

## EYE GLASS PRESCRIPTION

Name : MRS. Shweta Birkhica  
 Age : 51 Employee ID: 580683  
 Gender: F Date: 23/12/23

Vn  
 (unaided)  
 PGP

6/9	6/9
-----	-----

Distance

	SPH	CYL	AXIS	BCVA
OD	<u>I</u>	<u>0.50</u>	<u>90°</u>	<u>6/6</u>
OS	<u>I</u>	<u>0.50</u>	<u>90°</u>	<u>6/6</u>

Add

<u>+2.25</u>	<u>+2.25</u>
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N6 @ 38cm

### LENS TYPE

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

Remarks:

CV - normal



Signature

Mrs. Shylpa Birhica

23/12/23

S/F

580623

Has come for general eye exam

H/O DM since 7 years old

H/O PAP using since 9 year old

Slit      lamp      Exam

i.o/d      K/L      L normal

f.o/s      K/L      L normal

i. eth      L normal



**YODA LIFE LINE DIAGNOSTICS CENTRE**  
**AMEER PET, HYDERBAD.**

Report



187395 (580683) / MRS. SHUKLA BITHICA / 51 Yrs / F / 155 Cms / 64 Kg Date: 23-Dec-2023 Refd By : MEDI WHEELS Examined By:  
 NonCardiacPain Angina /Non-Hypercholesterolemia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	086	51%	110/70	094	00	
Warm Up	00:10	0:02	00.0	00.0	01.0	086	51%	110/70	094	00	
ExStart	00:11	0:01	00.0	00.0	01.0	086	51%	110/70	094	00	
BRUCE Stage 1	03:11	3:00	01.7	10.0	04.7	116	69%	110/70	127	00	
BRUCE Stage 2	06:11	3:00	02.5	12.0	07.1	142	84%	120/80	170	00	
PeakEx	06:41	0:30	03.4	14.0	07.6	136	80%	120/80	163	00	
Recovery	07:11	0:30	00.0	00.0	04.1	130	77%	130/80	169	00	
Recovery	07:41	1:00	00.0	00.0	01.1	112	66%	120/80	134	00	
Recovery	09:40	3:00	00.0	00.0	01.0	103	61%	110/70	113	00	

**FINDINGS :**

**Exercise Time** : 06:30  
**Max HR Attained** : 142 bpm 84% of target 168  
**Max BP Attained** : 130/80  
**Max Workload Attained** : 7.6 Fail response to induced stress  
**Max ST Dep Lead & Avg ST Value** : V4 & -3.6 mm in Stage 1  
**Duke Treadmill Score** : 00.0  
**Test Objective** : REGULAR CHECK UP  
**History** : Nil  
**Test End Reasons** : Target Heart Rate Not Achieved, Fatigue  
**REPORT** This is Sample Report 2

Heart Rate 86.0 bpm  
 Systolic BP 120.0 mmHg  
 Diastolic BP 80.0 mmHg  
 Maximum Depression 0.2  
 Exercise Time 06:30 Mins  
 Exotic Steps 0.0  
 METS 7.6

**Dr. D. Madhav Kumar**  
 PGDDRM (U.K.)  
 MBBS, PGDDCC (Dip. Cardiology)  
 Associate Cardiologist  
 (Regd. No. 57709)

Doctor : DR D. MADHAV

Test End Reason TARGET HEART RATE NOT ACHIEVED, FATIGUE  
Target Heart Rate 169.0 TEST OBJECTIVE

REGULAR CHECK UP

RISK FACTOR	✓	RULE OUT OF CAD
ACTIVITY	✓	MODERATE ACTIVE
MEDICATION	✓	NIL
BRIEF HISTORY	✓	NIL
OTHER INVESTIGATION	✓	ROUTINE HEALTH CHECK UP
REASON FOR TERMINATION	✓	TARGET HEART RATE NOT ACHIEVED, FATIGUE
EXERCISE TOLERANCE	✓	FAIR
EXERCISE INDUCED ARRHYTHMIAS	✓	NO
HAEMODYNAMIC RESPONSE	✓	NORMAL
CHRONOTROPIC RESPONSE	✓	NORMAL
FINAL IMPRESSION	✓	NO ST-T CHANGES TMT TEST NEGATIVE

for #A

# YODA LIFE LINE DIAGNOSTICS CENTRE

PREEX

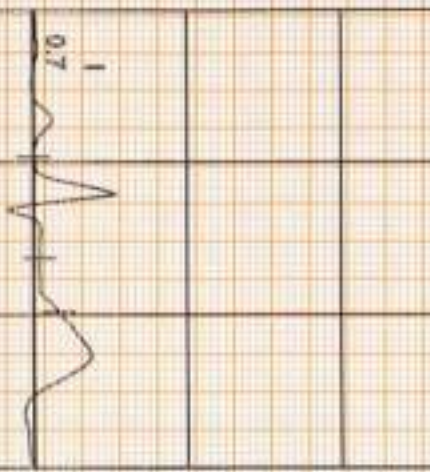
187395 (580683) / MRS. SHUKLA BITHICA / 51 YRS / F / 155 Cms / 64 Kg / HR : 86

Date: 23-Dec-2023 11:28:35 AM METS: 1.0/ 86 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.5 H2/LF 20 Hz

EXTime: 00:06 0.0 mpm, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 CalmV



Lead	RVr	RVF	V2	V4	V6
I	■	■	■	■	■
II	■	■	■	■	■
III	■	■	■	■	■
aVR	■	■	■	■	■
aVL	■	■	■	■	■
aVF	■	■	■	■	■
V1	■	■	■	■	■
V2	■	■	■	■	■
V3	■	■	■	■	■
V4	■	■	■	■	■
V5	■	■	■	■	■
V6	■	■	■	■	■

REMARKS:

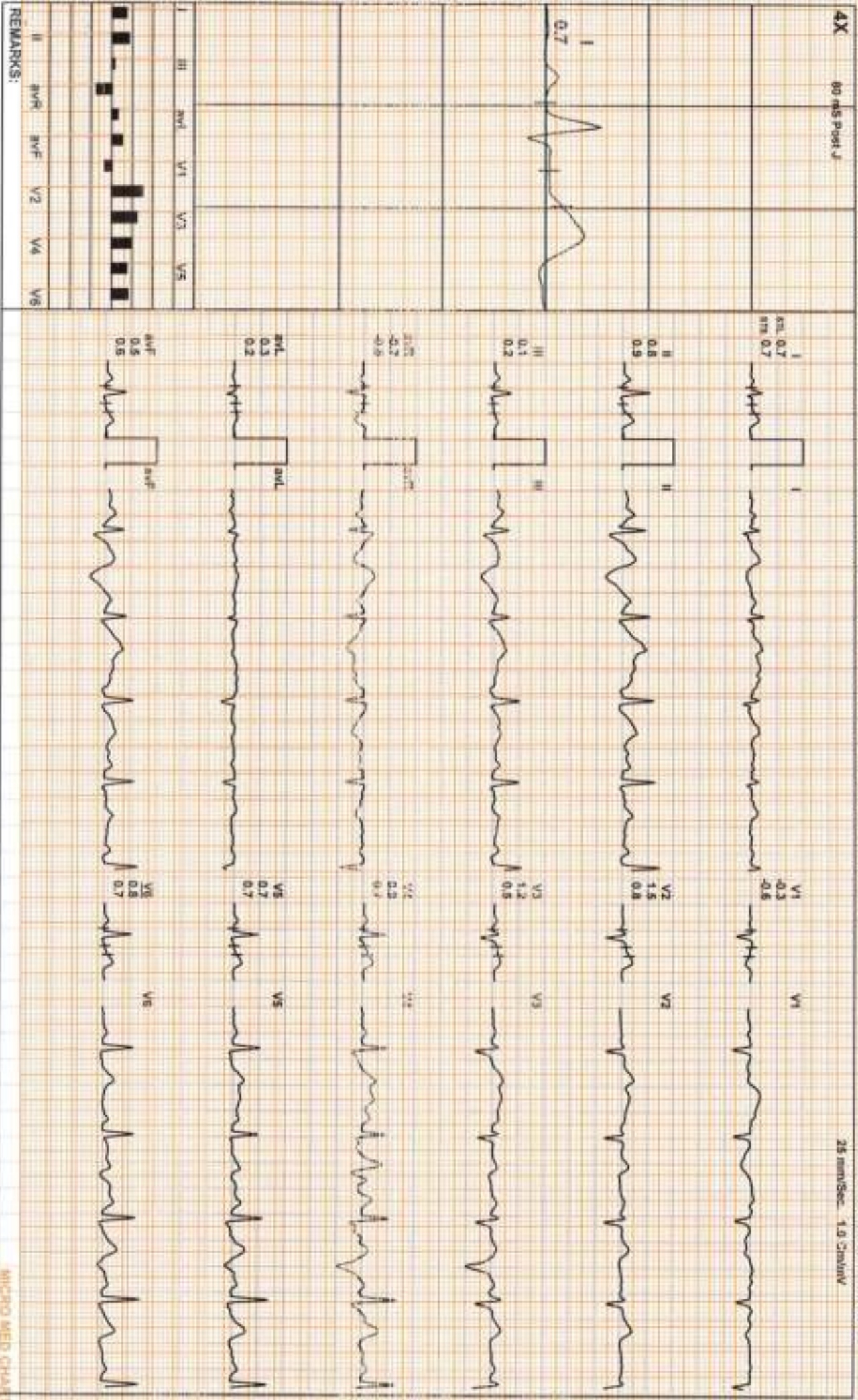
**YODA LIFE LINE DIAGNOSTICS CENTRE**

187395 (580683) / MRS. SHUKLA BITHICA / 51 Yrs / F / 155 Cms / 64 Kg / HR : 86

**SUPINE ( 00:08 )**



Date: 23-Dec-2023 11:28:35 AM METS: 1.0/ 86 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.6 Hz/LF: 20 Hz EXTIME: 00:00 0.0 mph, 0.0%



# YODA LIFE LINE DIAGNOSTICS CENTRE

WARM UP ( 00:02 )

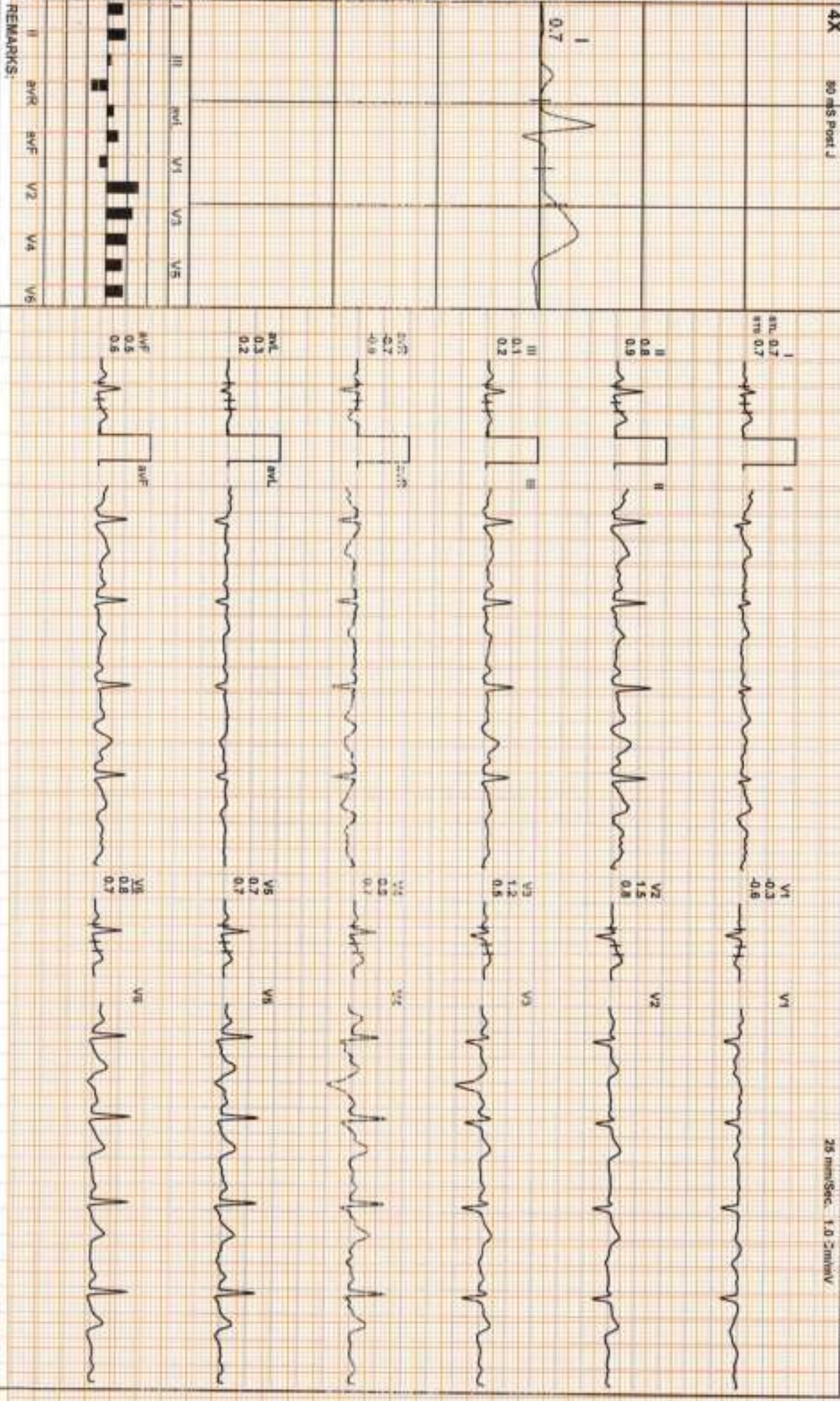
187395 (580683) / MRS. SHUKLA BITHICA / 51 YRS / F / 155 Cms / 64 Kg / HR : 86



Date: 23-Dec-2023 11:29:35 AM METS: 1.0/ 86 bpm 51% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.6 Hz/LF 20 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 min/Sec, 1.0 Cm/mV



REMARKS:

# YODA LIFE LINE DIAGNOSTICS CENTRE

187395 (S80683) / MRS SHUKLA BITHICA / 51 Yrs / F / 155 Cms / 64 Kg / HR : 86

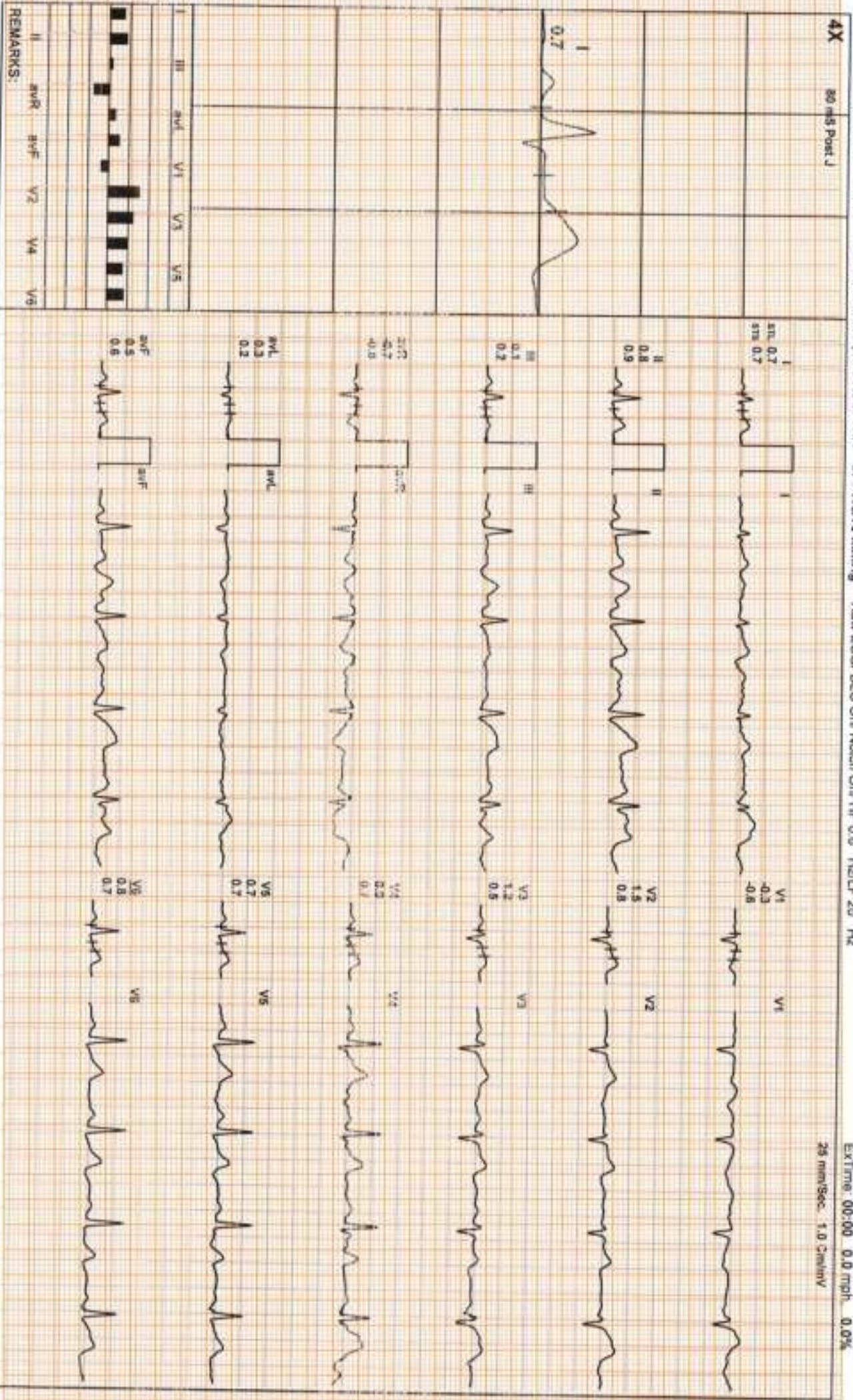
ExStnt



Date: 23-Dec-2023 11:28:35 AM METS: 1.0/ 86 bpm 51% of THR BP- 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.6 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

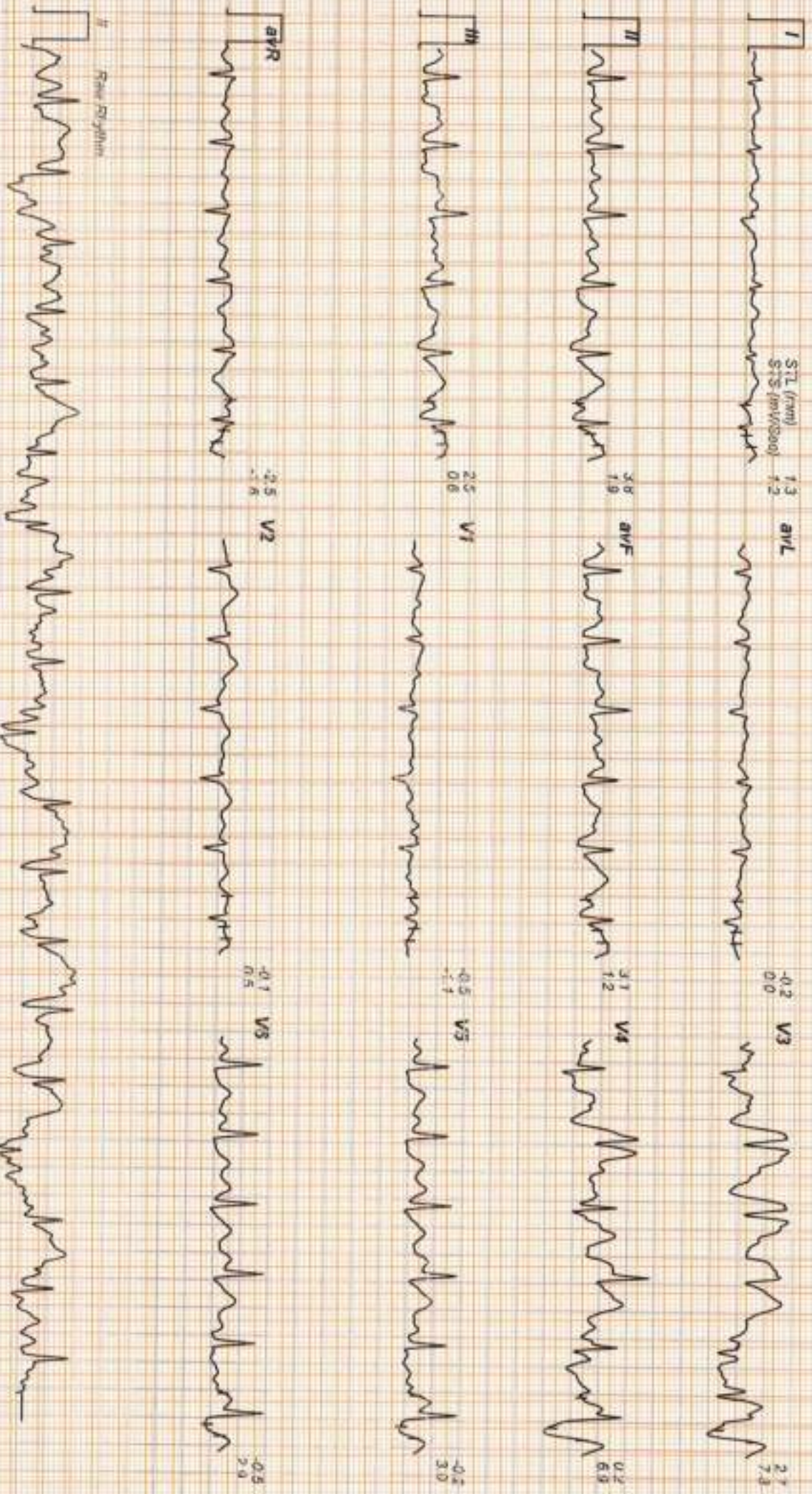
## Linked Medians Report

BRUCE : Stage 1 ( 03:00 )



Date: 23 - 12 - 2023 11:28:35 AM METS : 4.7 HR : 118 Target HR : 69% of 169 BP : 110/70 Post J@60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

## Linked Medians Report

BRUCE : Stage 2 ( 03:00 )



