

Visit ID	: YGT21164	UHID/MR No	: YGT.0000021031
Patient Name	: Mr. V NANCHARAIAH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
Ref Doctor	: SELF	Collected	: 22/Jul/2023 07:57AM
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

**LIVER** : *Mildly enlarged in size (16.0 cm) and echo-texture. No focal lesion is seen. Visualised common bile duct & portal vein appears normal. Mild IHBRD noted.*

**GALL BLADDER** : Well distended. No evidence of wall thickening. *Few calculi noted at fundus of gall bladder, largest of size 1 cm. CBD measures 6.2 mm.*

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

**SPLEEN** : Normal in size (11.0 cm) and echotexture. No focal lesion is seen.

**RIGHT KIDNEY** : measures 9.5 x 4.4 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. *Moderate hydronephrosis noted upto distal ureter. No calculus.*

**LEFT KIDNEY** : measures 11.8 x 5.7 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. *Moderate hydronephrosis noted upto distal ureter. No calculus.*

**URINARY BLADDER** : Over distended. *Mildly irregular and thickened measuring 5 mm. Pre void urine : 682 cc, Post void urine : 606 cc (significant).*

**PROSTATE** : *Enlarged in size (vol : 89 cc) with indentation over base of bladder and protrusion into the lumen of urinary bladder with compression over adjacent ureters.*

*Multiple intrabowel gas shadows noted.*

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

No free fluid is seen in peritoneal cavity.

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Kollipara Venkateswara Rao



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

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**DEPARTMENT OF RADIOLOGY****IMPRESSION:**

- Mild hepatomegaly.
- Cholelithiasis.
- Mild IHBRD.
- Bilateral moderate hydronephrosis.
- Mild irregular and thickened urinary bladder wall with significant post void urine.
- Grade III prostatomegaly with bladder outlet obstruction in the form of bilateral hydronephrosis.

- Suggested clinical correlation & further evaluation.

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

Soft tissues/ bony cage normal.  
Trachea and Mediastinal structures are normal.  
Heart size and configuration are normal.  
Aorta and pulmonary vascularity are normal.  
Lung parenchyma and CP angles are clear.  
Bilateral hilae and diaphragmatic contours are normal.

**IMPRESSION :**

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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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	<b>70</b>	mm/1st hr	0 - 15	Capillary Photometry
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**COMMENTS:**

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


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

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

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**DEPARTMENT OF HAEMATOLOGY**


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

HAEMOGLOBIN (HB)	<b>12.7</b>	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	<b>4.20</b>	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	<b>36.1</b>	%	40.0 - 50.0	RBC pulse height detection
MCV	86	fL	83 - 101	Automated/Calculated
MCH	30.4	pg	27 - 32	Automated/Calculated
MCHC	<b>35.3</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.2	%	11.0-16.0	Automated Calculated
RDW - SD	44.1	fl	35.0-56.0	Calculated
MPV	7.4	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.21	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,520	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	26	%	20 - 40	Impedance
EOSINOPHIL	<b>07</b>	%	01 - 06	Impedance
MONOCYTE	07	%	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	0.65	ng/ml	0.60 - 1.78	CLIA
T4	11.70	ug/dl	4.82-15.65	CLIA
TSH	1.25	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.
- 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	0.53	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.43	mg/dl		Calculated
S.G.O.T	12	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	12	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	91	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.0	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl		Calculated
A/G RATIO	1.25			Calculated

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>248</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	153	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>428</b>	mg/dl	See Table	GPO
VLDL	NA	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.96		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>8.56</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>198</b>	mg/dl	< 130	Calculated

As triglycerides level are >400 mg/dl, friedwald's equation is not suitable for the calculation of VLDL. The LDL estimation is assayed directly. Kindly correlate clinically

**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

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for risk refinement



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**PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**

**Sample Type : SERUM**

PROSTATE SPECIFIC ANTIGEN	2.08	ng/mL	< 4.0	CLIA
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**INTERPRETATION:**

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	<b>55</b>	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	<b>25.7</b>	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	<b>230</b>	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	<b>327</b>	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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<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	<b>1.78</b>	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).

