

Patient Name : Mr. CHITHIRALA GIRIBABU Client Code : YOD-DL-0021

Age/Gender : 47 Y 0 M 0 D/M Barcode No : 10994431

 DOB
 : 29/Mar/2024 08:54AM

 Ref Doctor
 : SELF
 Collected
 : 29/Mar/2024 08:54AM

Client Name : MEDI WHEELS Received :

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 12:37PM

Hospital Name :

### DEPARTMENT OF RADIOLOGY

UHID/MR No

: YGT.0000063422

Verified By : GOPI ■ GALEO Approved By:

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



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### **ULTRASOUND WHOLE ABDOMEN**

Clinical Details: General check-up.

LIVER: Normal in size and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

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 and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 10.1 x5.2 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. A small 5mm echogenic calculus noted in the midpole of right kidney.

LEFT KIDNEY: measures  $9.9 \times 5.3$  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 wall thickening / calculi.

PROSTATE: Normal in size (volume-18 cc)and echo-texture.

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

No free fluid is seen in peritoneal cavity.

# IMPRESSION:

- GRADE I FATTY LIVER.
- RIGHT RENAL CALCULUS.

Suggested clinical correlation and further evaluation.

Verified By:



Approved By:

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



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Registration : 29/Mar/2024 08:54AM

Collected : 29/Mar/2024 09:07AM

Received : 29/Mar/2024 09:16AM Reported : 29/Mar/2024 10:26AM

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

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

BLOOD GROUP ABO & RH Typing				
Sample Type : WHOLE BLOOD EDTA				
ABO	0			
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. Advsied cross matching before transfusion

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Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 10:23AM

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

CE	C(COMPLE	TE BLOOD CO	OUNT)	
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.78	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.1	%	40.0 - 50.0	RBC pulse height detection
MCV	92.3	fL	83 - 101	Automated/Calculated
MCH	31.3	pg	27 - 32	Automated/Calculated
MCHC	33.9	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	43.6	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	16	fL	8.30-25.00	Calculated
PCT	0.32	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,770	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	57	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.57	Lakhs/cumm	1.50 - 4.10	Impedance

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

THYROID PROFILE (T3,T4,TSH)						
Sample Type : SERUM						
T3	1.21	ng/ml	0.60 - 1.78	CLIA		
T4	12.25	ug/dl	4.82-15.65	CLIA		
TSH	1.93	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).
- 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

 $(\ References\ range\ recommended\ by\ the\ American\ Thyroid\ Association)$ 

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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	LIVER FUNCT	TION TEST(L)	FT)	
Sample Type : SERUM				
TOTAL BILIRUBIN	0.71	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.57	mg/dl		Calculated
AST (S.G.O.T)	27	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALT (S.G.P.T)	36	U/L	< 50	KINETIC WITHOUT P5P- IFCC
ALKALINE PHOSPHATASE	74	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	2.00			Calculated

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Test Name Result Unit Biological Ref. Range Method				Method

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UHID/MR No

	LIPID	PROFILE		
Sample Type : SERUM				
TOTAL CHOLESTEROL	229	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	47	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	144	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	190	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	38.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.87		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.04	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	182	mg/dl	< 130	Calculated

Interpretation				
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERI DE	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: HD	L Ratio			

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, 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.
- 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

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Approved By:

Dr. Sumalatha MBBS,DCP Consultant Pathologist

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

PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL				
Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.44	ng/mL	< 4.0	CLIA

### INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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GOPI



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

HBA1C					
Sample Type : WHOLE BLOOD EDTA					
HBA1c RESULT	8.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC	
ESTIMATED AVG. GLUCOSE	194	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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DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Biological Ref. Range	Method

BLOOD UREA NITROGEN (BUN)						
Sample Type : Serum						
SERUM UREA	27	mg/dL	13 - 43	Urease GLDH		
Blood Urea Nitrogen (BUN)	12.6	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.

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FBS (GLUCOSE FASTING)					
Sample Type : FLOURIDE PLASMA					
FASTING PLASMA GLUCOSE	129	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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Ref Doctor : SELF Collected : 29/Mar/2024 11:02AM : MEDI WHEELS Client Name Received : 29/Mar/2024 11:12AM

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 11:48AM

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PPBS (POST PRANDIAL GLUCOSE)						
Sample Type : FLOURIDE PLASMA						
POST PRANDIAL PLASMA GLUCOSE	219	mg/dl	<140	HEXOKINASE		

### **INTERPRETATION:**

#### <u>Increased In</u>

- 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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SERUM CREATININE						
Sample Type : SERUM						
SERUM CREATININE		0.97	mg/dl	0.70 - 1.30	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)						
Sample Type : SERUM						
GGT	33	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.

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

URIC ACID -SERUM							
Sample Type : SERUM							
SERUM URIC ACID		5.8	mg/dl	3.5 - 7.20	URICASE - PAP		

### 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:

yoda DIAGNOSTICS



Approved By:



**Patient Name** : Mr. CHITHIRALA GIRIBABU

Age/Gender : 47 Y 0 M 0 D /M

DOB

Ref Doctor : SELF

: MEDI WHEELS Client Name Received : 29/Mar/2024 09:34AM : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 10:24AM

Client Add

поѕрнаг	Name	•	

DE	PARTMENT O	F BIOCHEMI	ISTRY	
Test Name	Result	Unit	Biological Ref. Range	Method

UHID/MR No

Client Code

Barcode No

Registration

Collected

: YGT.0000063422

: 29/Mar/2024 08:54AM

: 29/Mar/2024 09:07AM

: YOD-DL-0021

: 10994431

BUN/CREATININE RATIO								
Sample Type : SERUM								
Blood Urea Nitrogen (BUN)	12.6	mg/dl	5 - 25	GLDH-UV				
SERUM CREATININE	0.97	mg/dl	0.70 - 1.30	KINETIC-JAFFE				
BUN/CREATININE RATIO	18.00	Ratio	6 - 25	Calculated				

Verified By:



Approved By:



Patient Name : Mr. CHITHIRALA GIRIBABU Client Code

Age/Gender : 47 Y 0 M 0 D /M Barcode No : 10994431

 DOB
 : 29/Mar/2024 08:54AM

 Ref Doctor
 : SELF
 Collected
 : 29/Mar/2024 08:54AM

Client Name : MEDI WHEELS Received :

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 04:28PM

Hospital Name :

### DEPARTMENT OF RADIOLOGY

UHID/MR No

: YGT.0000063422

: YOD-DL-0021

### **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 : 4.0 cm IVS(d) :0.9 cm LVEF :60 %

ESD: 2.0 cm PW (d):0.9 cm FS :30 %

No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.9 cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES: No

Verified By:

yoda diagnostics



Approved By:

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



**Patient Name** : Mr. CHITHIRALA GIRIBABU Client Code : YOD-DL-0021

Age/Gender : 47 Y 0 M 0 D /M Barcode No : 10994431

DOB : 29/Mar/2024 08:54AM Registration Ref Doctor : SELF Collected : 29/Mar/2024 08:54AM

Client Name : MEDI WHEELS Received

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 04:28PM

Hospital Name

### DEPARTMENT OF RADIOLOGY

UHID/MR No

: YGT.0000063422

### **DOPPLER STUDY:**

: E -0.6 m/sec, A - 0.8m/sec. MITRAL FLOW

**AORTIC FLOW** : 1.0m/sec

**PULMONARY FLOW** : 0.8m/sec

TRICUSPID FLOW : TRJV:0.8 m/sec, RVSP-18 mmHg

**COLOUR FLOW MAPPING:** TRIVIAL MR

### **IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS
- NO RWMA OF LV
- GOOD LV FUNCTION
- TRIVIAL MR/ NO AR/ NO PR
- NO TR/ NO PAH
- GRADE I LV DIASTOLIC DYSFUNCTION
- \* NO PE / CLOT / VEGETATIONS.

