

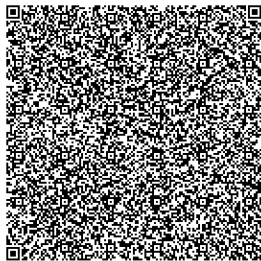


భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0651/60023/00489

To
వరికూటి కుసుమ కుమారి
Varikuti Kusuma Kumari
C/O Varikuti Kotaiah,
56-1-6/23-1,
pothuraju Palem,
Ongole,
Ongole,
VTC: Ongole,
PO: Ongole,
Sub District: Ongole,
District: Prakasam,
State: Andhra Pradesh,
PIN Code: 523001,
Mobile: 8885426471



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4102 8415 8234

VID : 9162 4355 7260 2849

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



Aadhaar no. issued: 26/03/2012



వరికూటి కుసుమ కుమారి
Varikuti Kusuma Kumari
పుట్టిన తేదీ/DOB: 13/08/1985
స్వలింగం / FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

4102 8415 8234

నా ఆధార్, నా గుర్తింపు



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ నంబర్ హోల్డర్ సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్‌లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్‌లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడీని ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోర్ సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



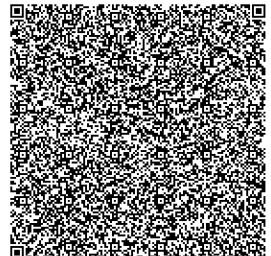
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



చిరునామా:
C/O వరికూటి కోటయ్య, 56-1-6/23-1, పోతురాజు
పాలెం, ఒంగోలు, ఒంగోలు, ఒంగోలు, ఒంగోలు, ప్రకాశం,
ఆంధ్ర ప్రదేశ్ - 523001

Address:
C/O Varikuti Kotaiah, 56-1-6/23-1, pothuraju
Palem, Ongole, Ongole, Ongole, PO: Ongole,
DIST: Prakasam,
Andhra Pradesh - 523001

Details as on: 07/12/2023



4102 8415 8234

VID : 9162 4355 7260 2849

1947 | help@uidai.gov.in | www.uidai.gov.in

Name: kumari varikuti kuzuma
Date: 13/01/24 Age: 38 Sex: Female
Address: Guntur



Routine Health checkup
C/O Shortness of Breath
on exertion

NO H/O HTN / DM / CAD / ATB

TEMP: 98
B.P: 130/70 mmHg
PULSE: 93 bpm
WEIGHT: 73 kg
HEIGHT: 160 cm

O/E

Pallor (+)

HB - 6.7 g/dl

Advice

Admission

- 1) TAB. BANDY PLUS
0-0-1 x 30 days
- 2) TAB. APAL - M
1-0-1 - (30)
- 3) CAP. J-POWER
0-0-1
- 4) CAP. JACK - D360K
weekly once (8w)

KUMARI VARIKUTI KUSUMA

Female 38 Years

Req. No. :

