

Patient Name :	SHIPRA MONDAL	Patient ID :	MM-11
Modality :	CR	Sex :	Desun Mo: C.M. Bypass, Keshu Golpark, Kolkata-700 107, Ph: 71 222 660, Fax: 2443 5003
Age :	52Y	Study :	Email: desun@desunhospital.com, Website: www.desunhospital.com (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)
Reff. Dr. :		Study Date :	B/L MAMMOGRAPHY 09-12-2023

BILATERAL X RAY MAMMOGRAPHY

CLINICAL HISTORY

TECHNIQUE

Film screen mammography of both breasts has been performed in cranio-caudal and medio-lateral oblique views.

FINDINGS:

ACR category of breast composition: B. There are scattered areas of fibro-glandular density.

Right Breast: Shows fibroglandular tissue. No evidence of any dominant mass nipple retraction, skin thickening seen.

Left Breast: Shows fibroglandular tissue. No evidence of any dominant mass nipple retraction, skin thickening seen.

There is no architectural distortion or asymmetry noted.

No significant Lymphadenopathy observed.

IMPRESSION:

Right Breast: BIRADS 1

Left Breast: BIRADS 1

A report that is negative for malignancy should not delay biopsy if there is dominant or clinically suspicious mass.

In dense breasts, an underlying mass lesion may be obscured.

False positive diagnosis of cancer may occur in a small percentage of case.

Barkha Keswani

Dr. Barkha Keswani

DNB, (Radio diagnosis)

Reg. No: 2004/02/0648

Date 11-12-2023 Time 15-51-51



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.



Name : Mrs. Shipra Mondal

Date : 9/12/23

U / Doctor : Dr. Anish Chakraborty

Age : 52y Sex : F

Doctor's Prescription

Rx

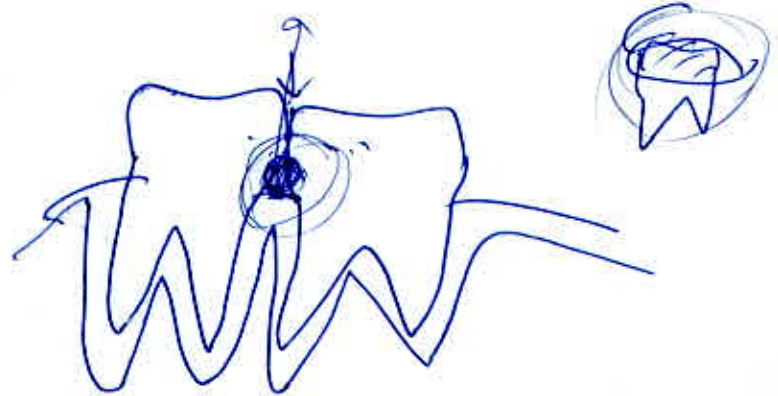
O/S. ① Partial Impaction (Meso Angular)

8/8

② Other max Oral hyg. is good.



Aw



① Use brush properly - 2 times a day.

② Use dental flossing after heavy meals.

③ R.

Mouthrinse. Chlorhexidine 10ml + lukewarm Saline solution of 20ml.
(0.2%).

TDS (o—o—o)

for 1 month.

④ Aw. Surgical Transalveolar Exp of sb.

Dr. ANISH CHAKRABORTY
(BDS)
DENTISTRY
REGN. NO. 6648 A
DESUN HOSPITAL

Anish Chakraborty
9/12/23





MRS. SHIPRA MONDAL 52/F

@10- Routine @checkup
O/E- BE- Lental @changes
H/O - NA

VA < 6/6p | @spect
6/6

Nv < N6 | @spect
N6

@colour vision - BE - WNL

Refractive @connection
. OK

Adv

- ~~Beass prescribed~~ f
- ✓ E/D - just tear
- 10nop x BE x IDS
- Constant use own spect



R/A - lyonsos

Dr. Soumyadeep Majumder
MBBS MS
Reg. No. 68358/WBMC
Department of Ophth. Imology

DESUN HOSPITAL

(A unit of P N Memorial Neurocentre & Research Institute Ltd.)
CIN - U85110WB2000PLC091118

Regd. Add. :- 8/1A/1 Keyatala Road, Kolkata - 700 029

Hospital Address : Desun More, Kasba Golpark, E. M. Bypass, Kolkata - 700 107

Ph. : 033-71-222-000, Fax : 2443-9003/2443-5050, E-mail : desun@desunhospital.com, Website : www.desunhospital.com



Name : Mrs. Shipra Mondal

Date : 9/12/23

U/Doctor : Dr. Sneemanti Bag

Age : 52Y Sex : F

Doctor's Prescription

Rx

3/0
occasional
headache
episodes of
sneezing
runny nose
on exposure
to dust,
cold,
flu, cough

No sinus
tendency

Allergic
rhinitis
w/ CRS



No cancer history

→ SOLS PRE nasal spray 2 puffs
this daily in each nasal cavity x 3 weeks.

