



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

రిజిస్ట్రేషన్/ Enrolment No.: 0657/06051/58005

Download Date: 23/03/2019

To  
షైక్ ఆశ్రీఫున్  
Shaik Ashrifun  
W/O: Shaik Sharif  
25-17-32  
srinivasaraopeta 7th line  
Guntur  
Guntur Collectorate  
Guntur Andhra Pradesh - 522004  
8978656836

Generation Date: 01/03/2019

Signature valid

Digitally signed by Shaik Ashrifun  
using PKCS#7 CRYPTOPROTECT  
AUTHORITY AND CERTIFICATION  
Date: 2019.03.01 13:42:45  
IST



QR Code with Photograph

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5382 8824 0046

VID : 9177 5961 5473 7594

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



షైక్ ఆశ్రీఫున్  
Shaik Ashrifun  
జన్మ తేదీ/DOB: 05/05/1986  
లింగం/ GENDER: FEMALE

5382 8824 0046

VID : 9177 5961 5473 7594

నా ఆధార్, నా గుర్తింపు





Government of India



**సమాచారం**

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పాఠసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ ఆథెంటికేషన్ ద్వారా పొందవచ్చు.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

**INFORMATION**

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది.
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయ పడుతుంది.
- **Aadhaar** is valid throughout the country.
- **Aadhaar** will be helpful in availing Government and Non-Government services in future.



**ఆంధ్ర విశిష్ట గుర్తింపు ప్రాధికార సంస్థ**  
Unique Identification Authority of India

చరువూరు:  
W/O: షైక్ షరీఫ్, 25-17-32, శ్రీనివాసరహేటి 7వ లైన్,  
గుంటూరు, గుంటూరు,  
ఆంధ్ర ప్రదేశ్ - 522004

**Address:**  
W/O: Shaik Sharif, 25-17-32,  
srinivasaraopeta 7th line, Guntur,  
Guntur,  
Andhra Pradesh - 522004



QR Code with Photograph

**5382 8824 0046**

VID : 9177 5961 5473 7594



తయారైనది: ఆంధ్ర ప్రదేశ్ ప్రభుత్వం

www.aadhaar.gov.in

Name: ..... Mrs. Ashritha Sbaik .....  
Date: ..... 5/8/23 ..... Age: ..... 37 ..... Sex: ..... female .....  
Address: ..... Guntur .....



Routine Health checkup  
NO COMPLAINTS

TEMP: ..... (N) .....  
B.P: ..... 100/70 mm .....  
PULSE: ..... 86 bts .....  
WEIGHT: ..... 71 kg .....  
HEIGHT: ..... 1.59 cm .....

1) TAB. SUPRADYN

001 - (30)



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

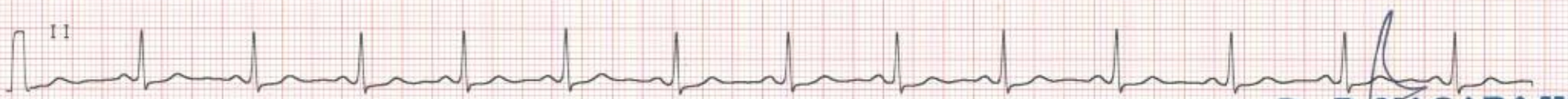
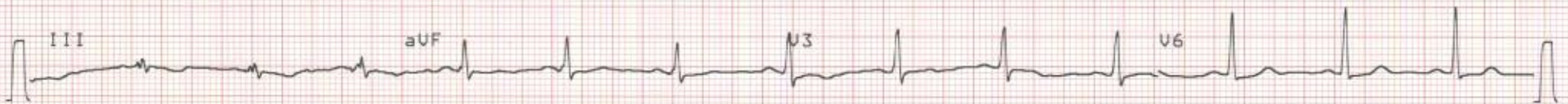
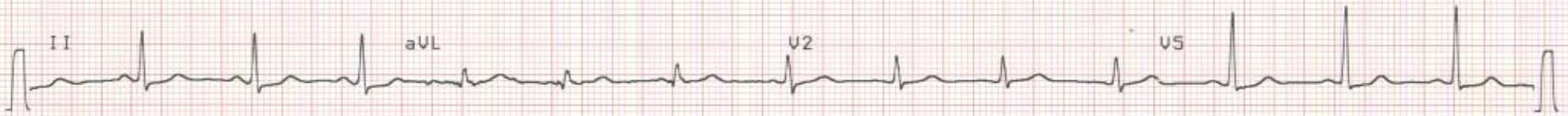
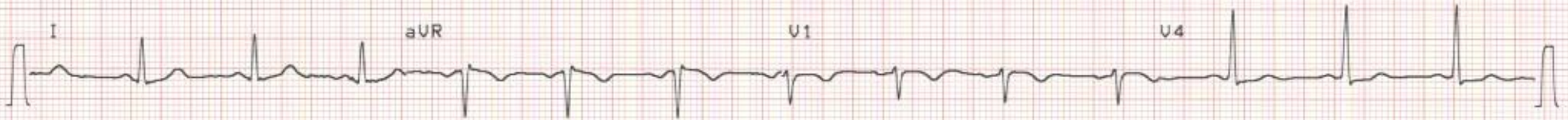
S. SHAIK  
10610577  
..... Female  
37 years  
..... cm / ..... kg

