

BONTHALA NAGA SUDEEPIKA 34Y/F 10459600 CHEST PA 24-Apr-23 YODA DIAGNOSTICS YODA DIAGNOSTICS 24-04-2023 11:35:31 AM BONTHALA NAGA SUDEEPIKA 20230424-113216-76E2 Adult ABD

C5-1



YODA DIAGNOSTICS 24-04-2023 11:37:02 AM BONTHALA NAGA SUDEEPIKA 20230424-113216-76E2 Adult ABD

C5-1





## Dr Keerthi Kishore Nagalla

MBBS, MD (General Medicine) Consultant Physician & Diabetologist Reg. No. 64905

Name: MXS. B. Daga Sudpepiko Date: 22/4/23 Age: 344 Sex: Female Address: (Acontun

**R**<sub>x</sub> Clo Dyspepsia

TEMP: ..... B.P: 110/ & MU/ PULSE: 100. bry HEIGHT: J.S.J. Cn.

NOHIO HTNIDMICADIPTS

Cholesturol -20 Fuy 101 LDL-142mg/11

1) TOL. MJAKROSE ION 0-0-1-30

2) cap. PPBLOCK - ACR 1-0 0 - (30



CONTACT US

S 040 35353535 ⊕ www.yodadiagnostics.com Manasa Hospital, Old Club Road, Kothapet, Guntur - 522001

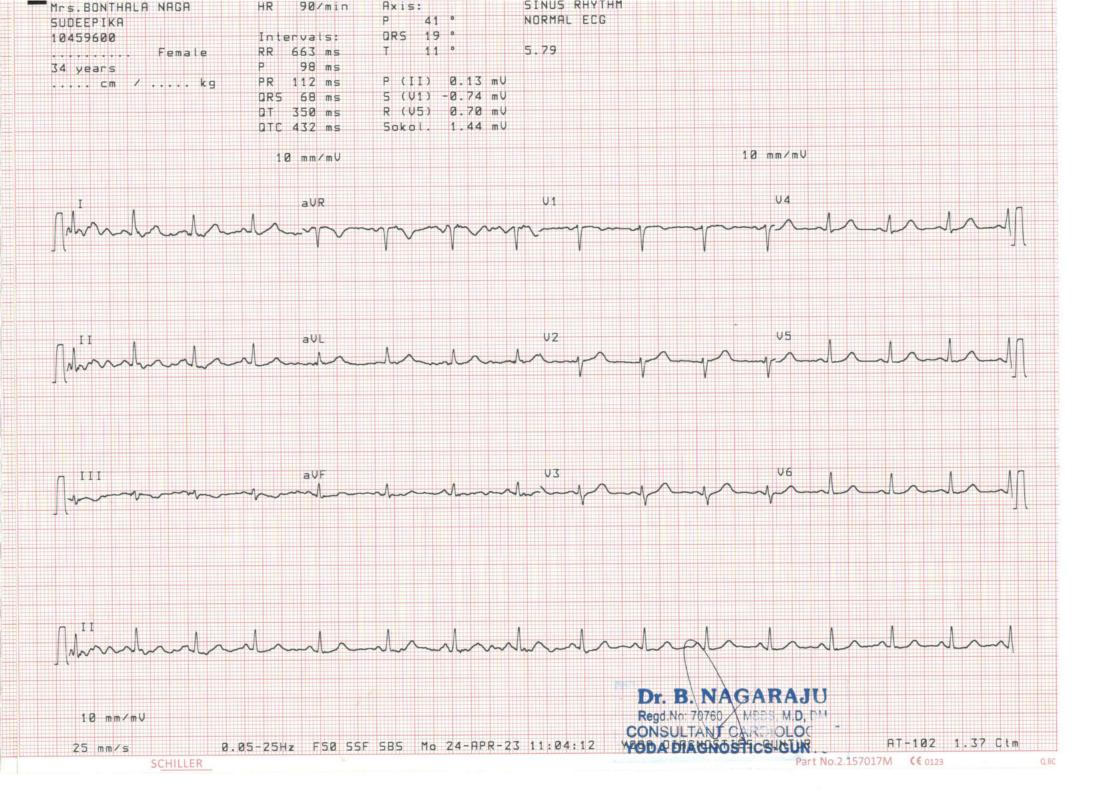
YODA DIAGNOSTICS 24-04-2023 11:37:57 AM

## BONTHALA NAGA SUDEEPIKA 20230424-113216-76E2

Adult ABD

C5-1







Visit ID	: YGT9450	UHID/MR No	: YGT.0000009331
Patient Name	: Mrs. BONTHALA NAGA SUDEEPIKA	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
DOB	:	Registration	: 22/Apr/2023 10:42AM
Ref Doctor	: SELF	Collected	: 22/Apr/2023 10:42AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Apr/2023 12:13PM
Hospital Name	:		

### **DEPARTMENT OF RADIOLOGY**

#### **ULTRASOUND WHOLE ABDOMEN & PELVIS**

#### **<u>Clinical Details :</u>** 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 8.2 cm and echotexture. No focal lesion is seen.

RIGHT KIDNEY : Measures 9.2 x 4.5 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : Measures  $10.5 \times 5.4$  cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

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

UTERUS : Anteverted, measures 6.7 x 4.1 x 6.4 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is 8 mm normal.

**Right ovary suboptimal** and left ovary measures 2.6 x 2.8 cm. Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

#### **IMPRESSION:**

• No obvious sonographic abnormality detected.





