

NAME:	Mrs. Vandana More	UHID:	
AGE:	48	DATE OF HEALTHCHECK:	27/3/2024
GENDER:	F		

HEIGHT:	157	MARITAL STATUS:	M
WEIGHT:	58.6	NO OF CHILDREN:	2
BMI:	23.8		

C/O: Back in Abd → 1mm Bucle.

K/C/O: - High C, Hypertension
PRESENT MEDICATION: - Metformin

P/M/H: - No

P/S/H: - NO - multivitamin

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/Moderate/Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - T2DM

ALCOHOL: - No

MOTHER: - HTN

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 120/80 PULSE: - 66/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

TEMPERATURE: 37.5 SCARS:

OEDEMA:

S/E:

RS:



P/A:



CVS: S, 32+

Extremities & Spine: - Bone pain

ENT: - No

CNS: Cerebral, subarachnoid

Skin: - No

Vision:

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

Name: Mrs. Vandana Mose Age: 48/f Date of Health check-up: 29/03/2024

Findings and Recommendation:

Findings:-

TMT (+)
HEPC.

Recommendation:-

- Gastro / Cardio op

Signature:

Consultant -



DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC- 2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 29/03/24

Name: Mrs. Vandana more Age: 48y Gender: Male/Female

Without Correction:

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction:

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

Near : Right Eye N-6 Left Eye N-6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+6.00	+2.50	160		6/9	+6.00	+1.00	170		6/6
Near	+7.50	+2.50	160		N-6	+7.50	+1.00	170		N-6

Colour Vision: (BE) - WNL

Anterior Segment Examination: (BE) - WNL

Pupils: (BE) - WNL

Fundus: (BE) - WNL

Intraocular Pressure: _____

Diagnosis: (BE) - WNL

Advice: _____

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

Dr. Sagorika Dey
(Consultant Ophthalmologist)

DR. SAGORIKA DEY

MBBS, DOMS

REGN NO: 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Vandana More	MR NO:
Age/Gender : 48 / F	Date: 29/3/24

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: _____

- Filling @ 6/- - 1300

DR. AQSA SHAIKH
B. D. S
Reg. No: A 42611



• ANDHERI • COLABA • NASHIK • VASHI

Name: Vandana More Age: 48 Sex: _____ UHID No.: _____ Date: 29/3/24

MR- 20yr PM

OIH- P2/2 (FYND)

PM- NO Meds H/O
keto hypothyroid
w/o Hep C.

OIE- Ge finite

PIA- Soft

perf SOS

PIV- ut ~~R~~ INLIFW
BLB hel M

Annvi

DR. ANNVI MASHRU
M.S. Obstetrics and Gynaecology
Reg. No. MMC 2018/03/0581

Dr. _____



Apollo Clinic
VASHI

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Vandana Vilas More Gender : Female Age : 48 Years
 UHID : FVAH 11182. Bill No : Lab No : V-3469-23
 Ref. by : SELF Sample Col Dt : 29/03/2024 08:20
 Barcode No : 3947 Reported On : 29/03/2024 14:56


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method)	11.5	g/dl	11.5 - 15
RBC Count (Impedance)	4.90	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	36.3	%	35 - 55
MCV:(Calculated)	74.2	fl	78 - 98
MCH:(Calculated)	23.6	pg	26 - 34
MCHC:(Calculated)	31.8	gm/dl	30 - 36
RDW-CV:	16.8	%	10 - 16
Total Leucocyte count(Impedance)	6310	/cumm.	4000 - 10500
Neutrophils:	44	%	40 - 75
Lymphocytes:	50	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.06	Lakhs/c. mm	1.5 - 4.5
MPV	8.4	fl	6.0 - 11.0
ESR(Westergren Method)	17	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Microcytosis(Mild),Anisocytosis(Mild)		
WBCs:	Lymphocytosis		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

Page 7 of 8

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

End of Report
 Results are to be correlated clinically

Name : Mrs. Vandana Vilas More Gender : Female Age : 48 Years
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TEST

RESULTS

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

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

Sheetal Nakate
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.5 %
 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 : 111.15 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 than the routine chromatographic methods & also for the diabetic 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 diabetics .
- * 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

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	92	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 :	89	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

Pooja Surve
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE - Serum			
S. Cholesterol(Oxidase)	212	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	90	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	18	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	56.3	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	137.7	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	3.8		3.5 - 5
Ratio of LDL/HDL	2.4		2.5 - 3.5

Alsaba Shaikh
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	8.24	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.66	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.58	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.3		0.9 - 2
S.Total Bilirubin (DPD):	0.17	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.09	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.08	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	18	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	11	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	88	U/L	35 - 105
S.GGT(IFCC Kinetic):	13	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	20.6 mg/dl	10.0 - 45.0
BUN (Calculated)	9.61 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.63 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	15.25	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.8 mg/dl	2.4 - 5.7

