



APEX SUPERSPECIALITY HOSPITALS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,

Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



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2213724

PHYSICIAN CONSULTATION

Miss Vanita Pillai

♀ Age 55 yrs / Female

wt = 64.9 kg
Height = 170 cm

PRESENT COMPLAINT: - Both knee pain : 1 months

PAST MEDICAL / SURGICAL HISTORY:

Kidney DM, Hypothyroidism on Rx
SIH - Tonsillectomy status (20 yrs back)

GENERAL EXAMINATION:

PULSE - 75/min
BP: - 120/70 mmHg (Normal)
BMI - 22.5 kg/m²
APETITE: - Normal
THIRST: - Normal
STOOL: - Normal
URINE: - Normal
SLEEP: - Disturbed
SKIN: - Black patches (+) hand & Both LL limb
NAILS: - Normal
HABITAT: - No

SYSTEMIC EXAMINATION:

RESPIRATORY EXAMINATION: AEBE clear / ~~lungs~~ CNS - conscious & oriented

CARDIOVASCULAR EXAMINATION: S1, S2 (+)

ABDOMINAL EXAMINATION: - Soft, NT

GYNACOLOGY / OBST HISTORY (FOR FEMALE): menopausal status.

No obst history.

OPHTHAL EXAMINATION:


FAR VISION: = For vision Both eyes Normal
NEAR VISION: - Blurring of near vision
COLOUR VISION: (Aspects no 0.75)
→ colour vision is normal.

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: - Normal / No wax Both ear.
NOSE: EXT NOSE/ POST NASAL SPACE: = Normal
THROAT: TOUNGE/ PALATE/ TEETH: - white coated tongue.
NECK: NODES/ THYROID/ TEETH: on Rx

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: cavity
PLAQUE IF ANY: yes
GUMS: - No.

Dr. priyanka


PHYSICIAN NAME

PHYSICIAN SIGNATURE



Diet Chart

Name : VANITA PILLA

c/o- Diabetes management

Diet :- **DIABETIC DIET , HIGH PROTEIN , LOW FAT**

Early Morning: 1 cup tea/ coffee/ toned milk/ 4Almonds + 1half Almonds (soaked)

Breakfast: 1 bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar **OR** 1 bowl Muesli / oats in milk (1 boiled egg white)

Mid-morning: 1 fruit/ Truhand DM- 1 scoop in 100ml water
(Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice)

Lunch: 1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/bajra/ragi)
1 bowl bhaji(Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl brown rice
OR 1 bowl vegetable dailya khichdi with vegetables
1 bowl curd

Evening snack: 1 cup tea/ coffee/ toned milk
1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg omelette with chapatti **OR** 1 rava chilla with curd

Mid-evening: 1 bowl dal and vegetable soup/Truhand DM - 1scoop in 100ml water

Dinner: 1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/bajra/ragi)
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal
OR 1 bowl vegetable dailya khichdi with vegetables

Bed time: 200ml toned milk/ 1tsp sesame seed

Remarks: Supplement should be taken once a day.

Have ample of fluids, upto 2L of water daily.

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day. Avoid red meats like mutton, pork and beef.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. VANITA PILLAI	LabNo	455	
UHID/IP No	140022531 / 224	Sample Date	22/03/2024 11:18AM	
Age/Gender	55 Yrs/Female	Receiving Date	22/03/2024 12:36PM	
Bed No/Ward	OPD	Report Date	22/03/2024 2:21PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	13.2	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	4.98	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	36.1	%	36.0 - 46.0	
MCV	72.49 L	fl	78 - 100	Calculated
MCH	26.51	pg	26 - 34	Calculated
MCHC	36.57 H	gm/dl	30 - 36	Calculated
RDW	12.2	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	6900	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	65	%	40 - 80	
Lymphocyte %	30	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	03	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	4485	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2070	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	138	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	207	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	191	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	12.2 H	fl	7 - 12	

--End Of Report--

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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	40 H	mm/hr	< 20	Westergren

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"AB" Rh Positive			SLIDE METHOD

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD SUGAR F&PP				
Sample: Fl. Plasma				
Glucose (Fasting Blood Sugar / FBS)	296.8 H	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	2+		Nil	
Urine Fasting Ketone	Absent		Absent	
Blood Sugar(2 Hours PP)	427.7 H	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.87	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.32	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.55	mg/dl	1 - 1	
SGPT (ALT)	23.84	U/L	5 - 40	IFCC modified
SGOT (AST)	18.73	U/L	5 - 40	IFCC modified
Protein Total	6.38	gm/dl	6.00 - 8.00	Biuret
Albumin	3.42	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.96	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.16		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	88.94	IU/L	42 - 140	
GGTP (GAMMA GT)	16.79	IU/L	15.0 - 72.0	UV Kinetic IFCC

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	168.3	mg/dl	< 200.00	Cholesterol Oxidase,Esterase,Pero xidase
Triglycerides	195.6 H	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	43.71	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	39.12 H	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	85.47	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.85		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	1.96 L		2.50 - 3.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen (SINGLE)	12.85	mg/dl	7 - 20	
SERUM CREATININE				
Sample: Serum				
Creatinine	0.82	mg/dl	0.50 - 1.20	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	4.16	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	25	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	7.0		4.5 - 8.5	
Protein	Absent			
Glucose	2+		Nil	
Ketone	Absent			
Occult Blood	absent			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
RBCs	absent			
Epithelial Cells	4-5			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : PVD04223-24/74304 Sample ID : 24036411
 Patient : MRS VANITA PILLAI Reg. Date : 22/03/2024
 Age/sex : 55 Yrs/ Female Report Date : 22/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	13.6	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	343.62	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/74304** Sample ID : 24036411
 Patient : MRS VANITA PILLAI Reg. Date : 22/03/2024
 Age/sex : 55 Yrs/ Female Report Date : 22/03/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	126.21	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.02	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	10.01	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radiiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

-----End Of Report-----

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Age/sex : 55 Yrs/ Female Report Date : 24/03/2024
Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
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CYTOLOGY REPORT - PAP SMEAR


Specimen PAP Smear
Microscopic Description Smears show superficial, intermediate and few metaplastic cells Background shows neutrophils. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

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E. C. G.

