

CID : 2204500387  
Name : MRS.SNEHA SHIRISH DESHPANDE  
Age / Gender : 53 Years / Female  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Feb-2022 / 08:39  
Reported : 14-Feb-2022 / 11:49

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Stool

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	6.27	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.3	36-46 %	Calculated
MCV	64	80-100 fl	Calculated
MCH	20.0	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	17.7	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6500	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	40.1	20-40 %	
Absolute Lymphocytes	2606.5	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	364.0	200-1000 /cmm	Calculated
Neutrophils	52.3	40-80 %	
Absolute Neutrophils	3399.5	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	130.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	++		
Microcytosis	++		

*Adult, fatty liver, No thalassaemic trait, Consult family physician, electrophoresis, Hb*

**Dr. I. U. BAMB**  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	117.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.5	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.9	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.

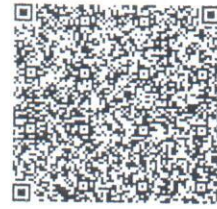
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MC-2463

*Signature*

**Dr.SHRUTI RAMTEKE**  
M.B.B.S, DCP (PATH)  
Pathologist



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

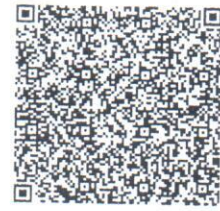
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shruti Ramteke*

Dr.SHRUTI RAMTEKE  
M.B.B.S, DCP (PATH)  
Pathologist



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

PARAMETER	RESULTS
ABO GROUP	A
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.

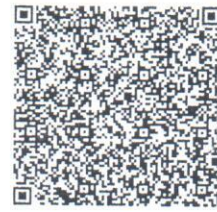
**References:**

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 \*\*\*



*Shruti Ramteke*  
Dr.SHRUTI RAMTEKE  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	108.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	117.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	22.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

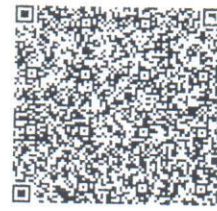
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	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	103	98-107 mmol/l	ISE

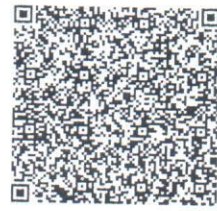
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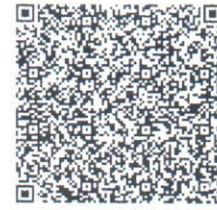
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.0	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.28	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.



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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 5.5 to 15 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:**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.

**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 \*\*\*



Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.73	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	29.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	48.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	59.7	35-105 U/L	Colorimetric

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



*Signature*

Dr.SHRUTI RAMTEKE  
M.B.B.S, DCP (PATH)  
Pathologist

Name: Mrs sneha Deshpande

Sex / Age: 53M/F

CID: 2204500387

Date: 14/2/22

**EYE EXAMINATION**

**VISION**

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye N/G	Left Eye N/G
Near Vision With Glasses	Right Eye	Left Eye