Approved By :

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





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**DEPARTMENT OF RADIOLOGY** 

## X-RAY CHEST PA VIEW

### Findings:

### Rotated film

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 : Kollipara Venkateswara Rao



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DEPARTMENT OF HAEMATOLOGY						
Test NameResultUnitBiological. Ref. RangeMethod						

ESR (ERYTHROCYTE SEDIMENTATION RATE)						
Sample Type : WHOLE BLOOD EDTA						
ERYTHROCYTE SEDIMENTATION RATE	15	mm/1st hr	0 - 15	Capillary Photometry		

#### 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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Test Name Result Unit Biological. Ref. Range Method	DEPARTMENT OF HAEMATOLOGY						
6 6							

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.

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DEPARTMENT OF HAEMATOLOGY						
Test NameResultUnitBiological. Ref. RangeMethod						

CBC(COMPLETE BLOOD COUNT)						
Sample Type : WHOLE BLOOD EDTA						
HAEMOGLOBIN (HB)	13.2	g/dl	12.0 - 15.0	Cyanide-free SLS method		
RBC COUNT(RED BLOOD CELL COUNT)	4.78	million/cmm	3.80 - 4.80	Impedance		
PCV/HAEMATOCRIT	40.1	%	36.0 - 46.0	RBC pulse height detection		
MCV	83.9	fL	83 - 101	Automated/Calculated		
MCH	27.7	pg	27 - 32	Automated/Calculated		
MCHC	33.0	g/dl	32 - 35	Automated/Calculated		
RDW - CV	13.7	%	11.0-16.0	Automated Calculated		
RDW - SD	42.7	fl	35.0-56.0	Calculated		
MPV	8.4	fL	6.5 - 10.0	Calculated		
PDW	15.5	fL	8.30-25.00	Calculated		
PCT	0.27	%	0.15-0.62	Calculated		
TOTAL LEUCOCYTE COUNT	8,460	cells/ml	4000 - 11000	Flow Cytometry		
DLC (by Flow cytometry/Microscopy)						
NEUTROPHIL	64	%	40 - 80	Impedance		
LYMPHOCYTE	30	%	20 - 40	Impedance		
EOSINOPHIL	02	%	01 - 06	Impedance		
MONOCYTE	04	%	02 - 10	Impedance		
BASOPHIL	00	%	0 - 1	Impedance		
PLATELET COUNT	3.17	Lakhs/cumm	1.50 - 4.10	Impedance		

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DEPARTMENT OF BIOCHEMISTRY					
Test NameResultUnitBiological. Ref. RangeMethod					

THYROID PROFILE (T3,T4,TSH)						
Sample Type : SERUM						
T3		1.11	ng/ml	0.60 - 1.78	CLIA	
T4		10.92	ug/dl	4.82-15.65	CLIA	
TSH		2.39	ulU/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 propanolol 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).

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.

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	
Γ	3rd Trimester	0.38 - 4.04	

( References 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.

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e falte Dr. Sumalatha

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DEPARTMENT OF BIOCHEMISTRY					
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LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.86	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.18	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.68	mg/dl		Calculated
S.G.O.T	24	U/L	< 35	KINETIC WITHOUT P5P- IFCC
S.G.P.T	19	U/L	< 35	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	107	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl		Calculated
A/G RATIO	1.24			Calculated

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**Test Name** 

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DEPARTMENT	<b>OF BIOCHEMISTRY</b>
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Result

Unit

**Biological. Ref. Range** 

Method

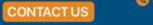
LIPID PROFILE						
Sample Type : SERUM						
TOTAL CHOLESTEROL	207	mg/dl	Desirable : 0-200 Borderline :200 – 239 High : >=240	Cholesterol oxidase/peroxidase		
H D L CHOLESTEROL	43	mg/dl	>40	Enzymatic/ Immunoinhibiton		
L D L CHOLESTEROL	142	mg/dl	Optimal - 70-106 Near Optimal/Aboveoptimal - 100 - 129 mg/dl Borderline High - 130 - 159 mg/dl	Enzymatic Selective Protein		
TRIGLYCERIDES	110	mg/dl	Normal : < 150 BorderLine : 150 - 199 High : 200-499	GPO		
VLDL	22.0	mg/dl	15 - 30	Calculated		
T. CHOLESTEROL/ HDL RATIO	4.81			Calculated		

Verified By : Kollipara Venkateswara Rao



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Unit

**Test Name** 

Result

**Biological. Ref. Range** 

Method

HBA1C						
Sample Type : WHOLE BLOOD EDTA						
HBA1c RESULT	5.4	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC		
ESTIMATED AVG. GLUCOSE	108	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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MBBS.DCP **Consultant Pathologist** 



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<b>BLOOD UREA NITROGEN (BUN)</b>							
Sample Type : Serum							
15	mg/dL	17 - 43	Urease GLDH				
7.0	mg/dl	5 - 25	GLDH-UV				
	15	15 mg/dL	<b>15</b> mg/dL 17 - 43				

#### 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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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological. Ref. Range	Method		