VANITA PICLAI

Date 22/3/24

55 y

Gender F B.P

ECG OBSERVATIONS

Axis _____

Twisting P. Wave Infer leads

DR. CHIRAG V. SHAH
O.R.S. B.(M.D.)
CONSULTING PHYSICIAN & RADIOLOGIST
Reg. No. 2003 / 04 / 1649

S.T. Segment

ID:2024032210554542

Name: VANITA PILLAI

22-03-2024 10:55:35 AM

55 YR

VANITA PILLAI

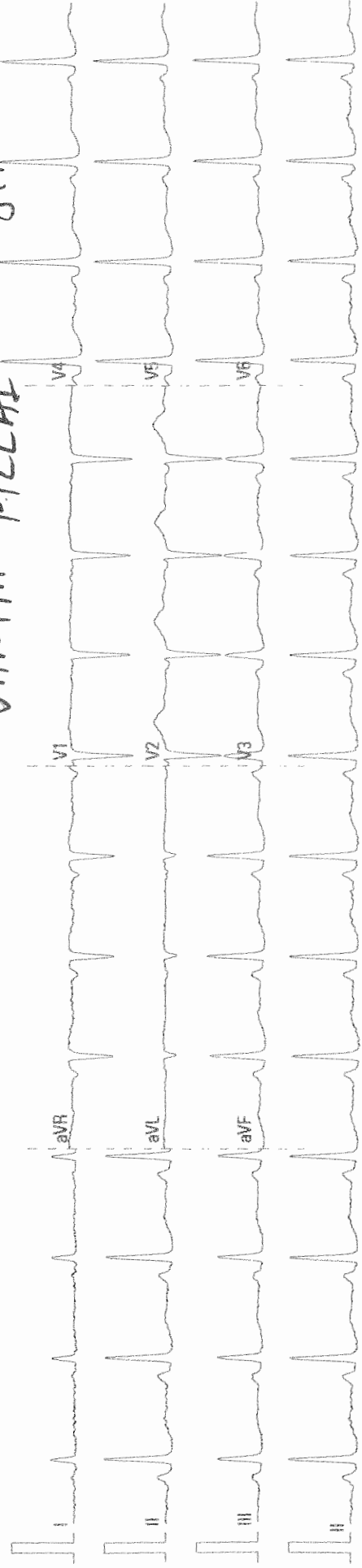
ID:202403221055

Name:

22-03-2024 10:55

Sinus Rhythm

Unconfirmed D



25 mm/s

10 mm/mV

50 Hz

8DR 20 Hz

OTC:8azert

APEX SUPERSPECIALITY HOSPITAL

02.07.00.V04.00.00

SN:FK-83014034

UNI-EM

ELECTRONICS COMPLEX INDORE

TREADMILL TEST REPORT

vanita pillai
ID : 22355
DATE : 23/03/2024
AGE/SEX : 55 / F
HT/WT : 170 / 65
REF. BY :

PROTOCOL : Bruce
HISTORY :
INDICATION :
MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					82	110 / 70	90	0.7	0.2	0.4	
STANDING					85	110 / 70	93	0.9	0.2	0.8	
HYPERTENT		0:8			83	110 / 70	91	0.5	0	0.8	
VALSALVA					83	110 / 70	91	0.7	0	0.8	
Stage 1	2:55	2:55	2.7	10	121	110 / 70	133	0	0.1	0.2	4.67
PK-EXERCISE	5:6	2:6	4	12	150	110 / 70	165	-0.8	0.8	-0.6	6.41
RECOVERY	8:6	2:55			88	110 / 70	96	-0.2	0.2	-0.5	

RESULTS

EXERCISE DURATION : 5:6

MAX BLOOD PRESSURE : 110 / 70 mm Hg

REASON OF TERMINATION : *Achum 7112*

BP RESPONSE : *Normal*

ARRYTHMIA : *None*

H.R. RESPONSE : *Normal*

IMPRESSIONS : *Normal*

Sam has Angina for history

MAX WORK LOAD : 6.41 METS

Dr. CHIRAG V. SHAH

D.N.B.(M.D.)

