

Visit ID	: YGT15361	UHID/MR No	: YGT.0000015236
Patient Name	: Mrs. SRAVANTHI DEVI	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:54AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:36PM
Hospital Name	:		

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

Clinical Details : General check-up.

**LIVER** : Normal in size 13.6cm and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

**GALL BLADDER** : Partially distended. No evidence of calculi / wall thickening. Visualised common bile duct & portal vein appears normal.

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

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

**RIGHT KIDNEY** : Measures 11.4 cm. Normal in size with smooth contours. Parenchymal texture normal. Cortico-medullary differentiation well maintained. Few (3) small calculi noted in the right kidney largest measuring 5 mm in mid pole.

**LEFT KIDNEY** : Measures 11 x 5.3 cm. Normal in size with smooth contours. Parenchymal texture normal. Cortico-medullary differentiation well maintained. Few small 2-3mm calculi noted in left kidney

**URINARY BLADDER** : Empty.

**UTERUS** : Anteverted, measures 7.6 x 3.7 x 6.2 cm, normal in size. Myometrium shows normal echo-texture. Endometrial thickness is 7 mm normal. A 8 x 7 mm hypoechoic fibroid noted in right fundal region of uterus.

Right ovary measures 3.8 x 2 cm. A 2.9 x 1.7 cm cyst / follicle noted in right ovary.

Left ovary measures 2.2 x 1.7 cm.

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

Minimal free fluid is seen POD.

Mild increased vascularity in pelvic region.

Verified By :  
SHARMILA



Approved By :

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

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**DEPARTMENT OF RADIOLOGY****MAMMOGRAM:-**

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:**

- BILATERAL SMALL RENAL CALCULI .
- SMALL UTERINE FIBROID .
- SIMPLE CYST / FOLLICLE IN RIGHT OVARY .
- MILD PELVIC INFALAMMATORY CHANGES .
- NO SIGNIFICANT ABNORMALITY DETECTED IN MAMMOGRAM .

Suggested:- Clinical correlation & follow up

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**DEPARTMENT OF RADIOLOGY**CHEST X-RAY ( PA VIEW )FINDINGS:

Prominent pulmonary bronchovesicular markings in bilateral lung fields predominantly in bilateral lower lobes.

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

IMPRESSION:

- Prominent pulmonary bronchovesicular markings in bilateral lung fields predominantly in bilateral lower lobes.

Suggested clinical correlation and follow up

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 10:23AM
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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>55</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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 11:04AM
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**DEPARTMENT OF HAEMATOLOGY**

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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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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 10/Jun/2023 09:59AM
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Test Name	Result	Unit	Biological. Ref. Range	Method
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**CBC (COMPLETE BLOOD COUNT)**
**Sample Type : WHOLE BLOOD EDTA**

HAEMOGLOBIN (HB)	<b>11.4</b>	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.08	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	<b>33.1</b>	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>81.1</b>	fL	83 - 101	Automated/Calculated
MCH	27.8	pg	27 - 32	Automated/Calculated
MCHC	34.4	g/dl	32 - 35	Automated/Calculated
RDW - CV	14.5	%	11.0-16.0	Automated Calculated
RDW - SD	44.8	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.3	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,790	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	61.6	%	40 - 80	Impedance
LYMPHOCYTE	22.4	%	20 - 40	Impedance
EOSINOPHIL	<b>9.7</b>	%	01 - 06	Impedance
MONOCYTE	6.3	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.47	Lakhs/cumm	1.50 - 4.10	Impedance

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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 10/Jun/2023 11:04AM
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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	1.71	ng/ml	0.60 - 1.78	CLIA
T4	8.35	ug/dl	4.82-15.65	CLIA
TSH	0.94	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**

Test Name	Result	Unit	Biological. Ref. Range	Method
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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	0.07	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
S.G.O.T	28	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	88	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.0	gm/dl		Calculated
A/G RATIO	1.40			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	148	mg/dl	See Table	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	83.4	mg/dl	See Table	Enzymatic Selective Protein
TRIGLYCERIDES	73	mg/dl	See Table	GPO
VLDL	<b>14.6</b>	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	2.96		See Table	Calculated
TRIGLYCEIDES/ HDL RATIO	1.46	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	98	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**

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	5.5	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	mg/dl		

**Note:**  
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.  
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	<b>12</b>	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	5.6	mg/dl	5 - 25	GLDH-UV

**Increased In:**

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

**Decreased In:**

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)


**Limitations:**

Urea levels increase with age and protein content of the diet.

