



CID : 2328724214
Name : MRS. BOBLE MEERA ANKUSH
Age / Gender : 46 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 14-Oct-2023 / 11:23

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric
RBC	3.99	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.9	36-46 %	Calculated
MCV	85.0	80-100 fl	Measured
MCH	28.9	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.9	20-40 %	
Absolute Lymphocytes	2590	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	440	200-1000 /cmm	Calculated
Neutrophils	60.1	40-80 %	
Absolute Neutrophils	4750	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	110	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	308000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Measured
PDW	15.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 48 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	131.1	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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MC-2111



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	27.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	96	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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.

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	15-18	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 inert

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Reported : 14-Oct-2023 / 14:07

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	85.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	42.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	16.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.52	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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 at least 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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.9	35-105 U/L	Colorimetric

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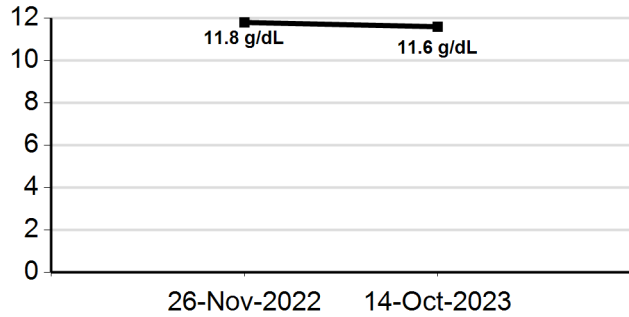
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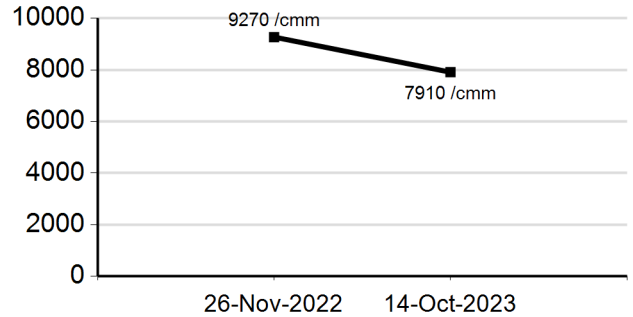
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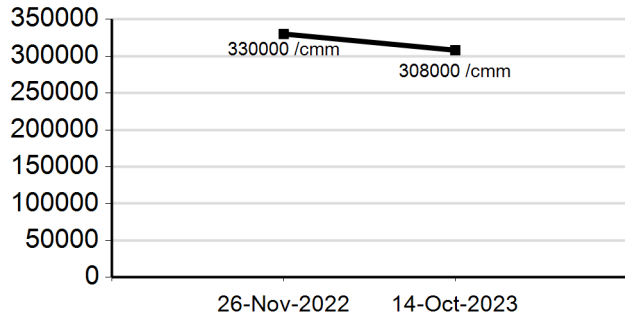
Haemoglobin