HR : 81 bpm

P : 83 ms

PR : 127 ms

QRS : 80 ms

QT/QTcBz : 366/427 ms

P/QRS/T : 63/57/56 °

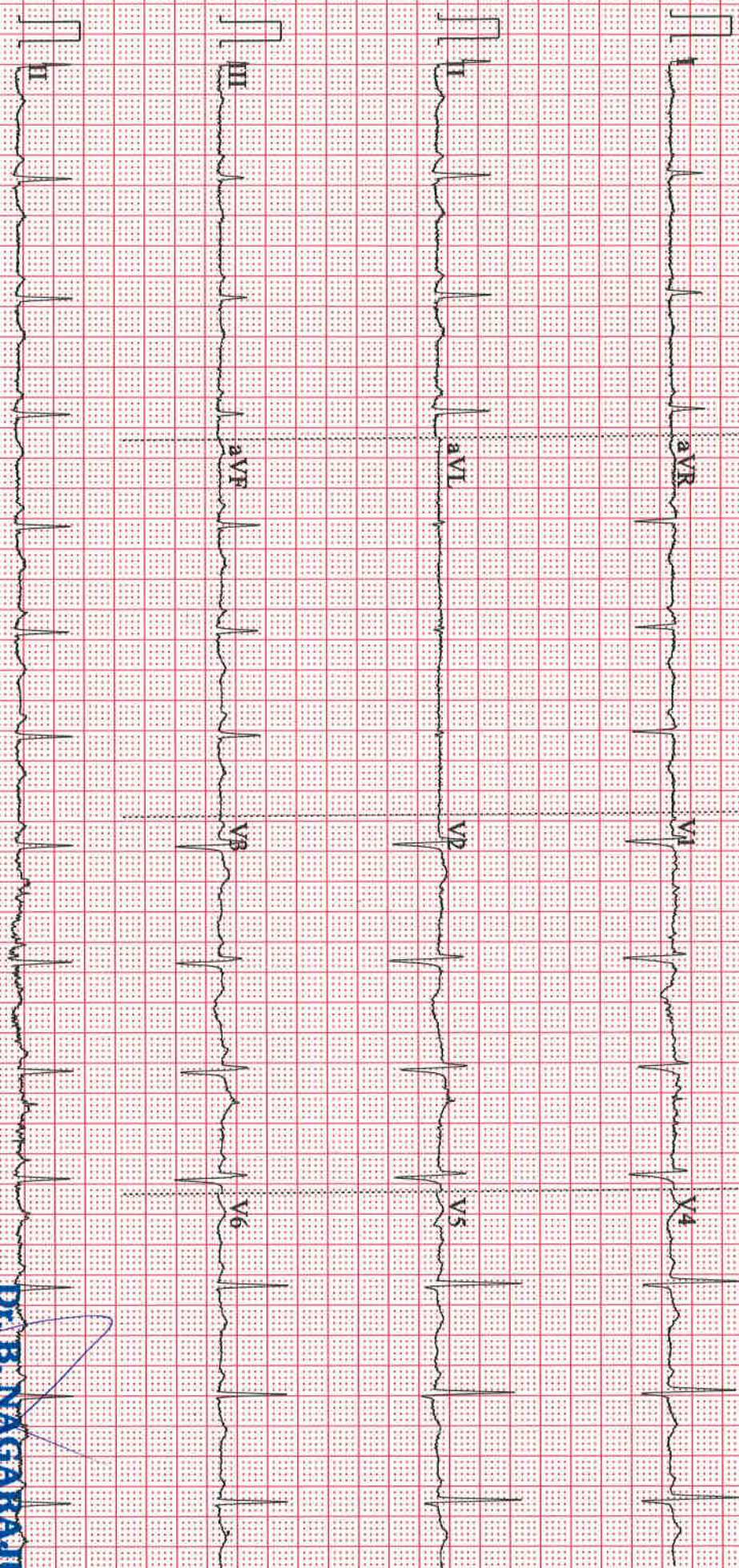
RV5/SV1 : 1386/0.754 mV

Diagnosis Information:

Sinus Rhythm

Low T Wave(V5, V6)

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92

Dr. B. NAGARAJU
 Regd. No: 70764 M.D., DM
 CONSULTANT CARDIOLOGIST
 YODA DIAGNOSTICS-GUNTUR

DATE: 13-01-24

NAME: KUSUMA KUMARI VARIGUTI

AGE: 38/A 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		-0.50	16	-0.25		
ADD			+1.00 Both eyes			

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
Patient Name	: Mrs. KUMARI VARIKUTI KUSUMA	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10881534
DOB	:	Registration	: 13/Jan/2024 07:57AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 07:57AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 02:16PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

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

IMPRESSION :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

Verified By :

GOPI



Approved By :


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

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
Patient Name	: Mrs. KUMARI VARIKUTI KUSUMA	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10881534
DOB	:	Registration	: 13/Jan/2024 07:57AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 07:59AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:24AM
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 13/Jan/2024 09:31AM
Hospital Name	:		

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	40	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.

