

Medical Summary

Name: Mrs. Paleparthi
Ref Doctor:

Date of Birth: 15/6/1967 Customer ID:
Sex: Female Date: 13/11/2024

Present Complaints: (NIL)

Past Illness:

Major medical illness:
Surgery: C Section

Accident: /
Others: /NIL

Personal history:

Smoking: /
Tobacco: /NIL
Alcohol: /
Menstrual history: menapausal.
Obstetric history:

Diet: veg
Exercise:
Personality: average built.
Marital status: married.
Children: 1 daughter.

Family history:

Tuberculosis: /
Diabetes: /
Asthma: /
Drug history: /NIL

Allergy: NOT known.

Hypertension: /
Heart Disease: /
Others: /NIL.
Present Medications:

General Examination:

Height:
Conjunctiva: (B)
Oedema: not present
Tongue: (N)
Throat: (N)

Weight:
Lymphnodes: not palpable
Nails: (A)
Others:
Skin: intact

BP:
Eyes: (B)
Genitals: not alone
Dental:

Eye Screening:

| Vision | R/E | L/E |
|----------------|-----|-----|
| Distant Vision | 5/6 | 5/6 |
| Near Vision | (N) | (N) |
| Colour Vision | (N) | (N) |

Good Not Specs.



Systemic Examination:

Cardiovascular system: *S/S heart*
Peripheral Pulsations: *fast*
Heart:
Respiratory system: *normal*

Gastrointestinal Systems:

Higher Function: *normal*
Cranial Nerves: *normal*
Motor System: *normal*

Sensory System: *normal*
Superficial Reflexes: *(+)*
Deep Reflexes: *(+)*

Impression:

prediabetic → HbA1c - 6.1.

Diet:

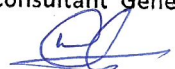
low fat / cholesterol diet

Medication:

Advice & Follow up:

- Nil

MEDALL DIAGNOSTICS
191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
Cell : 91500 42328
DR. *Harish*
Consultant General Physician


152674





(Medall Healthcare Pvt Ltd)

SELF REFERRAL FORM

MED12176223 10 513-04-2407:24 AM



124006473
MRS PALAPARTHI ANNAPURNA DEVI

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs

P A L A P A R T H I A N N A P U R
N A D E V I

Company Name

Occupation

Date of Birth

1 0 0 5 / 1 9 6 7

or Age:

Gender:

Male

Female

Contact Number

7 9 8 1 5 4 0 6 8 3

Pin Code

Email ID

Vitals Observations (to be filled by Medall team)

Place of service:

In store

Camp - (mention Location)

Height

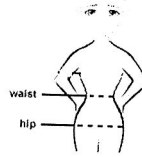
1 4 6 . 5 Cms

feet

Inches

Waist

3 5 . Inches



Hip

4 0 . Inches

Weight

6 3 . 0 Kgs

Fat

4 2 . 8 %

Visceral Fat

1 3 . 5 %

RM

1 2 5 1 Cal

BMI

2 9 . 4

Body Age

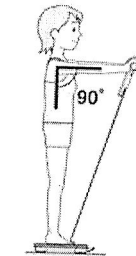
7 0 Yrs

Systolic BP

1 1 3 mm/Hg

Diastolic BP

6 8 mm/Hg



Clinical History / Medicines Taken

| | Use Tobacco Products | Drink Alcohol |
|-----------|--------------------------|--------------------------|
| Never | <input type="checkbox"/> | <input type="checkbox"/> |
| Some days | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily | <input type="checkbox"/> | <input type="checkbox"/> |

Check in the appropriate box

2) 110/69

3) 105/70

Inspiration : 36 cm

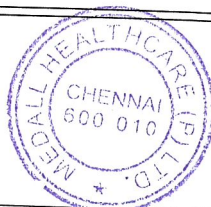
Expiration : 34 cm SP O2 : 99 Pulse : 72

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 13/04/24

Medall Employee Name & centre Name: Rajeshwari M.