	FBS (GLUC	OSE FASTING)		
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	96	mg/dl	70 - 100	HEXOKINASE
INTERPRETATION:				
Increased In				
Diabetes Mellitus				
<ul> <li>Stress (e.g., emotion, burns, shock,</li> </ul>	anesthesia)			
Acute pancreatitis				
<ul> <li>Chronic pancreatitis</li> </ul>				
<ul> <li>Wernicke encephalopathy (vitamin B</li> </ul>	1 deficiency)			
• Effect of drugs (e.g. corticosteroids,	estrogens, alcoho	l, phenytoin, thiazi	des)	
Decreased In				
Pancreatic disorders				
<ul> <li>Extrapancreatic tumors</li> </ul>				
<ul> <li>Endocrine disorders</li> </ul>				
Malnutrition				
<ul> <li>Hypothalamic lesions</li> </ul>				
Alcoholism				
<ul> <li>Endocrine disorders</li> </ul>				

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Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY							
Test Name	Result	Unit	<b>Biological. Ref. Range</b>	Method			

PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA					
POST PRANDIAL PLASMA GLUCOSE	136	mg/dl	<140	HEXOKINASE	
INTERPRETATION:					
Increased In Diabetes Mellitus Stress (e.g., emotion, burns, shock, anesther Acute pancreatitis Chronic pancreatitis Wernicke encephalopathy (vitamin B1 deficier Effect of drugs (e.g. corticosteroids, estrogen Decreased In	ncy)	ytoin, thiazides)			
<ul> <li>Pancreatic disorders</li> <li>Extrapancreatic tumors</li> </ul>					
Endocrine disorders					
Malnutrition					
<ul> <li>Hypothalamic lesions</li> <li>Alcoholism</li> </ul>					
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DEPARTMENT OF BIOCHEMISTRY								
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SERUM CREATININE					
Sample Type : SERUM					
SERUM CREATININE	0.78	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).

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URIC ACID -SERUM						
Sample Type : SERUM						
SERUM URIC ACID	4.3	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						

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
DOB	:	Registration	: 22/Apr/2023 10:42AM
Ref Doctor	: SELF	Collected	: 22/Apr/2023 10:44AM
Client Name	: MEDI WHEELS	Received	: 22/Apr/2023 11:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 22/Apr/2023 11:37AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test NameResultUnitBiological. Ref. RangeMethod					

BUN/CREATININE RATIO						
Sample Type : SERUM						
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV		
SERUM CREATININE	0.78	mg/dl	0.51 - 0.95	KINETIC-JAFFE		
BUN/CREATININE RATIO	8.97	Ratio	6 - 25	Calculated		

Verified By : Kollipara Venkateswara Rao



Approved By :

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Visit ID	: YGT9450	UHID/MR No	: YGT.0000009331
Patient Name	: Mrs. BONTHALA NAGA SUDEEPIKA	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
OOB	:	Registration	: 22/Apr/2023 10:42AM
ef Doctor	: SELF	Collected	: 22/Apr/2023 10:42AM
ient Name	: MEDI WHEELS	Received	:
lient Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Apr/2023 04:04PM
lospital 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 : 3.8 cm IVS(d) : cm LVEF : 64 % ESD : 2.6 cm PW (d) : cm FS : 36 % No RWMA				
IAS	: Intact				
IVS	: Intact				
AORTA	: 2.8 cms				
PULMONARY ARTERY	: Normal				
PERICARDIUM	: Normal				
IVS/ SVC/ CS	: Normal				
PULMONARY VEINS	: Normal				

Verified By : Kollipara Venkateswara Rao



Approved By :

5 6 7

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

CONTACT US



Visit ID	: YGT9450	UHID/MR No	: YGT.0000009331
Patient Name	: Mrs. BONTHALA NAGA SUDEEPIKA	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
DOB	:	Registration	: 22/Apr/2023 10:42AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Apr/2023 04:04PM
Hospital Name	:		

## **DEPARTMENT OF RADIOLOGY**

INTRA CARDIAC MASSES : No					
<b>DOPPLER STUDY :</b>					
MITRAL FLOW	: E - 1.0 m/sec, A - 0.7m/sec.				
AORTIC FLOW	: 1.0 m/sec				
PULMONARY FLOW	: 1.0 m/sec				
TRICUSPID FLOW	: TRJV : 2.2 m/sec, RVSP - 30mmHg				
COLOUR FLOW MAPP	ING: TRIVIAL MR /TR				
<b>IMPRESSION</b> :					
* NORMAL SIZED CAR	RDIAC CHAMBERS				
* NO RWMA					
* GOOD LV FUNCTION	N Contraction of the second				
* NORMAL LV FILLING	G PATTERN				
* TRIVIAL MR/NO AR	/PR				
* TRIVIAL TR / NO PA	AH Contraction of the second				
* NO PE / CLOTS /VE	* NO PE / CLOTS /VEGETATION				
	CONSULTANT CARDIOLOGIST				

Verified By : Kollipara Venkateswara Rao Approved By :

6 7

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





Visit ID	: YGT9450	UHID/MR No	: YGT.0000009331
Patient Name	: Mrs. BONTHALA NAGA SUDEEPIKA	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
DOB	:	Registration	: 22/Apr/2023 10:42AM
Ref Doctor	: SELF	Collected	: 24/Apr/2023 10:45AM
Client Name	: MEDI WHEELS	Received	: 24/Apr/2023 12:09PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Apr/2023 12:59PM
Hospital Name	:		

### DEPARTMENT OF CLINICAL PATHOLOGY

Result

**Test Name** 

Unit

**Biological. Ref. Range** 

**CUE (COMPLETE URINE EXAMINATION)** 

Method

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	25 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	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION		· · · ·		
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	3-5	/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 :