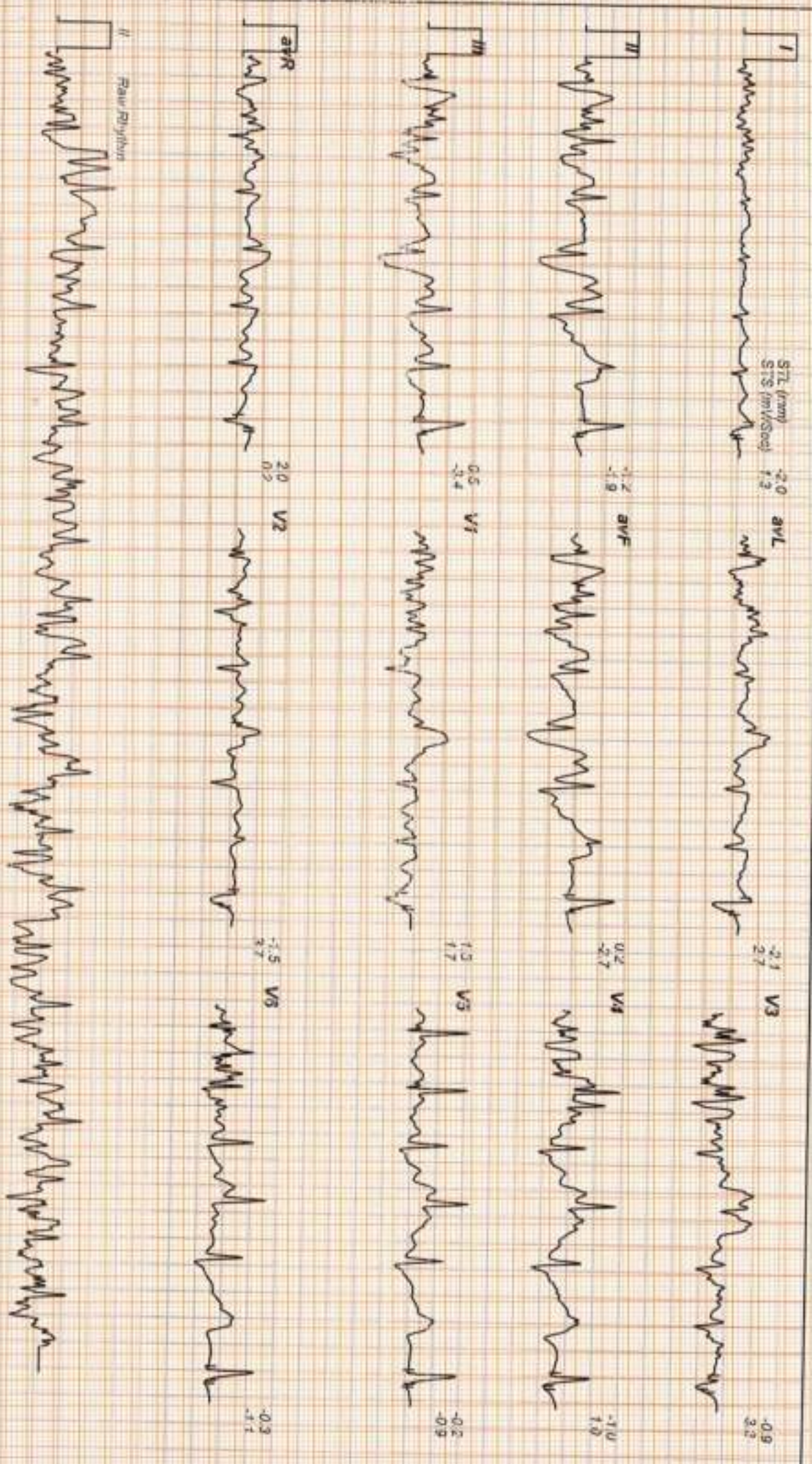
Date: 23 - 12 - 2023 11:28:35 AM METs : 7.1 HR : 142 Target HR : 84% of 169 BP : 120/80 Post J @60mSec

Ex Time: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV





Date: 23 - 12 - 2023 11:28:35 AM METs : 7.6 HR : 136 Target HR : 80% of 169 BP : 120/80 Post J @ 10mSec  
 EX Time: 06:30 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

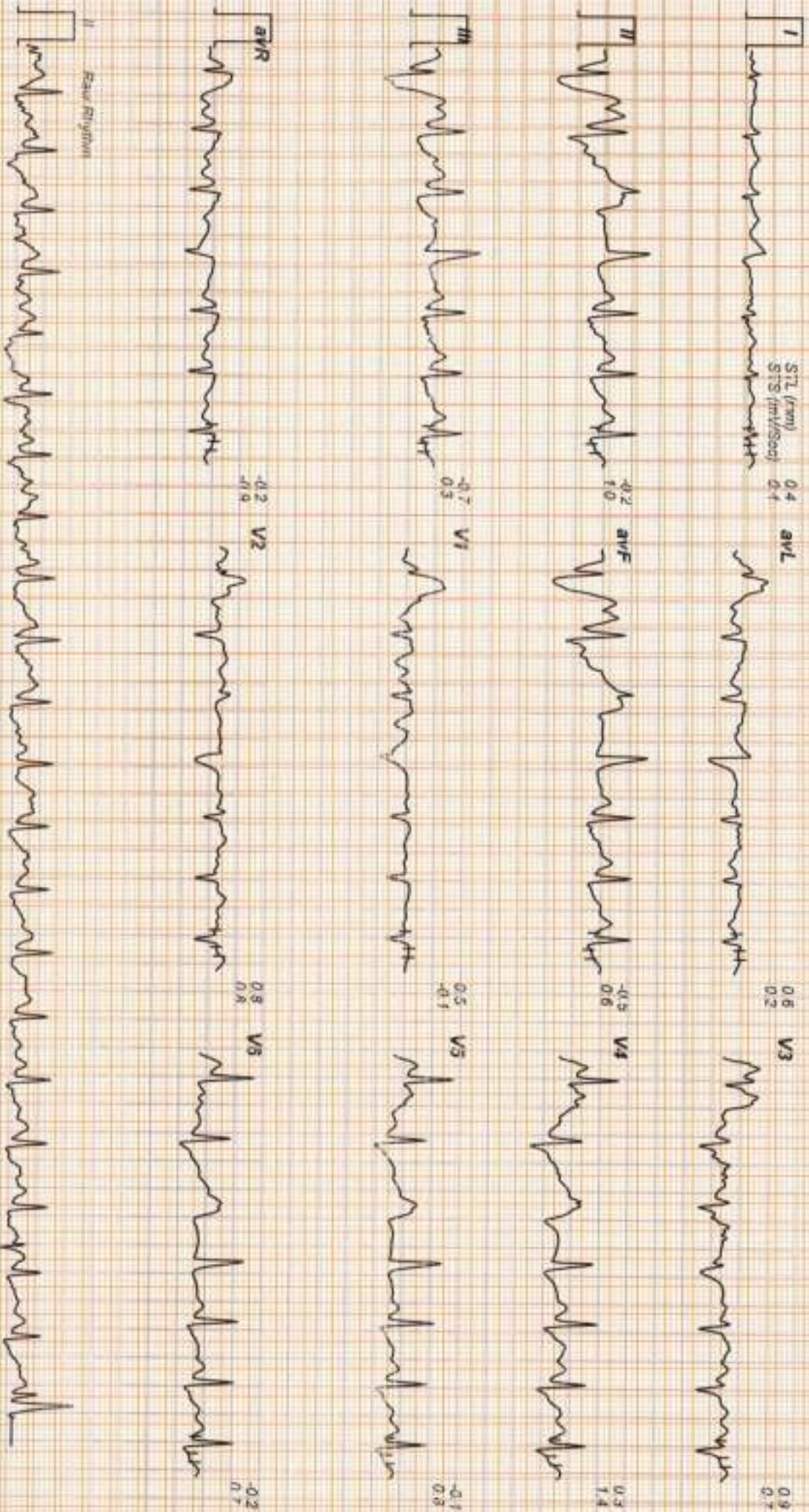
## Linked Medians Report

Recovery : ( 00:30 )