I have verified and agree with all the data in this sheet. Fill all the information without fail



Customer Signature

P. D. Devi

MRS. PALAPARTHI
ANNAPURNA DEVI

PID No. : MED121762230
SID No. : 124006473
Age / Sex : 56 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 13/04/2024 7:21 AM
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Investigation

BLOOD GROUPING AND Rh
TYPING

(EDTA Blood/Agglutination)

Observed Value

'A' 'Positive'

Biological Reference Interval

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

| Parameter | Observed Value | Unit | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| Haemoglobin (Whole Blood - W/Spectrophotometry) | 11.5 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance) | 35.8 | % | 37 - 47 |
| RBC Count (Whole Blood - W/Impedance Variation) | 4.15 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance) | 86.3 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance) | 27.8 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance) | 32.2 | g/dL | 32 - 36 |
| RDW-CV (Whole Blood - W/Derived from Impedance) | 14.2 | % | 11.5 - 16.0 |
| RDW-SD (Whole Blood - W/Derived from Impedance) | 42.89 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation) | 4800 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 47.4 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 43.8 | % | 20 - 45 |

Dr S SIVAKUMAR Ph.D
Consultant Microbiologist
VERIFIED BY



Dr ARCHANA. K MD Ph.D
Lab Director
TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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Investigation

Observed Value Unit

Biological Reference Interval

Eosinophils
(EDTA Blood/Impedance Variation & Flow Cytometry)

1.4 %

01 - 06

Monocytes
(EDTA Blood/Impedance Variation & Flow Cytometry)

7.2 %

01 - 10

Basophils
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.2 %

00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

2.28 $10^3 / \mu l$

1.5 - 6.6

Absolute Lymphocyte Count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

2.10 $10^3 / \mu l$

1.5 - 3.5

Absolute Eosinophil Count (AEC)
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.07 $10^3 / \mu l$

0.04 - 0.44

Absolute Monocyte Count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.35 $10^3 / \mu l$

< 1.0

Absolute Basophil count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.01 $10^3 / \mu l$

< 0.2

Platelet Count
(Whole Blood - W/Impedance Variation)

197 $10^3 / \mu l$

150 - 450

MPV
(Whole Blood - W/Derived from Impedance)

8.8 fL

8.0 - 13.3

PCT
(Whole Blood - W/Automated Blood cell Counter)

0.17 %

0.18 - 0.28

ESR (Erythrocyte Sedimentation Rate)
(Whole Blood - W/Automated - Westergren method)

30 mm/hr

< 30

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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--|
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 89.3 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

| | | | |
|--|----------|-------|----------|
| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Negative | | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 111.2 | mg/dL | 70 - 140 |

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

| | | | |
|--|----------|-------|-----------|
| Urine Glucose(PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 12.5 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.76 | mg/dL | 0.6 - 1.1 |

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--------------------------------|-----|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 4.0 | mg/dL | 2.6 - 6.0 |
|--------------------------------|-----|-------|-----------|

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.37 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.15 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.22 | mg/dL | 0.1 - 1.0 |

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Consultant Microbiologist
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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|---|
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 5.2 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 11.3 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 18.7 | U/L | < 38 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 75.8 | U/L | 53 - 141 |
| Total Protein (Serum/Biuret) | 7.09 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 3.94 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.15 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.25 | | 1.1 - 2.2 |
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 183.3 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 67.4 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.


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| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|--|
| HDL Cholesterol (Serum/Immuno-inhibition) | 41.2 | mg/dL | Optimal(Negative Risk Factor): ≥ 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 128.6 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190 |
| VLDL Cholesterol (Serum/Calculated) | 13.5 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 142.1 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: ≥ 220 |

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | |
|---|-----|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 4.4 | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 1.6 | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 3.1 | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |


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Investigation

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|---|
| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 6.0 | % | Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5 |

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %
Estimated Average Glucose (Whole Blood) 125.5 mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyceimic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

| | | | |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 1.05 | ng/ml | 0.4 - 1.81 |
|---|------|-------|------------|

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

| | | | |
|---|------|-------|------------|
| T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 8.37 | µg/dl | 4.2 - 12.0 |
|---|------|-------|------------|

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

| | | | |
|---|-------|--------|-------------|
| TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 3.660 | µIU/mL | 0.35 - 5.50 |
|---|-------|--------|-------------|

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Investigation

Observed
Value Unit

Biological
Reference Interval

INTERPRETATION:


Reference range for cord blood - upto 20

- 1 st trimester: 0.1-2.5
- 2 nd trimester 0.2-3.0
- 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%.hence time of the day has influence on the measured serum TSH concentrations.
- 3.Values $\leq 0.03 \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.


