

Visit ID	: YGT37013	UHID/MR No	: YGT.0000036867
Patient Name	: Mrs. RADHIKA VELAGA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10776000
DOB	:	Registration	: 28/Oct/2023 08:33AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:33AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:43AM
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN & PELVIS**

LIVER : Normal in size (13.6 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of calculi / wall thickening.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (8.5 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.3 x 3.6 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 9.9 x 5.6 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, measures 9.3 x 3.7 x 4.8 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 8 mm.

Right ovary measures 3.3 x 3.2 cm and left ovary measures 3.1 x 1.8 cm.  
Both ovaries are normal in size & echotexture. 1.8 x 2.0 cm follicle noted in left ovary.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

*Minimal free fluid is seen in POD.*

**IMPRESSION:**

- No obvious sonographic abnormality detected.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Sushma*  
Dr.SUSHMA VUYYURU  
MBBS;MD(Radio-Diagnosis)  
CONSULTANT RADIOLOGIST

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**DEPARTMENT OF RADIOLOGY****X-RAY CHEST PA VIEW****Findings:**

Soft tissues/ bony cage normal.  
Trachea and Mediastinal structures are normal.  
Heart size and configuration are normal.  
Aorta and pulmonary vascularity are normal.  
Lung parenchyma and CP angles are clear.  
Bilateral hilae and diaphragmatic contours are normal.

**IMPRESSION :**

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

Verified By :  
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND OF BOTH BREASTS****RIGHT BREAST:**

0.9 x 0.5 cm well defined hypoechoic lesion noted along the subcutaneous planes of right breast at 4'0 clock position - Sebaceous cyst.

1.4 x 0.4 cm well defined hypoechoic lesion noted at 12'0 clock position - Fibroadenoma.

Rest of the glandular parenchyma appears normal.

No evidence of ductal dilatation.

Nipple and areolar region appears normal.

Skin thickness is normal.

**LEFT BREAST:**

Few well defined hypoechoic lesions noted in left breast largest measuring 1.6 x 0.9 cm at 2'0 clock position and 2.3 x 1.cm at 9'0 clock position - Fibroadenomas.

No evidence of ductal dilatation.

Nipple and areolar region appears normal.

Skin thickness is normal.

**IMPRESSION:**

- SEBACEOUS CYST IN RIGHT BREAST AS DESCRIBED ABOVE.
- FIBROADENOMAS IN BOTH BREASTS.

BIRADS 0 - Needs additional imaging

BIRADS I - Normal

BIRADS II - Benign

BIRADS III - Probably benign

BIRADS IV - Suspicious

BIRADS V - Highly suspicious

BIRADS VI - Known breast malignancy

Verified By :

Kollipara Venkateswara Rao



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CONSULTANT RADIOLOGIST

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Client Name	: MEDI WHEELS	Received	: 28/Oct/2023 09:10AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:18AM
Hospital Name	:		

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	<b>25</b>	mm/1st hr	0 - 15	Capillary Photometry
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**COMMENTS:**

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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 Consultant Pathologist

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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	O			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**CBC(COMPLETE BLOOD COUNT)**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN (HB)	<b>11.2</b>	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	<b>3.60</b>	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	<b>33.1</b>	%	36.0 - 46.0	RBC pulse height detection
MCV	92.1	fL	83 - 101	Automated/Calculated
MCH	31.2	pg	27 - 32	Automated/Calculated
MCHC	33.9	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	43.1	fl	35.0-56.0	Calculated
MPV	<b>12.3</b>	fL	6.5 - 10.0	Calculated
PDW	16.4	fL	8.30-25.00	Calculated
PCT	0.16	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,290	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	62	%	40 - 80	Impedance
LYMPHOCYTE	28	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	08	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	<b>1.32</b>	Lakhs/cumm	1.50 - 4.10	Impedance

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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 28/Oct/2023 09:10AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 10:42AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.08	ng/ml	0.60 - 1.78	CLIA
T4	9.48	ug/dl	4.82-15.65	CLIA
TSH	<b>6.39</b>	uIU/mL	0.30 - 5.60	CLIA

**INTERPRETATION:**

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in 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 from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**9. REFERENCE RANGE :**

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

**Comments:**

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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**DEPARTMENT OF BIOCHEMISTRY**


Test Name	Result	Unit	Biological Ref. Range	Method
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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.42	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.08	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
S.G.O.T	23	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	16	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	45	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.52			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>225</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	46	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	157.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	108	mg/dl	See Table	GPO
VLDL	21.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.89		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.35</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>179</b>	mg/dl	< 130	Calculated

**Interpretation**

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
  - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
  - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
  - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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**DEPARTMENT OF BIOCHEMISTRY**

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	mg/dl		

Note:


1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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**DEPARTMENT OF BIOCHEMISTRY**

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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	20	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	mg/dl	5 - 25	GLDH-UV

**Increased In:**

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

**Decreased In:**

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

**Limitations:**

Urea levels increase with age and protein content of the diet.

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**DEPARTMENT OF BIOCHEMISTRY**

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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	<b>107</b>	mg/dl	70 - 100	HEXOKINASE
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**INTERPRETATION:**

**Increased I n**

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)


**Decreased I n**

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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<b>DOB</b> :	<b>Registration</b> : 28/Oct/2023 08:33AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 28/Oct/2023 11:08AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 28/Oct/2023 11:20AM
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<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	108	mg/dl	<140	HEXOKINASE
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**INTERPRETATION:**

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)


Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 28/Oct/2023 08:44AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 28/Oct/2023 09:10AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	0.64	mg/dl	0.51 - 0.95	KINETIC-JAFFE
------------------	------	-------	-------------	---------------

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 28/Oct/2023 08:44AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 28/Oct/2023 09:10AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	13	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

**INTERPRETATION:**

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 28/Oct/2023 08:44AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 28/Oct/2023 09:10AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**URIC ACID -SERUM**

**Sample Type : SERUM**

SERUM URIC ACID	5.9	mg/dl	2.6 - 6.0	URICASE - PAP
-----------------	-----	-------	-----------	---------------

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 28/Oct/2023 08:44AM
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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BUN/CREATININE RATIO**

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	9.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.64	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	14.60	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

Visit ID	: YGT37013	UHID/MR No	: YGT.0000036867
Patient Name	: Mrs. RADHIKA VELAGA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10776000
DOB	:	Registration	: 28/Oct/2023 08:33AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:33AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:50PM
Hospital Name	:		


**DEPARTMENT OF RADIOLOGY****2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal  
AORTIC VALVE : Normal  
TRICUSPID VALVE : Normal  
PULMONARY VALVE : Normal  
RIGHT ATRIUM : Normal  
RIGHT VENTRICLE : Normal  
LEFT ATRIUM : 2.7 cms  
LEFT VENTRICLE : EDD : 4.2 cm IVS(d) : 0.6 cm LVEF :75 %  
ESD : 2.3 cm PW (d) :0.6 cm FS : 43 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.6 cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
Dr. B. Nagaraju  
MD (Internal Medicine)  
DN (CARDIOLOGY)  
APNC Reg. No 70760

