




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	: MS.CHAKKA KALYANI [SPOUSE]	TID/SID	: UMR1402044/ 27373908
Age / Gender	: 52 Years / Female	Registered on	: 23-Mar-2024 / 08:29 AM
Ref.By	: -	Collected on	: 23-Mar-2024 / 08:30 AM
Req.No	:  BIL4078682	Reported on	: 23-Mar-2024 / 12:52 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	5.0		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
Microscopic Examination			
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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BIL4078682

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 : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373906
Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No  Reported on : 23-Mar-2024 / 12:33 PM
BIL4078682 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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		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	24	mm/hour	0-20 mm/hour
Method:Westergren			

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	11.4	g/dL	12.0-15.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	3.9	mill /cu.mm	3.8-4.8 mill /cu.mm
Method:Electrical Impedence			
PCV/HCT	33	%	36-46 %
Method:Numeric Integration			
MCV	84	fL	83-101 fL
Method:Calculated			
MCH	28.7	pg	27-32 pg
Method:Calculated			
MCHC	33.8	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	13.8	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	6.2	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Method:Impedence flowcytometry/Light scattering			
Differential Count			
Neutrophils	64	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	29	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	4	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	3	%	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	380	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear

RBC Method:Microscopy	Normocytic and Normochromic
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.

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Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No  Reported on : 23-Mar-2024 / 08:50 AM
BIL4078682 Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.65 cm
Left Atrium	3.62 cm
Left Ventricle	LVDd:4.17 cm IVSd :0.89 cm EF:73% LVDs:2.43 cm LVPwd:0.9 cm FS:41%
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: 0.7 m/sec A: 0.6 m/sec Aortic flow : 0.9 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 (LVEF 73 %) / RV function. No Diastolic dysfunction. No PE/ clot/ vegetation.

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Name : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373908F
Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No  Reported on : 23-Mar-2024 / 15:08 PM
Reference : Medi Wheel
BIL4078682

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.8	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.75	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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Name : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373909F
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Req.No  Reported on : 23-Mar-2024 / 15:08 PM
BIL4078682 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	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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Name : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373909P
Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
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Req.No  Reported on : 23-Mar-2024 / 15:08 PM
Reference : Medi Wheel
BIL4078682

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	154	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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TEST REPORT

Name : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373906
Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No  Reported on : 23-Mar-2024 / 15:08 PM
Reference : Medi Wheel
BIL4078682

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)	5.7	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	116	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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TEST REPORT

Name : **MS.CHAKKA KALYANI [SPOUSE]** TID/SID : UMR1402044/ 27373907
 Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
 Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
 Req.No  Reported on : 23-Mar-2024 / 15:00 PM
 BIL4078682 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	188	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	42	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	113	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	33	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	167	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.48		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	2.69		Ideal : < 2 Good : 2 – 5 Bad : > 5

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Req.No :  Reported on : 23-Mar-2024 / 15:00 PM
Reference : Medi Wheel
BIL4078682

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.52	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.16	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.36	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	13	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	16	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	91	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.60	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.48	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.12	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.44		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	19	U/L	7.0-50.0 U/L

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Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No  Reported on : 23-Mar-2024 / 13:57 PM
Reference : Medi Wheel
BIL4078682

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.61	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	11.4	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.99	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	6.00	mg/dL	1.9-7.5 mg/dL

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Req.No  Reported on : 23-Mar-2024 / 15:56 PM
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DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil NIL
Method:Reagent strip/Reflectance photometry

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--- End Of Report ---



V.G. Mallika

Dr V G Mallika
Regd. No: 63194
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MEDICAL EXAMINATION REPORT

Name	MS. Chalika Kalyani		Date :	23/3/24.	
Company	medi wheel.		Reg. No. :		
Contact No.	9885186227		Sex	<input checked="" type="checkbox"/> F	Age : <input type="checkbox"/> 52
Type	Pre-Emp		Emp. No.:		
	Overseas		Height	155cm	
	Annual		Weight	77 kgs.	
Remarks	<p>Mammography : BREAST - II</p> <p>Popcorn calcification is noted in</p> <p>-the Upper + Outer quadrant noted in Lt. Breast.</p> <p>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>		

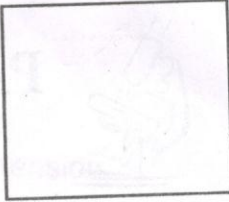
COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Ms. Chakka Kalyani

AGE 52 yrs / Female

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the right eye.