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|------------------------|-----------------------|-------------|--------------------------------------|
| BUN / Creatinine Ratio | 16.4 | | 6.0 - 22.0 |

Urine Analysis - Routine

| | | | |
|--|-------------|------|-----------------|
| COLOUR (Urine) | Pale yellow | | Yellow to Amber |
| APPEARANCE (Urine) | Clear | | Clear |
| Protein (Urine/Protein error of indicator) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Pus Cells (Urine/Automated - Flow cytometry) | 0 - 1 | /hpf | NIL |
| Epithelial Cells (Urine/Automated - Flow cytometry) | 0 - 1 | /hpf | NIL |
| RBCs (Urine/Automated - Flow cytometry) | NIL | /HPF | NIL |
| Casts (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Crystals (Urine/Automated - Flow cytometry) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.


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-- End of Report --

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| | | | |
|--------------|-----------------------------------|-------------|--------------------|
| Name | Mrs. PALAPARTHI ANNAPURNA DEVI | Customer ID | MED121762230 |
| Age & Gender | 56Y/F | Visit Date | Apr 13 2024 7:21AM |
| Ref Doctor | MediWheel | | |

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.


Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist



| | | | |
|--------------|-------------------------------|------------|--------------|
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| Ref Doctor | MediWheel | | |

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 68%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 68%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

| DIMENSIONS | NORMAL | DIMENSIONS | NORMAL |
|-------------------------------|--------|-------------------|---------------|
| AO (ed)- 2.4cm(1.5cm/3.5cm) | | IVS (ed) - 1.1cm | (0.6cm/1.2cm) |
| LA (ed)- 3.3cm(1.5cm/3.5cm) | | LVPW(ed) - 1.0 cm | (0.6cm/1.1cm) |
| RVID(ed)- 1.0cm(0.9cm/2.8cm) | | EF 68 % | (62 %-85 %) |
| LVID (ed)- 4.8cm(2.6cm/5.5cm) | | FS 35 % | |
| LVID (es)- 3.3cm | | | |

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MORPHOLOGICAL DATA:

Mitral valve

| | |
|--------------------------------|----------|
| Anterior mitral leaflet (AML) | : Normal |
| Posterior mitral leaflet (PML) | : Normal |
| Aortic Valve | : Normal |
| Tricuspid Valve | : Normal |
| Pulmonary Valve | : Normal |
| Interatrial Septum | : Intact |
| Interventricular Septum | : Intact |
| Right Ventricle | : Normal |
| Right Atrium | : Normal |
| Pulmonary Artery | : Normal |
| Left Ventricle | : Normal |
| Left Atrium | : Normal |

PERICARDIUM:

- Normal.

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- ***Grade I LV diastolic dysfunction present.***

