

Visit ID	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
Age/Gender	: 26 Y 0 M 0 D /F	Barcode No	: 10728219
DOB	:	Registration	: 03/Oct/2023 09:17AM
Ref Doctor	: SELF	Collected	: 03/Oct/2023 09:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 03/Oct/2023 12:44PM
Hospital Name	:		

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

LIVER : Normal in size (13.5 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 : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (10.7 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.7 x 4.6 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 11.8 x 3.9 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 : *Minimally distended.*

UTERUS : Anteverted, measures 7.8 x 3.8 x 5.1 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 5.6 mm.

Right ovary measures 2.3 x 2.1 cm, normal in size & echotexture.

Left ovary measures 4.7 x 3.7 cm. *3 x 2.4 cm simple cyst noted in left ovary.*

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

No free fluid is seen in pelvis.

IMPRESSION:

- Simple cyst in left ovary.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Sushma V.
Dr. SUSHMA VUYURU
MBBS; MD (Radio-Diagnosis)
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.

Verified By :
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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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 Consultant Pathologist

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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	A			
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)	12.6	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.24	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	36.0	%	36.0 - 46.0	RBC pulse height detection
MCV	85	fL	83 - 101	Automated/Calculated
MCH	29.8	pg	27 - 32	Automated/Calculated
MCHC	35.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15.2	%	11.0-16.0	Automated Calculated
RDW - SD	50	fl	35.0-56.0	Calculated
MPV	10.1	fL	6.5 - 10.0	Calculated
PDW	16.3	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	10,760	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	68	%	40 - 80	Impedance
LYMPHOCYTE	24	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.49	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	1.46	ng/ml	0.60 - 1.78	CLIA
T4	13.37	ug/dl	4.82-15.65	CLIA
TSH	4.71	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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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	1.27	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.31	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.96	mg/dl		Calculated
S.G.O.T	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	9	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	71	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.7	gm/dl		Calculated
A/G RATIO	1.16			Calculated

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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	177	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	44	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	122.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	54	mg/dl	See Table	GPO
VLDL	10.8	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.02		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.23	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : Serum

SERUM UREA	16	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.5	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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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	98	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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Ref Doctor : SELF	Collected : 03/Oct/2023 11:41AM
Client Name : MEDI WHEELS	Received : 03/Oct/2023 11:59AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 03/Oct/2023 12:30PM
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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	152	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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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.61	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	13	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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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	4.1	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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Ref Doctor	: SELF	Collected	: 03/Oct/2023 09:43AM
Client Name	: MEDI WHEELS	Received	: 03/Oct/2023 10:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 03/Oct/2023 11:28AM
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)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.61	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	12.20	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
Age/Gender	: 26 Y 0 M 0 D /F	Barcode No	: 10728219
DOB	:	Registration	: 03/Oct/2023 09:17AM
Ref Doctor	: SELF	Collected	: 03/Oct/2023 09:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 03/Oct/2023 01:44PM
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 : 2.8 cms
LEFT VENTRICLE : EDD : 4.3 cm IVS(d) : 0.7 cm LVEF : 69 %
ESD : 2.6 cm PW (d) : 0.7 cm FS : 39 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.3 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	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
Age/Gender	: 26 Y 0 M 0 D /F	Barcode No	: 10728219
DOB	:	Registration	: 03/Oct/2023 09:17AM
Ref Doctor	: SELF	Collected	: 03/Oct/2023 09:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 03/Oct/2023 01:44PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.7m/sec, A - 0.6 m/sec.
AORTIC FLOW : 1.3 m/sec
PULMONARY FLOW : 1.2 m/sec
TRICUSPID FLOW : TRJV :2.2 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 / VEGETATIONS.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
Age/Gender	: 26 Y 0 M 0 D /F	Barcode No	: 10728219
DOB	:	Registration	: 03/Oct/2023 09:17AM
Ref Doctor	: SELF	Collected	: 03/Oct/2023 09:43AM
Client Name	: MEDI WHEELS	Received	: 03/Oct/2023 10:26AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 03/Oct/2023 10:55AM
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	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	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	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
Age/Gender	: 26 Y 0 M 0 D /F	Barcode No	: 10728219
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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 : YGT32647	UHID/MR No : YGT.0000032503
Patient Name : Mrs. VIJAYA KUMARI	Client Code : 1409
Age/Gender : 26 Y 0 M 0 D /F	Barcode No : 10728219
DOB :	Registration : 03/Oct/2023 09:17AM
Ref Doctor : SELF	Collected : 03/Oct/2023 12:04PM
Client Name : MEDI WHEELS	Received : 03/Oct/2023 12:26PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 03/Oct/2023 01:37PM
Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-127/ 23