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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	97	mg/dl	70 - 100	HEXOKINASE
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**INTERPRETATION:**

**Increased In**

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


**Decreased In**

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

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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	105	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	0.58	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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Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 09:01AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 09:22AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 09:59AM
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	3.1	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 :  
SHARMILA



Approved By :

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

<b>Visit ID</b>	: YGT15361	UHID/MR No	: YGT.0000015236
<b>Patient Name</b>	: Mrs. SRAVANTHI DEVI	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 09:01AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 09:22AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 09:59AM
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)	5.6	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.58	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	9.67	Ratio	6 - 25	Calculated

Verified By :  
SHARMILA



Approved By :

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


Visit ID	: YGT15361	UHID/MR No	: YGT.0000015236
Patient Name	: Mrs. SRAVANTHI DEVI	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:54AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:15PM
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 : 3.2 cms  
LEFT VENTRICLE : EDD : 4.6 cm IVS(d) : 0.9cm LVEF : 67%  
ESD : 3.2 cm PW (d) : 0.9cm FS : 37%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.6cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
SHARMILA

Approved By :

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

Visit ID	: YGT15361	UHID/MR No	: YGT.0000015236
Patient Name	: Mrs. SRAVANTHI DEVI	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:54AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:15PM
Hospital Name	:		

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

MITRAL FLOW : E - 7.1m/sec, A - 4.8m/sec.  
AORTIC FLOW : 1.2m/sec  
PULMONARY FLOW : 1.0m/sec  
TRICUSPID FLOW : NORMAL

**COLOUR FLOW MAPPING:** TRIVIAL MR/ TR

**IMPRESSION :**


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

**CONSULTANT CARDIOLOGIST**

Verified By :  
SHARMILA



Approved By :

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

<b>Visit ID</b>	: YGT15361	<b>UHID/MR No</b>	: YGT.0000015236
<b>Patient Name</b>	: Mrs. SRAVANTHI DEVI	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 39 Y 0 M 0 D /F	<b>Barcode No</b>	: 10526304
<b>DOB</b>	:	<b>Registration</b>	: 10/Jun/2023 08:54AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 10/Jun/2023 09:01AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 10/Jun/2023 09:22AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 10/Jun/2023 10:23AM
<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	10 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY CLOUDY			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	7.0		4.6 - 8.0	Double Indicator
PROTEIN	TRACE		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	DETECTED (++)		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	4-5	cells/HPF	0-5	
EPITHELIAL CELLS	10-12	/hpf	0 - 15	
RBCs	8-10	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	

 Verified By :  
 SHARMILA


Approved By :

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

<b>Visit ID</b>	: YGT15361	UHID/MR No	: YGT.0000015236
<b>Patient Name</b>	: Mrs. SRAVANTHI DEVI	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10526304
DOB	:	Registration	: 10/Jun/2023 08:54AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 10:23AM
Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**


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

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

Verified By :  
SHARMILA



Approved By :