DONE BY:VIJAYALAKSHMI.P

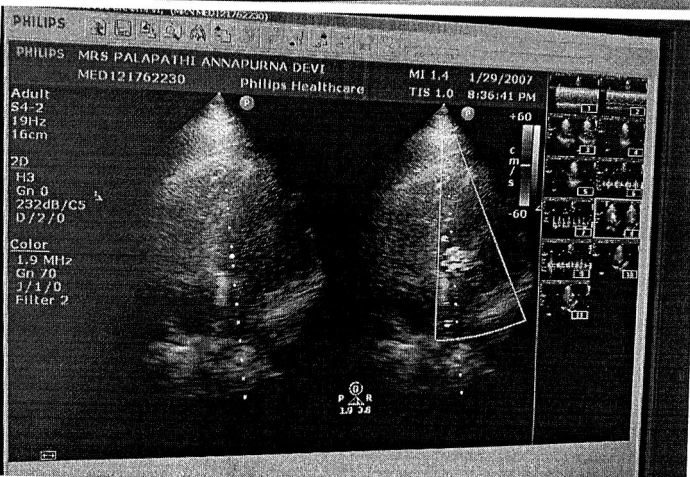
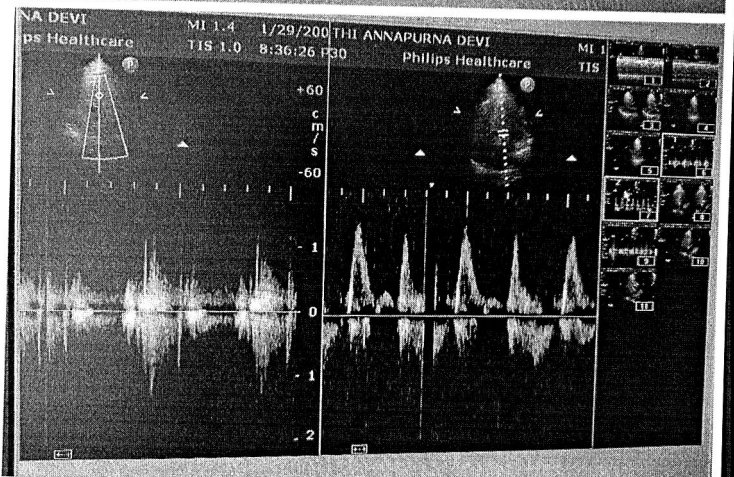
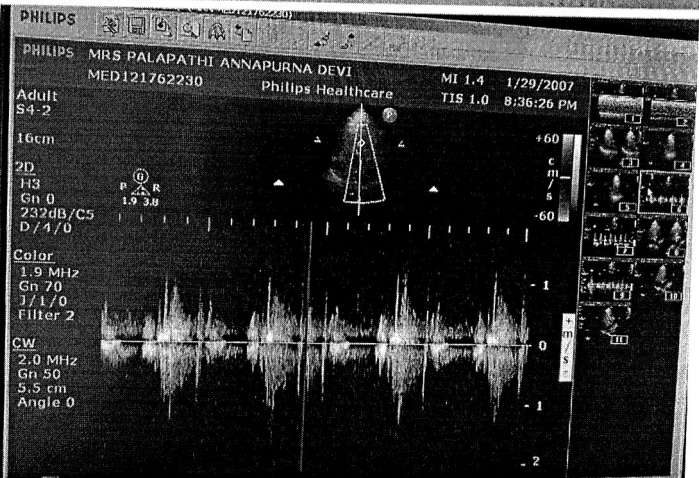
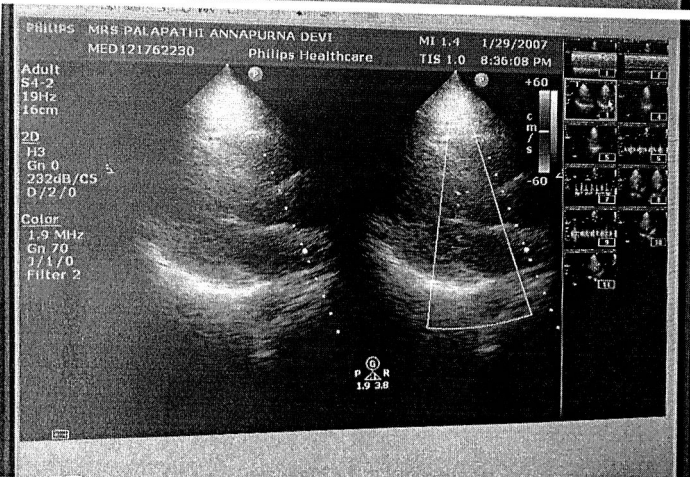
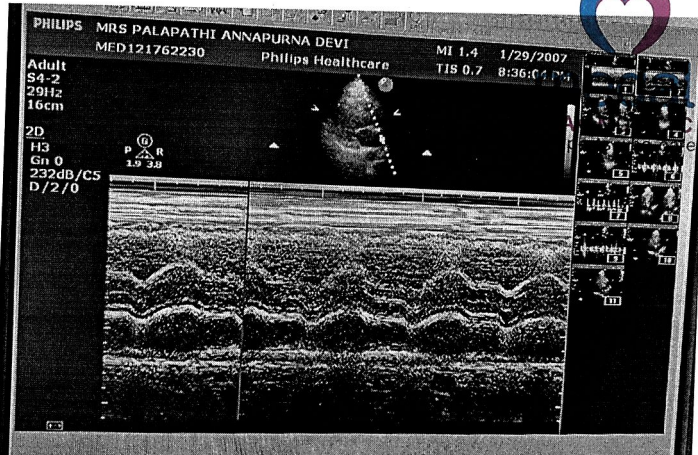
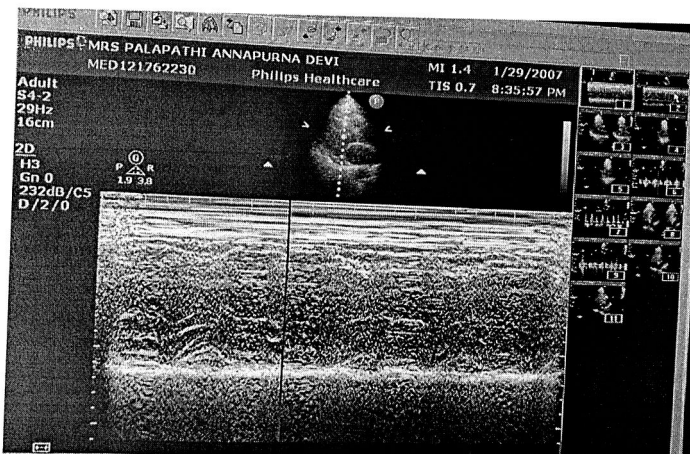
Radha Priya.Y

