

**PHYSICAL EXAMINATION REPORT**

Patient Name	Anita Salunkhe	Sex/Age	F/45
Date	27/11/2023	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	159	Temp (0c):	②
Weight (kg):	80.1	Skin:	NAD.
Blood Pressure	180/110	Nails:	
Pulse	76/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:**

Chest Xray →  
↑ B/V Prominence

- High B/P, ↓ Hb, LVH.
- Need glass for N.V.
- overweight.
- USG - fibroids (Multiple)

- Physician's cons for high BP

**Advice:**

- Iron supplement if wt. Reduction
- Eye check up.
- Gynaec Consultation.

- Low Fat, Low sugar Diet, Reg. Exercise

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	TL.
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO

*[Signature]*  
28/1/23  
**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439



NAME: - Anurita Salunkhe AGE / SEX :- F/45  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :- Nil  
MARITAL STATUS :- Married  
MENSTRUAL HISTORY :-  
• MENARCHE :- 12  
• PRESENT MENSTRUAL HISTORY :- Regular, 3/30  
• PAST MENSTRUAL HISTORY :- Regular  
• OBSTETRIC HISTORY :- G2 P2 A0  
• PAST HISTORY :- Nil 2NVD  
• PREVIOUS SURGERIES :- TL  
• ALLERGIES :- Nil  
• FAMILY HISTORY :- Nil

0000-0170-0000

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

Mil

0

**PERSONAL HISTORY :-**

0

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

**Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439

022-6170-0000



Date:- 27/11/23 CID: 2333100-287  
Name:- Anika Salvatekar Sex / Age: F 45

**EYE CHECK UP**

Chief complaints: DCV

Systemic Diseases: All

Past history: N/A

Unaided Vision: 32/19 XNBC H12

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Needs glasses for HV

**MR. PRAKASH KUDVA**  
SR. OPTOMETRIST



CID : 2333100887  
Name : MRS. ANITA SALUNKHE  
Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 10:45  
Reported : 27-Nov-2023 / 13:21

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.36	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.1	36-46 %	Measured
MCV	76.0	80-100 fl	Calculated
MCH	24.9	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6750	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	39.6	20-40 %	
Absolute Lymphocytes	2673.0	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	506.3	200-1000 /cmm	Calculated
Neutrophils	50.6	40-80 %	
Absolute Neutrophils	3415.5	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	141.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	477000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	10.5	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Mild





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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 38 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Reported : 27-Nov-2023 / 16:46

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.5	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	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 10:45  
Reported : 27-Nov-2023 / 15:19

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	112	(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
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.0	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*

**Dr.VANDANA KULKARNI**  
M.D ( Path )  
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Collected : 27-Nov-2023 / 10:45  
Reported : 27-Nov-2023 / 13:53

**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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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Pathologist





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Reported : 27-Nov-2023 / 16:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	1-2	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 inert

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin

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.

**Refernces:**

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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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Reported : 27-Nov-2023 / 15:19

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.2	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	61.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.0	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	23.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*  
**Dr.VANDANA KULKARNI**  
M.D ( Path )  
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Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 10:45  
Reported : 27-Nov-2023 / 14:26

**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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	1.7	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 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 \*\*\*

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Reported : 27-Nov-2023 / 15:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	16.1	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	10.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	84.2	35-105 U/L	PNPP

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Reg. No. : 2333100887	Sex : FEMALE
NAME : MRS. ANITA SALUNKHE	Age : 44 YRS
Ref. By : -----	Date : 27.11.2023

**MAMMOGRAPHY**

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

Heterogeneously dense fibroglandular pattern is noted in both breasts limiting optimal visulization .

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen.

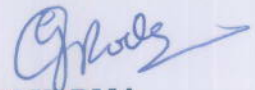
On Sonomammography of both breasts mixed fibroglandular tissues are seen .

No focal soild or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.No significant axillary lymphadenopathy is seen.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IN BOTH BREASTS.  
ACR BIRADS CATEGORY I BOTH BREASTS.**

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.



**DR.GAURI VARMA  
MBBS,DMRE  
(CONSULTANT RADIOLOGIST)**



CID : 2333100887  
Name : Mrs Anita salunkhe  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2023  
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**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size (13.9 cm) and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.7 x 3.9 cm. Left kidney measures 9.8 x 4.1 cm. Both kidneys are normal in size, 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 **Bulky** anteverted and measures 7.8 x 5.5 x 7.0 cm **shows multiple fibroids largest measuring 4.0 x 3.0 cm in posterior wall.**

Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

The right ovary measures 2.1 x 1.8 cm .