Advice

→ Avoid smoke, fumes,
dust, pollen, pets,

→ use face mask

→ Blood for ISE,
complete allergy
profile

→ NCE T Scan of PNS
(Axial/Coronal/
Sagittal view)

→ FLONIST nasal spray

1 puff twice daily in
each nasal cavity x 3 weeks

→ Tab MONTICOPRE AY
↓ Tab ODAC at 100
X 20 days

→ refer for a neuromedical
opinion ~~on~~ on headache

→ review ~~for~~ after 3 weeks

Sreemanti Bag



Dr. Sreemanti Bag
MBBS, MS
Reg. No.- 73883 WBMC
Department of ENT
Desun Hospital

PATIENT NAME & ADDRESS
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2330952030

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ACCESSION NO DHHI-1/2023-24/0006119

AGE 52 Yrs 10 Mths 28 Dys SEX Female

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	82	Adult: 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	5.1	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Urea			
Urea Specimen : serum Methodology : Urease, GLDH (UV Method)	14	Adult : 17 - 43 Newborn : 8.4 - 25.8 Infant/Child : 10.8 - 38.4	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.86	Male (<50 years) : 0.84 - 1.25 Male (>50 years) : 0.81 - 1.44 Female : 0.66 - 1.09 Neonate : 0.5 - 1.2 Infant : 0.4 - 0.7 Child : 0.5 - 1.2	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.95	Adults: 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Direct Bilirubin Specimen : Serum Methodology : Diazotization	0.19	Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.76		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.4	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL



11122023095052

Prerana Mondal
Dr. Prerana Mondal
MD (Path), WBMC-70606
Consultant Pathologist

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LFT (Liver Function Test)			
Albumin	4.4	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Specimen : Serum			
Methodology : Bromocresol Green (BCG)			
Globulin	3.0	1.8 - 3.6	g/dL
Methodology : Calculated Value			
Aspartate Aminotransferase (SGOT) (AST)	99	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum			
Methodology : IFCC (UV without P5P)			
Alanine Aminotransferase (SGPT) (ALT)	200	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum			
Methodology : IFCC (UV without P5P)			
Alkaline Phosphatase (ALP)	46	75 - 316	U/L
Specimen : Serum			
Methodology : IFCC (PNPP, AMP buffer)			



1122023095052

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial)			
Glucose - Post Prandial	116	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
** Sample Drawn : 09.12.2023 13:43 Hrs.	Received : 09.12.2023 14:05 Hrs.	Reported : 09.12.2023 16:44 Hr	



Signature
Dr. Palash Kr Mandal
MD (Path), WBMC-51886
Sr Consultant

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD * VALUE RECHECKED.	* 202	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	47	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	138.2	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	16.8	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	84	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL




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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio Methodology : Calculated Value	4.3	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio Methodology : Calculated Value	0.34		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin) Glycosylated Haemoglobin (HBA1C) Specimen : Methodology : NGSP	5.8	4.6 - 6.2	%
LFT (Liver Function Test) A/G Ratio Specimen : serum Methodology : Calculated Value	1.47	1.1 - 2.2	ratio
GGT (Gamma-glutamyltransferase) Gamma-glutamyltransferase (GGT) Specimen : Serum Methodology :	13	12 - 122	U/L
BUN (Blood Urea Nitrogen) Blood Urea Nitrogen (BUN) Specimen : Serum Methodology : Urease, GLDH	6.4	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL



Palash Kr Mandal

Dr. Palash Kr Mandal

Prerana Mondal

Dr. Prerana Mondal

MD (Path), WBMC-70606
 Consultant Pathologist

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	12.9	12.0 - 15.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.63	3.8 - 4.8	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	39.8	36.0 - 46.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	85.9	83.0 - 101.0	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	27.8	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	32.4	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.12	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	7.4	4.0 - 10.0	thou/cmm
Differential Count (Microscopy)			
Neutrophil	69	40 - 80	%
Lymphocyte	28	20 - 40	%
Monocyte	02	2 - 10	%
Eosinophil	01	1 - 6	%
Basophil	00	<1 - 2	%
Peripheral Blood Smear (Microscopy)			



