

Patient Name Mr Sunil S Sonu MRN : 159983 Age 48 Sex F Date/Time 13/1/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H - 157
W - 87
BP - 127/83
P - 100

Physician
reference

Vitals

- P.
- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

S
Dr. Bhawna Garg
MBBS, DIPLO, PGDHA
Reg. No. - MP18035
Deputy Medical Superintendent
RJN Apollo Spectra Hospitals

Patient NAME : Mrs.SUNITA SHRIVAS	Collected : 13/Jan/2024 09:13AM
Age/Gender : 48 Y 0 M 0 D /F	Received : 13/Jan/2024 09:35AM
UHID/MR NO : ILK.00037176	Reported : 13/Jan/2024 11:01AM
Visit ID : ILK.108963	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	11.8	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	35.7	%	35-49	Cell Counter
RBC Count	4.2	Mill/cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.0	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.5	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.1	g/dl	30.0-35.0	Calculated
RDW	13.5	%	11-16	Calculated
Total WBC count (TLC)	6,600	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	64.1	%	50-70	Cell Counter
Lymphocytes	25.8	%	20-40	
Monocytes	8.2	%	01-10	Cell Counter
Eosinophils	1.8	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	4,205	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1691	per cumm	600-4000	Calculated
Monocyte (Abs.)	535	per cumm	0-600	Calculated
Eosinophil (Abs.)	115	per cumm	40-440	Calculated
Basophils (Abs.)	13	per cumm	0-110	Calculated
Platelet Count	2.80	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	42	mm 1st hr.	0-20	Wester Green
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SIN NO : 10427788

(Signature)

DR. ASHOK KUMAR
M.D. (PATH)

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC'S : Normocytic Normochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.

No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN NO : 10427788

A.K. Ashok Kumar

DR. ASHOK KUMAR
M.D. (PATH)

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Age/Gender : 48 Y 0 M 0 D /F	Received : 13/Jan/2024 09:35AM
UHID/MR NO : ILK.00037176	Reported : 13/Jan/2024 11:22AM
Visit ID : ILK.108963	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	86.0	mg/dL	65-110	God - Pod
Ref.for Biological Reference Intervals: American Diabetic Assiosation.				

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	101.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
Ref.for Biological Reference Intervals: American Diabetic Assiosation.				



SIN NO :10427788,

A.K. Rajan

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA				
Glycosylated Haemoglobin HbA1c	5.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	112.87			Calculated

Ref for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemic control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

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SIN NO :10427788

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	13.67	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.1	mg/dL	2.6-6.0	Urease
Sodium	136.0	Meq/L	135-155	Direct ISE
Potassium	4.2	Meq/L	3.5-5.5	Direct ISE
Chloride	102.0	mmol/L	96-106	Direct ISE
Calcium	9.4	mg/dL	8.6-10.0	OCPC
Phosphorous	4.2	mg/dL	2.5-5.6	PMA Phenol
BUN	6.39	mg/dL	6.0-20.0	Reflect Spectrothoto

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SIN NO : 10427788

A.K. Fajana

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	195.0	mg/dl	up to 200	End Point
Total Triglycerides	68.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	56.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	139	mg/dL	<130	
LDL Cholesterol	125.4	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	13.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.48		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

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SIN NO : 10427788,

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	1.0	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.8	mg/dL	0.0-0.9	Calculated
SGOT / AST	16.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	10.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	78.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	10.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.6	g/dl	6.4-8.3	Biuret
Albumin	3.8	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.36	%	1.0-2.3	Calculated



SIN NO : 10427788

A.K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mrs.SUNITA SHRIVAS	Collected : 13/Jan/2024 09:13AM
Age/Gender : 48 Y 0 M 0 D /F	Received : 13/Jan/2024 12:44PM
UHID/MR NO : ILK.00037176	Reported : 13/Jan/2024 01:13PM
Visit ID : ILK.108963	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE-I , SERUM

Triiodothyronine Total (TT3)	0.89	ng/dL	0.6-1.8	Chemiluminisence
Thyroxine (TT4)	10.86	µg/dL	4.5-10.9	Chemiluminisence
Thyroid Stimulating Hormone (TSH)	7.182	µIU/ml	0.35-5.50	Chemiluminisence

COMMENT -> Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u IU/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u IU/ml)	0.2 - 2.5	0.3 - 3.0

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 & T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).

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SIN NO : 10427788,

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	6.5		5.0-7.5	Dipstick
Specific Gravity	1.005		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

Microscopic Examination.

Pus Cells	2-3	/Hpf	0-5	
Epithelial Cells	3-4	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

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



SIN NO : 10427788,

A.K. Poojya

DR. ASHOK KUMAR
M.D. (PATH)

SHRIVAS, SUNITA
 Patient ID 159903
 01/13/2024
 12:57:42pm
 Female
 48yrs Indian
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 06:12
 Max HR: 150 bpm 87% of max predicted 172 bpm HR at rest: 96
 Max BP: 130/90 mmHg Max RPP: 18330 mmHg*bpm
 Maximum Workload: 8.80 METS
 Max ST: -0.95 mm, 0.00 mV/s in II; EXERCISE STAGE 1 - 01:30
 Arrhythmia: A:109
 ST/HR index: 1.80 μ V/bpm
 Location Number: *0*

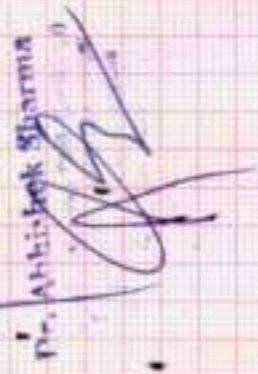
Test Reason:
 Medical History:
 Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

BOL

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:25	0.50	0.00	1.1	97			0	-0.05	
EXERCISE	STAGE 1	03:00	2.20	10.00	5.7	131	120/80	15720	0	-0.40	
	STAGE 2	03:00	3.00	12.00	8.2	146	130/90	18980	0	-0.65	
	STAGE 3	00:13	3.80	14.00	8.8	146			0	-0.90	
RECOVERY		03:10	0.00	0.00	1.0	101	120/80	12120	0	-0.15	

Test is Borderline Negative for Exercise Induced Ischemia.