CONSULTING PHYSICIAN CARDIOLOGIST

Reg. No. 2003 / 04 / 1003

Technician :

UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

RATE 82bpm
B.P. 110/70

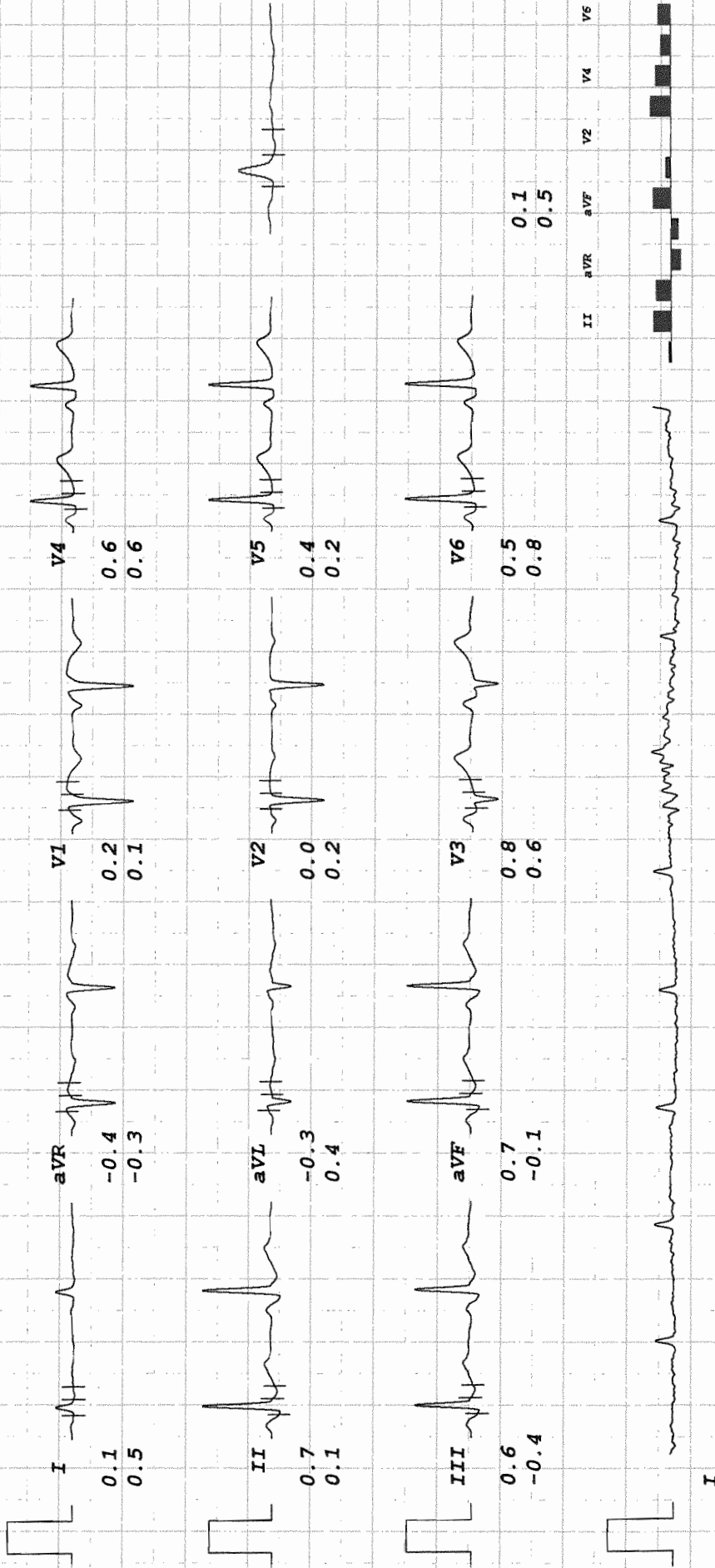
PRETEST
SUPINE

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

RATE 85bpm
B.P. 110/70

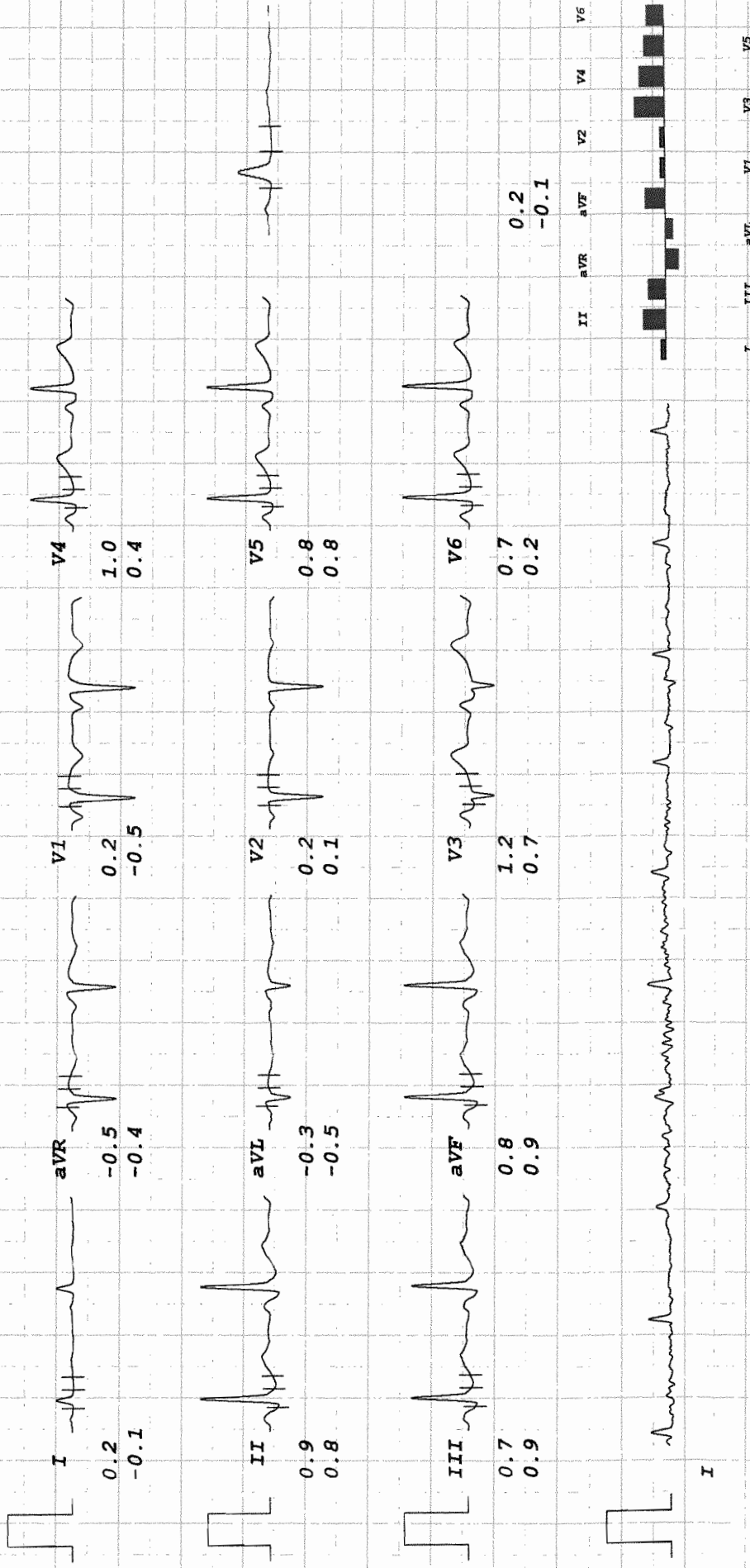
PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