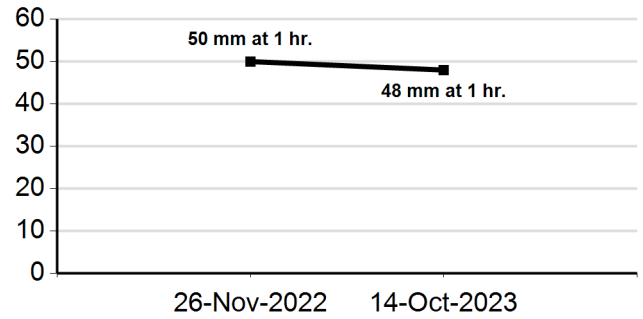
WBC Total Count



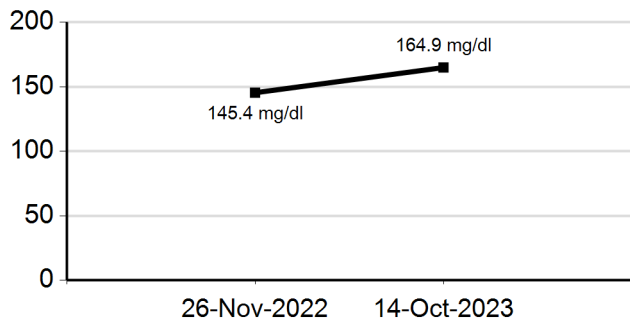
Platelet Count



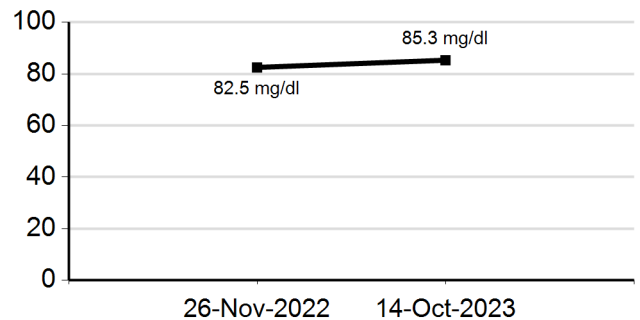
ESR



CHOLESTEROL



TRIGLYCERIDES

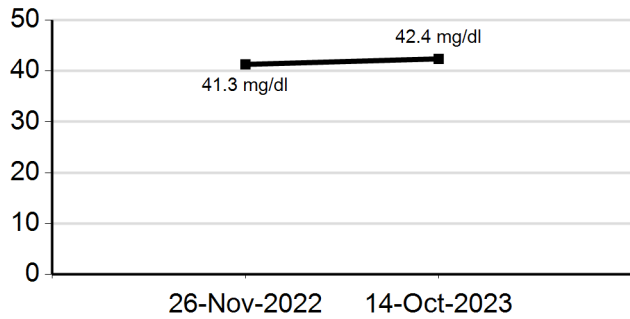




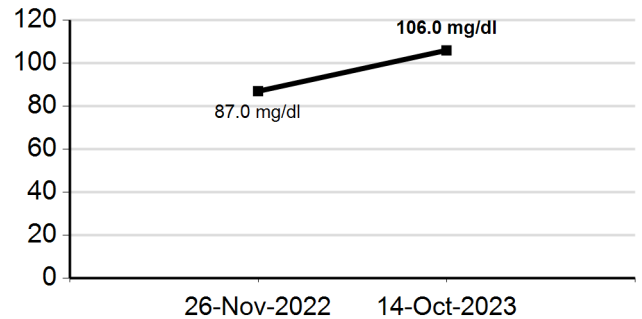
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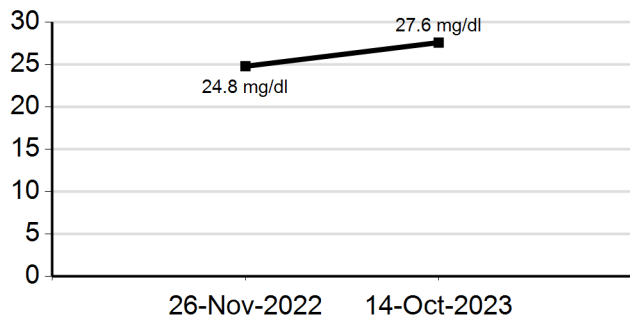
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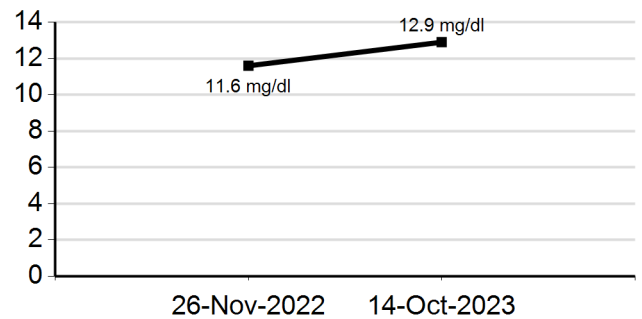
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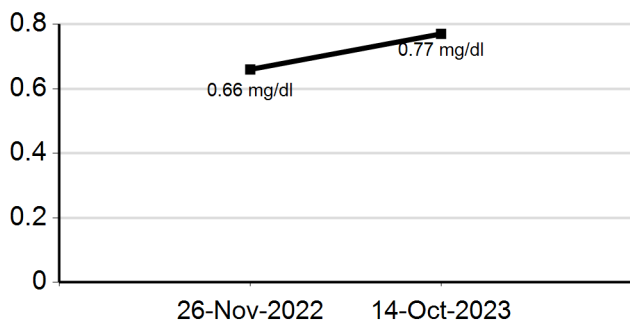
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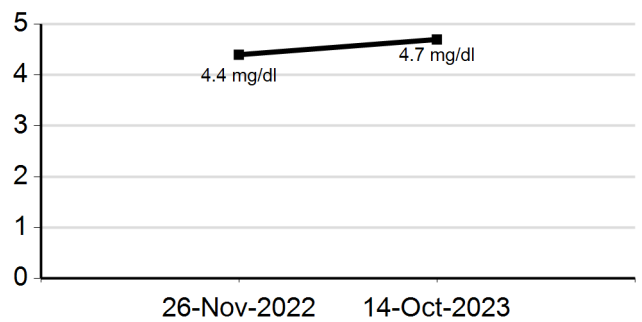
BUN