DR.RADHA PRIYA.Y
Consultant Cardiologist

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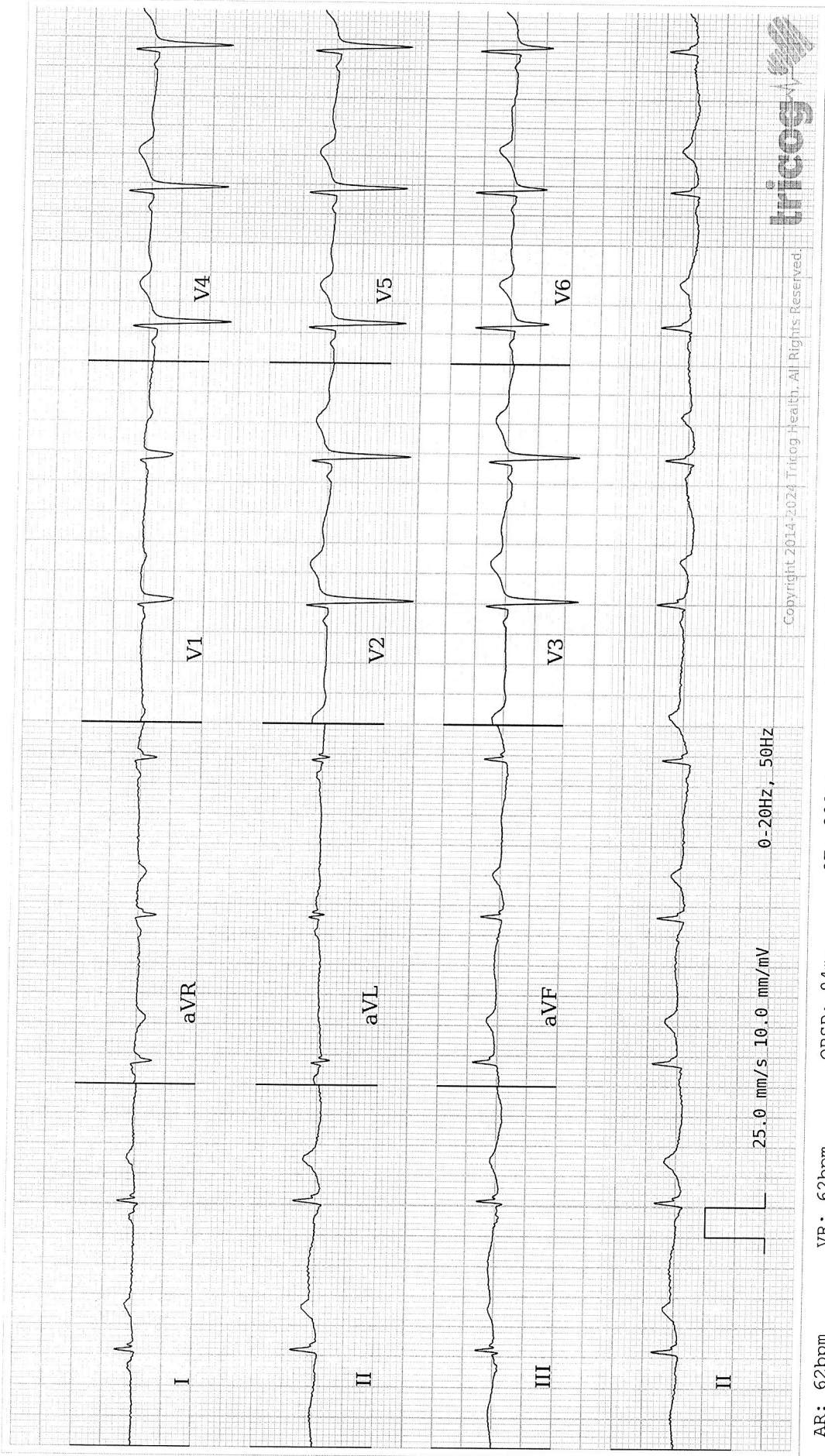


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MEDALL DIAGNOSTIC CENTER KILPAUK

Age / Gender: 56/Female Date and Time: 13th Apr 24 8:37 AM
Patient ID: med121762230
Patient Name: Mrs palaparthi annapurna devi



AR: 62bpm VR: 62bpm QT: 398ms QTcB: 404.58ms PRI: 124ms P-R-T: 14° 60° 52°

Low Voltage Complexes, Sinus Rhythm. Please correlate clinically.