Dr. Abhishek Sharma



SHRIVAS, SUNITA
Patient ID 159903
01/13/2024
12:58:02pm

96 bpm

Linked Medians

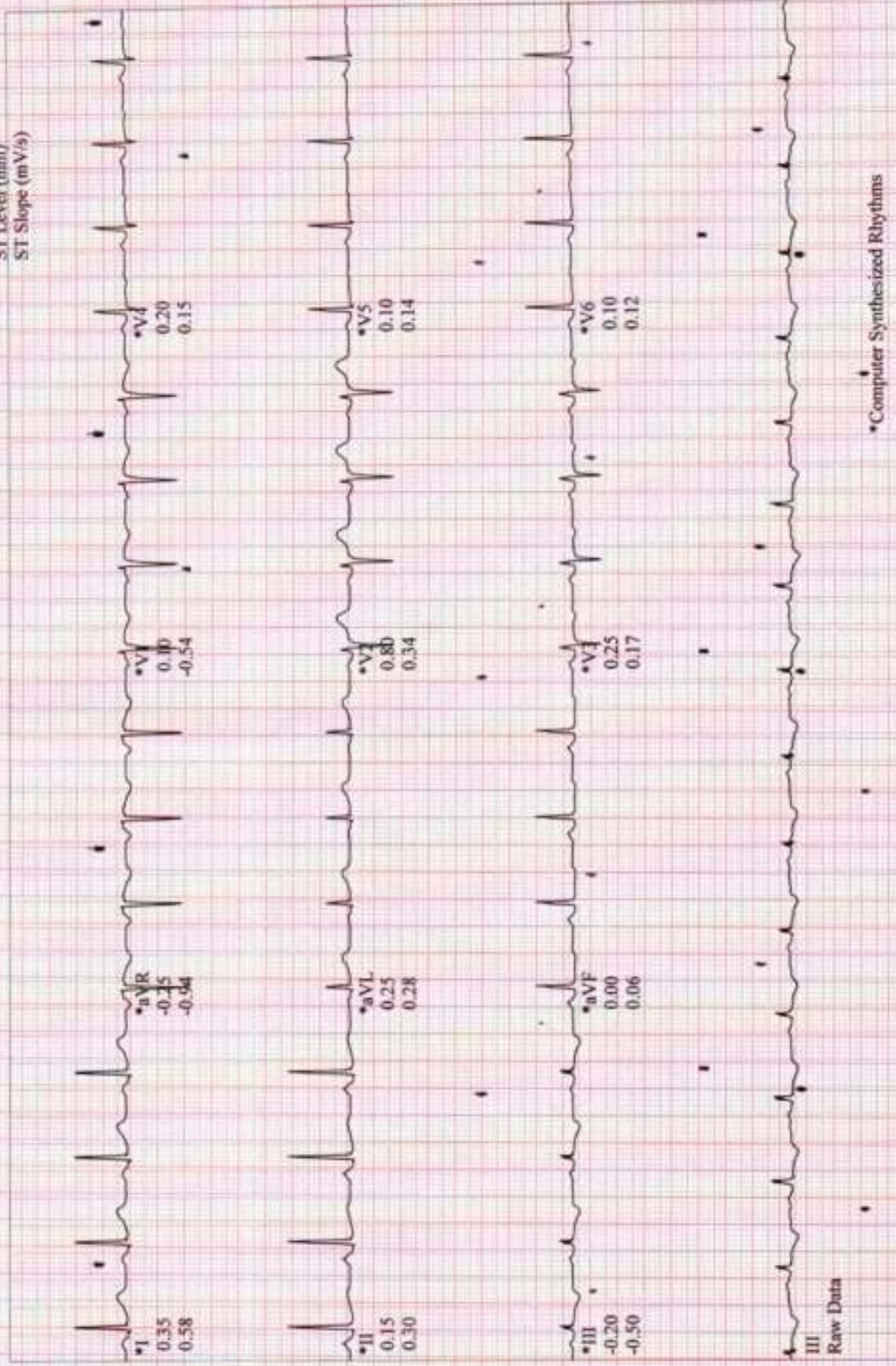
PRETEST
SUPINE
00:19

BRU
0.0 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

SHRIVAS, SUNITA
Patient ID 159903
01/13/2024
1:00:57pm

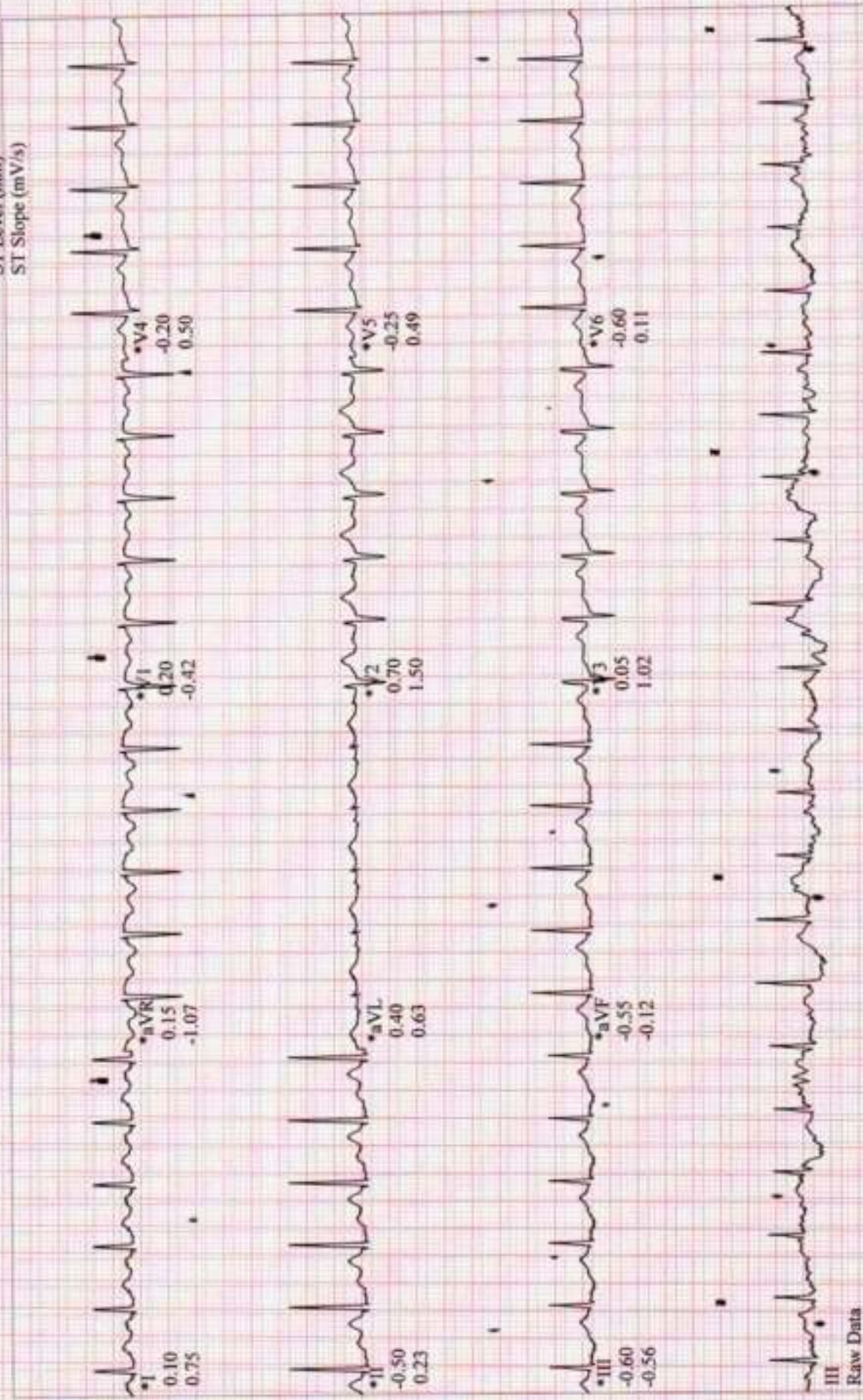
133 bpm
120/80 mmHg

Linked Medians
EXERCISE
STAGE 1
02:50

BRUCE
2.2 mph