PAST HISTORY

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

Both

Any personal H/o Major illness like : Typhoid..... 1996 Jaundice..... 1990 Etc.

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

H/o Blood Transfusion..... Recent Vaccination..... COVID-19 X 2 doses.

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

H/o Surgery..... Hysterectomy 2017. Fracture in the past..... NIL

Any Personal H/O.

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

GENERAL EXAMINATION

Conjunctiva :
Skin :
Ears :
Nose :
Throat & Oral Cavity :

NAD

Bone, Joints : 6 months B/L knee
Nutritional Status : well nourished
Lymph Nodes : NPD
Edema Feet : NIL
Varicose Veins : NIL

Distant Vision : Near Vision :

Right Eye: 6/36 +3.50 sph 6/6

Right Eye: N10 +5.50 sph 6/6

With glasses / Without glasses

With glasses / Without glasses

left Eye : 6/36 +3.50 sph 6/6

left Eye : N10 +5.50 sph 6/6

with glasses / without glasses

with glasses / without glasses

Colour Vision : DE normal

Dr. KATTA
M.B.B.S., D.O., F.R.F.
Regd. Ophthalmologist (AMCI)
Ophthalmologist's Signature

Right Ear

Left Ear

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

SYSTEMIC EXAMINATION

Pulse : 86 bpm

B.P. : 120/80 mmHg

Lungs :
A. Shape of Chest R/L Symmetrical
B. Breath Sounds R/L - clear ⊕
C. Adventitious Sounds No

Heart :
A. Sounds S1 S2 ⊕
B. Murmurs No

Nervous System

Abdomen :
A. Liver NPD
B. Spleen NPD
C. Piles NO
D. Any Lump NO

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

General :
A. Hernia
B. Hydrocele
C. Varicocele
NPD

Breast : Rt _____ Lt. _____

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 :

Ch. Kalyani
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.



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NABL Accredited
Certificate No. MC-2566

23/3/24

Chakka Iyagan SR

O/E -

Bp - 120/80

CVS &
RS } NAD

Mild anaemia +

Chil - 2

LCB - 23

Hysteroctomy for
menorrhagia

BoTB Breast - NAD

No Lumps

Areola + Nipple - Normal

K.R. Usha

Dr. USHA MBBS., DGO.
Obstetrician & Gynaecologist
Regd. No. 9885



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NABL Accredited
Certificate No. MC-2566

ENT EXAMINATION

S. No. 4078682

Emp. No. :

Date 23/12/14

Name MS. Chakka Kalyani

Age 52 Yrs

Sex M/F

EARS :

Right

Left

EAC :

(N)

(N)

TM :

(3) (N)

(N) (N) (N)

TFT :

Rinnis AC > BC

AC > BC

wasu's



ABC

Same as examinee

NOSE :

DNS to (L)

THROAT :

AP/TF/PPW (N)

NECK :

No swell/lymph neck swell

IMPRESSION :

DNS to (L)

Consultant ENT

Dr. D. Hari Krishna Reddy

MS

Head & Neck Surgeon

Reg. No: 88379



Name : *CH Kalyani* Sex : *F* Age : *52*

Date : *27/3/24*

pt-has come for routine dental checkup.

OPD No : *1813*

O/E
 RC treated with
 Crowns
 Rt 659321
 Calculus - ++
 |
 Dr. Khiran.



