

PHYSICAL EXAMINATION REPORT

Patient Name	Ruchiramane	Sex/Age	F/52
Date	24/6/23	Location	Thane.

History and Complaints

C/O - Excessive sweating.
- DM.
- Urticaria on & off.

EXAMINATION FINDINGS:

Height (cms):	- 157	Temp (0c):	(N)
Weight (kg):	- 72	Skin:	
Blood Pressure	150/90	Nails:	NAD.
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	9. Lump/cyst in Rt. Breast
CNS:	

Impression:

BSL (f) Impaired
& PP Diabetic
↑ HbA1c

Borderline B.P. / Overweight.
Need Specs for D.N. vision.
Chest xray - ↑ B/L BV Prominence
USG - Fatty Liver.

Chrom. Pys cells (6-8/hpf)

- Calcifications in B/L Breasts

Mammography


Advice:

- Wt. Reduction
- Eye check-up
- Low Fat, low sugar Diet
- Physician's Consultation for control of PM.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	es since 3 yrs
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	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Low sugar
4)	Medication	OHA Tab. Glimecedil PM



Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

NAME: - Rachura Mane AGE / SEX :- F/52
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- Gr 2 L2 A0
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- Nil
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

022-6170-0000

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

PM

10.

PERSONAL HISTORY :-

TEMPERATURE :-

10

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD 76/100

150/90

lump/cyst in R. Breast.

NAD

Dr. Manasee Kulkarni

M.B.B.S

2005/09/3439

022-6170-0000

Date:- 24/6/27

CID:

Name:- ~~Ruchi~~
Ruchira R. Mave

Sex / Age: F 52

EYE CHECK UP

Chief complaints: pcu

Systemic Diseases: All

Past history: All

Unaided Vision: 3/20 6/9 NUBEN 12

Aided Vision:

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: Needs Specs for D/N

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



CID : 2317521469
Name : MRS.RUCHIRA .
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Jun-2023 / 09:13
Reported : 24-Jun-2023 / 11:16

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.73	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.3	36-46 %	Measured
MCV	87.4	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5730	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.0	20-40 %	
Absolute Lymphocytes	1604.4	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	332.3	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	3724.5	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	63.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	273000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	9.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 25 2-30 mm at 1 hr. Sedimentation

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



J. Thakker

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



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Jun-2023 / 12:28
Reported : 24-Jun-2023 / 14:30

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	117.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	203.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 24-Jun-2023 / 12:41

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	92	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.7	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	3.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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.

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*** End Of Report ***



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Pathologist and AVP(Medical Services)



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Collected : 24-Jun-2023 / 09:13
Reported : 24-Jun-2023 / 14:08

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	6-8	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

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.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



J Thakker

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	66.5	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	61.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	12.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

*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



CID : 2317521469
Name : MRS.RUCHIRA .
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Jun-2023 / 09:13
Reported : 24-Jun-2023 / 13:42

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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	1.97	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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Collected : 24-Jun-2023 / 09:13
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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 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, 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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	5.7	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	87.3	35-105 U/L	PNPP

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*** End Of Report ***

AREAS OF SPECIAL EXPERTISE



J Thakker

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

Authenticity Check



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CID : 2317521469
Name : Mrs Ruchira .
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Jun-2023
Reported : 24-Jun-2023 / 12:51

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023062409051887>



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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echoreflectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended .No obvious 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 9.9 x 3.5 cm. Left kidney measures 10.0 x 4.0 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 appears atrophic (post- menopausal status).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.

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=2023062409051870>

Page no 2 of 2

Reg. No. : 2235121288	Sex : FEMALE
NAME : MRS. RUCHIRA	Age : 52 YRS
Ref. By : -----	Date : 24.06.2023

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.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts

Calcifications noted in both breasts.

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. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

No focal solid 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.

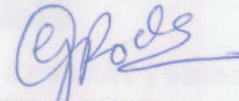
IMPRESSION:

CALCIFICATIONS NOTED IN BOTH BREASTS.

ACR BIRADS CATEGORY II BOTH BREASTS.

SUGGEST CLINICAL CORRELATION 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.