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT21164	<b>UHID/MR No</b>	: YGT.0000021031
<b>Patient Name</b>	: Mr. V NANCHARAI AH	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 57 Y 0 M 0 D /M	<b>Barcode No</b>	: 10590075
<b>DOB</b>	:	<b>Registration</b>	: 22/Jul/2023 07:57AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 22/Jul/2023 08:03AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 22/Jul/2023 08:37AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 22/Jul/2023 09:17AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	30	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*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT21164	UHID/MR No	: YGT.0000021031
<b>Patient Name</b>	: Mr. V NANCHARAIAH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
Ref Doctor	: SELF	Collected	: 22/Jul/2023 08:03AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	<b>8.4</b>	mg/dl	3.5 - 7.20	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*  
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 MBBS,DCP  
 Consultant Pathologist



<b>Visit ID</b>	: YGT21164	UHID/MR No	: YGT.0000021031
<b>Patient Name</b>	: Mr. V NANCHARAI AH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 22/Jul/2023 09:17AM
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)	<b>25.7</b>	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	<b>1.78</b>	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	14.40	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT21164	UHID/MR No	: YGT.0000021031
Patient Name	: Mr. V NANCHARAIAH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
Ref Doctor	: SELF	Collected	: 22/Jul/2023 07:57AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 22/Jul/2023 11:07AM
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 : 3.5 cms  
LEFT VENTRICLE : EDD : 4.4 cm IVS(d) : 0.9 cm LVEF : 70 %  
ESD : 2.6 cm PW (d) : 1.0 cm FS : 39 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.2 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	: YGT21164	UHID/MR No	: YGT.0000021031
Patient Name	: Mr. V NANCHARAI AH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 22/Jul/2023 11:07AM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E : 0.6 m/sec, A : 0.7 m/sec.  
AORTIC FLOW : 1.1 m/sec  
PULMONARY FLOW : 1.2 m/sec  
TRICUSPID FLOW : TRJV : 2.0 m/sec, RVSP 27 mmHg  
COLOUR FLOW MAPPING: Trivial TR

**IMPRESSION :**

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV SYSTOLIC FUNCTION
- \* GRADE I DIASTOLIC LV DYSFUNCTION
- \* NO MR / AR / PR
- \* TRIVIAL TR / NO PAH
- \* NO PE / CLOT / VEGETATION

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT21164	<b>UHID/MR No</b>	: YGT.0000021031
<b>Patient Name</b>	: Mr. V NANCHARAIAH	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 57 Y 0 M 0 D /M	<b>Barcode No</b>	: 10590075
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 22/Jul/2023 08:37AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 22/Jul/2023 10:55AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**CUE (COMPLETE URINE EXAMINATION)**

<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	DETECTED (++)		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	++		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
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	4-6	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT21164	UHID/MR No	: YGT.0000021031
<b>Patient Name</b>	: Mr. V NANCHARAI AH	Client Code	: 1409
Age/Gender	: 57 Y 0 M 0 D /M	Barcode No	: 10590075
DOB	:	Registration	: 22/Jul/2023 07:57AM
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Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological. Ref. Range	Method
OTHER	NIL			

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



**YCA**  
**DIAGNOSTICS**



RECEP



GPS Map Camera

**Guntur, Andhra Pradesh, India**

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

Lat 16.299236°

Long 80.451613°

22/07/23 10:42 AM GMT +05:30



Name: Mr. V. Vanchaeriah  
Date: 22/07/23 Age: 57 years Sex: Male  
Address: Guntur



40 - Pedal edema, Polyuria  
Generalised weakness  
k/c/o - T1N / T2DM

TEMP: (1)  
B.P: 140/90 mmHg  
PULSE: 97 bpm  
WEIGHT: 73 kg  
HEIGHT: 162 cm



1/4 Tab. NOCASTAT / OD  
0-0-1  
N  
(10)  
2 Tab. POSTCARD D8 / OD  
0-0-1  
N

FBS - 230 mg/dl  
PPBS - 327 mg/dl  
Triglycerides - 428 mg/dl  
↓ cholesterol - 248 mg/dl

Ady to  
Consult to  
Glen Swanson

CONTACT US

Yoda Lifeline Diagnostics Pvt Ltd  
Gollapudi Complex Opp Manasa  
Hospital, 12-12-36/1, Old Club Road  
Kothapet, Guntur - 522201