Date: 23 - 12 - 2023 11:28:35 AM METs : 4.1 HR : 130 Target HR : 77% of 169 BP : 130/90 Post J @70mSec

Ex Time : 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/IV



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

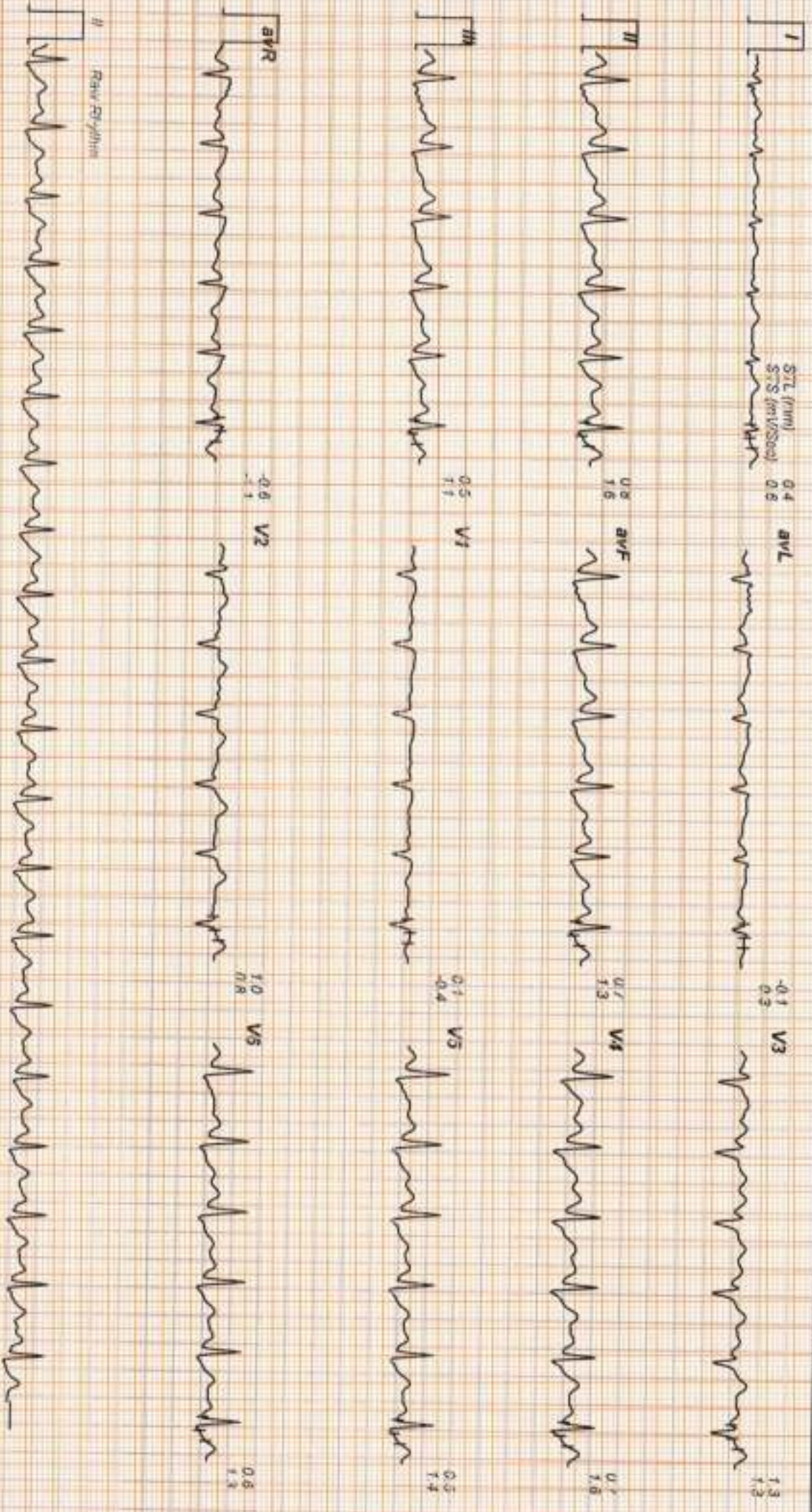
187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

Linked Medians Report  
Recovery : ( 01:00 )



Date: 23 - 12 - 2023 11:28:35 AM METs : 1.1 HR : 112 Target HR : 66% of 169 BP : 120/80 Post J @90mSec

Ex Time: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

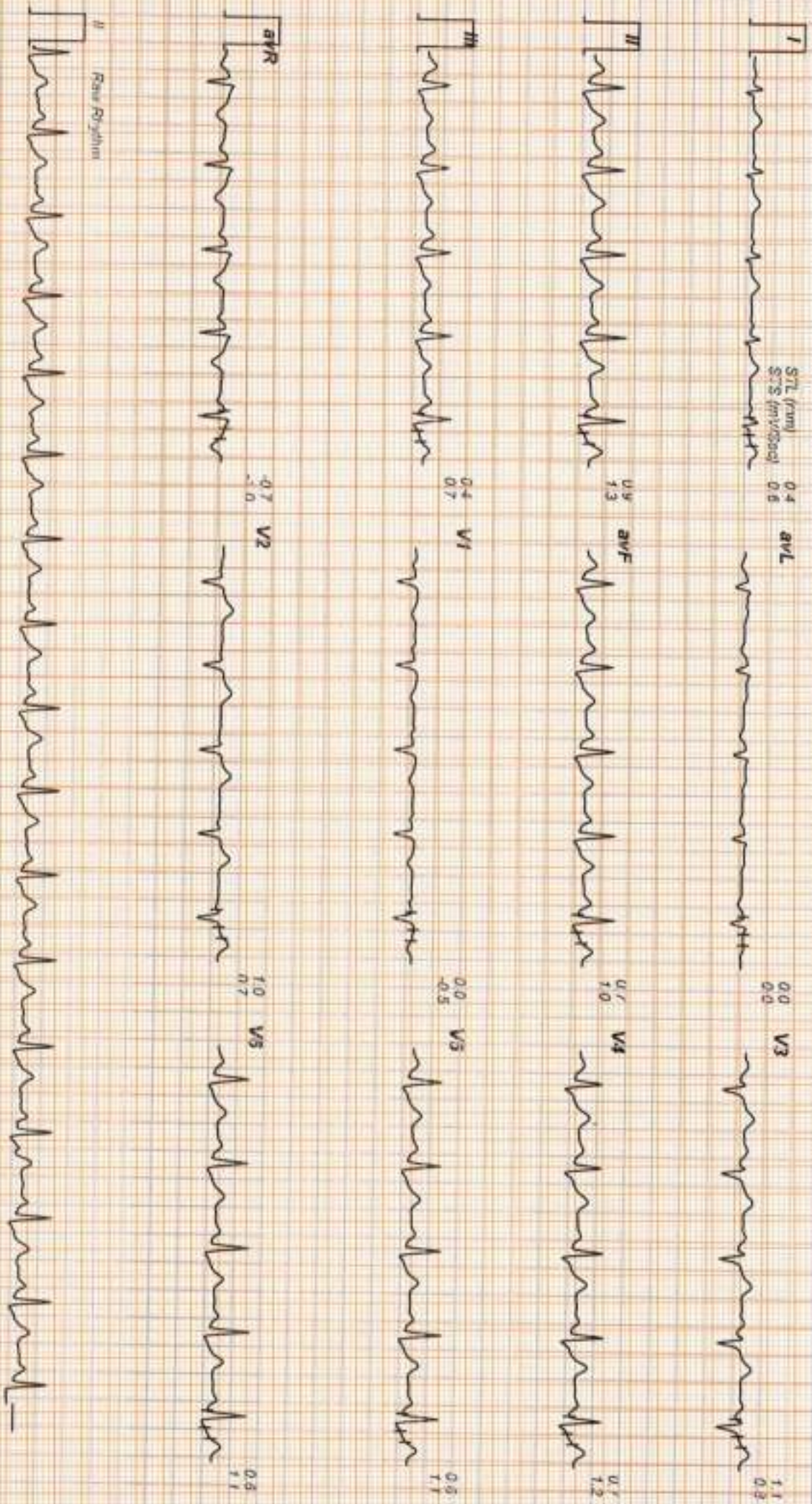
## Linked Medians Report

Recovery : ( 02:00 )



Date: 23 - 12 - 2023 11:28:35 AM METs : 1.0 HR : 99 Target HR : 59% of 189 BP : 110/70 Post J @80mSec

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mmv/Sec. 1.0 Cm/mv



# YODA LIFE LINE DIAGNOSTICS CENTRE

AMEER PET, HYDERBAD.