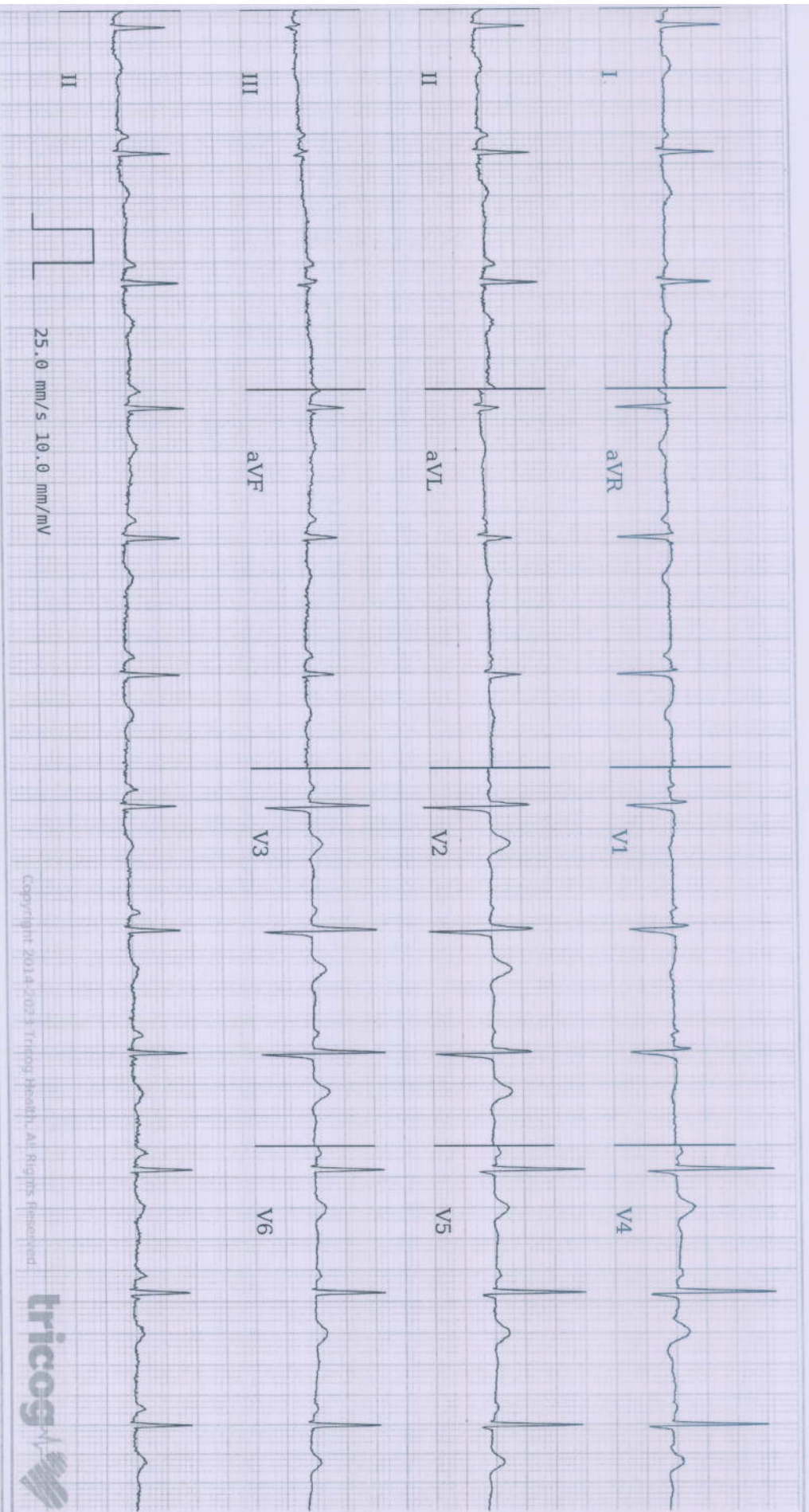
DR.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)



Patient Name: RUCHIRA.
Patient ID: 2317521469

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 24th Jun 23 11:11 AM



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Age **52** 7 27
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: NA

Weight: 72 kg

Height: 157 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 378ms

QTcB: 416ms

PR: 120ms

P-R-T: 59° 34° 39°

REPORTED BY

DR SHAILAVA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: This analysis 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. All patient data are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

1224 (2317521469) / RUCHIRA / 52 Yrs / F / 158 Cms / 72 Kg
Date: 24 / 06 / 2023 12:46:32 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	095	57%	140/90	133	00	
Standing	00:19	0:09	00.0	00.0	01.0	094	56%	140/90	131	00	
HV	00:29	0:10	00.0	00.0	01.0	091	54%	140/90	127	00	
ExStart	00:38	0:09	00.0	00.0	01.0	092	55%	140/90	128	00	
PeakEx	01:54	1:16	01.7	10.0	02.6	142	85%	160/90	227	00	
Recovery	02:54	1:00	00.0	00.0	02.6	115	68%	160/90	184	00	
Recovery	03:54	2:00	00.0	00.0	02.6	099	59%	150/90	148	00	
Recovery	04:57				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 01:16
 Initial HR (ExStrt) : 92 bpm 55% of Target 168
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 2.6 Poor response to induced stress
 Max ST Dep Lead & Avg ST Value: V3 & -0.7 mm in PeakEx
 Test End Reasons : Heart Rate Achieved , Fatigue,

Max HR Attained 142 bpm 85% of Target 168
 Max BP Attained 160/90 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI



E-Mail: 1224/RUCHIRA / 52 Yrs / F / 158 Cms / 72 Kg Date: 24 / 06 / 2023 12:46:32 PM

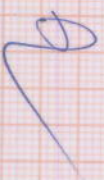
REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The Initial HR was recorded as 94.0 bpm, and the maximum predicted Target Heart Rate 168.0. The BP increased at the time of generating report as 160.0/90.0 mmHg The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.