DATE: 22-07-23NAME: Nanchurayya GaruAGE: 57/04 ADDRESS: \_\_\_\_\_TYPE OF LENS: GLASS  CONTACTS CR  POLYCARBONATE COATINGS : ARC  HARD COAT TINT : White  SP2  PHOTO GREY BIFOCALS : KRYPTOK  EXECUTIVE "D"  PROGRESSIVE 

R				L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>DL</u>	<u>150</u>	<u>180</u>	<u>DL</u>	<u>150</u>	<u>180</u>
ADD			<u>+2.75</u>	<u>+2.75</u>	<u>+2.75</u>	<u>eye</u>

INSTRUCTIONS \_\_\_\_\_

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

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



Mr. U. NANCHAIAM  
.....  
10590075  
..... Male  
57 years  
..... cm / ..... kg

HR 90/min  
Intervals:  
RR 667 ms  
P 104 ms  
PR 134 ms  
QRS 86 ms  
QT 328 ms  
QTc 405 ms

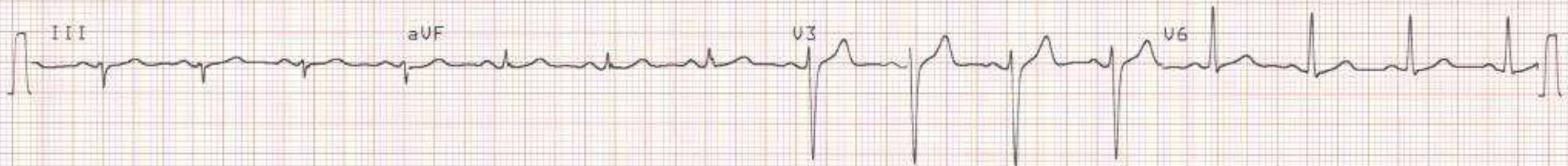
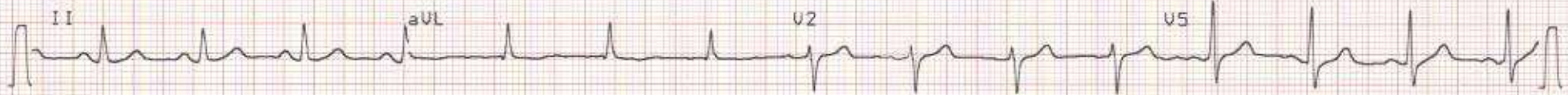
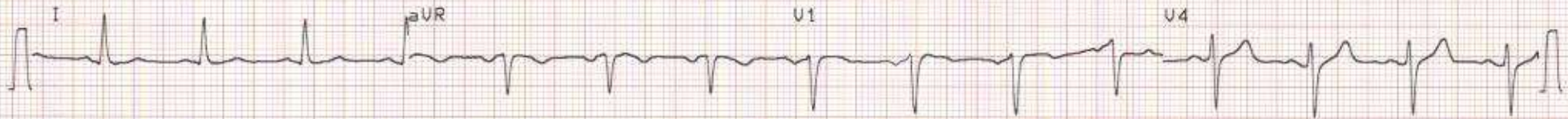
Axis:  
P 61°  
QRS 32°  
T 66°  
P (II) 0.12 mV  
S (V1) -0.89 mV  
R (V5) 1.05 mV  
Sokol. 2.04 mV