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



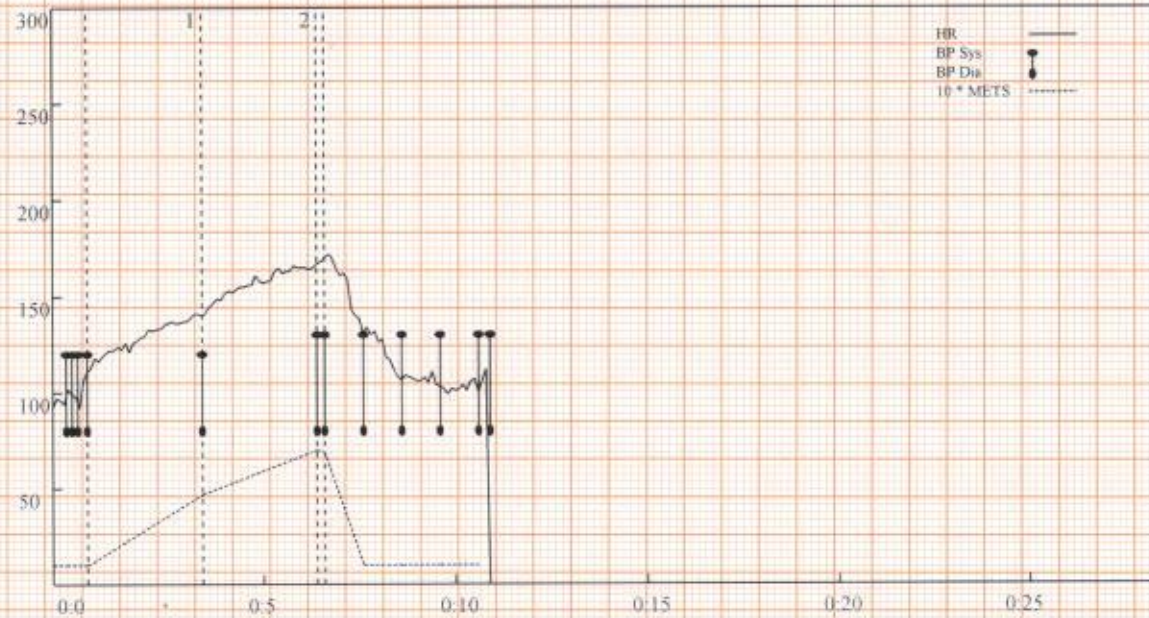
# Yoda Diagnostic Guntur

Name: MRS.SRAVANTHI DEVI M

Date: 10-06-2023

Time: 12:09

## Exercise Trend



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:11 achieving a work level of 7 METS.

Resting Heart Rate, initially 96 bpm rose to a max. heart rate of 168bpm (93% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 130/80 mmHg

\*NO SIGNIFICANT ST T CHANGES DURING EXERCISE & RECOVERY

\*POOR EFFORT TOLERANCE

\*TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version:2.14

**Dr. B. NAGARAJU**  
Regd.No: 70790 MBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTIC GUNTUR

( Summary Report edited by User )



## Yoda Diagnostic Guntur

**Name:** MRS.SRAVANTHI DEVI M **Date:** 10-06-2023 **Time:** 12:09  
**Age:** 39 **Gender:** F **Height:** 152 cms **Weight:** 68 Kg **ID:** 10526304  
**Clinical History:** NO  
**Medications:** NO

### Test Details:

**Protocol:** Bruce **Predicted Max HR:** 181 **Target HR:** 153  
**Exercise Time:** 0:06:11 **Achieved Max HR:** 168 (93% of Predicted MHR)  
**Max BP:** 130/80 **Max BP x HR:** 21840 **Max Mets:** 7  
**Test Termination Criteria:**

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:21	1	0	0	96	120/80	11520	0.6 V5	-0.5 aVR
Standing	00:10	1	0	0	102	120/80	12240	1 I	-0.5 aVR
HyperVentilation	00:10	1	0	0	99	120/80	11880	0.8 aVF	-0.5 aVR
Pre-Test	00:15	1	1.6	0	106	120/80	12720	-0.8 III	0.4 V2
Stage 1	03:00	4.7	2.7	10	141	120/80	16920	0.8 V2	-1.1 aVR
Stage 2	03:00	7	4	12	165	130/80	21450	-2.4 III	-1.8 aVR
Peak Exercise	00:11	6.9	5.5	14	168	130/80	21840	-1.5 V3	1.6 V4
Recovery1	01:00	1	0	0	138	130/80	17940	1 V2	1.6 V4
Recovery2	01:00	1	0	0	108	130/80	14040	0.8 V1	1.1 II
Recovery3	01:00	1	0	0	104	130/80	13520	0.7 V1	0.5 II
Recovery4	01:00	1	0	0	107	130/80	13910	-0.4 III	0.3 V4