10.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead
ST Level (mm)
ST Slope (mV/s)



III
Raw Data

*Computer Synthesized Rhythms

SHRIVAS, SUNITA
Patient ID: 159903
01/13/2024
1:03:57pm

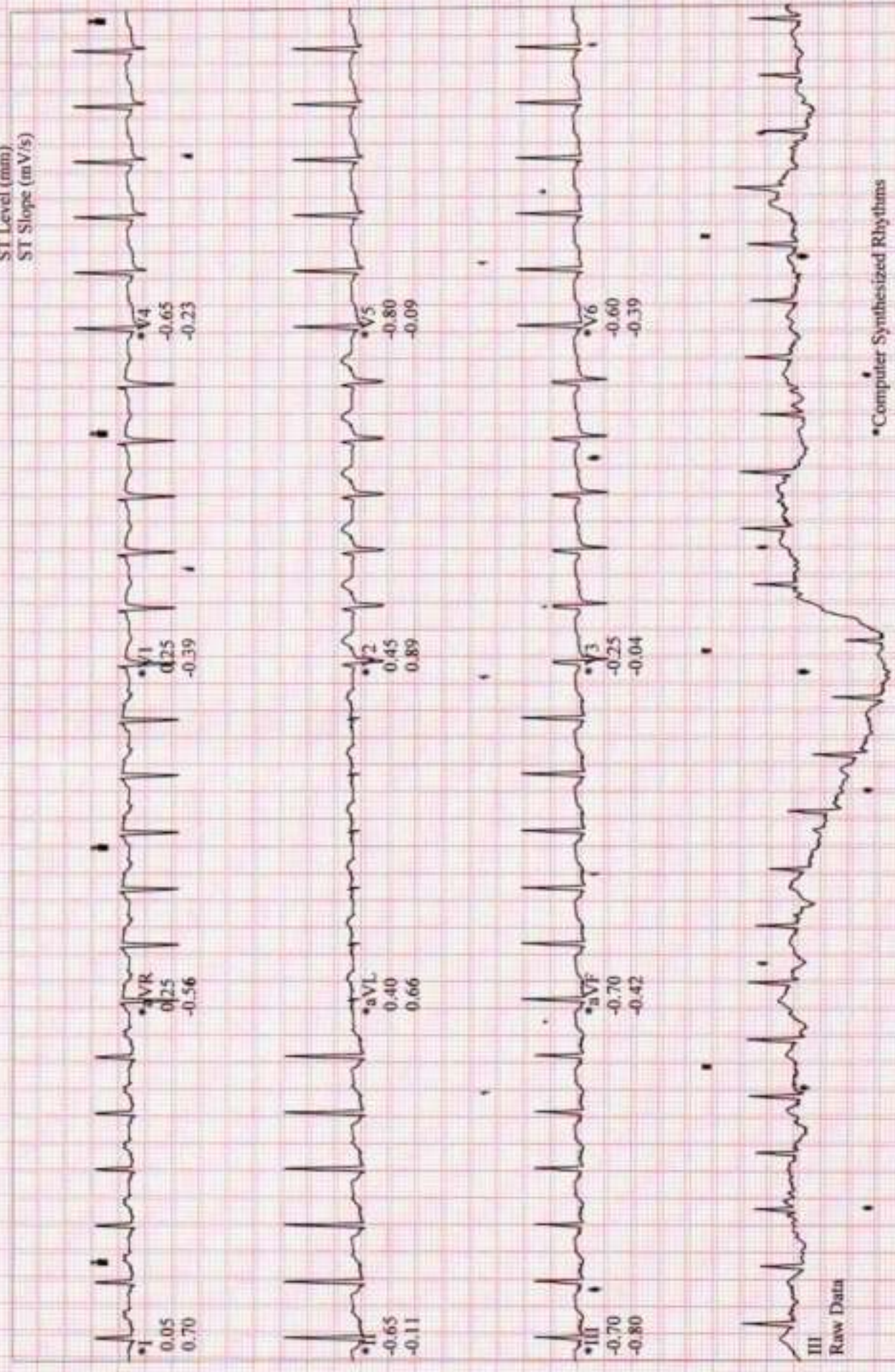
144 bpm
130/90 mmHg

Linked Medians
EXERCISE
STAGE 2
05:50

BRUCE
3.0 mph
12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead
ST Level (mm)
ST Slope (mV/s)



Computer Synthesized Rhythms

SHRIVAS, SUNITA
Patient ID 159903
01/13/2024
1:04:17pm

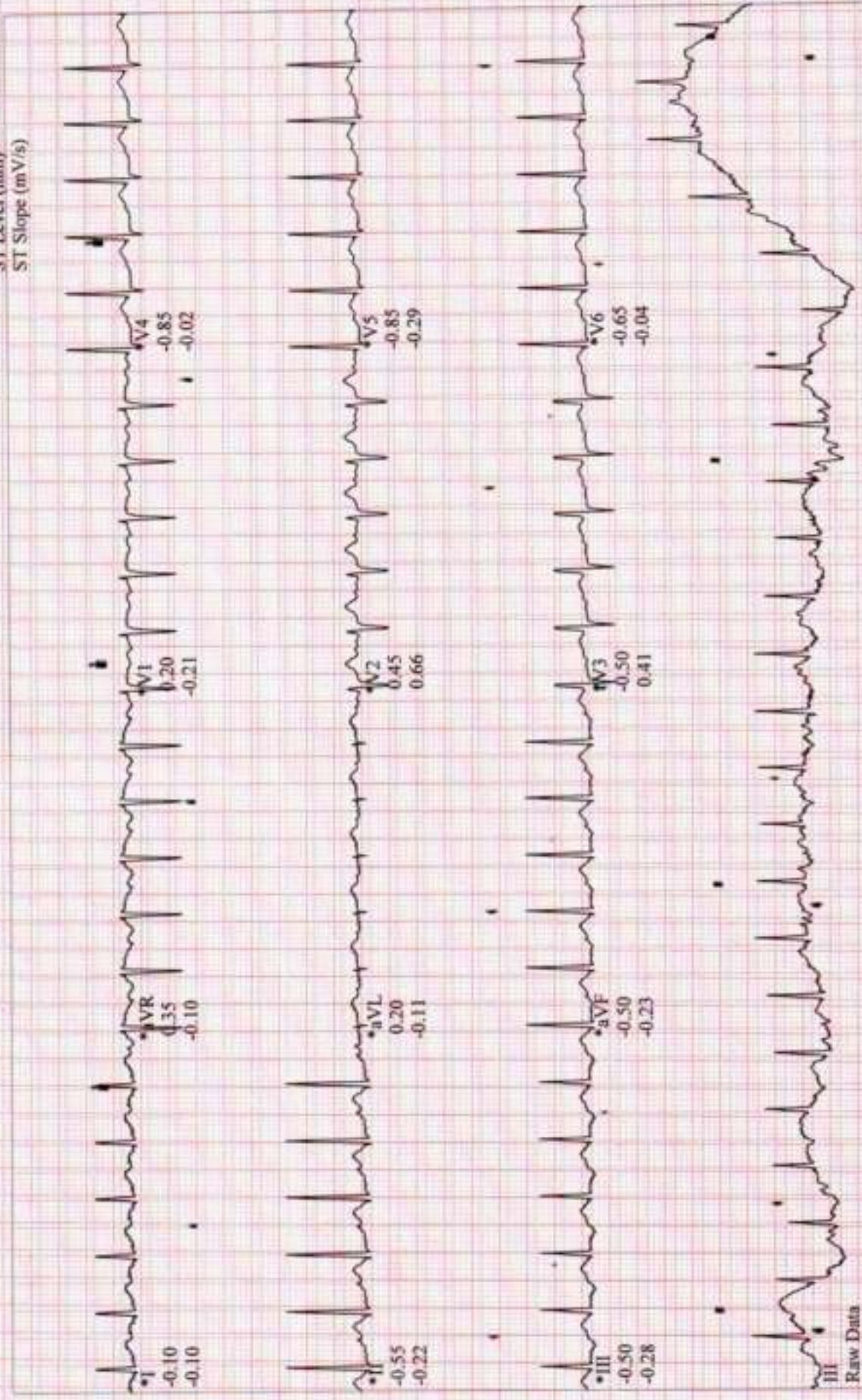
146 bpm
130/90 mmHg

Linked Medians
EXERCISE
STAGE 3
06:10

BRUCE
3.8 mph
14.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead
ST Level (mm)
ST Slope (mV/s)