Kollipara Venkateswara Rao



Approved By :

e falte Dr. Sumalatha MBBS,DCP

Consultant Pathologist



Visit ID	: YGT9450	UHID/MR No	: YGT.0000009331
Patient Name	: Mrs. BONTHALA NAGA SUDEEPIKA	Client Code	: 1409
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10459600
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Test Name Result Unit Biological. Ref. Range Method	DEPARTMENT OF CLINICAL PATHOLOGY									
	Test Name	Result	Unit	Biological. Ref. Range	Method					

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

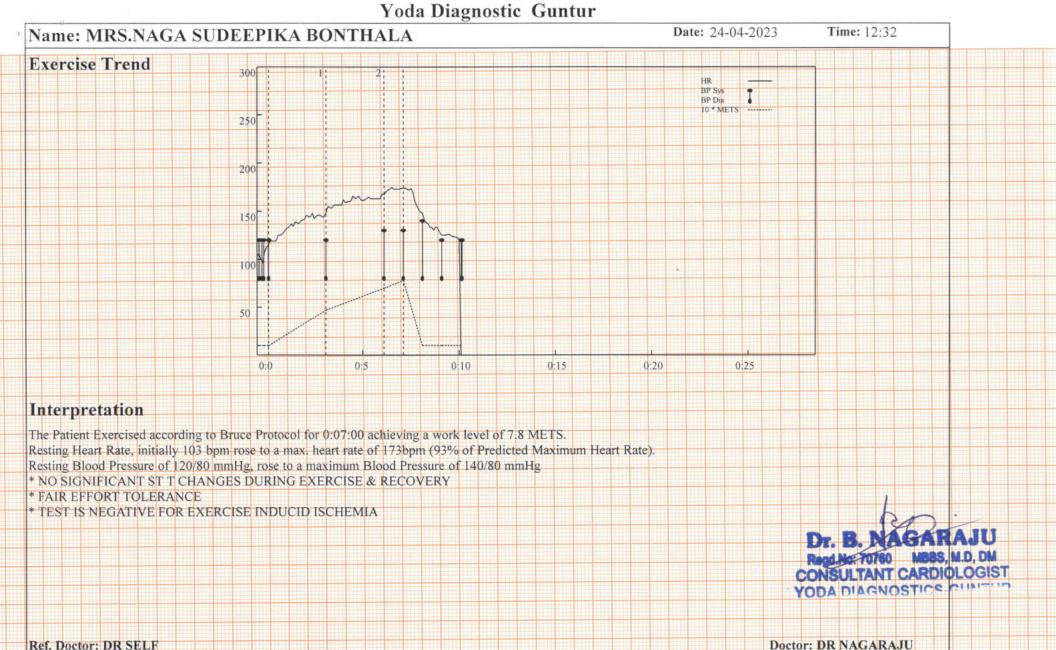
Verified By : Kollipara Venkateswara Rao



Approved By :

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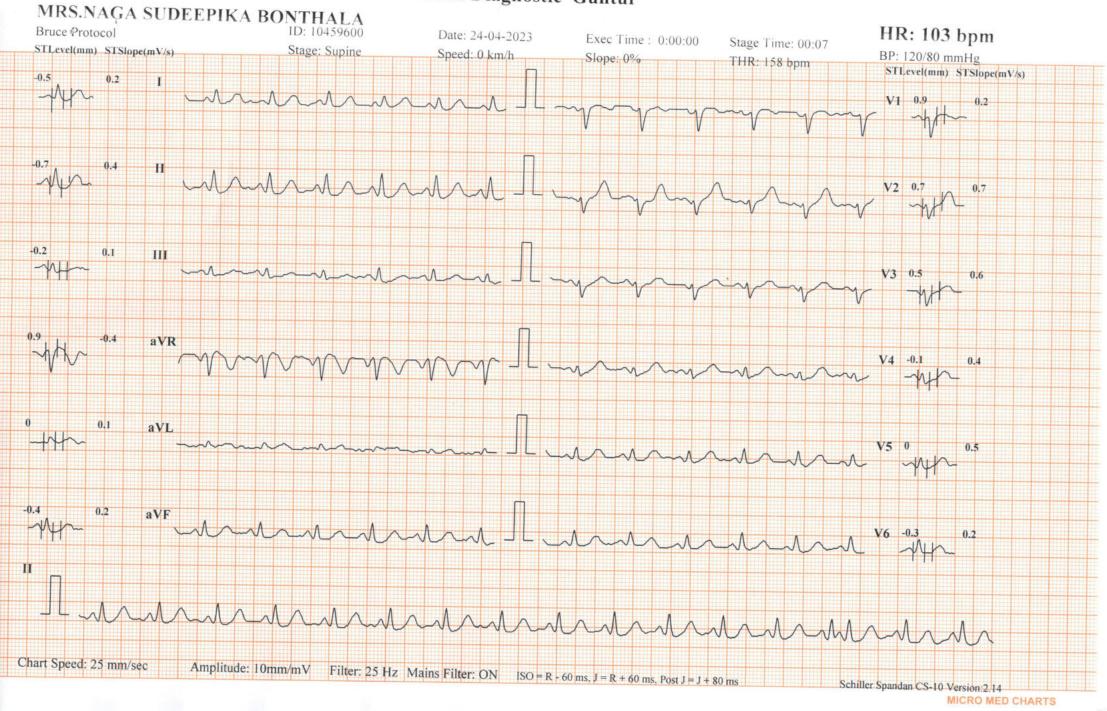
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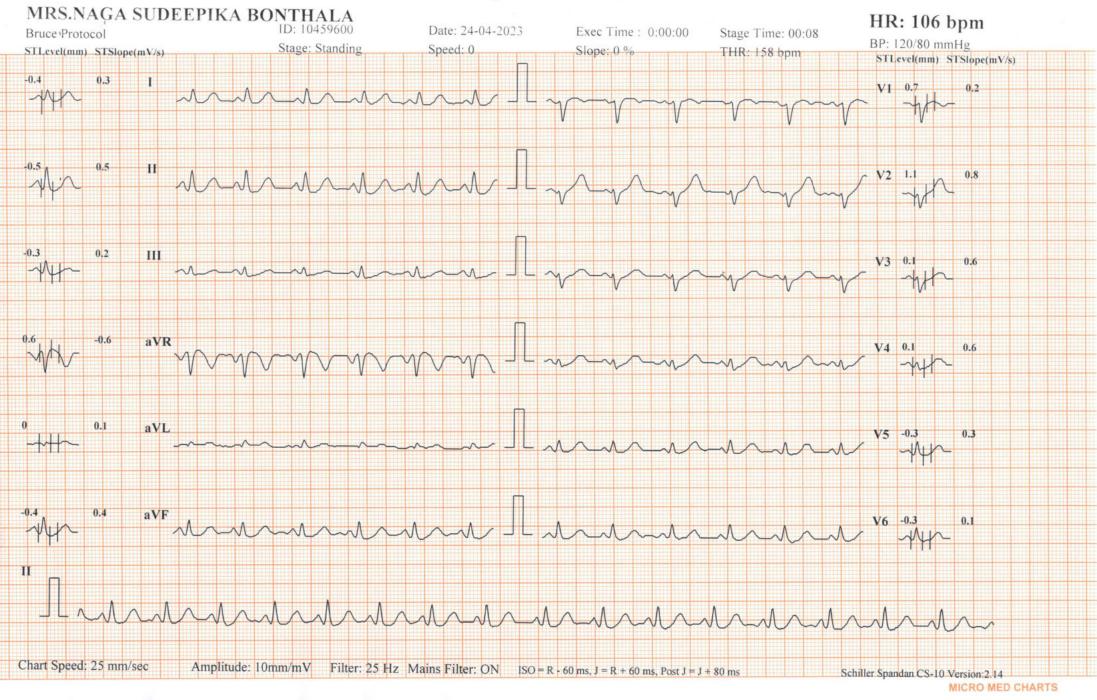
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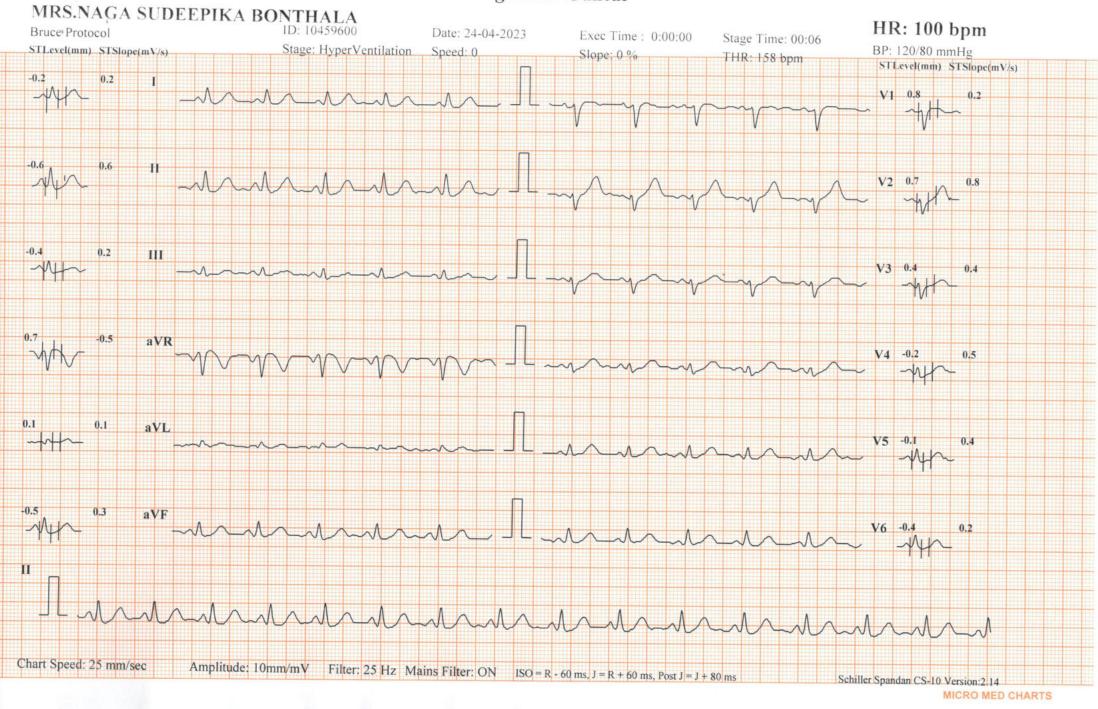
MICRO MED CHARTS