PRETEST
HYPERVENT
RATE 83bpm
B.P. 110/70

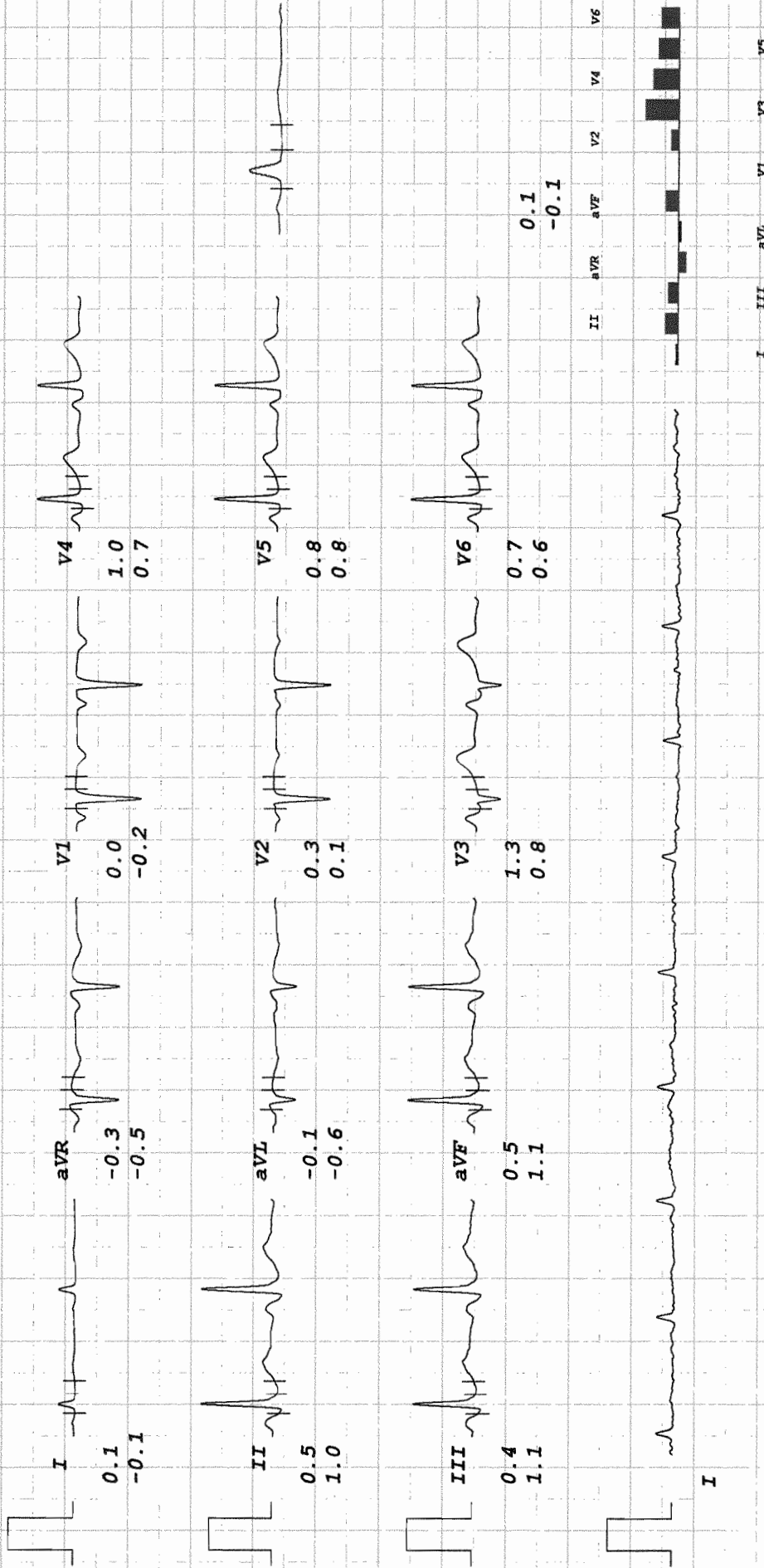
ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