CREATININE



URIC ACID

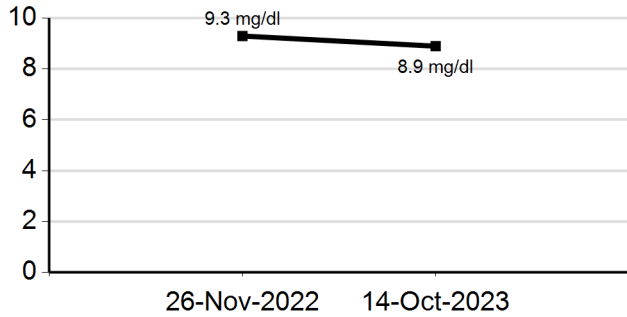




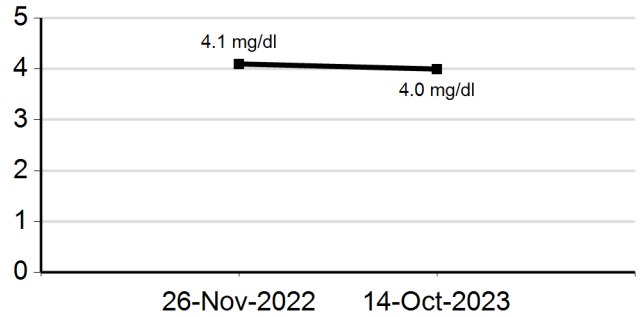
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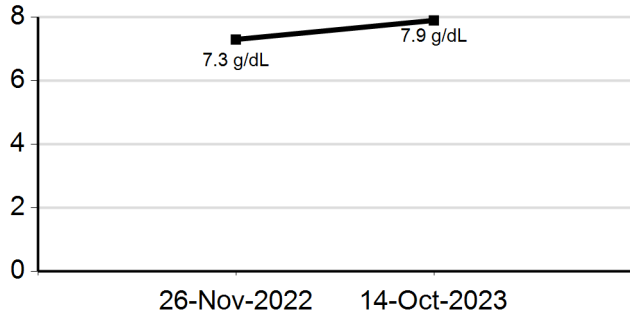
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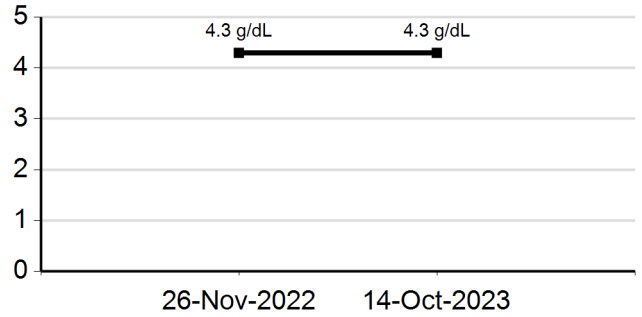
PHOSPHORUS



