



CID : 2310416502
Name : MRS.MANISHA RAJENDRA CHAVAN
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 14-Apr-2023 / 08:00
Reported : 14-Apr-2023 / 10:46

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC COUNT	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.6	36-46 %	Calculated
MCV	81.5	80-100 fl	Measured
MCH	25.7	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC TOTAL COUNT	5990	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2000.7	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	365.4	200-1000 /cmm	Calculated
Neutrophils	58.6	40-80 %	
Absolute Neutrophils	3510.1	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	95.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
PLATELET COUNT	248000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Measured
PDW	19.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others (CBC) -
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 CPL, Andheri West
*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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Reported : 14-Apr-2023 / 15:29

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
FBS (-F), Fluoride Plasma	105.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
PPBS (-P), Fluoride Plasma PP/R	90.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Collected : 14-Apr-2023 / 08:00
Reported : 14-Apr-2023 / 12:30

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.5	12.8-42.8 mg/dl	Kinetic
BLOOD UREA NITROGEN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	84	>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	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC, Serum	6.0	2.4-5.7 mg/dl	Enzymatic
PHOS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

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



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Age / Gender : 50 Years / Female
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Reported : 14-Apr-2023 / 12:04

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLYCO Hb, EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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Reg. Location : Malad West (Main Centre)

Collected : 14-Apr-2023 / 08:00
Reported : 14-Apr-2023 / 14:34

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color-U	Pale yellow	Pale Yellow	-
pH-Urine	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood (Urine)	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite (Urine)	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	6-8	0-5/hpf	
RBC / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



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Reported : 14-Apr-2023 / 10:52

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GRP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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Reported : 14-Apr-2023 / 14:14

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL CHOLESTEROL, Serum	172.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	203.4	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	28.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
Non HDL CHOLESTEROL, Serum	143.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	115.4	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, Serum	28.4	< / = 30 mg/dl	Calculated
TC/HDLC RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDLC/HDLC RATIO, Serum	4.0	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
FT3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
FT4, Serum	14.4	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
TSH, Serum	7.35	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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 trasiently altered becuae 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J. Thakker

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



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Reported : 14-Apr-2023 / 11:20

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.82	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT, Serum	19.2	5-32 U/L	NADH (w/o P-5-P)
SGPT, Serum	16.2	5-33 U/L	NADH (w/o P-5-P)
GGT, Serum	32.3	3-40 U/L	Enzymatic
ALK PHOS, Serum	84.9	35-105 U/L	Colorimetric

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*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Date:- 14/4/23.
Name:- Manisha Chavan

CID: 2310416502
Sex / Age: 50 / F

EYE CHECK UP

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision: Both eye NU:- N6
DU:- 6/6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	N6	_____	_____	_____	N6

