



Patient Name	: Mrs. ROSELY SIMON	Type	: OPD
Gender / Age	: Female / 47 Years 6 Months 4 Days	Request No.	: 109671
MR No / Bill No.	: 23201299 / 231068744	Request Date	: 27/02/2023 08:35 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 27/02/2023 08:39 AM
Location	: OPD	Approval Date	: 27/02/2023 03:59 PM

Pap Smear

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Biological Ref. Range</u>
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Pap Smear

Pap Smear Screening Report / Cervico-Vaginal Cytology...

Cyto no : 356/23
Received at 01.00 pm.

Clinical Details : No complain
P/V findings : Cx. - NAD / Vg. - NAD
LMP : 15 days before

TBS Report / Impression :

- * Satisfactory for evaluation; transformation zone components identified.
- * Mild inflammatory cellularity (Neutrophils rich).
- * No epithelial cell abnormality favouring Squamous intraepithelial lesion or frank malignancy (NILM).

Note / Method :

The material received in LBC container, cytosmear was stained by rapid pap method and reported with due consideration to The Bethesda system (Modified 2014)

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



BHAILAL AMIN
GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 2070

Age : 47

Weight : 57

Date : 27/02/2023

MR Number : 23201299

Sex : Female

Ideal Weight : 60

Patient Name: ROSELY SIMON

Height : 162

BMI : 21.72

Tel Thyronorm 25mcg

(---)

RBF


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 : 2070 MR Number : 23201299 Patient Name: ROSELY SIMON
Age : 47 Sex : Female Height : 162
Weight : 57 Ideal Weight : 60 BMI : 21.72
Date : 27/02/2023

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINTS AT PRESENT.

Family H/O : FATHER AND MOTHER HAS DIABETES AND HYPERTENSION AND DYSLIPIDAEMIA.

Habits : NO HABITS.
Gen.Exam. : G.C. GOOD
B.P : 110/70 mm Hg
Pulse : 74/MIN REG.
Others : SPO2 : 98 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :

ECU Number : 2070
Age : 47
Weight : 57
Date : 27/02/2023

MR Number : 23201299
Sex : Female
Ideal Weight : 60

Patient Name: ROSELY SIMON
Height : 162
BMI : 21.72

Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6

N.6

Final Correction

-

-

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

N.A

Ortho Advice

N.A

ENT Check Up :

Ear

N.A

Nose

N.A

Throat

N.A

Hearing Test

N.A

ENT Advice

N.A

General Surgery Check Up :

General Surgery

N.A

Abdominal Lump

N.A

Hernia

N.A

External Genitals

N.A

PVR

N.A

Proctoscopy

N.A

Any Other

N.A

Surgical Advice

N.A



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Location	: OPD	Approval Date	: 27/02/2023 01:19 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
<i>Haemoglobin.</i>			
Haemoglobin	12.8	gm/dL	12 - 15
Red Blood Cell Count (T-RBC)	4.68	mill/cmm	3.8 - 4.8
Hematocrit (HCT)	38.3	%	36 - 46
Mean Corpuscular Volume (MCV)	81.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.4	pg	27 - 32
MCH Concentration (MCHC)	33.4	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	40.2	fl	39 - 46
<i>Total Leucocyte Count (TLC)</i>			
Total Leucocyte Count (TLC)	7.80	thou/cmm	4 - 10
<i>Differential Leucocyte Count</i>			
Polymorphs	60	%	40 - 80
Lymphocytes	32	%	20 - 40
Eosinophils	4	%	1 - 6
Monocytes	4	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.69	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.54	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.26	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.26	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.1	%	1 - 3 : Borderline > 3 : Significant
<i>Platelet Count</i>			
Platelet Count	286	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	1	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 / retest may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. ROSELY SIMON	Type	: OPD
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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. Sejal Odedra
M.D.Pathology

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Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	AB		
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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DEPARTMENT OF LABORATORY MEDICINE

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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	97	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	123	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Heamoglobin (HbA1c)	5.5	%	
estimated Average Glucose (e AG) *	111.15	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)

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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	49	mg/dL	1 - 150
Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	157	mg/dL	1 - 200
HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High)	75	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	82	mg/dL	1 - 130
LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	75	mg/dL	1 - 100
VLDL Cholesterol (calculated)	9.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	1		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	2.09		3.5 - 5