Dr. SHAILAJA PILLAI
M.D. (GEN. MED)
R.NO. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1224 (2317521469) / RUCHIRA / 52 Yrs / F / 158 Cms / 72 Kg / HR : 95

SUPINE (00:01)



Date: 24 / 06 / 2023 12:46:32 PM

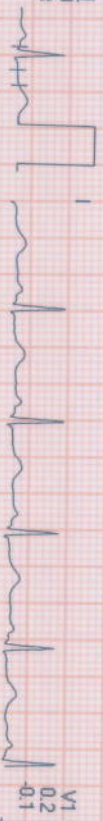
METS: 1.0/ 95 bpm 57% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

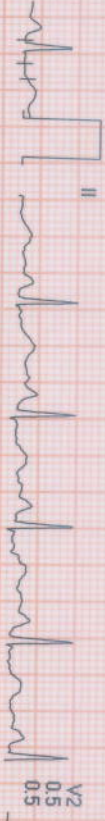
EXTime: 00:00 0.0 mph, 0.0%
28 mm/Sec 1.0 Cm/mV



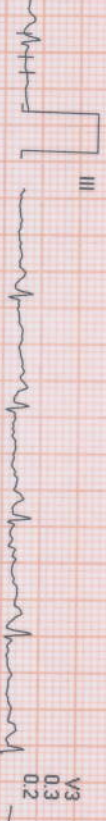
STL 0.0
STB 0.3



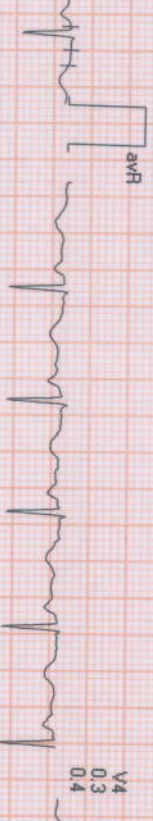
II 0.5
0.6



III 0.5
0.3



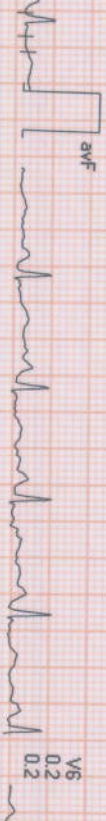
aVR -0.3
-0.5



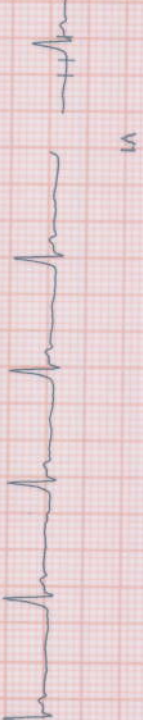
aVL -0.2
0.0



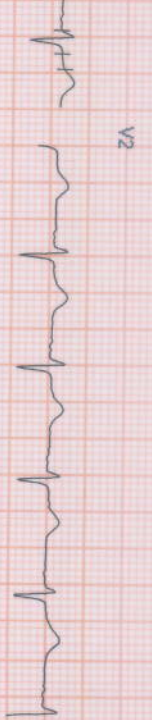
aVF 0.4
0.4



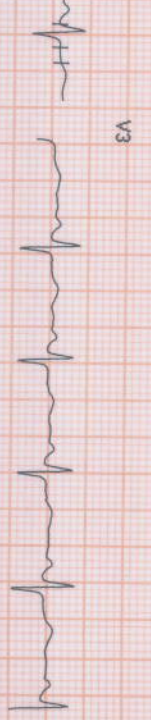
V1 -0.1
0.2



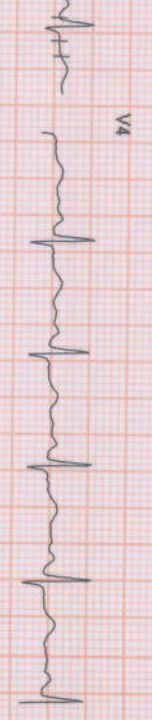
V2 0.5
0.5



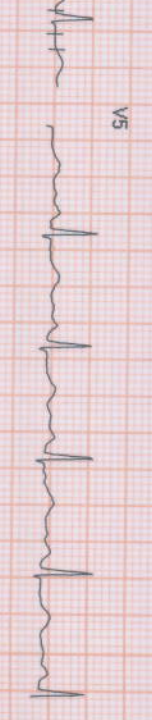
V3 0.3
0.2



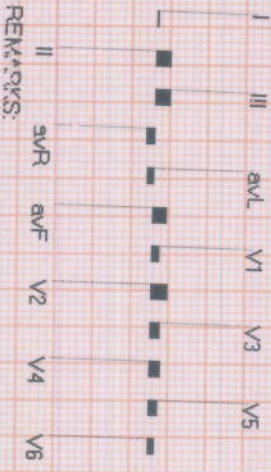
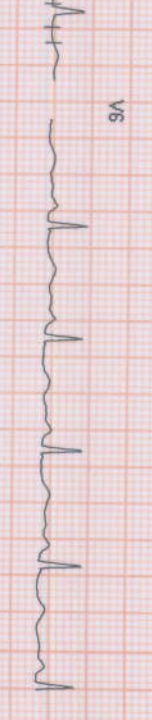
V4 0.3
0.4



