




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name	: MRS.K ANITHA [1547727]	TID/SID	: UMR1401890/ 27373180
Age / Gender	: 54 Years / Female	Registered on	: 23-Mar-2024 / 07:34 AM
Ref.By	: -	Collected on	: 23-Mar-2024 / 07:34 AM
Req.No	:  BIL4078459	Reported on	: 23-Mar-2024 / 12:49 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.010		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm  
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am




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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---



*Yatish Sai*

**Dr. Yatish Sai Lanke**  
Regd. No: 00856  
MD PATHOLOGY




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## TEST REPORT

Name : **MRS.K ANITHA [1547727]** TID/SID : UMR1401890/ 27373178  
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Ref.By : - Collected on : 23-Mar-2024 / 07:34 AM  
Req.No  Reported on : 23-Mar-2024 / 12:32 PM  
BIL4078459 Reference : Medi Wheel

### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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Req.No	:  BIL4078459	Reported on	: 23-Mar-2024 / 11:23 AM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	40	mm/hour	0-20 mm/hour
Method:Westergren			

#### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	13.8	g/dL	12.0-15.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	4.6	mill /cu.mm	3.8-4.8 mill /cu.mm
Method:Electrical Impedence			
PCV/HCT	41	%	36-46 %
Method:Numeric Integration			
MCV	90	fL	83-101 fL
Method:Calculated			
MCH	30.0	pg	27-32 pg
Method:Calculated			
MCHC	33.4	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	13.3	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	7.7	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
Method:Impedence flowcytometry/Light scattering			
<b>Differential Count</b>			
Neutrophils	43	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	46	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	7	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	4	%	1-6 %
Method:Flowcytometry/Microscopy			

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### DEPARTMENT OF HEMATOLOGY

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	<b>140</b>	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL

#### Peripheral Smear

RBC Method:Microscopy	Normocytic and Normochromic
WBC Method:Microscopy	Relative Lymphocytosis+. No abnormal cells seen.
Platelets Method:Microscopy	Thrombocytopenia+. Giant platelets seen.

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Ref.By	: -	Collected on	: 23-Mar-2024 / 07:34 AM
Req.No	 BIL4078459	Reported on	: 23-Mar-2024 / 08:03 AM
		Reference	: Medi Wheel

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.27 cm
Left Atrium	2.7 cm
Left Ventricle	LVDd: 4.81 cm IVSd : 1.04 cm EF: 59% LVDs: 3.27 cm LVPwd: 1.04 cm FS: 37%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.59 m/sec A: 0.7 m/sec Aortic flow : 1.15 m/sec Pulmonary flow : 0.6 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. LV EF 59% Grade I diastolic dysfunction. No PE/ clot/ vegetation.

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Registered on : 23-Mar-2024 / 07:34 AM

Ref.By : -

Collected on :

Req.No



Reported on :

BIL4078459

Reference : Medi Wheel






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Name : **MRS.K ANITHA [1547727]** TID/SID : UMR1401890/ 27373180F  
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Ref.By : - Collected on : 23-Mar-2024 / 07:34 AM  
Req.No  Reported on : 23-Mar-2024 / 16:02 PM  
BIL4078459 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.6	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.82	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

#### Glucose Urine Fasting

Investigation	Observed Value
Urine Glucose Fasting	Nil
Method:Reagent strip/Reflectance photometry	

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*V.G. Mallika*

**Dr V G Mallika**  
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Ref.By	: -	Collected on	: 23-Mar-2024 / 07:34 AM
Req.No	:  BIL4078459	Reported on	: 23-Mar-2024 / 15:02 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	<b>160</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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Req.No	 BIL4078459	Reported on	: 23-Mar-2024 / 15:02 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	<b>285</b>	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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Age / Gender : 54 Years / Female Registered on : 23-Mar-2024 / 07:34 AM  
Ref.By : - Collected on : 23-Mar-2024 / 07:34 AM  
Req.No  Reported on : 23-Mar-2024 / 15:02 PM  
BIL4078459 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>6.8</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	148	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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Ref.By : - Collected on : 23-Mar-2024 / 07:34 AM  
Req.No  Reported on : 23-Mar-2024 / 13:26 PM  
Reference : Medi Wheel  
BIL4078459

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	<b>257</b>	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	61	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>147</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	49	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	<b>245</b>	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.21		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	2.41		Ideal : < 2 Good : 2 - 5 Bad : > 5

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.47	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.12	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.35	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	14	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	17	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	59	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.42	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.23	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.19	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.33		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	16	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.35	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	<b>17.4</b>	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	0.77	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	<b>7.84</b>	mg/dL	1.9-7.5 mg/dL

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		Reference	: Medi Wheel

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial	1.0 G%	NIL
Method:Reagent strip/Reflectance photometry		

