



CID : 2401916670
Name : MRS.SAVITA ARORA
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2024 / 09:02
Reported : 19-Jan-2024 / 12:11

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	10.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.27	3.8-4.8 mil/cmm	Elect. Impedance
PCV	31.3	36-46 %	Measured
MCV	73	80-100 fl	Calculated
MCH	24.1	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	1935.8	1000-3000 /cmm	Calculated
Monocytes	10.7	2-10 %	
Absolute Monocytes	699.8	200-1000 /cmm	Calculated
Neutrophils	53.4	40-80 %	
Absolute Neutrophils	3492.4	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	
Absolute Eosinophils	372.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	39.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	429000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.1	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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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	23.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	83	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	3.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	116.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	69.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	Calculated
VLDL CHOLESTEROL, Serum	23.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.93	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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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 high abnormal upto15 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 trasiently altered becuae 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:

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	17.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.0	35-105 U/L	Colorimetric

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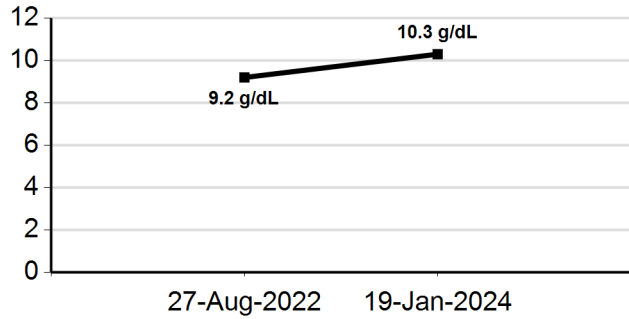
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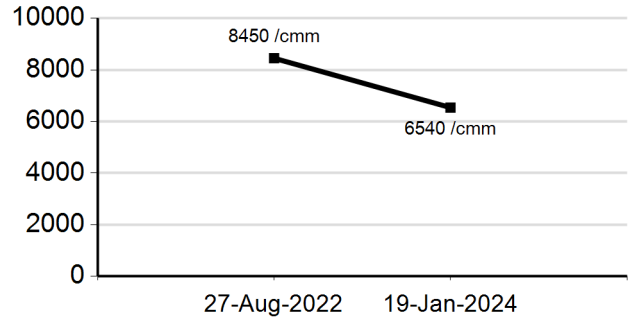
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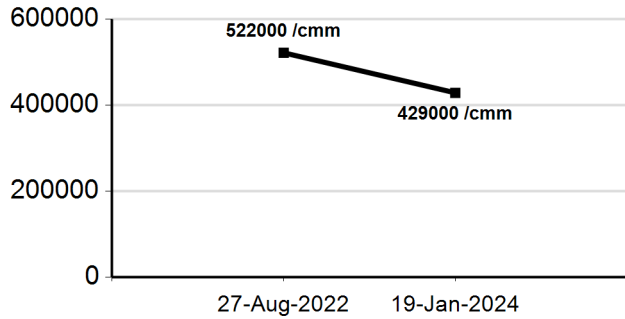
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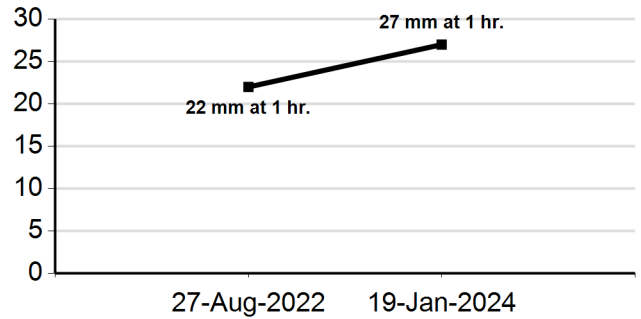
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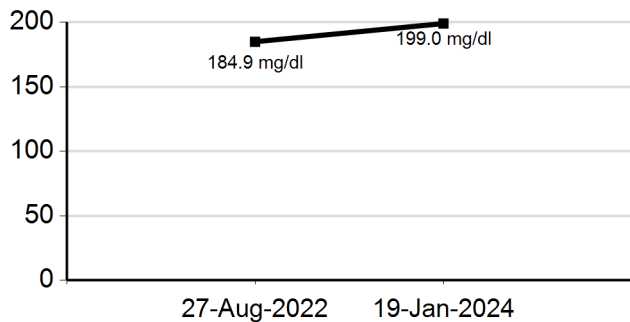
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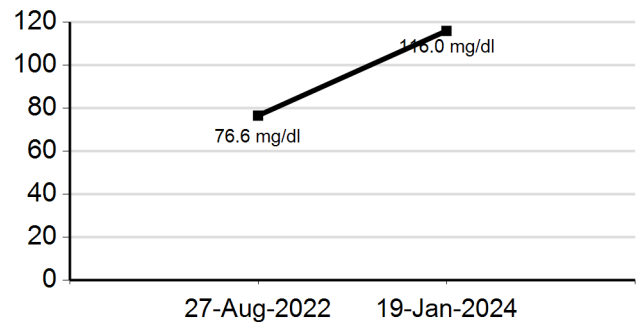
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CHOLESTEROL