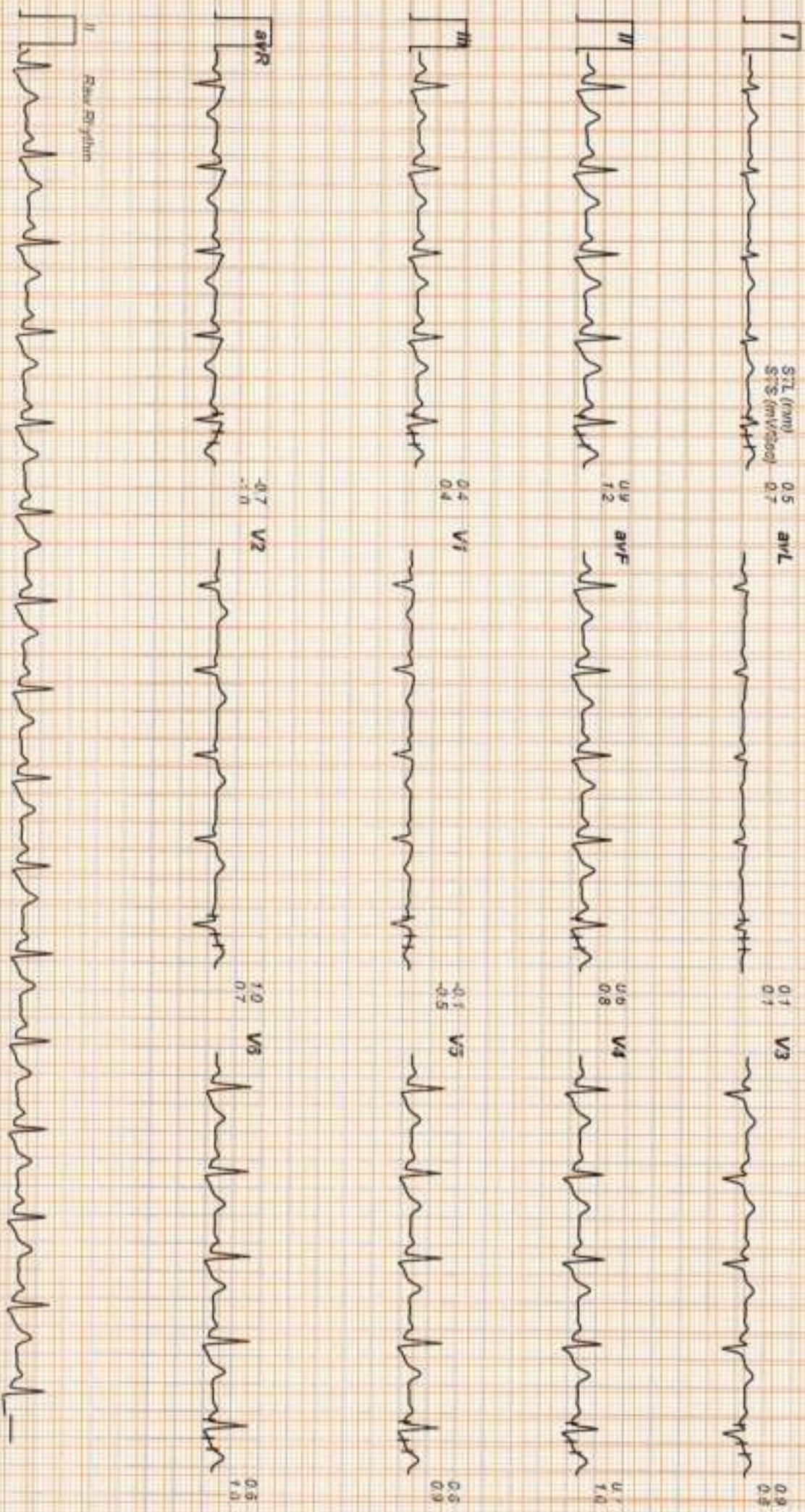
187395 / MRS. SHUKLA BITHICA / 51 Yrs / Female / 155 Cm / 64 Kg

## Linked Medians Report Recovery : ( 03:00 )



Date: 23 - 12 - 2023 11:26:35 AM METs : 1.0 HR : 103 Target HR : 61% of 169 BP : 110/70 Post J @80mSec

Ex Time: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



580683  
51 Years

MRS SHUKLA BITHICA  
Female

23-Dec-23 9:41:32 AM

YODA LIFELINE DIAGNOSTICS

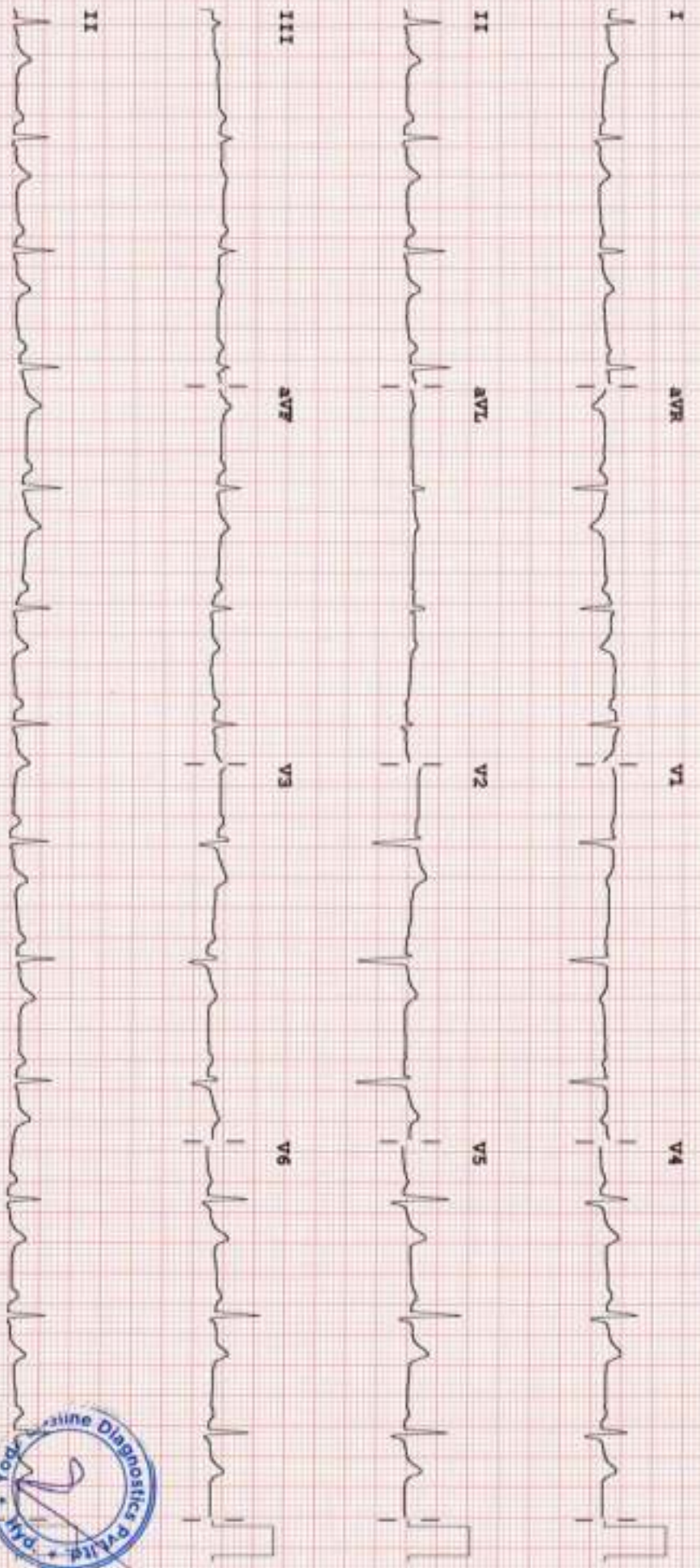
Rate 77 . Sinus rhythm.....normal P axis, V-rate 50- 99  
PR 143 . Low voltage, precordial leads.....precordial leads <1.0mV  
QRS 91  
QT 369  
QTc 418

--AXIS--  
P 68  
QRS 47  
T 45

- OTHERWISE NORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec I: 10 mm/mV Chest: 10.0 mm/mV

F 50-0.15-100 Hz

100B CL

P?





<b>Visit ID</b>	: YOD580683	UHID/MR No	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	Client Code	: YOD-DL-0021
Age/Gender	: 51 Y 0 M 0 D /F	Barcode No	: 10853477
DOB	:	Registration	: 23/Dec/2023 08:31AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:38AM
Client Name	: MEDI WHEELS	Received	: 23/Dec/2023 09:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 10:24AM
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	<b>34</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.

Verified By :  
Mamatha



Approved By :

  
**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
<b>DOB</b>	:	<b>Registration</b>	: 23/Dec/2023 08:31AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 23/Dec/2023 08:38AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Dec/2023 09:33AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Dec/2023 12:01PM
<b>Hospital Name</b>	:		

**DEPARTMENT OF HAEMATOLOGY**

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

<b>Sample Type : WHOLE BLOOD EDTA</b>				
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 :  
Mamatha



Approved By :

  
**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

<b>Visit ID</b> : YOD580683	<b>UHID/MR No</b> : YOD.0000560375
<b>Patient Name</b> : Mrs. SHUKLA BITHICA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 51 Y 0 M 0 D /F	<b>Barcode No</b> : 10853477
<b>DOB</b> :	<b>Registration</b> : 23/Dec/2023 08:31AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 23/Dec/2023 08:38AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 23/Dec/2023 09:34AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Dec/2023 10:18AM
<b>Hospital Name</b> :	

**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)	12.5	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>5.54</b>	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	40.7	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>73.5</b>	fL	83 - 101	Automated/Calculated
MCH	<b>22.6</b>	pg	27 - 32	Automated/Calculated
MCHC	<b>30.7</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	<b>17.1</b>	%	11.0-16.0	Automated Calculated
RDW - SD	45	fl	35.0-56.0	Calculated
MPV	9.9	fL	6.5 - 10.0	Calculated
PDW	10.8	fL	8.30-25.00	Calculated
PCT	0.42	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,190	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	58.4	%	40 - 80	Impedance
LYMPHOCYTE	29.7	%	20 - 40	Impedance
EOSINOPHIL	1.5	%	01 - 06	Impedance
MONOCYTE	9.4	%	02 - 10	Impedance
BASOPHIL	1.0	%	0 - 1	Impedance
PLATELET COUNT	<b>4.28</b>	Lakhs/cumm	1.50 - 4.10	Impedance

Verified By :  
Mamatha



Approved By :

  
**DR PRANITHA ANAPINDI**  
 MD, CONSULTANT PATHOLOGIST

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
<b>DOB</b>	:	<b>Registration</b>	: 23/Dec/2023 08:31AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 23/Dec/2023 08:38AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Dec/2023 09:05AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehrauli, N	<b>Reported</b>	: 23/Dec/2023 11:03AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**THYROID PROFILE (T3,T4,TSH)**

<b>Sample Type : SERUM</b>				
T3	0.65	ng/ml	0.60 - 1.78	CLIA
T4	12.35	ug/dl	4.82-15.65	CLIA
TSH	1.12	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:**

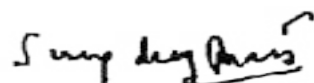
1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

Verified By :

Mamatha



Approved By :



**SURYADEEP PRATAP**  
Senior Biochemist

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
<b>DOB</b>	:	<b>Registration</b>	: 23/Dec/2023 08:31AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 23/Dec/2023 08:38AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Dec/2023 09:05AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Dec/2023 11:03AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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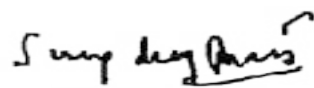
**LIVER FUNCTION TEST(LFT)**

<b>Sample Type : SERUM</b>				
TOTAL BILIRUBIN	0.39	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.06	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.33	mg/dl		Calculated
S.G.O.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	118	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.22			Calculated

Verified By :  
Mamatha



Approved By :

  
**SURYADEEP PRATAP**  
 Senior Biochemist

<b>Visit ID</b>	: YOD580683	UHID/MR No	: YOD.0000560375
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Age/Gender	: 51 Y 0 M 0 D /F	Barcode No	: 10853477
DOB	:	Registration	: 23/Dec/2023 08:31AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 08:38AM
Client Name	: MEDI WHEELS	Received	: 23/Dec/2023 09:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:03AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**LIPID PROFILE**

<b>Sample Type : SERUM</b>				
TOTAL CHOLESTEROL	<b>226</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	53	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	141	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>160</b>	mg/dl	See Table	GPO
VLDL	<b>32.0</b>	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.26		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>3.02</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>173</b>	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:
1. 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
  2. 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.
  3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
  4. 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 :  
Mamatha



Approved By :

*Suryadeep Pratap*  
**SURYADEEP PRATAP**  
 Senior Biochemist

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
<b>DOB</b>	:	<b>Registration</b>	: 23/Dec/2023 08:31AM
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<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	<b>9.9</b>	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	237	mg/dl		

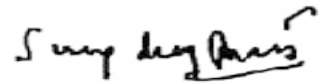
**Note:**

- 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 .
- 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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**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : Serum</b>				
SERUM UREA	33	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	15.4	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 :  
 Mamatha



Approved By :

*Suryadeep Pratap*  
**SURYADEEP PRATAP**  
 Senior Biochemist



<b>Visit ID</b>	: YOD580683	UHID/MR No	: YOD.0000560375
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Age/Gender	: 51 Y 0 M 0 D /F	Barcode No	: 10853477
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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**FBS (GLUCOSE FASTING)**

<b>Sample Type : FLOURIDE PLASMA</b>				
FASTING PLASMA GLUCOSE	<b>210</b>	mg/dl	70 - 100	HEXOKINASE

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)

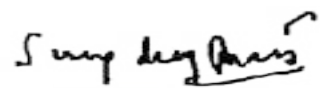
Decreased In

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

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 Senior Biochemist

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<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
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**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
SERUM CREATININE	0.68	mg/dl	0.51 - 0.95	KINETIC-JAFFE