# Yoda Diagnostic Guntur

**MRS.SRAVANTHI DEVI M**

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:21

**HR: 96 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Supine

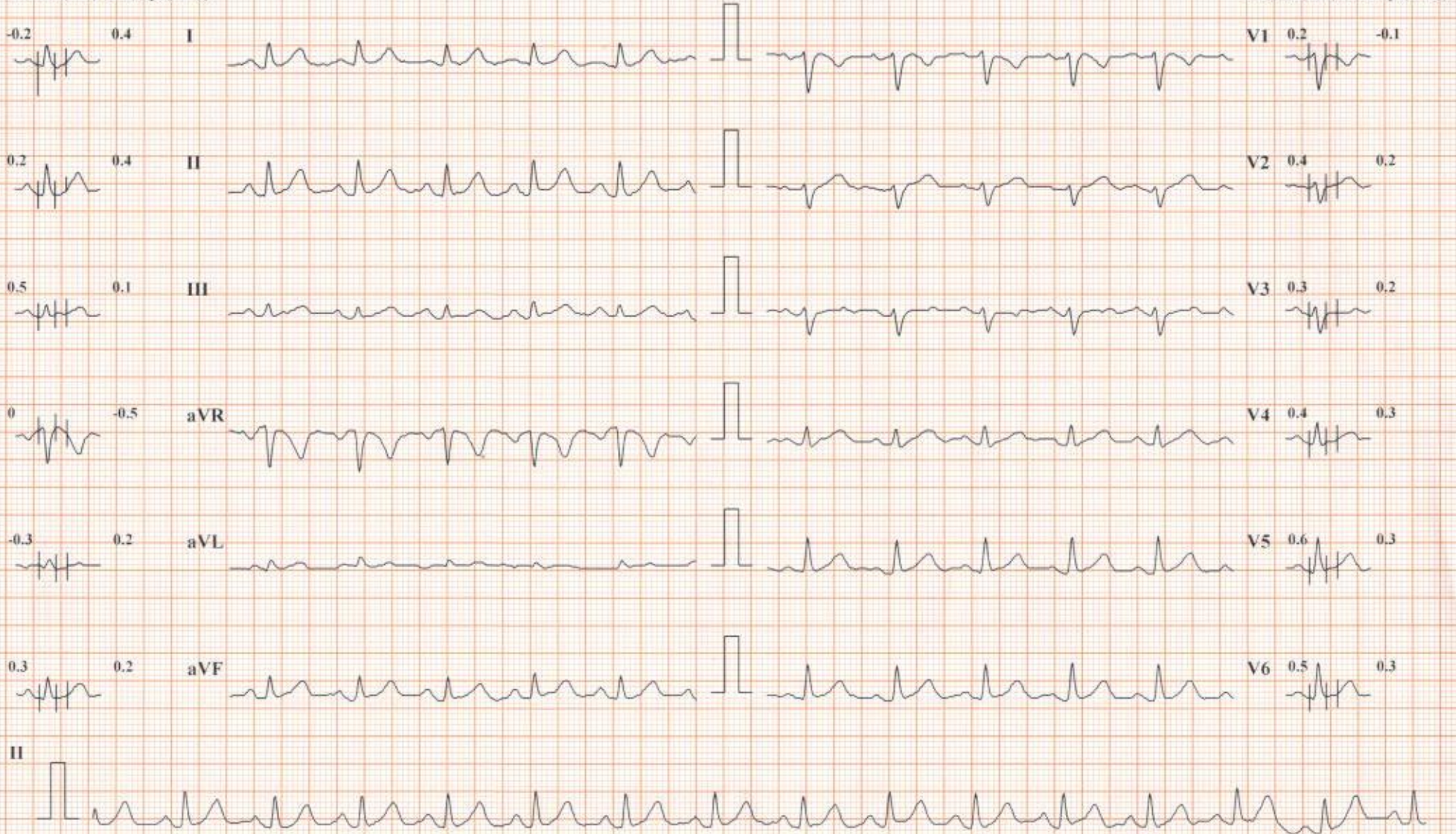
Speed: 0 km/h

Slope: 0%

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

**MRS.SRAVANTHI DEVI M**

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:10

**HR: 102 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

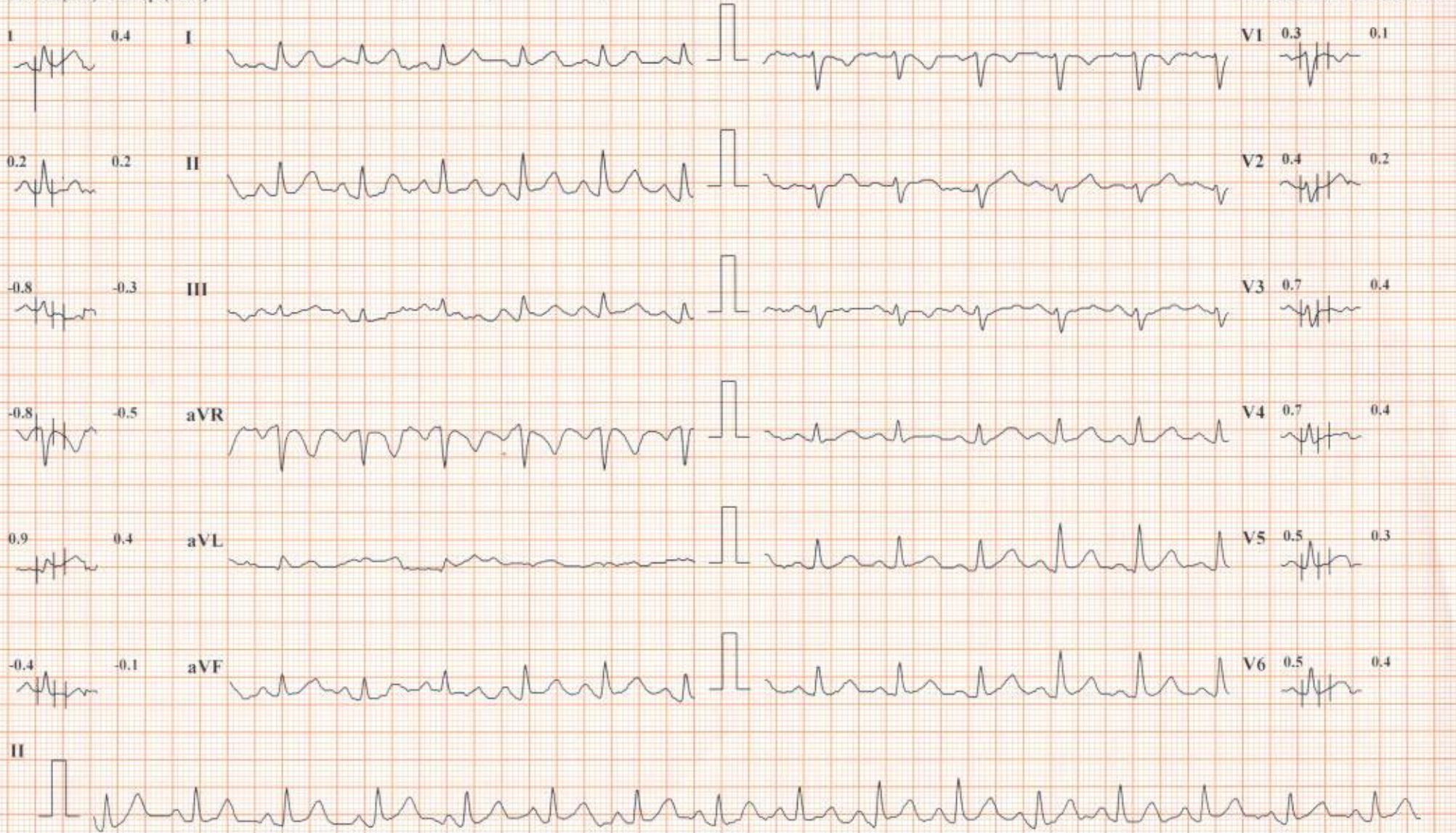
Stage: Standing

Speed: 0

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:10

HR: 99 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

0.2 0.4

I



VI -0.1 -0.2

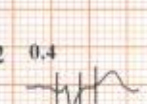


0.7 0.4

II



V2 0.4 0.3

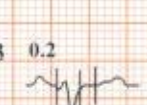


0.5 0.1

III



V3 0.2 0.2

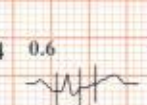


-0.7 -0.5

aVR

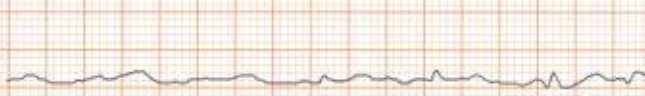


V4 0.6 0.3

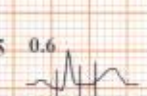


-0.2 0.1

aVL



