

CID# : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years/Female
Consulting Dr. :
Reg.Location : Andheri West (Main Centre)
Collected : 01-Mar-2023 / 10:02
Reported : 03-Mar-2023 / 12:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic
Squint in Left Eye noted

EXAMINATION FINDINGS:

Height (cms):	175 cms	Weight (kg):	89 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80 mm of Hg	Nails:	
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

E=9%, Eosinophilia, ESR=43 mm at 1 hr,
TSH=5.95 microIU/ml (elevated),
Mammography shows fibroadenomas in both the breasts,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

CID# : 2306010121

Name : MRS.MISHRA SHWETA

Age / Gender : 40 Years/Female

Consulting Dr. :

Reg.Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:02

Reported : 03-Mar-2023 / 12:41

- | | |
|--|--------------------------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | C/O Stress incontinence |
| 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 | H/O ACL Repair of Right knee in 2019 |
| 17) Musculoskeletal System | NO |

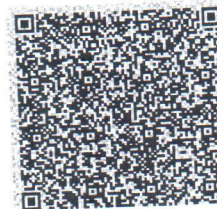
PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg |
| 4) Medication | NO |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083



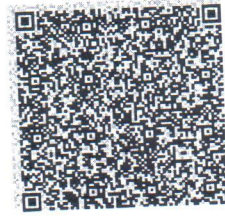
CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 15:22

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>CBC (Complete Blood Count), Blood</u>			
<u>RBC PARAMETERS</u>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.60	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Calculated
MCV	81.3	80-100 fl	Measured
MCH	26.4	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7970	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.5	20-40 %	Calculated
Absolute Lymphocytes	2191.8	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	Calculated
Absolute Monocytes	661.5	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	Calculated
Absolute Neutrophils	4383.5	2000-7000 /cmm	Calculated
Eosinophils	9.0	1-6 %	Calculated
Absolute Eosinophils	717.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	Calculated
Absolute Basophils	15.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Measured
PDW	20.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 16:10

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	16.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected
Reported

Use a QR Code Scanner
Application To Scan the Code

: 01-Mar-2023 / 13:53
: 01-Mar-2023 / 18:26

eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 15:23

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 15:23

Use a QR Code Scanner
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

*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)



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 15:29

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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

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



J. Thakker

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 15:05

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
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 3 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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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



CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 16:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.1	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	48.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	19.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



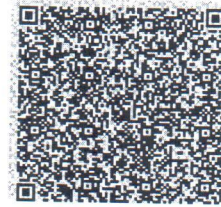
CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 16:11

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	5.95	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



Use a QR Code Scanner Application To Scan the Code

CID : 2306010121
Name : MRS.MISHRA SHWETA
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Mar-2023 / 10:08
Reported : 01-Mar-2023 / 16:11

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 upto15 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, tyrosin 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)

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



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

CID : 2306010121
Name : Mrs MISHRA SHWETA
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Mar-2023
Reported : 01-Mar-2023 / 11:38

Use a QR Code Scanner
Application To Scan the Code

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-----

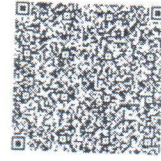
This report is prepared and physically checked by DR R K Bhandari before dispatch.



Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images <<ImageLink>>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2306011165
Name : Mrs MISHRA SHWETA
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Mar-2023
Reported : 01-Mar-2023 / 14:15

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein and CBD appears normal.

GALL BLADDER:

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

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 and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.7 x 4.5cm. Left kidney measures 10.2 x 5.0cm.

SPLEEN:

The spleen is normal in size (10.6cm) 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.
Prevoid volume = 368cc. Postvoid volume negligible.

UTERUS:

The uterus is anteverted and appears normal.
It measures 5.8 x 4.6 x 4.2cm in size.
The endometrial thickness is 8.6mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.8 x 1.8cm Left ovary = 2.9 x 1.6cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023030110031748>

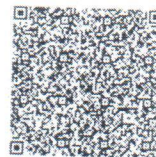
REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, VidyaVihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2306011165
Name : Mrs MISHRA SHWETA
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Mar-2023
Reported : 01-Mar-2023 / 14:15

IMPRESSION:-

No significant abnormality is seen.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023030110031748>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Viharli (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

CID : 2306011165
Name : Mrs MISHRA SHWETA
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center) Reg. Date : 01-Mar-2023
Reported : 01-Mar-2023 / 14:42

BILATERAL SONOMAMMOGRAPHY

Both the breasts reveal normal parenchymal echotexture.

Two well defined oval hypoechoic lesions are noted in the right breast measuring 15.0 x 14.2 x 11.3mm at 9 O'clock position and 28.0 x 24.2 x 13.1mm at 7 O'clock position. These have smooth margins. No evidence of any calcification, cystic component or abnormal vascularity seen within this lesion. Findings could be suggestive of fibroadenomas.

No ductal dilatation is seen.

Retroareolar regions are normal.

Bilateral axillae are unremarkable.

Fat deposition is noted in bilateral axilla.

Kindly correlate clinically and advice follow-up scan.

