



Indira Health And Lifestyle Private Limited.
NABL Accredited Laboratory
Eucharistic Congress Bldg. No. 1, Opp. Café Leopold,
Close to Delhi Darbar Hotel, Convent Street, Colaba, Mumbai - 400 001.
Tel.: 022-22021122, ☎: 8450982226,
E:apolloclicinmumbai@gmail.com, apollocliniccolaba@gmail.com



Name : Mrs. Jayanti Gender : Female Age : 44 Years
UHID : AF-001001488 Bill No : Lab No : c-2860-23
Ref. by : Arcofemi Healthcare Sample Col.Dt : 24/03/2023 11:30
Barcode No : 9873 Reported On : 24/03/2023 14:13

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	15	mL
COLOUR	Pale Yellow	
APPEARANCE	Slightly Hazy	Clear
SEDIMENT	Absent	Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	6 - 8 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	4 - 5 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By

Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically



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HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 4.6 %
 Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 85.32 mg/dL

Correlation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- * This Methodology is better than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts. & every 3 - 4 months in well controlled diabetics .
- * Mean blood glucose (MBG) in first 30 days (0-30) before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Alsaba Shaikh
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	8.06	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.48	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.58	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.25		0.9 - 2
S.Total Bilirubin (DPD):	0.30	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.12	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.18	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P): 24		U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P): 17		U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic): 120		U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32

Vasanti Gondal
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	201	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	96	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	19.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	75.2	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	106.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<u>2.7</u>		3.5 - 5
Ratio of LDL/HDL	<u>1.4</u>		2.5 - 3.5

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RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	21.6	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	10.08	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.67	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	5.0	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	8.06	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.48	g/dL	3.5 - 5.2
S.Globulin(Calculated)	3.58	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.25		0.9 - 2
S.Sodium(Na) (ISE-Direct)	142	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.5	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	106	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.15	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.19	mg/dL	2.5 - 4.5

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TEST

RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group:

:O:

Rh Type:

Positive

Method :

Tube Agglutination (forward and reverse)

Shweta Unavane
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method)	12.4	g/dl	11.5 - 15
RBC Count (Impedance)	4.08	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	37.9	%	35 - 55
MCV:(Calculated)	92.8	fl	78 - 98
MCH:(Calculated)	30.4	pg	26 - 34
MCHC:(Calculated)	32.8	gm/dl	30 - 36
RDW-CV:	14.4	%	10 - 16
Total Leucocyte count(Impedance)	5900	/cumm.	4000 - 10500
Neutrophils:	58	%	40 - 75
Lymphocytes:	36	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.27	Lakhs/c.mm	1.5 - 4.5
MPV	11.9	fl	6.0 - 11.0
ESR(Westergren Method)	10	mm/1st hr	0 - 20

Peripheral Smear (Microscopic examination)

RBCs: Normochromic, Normocytic

WBCs: Normal

Platelets **Large platelets, Reduced, Manual platelet count = 1.29 Lakhs/c.mm**

Note: Test Run on 5 part cell counter. Manual diff performed.

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.81	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	90.50	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	6.73	μIU/ml	Euthyroid : 0.35 - 5.50 μIU/ml Hyperthyroid : < 0.35 μIU/ml Hypothyroid : > 5.50 μIU/ml

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

TSH :

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose : 86 mg/dL Normal < 100 mg/dL
Impaired Fasting glucose : 101 to 125 mg/dL
Diabetes Mellitus : \geq 126 mg/dL
(on more than one occasion)
(American diabetes association guidelines 2016)

Post Prandial Plasma Glucose : 70 mg/dL Normal < 140 mg/dL
Impaired Post Prandial glucose : 140 to 199 mg/dL
Diabetes Mellitus : \geq 200 mg/dL
(on more than one occasion)
(American diabetes association guidelines 2016)

Fasting Urine Glucose : Absent
Fasting Urine Acetone : Absent

Post Prandial Urine Glucose : Absent
Post Prandial Urine Acetone : Absent

Method : Hexokinase

Ms Kaveri Gaonkar
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Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Mrs. JAYANTI
44 09:27 F
24-03-2023 AF-001001488
SR01352878

Patient Name : M
Age/Sex : \)
Referred By :

MR No:
Date:

Health Check-Up Report

PRESENT COMPLAINTS:

No

PRESENT MEDICATIONS:

PERSONAL HISTORY

Unmarried /Married

Diet : Eggetarian /Vegetarian / Mixed

Habits: Tobacco : Chews/Smokes
Alcohol : *No*

Bladder : *Normal*

Bowels : *Normal*

Sleep : Normal / Disturbed

Physical Activity : Active/ Moderate / Sedentary

Drug / Any other allergy : *N*

Menstrual History : *Regular*

PAST MEDICAL HISTORY

ns

FAMILY HISTORY

ns

Physical Examination Findings

General Examination

Height	148	cm
Weight	68.1	kg
BMI	21.9	kg/m ²
Pulse	75	/min
BP	130/10	mm of Hg
RR	16	/min
Evidence of : pallor/Icterus/Pedal Oedema /Cyanosis/Clubbing		

Abdominal Examination:

Cardiovascular System:

Respiratory System:

Musculoskeletal System:

Advice:

Doctor's Sign & Stamp:

Dr Merchant Adnaan
Regn.No I-80064-A
Physician

ENT EVALUATION

Name:	Mrs. JAYANTI 44 09:27 F	MR NO:
Age/Gender:	24-03-2023 AF-001001488  ED799247	Date:

COMPLAINTS, IF ANY:

Ear:-

Tympanic Membrane:
Pre-auricular:-
Pina / EAC:
Mastoid Tuning Fork tests:-

NOSE:-

External Nose:-
Anterior Rhinoscopy:-
Post - Nasal space:-

THROAT:-

Tongue / palate / Teeth:-

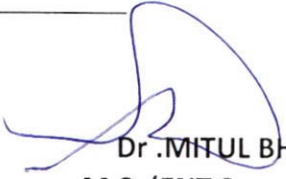
NECK:-

Nodes:-
Thyroid:-
Glands:-


WNL

INVESTIGATIONS:

IMPRESSION:- ENT - WNL


Dr. MITUL BHATT
M.S. (ENT Surgeon),
Reg No. 2011051748

OPHTHALMIC EVALUATION

Name:	Mrs. JAYANTI 44 09:27 F	MR NO:
Age / Sex:	24-03-2023 AF-001001488  PLF1083739	Date:

Examination

Right Eye

Left Eye

Visual Acuity

Distance Vision

6/6

Near Vision

N6

Color Vision

Normal/Defective

Refraction Prescription :

Right Eye			Left Eye		
Sph.	Cyl.	Axis	Sph.	Cyl.	Axis
+1.25			+1.75		
+3.00			+3.50		
Remarks			Remarks		

Dist
Near

SLIT LAMP EXAMINATION:

Near +1.75 DS.

Anterior Segment:

Add

IOP :- mm of Hg.

WNL

Posterior Segment:

REMARKS:


Bipolars / progressives

WNL = Within Normal Limits

NAD = No abnormality detected.

Dr. Zalda V. Dadachanji
MBBS, M.S.(Ophthal), DNB FICO(UK), MRCSEd
Fellow-Cornea & Refractive Surgery (NN)
Consultant Ophthalmologist
CORNEA&LASIK Specialist
Reg. No. MMC2013/05/1940

GYNAECOLOGICAL EVALUATION

Name:	Mrs. JAYANTI 44 09:27 F 24-03-2023 AF-001001488	MR NO:
Age/Sex:	 UR868468	Date:

CHIEF COMPLAINT: Routine gyn examⁿ

LMP: 20-3-23 O/H: 2 FIND

Present menstrual cycle: 4/25 - 4ep
- PL
- mod

Past menstrual cycle:

PAST HISTORY OF SURGICAL /MEDICAL ILLNESS:
None

FAMILY HISTORY: None relevant

EXAMINATION:
General examination: NAD

Breast Examination No lump in br/ax.
bilat fibrocystic changes +

P/A: - soft
P/S: Cx healthy

P/V: Ut RU, NS

REMARKS: Ex clear.
PAP smear taken.