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	2.11	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	110.4	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.75	□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 9 Chief Pathologist

End of Report
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	20	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	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	Occasional	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	1 - 2 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan
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Ms Kaveri Gaonkar
Verified By



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M.D(Path)

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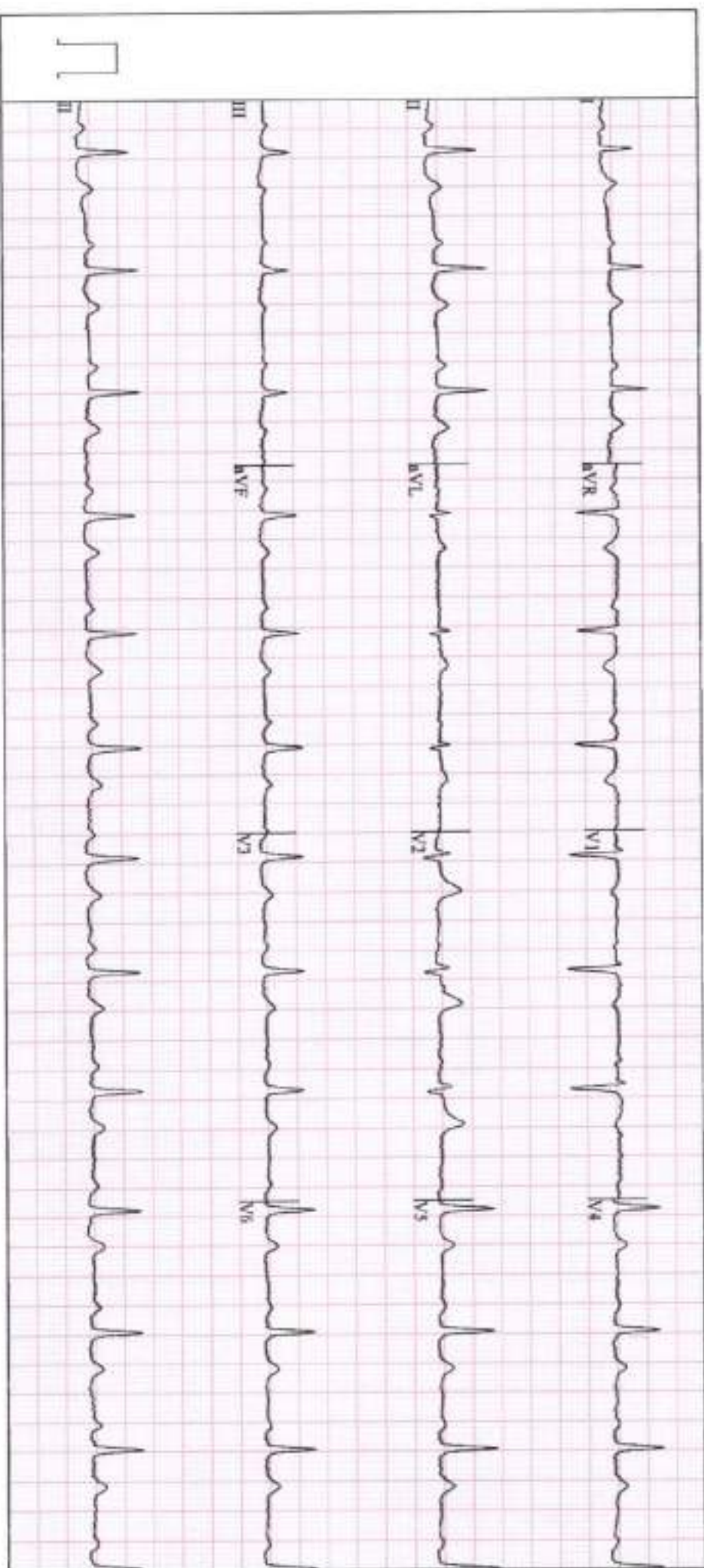
End of Report
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NORMAL ECG

Normal sinus rhythm
Normal ECG

QRS : 84 ms
QT / QTc/ Baz : 382 / 426 ms
PR : 152 ms
P : 92 ms
RR / PP : 802 / 800 ms
P / QRS / T : 51 / 58 / 37 degrees


Dr. ANIRBAN DASGUPTA
M.B.B.S., D.N.B. (Cardio)
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: MORE, VANDANA
Patient ID: 11182
Height:
Weight:

DOB: 15.10.1975
Age: 48yrs
Gender: Female
Race: Asian

Study Date: 29.03.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:

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	00:20	0.00	0.00	82	120/70	
	STANDING	00:19	0.00	0.00	78		
	HYPERV.	00:14	0.00	0.00	78		
	WARM-UP	00:11	0.00	0.00	82		
EXERCISE	STAGE 1	03:00	1.70	10.00	126	120/80	
	STAGE 2	03:00	2.50	12.00	155	130/80	
	STAGE 3	00:31	3.40	14.00	166	140/90	
RECOVERY		01:06	0.00	0.00	123	160/90	

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 92 bpm rose to a maximal heart rate of 166 bpm. This value represents 96 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

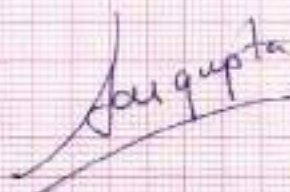
Interpretation

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: ST DEPRESSION.
Overall impression: Borderline positive stress test.

