

Patient Name	: Ms.SAHIBA	Visit No	: CHA250043609
Age/Gender	: 18 Y/F	Registration ON	: 11/Mar/2025 10:01AM
<b>Lab No</b>	<b>: 10140904</b>	Sample Collected ON	: 11/Mar/2025 10:01AM
Referred By	: Dr.MW KHAN	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 10:50AM

**HIGH RESOLUTION ULTRASOUND STUDY OF BOTH BREASTS**  
**Study performed with 10.0MHz high frequency linear probe.**

- **Right breast** Fibroglandular parenchyma appear dense, echogenic and heteroechoic in echotexture in lower quadrant predominantly at 6-7 o' clock position. Rest of the breast architecture on right side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- **Left breast** Fibroglandular parenchyma appear dense, echogenic and heteroechoic in echotexture diffusely in all quadrants. Rest of the breast architecture on left side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen. No well formed space occupying lesion is seen.
- No abnormal calcification is identified in either breast.
- Subareolar region appears normal. No abnormal ductal dilatation is seen.
- Axillary tail is normal. No obvious axillary lymphadenopathy is seen.

**IMPRESSION:**

- **BOTH BREASTS – FIBROADENOSIS CHANGES (BIRADS – II CATEGORY).**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED**  
**MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

**CHARAK**



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**SKIAGRAM CHEST PA VIEW**

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**IMPRESSION:**

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

CHARAK

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

