



Dept. of Pathology

(For Report Purpose Only)



PRN : 084572
 Patient Name : Mrs. SONAWANE BHAVNA RAHUL
 Age/Sex : 31Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 15429
 Req.No : 15429

Collection Date & Time : 11/02/2023 08:50 AM
 Reporting Date & Time : 11/02/2023 12:43 PM
 Print Date & Time : 11/02/2023 12:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 12.2	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.4	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.37	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 90.2	cu micron	76 - 96
M.C.H.	: 27.9	pg	27 - 32
M.C.H.C	: 31.0	picograms	32 - 36
RDW-CV	: 12.5	%	11 - 16
WBC TOTAL COUNT	: 7010	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 275000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 53	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3715.30	µL	2000 - 7000
LYMPHOCYTES	: 23	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1612.30	µL	1000 - 3000
EOSINOPHILS	: 15	%	01 - 04
ABSOLUTE EOSINOPHILS	: 1051.50	µL	20 - 500
MONOCYTES	: 09	%	02 - 08
ABSOLUTE MONOCYTES	: 630.90	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- PANDURANG TAMBARE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



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RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Eosinophilia		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

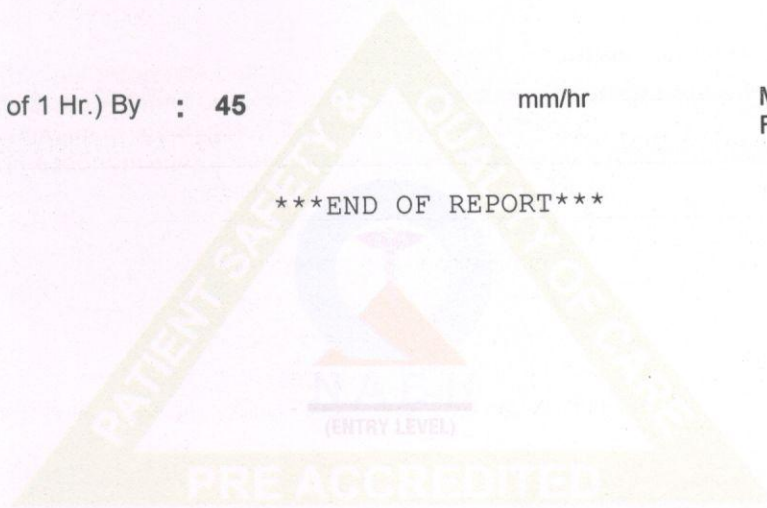
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By : **45** mm/hr
Westergren Method

Male : 0 - 15
Female : 0 - 20

END OF REPORT



W
Technician

Report Type By :- PANDURANG TAMBARE

[Signature]
Dr. POONAM KADAM
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Pathologist



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HAEMATOLOGY

BLOOD GROUP


BLOOD GROUP : "O"
RH FACTOR : POSITIVE

NOTE : This is for your information only.
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

Technician

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Collection Date & Time : 11/02/2023 08:50 AM
Reporting Date & Time : 11/02/2023 12:43 PM
Print Date & Time : 11/02/2023 01:10 PM

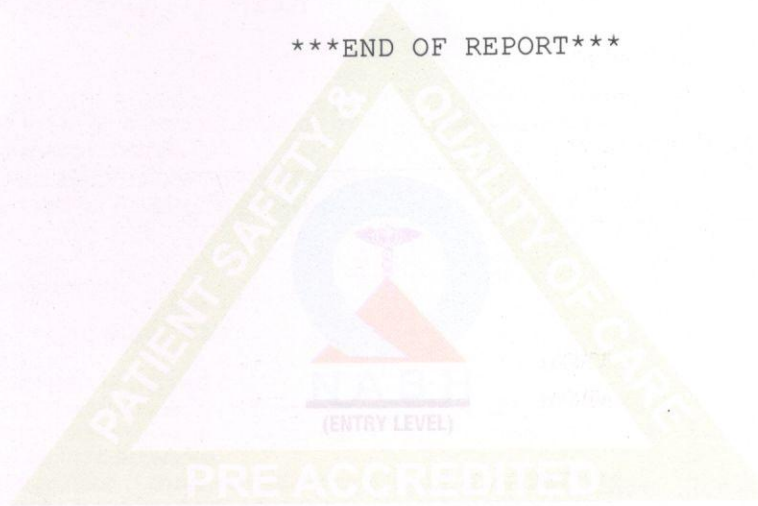
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP


Blood Sugar Level Fasting	: 103	MG/DL	60 - 110
Blood Sugar Level PP	: 107	MG/DL	70 - 140

END OF REPORT

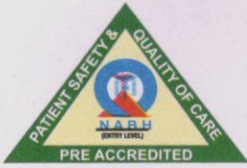


Technician

Report Type By :- PRITAM WAGHMARE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call : 9545200011



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PRN : 084572 **Lab No** : 15429
Patient Name : Mrs. SONAWANE BHAVNA RAHUL **Req.No** : 15429
Age/Sex : 31Yr(s)/Female
Company Name : BANK OF BARODA **Collection Date & Time** : 11/02/2023 09:46 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 11/02/2023 10:35 AM
Print Date & Time : 11/02/2023 10:41 AM

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BIOCHEMISTRY

HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC	: 5.9	%	4.5 - 6.5
Estimated Average Glucose (eAG)	: 123.5	mg/dL	

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.

For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :

- 5.7 % - 6.4 % : Increased risk for developing diabetes.
- >= 6.5 % : Diabetes

Therapeutic goals for glycemc control :

- Adults : < 7%
- Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
- School age (6-12 yrs) : < 8%
- Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemc control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG) :

- eAG is an estimated average of blood glucose level over previous 8-12 weeks.
- HbA1C and eAG have a linear relationship.
- The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)

END OF REPORT

Handwritten initials

Technician

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Handwritten signature

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MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)
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 Print Date & Time : 11/02/2023 10:40 AM

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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 203	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 106	MG/DL	0 - 150
HDL (serum)	: 47	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 135	MG/DL	0 - 130
VLDL (serum)	: 21.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.32		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.87		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 16	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.47	MG/DL	7 - 21
CREATININE (serum)	: 0.7	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.2	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 137	mEq/L	136 - 149
SERUM POTASSIUM	: 4.9	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

END OF REPORT

(ENTRY LEVEL)

PRE ACCREDITED

Technician

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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.31	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.37	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.054	µIU/mL	Male : 0.4001 - 4.049 Female : 0.5885 - 6.880

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL

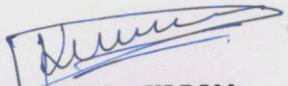
MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 8-10 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : PRESENT

END OF REPORT

Technician

Report Type By :- PANDURANG TAMBARE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

152433
OPD.



BHAVANA SONAWANE

Ref.:Dr.--
Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AIMS Square or Parihar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 122195461
Collection Date:
11-02-2023 11:25 AM
Registration Date:
11-02-2023 11:25 am
Report Date:
11-02-2023 04:03 PM

REPORT

Age:31.00 Years Sex:FEMALE

Test Description	Observed Value	Biological Reference Interval
Hormones :		
FSH - Follide Stimulating Hormone, Serum by CMIA	12.48	Females : Follicular phase : 1.40 - 9.90 mIU/mL Midcycle : 0.20 - 17.20 mIU/mL Luteal phase : 1.10 - 9.20 mIU/mL Menopause : 19.30 - 100.60 mIU/mL
LH-Leutinsing Hormone Specific, serum by CMIA	30.01	Female : Follicular phase : 1.90 - 14.60 mIU/mL Midcycle : 12.20 - 118.00 mIU/mL Luteal phase : 0.70 - 12.90 mIU/mL Menopause : 5.30 - 65.40 mIU/mL

A.G Diagnostics Pvt Ltd

Stationary given to: Lorea Health Care Near Aims square Aundh Pune 411007
For Printing of web reports from A.G Diagnostics Pvt Ltd



Dr. Venkatesh
Dr. Venkatesh Keralaapurkar
M.B.B.S.,D.C.P., D.N.B.(Path)
Reg.No.: 076020
A.G Diagnostics Pvt. Ltd.