V5 0.3
0.3



V6 0.2
0.2



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1224 (2317521469) / RUCHIRA / 52 Yrs / F / 158 Cms / 72 Kg / HR : 94

STANDING (00:00)



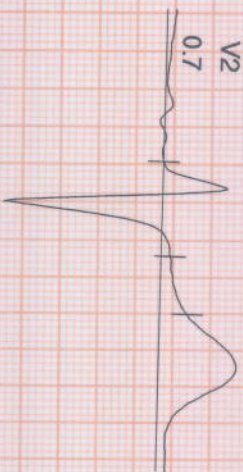
Date: 24 / 06 / 2023 12:46:32 PM

METS: 1.0 / 94 bpm 56% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

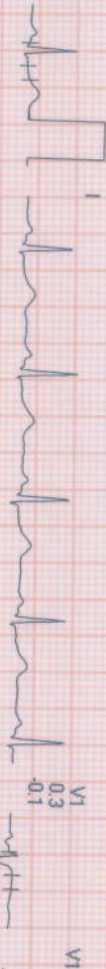
EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

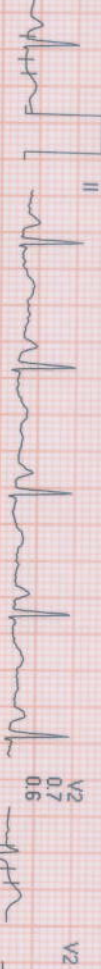
4X 80 ms Post J



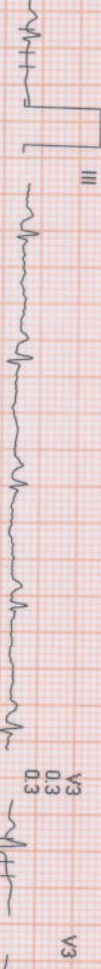
STL 0.1
STR 0.4



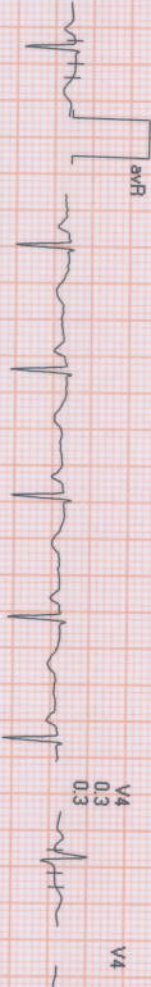
0.3
0.5



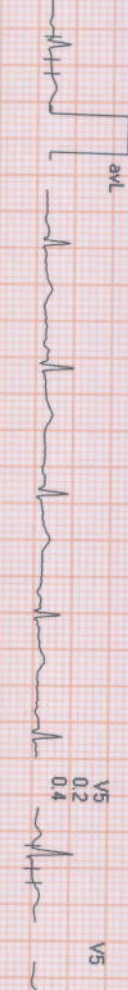
0.2
0.1



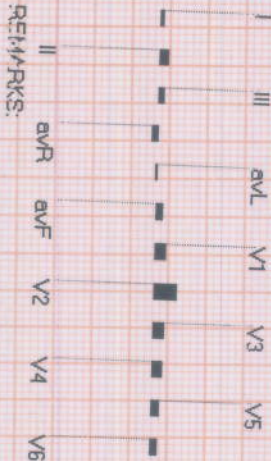
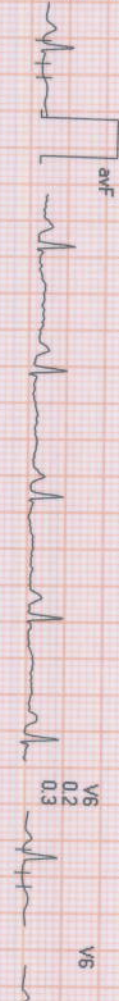
aVR
-0.2
-0.4