Signature

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	19	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p>	<p>AB</p> <p>NEGATIVE</p> <p>Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to Infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</p>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Urinalysis			
Physical Examination			
Volume	35		mL
Methodology : By graduated container			
Colour	Straw		
Appearance	Slightly Hazy		
Methodology : Visual			
Specific Gravity	1.015		ratio
Methodology : pKa change			
Chemical Examination			
Reaction	Alkaline		
Methodology : Double indicator (Strip)			
Protein	Absent		
Methodology : Protein-error-of-indicators			
Glucose	Absent		
Methodology : Glucose oxidase (Strip) Benedict's Test			
Ketone Bodies	Absent		
Methodology : Nitroprusside method (Strip)/ Tube			
Bile Salt	Absent		
Methodology : Hay's Method			
Bile Pigment	Absent		
Methodology : Diazo Method (Strip)			
Blood	Absent		
Methodology : Benzidine method (Strip) Microscopy			
Microscopic Examination			
Pus Cells	1-2		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	6-8		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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LABORATORY REPORT

CLIENT CODE : DHHI-3



DESUN
REFERENCE LAB

AN ISO 9001:2000 ORGANISATION

A Unit of Desun Healthcare & Research Institute Ltd.

S-18, Phase-III, K. I. Estate, E. M. Bypass, Kolkata-700107, India

Phone No. : 033 40016355, 033 46006439

Email : care@desunpathology.com

Website : www.desunpathology.com

DRAWN : 09.12.2023

10:38 Hrs.

RECEIVED : 09.12.2023

12:38 Hrs.

REPORTED : 09.12.2023

16:36 Hrs.

PATIENT NAME : SHIPRA MONDAL

REFERRING DOCTOR :

ACCESSION NO. : DHHI-3/2023-24/0012218

AGE : 52 Yrs 10 Mths 28 Dys SEX : Female

2330952030

Bed No / IPD ID / OPD ID : OPD

PATIENT ID : 152681

Results relate only to the samples tested



TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	0.982	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	7.82	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	1.53	0.27 - 4.20	µIU/mL
----- End of Report -----			

Dr. Jayati Gupta

Ph.D (Bio.Chem)

Senior Consultant Biochemist

11122023095017

Any investigation has limited significance in terms of sensitivity and specificity of the assay procedure and the quality of the sample received in the laboratory.
Any laboratory test results is not the final diagnosis, it has to be interpreted with clinical correlation and other related investigations.

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED.

PATIENT NAME & ADDRESS

CARDIOLOGY

SHIPRA MONDAL
6290415337



PROCEDURE DONE ON : 09.12.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40468792
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0007903

REPORTED: 09.12.2023
E.M. Bypass: 700 107, Ph: 71 222 000, Fax: 2443 9003
E-mail: desun@desunhospital.com, Website: www.desunhospital.com
PATIENT CODE: SD01/PAT/100152681
AGE : 52 Yrs 10 Mths 28 Dys
SEX : F

ECG TEST REPORT NO. 138

POOR R - WAVE PROGRESSION.