BHAVANA SONAWANE

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Report Date:
11-02-2023 04:03 PM

REPORT

Age:31.00 Years Sex:FEMALE

Test Description	Observed Value	Biological Reference Interval
Prolactin (HPRL) Total , serum by CMIA	13.38	Female : 5.18 - 26.53 ng/mL

Interpretation :

MALE:

Hyperprolactinaemia in males may be associated with decreased libido, impotence, infertility, gynaecomastia.

FEMALE:

Prolactin secretion from pituitary shows significant diurnal, episodic and cyclical variations.

Following is a suggested approach to hyperprolactinaemia in females -

5.18 to 26.53 ng/mL : Normal

26.53 to 50 ng/mL : Mild prolactin excess

Often seen with physiological conditions like physical/emotional stress, exercise, pregnancy, lactation etc. This may not be associated with clinical hyperprolactinaemia & needs review after a month.

51 to 75 ng/mL : Moderate prolactin excess

Often associated with clinical hyperprolactinaemia(short luteal phase, oligomenorrhea), hypothyroidism (often subclinical) Macroprolactinaemia to be ruled out.

Above 100 ng/mL : Marked prolactin excess

Associated with clinical hyperprolactinaemia-hypogonadism, amenorrhea, galactorrhea, hypothyroidism(often subclinical) Macroprolactinaemia to be ruled out.

Above 200 ng/mL : Marked prolactin excess

Required further workup High levels may be repeated with triplicated sample.

References:

1. Diagnosis & Treatment of hyperprolactinaemia. The endocrine society clinical practice guideline, 2011
2. Diagnosis & Management of hyperprolactinaemia. Canadian Medical Association CMAJ Sep 16 2003; 169(6)

A.G. Diagnostics Pvt Ltd



Dr. Venkatesh Keralaapurkar
M.B.B.S., D.C.P., D.N.B.(Path)
Reg.No.: 076020
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REPORT

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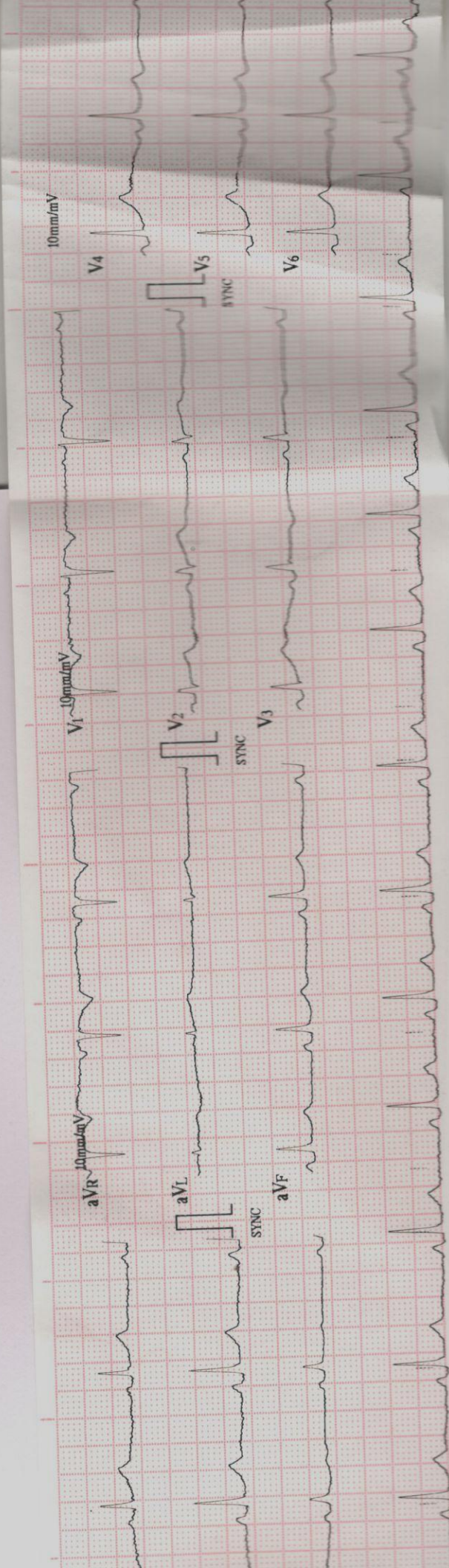
Test Description	Observed Value	Biological Reference Interval
AMH-Mullerian Inhibiting substance, serum by CLIA	1.88	Female < 3 yrs : 0.11 - 4.2 ng/mL 3 - 6 yrs : 0.21 - 4.9 ng/mL 7 - 11 yrs : 0.36 - 5.9 ng/mL 12 - 14 yrs : 0.49 - 6.9 ng/mL 15 - 19 yrs : 0.62 - 7.8 ng/mL 20 - 24 yrs : 1.2 - 12 ng/mL 25 - 29 yrs : 0.89 - 9.9 ng/mL 30 - 34 yrs : 0.58 - 8.1 ng/mL 35 - 39 yrs : 0.15 - 7.5 ng/mL 40 - 44 yrs : 0.03 - 5.5 ng/mL 45 - 50 yrs : < 2.6 ng/mL 51 - 55 yrs : < 0.88 ng/mL > 55 yrs : < 0.03 ng/mL Reference : Mayo Medical Laboratories

