

Mrs. Rohitha sushma is a pregnant woman, so that she was unable to do TMT and x-Ray.



P.R. Sushma



भारत सरकार



आधार

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 0000/00336/75820

01/07/2011

To
Padyala Rohitha Sushma
పద్యాల రోహిత సుష్మా
D/O, Padyala Srinivasa Rao
D.no:1-63/20
Ramakrishna Nagar
Cherukupalli
Cherukupalle H/O Arumbaka
Cherukupalle, Guntur,
Andhra Pradesh - 522309
8143057244



KA165712759FH

16571275



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4591 7384 4004

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



పద్యాల రోహిత సుష్మా
Padyala Rohitha Sushma

పుట్టిన తేదీ / DOB: 16/12/1994

స్త్రీ / Female

4591 7384 4004



నా ఆధార్, నా గుర్తింపు



సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పొరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్ లైన్ అథెంటికేషన్ ద్వారా పొందవచ్చు.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది.
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయ పడుతుంది.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



భారతదేశపు గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా: పద్మాళ శ్రీనివాస రావు,
డి.నె:1-63/20, రామకృష్ణ నగర్,
చెరుకుపల్లి, చెరుకుపల్లి హిందూ/ఓ
అరుమ్బాక, చెరుకుపల్లి, గుంటూరు,
ఆంధ్ర ప్రదేశ్, 522309

Address: D/O, Padyala Srinivasa
Rao, D.no:1-63/20, Ramakrishna
Nagar, Cherukupalli,
Cherukupalle H/O Arumbaka,
Cherukupalle, Guntur, Andhra
Pradesh, 522309

4591 7384 4004



1947



help@uidai.gov.in

www

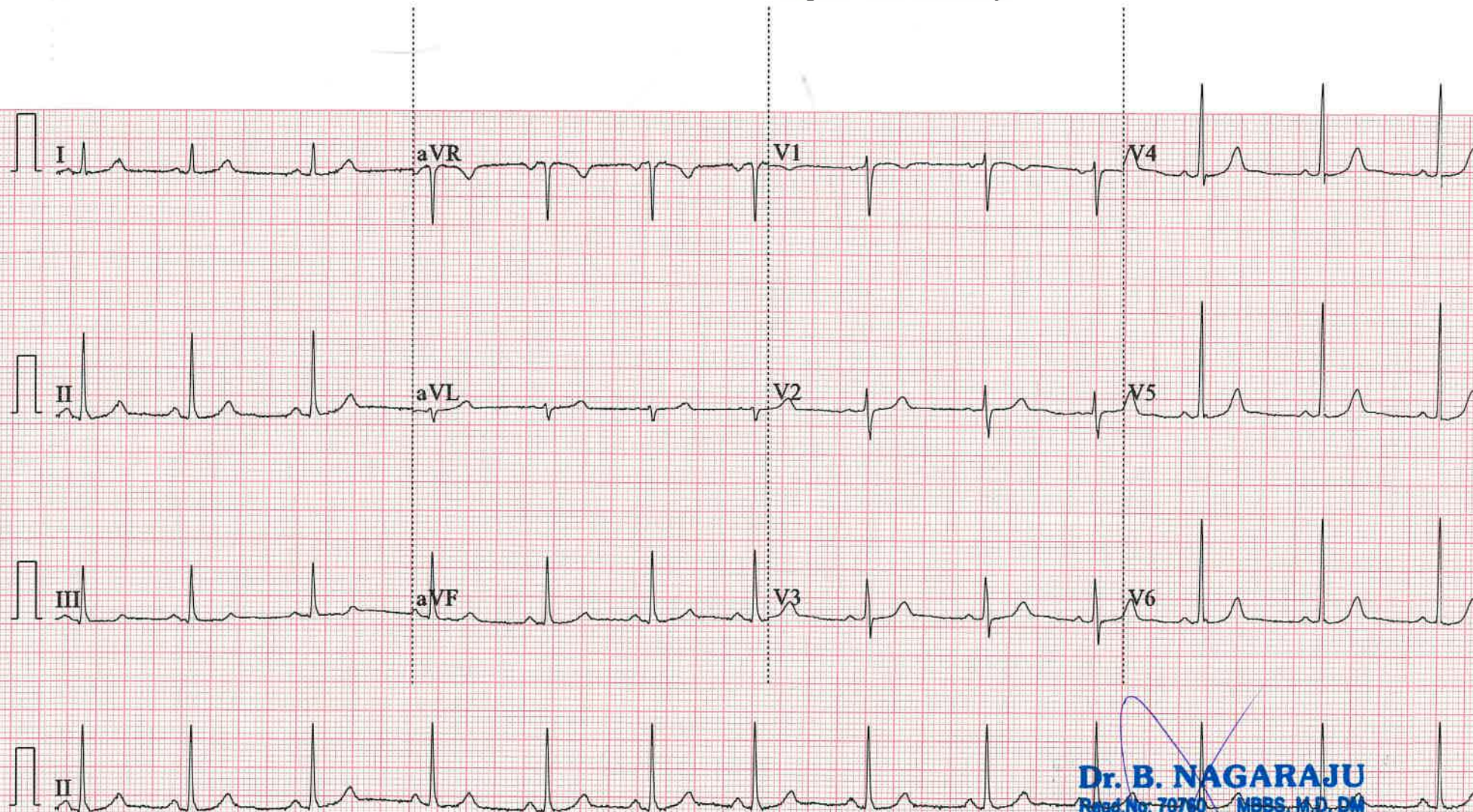
www.uidai.gov

ID: 63857
ROHITHA SUSHMA
Female 29Years
Req. No. :

30-03-2024 09:49:55
HR : 75 bpm
P : 85 ms
PR : 130 ms
QRS : 77 ms
QT/QTcBz : 359/402 ms
P/QRS/T : 59/68/45 °
RV5/SV1 : 1.979/0.820 mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



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

Name: Rohitha Sushma
Date: 30/03/24 Age: 29 years Sex: Female
Address: Guntur



MFx 3yrs

P₁ - L₁ - B - 2 1/2 yrs - NVD - HOSP
A₁ - MTP kit taken - 33 weeks
G₃ - Present pregnancy P&C

LMP: 12/8/23

EDOD: 18/5/2024

TEMP: 98.6
B.P: 100/70 mm/Hg
PULSE: 79 bts
WEIGHT: 77 kgs
HEIGHT: 164 cms

G₃ P, L, A, with 33wk POG
K/Clo hypothyroidism since 5 months
on Tab. eltroxin - 75mcg

P/A - 32wk
LL, cephalic
uterus relaxed

Adv

FHS t/R - Continue Iron tablets

- Tab. Calcium 00x1month

- Protein Powder 1tsp in Milk

- Continue

Tab. eltroxin - 75mcg
Dr. B. BHARATHI
Bharathi

DATE: 30/3/24

NAME: ROHITHA SUSHMA

AGE: 29/F ADDRESS: _____

- TYPE OF LENS: GLASS CONTACTS
CR POLYCARBONATE
COATINGS : ARC HARD COAT
TINT: : White SP2 PHOTO GREY
BIFOCALS : KRYPTOK EXECUTIVE
"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	-500	-150	20	-450	-150	150
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. -

N.V. _____ CONSTANT USE ✓

Name: Rohitha sushma
Date: 30/03/24 Age: 29 years Sex: Female
Address: Guntur




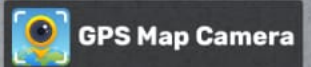
Came for follow up
No fresh complaints

TEMP: (2)
B.P: 100/70 mm/Hg
PULSE: 79 bts
WEIGHT: 77 kgs
HEIGHT: 164 cms

Total cholesterol:- 269 mg/dl
Triglycerides :- 317 mg/dl.
NLDL :- 63.4 mg/dl.
HDL :- 198 mg/dl.

Re
1. TAB JAKROK plb OD
0-1-0.
2. TAB Jpower plb Hls
0-0-1
3. CAP JALK D₂ 60k weekly once
x 8 weeks


Dr. KEERTHI KISHORE NAGALLA
Regd.No: 64905 MBBS, M.D. General Medicine
CONSULTANT GENERAL PHYSICIAN
YODA DIAGNOSTICS-GUNTUR



Guntur, Andhra Pradesh, India
D.No: 12-12, 36/1, Old Club Rd, opp. Manasa hospital, Kothapeta,
Guntur, Andhra Pradesh 522001, India
Lat 16.299249°
Long 80.451646°
30/03/24 09:34 AM GMT +05:30

Visit ID	: YGT63857	UHID/MR No	: YGT.0000063651
Patient Name	: Mrs. ROHITHA SUSHMA	Client Code	: YOD-DL-0021
Age/Gender	: 29 Y 0 M 0 D /F	Barcode No	: 10995952
DOB	:	Registration	: 30/Mar/2024 09:32AM
Ref Doctor	: SELF	Collected	: 30/Mar/2024 09:32AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 30/Mar/2024 11:31AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

L I V E R : Normal in size and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Well 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 and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 9.4 x6.4 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.

L E F T K I D N E Y : measures 10.5 x4.8 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.

U R I N A R Y B L A D D E R : Well distended. No evidence of calculi or wall thickening.

U T E R U S : Bulky with single live fetus of 34 to 35 weeks in it.

Right ovary measures mm and left ovary measures mm.
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:

- Gravid uterus with single live fetus of 34-35 weeks in it.
- No obvious sonographic abnormality detected in maternal upper abdomen.

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

suggested clinical correlation and further evaluation.

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

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Client Name	: MEDI WHEELS	Received	: 30/Mar/2024 10:00AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 30/Mar/2024 11:18AM
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	50	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.

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Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

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Client Name : MEDI WHEELS	Received : 30/Mar/2024 10:00AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 30/Mar/2024 10:08AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

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

Sample Type : WHOLE BLOOD EDTA

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

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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)	12.2	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.81	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.6	%	36.0 - 46.0	RBC pulse height detection
MCV	78.3	fL	83 - 101	Automated/Calculated
MCH	25.4	pg	27 - 32	Automated/Calculated
MCHC	32.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.1	%	11.0-16.0	Automated Calculated
RDW - SD	42.5	fl	35.0-56.0	Calculated
MPV	8.0	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	12,140	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	75	%	40 - 80	Impedance
LYMPHOCYTE	18	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.98	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

T3	1.67	ng/ml	0.60 - 1.78	CLIA
T4	15.13	ug/dl	4.82-15.65	CLIA
TSH	4.37	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

(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.

Verified By :

Kollipara Venkateswara Rao



Approved By :



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MBBS,DCP
Consultant Pathologist

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Patient Name : Mrs. ROHITHA SUSHMA	Client Code : YOD-DL-0021
Age/Gender : 29 Y 0 M 0 D /F	Barcode No : 10995952
DOB :	Registration : 30/Mar/2024 09:32AM
Ref Doctor : SELF	Collected : 30/Mar/2024 09:37AM
Client Name : MEDI WHEELS	Received : 30/Mar/2024 10:05AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 30/Mar/2024 10:59AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
TOTAL BILIRUBIN	0.37	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.05	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.32	mg/dl		Calculated
AST (S.G.O.T)	14	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	7	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	133	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.06			Calculated

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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	269	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	71	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	134.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	317	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	63.4	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.79		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.46	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	198	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	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:
- 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
 - 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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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
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.
 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 .

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT63857	UHID/MR No : YGT.0000063651
Patient Name : Mrs. ROHITHA SUSHMA	Client Code : YOD-DL-0021
Age/Gender : 29 Y 0 M 0 D /F	Barcode No : 10995952
DOB :	Registration : 30/Mar/2024 09:32AM
Ref Doctor : SELF	Collected : 30/Mar/2024 09:37AM
Client Name : MEDI WHEELS	Received : 30/Mar/2024 10:05AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 30/Mar/2024 10:59AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : Serum

SERUM UREA	21	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.8	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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Approved By :



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Consultant Pathologist

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 30/Mar/2024 10:17AM
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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	87	mg/dl	<140	HEXOKINASE
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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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 Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
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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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

GGT	5	U/L	0 - 55.0	KINETIC-IFCC
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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 :
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DEPARTMENT OF BIOCHEMISTRY

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	5.2	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.

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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	9.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	14.00	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 30/Mar/2024 11:53AM
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 : 3.7 cm IVS(d) : 0.9 cm LVEF : 63 %
ESD : 2.5 cm PW (d) : 0.9 cm FS : 32 %
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 : No

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT63857	UHID/MR No	: YGT.0000063651
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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E -0.5 m/sec, A -0.4 m/sec.

AORTIC FLOW : 0.8m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : TRJV :1.0 m/sec, RVSP - 20 mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NO MR/ NO AR/ NO PR
- * NO TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY CLOUDY			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	TRACE		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	6-8	cells/HPF	0-5	
EPITHELIAL CELLS	10-15	/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 :
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Approved By :




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 MBBS, DCP
 Consultant Pathologist

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DEPARTMENT OF CLINICAL PATHOLOGY


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

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