Date of Receiving: 03-10-2023

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show squamous cells and few endocervical cells. Predominantly superficial, intermediate and a few parabasal squamous epithelial cells seen with inflammatory 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	Colopsopy
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	: YGT32647	UHID/MR No	: YGT.0000032503
Patient Name	: Mrs. VIJAYA KUMARI	Client Code	: 1409
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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



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No.: 2189/50489/01023

To
రోండి విజయ కుమారి
Rondi Vijaya Kumari
C/O Wife Of Kotaiiah
1-85 NEAR SCHOOL
GOTTIMUKKALA VILLAGE GURAZALA MANDAL
Gottimukkala
Gottimukkala
Gurazala Guntur
Andhra Pradesh 522415
8099586225
125704358
07/04/2012
ME257043587FH



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

2416 4630 8723

నా ఆధార్, నా గుర్తింపు

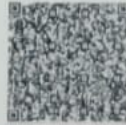


భారత ప్రభుత్వం

Government of India



రోండి విజయ కుమారి
Rondi Vijaya Kumari
పుట్టిన తేదీ / DOB : 01/01/1995
స్త్రీ / Female



2416 4630 8723

నా ఆధార్, నా గుర్తింపు

ID: 32647

03-10-2023 11:48:13

VIJAYA KUMARI

Female 26Years

Req. No. :