Visit ID	: YGT37013	UHID/MR No	: YGT.0000036867
Patient Name	: Mrs. RADHIKA VELAGA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10776000
DOB	:	Registration	: 28/Oct/2023 08:33AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:33AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:50PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 2.1m/sec, A - 0.7m/sec.  
AORTIC FLOW : 1.2 m/sec  
PULMONARY FLOW : 0.9 m/sec  
TRICUSPID FLOW : TRJV : 1.8m/sec, RVSP -28 mmHg

**COLOUR FLOW MAPPING: NORMAL**


**IMPRESSION :**

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR/ NO AR/ NO PR
- \* NO TR/ NO PAH
- \* NO PE / CLOT / VEGETATIONS

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr.B.Nagaraju**  
MD(Internal Medicine)  
DN(CARDIOLOGY)  
APNC Reg.No 70760

<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 28/Oct/2023 08:44AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 28/Oct/2023 09:04AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**CUE (COMPLETE URINE EXAMINATION)**

<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	30ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	5.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b> : YGT37013	<b>UHID/MR No</b> : YGT.0000036867
<b>Patient Name</b> : Mrs. RADHIKA VELAGA	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 38 Y 0 M 0 D /F	<b>Barcode No</b> : 10776000
<b>DOB</b> :	<b>Registration</b> : 28/Oct/2023 08:33AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 28/Oct/2023 09:59AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 28/Oct/2023 10:40AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 11:23AM
<b>Hospital Name</b> :	

**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

**PAP SMEAR**

Lab Ref. No.: YLLD/ PAP-143 / 23

Date of Receiving: 28-10-2023

SYSTEM: BETHESDA 2014

SPECIMEN: ONE CERVICAL SMEAR. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MICROSCOPY: Smears show predominantly superficial and intermediate squamous epithelial cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

IMPRESSION: NILM (Negative for intraepithelial lesion and malignancy).

**ASCO/ CAP GUIDELINES :**

	<b>HPV Unknown</b>	<b>HPV Positive</b>	<b>HPV Negative</b>
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping/ repeat co-testing @ 1 Year	Routine Screening
NILM without EC/TZ	HPV teting	Repeat co-testing @ 1 Year	Routine Screening
ASCUS	HPV teting	Colposcopy	Routine Screening
LSIL	Colposcopy	Colposcopy	Repeat cotesting @ 3 year
ASC - H	Colposcopy	Colposcopy	Colposcopy
HSIL	Immediate LEEP	Immediate LEEP	Immediate LEEP
AGC	EB & Endocervical Bx	EB & Endocervical Bx	EB & Endocervical Bx

**SCREENING GUIDELINE** : 21-29 Years - Cytology only every 3 years ; <21 & 65 yrs - Screening not recommended

Comments- Pap Test is a screening test for cervical cancer.  
False negativity may be due to inherent limitation of this technique.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT37013	<b>UHID/MR No</b>	: YGT.0000036867
<b>Patient Name</b>	: Mrs. RADHIKA VELAGA	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 38 Y 0 M 0 D /F	<b>Barcode No</b>	: 10776000
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:33AM
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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 11:23AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF CYTOPATHOLOGY**


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



Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
MBBS, DCP  
Consultant Pathologist



భారత ప్రభుత్వం

Government of India



రాధికా వెలగా

Radhika Velaga

పట్టణం కోడ్/DOB: 01/08/1984

స్త్రీ/FEMALE

7265 1991 2246

VID : 9186 6598 5253 2056



నా ఆదార్, నా గుర్తింపు

ID: 37013

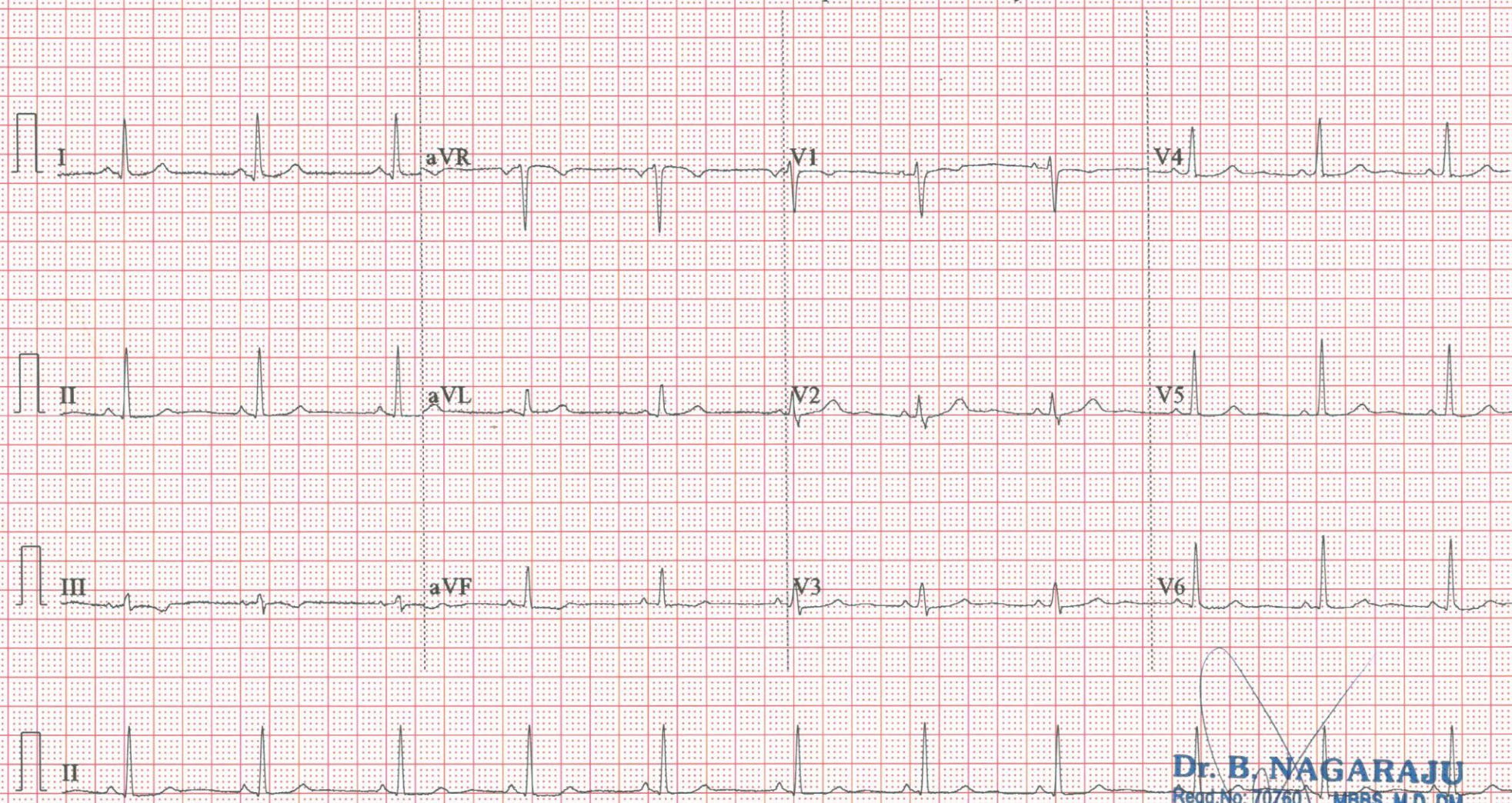
28-10-2023 09:19:54

Radhika Velaga  
Female 38Years  
Req. No. :