V5 0.6 0.2

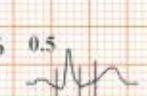


0.8 0.2

aVF



V6 0.5 0.4



II





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 141 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

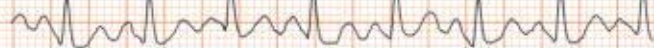
0.6 0.7 I



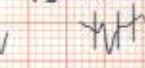
V1 0.4 -0.1



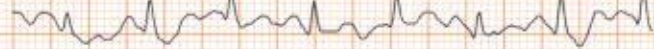
0.1 I II



V2 0.8 0.5



-0.4 0.4 III



V3 0.4 0.4



-0.5 -1.1 aVR



V4 -0.1 0.8



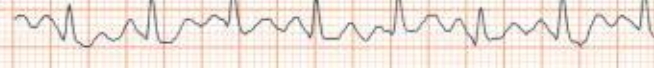
0.5 0.2 aVL



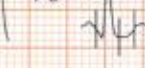
V5 -0.6 0.6



-0.1 0.7 aVF



V6 -0.7 0.6



II





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 165 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

**MRS.SRAVANTHI DEVI M**

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 0:06:11

Stage Time: 00:11

**HR: 168 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

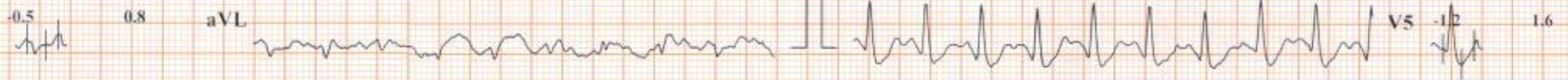
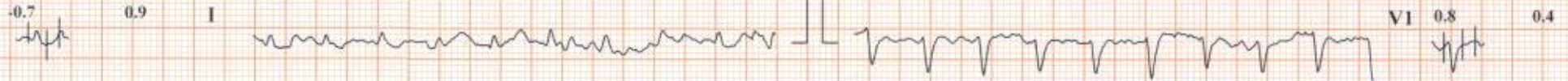
Speed: 5.5 kmph

Slope: 14 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 138 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 108 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

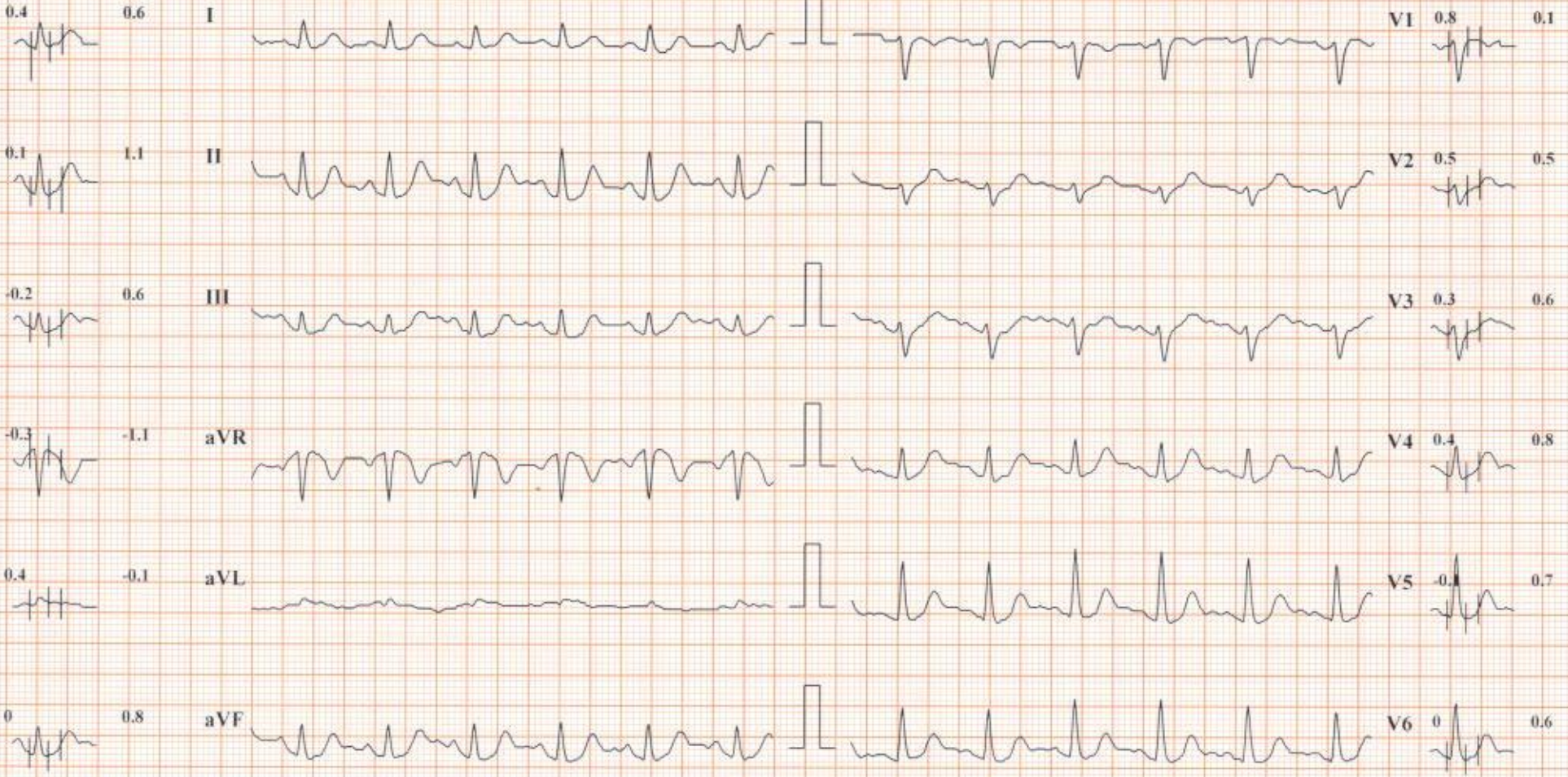
Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

MRS.SRAVANTHI DEVI M

Bruce Protocol

ID: 10526304

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 107 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





Name: MRS. Saravanthi Devi  
 Date: 10/06/23 Age: 39 years Sex: Female  
 Address: Guntur



Routine Health check up

ClO Burning pain in chest

Headache

Blurring of vision

~~H/O coughed Asthma~~

~~cough~~ cold

USG - Abdomen

H/O Allergic Rhinitis (+)

BL small

1) Plenty of fluids

Renal calculi

Small Uterine

Fibroid

2) cap. DPP BLOCK - DSR

Simple (+) ovarian cyst

1 - 0 - 0 - (30)