REPORTED BY



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history. symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

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ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 9.2 x 4.0 cm.

Left kidney measures 9.5 x 4.9 cm.

Ureters are not dilated.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Uterus is anteverted, and measures 5.3 x 4.3 x 3.1 cm, shows normal myometrial echoes. Endometrial thickness is 6.8 mm.

Bilateral ovaries are normal in size.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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IMPRESSION:

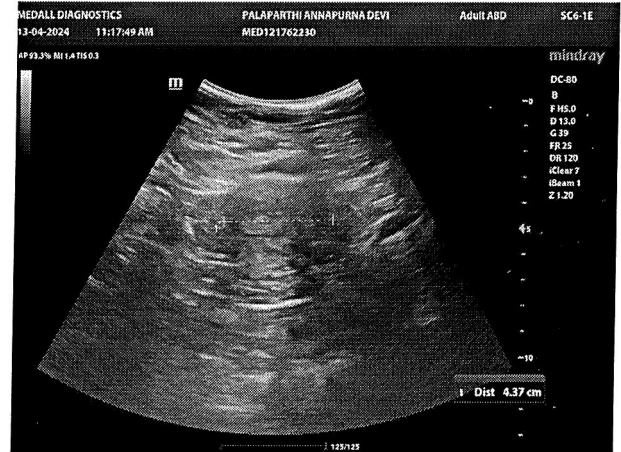
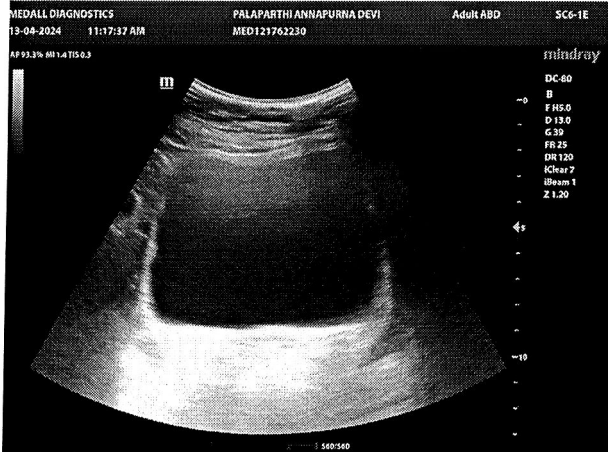
➤ **Normal study.**

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist


Dr. M. JAYAPRABA.
Consultant Sonologist



| | | | |
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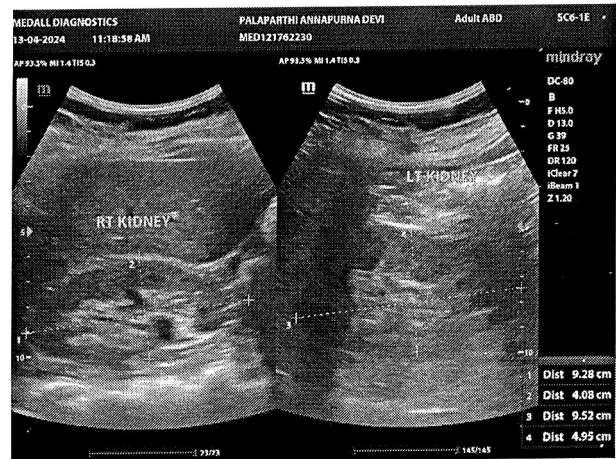
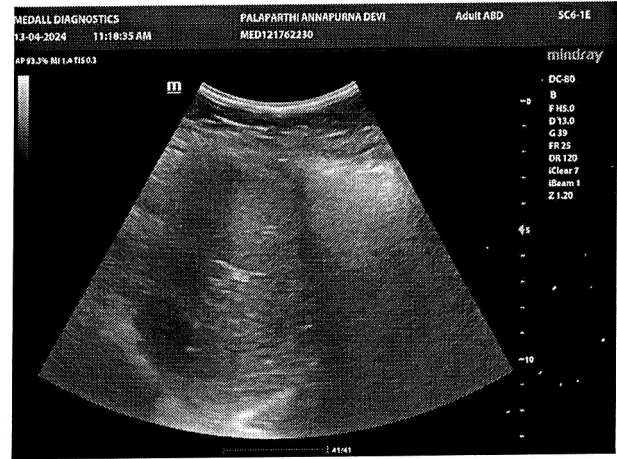
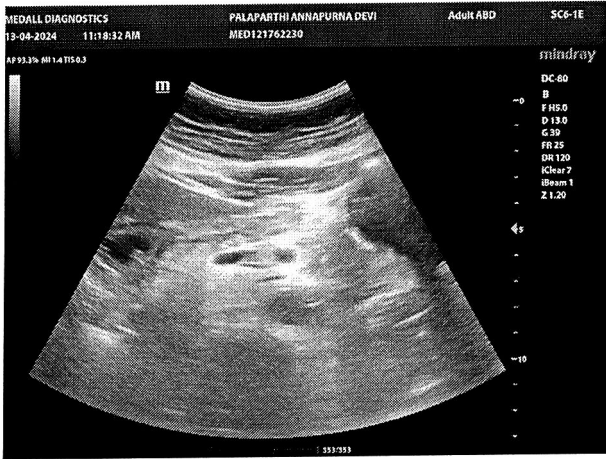