aVL
0.0
0.1



aVF
0.2
0.3



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

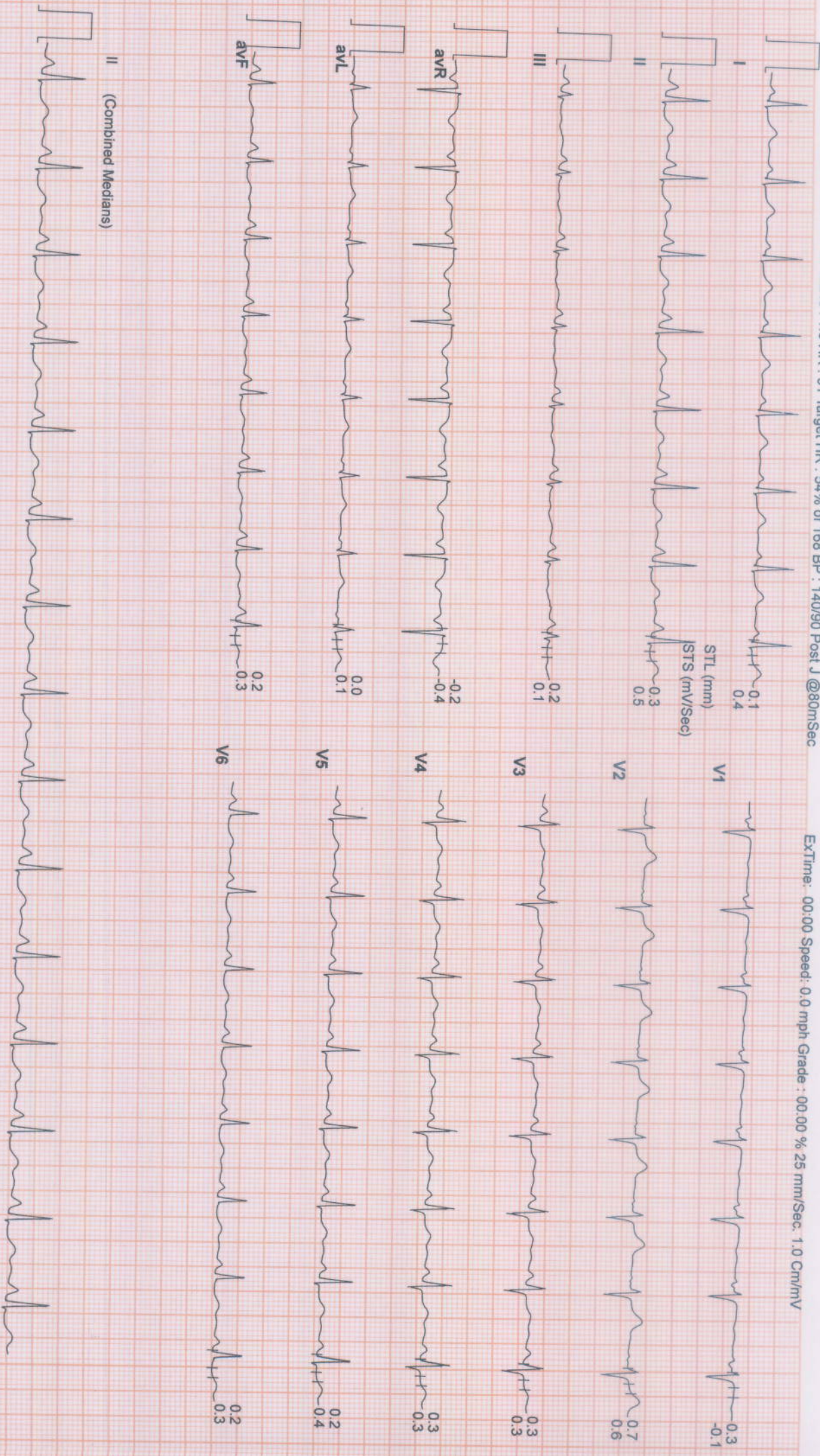
1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

Date: 24 / 06 / 2023 12:46:32 PM METs : 1.0 HR : 91 Target HR : 54% of 168 BP : 140/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
HV (00:00)



