



భారత ప్రభుత్వం
GOVERNMENT OF INDIA



కిరణ్ కుమార్ అనుమాండ్ల
Kiran Kumar Anumandla

పుట్టిన సంవత్సరం/Year of Birth: 1983
పురుషుడు / Male

5221 9045 5931



ఆధార్ - సామాన్యని హక్కు



భారత ఏకైక గుర్తింపు అధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

వెనుమా: 20 లక్ష్మణ్ అనుమాండ్ల
20-3-24,
స్టేషన్ రోడ్ కాలనీ,
బెల్లంపల్లి,
అదిలాబాద్,
ఆంధ్ర ప్రదేశ్,
504251

Address: S/O Laxman
Anumandla, 20-3-24, station road
colony, Bellampalle, Bellampalle,
Adilabad, Andhra Pradesh,
504251

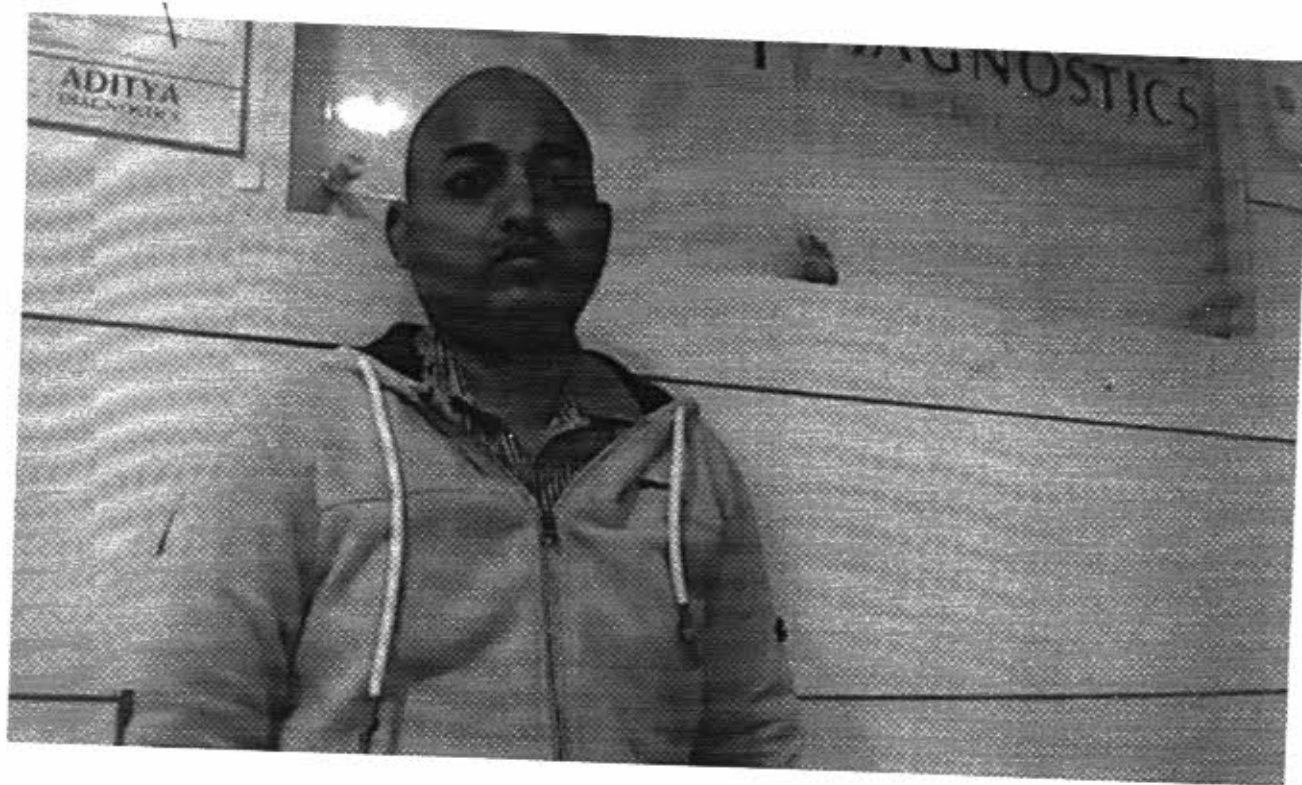
1947
1800 180 1947

help@uidai.gov.in

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సీ.ఎ. లాక్ష్మణ్ డి. 1947.
బెల్లంపల్లి-504251