PHASE TIME 0:08

MAG. X 2

I



I

UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

RATE 83bpm
B.P. 110/70

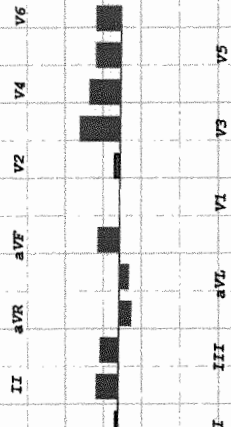
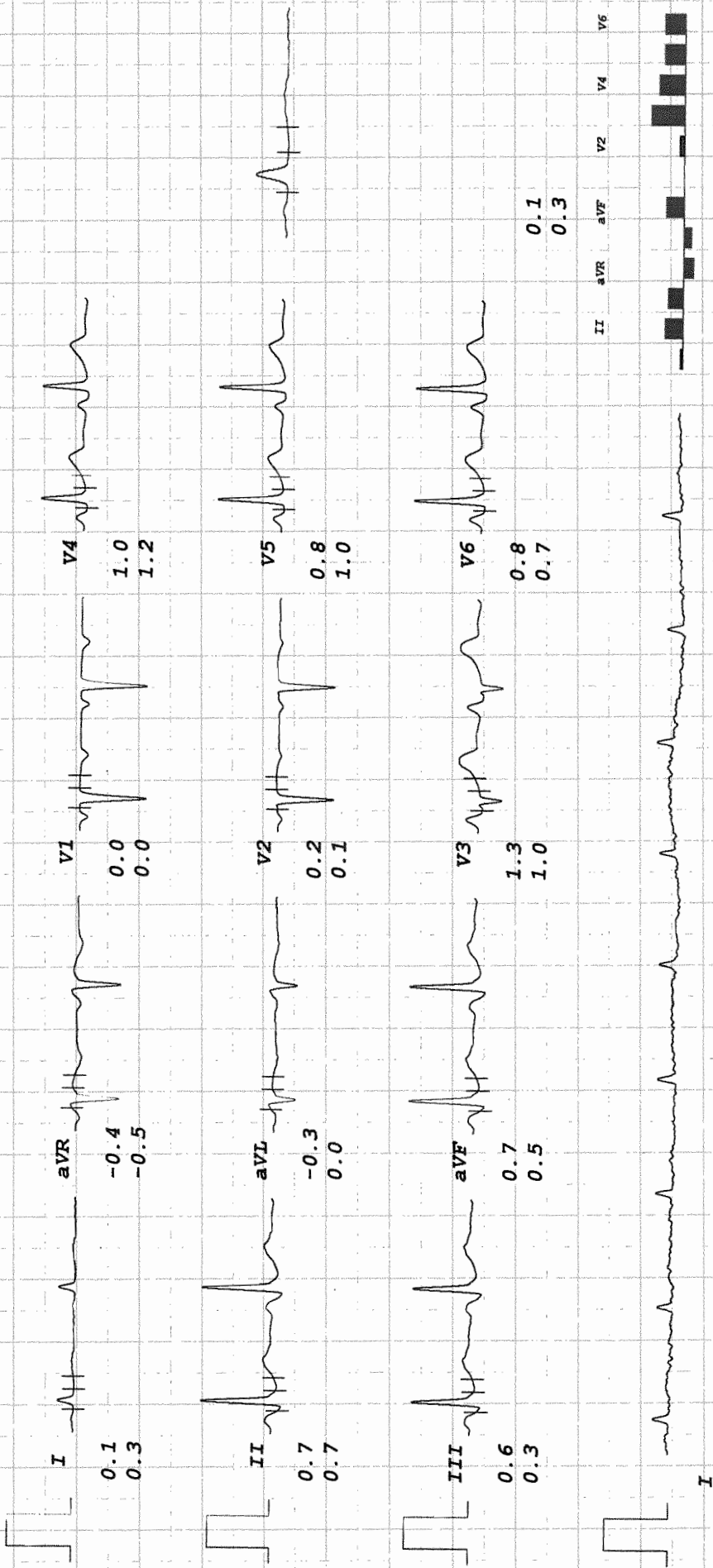
PRETEST
VALSALVA