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : Sumita Bar

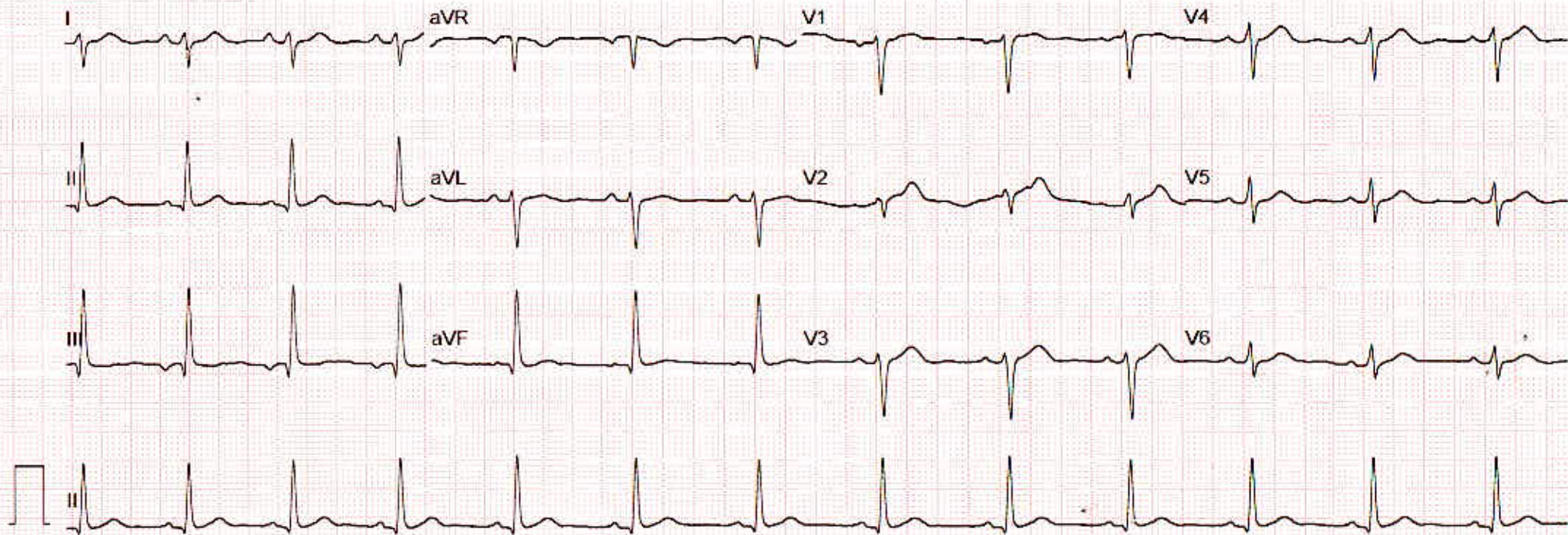
IAK

Female

QRS : 90 ms
QT / QTcBaz : 360 / 405 ms
PR : 150 ms
P : 94 ms
RR / PP : 784 / 789 ms
P / QRS / T : -4 / 97 / 39 degrees

Normal sinus rhythm
Rightward axis
Borderline ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



PATIENT NAME & ADDRESS

SHIPRA MONDAL
6290415337

CARDIOLOGY



DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Goipark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
E-mail: desun@desunhospital.com, Website: www.desunhospital.com
(A Unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 09.12.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40468792
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0007882

REPORTED : 09.12.2023
PATIENT CODE : SD01/PAT/1000152681
AGE : 52 Yrs 10 Mths 28 Dys
SEX : F

ECHO CARDIOGRAPHY REPORT**ECHO NO : 140****SUMMARY**

- >> Normal LV cavity size.
- >> No Regional wall motion abnormality.
- >> Good LV systolic function. LVEF = 64 %.
- >> LV Diastolic Dysfunction Grade I.
- >> Trivial TR.
- >> Great arteries normal in size and relation.
- >> Interatrial and interventricular septum intact.
- >> Systemic and pulmonary venous drainage normal.
- >> No PE.

FINAL IMPRESSION

- >> No Regional wall motion abnormality.
- >> Good LV systolic function.
- >> LV Diastolic Dysfunction Grade I.

Please Correlate Clinically.


Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

SKP

PATIENT NAME & ADDRESS

SHIPRA MONDAL
6290415337

CARDIOLOGY



DESUN
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M - mode Measurements Valves :-

Aorta - 2.6 cm LV ed - 4.3 cm
LA - 3.1 cm LV es - 2.6 cm
ACS - cm IVS ed - 1.0 cm
RV ed - cm PW (LV) - 1.0 cm
FS - % LVEF - 64 %

CHAMBERS:-

Left Ventricle : Normal in size. Walls normal in thickness and motion.

Left Atrium : Normal in size.

Right Atrium : Normal in size.

Right Ventricle : Normal in size.

OTHERS :-

GREAT ARTERIES : Normal in size and relation.



Dr. SANJIB KUMAR PATRA

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Prepared By : Utpal Checked By : A Esai

S K P

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CARDIOLOGY



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AGE : 52 Yrs 10 Mths 28 Dys
SEX : F