ADITYA
DIAGNOSTICS



: MR. ANUMANDLA KIRAN KUMAR
: 38 Y / M
: BANK OF BARODA (MW)

Reg. No : 022-2978
Registration Date : 12-03-2022
Alt ID : 8897258299

Ultrasound Scan Abdomen

- Liver** Size (147 mm), Shape, contour and echotexture normal. No localized or diffused mass lesions are seen. Intrahepatic vascular system, Portal vein, C.B.D and biliary radicals are normal
- Gall Bladder** Size, shape and wall thickness are normal. No calculus or no mass lesions are seen.
- Spleen** Size : 95 mm, Shape and echotexture normal, No abnormal calcifications seen.
- Pancreas** Head, body and tail echotexture are normal. Pancreatic duct normal. No mass or cystic lesions seen. No calcifications are seen.
- Kidneys** Right kidney Measures : 99 x 39 mm
Left kidney Measures : 98 x 47 mm

Peri renal areas normal, Renal capsule normal, Cortical thickness, Cortical echopattern and corticomedullary differentiation are normal. Pelvicalyceal system normal. No calculus or no mass lesions are seen.
- Urinary Bladder** Well distended, Normal wall thickness. No evidence of calculi. No focal lesions.
- Prostate** Size, Echotexture normal. No calcification seen. Volume - 16 cc.
- Others** Aorta and IVC are normal. No lymphadenopathy. No ascitis.
- Impression** * *NORMAL STUDY*



Dr. Azam

Consultant Radiologist



ADITYA DIAGNOSTICS MR A KIRAN KUMAR,
 12/03/22 20:21:45 ADM 2978

MI 0.6 TIS 0.1 4C

Abdomen

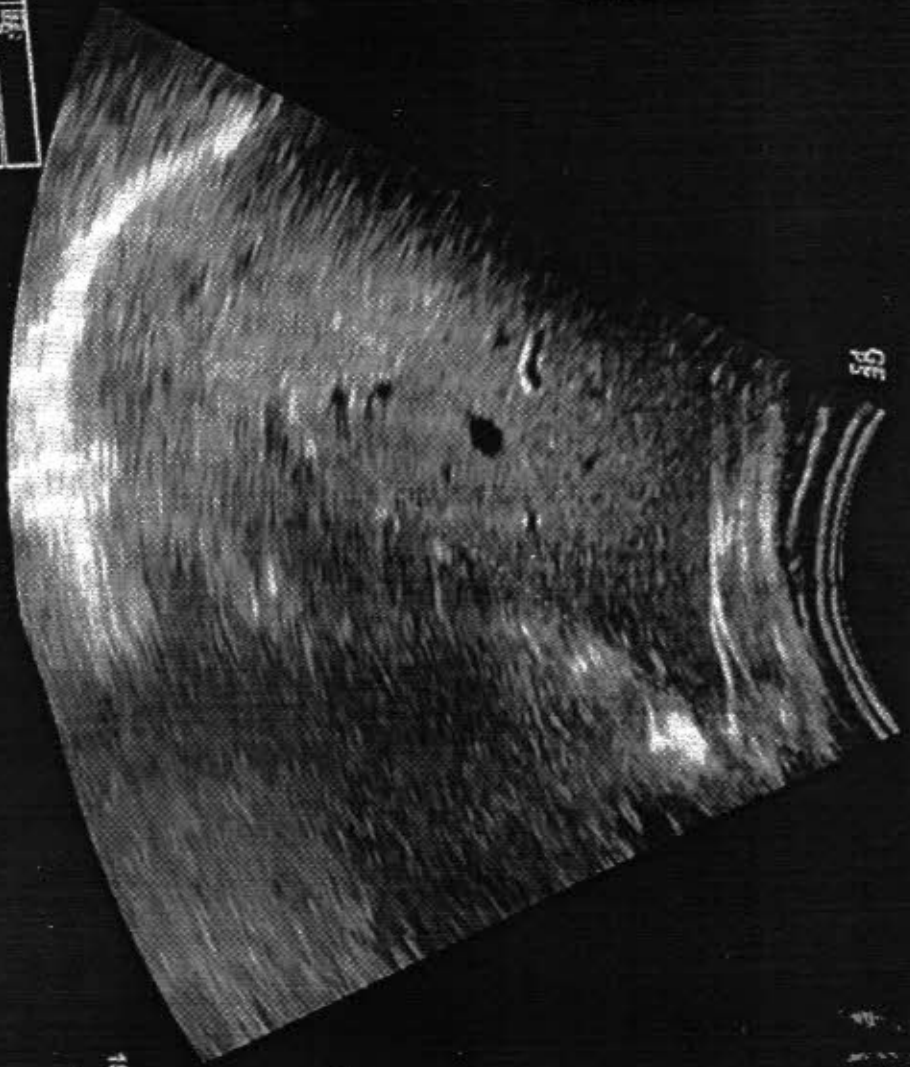
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 Gn 44
 E/A 2/3
 Map J10/0
 D 16.0 cm
 DR 66
 FR 30 Hz
 AO 100%

0:1889 (0:0:64.1 s)

Abdomen

Rt Lt

- (Z) % Stenosis
 - 1 (X) Volume
 - (C) Angle
 - (V) Renal Volume
 - (.) A/B Ratio
 - (.) Aorta Diameter
 - (.) Renal Length
- Worksheet Direct Rep.



1 L	14.72 cm
-d	2.85 cm
L	0.00 cm



Frequency
 Virtual Convex
 CrossBeam
 Dynamic Range
 Gray Map
 SRI HD
 Rotation
 Focus Position
 Focus Number



Menu

B Mode

Preview



0:0 (0.0:0.0 s)

Abdomen

Rt Lt

(Z) % Stenosis

1 (X) Volume

(C) Angle

(V) Renal Volume

(/) A/B Ratio

(.) Aorta Diameter

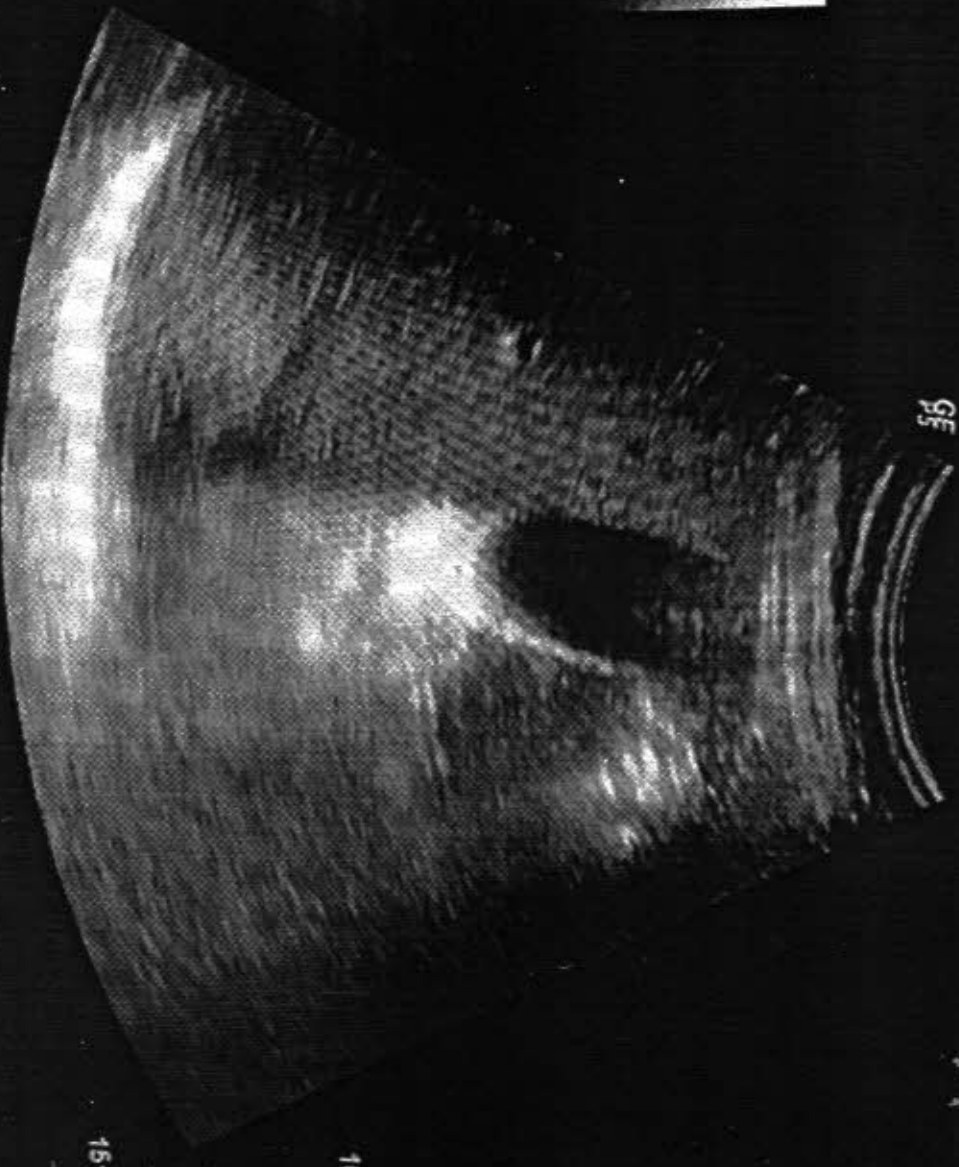
(/) Renal Length

Worksheet Direct Rep.



ADITYA DIAGNOSTICS
12/03/22 20:22:02
MR A KIRAN KUMAR,
ADM 2978

MII 9.8 TIS 0.1 4C

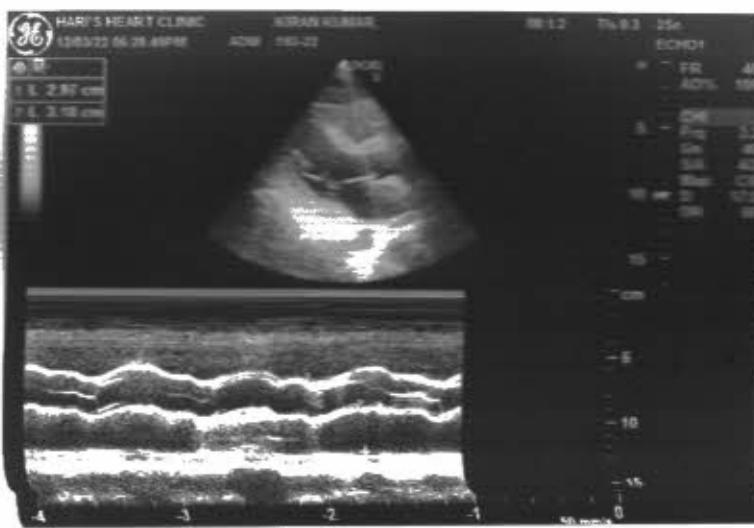
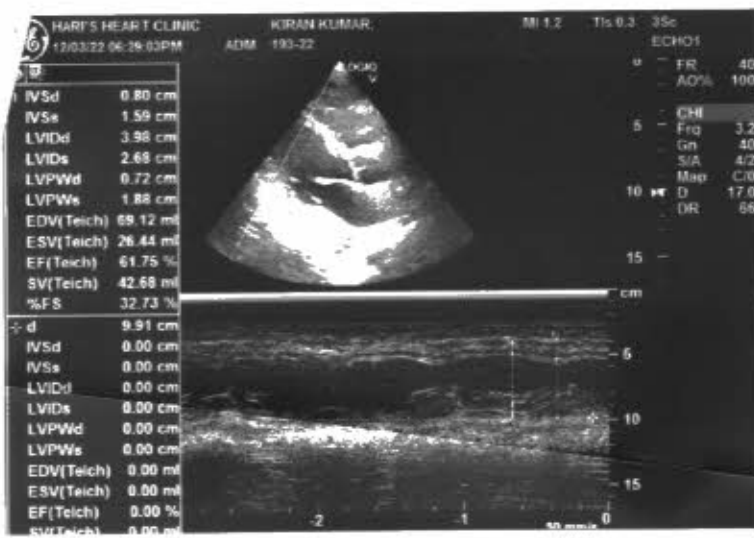
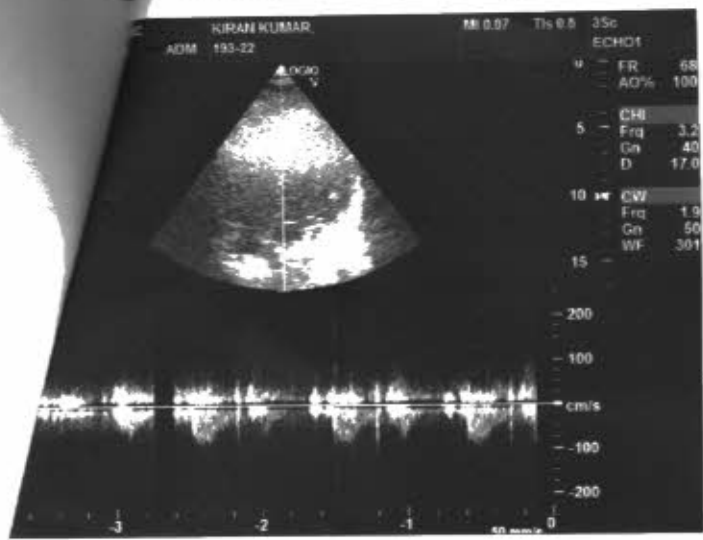