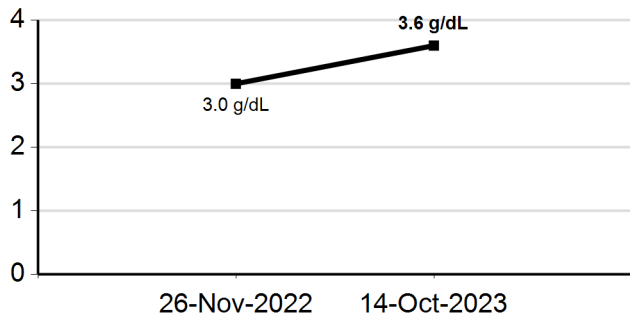
TOTAL PROTEINS



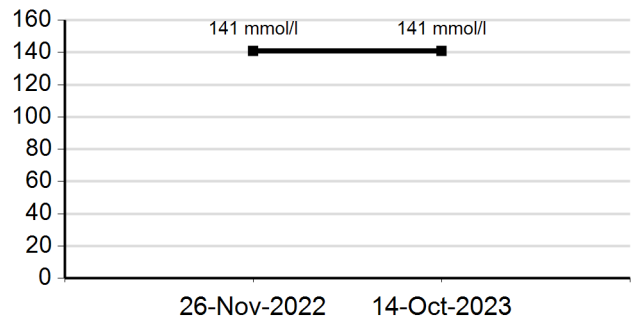
ALBUMIN



GLOBULIN



SODIUM

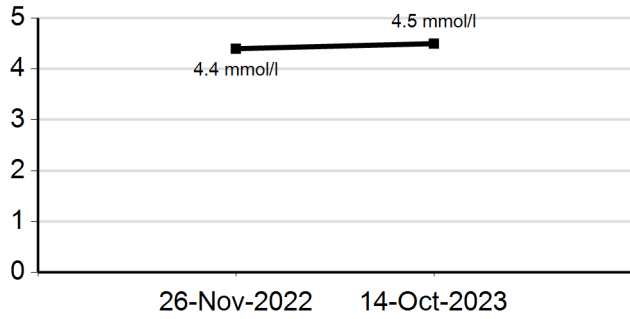




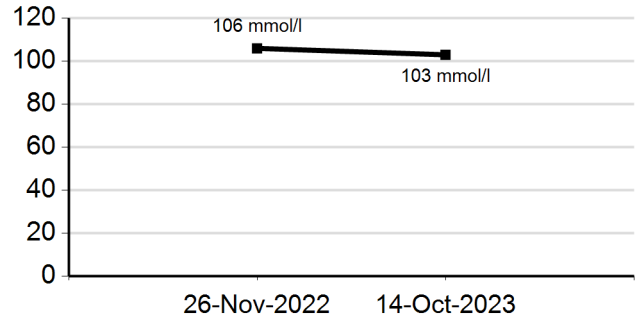
Use a QR Code Scanner Application To Scan the Code

CID : 2328724214
Name : MRS. BOBLE MEERA ANKUSH
Age / Gender : 46 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

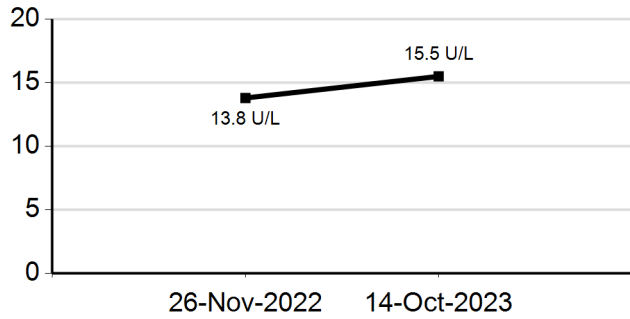
POTASSIUM



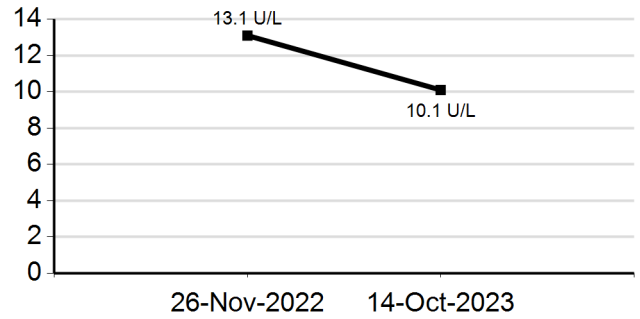
CHLORIDE



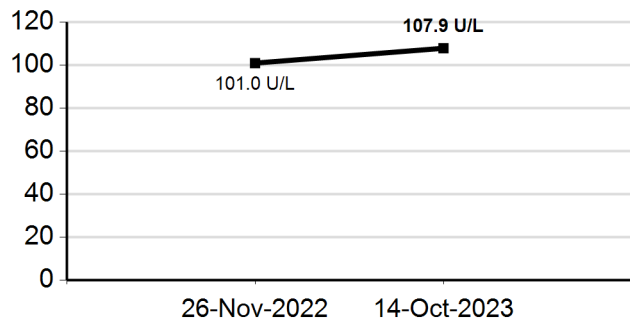
SGOT (AST)



