DIAGNOSTICS REPORT

Patient Name	: Mrs. JULEE KUMARI	Order Date	: 08/02/2023 10:07
Age/Sex	: 42 Year(s)/Female	Report Date	: 10/02/2023 13:33
UHID	: SHHM.58082	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

SONOMAMMOGRAPHY:

Ultrasonographic examination was done using a high frequency transducer.

E/o well defined oval anechoic cystic lesion of size 8 x 4 mm noted at 12 O'clock retroareolar region in right breast suggestive of simple cyst.

Few tiny anechoic cyst noted at 7 - 8 o'clock position in right breast, largest measuring 2X1 mm suggestive of simple cyst.

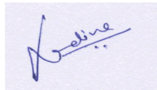
Rest of the bilateral breast parenchyma appears normal.

No ductal dilatation seen.

No axillary lymphadenopathy is seen.

IMPRESSION:

Few simple cyst in right breast. (BIRADS 2)



Dr.Rashmi Randive , MBBS,MD

DIAGNOSTICS REPORT

Patient Name	: Mrs. JULEE KUMARI	Order Date	: 08/02/2023 10:07
Age/Sex	: 42 Year(s)/Female	Report Date	: 08/02/2023 14:53
UHID	: SHHM.58082	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

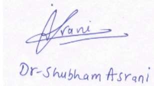
USG ABDOMEN

FINDINGS:

Liver is normal in size (13.5 cm) and echotexture. No focal liver parenchymal lesion is seen.
Intrahepatic portal and biliary radicles are normal.
Gall-bladder is partially collapsed.
Portal vein and CBD are normal in course and calibre.
Visualised part of pancreas appears normal in size (head 3.0 cm , body 1.5 cm) and echotexture. No evidence of duct dilatation or parenchymal calcification seen.
Spleen is moderate enlarged in size (14.5 cm) and echotexture. No focal lesion is seen in the spleen.
Right kidney measures 8.5 X 3.9 cm.
Left kidney measures 10.7 x 4.4 cm.**E/o cyst of size 1.7 x 1.5 cm noted at upper pole.**
Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.
Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.
Uterus is normal in size, shape and echotexture.
Endometrial thickness measures 6.7 mm.
Both ovaries are normal in size and echotexture.
The right ovary measures: 2.0 x 1.2 cm
The left ovary measures: 2.5 X 1.6 cm.
Both adnexae are clear.
There is no free fluid in abdomen and pelvis.

IMPRESSION:

- **Moderate splenomegaly.**
- **Left renal cyst.**



Dr.Shubham Asrani , MBBS,MD

RegNo: 2020/01/0042

DIAGNOSTICS REPORT

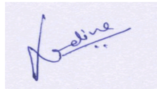
Patient Name	: Mrs. JULEE KUMARI	Order Date	: 08/02/2023 10:07
Age/Sex	: 42 Year(s)/Female	Report Date	: 08/02/2023 16:10
UHID	: SHHM.58082	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

X-RAY CHEST PA VIEW

Both lungs are clear.
The frontal cardiac dimensions are normal.
The pleural spaces are clear.
Both hilar shadows are normal in position and density.
No diaphragmatic abnormality is seen.
The soft tissues and bony thorax are normal.

IMPRESSION:

No pleuroparenchymal lesion is seen.



Dr.Rashmi Randive , MBBS,MD

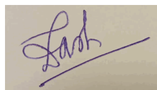
DIAGNOSTICS REPORT

Patient Name	: Mrs. JULEE KUMARI	Order Date	: 08/02/2023 10:07
Age/Sex	: 42 Year(s)/Female	Report Date	: 08/02/2023 12:17
UHID	: SHHM.58082	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.
Estimated LVEF = 60%
No LV regional wall motion abnormality at rest .
All valves are structurally and functionally normal.
Normal sized cardiac chambers.
No LV Diastolic dysfunction .
No pulmonary arterial hypertension.
No regurgitation across any other valves.
Normal forward flow velocities across all the cardiac valves.
Aorta and pulmonary artery dimensions: normal.
IAS / IVS: Intact.
No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: NO MR/AR.



Dr.Jayashree Dash ,

(Junior Consultant NIC)

RegNo: 3393/09/2003

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8879022833
		DOB	: 14/02/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

Sample No : O0258348A Collection Date : 08/02/23 10:07 Ack Date : 08/02/2023 11:29 Report Date : 08/02/23 12:28

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION#

BLOOD GROUP (ABO)	' O '
Rh Type	POSITIVE

Method - Column Agglutination

REMARK :- The reported results pertain to the sample received at the blood centre.

REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- *Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.*
- *Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.*
- *Determine the blood group of potential blood donors at a collection facility.*
- *Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.*

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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BLOOD GROUPING/CROSS-MATCHING BY SEMI AUTOMATION- Report has been amended at Feb 8 2023 12:28PM by Ritesh kharche.

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8879022833
		DOB	: 14/02/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Sample No : O0258348A Collection Date : 08/02/23 10:07 Ack Date : 08/02/2023 10:33 Report Date : 08/02/23 13:58

Test Name	Result	Unit	Ref. Range
COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD			
Total WBC Count	6.53	x10^3/ul	4 - 10
Neutrophils	75	%	40 - 80
Lymphocytes	**19.8 ▼**	%	20 - 40
Eosinophils	**0.3 ▼**	%	1 - 6
Monocytes	4.8	%	2 - 10
Basophils	**0.1 ▼**	%	1 - 2
Absolute Neutrophils Count	4.90	x10^3/ul	2 - 7
Absolute Lymphocytes Count	1.29	x10^3/ul	0.8 - 4
Absolute Eosinophils Count	0.02	x10^3/ul	0.02 - 0.5
Absolute Monocytes Count	0.31	x10^3/ul	0.12 - 1.2
Absolute Basophils Count	0.01	x10^3/ul	0 - 0.1
RBCs	**3.19 ▼**	x10^6/ul	4.5 - 5.5
Hemoglobin	**6.4 ▼**	gm/dl	12 - 15
Hematocrit	**22.8 ▼**	%	40 - 50
MCV	**71.5 ▼**	fl	83 - 101
MCH	**20.2 ▼**	pg	27 - 32
MCHC	**28.2 ▼**	gm/dl	31.5 - 34.5
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	**16.8 ▲**	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	43.4	fl	35 - 56
Platelet	186	x10^3/ul	150 - 410
MPV	11.2	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.8	%	9 - 17
PLATELETCRIT (PCT)	0.208	%	0.11 - 0.28

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8879022833
		DOB	: 14/02/1981
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Comment

RBC - HYPOCHROMASIA(+), MICROCYTOSIS(+), ANISOCYTOSIS(+).

WBC - WITHIN NORMAL LIMIT.

PLATELET - ADEQUATE.

*RESULT RECHECKED WITH THE FRESH SAMPLE,KINDLY CORRELATE WITH CLINICAL CONDITIONS,

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-
The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	**84 ▲**	mm/hr	0 - 20

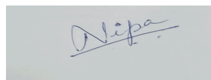
Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8879022833
		DOB	: 14/02/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.
RegNo: 2006/03/1680

Dr.Nipa Dhorda
MD
Pathologist

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8879022833
		DOB	: 14/02/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Sample No : O0258348C Collection Date : 08/02/23 10:07 Ack Date : 08/02/2023 10:35 Report Date : 08/02/23 11:13

Test Name	Result	Unit	Ref. Range
T3 - SERUM *Method - CLIA*	109.1	ng/dl	70.00 - 204.00
T4 - SERUM *Method - CLIA*	**12.06 ▲**	ug/dL	4.60 - 10.50
TSH - SERUM *Method - CLIA*	3.49	uIU/ml	0.40 - 4.50

Reference Ranges (T3) Pregnancy:
First Trimester 81 - 190
Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:
1st Trimester : 0.1 – 2.5
2nd Trimester : 0.2 – 3.0
3rd Trimester : 0.3 – 3.0

Reference:
1.Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocronology Guideliens

Interpretation :-
It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
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Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
UHID	: SHHM.58082	**Order Date**	: 08/02/2023 10:07
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Ref. Range
Sample No : O0258348D Collection Date : 08/02/23 10:07 Ack Date : 08/02/2023 11:08 Report Date : 08/02/23 13:29			
Physical Examination			
QUANTITY	50	ml	
Colour	Pale Yellow		
Appearance	Slightly Hazy		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.005		
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Absent
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	Normal		Absent
NITRATE	Absent		
LEUKOCYTES	Absent		
Microscopic Examination			
Puscells	6-8	/HPF	
Epithelial Cells	8-10	/HPF	
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Present		Absent
URINE SUGAR AND KETONE (FASTING)			
Sugar	Absent		
ketones	Absent		
Sample No : O0258366D Collection Date : 08/02/23 12:22 Ack Date : 08/02/2023 12:33 Report Date : 08/02/23 13:29			
URINE SUGAR AND KETONE (PP)			
Sugar	Absent		

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. JULEE KUMARI	**Age/Sex**	: 41 Year(s) / Female
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Episode	: OP		
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		DOB	: 14/02/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

ketones	Absent

End of Report

Dr.Ritesh Kharche
MD, PGD
HOD, Laboratory Medicine Dept.

RegNo: 2006/03/1680

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