

Visit ID	: YGT30750	UHID/MR No	: YGT.0000030615
Patient Name	: Mr. VALLU GOPIRAJU	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10710920
DOB	:	Registration	: 23/Sep/2023 09:48AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 09:48AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 11:22AM
Hospital Name	:		

### **DEPARTMENT OF RADIOLOGY**

### ULTRASOUND WHOLE ABDOMEN

LIVER : *Mildly enlarged in size (16.7 cm) and shows increased echo-texture*. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

PANCREAS : Poor window.

SPLEEN : Borderline enlargement in size (12.5 cm) with normal echotexture. No focal lesion is seen.

RI GHT KI DNEY : measures 10.5 x 4.0 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 10.9 x 4.8 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 : Empty.

PROSTATE : Grossly normal.

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

No free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- Mild hepatomegaly with Grade I fatty changes.
- Borderline splenomegaly.

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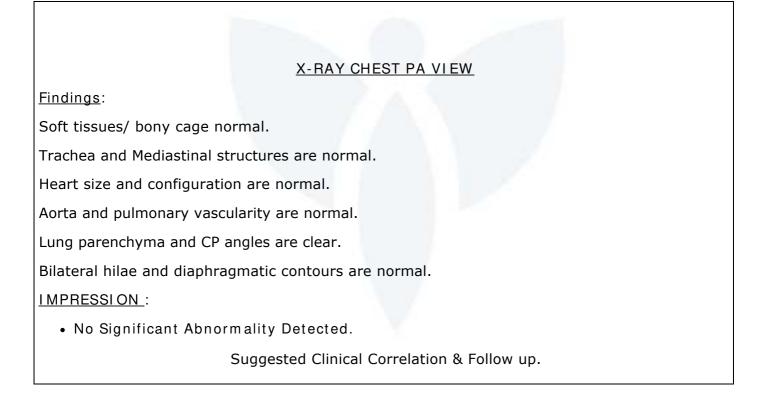
Dr. SUSHIMA VUYYURU MBBS:MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST





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### **DEPARTMENT OF RADIOLOGY**



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





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Ref Doctor	: SELF	Collected	: 23/Sep/2023 09:58AM
Client Name	: MEDI WHEELS	Received	: 23/Sep/2023 10:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 10:59AM
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DEPARTMENT OF HAEMATOLOGY						
Test Name	Test NameResultUnitBiological Ref. RangeMethod					

ESR (ERYTHROCYTE SEDIMENTATION RATE)					
Sample Type : WHOLE BLOOD EDTA					
ERYTHROCYTE SEDIMENTATION RATE	10	mm/1st hr	0 - 15	Capillary Photometry	
COMMENTS: ESR is an acute phase reactant which indicates of a specific disease. It is used to monitor the co are found in cases of malignancy, hematologic o	ourse or res	ponse to treatment o	f certain diseases. E		
Increased levels may indicate: Chronic renal fail	lure (e.g., n	ephritis, nephrosis), ı	malignant diseases (e	.g., multiple myeloma	

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

BLOOD GROUP ABO & RH Typing					
Sample Type : WHOLE BLO	DD EDTA				
ABO	В				
Rh Typing	POSITIVE				
Method : Hemagglutination T	ube method by forward and revers	e grouping			
COMMENTS:					
<u>-</u>					

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. Advsied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY						
Test Name	Test NameResultUnitBiological Ref. RangeMethod					

СВ	C(COMPLE	TE BLOOD CO	DUNT)	
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	16.9	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.45	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	45.3	%	40.0 - 50.0	RBC pulse height detection
MCV	83.2	fL	83 - 101	Automated/Calculated
MCH	31	pg	27 - 32	Automated/Calculated
МСНС	37.2	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13	%	11.0-16.0	Automated Calculated
RDW - SD	43.1	fl	35.0-56.0	Calculated
MPV	7.7	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.28	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	10,300	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)		1		•
NEUTROPHIL	43	%	40 - 80	Impedance
LYMPHOCYTE	36	%	20 - 40	Impedance
EOSINOPHIL	16	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.60	Lakhs/cumm	1.50 - 4.10	Impedance

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

THYROID PROFILE (T3,T4,TSH)					
Sample Type : SERUM					
T3	1.14	ng/ml	0.60 - 1.78	CLIA	
T4	10.02	ug/dl	4.82-15. <mark>6</mark> 5	CLIA	
TSH	1.44	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.

Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
 Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

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).

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

9.	REFERENCE RANGE :	
	PREGNANCY	TSH in uIU/ mL
	1st Trimester	0.60 - 3.40
	2nd Trimester	0.37 - 3.60
	3rd Trimester	0 38 - 4 04

( References range recommended by the American Thyroid Association) Comments:

- $1. \ \mbox{During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.}$
- 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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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	<b>Biological Ref. Range</b>	Method	

LIVER FUNCTION TEST(LFT)					
Sample Type : SERUM					
TOTAL BILIRUBIN	0.66	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF	
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD	
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated	
S.G.O.T	28	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
S.G.P.T	49	U/L	< 50	KINETIC WITHOUT P5P- IFCC	
ALKALINE PHOSPHATASE	66	U/L	30 - 120	IFCC-AMP BUFFER	
TOTAL PROTEINS	7.5	gm/dl	6.6 - 8.3	Biuret	
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG	
GLOBULIN	2.8	gm/dl		Calculated	
A/G RATIO	1.68			Calculated	

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

		LIPID	PROFILE				
Sample Type : SER	UM						
TOTAL CHOLEST	EROL	203	mg/dl	15	Refere Table B	Below	Cholesterol oxidase/peroxidase
H D L CHOLESTE	ROL	42	mg/dl		> 40		Enzymatic/ Immunoinhibiton
L D L CHOLESTER	ROL	141.6	mg/dl		Refere Table B	elow	Enzymatic Selective Protein
TRIGLYCERIDES		97	mg/dl		See Table		GPO
VLDL		19.4	mg/dl		15 - 30		Calculated
T. CHOLESTEROL	/ HDL RATIO	4.83			Refere Table Below		Calculated
TRIGLYCEIDES/H	DL RATIO <b>2.31</b> Ratio < 2.0			Calculated			
NON HDL CHOLE	STEROL	161	mg/dl	mg/dl < 130			Calculated
Interpretation NATIONAL LIPID AS RECOMMENDATION		TOTAL CHOLESTE		CERI DI	LDL CHOLESTEROL	NON HE CHOLESTE	
Optimal		<200	<1	50	<100	<130	
Above Optimal		-	-		100-129	130 - 15	
Borderline High		200-23			130-159	160 - 18	
High		>=240	>=240 200-		160-189	190 - 21	
Very High REMARKS	Oh a la at a r a l I	-	>=[	500	>=190	>=220	)
Low risk	Cholesterol : H 3.3-4.4	IDE RALIO					
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, 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

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 10:47AM
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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	<b>Biological Ref. Range</b>	Method

HBA1C Sample Type : WHOLE BLOOD EDTA					
ESTIMATED AVG. GLUCOSE	120	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.</li>
 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 NameResultUnitBiological Ref. RangeMethod					

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:		A		1		

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	Test NameResultUnitBiological Ref. RangeMethod					

	FBS (GLUCO	OSE FASTING)				
Sample Type : FLOURIDE PLASMA						
FASTING PLASMA GLUCOSE	103	mg/dl	70 - 100	HEXOKINASE		
INTERPRETATION:						
Increased In						
Diabetes Mellitus						
<ul> <li>Stress (e.g., emotion, burns, shock</li> </ul>	, anesthesia)					
<ul> <li>Acute pancreatitis</li> </ul>						
Chronic pancreatitis						
Wernicke encephalopathy (vitamin	B1 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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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	<b>Biological Ref. Range</b>	Method		

PPI	BS (POST PRA	NDIAL GLUCOSE)	PPBS (POST PRANDIAL GLUCOSE)					
Sample Type : FLOURIDE PLASMA	1							
POST PRANDIAL PLASMA GLUCOSE	108	mg/dl	<140	HEXOKINASE				
INTERPRETATION:								
ncreased In								
Diabetes Mellitus								
<ul> <li>Stress (e.g., emotion, burns, shock, anesthe</li> </ul>	esia)							
Acute pancreatitis								
Chronic pancreatitis								
<ul> <li>Wernicke encephalopathy (vitamin B1 deficie</li> </ul>	ncy)							
<ul> <li>Effect of drugs (e.g. corticosteroids, estroger</li> </ul>	ns, alcohol, pheny	/toin, thiazides)						
Decreased In								
Pancreatic disorders								
<ul> <li>Extrapancreatic tumors</li> </ul>								
Endocrine disorders								
Malnutrition								
<ul> <li>Hypothalamic lesions</li> </ul>								
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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Test NameResultUnitBiological Ref. RangeMethod					

SERUM CREATININE					
Sample Type : SERUM					
SERUM CREATININE	0.92	mg/dl	0.67 - 1.17	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	7.1	mg/dl	3.5 - 7.20	URICASE - PAP		

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

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Test Name	Test NameResultUnitBiological Ref. RangeMethod						

BUN/CREATININE RATIO						
Sample Type : SERUM						
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV		
SERUM CREATININE	0.92	mg/dl	0.67 - 1.17	KINETIC-JAFFE		
BUN/CREATININE RATIO	8.60	Ratio	6 - 25	Calculated		

Verified By : Kollipara Venkateswara Rao Approved By :

falte

Dr. Sumalatha MBBS,DCP Consultant Pathologist



9 040 35353535 www.yodadiagnostics.com helpdesk@yodalifeline.in 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016



Visit ID	: YGT30750	UHID/MR No	: YGT.0000030615
Patient Name	: Mr. VALLU GOPIRAJU	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10710920
DOB	:	Registration	: 23/Sep/2023 09:48AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 09:48AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 01:02PM
Hospital Name	:		

### DEPARTMENT OF RADIOLOGY

	2D ECHO DOPPLER STUDY
MITRAL VALVE	: Normal
AORTIC VALVE	: Normal
TRICUSPID VALVE	: Normal
PULMONARY VALVE	: Normal
RIGHT ATRIUM	: Normal
RIGHT VENTRICLE	: Normal
LEFT ATRIUM	: 3.0 cms
LEFT VENTRICLE	: EDD : 4.6 cm IVS(d) :0.7 cm LVEF :71 % ESD : 2.6 cm PW (d) :0.7 cm FS : 42 % No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.8 cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal
PULMONARY VEINS	: Normal
INTRA CARDIAC MASSES	S : No

Verified By : Kollipara Venkateswara Rao Approved By :

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

CONTACTUS



Visit ID	: YGT30750	UHID/MR No	: YGT.0000030615
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Hospital Name	:		

### DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :	
MITRAL FLOW	: E - 0.1 m/sec, A - 0.5 m/sec.
AORTIC FLOW	: 1.4m/sec
PULMONARY FLOW	: 0.9 m/sec
TRICUSPID FLOW	: TRJV : 2.5m/sec, RVSP -35 mmHg
COLOUR FLOW MAPPIN	IG: TRI VI AL TR
IMPRESSION :	
* NORMAL SIZED CARD * NO RWMA OF LV * GOOD LV FUNCTION * NORMAL LV FILLING * NO MR/ NO AR/ NO PF * TRI VIAL TR,NO PAH * NO PE / CLOT / VEGE	PATTERN R

Verified By : Kollipara Venkateswara Rao

Approved By :

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





Visit ID	: YGT30750	UHID/MR No	: YGT.0000030615
Patient Name	: Mr. VALLU GOPIRAJU	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10710920
DOB	:	Registration	: 23/Sep/2023 09:48AM
Ref Doctor	: SELF	Collected	: 23/Sep/2023 09:58AM
Client Name	: MEDI WHEELS	Received	: 23/Sep/2023 10:11AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Sep/2023 10:34AM
Hospital Name	:		

