

8/3/25

to
the present hospital.
Secunderabad.
500026.

sub: Today consultation attending.

I Mr Anupam, working in Banking at Raichur. Today I have given
all test in your hospital. For consultation I am not able to
come on evening due to kids management in house.

After two days I will come and consult & collect of
my documents on that day.


Thanks & Regards

Mr Anupam

291970645

Mr Anupam



Mrs. MUNAGA ANUPAMA		Collected : 08-03-2025 10:03	Lab ID : 50308700300
DOB :		Received : 08-03-2025 10:03	Sample Quality : Adequate
Age : 32 Years		Reported : 08-03-2025 16:44	Location : HYDERABAD
Gender : Female		Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740			Client : Prasad Hospitals India Private Limited -B59549

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



Mrs. MUNAGA ANUPAMA		Collected : 08-03-2025 10:03	Lab ID : 50308700300
DOB :		Received : 08-03-2025 10:03	Sample Quality : Adequate
Age : 32 Years		Reported : 08-03-2025 16:44	Location : HYDERABAD
Gender : Female		Status : Interim	Ref By : G TEJASWANI
CRM : 223003771740			Client : Prasad Hospitals India Private Limited -859549

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum CLIA	0.91	ng/mL	Non Pregnant: 0.7-2.04 Pregnancy: 1st trimester: 0.81-1.9 2nd trimester: 1.0-2.60 3rd trimester: 1.0-2.60
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Clinical significance:-

Triiodothyronine (T3) values above 3.07 ng/mL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum CLIA	10.45	µg/dL	5.5-11.0
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Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroid; nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum CLIA	2.148	µIU/mL	Nonpregnant: 0.4-5.5 Pregnancy: First Trimester: 0.3-4.5 Second Trimester: 0.5-4.6 Third trimester: 0.8-5.2
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Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful for the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

Pending Services
LBC-PAP Smear, Cervical/vaginal Swab.



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DOB :	Received : 08-03-2025 10:03	Sample Quality : Adequate
Age : 32 Years	Reported : 08-03-2025 14:59	Location : HYDERABAD
Gender : Female	Status : Interim	Ref By : G TEJASWANI
CRM : 223003771740		Client : Prasad Hospitals India Private Limited 859549

Parameter	Result	Unit	Biological Ref. Interval
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Parameter	Result	Unit	Biological Ref. Interval
HbA1c By HPLC, EDTA Blood <i>HPLC</i>	5.40	%	NORMAL: 4.5-5.6 AT RISK: 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose (eAG) <i>Calculated</i>	107.93	mg/dL	70-126

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is used in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).



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DOB :	Received : 08-03-2025 10:03	Sample Quality : Adequate
Age : 32 Years	Reported : 08-03-2025 11:52	Location : HYDERABAD
Gender : Female	Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740		Client : Prasad Hospitals India Private Limited - BS9549

Parameter	Result	Unit	Biological Ref. Interval
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LIVER FUNCTION TEST

Bilirubin - Total, Serum <i>Modified TAB Method</i>	0.29	mg/dL	0.1 - 1.3
Bilirubin - Direct, Serum <i>DIAZO</i>	0.12	mg/dL	<0.3
Bilirubin - Indirect, Serum <i>Calculated</i>	L 0.17	mg/dL	0.2-1
SGOT, Serum <i>IFCC without PLP</i>	12.70	U/L	<31
SGPT, Serum <i>IFCC without PLP</i>	11.40	U/L	<35
Alkaline Phosphatase, Serum <i>AMP</i>	70.0	U/L	42 - 98
GGT (Gamma Glutamyl Transferase), Serum <i>G-glutamyl-p-nitroanilide</i>	13.80	U/L	<38
Total Protein, Serum <i>BIURET</i>	6.67	gm/dL	6.4-8.8
Albumin, Serum <i>BCG</i>	4.18	gm/dL	3.5 - 5.2
Globulin, Serum <i>Calculated</i>	2.49	gm/dL	1.9-3.9
A:G ratio <i>Calculated</i>	1.68		1.1 - 2.5

Clinical significance:

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs an symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the and to evaluate the effectiveness of any treatments. Abnormal tests.