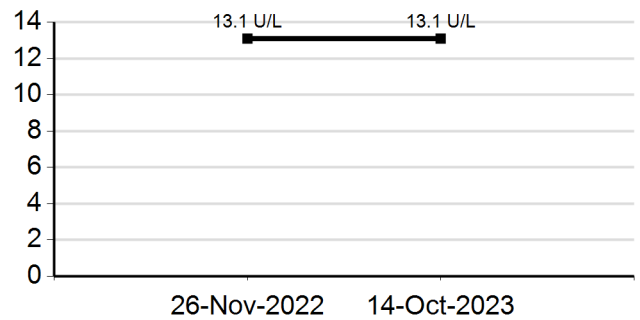
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

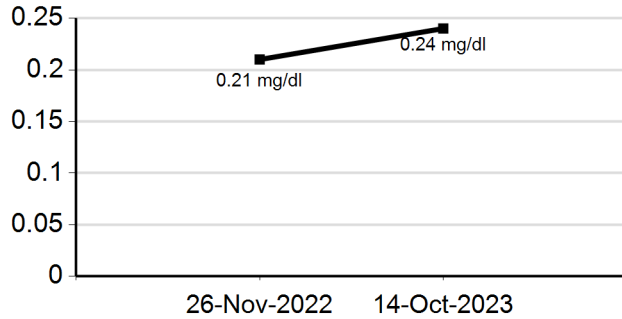




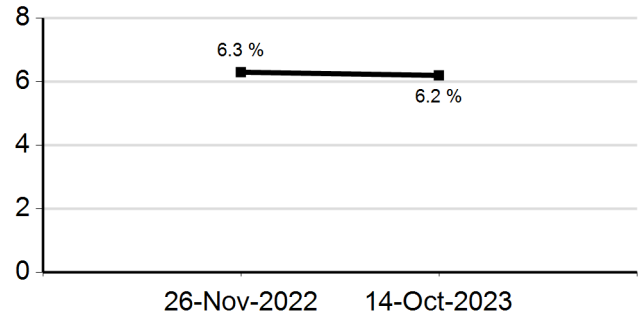
Use a QR Code Scanner
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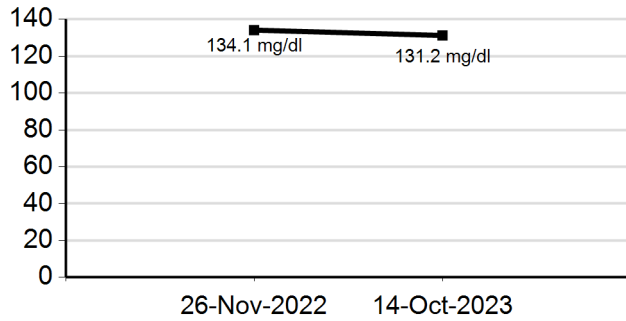
BILIRUBIN (DIRECT)



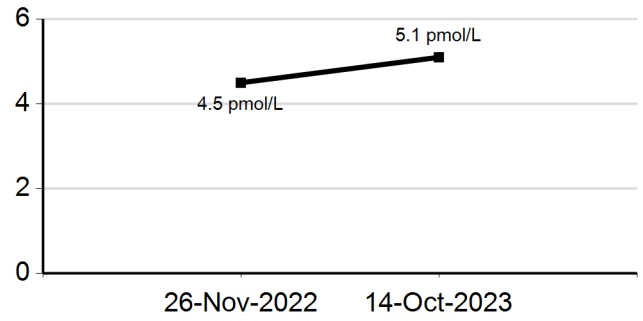
Glycosylated Hemoglobin (HbA1c)