HR 55/min  
Intervals:  
RR 727 ms  
P 110 ms  
PR 136 ms  
QRS 80 ms  
QT 358 ms  
QTc 421 ms  
P axis: 43°  
QRS 36°  
T 8°  
P (II) 0.10 mV  
S (V1) -0.60 mV  
R (V5) 1.47 mV  
Sokol. 2.07 mV

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 S5F S05 Sa 05-AUG-23 10:29:12

**Dr. B. NAGARAJU**  
Regd. No: 70700 MBBS, M.D., DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR

AT-102 1.37 Ctm

Visit ID	: YGT23259	UHID/MR No	: YGT.0000023125
Patient Name	: Mrs. ASHRIFUN SHAIK	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10610577
DOB	:	Registration	: 05/Aug/2023 09:11AM
Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:11AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:21AM
Hospital Name	:		

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

**LIVER** : Normal in size (12.2 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** : Normal in size (12.0 cm) and echotexture. No focal lesion is seen.

**RIGHT KIDNEY** : measures 9.6 x 5.4 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 9.5 x 5.1 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 8.0 x 4.8 x 6.3 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 1.1 cm.

Right ovary measures 3.8 x 2.5 cm and left ovary measures 3.8 x 2.3 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:**

- **No obvious sonographic abnormality detected.**

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
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 :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT23259	UHID/MR No	: YGT.0000023125
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Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:21AM
Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:58AM
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>30</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.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 11:41AM
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**DEPARTMENT OF HAEMATOLOGY**

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

<b>Sample Type : WHOLE BLOOD EDTA</b>				
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. Advdsied cross matching before transfusion

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Kollipara Venkateswara Rao



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 MBBS,DCP  
 Consultant Pathologist



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Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 09:57AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:14AM
Hospital Name	:		

**DEPARTMENT OF HAEMATOLOGY**

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

Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	<b>10.8</b>	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.18	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	<b>31.0</b>	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>74.1</b>	fL	83 - 101	Automated/Calculated
MCH	<b>25.9</b>	pg	27 - 32	Automated/Calculated
MCHC	<b>35.0</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15.1	%	11.0-16.0	Automated Calculated
RDW - SD	43.7	fl	35.0-56.0	Calculated
MPV	7.8	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.23	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,560	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	54	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.95	Lakhs/cumm	1.50 - 4.10	Impedance

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Approved By :

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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 05/Aug/2023 11:03AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
T3	1.07	ng/ml	0.60 - 1.78	CLIA
T4	9.86	ug/dl	4.82-15.65	CLIA
TSH	1.17	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.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 05/Aug/2023 10:10AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
TOTAL BILIRUBIN	0.51	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.12	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
S.G.O.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	76	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl		Calculated
A/G RATIO	1.48			Calculated

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Approved By :

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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	171	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	49	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	110.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	59	mg/dl	See Table	GPO
VLDL	<b>11.8</b>	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.49		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.2	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	122	mg/dl	< 130	Calculated

**Interpretation**

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRIGLYCERIDE	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

Verified By :  
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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	5.4	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	108	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 .

Verified By :  
 Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT23259	UHID/MR No	: YGT.0000023125
<b>Patient Name</b>	: Mrs. ASHRIFUN SHAIK	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10610577
DOB	:	Registration	: 05/Aug/2023 09:11AM
Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:21AM
Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:10AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	21	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.8	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



Approved By :

  
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 MBBS, DCP  
 Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	93	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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT23259	UHID/MR No	: YGT.0000023125
<b>Patient Name</b>	: Mrs. ASHRIFUN SHAIK	Client Code	: 1409
Age/Gender	: 37 Y 0 M 0 D /F	Barcode No	: 10610577
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Ref Doctor	: SELF	Collected	: 05/Aug/2023 11:37AM
Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 12:01PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 12:34PM
Hospital Name	:		

**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	107	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*  
**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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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	0.65	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*  
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 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
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**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 :

  
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 MBBS, DCP  
 Consultant Pathologist

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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	4.0	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.

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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**BUN/CREATININE RATIO**

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	9.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.65	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	15.09	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT23259	UHID/MR No	: YGT.0000023125
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 11:49AM
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 : 2.9 cms  
LEFT VENTRICLE : EDD : 3.5 cm IVS(d) : 0.8 cm LVEF : 63 %  
ESD : 2.3 cm PW (d) : 0.8 cm FS : 33 %  
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	: YGT23259	UHID/MR No	: YGT.0000023125
Patient Name	: Mrs. ASHRIFUN SHAIK	Client Code	: 1409
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**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E :0.8 m/sec, A : 0.7 m/sec.  
AORTIC FLOW : 1.0 m/sec  
PULMONARY FLOW : 0.8 m/sec  
TRICUSPID FLOW : TRJV : 1.8 m/sec, RVSP : 23 mmHg