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

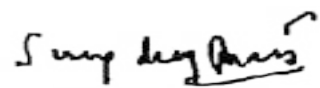
Decreased In:

- 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 :  
Mamatha



Approved By :

  
**SURYADEEP PRATAP**  
 Senior Biochemist

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**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
GGT	28	U/L	0 - 55.0	KINETIC-IFCC

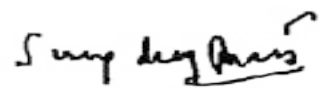
**INTERPRETATION:**

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :  
Mamatha



Approved By :

  
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 Senior Biochemist

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
<b>Patient Name</b>	: Mrs. SHUKLA BITHICA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 51 Y 0 M 0 D /F	<b>Barcode No</b>	: 10853477
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<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	2.6	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 :  
Mamatha



Approved By :

*Suryadeep Pratap*  
**SURYADEEP PRATAP**  
 Senior Biochemist

<b>Visit ID</b> : YOD580683	<b>UHID/MR No</b> : YOD.0000560375
<b>Patient Name</b> : Mrs. SHUKLA BITHICA	<b>Client Code</b> : YOD-DL-0021
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<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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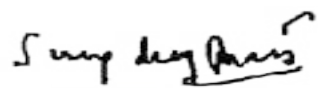
**BUN/CREATININE RATIO**

<b>Sample Type : SERUM</b>				
Blood Urea Nitrogen (BUN)	15.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.68	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	22.67	Ratio	6 - 25	Calculated

Verified By :  
Mamatha



Approved By :

  
**SURYADEEP PRATAP**  
 Senior Biochemist

Visit ID : YOD580683

Patient Name : Mrs. SHUKLA BITHICA

Age/Gender : 51 Y 0 M 0 D /F

DOB :

Ref Doctor : SELF

Client Name : MEDI WHEELS

Client Add : F-701, Lado Sarai, Mehravli, N

Hospital Name :

UHID/MR No : YOD.0000560375

Client Code : YOD-DL-0021

Barcode No : 10853477

Registration : 23/Dec/2023 08:31AM

Collected : 23/Dec/2023 08:31AM

Received :

Reported : 23/Dec/2023 10:22AM

**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 : 3.6 cm IVS(d) : 1.0 cm LVEF : 64 %

ESD : 2.3 cm PW (d) : 1.0 cm FS : 32 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.7cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal


IVS/ SVC/ CS : Normal

Verified By :

Mamatha



Approved By :

  
Dr. D. Madhav Kumar  
PGDDRM (U.K.)  
MBBS, PGDCC (Dip. Cardiology)  
Cardiologist

Visit ID	: YOD580683	UHID/MR No	: YOD.0000560375
Patient Name	: Mrs. SHUKLA BITHICA	Client Code	: YOD-DL-0021
Age/Gender	: 51 Y 0 M 0 D /F	Barcode No	: 10853477
DOB	:	Registration	: 23/Dec/2023 08:31AM
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**DEPARTMENT OF RADIOLOGY**

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.5 m/sec, A 0.7 m/sec.

AORTIC FLOW : 0.9m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : TRJV:2.3msec , RVSP:30mmhg

COLOUR FLOW MAPPING: MILD TRIMPRESSION :

- \* NO RWMA OF LV
- \* NORMAL LV SYSTOLIC FUNCTION
- \* GRADE I LV DIASTOLIC DYSFUNCTION
- \* MILD TR
- \* NO PE / CLOT / PAH

Verified By :  
Mamatha

Approved By :

  
Dr. D. Madhav Kumar  
PGDDRM (U.K.)  
MBBS, PGDCC (Dip. Cardiology)  
Cardiologist

<b>Visit ID</b>	: YOD580683	<b>UHID/MR No</b>	: YOD.0000560375
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Dec/2023 11:26AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Dec/2023 12:51PM
<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	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.019		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	5.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	POSITIVE (+++)		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	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
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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 :  
Mamatha



Approved By :

  
**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST



Visit ID	: YOD580683	UHID/MR No	: YOD.0000560375
Patient Name	: Mrs. SHUKLA BITHICA	Client Code	: YOD-DL-0021
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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 :  
Mamatha



Approved By :

  
**DR PRANITHA ANAPINDI**  
MD , CONSULTANT PATHOLOGIST

## DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SHUKLA BITHICA	Visit ID	YOD580683	Registration Date	23-12-2023 08:31 AM
Age / Gender	51/FEMALE	UHID	YOD.0000560375	Collection Date	23-12-2023 08:31 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10853477	Sample Type		Reported Date	23-12-2023 10:54 AM

## MAMMOGRAPHY

**Clinical Indication :** Routine Check-up.

**Findings:**

Both breasts show dense glandular parenchyma (ACR Breast density Grade – D).

Skin thickness and vascularity are normal.

Subcutaneous and retromammary fat planes are normal.

No evidence of focal mass lesions and asymmetric densities.

No evidence of micro and macro calcifications.

No evidence of duct ectasia.

Few subcentimetric lymphnodes with maintained fatty hilum noted in right axilla each measuring around 5 mm.

**IMPRESSION:**

- **No significant abnormality detected in bilateral breast parenchyma in this study.**
- **Few subcentimetric lymphnodes with maintained fatty hilum in right axilla**
- **ACR BI-RADS CATEGORY – II**

----**Adv : Routine screening mammography after one year.**

**ACR BIRADS CATEGORY:**

**BIRADS 0:** Needs additional imaging evaluation and / prior mammograms for comparison.

**BIRADS 1:** Normal mammogram Routine annual screening mammography is advised.

**BIRADS 2:** Benign findings : Routine annual screening mammography is advised.

**BIRADS 3:** Probably Benign : Initial short term follow- up usually six months.

**BIRADS 4:** Probably Malignant: Advised Biopsy

**BIRADS 5:** Malignant: Biopsy / Excision.

**BIRADS 6:** Known Biopsy proven malignancy.

- A negative mammogram cannot exclude cancer and clinically suspicious area should be biopsied even if the mammogram is negative.

- Extremely dense breast tissue (Type D) lowers the sensitivity of mammography.

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

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA  
MBBS, DNB , CONSULTANT  
RADIOLOGIST



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 [helpdesk@yodalifeline.in](mailto:helpdesk@yodalifeline.in) 040-35353535

## DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SHUKLA BITHICA	Visit ID	YOD580683	Registration Date	23-12-2023 08:31 AM
Age / Gender	51/FEMALE	UHID	YOD.0000560375	Collection Date	23-12-2023 08:31 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10853477	Sample Type		Reported Date	23-12-2023 11:05 AM

## ULTRASOUND WHOLE ABDOMEN &amp; PELVIS

**Clinical Details :** General check-up.

LIVER : Normal in size (135mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of calculi / wall thickening.

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (82mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 94x36mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 84x45mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Post menopausal status.

Both ovaries are not visualized. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

**IMPRESSION:**

- No obvious sonographic abnormality detected.

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

## Suggested clinical correlation &amp; follow up



Approved by

S. SHRAVAN KUMAR (DNB)  
CONSULTANT RADIOLOGIST



## DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SHUKLA BITHICA	Visit ID	YOD580683	Registration Date	23-12-2023 08:31 AM
Age / Gender	51/FEMALE	UHID	YOD.0000560375	Collection Date	23-12-2023 08:31 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10853477	Sample Type		Reported Date	23-12-2023 10:39 AM

## X-RAY CHEST PA VIEW

**FINDINGS:**

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

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:**

- No significant abnormality detected.

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

Suggested clinical correlation & follow up



Approved by

S. SHRAVAN KUMAR (DNB)  
CONSULTANT RADIOLOGIST



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