TRIGLYCERIDES

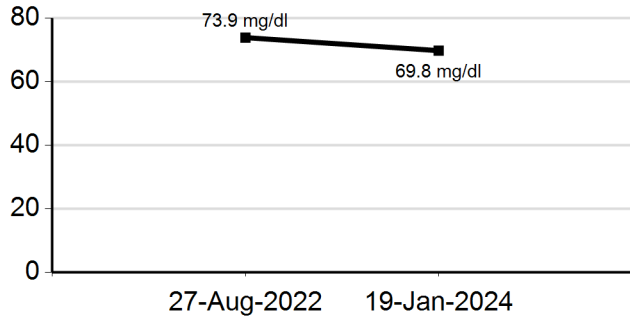




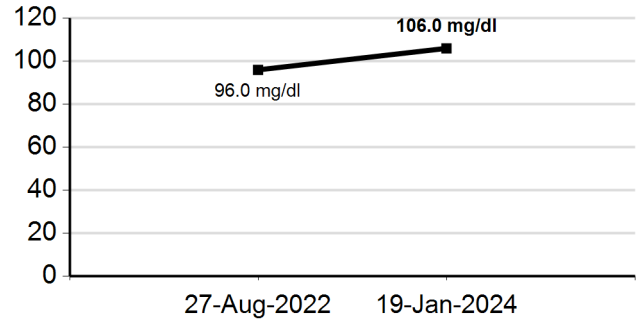
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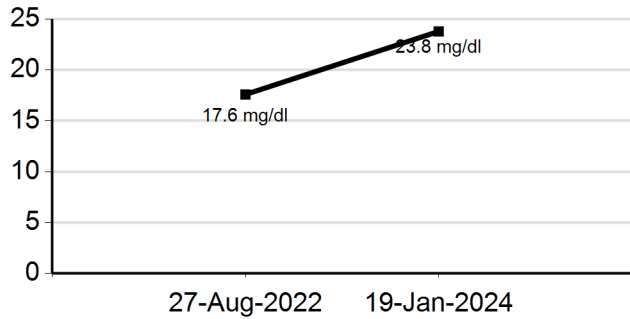
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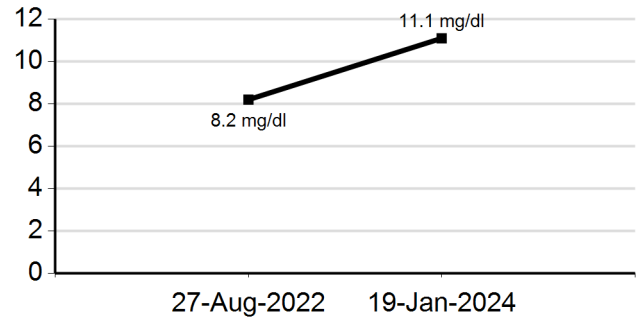
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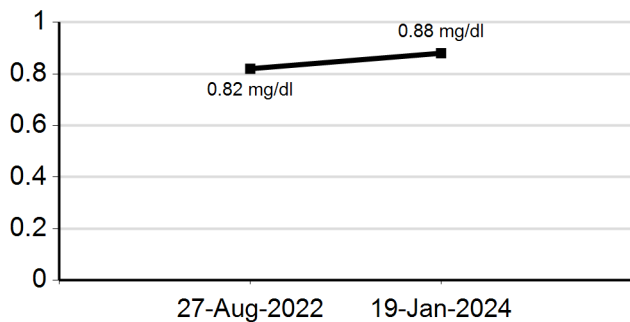
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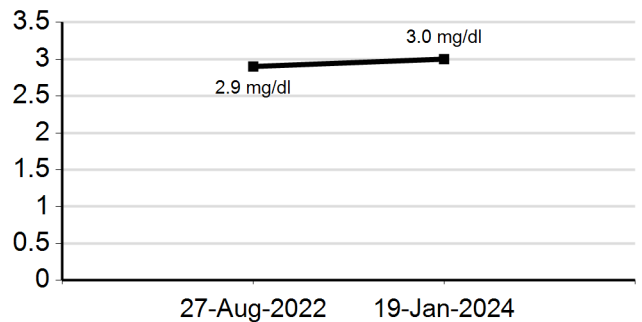
BUN



CREATININE



URIC ACID

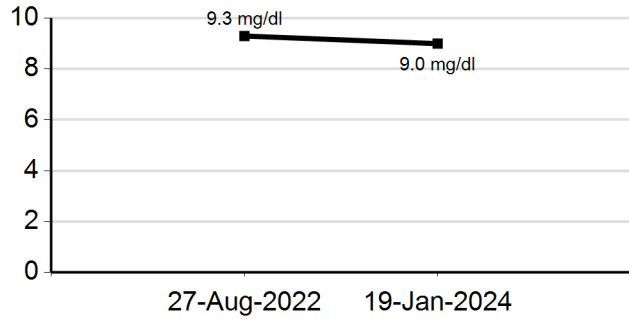




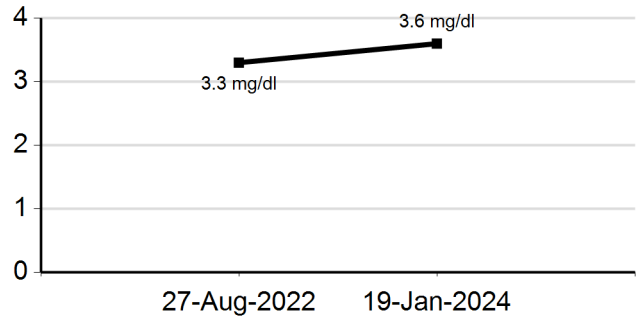
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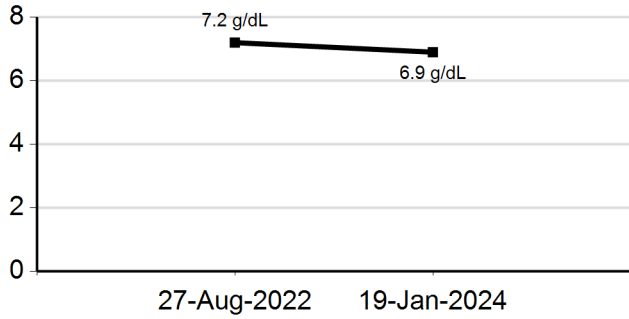
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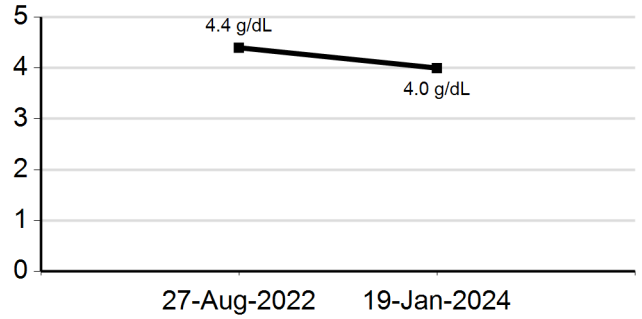
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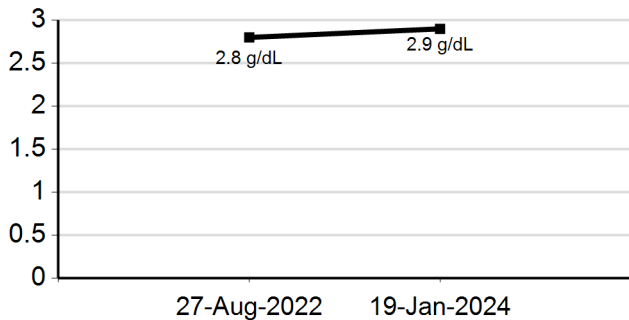
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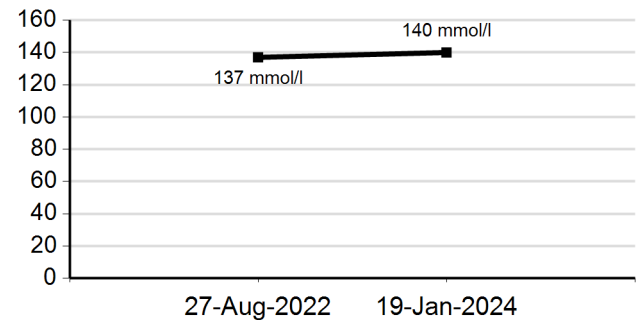
ALBUMIN