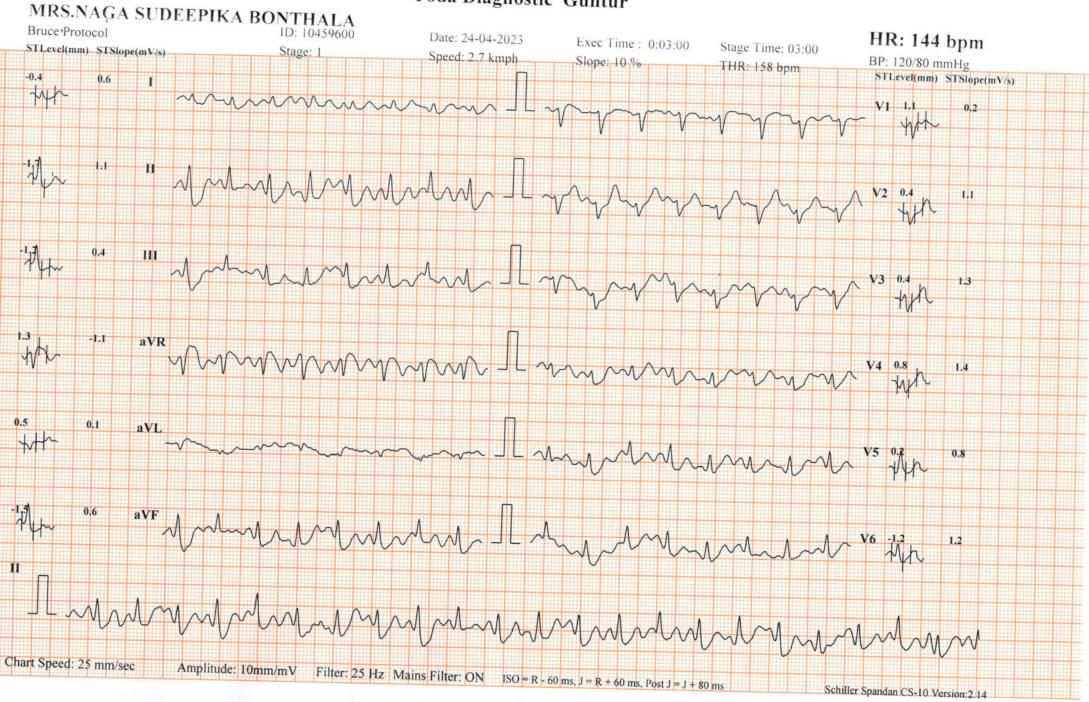
(Summary Report edited by User)

Name: MRS.N		EPIKA I			8				Date: 24-04	4-2023 Time: 12:32
	Gender: F		Height: ]	157 cms		Weight:	68 Kg		ID: 1045960	00
	NO									
	0									
<b>Test Details:</b>										
Protocol: Bruce			Predicted	Max HR:	186				Target HR:	158
Exercise Time:	0:07:00		Achieved	Max HR:	173 (93	3% of Predic	ted MHF	0	61	
Max BP: 140/80		Max BP x HR: 24220				and the second se		Max Mets:	7.8	
Test Termination C	riteria:									7.0
Protocol Deta	ils:									
	Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope mV/S
	Supine	00:07	1	0	0	103	120/80	12360		0.7 V2
	Standing	00:08	1	0	0	106	120/80	12720	1.1 V2	0.8 V2
	HyperVentilation	00:06	1	0	0	100	120/80	12000	0.8 V1	0.8 V2
	PreTest	00:14	1	1.6	0	108	120/80	12960	-1	0.8 V2
	Stage: 1	03:00	4.7	2.7	10	144	120/80	17280	-1.7 II	1.4 V4
	Stage: 2	03:00	7	4	12	163	130/80	21190	-3 V6	3.8 aVR
	Peak Exercise	01:00	7.8	5.5	14	173	130/80	22490	-2.3 V3	1.9 V4
	Recovery1	01:00	1	0	0	152	140/80	21280	1.6 V2	2.4 11
	Recovery2	01:00	1	0	0	132	120/80	15840	1 V3	1.9 V2
	Recovery3	01:00	1	0	0	123	120/80	14760	-1.5 II	1.2 V3
SCHILLER										
SUMILLEN										

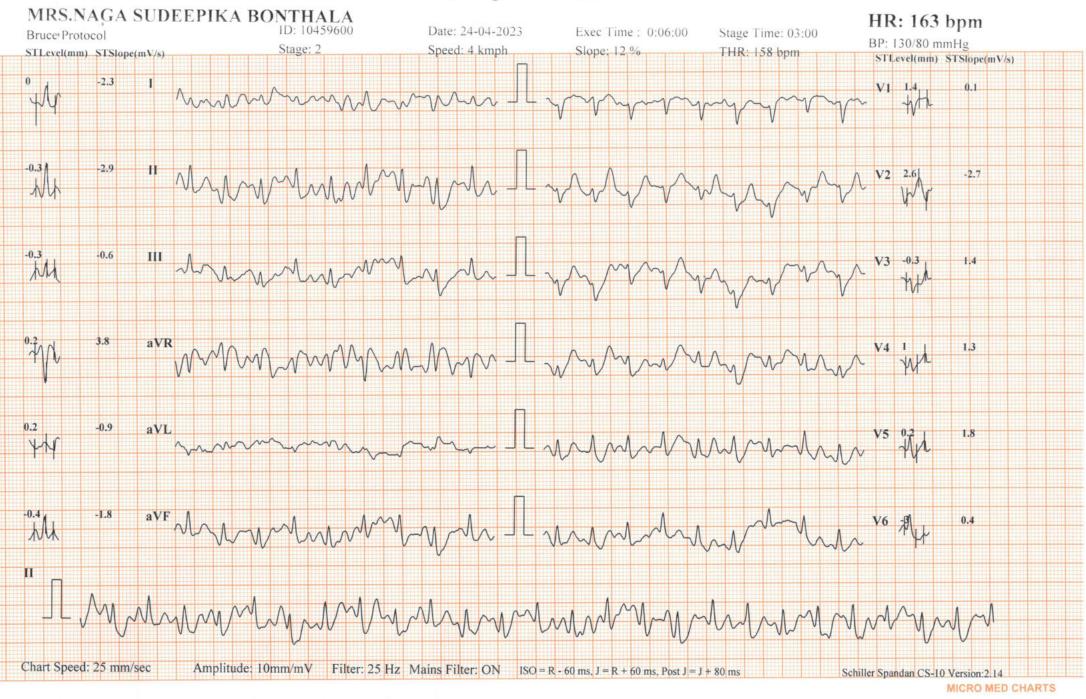


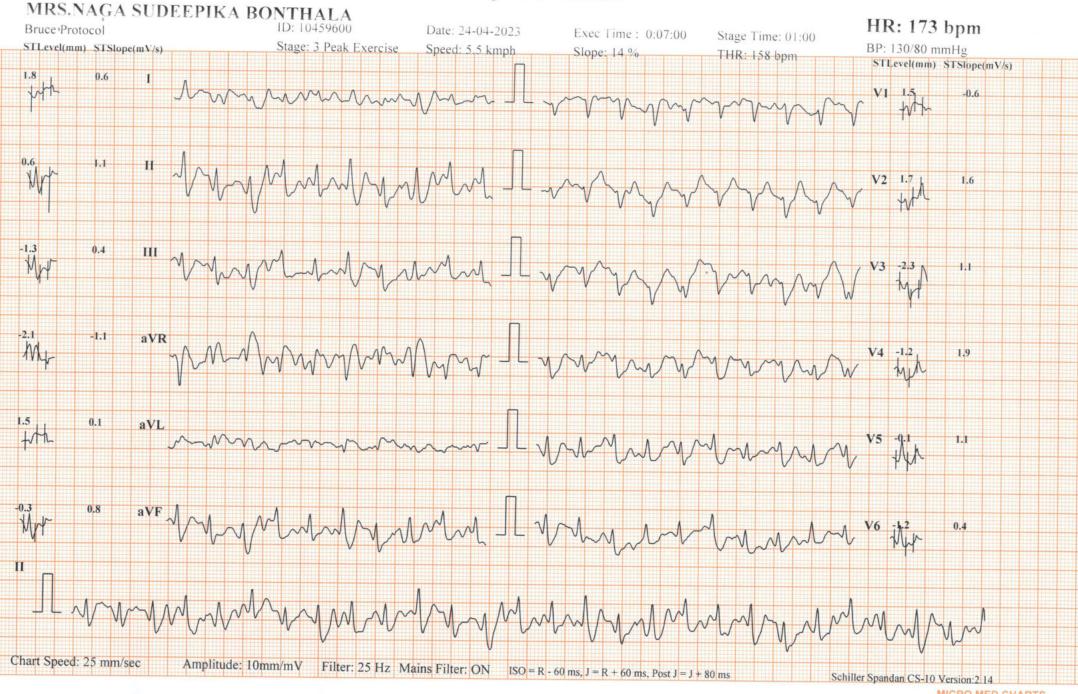




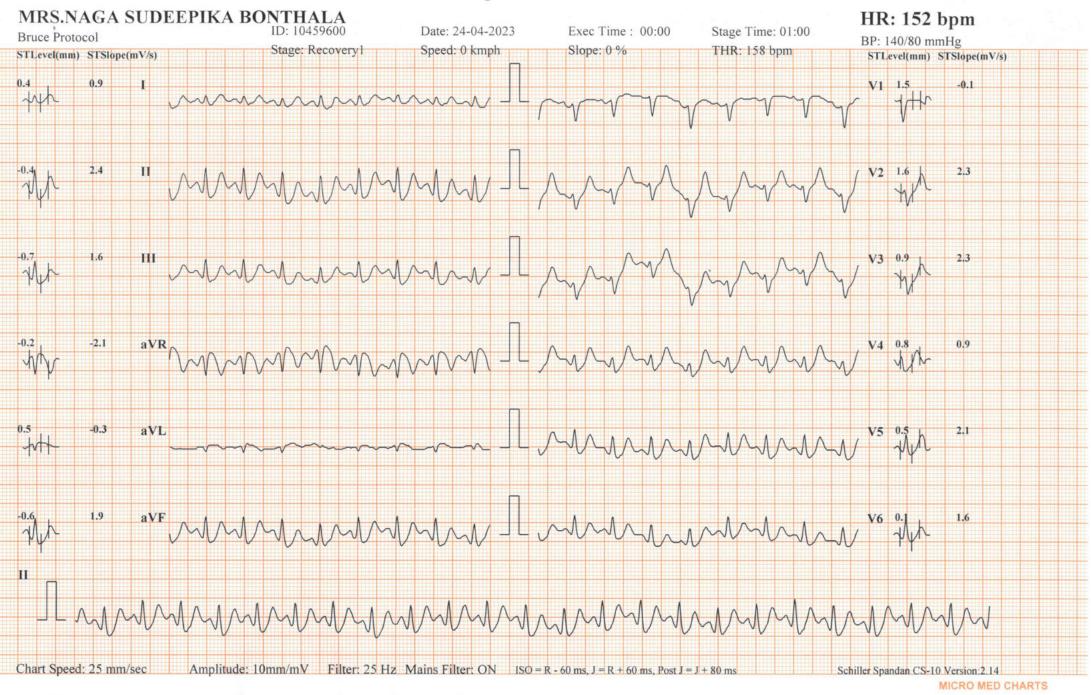