TEMP: .....  
 B.P: 90/60 mm/Hg  
 PULSE: 96 bpm  
 WEIGHT: 68 kg  
 HEIGHT: 1.52 cm

CONTACT US



TO CONSULT  
Gynaecologist /  
Ophthalmologist

3) TAB. MONTEK-CC  
O O T (10)

4) TAB. BECOSULES  
O O T (3)

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





Mrs. SRAVANTHI DEVI

HR 105/min

Axis:

SINUS TACHYCARDIA

10526304

Intervals:

P 51°

OTHERWISE NORMAL ECG

Female

RR 571 ms

QRS 28°

S.79

UNCONFIRMED REPORT

39 years

P 104 ms

T 42°

..... cm / ..... kg

PR 152 ms

P (II) 0.14 mV

QRS 74 ms

S (V1) -0.89 mV

QT 348 ms

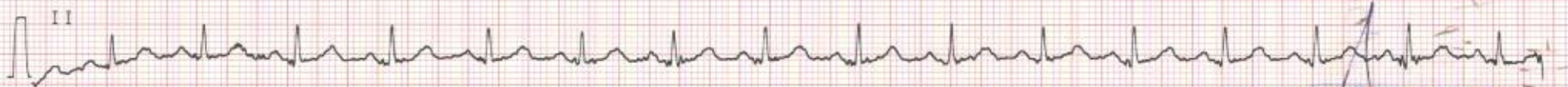
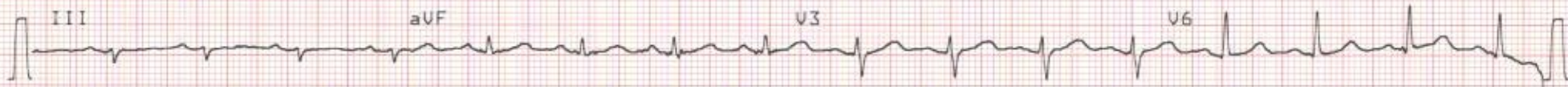
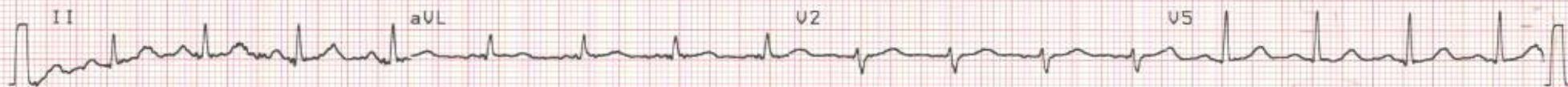
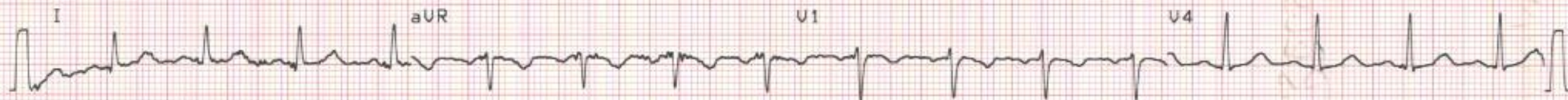
R (V5) 0.94 mV

QTc 464 ms

Sokol. 1.83 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 S5F S35 Sa 10-JUN-23 11:10:04

**Dr. B. NAGARAJU**  
 Regd. No: 7070 MBBS, M.D., DM  
 CONSULTANT CARDIOLOGIST  
 YODA DIAGNOSTICS-GUNTUR  
 RT-102 1:37 Dm



## EYE GLASS PRESCRIPTION

Name : Saravathi devi  
 Age : 31/F Employee ID: Ygt15361  
 Gender : f Date: 10/6/23

Vn  
 (unaided)  
 PGP

6/12+	6/18p
-------	-------

Distance

	SPH	CYL	AXIS	BCVA
OD	-0.75	-0.75	150	6/6
OS	-1.25	-0.75	170	6/6

Add

NI	G
----	---

@30cm

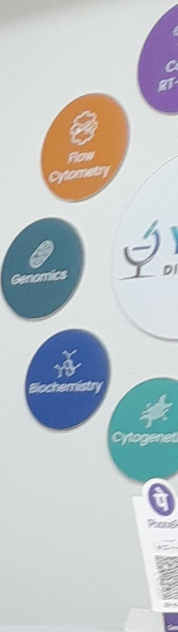
### LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: \_\_\_\_\_

