SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Satyajaya	Sex/Age	F / 43
Date	13.04.2024	Location	Thane

History and Complaints

H/o - Polynephritis (?) (2011)
- Nephrectomy (1).
- Rt illiac fossa kidney transplant
- Cardiac Arrest / 2011 - 2017.

EXAMINATION FINDINGS:

Height (cms):	154	Temp (0c):	N.
Weight (kg):	63.8	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min.	Lymph Node:	.

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	Mild Tenderness in Lt. Breast.
GI System:	
CNS:	NAD

Impression: ↓ Hb., ↑ ESR., ↓ GFR., ↑ Blood urea, BUN, Sr. creat.
↑ Uric Acid, ↓ globulin, ↑ A/G Ratio.
↓ HDL ; LVH (Mild).

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- Iron supplement,

Advice:

- Low Fat, Low sugar Diet, Reg. Exercise.
- Nephrologist's consultation.

1)	**Hypertension:**	Nil
2)	**IHD**	
3)	**Arrhythmia**	
4)	**Diabetes Mellitus**	
5)	**Tuberculosis**	
6)	**Asthama**	
7)	**Pulmonary Disease**	
8)	**Thyroid/ Endocrine disorders**	
9)	**Nervous disorders**	
10)	**GI system**	
11)	**Genital urinary disorder**	- H/o- Polynephritis (2011)
12)	**Rheumatic joint diseases or symptoms**	
13)	**Blood disease or disorder**	Nil
14)	**Cancer/lump growth/cyst**	
15)	**Congenital disease**	
16)	**Surgeries**	LT RT - Nephrectomy, Kidney transplant; 2 LSCS.
17)	**Musculoskeletal System**	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Veg.
4)	Medication	- Tab. Tacrolimus. Wysolone. Tab. Calcium supplement Tab. Folvite tab. D3 supplement tab. Azoran

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

SUBURBAN DIAGNOSTICS
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REPORT

NAME: - Satyavijaya

AGE / SEX :- - F / 43

REGN NO : -

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS :- Nil

MARITAL STATUS :- Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12yrs.
- PRESENT MENSTRUAL HISTORY :- Regular, 3/30days.
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY: - $G_2 P_2 A_0$.
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- 2LSCS, Rt. Nephrectomy, Renal Transplant
- ALLERGIES :- - Nil
- FAMILY HOSTORY :- - Nil

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REPORT

Date:- 13/4/24 CID: 1308

Name:- Satya Vijaya Sex / Age: F 43

EYE CHECK UP

Chief complaints: RW

Systemic Diseases: NIL

Past history: NIL

Unaided Vision: BL 6/6 N6 BE

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Use eye Spects

MR. PRAKASH KUDVA
SR. OPTOMETRIST

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REPORT

CID	: 2410422641		
Name	: MRS.SATYA VIJAYA		
Age / Gender	: 43 Years / Female		
Consulting Dr.	: -		
Reg. Location	: G B Road, Thane West (Main Centre)	Collected	: 13-Apr-2024 / 12:08
		Reported	: 13-Apr-2024 / 19:05

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	10.1	12.0-15.0 g/dL	Spectrophotometric
RBC	3.94	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.2	36-46 %	Measured
MCV	84.3	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4560	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	25.6	20-40 %	
Absolute Lymphocytes	1167.4	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	310.1	200-1000 /cmm	Calculated
Neutrophils	66.9	40-80 %	
Absolute Neutrophils	3050.6	2000-7000 /cmm	Calculated
Eosinophils	0.5	1-6 %	
Absolute Eosinophils	22.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	9.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	112000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	20.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

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WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com

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Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 13-Apr-2024 / 17:46

Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	-		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	Megaplatelets seen on smear		

Platelet count may not be representative due to presence of megaplatelets

COMMENT -

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	46	2-20 mm at 1 hr.	Sedimentation

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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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Age / Gender	: 43 Years / Female
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)
Collected	: 13-Apr-2024 / 13:43
Reported	: 13-Apr-2024 / 16:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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Reg. Location	: G B Road, Thane West (Main Centre)	Collected	: 13-Apr-2024 / 12:08
		Reported	: 14-Apr-2024 / 02:13

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	46.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	21.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.93	0.51-0.95 mg/dl	Enzymatic
Kindly correlate clinically.			
eGFR, Serum	33	(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	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	7.6	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.9	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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Pathologist & AVP(Medical Services)

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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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Reported	: 13-Apr-2024 / 18:52

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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.

Refernces:

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 G B Road Lab, Thane West

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	113.7	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	37.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	22.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	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	2.28	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Collected	: 13-Apr-2024 / 12:08
Reported	: 13-Apr-2024 / 21:20

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 becuase 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2410422641
Name	: MRS.SATYA VIJAYA
Age / Gender	: 43 Years / Female
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)
Collected	: 13-Apr-2024 / 12:08
Reported	: 14-Apr-2024 / 02:13

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	15.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	15.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	76.4	35-105 U/L	PNPP