---- End of Report ----


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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	25	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.84	mg/dL	0.6 - 1.1
Estimate Glomerular Filtration rate <i>(Ref. range : > 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>	4.0	mg/dL	2.2 - 5.8

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.69	mg/dL	0 - 1
Bilirubin - Direct	0.13	mg/dL	0 - 0.3
Bilirubin - Indirect	0.56	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	14	U/L	13 - 35
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	22	U/L	14 - 59
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	46	U/L	42 - 98
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	13	U/L	5 - 55
<i>(By IFCC method on RXL Dade Dimension.)</i>			
Total Protein			
Total Proteins	7.52	gm/dL	6.4 - 8.2
Albumin	3.66	gm/dL	3.4 - 5
Globulin	3.86	gm/dL	3 - 3.2
A : G Ratio	0.95		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



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 Approval Date : 27/02/2023 11:53 AM

Thyroid Hormone Study

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

Triiodothyronine (T3)

1.09

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)

8.38

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)

5.44

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))

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
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 Approval Date : 27/02/2023 12:12 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Turbid (Slight)		
Chemical Examination (By Reagent strip method)			
pH	6.0		
Specific Gravity	1.010		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	1+		Negative
Leucocytes	Trace		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	1 - 5	/hpf	0 - 2
Leucocytes	5 - 10	/hpf	0 - 5
Epithelial Cells	1 - 5	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Bacteria +		

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201299 Report Date : 27/02/2023
Request No. : 190054897 27/02/2023 8.35 AM
Patient Name : **Mrs. ROSELY SIMON**
Gender / Age : Female / 47 Years 6 Months 4 Days

- 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

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

Hasani

Dr. Prerna C Hasani, MD
Consultant Radiologist





DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23201299 Report Date : 27/02/2023
Request No. : 190054858 27/02/2023 8.35 AM
Patient Name : Mrs. ROSELY SIMON
Gender / Age : Female / 47 Years 6 Months 4 Days

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

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

Liver is normal in size and 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 normal size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

Uterus is anteverted, bulky in size and heterogeneous in echo pattern. Endometrium thickness is about 5 mm. Few fibroids are seen in uterus measures 38x36mm in anterior wall, 17x11mm in posterior wall and 20x18mm at fundus sub serosal.

Uterine length : 96 mm.
A.P. : 52 mm.

No adnexal mass seen.

Urinary bladder is well distended and appears normal.

No ascites.

COMMENT:

Bulky uterus with heterogenous echopattern. Few uterine fibroids.

Kindly correlate clinically

Prerna C Hasani

Dr.Pruna C Hasani, MD
Consultant Radiologist



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



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. : 23201299 Report Date : 27/02/2023
 Request No. : 190054908 27/02/2023 8.35 AM
 Patient Name : **Mrs. ROSELY SIMON**
 Gender / Age : Female / 47 Years 6 Months 4 Days

Mammography (Both Breast)

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

Both breasts show dense fibro glandular parenchyma(Type C Breast).
No obvious focal mass seen on right side.

Left breast shows well defined lobulated opacity in lower quadrant .

No obvious skin thickening or nipple retraction seen.

Right axillary lymph nodes are seen possibly benign.

IMPRESSION:

Findings favor benign lesion in left breast—fibroadenoma.

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.

Hasani

Dr.Perna C Hasani, MD
Consultant Radiologist



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

Patient No. : 23201299 Report Date : 27/02/2023
Request No. : 190054925 27/02/2023 8.35 AM
Patient Name : Mrs. ROSELY SIMON
Gender / Age : Female / 47 Years 6 Months 4 Days

Echo Color Doppler

MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT, THINNED, ANEURYSMAL
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER : NO LV diastolic dysfunction
FLOW MAPPING : Trace TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO LV DIASTOLIC DYSFUNCTION
6. NO AR, MR, TRACE TR, NO PULMONARY HYPERTENSION, (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

 Dr. KILLOL KANERIA MD, DM
Consultant Cardiologist

Name Mrs. Rosely Simon
Patient ID ECU/23201299

27.02.2023 09:55:01
Standard 12-Lead

Date of birth Undefined
Gender Undefined
Height Undefined
Weight Undefined
Facemaker Unknown
Indication Remark

Visit ID Room Medication
Order ID Ord. prev. Ord. prot.

