

MAHESWARI NAIDU SANAM K 33Y FEMALE YGT37012 CHEST PA 28-Oct-23

YODA DIAGNOSTICS

Visit ID	: YGT37012	UHID/MR No	: YGT.0000036866
Patient Name	: Mrs. MAHESWARI NAIDU SANAM K	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10775993
DOB	:	Registration	: 28/Oct/2023 08:30AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:30AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 11:47AM
Hospital Name	:		

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

LIVER : Normal in size (14.2 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. *A 1.1 cm echogenic calculus 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 (11.3 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 11.0 x 4.4 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 11.2 x 5.8 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, measures 8.1 x 4.4 x 4.3 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 9 mm.

Right ovary measures 3.2 x 2.3 cm and left ovary measures 2.6 x 1.7 cm.
Both ovaries are normal in size & echotexture. No adnexal lesion seen.

Minimal collection noted in cervical canal.

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

No free fluid is seen in pelvis.

IMPRESSION:

- CHOLELITHIASIS.

Verified By :
Kollipara Venkateswara Rao



Approved By :

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

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

Rotated 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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Sushma
Dr.SUSHMA VUYYURU
MBBS;MD(Radio-Diagnosis)
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DEPARTMENT OF RADIOLOGY**ULTRASOUND OF BOTH BREASTS****RIGHT BREAST:**

Glandular parenchyma appears normal.
No evidence of focal mass lesions.
No evidence of ductal dilatation.
Nipple and areolar region appears normal.
Skin thickness is normal.

LEFT BREAST:

Glandular parenchyma appears normal.
No evidence of focal mass lesions.
No evidence of ductal dilatation.
Nipple and areolar region appears normal.
Skin thickness is normal.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED.

BIRADS 0 - Needs additional imaging
BIRADS I - Normal
BIRADS II - Benign
BIRADS III - Probably benign
BIRADS IV - Suspicious
BIRADS V - Highly suspicious
BIRADS VI - Known breast malignancy

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Dr. SUSHMA VUYYURU
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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	55	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

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

HAEMOGLOBIN (HB)	10.9	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.41	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	32.8	%	36.0 - 46.0	RBC pulse height detection
MCV	74.3	fL	83 - 101	Automated/Calculated
MCH	24.7	pg	27 - 32	Automated/Calculated
MCHC	33.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15.6	%	11.0-16.0	Automated Calculated
RDW - SD	44.4	fl	35.0-56.0	Calculated
MPV	8.7	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.32	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,620	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	58	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	05	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.65	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.00	ng/ml	0.60 - 1.78	CLIA
T4	8.80	ug/dl	4.82-15.65	CLIA
TSH	1.98	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	0.41	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.06	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.35	mg/dl		Calculated
S.G.O.T	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	9	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	90	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.23			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	151	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	91	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	100	mg/dl	See Table	GPO
VLDL	20.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.78		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.5	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	111	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	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	120	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	21	mg/dL	13 - 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.

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	107	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

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	115	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	0.59	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	12	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT37012	UHID/MR No : YGT.0000036866
Patient Name : Mrs. MAHESWARI NAIDU SANAM K	Client Code : 1409
Age/Gender : 33 Y 0 M 0 D /F	Barcode No : 10775993
DOB :	Registration : 28/Oct/2023 08:30AM
Ref Doctor : SELF	Collected : 28/Oct/2023 08:34AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 08:53AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 10:01AM
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	5.0	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
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT37012	UHID/MR No	: YGT.0000036866
Patient Name	: Mrs. MAHESWARI NAIDU SANAM K	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10775993
DOB	:	Registration	: 28/Oct/2023 08:30AM
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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	0.59	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	16.60	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT37012	UHID/MR No	: YGT.0000036866
Patient Name	: Mrs. MAHESWARI NAIDU SANAM K	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10775993
DOB	:	Registration	: 28/Oct/2023 08:30AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:30AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:44PM
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 : 3.7 cms
LEFT VENTRICLE : EDD : 3.6 cm IVS(d) : 0.9 cm LVEF : 69 %
ESD : 2.2 cm PW (d) : 0.9 cm FS : 38 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.4 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	: YGT37012	UHID/MR No	: YGT.0000036866
Patient Name	: Mrs. MAHESWARI NAIDU SANAM K	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10775993
DOB	:	Registration	: 28/Oct/2023 08:30AM
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Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 1.7m/sec, A - 3.0 m/sec.
AORTIC FLOW : 1.0 m/sec
PULMONARY FLOW : 0.9 m/sec
TRICUSPID FLOW : TRJV :0.7 m/sec, RVSP - 14mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * MILD CONCENTRIC LVH
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * 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 : YGT37012	UHID/MR No : YGT.0000036866
Patient Name : Mrs. MAHESWARI NAIDU SANAM K	Client Code : 1409
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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	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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	: YGT37012	UHID/MR No	: YGT.0000036866
Patient Name	: Mrs. MAHESWARI NAIDU SANAM K	Client Code	: 1409
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10775993
DOB	:	Registration	: 28/Oct/2023 08:30AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 11:19AM
Client Name	: MEDI WHEELS	Received	: 28/Oct/2023 11:31AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:48PM
Hospital Name	:		


DEPARTMENT OF CYTOPATHOLOGY



Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT37012	UHID/MR No	: YGT.0000036866
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Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-144 / 23
 Date of Receiving: 28-10-2023

SYSTEM: BETHESDA 2014

SPECIMEN: ONE CERVICAL SMEAR. 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.

