AiMS Hospital & Research Center
Caring Redefined

PRE ACCREDITED

2D ECHO / COLOUR DOPPLER

NAME : MRS. AARTI PISE **28Yrs/F** **OPD**
REF BY : DR. HOSPITAL PATIENT **25-Mar-23**

M - Mode values **Doppler Values**

AORTIC ROOT (mm)	22	TAPSE	
LEFT ATRIUM (mm)	24		
RV (mm)		AORTIC VEL (m/sec)	1.0
LVID – D (mm)	42	PG (mmHg)	4
LVID – S (mm)	24	MITRAL E VEL (m/sec)	0.7
IVS – D (mm)	10	A VEL (m/ sec)	0.4
LVPW –D (mm)	9	TDI. e' (cm/sec)	
EJECTION FRACTION (%)	60%	E/e'	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

PATIENT SAFETY & QUALITY OF CARE
NABH (ENTRY LEVEL)
PRE ACCREDITED

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal Biventricular systolic & diastolic function , LVEF 60%
Normal PA pressure.

DR. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

LOREA HEALTHCARE PVT LTD

PISE, AARTI
Patient ID 50031
25.03.2023 Female
14:17:26 28yrs
Meds:

Test Reason: Screening for CAD
Medical History: NO HISTORY

Ref. MD: Ordering MD:
Technician: Test Type: Treadmill Stress Test
Comment:

BRUCE: Total Exercise Time 08:06
Max HR: 173 bpm 90% of max predicted 192 bpm HR at rest: 109
Max BP: 126/83 mmHg Max RPP: 20760 mmHg*bpm
Maximum Workload: 10.10 METS
Max. ST: -0.27 mV, 0.00 mV/s in V5; EXERCISE STAGE 3 06:29
Arrhythmia: A:574, PSVC:2, PERR:1, PCAP:1
ST/HR index: 2.33 µV/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. ST Changes: none. Overall impression: Normal stress test.
Conclusion: GOOD EFFORT TOLERANCE
MAX HR ACHIEVED
NORMAL BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (V5 mV)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	1.0	107			0	-0.14	
	STANDING	00:51	0.00	0.00	1.0	111			0	-0.11	
	HYPERV.	00:31	0.00	0.00	1.0	109			0	-0.09	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	139	110/70	15290	0	-0.17	
	STAGE 2	03:00	2.50	12.00	7.0	157	120/80	18840	0	-0.22	
	STAGE 3	02:06	3.40	14.00	10.1	171	120/80	20520	0	-0.23	
RECOVERY		03:07	0.00	0.00	1.0	127	126/83	16002	0	-0.16	

AARTI PISE

PID NO: P1162200283000

Age: 28.0 Year(s) Sex: Female

Reference:

Sample Collected At:
Vitara Healthcare Services Pvt Ltd
3 / 10, Goodwill Enclave, Lane - 9,
Kalyani Nagar, Pune, Maharashtra - 411006
Processing Location:- Metropolis Healthcare Ltd,unit No409-416,4th Floor,commercial Building-1,kohinoor Mall,mumbai-70

VID: 22011600041037P1

Registered On:
25/03/2023 06:07 PM
Collected On:
25/03/2023 6:07PM
Reported On:
29/03/2023 12:53 PM

PAP SMEAR EXAMINATION

METROPOLIS HISTOXPERT
GLOBAL EXPERTISE IN SUB SPECIALTY SOLUTIONS

INTERNATIONAL & NATIONAL SUBSPECIALITY PATHOLOGY

Breast Pathology
Dermatopathology
Gastrointestinal Pathology
Genitourinary Pathology
Gynecologic Pathology
Head & Neck Pathology
Hematolymphoid Pathology
Hepatobiliary Pathology
Neuropathology
Paediatric & Perinatal Pathology
Pulmonary Pathology
Renal Pathology
Soft tissue Pathology
Transplant Pathology (Renal & Hepatic)

GROUP HEAD - MEDICAL AFFAIRS, SR. ONCOPATHOLOGIST

Dr Kirti Chadha

GLOBAL REFERENCE LABORATORY FACULTY

Dr Anuradha Murthy
Dr Vikas Kavishwar
Dr Barodawala S.M
Dr Kunjal Lila
Dr Shital Munde
Dr Roshani Gala

Case Summary

CASE NO	23MLG7520
SPECIMEN	PAP SMEAR – LIQUID BASED CYTOLOGY
DIAGNOSIS	Negative For Intraepithelial Lesion or Malignancy (NILM) in this limited material
ADVICE / COMMENT	Reactive cellular changes associated with inflammation Clinical correlation, and repeat if clinically indicated.