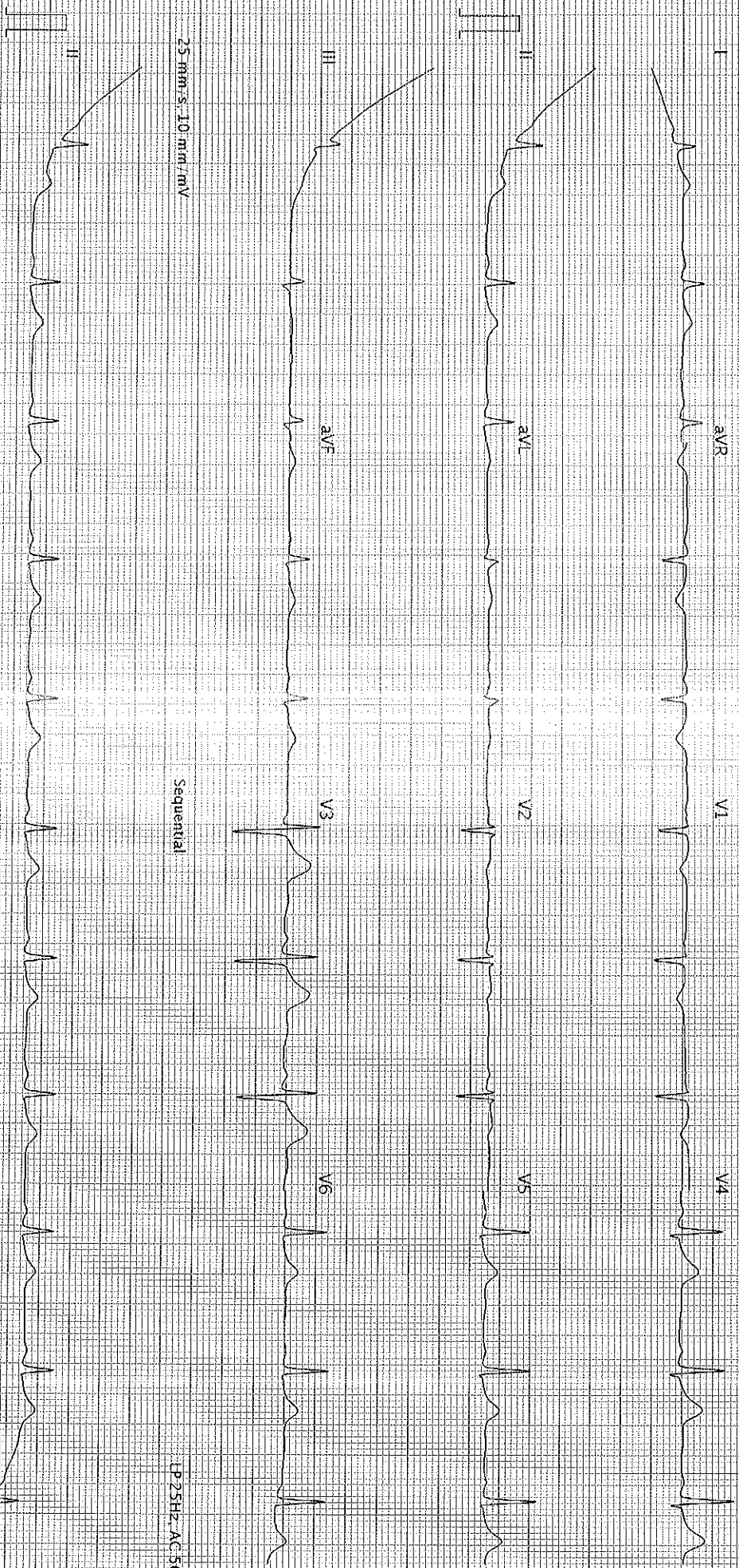
HR 66 bpm RR 912 ms
P 98 ms PR 146 ms
P axis 0 QRS 424 ms
QRS axis 33 QT 444 ms
T axis 0 QTcB

Sinus rhythm
Normal electrical axis
T abnormality (inversion)
T abnormality in inferior leads
Nonspecific ST abnormality (depression)
Abnormal ECG

Unconfirmed report

Prüfer

Abnormal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT 102 G2 I 2 0 (1080 011030)

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