



Name	: MS.PARWATI	TID/SID	: UMR2016429/ 28325426
Age / Gender	: 40 Years / Female	Registered on	: 28-Sep-2024 / 09:24 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 28-Sep-2024 / 09:26 AM
Req.No	: BIL4768119	Reported on	: 28-Sep-2024 / 14:04 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Complete Urine Examination (CUE), Urine**

Investigation	Observed Value	Biological Reference Intervals
<b>Physical Examination</b>		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
<b>Chemical Examination</b>		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	6.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.015	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
<b>Microscopic Examination</b>		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	7-8	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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**TEST REPORT**

Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		

**Method: Semi Quantitative test ,For CUE**

**Reference:** Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

**Interpretation:**

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist





Name	: MS.PARWATI	TID/SID	: UMR2016429/ 28327322
Age / Gender	: 40 Years / Female	Registered on	: 28-Sep-2024 / 09:24 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 28-Sep-2024 / 12:41 PM
Req.No	: BIL4768119	Reported on	: 28-Sep-2024 / 17:57 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CYTOPATHOLOGY**

**Pap Smear, Conventional**

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation.
Microscopic Observations:	Smears studied show superficial squamous cells and intermediate squamous cells. Background shows lactobacilli and neutrophils.
Interpretation	Negative for intraepithelial lesion or malignancy.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur  
Consultant Pathologist**





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Age / Gender : 40 Years / Female Registered on : 28-Sep-2024 / 09:24 AM  
Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on : 28-Sep-2024 / 09:26 AM  
Req.No : BIL4768119 Reported on : 28-Sep-2024 / 16:06 PM  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF HEMATOPATHOLOGY**

**Blood Grouping ABO And Rh Typing, EDTA Whole Blood**

Parameter	Results
Blood Grouping (ABO)	AB
Rh Typing (D)	POSITIVE

**Method:** Hemagglutination Tube Method by Forward & Reverse Grouping

**Reference:** Tulip kit literature

**Interpretation:** The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O ) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

**Note:** Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Kavya SN*

**Dr.Kavya S N**  
Consultant Pathologist





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Req.No	: BIL4768119	Reported on	: 28-Sep-2024 / 12:54 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF HEMATOPATHOLOGY**

**Erythrocyte Sedimentation Rate (ESR), Whole Blood**

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Modified Westergren	04	<=20 mm/hour

**Complete Blood Count (CBC), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.6	11.5-16.0 g/dL
Packed Cell Volume Method:Derived from Impedance	39.0	34-48 %
Red Blood Cell Count. Method:Impedance Variation	4.66	4.2-5.4 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	83.7	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	27.1	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	32.4	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	13.4	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	<b>37.9</b>	39-46 fL
Total WBC Count. Method:Impedance Variation	4800	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	45.0	40-75 %
Lymphocytes Method:Microscopy	40.3	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	5.5	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	8.7	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	0.5	00-02 %



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**TEST REPORT**

Absolute Neutrophils Count. Method:Calculated	2160	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	1934	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	264	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	418	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	24	<200 cells/cumm
Platelet Count. Method:Impedance Variation	3.35	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	9.5	8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	<b>0.31</b>	0.18-0.28 %

**Method:** Automated Hematology Analyzer, Microscopy

**Reference:** Dacie and Lewis Practical Hematology, 12th Edition

**Interpretation:** A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist





Name	: MS.PARWATI	TID/SID	: UMR2016429/ 28325429F
Age / Gender	: 40 Years / Female	Registered on	: 28-Sep-2024 / 09:24 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 28-Sep-2024 / 09:26 AM
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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Blood Urea Nitrogen (BUN), Serum**

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	7	6-20 mg/dL

**Interpretation:** Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

**Creatinine, Serum**

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	0.68	0.5-1.1 mg/dL

**Interpretation:**

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

**Glucose Fasting (FBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	79	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >=126 mg/dL

**Interpretation:** It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2022



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Req.No	: BIL4768119	Reported on	: 28-Sep-2024 / 14:12 PM
<b>TEST REPORT</b>		Reference	: Arcofemi Health Care Ltd -

**Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.5	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	111	mg/dL

**Interpretation:** It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemc control.

- Excellent Control - 6 to 7 %,
- Fair to Good Control - 7 to 8 %,
- Unsatisfactory Control - 8 to 10 %
- and Poor Control - More than 10 %.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2018.