PERICARDIUM : Normal

VALVES :-

MITRAL VALVE

Morphology : Normal
Doppler : Normal

TRICUSPID VALVE

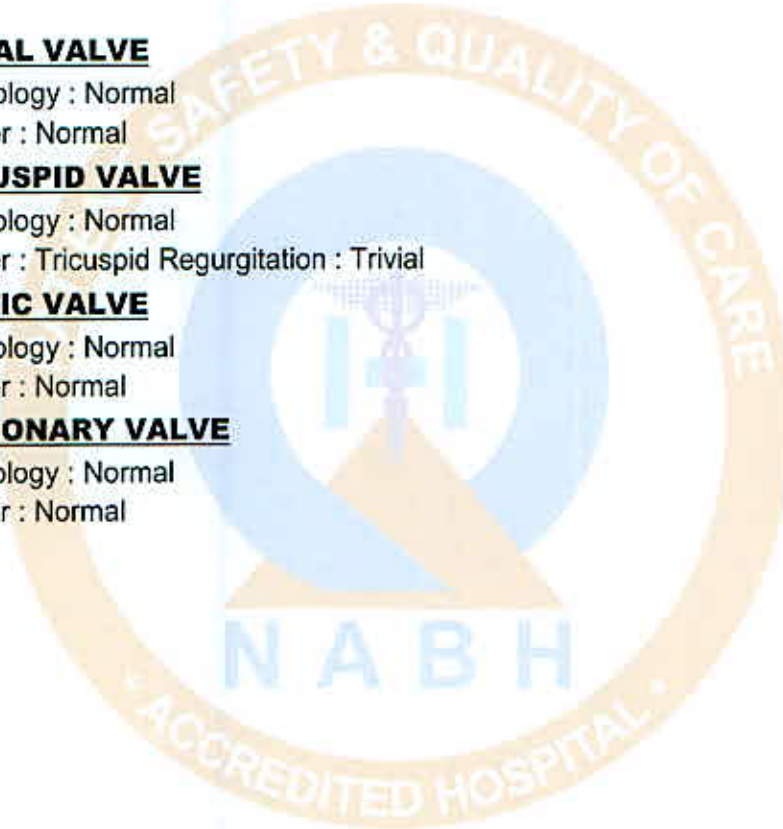
Morphology : Normal
Doppler : Tricuspid Regurgitation : Trivial

AORTIC VALVE

Morphology : Normal
Doppler : Normal

PULMONARY VALVE

Morphology : Normal
Doppler : Normal



Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

S K P

PATIENT NAME & ADDRESS

RADIOLOGY

SHIPRA MONDAL
6290415337


DESUN
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A NABH HOSPITAL

PROCEDURE DONE ON : 09.12.2023
 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40468792
 REFERRING DOCTOR :
 ACCESSION NO : R/DHHI-1/2023-24/0007864

Desun Med. E.M. Bypass, Kanchi Colony, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
 E-mail: desun@desunhospital.com, Website: www.desunhospital.com
 (A unit of P. N. Memorial Neuroscience & Research Institute Ltd.)
 REPORTED : 09.12.2023
 PATIENT CODE : SD01/PAT/1000152681
 AGE : 52 Yrs 10 Mths 28 Dys
 SEX : F

(US-8117) USG OF WHOLE ABDOMEN

LIVER

Shows increased echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

0.16 cm in diameter. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

1.05 cm in diameter.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size (10.8 cm. in long axis) shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

Right Kidney measures: 10.4 cm

Left Kidney measures : 10.7 cm

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

PATIENT NAME & ADDRESS

RADIOLOGY

SHIPRA MONDAL
6290415337


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UTERUS

Retroverted uterus. Endometrial thickness is normal (0.12 cm). Fibroid seen in uterus measures 3.7x3.6 cm.

OVARIES

Not visualised.

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

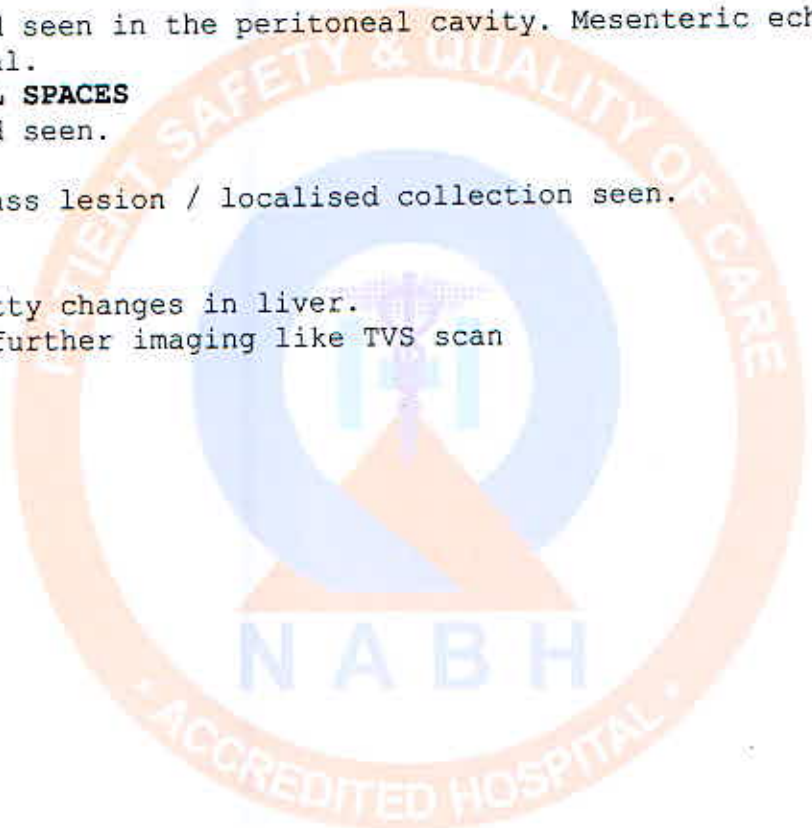
No free fluid seen.

