



పేరు: రోహిణి సుషమా పాద్యాల

Name: Rohitha Sushma Padyala

పేరు: రోహిణి సుషమా పాద్యాల

Name: Rohitha Sushma Padyala

ROHITHA SUSHMA PADIYALA
RESERVOIR LABORATORIES
NIC-200-221, 5th Floor
Road No. 4, R.P.N. Colony
Hyderabad-500 077



Name : MS. ROHITHA SUSHMA
Age / Sex : 26 Y. / F
Ref. By : BANK OF BARODA (M/W)

Reg. No : 022-1057
Registration Date : 13-08-2021
Alt. ID : 8801715124

MEDICAL CHECK UP FORM

Physical Examination :

Height (Cms) : _____ Weight (KG) : _____
Body Mass Index (BMI) : Normal
Pulse Rate : 83/rd /Min Regular / Abnormal
B.P. : 110/78 mmHg
Skin : Normal
Nails : Normal
Oral Hygiene : Normal
Complaints if any : NO

Personal History -

Smoking : Yes / No No
Alcoholism : Yes / No No
Diabetes : Yes / No No
Hypertension : Yes / No No
Allergy : Yes / No No

Family History

NO

Systemic Examination - Abnormality - If Yes Please explain

* CVS : Yes / No No
* CNS : Yes / No No
* GI Tract : Yes / No No
* Abdomen : Yes / No No
* Respiratory Tract : Yes / No No

Investigations : (N = Normal; R = See Report)

* Complete Blood Picture & ESR : N
* Blood Grouping and RH(D) Typing : B(+)
* Fasting Blood Sugar : N
* S.G.P.T. : N

* Serum Creatinine : N
* Complete Urine Examination : N
* X-Ray Chest PA View : WA
* Audiometry : WA
* Color Vision : N

Diagnosis (if any)

Normal

Recommendations / Impression :

- a) Candidate is fit for the employment
- b) Candidate is unfit for the employment
- c) For discussion with H.R.D

PHYSICIAN SIGNATURE & STAMP

[Handwritten Signature]

Dr. Vasudeva Murli K
Rtd. Dy. Civil Surgeon
MBBS Reg. No. 19636

Advise

①

Kidney Stone - trace

②

Thyroid (T4)

③

Eye Refraction



Name : MS. ROHITHA SUSHMA
 Age / Sex : 26 Y / F
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VISUAL ACUITY

Right Eye

Left Eye

Distant Vision
 Without Glasses

—

—

With Glasses

6/b

6/b

Near Vision
 Without Glasses

N/b

N/b

With Glasses

—

—

Colour Vision
 Opinion / Advise

Normal

Optical
ADITYA DIAGNOSTICS & RESEARCH LABORATORIES
 MIG-256-258, S.R. Towers, K.P.H.B. Colony,
 Hyderabad - 500072

HARI'S HEART CLINIC

హరి హార్ట్ క్లినిక్

2D ECHO AND COLOUR DOPPLER REPORT

Patient Name : ROHITHA
Age/Gender: FEMALE

Date : 13/08/2021

INDICATIONS:-

MITRAL VALVE : Normal
AORTIC VALVE : Normal
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
LEFT VENTRICLE : No RWMA
EDD : 3.5 cm ESD : 1.9 cm EF : 77 %
IVS : 0.99 cm PW : 1.07 cm FS : 45 %
LEFT ATRIUM : 3.0cm
AORTA : 2.4cm
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
PULMONARY ARTERY : Normal
IVS : Intact
IAS : Intact
PERICARDIUM : Normal
IVC/SVC : Normal
OTHER :

DOPPLER :-


MITRAL FLOW : E - 1.0 m/s A - 0.6 m/s
PJV : 0.8m/s
AJV : 1.1 m/s
TRICUSPID FLOW : m/s

COLOUR FLOW :