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X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

Bilateral heterogenous diffuse fibrofatty prominence.

No mass or calcification is seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Correlated ultrasound screening of both breasts did not reveal any abnormality.

IMPRESSION :

- **No mammographic evidence of abnormality.**
- **BIRADS category I.**

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist


Dr. M. JAYAPRABA.
 Consultant Sonologist



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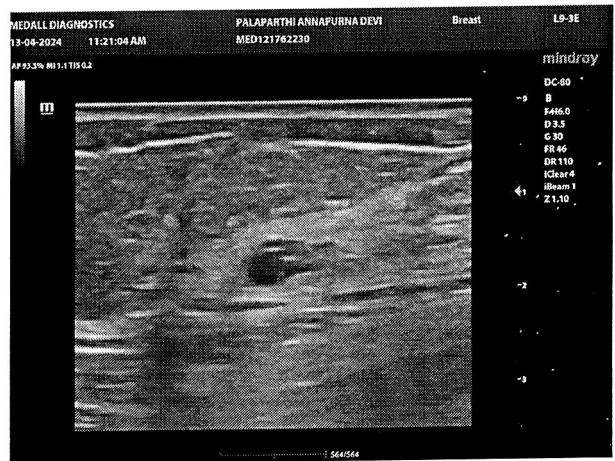
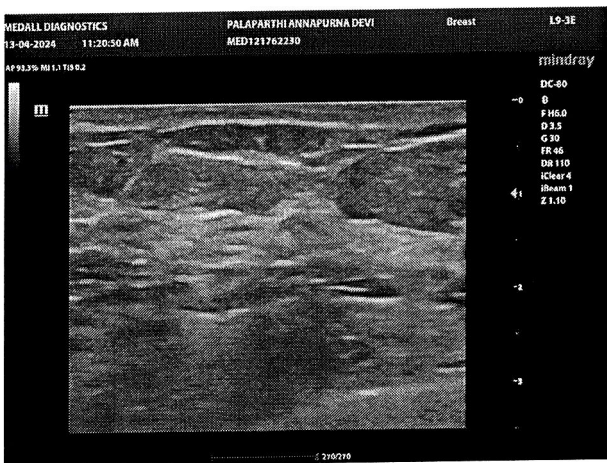
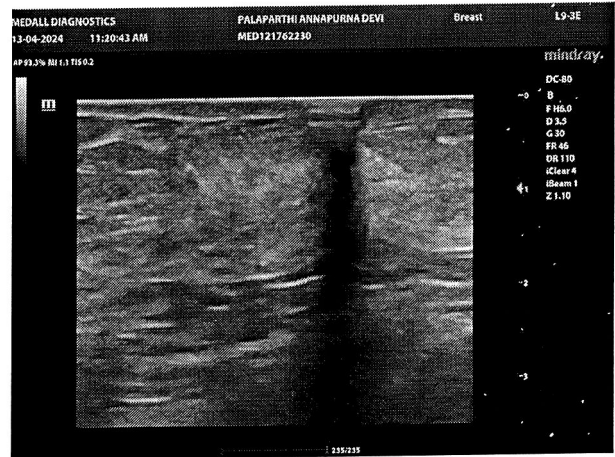
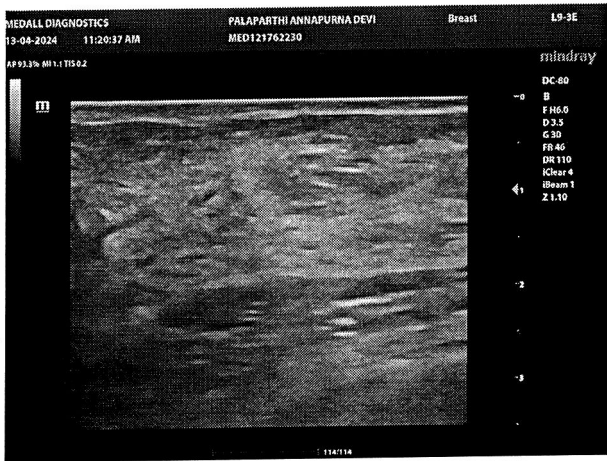
| BIRADS Category | | Likely hood of cancer |
|------------------------|--|--|
| 0 | Need additional imaging or prior examinations | N/A |
| 1 | Negative | 0% |
| 2 | Benign | 0% |
| 3 | Probably benign | >0% - 2 % |
| 4 | Suspicious | 4a Low suspicion for malignancy (>2% to 10%) 4b Moderate suspicion for malignancy (>10% to 50%) 4c High suspicion for malignancy (>50% to 95%) |
| 5 | Highly suggestive of malignancy | 95% |
| 6 | Known biopsy proven | N/A |

