Name	: **MR.TIPPIREDDI VENKATA REDDY**	TID/SID	: UMR1959809/ 28239986
Age / Gender	: 39 Years / Male	Registered on	: 13-Sep-2024 / 08:29 AM
Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 13:18 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.5)	4.6-8.0
Specific gravity Method:Refractometry	1.008	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	2-3	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	2-3	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

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TEST REPORT

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.TIPPIREDDI VENKATA REDDY**	TID/SID	: UMR1959809/ 28239987
Age / Gender	: 39 Years / Male	Registered on	: 13-Sep-2024 / 08:29 AM
Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 12:14 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.
In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

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Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 10:30 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	5	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	**17.8**	13.0-17.0 g/dL
PCV/HCT Method:Calculated	**51.1**	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.12	4.50-5.50 mill /cu.mm
MCV Method:Calculated	99.7	83.0-101.0 fL
MCH Method:Calculated	**34.8**	27.0-32.0 pg
MCHC Method:Calculated	**34.9**	31.5-34.5 g/dL
RDW (CV) Method:Calculated	13.6	11.6-14.0 %
MPV Method:Calculated	**6.9**	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	6050	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	1.82	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	47.6	40.0-80.0 %
Lymphocytes Method:Microscopy	37.8	20.0-40.0 %
Eosinophils	3.8	1.0-6.0 %
Monocytes	9.9	2.0-10.0 %
Basophils Method:Microscopy	**0.9**	< 1.0-2.0 %

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It's Good to Know

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Age / Gender	: 39 Years / Male	Registered on	: 13-Sep-2024 / 08:29 AM
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TEST REPORT

Absolute Neutrophil Count Method:Calculated	2880	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	2287	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	230	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	599	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	54	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1.26	0.78-3.53

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

25 - Hydroxy Vitamin D, Serum

Investigation	Observed Value	Biological Reference Interval
25 Hydroxy Vitamin D Method:ECLIA	**12.1**	Deficiency: < 20 ng/mL Insufficiency: 20 - 30 ng/mL Sufficiency: 30 - 100 ng/mL Toxicity: >100 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Note	Kindly correlate clinically	

Interpretation:
1.Vitamin D is a family of compounds that is essential for the proper growth and formation of teeth and bones. This test measures the level of vitamin D in the blood.
2.Two forms of vitamin D can be measured in the blood, 25-hydroxyvitamin D and 1,25-dihydroxyvitamin D. The 25-hydroxyvitamin D is the major form found in the blood and is the relatively inactive precursor to the active hormone, 1,25-dihydroxyvitamin D. Because of its long half-life and higher concentration, 25-hydroxyvitamin D is commonly measured to assess and monitor vitamin D status in individuals.
3. The main role of vitamin D is to help regulate blood levels of calcium, phosphorus, and (to a lesser extent) magnesium.
4 Vitamin D is vital for the growth and health of bone; without it, bones will be soft, malformed, and unable to repair themselves normally, resulting in diseases called rickets in children and osteomalacia in adults.
5. Vitamin D has also been shown to influence the growth and differentiation of many other tissues and to help regulate the immune system. These other functions have implicated vitamin D in other disorders, such as autoimmunity and cancer.

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	8	6-20 mg/dL
Urea. Method:Urease/UV	16.5	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.74	0.70-1.20 mg/dL

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Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 10:46 AM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	93	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	98	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	4.9	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	94	mg/dL

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Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 11:56 AM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Interpretation:

It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

1) Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

2) Interference of Hemoglobinopathies in HbA1c estimatiion:
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10 is corrected for HbS and HbC trait).
3) In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022.

Vitamin B12 (Cyanocobalamin), Serum

Investigation	Observed Value	Biological Reference Interval
Vitamin B12 (Cyanocobalamin) ,Serum Method:ECLIA	449	197-771 pg/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation:
1.Vitamin B12 is essential in DNA synthesis,haematopoiesis and CNS integrity.
2.Measurement of vitamin B12 is intended to identify and monitor vitamin B12 deficiency. This can arise from the following; (1) defect in the secretion of Intrinsic Factor, resulting in inadequate absorption from food (pernicious anemia); (2) gastrectomy and malabsorption due to surgical resection; and (3) a variety of bacterial or inflammatory diseases affecting the small intestine.(4) Decreased dietary intake.
3.Reduced concentrations of vitamin B12 may indicate the presence of vitamin dependent anemia.
4.Elevated concentrations of vitamin B12 have been associated with pregnancy, the use of oral contraceptives and multivitamins and in myeloproliferative diseases, such as chronic granulocytic leukemia and myelomonocytic leukemia. An elevated concentration of vitamin B12 is not known to cause clinical problems.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	**9**	10-20

