

Visit ID	: YGT24325	UHID/MR No	: YGT.0000024191
Patient Name	: Mrs. SRAVANTHI	Client Code	: 1409
Age/Gender	: 36 Y 0 M 7 D /F	Barcode No	: 10621539
DOB	: 05/Aug/1987	Registration	: 12/Aug/2023 08:29AM
Ref Doctor	: SELF	Collected	: 12/Aug/2023 08:29AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 10:22AM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size (13.1 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 (10.3 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.8 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.

LEFT KIDNEY : measures 11.3 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 8.4 x 4.0 x 5.7 cm, normal in size. Myometrium shows normal echo-texture. *Few hypoechoic fibroids noted in the uterus, largest measuring 1.6 x 1.2 cm anteriorly.* Endometrial thickness is 5.4 mm.

Right ovary measures 4.1 x 2.3 cm and left ovary measures 4.1 x 2.7 cm.
Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

IMPRESSION:

- Few uterine fibroids.

Verified By :

GOPI



Approved By :

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

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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	60	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

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

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

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

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
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. Advsiel cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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CBC(COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	13.1	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.09	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.6	%	36.0 - 46.0	RBC pulse height detection
MCV	91.9	fL	83 - 101	Automated/Calculated
MCH	31.9	pg	27 - 32	Automated/Calculated
MCHC	34.7	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.3	%	11.0-16.0	Automated Calculated
RDW - SD	43.8	fl	35.0-56.0	Calculated
MPV	8.3	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.22	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,450	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	70	%	40 - 80	Impedance
LYMPHOCYTE	25	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.66	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	0.74	ng/ml	0.60 - 1.78	CLIA
T4	10.95	ug/dl	4.82-15.65	CLIA
TSH	3.63	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.76	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.18	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.58	mg/dl		Calculated
S.G.O.T	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	11	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	60	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.0	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl		Calculated
A/G RATIO	1.50			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	140	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	32	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	78.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	149	mg/dl	See Table	GPO
VLDL	29.8	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.38		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.66	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	108	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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Test Name	Result	Unit	Biological. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.0	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	97	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	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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Test Name	Result	Unit	Biological. Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	103	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	114	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	0.67	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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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	3.6	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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Visit ID	: YGT24325	UHID/MR No	: YGT.0000024191
Patient Name	: Mrs. SRAVANTHI	Client Code	: 1409
Age/Gender	: 36 Y 0 M 7 D /F	Barcode No	: 10621539
DOB	: 05/Aug/1987	Registration	: 12/Aug/2023 08:29AM
Ref Doctor	: SELF	Collected	: 12/Aug/2023 08:32AM
Client Name	: MEDI WHEELS	Received	: 12/Aug/2023 09:04AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 10:00AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
-----------	--------	------	------------------------	--------


BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.67	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	11.10	Ratio	6 - 25	Calculated

Verified By :
GOPI



Approved By :


Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 11:55AM
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 : 4.5 cm IVS(d) : 0.6 cm LVEF : 79 %
ESD : 2.3 cm PW (d) : 0.8 cm FS : 44 %
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 :

GOPI



Approved By :


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

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DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E : 0.7 m/sec, A : 0.4 m/sec.
AORTIC FLOW : 1.0 m/sec
PULMONARY FLOW : 0.9 m/sec
TRICUSPID FLOW : TRJV : 1.8 m/sec, RVSP : 23 mmHg
COLOUR FLOW MAPPING: Trivial TR

IMPRESSION :


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

Verified By :

GOPI



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Client Name : MEDI WHEELS	Received : 12/Aug/2023 09:04AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 12/Aug/2023 11:53AM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
-----------	--------	------	------------------------	--------

CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	10 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azo-coupling Reaction
BLOOD	TRACE		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	2-3	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

Verified By :

GOPI



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Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-102/ 23
 Date of Receiving: 12-08-2023

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.

Verified By :

GOPI



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DEPARTMENT OF CYTOPATHOLOGY

*** End Of Report ***



Verified By :
GOPI



Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist



भारत सरकार

Government of India



Issue Date: 06/03/2012



സ്രാവന്തി വള്ളൂരി

SRAVANTHI VALLURI

పుట్టిన తేదీ / DOB: 05/08/1987

స్త్రీ / FEMALE



0000 0000 0000



6962 8313 3096

मेरा **आधार**, मेरी पहचान

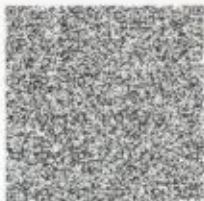


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



വീടുകൾ: W/O: നരേഷ് കെ.യു.നളിംഗസ്വാമി
വള്ളൂരി, വേലൂർ പോസ്റ്റ്,
ചിലകലൂരിപെൽ, ഗുണ്ടൂർ,
കുക്കപല്ലേവരിപാലം, ഗുണ്ടൂർ, ആന്ധ്രാ
പ്രദേശ്, 522619



Print Date: 20/04/2021

Address: W/O: NARESH KUMAR
VALLURI, VELURU POST, ChitakaluripeL,
Guntur, Kukkappallevaripalem, Guntur,
Andhra Pradesh, 522619

