHOLOGY**

**PLATELET MORPHOLOGY**

**COMMENT**

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 20 2-30 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
 \*\*\* End Of Report \*\*\*



*Bmhasakar*  
 Dr.KETAKI MHASKAR  
 M.D. (PATH)  
 Pathologist



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Collected : 28-Jan-2023 / 13:28  
Reported : 28-Jan-2023 / 15:23

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	139.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	154.8	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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*Bm haskar*  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	24.0	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	11.2	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.70	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	2.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.1	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	10.1	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	140	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			





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POTASSIUM, Serum 6.1 3.5-5.1 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

Result recheck

CHLORIDE, Serum 106 98-107 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa Dixit*  
Dr. ANUPA DIXIT  
M.D.(PATH)  
Consultant Pathologist & Lab  
Director



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



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Collected : 28-Jan-2023 / 08:55  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

**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 insert



*Bmhasakar*  
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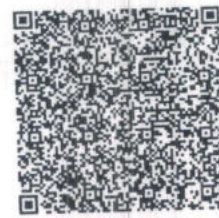


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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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.

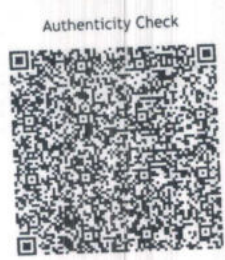
**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
M. D. (PATH)  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	43.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	123.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.5	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	17.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Raul*  
Dr.NAMRATA RAUL  
M.D (Biochem)  
Biochemist



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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	3.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	14.2	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	4.896	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 atleast 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)

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\*\*\* End Of Report \*\*\*



*Anupa*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.71	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.47	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.4	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	11.7	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	11.3	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	63.6	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022  
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab



*Raul*  
Dr.NAMRATA RAUL  
M.D (Biochem)  
Biochemist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2302818907  
Name : MRS.KANTAMMA THOPARAPU  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected :  
Reported :

\*\*\* End Of Report \*\*\*

Date:- 28/1/2025  
 Name:- Ratanomee Thoparapu  
 CID: 2302818007  
 Sex / Age: F / 59 yr

**EYE CHECK UP**

Chief complaints: / NIL

Systemic Diseases: / NIL

Past history: / NIL

Unaided Vision:

Aided Vision: R / L  
 6/9 6/9

Refraction: NIL NIL

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Mrs. Kantanine Thoparapu.

60/R

R  
E  
P  
O  
R  
T

28/1/23

GYNAECOLOGICAL CONSULTATION

PARAMETER:

EXAMINATION:

RS :

{ (N)

CVS :

BREAST EXAMINATION:

(N)

no lumps felt O/L

PER ABDOMEN:

{ (N)

PER VAGINAL:

MENSTRUAL HISTORY:

Post-menopausal.

MENARCHE:

12 yrs.

PAST MENSTRUAL HISTORY:

(N)

OBSTETRIC HISTORY:

G<sub>2</sub> P<sub>3</sub> A<sub>0</sub> L<sub>3</sub> (1 ♀ 40 yrs)  
(1 ♀ 38 yrs)  
(1 ♀ 35 yrs)

PTWA

PERSONAL HISTORY:

DM

ALLERGIES :

no.

BLADDER :

{ (N)

BOWEL HABITS:

DRUG HISTORY:

On Rx DM :: 2 months

PREVIOUS SURGERIES:

nil.

FAMILY HISTORY:

nil.

CHIEF GYNAE COMPLAINTS:

-

RECOMMENDATIONS:

*Monali*

**DR. MONALI SHAH**  
REG. NO. 57282  
CONSULTING HOMOEOPATH  
DIETITIAN & NUTRITIONIST

CID : 2302818907  
Name : Mrs KANTAMMA THOPARAPU  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 13:20

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### MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the crano-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.

No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.

No abnormal skin thickening is seen.

Skin and nipple shadows are normal.

No axillary lymph nodes 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.

#### Opinion:

**No significant abnormality detected in mammography and sonomammography of both breasts, ACR BIRADS CATEGORY I.**

*Suggest: Follow up mammography after one year is suggested.  
Please bring all the films for comparison.*

Click here to view images <<ImageLink>>

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Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

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ACR BIRADS CATEGORY  
[American college of radiology breast imaging reporting and data system].  
I Negative  
II Benign finding  
III Probably benign finding.  
IV Suspicious (Indeterminate).  
V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

**Disclaimer:-**  
Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**



**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <<ImageLink>>



CID : 2302818907  
Name : Mrs KANTAMMA THOPARAPU  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 13:16

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.5 x 3.0 cm. Left kidney measures 8.3 x 3.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted, normal and measures 3.9 x 2.1 x 2.3 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 2.4 mm. Cervix appears normal.

**OVARIES:** Both ovaries are not seen post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808531419>



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Name : Mrs KANTAMMA THOPARAPU  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 13:16

**Opinion:**

- No significant abnormality is detected.