Clinical Notes	P/s : white discharge PV+, cervix bulky erosion noted.
Gross Examination	Specimen received in PreservCyt solution vial.
MICROSCOPIC EXAMINATION	
SPECIMEN ADEQUACY	Limited due to scant squamous cellularity
Superficial cells	Present, few
Intermediate cells	Present, few
Deep parabasal/ Basal cells	-
Parabasal cells	Present, few
Metaplastic squamous cells	Present
Endocervical cells	Present
Others	RBCs
Inflammation	Moderate
ORGANISMS	
Doderlein bacilli	Present
Trichomonas Vaginilis	-
Fungal organisms	-
Others	-
EPITHELIAL CELL ABNORMALITIES	Not Detected
SQUAMOUS CELLS	-
GLANDULAR CELLS	-

Swati Bajpai

Dr. Swati Bajpai
M.B.B.S,M.D (Pathology)

MC 2034

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VID: 220116000410371

Registered On:
25/03/2023 06:07 PM
Collected On:
25/03/2023 6:07PM
Reported On:
29/03/2023 12:53 PM

METROPOLIS
HISTOXPERT
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Note :
"Cervical cytology is a screening test and has associated false negative and false positive results. Regular sampling and follow up is recommended".

Processing Method : ThinPrepTM 2000 System. **Staining :** Papanicolaou method

Clinical Application :

1. The smears are reported using the Bethesda System for Reporting Cervical Cytology (2014)
2. Nayar R, Wilbur DC (Eds). The Bethesda System for Reporting Cervical Cytology. Definitions,Criteria, and Explanatory Notes. Springer, 2015
3. Fontham ET, Wolf AM, Church TR, Etzioni R, Flowers CR, Herzig A, et al. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. CA Cancer J Clin 2020;70:321–46. Available at: https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21628
4. Melnikow J, Henderson JT, Burda BU, Senger CA, Durbin S, Weyrich MS. Screening for cervical cancer with high-risk human papillomavirus testing: updated evidence report and systematic review for the US Preventive Services Task Force. JAMA 2018;320:687–705.

USPSTF	ACS/ASCCP/ASCP
Younger than 21 years: recommends against screening Grade D recommendation	Younger than 25 years: recommends against screening
21 to 65 years: Recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). Grade A recommendation	25 to 65 years: Primary HPV testing every 5 years (preferred). If primary HPV testing is not available, should be screened with co-testing (HPV testing in combination with cytology) every 5 years or cytology alone every 3 years (acceptable)
Older than 65 years: Recommends	Older than 65 years: Women who have no history of

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MC 2034

against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. Grade D recommendation	cervical intraepithelial neoplasia grade 2 or a more severe diagnosis within the past 25 years, and who have documented adequate negative prior screening in the 10-y period before age 65 years discontinue cervical cancer screening with any modality, Individuals older than age 65 y without conditions limiting life expectancy for whom sufficient documentation of prior screening is not available should be screened until criteria for screening cessation are met.
After hysterectomy: Recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	After hysterectomy: Recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. "
HPV vaccinated: Recommended screening practices should not change on the basis of HPV vaccination status	HPV vaccinated: Recommended screening practices should not change on the basis of HPV vaccination status

-- End of Report --

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M.B.B.S,M.D (Pathology)