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*V.G. Mallika*

**Dr V G Mallika**  
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Tel : +91 40-42038139, 2784 5852, 7995421787, 7093445852,

Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	Mrs. K. Anitha		Date :	23/3/2024	
Company	Medi Wheel		Reg. No. :	4078459	
Contact No.	9246560782		Sex	<input checked="" type="checkbox"/> F	Age : <input type="checkbox"/> 54
Type	Pre-Emp	<input checked="" type="checkbox"/>	Emp. No.:		
	Overseas	<input type="checkbox"/>	Height	168 cm	
	Annual	<input checked="" type="checkbox"/>	Weight	67 kg	
Remarks	<p>- Raised ESR count. Advice follow up for infectious cause.</p> <p>- Hyperglycemia ⊕ c HbA<sub>1c</sub> - 6.8 % . Advice follow up</p> <p>- Hypercholesterolemia ⊕ . Advice follow up.</p> <p>- Rest all physical + lab parameters WNL.</p>				
Fitness Status	Medically Fit / Unfit		<p>Dr. PRIYANKA SANNIDHI</p> <p>Physician's Signature</p> <p>Regn. No. 11351</p>		

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mrs. Anitha  
 AGE 54 yrs Female  
 MARITAL STATUS Married CHILDREN : M  F   
 IDENTIFICATION (IF ANY) A mole on the lt. side of Neck.

## PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid..... NIL Jaundice..... NIL Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination..... Covaxin  
~~Covaxin~~ x 2 doses.

H/o Epilepsy..... NIL Giddiness..... NIL

H/o Surgery..... 2 legs 1995, 1999 Fracture in the past..... NIL

Any Personal H/O..... Cholecystectomy - 2000.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication Hypothyroidism x 5 yrs on T. Thyronam 100mg.  
T. TORGILUP 50 mg.

## GENERAL EXAMINATION

Conjunctiva :	}	Bone, Joints :	<u>Arthritis x 20yrs.</u>
Skin :		Nutritional Status :	<u>Well nourished</u>
Ears :		Lymph Nodes :	<u>NPD</u>
Nose :		Edema Feet :	<u>NIL</u>
Throat & Oral Cavity :		Varicose Veins :	<u>NIL</u>

**Distant Vision : Near Vision :**

Right Eye: 6/12 + 1.0 sph 6/1

Right Eye: N 10 + 3.50 sph NG

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/12 + 1.0 sph 6/6

left Eye: N 10 + 3.50 sph NG

with glasses / without glasses

with glasses / without glasses

Colour Vision : DE normal

Ophthalmologist's Signature

**DR. KATTA**  
M.D., D.O., F.R.F.  
Regd. (AMC)

**Right Ear**

**Left Ear**

Hearing : N

Rinee's Test ;

Weber Test : right

Discharge :

**SYSTEMIC EXAMINATION**

Pulse : 86 bpm

B.P. : 130/20 mmHg

Lungs : A. Shape of Chest Bl symmetrical  
B. Breath Sounds Bl - clear ⊕  
C. Adventitious Sounds no

Heart : A. Sounds di S 2 ⊕  
B. Murmurs no

**Nervous System**

Abdomen : A. Liver  
B. Spleen  
C. Piles  
D. Any Lump ] NAD

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System : (N)  
D. Motor System :  
E. Jerks :

General : A. Hernia  
B. Hydrocele  
C. Varicocele ] NAD

Breast : Rt (N) Lt. (N)

# CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

*K. Arif*

Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.

To

Park Lane Diagnostic Centre

Sir

G K. Anitha ECNO. 154772 BOB

Last week Routine Gynec checkup  
done my Family doctor & Also Papsmear  
so ~~I don't need~~ no need to check up  
~~is~~ Right now

Thanking you  
K. Anitha

Name : ..... Anitha ..... Sex : f ..... Age : 54 .....

Date : 23/3/24

OPD No : .....

ca<sup>+</sup> su<sup>+</sup>

Adv. oral prophylaxis

**Smilesss**   
 MULTI SPECIALITY DENTAL CLINIC  
Smile Confidentially... Not Confidentially...  
 B.D.S. IMPLANTOLOGIST (USA)  
 3-1, Rajamudaliar Street, Kalasiguda  
 Secunderabad. Call : 807794000

*Sowmya*

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## ENT EXAMINATION

S. No.

Emp. No. :

Date

23/3/24

Name

K. Anitha

Age 54 Yrs

Sex M/F

	Right	Left
<b>EARS :</b>		
EAC :	(N)	(N)
TM :	(N) (N)	(N) (N)
TFT :	Rim's wasu's ABC <del>A &gt; B &lt;</del>	A < B >
NOSE :	DNS to (L)	Same as exam TTH - (BL)
THROAT :	AP/TF/PPH (N)	
NECK :	No cert/lets neck swab	
IMPRESSION :	DNS to (L)	

Consultant ENT

Dr. D. Hari Krishna Reddy  
MS (ENT)  
Head & Neck Surgeon  
Reg. No: 88379



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## TEST REPORT

Name : Mrs . K ANITHA [1547727]  
Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL4078459

TID : UMR1401890  
Registered on : 23-Mar-2024 07:34 AM  
Reported On : 23-Mar-2024 09:48 AM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : 14.2 cms. Normal in size and increased echotexture. No focal lesions.  
No IHBD /CBD dilatation. Portal vein is normal.