Abdomen
B CHI
0-Frq 4.0 MHz
Gn 44
E/A 2.3
Map J1010
D 16.0 cm
DR 66
FR 30 Hz
AO 100%



Dynamic Range
SRI HD
Rotation
Focus Position
Focus Number

Menu





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X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidence of any Signs of active Tuberculosis

IMPRESSION :

**** NORMAL STUDY**

Radiologist

Patient Name : KIRAN KUMAR
Age/Gender: MALE

Date :12/03/2022

INDICATIONS:-

MITRAL VALVE : Normal
AORTIC VALVE : Normal
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
LEFT VENTRICLE : No RWMA
EDD :3.9cm
IVS : 0.80 cm
LEFT ATRIUM : 3.1cm
AORTA : 2.9cm
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
PULMONARY ARTERY : Normal
IVS : Intact
IAS : Intact
PERICARDIUM : Normal
IVC/SVC : Normal
OTHER : Normal

ESD :2.6 cm EF : 61 %
PW :0.72 cm FS : 32 %

DOPPLER :-


MITRAL FLOW : E - 1.0 m/s A - 0.6 m/s
PJV : 0.8m/s
AJV : 0.9 m/s
TRICUSPID FLOW : m/s

COLOUR FLOW :

NO MR/ NO AR / NO TR / NO PAH

CONCLUSION :--

NO RWMA
GOOD LV SYSTOLIC FUNCTION
NORMAL LV FILLING PATTREN
NORMAL SIZE CARDIAC CHAMBERS
NO MR / NO AR / NO TR / NO PAH
NO LA / LV CLOTS
NO PERICARDIAL EFFUSION


DR.V.HARIRAM
CARDIOLOGIST

Name : MR. ANUMANDLA KIRAN KUMAR
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Investigation

Result

Normal Ranges

HAEMOGRAM

Investigation

Result

Normal Range

Haemoglobin	13.6 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.2 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	37 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	83 Cubic microns	76 - 96 Cubic microns
MCH	30 Picograms	27- 32 Picograms
MCHC	36 gm%	30 - 36 gm%
WBC (Total)	6,800 cells/cmm	4,000 - 11,000 cells/cmm

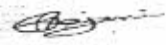
DIFFERENTIAL COUNT

Neutrophils (Polymorphs)	67 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	29 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	02 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,41,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	22 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %


PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy


Dr Rajani Gutha, PhD
Chief Biochemist


Verified By


Dr K Mahesh Kumar MD
Consultant Pathologist

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Department of Biochemistry

Investigation	Result	Reference Range
Fasting Plasma Glucose * Blood Sugar Method GOD-POD	98 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * (Blood Sugar) Method GOD-POD	101 mg/dl	70 - 160 mg/dl