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Age : 32 Years		Reported : 08-03-2025 12:35	Location : HYDERABAD
Gender : Female		Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740			Client : Prasad Hospitals India Private Limited -B59549

RBCs <i>Microscopy</i>	Nil	/hpf	Nil
Casts <i>Microscopy</i>	Nil		Nil
Crystals <i>Microscopy</i>	Nil		Nil
Yeast cells <i>Microscopy</i>	Absent		Absent
Bacteria <i>Microscopy</i>	Absent		Absent

Clinical Significance:

A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.



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Gender : Female	Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740		Client : Prasad Hospitals India Private Limited -B59549

Parameter	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour <i>Visual</i>	Pale Yellow		Pale Yellow
Volume <i>Visual</i>	15	ml	
Specific Gravity <i>Dip Stick (Bromthymol blue)</i>	1.020		1.015 - 1.025
Appearance <i>Visual</i>	Clear		Clear
pH <i>Dip Stick (Double Indicators)</i>	6.0		5.0 -8.0

BIOCHEMICAL EXAMINATION

Protein, Urine <i>Dip Stick (Protein Error of Indicators)</i>	Absent		Negative
Glucose <i>Dip Stick (GOP-POD)</i>	Negative		Negative
Ketones <i>Dip Stick (Sodium nitroprusside)</i>	Negative		Negative
Urobilinogen <i>Dip Stick (Ehrlich)</i>	Normal		Normal
Bilirubin <i>Dip Stick (Azo-coupling reaction)</i>	Negative		Negative
Nitrite <i>Dip Stick (Diazotization)</i>	Negative		Negative
Blood <i>Dip Stick (Peroxidase)</i>	Negative		Negative
Leukocyte Esterase <i>Strip Based</i>	Absent		Negative

MICROSCOPIC EXAMINATION

Pus cells <i>Microscopy</i>	2 - 3	/hpf	0-5
Epithelial Cells <i>Microscopy</i>	5 - 6	/hpf	0-2



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Gender : Female	Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740		Client : Prasad Hospitals India Private Limited -BS954

Parameter	Result	Unit	Biological Ref. Interval
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ELECTROLYTES

Sodium (Na+), Serum <i>Direct ISE</i>	139	mmol/L	136 - 145
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Clinical significance:-

Sodium is the primary extracellular cation. Hyponatremia (high sodium) is often attributable to excessive loss of sodium-poor body fluids. Hyponatremia is often associated with hypercalcemia and hypokalemia and is seen in liver disease, cardiac failure, pregnancy, burns, and osmotic diuresis. Hyponatremia occurs in dehydration, increased renal sodium conservation in hyperaldosteronism, Cushing syndrome, and diabetic acidosis. Severe hyponatremia may be associated with volume contraction, lactic acidosis, and increased hematocrit.

Potassium (K+), Serum <i>Direct ISE</i>	3.78	mmol/L	3.5 - 5.1
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Clinical significance:-

Potassium is the major cation of the intracellular fluid. Disturbance of potassium homeostasis has serious consequences. Decreases in extracellular potassium are characterized by muscle weakness, irritability, and eventual paralysis. Hypokalemia (low potassium) is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Hyperkalemia may be seen in end-stage renal failure, hemolysis, trauma, Addison disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride, Serum <i>Direct ISE</i>	99	mmol/L	96-106
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Clinical significance:-

Chloride is the major anion in the extracellular water space. Chloride is increased in dehydration, renal tubular acidosis (hyperchloremia metabolic acidosis), acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfunction, salicylate intoxication, and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe renal tubular pathology. Chloride is decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure.