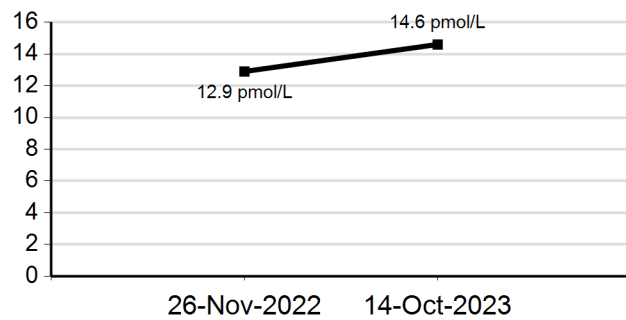
Estimated Average Glucose (eAG)



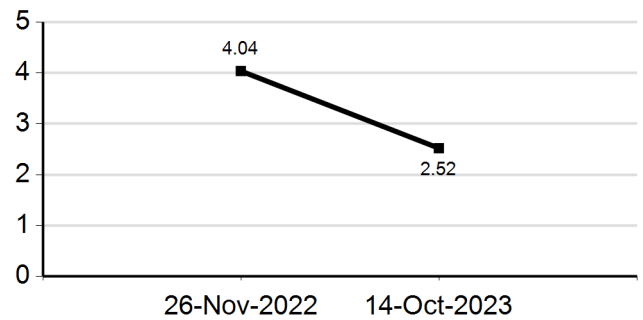
Free T3




Free T4



sensitiveTSH



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम: मीरा अंकुश बोबले
 Name: Meera Ankush Boble

कार्यवाही क्र. ४
 E.C. No. 175762

dt
 जारीकर्ता अधिकारी
 Issuing Authority

Meera
 धारक के हस्ताक्षर
 Signature of Holder

Meera
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhoomi Castle,
 Opp. Goregaon Sports Club,
 Link Road, Malad (W), Mumbai - 400 064.

NAME:- Meera Boble.

AGE/SEX:- 46 | F .

REGN NO.:- -

REF DR.:- -

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS:-

Nil

MARITAL STATUS:-

Married

MENSTRUAL HISTORY:-

MENARCHE:-

PRESENT MENSTRUAL HISTORY:-

menopause 21-5yrs.

PAST MENSTRUAL HISTORY:-

OBSTERIC HISTORY:-

P₂L₂A₀

PAST HISTORY:-

Nil

PREVIOUS SURGERIES:-

Nil

ALLERGIES:-

Nil

FAMILY HISTORY:-

Nil

DRUG HISTORY:- Nil
BOWEL HABITS:- Nil
BLADDER HABITS:- Burning sensation

PERSONAL HISTORY:-

TEMPERATURE:- Afebrile
RS:-
CVS:-
PULSE / MIN:-
BP (mm of hg):-
BREAST EXAMINATION:-
PER ABDOMEN:-
PER VAGINAL:-
RECOMMENDATION:-

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregeon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Date:-

CID: 2328724214

Name:- Meera Boble

Sex / Age: / 46 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: D.V

N.V

Aided Vision: R.E - 6/6

R.E - N/12

Refraction:

L.E - 6/6

L.E - N/12

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal Abnormal

Remark:

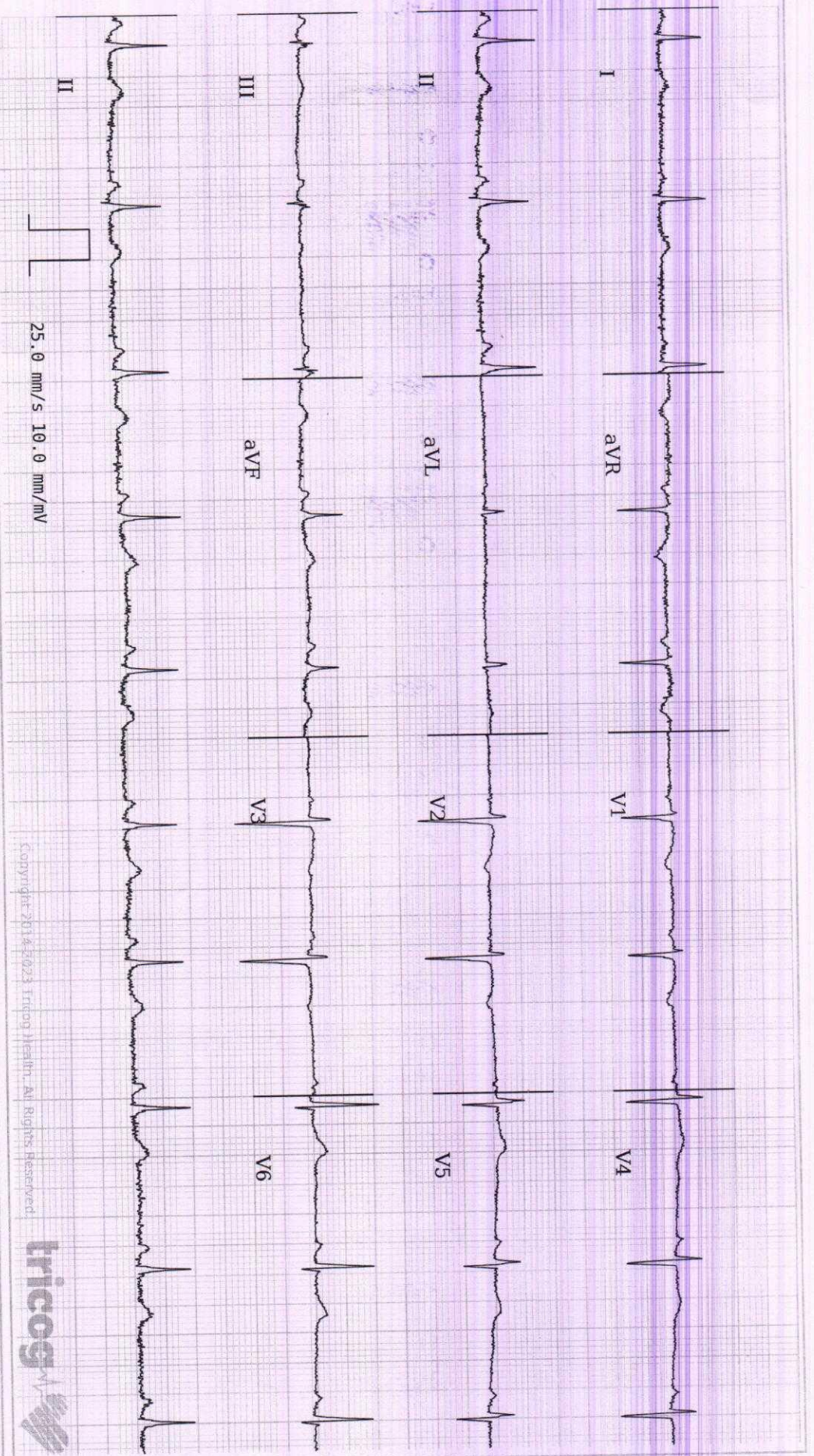
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Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: BOBLE MEERA ANKUSH

Date and Time: 14th Oct 23 9:16 AM

Patient ID: 2328724214



25.0 mm/s 10.0 mm/mV

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Age **46** N/
years mon

Gender **Femal**

Heart Rate **59l**

Patient Vitals

BP: 110/80 1

Weight: 57 kg

Height: 144 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 62ms

QT: 426ms

QTcB: 421ms

PR: 138ms

P-R-T: 65° 38°

REPORTED BY

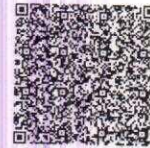
[Signature]

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

Sinus Bradycardia. Please correlate clinically.

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.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328724214
Name : Mrs BOBLE MEERA ANKUSH
Age / Sex : 46 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 10:22

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.7 cm), shape and smooth margins. **It shows diffuse fatty infiltration without obscuration of vessels.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein (6 mm) and CBD (2.8 mm) appears normal.

GALL BLADDER:

The gall bladder is physiologically distended. No evidence of mass lesion seen. **Conglomeration of multiple tiny mobile calculi is noted within the lumen of gall bladder measuring between 2 - 3 mm . There is no evidence of pericholecystic fluid. The wall thickness of gall bladder is within normal limits and measures 2.6 mm.**

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size & shape .
No evidence of any calculus or hydronephrosis seen.
Right kidney measures 9.8 x 3.6 cm.
Left kidney measures 9.0 x 3.6 cm.