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TEST REPORT

Interpretation:

The BUN/Creatinine ratio blood test is used to diagnose acute or chronic renal disease. BUN (blood urea nitrogen) and creatinine are both filtered in the kidneys and excreted in urine. The two together are used to measure overall kidney function

1. Increased ratio (>20) with normal creatinine occurs in the following conditions:
a) Increased BUN (prerenal azotemia), heart failure, salt depletion, dehydration
b) Catabolic states with tissue breakdown
c) GI hemorrhage
d) Impaired renal function plus excess protein intake, production, or tissue breakdown
2. Increased ratio (>20) with elevated creatinine occurs in the following conditions:
a) Obstruction of urinary tract
b) Prerenal azotemia with renal disease

3. Decreased ratio (<10) with decreased BUN occurs in the following conditions:
a) Acute tubular necrosis
b) Decreased urea synthesis as in severe liver disease or starvation
c) Repeated dialysis
d) SIADH
e) Pregnancy

4. Decreased ratio (<10) with increased creatinine occurs in the following conditions:
a) Phenacemide therapy (accelerates conversion of creatine to creatinine)
b) Rhabdomyolysis (releases muscle creatinine)
c) Muscular patients who develop renal failure

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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Age / Gender	: 39 Years / Male	Registered on	: 13-Sep-2024 / 08:29 AM
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Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 11:56 AM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	**241**	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	55	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	34.80	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	151.2	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Glycerol LPL/GK	174	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.38	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	2.75	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0
Note	Kindly correlate clinically	

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.

Reference: Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.TIPPIREDDI VENKATA REDDY**	TID/SID	: UMR1959809/ 28239988
Age / Gender	: 39 Years / Male	Registered on	: 13-Sep-2024 / 08:29 AM
Ref.By	: SELF	Collected on	: 13-Sep-2024 / 08:40 AM
Req.No	: BIL4706523	Reported on	: 13-Sep-2024 / 11:56 AM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	**1.47**	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	**0.69**	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.78	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	**64**	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:UV wtihout P5P	**62**	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	83	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	45	10-71 U/L
Total Protein. Method:Biuret	7.4	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.5	3.5-5.2 g/dL
Globulin. Method:Calculated	2.90	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.55	0.8-2.0
Note	Kindly correlate clinically	

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.43	0.80-2.00 ng/mL
Thyroxine Total (T4) Method:ECLIA	9.4	5.1-14.1 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.61	0.27-4.20 µIU/mL

Interpretation:

A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz textbook of Clinial Chemistry and Molecular Diagnostics, Nader Rifia, Andrea Ritas Horvath, Carl T. Wittwer.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	**8.1**	3.4-7.0 mg/dL
Note	Kindly correlate clinically	

Interpretation

It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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It's Good to Know

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Name	: **Mr . TIPPIREDDI VENKATA REDDY**	TID	: UMR1959809
Age/Gender	: 39 Years/Male	Registered On	: 13-Sep-2024 08:29 AM
Ref By	: Self	Reported On	: 13-Sep-2024 10:30 AM
Reg.No	: BIL4706523	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF ULTRASOUND
Ultrasound Whole Abdomen

LIVER is normal shape, size (13.7 cms) and coarse in echotexture.
No evidence of focal lesion. No intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER : Overdistended. No evidence of calculi.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size (11.1 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures 11.5 x 4.2 cms, Left kidney measures 11.6 x 4.2 cms.

URINARY BLADDER shows normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.
It measures 2.6 x 3.0 x 3.0 cms, Vol 13 cc.

No evidence of free fluid in the abdomen and pelvis.

IMPRESSION:

*** Coarse echotexture of liver - Likely liver parenchymal disease - Suggested LFT correlation**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr Sheethal V
Consultant Radiologist