HR : 65 bpm  
P : 77 ms  
PR : 114 ms  
QRS : 81 ms  
QT/QTcBz : 390/408 ms  
P/QRS/T : 43/29/-5 °  
RV5/SVI : 1.211/0.714 mV

Diagnosis Information:  
Sinus Rhythm  
Short PR Interval

Report Confirmed by:



**Dr. B. NAGARAJU**  
Regd.No: 70760 / MBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GH



Name: Mrs. Radhika Velaga  
Date: 28/10/23 Age: 38 years Sex: Female  
Address: Guntur



Routine Health checkup

NO complaints

Imp: Subclinical Hypothyroidism

TSH - 6.39  $\mu$ IU/ml

LDL - 157 mg/dl

1) Tab. THYRONORM 25mcg

1 - 0 - 0 - (30)

2) Tab. JAKROE 10mg

0 - 0 - 0 - (30)

TEMP: 36.5  
B.P: 100/70 mmHg  
PULSE: 75 bpm  
WEIGHT: 69 Kg  
HEIGHT: 155 cm

Dr. KEERTHI KISHORE NAGALLA  
Regd.No: 64905 MBBS, M.D. General Medicine  
CONSULTANT GENERAL PHYSICIAN  
YODA DIAGNOSTICS-GUNTUR

Name: Mrs. Radhika Velaga  
 Date: 28/10/23 Age: 38 years Sex: Female  
 Address: Guntur



LMP - 12/10/23

MFx 18yrs  
Az - MTP  
Pi-L1 = 9 - 15yrs - LCS -

TEMP: 37.2  
 B.P: 100/70 mm/Hg  
 PULSE: 75 bts  
 WEIGHT: 69 kg  
 HEIGHT: 155 cm

MHT 4 days / 20 days  
 No LH  
 No dysmenorrhea  
 Normal flow

Left leg pain since 1 month  
 DPV (+), foul smelling  
 PLA - soft  
 non tender

RLC breast  
 ↓  
 sebaceous cyst in  
 Right breast  
 fibroadenomas in  
 both breast  
 ↓  
 Surgeon opinion

PLS - Cervicitis (+)  
 DPV (+)  
 PLV - Cervix as 1, ut Atx,  
 NS - Hom  
 D/LC ~~Atx~~ free  
 NO tenderness

Adv

- Tab. Calcium OD x 1 month

- vaginal tablet

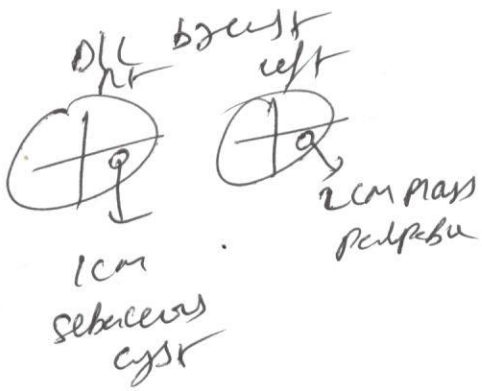
- Cansoft-CC x vaginal  
x 3 HS

- Tab. Povidone OD x 1 month

- VOLINI oint x locally  
Hot Lotion

*Bharathi*

**Dr. B. BHARATHI**  
M.S OBG  
Obstetrics and Gynecology  
REGD. No: APMC 96195



DATE: 28-10-23

NAME: VELAGA RADHIK

AGE: 38/p ADDRESS: \_\_\_\_\_

TYPE OF LENS: GLASS  CONTACTS

CR  POLYCARBONATE

COATINGS : ARC  HARD COAT

TINT : White  SP2  PHOTO GREY

BIFOCALS : KRYPTOK  EXECUTIVE

"D"  PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV		<i>pl</i>			<i>pl a</i>	
ADD						

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_

# YODA DIAGNOSTICS

RECEPTION



GPS Map Camera

Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,  
Andhra Pradesh 522001, India

Lat 16.299196°

Long 80.451564°

28/10/23 08:36 AM GMT +05:30

Google

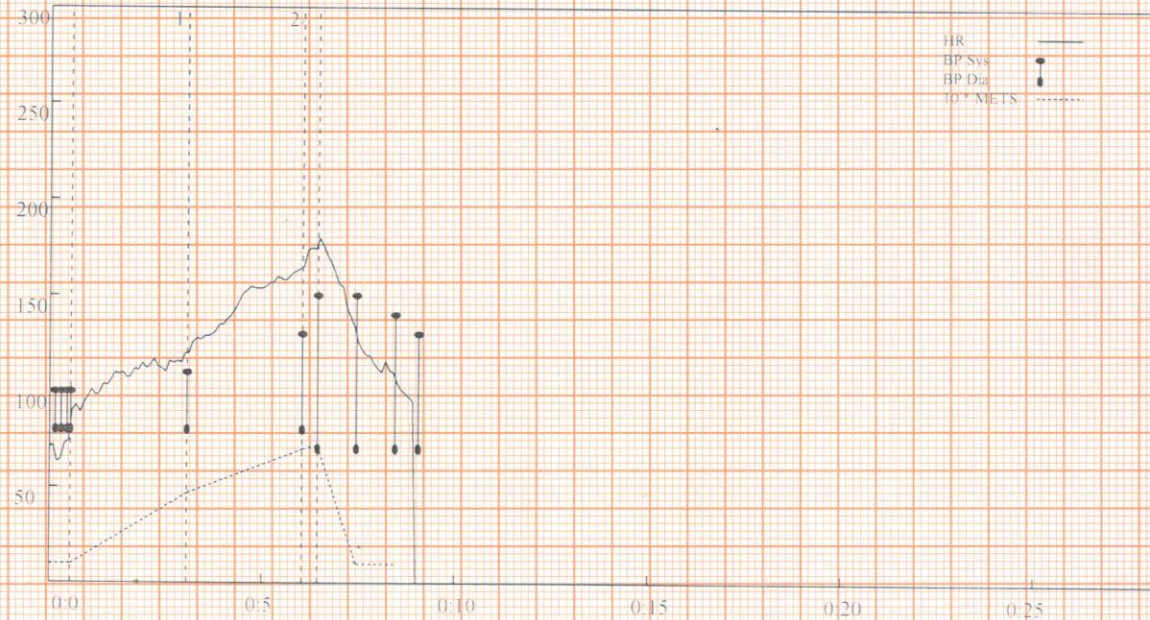
# Yoda Diagnostic Guntur

Name: RADHIKA VELAGA

Date: 28-10-2023

Time: 12:08

## Exercise Trend



## Interpretation

- The Patient Exercised according to Bruce Protocol for 0:06:24 achieving a work level of 7.2 METS.  
Resting Heart Rate, initially 71 bpm rose to a max. heart rate of 174bpm (96% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 100/80 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
- \* Significant ST-T Changes During Exercise & Recovery
  - \* Good Exercise Tolerance
  - \* Stress Test is Positive for Exercise Induced Ischemia