*** End Of Report ***

Verified By :
 Kollipara Venkateswara Rao



Approved By :


 Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT37012	UHID/MR No	: YGT.0000036866
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DEPARTMENT OF CYTOPATHOLOGY



Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

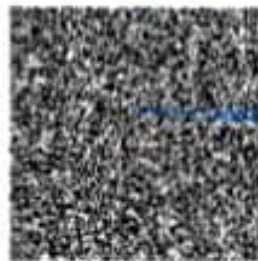


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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2189/50004/46100

To
శాసం కె మహేశ్వరి నాయుడు
Sanam K Maheswari Naidu
D/O: Sanam Venkata Apparao
House Number-25-17-512
2nd line srinivasarao thota
Near Vinayaka swami Temple
Srinivasarao thota
Guntur
Guntur Andhra Pradesh - 522004
8500991976



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6273 9590 2738

VID : 9150 4976 0097 9929

నా ఆధార్, నా గుర్తింపు



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు. తీరనిత్యానికి కాదు.
- ఆధార్ పునరుద్ధరించే మరియు సులభతరమైనది.
- సులభతర QR కోడ్ / ఆఫ్లైన్ XML / ఆఫ్లైన్ ప్రమాణీకరణను అందించడానికి గుర్తింపును ఉపయోగించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఆధార్, ఆధార్ పంట్ల అన్ని రకాల ఆధార్ యి సమానంగా ఉంటాయి. 12 అంతుల ఆధార్ సంఖ్య ఫోటోతో విద్యుత్ ఆధార్ ఐడెంటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్విత ప్రయోజనాలు/సేవలను పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ మొబైల్ ఐడెంటిటీ ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందటానికి స్మార్ట్ ఫోన్లో ఆధార్ యాప్ ను డౌన్లోడ్ చేసుకోండి.
- భద్రతను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్ / ఆయామెన్టీస్ పేజీని ఉపయోగించండి.
- ఆధార్ ను ఆధ్వర్యం చేసే సంస్థలు తమ సమ్మతన పొందటానికి ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify Identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entitles seeking Aadhaar are obligated to seek due consent.

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Government of India



శాసం కె మహేశ్వరి నాయుడు
Sanam K Maheswari Naidu
పుట్టిన తేదీ/DOB: 19/02/1990
లింగం / FEMALE

6273 9590 2738

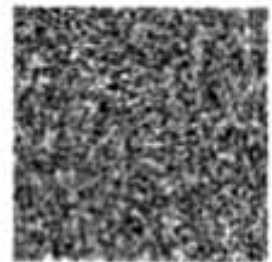
VID : 9150 4976 0097 9929

నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్:
D/O: శాసం కె మహేశ్వరి నాయుడు, హౌస్ నంబర్-25-17-512, 2వ లైన్ శ్రీనివాసరావు తోట, విద్యాపథం వ్యాను కల్యాణం తీర్థం, శ్రీనివాసరావు తోట, గుంటూరు, గుంటూరు, ఆంధ్ర ప్రదేశ్ - 522004

Address:
D/O: Sanam Venkata Apparao, House Number-25-17-512, 2nd line srinivasarao thota, Near Vinayaka swami Temple, Srinivasarao thota, Guntur, Guntur, Andhra Pradesh - 522004