GLOBULIN



SODIUM

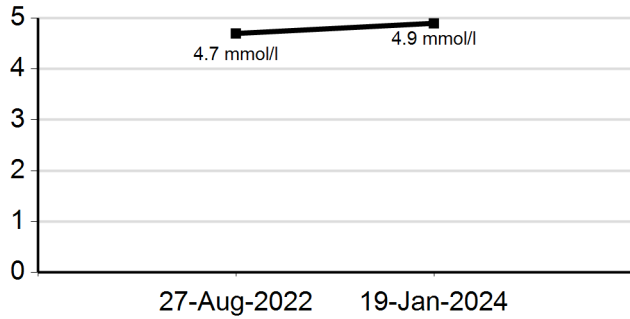




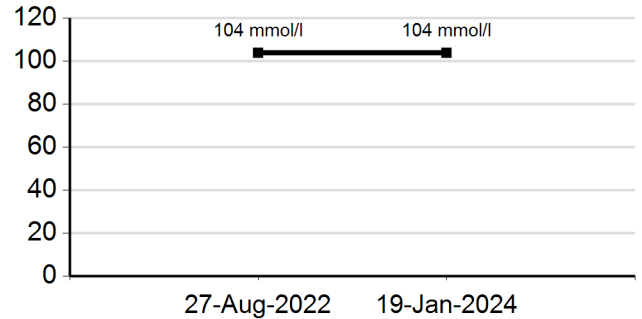
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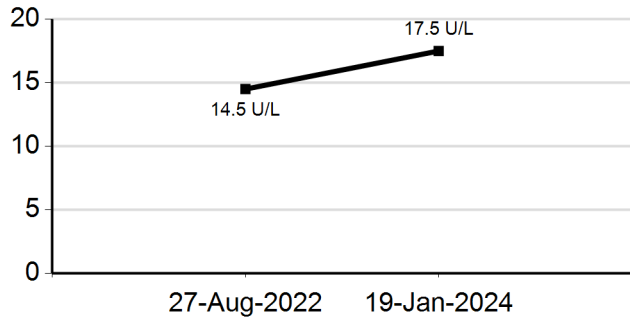
POTASSIUM