6962 8313 3096



1947



help@uidai.gov.in



www.uidai.gov.in

Mrs. SRAVATHI
.....
10621539
..... Female
36 years
..... cm / kg

HR 89/min

Intervals:
RR 675 ms
P 100 ms
PR 124 ms
QRS 76 ms
QT 346 ms
QTc 422 ms

Axis:
P 52°
QRS 79°
T 49°

P (II) 0.11 mV
S (V1) -0.79 mV
R (V5) 1.00 mV
Sokol. 1.91 mV

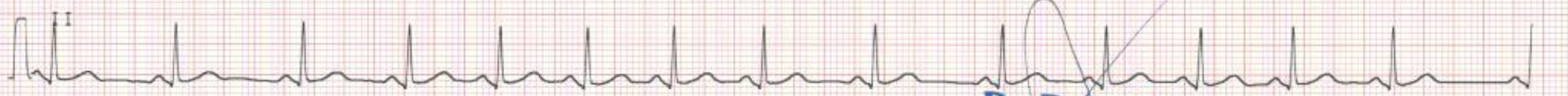
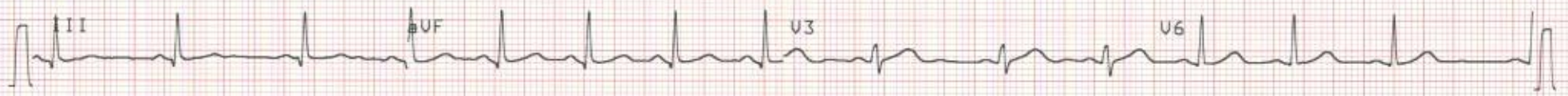
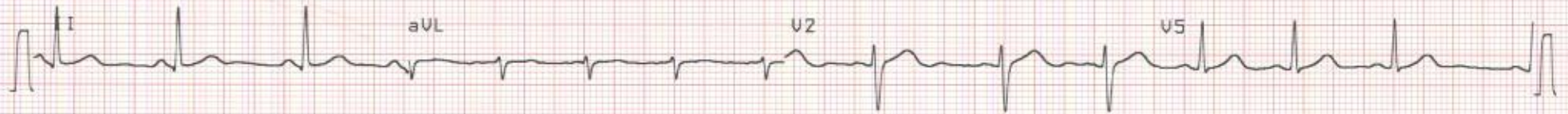
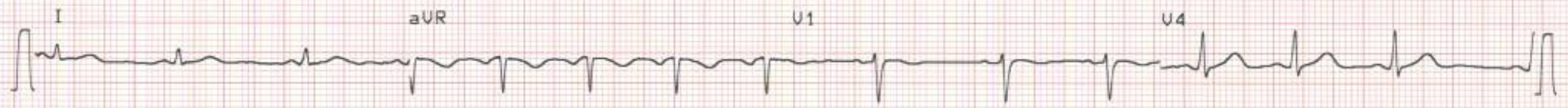
SINUS RHYTHM
ATRIAL PREMATURE COMPLEX(ES)
OTHERWISE NORMAL ECG

5.79

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 S5E SRS Sa 12-0110-23 09:38:04

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

PT-102 1 32 C1a

Name: Mrs. Sravanthi
Date: 12/08/23 Age: 36 years Sex: Female
Address: Guntur



Routine health check up
NO complaints

TEMP: 37
B.P: 110/60 mmHg
PULSE: 84 bpm
WEIGHT: 61 kg
HEIGHT: 154 cm

1) Tab. BECOSULES

0-0-1 (30)



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

CONTACT US

Name: Mrs. Sravanthi
 Date: 12/08/23 Age: 36 years Sex: Female
 Address: Guntur



LMP: 3/8/23

MFX 15yrs

A₁ - 1 1/2 Month - spontaneous - not J/B etc

P₁ - L₁ - 8 - 12yrs - NVD - hosp

A₂ - 2 Month - MTP kit - not J/B etc

M/H: 3 days - Normal flow

28 days - No clots

No dyspareunia

TEMP: 98.6
 B.P: 110/60 mmHg
 PULSE: 80 bpm
 WEIGHT: 61 kg
 HEIGHT: 154 cm
 BMI: 28 kg/m²

36yrs old female P₁L₁A₂ with
 pain in lower Abdomen
 on 2/06

No H/o DM/HTN/thyroid/ASTHMA/diabetes

D/E: Fungal infection
 to nail
 (Right index)

Adv

- Tab. Glucophage 1500mg Stat

- Tab. Calcium + vit D₃ 1 Month

DATE: 12-08-23

NAME: S. BRAVATHI Gan

AGE: 36/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	<u>-1.0</u>	<u>-1.0</u>	<u>180</u>	<u>-1.0</u>	<u>-1.0</u>	<u>180</u>
ADD						

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____



 GPS Map Camera

Guntur, Andhra Pradesh, India

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

Lat 16.299268°

Long 80.451639°

12/08/23 08:30 AM GMT +05:30



Google



SRAVANTHI 36Y FEMALE 10621539 CHEST PA 12-Aug-23

YODA DIAGNOSTICS