Hutokshi
Dr. Hutokshi Zaroliwalla
M.D, DGO
Reg. No: 64013
Consulting Gynaecologist

DENTAL CHECKUP

Name: JAYANTI	MR NO: 1488
Age/Gender : 44 / F	Date: 24/3/23

Medical history: Diabetes Hypertension _____


EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains	++	++	++	++
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)		21		
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces		27		
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling		21		
Root Canal Therapy				
Crown				
Extraction		27		

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.

Other Findings: _____


 Dr. Prachi Shah Manudhane
 BDS, GDC Mumbai (Reg.No. A-17381)
 Advanced Prosthodontics, UCLA, California, USA

Mrs. JAYANTI
44 09:27 F
24-03-2023 AF-001001488
SS669980

	Registration Date:		
	Ht./Wt.:	Cms./	Kgs.

NUTRITION PRESCRIPTION FOR WEIGHT GAIN

Keeping in mind your Medical Reports, health status, food intake, dietary habits, a personalized Dietary Instructions are provided here.

DIETARY RECOMMENDATIONS:-Changes with regards to your present Dietary habits,

- Have small and frequent energy dense meals.
- Avoid skipping a meal.
- **MILK PRODUCTS-** Have more of paneer, curds, and milkshakes, smoothies instead of butter, ghee, cream.
- **FRUITS-** Have all, more of banana, mango, chiku, custard apple, grapes.
- **NON-VEG-** Have more of Eggwhites, chicken, fish and lean meat. It has to be in the form of steamed, boiled or grilled.
- Increase your protein intake by consuming more of milkshakes, smoothies, nut, chikkis, non veg.
- Have 3 liters of water in a day and divide them equally throughout the day.
- Oil /Ghee consumption – 3-4 tsp/day i.e. ½ liter oil/person/month. Use oils in rotation.
- Do not fast.
- Avoid vanaspati, margarine, bakery products like cakes, pastries, cream-biscuits.
- Walking, jogging, swimming, stationery bicycling are all natural form of exercise which will help to increase your muscle weight.
- Maintain a healthy body weight by being physically active and eating according to your energy needs.
- Get adequate sleep.
- Check your weight regularly.



Dr. Sabiha Siddiqui
BHSc, P.G. Dietetics, CDE, DNYS
(Head Clinical Dietician & Nutritionist)

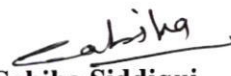
DIET CHART

TIME	MEAL	MENU	AMOUNT [HOUSEHOLD MEASURES]
7:30 am	Early morning	Warm Water	1 glass
		Aerobic Exercise	45 mins. (minimum)
9:00am	Breakfast	Tea / coffee/ Milk (skimmed)	50 ml milk
		Veg poha /Oats Upma / Veg Dahlia	1 vati
		Phulka / Methi Khakra / Bhakri	Medium size -2 nos (no oil / ghee)
11:00am	Mid – Morning	Fruit	1 Medium size
1: 00 pm	Lunch	Salad / Thin soup	1 Big Bowl
		Cucumber ,Tomato, cabbage, onion , sprouted pulses . etc	
		Roti / Phulka	2 small / 1 big
		Vegetables	1-2 Vati (cook in 1 tsp oil)
		Rice	1 vati
		Dal	1 Vati
		Curd (skimmed)/ Buttermilk	1/2 cup /1 glass
4:00pm – 6.00pm	Evening	Diet Khakra / digestive oats biscuit	1 / 2 nos only
		Roasted chana/Roastedrice flakes / sprouts bhel, /sweet corns	1 handful 1 small katori
		Tea	1 cup

8:30pm	Dinner	SAME AS LUNCH (except rice)	
	OPTIONS	Veg khichdi + kadhi /curd	2 Vatis / 1 vati
	OPTIONS	Bhakri -Wheat /Bajra/Jowar Vegetable Dal	2 nos 1 vati 1 vati
10:00pm	Bed – Time	Milk (Skimmed)	100 ml milk