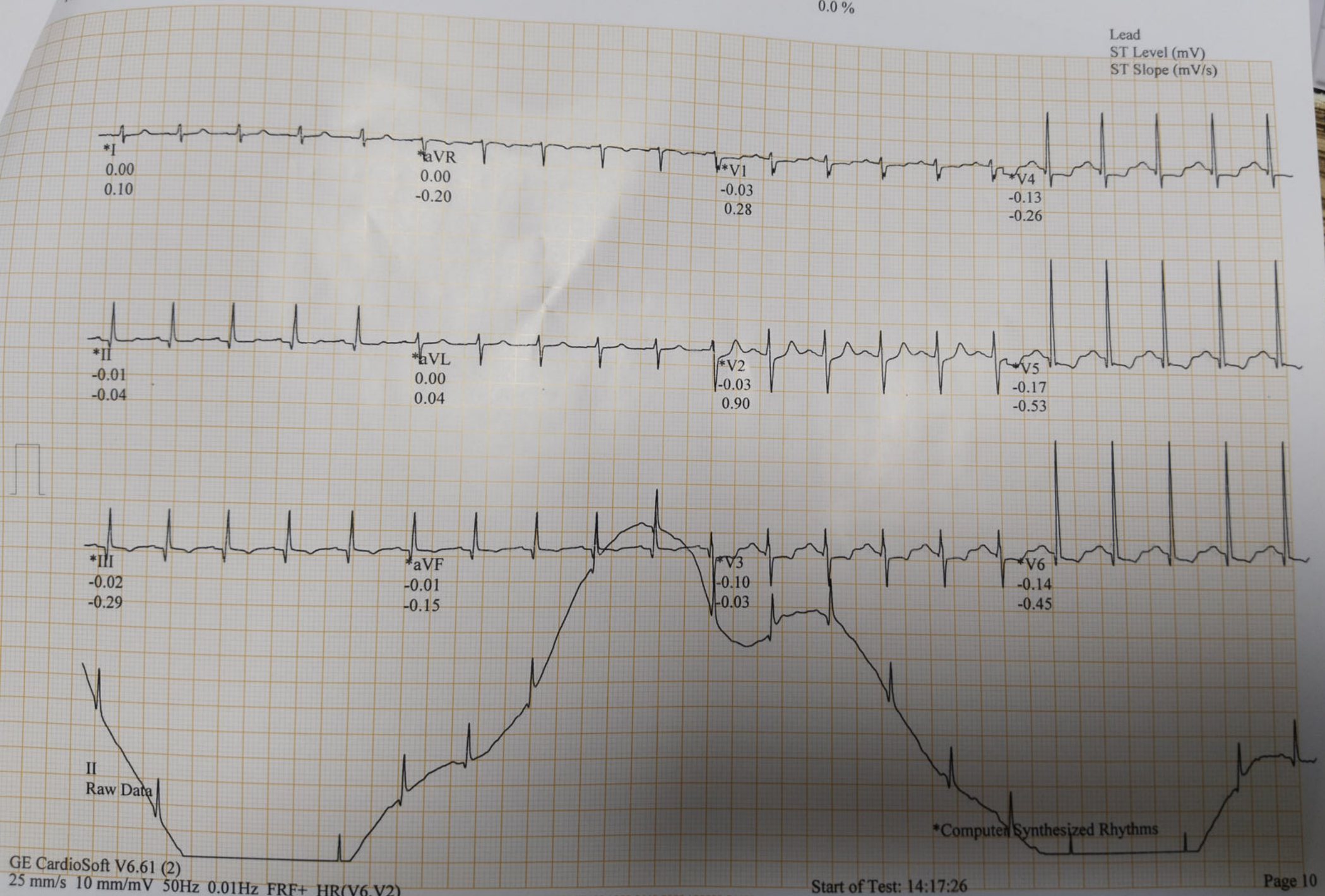
...ISE, AARTI
Patient ID 50031
25.03.2023
14:30:10

123 bpm
126/83 mmHg

Linked Medians
RECOVERY
#1
02:50

BRUCE
0.0 mph
0.0 %

LOREA HEALTHCARE PVT LTD



GE CardioSoft V6.61 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V2)

Start of Test: 14:17:26

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REQ. DATE : 25-MAR-2023 REP. DATE : 25-MAR-2023
NAME : MRS. PISE AARTI
PATIENT CODE : 116009 AGE/SEX : 28 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))

Dept. of Radiology

(For Report Purpose Only)

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REP. DATE : 25-MAR-2023

AGE/SEX : 28 YR(S) / FEMALE

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size, shape & echotexture. No IHBR dilatation. Few tiny calcification seen in liver.

CBD / PV : Normal. **G.B.** : Moderately distended, normal.

Spleen : Is normal in size , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.

Tiny concretion is seen in right kidney.
No hydronephrosis / hydroureter on either side.

Right kidney measures : 9.9 x 4.2cm.
Left kidney measures : 9.5 x 4.1 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (7.3 x 3.5 x 4.1 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 4.4 mm.

Both ovaries : show normal features. Adnexa clear.
Right ovary : 24 x 21mm
Left ovary : 24 x 24 mm

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

Tiny concretion is seen in right kidney.

No other significant abnormality noted in the present study.

- Kindly co-relate clinically.

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(MBBS, MD(RADIOLOGY))

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BILATERAL SONOMAMMOGRAPHY

OBSERVATION:

RT. BREAST.

A small simple cyst of size 13 x 9 mm seen in right breast at 1 o'clock position.

Fibro-glandular tissues appear normal.

Skin and subcutaneous tissue appear normal.

Nipple shows normal features.

No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.

Skin and subcutaneous tissue appear normal.

Nipple appear normal.

No e/o axillary lymphadenopathy.

IMPRESSION :

A small simple cyst of size 13 x 9 mm seen in right breast at 1 o'clock position.

- Kindly correlate clinically.

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