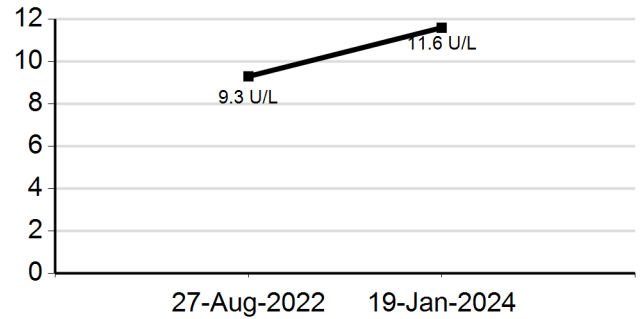
CHLORIDE



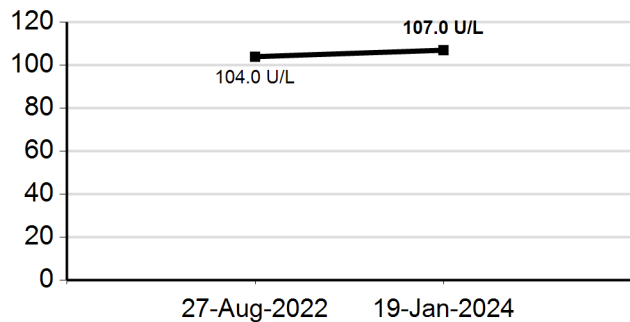
SGOT (AST)



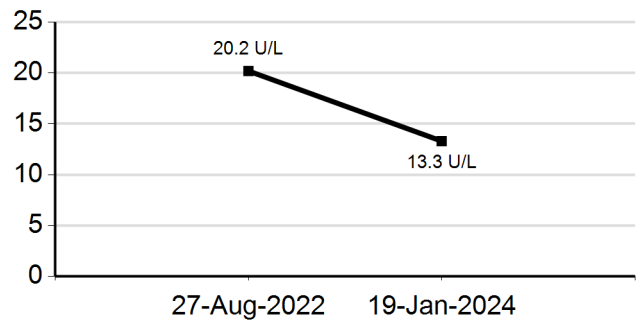
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

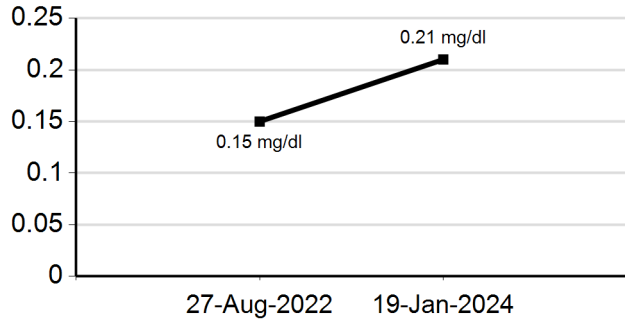




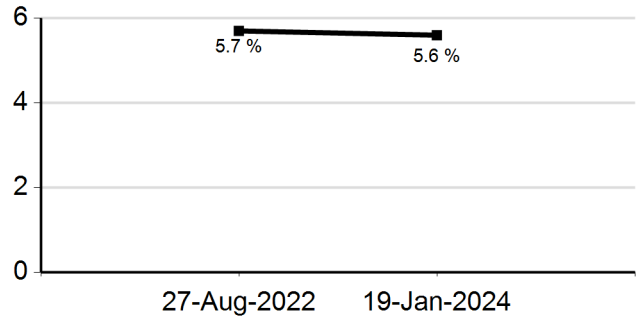
Use a QR Code Scanner
 Application To Scan the Code

CID : 2401916670
 Name : MRS.SAVITA ARORA
 Age / Gender : 45 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

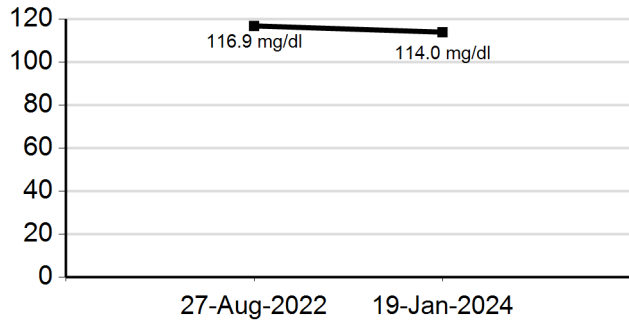
BILIRUBIN (DIRECT)