ExTime: 00:00 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV



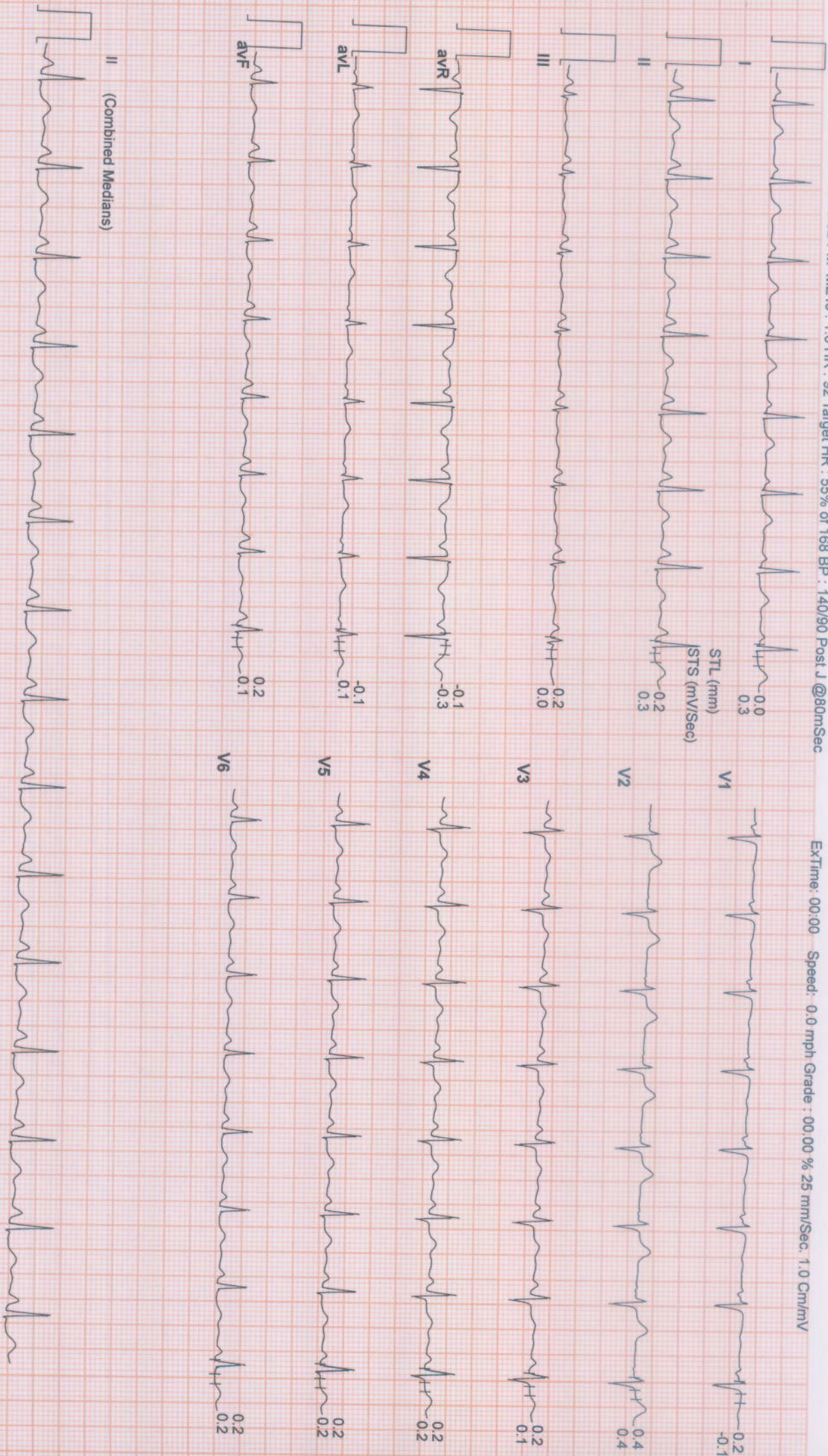
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

Date: 24 / 06 / 2023 12:46:32 PM METs : 1.0 HR : 92 Target HR : 55% of 168 BP : 140/90 Post J @60mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm



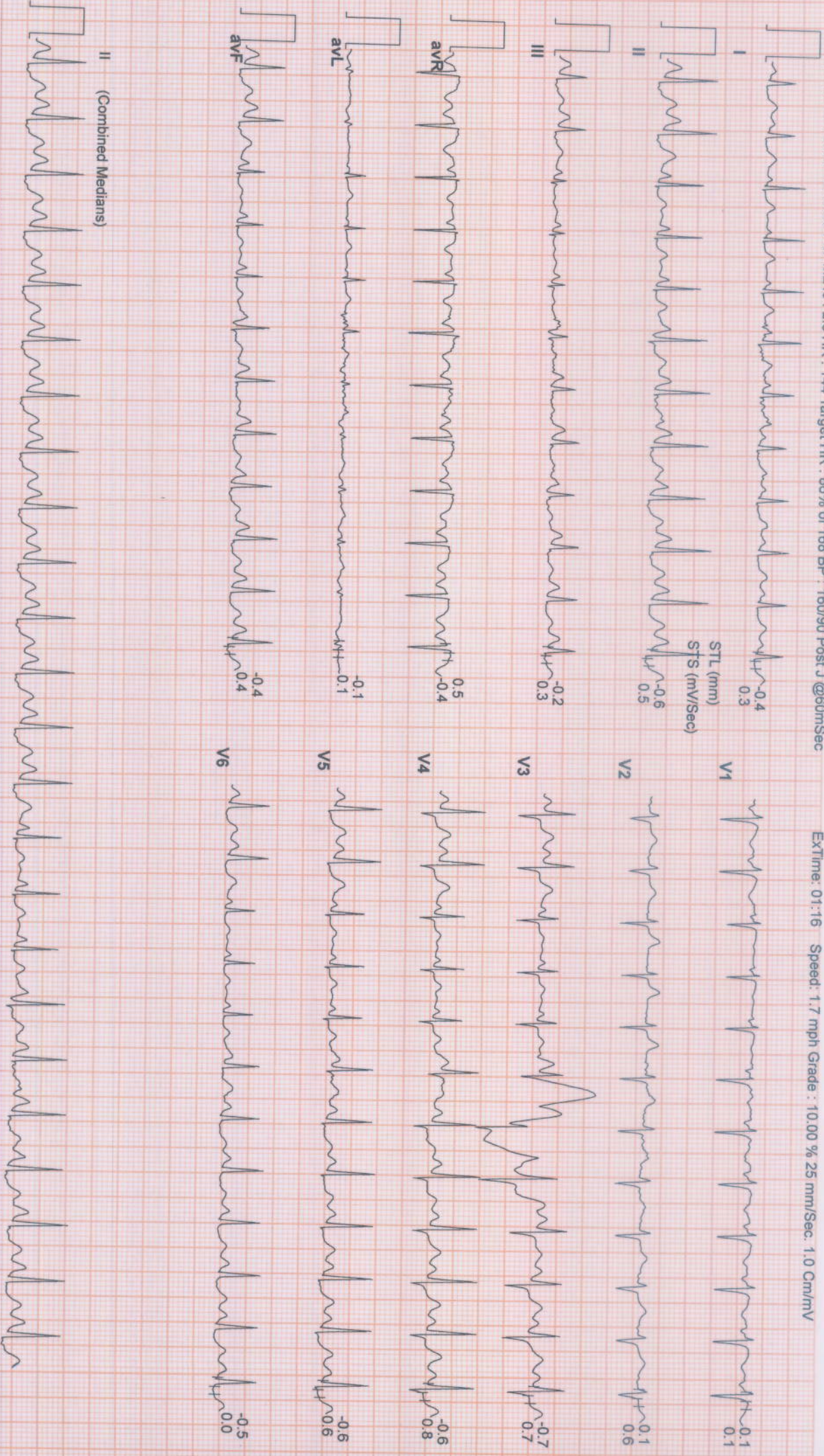
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