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version 2.14

**Dr. B. NAGARAJU**  
Regd.No: 70760 MBBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR  
Doctor: DR NAGARAJU

( Summary Report edited MICRO MED CHARTS

## Yoda Diagnostic Guntur

**Name: RADHIKA VELAGA**

Age: 38      Gender: F

Height: 155 cms

Weight: 69 Kg

Date: 28-10-2023

Time: 12:08

Clinical History: NO

ID: 37013

Medications: NO

### Test Details:

Protocol: Bruce

Predicted Max HR: 182

Target HR: 154

Exercise Time: 0:06:24

Achieved Max HR: 174 (96% of Predicted MHR)

Max BP: 150/70

Max BP x HR: 26100

Max Mets: 7.2

Test Termination Criteria:

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:10	1	0	0	71	100/80	7100	0.8 V2	0.3 V2
Standing	00:10	1	0	0	63	100/80	6300	0.7 V2	0.3 V2
HyperVentilation	00:09	1	0	0	65	100/80	6500	0.7 V2	-0.3 aVR
Pre Test	00:07	1	1.6	0	74	100/80	7400	-1.1 V5	0.2 V2
Stage 1	03:00	4.7	2.7	10	120	110/80	13200	-2.1 V5	0.4 V2
Stage 2	03:00	7	4	12	164	130/80	21320	-5.5 III	1.5 V2
Peak Exercise	00:24	7.2	5.5	14	174	150/70	26100	-3.5 V6	-2 III
Recovery1	01:00	1	0	0	134	150/70	20100	-1.6 II	1.6 V2
Recovery2	01:00	1	0	0	110	140/70	15400	-1.2 V6	0.8 V2

# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

ID: 37013

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:10

**HR: 71 bpm**

Bruce Protocol

Stage: Supine

Speed: 0 km/h

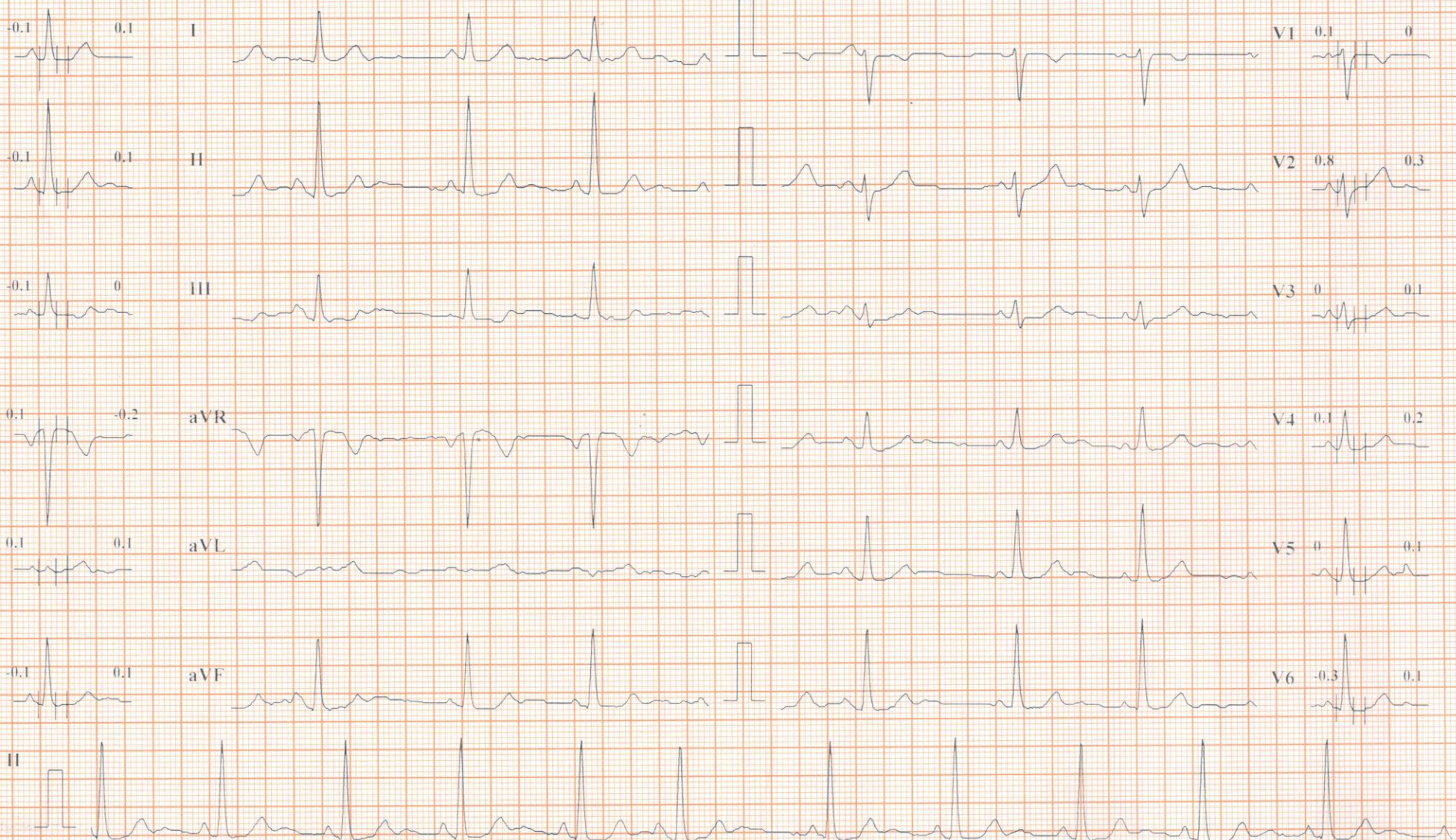
Slope: 0%

THR: 154 bpm

BP: 100/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

ADHIKA VELAGA

ID: 37013

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:10

HR: 63 bpm

Trace Protocol

Stage: Standing

Speed: 0

Slope: 0%

THR: 154 bpm

BP: 100/80 mmHg

ST Level(mm) ST Slope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Trace Protocol

ID: 37013

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:09

**HR: 65 bpm**

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

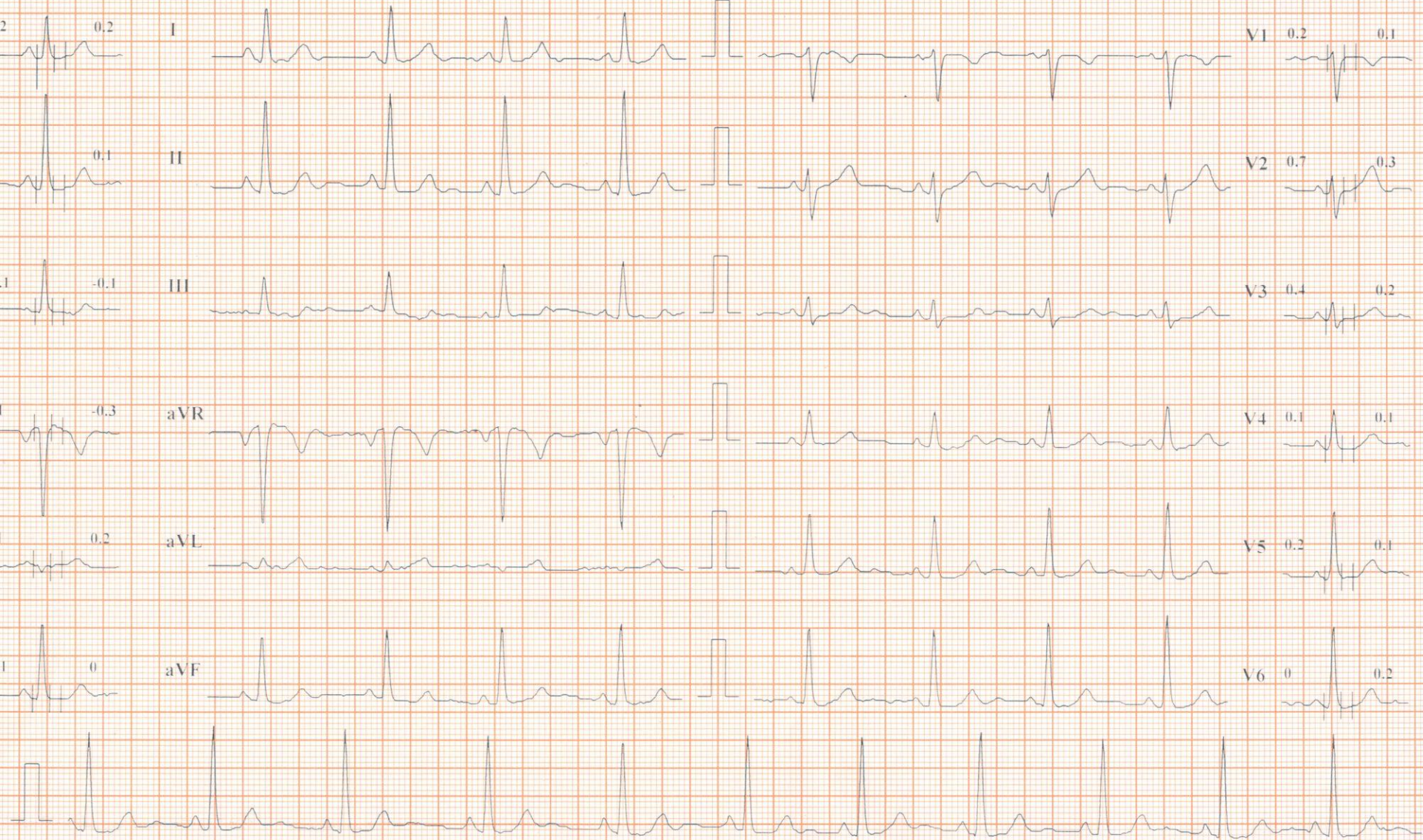
Speed: 0

Slope: 0%

THR: 154 bpm

BP: 100/80 mmHg

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Bruce Protocol

ID: 37013

Date: 28-10-2023

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 120 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

BP: 110/80 mmHg

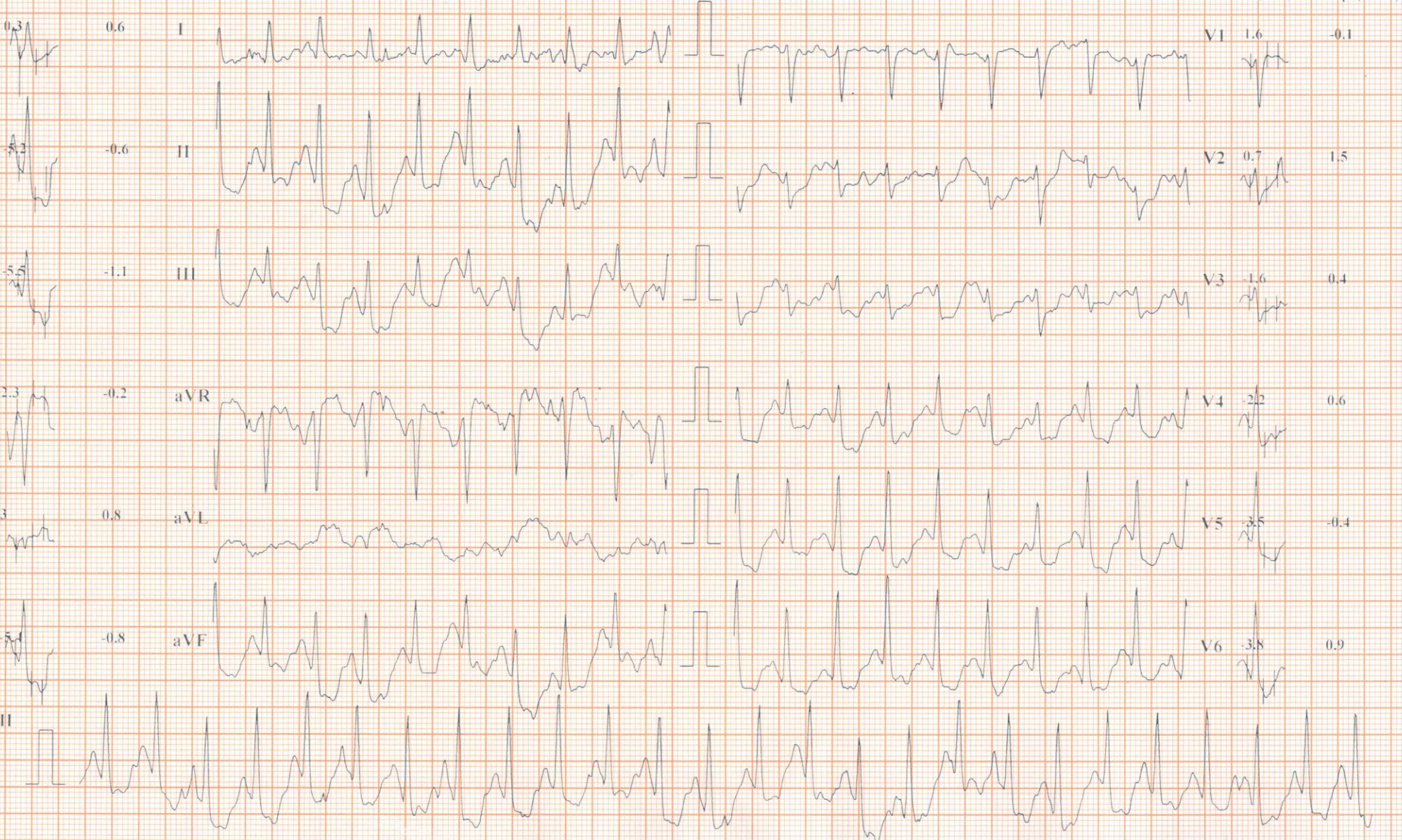
STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Bruce Protocol ID: 37013 Date: 28-10-2023 Exec Time : 0:06:00 Stage Time: 03:00 HR: 164 bpm  
STLevel(mm) STSlope(mV/s) Stage: 2 Speed: 4 kmph Slope: 12 % THHR: 154 bpm BP: 130/80 mmHg  
STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Bruce Protocol

ID: 37013

Date: 28-10-2023

Exec Time : 0:06:24

Stage Time: 00:24

**HR: 174 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

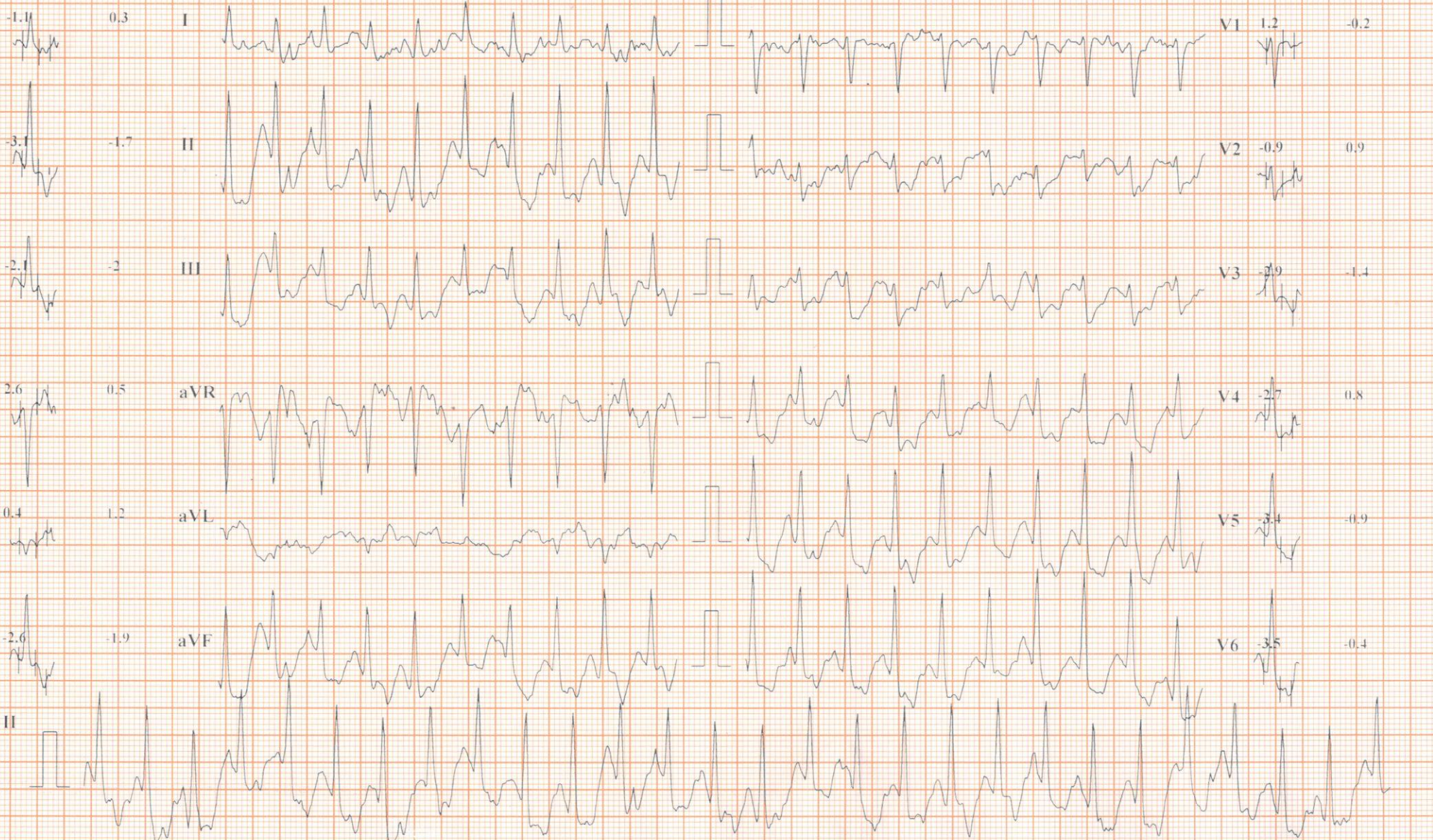
Speed: 5.5 kmph

Slope: 14 %

THR: 154 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

ID: 37013

Date: 28-10-2023

Exec Time: 00:00

Stage Time: 01:00

**HR: 134 bpm**

Bruce Protocol

Stage: Recovery I

