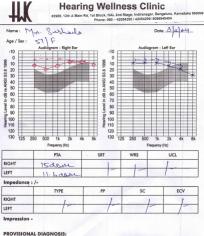
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Bilateral Hearing Lest **RECOMMENDATION :**

Haudio Wellness Clinic

Senting within Nomp



CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

17

MEDALL

CUSTOMER CHECKLIST

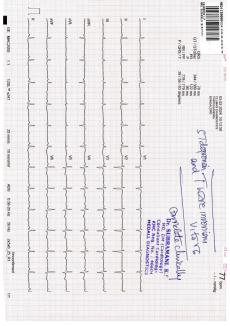
Print Date :03/02/2024 09:55 AM

Sustomer Name	:	MRS.SUSHEELA B			
Ref Dr Name	:	MediWheel	1.5		
Customer Id	:	MED112060549	Visit ID	:	424006341
Age	:	51Y/FEMALE	Phone No	:	9880678108
DOB	:	14 Dec 1972	Visit Date		03/02/2024

Company Name : MediWheel

S.No	Modality 5	itudy	AccessionNo	Time	Signature
1	LAB	LOOD UREA NITROGEN (BUN)			
2	LAB K	REATININE			
3	LAB	LUCOSE - FASTING			1000
4		GLUCOSE - POSTPRANDIAL (2 HRS)			
5		SLYCOSYLATED HAEMOGLOBIN HbA1c)			
6	LAB	JRIC ACID			
7		IPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	0.0	THYROID PROFILE/ TFT(T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	00	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			-
13	LAB	STOOL ANALYSIS - ROUTINE		-	-
14	LAB	URINE ROUTINE	1	- 40	0.01
15	LAB	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)	not	requ	fed
16	LAB	BUN/CREATININE RATIO		-	-
17		BLOOD GROUP & RH TYPE (Forward Reverse)			
18	ECG	ECG	IND14467951138	-	
15		Treadmill / 2D Echo	IND144679514690		-
20		obysical examination	IND144679515275		-
-21		ULTRASOUND ABDOMEN	IND144679515292 IND144679515704		
27	00	Gynaecologist consultation	IND144679516054	de	5 Der
2		MAMOGRAPHY-BOTH BREASTS	IND14467951603	aur) pers
2		Dental Consultation	IND14467951628	6	
2		EYE CHECKUP	IND14467951775	9	-
4		X RAY CHEST	IND14467951805		
-		Consultation Physician	hun1440122012		Registerd I

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Name	: Mrs. Susheela B	
PID No.	: MED112060549	Register On : 03/02/2024 9:55 AM
SID No.	: 424006341	Collection On : 03/02/2024 10:43 AM
Age / Sex	: 51 Year(s) / Female	Report On : 03/02/2024 8:09 PM
Туре	: OP	Printed On : 04/02/2024 1:08 PM
Ref. Dr	: MediWheel	

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	42.9	%	37 - 47
RBC Count (EDTA Blood)	4.82	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	31.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.6	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	53.8	%	40 - 75
Lymphocytes (EDTA Blood)	39.9	%	20 - 45
Eosinophils (EDTA Blood)	1.1	%	01 - 06

(EDTA Blood)







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Monocytes (EDTA Blood)	4.9	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.5	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.3	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	304	10^3 / µl	150 - 450
MPV (EDTA Blood)	9.0	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.274	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	39	mm/hr	< 30
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	113.53	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) 200.66

mg/dL

70 - 140







The results pertain to sample tested.

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Name	: Mrs. Susheela B			
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Age / Sex	: 51 Year(s) / Female	Report On :	03/02/2024 8:09 PM	
Туре	: OP	Printed On :	04/02/2024 1:08 PM	
Ref. Dr	: MediWheel			
Investiga	tion	<u>Observed</u> <u>Value</u>	Unit	<u>Biological</u> Reference Interval
Factors suc Fasting blo	ETATION: h as type, quantity and time of food od glucose level may be higher than Exercise or Stress, Dawn Phenomen	Postprandial glucose, h	because of physiological surge in I	Postprandial Insulin secretion, Insulin
	ea Nitrogen (BUN) ase UV / derived)	7.2	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Mod</i>		0.48	mg/dL	0.6 - 1.1
ingestion of	ETATION: Elevated Creatinine val f cooked meat, consuming Protein/ 6 pxitin ,cefazolin, ACE inhibitors ,an	Creatine supplements, E	Diabetic Ketoacidosis, prolonged f	
Uric Acid	l	3.55	mg/dL	2.6 - 6.0
(Serum/Enz	ymatic)			
<u>Liver Fur</u>	<u>iction Test</u>			
Bilirubin((Serum/DCA	Total) A with ATCS)	1.13	mg/dL	0.1 - 1.2
Bilirubin((Serum/Dia	Direct) zotized Sulfanilic Acid)	0.33	mg/dL	0.0 - 0.3
Bilirubin((Serum/Der		0.80	mg/dL	0.1 - 1.0
Aminotra	ST (Aspartate nsferase) dified IFCC)	21.78	U/L	5 - 40
	T (Alanine Aminotransferase) <i>dified IFCC</i>)	21.29	U/L	5 - 41
GGT(Gar (Serum/IFC	nma Glutamyl Transpeptidase) 'C / Kinetic)	31.41	U/L	< 38
	Phosphatase (SAP) dified IFCC)	73.3	U/L	53 - 141







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Protein (Serum/ <i>Biuret</i>)	7.51	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.85	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.66	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.82		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	202.18	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	112.40	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	54.25	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	125.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
	A CALL AND		DR SUHAS L MD Consultant Pathologist KMC No. 111687

The results pertain to sample tested.