Result

### DEPARTMENT OF CLINICAL PATHOLOGY

**Test Name** 

Unit

**Biological Ref. Range** 

Method

	CUE (COMPLETE U	RINE EXAMIN	ATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW	AN		
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION			1.5	
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	1	Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATIO	N	· · ·		
PUS CELLS	3-4	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/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



falte

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



Visit ID	: YGT30750	UHID/MR No	: YGT.0000030615
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DEPAR	DEPARTMENT OF CLINICAL PATHOLOGY						
Test Name	Result	Unit	<b>Biological Ref. Range</b>	Method			

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

Verified By : Kollipara Venkateswara Rao Approved By :

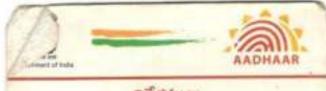
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Dr. Sumalatha MBBS,DCP Consultant Pathologist



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## నిర్దే శములు

- ఆధార్ గుర్తింపుకు మాత్రమే నిరూపణ, పొరసత్వానికి కాదు.
- గుర్తింపు నిరూపణక్రి, అన్లోనలో నిర్మారణ పోందండి.
- ఏదైనా సహాయం అవసరమైతే :

రోన్ నెం. 1800 180 1947 లో సంభదించంది లేదా పోస్ట్రహాస్ట్ నెం. 1947, పెంగుకూరు -560001 కి ఉత్తరం రాయండి లేదా help@uldai.gov.in. కి ఈ-మెజుల్ వంవండి.

### INSTRUCTIONS

 Aadhaar is proof of identity, not of citizenship.
 To establish identity, authenticate online.
 In case any hotp in required > Call us 1800 180 1947 or;
 Write to P.O. Box No. 1947, Bengaluru - 560 001 or;

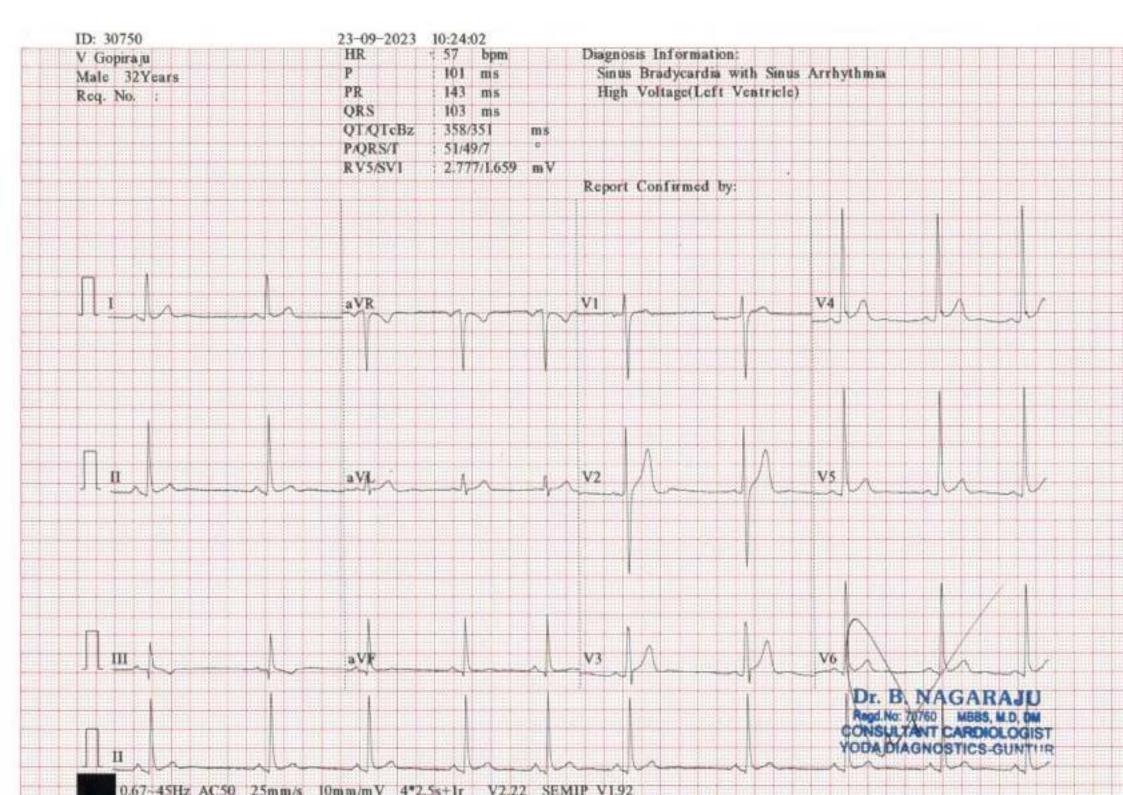
Write to P.O. Box No. 1947, Bengaluru - 560 001 or Email help@uidai.gov.in



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Aadhaar - Saamanyuni Hakku





## Dr Keerthi Kishore Nagalla

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

Name: MY Vally Gropi Raju 109/23 Age: 32 years sex: Hale 92. Date: .... (junter) Address: .....