**GENERAL EXAMINATION:**

LIDS  
CORNEA  
CONJUNCTIVAE  
EYE MOVEMENTS  
COLOUR VISION

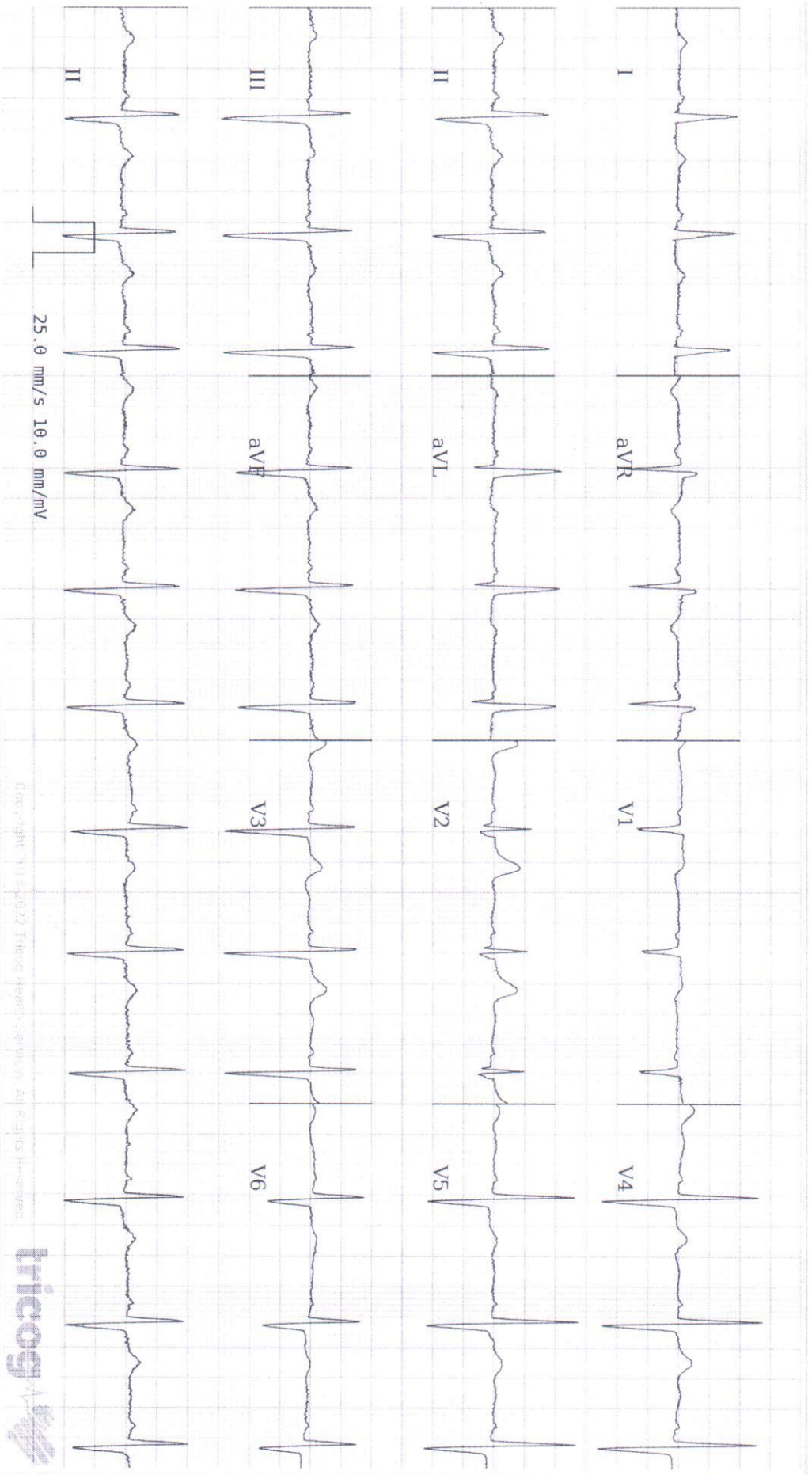
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DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452

Patient Name: **DESHPANDE SNEHA SHIRISH** Date and Time: **14th Feb 22 9:22 AM**  
Patient ID: **2204500387**



Age **53** 1 **13**  
years months days

Gender **Female**

Heart Rate **76 bpm**

Patient Vitals

BP: **NA**

Weight: **72 kg**

Height: **155 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QSRD: **92 ms**

QT: **396 ms**

QTc: **445 ms**

PR: **120 ms**

P-R-T: **17° -28° 55°**

REPORTED BY

Sinus Rhythm, Normal Axis, q' in V1 V2 with ST T depressed in AVL. Please correlate clinically.



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**SUBURBAN DIAGNOSTICS PVT. LTD.**  
Seraph Centre, Opp. Pentagon Mall,  
DR. T. H. BAMB  
DR ISHWARLAL BAMB  
M.B.B.S MD (MEDICINE)  
cardiologist  
39452

Disclaimer: 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 physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Tel: 020-41094509

Patient Name: Mrs. Sneha Deshpande

Ref : Arcofemi Health Care

Age / Sex: 53/F

Date: 14/02/2022

2D ECHO REPORT

**Findings:-**

- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.