Smilesss 
 MULTI SPECIALITY DENTAL CLINIC
Smile Confidentially... Not Confidentially.....
 B.D.S, IMPLANTOLOGIST (USA)
 1-3-1, Rajamudaliar Street, Kalasiguda
 Secunderabad, Cell : 897791059



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TEST REPORT

Name : MS.CHAKKA KALYANI [SPOUSE] TID/SID : UMR1402044/
Age / Gender : 52 Years / Female Registered on : 23-Mar-2024 / 08:29 AM
Ref.By : - Collected on : 23-Mar-2024 / 08:30 AM
Req.No :  BIL4078682 Reported on : 23-Mar-2024 / 08:50 AM
Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.65 cm
Left Atrium	3.62 cm
Left Ventricle	LVDd:4.17 cm IVSd :0.89 cm EF:73% LVDs:2.43 cm LVPwd:0.9 cm FS:41%
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: 0.7 m/sec A: 0.6 m/sec Aortic flow : 0.9 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 (LVEF 73 %) / RV function. No 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/FMR/25869



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Name : Ms . CHAKKA KALYANI [SPOUSE]

Age / Gender : 52 Years / Female

Ref.By :

Req. No : BIL4078682

TID : UMR1402044

Registered on : 23-Mar-2024 08:29 AM

Reported On : 23-Mar-2024 11:13 AM

Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : 12.8 cms. Normal in size and echotexture. No focal lesions.
No IHBD /CBD dilatation. Portal vein is normal.

SPLEEN : 8.4 cms. Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder - Wall thickness is normal.
No pericholecystic oedema.

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

RIGHT KIDNEY : 9.1 x 3.5 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 9.5 x 4.3 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 : Post hysterectomy status.

OVARIES : Both ovaries poor window.
No adnexal mass seen.
No fluid in POD.

IMPRESSION : No sonographic abnormality detected.

Clinical correlation.

Dr. SATHVINDER
MDRD
Regd.No: 56064
Consultant Radiologist



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Name : Ms . CHAKKA KALYANI [SPOUSE]
Age / Gender : 52 Years / Female
Ref.By :
Req. No : BIL4078682

TID : UMR1402044
Registered on : 23-Mar-2024 08:29 AM
Reported On : 23-Mar-2024 01:51 PM
Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Popcorn calcification is noted in the upper and outer quadrant of left breast.

Both breasts show normal fibro-glandular 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 : Small well defined nodules measuring 8 x 5 mm is noted in right breast 11 'o' clock position and measuring 10 x 5 mm in left breast 2 - 3 'o' clock position - BIRADS-II - Likely fibroadenomas.


No axillary lymphnodes seen.

IMPRESSION : Popcorn calcification is noted in the upper and outer quadrant of left breast - BIRADS-II.

Bilateral breast nodules - BIRADS-II - Likely fibroadenomas.

Advised clinical correlation.

Note: Please bring previous reports on next visit.


Dr. PRAJAKTA SUKHADEV
DNB RADIOLOGY
Reg. No. 68493

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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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Age / Gender : 52 Years / Female
Ref.By :
Req. No : BIL4078682

TID : UMR1402044
Registered on : 23-Mar-2024 08:29 AM
Reported On : 23-Mar-2024 01:14 PM
Reference : Medi Wheel

X-RAY CHEST PA VIEW

Mild cardiomegaly with unfolding of aorta.

Lung fields are clear.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.


Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493

MS.CHAKKA KALYANI

Female 52Years

HR : 64 bpm
 P : 111 ms
 PR : 142 ms
 QRS : 86 ms
 QT/QTc : 399/414 ms
 P/QRS/T : 42/1/-7 °
 RV5/SV1 : 1.209/1.027 mV

Diagnosis Information:

Sinus Rhythm

Four R Wave Progression(V2)

WM

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

Report Confirmed by:

