

: Mr. GUNTI SUDHIR **Patient Name** Age/Gender : 34 Y 0 M 0 D /M

DOB Ref Doctor

: SELF : MEDI WHEELS

: F-701, Lado Sarai, Mehravli, N Client Add

Hospital Name

Client Name

UHID/MR No : YGT.0000026237

Client Code : 1409

Barcode No : 10643360 Registration

: 26/Aug/2023 08:51AM Collected : 26/Aug/2023 08:51AM

Received

Reported : 26/Aug/2023 10:48AM

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Clinical Details: General check-up.

LIVER: Normal in size (14.3 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: Partially distended. No evidence of wall thickening / calculi.

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

SPLEEN: Normal in size (11.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 8.4 x 4.0 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 9.7 x 6.5 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: Minimally distended.

PROSTATE: Normal in size and echo-texture.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

• No obvious sonological abnormality detected.

Verified By: Kollipara Venkateswara Rao



Approved By:

Zushmar.



Patient Name : Mr. GUNTI SUDHIR Age/Gender : 34 Y 0 M 0 D /M

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Reported : 26/Aug/2023 10:30AM

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 : Kollipara Venkateswara Rao



Approved By:



: Mr. GUNTI SUDHIR

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Registration : 26/Aug/2023 08:51AM

: 26/Aug/2023 08:56AM Collected

Received : 26/Aug/2023 09:21AM Reported : 26/Aug/2023 10:29AM

DEPARTMENT OF HAEMATOLOGY						
Test Name	Test Name Result Unit Biological Ref. Range Method					

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	15	mm/1st hr	0 - 15		Capillary Photometry

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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Kollipara Venkateswara Rao



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DEPARTMENT OF HAEMATOLOGY				
Test Name	Result	Unit	Biological Ref. Range	Method

BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	О			
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. Advsied cross matching before transfusion

Verified By:

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Collected : 26/Aug/2023 08:56AM Client Name : MEDI WHEELS Received : 26/Aug/2023 09:32AM Reported : 26/Aug/2023 09:49AM

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DEPARTMENT OF HAEMATOLOGY					
Test Name	Test Name Result Unit Biological Ref. Range Method				

Registration

: YGT.0000026237

: 26/Aug/2023 08:51AM

CBC(COMPLETE BLOOD COUNT)					
Sample Type : WHOLE BLOOD EDTA					
HAEMOGLOBIN (HB)	13.4	g/dl	13.0 - 17.0	Cyanide-free SLS method	
RBC COUNT(RED BLOOD CELL COUNT)	5.10	million/cmm	4.50 - 5.50	Impedance	
PCV/HAEMATOCRIT	39.3	%	40.0 - 50.0	RBC pulse height detection	
MCV	77	fL	83 - 101	Automated/Calculated	
MCH	26.3	pg	27 - 32	Automated/Calculated	
MCHC	34.2	g/dl	31.5 - 34.5	Automated/Calculated	
RDW - CV	13.4	%	11.0-16.0	Automated Calculated	
RDW - SD	39.7	fl	35.0-56.0	Calculated	
MPV	8.7	fL	6.5 - 10.0	Calculated	
PDW	16	fL	8.30-25.00	Calculated	
PCT	0.25	%	0.15-0.62	Calculated	
TOTAL LEUCOCYTE COUNT	6,540	cells/ml	4000 - 11000	Flow Cytometry	
DLC (by Flow cytometry/Microscopy)				<u> </u>	
NEUTROPHIL	58	%	40 - 80	Impedance	
LYMPHOCYTE	34	%	20 - 40	Impedance	
EOSINOPHIL	03	%	01 - 06	Impedance	
MONOCYTE	05	%	02 - 10	Impedance	
BASOPHIL	0	%	0 - 1	Impedance	
PLATELET COUNT	2.84	Lakhs/cumm	1.50 - 4.10	Impedance	

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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

THYROID PROFILE (T3,T4,TSH)					
Sample Type : SERUM					
T3	1.50	ng/ml	0.60 - 1.78	CLIA	
T4	11.55	ug/dl	4.82-15.65	CLIA	
TSH	1.50	ulU/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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
 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 propanolol 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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Test Name	Test Name Result Unit Biological Ref. Range Method				

LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.46	mg/dl	< 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.07	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
S.G.O.T	31	U/L	< 50	KINETIC WITHOUT P5P- IFCC
S.G.P.T	49	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	81	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl		Calculated
A/G RATIO	1.66			Calculated

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Test Name Result Unit Biological Ref. Range Method				

LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	265	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	38	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	166	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	692	mg/dl	See Table	GPO
VLDL	NA	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	6.97		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	18.21	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	227	mg/dl	< 130	Calculated

As triglycerides level are >400 mg/dl, Friedwald'S equation is not suitable for the calculation of VLDL.

The LDL estimation is assayed directly.