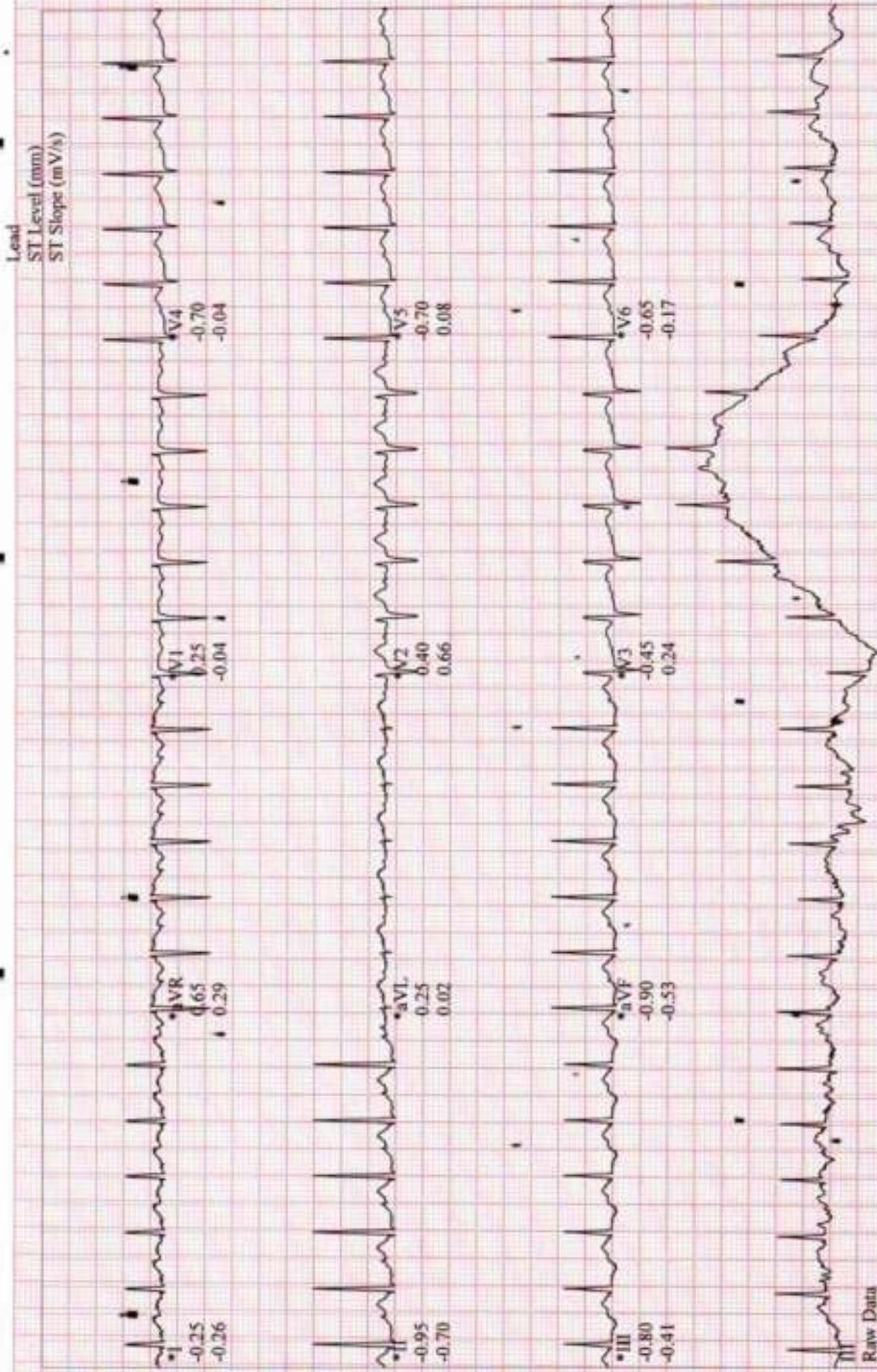
*Computer Synthesized Rhythms

SHRIVAS, SUNITA
Patient ID: 159903
01/18/2024
1:04:19pm

146 bpm
130/90 mmHg

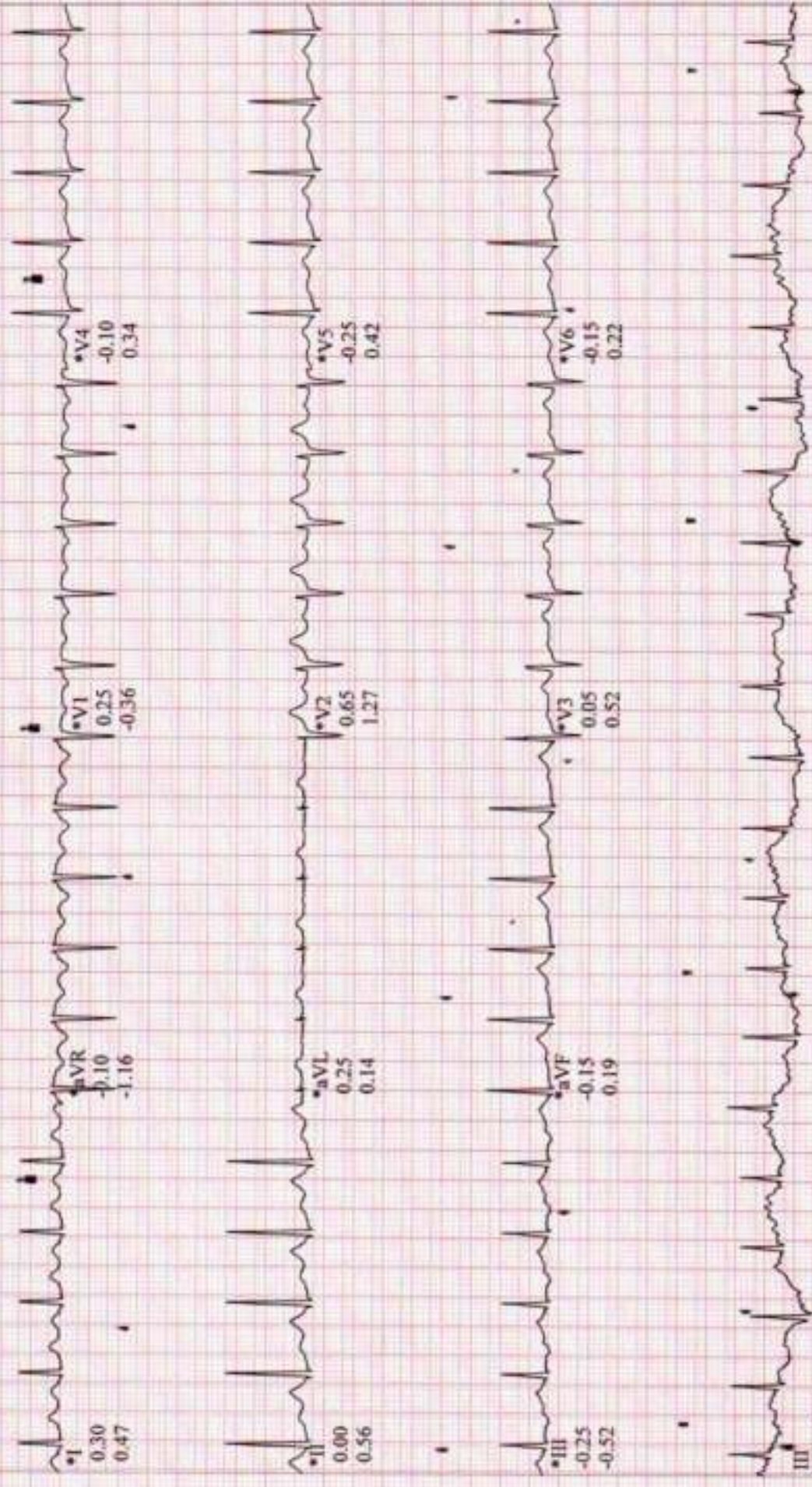
Linked Medians (PEAK EXERCISE)
EXERCISE STAGE 3
06:13
BRUC
3.8 mph
14.0%