SINUS RHYTHM  
NORMAL ECG  
5.79

UNCONFIRMED REPORT

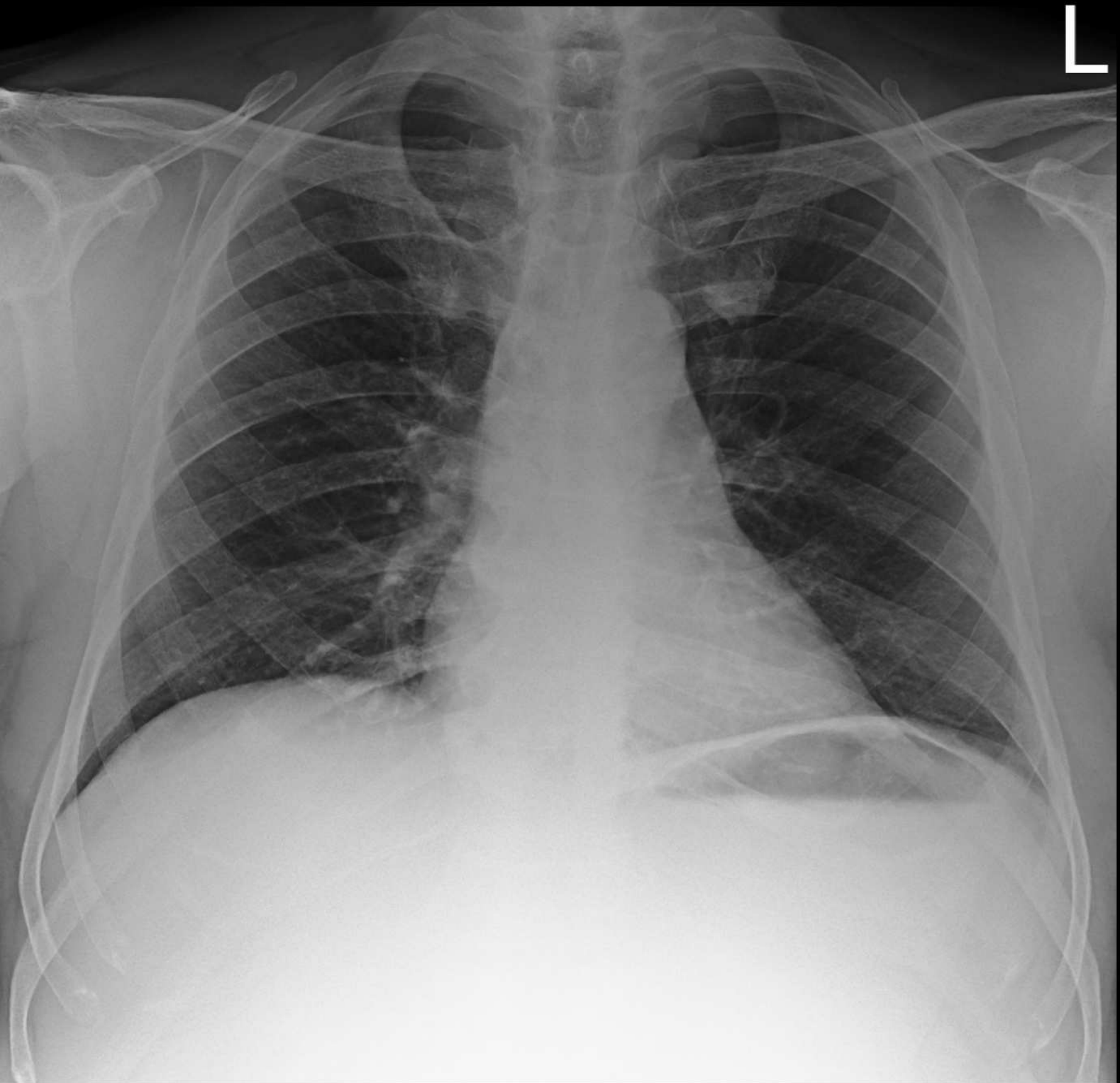
10 mm/mV

10 mm/mV



10 mm/mV

**Dr. B. NAGARAJU**  
Regd. No. 70765 MBBS, M.D., DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR



V NANCHARAI AH 57Y/M 10590075 CHEST PA 22-Jul-23

YODA DIAGNOSTICS



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం  
Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No. : 1171/27136/07501

To  
Vericherla Nancharaiah  
పరిచెర్ల నాచారయ్య  
S/O: Vericherla Venkateswarlu  
House Number-16-30-253  
3rd line Lakshmi nagar  
Suddapalli Donka, Old guntur  
Guntur  
Guntur Bazar, Guntur  
Andhra Pradesh - 522003  
9391299238

27/03/2013



KL008167341FT

816734



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**6403 4923 9879**

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం  
Government of India



పరిచెర్ల నాచారయ్య  
Vericherla Nancharaiah

పుట్టిన సంవత్సరం / Year of Birth: 1965  
పురుషుడు / Male

**6403 4923 9879**



ఆధార్ - సామాన్యని హక్కు