HR : 87 bpm

P : 111 ms

PR : 136 ms

QRS : 87 ms

QT/QTcBz : 345/417 ms

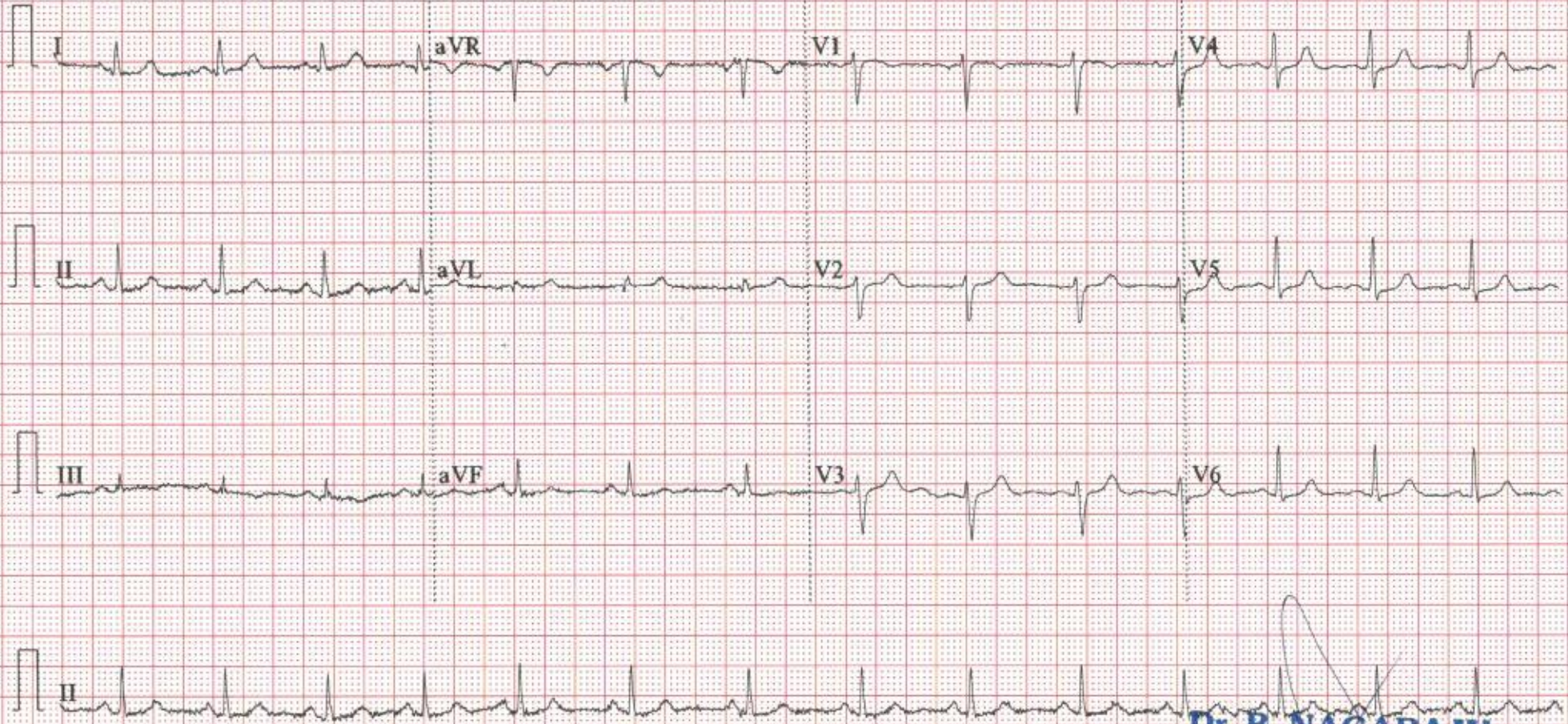
P/QRST : 64/61/17 °

RV5/SV1 : 0.84/0.760 mV

Diagnosis Information:

Sinus Arrhythmia

Report Confirmed by:



Dr. B. NAGARAJU
Regd.No: 70780 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

Name: Mrs. Vijaya Kumari
Date: 03/10/23 Age: 26 years Sex: Female
Address: Guntur



Routine Health checkup

NO COMPLAINTS

H/O Hypothyroidism

- NOT ON TREATMENT

TSH - 4.71 μ IU/ml

HBA1C - 5.7%

1) LOW FAT FOOD

2) Daily Exercise

3) weight Reduction

TEMP: 98

B.P: 110/80

PULSE: 95

WEIGHT: 86

HEIGHT: 152

Dr. KEERTHI KISHORE NAGALLA

Regd.No: 64905 MBBS, M.D. General Medicine

CONSULTANT GENERAL PHYSICIAN

YODA DIAGNOSTICS-GUNTUR



Name: Mrs. vijaya kumari
Date: 03/10/23 Age: 26 years Sex: Female
Address: Guntur



LMP: - 4/8/23

MFX syss

Pulc $\left\{ \begin{array}{l} 8-6yr \\ 8-5yr \end{array} \right\}$ uses dit npl

1 unit blood transfusion
DIC tubectomy

MH - 3 days - normal flow
28 days - no clots
no dysmenorrhea

2 months POA (1st time)

... HB ferric...
↓
syss back

No HB DM/HIV/Hypoid/Asthma/other

PIA - soft
non tender

P/S - cervix healthy
DPV (+)

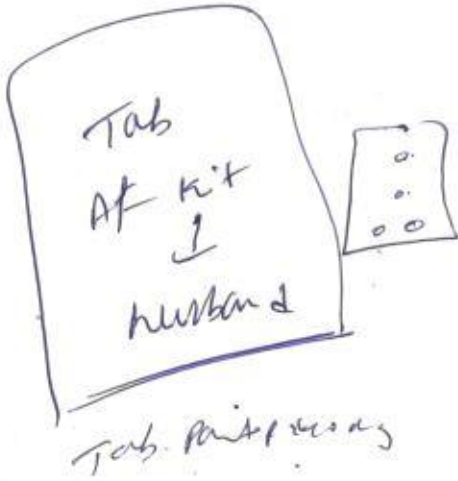
PLV - Cervix os ↓, ut Afx. NS
no hie - DIC Adnexa free
no tubal disease

2/10/23
USG shows
↓

3 x 2.4 cm simple
ovarian cyst

TEMP: (2)
B.P: 110/80 mmHg
PULSE: 95 bpm
WEIGHT: 86 kg
HEIGHT: 152 cm

SRI ANSALI
hospital



Ad

- Tab. Doxycycline 100mg OD
1-0-1 7 days
- Tab. Metrogyl 100mg OD x 7 days
- Tab. Pantoprazole 40mg OD x 7 days
- Tab. Cansoft - CL x vaginally
x 14
- Tab. Medroxyprogesterone 100mg OD x 5 days
1-0-1
- Tab. Norlut 0.02 x 1 month
1-0-0
- life style modification

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

DATE: 03-10-23

NAME: Vijaya Kurecigan

AGE: 20/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		M			-0.50	180
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