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
Patient Name	: Mrs. KUMARI VARIKUTI KUSUMA	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10881534
DOB	:	Registration	: 13/Jan/2024 07:57AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 07:59AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:24AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 09:40AM
Hospital Name	:		

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	B			
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

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10881534
DOB :	Registration : 13/Jan/2024 07:57AM
Ref Doctor : SELF	Collected : 13/Jan/2024 07:59AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 08:24AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 09:31AM
Hospital Name :	

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)	6.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	3.67	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	21.5	%	36.0 - 46.0	RBC pulse height detection
MCV	58.8	fL	83 - 101	Automated/Calculated
MCH	18.2	pg	27 - 32	Automated/Calculated
MCHC	31.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	20.4	%	11.0-16.0	Automated Calculated
RDW - SD	46.3	fl	35.0-56.0	Calculated
MPV	9.4	fL	6.5 - 10.0	Calculated
PDW	15.1	fL	8.30-25.00	Calculated
PCT	0.34	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,590	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	65	%	40 - 80	Impedance
LYMPHOCYTE	27	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.57	Lakhs/cumm	1.50 - 4.10	Impedance

Verified By :

GOPI



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10881534
DOB :	Registration : 13/Jan/2024 07:57AM
Ref Doctor : SELF	Collected : 13/Jan/2024 07:59AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 08:24AM
Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 13/Jan/2024 10:07AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	0.90	ng/ml	0.60 - 1.78	CLIA
T4	9.88	ug/dl	4.82-15.65	CLIA
TSH	1.56	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. 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.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. 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.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. 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.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. 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

(Reference range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. 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.

Verified By :

GOPI



Approved By :


Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
Patient Name	: Mrs. KUMARI VARIKUTI KUSUMA	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10881534
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Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:24AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 09:31AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

TOTAL BILIRUBIN	0.52	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.12	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.40	mg/dl		Calculated
AST (S.G.O.T)	14	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	9	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	57	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.41			Calculated

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10881534
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Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	125	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	44	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	69.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	56	mg/dl	See Table	GPO
VLDL	11.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	2.84		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.27	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	81	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	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, Lpa, 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

Verified By :

GOPI



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10881534
DOB :	Registration : 13/Jan/2024 07:57AM
Ref Doctor : SELF	Collected : 13/Jan/2024 07:59AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 08:24AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 09:31AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	134	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 .

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : Serum

SERUM UREA	17	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	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.

Verified By :

GOPI



Approved By :



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 MBBS, DCP
 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	105	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

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10881534
DOB :	Registration : 13/Jan/2024 07:57AM
Ref Doctor : SELF	Collected : 13/Jan/2024 10:09AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 10:40AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 11:10AM
Hospital Name :	

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	126	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

Verified By :
GOPI



Approved By :


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 MBBS, DCP
 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.69	mg/dl	0.60 - 1.1	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 :

GOPI



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 MBBS, DCP
 Consultant Pathologist

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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	4.0	mg/dl	2.6 - 6.0	URICASE - PAP
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Interpretation

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 :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
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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)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.69	mg/dl	0.60 - 1.1	KINETIC-JAFFE
BUN/CREATININE RATIO	11.50	Ratio	6 - 25	Calculated

Verified By :

GOPI



Approved By :

Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT48958	UHID/MR No	: YGT.0000048799
Patient Name	: Mrs. KUMARI VARIKUTI KUSUMA	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10881534
DOB	:	Registration	: 13/Jan/2024 07:57AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 07:57AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 12:51PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 2.2m/sec, A - 1.1m/sec.
AORTIC FLOW : 1.2m/sec
PULMONARY FLOW : 1.1m/sec
TRICUSPID FLOW : TRJV :2.5 m/sec, RVSP -35 mmHg
COLOUR FLOW MAPPING: TRIVIAL TR/ MILD PAH

IMPRESSION :


- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NO MR/ NO AR/ NO PR
- * TRIVIAL TR/ MILD PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :

GOPI



Approved By :



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

Visit ID : YGT48958	UHID/MR No : YGT.0000048799
Patient Name : Mrs. KUMARI VARIKUTI KUSUMA	Client Code : YOD-DL-0021
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Ref Doctor : SELF	Collected : 13/Jan/2024 07:59AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 08:48AM
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	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	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION


PUS CELLS	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	2 - 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 :

GOPI



Approved By :


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 MBBS, DCP
 Consultant Pathologist


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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
GOPI