Interpretation

1. Anti-Mullerian Hormone (AMH) is glycoprotein produced by Sertoli cells in males & ovarian granulosa cells in females.
2. AMH has utility as a quantitative marker for prediction of ovarian reserve, ovarian aging, ovarian dysfunction.
3. AMH levels do not show variability with menstrual cycle and hence is more specific than other markers for evaluating fertility potential and ovarian responsiveness in IVF cycles.
4. AMH is also useful for predicting onset of ovarian menopause and assessment of PCOS - polycystic ovarian syndrome.
5. Gonadotropin administration, chemotherapy or radiation oophorectomy may influence AMH levels.

End of Report

Dr. Venkatesh Keralaapurkar
M.B.B.S., D.C.P., D.N.B.(Path)
Reg.No.: 076020
A.G Diagnostics Pvt. Ltd.



01 2023-02-11 10:18



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 11-FEB-2023 REP. DATE : 11-FEB-2023
NAME : MRS. SONAWANE BHAVNA RAHUL
PATIENT CODE : 084572 AGE/SEX : 31 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

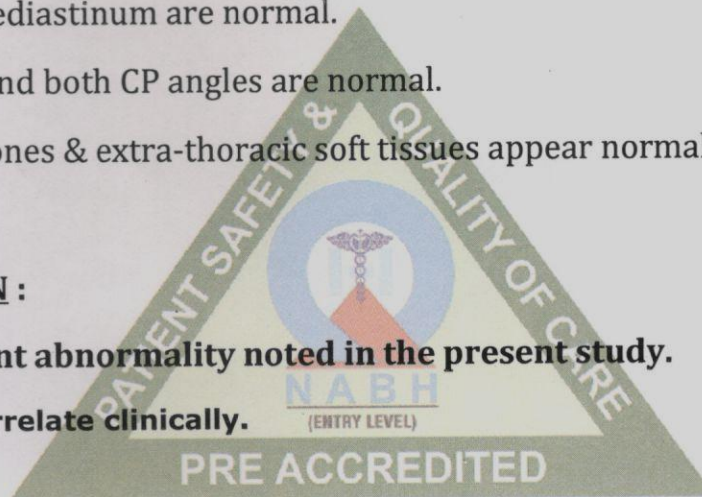
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.