N.V. _____ CONSTANT USE _____



YODA
DIAGNOSTICS

RECEPTION



GPS Map Camera

Guntur, Andhra Pradesh, India

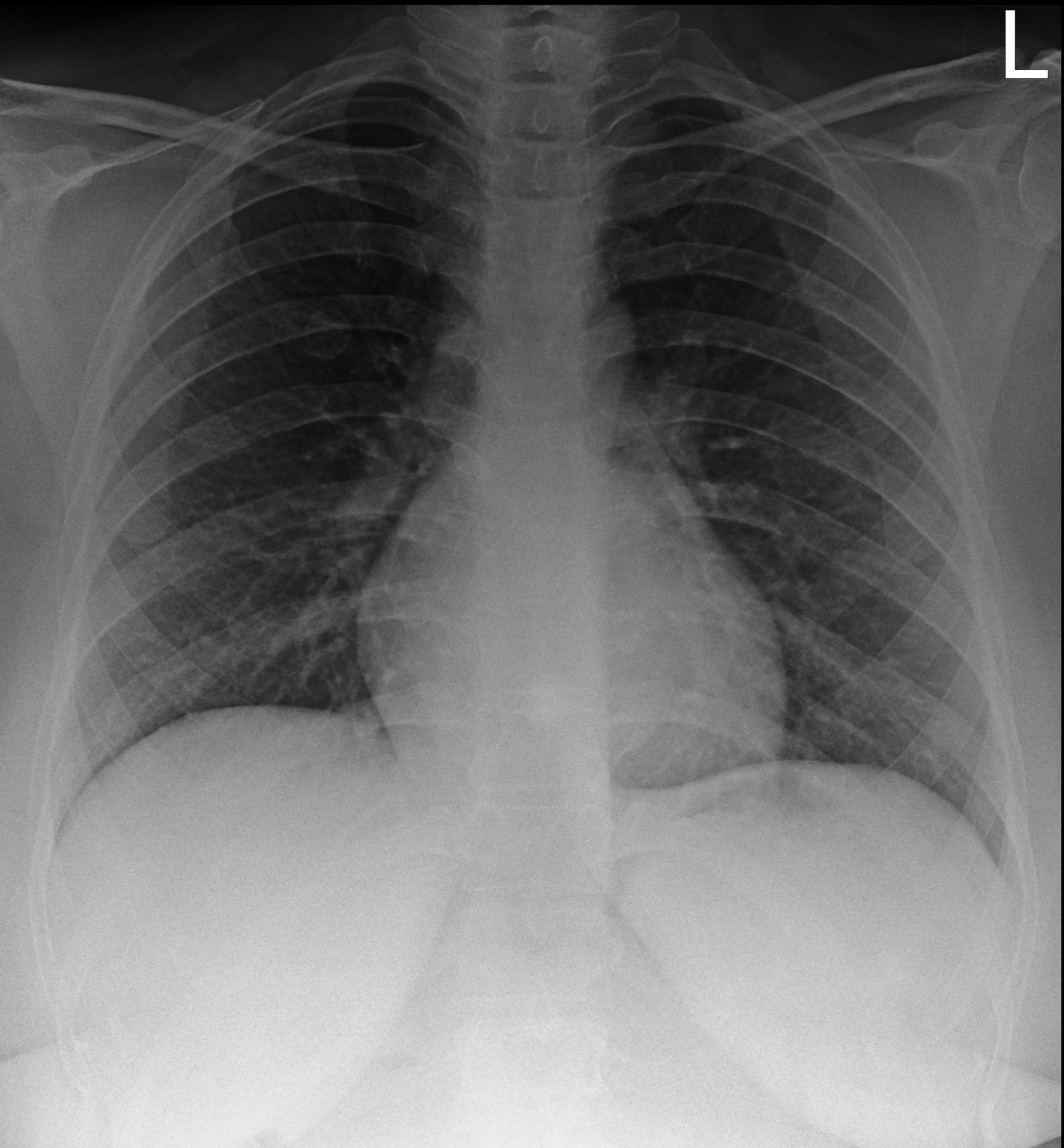
7FX2+PJ8, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.29925°

Long 80.451606°

03/10/23 09:34 AM GMT +05:30





VIJAYA KUMARI 26Y FEMALE 10728219 CHEST PA 03-Oct-23

YODA DIAGNOSTICS