Routine Health checkup No complainth NO HID HTTV I DIN (CAD (PTI)

TEMP: (D) B.P. 110/20 MM PULSE: 76 bl HEIGHT: 169 CM

LDL-14/mg/d/

2) Tak. JAKROSE 10mg

1) Low Fat Food

A

Dr. KEERTHI KISHORE NAGALAA Regd.No: 64905 M885, N.D. General Medicine CONSULTANT GENERAL PHYSICIAN YODA DIAGNOSTICS-GUNTUR

CONTACT US

AXIS	
160	

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💽 GPS Map Camera

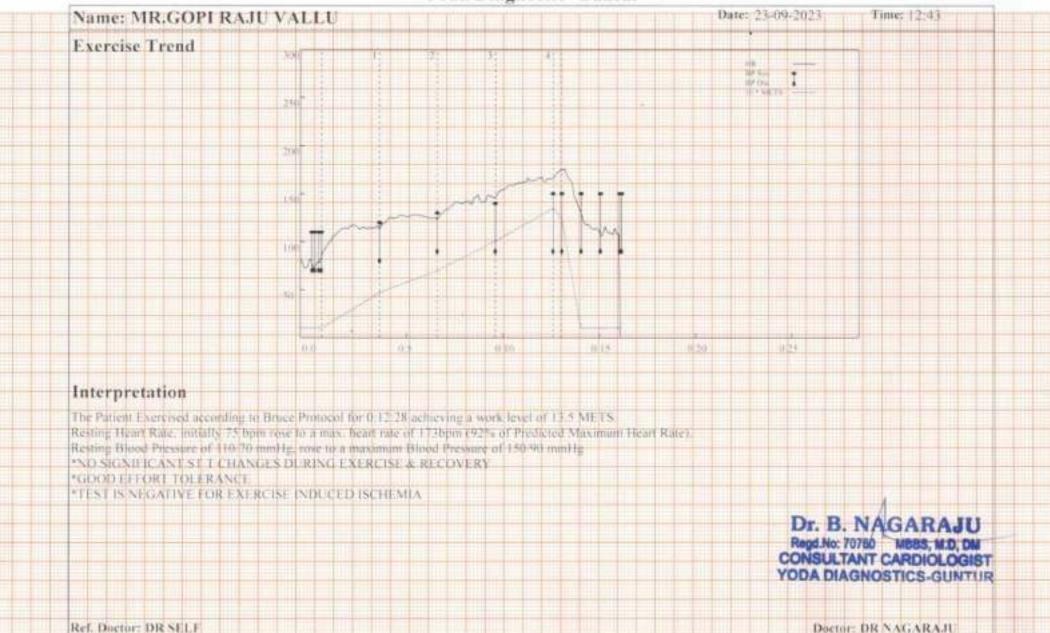
RECEPTION



Guntur, Andhra Pradesh, India 7FX2+PJ8, Kothapeta, Guntur, Andhra Pradesh 522001, India Lat 16.299252° Long 80.4516° 23/09/23 11:12 AM GMT +05:30

Yoda Diagnostic Guntur

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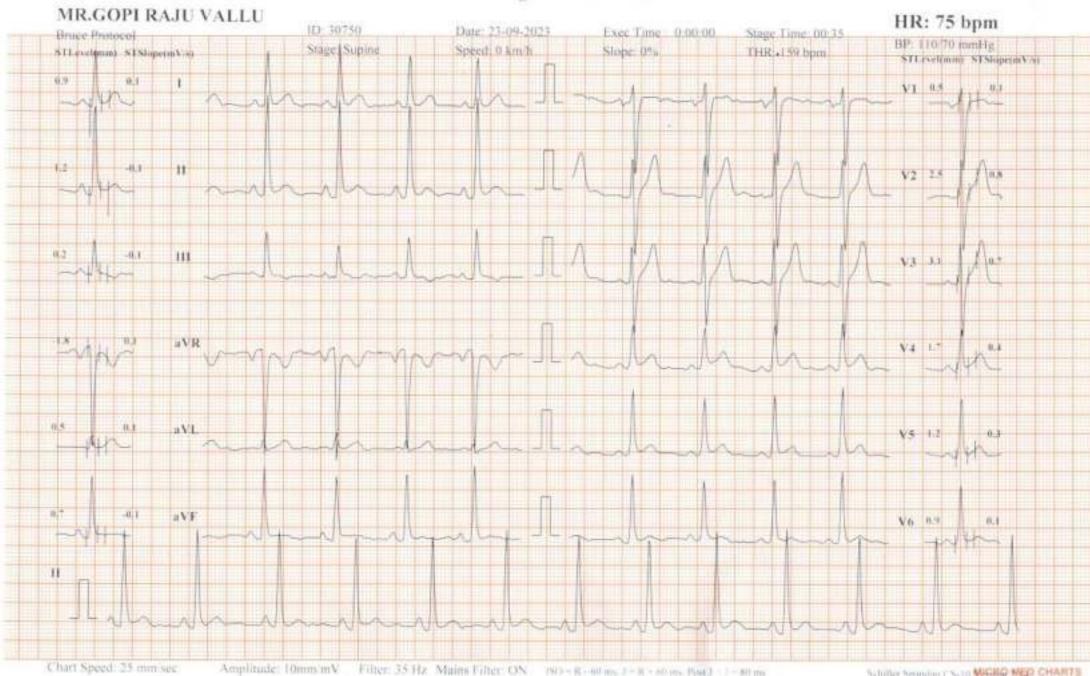