**Bun/Creatinine Ratio, Serum**

Investigation	Observed Value
BUN/Creatinine Ratio Method:Calculated	10

**Reference:**

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist





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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Lipid Profile, Serum**

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	147	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	37	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	110	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	91.8	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >=190 mg/dL
VLDL Cholesterol Method:Calculated	18.20	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	3.97	Optimal : <3.3 Low Risk : 3.4-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	2.48	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	91	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >=500 mg/dL mg/dl #

**Interpretation:** Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment.

Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



PLEASE SCAN QR CODE  
TO VERIFY THE REPORT ONLINE



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Age / Gender : 40 Years / Female Registered on : 28-Sep-2024 / 09:24 AM  
Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on :  
Req.No : BIL4768119 Reported on :  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist





Name	: MS.PARWATI	TID/SID	: UMR2016429/ 28325428
Age / Gender	: 40 Years / Female	Registered on	: 28-Sep-2024 / 09:24 AM
Ref.By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 28-Sep-2024 / 09:26 AM
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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Liver Function Test (LFT), Serum**

Investigation	Result	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.41	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.27	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.14	Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	20	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	22	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	96	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	22	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	6.9	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.0	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.90	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.38	1.1-2.5

**Interpretation:** Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist



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 Age / Gender : 40 Years / Female Registered on : 28-Sep-2024 / 09:24 AM  
 Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on : 28-Sep-2024 / 09:26 AM  
 Req.No : BIL4768119 Reported on : 28-Sep-2024 / 13:19 PM  
 Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Thyroid Profile (T3,T4,TSH), Serum**

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	0.979	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	4.76	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	3.98	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.

**Interpretation:** A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



**Dr.M.G.Satish**  
Consultant Pathologist



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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Uric Acid, Serum**

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	<b>5.9</b>	2.4-5.7 mg/dL

**Interpretation:** It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist



TENET DIAGNOSTICS

Customer Name	Ms. Parwati	Customer ID	BIL4768119
Age & Gender	40Y / F	Visit Date	

Eye screening

with spectacles / with out spectacles (strike out whichever is not applicable)

	Right eye	Left eye
Near Vision	+1.00	+1.00
Distance Vision	Normal 6/6	Normal 6/6
Colour Vision	—	—

observation / comments

Glasses for Near vision.

MS>Parwati  
ID: 4768119

28.09.2024 11:44:42  
tenet  
Indiranagar  
Bangalore

40 Years  
Female

QRS  
QT / QTcBaz 74 ms  
PR 408 / 424 ms  
P 150 ms  
RR / PP 920 / 923 ms  
P / QRS / T 68 / 16 / 19 degrees