6273 9590 2738

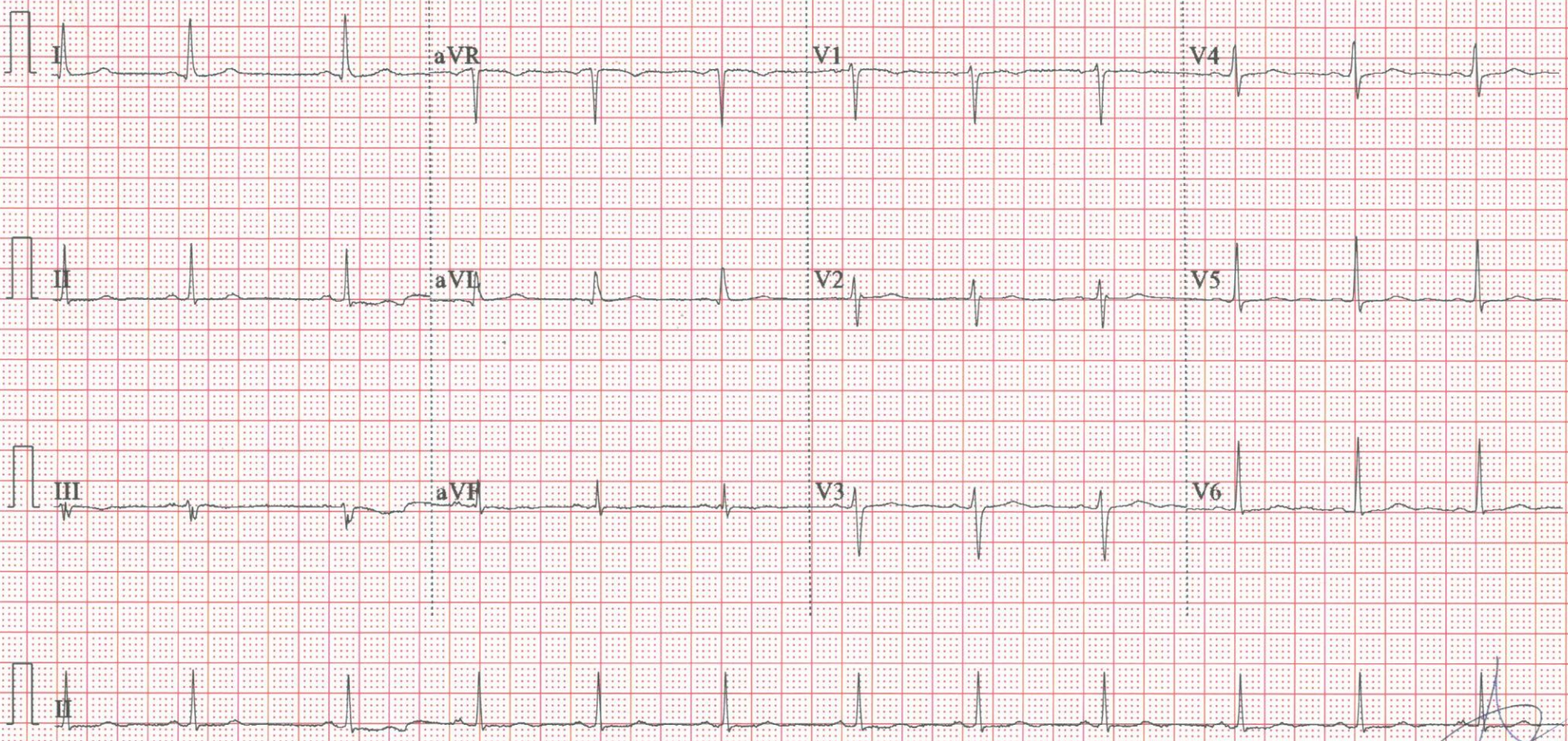
VID : 9150 4976 0097 9929

ID: 37012
MAHESWARI NAIDU
Female 33Years
Req. No. :

28-10-2023 10:45:05
HR : 71 bpm
P : 97 ms
PR : 139 ms
QRS : 82 ms
QT/QTcBz : 397/434 ms
PQRS/T : 55/18/9 °
RV5/SV1 : 1.018/0.845 mV

Diagnosis Information:
Sinus Arrhythmia
Low T Wave(IL,aVF,V5,V6)

Report Confirmed by:



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

Name: Mrs. Makguzari nidu sanam. k
Date: 28/10/23 Age: 33 years Sex: Female
Address: Guntur



Routine checkup
NO COMPLAINTS

TEMP: 37.2
B.P: 130/80 mm/Hg
PULSE: 86 bts
WEIGHT: 78 kgs
HEIGHT: 154 cms

USG -
cholelithiasis
 TO CONSULT
General Surgeon

- Low salt Diet
- Daily Exercise
- weight Reduction

Name: Mrs. Meheswari Naidu Saran. K.
Date: 28/10/23 Age: 33 years Sex: Female
Address: Guntur



LMP: 4/10/23

MFX SJS

A. - MTP Kit

Pi - Li - Q - 3y8 - LSU - Hosp

MHA: 4 days → Normal flow
28 days → No dysmenorrhea
 → No clots

no fresh clots

USG shows

↓

1-1 cm echogenic

Calculus

↓

Cholelithiasis

↓

Surgeon

consultation

A dx

- Life style Modification
- regular exercises

TEMP: 98.6
B.P: 130/80 mmHg
PULSE: 86 bpm
WEIGHT: 78 kg
HEIGHT: 1.57 cm
↓
6 kg

DATE: 28-10-23NAME: Maheswari NAIDUAGE: 33/0 ADDRESS: _____TYPE OF LENS: GLASS CONTACTS CR POLYCARBONATE COATINGS : ARC HARD COAT TINT : White SP2 PHOTO GREY BIFOCALS : KRYPTOK EXECUTIVE "D" PROGRESSIVE

R				L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	- 225			- 150		
ADD						

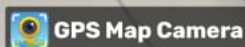
INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____



YODA
DIAGNOSTICS



Guntur, Andhra Pradesh, India

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

Lat 16.299196°

Long 80.451564°

28/10/23 08:32 AM GMT +05:30



Google