Colour Vision: Normal / Abnormal

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1982

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS - MALDEN WEST

Date and Time: 14th Apr 23 10:19 AM

Patient Name: MANISHA CHAVAN

Patient ID: 2310416502



Age **50** years **NA** months **NA** days

Gender **Female**

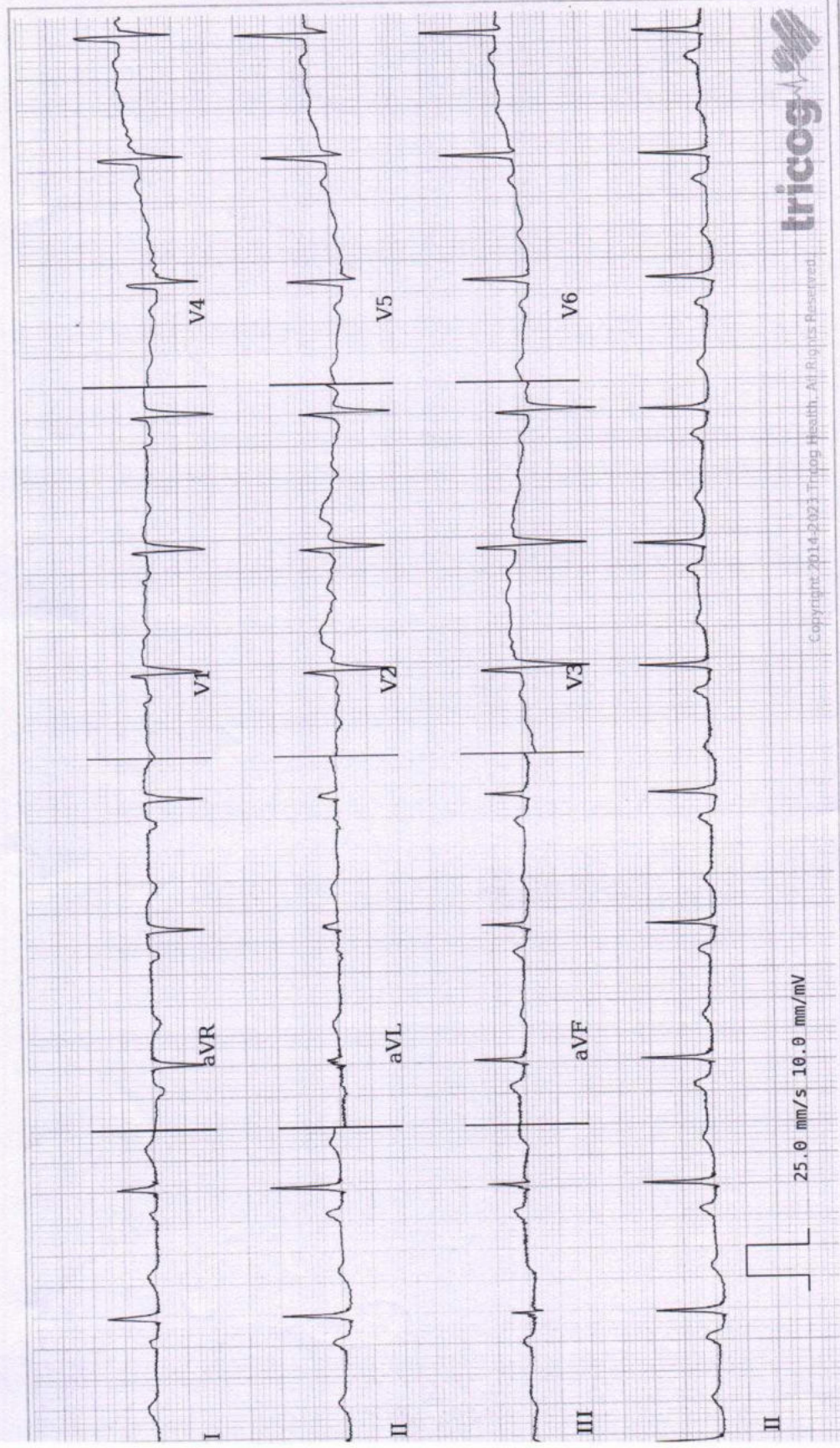
Heart Rate **72bpm**

Patient Vitals

BP: 130/90 mmHg
 Weight: 68 kg
 Height: 165 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 90ms
 QT: 410ms
 QTcB: 448ms
 PR: 182ms
 P-R-T: 66° 48° 17°



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REPORTED BY

[Signature]

DR SONALI HONRAO
 MD (General Medicine)
 Physician
 2001/04/1882

Within Normal Limits: Sinus Rhythm. Please correlate clinically.

ner. 1) Analysis in this report 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 n. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



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Reported : 14-Apr-2023 / 13:33

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

-----End of Report-----

DR. Akash Chhari
MBBS, MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862



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Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Apr-2023
Reported : 18-Apr-2023 / 11:17

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views.

Fatty fibroglandular pattern is noted in both breasts.

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Few subcentimeter sized simple cysts are seen at 11 oclock position in left breast. largest cyst measures 0.6 x 0.3 cm.

Rest of the left and right breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

SMALL CYSTS IN LEFT BREAST.