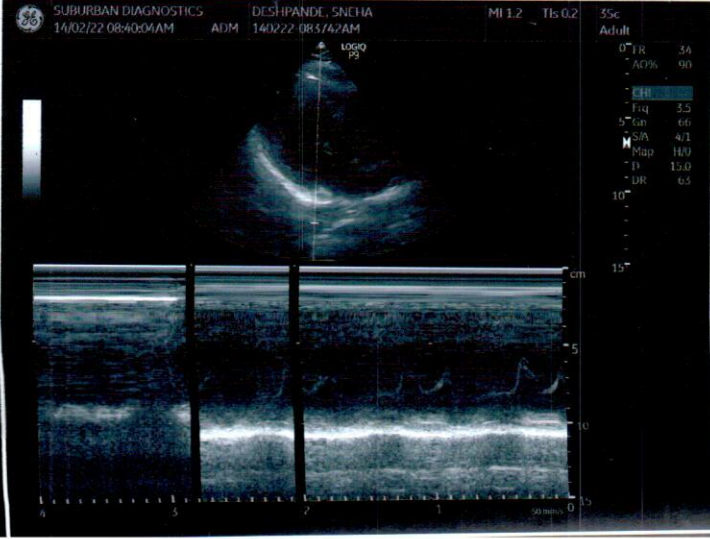
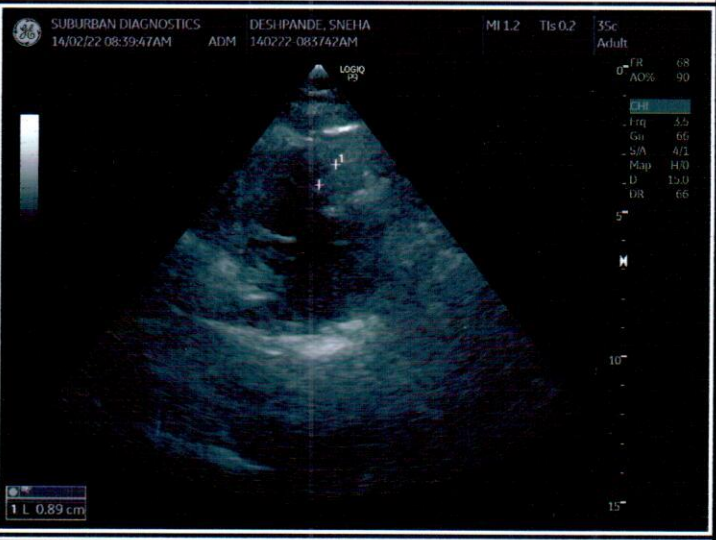
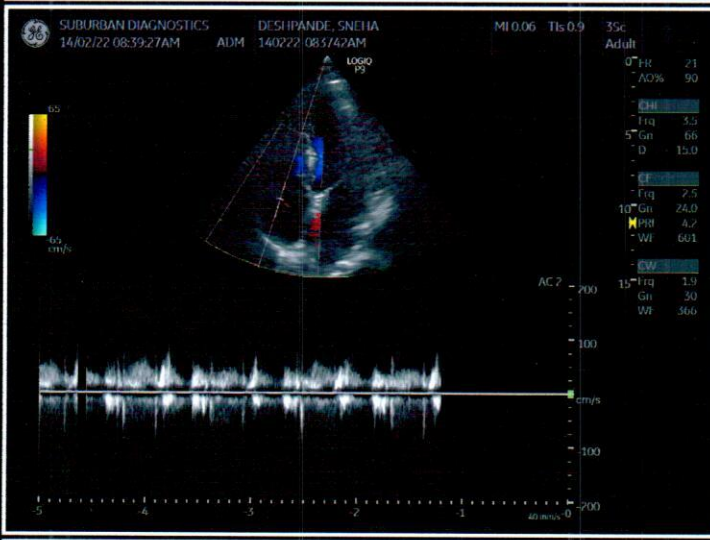
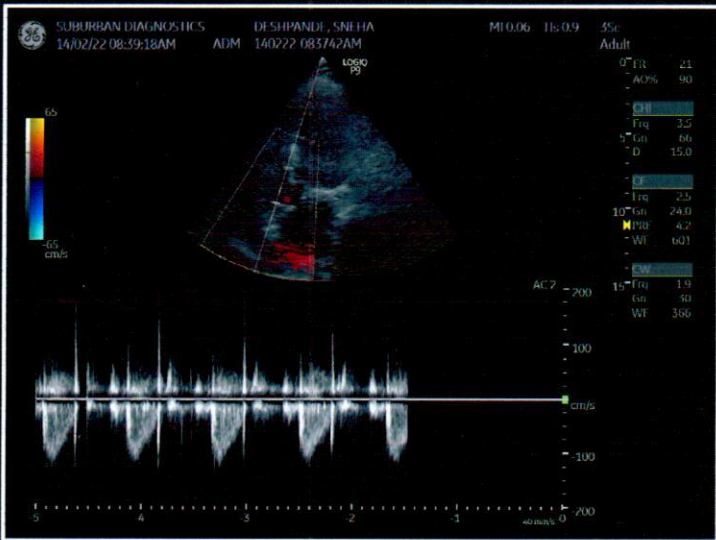
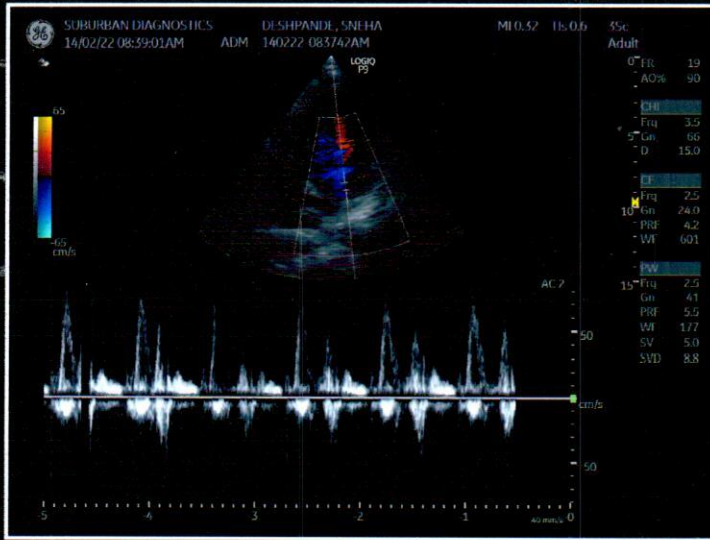
**DOPPLER:-**