Signature \_\_\_\_\_





RECEPTION



 GPS Map Camera

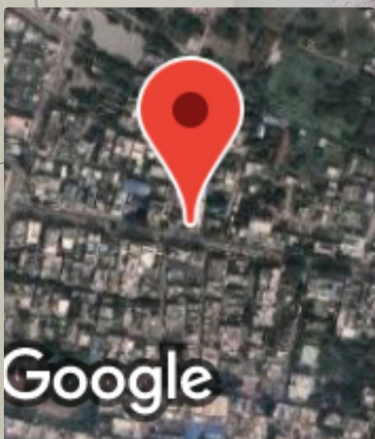
**Guntur, Andhra Pradesh, India**

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

Lat 16.299235°

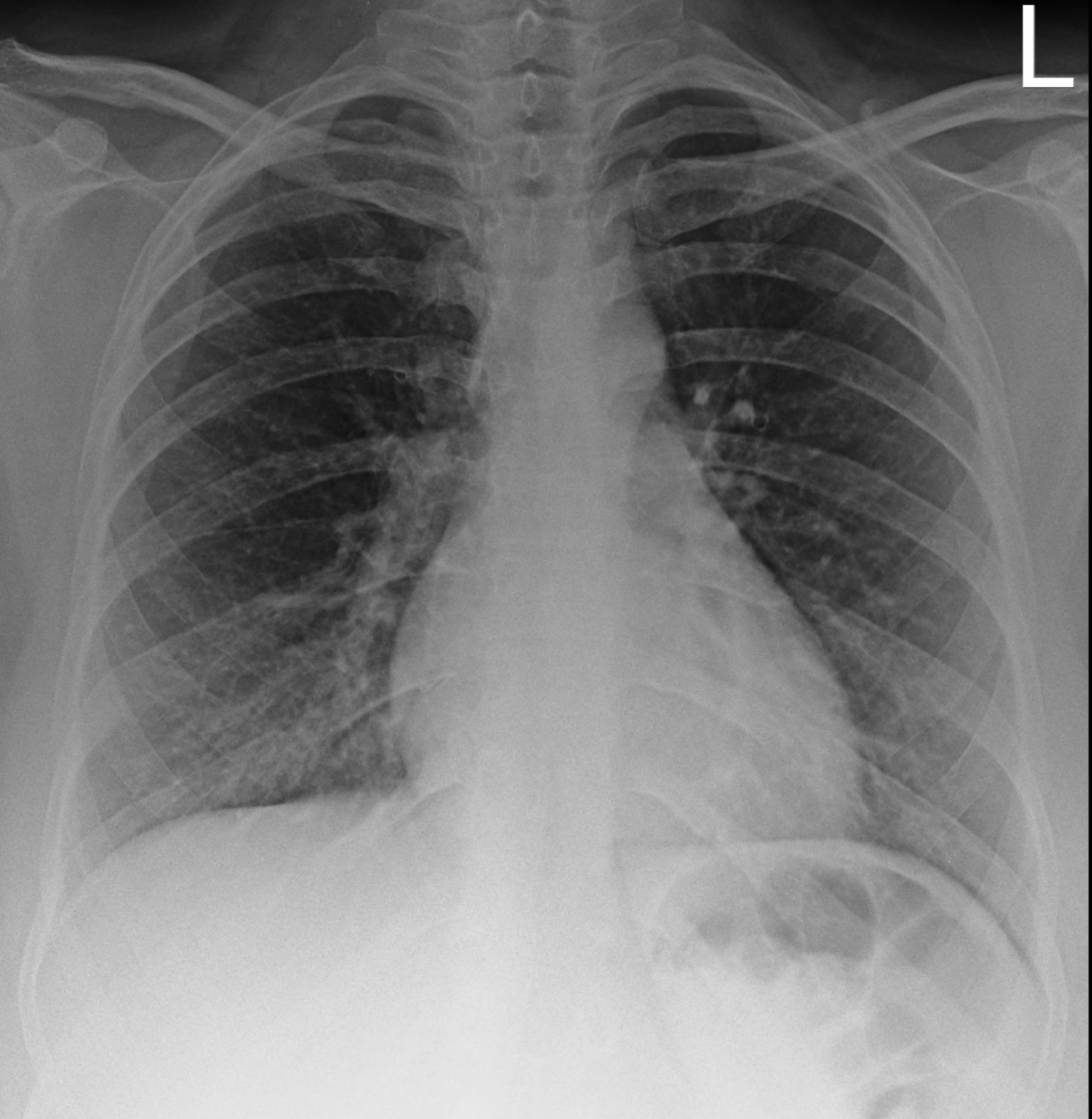
Long 80.451632°

10/06/23 01:46 PM GMT +05:30



Google





SRAVANTHI DEVI 39Y/F 10526304 CHEST PA 10-Jun-23

YODA DIAGNOSTICS