Speed: 0 kmph

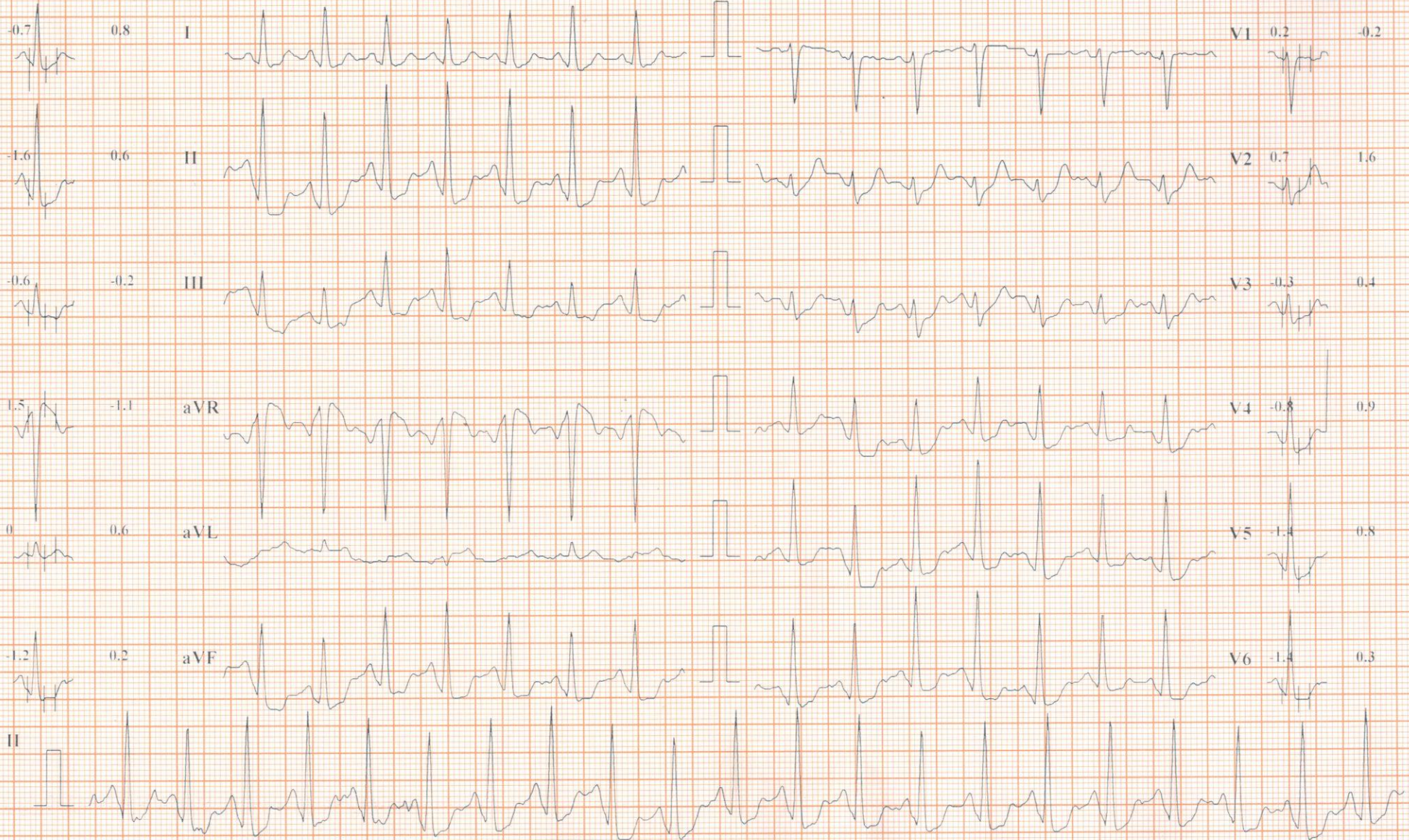
Slope: 0%

THR: 134 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Bruce Protocol

ID: 37013

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

**HR: 110 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

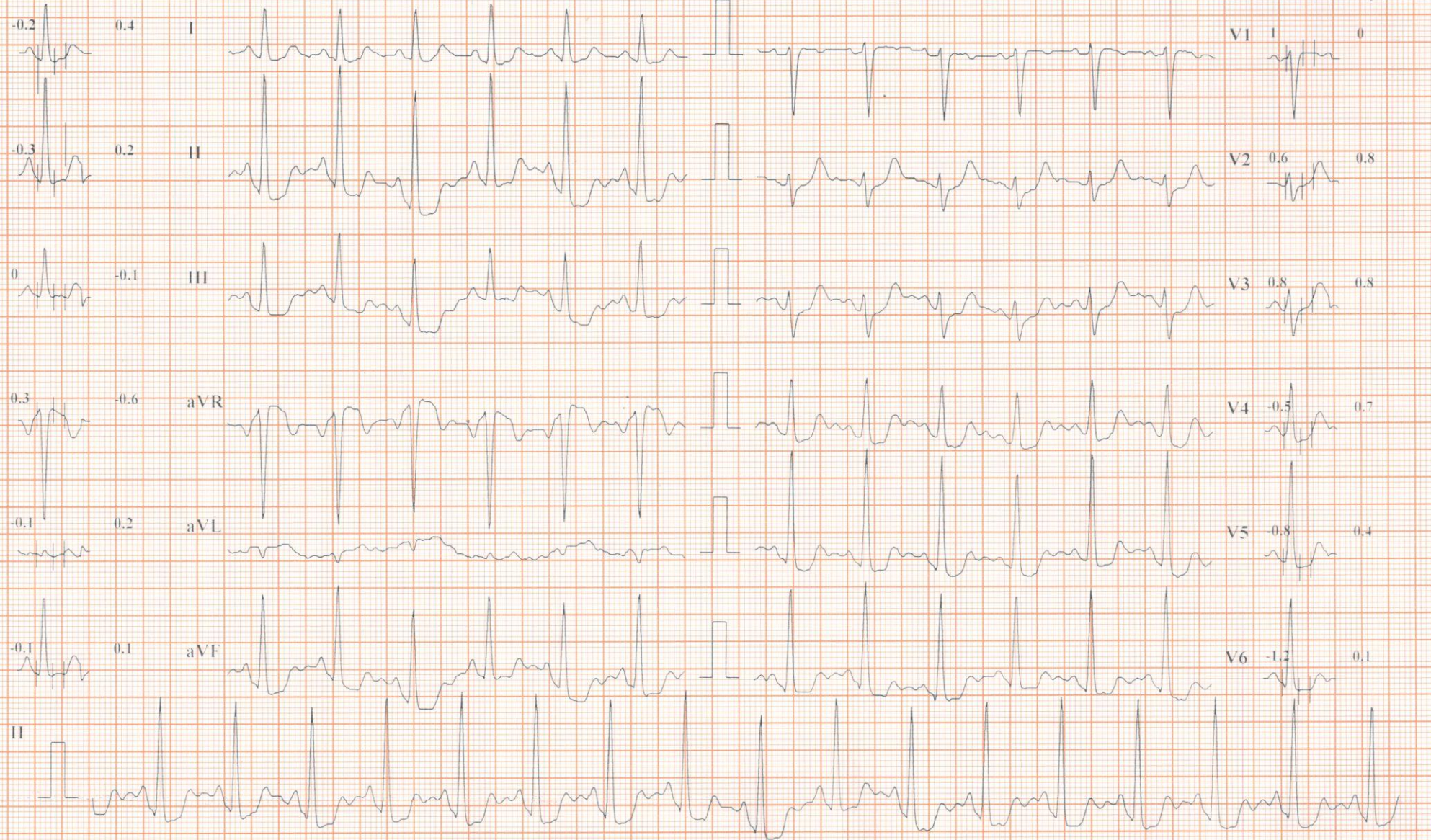
Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