MR.TIPPIREDDI VENKATA REDDY
ID: 4706523

Male
39 Years

13.09.2024 9:15:16

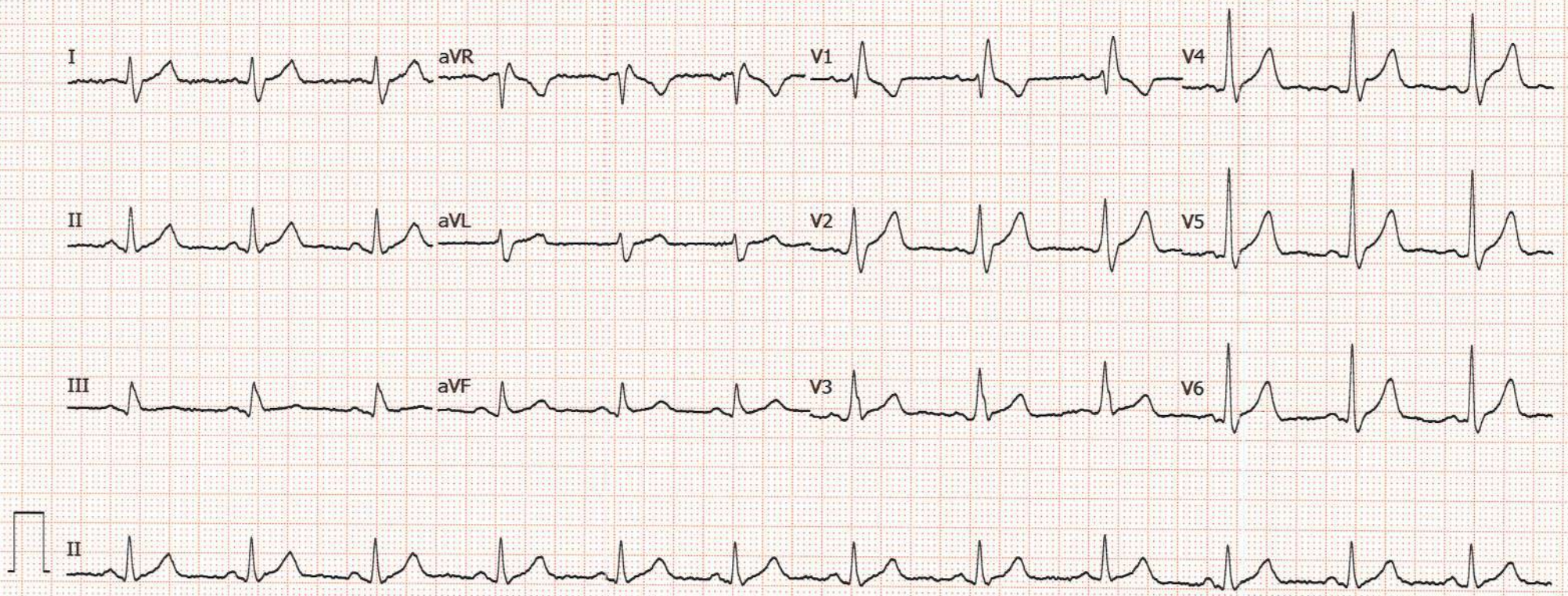
BANJARAHILLS ROAD NO:02
HYDERABAD

73 bpm
-- / -- mmHg

QRS :	132 ms
QT / QTcBaz :	406 / 447 ms
PR :	144 ms
P :	102 ms
RR / PP :	820 / 821 ms
P / QRS / T :	63 / 73 / 49 degrees

Normal sinus rhythm
Right bundle branch block
Abnormal ECG

Dr. SRIKANTH BACCHU
MBBS
GENERAL PHYSICIAN
Regd. No.11983



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

1/1

tenet DIAGNOSTICS
It's Good to Know

MC-1001

PLEASE SCAN QR CODE

Name	**: Mr . TIPPIREDDI VENKATA REDDY**	TID	: UMR1959809
Age/Gender	: 39 Years/Male	Registered On	: 13-Sep-2024 08:29 AM
Ref By	: Self	Reported On	: 13-Sep-2024 12:50 PM
Reg.No	: BIL4706523	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Radiograph was performed on GE HF ADVANTAGE 400 mA

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

Study Performed at Tenet Diagnostics Banjarahills, Hyderabad

*** End Of Report ***

Dr Sheethal V
Consultant Radiologist

MR.VENKATA REDDY, T

TABULAR SUMMARY REPORT

ID: 004706523

39years Asian Male

13-Sep-2024
10:43:38

Meds: NON HTN, NON DM

Referred by:
Test ind:

BRUCE
Max HR: 179bpm 98% of max predicted 181bpm
Max BP: 170/90
Reason for Termination: Max HR attained
Comments:

Total Exercise time: 9:12
Maximum workload: 10.1MET

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	WorkLoad (METS)	HR (bpm)	BP (mmHg)	I (
PRETEST	SUPINE	0:52	***	***	1.0	90	120/80	
	STANDING	0:17	***	***	1.0	84	120/80	
	HYPERVENT	0:17	0.8	0.0	1.0	94	120/80	
EXERCISE	STAGE 1	3:00	1.6	10.0	4.4	116		
	STAGE 2	3:00	2.5	12.0	7.0	149		
	STAGE 3	3:00	3.3	14.0	9.8	175	150/80	
	STAGE 4	0:12	4.1	16.0	10.1	179	160/90	
RECOVERY	Post	4:02	***	***	1.0	114	130/80	

- Baseline ECG.