RATAN JYOTI DALMIA HEART INSTITUTE



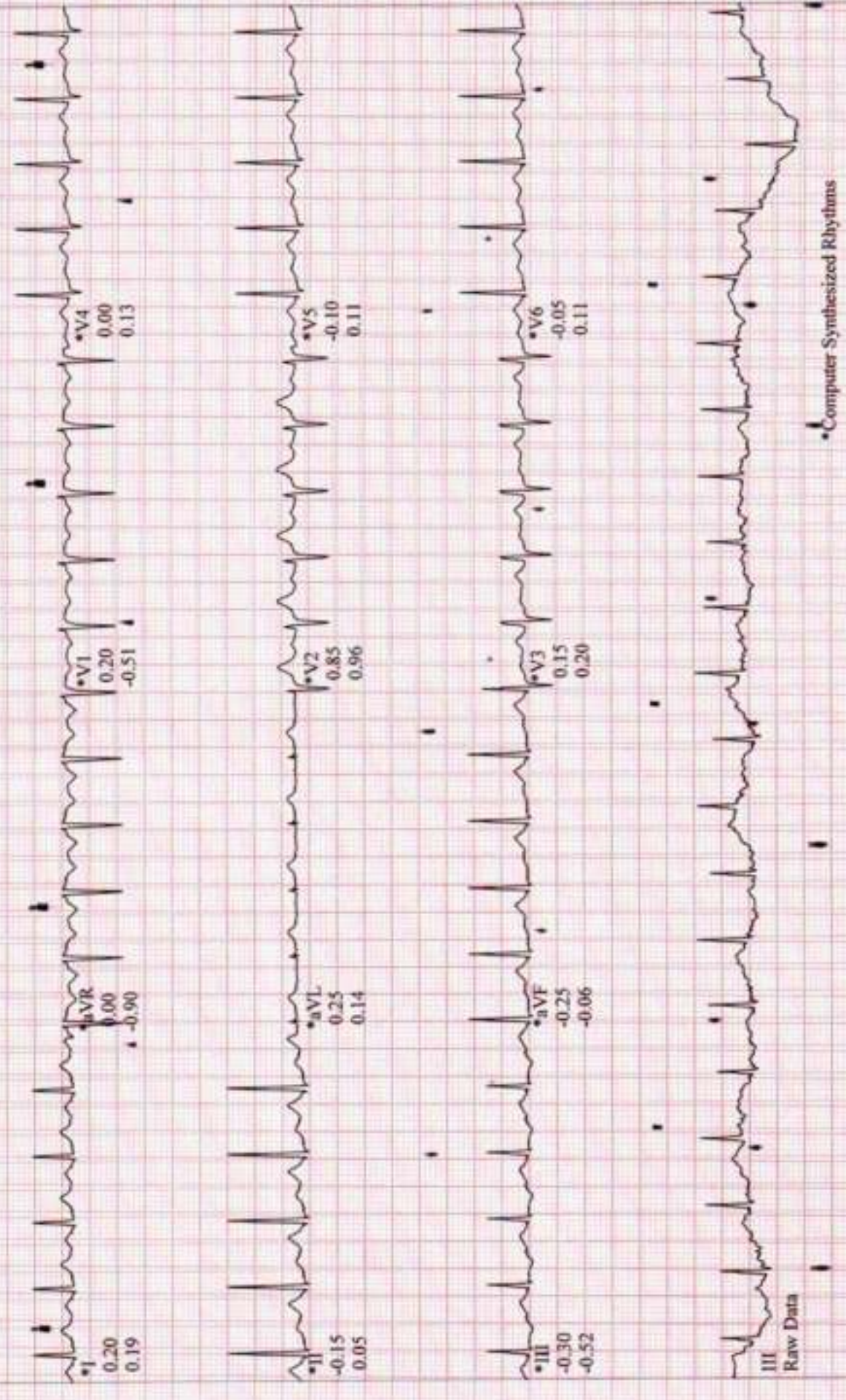
Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

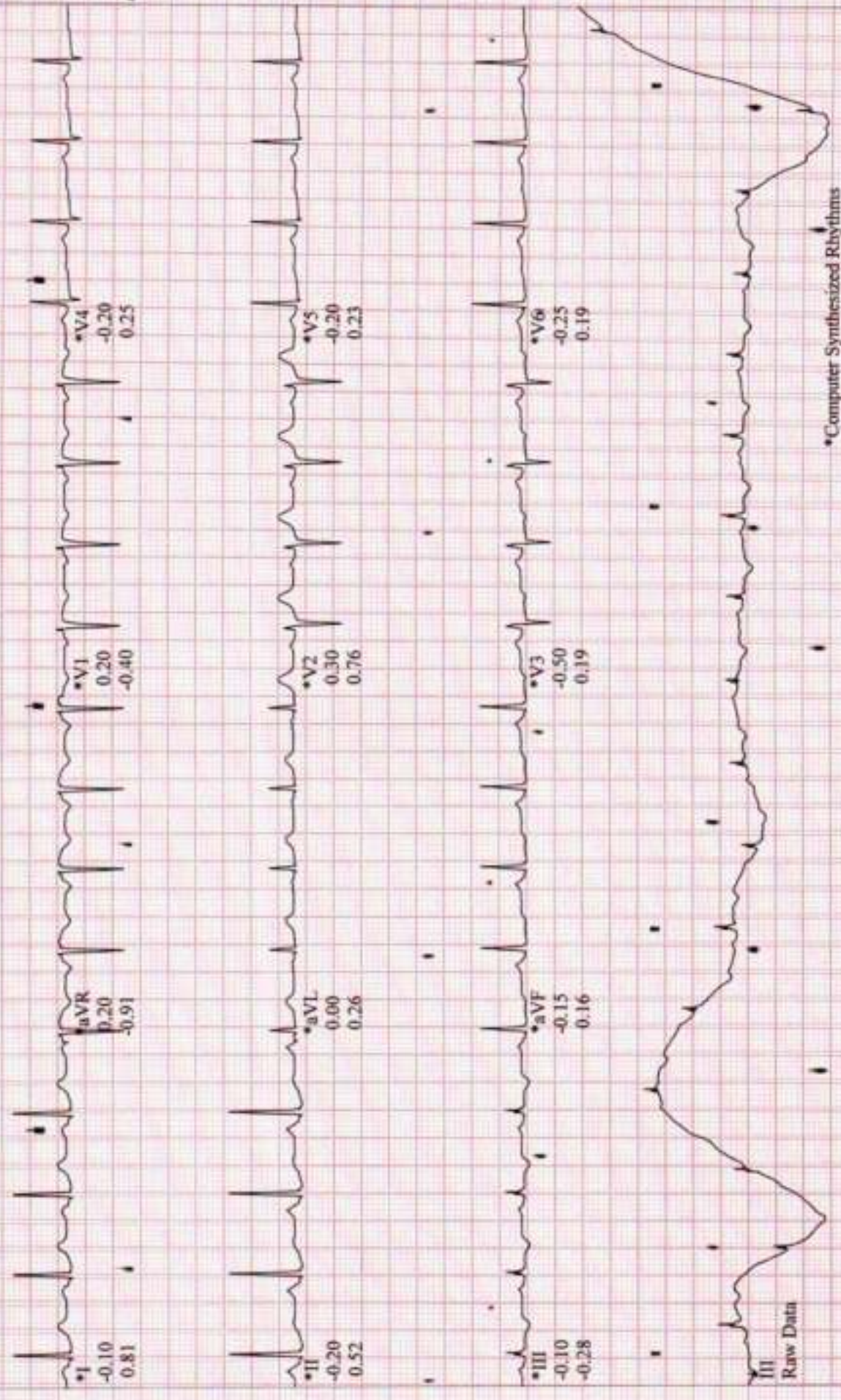
SHRIVAS, SUNITA
Patient ID 159903
01/13/2024
1:07:27pm