Kindly correlate clinically.

nter	pretatio	n

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERI DE	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

1. 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

2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron

Verified By:

Kollipara Venkateswara Rao



Dr. Sumalatha MBBS,DCP Consultant Pathologist

Approved By:



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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.

3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Verified By: Kollipara Venkateswara Rao

Dr. Sumalatha MBBS,DCP

Consultant Pathologist

Approved By:



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DEPARTMENT OF BIOCHEMISTRY					
Test Name Result Unit Biological Ref. Range Method					

HBA1C						
Sample Type : WHOLE BLOOD EDTA						
HBA1c RESULT	6.0	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC		
ESTIMATED AVG. GLUCOSE	126	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						
Test Name	Test Name Result Unit Biological Ref. Range Method					

Registration

: YGT.0000026237

BLOOD UREA NITROGEN (BUN)						
Sample Type : Serum						
SERUM UREA	17	mg/dL	13 - 43	Urease GLDH		
Blood Urea Nitrogen (BUN)	7.9	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.

Verified By: Kollipara Venkateswara Rao



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: 26/Aug/2023 09:27AM

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

FBS (GLUCOSE FASTING)					
Sample Type : FLOURIDE PLASMA					
FASTING PLASMA GLUCOSE 102 mg/dl 70 - 100 HEXOKINASE					

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



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Hospital Name :

DEPARTMENT OF BIOCHEMISTRY					
Test Name Result Unit Biological Ref. Range Method					

PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA					
POST PRANDIAL PLASMA GLUCOSE	117	mg/dl	<140	HEXOKINASE	

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

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

SERUM CREATININE					
Sample Type : SERUM					
SERUM CREATININE	0.97	mg/dl	0.67 - 1.17	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).

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Test Name	Result	Unit	Biological Ref. Range	Method

URIC ACID -SERUM					
Sample Type : SERUM					
SERUM URIC ACID		8.1	mg/dl	3.5 - 7.20	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.

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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

BUN/CREATININE RATIO					
Sample Type : SERUM					
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV	
SERUM CREATININE	0.97	mg/dl	0.67 - 1.17	KINETIC-JAFFE	
BUN/CREATININE RATIO	8.18	Ratio	6 - 25	Calculated	

Verified By: Kollipara Venkateswara Rao



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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 : 3.2 cms

LEFT VENTRICLE : EDD: 4.3 cm IVS(d): 0.8 cm LVEF: 66 %

ESD: 2.7 cm PW (d): 0.7 cm FS : 36 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.4 cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

Verified By:

Kollipara Venkateswara Rao



Approved By:

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

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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY:

MITRAL FLOW : E: 0.8 m/sec, A: 0.5 m/sec.

AORTIC FLOW : 1.3 m/sec

PULMONARY FLOW : 1.1 m/sec

TRICUSPID FLOW : TRJV : 2.3 m/sec, RVSP : 32 mmHg

COLOUR FLOW MAPPING: Trivial TR

IMPRESSION:

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NORMAL LV FILLING PATTERN
- * NOMR/AR/PR
- * TRIVIAL TR/ NO PAH
- * NO PE / CLOT / VEGETATION

Verified By:
Kollipara Venkateswara Rao



Approved By:

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



Patient Name: Mr. GUNTI SUDHIRClient Code: 1409Age/Gender: 34 Y 0 M 0 D /MBarcode No: 10643360

DOB : Registration : 26/Aug/2023 08:51AM

Ref Doctor: SELFCollected: 26/Aug/2023 08:56AMClient Name: MEDI WHEELSReceived: 26/Aug/2023 09:32AM

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 26/Aug/2023 10:27AM

Hospital Name :

DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name	Result	Unit	Biological Ref. Range	Method	

	CUE (COMPLETE U	RINE EXAMI	NATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW	A (
APPEARANCE	SLIGHTLY CLOUDY			
SPECIFIC GRAVITY	1.015	\ \	1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
рН	5.0	1	4.6 - 8.0	Double Indicator
PROTEIN	TRACE		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	7	NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION	N			
PUS CELLS	3-4	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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



Dr. Sumalatha MBBS,DCP Consultant Pathologist

Approved By:



Patient Name : Mr. GUNTI SUDHIR Age/Gender : 34 Y 0 M 0 D /M

DOB

Ref Doctor : SELF

: MEDI WHEELS Client Name

: F-701, Lado Sarai, Mehravli, N Client Add

Hospital Name

UHID/MR No : YGT.0000026237

Client Code : 1409

Received

Barcode No : 10643360

Registration : 26/Aug/2023 08:51AM Collected : 26/Aug/2023 08:56AM

: 26/Aug/2023 10:27AM Reported

: 26/Aug/2023 09:32AM

DEPARTMENT OF CLINICAL PATHOLOGY					
Test Name	Result	Unit	Biological Ref. Range	Method	

*** End Of Report ***

Verified By: Kollipara Venkateswara Rao



Approved By:





కత విశేష్ణ గుర్తింపు ప్రాథికార సంస్థ

Unique Identification Authority of India

ఆధార్ చిరునామా: S/O గుంటి హరి ప్రసాద్, 301, 4వ ట్లాక్.
S/O, Gunti Hari Prasad, 301, 4th
పండావతి ఆపార్టమంట్స్, విన్నూర్
మార్గము, కనక దుర్గ దేవాలయం
ఎదురుగా, సంగడిగుంట, గుంటురు.
Temple, Sangadigunta, Guntur, కొత్తపేట గుంటూరు, ఆంధ్ర ప్రదేశ్. 522001

Address: Ponnur Road, Opp. Kanaka Durga Temple, Sangadigunta, Guntur, Kothapeta(guntur), Andhra Pradesh, 522001

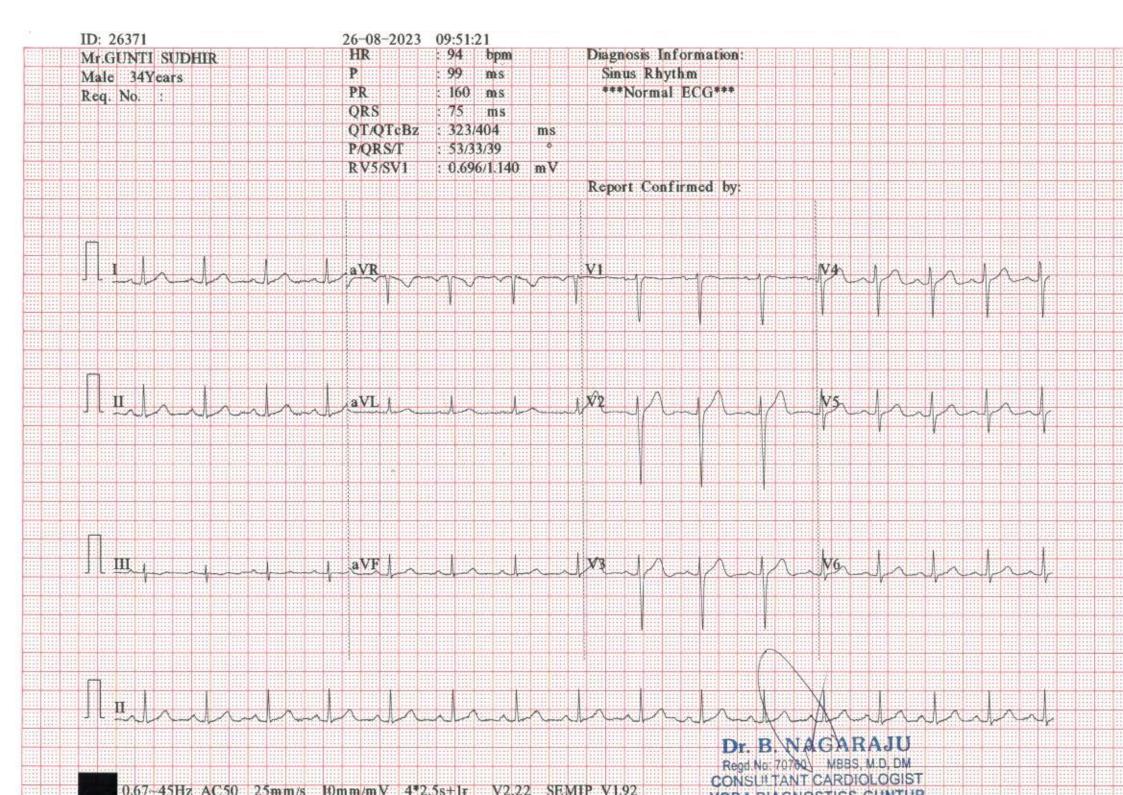
4431 4911 1040







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Dr Keerthi Kishore Nagalla

MBBS, MD (General Medicine)
Consultant Physician & Diabetologist
Reg. No. 64905

Name:	Reg. No. Rupti Sudling 34 years sex: Hele	64905
Routine He clo Pain in	realth checkyb B.P.130/82 PULSE:9 WEIGHT: HEIGHT:) 7 71
Total chokaterol - 265mg ld1 LDL-166mg ld1 TGL-69zmg ld1	1) LOW Fat Diet 2) TOB. NOVASTAT-TG (10/160) 0-01-30	
	3) Tap. PPBLOCK-ASR	1

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

DATE: 26-08-83 NAME: G. SUD H) TYPE OF LENS: GLASS CONTACTS POLYCARBONATE CR COATINGS : ARC HARD COAT SP2 PHOTO GREY TINT : White BIFOCALS : KRYPTOK EXECUTIVE "D" PROGRESSIVE R L CYL AXIS CYL SPH SPH AXIS 020 050 100 ADD INSTRUCTIONS_ D.V.____ I.P.D.____ N.V._____CONSTANT USE_