Total calories/day	Oil /Ghee /day	Salt/day
1500 Kcal	4 tsps	3/4 tsp

- Oil intake should be ½ liter per person per month.
- Consume Green tea/ Herbal tea 2-3 cups/ day.
- Take 1 Tsp Flaxseed (Alsi) after lunch and dinner (optional)


Dr. Sabiha Siddiqui
BHSc,P.G.Dietetics,CDE,DNYS
(Head Clinical Dietitian & Nutritionist)

MRS JAYANTI
1488

44 Years Female

24.03.2023 10:31:53
THE APOLLO CLINIC
COLABA
MUMBAI-400001

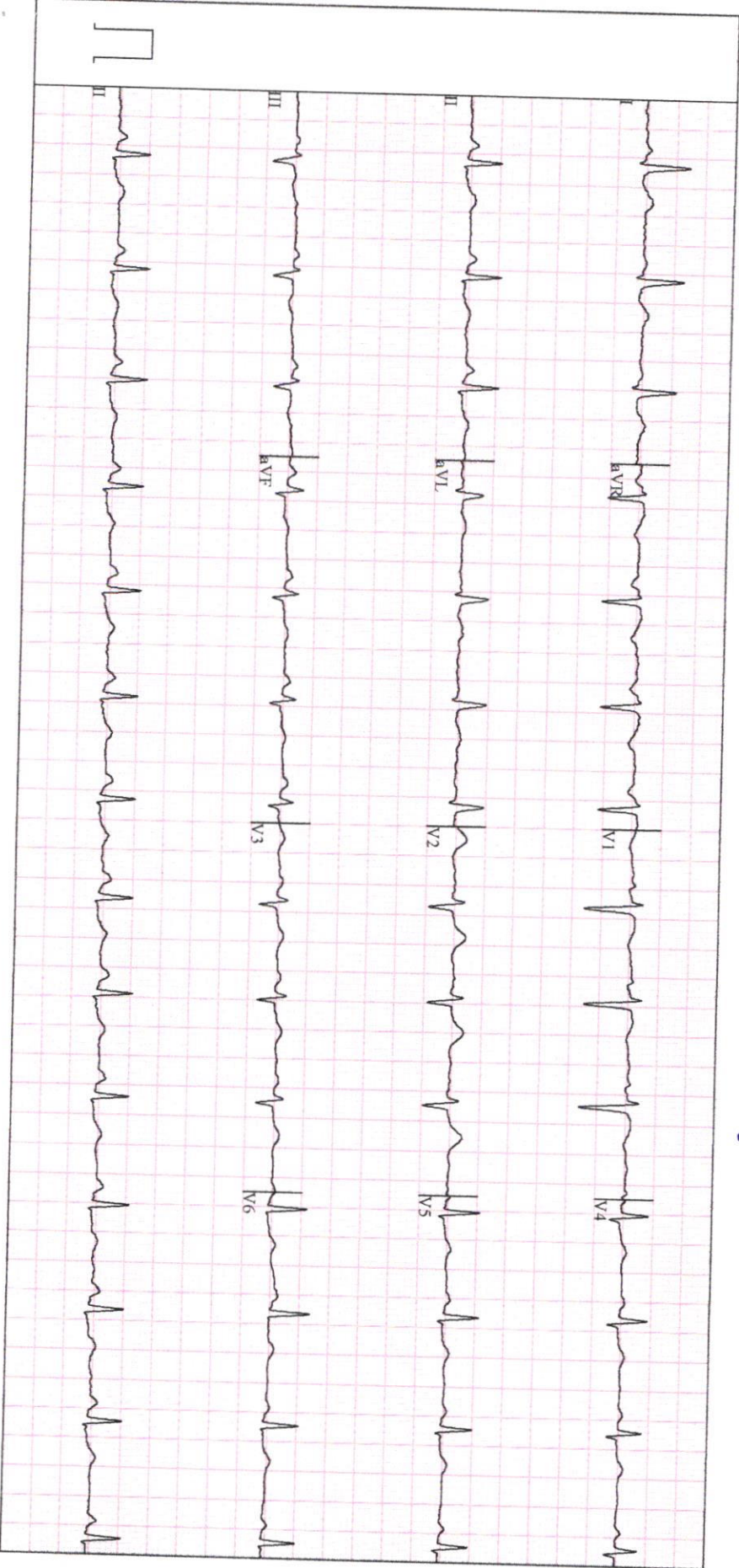
QRS : 74 ms
QT / QTcBaz : 374 / 439 ms
PR : 138 ms
P : 102 ms
RR / PP : 724 / 722 ms
P / QRS / T : 55 / 13 / 8 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