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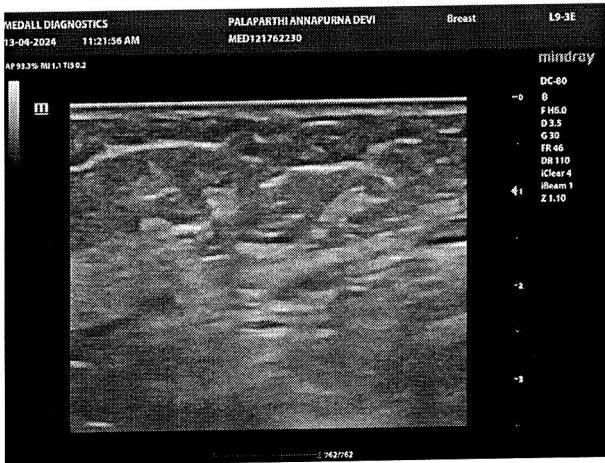
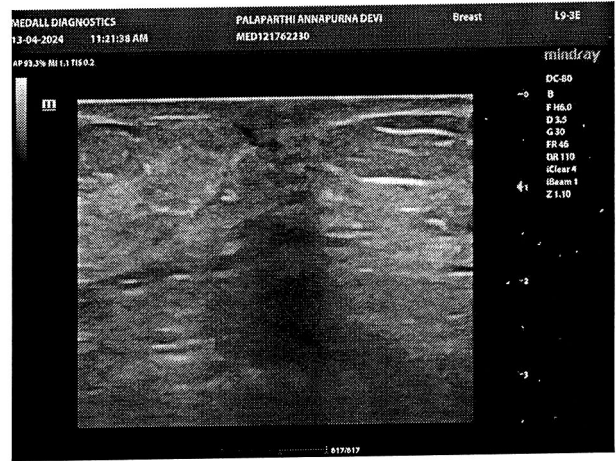
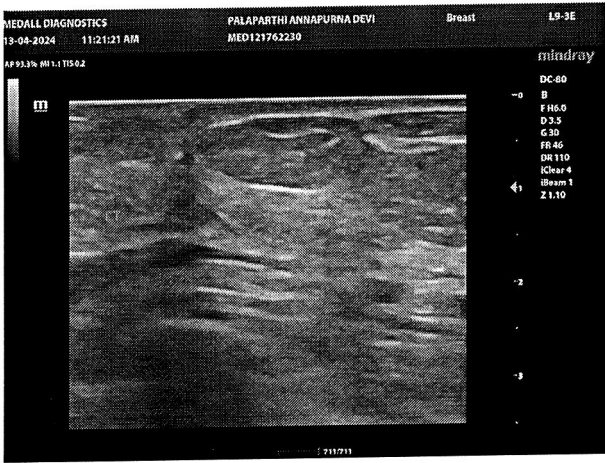


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