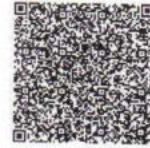
ACR BIRADS Category- II (Benign).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041407570670>

Authenticity Check



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ACR BIRADS CATEGORY

- I. Negative.
- II. Benign.**
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

-----End of Report-----

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041407570670>

PATIENT NAME : MRS.MANISHA RAJENDRA CHAVAN	AGE : 50 YRS
CID NO : 2310416502	SEX : FEMALE
REF DR NAME : -----	DATE : 14/04/2023

2D-ECHOCARDIOGRAPHY REPORT

INDICATION: Cardiac Evaluation

SUMMARY: Normal LV and RV systolic function. EF= 60 %
No gross regional wall motion abnormality seen.
E/A 1.13, Intact septae.
No obvious pulmonary hypertension.
No pericardial effusion.
No LA/LV/LAA clot seen.

CHAMBERS:

LV: Normal size and thickness
Normal LV systolic function, EF =60 %
No regional wall motion abnormality seen.
No clot/ thrombus

RV: Normal size and thickness
Normal RV systolic function
No clot/thrombus

LA: Normal size
No clot / thrombus

RA: Normal size
No clot / thrombus

VALVES:

MITRAL : Thin and mobile
No stenosis / regurgitation seen.

AORTIC:
No stenosis / regurgitation seen.
Normal aortic root size

TRICUSPID: Thin and mobile
No stenosis.
No regurgitation.
No pulmonary hypertension seen.

PULMONARY: Thin and mobile.
No stenosis / regurgitation.
Normal sized pulmonary artery and branches.

SEPTAE: IAS / IVS are Intact.

No e/o coarctation of aorta.
No e/o LA/LV/LAA clot / thrombus.
No pericardial effusion seen.

M-MODE STUDY	Value	Unit	DOPPLER STUDY	Value	Unit
LVIDd	4.21	cm	Mitral Valve		
LVIDs	3.41	cm	Mitral Valve E velocity	0.96	m/s
IVSd	0.81	cm	Mitral Valve A velocity	0.85	m/s
LVPWd	0.87	cm	E/A	1.13	
			Mitral Valve DT	-	ms
MV M Mode	N		E/e'	-	
DE amplitude	-				
EF SLOPE	-		Aortic Valve		
EPSS	-		V max	1.05	m/s
AV M Mode	N		Mean gradient	1.87	mmHg
AV opening	-	cm	Peak gradient	4.39	mmHg
			VTI	24.63	
2D study			Tricuspid valve		
RVOT	1.78	cm	Tr jet velocity	-	m/s
AO	2.21	cm	PASP	-	mmHg
LA	2.16	cm			
IVC	-	cm	TAPSE	-	
			LVEF	60	%

END OF REPORT

Dr. MADHUKAR GARODIYA
 M.D. (Medicine)
 Regd. No.: 079527

DR. MADHUKAR GARODIYA
 M.D. MEDICINE
 REG.NO.:079527

NAME: - Manisha Chavan

AGE / SEX :- 52y/F

REGN NO :-

REF DR :-

GYANECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 18yrs of age.
- PRESENT MENSTRUAL HISTORY :- ~~EMF~~ } menopause at age of 39.
- PAST MENSTRUAL HISTORY :-
- OBSTERIC HISTORY :- P, L, A, .
- PAST HISTORY :- Nil.
- PREVIOUS SURGERIES :- Nil.
- ALLERGIES :- Nil.
- FAMILY HISTORY :- Nil.

- DRUG HISTORY :- *NTM*
- BOWEL HABITS :- *10.*
- BLADDER HABITS :-

PERSONAL HISTORY :-

TEMPERATURE :- *Afebrile*

RS :- *10.*

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:- *—*

PER ABDOMEN :- *0*

PRE VAGINAL:- *—*

RECOMMENDATION :-

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1982

[Signature]

CID : 2310416502
Name : Mrs MANISHA RAJENDRA CHAVAN
Age / Sex : 50 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 10:53

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is small atrophic consistent with post menopausal status. The endometrial echoes are thinned out.

OVARIES:

Both the ovaries are not seen likely atrophic
There is no evidence of any ovarian or adnexal mass seen.

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CID : 2310416502
Name : Mrs MANISHA RAJENDRA CHAVAN
Age / Sex : 50 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 14-Apr-2023
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IMPRESSION:-

*Fatty liver.
No other significant abnormality is seen.*

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

-----End of Report-----



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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