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



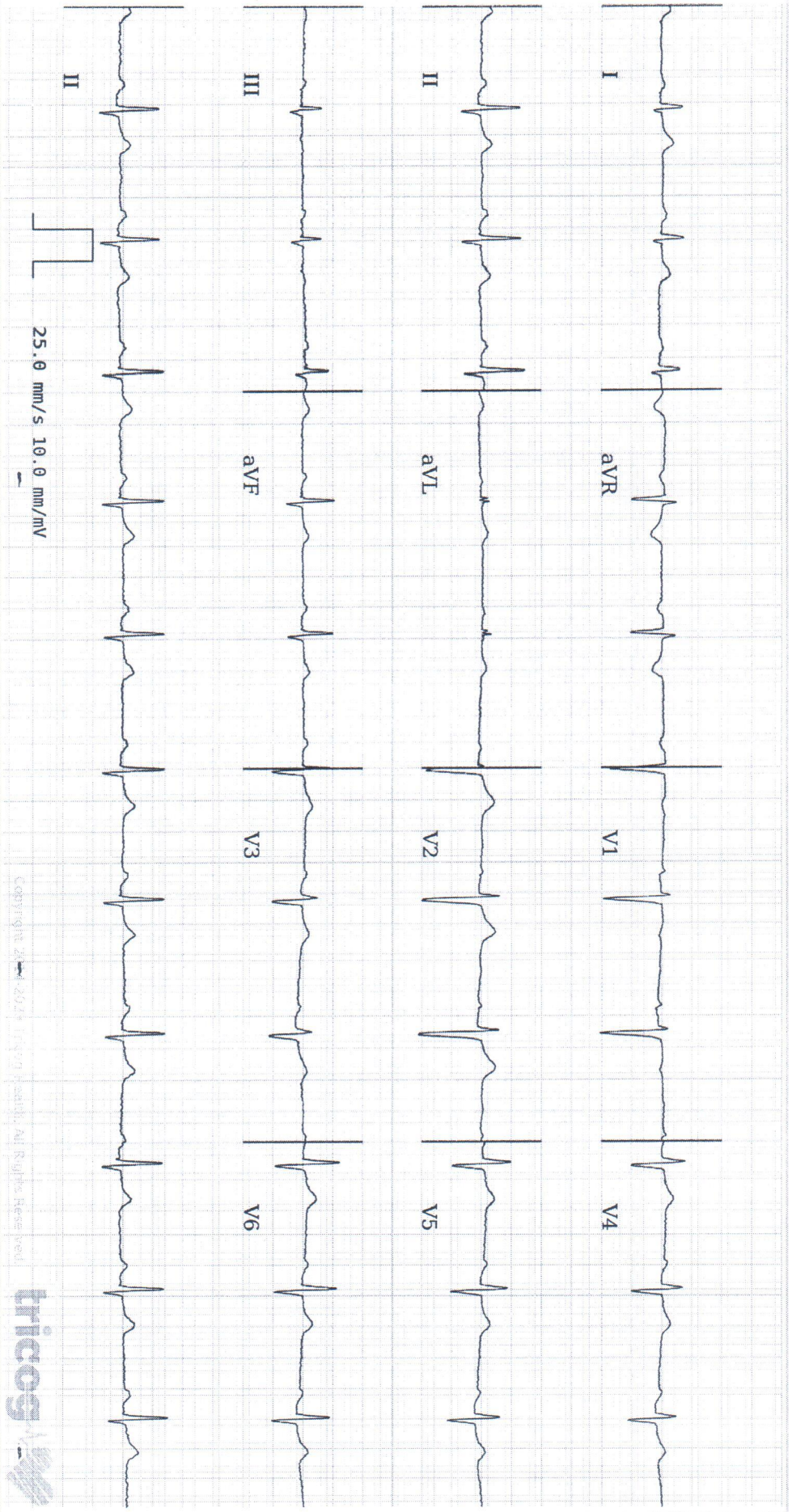
DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist



SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: MISHRA SHWETA
Patient ID: 2306010121

Date and Time: 1st Mar 23 10:56 AM



25.0 mm/s 10.0 mm/mV

Copyright © 2017 Philips Health. All Rights Reserved.



Age 40 NA 13
years months days

Gender Female

Heart Rate 72bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 352ms
QTc: 385ms
PR: 174ms
P-R-T: 47° 53° 32°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Ravit Chavan

DR. RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

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

Patient's Name : SHWETA MISHRA

Age : 40YRS / FEMALE

Requesting Doctor : ----

Date : 01.03.2023

CID. No : 2306011165

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TR jet vel.method = 28 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall
noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF= 60 % ,
NO RWMA, NO PAH, NO LVDD
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	42	mm	Mitral Valve A velocity	0.5	m/s
LVPWd	10	mm	E/A Ratio	1.6	-
IVSs	15	mm	Mitral Valve Deceleration Time	190	ms
LVIDs	26	mm	E/E'	5	-
LVPWs	15	mm	TAPSE	28	
			Aortic valve		
IVRT		mm	AVmax	1.3	m/s
			AV Peak Gradient	7	mmHg
2D STUDY			LVOT Vmax	0.8	m/s
LVOT	20	mm	LVOT gradient	2.8	mmHg
LA	34	mm	Pulmonary Valve		
RA	30	mm	PVmax	0.7	m/s
RV [RVID]	24	mm	PV Peak Gradient	2	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2.4	m/s
			PASP	28	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.