R.I.F.

No obvious mass lesion / localised collection seen.

IMPRESSION:

- * Grade I fatty changes in liver.
- Suggested further imaging like TVS scan




Dr. AMIT BHOWMIK

WBMC-61178

MBBS, MEM(US), MRCPS(GLASGOW), CBAT, MBA
Consultant Sonologist

Prepared By : Buddha Checked By : AB

AB

Patient Name:	SHIPRA MONDAL 52 Y OPD	Study Date/Time:	09-12-2023 11:30 AM
Sex/Age/Modality:	F/52Y/CR	Report Date/Time:	09-12-2023 03:43 PM
Patient ID:	14189	Report:	CHEST PA
Ref. Physician:	DESUN HOSPITAL & HEART INSTITUTE,KOLKATA	Report ID:	1159247D847

X-RAY REPORT OF CHEST PA VIEW

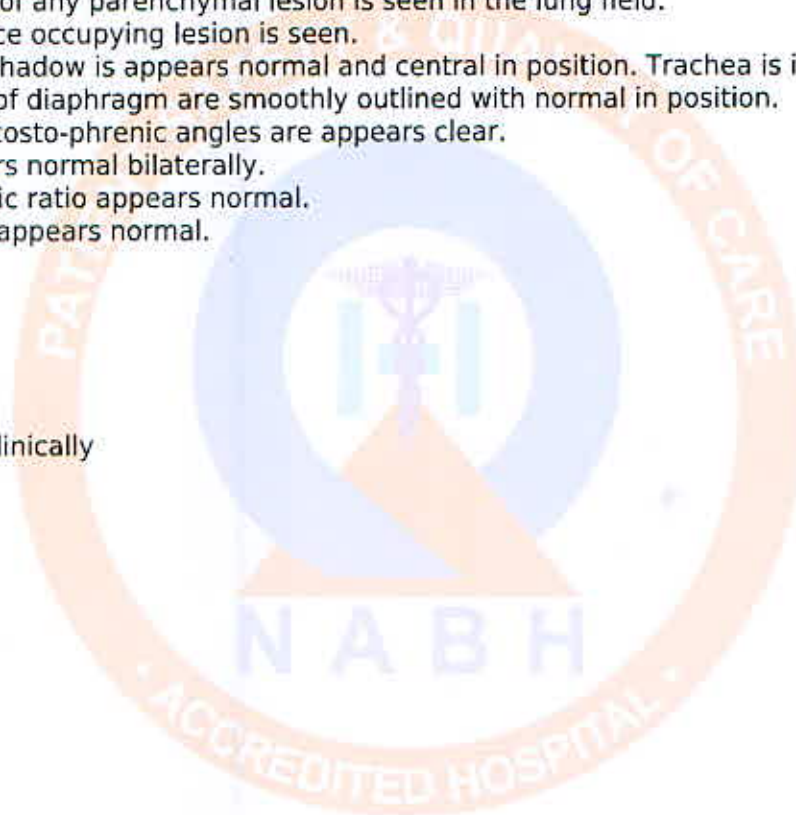
FINDINGS:

- No evidence of any parenchymal lesion is seen in the lung field.
- No focal Space occupying lesion is seen.
- Mediastinal shadow is appears normal and central in position. Trachea is in midline.
- Both domes of diaphragm are smoothly outlined with normal in position.
- Both lateral costo-phrenic angles are appears clear.
- Hilum appears normal bilaterally.
- Cardiothoracic ratio appears normal.
- Bony thorax appears normal.

IMPRESSION:

Normal Study.

Please correlate clinically



Dr. Raman Sau
MBBS, MD (Radio-diagnosis)
Consultant Radiologist
Reg No-WBMC 74057



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