Satish

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



2D ECHO / COLOUR DOPPLER

NAME : MRS. BHAVNA SONAWANE
REF BY : DR. HOSPITAL PATIENT

33yrs/F

OPD
11-Feb-23

M - Mode values

Doppler Values

AORTIC ROOT (mm)	21	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	28	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.3
LVID - D (mm)	41	PG (mmHg)	7
LVID - S (mm)	21	MITRAL E VEL (m/sec)	1.1
IVS - D (mm)	10	A VEL (m/ sec)	0.9
LVPW -D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function, LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal LV systolic & diastolic function , LVEF 60%
Normal PA pressure.


DR. RAJDATT DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

Tabular Summary

SONAWANE, BHAVNA

Patient ID 44365

11.02.2023 Female

10:52:19 32yrs

Meds:

BRUCE: Total Exercise Time 08:14

Max HR: 169 bpm 89% of max predicted 188 bpm HR at rest: 72

Max BP: 130/90 mmHg BP at rest: 120/88 Max RPP: 18070 mmHg*bpm

Maximum Workload: 10.10 METS

Max ST: -0.41 mV, 0.00 mV/s in II; EXERCISE STAGE 3 -06:30

Arrhythmia: A:153, VBIG:7, PVC:57, PSVC:10, ASYSTOL:1, RUN:2, CPLT:3,

PCAP:9

ST/HR index: 2.68 μ V/bpm

Reasons for Termination: Fatigue

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 89 % THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAIT DEORE

MD, DM-CARDIOLOGIST

MMC 2005/03/1520

Test Reason: Screening for CAD
Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

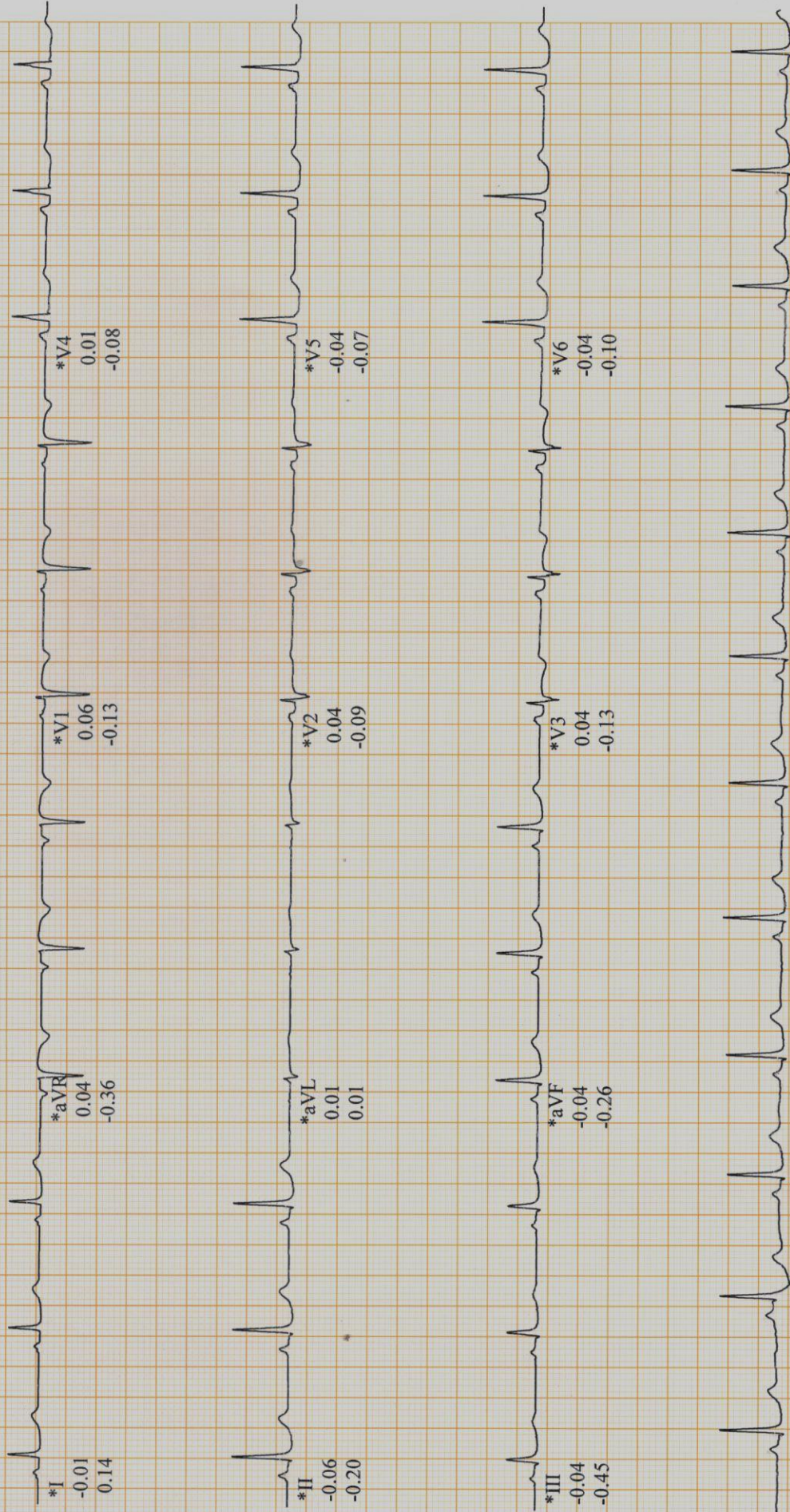
Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mV)	Comment
PRETEST	SUPINE	02:33	0.00	0.00	1.0	70	120/80	8400	0	0.03	
	STANDING	00:12	0.00	0.00	1.0	74			0	0.02	
	HYPERV.	01:00	0.50	0.00	1.2	74	120/80	8880	6	0.04	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	123	120/80	14760	5	0.03	
	STAGE 2	03:00	2.50	12.00	7.0	125	120/80	15000	4	0.07	
	STAGE 3	02:14	3.40	14.00	10.1	136	130/85	17680	7	-0.06	
RECOVERY		02:52	0.00	0.00	1.0	71	130/90	9230	0	-0.04	