Conclusions

TMT IS BORDERLINE POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR. ANIRBAN DASGUPTA

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

MORE VANIDANA

Patient ID: 11182

29.03.2024

8:45:43

12-LEAD REPORT

85 bpm
120/70 mmHg

PRETEST
SUPINE
00:15

BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.10
II	-0.10	V2	0.25
III	-0.25	V3	-0.45
aVR	0.00	V4	-0.40
aVL	0.20	V5	-0.25
aVF	-0.15	V6	0.05



MORE VANIDANA

Patient ID: 11182

29.03.2024

8:46:00

12-LEAD REPORT

79 bpm
120/70 mmHg

PRETEST
STANDING
00:31

BRUCE
0.0 mph
0.0%

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.15	V1	0.10
II	0.00	V2	0.25
III	-0.20	V3	-0.30
aVR	-0.10	V4	-0.30
aVL	0.20	V5	-0.30
aVF	-0.10	V6	0.05



GE

CASE: V673

25 mm/s, 10 mm/mV, 50Hz, 0.01Hz, FR+, HR/V4, LD

Start of Test: 8:45:27

12-LEAD REPORT

Apollo Clinic

MORE VANIDANA
Patient ID: 11182

29.03.2024
8:46:16

81 bpm
120/70 mmHg

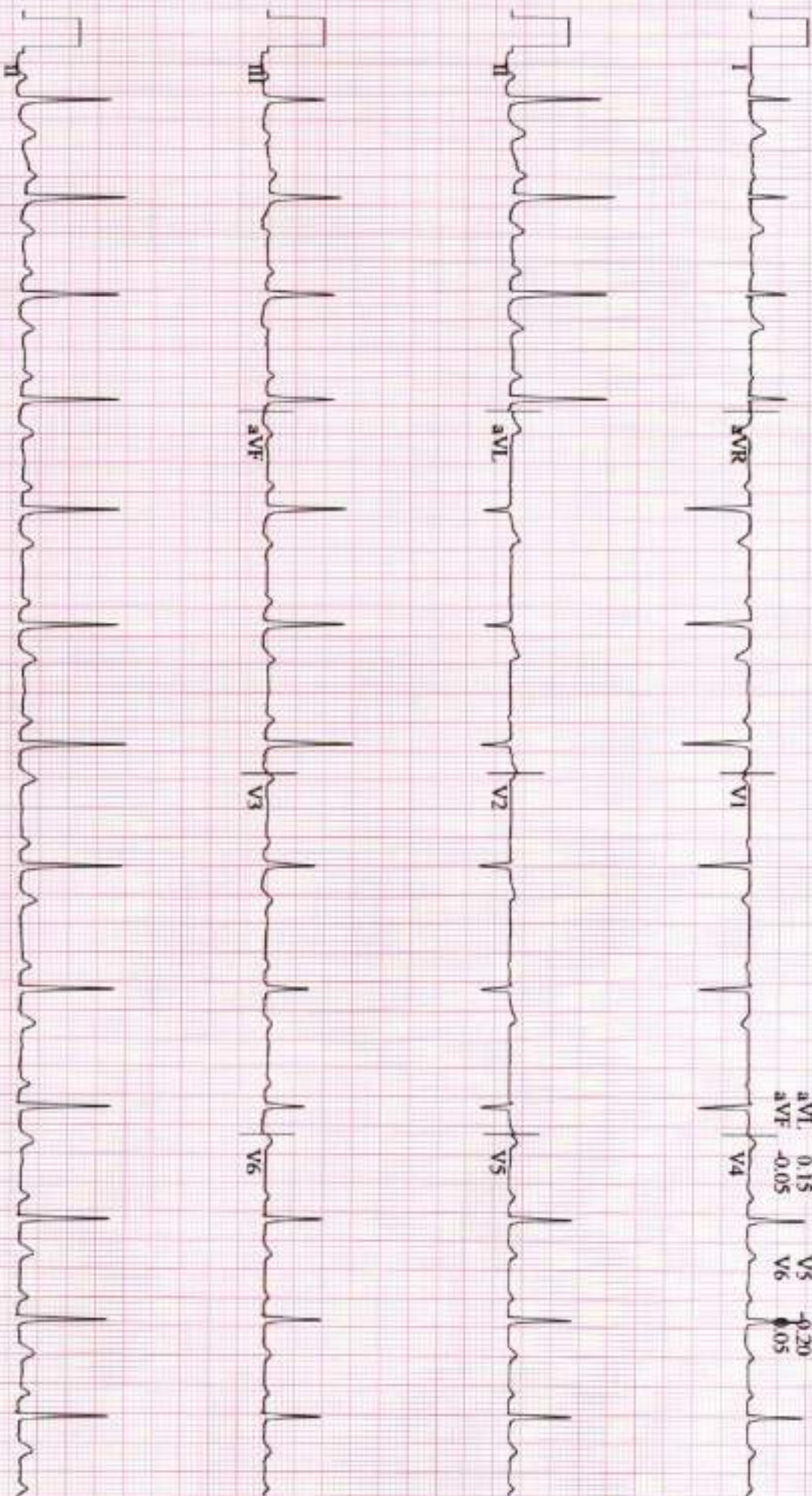
PRETEST
HYPERV.
00:48

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.00
II	0.05	V2	0.20
III	-0.15	V3	-0.15
aVR	-0.10	V4	-0.15
aVL	0.15	V5	-0.20
aVF	-0.05	V6	0.05



12-LEAD REPORT

MORE VANDANA

Patient ID: 11182

29.03.2024

8:49:22

122 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

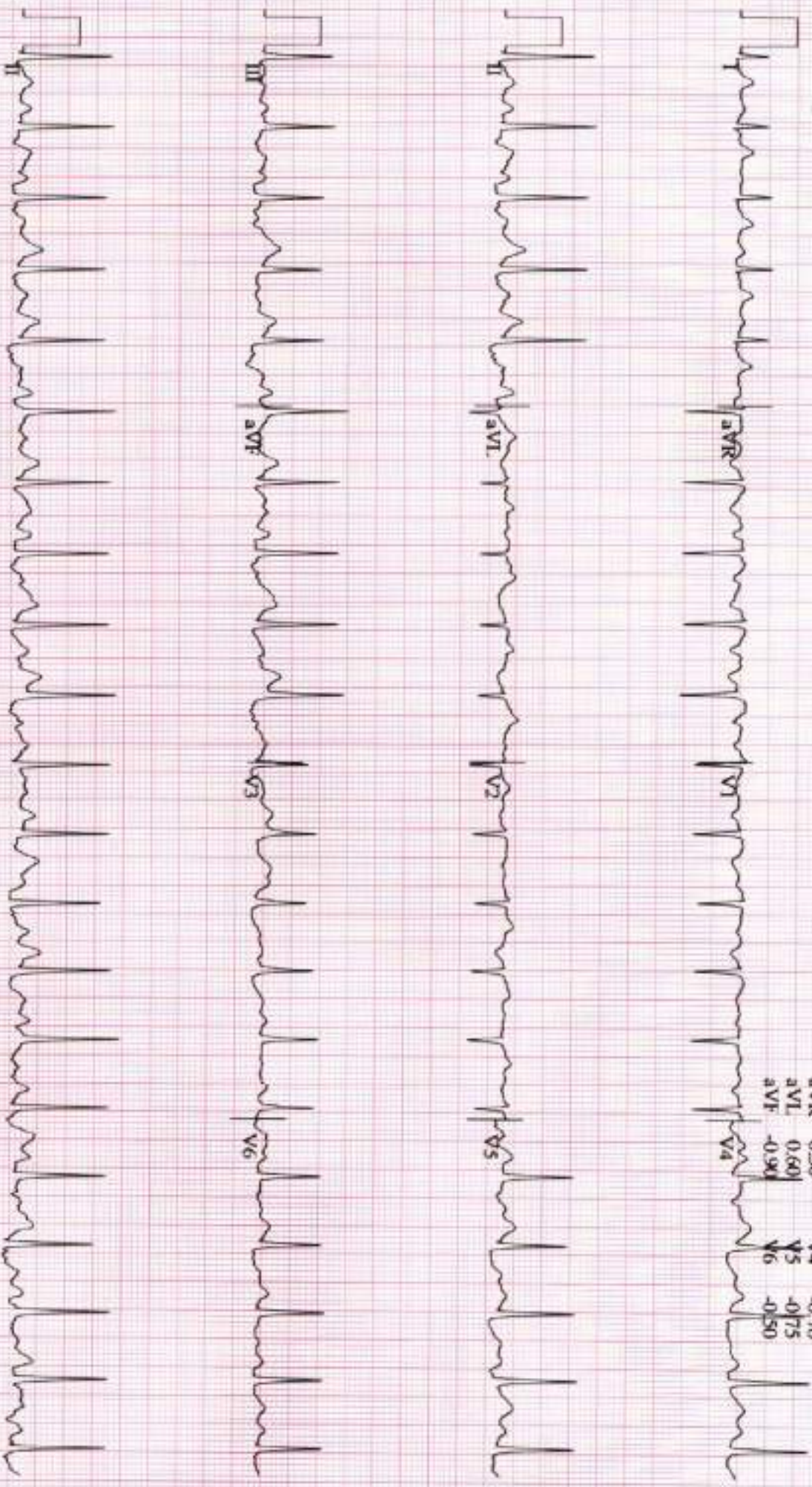
BRUCE
1.7 mph
10.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.40
II	-0.80	V2	0.55
III	-0.95	V3	-0.65
aVR	0.30	V4	-0.70
aVL	0.60	V5	-0.75
aVF	-0.90	V6	-0.50