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

I



UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

Rate 121bpm
B.P. 110/70

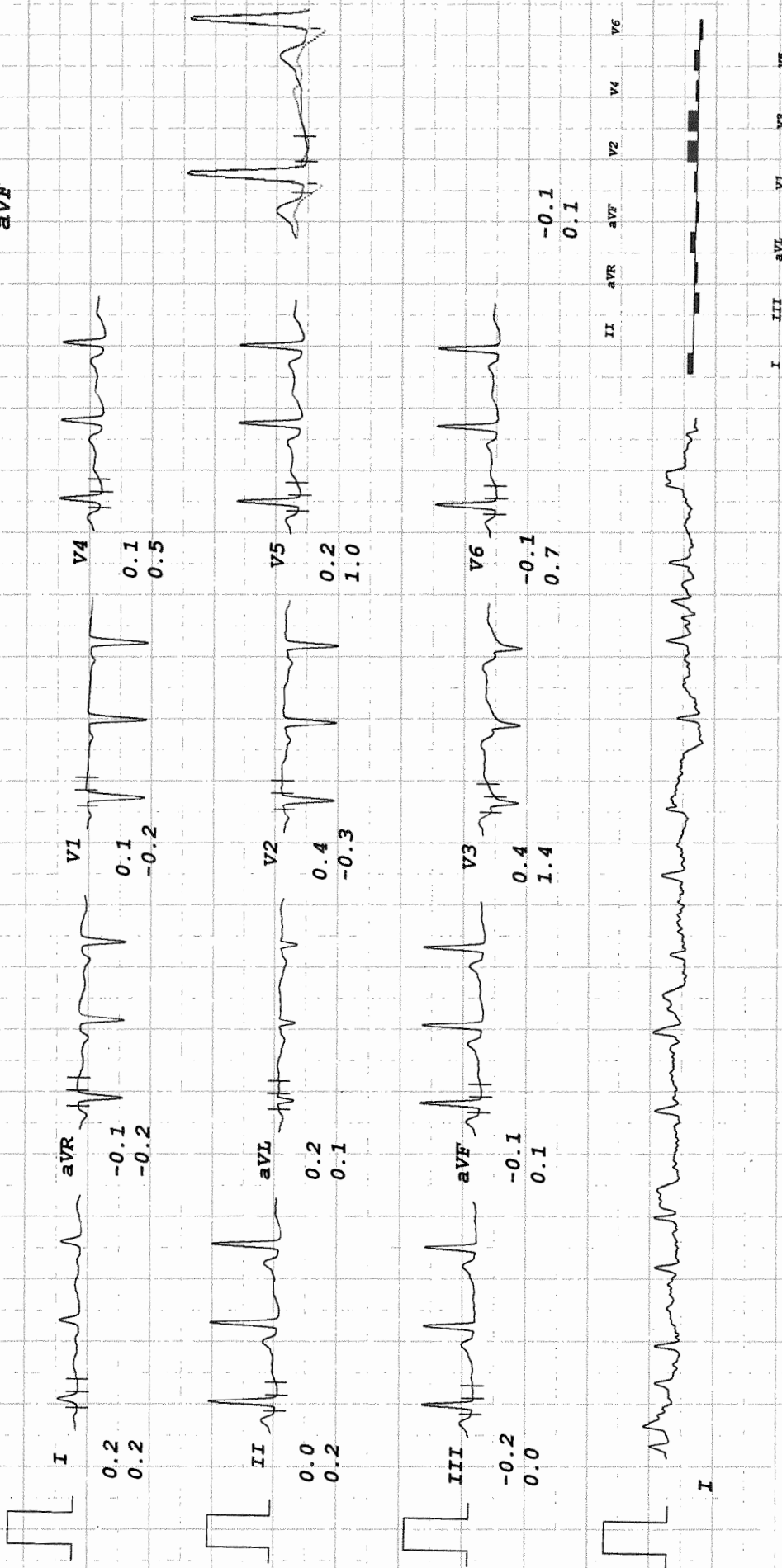
Bruce
Stage 1
TOTAL TIME 2:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 %

LINKED MEDIAN

Mag. X 2

aVF



UNI-EM

vanita pillai

I.D. 22355

Age 55/F

Date 23/03/2024

RATE 150bpm

B.P. 110/70

Bruce

PK-EXERCISE

TOTAL TIME 5:06

PHASE TIME 2:06

ST @ 10mm/mV

80ms PostJ

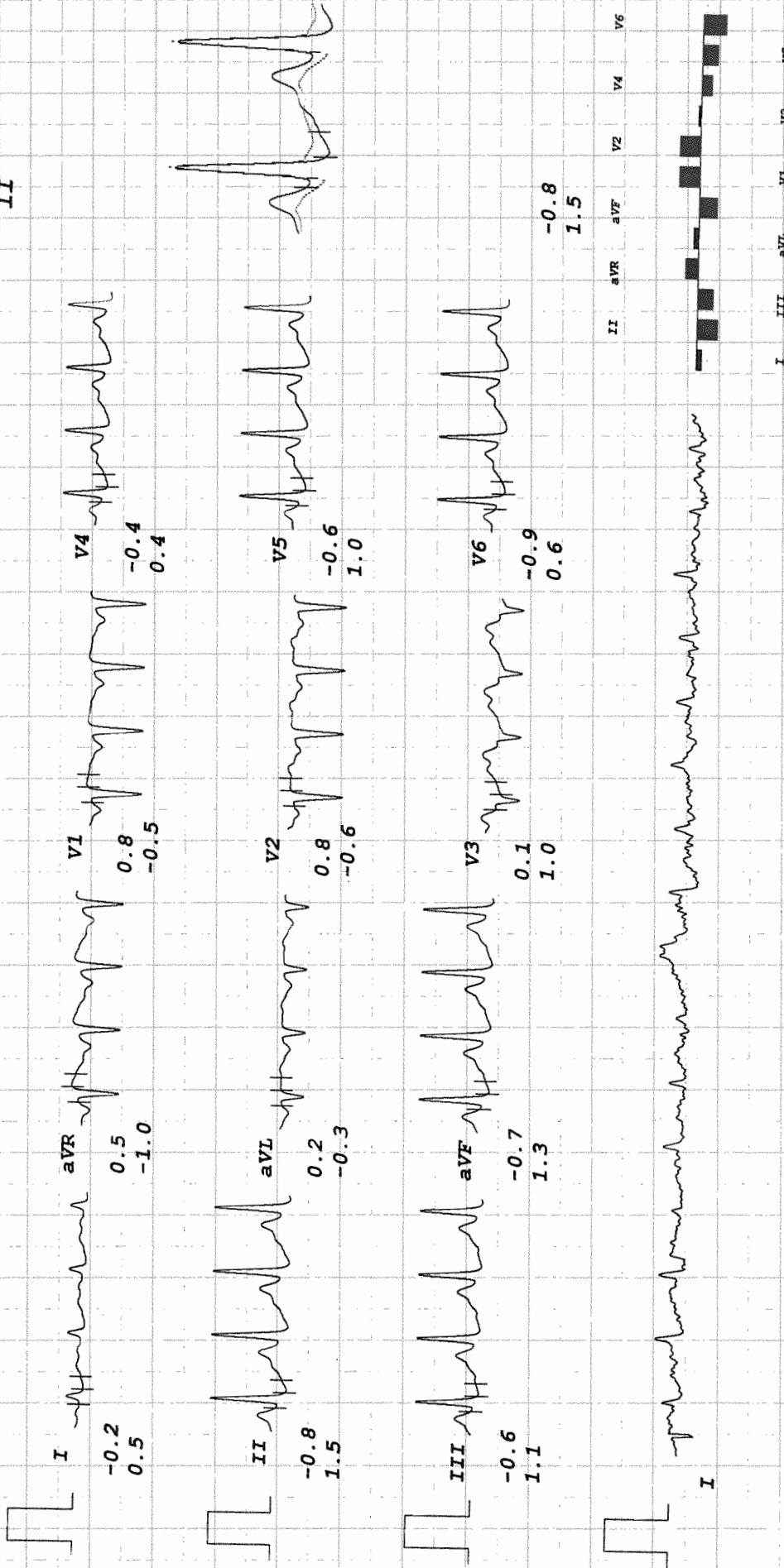
Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2

