



BHAILAL AMIN  
GENERAL HOSPITAL

ESTD. 1964



H-2015-0297



MC-3004



E-2021-0037



### CONCLUSION OF HEALTH CHECKUP

ECU Number : 1492	MR Number : 23199379	Patient Name: SANDHYA SINGH
Age : 44	Sex : Female	Height : 154
Weight : 76	Ideal Weight : 54	BMI : 32.05
Date : 28/01/2023		

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 1492                      MR Number : 23199379                      Patient Name: SANDHYA SINGH  
Age : 44                                      Sex : Female                                      Height : 154  
Weight : 76                                      Ideal Weight : 54                                      BMI : 32.05  
Date : 28/01/2023

Past H/O : K/C/O :- HYSTERECTOMY 6 MONTHS BACK  
HYPOTHYROIDISM

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : MOTHER: DIABETES AND HEART DISENSE

Habits : NO HABITS

Gen.Exam. : G.C.GOOD

B.P : 144/80 mm HG

Pulse : 102/MIN REG

Others : SPO2-985

C.V.S : CLINICALLY NAD

R.S. : CLINICALLY NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :



ECU Number : 1492  
Age : 44  
Weight : 76  
Date : 28/01/2023

MR Number : 23199379  
Sex : Female  
Ideal Weight : 54

Patient Name: SANDHYA SINGH  
Height : 154  
BMI : 32.05

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

BE: PSEUDOPHAKIA +1.25 D SPH

Final Correction

NA

NA

fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



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Age : 44                                      Sex : Female                                      Height : 154  
Weight : 76                                      Ideal Weight : 54                                      BMI : 32.05  
Date : 28/01/2023

**Gynaec Check Up :**

OBSTETRIC HISTORY                      FTLSCS  
MENSTRUAL HISTORY  
PRESENT MENSTRUAL CYCLE  
PAST MENSTRUAL CYCLE  
CHIEF COMPLAINTS  
PA                                              NORMAL  
PS                                              VAULT (N) Vg-(N)  
PV                                              NO MASS FELT  
BREAST EXAMINATION RIGHT              NORMAL  
BREAST EXAMINATION LEFT              NORMAL  
PAPSMEAR                                      TAKEN  
BMD  
MAMMOGRAPHY  
ADVICE                                              FOLLOW UP WITH REPORT

Dietary Assesment

ECU Number : 1492 MR Number : 23199379 Patient Name: SANDHYA SINGH  
Age : 44 Sex : Female Height : 154  
Weight : 76 Ideal Weight : 54 BMI : 32.05  
Date : 28/01/2023

Body Type : Normal / Underweight / Overweight

Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / Week or occasional

Amount of water consumed / day : Glasses / liters

Life style assessment :

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 seervings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Drink 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Heamoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.



Patient Name : Mrs. SANDHYA SINGH Type : OPD  
 Gender / Age : Female / 44 Years 5 Months 22 Days Request No. : 102930  
 MR No / Bill No. : 23199379 / 231063116 Request Date : 28/01/2023 08:16 AM  
 Consultant : Dr. BAGH Doctor Collection Date : 28/01/2023 08:16 AM  
 Location : OPD Approval Date : 28/01/2023 01:18 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<i>Haemoglobin.</i>			
Haemoglobin	12.2	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.32	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	37.5	%	36 - 46
Mean Corpuscular Volume (MCV)	86.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	28.2	pg	27 - 32
MCH Concentration (MCHC)	32.5	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>14.4</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	45.7	fl	39 - 46
<i>Total Leucocyte Count (TLC)</i>			
Total Leucocyte Count (TLC)	6.60	thou/cmm	4 - 10
<i>Differential Leucocyte Count</i>			
Polymorphs	71	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.65	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.49	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.14</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.28	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<i>Platelet Count</i>			
Platelet Count	279	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	11	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / repeat may be requested.

365 Days / 24 Hours Laboratory Services

Home Collection Facility Available  
(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. SANDHYA SINGH	Type	: OPD
Gender / Age	: Female / 44 Years 5 Months 22 Days	Request No.	: 102930
MR No / Bill No.	: 23199379 / 231063116	Request Date	: 28/01/2023 08:16 AM
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: Mrs. SANDHYA SINGH	Type	: OPD
Gender / Age	: Female / 44 Years 5 Months 22 Days	Request No.	: 102930
MR No / Bill No.	: 23199379 / 231063116	Request Date	: 28/01/2023 08:16 AM
Consultant	: Dr. BAGH Doctor	Collection Date	: 28/01/2023 08:16 AM
Location	: OPD	Approval Date	: 28/01/2023 02:42 PM

**Haematology**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Blood Group</i>			
ABO system	A		
Rh system,	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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MD (Path), DCP.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. SANDHYA SINGH  
Gender / Age : Female / 44 Years 5 Months 22 Days  
MR No / Bill No. : 23199379 / 231063116  
Consultant : Dr. BAGH Doctor  
Location : OPD  
Type : OPD  
Request No. : 102930  
Request Date : 28/01/2023 08:16 AM  
Collection Date : 28/01/2023 08:16 AM  
Approval Date : 28/01/2023 10:09 AM

**Fasting Plasma Glucose**

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	<b>112</b>	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	116	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



Patient Name : Mrs. SANDHYA SINGH Type : OPD  
 Gender / Age : Female / 44 Years 5 Months 22 Days Request No. : 102930  
 MR No / Bill No. : 23199379 / 231063116 Request Date : 28/01/2023 08:16 AM  
 Consultant : Dr. BAGH Doctor Collection Date : 28/01/2023 08:16 AM  
 Location : OPD Approval Date : 28/01/2023 01:13 PM

**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	4.7	%	
estimated Average Glucose (e AG) *	88.19	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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M.D.Pathology



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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Hazy		
Triglycerides	<b>269</b>	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	186	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	<b>39</b>	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	<b>147</b>	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	<b>128</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	<b>53.8</b>	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.28		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.77		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology



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 Gender / Age : Female / 44 Years 5 Months 22 Days Request No. : 102930  
 MR No / Bill No. : 23199379 / 231063116 Request Date : 28/01/2023 08:16 AM  
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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.58	mg/dL	0 - 1
Bilirubin - Direct	0.11	mg/dL	0 - 0.3
Bilirubin - Indirect	0.47	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	29	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	47	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	92	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	40	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	8.06	gm/dL	6.4 - 8.2
Albumin	3.68	gm/dL	3.4 - 5
Globulin	4.38	gm/dL	3 - 3.2
A : G Ratio	0.84		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

---- End of Report ----

Dr. Sejal Odedra  
M.D.Pathology



Patient Name	: Mrs. SANDHYA SINGH	Type	: OPD
Gender / Age	: Female / 44 Years 5 Months 22 Days	Request No.	: 102930
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Location	: OPD	Approval Date	: 28/01/2023 10:08 AM

**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	32	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.60	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	5.3	mg/dL	2.2 - 5.8

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology



Patient Name : Mrs. SANDHYA SINGH  
 Gender / Age : Female / 44 Years 5 Months 22 Days  
 MR No / Bill No. : 23199379 / 231063116  
 Consultant : Dr. BAGH Doctor  
 Location : OPD

Type : OPD  
 Request No. : 102930  
 Request Date : 28/01/2023 08:16 AM  
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 Approval Date : 28/01/2023 10:08 AM

**Thyroid Hormone Study**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)

1.67

ng/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
 1-11 months : 0.1 - 2.45  
 1-5 years : 0.1 - 2.7  
 6-10 years : 0.9 - 2.4  
 11-15 years : 0.8 - 2.1  
 16-20 years : 0.8 - 2.1  
 Adults (20 - 50 years) : 0.7 - 2.0  
 Adults (> 50 years) : 0.4 - 1.8  
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroxine (T4)

8.03

mcg/dL

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
 1 - 2 weeks : 9.8 - 16.6  
 1 - 4 months : 7.2 - 14.4  
 4 - 12 months : 7.8 - 16.5  
 1-5 years : 7.3 - 15.0  
 5 - 10 years : 6.4 - 13.3  
 10 - 20 years : 5.6 - 11.7  
 Adults / male : 4.6 - 10.5  
 Adults / female : 5.5 - 11.0  
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroid Stimulating Hormone (US-TSH)

6.70

microIU/ml

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
 2-20 weeks : 1.7 - 9.1  
 5 months - 20 years : 0.7 - 6.4  
 Adults (21 - 54 years) : 0.4 - 4.2  
 Adults (> 55 years) : 0.5 - 8.9  
 Pregnancy :  
 1st trimester : 0.3 - 4.5  
 2nd trimester : 0.5 - 4.6  
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

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 it is advised to correlate with clinical findings and other related investigations before  
 any firm opinion is made. Recheck / repeat may be requested.

--- End of Report ---

Dr. Sejal Odedra  
M.D.Pathology





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 Gender / Age : Female / 44 Years 5 Months 22 Days Request No. : 102930  
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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	50	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	>=1.030		
Protein	1+ (R/C)	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Trace		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

---- End of Report ----

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**ADVANCED DIGITAL SOLUTIONS**

Computer Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Mammography

Interventional Radiology

Digital Subtraction Angiography

Foetal Echocardiography

Echocardiography

Patient No. : 23199379                      Report Date : 28/01/2023

Request No. : 190050746      28/01/2023 8.16 AM

Patient Name : **Mrs. SANDHYA SINGH**

Gender / Age : Female / 44 Years 5 Months 22 Days

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
• NOT VALID FOR MEDICO-LEGAL PURPOSES  
• CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD**  
Consultant Radiologist



H-2015-0297

MC-3004

E-2021-0071



**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23199379      Report Date : 28/01/2023  
Request No. : 190050706      28/01/2023 8.16 AM  
Patient Name : Mrs. SANDHYA SINGH  
Gender / Age : Female / 44 Years 5 Months 22 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and shows increased in echopattern. No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.**

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.  
**Spleen is enlarged size (13.5cm) and normal in echopattern.**

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen. **Left kidney shows small concretion in lower calyx.**

Uterus is not seen h/o hysterectomy.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.  
No ascites.

**COMMENT:**

**Fatty Liver.  
Splenomegaly.  
Small left renal concretion.**

*Kindly correlate clinically*

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

*Hasani*

**Dr.Pruna C Hasani, MD**  
Consultant Radiologist





**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23199379      Report Date : 28/01/2023  
Request No. : 190050751      28/01/2023 8.16 AM  
Patient Name : **Mrs. SANDHYA SINGH**  
Gender / Age : Female / 44 Years 5 Months 22 Days

**Mammography (Both Breast)**

Both side mammogram has been obtained in mediolateral oblique (MLO) as well as craniocaudal (CC) projections.

Both breasts show scattered fibro glandular parenchyma.  
No obvious focal mass seen on either side.  
No obvious micro/cluster calcification seen. Bilateral benign specks of calcifications are seen.  
No obvious skin thickening or nipple retraction seen.  
No enlarged axillary lymph nodes seen.

**IMPRESSION:**

No obvious focal mass in breasts. BI-RADS category 2.  
Kindly correlate clinically /Follow up

**BIRADS: 0- needs additional imaging, 1- negative, 2- benign, 3- probably benign (require short term follow up), 4- suspicious (require further evaluation with biopsy), 5- highly suspicious for malignancy, 6- biopsy proven malignancy.**

**INFORMATION REGARDING MAMMOGRAMS:**

- A REPORT THAT IS NEGATIVE FOR MALIGNANCY SHOULD NOT DELAY BIOPSY IF THERE IS A DOMINANT OR CLINICALLY SUSPICIOUS MASS.
- IN DENSE BREASTS, AN UNDERLYING MASS LESION MAY BE OBSCURED.
- FALSE POSITIVE DIAGNOSIS OF CANCER MAY OCCURE IN SMALL PERCENTAGE OF CASES.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

*Hasani*

**Dr.Perna C Hasani, MD**  
Consultant Radiologist



Patient No. : 23199379      Report Date : 28/01/2023  
Request No. : 190050773      28/01/2023 8.16 AM  
Patient Name : Mrs. SANDHYA SINGH  
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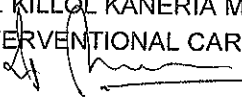
**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, NO MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, NO TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL LVEF – 62 %, NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, TR NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF – 62 %
3. NO RESTING RWMA
4. GRADE I LV DIASTOLIC DYSFUNCTION
5. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURE
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. KILLOL KANERIA MD,DM  
INTERVENTIONAL CARDIOLOGIST



Diagnosis Inform<sup>n</sup> on:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

HR : 94 bpm  
P : 103 ms  
PR : 136 ms  
QRS : 88 ms  
QT/QTc : 365/457 ms  
P/QRS/T : 40/17/34 °  
RV5/SV1 : 0.566/1.173 mV

60MM

Report Confirmed by:

