

NAME:	Mrs. Shilpa Tawade	UHID:	
AGE:	50	DATE OF HEALTHCHECK:	8/2/2024
GENDER:	F		

HEIGHT:	153	MARITAL STATUS:	M.
WEIGHT:	61.5	NO OF CHILDREN:	2
BMI:	23.1		

C/O: Back pain, stiffness,  
cramps in legs.  
P/M/H: - NO

K/C/O:  
PRESENT MEDICATION: - nil

P/S/H: - LSCS  
Lt. Breast - Cyst removed 2010.

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

FAMILY HISTORY FATHER: -

MOTHER: - T2DM, HTN

O/E:

BP: 130/80 PULSE: - normal

TEMPERATURE: - SCARS:

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

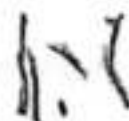
OEDEMA:

S/E:

RS:



P/A:



CVS: - S2r

Extremities & Spine: Pain in knee.

ENT: - NAD

CNS: - Confusion, disoriented

Skin: - NAD

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR :				
NEAR :				
COLOUR VISION:				

Name: Mrs. Shilpa Tawade      Age: 50/F      Date of Health check-up: 08/03/2024

**Findings and Recommendation:**

**Findings:-**      Total Cholesterol - high  
LFT - Bilirubin high  
urine report conffg of UTI  
Rest reports wnl.

**Recommendation:-**

Consult Physician

DR. PRADNYA P. DANI  
(M.B.B.S)  
Reg. No. 87541

*Pradnya*

Signature:  
Consultant -

**OPHTHALMIC EVALUATION**

UHID No.: \_\_\_\_\_

 Date: 8/3/24

 Name: SHILPA TAWADE Age: 50y Gender: Male/Female

Without Correction:

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

With Correction:

 Distance: Right Eye 6/9 Left Eye 6/9

 Near : Right Eye N6 Left Eye N6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	-1.50	_____	_____	_____	6/9	-1.75	_____	_____	_____	6/9
Near	+0.50	_____	_____	_____	N6	+0.25	_____	_____	_____	N6

 Colour Vision: (BE) - WNL

 Anterior Segment Examination: (BE) - WNL (BE) Early Cat ⊕

 Pupils: (BE) - WNL

 Fundus: (BE) - WNL

Intraocular Pressure: \_\_\_\_\_

 Diagnosis: (BE) - WNL

Advice: \_\_\_\_\_

Re-Check on \_\_\_\_\_ (This Prescription needs verification every year)

 Dr. Sagorika Deo  
 (Consultant Ophthalmologist)

**DR. SAGORIKA DEY**  
 MBBS, DOMS

REGN NO: 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentis

## DENTAL CHECKUP

<b>Name:</b> <u>Shilpa Tawade</u>	<b>MR NO:</b>
<b>Age/Gender :</b> <u>50/F</u>	<b>Date:</b> <u>8/3/24</u>

Medical history:  Diabetes  Hypertension  \_\_\_\_\_

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains			✓	✓
Mobility				
Caries ( Cavities )				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces	✓	✓	✓	✓
Impacted Tooth				
Missing Tooth				
Existing Denture				

### TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis:  Scaling & polishing  
 Orthodontic Advice for Braces:  Yes /  No  
 Prosthetic Advice to Replace Missing Teeth:  Denture  Bridge  Implant  
 Oral Habits:  Tobacco  Cigarette  Others since \_\_\_ years  
 Advice to quit any form of tobacco as it can cause cancer.  
 Other Findings: \_\_\_\_\_

- Adv OPG  
 - Scaling & polishing - 1200  
 - Extraction of all root pieces

- Replacement of missing teeth

**DR. AQSA SHAIKH**  
 B. D. S

• ANDHERI • COLABA • NASHIK • VASHI

Reg. No: A 42611

Name: Shilpa Tanvele Age: 30 Sex: F UHID No.: \_\_\_\_\_ Date: 8/3/24

MP - Post Menopausal x years

OIN - P212 / FTLSU

PIH - No Meds or Sx / Hx

OIE - Gx fem

PA - soft

PIS / ut AN USI FM  
PIV / BI ~~Female~~ M



Ash

fup after PAP

Annvi

DR. ANNVI DEEP MASHRU  
M.S. (OBS & GYNAE)  
REG No. 2018/03/0581

Dr. \_\_\_\_\_



**Apollo Clinic**  
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
 UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
 Ref. by : SELF      Sample Col.Dt : 08/03/2024 08:25  
 Barcode No : 1236      Reported On : 08/03/2024 16:07

TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)			
Haemoglobin(Colorimetric method)	12.2	g/dl	11.5 - 15
RBC Count (Impedance)	4.12	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	36.9	%	35 - 55
MCV:(Calculated)	89.7	fl	78 - 98
MCH:(Calculated)	29.6	pg	26 - 34
MCHC:(Calculated)	33	gm/dl	30 - 36
RDW-CV:	13.2	%	10 - 16
Total Leucocyte count(Impedance)	5320	/cumm.	4000 - 10500
Neutrophils:	64	%	40 - 75
Lymphocytes:	30	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.95	Lakhs/c.mm	1.5 - 4.5
MPV	7.9	fl	6.0 - 11.0
ESR(Westergren Method)	17	mm/1st hr	0 - 20
Penpheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Vasanti Gondal

Entered By

Ms Kaveri Gaonkar

Verified By

End of Report

Results are to be correlated clinically

Page 7 of 90 Milind Patwardhan

M.D(Path)  
 Chief Pathologist

Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
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TEST

RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group:      :A:  
Rh Type:      Positive  
Method :      Matrix gel card method (forward and reverse)  
-----

Pooja Surve  
Entered By

Ms Kaveri Gaonkar  
Verified By



Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mrs. Shilpa Gajanan Tawade Gender : Female Age : 50 Years  
UHID : FVAH 10880. Bill No : Lab No : V-758-23  
Ref. by : SELF Sample Col.Dt : 08/03/2024 08:25  
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin : 5.2 % Normal < 5.7 %  
Pre Diabetic 5.7 - 6.5 %  
Diabetic > 6.5 %  
Target for Diabetes on therapy < 7.0 %  
Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 102.54 mg/dL

Correlation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298


Method High Performance Liquid Chromatography (HPLC).

**INTERPRETATION**

- The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts. & every 3 - 4 months in well controlled daibetics .
- Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
Dr. Vinod Patwardhan  
Page 3 of 10  
MD(Path)  
Chief Pathologist

End of Report  
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Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**


Fasting Plasma Glucose :      98      mg/dL      Normal < 100 mg/dL  
Impaired Fasting glucose : 101 to 125 mg/dL  
Diabetes Mellitus :  $\geq$  126 mg/dL  
(on more than one occasion)  
(American diabetes association guidelines 2016)

Post Prandial Plasma Glucose :      123      mg/dL      Normal < 140 mg/dL  
Impaired Post Prandial glucose : 140 to 199 mg/dL  
Diabetes Mellitus :  $\geq$  200 mg/dL  
(on more than one occasion)  
(American diabetes association guidelines 2016)

Method :      Hexokinase

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Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

Page 2 of 10

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Results are to be correlated clinically

Name : Mrs. Shiipa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880      Bill No :      Lab No : V-758-23  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	205	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	56	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	11.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	45.7	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	148.1	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	3.2		2.5 - 3.5

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End of Report  
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Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880      Bill No :      Lab No : V-758-23  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**LFT(Liver Function Tests)-Serum**


S.Total Protein (Biuret method)	8.19	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.83	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.36	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.44		0.9 - 2
S.Total Bilirubin (DPD):	<b>1.60</b>	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	<b>0.44</b>	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	<b>1.16</b>	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	17	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	87	U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32

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Verified By

End of Report  
Results are to be correlated clinically

Page 4 of 10

  
Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	34.6      mg/dl	10.0 - 45.0
BUN (Calculated)	16.14      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.57      mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	<b>28.32</b>	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.0      mg/dl	2.4 - 5.7

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M.D(Path)  
Chief Pathologist

End of Report  
*Results are to be correlated clinically*

Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
 UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

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

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.55	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	119.7	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.37	IU/ml	Euthyroid : 0.35 - 5.50 IU/ml Hyperthyroid : < 0.35 IU/ml Hypothyroid : > 5.50 IU/ml

Grey zone values observed in physiological/therapeutic effect.

**Note:**

**T3 :**

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

**T4 :**

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

**TSH :**

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure, Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e.g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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Dr. Milind Patwardhan  
M.D(Path)

Page 8 of 8 Chief Pathologist

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Results are to be correlated clinically

Name : Mrs. Shilpa Gajanan Tawade      Gender : Female      Age : 50 Years  
UHID : FVAH 10880.      Bill No :      Lab No : V-758-23  
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**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	30	mL	
COLOUR	Pale Yellow		
APPEARANCE	Slightly Hazy		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**

REACTION(PH)	7.0	4.6 - 8.0
SPECIFIC GRAVITY	1.005	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	<b>Trace</b>	Absent
Nitrites	Absent	Absent

**MICROSCOPIC EXAMINATION**

PUS CELLS	<b>15 - 16 / hpf</b>	0 - 3/hpf
RED BLOOD CELLS	<b>Occasional</b>	Absent
EPITHELIAL CELLS	<b>12 - 15 / hpf</b>	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	<b>Present(Few)</b>	Absent

Anushka Chavan  
Entered By

Ms Kaveri Gaonkar  
Verified By



Dr. Milind Patwardhan  
M.D(Path)

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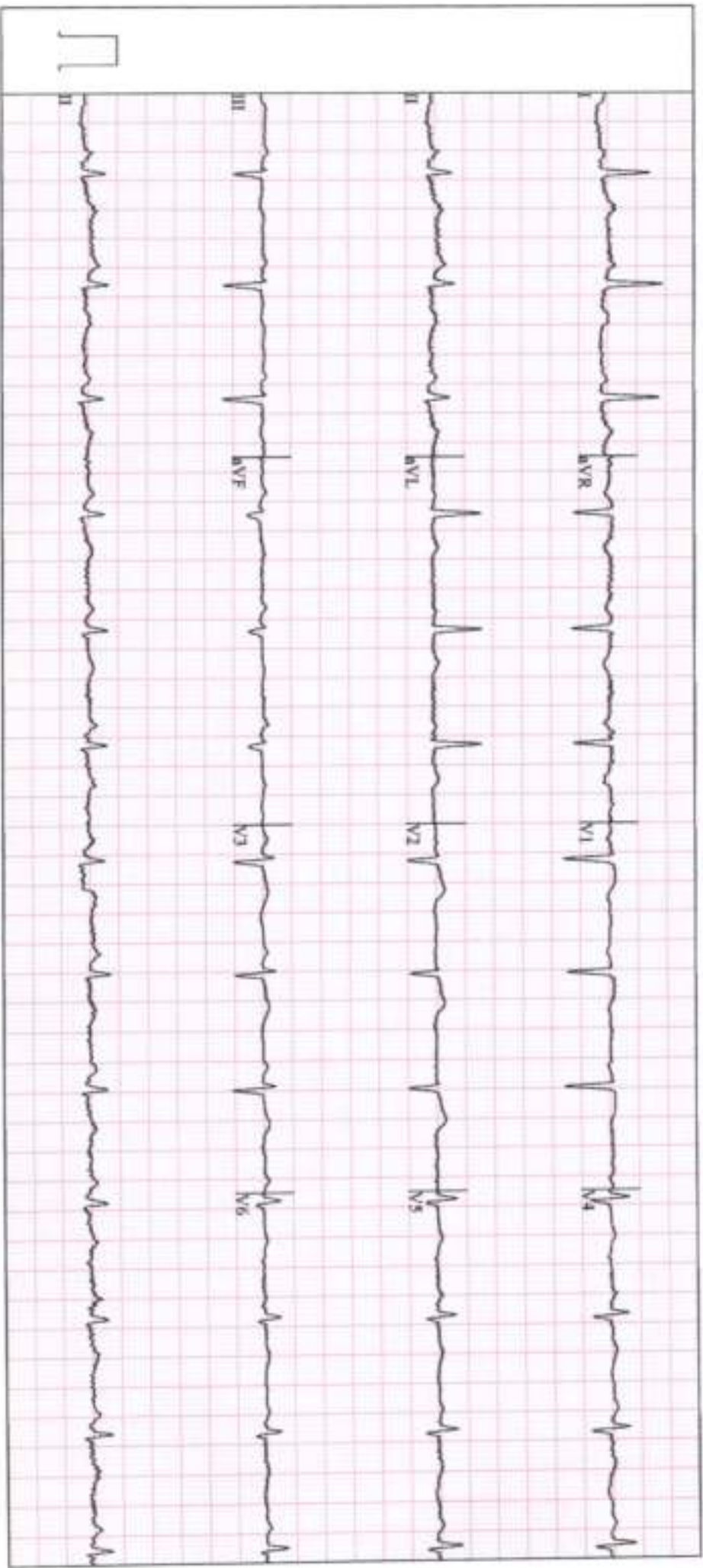
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QRS : 70 ms  
QT / QTc/Bar : 360 / 407 ms  
PR : 128 ms  
P : 82 ms  
RR / PP : 778 / 779 ms  
P / QRS / T : 32 / -14 / 29 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

*Anirban Dasgupta*

**Dr. ANIRBAN DASGUPTA**  
M.B.B.S., D.N.B. Medicine  
Diploma Cardiology  
MMC-2005/02/0920



Apollo Clinic  
The Emerald, Plot No-195/B, Sector-12,  
Neel Siddhi Towers, Vashi-400703

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: SHILPA, TAWADE  
Patient ID: 10880  
Height:  
Weight:

DOB: 21.10.1973  
Age: 50yrs  
Gender: Female  
Race: Asian

Study Date: 08.03.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. ANIRBAN DASGUPTA  
Technician: Anita Gaikwad

Medications:  
NIL

Medical History:  
NIL

Reason for Exercise Test:  
Screening for CAD

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:29	0.00	0.00	117	130/80	
	STANDING	00:14	0.00	0.00	111		
	HYPERV.	00:16	0.00	0.00	103		
	WARM-UP	00:18	0.90	0.00	113		
EXERCISE	STAGE 1	03:00	1.70	10.00	151	140/90	
	STAGE 2	01:31	2.50	12.00	164	140/90	
RECOVERY		01:06	0.00	0.00	136	190/90	

The patient exercised according to the BRUCE for 4:30 mins, achieving a work level of Max. METS: 7.00. The resting heart rate of 88 bpm rose to a maximal heart rate of 166 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 190/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

TMT IS NEGATIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR. ANIRBAN DASGUPTA

*Anirban Dasgupta*  
Dr. ANIRBAN DASGUPTA  
M.B., B.S., D.N.B. Medicine  
Diploma Cardiology  
MMC -2005/02/0920



PATIENT'S NAME	SHILPA G TAWADE	AGE :- 50Y/F
UHID	10880	DATE :- .09 Mar. 24

### X-RAY CHEST PA VIEW

#### OBSERVATION:

Bilateral lung fields are clear.

Both hila are normal.

Bilateral cardiophrenic and costophrenic angles are normal.

The trachea is central.

Aorta appears normal.

The mediastinal and cardiac silhouette are normal.

Soft tissues of the chest wall are normal.

Bony thorax is normal.

#### IMPRESSION:

- No significant abnormality seen.



**DR. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**

PATIENT'S NAME	SHILPA G TAWADE	AGE :- 50Y/F
UHID	10880	9 Mar 2024

### X-RAY BILATERAL MAMMOGRAMS

*Film screen mammography of the breasts was performed using low radiation dose. Medio-lateral oblique and cranio - caudal projections were obtained.*

**Indication:** Screening mammogram.

**Comparison:** No previous mammogram is available for comparison.

**Findings-**

ACR C-Moderate dense scattered parenchyma in both breasts, which may obscure small masses, thereby limiting sensitivity of the mammogram.

**Right breast:**

No dominant mass, suspicious calcifications or architectural distortion is seen.

**Left breast:**

No dominant mass, suspicious calcifications or architectural distortion is seen.

**IMPRESSION-**

No mass is observed- ACR BIRADS category 1.

**Recommendation:** Routine screening follow up and regular self breast examinations.

**DISCLAIMER:** Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

**Lexicon:** ACR BIRADS category 1- negative for malignancy; ACR BIRADS category 2- benign finding; ACR BIRADS category 3- probably benign finding, 98 % benign and 2 % risk of malignancy; ACR BIRADS category 4a- low suspicion of malignancy, 2-10% risk of malignancy; ACR BIRADS category 4b- intermediate suspicion of malignancy, 10-50% risk of malignancy; ACR BIRADS category 4c- high suspicion of malignancy, 50-95 % risk of malignancy; ACR BIRADS category 5- highly suggestive of malignancy, > 95% risk of malignancy; ACR BIRADS category 6- biopsy proven malignancy



**DR. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	SHILPA G TAWADE	AGE :- 50Y/F
UHID	10880	8 Mar 2024

### USG ABDOMEN AND PELVIS (TAS)

**Liver** is normal in size, shape and echotexture. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen. PV = 10.5 mm. CBD = 4.4 mm.

**Gall Bladder** is physiologically distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen** is normal in size, shape and echotexture. There is no focal lesion seen.

**Right Kidney** measures 9 x 3.5 cm. **Left Kidney** measures 11.5 x 5.6 cm.

Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidney. Cortico medullary differentiation is well maintained.

**Urinary Bladder** is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

Post menopausal uterine atrophy is noted, measuring 5.5 x 2.8 x 2 cm in size. Both ovaries are atrophic.

There is no free fluid or abdominal lymphadenopathy.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED AT PRESENT STUDY.**

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,  
With regards,



**DR. SIDDHI PATIL**  
Con. Radiologist