II



UNI-EM

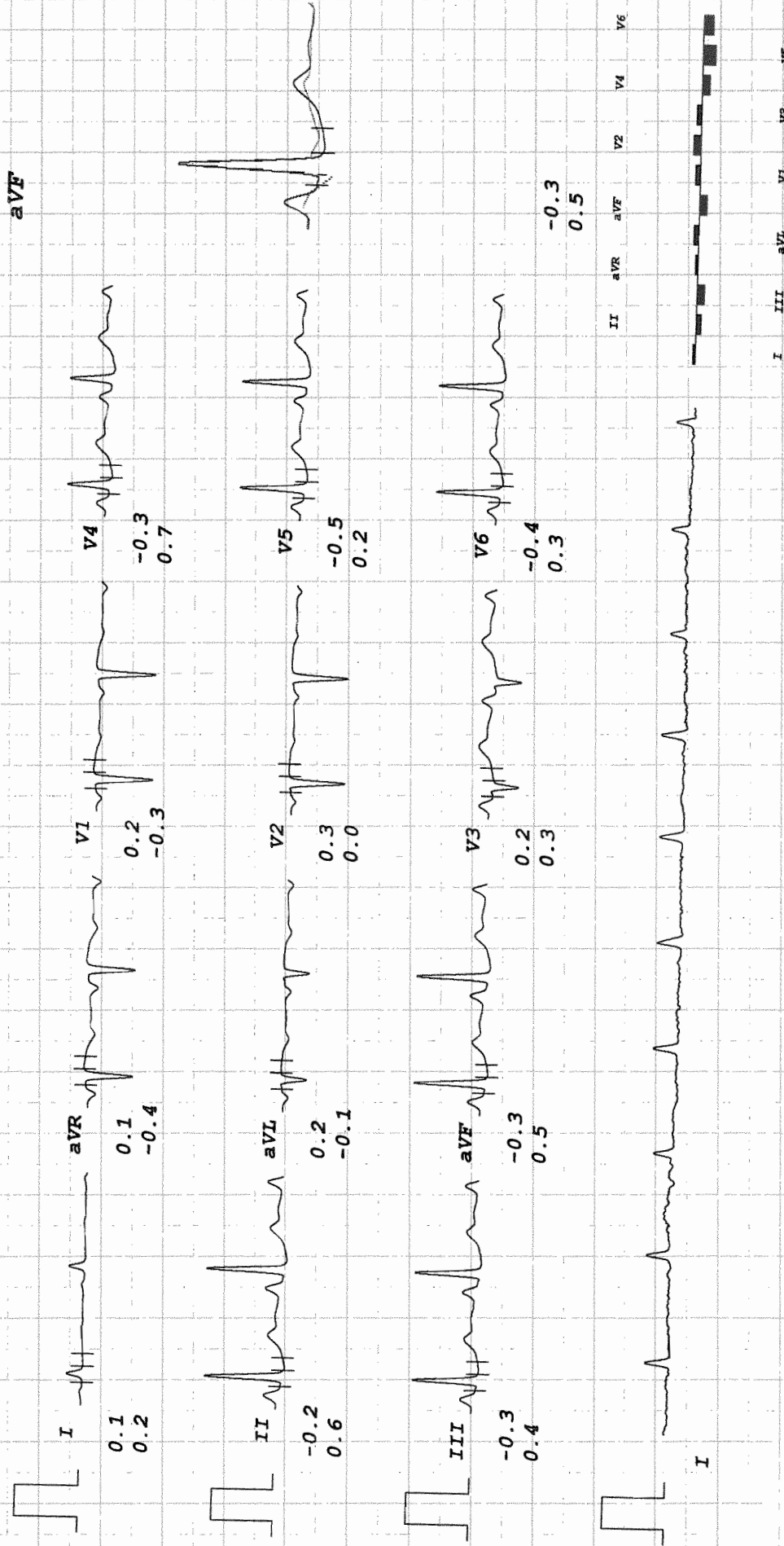
vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

Bruce
RECOVERY
TOTAL TIME 8:06
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. x 2