GE

CASE V673

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR/V4JD

Start of Test: 8:45:27

MORE VANDANA

Patient ID: 11182

29.03.2024

8:52:22

12-LEAD REPORT

155 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

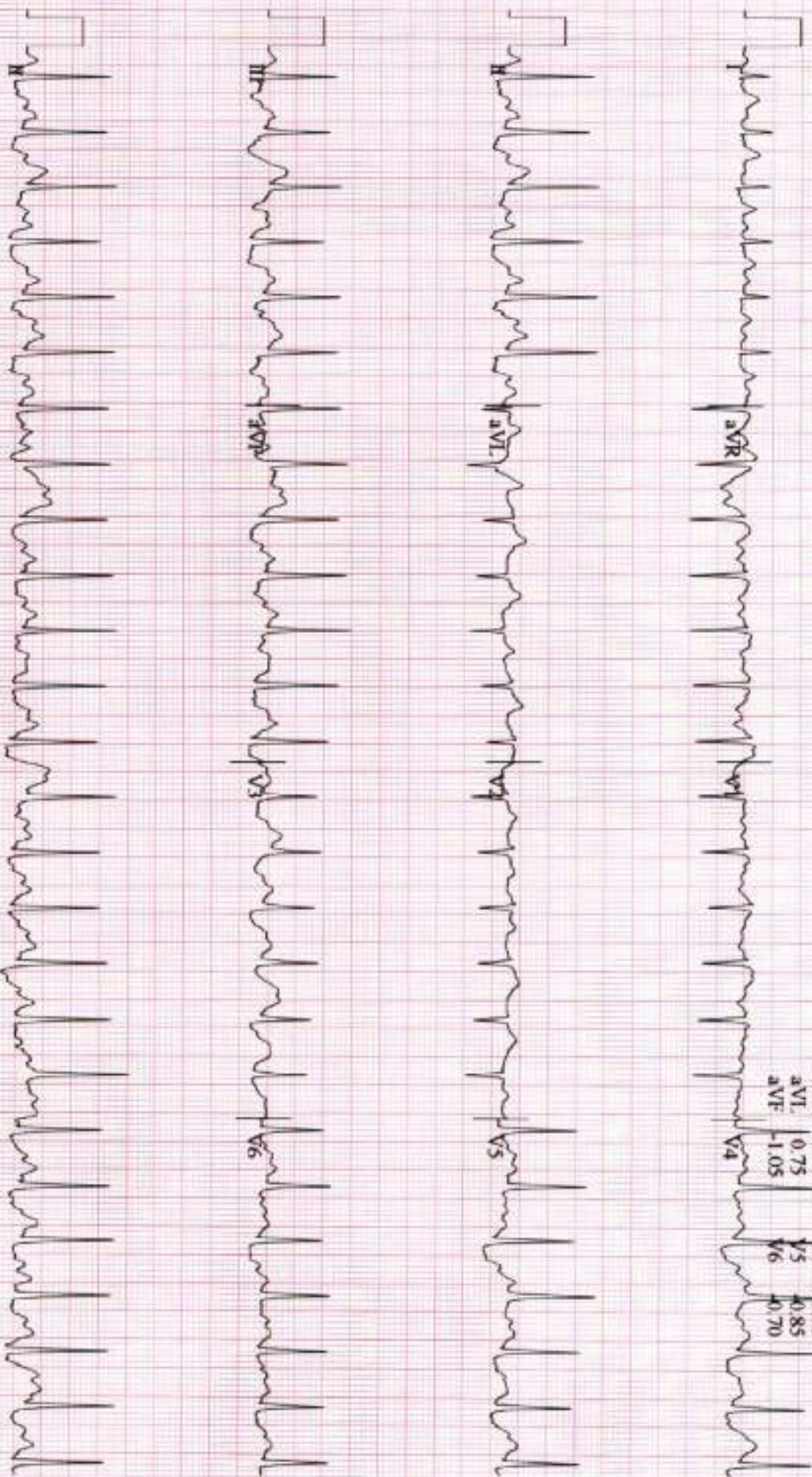
BRUCE
2.5 mph
12.0%

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mn)	Lead	ST(mn)
I	0.35	V1	0.45
II	-1.00	V2	0.65
III	-1.20	V3	-0.80
aVR	0.30	V4	0.95
aVL	0.75	V5	0.85
aVF	-1.05	V6	0.70