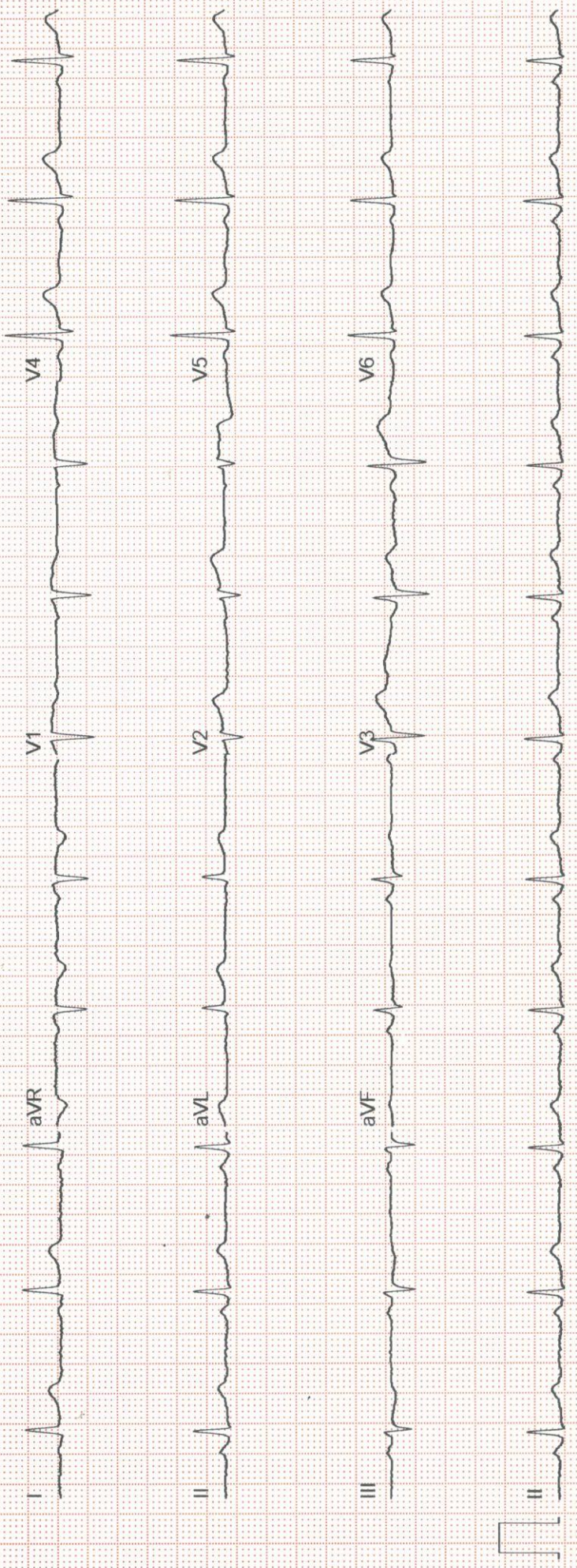
Normal sinus rhythm  
Normal ECG

65 bpm  
- / - mmHg

Technician  
Ordering Ph  
Referring Ph  
Attending Ph

NORMAL ECG

  
Dr. MAHADEV SWAMY B  
MBBS, MD (Internal Medicine),  
DM Cardiology (JIPMER), FSCAI, FICC  
Consultant - Interventional Cardiology



Name	MS.PARWATI	Req NO :4768119
Age & Gender	40Y/FEMALE	Registered on:28.09.2024
Ref Doctor	CREDIT CLIENTS	Reported on:28.09.2024

## 2D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

### M-mode:

	Value	Normal range
LA dimension	3.6	(1.9 – 4.0 cm)
Aorta	2.6	(2.5 – 3.7 cm)
IVS (d)	1.2	(0.6 – 1.1 cm)
LV PW (d)	1.1	(0.6- 1.1 cm)
LVID (d)	3.8	(3.5 – 5.5 cm)
LVID (s)	2.5	(2.4 – 4.2 cm)
EDV	63	ml
ESV	24	ml
LV EF	62%	50 – 70 %

### CHAMBERS:

LEFT ATRIUM: Normal

RIGHT ATRIUM: Normal

LEFT VENTRICLE: Normal

RIGHT VENTRICLE: Normal

### VALVES:

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

### GREAT ARTERIES:

AORTA: Normal

PULMONARY ARTERY: Normal



IAS/IVS: Intact

WALL MOTION ABNORMALITIES:

REGIONAL : No RWMA

GLOBAL: Normal

COLOUR DOPPLER:

MITRAL VALVE: Normal, E/A : 1.09

AORTIC VALVE: Normal

TRICUSPID VALVE: TRIVIAL TR,PASP-25 mmHg

PULMONARY VALVE: Normal


CLOT/ VEGETATION: Nil

PERICARDIUM: No effusion

IVC : NORMAL & COLLAPSING

CONCLUSION:

- NORMAL CHAMBER AND VALVES
- NO REGIONAL WALL MOTION ABNORMALITIES
- NORMAL LV SYSTOLIC FUNCTION (EF:62%)
- IAS INTACT
- NORMAL PA PRESSURE
- NO CLOT/ VEG / PERICARDIAL EFFUSION

  
**Dr. MAHADEV SWAMY B**  
MBBS, MD, DM Cardiology (JIPMER), FSCAI, FICC  
Consultant & Interventional Cardiologist  
KMC No 75242

Name	Ms. PARWATI	Visit Date	28.09.2024
Age & Gender	40 Years/Female	Customer ID	BIL4768119
Ref Doctor	ARCOFEMI HEALTH CARE LTD - MEDI WHEELS		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

**MAMMOGRAPHY OF BOTH BREASTS**

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymphnodes noted.

**SONOMAMMOGRAPHY OF BOTH BREASTS**

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

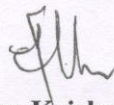
**IMPRESSION:**

➤ NO SIGNIFICANT ABNORMALITY.

**ASSESSMENT: BI-RADS CATEGORY -1**

**BI-RADS CLASSIFICATION**

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	<b>Negative. Routine mammogram in 1 year recommended.</b>
2	Benign finding. Routine mammogram in 1 year recommended.
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.

  
**Dr Meera Krishnan C20023**  
Consultant Radiologist

**Tenet Diagnostics Pvt. Ltd.**

CIN: U85110KA2021PTC149219

No.46, 27th Cross, 3rd Main Road, Municipal No. 6A, 7th Block, Jayanagar, Bangalore, Karnataka-560011.  
Ph.: +91 98863 48863, 080-49364444 | www.tenetdiagnostics.in | info@tenetmedcorp.com

Name	Ms. PARWATI	Visit Date	28.09.2024
Age & Gender	40 Years/Female	Customer ID	BIL4768119
Ref Doctor	ARCOFEMI HEALTH CARE LTD - MEDI WHEELS		

**ABDOMINO-PELVIC ULTRASONOGRAPHY (TAS + TVS)**

**LIVER** is normal in size with uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is moderately distended and has clear contents. Gall bladder wall is of normal thickness. **CBD** is of normal calibre.

**PANCREAS** is normal in size and echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** is normal in size and echopattern. It measures 8.2cms in long axis and 2.3cms in short axis.

**KIDNEYS** move well with respiration and are normal in size and echopattern. Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.1
Left Kidney	10.0	1.1

**URINARY BLADDER** is moderately distended with normal wall thickness. It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and normal in size. It has uniform myometrial echopattern.

**Endometrial thickness** measures 8mm.

**Uterus** measures as follows: **LS: 8.1cms**      **AP: 4.5cms**      **TS: 4.9cms.**

**OVARIES** are normal in size and are polycystic. No focal lesion seen.

Ovaries measure as follows:

**Right ovary:** 3.3 x 1.8 x 1.8cms (Vol: 6cc)

**Left ovary:** 3.6 x 1.9 x 2.2cms (Vol: 8cc)

POD & adnexae are free.

No evidence of ascites / pleural effusion.

**IMPRESSION:**

- **BILATERAL POLYCYSTIC OVARIES.**

**Dr Meera Krishnan C20023**  
Consultant Radiologist

**Tenet Diagnostics Pvt. Ltd.**

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PLEASE SCAN QR CODE

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Name	: Ms . PARWATI	TID	: UMR2016429
Age/Gender	: 40 Years/Female	Registered On	: 28-Sep-2024 09:24 AM
Ref By	: ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Reported On	: 28-Sep-2024 12:12 PM
Reg.No	: BIL4768119	Reference	: Arcofemi Health Care Ltd - Medi Whe

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### X-Ray Chest PA View

#### FINDINGS AND IMPRESSION:

Lung fields appear normal.

Borderline cardiomegaly is noted.

Hila is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

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

**Dr Suhas C M**  
Consultant Radiologist