Date: 24 / 06 / 2023 12:46:32 PM METs : 2.6 HR : 144 Target HR : 96% of 168 BP : 160/90 Post J @60mSec

EXTIME: 01:16 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

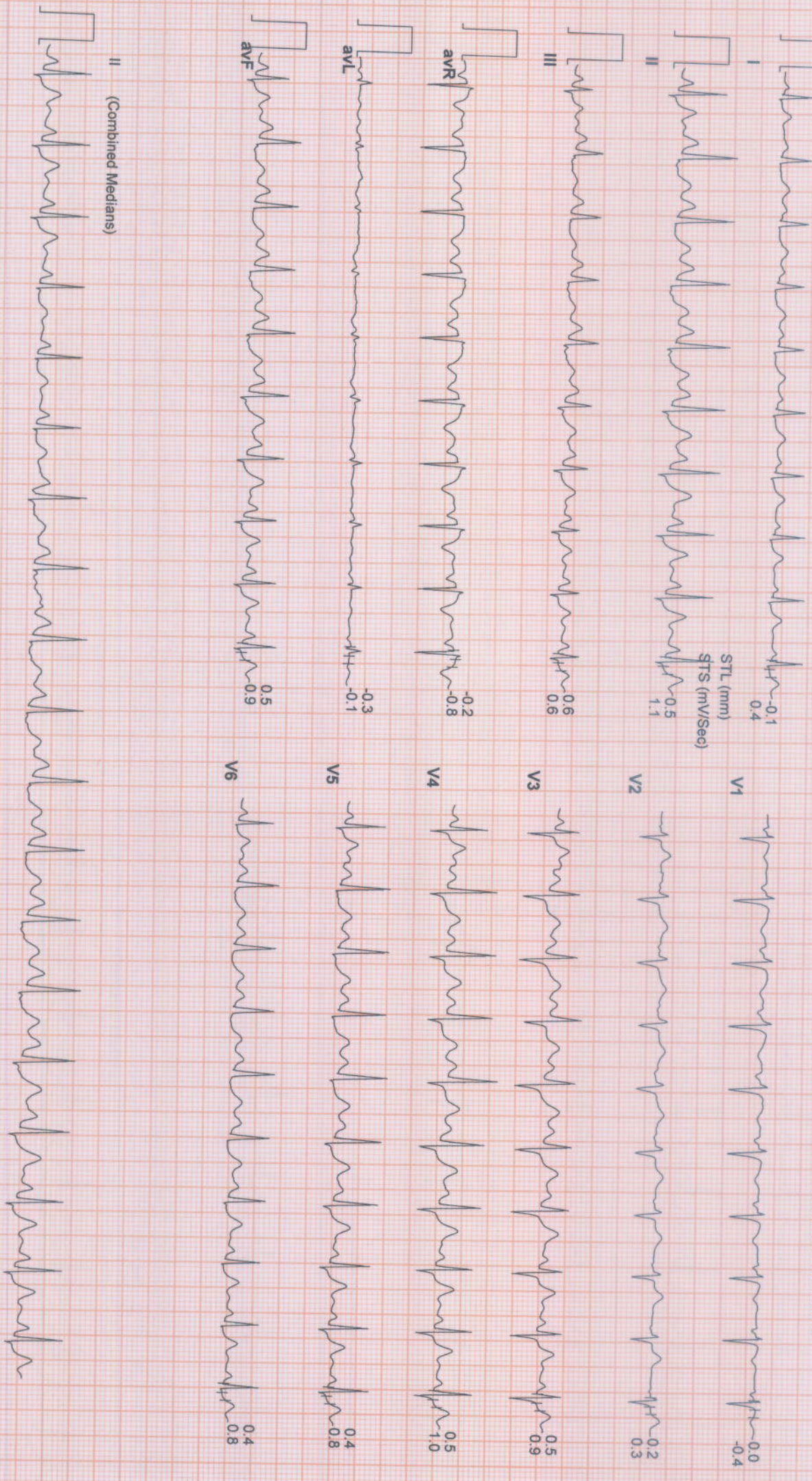
1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