**COLOUR FLOW MAPPING:** Trivial TR


**IMPRESSION :**

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

<b>Visit ID</b>	: YGT23259	UHID/MR No	: YGT.0000023125
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**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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		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	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	3-4	/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 :

  
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 MBBS, DCP  
 Consultant Pathologist

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Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 11:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 12:29PM
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**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

**PAP SMEAR**

**Lab Ref. No.:** YLLD/C- 94/23

**Date of Receiving:** 05-8-2023

**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 :**

	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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
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 MBBS, DCP  
 Consultant Pathologist



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**DEPARTMENT OF CYTOPATHOLOGY**

**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.

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

DATE: 05-08-23

NAME: Ashritan Ghail

AGE: 37/F 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	<u> plano </u>			<u> plano </u>		
ADD						


INSTRUCTIONS \_\_\_\_\_

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

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

 **YODA**  
**DIAGNOSTICS**

RECEPTION

 GPS Map Camera



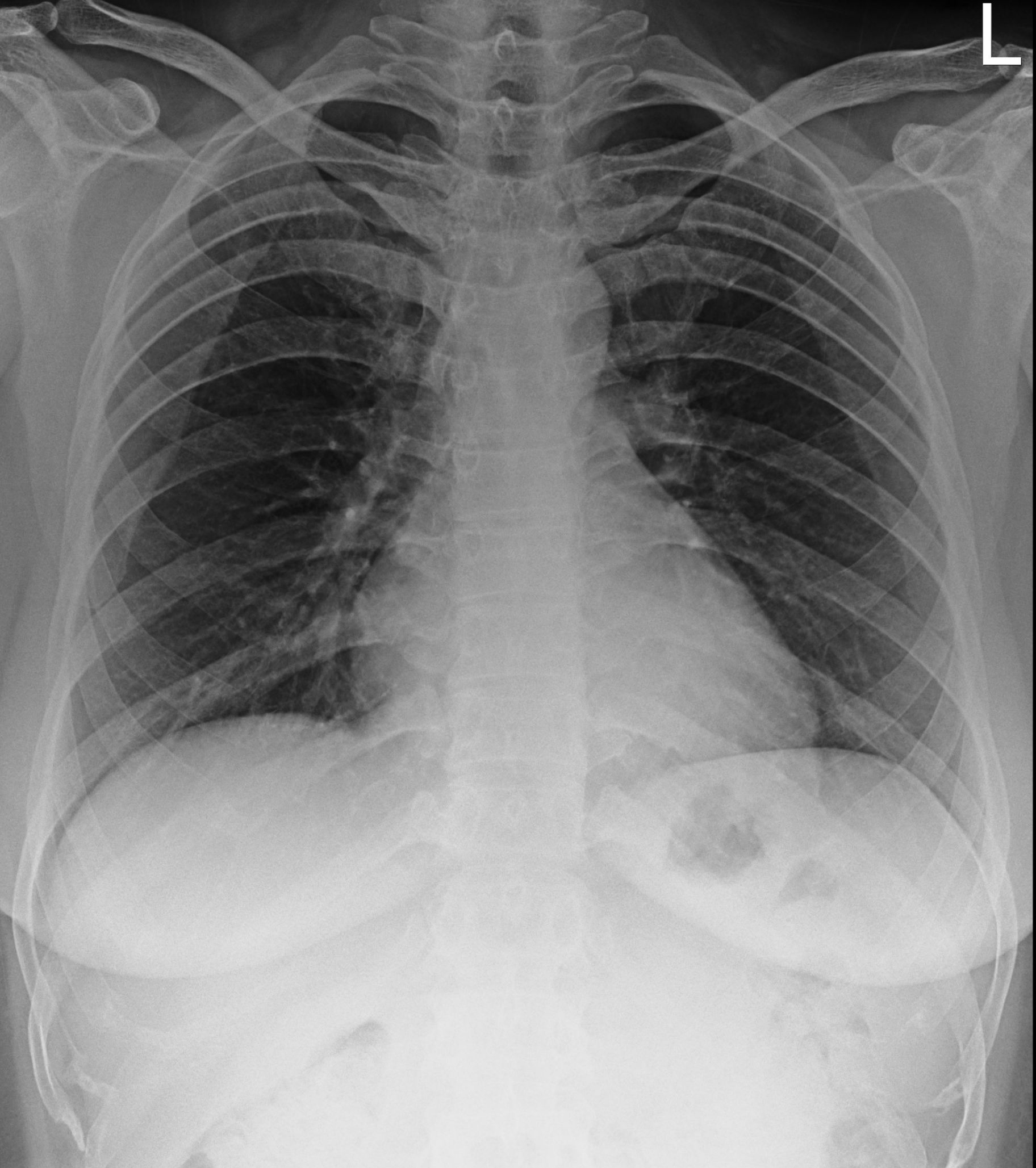
**Guntur, Andhra Pradesh, India**

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

Lat 16.299232°

Long 80.451596°

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



ASHRIFUN SHAIK 37Y FEMALE 10610577 CHEST PA 05-Aug-23

YODA DIAGNOSTICS