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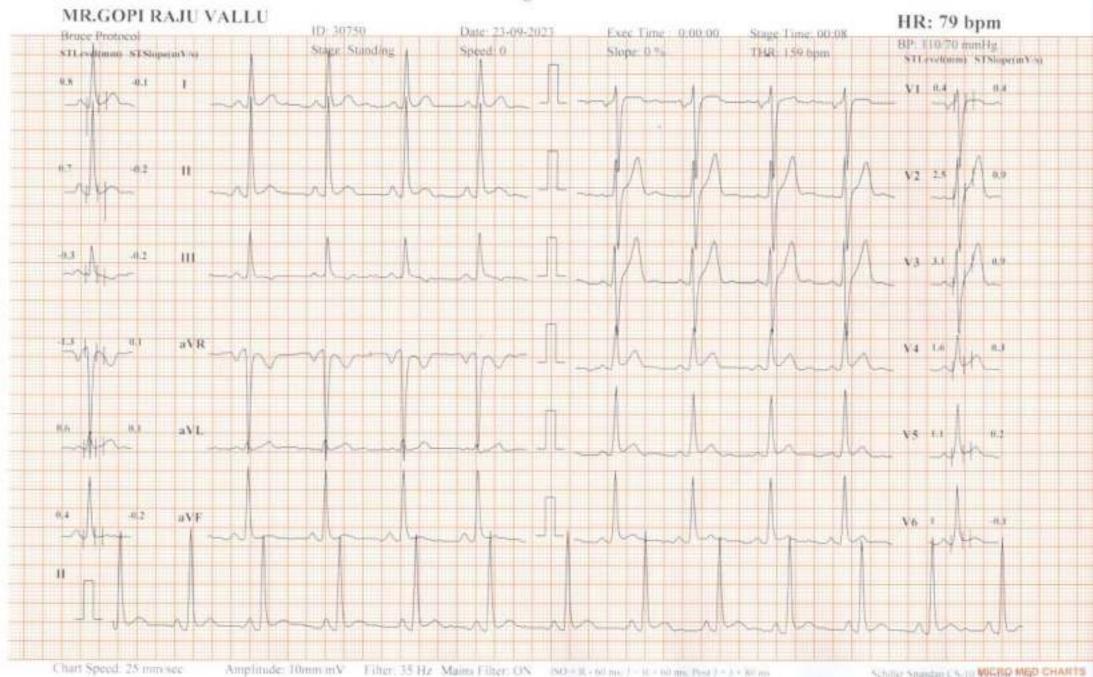
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	Name: MR.GO	PI RAJU V/	ALLU	-						Date: 23-0	9-2023 Time: 12:43
	Aget 32 G	ender: M		Height:	69 cms		Weight: 7	1 Kg		ID: 30750	
	Clinical History: N	0									
	Medications: NO										
	Test Details:							1			== بن الألية الإلااة الإي الإلااة الابتر
	Protocol: Bruce			Proticted	Max HR:	188				Target HR	150
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		Stage 2	113.00	12	1	423	126	349/942	15.580	1181	I.B.N.I
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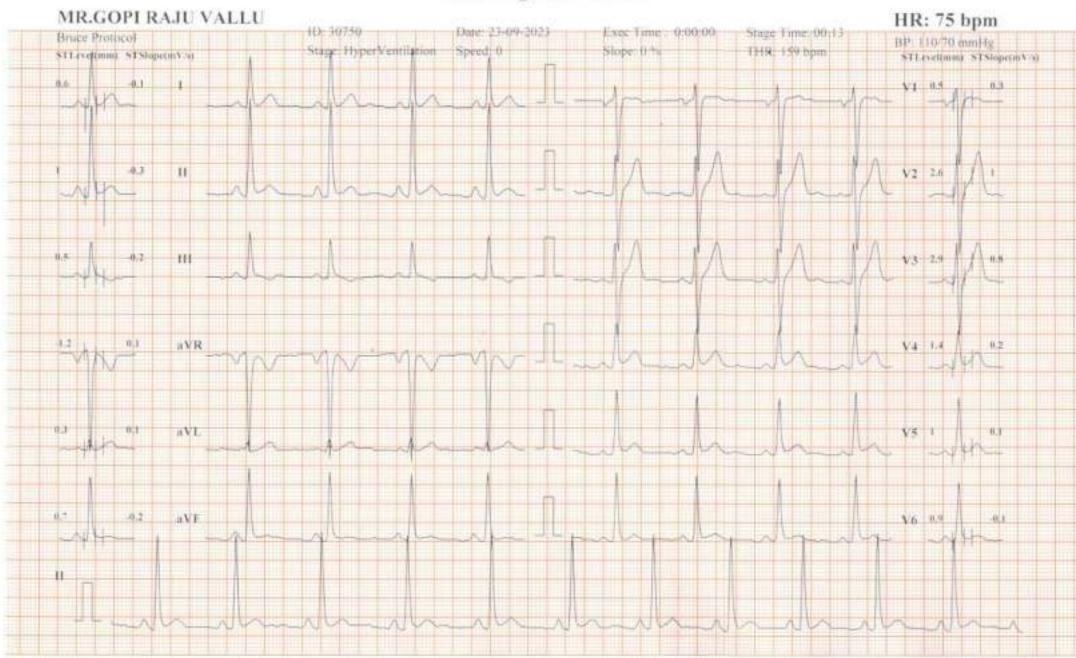
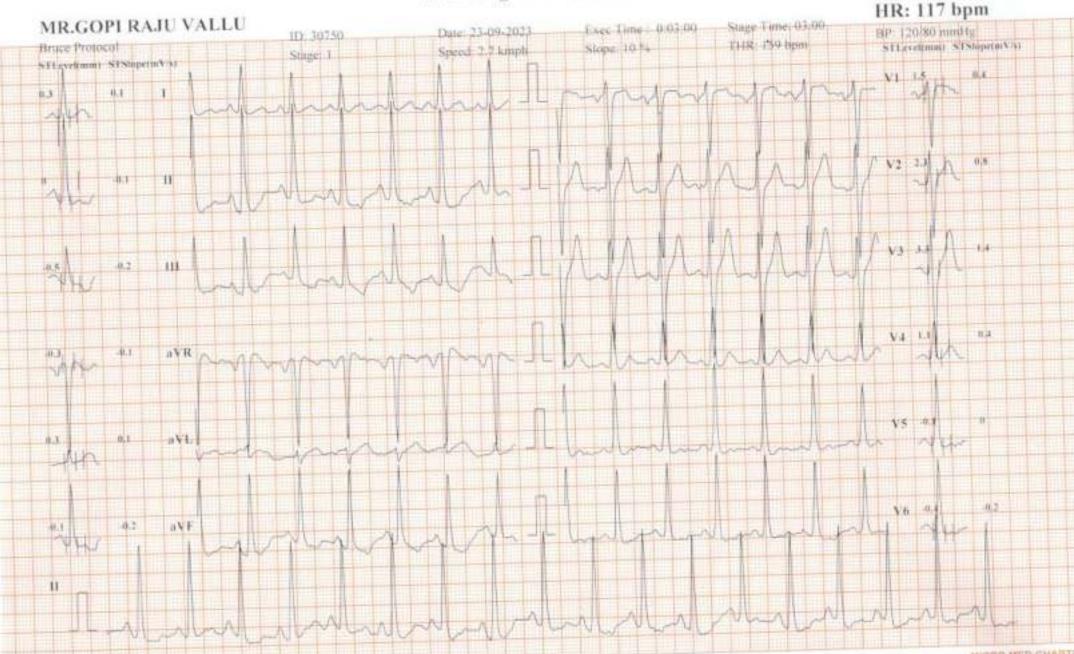


Chart Speed: 25 mm/sec Amplitude 10mm/mV Filter: 35 Hz Mains Filter: ON 1511-8 John Jack Speed 1-1 - 80-

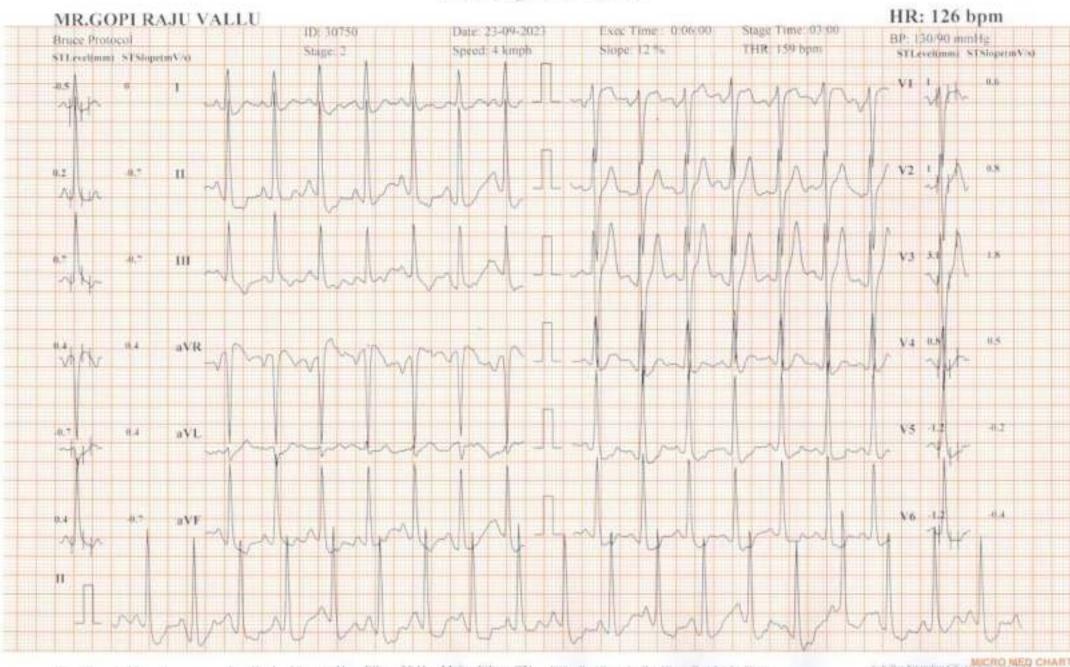
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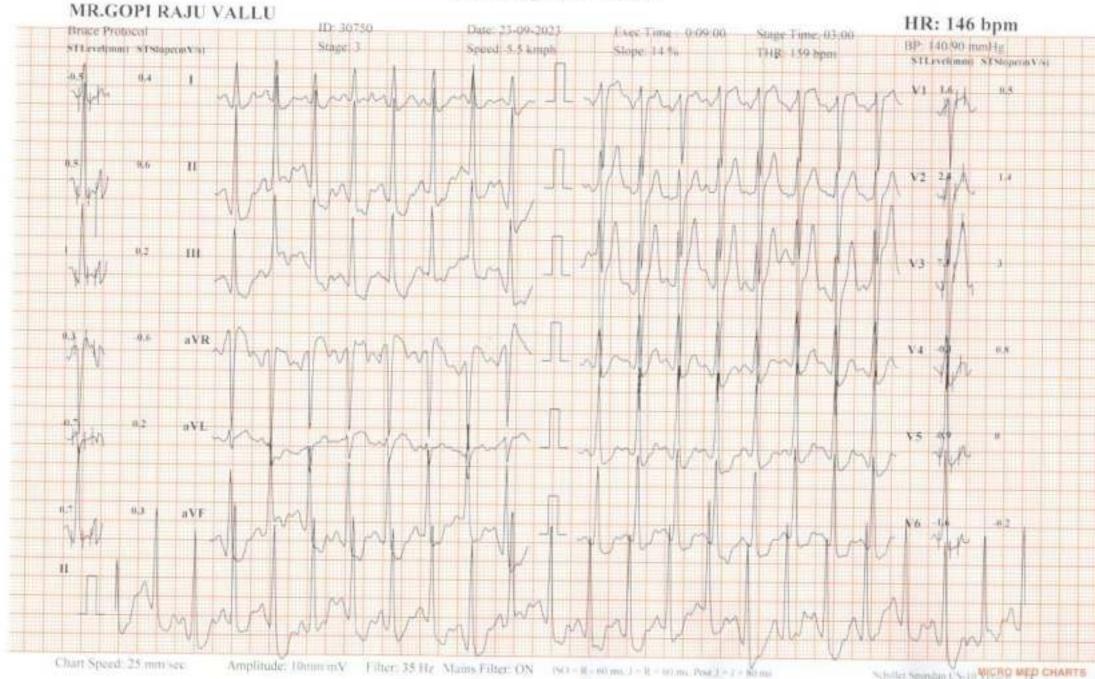
Yoda Diagnostic Guntur



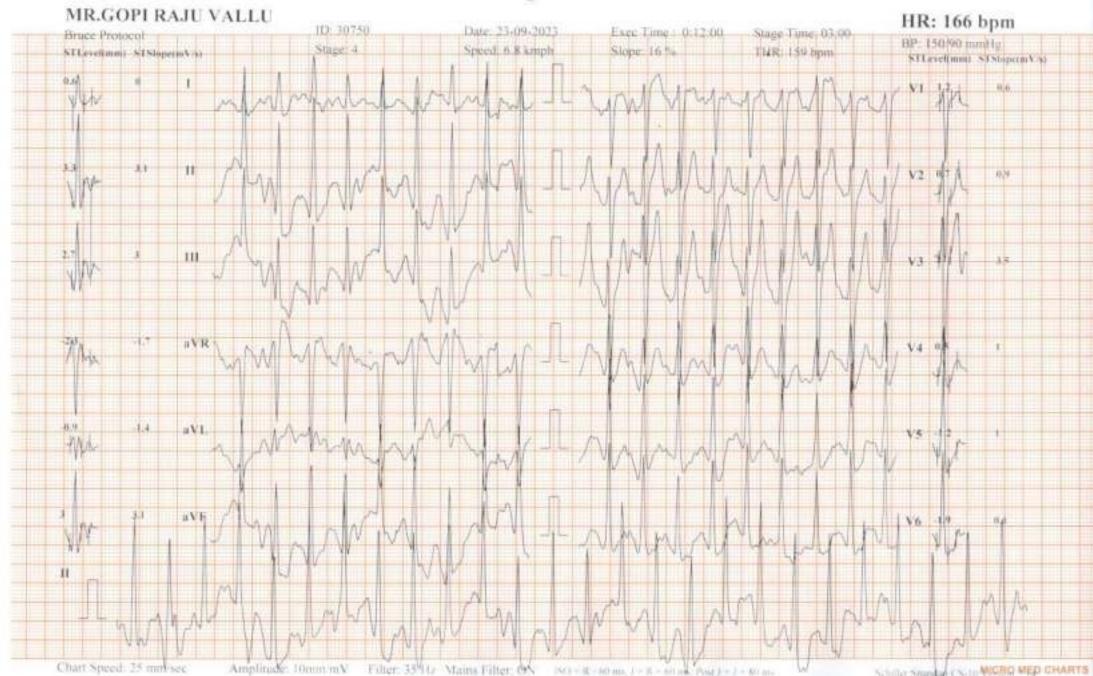
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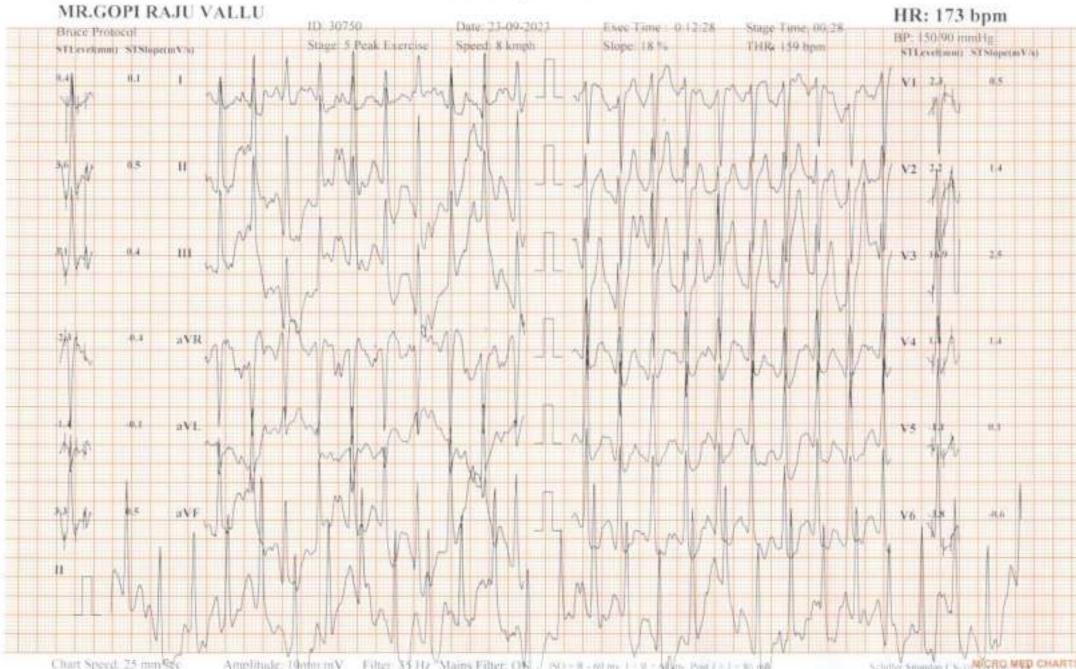
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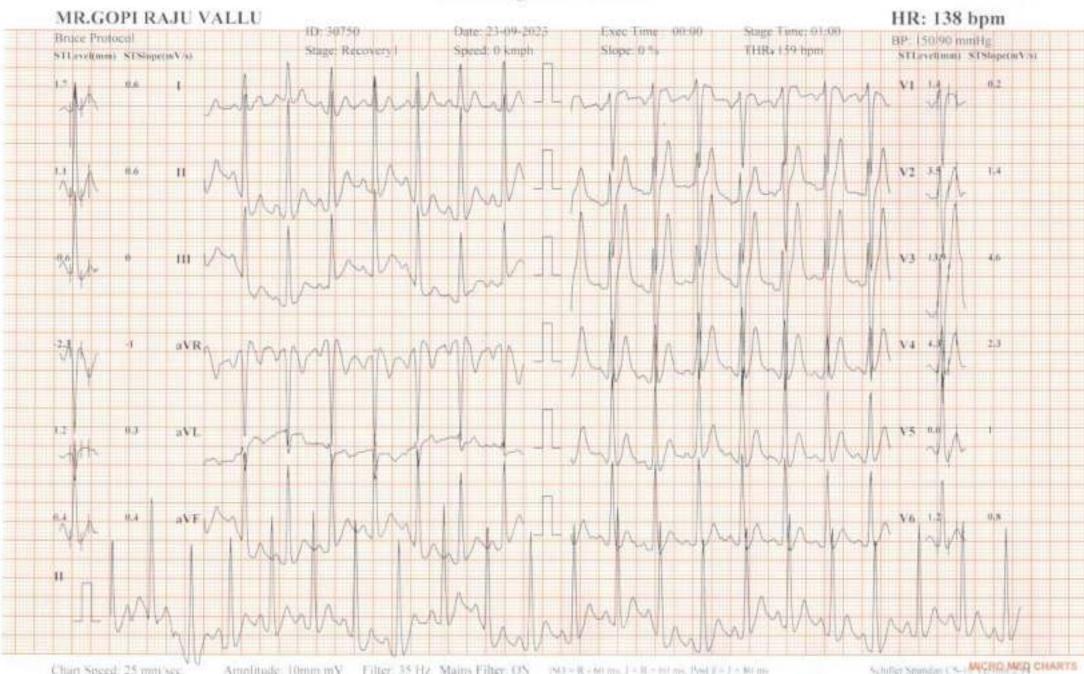
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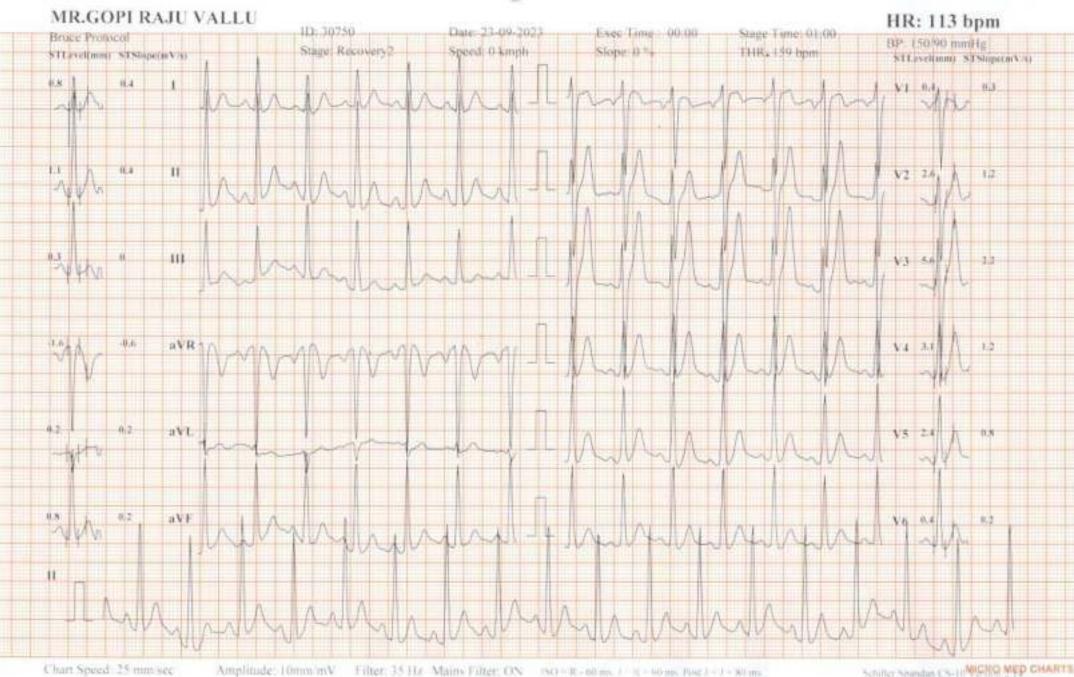