APPROVED BY

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.),Old Nc66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.

MC-5606

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Name	: Mrs. Susheela B	
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Ref. Dr	: MediWheel	

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	22.5	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	147.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i>)	3.7	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i>)	2.1	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.3	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>		

HbA1C	7.4	%	Normal: 4.5 - 5.6
(Whole Blood/HPLC)			Prediabetes: 5.7 - 6.4
			Diabetic: ≥ 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %

165.68

Estimated Average Glucose (Whole Blood) mg/dL



MC-5606





The results pertain to sample tested.

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Name	: Mrs. Susheela B	
PID No.	: MED112060549	Register On : 03/02/2024 9:55 AM
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
investigation			

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ <i>ECLIA</i>)	1.25	ng/ml	0.4 - 1.81
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like pr Metabolically active.	egnancy, drug	s, nephrosis etc. In such cases, Free T3 is 1	ecommended as it is
T4 (Tyroxine) - Total (Serum/ <i>ECLIA</i>)	8.38	μg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like pr Metabolically active.	egnancy, drug	s, nephrosis etc. In such cases, Free T4 is 1	recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	3.01	µIU/mL	0.35 - 5.50
INTERPRETATION: Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0			

3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI. 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3. Values&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



The results pertain to sample tested.

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Ref. Dr	: MediWheel	

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.002		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL







The results pertain to sample tested.

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Inc. in all mall	
Investigati	on –

BUN / Creatinine Ratio

Observed Unit Value 15.0 Biological Reference Interval 6.0 - 22.0





The results pertain to sample tested.

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Name	: Mrs. Susheela B	
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Investigation

Observed Unit Value Biological Reference Interval

URINE ROUTINE





-- End of Report --

The results pertain to sample tested.

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA			: 3.2cms
LEFT ATRIUM			: 3.3cms
AVS			:
LEFT VENTRICLE	(DIASTOLE))	: 4.2cms
(SYS	TOLE)	: 2.8cr	ns
VENTRICULAR SEPTUM	(DIASTOLE)		: 0.8cms
(SYS	TOLE)	: 1.5cr	ns
POSTERIOR WALL	(DIASTOLE)		: 1.1cms
(SYS [*]	FOLE)	: 1.6cr	ns
EDV			: 79ml
ESV			: 30ml
FRACTIONAL SHORTENI	NG		: 33%
EJECTION FRACTION			: 62%
EPSS			:
RVID			: 1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.62 m/s A' 0.73	3 m/s NO MR
AORTIC VALVE	: 1.20 m/s	NO AR
TRICUSPID VALVE	: E' - m/s A' - m/s	NO TR
PULMONARY VALVE	: 0.86 m/s	NO PR

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel	•	

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle No regional wall motion abno	: Normal size, Normal systolic function. prmalities.
Left Atrium	: Normal.
Right Ventricle	: Normal.
Right Atrium	: Normal.
Mitral valve	: Normal, No mitral valve prolapsed.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Pulmonary valve	: Normal.
IAS	: Intact.
IVS	: Intact.
Pericardium	: No pericardial effusion.

IMPRESSION:

- > LV DIASTOLIC DYSFUNCTION.
- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE *Kss/VP*

Note:

- * Report to be interpreted by qualified medical professional.
- * To be correlated with other clinical findings.
- * Parameters may be subjected to inter and intra observer variations.

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

* Any discrepancy in reports due to typing errors should be corrected as soon as possible.

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

ľ	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.9	1.9
Left Kidney	12.2	1.2

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern. Endometrial thickness measures 6.5mm Uterus measures as follows: LS: 9.1cms AP: 3.0cms TS: 4.1cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen. Ovaries measure as follows: **Right ovary**: 2.1 x 0.8cms **Left ovary**: 2.2 x 1.0cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- ► FATTY LIVER.
- > NO OTHER SIGNIFICANT ABNORMALITY DETECTED.

DR. APARNA CONSULTANT RADIOLOGIST A/vp

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed. MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show diffuse fibrocystic changes.

No evidence of focal solid / cystic areas in either breast.

Retroareolar region is normal on either side.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

> BILATERAL FIBROCYSTIC CHANGES.

ASSESSMENT: BI-RADS CATEGORY -2

DR. APARNA CONSULTANT RADIOLOGIST A/

BI-RADS CLASSIFICATION

CATEGORY	RESULT
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.
2	Benign finding. Routine mammogram in 1 year recommended.
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.

Name	MRS.SUSHEELA B	ID	MED112060549
Age & Gender	51Y/FEMALE	Visit Date	03 Feb 2024
Ref Doctor Name	MediWheel		

Name	Mrs. Susheela B	Customer ID	MED112060549
Age & Gender	51Y/F	Visit Date	Feb 3 2024 9:54AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression:

NO SIGNIFICANT ABNORMALITY DETECTED.

DR. APARNA CONSULTANT RADIOLOGIST