NO MR / NO AR / NO TR / NO PAH

CONCLUSION :-

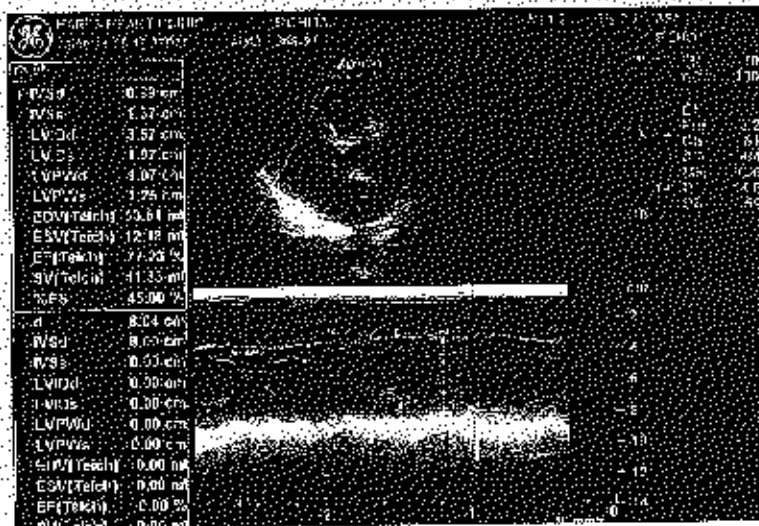
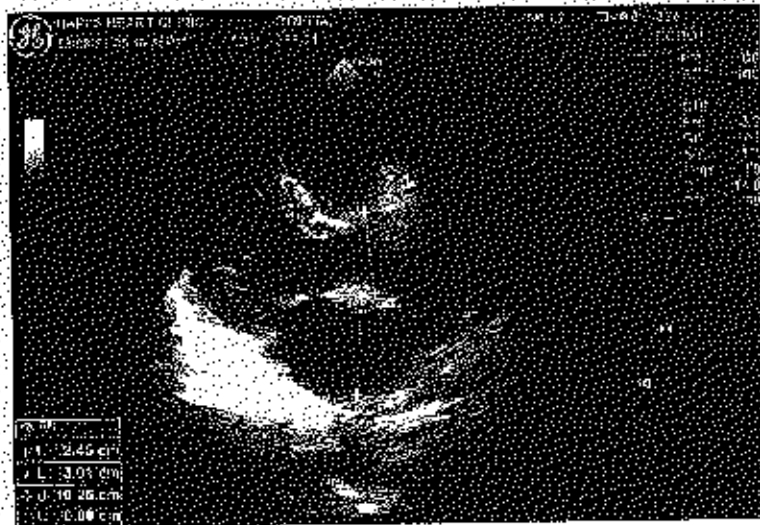
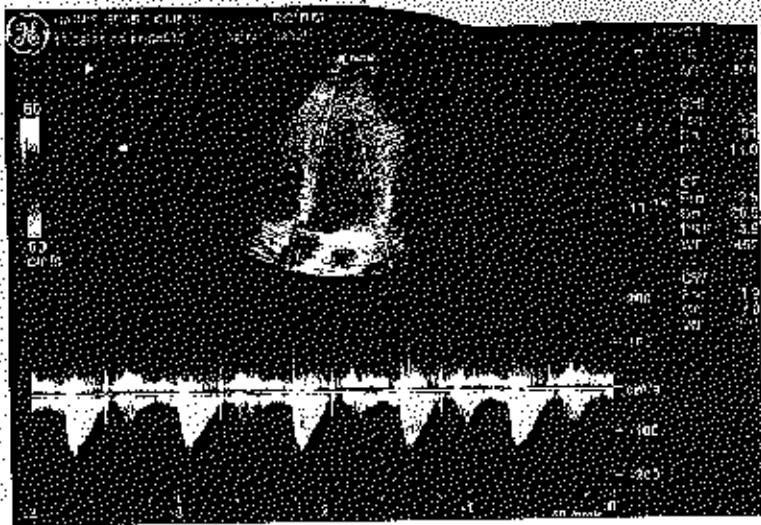
NO RWMA
GOOD LV SYSTOLIC FUNCTION
NORMAL LV FILLING PATTREN
NORMAL SIZE CARDIAC CHAMBERS
NO MR / NO AR / NO TR / NO PAH
NO LA / LV CLOTS
NO PERICARDIAL EFFUSION


Dr. V. HARIRAM
Cardiologist
Hari's Heart Clinic

VALID FOR 1 REVIEW VISIT IN 2 WEEKS

1st Floor, MIG-321, 4th Road, KPHB Colony,
Kukatpally, Hyderabad - 500 072.