GE

CASE V6.73 GE Healthcare 25 mm/s 10 mm/mV 50Hz 0.01Hz FRP+ TR/V4ID

Start of Test: 8:45:27

MORE VANDANA
Patient ID: 11182
29.03.2024
8:53:03

LINKED MEDIAN'S (PEAK EXERCISE)

166 bpm
140-90 mmHg

EXERCISE
STAGE 3
06:31

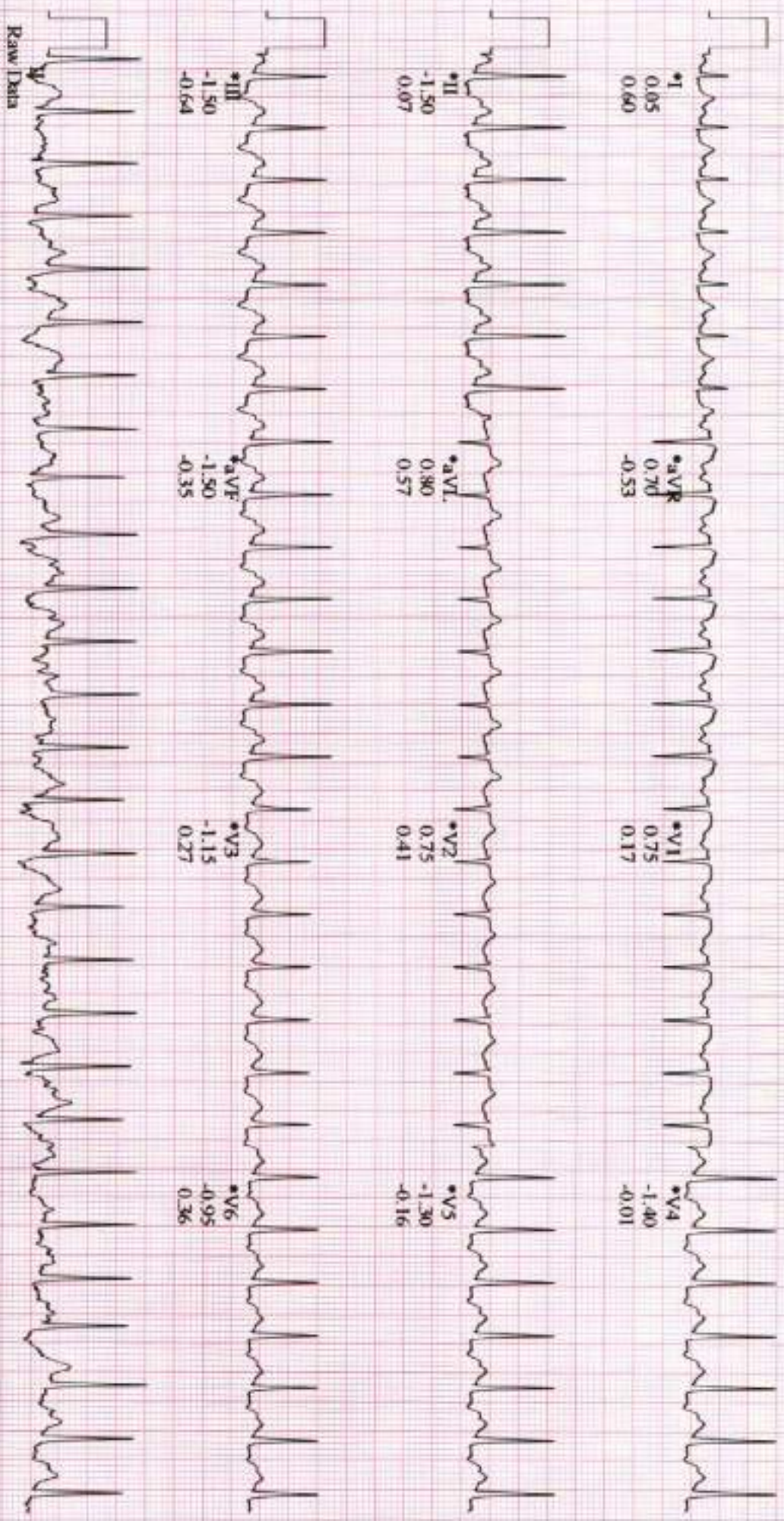
BURICE
3.4 mph
14.0%

Apollo Clinic

ST @ 10mm/mV
60 ms post J

Minor ST changes

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

CASE V673
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V4LD)

