

Authenticity Check



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CID : 2404122194  
Name : Mrs JYOTI MAHULKAR  
Age / Sex : 50 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 10-Feb-2024  
Reported : 12-Feb-2024 / 15:38

## MAMMOGRAPHY

### X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

### SONOMAMMOGRAPHY:

There is 2.8 x 1.1 cm sized well defined solid wider than taller hypoechoic lesion seen in right breast at 9 o'clock position likely fibroadenoma.

Rest breasts reveal normal parenchymal echotexture. No other focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

### IMPRESSION:

**FIBROADENOMA IN RIGHT BREAST.**

**ACR BIRADS Category- II (benign).**

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021009352716>

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**ACR BIRADS CATEGORY**

- I. Negative.
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of papable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021009352716>



CID : 2404122194  
Name : MRS.JYOTI MAHULKAR  
Age / Gender : 50 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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Collected : 10-Feb-2024 / 11:45  
Reported : 12-Feb-2024 / 18:07

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
PAP SMEAR REPORT**

**Specimen** : (G/SDC - 1676/24)

Received EziPrep vial.

**Adequacy** :

Satisfactory for evaluation.

Transformation zone component absent.

**Microscopic** :

Smear reveals mainly intermediate and fewer superficial squamous cells along with mild neutrophilic infiltrate.

**Interpretation** :

**Negative for intraepithelial lesion or malignancy.**

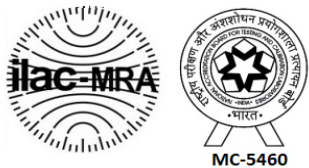
Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

**Note** : : Pap test is a screening test for cervical cancer with inherent false negative results.

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*



*Harini R*  
**Dr.HARINI RAJU**  
**M.D. (PATH)**  
**HISTOPATHOLOGIST &**  
**CYTOPATHOLOGIST**