Verified By:

Approved By:

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



Visit ID : YGT63628 UHID/MR No : YGT.0000063422 **Patient Name** : Mr. CHITHIRALA GIRIBABU Client Code : YOD-DL-0021

Age/Gender : 47 Y 0 M 0 D /M Barcode No : 10994431

DOB Registration : 29/Mar/2024 08:54AM

Ref Doctor : SELF Collected : 29/Mar/2024 09:07AM : MEDI WHEELS Client Name Received : 29/Mar/2024 09:34AM

Client Add : F-701, Lado Sarai, Mehravli, N Reported : 29/Mar/2024 10:26AM

Hospital Name

DEPAR	DEPARTMENT OF CLINICAL PATHOLOGY						
Test Name	Result	Unit	Biological Ref. Range	Method			

	CUE (COMPLETE U	RINE EXAMINA	ATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				·
PUS CELLS	2-3	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:



Approved By:





**Patient Name** : Mr. CHITHIRALA GIRIBABU Client Code : YOD-DL-0021

: 47 Y 0 M 0 D /M Age/Gender Barcode No : 10994431

DOB Registration : 29/Mar/2024 08:54AM

Ref Doctor : SELF Collected : 29/Mar/2024 09:07AM : MEDI WHEELS Client Name Received : 29/Mar/2024 09:34AM

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

Hospital Name

DEPARTMENT OF CLINICAL PATHOLOGY								
Test Name	Test Name Result Unit Biological Ref. Range Method							

UHID/MR No

Reported

: YGT.0000063422

: 29/Mar/2024 10:26AM

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

Verified By:



Approved By:





# భారత ప్రభుత్వం Government of India

# భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ Jnique Identification Authority of India

రిజిస్టేషన్/ Enrolment No.: 0000/00366/18381

వీతిరాల గిరిబాబు

Chithirala Giribabu

Chithirala Venkata Sivarao,

404 Revathi Residency.

3rd line Devapuram Opposite Krishna Nagar Park,

Opposite Krishna Nagar Park,

Krishna Nagar Main Road,

VTC: Guntur.

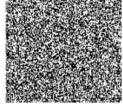
PO: Guntur,

District: Guntur.

State: Andhra Pradesh.

PIN Code: 522002, Mobile: 8008350800

Signature Not Verified



ఏు <mark>ఆధార్</mark> సంఖ్య / Your Aadhaar No. :

3222 0668 2617 VID: 9125 4267 7375 0006

నా ఆధార్, నా గుర్తింప్పు









చీతరాల గిరిబాబు Chithirala Ciribabu పుష్టిన తేదీ/DOB: 10/05/1976 పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమె, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్లుైన్ ప్రమాణికరణ లేదా QR కోడ్ / ఆఫ్లేన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

3222 0668 2617







#### సమాచారము / INFORMATION

- 🔳 ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ నంబర్ హోల్డర్ సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆనీలైన్ ప్రమాణికరణ ద్వారా లేదా యాప్ స్టోరీలలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్ఎ ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్సి ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవికరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబందించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- 🛮 వివిధ ప్రభుత్వ మరియు ప్రభుత్వతర ప్రయోజనాలు/సీవలను పొందడంలో ఆడ్గార్ మీకు సహాయపడుతుంది.
- మీ మొబెల్ నంబర్ మరియు ఈ-మెయిల్ ఐడీనీ ఆదార్ లో అప్డేట్ చేసుకోండి.
- ఆడార్ సీవలను పొందేందుకు mAadhaar యాపీను డౌనీలోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్లలను ఉపయోగించనప్పుడు భద్రతను నీర్గారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ ఫిచర్నీ ఉపయోగించండి.
- 🔳 ఆధార్*ను కోరే సంస్థలు తప్పనిసరిగా సమ్మతి* పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



# భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

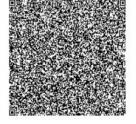
Unique Identification Authority of India



పితీరాల వెంకట శివరావు, ४०४ రేవతి రెసిడెస్స్లీ, 3ర్డ్ లైన్ ఇదేవపురం కృష్ణ నగర్ పార్క్ ఎదురుగా, కృష్ణ నగర్ పార్క్ విఎదురుగా, కృష్ణ నగర్ మెయిన్ రోడ్, గుంటూరు, కెరిగుంటూరు, గంటూరు, ఆలంధ్ర ప్రదేశ్ - 522002

5Address:

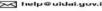
Chithirala Venkata Sivarao, 404 Revathi Residency, 3rd line Devapuram Opposite Krishna Nagar Park, Opposite Krishna Nagar Park, Krishna Nagar Main Road, Guntur, PO: Guntur, DIST: Guntur, Andhra Pradesh - 522002



3222 0668 2617

VID: 9125 4267 7375 0006











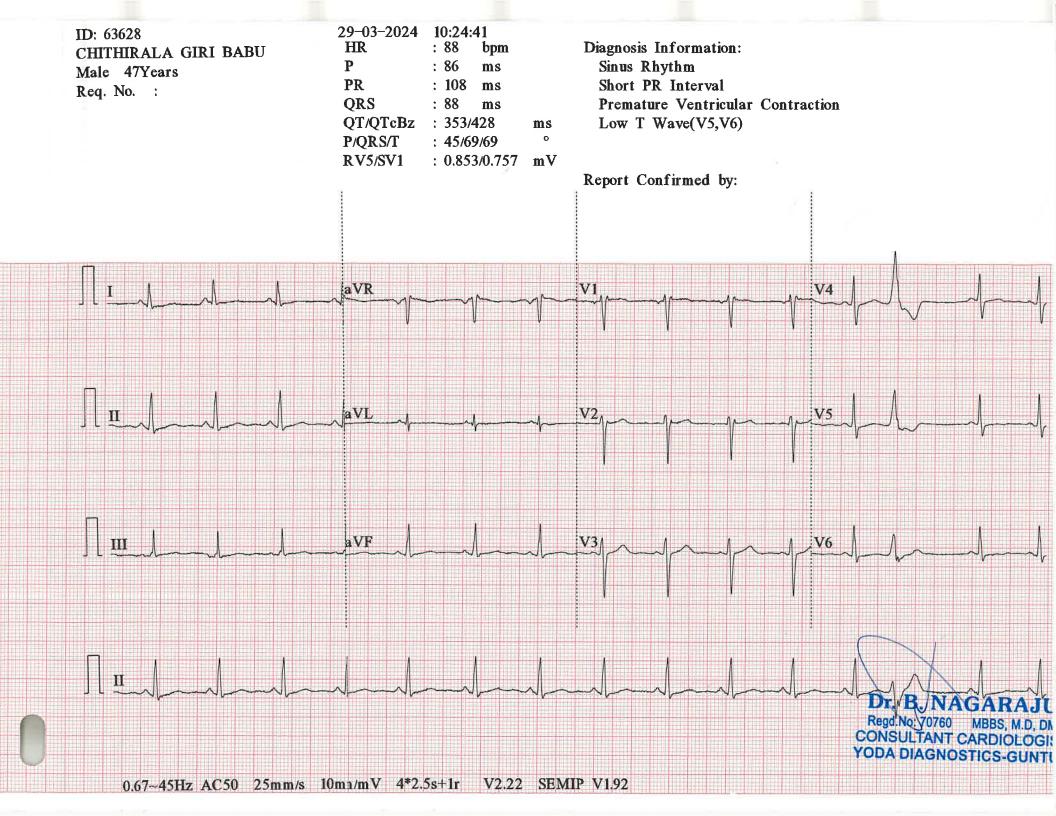












	365	ď		DATE:_	29-0	23-24
NAN	ЛЕ :	FIR	BAL			ļ
AGE	:4	7/4	ADDRES	S:	100	
TYP	E OF L	ENS: GL	ASS	CONTAC		
		CF		POLYCA	RBONAT	E 🗍
COA	TINGS	: AR	c _	HARD	COAT	
TINT	da <sub>j</sub>	: Wh	ite	SP2	PHOTO GR	EY 🗍
BIFC	CALS	: KR	<b>УРТОК</b>	EXECUTI	VE	
		"D"		PROGRE	SSIVE	
		R			L	
	SPH	CYL	AXIS	SPH	CYL	AXIS
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N.V.			CONSTA	NTUSE		9 7
						_

\*



# Dr Keerthi Kishore

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

Name:	Chithinala	9ini bo	зьи	 
	12.4 Age:	V		
Address:		Gruntun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



Routiue Health Checkup NO complain b MO HIN DH

TEMP: B.P: 130/80 ... 44/ Hg PULSE: ..... 27 ..... 4/s WEIGHT: ...9.7. kgs HEIGHT: 16.5 CMB

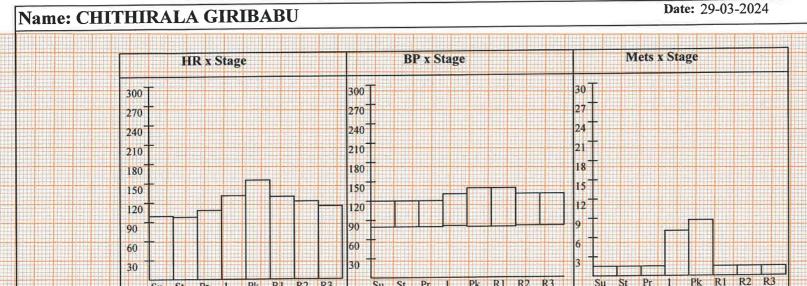
OCG-Abd RP) Renal calculu Gaule-I Fatty Live LDL-14/mgld/

HBA.C-8.41. FRE - 129mg / 0/ PPBC -219 mg (d) 1) Tab. TELVAS 20mg 100 -(80) 2) TOB. TRIVO ZOXFORTEZ (30) 3) Tab. GLIMIZOX-MZ 0 - 7 - (30)

4) TOB. JAKROSE LOCKY

Dr. KEERDHI KISHORE NAGA Regd.No: 64905 MBBS, M.D. General Med CONSULTANT GENERAL PHYSICIA YODA DIAGNOSTICE





St

# Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:55 achieving a work level of 5.8 METS. Resting Heart Rate, initially 99 bpm rose to a max. heart rate of 154bpm (86% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/80 mm

- \* No Significant ST-T Changes During Excercise & Recovery
- \* Fair LV Systolic Function
- \* Test is Negatrive for Excercise Induced Ischemia.
- \* Ectopics noted during study

Dr. B. NAGARAJU Regd.No: 70760 / MBBS, M.D. DM CONSULTANT/CARDIOLOGIST YODA DIAGNOSTICS-GUNTUR

Doctor: DR.B NAGARAJU

(Summary Report edited by User)

Time: 11:46

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version 3.5

Name: CHITHIRALA GIRIBABU

Date: 29-03-2024

Time: 11:46

Age: 47

Gender: M

Weight: 97 Kg

ID: 63628

Clinical History: DM+

Medications: YES

Test Details:

Protocol: Bruce Exercise Time:

Predicted Max HR: 179

Achieved Max HR: 154 (86% of Pr. MHR)

Max BP:

0:04:54 140/80

Max BP x HR: 21560

Height: 165 cms

Max Mets: 5.8

Target HR: 152 (85% of Pr. MHR)

Test Termination Criteria:

## Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope mV/S
Supine	01:24	h	0	0	99	120/80	11880	-0.4 I	0.4 II
Standing	00:15	1	0	0	98	120/80	11760	0.4 III	0.4 II
Pre Test	00:24	1	1.6	0	108	120/80	12960	0.3 III	0.2 II
Stage: 1	03:00	4.7	2.7	10	131	130/80	17030	0.6 V3	0.6 V3
Peak Exercise	01:55	5.8	4	12	154	140/80	21560	0.4 V2	0.7 V3
Recoveryl	01:00	i.	0	o	129	140/80	18060	0.7 V3	111
Recovery2	01:00	i i	0	o	122	130/80	15860	0.5 V3	0.8 II
Recovery3	00:33	1	0	o	114	130/80	14820	0.3 III	0.6 II