83 bpm
--/-- mmHg

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DR. SURESH AMBERKAR
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GE MAC2000 I.1 12SL™ v241 25 mm/s 10 mm/mV ADS 56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 I/1

NAME : MRS. JAYANTI
AGE/SEX : 44 YEARS / FEMALE
REF. BY : ARCOFEMI MEDIWHEEL

MR.NO : AF001001488
DATE : 24/03/2023


2D ECHOCARDIOGRAPHY AND COLOR DOPPLER STUDY

2D ECHOCARDIOGRAPHY FINDINGS :

1. No LV Dilatation. No LV Wall Hypertrophy.
2. No Significant LV RWMA seen at rest.
3. Good LV Systolic function. LVEF appears to be 60 %.
4. No LV Diastolic Dysfunction. Normal LVEDP.
5. Structurally normal all cardiac valves. No PAH
6. Normal sized LA / RA/ RV with good RV contractility. No Hepatic Congestion.
7. IAS and IVS appear intact.
8. No obvious clot seen.
9. No vegetations or pericardial effusion.
10. Normal Sinus Rhythm.

IMPRESSION

Normal all Cardiac chambers.
Normal LV systolic function.
No LV DD. Normal LVEDP.
Normal valves. No PAH.
No Clots / Vegetations/Pericardial effusion.
Normal Sinus Rhythm.


DR SUNDEEP AMBERKAR
M.D., F. C. P.S., Dip. Echo.

APOLLO CLINIC (COLABA)

Name: JAYANTI
MRN: 23-03-24-120008

Study Date: 24/03/2023 12:00
Gender: Female

Cardiac

Dimension

MMode

IVSd (MM): 1.03 cm
LVIDd (MM): 4.35 cm
LVPWd (MM): 0.921 cm

IVSs (MM): 1.10 cm
LVIDs (MM): 2.95 cm
LVPWs (MM): 1.22 cm

AoR Diam (MM): 2.14 cm
LA Dimen (MM): 2.70 cm

AV Cusp Sep: 1.55 cm

EDV (MM-Teich): 85.2 ml
ESV (MM-Teich): 33.5 ml
IVS/LVPW (MM): 1.12
LA/Ao (MM): 1.26
LVPW % (MM): 32.0 %

EF (MM-Teich): 60.7 %
FS (MM-Teich): 32.2 %
IVS % (MM): 7.14 %
LV Mass (Cubed): 140 grams

Aortic Valve

Doppler

AV Vmax: 147 cm/s
AV Max PG: 8.59 mmHg

LVOT VTI: 21.1 cm
LVOT Vmax: 105 cm/s
LVOT Max PG: 4.44 mmHg
LVOT Vmean: 75.7 cm/s
LVOT Mean PG: 2.71 mmHg

Mitral Valve

MMode

MV E-F Slope: 12.2 cm/s

MV E-F Time: 0.220 sec

MV E-F Dist: 2.70 cm
MV EPSS: 0.714 cm

Doppler

MV Peak A Vel: 73.5 cm/s
MV Peak A PG: 2.16 mmHg

MV Peak E Vel: 102 cm/s (Avg.)
MV Peak E PG: 4.17 mmHg (Avg.)
MV Dec Slope: 446 cm/s²
MV Dec Slope Time: 0.229 sec
MV DS P1/2t: 66.8 msec

MV Peak E Vel: 102 cm/s (Avg.)
MV Peak E PG: 4.17 mmHg (Avg.)

MV E/A: 1.39

Tricuspid Valve

Doppler

TR Vmax: 173 cm/s (Avg.)
TR Max PG: 11.9 mmHg (Avg.)