Start of Test: 8:45:77

MORE VANDANA

Patient ID: 11182

29.03.2024

8:53:53

12-LEAD REPORT

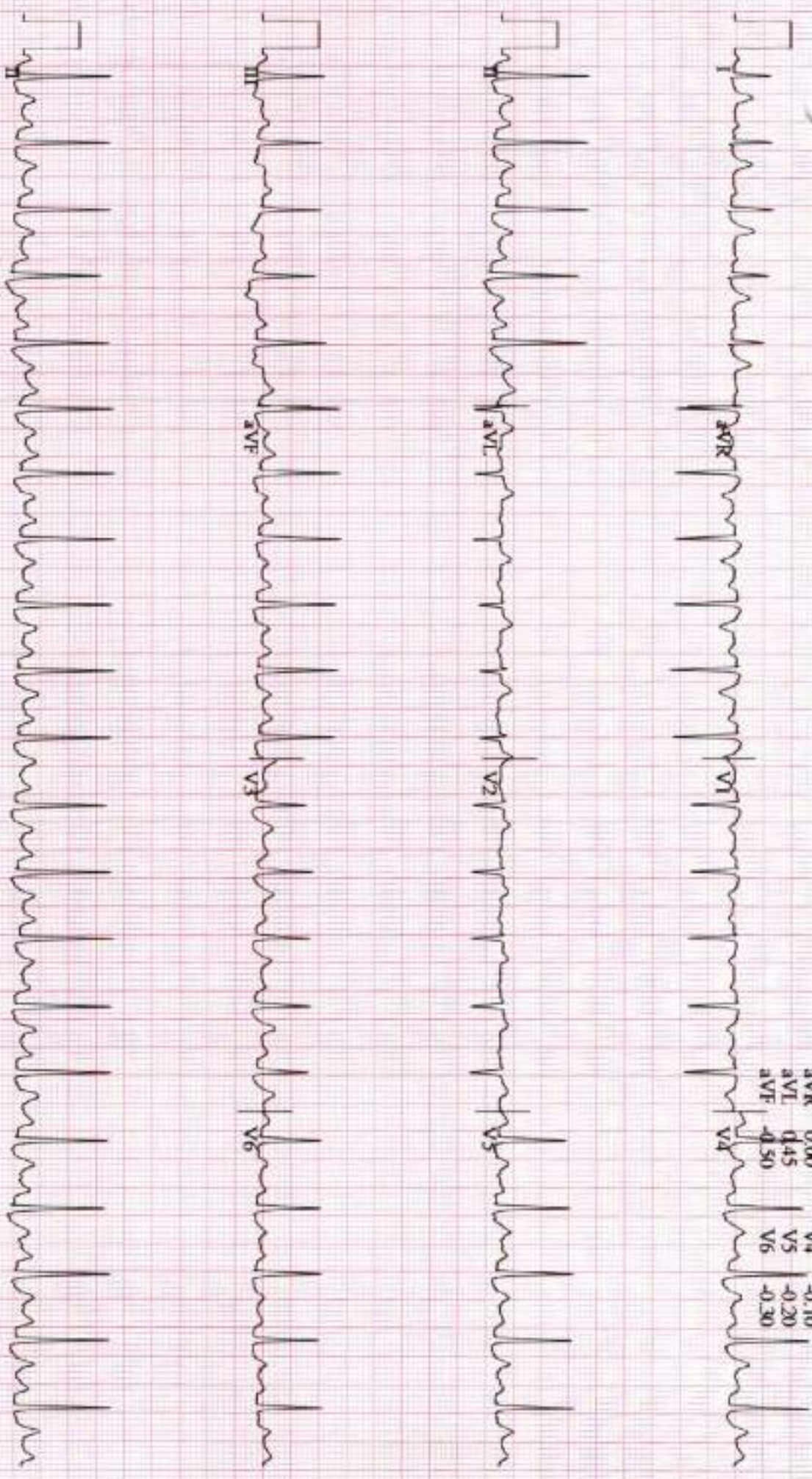
129 bpm
160/90 mmHg

RECOVERY #1
00:50

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 6cm Post J (10mm/mV)

Lead	ST(mV)	Lead	ST(mV)
I	0.30	V1	0.20
II	-0.30	V2	0.55
III	-0.65	V3	0.05
aVR	0.00	V4	-0.10
aVL	0.45	V5	-0.20
aVF	-0.50	V6	-0.30



GE

CASE: V6.73
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF HR(V4.M)

Start of Test: 8:45:27

MORE, VANDANA

Patient ID: 11182

29.03.2024

8:45:27

Female

48yrs Asian

Meeds:

Test Reason: Screening for CAD

Medical History: NIL

Ref. MD: Ordering MD:

Technician: Anita Gakwad Test Type: Treadmill Stress Test

Comment:

BRUCE: Total Exercise Time 06:31
 Max HR: 166 bpm 96% of max predicted 172 bpm HR at rest: 92
 Max BP: 160/90 mmHg BP at rest: 120/70 Max RPP: 22680 mmHg*bpm
 Maximum Workload: 8.50 METS
 Max. ST: -1.55 mm, 0.00 mV/s in III; EXERCISE STAGE 2 03:59
 Arrhythmic: PSVC:1
 ST/HR index: 1.70 μ V/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. Arrhythmias: none. ST Changes: ST DEPRESSION.
Overall impression: Borderline-positive stress test.
Conclusion: TMT IS BORDERLINE POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Prognosis:

Duke Treadmill Score: -1
 Risk Category: moderate
 5 Year Survival: 92.0%
 Average Annual Mortality: 1.6%
 Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VF (mm)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:20	0.00	0.00	1.0	82	120/70	9840	0	-0.20	
	STANDING	00:19	0.00	0.00	1.0	78			0	-0.10	
	HYPERV.	00:14	0.00	0.00	1.0	78			0	-0.10	
EXERCISE	WARM-UP	00:11	0.00	0.00	1.0	82			0	-0.25	
	STAGE 1	03:00	1.70	10.00	4.6	126	120/80	15120	0	-0.85	
	STAGE 2	03:00	2.50	12.00	7.0	155	130/80	20150	0	-1.00	
RECOVERY	STAGE 3	00:31	3.40	14.00	8.5	166	140/90	23240	0	-1.50	
		01:06	0.00	0.00	1.0	123	160/90	19680	0	-0.60	

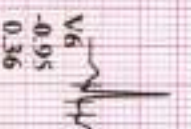
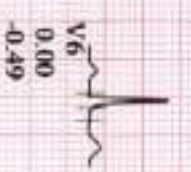
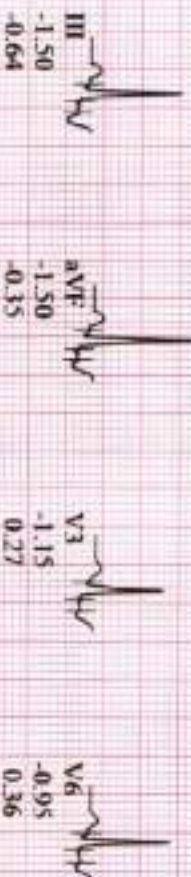
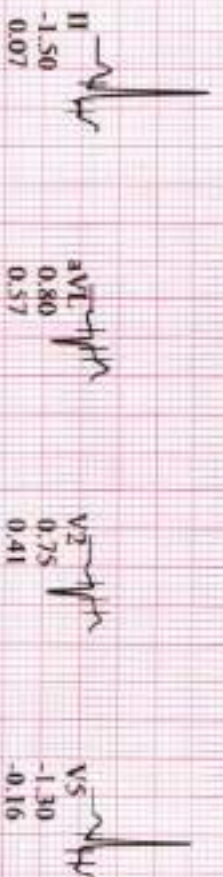
MORE, VANDANA
 Patient ID: 11182
 29.03.2024
 8:45:27

BASELINE

PEAK EXERCISE

EXERCISE STAGE 1 83 bpm
 1.0 METS 120/70 mmHg
 ST @ 10mm/mV
 60ms post J

EXERCISE 6:31
 STAGE 3 166 bpm
 8.5 METS 140/90 mmHg
 ST @ 10mm/mV
 60ms post J



Reconfirmed

GE CASE V6.73 (2)
 25mm/s 10mm/mV 50Hz 0.01Hz PRF+ HEART V5.4
 PRINTED IN IN

Attending MD: DR. ANIRBAN DASGUPTA

PATIENT'S NAME	VANDANA V MORE	AGE :- 48Y/F
UHID	11182	DATE :- 30 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	VANDANA V MORE	AGE :- 48 Y/F
UHID	11182	30 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:

There is e/o a well defined soft tissue lesion seen at Rt. Mid breast.

No suspicious calcifications or architectural distortion is seen.

Left breast:

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

IMPRESSION-

There is e/o a well defined soft tissue lesion seen at Rt. Mid breast.

ACR BIRADS category 1.

Recommendation: Sonomammography, 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)

PATIENT'S NAME	VANDANA V MORE	AGE :- 48Y/F
UHID	11182	29 Mar 2024

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size, shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

RIGHT KIDNEY measures 9.4 x 4.1 cm. **LEFT KIDNEY** measures 10.4 x 3.7 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is atrophic. ET measures 2.9 mm.

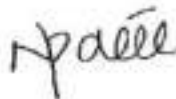
Both ovaries are normal in size, shape and position.

Visualised BOWEL LOOPS appear normal. There is no free fluid seen.

IMPRESSION -

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



DR. NITESH PATEL
DMRE (RADIOLOGIST)