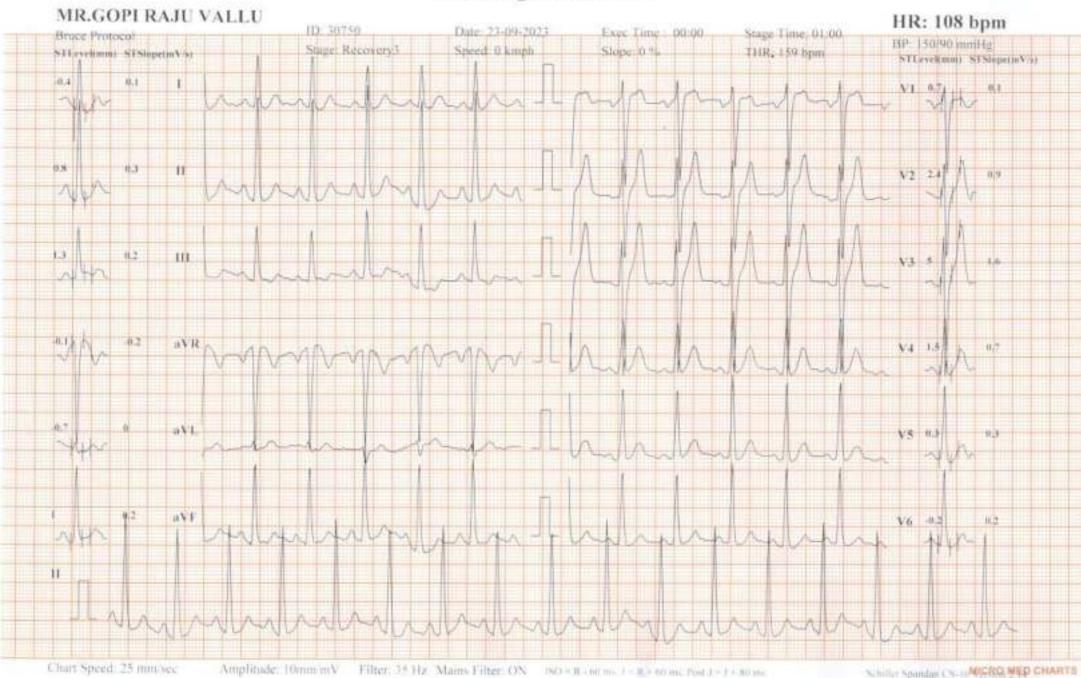


Amplitude: 10mm mV Filter X510 Mains Filter, OK (AC) = R - 60 ms MICEO MED CHARTS

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