Pulm Valve

Doppler

PI End Dias Vel: 188 cm/s
PI End Dias PG: 14.1 mmHg
PV Vmax: 87.0 cm/s
PV Max PG: 3.03 mmHg

Interpretation Summary

Comments

Reading Physician: _____

Patient Name : Mrs. Jayanti
Age : 44 yrs
Ref. By : Arcofemi

MR No : AF001001488
Sex : Female
Date : 24-03-2023

USG OF BREASTS

USG of both the breasts was carried out by a high frequency probe.

The bilateral breast reveals heterogeneous dense fibro-glandular tissue.

Both the breasts nipple and areola complex are normal.

Small fibroadenoma is noted in the right breast at 12 o' clock position approx measuring 5.8 mm.

Fibroadenomas are noted in the left breast :
at 1 o' clock position approx measuring 4.7 mm.
at 6 o' clock position approx measuring 8.5 mm.

Small cyst noted in the left breast at 12 o' clock position approx measuring 2.5 mm.

Bilateral ducts are normal.

Right axilla tail noted.

Bilateral small axillary lymph nodes are seen which are of no pathological significance.

IMPRESSION:

- SMALL FIBROADENOMAS IN BOTH THE BREAST.
- SMALL SIMPLE BENIGN CYST IN THE LEFT BREAST.

ACR – BIRADS – II. Benign .



Dr. Bushra Rasool
Consultant Radiologist

This document is not valid for medico-legal purpose.

Patient Name : Mrs. Jayanti

Age : 44 yrs

Ref. By : Arcofemi

MR No : AF001001488

Sex : Female

Date : 24-03-2023

X-RAY CHEST PA VIEW

The lungs are clear.

Heart size is normal.

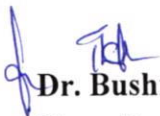
Pleural spaces are clear.

Bilateral costophrenic angles are clear.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

No significant abnormality detected.



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Patient Name : Mrs. Jayanti

MR No : AF001001488

Age : 44 yrs

Sex : Female

Ref. By : Arcofem

Date : 24-03-2023

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: It is normal in size. It measures 12.2 cm. The parenchyma shows normal homogeneous echo-texture. No focal lesion seen. Intra-hepatic biliary and portal radicles are normal. The main portal vein is normal.

GALL BLADDER: is partially distended. No calculus or mass seen. The wall thickness is normal. No peri-cholic abnormality seen. The common bile duct is normal. No evidence of choledocholithiasis seen.

PANCREAS: It is normal in size and echotexture. No focal lesion seen. No peri-pancreatic collection noted. The main pancreatic duct is normal.

SPLEEN: It is normal in size and echotexture. Splenic vein is normal.

BOTH KIDNEYS: Both kidneys are normal in size, shape and position. The parenchyma shows normal echo-texture. Cortico-medullary differentiation is well maintained.

Right kidney measures 9.8 x 3.1 cm.

Left kidney measures 9.6 x 4.4 cm.

No evidence of calculus or hydronephrosis seen.

URINARY BLADDER: It is adequately distended. The margins are smooth. No calculus or mass seen.

UTERUS: is ante-verted and normal. It measures 8.4 x 3.3 x 5.2 cm. The myometrium reveals normal homogeneous echo-texture. No focal lesion is seen.

ENDOMETRIUM: is well defined and normal measuring 2.7 mm in thickness.

RIGHT OVARY: is normal in size, shape and position. The right ovary measures 2.3 x 1.3 cm. The contour and echo-texture is normal. No solid or cystic mass seen.


LEFT OVARY: is normal in size, shape and position. The left ovary measures 1.9 x 2.2 cm. The contour and echo-texture is normal. No solid or cystic mass seen.

No evidence of free fluid or mass in Pouch of Douglas. No evidence of adnexal mass.

No ascites or lymphadenopathy noted.

IMPRESSION:

NO ABNORMALITY IS SEEN IN THE ABOVE EXAMINATION.


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Note: *USG examinations have their limitations due to patient body habitus and bowel gas. Bowel abnormalities may not be detected on sonography. This document is not valid for medico-legal purpose.*