*End of Report *

Dr Rajini G, PhD
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Department of Biochemistry

Investigation	Result	Reference Range
Blood Urea * Method GLDH	22 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * Calculated	10.2 mg/dl	6 - 25.5 mg/dl
Serum Creatinine * Method Enzymatic	0.7 mg/dl	Male : 0.7 - 1.3 mg/dl Female : 0.6 - 1.1 mg/dl New Born 1 - 4 days : 0.3 - 1.0 mg/dl Infant (upto 1year) : 0.2 - 0.4 mg/dl Children : 0.3 - 0.7 mg/dl
Serum Uric Acid * Method:Uricase POD	3.7 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl

*End of Report *

Dr Rajini G, PhD
Chief Biochemist

Dr K. Mahesh Kumar, MD
Consultant Pathologist

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Department of Biochemistry

Investigation	Result	Reference Range
Lipid Profile		
Total Cholesterol * <i>Method CHOD-POD</i>	221 mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * <i>Method GPO - POD</i>	133 mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * <i>Method Direct CHOD-PAD</i>	39 mg/dL	Low : < 40 High : > 60
L D L Cholesterol * <i>Method Calculated</i>	156 mg/dL	Optimal : < 100 Near Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * <i>Method Calculated</i>	26 mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * <i>Method Calculated</i>	5.6 Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * <i>Method Calculated</i>	4.0 Ratio	1.5 - 3.5 Ratio

*End of Report *

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Department of Biochemistry

Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin (Method: Walter &Gerarde)	0.54 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) (Method: Walter &Gerarde)	0.17 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated)	0.37 mg/dl	
Alkaline Phosphatase (Method: GSCC)	80 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
SGPT (Method: IFCC)	12 IU/L	UP TO 55 IU/L
SGOT (Method: IFCC)	18 IU/L	UP TO 55 IU/L
Total Proteins (Method: Biuret)	7.1 gm/dl	6.0 - 8.3 gm/dl
Albumin (Method: BCG)	4.1 gm/dl	3.5 - 5.2 gm/dl
Globulin (Method: Calculated)	3 gm/dl	
A/G Ratio	1.37	
Gamma GT IFCC Method	20 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L
Lab Incharge		

*End of Report *

Dr Rajini G, PhD
 Chief Biochemist

Dr K Mahesh Kumar, MD
 Consultant Pathologist

MR. ANUMANDLA KIRAN KUMAR
 35Y / M
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Department of Biochemistry

Investigation	Result	Reference Range
% HbA1c (Glycosylated Haemoglobin) <i>(Method: HPLC-NGSP Certified)</i>	5.0 %	< 6.0 : Pre Diabetic 6-7 : Good Control 7-8 : Weak Control > 8.0 : Poor Control

Intrepretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

*End of Report *

Dr Rajini G, PhD
 Chief Biochemist

Dr K Mahesh Kumar, MD
 Consultant Pathologist

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<u>Investigation</u>	<u>Result</u>	<u>Normal Ranges</u>
Trilodothyronine Total (TT3)	0.94 ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	9.34 mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) Method: C.L.I.A	1.34 μ U/ml	0.35 - 5.50 μ U/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior) indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.


 Dr Rajani Gupta, PhD
 Chief Biochemist


 Verified By


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 Consultant Pathologist

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Investigation

Result

Complete Urine Examination

Investigation

Result

PHYSICAL EXAMINATION

Colour : Pale Yellow
Apperance : Clear
Reaction : Acidic
Specific Gravity : 1.025

CHEMICAL EXAMINATION

Albumin : Nil
Glucose : Nil

MICROSCOPIC EXAMINATION

Pus Cells : 1 - 2 /HPF
Epithelial Cells : Nil /HPF
RBC : Nil /HPF
Crystals : Nil
Casts : Nil
Bacteria : Nil
Others : Nil

End of report

Dr K Mahesh Kumar, MD
Consultant Pathologist

Verified by

Dr Rajani Gutha
Chief Biochemist