- TMT- Negative for Inducible Ischemia

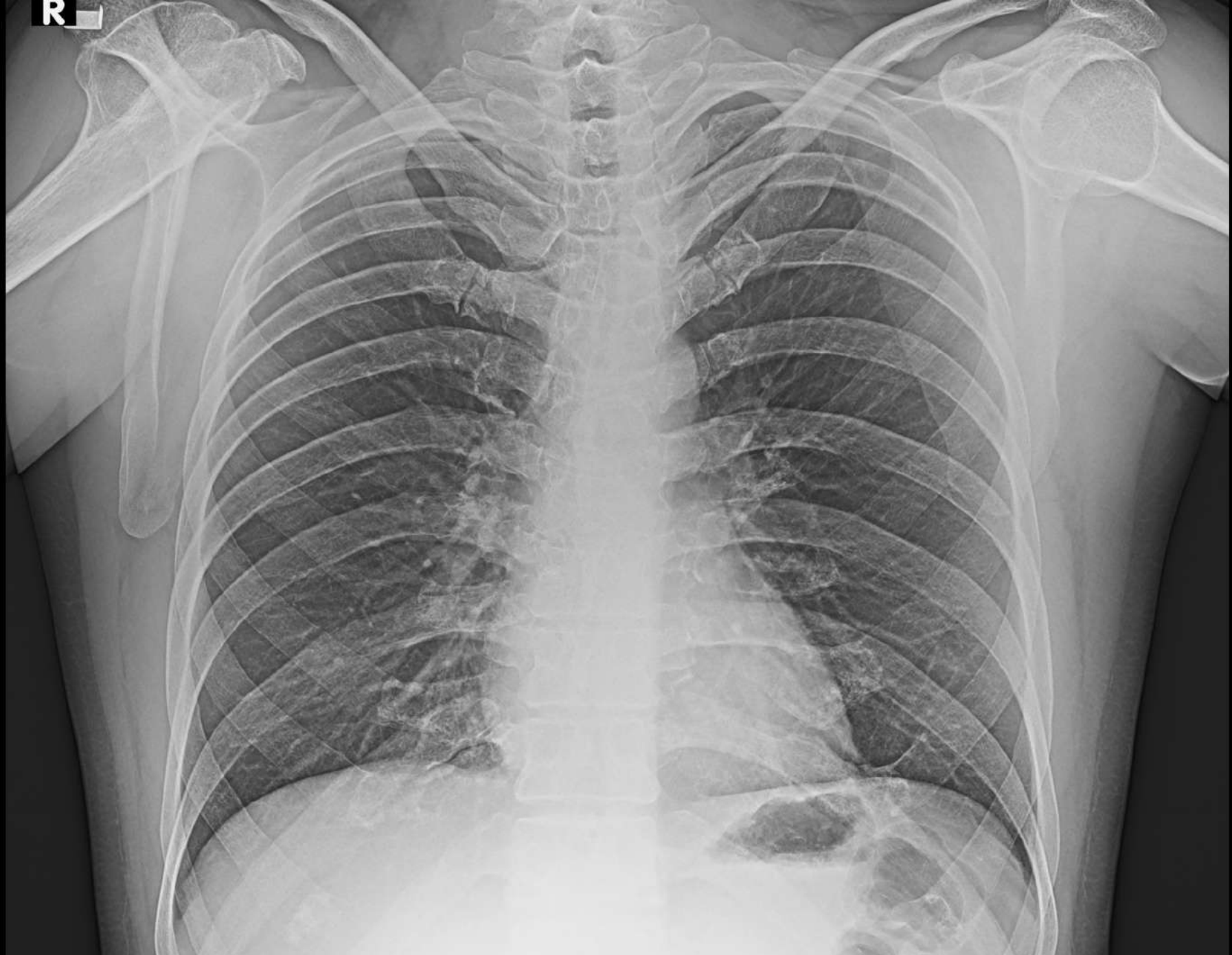
Dr.K.S. REDDY
PGDCC (Dip. Card)
Regd. No.54645
Clinical Cardiologist

Technician: ASHA

Unconfirmed

TENET DIAGNOSTIC CENTER

MAC55



TIPPIREDDI VENKATA REDDY BIL4706523 22777695 CHEST PA 9/13/2024

TENET DIAGNOSTICS, BANJARAHILLS, HYD.