A simple renal cortical cyst measuring 1.7 x 1.0 cm is noted at the mid region of left kidney.

SPLEEN:

The spleen is normal in size (8.6 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 well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 5.6 x 3.8 x 2.9 cm in size. The endometrial thickness is 5.0 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.1 x 1.7 cm. Left ovary = 1.7 x 1.1 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101408021012>

Authenticity Check



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CID : 2328724214
Name : Mrs BOBLE MEERA ANKUSH
Age / Sex : 46 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 10:22

IMPRESSION:-

Grade I fatty infiltration of liver.
Cholelithiasis.
Left renal simple cortical cyst.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never 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 inter-observer variations. Further / Follow-up imaging may be needed in some case 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 under covid-19 pandemic.

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

DR. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

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Authenticity Check



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CID : 2328724214
Name : Mrs BOBLE MEERA ANKUSH
Age / Sex : 46 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 14:39

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.

Kindly correlate clinically.

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

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

DR. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328724214
Name : Mrs BOBLE MEERA ANKUSH
Age / Sex : 46 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 13:22

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views.

Mixed fibroglandular pattern is noted in both breasts.

No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

Calcified lymph node seen in left axilla.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

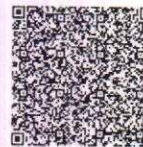
ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <http://3.111.232.119/RISViewer/NeoradViewer?AccessionNo=2023101408021083>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328724214
Name : Mrs BOBLE MEERA ANKUSH
Age / Sex : 46 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 13:22

ACR BIRADS CATEGORY

- I. **Negative.**
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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

DR. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101408021083>

PATIENT NAME : MRS.MEERA ANKUSH BOBLE	AGE : 46YRS
CID NO : 2328724214	SEX : FEMALE
REF DR NAME : -----	DATE : 14/10/2023

2D-ECHOCARDIOGRAPHY REPORT

INDICATION: Cardiac Evaluation

SUMMARY: Normal LV and RV systolic function. EF= 60 %
No gross regional wall motion abnormality seen.
E/A 1.28, Intact septae.
No obvious pulmonary hypertension.
No pericardial effusion.
No LA/LV/LAA clot seen.

CHAMBERS:

LV: Normal size and thickness
Normal LV systolic function, EF =60 %
No regional wall motion abnormality seen.
No clot/ thrombus

RV: Normal size and thickness
Normal RV systolic function
No clot/thrombus

LA: Normal size
No clot / thrombus

RA: Normal size
No clot / thrombus

VALVES:

MITRAL : Thin and mobile
No stenosis / regurgitation seen.

AORTIC:
No stenosis / regurgitation seen.
Normal aortic root size

TRICUSPID: Thin and mobile
No stenosis.
No regurgitation.
No pulmonary hypertension seen.

PULMONARY: Thin and mobile.
No stenosis / regurgitation.
Normal sized pulmonary artery and branches.

SEPTAE: IAS / IVS are Intact.

No e/o coarctation of aorta.
No e/o LA/LV/LAA clot / thrombus.
No pericardial effusion seen.

M-MODE STUDY	Value	Unit	DOPPLER STUDY	Value	Unit
LVIDd	3.73	cm	Mitral Valve		
LVIDs	3.11	cm	Mitral Valve E velocity	1.09	m/s
IVSd	0.83	cm	Mitral Valve A velocity	0.85	m/s
LVPWd	0.95	cm	E/A	1.28	
			Mitral Valve DT	-	ms
MV M Mode	N		E/e'	-	
DE amplitude	-				
EF SLOPE	-		Aortic Valve		
EPSS	-		V max	0.77	m/s
AV M Mode	N		Mean gradient	1.22	mmHg
AV opening	-	cm	Peak gradient	2.40	mmHg
			VTI	17.21	
2D study			Tricuspid valve		
RVOT	1.59	cm	Tr jet velocity	-	m/s
AO	2.03	cm	PASP	-	mmHg
LA	1.90	cm			
IVC	-	cm	TAPSE	-	
			LVEF	60	%

END OF REPORT

Dr. MADHUKAR GARODIYA
M.D. (Medicine)
Regd. No.: 079527
DR. MADHUKAR GARODIYA
M.D. MEDICINE
REG.NO.:079527