Bicarbonate, Serum <i>Direct ISE</i>	23.45	mmol/L	22 - 26
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Clinical Significance:

Bicarbonate is the second largest fraction of the anions in plasma. The bicarbonate content of serum or plasma is a significant indicator of electrolyte dispersion and anion deficit. Together with pH determination, bicarbonate measurements are used in the diagnosis and treatment of numerous potentially serious disorders associated with acid-base imbalance of the respiratory and metabolic systems. Some of these conditions are diarrhea, renal tubular acidosis, carbonic anhydrase inhibitors, hyperkalemic acidosis, renal failure, and ketoacidosis. Alterations of bicarbonate (HCO₃) and carbon dioxide (CO₂) dissolved in plasma are characteristic of acid-base imbalance.



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Gender : Female		Status : Interim	Ref By : G TEJASWANI
CRM : 223003771740			Client : Prasad Hospitals India Private Limited. B59549

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Total Cholesterol, Serum <i>CHOD-PAP</i>	181.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240
Triglycerides, Serum <i>GPO</i>	71.40	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: >499
HDL Cholesterol, Serum <i>Precipitation Method with PVS and PEGME</i>	H 49.50	mg/dL	Low : < 40 High : > 60
Low Density Lipoprotein-Cholesterol (LDL) <i>SELECTIVE SOLUBILISATION</i>	117.22	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189
LDL <i>calculated</i>	14.28	mg/dL	6-40
Total Cholesterol/HDL Ratio <i>calculated</i>	H 3.66		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5
LDL / HDL Ratio <i>calculated</i>	2.37	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5
Non HDL Cholesterol, Serum <i>calculated</i>	H 131.50	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190

Clinical significance:
A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

Prasad Hospitals Pvt Ltd, 44-717/12, IDA Nacharam, Behind Telephone exchange, Secunderabad - 500 076

NACHARAM 88012 33333

PRAGATHINAGAR 81212 12707

MANIKONDA 88850 23110

prasadhospitals.com



Mrs. MUNAGA ANUPAMA	Collected : 08-03-2025 12:26	Lab ID : 50308700300
DOB :	Received : 08-03-2025 12:40	Sample Quality : Adequate
Age : 32 Years	Reported : 08-03-2025 13:34	Location : HYDERABAD
Gender : Female	Status : Interim	Ref By : G.TEJASWANI
CRM : 223003771740		Client : Prasad Hospitals India Private Limited - 859549

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Post Prandial), Plasma GOD-POD	102.2	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Clinical significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose level are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.



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Gender : Female	Status : Interim	Ref By : G.TEJASWANI
M : 223003771740		Client : Prasad Hospitals India Private Limited -BS9549

Uric Acid, Serum 5.50 mg/dL 2.3-6.6
ICASE-POD

clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hyperuricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).



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Glucose (Fasting) Plasma <i>GOD-POD</i>	85.4	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125
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Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Calcium, Serum <i>Arsenazo Method</i>	9.35	mg/dL	8.6 - 10.2
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Clinical significance :

Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Values of total calcium can be affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.
Corrected total calcium (mg/dl) = total calcium (mg/dl) + 0.8 (4 - albumin [g/dl])

Creatinine, Serum <i>ENZYMATIC</i>	L 0.41	mg/dL	0.6 - 1.1
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Clinical significance :-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

Urea, Serum <i>UREASE-GLDH</i>	16.80	mg/dL	15-48
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Clinical Significance:

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract, conditions that cause obstruction of urine flow; or dehydration

Blood Urea Nitrogen (BUN), Serum <i>calculated</i>	7.85	mg/dL	6 - 20
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Clinical significance:

An increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.



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ESR, EDTA Blood 10 mm/hr <=12
Westergren(Manual)

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & IB it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abnormalities of red cells like sickle cells or speherocytosis etc.