TIMINGS :
6:00 pm to 8:00 pm





Name : MS. ROHITHA SUSHMA
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Ultrasound Scan Of Abdomen

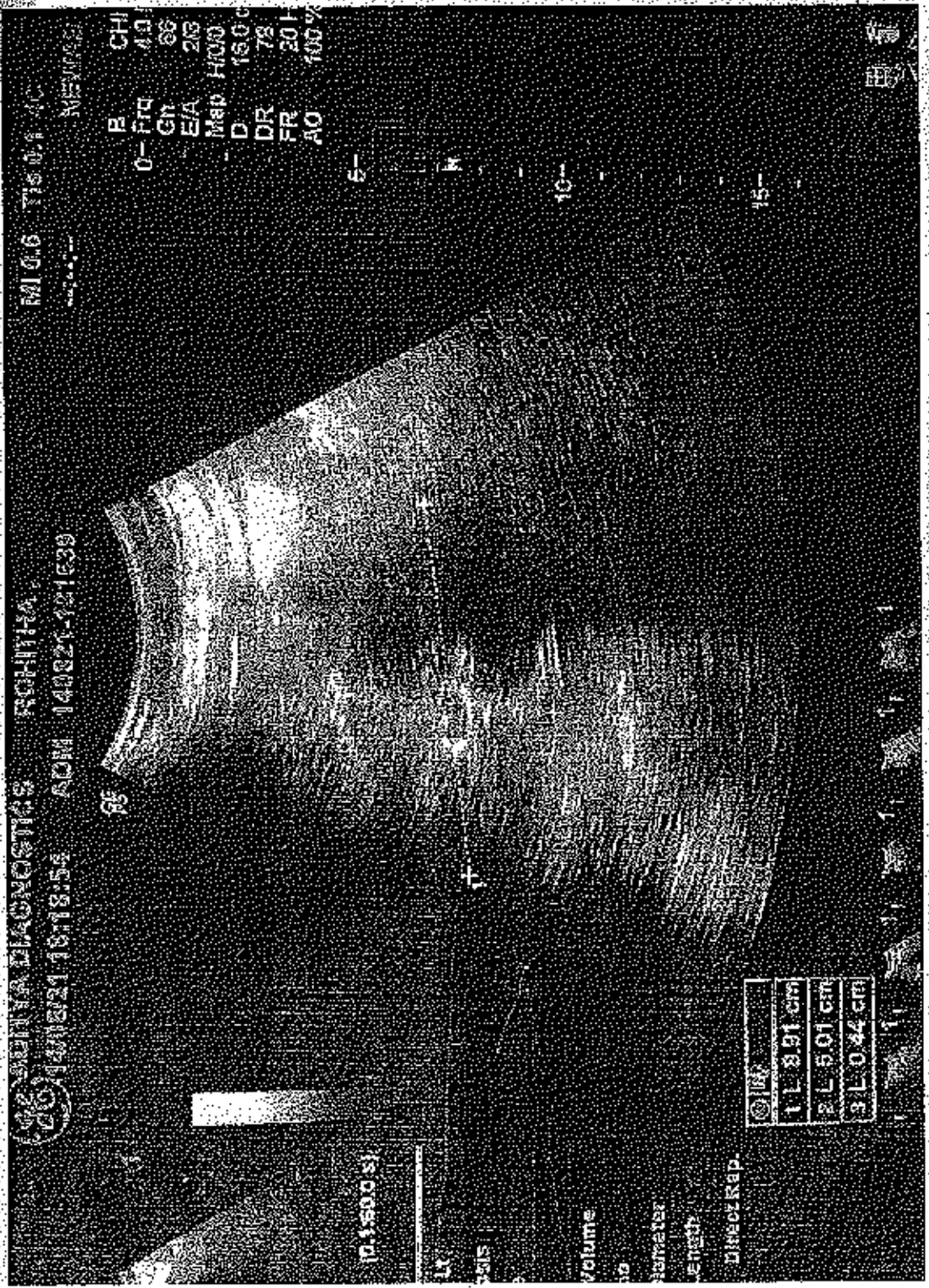
- Liver** : Size (139 mm), Shape, contour and echotexture normal. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal
- Gall Bladder** : Size, shape and wall thickness are normal. No calculus or no mass lesions are seen
- Spleen** : Size : 81 mm, Shape and echotexture normal. No abnormal calcifications seen.
- Pancreas** : Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.
- Kidneys** : Right kidney Measures : 89 X 50 mm.
Evidence of calculus measuring 4.4 mm in the mid pole
- Left kidney Measures : 96 x 55 mm. Evidence of calculus measuring 3.2 mm in lower pole
- Peri renal areas normal. Renal capsule normal. Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelviclyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** : Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Uterus & Ovaries** : Gravida Uterus.
- Others** : Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression: ✓ BILATERAL RENAL CALCULUS