**For clinical correlation and follow up.**

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-----

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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CID : 2302818907  
Name : Mrs KANTAMMA THOPARAPU  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 14:47

**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.

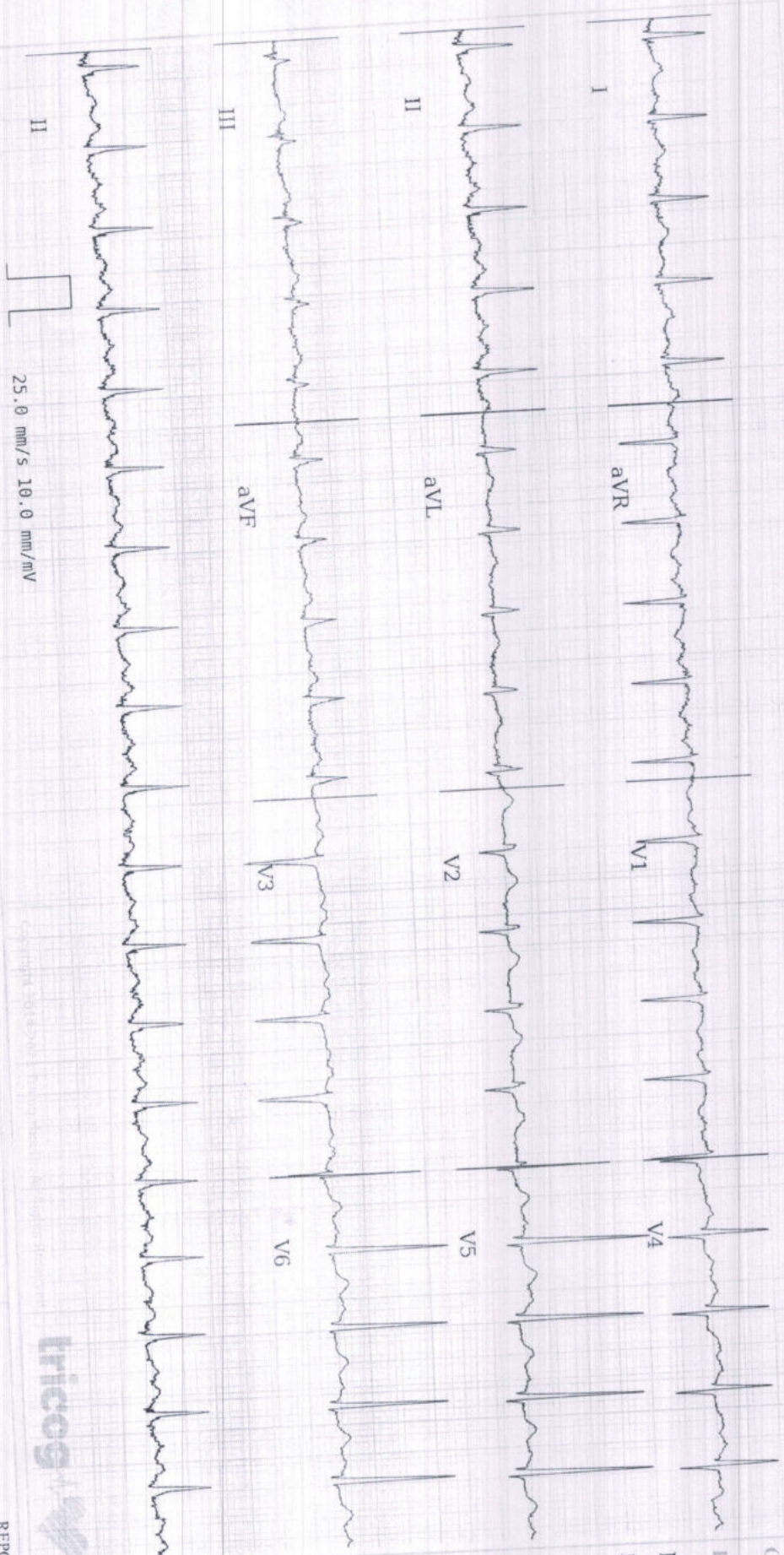
**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

This report is prepared and physically checked by **DR SUDHANSHU SAXENA** before dispatch.

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808531433>



25.0 mm/s 10.0 mm/mV



Age **59** 9 29  
years months days

Gender **Female**

Heart Rate **119bpm**

**Patient Vitals**

BP: 130/90 mmHg  
Weight: 42 kg  
Height: 148 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 76ms  
QT: 324ms  
QTc: 45.5ms  
PR: 150ms  
P-R-T: 74° 37° 25°

REPORTED BY

*[Signature]*

Dr. Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB/D.CARD  
Consultant Cardiologist  
87714

Regd. Office:-  
**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

Please Correlate clinically.  
**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

Sinus Tachycardia. Please Correlate clinically.

Disclaimer: The Analysis in this report is based on ECG trace and should be used as an adjunct to clinical history, symptoms and results of other tests and must be interpreted by a qualified physician. All patient stats are as reported by the clinician and not derived from the ECG.