BP: 140/70 mmHg

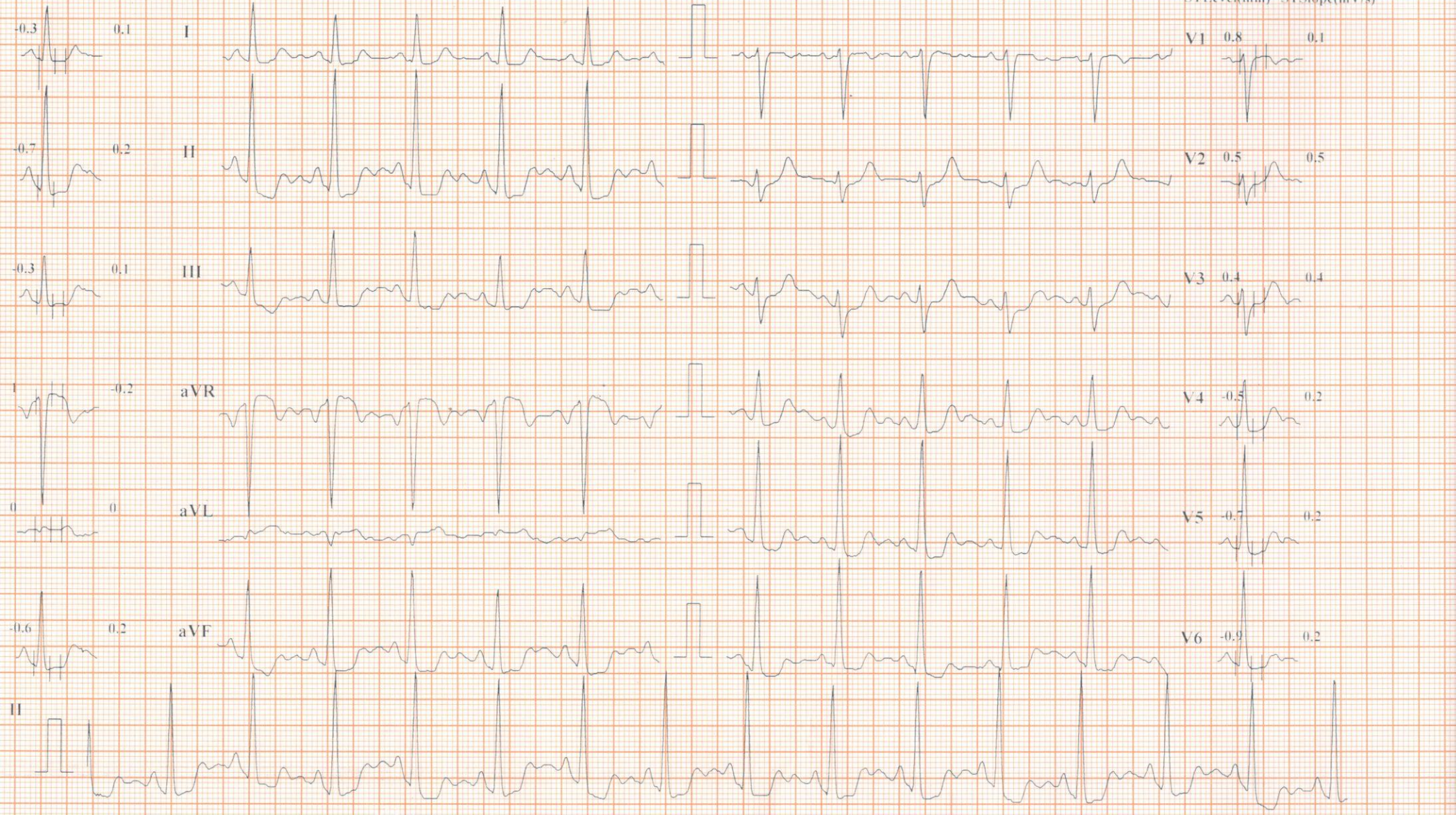
STLevel(mm) STSlope(mV/s)



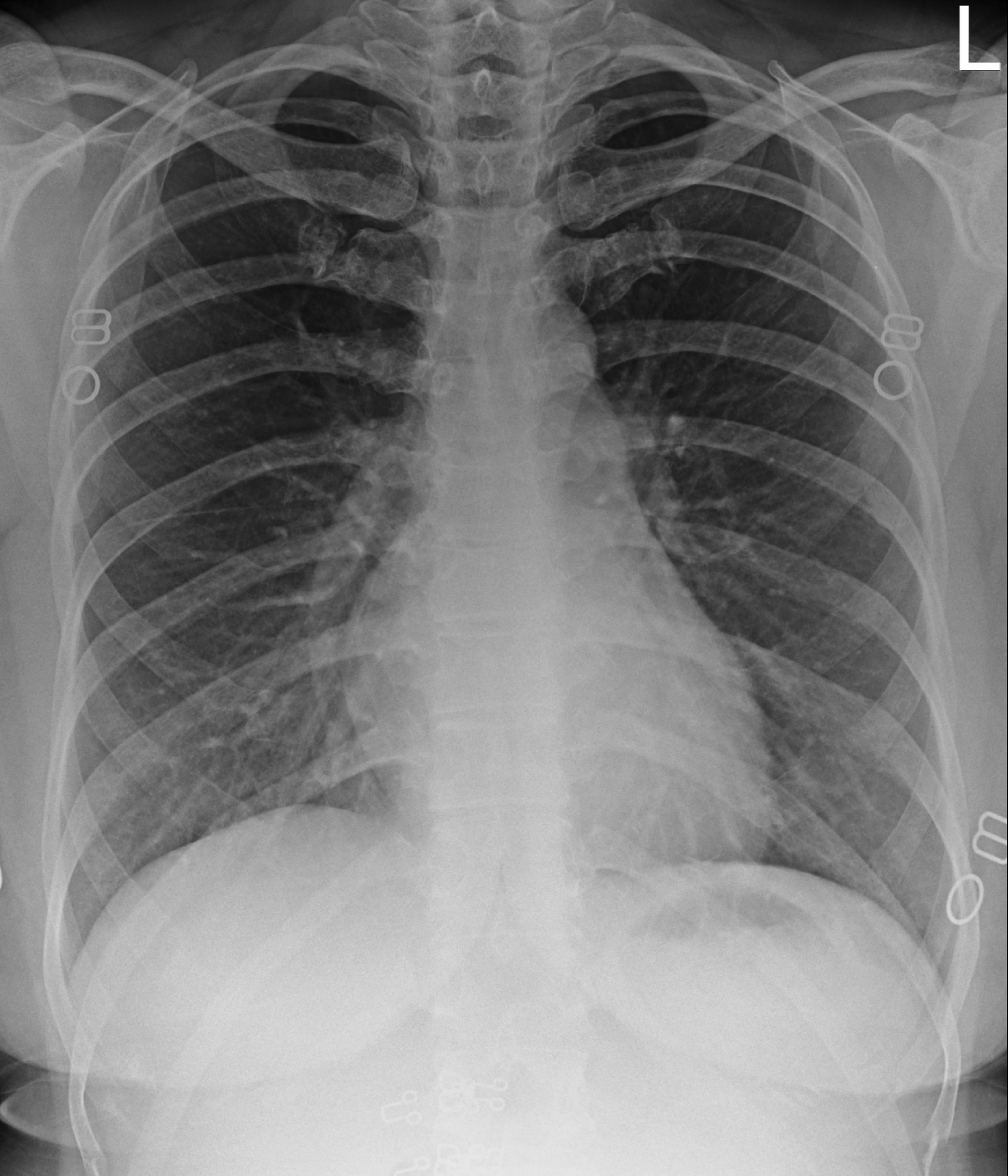
# Yoda Diagnostic Guntur

**RADHIKA VELAGA**

Bruce Protocol ID: 37013 Date: 28-10-2023 Exec Time: 00:00 Stage Time: 00:31  
STLevel(mm) STSlope(mV/s) Stage: Recovery3 Speed: 0 kmph Slope: 0% THR: 154 bpm  
HR: 95 bpm  
BP: 130/70 mmHg  
STLevel(mm) STSlope(mV/s)







RADHIKA VELAGA 38Y FEMALE YGT37013 CHEST PA 28-Oct-23

YODA DIAGNOSTICS