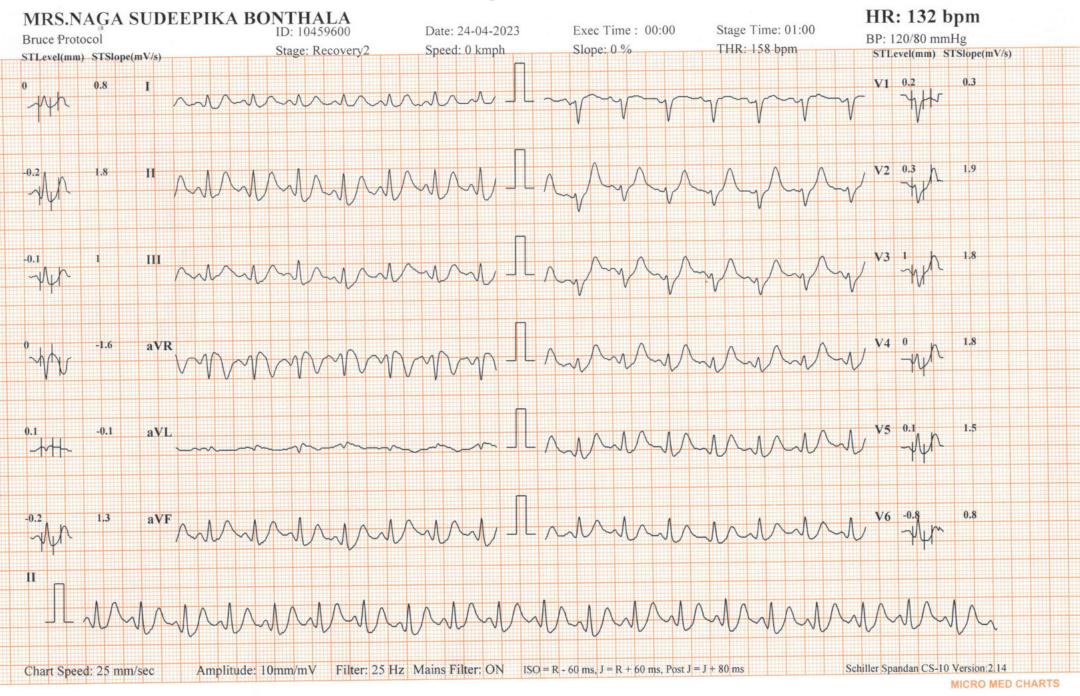
MICRO MED CHARTS

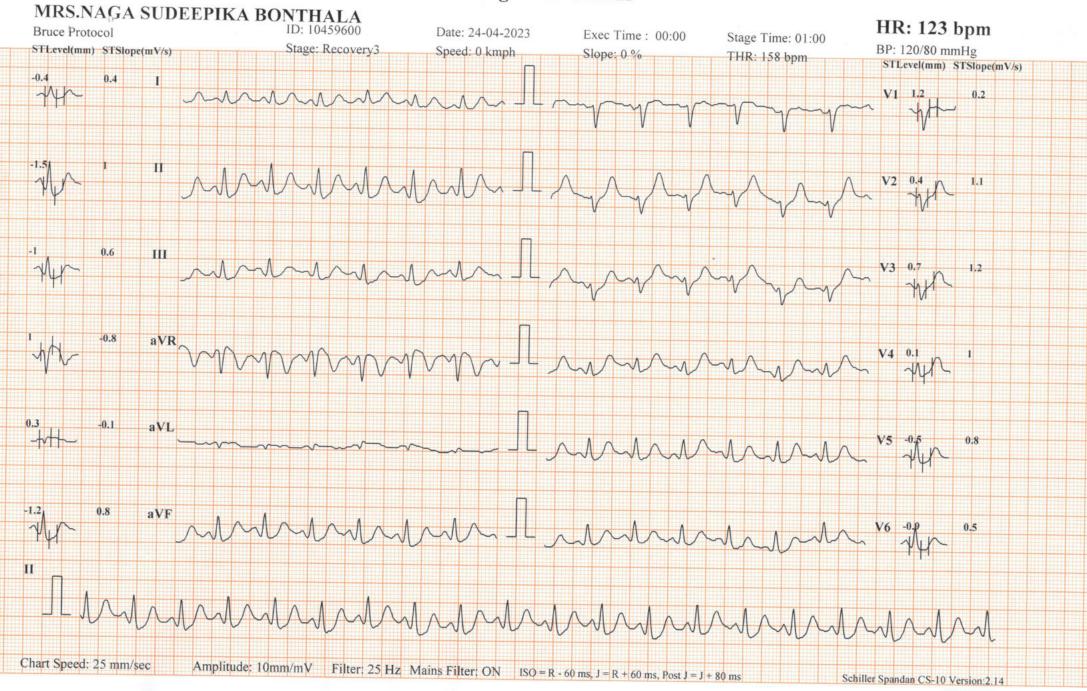




**MICRO MED CHARTS** 







MICRO MED CHARTS