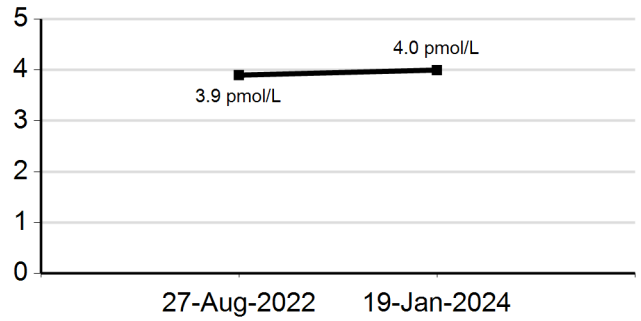
Glycosylated Hemoglobin (HbA1c)



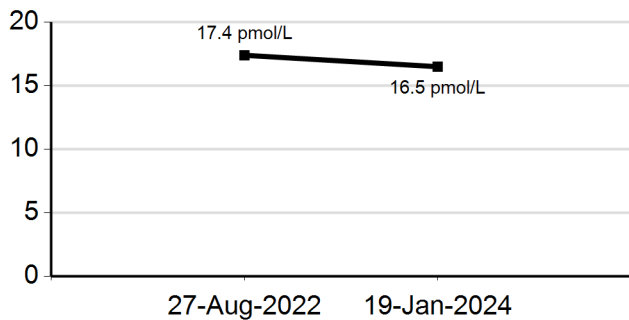
Estimated Average Glucose (eAG)



