

LAKSHMI INTURI 36Y FEMALE 10680918 CHEST PA 09-Sep-23

YODA DIAGNOSTICS

Visit ID	: YGT28427	UHID/MR No	: YGT.0000028293
Patient Name	: Mrs. LAXMI INTURI	Client Code	: 1409
Age/Gender	: 36 Y 0 M 0 D /F	Barcode No	: 10680918
DOB	:	Registration	: 09/Sep/2023 08:08AM
Ref Doctor	: SELF	Collected	: 09/Sep/2023 08:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Sep/2023 11:33AM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

LIVER : Normal in size (13.8 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 : *Poor window.*

SPLEEN : *Borderline splenomegaly (13.3 cm)* with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 11.3 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.

LEFT KIDNEY : measures 11.7 x 5.8 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 10.1 x 5.4 x 7.6 cm, normal in size. Myometrium shows normal echo-texture. *Minimal collection noted in endometrial cavity measuring 14 x 5 mm.* Endometrial thickness is 10 mm.

*Right ovary suboptimal.*

Left ovary measures 2.8 x 2.5 cm.

Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

*Minimal free fluid is seen in POD.*

**IMPRESSION:**

- Borderline splenomegaly.

Verified By :

Kollipara Venkateswara Rao



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**

- Minimal collection in endometrial cavity.

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**DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEWFindings:

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.

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**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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**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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**CBC(COMPLETE BLOOD COUNT)**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN (HB)	<b>8.7</b>	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.06	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	<b>27.3</b>	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>67.3</b>	fL	83 - 101	Automated/Calculated
MCH	<b>21.5</b>	pg	27 - 32	Automated/Calculated
MCHC	31.9	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	<b>17.3</b>	%	11.0-16.0	Automated Calculated
RDW - SD	43.5	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,250	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	64	%	40 - 80	Impedance
LYMPHOCYTE	27	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	08	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.76	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

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

T3	1.04	ng/ml	0.60 - 1.78	CLIA
T4	9.49	ug/dl	4.82-15.65	CLIA
TSH	4.43	uIU/mL	0.30 - 5.60	CLIA

**INTERPRETATION:**

- 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.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:**


- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	1.08	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	<b>0.23</b>	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.85	mg/dl		Calculated
S.G.O.T	18	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	14	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	77	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl		Calculated
A/G RATIO	1.33			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	145	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	83.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	102	mg/dl	See Table	GPO
VLDL	20.4	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.54		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.49</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	104	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	5.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	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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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	13	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.1	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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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	<b>101</b>	mg/dl	70 - 100	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

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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	71	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

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 Consultant Pathologist



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<b>Patient Name</b> : Mrs. LAXMI INTURI	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 36 Y 0 M 0 D /F	<b>Barcode No</b> : 10680918
<b>DOB</b> :	<b>Registration</b> : 09/Sep/2023 08:08AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 09/Sep/2023 08:15AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 09/Sep/2023 08:53AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Sep/2023 10:08AM
<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	0.57	mg/dl	0.51 - 0.95	KINETIC-JAFFE
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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

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	11	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**  
 MBBS, DCP  
 Consultant Pathologist

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<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	3.6	mg/dl	2.6 - 6.0	URICASE - PAP
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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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Approved By :

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 MBBS, DCP  
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Sep/2023 10:08AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
Blood Urea Nitrogen (BUN)	6.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.57	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	10.60	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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Age/Gender	: 36 Y 0 M 0 D /F	Barcode No	: 10680918
DOB	:	Registration	: 09/Sep/2023 08:08AM
Ref Doctor	: SELF	Collected	: 09/Sep/2023 08:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Sep/2023 10:18AM
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 : 3.4 cms  
LEFT VENTRICLE : EDD : 5.3 cm IVS(d) : 0.8 cm LVEF :66 %  
ESD : 3.3 cm PW (d) : 1.0 cm FS :37 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.0 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	: YGT28427	UHID/MR No	: YGT.0000028293
Patient Name	: Mrs. LAXMI INTURI	Client Code	: 1409
Age/Gender	: 36 Y 0 M 0 D /F	Barcode No	: 10680918
DOB	:	Registration	: 09/Sep/2023 08:08AM
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**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 0.2 m/sec, A - 0.1 m/sec.  
AORTIC FLOW : 1.1 m/sec  
PULMONARY FLOW : 0.8 m/sec  
TRICUSPID FLOW : TRJV : 2.1 m/sec, RVSP -32mmHg  
COLOUR FLOW MAPPING: TRIVIAL TR

**IMPRESSION :**

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR/ NO AR/ NO 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



<b>Visit ID</b> : YGT28427	<b>UHID/MR No</b> : YGT.0000028293
<b>Patient Name</b> : Mrs. LAXMI INTURI	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 36 Y 0 M 0 D /F	<b>Barcode No</b> : 10680918
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<b>Client Add</b> : F-701, Lado Sarai, Mehrauli, N	<b>Reported</b> : 09/Sep/2023 09:37AM
<b>Hospital Name</b> :	

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**CUE (COMPLETE URINE EXAMINATION)**
**Sample Type : SPOT URINE**
**PHYSICAL EXAMINATION**

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

**CHEMICAL EXAMINATION**


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

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	2-4	/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

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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 09/Sep/2023 09:24AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Sep/2023 10:55AM
<b>Hospital Name</b> :	

**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

**PAP SMEAR**

Lab Ref. No.: YLLD/ PAP-119/ 23

Date of Receiving: 09-09-2023

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: 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 :**

	HPV Unknown	HPV Positive	HPV Negative
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*  
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 MBBS, DCP  
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Hospital Name	:		


**DEPARTMENT OF CYTOPATHOLOGY**

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



ID: 28293

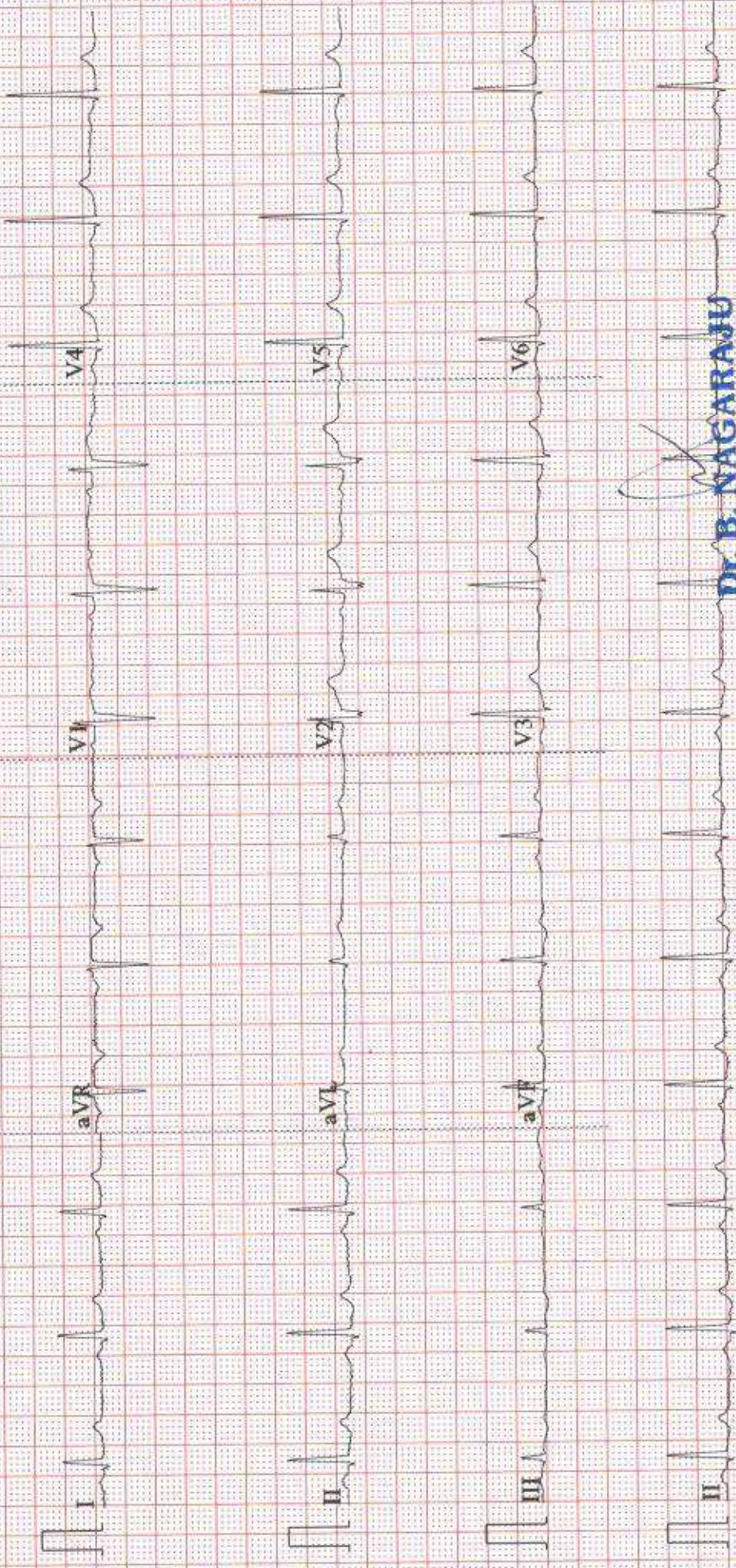
09-09-2023 09:39:54

I Lakshmi  
Female 36Years  
Req. No. :

HR : 72 bpm  
P : 110 ms  
PR : 161 ms  
QRS : 81 ms  
QT/QTcBz : 369/405 ms  
P/QRS/T : 44/51/7 °  
RV5/SV1 : 1.31/0.995 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



**Dr. B. NAGARAJU**  
Regd. No. 78760 MBBS, M.D., DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR





భారత ప్రభుత్వం  
Government of India

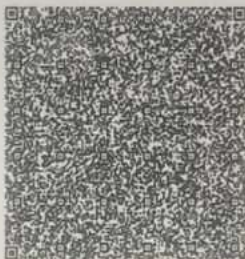
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0648/80517/84826

To  
ఇంటూరి లక్ష్మి  
Inturi Lakshmi  