Date: 24 / 06 / 2023 12:46:32 PM METs : 2.6 HR : 115 Target HR : 68% of 168 BP : 160/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



ExTime: 01:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

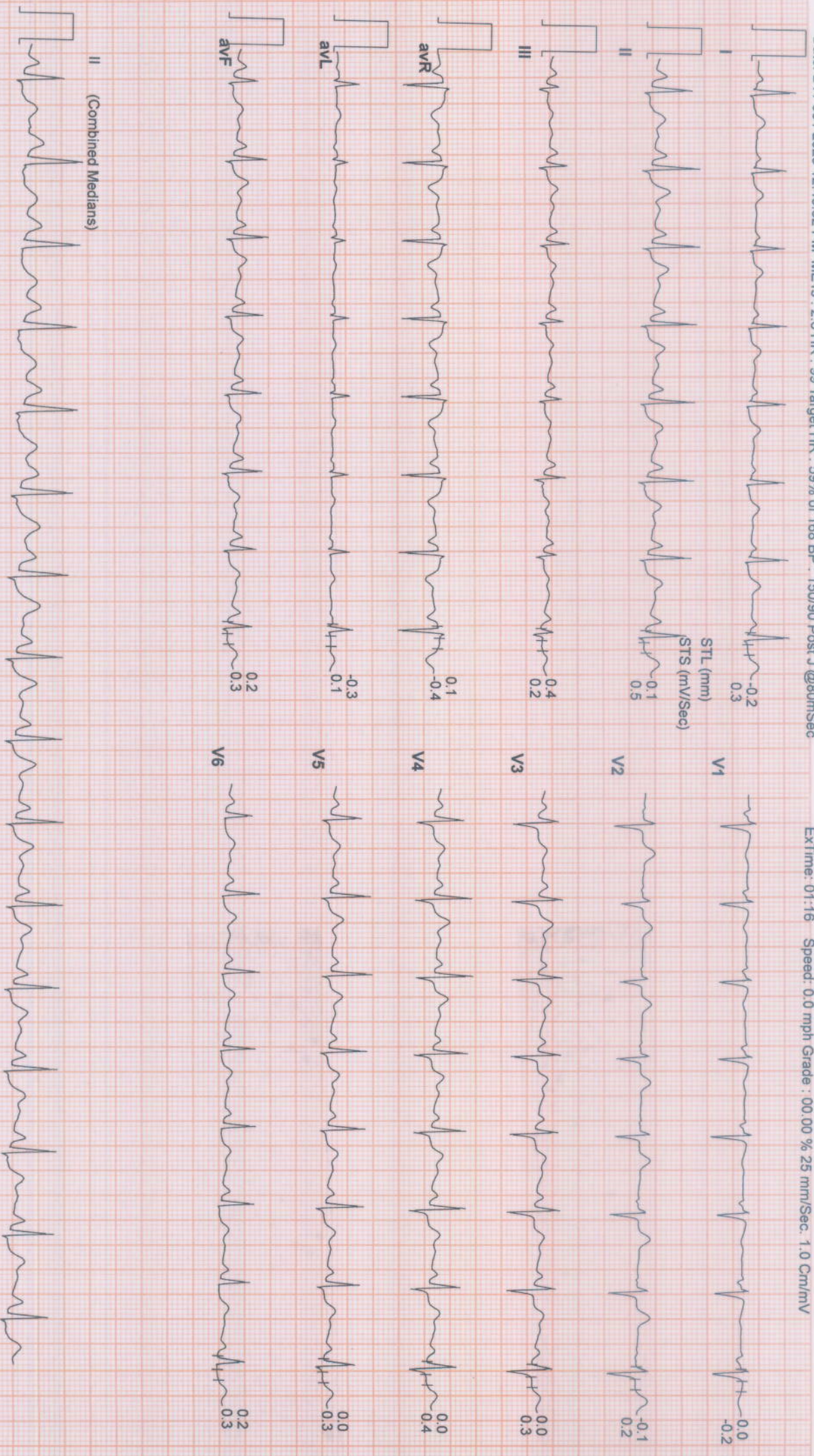
1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

Date: 24 / 06 / 2023 12:46:32 PM METs : 2.6 HR : 99 Target HR : 59% of 168 BP : 150/90 Post J @80mSec

ExTime: 01:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1224 / RUCHIRA / 52 Yrs / Female / 158 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (03:03)



Date: 24 / 06 / 2023 12:46:32 PM METs : 1.0 HR : 77 Target HR : 46% of 168 BP : 150/90 Post J @80mSec

ExTime: 01:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