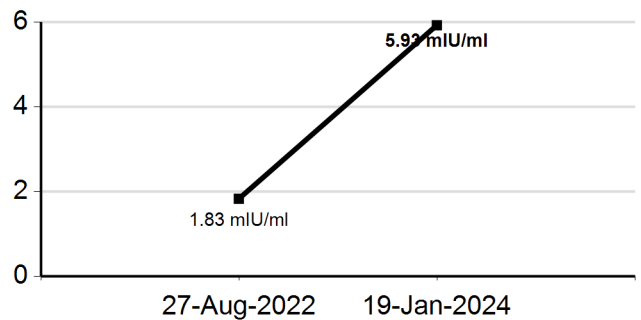
Free T3



Free T4



sensitiveTSH

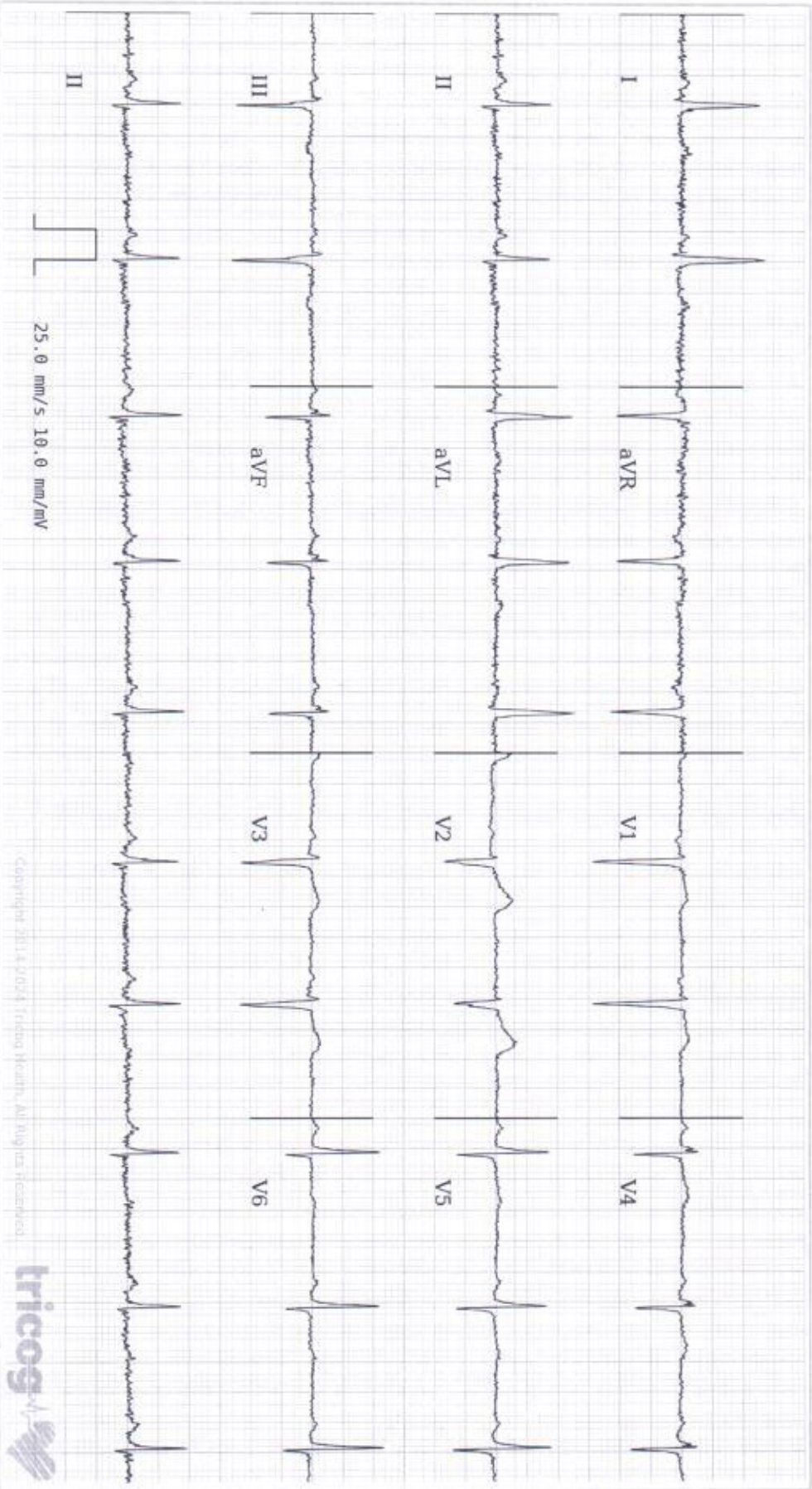




Patient Name: SAVITA ARORA
Patient ID: 2401916670

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 19th Jan 24 9:34 AM



25.0 mm/s 10.0 mm/mV

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Age 45 NA
years months

Gender Female

Heart Rate 61bpm

Patient Vitals

BP: 150/90 mmHg

Weight: 76 kg

Height: 155 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 408ms

QTcB: 410ms

PR: 166ms

P-R-T: 43° -10° -23°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: This report is based on ECG alone and should be read in conjunction with clinical history, symptoms, and results of other tests and investigations. All rights reserved. Copyright © 2014 GE Healthcare. All Rights Reserved.

Date: - 19/11/24

CID: 2401916670

Name: - Savita Arora

Sex/Age: 45/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/10	-	-	-	N/10

Colour Vision: Normal / Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row house No. 3, Aangan,
Thakar Village, Kandivali (east),
Mumbai - 400101.
Tel: 61700000

CID : 2401916670
Name : Mrs SAVITA ARORA
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 19-Jan-2024
Reported : 19-Jan-2024 / 10:59

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USG WHOLE ABDOMEN

Diverification of recti is seen in supraumbilical 2.5cm gap seen in anteroir abdominal wall.

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.6 x 4.8 cm. Left kidney measures 9.0 x 4.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.0 x 5.3 x 3.7 in size.
The endometrial thickness is 7 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.5 x 1.9 cm Left ovary = 2.7 x 2.4 cm

Click here to view images <<ImageLink>>

CID : 2401916670
Name : Mrs SAVITA ARORA
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Jan-2024
Reported : 19-Jan-2024 / 10:59

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IMPRESSION:-
Diverciation of recti.

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



Dr Sarojini Karande
MBBS.,DMRD
Reg no -77726

[Click here to view images <<ImageLink>>](#)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2401916670
Name : Mrs SAVITA ARORA
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Jan-2024
Reported : 19-Jan-2024 / 14:21

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts (Type B).

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral few reactive centimeter sized axillary lymphnodes with intact hilum are seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024011908521293>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2401916670
Name : Mrs SAVITA ARORA
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Jan-2024
Reported : 19-Jan-2024 / 14:21

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

Bilateral few reactive centimeter sized axillary lymphnodes.

ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.

ACR BIRADS CATEGORY

- I. Negative
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024011908521293>

• PATIENT NAME : MRS. SAVITA ARORA	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 45 YEARS
• CID NO : 2401916670	• DATE : 19/01/2024

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- Aortic valve leaflets appear mildly thickened. Peak pressure gradient of forward flow measured is mildly increased to 13 mm Hg. Associated mild aortic regurgitation seen.
- Borderline mild concentric left ventricular hypertrophy present.
- Diastolic dysfunction grade I
- No regional wall motion abnormality seen at rest at present
- All cardiac chambers appear normal in size.
- All other cardiac valves show normal structure and physiological function
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 17 mm and 15 mm respectively.
- Mild TR jet. PASP by TR jet measured to 24 mm Hg
- **Visual estimation of LVEF of 60 %.**

MEASUREMENTS:

IVS d (mm)	09	Ao (mm)	31
IVS s (mm)	16	LA (mm)	32
LVIDd (mm)	53	EPSS (mm)	02
LVIDs (mm)	29	EF SLOPE (ml/s)	170
Pwd (mm)	10	MV (mm)	17
Pws (mm)	16		

Conti...2

• PATIENT NAME : MRS. SAVITA ARORA	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 45 YEARS
• CID NO : 2401916670	• DATE : 19/01/2024

DOPPLER: Mitral E / A

Mitral (m/s)	0.8	Aortic (m/s)	1.81
Tricuspid (m/s)	0.9	Pulmonary (m/s)	0.8

TDI

Septal e' = 0.06 m/s
Septal a' = 0.05 m/s
Septal s' = 0.05 m/s

Lateral e' = 0.05 m/s
Lateral a' = 0.06 m/s
Lateral s' = 0.05 m/s



Dr. P. Bhatjiwale, M.D
PG cert in Clinical Cardiology,
Fellowship in 2 D Echo & Doppler Studies
Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD
Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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

Name :	Santa Asora	Age/Gender :	65TF
Dr. :		Date :	- 19/1/24

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : : ~~ABO~~ Prod

MARITAL STATUS : : married

MENSTRUAL HISTORY :
(i) MENARCHE : : @ age 13 yrs
(ii) PRESENT MENSTRUAL HISTORY : : Reg
(iii) PAST MENSTRUAL HISTORY : : 20 days ago

OBSTETRIC HISTORY : : G2 P2 A0

PAST HISTORY : : HTN, hypothyroid, Epilepsy

PREVIOUS SURGERIES : : NO

ALLERGIES : : Disprin

FAMILY HISTORY : : father. DM, HTN

DRUG HISTORY : : for HTN, hypothyroid, Epilepsy

BOWEL HABITS : : (N)

BLADDER HABITS : : (N)

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

Name :	Age / Gender
Dr. :	Date :

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : (A)
PULSE : 72/min
BP : 150/90
RS :
CVs : / NAD
Breasts :
Per Abdomen : - NAD
Per vaginal :
- Co. healthy
- Brownish discharge (+)

RECOMMENDATIONS

ADVISE :


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

CID : 2401916670
Name : Mrs SAVITA ARORA
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 19-Jan-2024
Reported : 19-Jan-2024 / 16:52

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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

Note: Investigations have their limitations. solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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


DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

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