C/O: Guntupalli Apparao  
3-31  
Dasupalem  
Guntur Andhra Pradesh - 522009  
7286072543

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA SE  
Date: 2023.07.25 14:32:29  
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6674 8425 4372

VID : 9124 0747 6540 2455

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



ఇంటూరి లక్ష్మి  
Inturi Lakshmi  
పుట్టిన తేదీ/DOB: 04/07/1990  
లింగం/ FEMALE

Issue Date: 24/12/2011

6674 8425 4372

VID : 9124 0747 6540 2455

నా ఆధార్, నా గుర్తింపు

Name: Mrs. Lakshmi Inturi  
Date: 09/09/23 Age: 36 years Sex: Female  
Address: Guntur

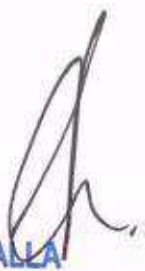


Routine health checkup  
NO complaints

TEMP: (P)  
B.P: 100/60 mm/Hg  
PULSE: 86 bps  
WEIGHT: 76 kg  
HEIGHT: 162 cm

1) Tab. BDTAB

0-1-0 — (30)



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



Name: Mrs. Laxmi Inturi  
 Date: 09/09/23 Age: 36 years Sex: Female  
 Address: Guntur



LMP: 22/8/23

MPX 8yrs

P<sub>2</sub>L<sub>2</sub>A<sub>1</sub> < 2-8yrs  
0-5yrs ] CSs

BIC tubectomy done

MIH? 2 days-3 days ← normal flow  
28 days | No clots  
no dyspareunia

White DRV since 2-3 Month

no HT, DM, HTN, Thyroid/Asthma

P/A - Soft

non tender

P/S - Cervix healthy  
thick curdy white discharge

P/V - Cervix as ↓, ut Atv,  
normal size, Mobile  
BIC Adnexa free  
no tenderness

Adv

HIV

VDR

both  
husband  
wife

TEMP: 37.2  
 B.P: 100/60 mmHg  
 PULSE: 86 /min  
 WEIGHT: 76 kg  
 HEIGHT: 162 cm  
 BMI - 29 kg/m<sup>2</sup>

Adv

Husband

- Tab AF Kit



- Tab Pantop 40mg  
od

- Tab. Doxycycline 100mg BD

- Tab. metrogyl 400mg od  $\times 14$  days

- Tab. Pantop 40mg od  $\times 14$  days

- Tab. cansoft - CC  $\times$  Vaginally  
 $\times 3$  HS

- Tab. Albendazole 400mg Stat

- Tab. Ison od  $\times 1$  Month

- Sexual abstinence  $\times 2$  week

Bharathi

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

DATE: 09-09-23

NAME: Potturi Lakshmi

AGE: 36/0 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						
ADD		<i>Plano</i>				

INSTRUCTIONS \_\_\_\_\_

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

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





**YODA**  
**DIAGNOSTIC**

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 16.299238°

Long 80.451613°

09/09/23 09:00 AM GMT +05:30