Lead

ST Level (mV)

ST Slope (mV/s)



II Raw Data

*Computer Synthesized Rhythms



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REQ. DATE : 11-FEB-2023 REP. DATE : 11-FEB-2023
NAME : MRS. SONAWANE BHAVNA RAHUL
PATIENT CODE : 084572 AGE/SEX : 31 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.3 x 4.8 cm.

Left kidney measures : 10.2 x 4.3 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (6.1 X 3.4 X 3cms), shape, echotexture. No fibroid.
Endometrium show normal appearance. ET = 5 mm.

Both ovaries : show normal features. Adnexa clear.

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



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BILATERAL SONOMAMMOGRAPHY

OBSERVATION:

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

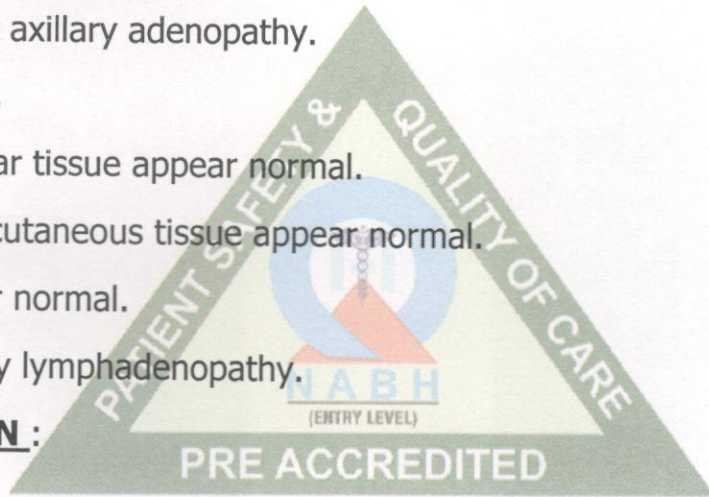
LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.



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