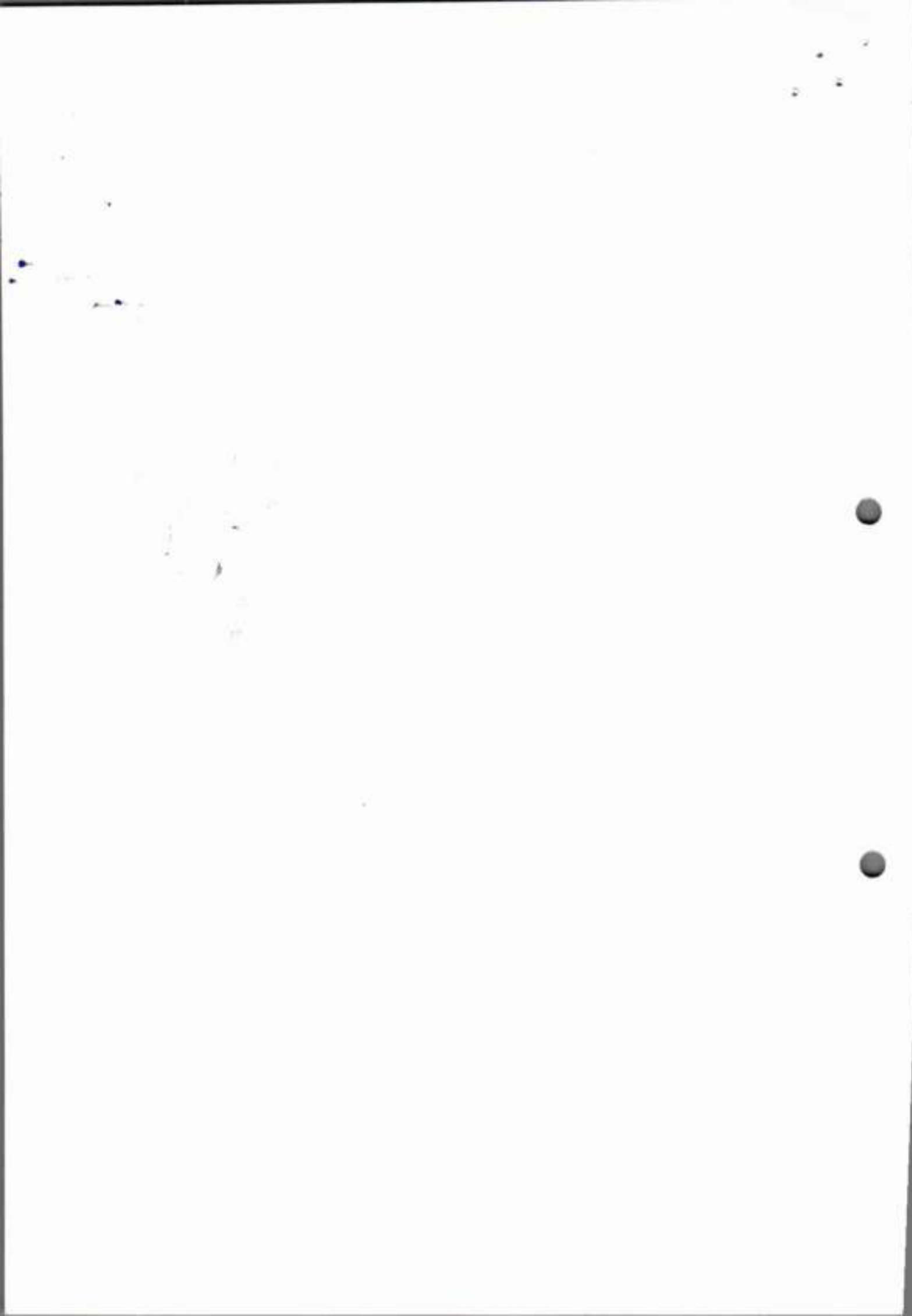
Linked Medians
RECOVERY
#1
03:08

BRUGG
0.0 mV
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead
ST Level (mm)
ST Slope (mV/s)





18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1902337 DATE : 13-January-2024
NAME : MRS SUNITA SHRIVAS MRD NO. : R-093527
AGE/SEX : 48 YRS / FEMALE CITY : Jhansi

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6		
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10:12AM	18		17	

Rx. EYE From To Instructions

1 HYVET EYE DROP 5ML/ SODIUM HYALURONATE
EYE DROPS
3 times a day FOR 60 DAYS BOTH EYE 13-Jan-2024 12-Mar-2024

TREATMENT PLAN : ADV
GLASSES AND LUBRICATION.
RW YRLY

REFERRED TO :


DR. ANMOL CHAUDHARI

NEXT REVIEW : 13-Jan-2025 1:10PM OR EARLIER IN CASE OF ANY PROBLEM

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician
Instructions : Patient and Attendant(s) Counseled

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : * Comprehensive Ophthalmology Clinic * Cataract & IOL Clinic * Vitreo Retina & Uvea Clinic * Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) * Cornea Clinic * Glaucoma Clinic * Orbit & Oculoplasty Clinic * Trauma Clinic * Squint Clinic * Paediatric Ophthalmology Clinic * Low Vision Aid Clinic * Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैंशलेस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक
नेत्रदान
कॉर्पोरेट और क्रायेंड इमेज अपने परिवार को फायदा बनाने
के लिये नेत्रदान के लिए सम्पर्क करें : 9111004046

Patient Name Sumita Suivas MRN : Age Sex f Date/Time 13/1/24

Investigations : (Please Tick)

Mob No.

