

EYE GLASS PRESCRIPTION

Name : Dasari Anil
 Age : 33 Employee ID: Y01717103
 Gender : M Date: 24/06/23

Vn
(unaided)
PGP

6/6	6/6
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Distance

	SPH	CYL	AXIS	BCVA
OD		plano		6/6
OS			NAC	6/6

Add

N	6
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@30cm

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: _____



Visit ID	: YGT17103	UHID/MR No	: YGT.0000016976
Patient Name	: Mr. DASARI ANIL	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10547126
DOB	:	Registration	: 24/Jun/2023 07:18AM
Ref Doctor	: SELF	Collected	: 24/Jun/2023 07:18AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 10:33AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size(14.1cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : poor window

SPLEEN : Normal in size(10.3cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures(11.0 * 6.4cm). 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(11.1 * 5.6cm). 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 : Partially distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size(25cc) 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:

- GRADE I FATTY LIVER.

Verified By :
SHARMILA



Approved By :

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

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

- Poor inspiratory film .
- 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	10	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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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	B			
Rh Typing	NEGATIVE			

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. Advsiel cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.9	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.20	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.2	%	40.0 - 50.0	RBC pulse height detection
MCV	85.1	fL	83 - 101	Automated/Calculated
MCH	28.7	pg	27 - 32	Automated/Calculated
MCHC	33.7	g/dl	32 - 35	Automated/Calculated
RDW - CV	13.1	%	11.0-16.0	Automated Calculated
RDW - SD	42.6	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.18	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,520	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	67.6	%	40 - 80	Impedance
LYMPHOCYTE	24.9	%	20 - 40	Impedance
EOSINOPHIL	2.6	%	01 - 06	Impedance
MONOCYTE	4.9	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.05	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	1.11	ng/ml	0.60 - 1.78	CLIA
T4	9.19	ug/dl	4.82-15.65	CLIA
TSH	3.71	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	0.69	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.56	mg/dl		Calculated
S.G.O.T	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	30	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	84	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.3	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	1.9	gm/dl		Calculated
A/G RATIO	2.32			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	166	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	33	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	115	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	90	mg/dl	See Table	GPO
VLDL	18.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.03		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.73	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	133	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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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.2	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	131	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	30	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	14.0	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	109	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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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
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.16	mg/dl	0.67 - 1.17	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).

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	8.4	mg/dl	3.5 - 7.20	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	14.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.16	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	12.00	Ratio	6 - 25	Calculated

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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 01:52PM
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 : 3.2 cms
LEFT VENTRICLE : EDD : 5.1 cm IVS(d) : 0.8 cm LVEF : 67%
ESD : 3.1 cm PW (d) : 1.1 cm FS : 38%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.4cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
SHARMILA

Approved By :


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

Visit ID	: YGT17103	UHID/MR No	: YGT.0000016976
Patient Name	: Mr. DASARI ANIL	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10547126
DOB	:	Registration	: 24/Jun/2023 07:18AM
Ref Doctor	: SELF	Collected	: 24/Jun/2023 07:18AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 01:52PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.6m/sec, A - 0.4m/sec.
AORTIC FLOW : 0.9m/sec
PULMONARY FLOW : 1.1m/sec
TRICUSPID FLOW : TRJV : 2.2m/sec, RVSP - 29mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :


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

CONSULTANT CARDIOLOGIST

Verified By :
SHARMILA



Approved By :


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

Visit ID : YGT17103	UHID/MR No : YGT.0000016976
Patient Name : Mr. DASARI ANIL	Client Code : 1409
Age/Gender : 33 Y 0 M 0 D /M	Barcode No : 10547126
DOB :	Registration : 24/Jun/2023 07:18AM
Ref Doctor : SELF	Collected : 24/Jun/2023 07:19AM
Client Name : MEDI WHEELS	Received : 24/Jun/2023 07:37AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Jun/2023 09:50AM
Hospital Name :	

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	25 ml	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


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	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2- 3	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 :
 SHARMILA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT17103	UHID/MR No	: YGT.0000016976
Patient Name	: Mr. DASARI ANIL	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10547126
DOB	:	Registration	: 24/Jun/2023 07:18AM
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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*** End Of Report ***

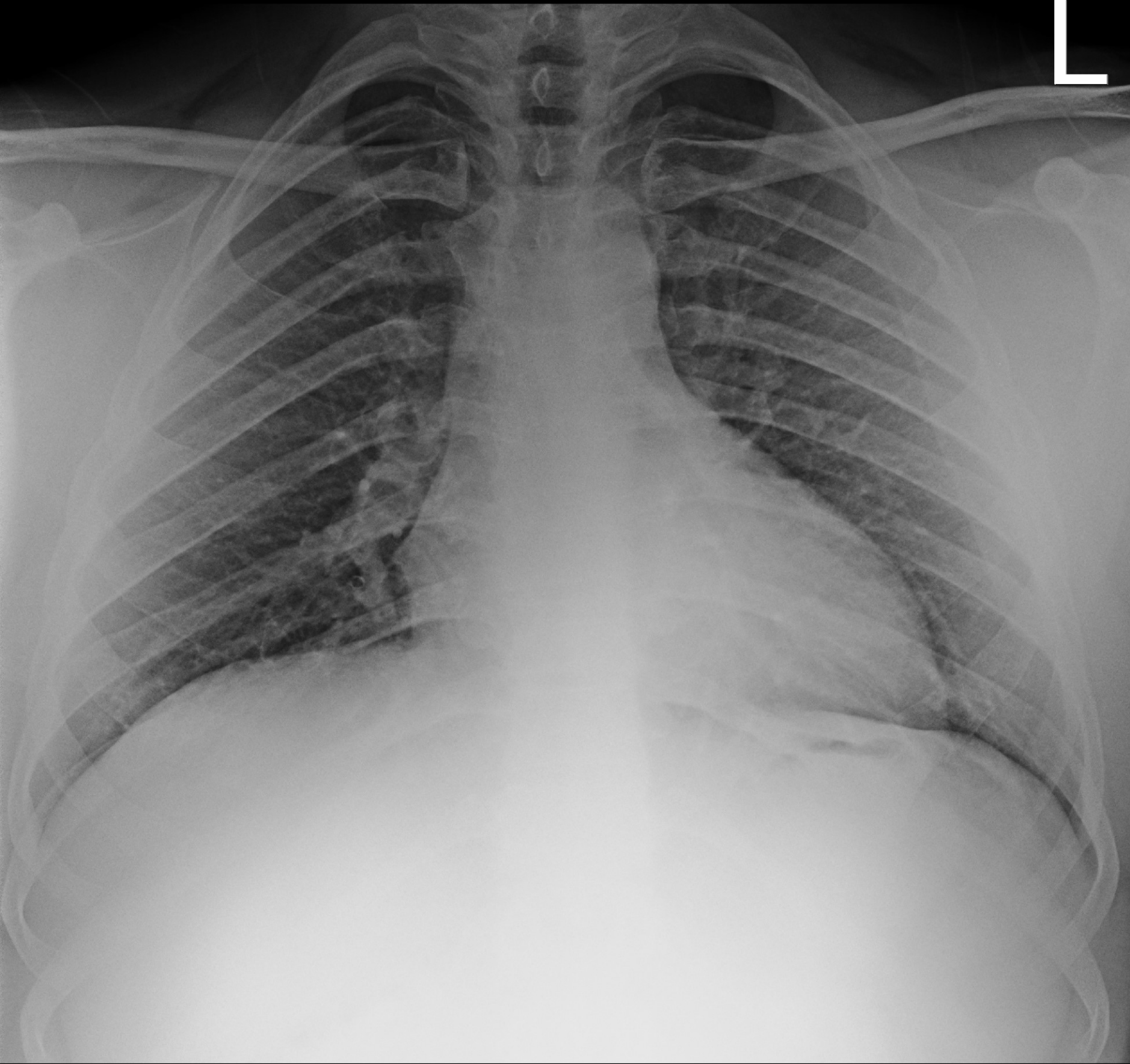


Verified By :
SHARMILA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist



DASARI. ANIL 33Y/M 10547126 CHEST PA 24-Jun-23

YODA DIAGNOSTICS

Mr. DASARI ANIL

HR 73/min

Axis:

SINUS RHYTHM

10547126

Intervals:

P 32 °

QRS(T) CONTOUR ABNORMALITY

Male

RR 819 ms

QRS 12 °

CONSISTENT WITH INFERIOR INFARCT

33 years

P 112 ms

T 9 °

AGE UNDETERMINED

cm / kg

PR 156 ms

P (II) 0.14 mV

5.79

UNCONFIRMED REPORT

QRS 96 ms

S (V1) -0.44 mV

QT 390 ms

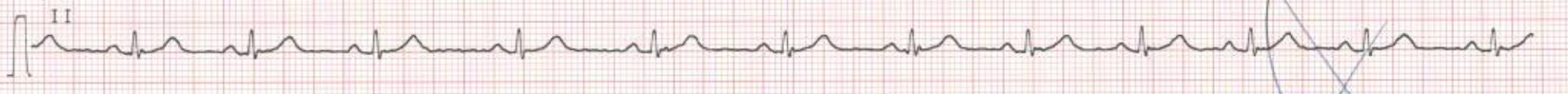
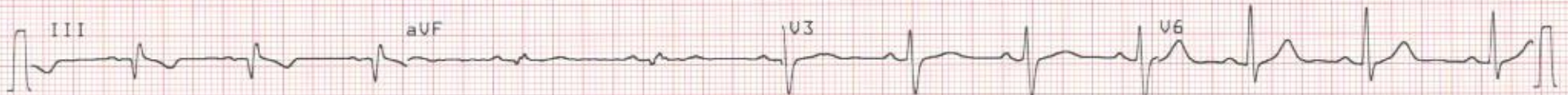
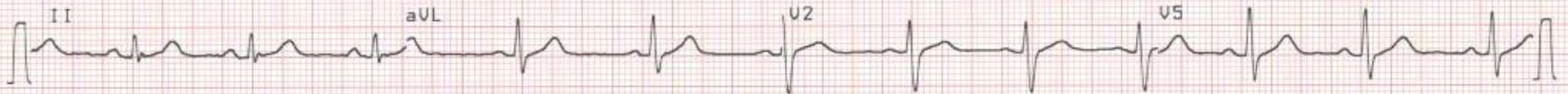
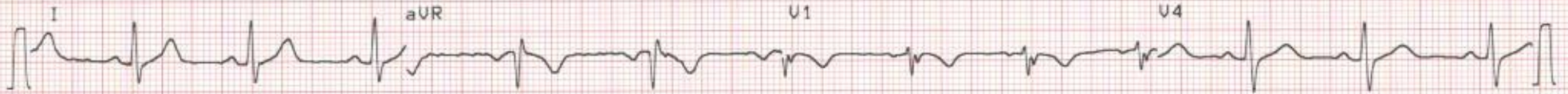
R (V5) 0.87 mV

QTc 433 ms

Sokol. 1.76 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 55F 585 Sa 24-JUN-23 07:32:05

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

Name: Mr. Dasari, Anil
Date: 24/06/2023 Age: 35 years Sex: Male
Address: Guntur



Routine Health checkup
NO complaints
NO H/O HTN/DM/CAD/PTB

HBAC - 6.2%
FBS - 109mg/dl
PPBS - 108mg/dl

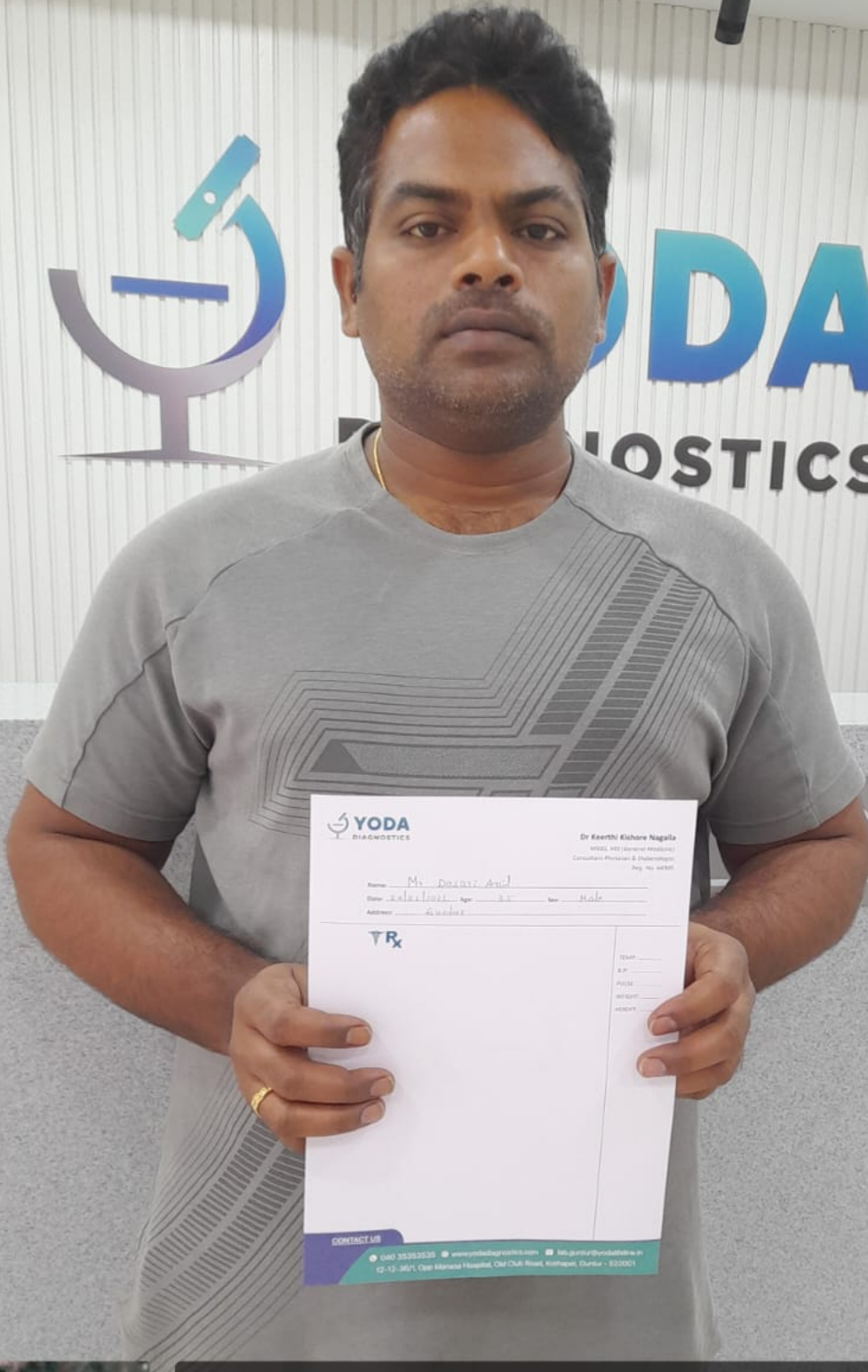
- 1) Diabetic Diet
- 2) weight Reduction

TEMP:
B.P: 120/80 mmHg
PULSE: 66 bpm
WEIGHT: 78 kg
HEIGHT: 168 cm

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



CONTACT US



YODA
DIAGNOSTICS

Dr Keerthi Kishore Nagala
MBBS, MD (General Medicine)
Consultant Physician & Endocrinologist
Reg. No. 48801

Name: Mr. Dasari Anil
Date: 24/06/23 Age: 35 Sex: Male
Address: Guntur

TRx

CONTACT LAB

040 35353535 | www.yodadiagnostics.com | info@yodadiagnostics.com
G-13-36/1, Opp. Mahaveer Hospital, Old Club Road, Kothapeta, Guntur - 522001

RECEPTION



Guntur, Andhra Pradesh, India
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta,
Guntur, Andhra Pradesh 522001, India
Lat 16.299227°
Long 80.451611°
24/06/23 11:34 AM GMT +05:30