**SPLEEN** : 8.6 cms. Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Post cholecystectomy status.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 9.6 x 4.0 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 8.5 x 4.0 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended.Normal in contour.  
Wall thickness is normal. No calculus / sol.

**UTERUS** : Anteverted measuring 6.2 x 3.8 x 2.7 cms - Normal in size and echotexture.  
No space occupying lesion is seen.  
Cervix is normal in size and echopattern.

**ENDOMETRIUM** : 6.5 mm -Normal.

**OVARIES** : Right ovary : 2.3 x 1.2 cms and Left ovary : 2.4 x 1.3 cms.  
Both ovaries normal in size and echotexture.  
No adnexal mass seen.  
No fluid in POD.

**IMPRESSION** : Grade I fatty liver.  
Clinical correlation.

  
**Dr. SATHVINDER**  
MDRD  
Regd.No: 56064  
Consultant Radiologist





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## TEST REPORT

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Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL4078459

TID : UMR1401890  
Registered on : 23-Mar-2024 07:34 AM  
Reported On : 23-Mar-2024 12:51 PM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Predominantly fatty breast parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /  
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.


**Ultrasound screening** did not reveal any abnormality.

No axillary lymphnodes seen.

**IMPRESSION : No breast abnormality noted - BIRADS- I**

**Advised clinical correlation.**

**Note: Please bring previous reports on next visit.**

  
**Dr. PRAJAKTA SUKHADEV**  
**DNB RADIOLOGY**  
**Reg. No. 68493**

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## TEST REPORT

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Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL4078459

TID : UMR1401890  
Registered on : 23-Mar-2024 07:34 AM  
Reported On : 23-Mar-2024 12:45 PM  
Reference : Medi Wheel

### BIRADS ASSESSMENT CATEGORIES

- 0 - Needs additional imaging.
- 1 - Negative - There is nothing the comment on.
- 2 - Benign finding.
- 3 - Probably benign finding - followup after 3 months suggested.
- 4 - Suspicious abnormality. Biopsy should be considered  
[ 4A - Low suspicion ,4B - Intermediate suspicion, 4C- Moderate concern]
- 5 - Highly suggestive of malignancy.
- 6 - Known biopsy proven malignancy.



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## TEST REPORT

Name : MRS.K ANITHA [1547727]

Age / Gender : 54 Years / Female

Ref.By : -

Req.No



BIL4078459

TID/SID : UMR1401890/

Registered on : 23-Mar-2024 / 07:34 AM

Collected on : 23-Mar-2024 / 07:34 AM

Reported on : 23-Mar-2024 / 08:03 AM

Reference : Medi Wheel

### DEPARTMENT OF CARDIOLOGY

#### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.27 cm
Left Atrium	2.7 cm
Left Ventricle	LVDd: 4.81 cm IVSd : 1.04 cm EF: 59% LVDs: 3.27 cm LVPwd: 1.04 cm FS: 37%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.59 m/sec A: 0.7 m/sec Aortic flow : 1.15 m/sec Pulmonary flow : 0.6 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. LV EF 59% Grade I diastolic dysfunction. No PE/ clot/ vegetation.

\* Sample processed at Parkline

--- End Of Report ---

**Dr. P. PRASHANT MARUTI**  
DM., Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSMC/FWR/25860



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## TEST REPORT

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Age / Gender : 54 Years / Female  
Ref.By :  
Req. No : BIL4078459

TID : UMR1401890  
Registered on : 23-Mar-2024 07:34 AM  
Reported On : 23-Mar-2024 08:39 AM  
Reference : Medi Wheel

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.


Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

**IMPRESSION : NORMAL CHEST X-RAY**

  
**Dr. SATHVINDER**  
MDRD  
Regd.No: 56064  
Consultant Radiologist

MRS.K ANITHA  
Female 54Years

HR : 67 bpm  
P : 108 ms  
PR : 138 ms  
QRS : 100 ms  
QT/QTc : 430/455 ms  
P/QRS/T : 25/41/89 °  
RV5/SV1 : 1.231/0.987 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:

*hmc*  
**Dr. P. PRASHANT MARUTI**  
DM., Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSMC/FMR/25860