Dr. Abdul

Consultant Radiologist

per pole

(1) WhatsApp





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Department of Biochemistry

Investigation

Result

Reference Range

% HbA1c (Glycosylated Haemoglobin)
(Method: HPLC-NGSP Certified)

4.6 %

< 6.0 : Pre-Diabetic
6-7 : Good Control
7-8 : Weak Control
> 8.0 : Poor Control

Interpretation :

HbA1c is an indicator of glycaemic control. HbA1c represents average glycaemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days, recent glycaemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) + 77.3

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation. .) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

Dr Rajini G. Didi
Chief Biochemist

*End of Report *

Dr. K. Mahesh Kumar, MD
Consultant Pathologist



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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
 Appearance : Clear
 Reaction : Acidic
 Specific Gravity : 1.020

CHEMICAL EXAMINATION

Albumin : Nil
 Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 1-2 /HPF
 Epithelial Cells : 2-3 /HPF
 RBC : Nil /HPF
 Crystals : Nil
 Casts : Nil
 Bacteria : Nil
 Others : Nil

End of report

Dr K Mahesh Kumar, MD
 Consultant Pathologist

Verified by

Dr Rajani Githa
 Chief Biochemist



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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	14.5 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.9 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	27 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	70 Cubic microns	76 - 96 Cubic microns
MCH	28 Picograms	27 - 32 Picograms
MCHC	35 gm%	30 - 36 gm%
WBC (Total)	8,700 cells/cmm	4,000 - 11,000 cells/cmm

DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	75 %	Adults : 40 - 75 % Children : 36 - 50 %
Lymphocytes	20 %	Adults : 20 - 40 % Children : 36 - 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,75,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	05 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Lab Incharge

Method : Automated Cellcounter & Microscopy

Dr. K. Mahesh Kumar MD
Consultant Pathologist

* End of Report *

Verified By

Dr. Rajani Gupta
Chief Biochemist



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Department of Biochemistry

Investigation	Result	Reference Range
Fasting Plasma Glucose * Blood Sugar Method: GOD-POD	96 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * (Blood Sugar) Method: GOD-POD	N/R mg/dl	70 - 180 mg/dl
Blood Urea * Method: GLDH	16 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	12 mg/dl	6 - 25.5 mg/dl
Serum Creatinine * Method: Enzymatic	0.6 mg/dl	Male : 0.7 - 1.3 mg/dl Female : 0.6 - 1.1 mg/dl New Born 1 - 4 days : 0.3 - 1.0 mg/dl infant (upto 1year) : 0.2 - 0.4 mg/dl Children : 0.3 - 0.7 mg/dl
Serum Uric Acid * Method: Uricase: POD	3.2 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl

*End of Report *

Dr Ravi G. Pind
Chief Biochemist

Dr K Mahesh Kumar MD
Consultant Pathologist



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Reg. No : 072-1057
 Registration Date : 13-08-2021
 Alt ID : 8801715124

Department of Biochemistry

Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin (Method: Walter &Gerarde)	0.31 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.11 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.2 mg/dl	
Alkaline Phosphatase (Method: GSOC)	55 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 389 U/L
S.G.P.T (Method: IFCC)	14 IU/L	UP TO 55 IU/L
S.G.O.T (Method: IFCC)	24 IU/L	UP TO 55 IU/L
Total Proteins (Method: Buret)	6.8 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	3.3 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3.5 gm/dl	
A/G Ratio	0.94	
Gamma GT IFCC Method	25 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

*End of Report *

Dr Rajni G. Didi
 Chief Biochemist

Dr K. Mahesh Kumar, MD
 Consultant Pathologist



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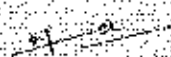
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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Triiodothyronine Total (TT3)	170 ng/dL	60 - 200 ng/dL
Thyroxine - Total (TT4)	16.6 µg/dl	4.5 - 12.0 µg/dl
Thyroid Stimulating Hormone(TSH)	1.22 µIU/ml	0.3 - 5.5 µIU/ml

Method: CLIA

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is especially useful in 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.


Dr. K. Mahesh Kumar MD
Consultant Pathologist

* End of Report *


Dr. Rajani Gulia
Chief Biochemist

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