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

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SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
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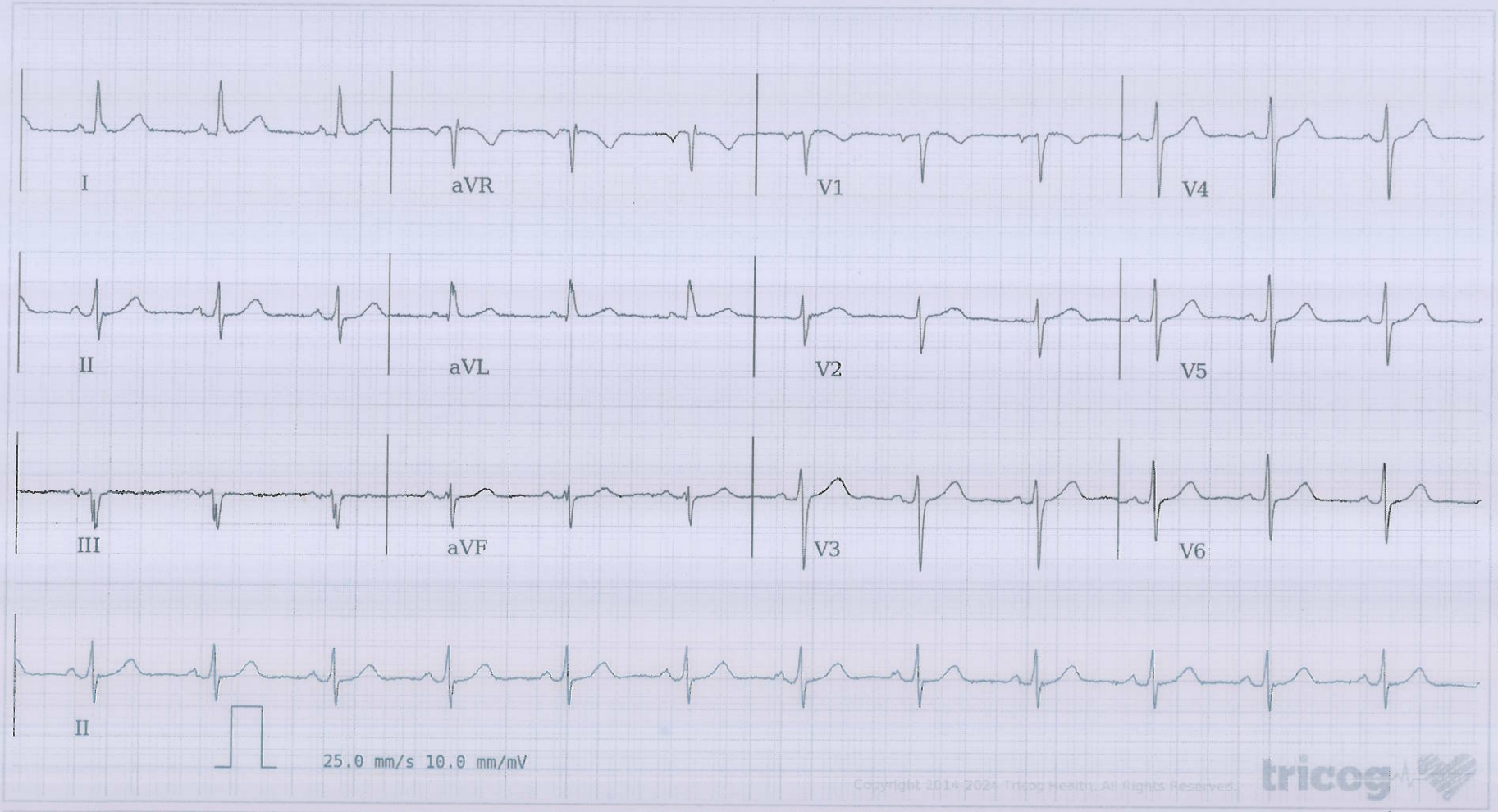
Patient Name: SATYA VIJAYA
Patient ID: 2410422641

Date and Time: 13th Apr 24 12:26 PM



Age 43 years NA months NA days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	86ms
QT:	374ms
QTcB:	426ms
PR:	138ms
P-R-T:	40° -16° 25°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2410422641		
Name	: Mrs SATYA VIJAYA		
Age / Sex	: 43 Years/Female		
Ref. Dr	:		
Reg. Location	: G B Road, Thane West Main Centre	**Reg. Date**	: 13-Apr-2024
		Reported	: 13-Apr-2024 / 15:43

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.

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

G. R. Fartade
Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?Acces sionNo=20240413120313 66

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME : MRS. SATYA VIJAYA	AGE : 43 YRS/FEMALE
REF BY DR : ----------	DATE : 13.04.2024

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS:

LVIDD	48	mm
LVIDS	28	mm
LVEF	60	%
IVS	14	mm
PW	7	mm
AO	14	mm
LA	28	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter – artrial and inter – ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT NAME : MRS. SATYA VIJAYA

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.4 m/s, PG 7.7 mHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

----------**End of the Report**----------

DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Reg. No. : 2410422641	**Sex : FEMALE**
NAME : MRS. SATYA VIJAYA	**Age : 43 YRS**
Ref. By : ----------	**Date : 13.04.2024**

MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Dense fibroglandular pattern is noted in both breasts limiting optimal visulization .
Accessory breast tissues are noted in both axillae.
No evidence of any abnormal density mass lesion / nipple retraction is seen.
No architectural distortion is seen.
Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .
No focal soild or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.
Accessory breast tissues are noted in both axillae.
No siginificant axillary lymphadenopathy is seen.

IMPRESSION:

ACCESSORY BREAST TISSUES ARE NOTED IN BOTH AXILLAE.
ACR BIRADS CATEGORY II BOTH BREASTS.

SUGGEST CLINICAL CORRELATION AND FOLLOW UP.

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. USG is known to have inter-observer variations.

DR.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)