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MPV <i>Calculated</i>	L 8.9	fL	9 - 13
PDW <i>Calculated</i>	L 9.9	fL	10.0 - 17.9
PlateletCrit <i>Calculated</i>	0.25	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) <i>Calculated</i>	25.20	%	15.0 - 35.0

Method: By using Laser Flow Cytometry Technology, WBC measurement principle, Electrical Impedance, RBC/PLT measurement principle - Colorimetric Method for HGB measurement principle.

Clinical significance:

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.



2D ECHOCARDIOGRAM

Patient Name : MRS.ANUPAMA	IP/OP NO: 31831
Date of Billing : 08-03-2025	Age / SEX : 32 FEMALE


Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Normal
Polmonary Valve : Normal
Aorta : 2.8 cm
Left Atrium : 3.0 cm
Left Ventricle :
IVSD : 1.0 cms IVPWD : 0.9 cms
EDD : 4.0 cms EF : 62% FSV :
ESD : 2.7 cms FS : 32%

RWMA : NIL
Right Attium : Normal
Right Ventricle : Normal
I A S : Intact
I V S : Intact
Pulmonary Veins : Normal

Intra Cardiac Masses :
Doppler :
MV: E : 0.6 A: 0.4 m/sec
AV : AJV : 1.1 m/sec
PV: PJV: 0.7 m/sec

Colour Flow Imaging : No MR/AR/TR

Conclusion : Normal sized cardiac chambers
No RWMA
Normal LV / RV function(EF: 62%)
No MR/AR/TR/No PAH
No PE/Clots


Cardiologist
DR.SAMPATH KUMAR MD.,DM
Consultant Interventional Cardiologist &
Electrophysiologist



ANAEMIA DIETARY GUIDELINES

NAME: ANUPUMMA

GENDER : F

room no : OP

DIET PRESCRIBED : Balanced diet with calcium , vit D vit C & Protien rich foods .

RECOMMENDED IRON & FOLATE RICH FOODS:

1. Cereals like brown rice, rice flakes, ragi, bajra, puffed rice, oats, wheat, barley, sweet corn.
2. Pulses like red gram dhal, Bengal gram (roasted), peas (dry), horse gram, lobia, rajma.
3. Green leafy vegetables like goggu, spinach, mint, & other vegetables like banana green, carrot, broccoli, ladies finger, cluster beans, beans, tomato.
4. Jaggery, sesame seeds, sunflowers seeds, chilies, turmeric pumpkin seed, soya beans, tofu, dark chocolate.
5. Iodized salt.
6. Nuts like pistachios & peanuts.
7. Fruits rich in fiber like pomegranate, apple, strawberries and citrus fruits are recommended along with foods rich in iron.

DIETARY TIPS FOR BETTER ABSORPTION

Vitamin C helps the body to absorb more iron. Foods that are high in vitamin C include

Fruits: straw berries, pine apple, citrus fruits, kiwi fruit and tomato

Vegetables: broccoli, capsicum, cauliflower, lemon (lemon zest & juice)

Include a serve of vitamin C rich fruit and vegetables with every meal to help the body absorb more iron. Here are some ideas to try:

1. Fruit on breakfast cereal.
2. Vegetables or a salad with meals.
3. Fruit for dessert.
4. A glass of juice with meals.

DIETARY GUIDELINES

PATIENT NAME : MRS. M ANUPAMA

32YRS/FEMALE

REF BY DR. G TEJASWANI

DT :08-03-2025

CHEST X-RAY PA VIEW

BOTH LUNGS ON EITHER SIDE APPEARS NORMAL

BOTH CP ANGLES APPEARS NORMAL

BONY CAGE AND SOFT TISSUE APPEARS NORMAL

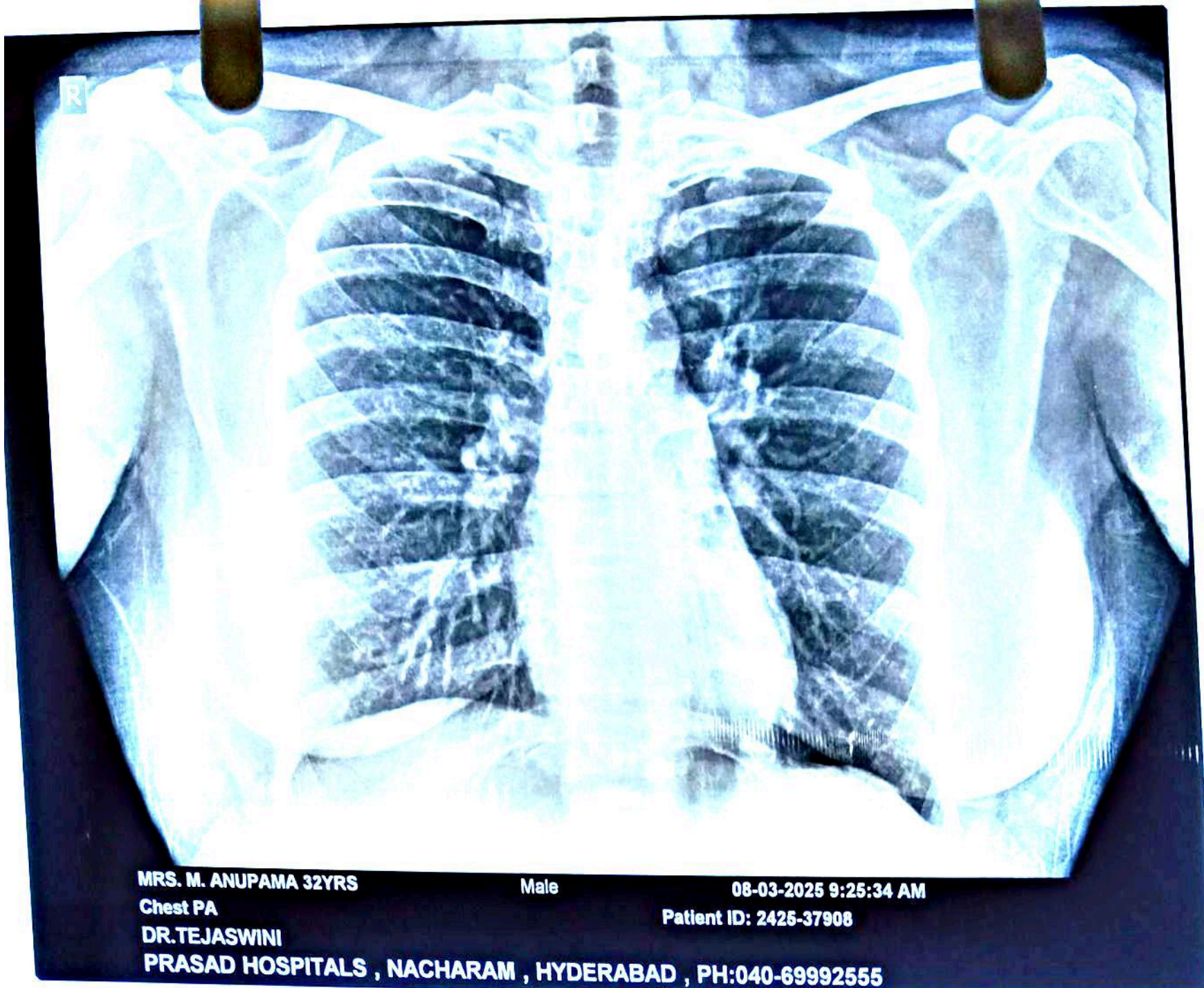
CARDIAC SIZE APPEARS NORMAL

IMPRESSION : NORMAL CHEST X R AY

For clinical correlation



**DR.K.SUPRABATHAM
RADIOLOGIST**



MRS. M. ANUPAMA 32YRS

Male

08-03-2025 9:25:34 AM

Chest PA

Patient ID: 2425-37908

DR. TEJASWINI

PRASAD HOSPITALS , NACHARAM , HYDERABAD , PH:040-69992555