The left ovary measures 2.3 x 1.5 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709460757>





CID : 2333100887  
Name : Mrs Anita salunkhe  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2023  
Reported : 27-Nov-2023 / 13:01

**IMPRESSION:**

- **BULKY UTERUS WITH UTERINE FIBROIDS.**

**Advice: Clinical co-relation sos further evaluation and follow up.**

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 cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709460757>

REG NO : 2333100887	SEX : FEMALE
NAME : MRS.ANITA SALUNKHE	AGE : 44 YRS
REF BY : -----	DATE : 27.11.2023

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS:**

LVIDD	48	mm
LVIDS	29	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	14	mm
LA	28	mm

**2D ECHO:**

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

022-6170-0000



PATIENT NAME : MRS.ANITA SALUNKHE

**COLOR DOPPLER:**

- Mitral valve doppler – E- 1.1 m/s, A- 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.6 m/s, PG 10.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION:**

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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

  
**DR.YOGESH KHARCHE**  
**DNB(MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST.**



CID : 2333100887  
Name : Mrs Anita salunkhe  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2023  
Reported : 27-Nov-2023 / 14:25

**X-RAY CHEST PA VIEW**

Rotation +

**There is evidence of mildly increased bilateral bronchovascular prominence.**

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**Suggest clinico pathological co-relation.**

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

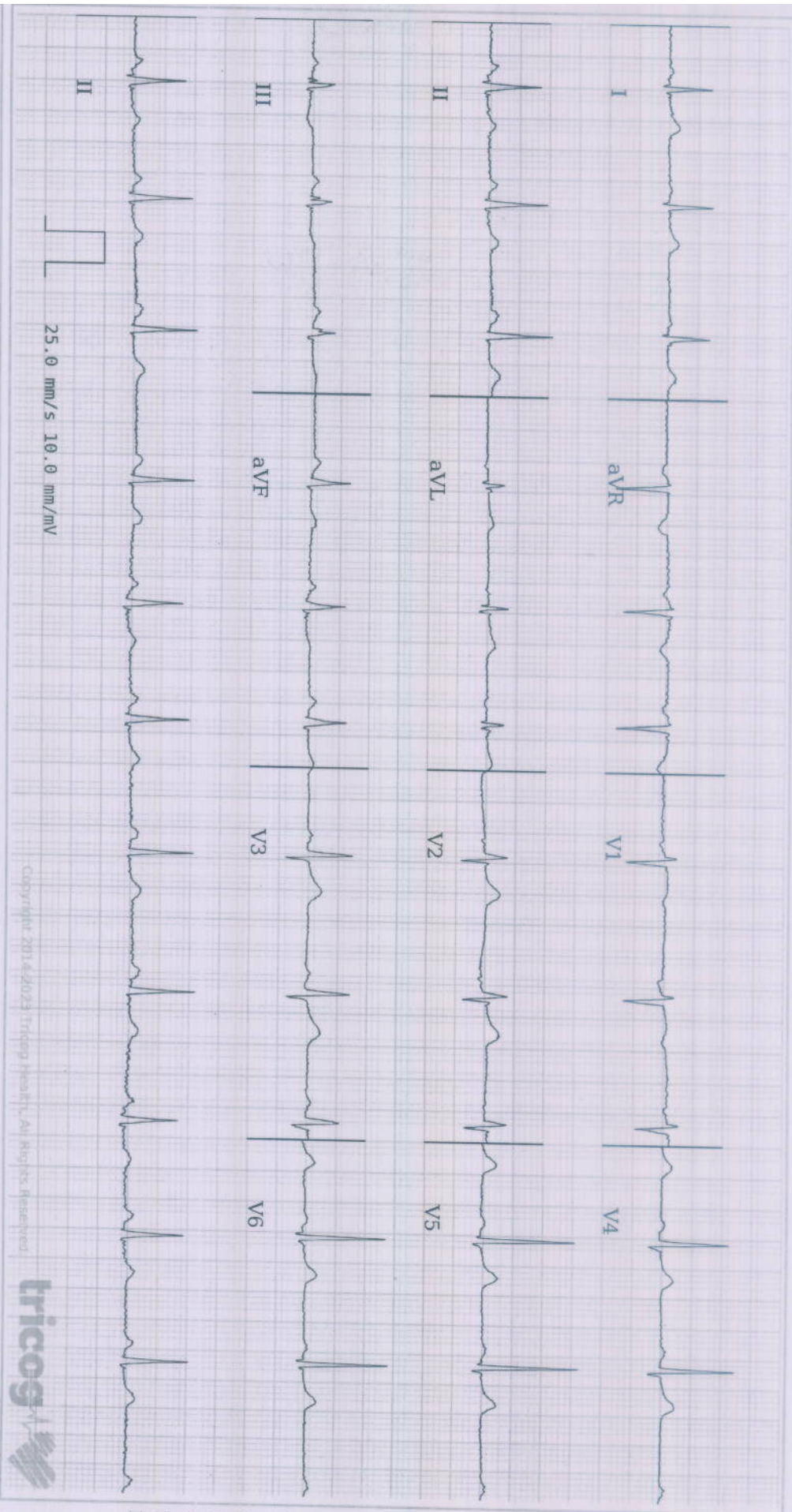
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Page no 1 of 1



Patient Name: ANITA SALUNKHE  
Patient ID: 2333100887

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: 27th Nov 23 11:02 AM



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Age 44 NA NA  
years months days

Gender Female

Heart Rate 71bpm

Patient Vitals

BP: 180/110 mmHg

Weight: 80 kg

Height: 159 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 86ms

QT: 370ms

QTcB: 402ms

PR: 130ms

P-R-T: 68° 46° 22°

REPORTED BY

*Anand N. Morwani*

Dr. Anand N. Morwani  
M.D. (General Medicine)  
Reg No. 39329 M.M.C.

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Otherwise. 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.