

Visit ID	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
DOB	:	Registration	: 23/Sep/2023 07:27AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 07:27AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 11:23AM
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

LIVER : Normal in size (15.2 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 wall thickening. *Hyperechoic calculus measuring 1.9 cm noted in the lumen of gall bladder.*

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

SPLEEN : Normal in size (8.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.8 x 4.3 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 10.7 x 4.5 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 : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, *measures 10.6 x 6.2 x 7.4 cm, Bulky in size. Few hypoechoic fibroids noted in myometrium of uterus, largest measuring 6.2 x 4.6 cm in posterior myometrium. Another fibroid measuring 2.6 x 2.5 cm noted in posterior myometrium.* Endometrial thickness is 11 mm.

Right ovary measures 2.6 x 2.1 cm and left ovary measures 2.9 x 2.4 cm.
Both ovaries are normal in size & echotexture.
2.1 x 2.0 cm cyst noted in left adnexa.

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

No free fluid is seen in pelvis.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Sushma
Dr. SUSHMA VUYYURU
MBBS, MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY**IMPRESSION:**

- Cholelithiasis.
- Bulky fibroid uterus.
- Left adnexal cyst.
- Suggested follow up scan.

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Approved By :


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CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGYX-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	25	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

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
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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DEPARTMENT OF HAEMATOLOGY


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

HAEMOGLOBIN (HB)	12.8	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.69	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	36.7	%	36.0 - 46.0	RBC pulse height detection
MCV	78.4	fL	83 - 101	Automated/Calculated
MCH	27.2	pg	27 - 32	Automated/Calculated
MCHC	34.7	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15	%	11.0-16.0	Automated Calculated
RDW - SD	45.1	fl	35.0-56.0	Calculated
MPV	8.2	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,770	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	55	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	08	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.88	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	1.02	ng/ml	0.60 - 1.78	CLIA
T4	10.26	ug/dl	4.82-15.65	CLIA
TSH	2.18	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.

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.71	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.17	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.54	mg/dl		Calculated
S.G.O.T	20	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	20	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	87	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl		Calculated
A/G RATIO	1.31			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	179	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	111.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	138	mg/dl	See Table	GPO
VLDL	27.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.47		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.45	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	139	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	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	20	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	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	97	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	128	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
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.74	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).

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	15	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.

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Client Name	: MEDI WHEELS	Received	: 23/Sep/2023 08:10AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 09:25AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM


SERUM URIC ACID	4.4	mg/dl	2.6 - 6.0	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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
DOB	:	Registration	: 23/Sep/2023 07:27AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 07:31AM
Client Name	: MEDI WHEELS	Received	: 23/Sep/2023 08:10AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 09:25AM
Hospital Name	:		

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)	9.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.74	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	12.60	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
DOB	:	Registration	: 23/Sep/2023 07:27AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 07:27AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 12:53PM
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 : 3.0 cms
LEFT VENTRICLE : EDD : 3.6 cm IVS(d) : 0.8cm LVEF :64%
ESD : 2.0 cm PW (d) : 0.8cm FS :34%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.7 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	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
DOB	:	Registration	: 23/Sep/2023 07:27AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 07:27AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 12:53PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.1 m/sec, A - 0.5 m/sec.
AORTIC FLOW : 1.0 m/sec
PULMONARY FLOW : 0.8 m/sec
TRICUSPID FLOW : TRJV :2.0 m/sec, RVSP -30 mmHg
COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NO MR/ NO AR/ NO PR
- * NO TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT30725	UHID/MR No : YGT.0000030590
Patient Name : Mrs. NAKARIKANTI SUSEELA	Client Code : 1409
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10710706
DOB :	Registration : 23/Sep/2023 07:27AM
Ref Doctor : SELF	Collected : 23/Sep/2023 07:31AM
Client Name : MEDI WHEELS	Received : 23/Sep/2023 08:10AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Sep/2023 09:25AM
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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		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	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

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 :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT30725	UHID/MR No : YGT.0000030590
Patient Name : Mrs. NAKARIKANTI SUSEELA	Client Code : 1409
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10710706
DOB :	Registration : 23/Sep/2023 07:27AM
Ref Doctor : SELF	Collected : 23/Sep/2023 08:18AM
Client Name : MEDI WHEELS	Received : 23/Sep/2023 08:29AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Sep/2023 10:41AM
Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-123 / 23

Date of Receiving: 23-09-2023

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
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT30725	UHID/MR No	: YGT.0000030590
Patient Name	: Mrs. NAKARIKANTI SUSEELA	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10710706
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 10:41AM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

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

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



భారత ప్రభుత్వం

Government of India



Download Date: 24/02/2021



నకరికంటి సుశీల

Nakarikanti Suseela

పుట్టిన తేదీ/DOB: 17/07/1985

స్వ/ FEMALE

Issue Date: 09/02/2021

8543 0521 5783

VID : 9145 9259 3491 7779

నా ఆధార్, నా గుర్తింపు

ID: 30590

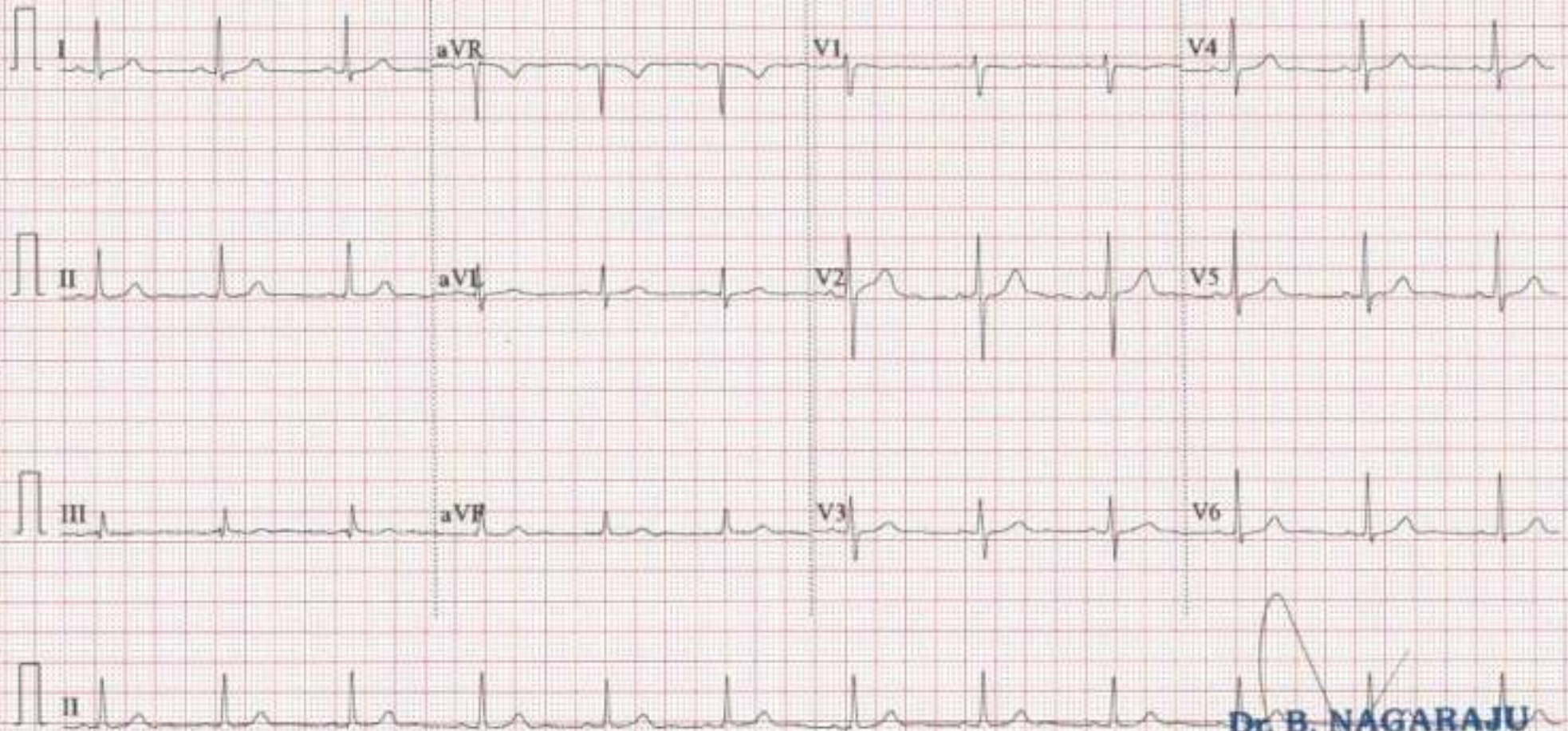
23-09-2023 09:50:53

N Susela
Female 38Years
Req. No. :

HR : 70 bpm
P : 80 ms
PR : 134 ms
QRS : 73 ms
QT/QTcBz : 365/396 ms
PQRS/T : -6/45/38
RV5/SV1 : 1.07/1.0.468 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



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

Name: Mrs. Nakani Kanti Suseela
Date: 23/09/23 Age: 38 years Sex: Female
Address: Guntur



Routine health checkup

NO COMPLAINTS


NO H/O HTN / DM / CAD / TB

TEMP: 98
B.P: 100/70 mmHg
PULSE: 80 bpm
WEIGHT: 65 kg
HEIGHT: 158 cm

USG- Abdomen

- cholelithiasis
- Bulky fibroid uterus

To consult Gen. Surgeon
& Gynaecologist



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

Name: N. Suseela
Date: 23/09/2023 Age: 38 years Sex: Female
Address: Guntur



PID with Multiple ^{LMP: - 3/9/23}
fibroids

Mfx loyas

P₁-L₂ ($\frac{9}{8}$) twin-eyes c-section

A₁- RMP - Not flb PRC (2 months)

All tubectomy done

M/HV 3 days \leftarrow Normal flow
28 days \leftarrow clots (medium) (+)
No dysmenorrhea

P₂L₂ with pollious ves
burning micturition (+)

DPV (+) foul smelling
dyspareunia (+)

Leuc (+) En. etc

PIA - soft
Nontender

PI S - Cervicitis (+)

DPV (+), foul smelling (+)

PI V - Cervix D&L, uterus bulky

Mobile - All Adnexa free
tenderness in both Adnexa

TEMP: 0
B.P: 100/70 mm
PULSE: 80 /min
WEIGHT: 65 kg
HEIGHT: 158 cm

Adv

- Tab. Doxycycline 100mg BD x 14 days
- Tab. Metrogyl 400mg BD x 14 days
- Tab. Cefixime 400mg Stat
- Tab. Cansoft - CL x vaginally
x 3 HS
- Tab. Lyso-D BD x 3 days
- Tab. Calcium + Vit D₃ OD x 16 weeks
- Tab. Pantop 40mg OD x 14 days
- Sexual abstinence x 2 weeks

For husband

Tab. Doxycycline
100mg BD x 7 days

- Tab. Pantop 40mg
OD x 2 days

Dr. B. BHARATHI

M.S. CBG

Obstetrics and Gynecology

REGD. No: APMC 96195

Dhanti

DATE: 23-09-23

NAME: Nakavithanti Susela

AGE: 38/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	-1.50	-1.00	180	-0.75	-1.25	180
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V.

N.V. _____ CONSTANT USE


YODA

DIAGNOS



RECEPT



 GPS Map Camera



Guntur, Andhra Pradesh, India
7FX2+PJ8, Kothapeta, Guntur, Andhra Pradesh 522001, India
Lat 16.29925°
Long 80.451601°
23/09/23 07:51 AM GMT +05:30

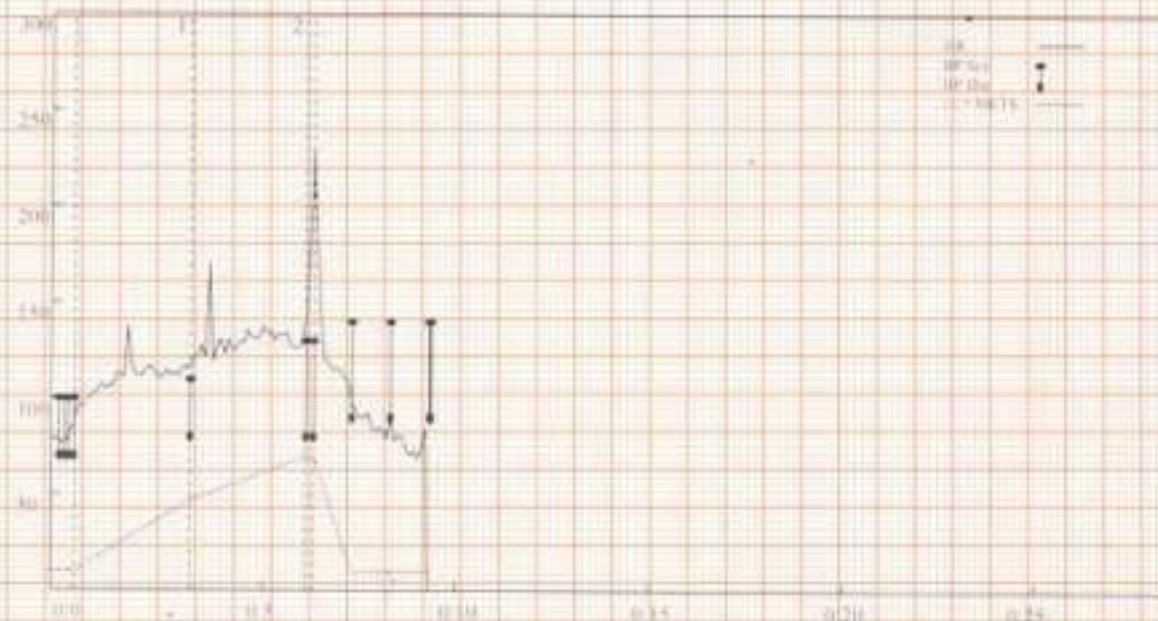
Yoda Diagnostic Guntur

Name: MRS.SUSEELA NAKARIKANTI

Date: 23-09-2023

Time: 11:46

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 00:17 achieving a work level of 7 METS.

Resting Heart Rate: initially 80 bpm rose to a max. heart rate of 171 bpm (94% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 100/70 mmHg. rose to a maximum Blood Pressure of 140/90 mmHg.

*NO SIGNIFICANT ST-T CHANGES DURING EXERCISE & RECOVERY.

*FAIR EFFORT TOLERANCE.

*TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

Ref. Doctor: DR SELF

Schiller Spinnlan 15-11 Messen 2-14

Dr. B. NAGARAJU
MSBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR
MICRO MED CHARTS

Yoda Diagnostic Guntur

Name: MRS.SUSEELA NAKARIKANTI **Date:** 23-09-2023 **Time:** 11:46
Age: 38 **Gender:** F **Height:** 158 cms **Weight:** 65 Kg **ID:** 30725
Clinical History: NO
Medications: NO

Test Details:

Protocol: Bruce **Predicted Max HR:** 182 **Target HR:** 154
Exercise Time: 0:06:13 **Achieved Max HR:** 171 (94% of Predicted MHR)
Max BP: 140/90 **Max BP x HR:** 23940 **Max Mets:** 7
Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mV	ST Slope mV/s
Supine	00:11	1	0	0	80	100/70	8000	+3 V5	0.8 V2
Standing	00:08	1	0	0	78	100/70	7800	+8 V2	+0.6 aVR
Hyperventilation	00:07	1	0	0	76	100/70	7600	+3 V2	+0.6 aVR
Walked	00:09	2	1.6	0	78	100/70	7800	+4 V2	+6 V2
Stage 1	00:00	4.7	2.7	10	116	130/90	13700	+4 V2	0.8 V4
Stage 2	00:00	7	4	12	127	130/90	14500	+6.8 V5	-2.2 aVR
Peak Exercise	00:13	7	4.4	14	171	130/90	22700	+2.2 aVR	+8 V5
Recovery1	01:00	3	0	0	108	140/90	14700	0.8 V4	-1.7 aVR
Recovery2	01:00	3	0	0	74	140/90	11000	0.8 V2	+8 V2
Recovery3	01:00	3	0	0	85	140/90	11900	0.8 V2	0.7 V4

Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

ID: 30728

Date: 23-09-2023

Exec Time: 0:00:00

Stage Time: 00:11

HR: 80 bpm

Bruce Protocol

Stage: Supina

Speed: 0 km/h

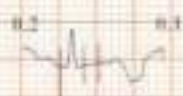
Slope: 0%

HR: 154 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

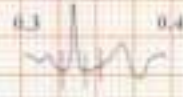
STLevel(mm) STSlope(mV/s)



I



II



III



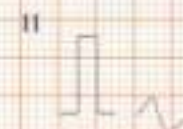
aVR



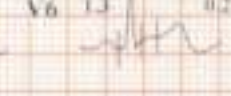
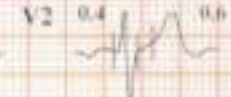
aVL



aVF



II



Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time : 0:00:00

Stage Time: 00:08

HR: 78 bpm

ST Level(mV) - ST Slope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

T/HR: 154 bpm

BP: 100/70 mmHg

ST Level(mV) - ST Slope(mV/s)

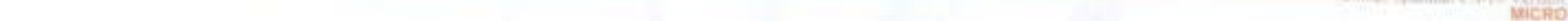
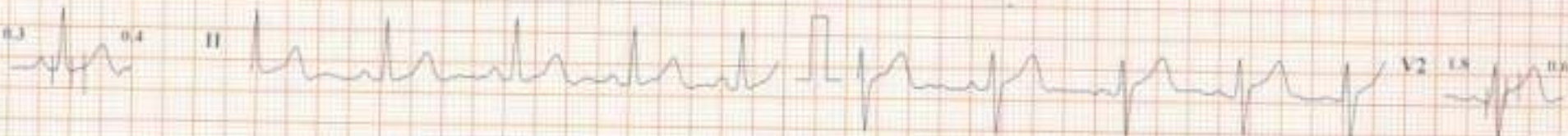


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Fiber: 25 Hz Main Fiber: ON

Serial: 00000000000000000000000000000000

Serial: 00000000000000000000000000000000

MICRO MED CHARTS

Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time: 0:00:00

Stage Time: 00:07

HR: 76 bpm

STL Level(mm) STL Slope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 154 bpm

BP: 100/70 mmHg

STL Level(mm) STL Slope(mV/s)

0.5 0.4

I

V1 0.4 0.2

0.8 0.4

II

V2 1.7 0.5

0.2 0.1

III

V3 0.8 0.4

1 0.6

aVR

V4 0.9 0.4

0.1 0.2

aVL

V5 0.8 0.2

0.6 0.2

aVF

V6 0.6 0.1

II

Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30724

Date: 23-09-2023

Exec Time: 0-03-00

Stage Time: 03-00

HR: 116 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

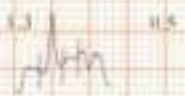
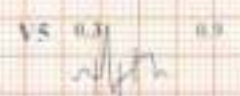
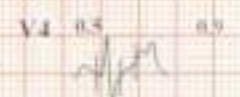
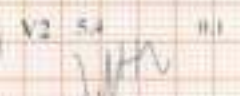
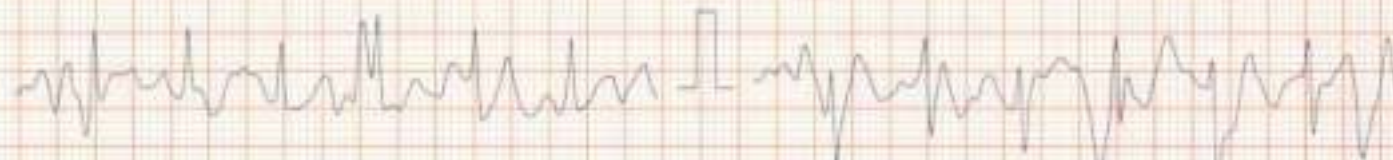
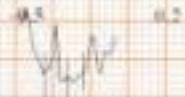
Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

HR: 119 bpm

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time: 0:03:29

Stage Time: 00:29

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

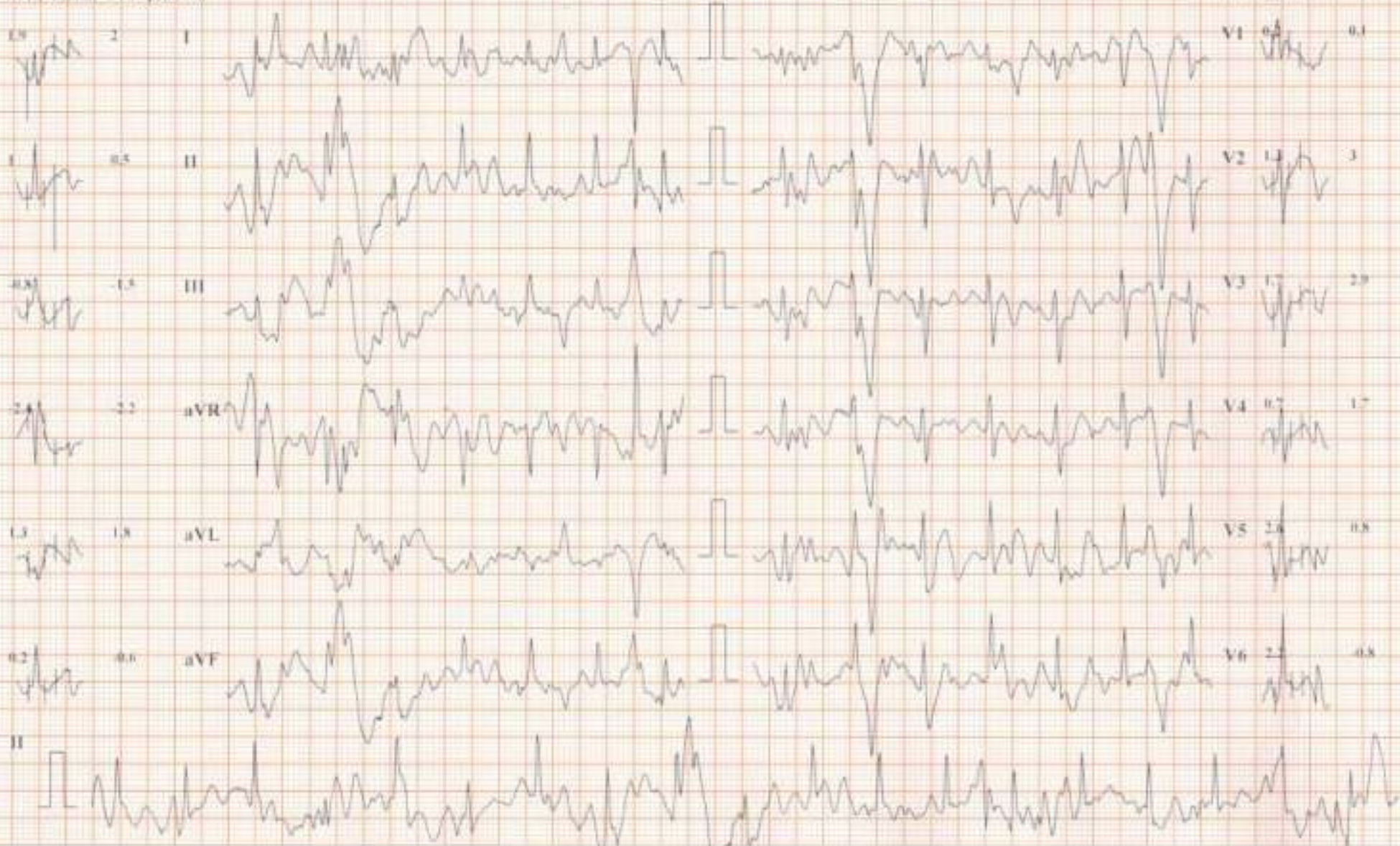
Stage 2

Speed: 4 kmph

Grade: 12%

TMR: 154 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Brady Protocol

ID: 30725

Date: 23-09-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 127 bpm

BP: 130/80 mmHg

ST Level (mm) ST Slope (mV/s)

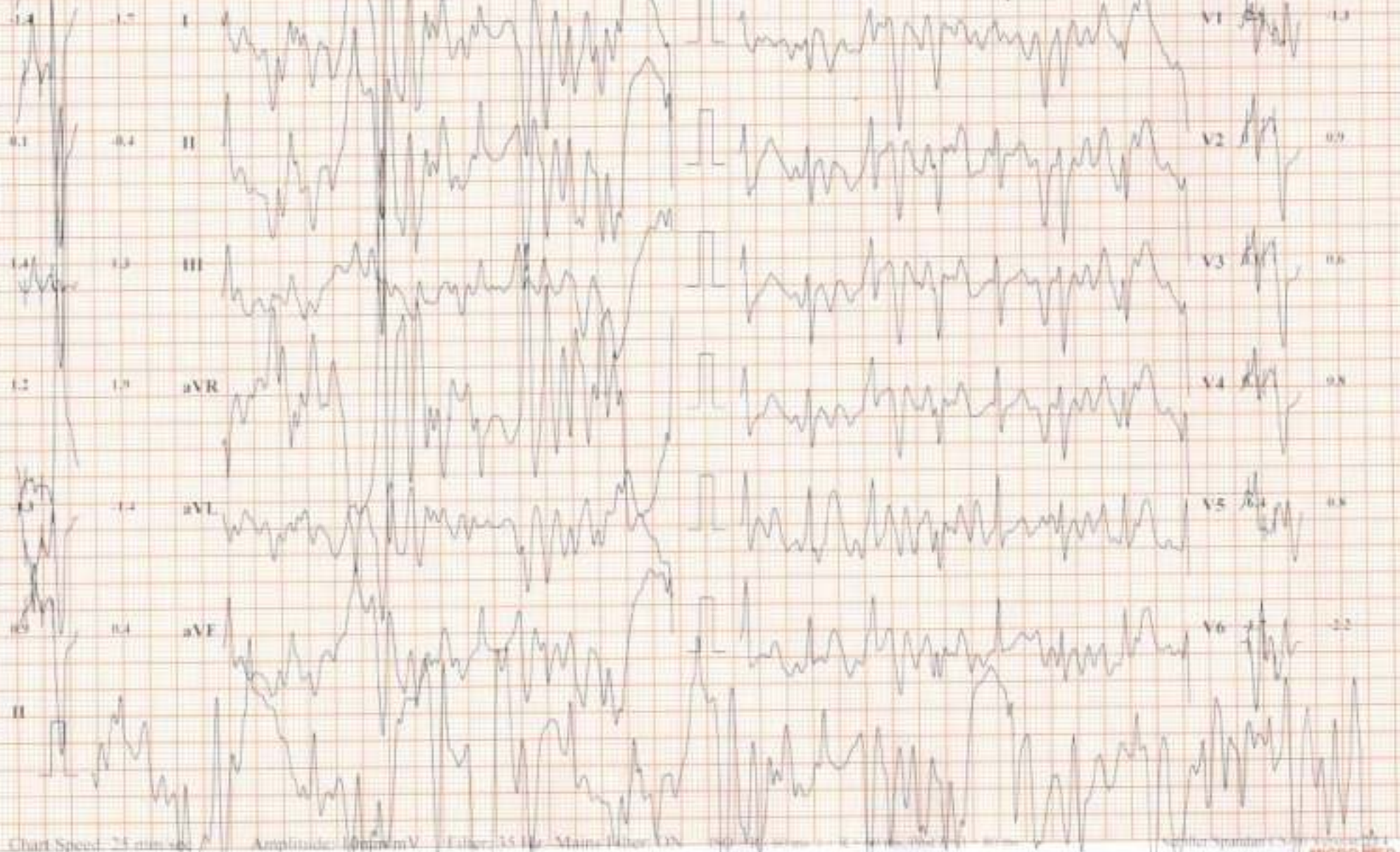
Stage 3 peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 154 bpm

ST Level (mm) ST Slope (mV/s)



Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time: 00:00

Stage Time: 01:00

HR: 109 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

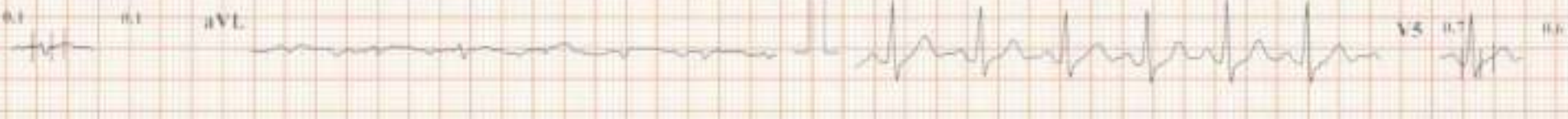
Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time: 00:00

Stage Time: 01:00

HR: 79 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

0.1 0.4 I

V1 0.5 0.1

0.1 0.3 II

V2 0.8 0.6

0.1 0 III

V3 0.2 0.4

0 0.5 aVR

V4 0.1 0.3

0.2 0.2 aVL

V5 0.1 0.4

0.1 0.2 aVF

V6 0.2 0.1

II

Yoda Diagnostic Guntur

MRS.SUSEELA NAKARIKANTI

Bruce Protocol

ID: 30725

Date: 23-09-2023

Exec Time: 00:00

Stage Time: 01:00

HR: 85 bpm

BP: 140/90 mmHg

STLevel(mV) STSlope(mV/s)

Stage: Recovery?

Speed: 0 kmph

Slope: 0%

LHR: 154 bpm

STLevel(mV) STSlope(mV/s)





NAKARAKANTI.SUSEELA 38Y FEMALE 10710706 CHEST PA 23-Sep-23

YODA DIAGNOSTICS