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health Checkup

O/E

• Calcein - \bar{c}
 • Steer - \bar{c}
 • Missing \bar{c} $\frac{+}{-}$
 • Hepat Enzyme \bar{c} $\frac{+}{-}$

Vitals

T/A -

oral pulse

- P.
- P.R.
- SPO2
- Temp

Re.

side

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Oral H/W - $\frac{1}{M}$ - $\frac{1}{P}$ - $\frac{1}{N}$

Next Appointment/Follow up

Signature :

Patient Name Sunita MRN : _____ Age 90 Sex F Date/Time 13/1/24

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

health check up
 9/9 - Ear L } Ears -
 Noisy → NA
 Throat → NA
 No Active ENT issues

Dr. [Signature]
 MS (ENT)
 Reg No. MP 13374
 RJN Apollo Spectra Hospitals

Vitals

- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

SHRIVAS, SUNITA
Patient ID 159903
01/13/2024
12:57:41pm

Linked Medians

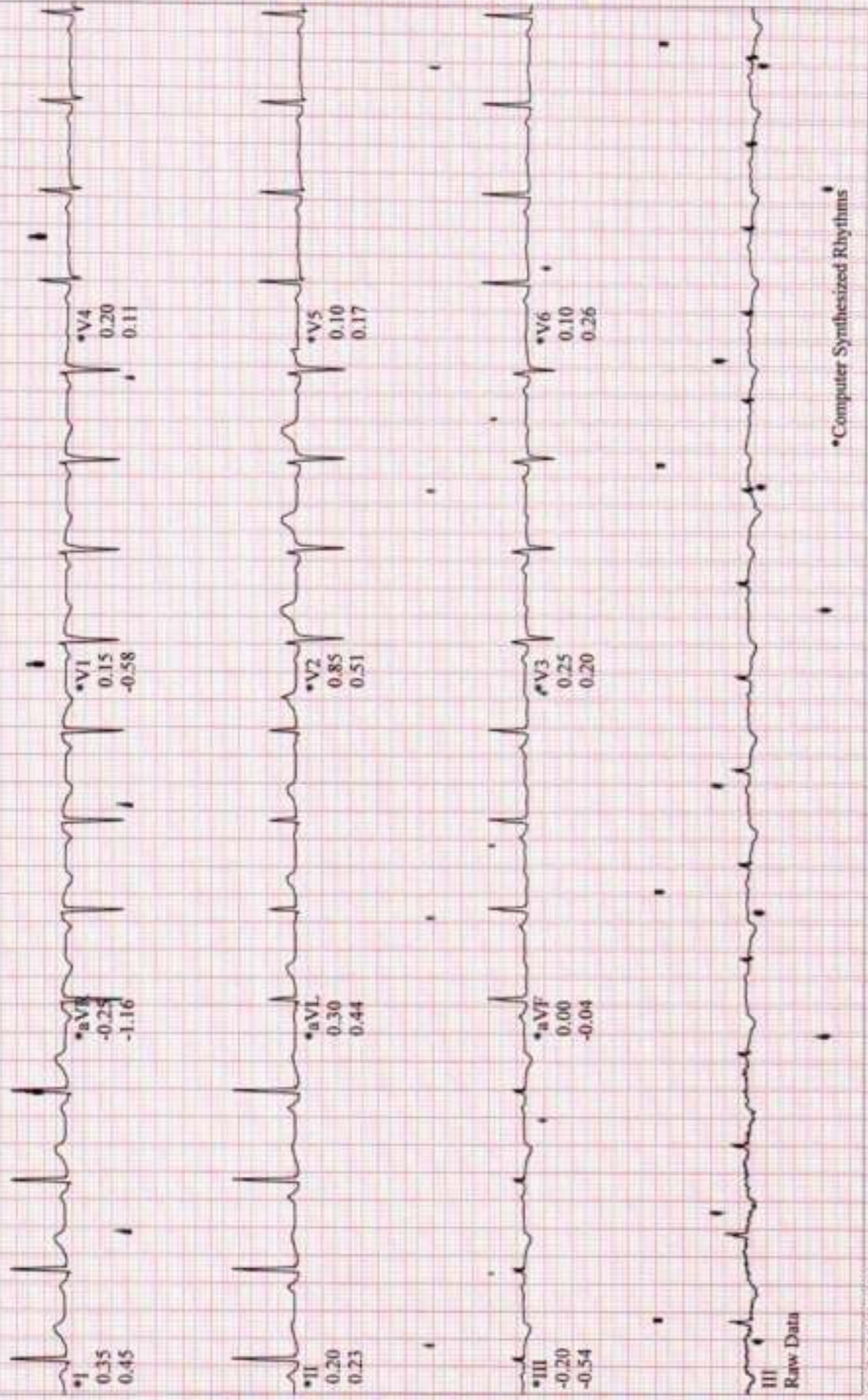
RATAN JYOTI DALMIA HEART INSTITUTE

92 bpm

ECG

Lead

ST Level (mm)
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

PATIENT NAME - MRS. SUNITA SHRIVAS 48Y/F
REFERRED BY - HCP.
DATE - 13/01/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased with altered echogenecities.

Gall Bladder is partially distended (post prandial status)

Spleen appears normal in size (-7.3cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney -8.7x4.4cm and left kidney -11.2x5.2cm. Both kidneys are normal in position, size, shape, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. Ureters are undilated on either side. **Tiny concretion seen in the middle calyx of left kidney measured upto -3.4mm.**

Urinary Bladder is partially distended. Cystic out pouching is protruding into the urinary bladder lumen near left VUJ measured upto-22mm

TAS:-

Uterus is anteverted, appears normal in size measures -8.2x4.4cms. **Cervix** appears mildly bulky measured upto -3.6cm.

No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- Cystic out pouching protruding into the urinary bladder lumen near left VUJ -22mm - ? ureterocele
- Bulky cervix
- Grade I fatty liver with altered echogenecities. Correlation with serum LFT's
- Tiny left renal concretion

Suggested clinical correlation/Follow up imaging.


DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

PATIENT NAME - MRS. SUNITA SHRIVAS 48Y/F
REFERRED BY - HCP.
DATE - 13/01/2024
INVESTIGATION - USG BREAST

USG of both breasts was done using high frequency linear probe.

IMAGING FINDINGS:

Right breast Shows homogeneous fibroglandular background echotexture elsewhere. Nipple and overlying skin are normal.

Left breast: Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Few prominent ducts in peri-areolar location in bilateral breasts.

Both the breast reveals normal echotexture & fibroglandular parenchyma

No evidence of any focal solid or cystic mass lesion is seen in bilateral breast.

No evidence of skin thickening is noted in bilateral breast.

No evidence of significant axillary lymphadenopathy.

OPINION:- Features are suggestive of-

- **No significant abnormality in sonomammography both breasts.**

Clinical correlation and follow up study is suggested. Mammographic correlation is suggested

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.