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

YODA DIAGNOSTICS

RECEPTION



Guntur, Andhra Pradesh, India

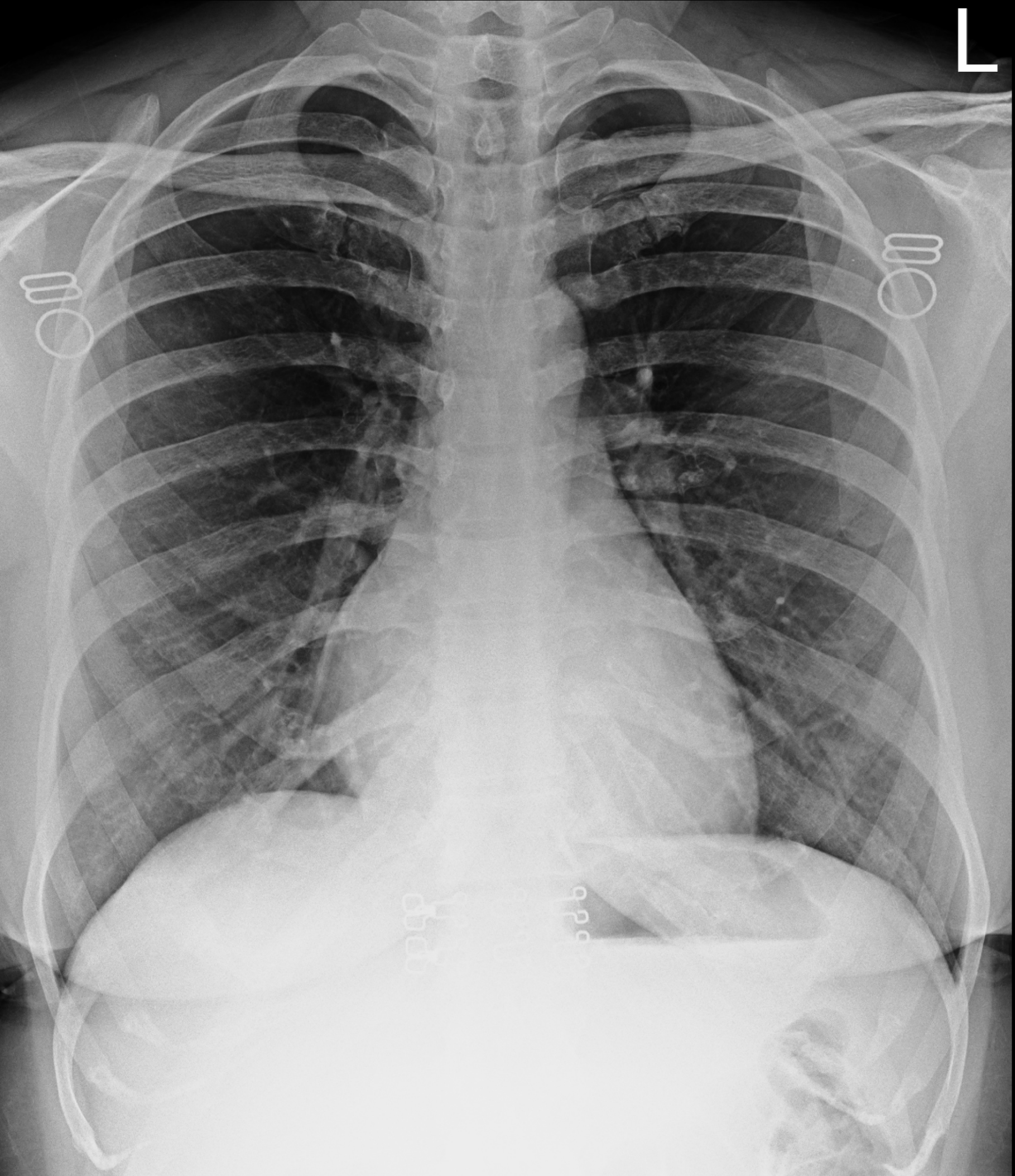
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299228°

Long 80.451606°

13/01/24 08:17 AM GMT +05:30





KUMARI VARIKUTI KUSUMA 38Y FEMALE YGT48958 CHEST PA 13-Jan-24

YODA DIAGNOSTICS