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

**Measurements (mm):- AO-30, LA-26, IVS-9, PW-9, LVIDd-42, LVIDs-28, LVEF-60%**

**Impression:- NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)**

  
**Dr RAJESH WAGH**  
**MD (MEDICINE), DM (CARDIOLOGY).**





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Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 14-Feb-2022 / 10:40  
Reported : 14-Feb-2022 / 10:43

**USG WHOLE ABDOMEN**

**LIVER:** Normal in size ( measures 14.2 cms) and **shows generalised increased echogenicity**. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.6 x 4.1 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 10.5 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum and flanks obscured due to bowel gas.**  
Paraaortic and paracaval region appears to be normal.  
No evidence of lymphnodes noted.  
No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**UTERUS and left ovary :**Not visualised -post operative status.  
Right ovary is normal and measures 2.9 x 2.3 cm.

**IMPRESSION :** Normal size liver with fatty changes.

Clinical correlation is indicated.

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

**This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.**

DR. NIKHIL G. JOSHI  
M.B.B.S., D.M.R.E.  
REG. NO. 2001/02/397

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Page 1 of 1







CID : 2204500387  
Name : Mrs DESHPANDE SNEHA SHIRISH  
Age / Sex : 53 Years/Female  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre

Reg. Date  
Reported

**X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.  
The cardiothoracic ratio is maintained and the cardiac outline is normal.  
The domes of the diaphragm are normal.  
The cardio and costophrenic angles are clear.  
Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

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M.B.B.S., D.M.R.E.  
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भारत सरकार  
GOVERNMENT OF INDIA



स्नेहा शिरीष देशपांडे  
Sneha Shirish Deshpande  
जन्म वर्ष / Year of Birth : 1969  
स्त्री / Female

9367 3828 2999



आधार - सामान्य माणसाचा अधिकार

*SsDeshpande*

**SUBURBAN DIAGNOSTICS PVT. LTD.**  
Seraph Centre, Opp. Pentagon Mall,  
Near Panchami Hotel,  
Shahu College Road, Pune-411 009.  
Tel: 020-41094509

CID# : 2204500387  
Name : MRS.SNEHA SHIRISH DESHPANDE  
Age / Gender : 53 Years/Female  
Consulting Dr. : -  
Reg.Location : Swargate, Pune (Main Centre)

SID# : 177804936694  
Registered : 14-Feb-2022 / 08:12  
Collected : 14-Feb-2022 / 08:12  
Reported : 14-Feb-2022 / 18:56  
Printed : 14-Feb-2022 / 18:59

**MAMMOGRAPHY**

Both mammograms have been performed with cranio-caudal (CC) and medio-lateral oblique (MLO) views.  
Mixed fatty and dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.  
No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen.  
No abnormal skin thickening is seen.  
Sonomammography of both breasts show normal parenchymal echotexture.  
No focal solid or cystic lesion is seen. No obvious focal area of altered echoes seen on both sides.  
No evidence of enlarged axillary lymphnode is seen on either side.

**IMPRESSION :**

Normal mammography and sonomammography of both breasts.  
**ACR BIRADS CATEGORY I**

**SUGGEST :**


Follow up mammography after one year is suggested.  
Please bring all the films for comparison.

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].  
I Negative \_\_\_\_\_ IV Suspicious (Indeterminate).  
II Benign finding \_\_\_\_\_ V Highly suggestive of malignancy.  
III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

  
**Dr.ANURADHA KELKAR**  
**M.D (Radiologist)**

**PUNE LAB ADDRESS:** Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009  
**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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