UNI-EM

vanita pillai
I.D. 22355
Age 55/F
Date 23/03/2024

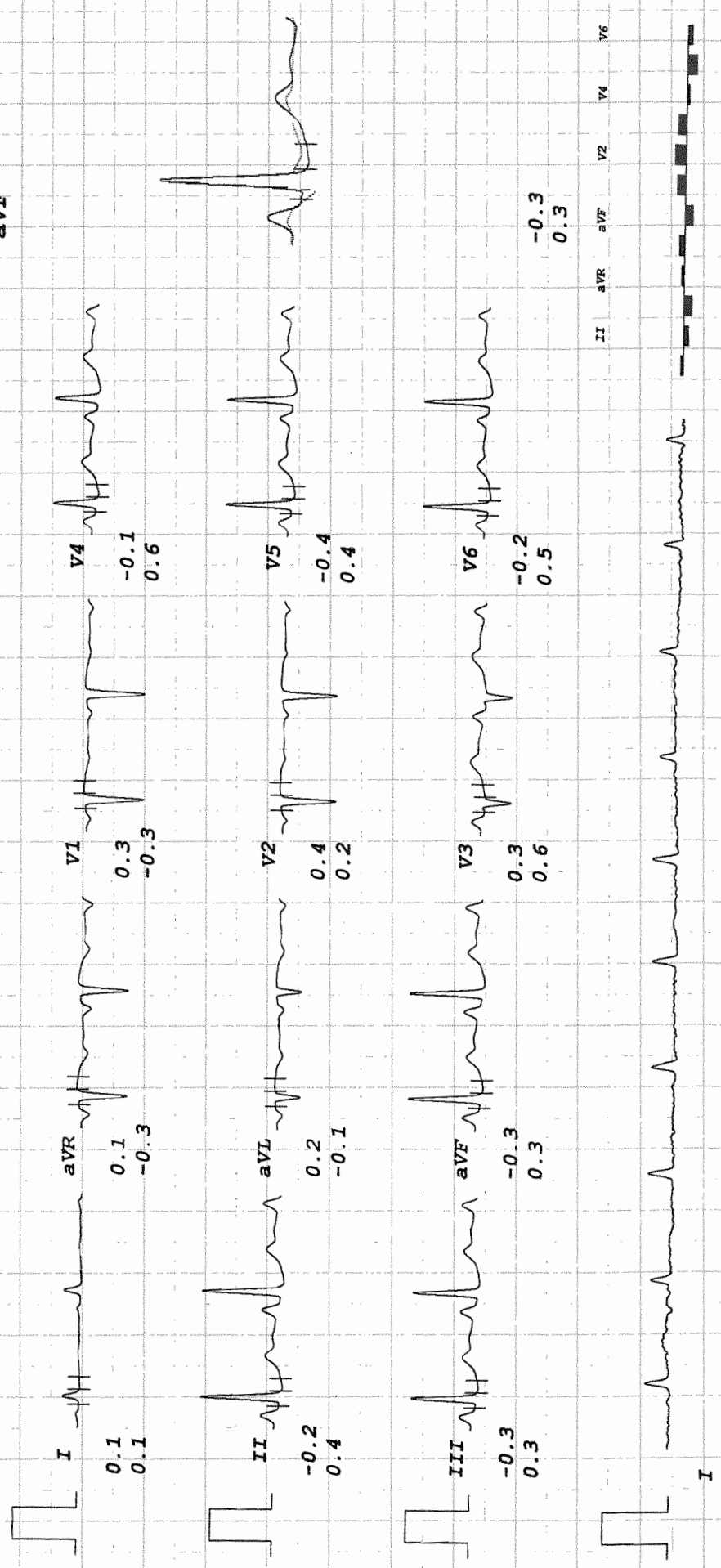
Bruce
RECOVERY
TOTAL TIME 8:10
PHASE TIME 2:59

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

AVE





Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
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Tele.:
022 - 2898 6677 / 46 / 47 / 48

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. VANITA PILLAI	LabNo	455	
UHID/IP No	140022531 / 224	Order Date	22/03/2024 11:18AM	
Age/Gender	55 Yrs/Female	Receiving Date	22/03/2024 3:12PM	
Bed No/Ward	OPD	Report Date	23/03/2024 2:03PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B., RADIOLOGIST



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

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Tele.:
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DEPARTMENT OF RADIOLOGY

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UHID/IP No	140022531 / 224	Order Date	22/03/2024 11:18AM	
Age/Gender	55 Yrs/Female	Receiving Date	22/03/2024 3:12PM	
Bed No/Ward	OPD	Report Date	23/03/2024 4:15PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

MAMMOGRAPHY

BILATERAL BREAST SONOGRAPHY

TECHNIQUE: Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

FINDINGS:

The breast parenchyma shows predominantly fibro fatty component

Nipple and subareolar region appears normal.

No evidence of solid or cystic lesion seen

Retro mammary region appears normal.

No significant axillary lymphadenopathy seen .

IMPRESSION:

No significant abnormality noted in this examination.

--End Of Report--

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MD, D.N.B, RADIOLOGIST



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Bed No/Ward	OPD	Report Date	23/03/2024 2:03PM	
Prescribed By	Dr. CHIRAG SHAH	Report Status	Final	

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: Liver calc The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.1 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney : 10.5 x 4.0 cm

Left kidney: 9.4 x 4.2 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus measures 5.9 x 2.6 x 3.9 cm, anteverted. It shows smooth outline and contour. Endometrial echo is in midline and measures 3 mm. Posterior wall small subserosal fibroid of about 13 x 11 mm is seen

Right Ovary measures 15 x 11 mm ,
Left Ovary shows simple cyst 36 x 22 mm.

Bilateral ovaries are normal in size and echopattern.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Left ovarian small simple cyst.
No other significant abnormality noted.

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST