

Visit ID	: YGT56603	UHID/MR No	: YGT.0000056425
Patient Name	: Mrs. SILPA MUPPALA	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10943499
DOB	:	Registration	: 24/Feb/2024 08:35AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:35AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 12:04PM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size (14.3 cm) 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 (9.7 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 11.5x 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 x4.7 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 - 8.3x3.4x4.7cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 10mm is normal.

Right ovary measures 3.0x1.8 cm and left ovary measures 3.9x2.5 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:

Verified By :
Kollipara Venkateswara Rao



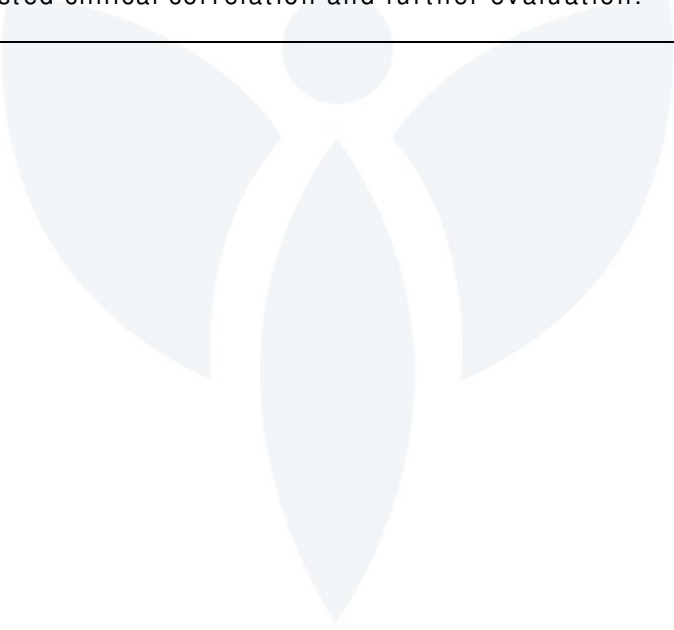
Approved By :

Sushma Vuyyuru
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

- No obvious sonographic abnormality detected.
suggested clinical correlation and further evaluation.



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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.

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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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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 BIOCHEMISTRY

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

T3	1.18	ng/ml	0.60 - 1.78	CLIA
T4	10.99	ug/dl	4.82-15.65	CLIA
TSH	2.2	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


(Reference 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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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.38	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.06	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.32	mg/dl		Calculated
AST (S.G.O.T)	25	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	26	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	68	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.6	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.73			Calculated

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LIPID PROFILE

Sample Type : SERUM				
TOTAL CHOLESTEROL	211	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	43	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	147.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	104	mg/dl	See Table	GPO
VLDL	20.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.91		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.42	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	168	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:

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, Lp(a), 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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	16	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.5	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	100	mg/dl	70 - 100	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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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	109	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
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.87	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	21	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.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	3.4	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.87	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	8.50	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT56603	UHID/MR No	: YGT.0000056425
Patient Name	: Mrs. SILPA MUPPALA	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10943499
DOB	:	Registration	: 24/Feb/2024 08:35AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:35AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:08AM
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 : 3.1 cms
LEFT VENTRICLE : EDD : 4.1 cm IVS(d) : 0.9 cm LVEF : 66 %
ESD : 2.0 cm PW (d) : 1.0 cm FS : 33 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.4cms
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	: YGT56603	UHID/MR No	: YGT.0000056425
Patient Name	: Mrs. SILPA MUPPALA	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10943499
DOB	:	Registration	: 24/Feb/2024 08:35AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:35AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:08AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.8 m/sec, A -0.4 m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 1.0m/sec
TRICUSPID FLOW : TRJV :1.1 m/sec, RVSP - 21mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

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

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT56603	UHID/MR No	: YGT.0000056425
Patient Name	: Mrs. SILPA MUPPALA	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10943499
DOB	:	Registration	: 24/Feb/2024 08:35AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:39AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 09:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:34AM
Hospital Name	:		

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	15 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	1-2	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



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT56603	UHID/MR No	: YGT.0000056425
Patient Name	: Mrs. SILPA MUPPALA	Client Code	: YOD-DL-0021
Age/Gender	: 31 Y 0 M 0 D /F	Barcode No	: 10943499
DOB	:	Registration	: 24/Feb/2024 08:35AM
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Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 09:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:34AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

*** End Of Report ***



Verified By :
Kollipara Venkateswara Rao



Approved By :

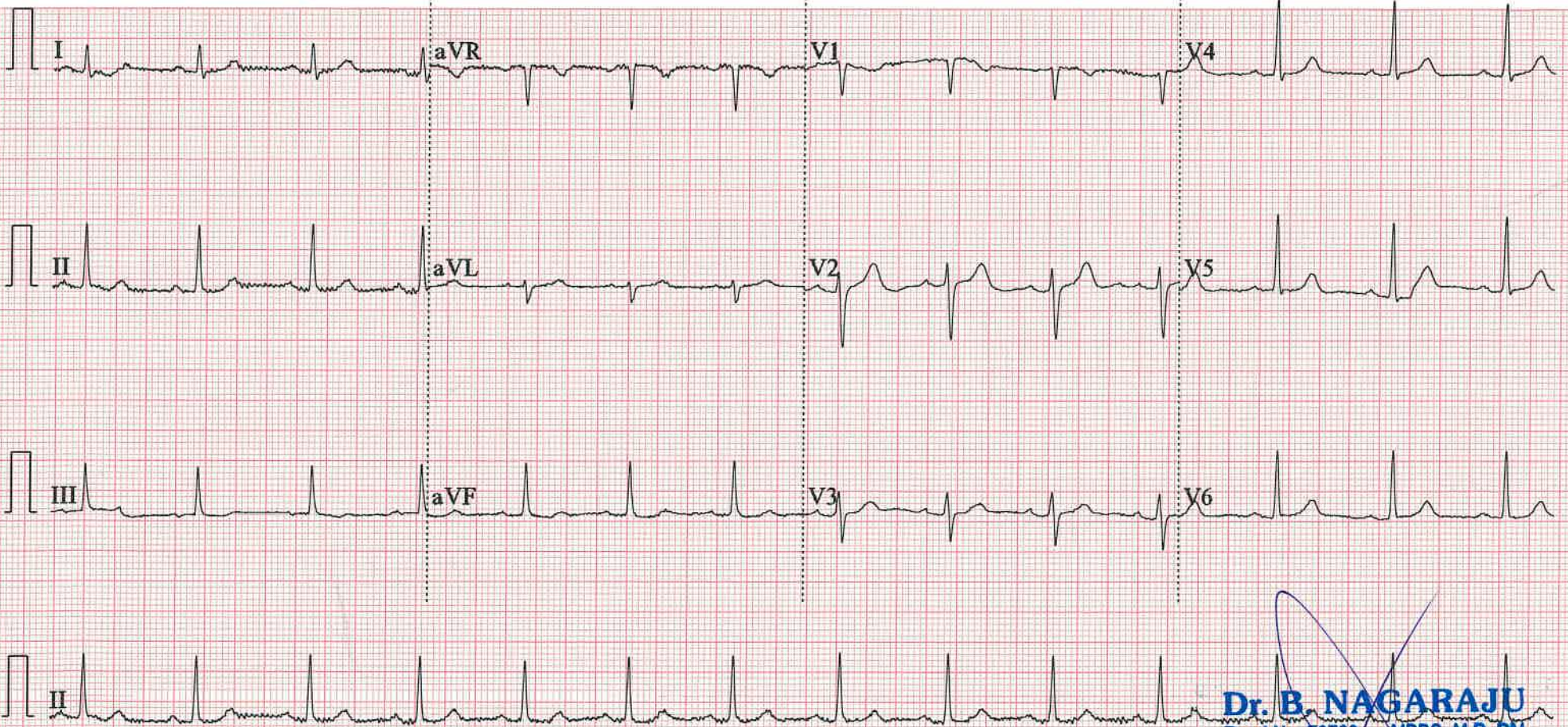
Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

ID: 56603
Silpa Muppala
Female 31Years
Req. No. :

24-02-2024 09:18:59
HR : 82 bpm
P : 93 ms
PR : 162 ms
QRS : 78 ms
QT/QTcBz : 342/401 ms
P/QRS/T : 9/73/16 °
RV5/SV1 : 1.232/0.522 mV

Diagnosis Information:
Sinus Rhythm
QS Wave in lead V1

Report Confirmed by:



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



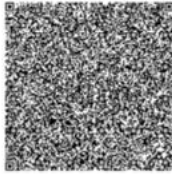
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0648/80517/84436

To
ముప్పల శిల్ప
Muppala Silpa
D/O Venkata Ramaraju
51-202
prasanth nagar
Rayachoti
Cuddapah Andhra Pradesh - 516269
9014130330

Signature Not Verified
Digitally signed by Muppala Silpa
DN: cn=Muppala Silpa, o=UIDAI,
c=IN, Date: 2023.04.19 19:23:19
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5296 5819 7286
VID : 9130 9774 0002 9227

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



ముప్పల శిల్ప
Muppala Silpa
ప్రవేశన తేదీ/DOB: 07/08/1992
ప్ర / FEMALE

5296 5819 7286
VID : 9130 9774 0002 9227

నా ఆధార్, నా గుర్తింపు

Issue Date: 07/12/2011



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్లైన్ XML/ఆఫ్లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లేటర్, PVC కార్డ్, ఆ ఆధార్, ఎం ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకెల ఆధార్ నెంబర్ స్థానంలో చివ్యవర్ ఆధార్ చివరీటి (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నెంబర్ మరియు ఈ-మెయిల్ చివరికి ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేటటు సాఫ్ట్వేర్లో ఎం ఆధార్ యాక్సెస్ డాక్యుంట్ చేసుకోండి.
- భద్రతను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ పీచర్ని ఉపయోగించండి
- ఆధార్ ను అప్డేట్ చేసే సంఖ్యలు తగిన సమ్యుత్తిని పొందవలసి ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

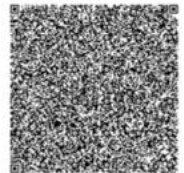


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



వివరాలు:
D/O వెంకట రామరాజు, 51-202, ప్రాసంత్ నగర,
రాయచోటి, కడప,
ఆంధ్ర ప్రదేశ్ - 516269

Address:
D/O Venkata Ramaraju, 51-202, prasanth
nagar, Rayachoti, Cuddapah,
Andhra Pradesh - 516269



5296 5819 7286
VID : 9130 9774 0002 9227

1947 | help@uidai.gov.in | www.uidai.gov.in

Name: Mrs. Silpa Muppala
Date: 24/02/2024 Age: 31 yrs Sex: Female
Address: Guntur



MFX 3yrs

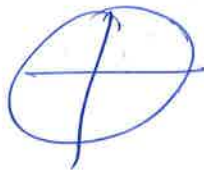
LMP: 28/1/24

A₁ - 3 months - spontaneous 2020 - flb d/c
A₂ - MTP - not flb d/c Jan 2020

TEMP: 98
B.P: 120/80 mmHg
PULSE: 92 /min
WEIGHT: 66 kgs
HEIGHT: 164 cm

MHJ 2-3 days ← normal flow
28-30 days ← NO CLM
ON
dysmenorrhea

Cuddy white, PPV ⊕ since
Pain in left Abdomen
Lump in ~~booster~~ left breast
Pain in left breast
left
SCM Mass, palpable
PLA - soft, Non tender



P/S - Cervicitis (+)
thick white discharge
Cody (+)

Plv - Cervix os downwards
wt Alv, normal size
DIC AdNera free
no tenderness

Sri Anjali hosp
7032660189

Dr. Bharathi
Dr. B. BHARATHI
M.S OBG
Obstetrics and Gynecology
REGD. No: APMC 96195

Adv

✓ - Tab. Cansoft - CL x vaginally
x 3 nights

- Tab. Primasa + vit E op x 1 month

- Tab. Combiflam 60 x 3 days

✓ - Tab. ~~Anti-thrombotic~~ ^{AF} kit x 1 day



both husband & wife

- Tab. Pantop 40mg op x 2 days

Name: Mrs. Silpa Muppala
Date: 24/02/2024 Age: 31 yrs Sex: Female
Address: Guntur



Routine Health checkup

NO COMPLAINTS

NO H/O HTN / DM / CAD / PTB

LDL - 147 mg/dl

1) Low fat Diet

2) Daily Exercise

3) TAB. JAKROSE 10mg

o o t

(30)

TEMP: 100
B.P: 120/80 mmHg
PULSE: 92 /min
WEIGHT: 66 kgs
HEIGHT: 164 cm

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





VIODA
DIAGNOSTICS



GPS Map Camera



Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.29923°

Long 80.451618°

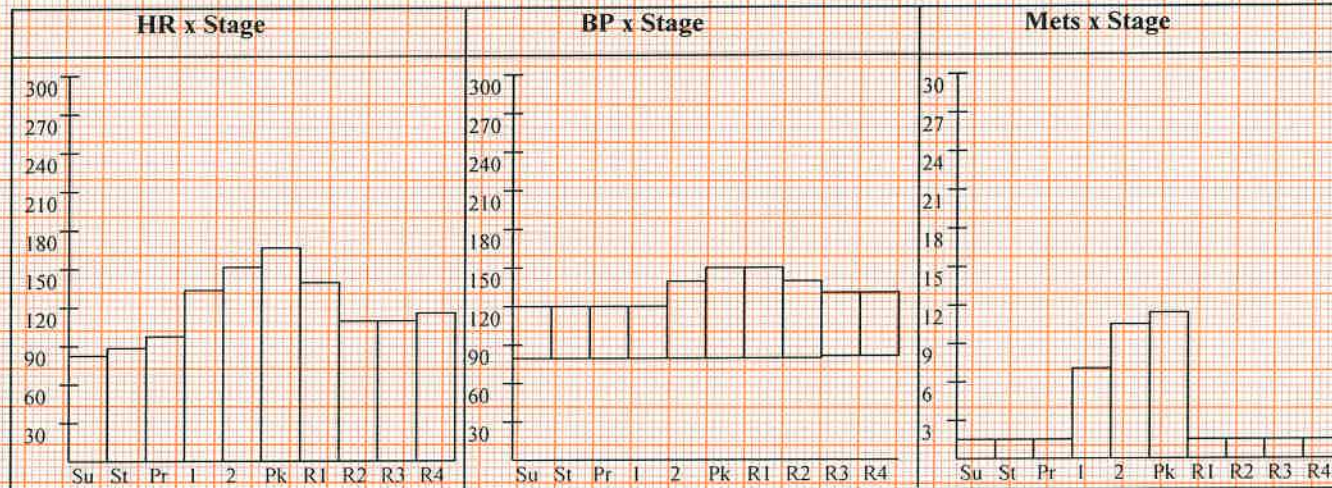
24/02/24 08:30 AM GMT +05:30

YODA DIAGNOSTICS CENTRE GUNTUR

Name: MUPPALA SILPA

Date: 24-02-2024

Time: 11:39



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:46 achieving a work level of 7.6 MFTS
 Resting Heart Rate, initially 85 bpm rose to a max. heart rate of 166bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
 * No Significant ST-T Changes During Exercise & Recovery
 * Fair Exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: SELF

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

YODA DIAGNOSTICS CENTRE GUNTUR

Name: MUPPALA SILPA

Date: 24-02-2024

Time: 11:39

Age: 31

Gender: M

Height: 164 cms

Weight: 66 Kg

ID: 56603

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 195

Target HR: 165 (85% of Pr. MHR)

Exercise Time: 0:06:46

Achieved Max HR: 166 (85% of Pr. MHR)

Max BP: 150/80

Max BP x HR: 24900

Max Mets: 7.6

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:08	1	0	0	83	120/80	9960	1.2 V2	0.4 II
Standing	00:12	1	0	0	89	120/80	10680	-2 II	0.5 V2
PreTest	00:20	1	1.6	0	98	120/80	11760	1 V2	0.9 II
Stage: 1	03:00	4.7	2.7	10	133	120/80	15960	-2.3 II	0.6 V2
Stage: 2	03:00	7	4	12	151	140/80	21140	1.2 I	0.6 II
Peak Exercise	00:46	7.6	5.5	14	166	150/80	24900	1.7 V2	1 V2
Recovery1	01:00	1	0	0	140	150/80	21000	-2.4 III	1 V5
Recovery2	01:00	1	0	0	110	140/80	15400	1.5 V2	1.1 II
Recovery3	01:00	1	0	0	109	130/80	14170	1.2 V2	1.1 V2
Recovery4	00:36	1	0	0	115	130/80	14950	1.1 V2	0.7 V2

YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 85 bpm

BP: 120/80 mmHg

Stage: Supine

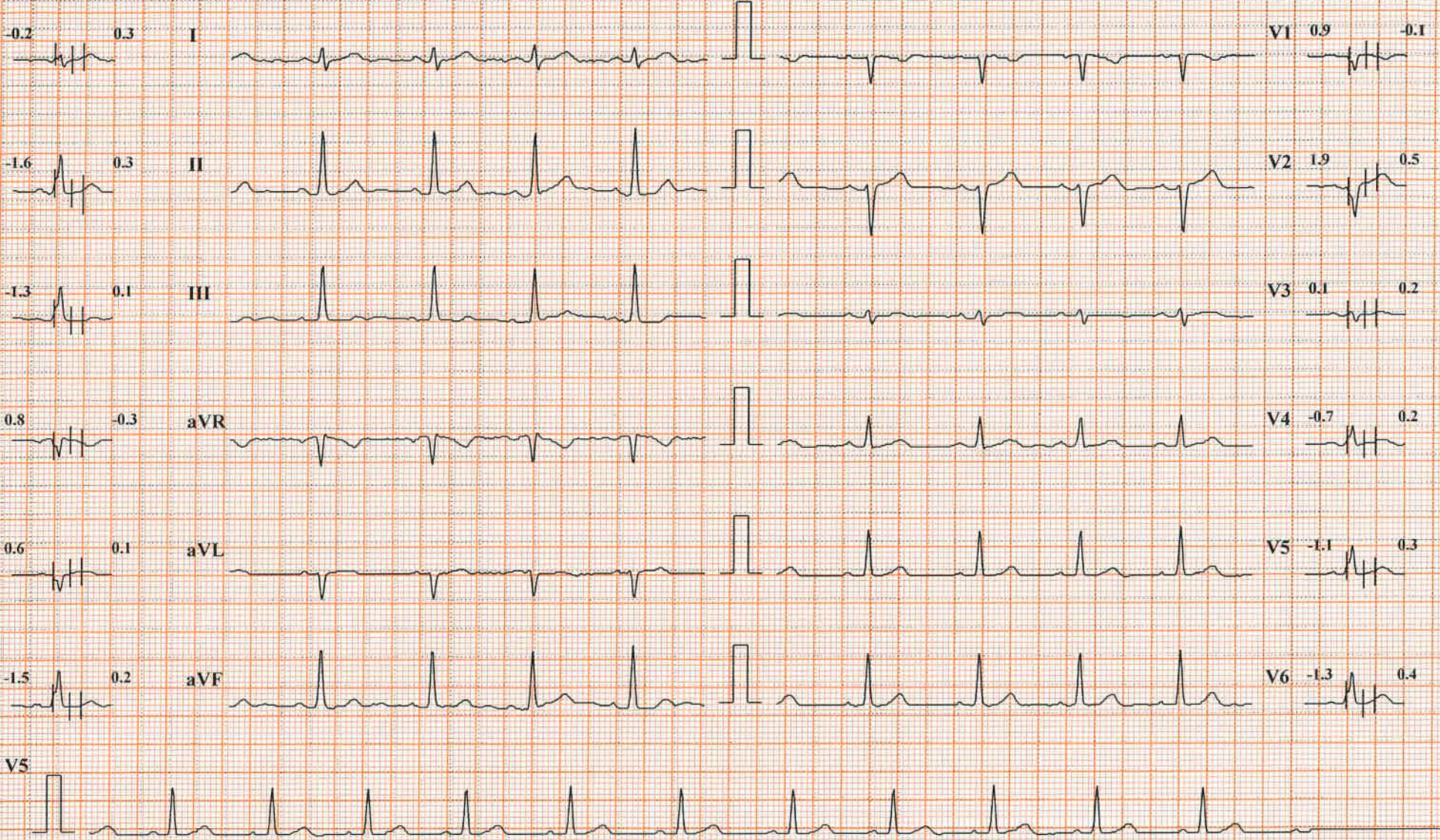
Speed: 0 km/h

Slope: 0%

THR: 165 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 0:00:00

Stage Time: 00:12

HR: 89 bpm

Stage: Standing

Speed: 0

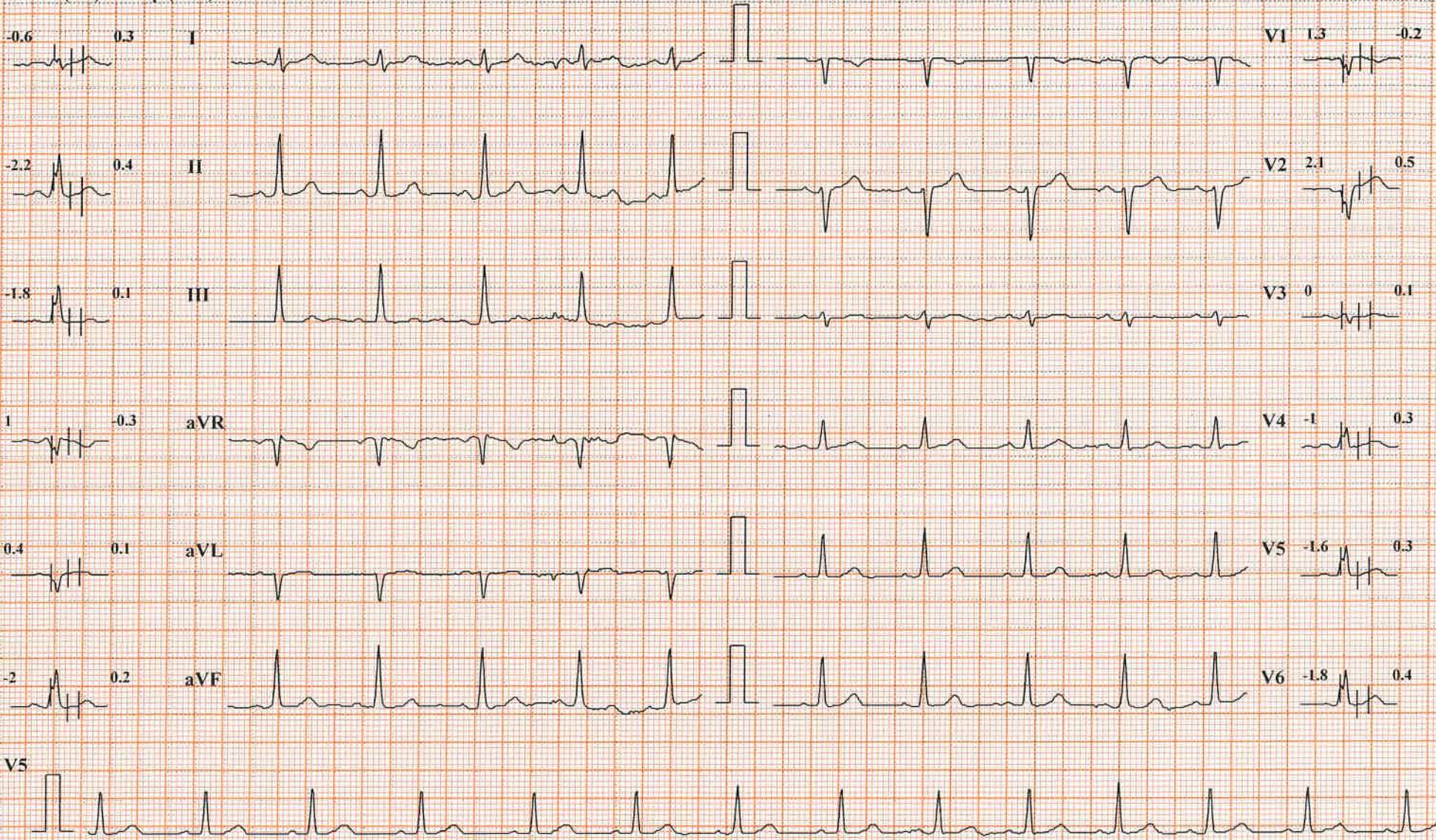
Slope: 0%

THR: 165 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 133 bpm

Stage: I

Speed: 2.7 kmph

Slope: 10 %

THR: 165 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

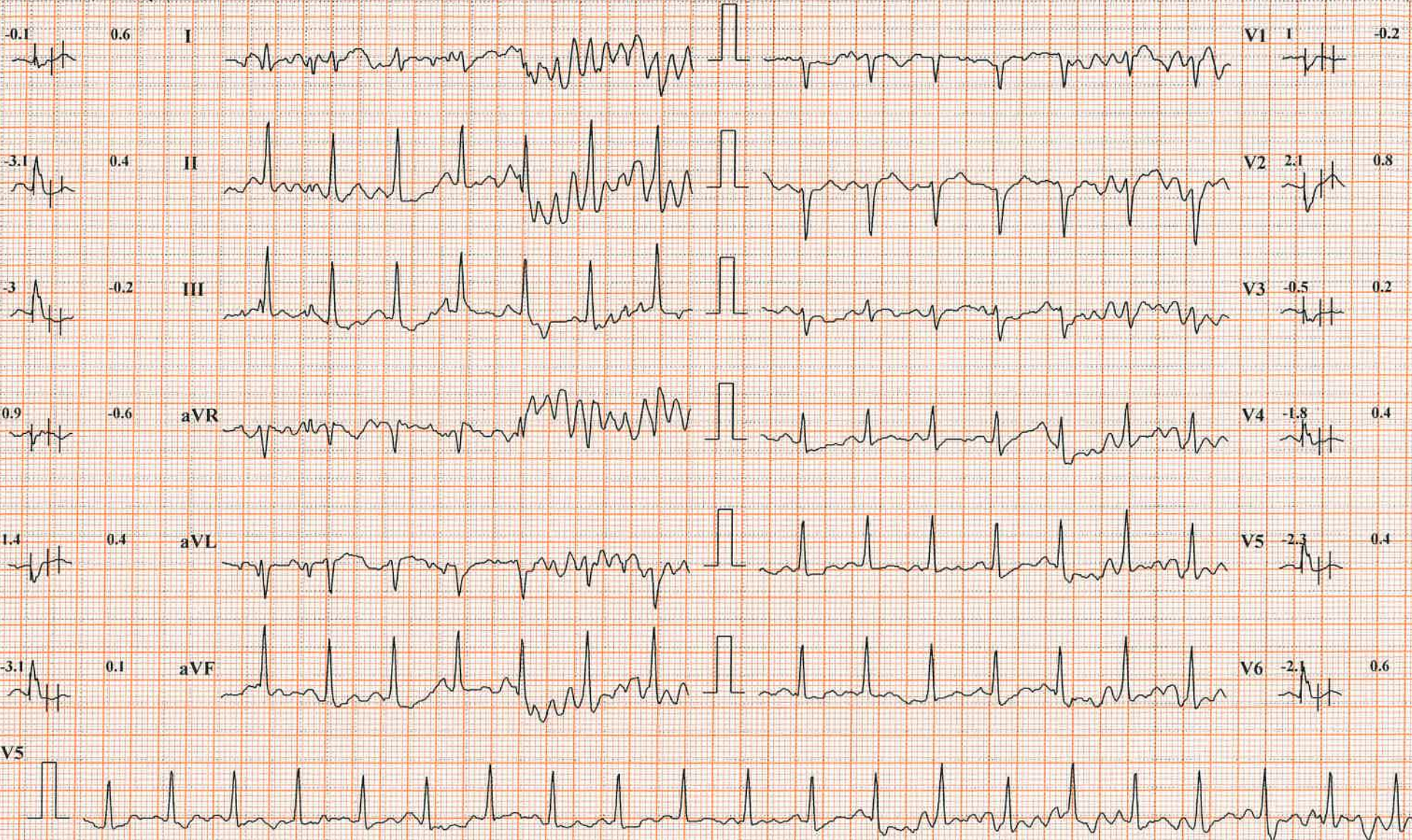


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J + R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 151 bpm

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 165 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 0:06:46

Stage Time: 00:46

HR: 166 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

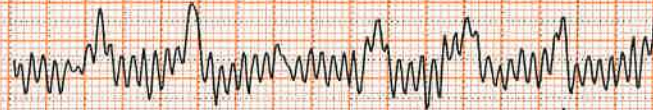
Speed: 5.5 kmph

Slope: 14 %

THR: 165 bpm

STLevel(mm) STSlope(mV/s)

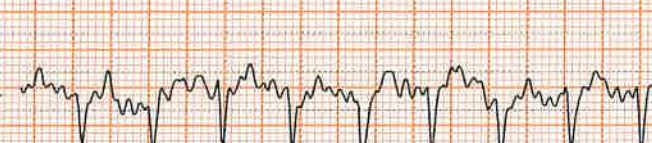
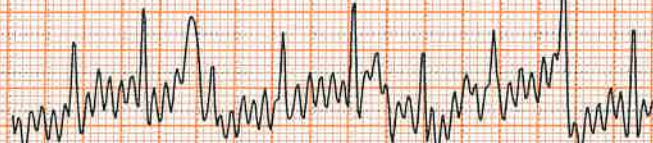
I.1 0.5 I



V1 0.3 -0.4



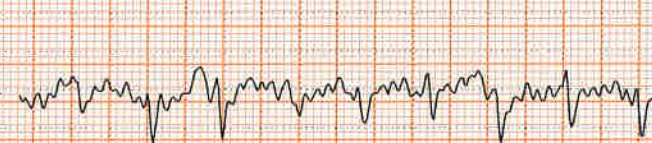
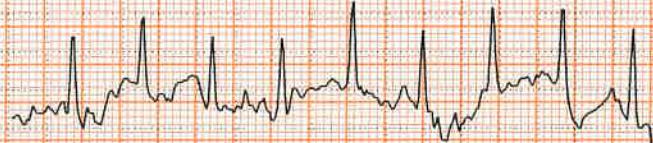
0.2 0.7 II



V2 1.8 1.1



-0.9 0.2 III



V3 0.3 0.4



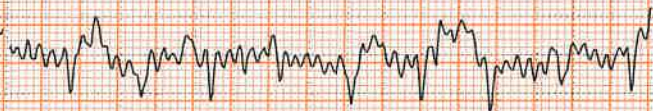
-0.8 -0.6 aVR



V4 0.1 0.6



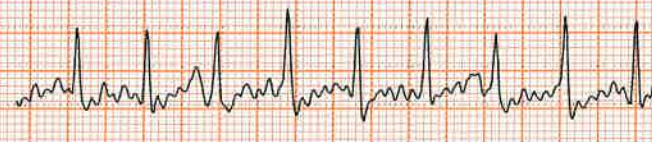
I 0.2 aVL



V5 0.1 0.6



-0.4 0.4 aVF



V6 0.1 0.6



V5

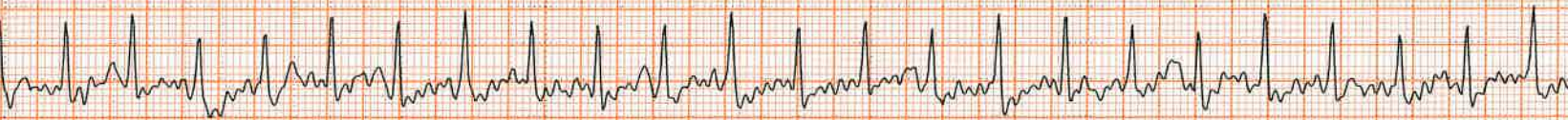
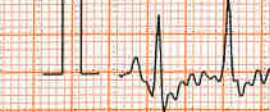


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 140 bpm

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 165 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

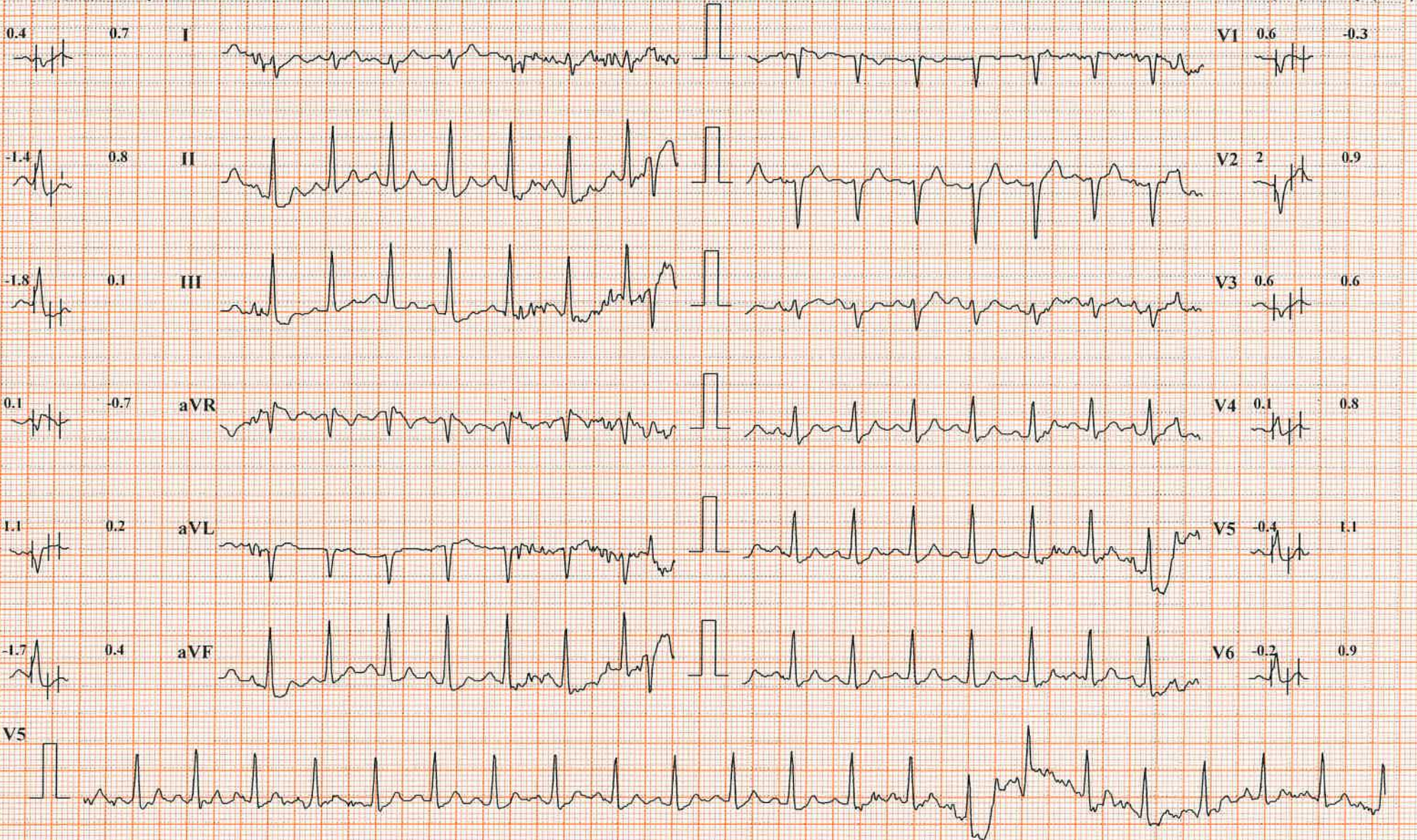


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms. J = R + 60 ms. Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 110 bpm

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 165 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

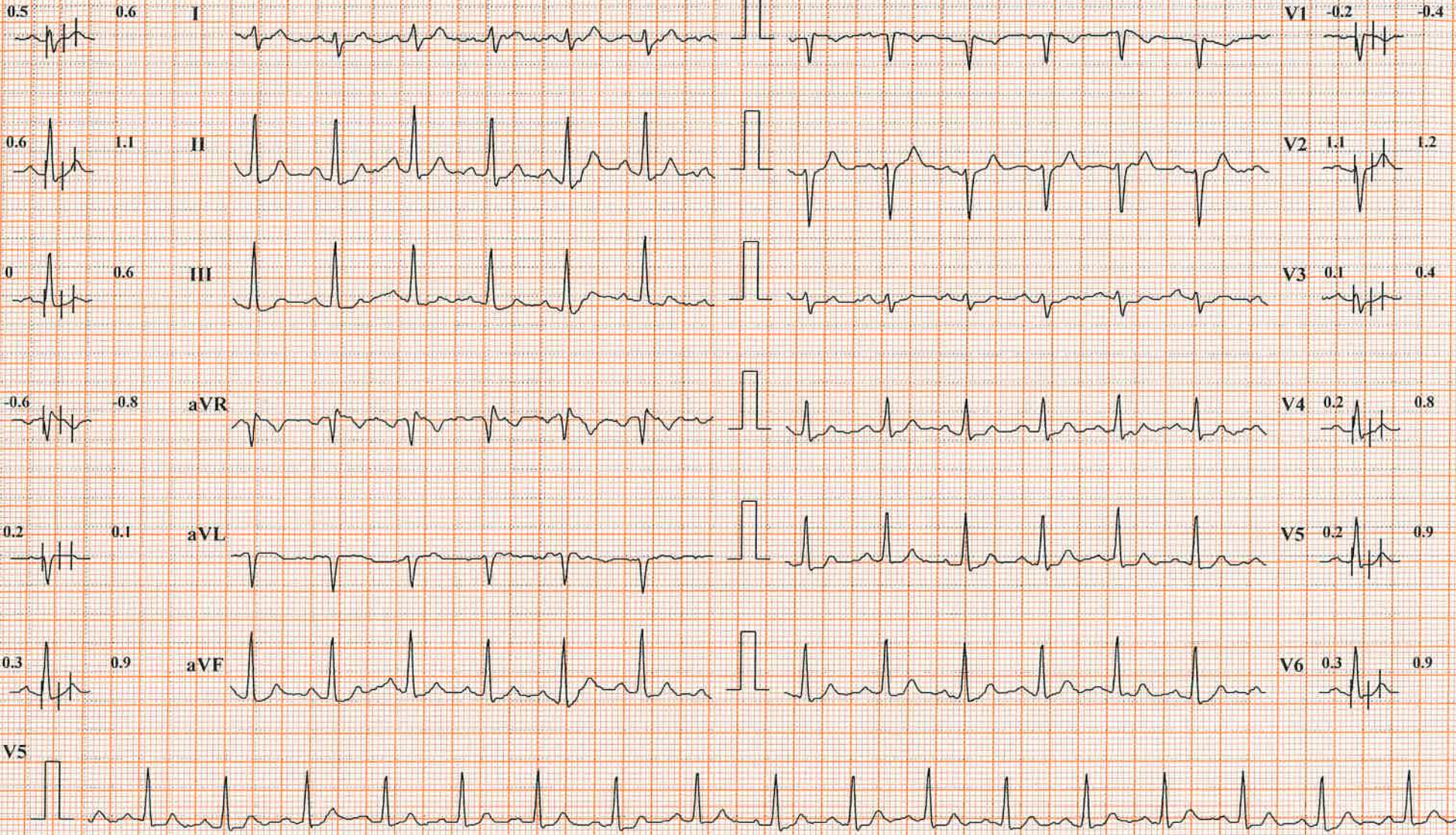


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 109 bpm

Stage: Recovery3

Speed: 0 kmph

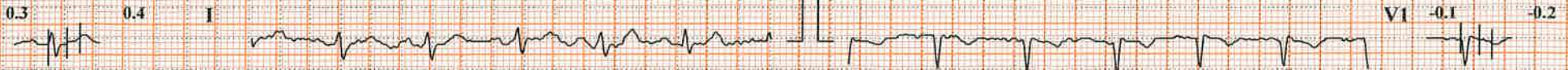
Slope: 0 %

THR: 165 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

MUPPALA SILPA (31 M)

Bruce Protocol

ID: 56603

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 00:36

HR: 114 bpm

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 165 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

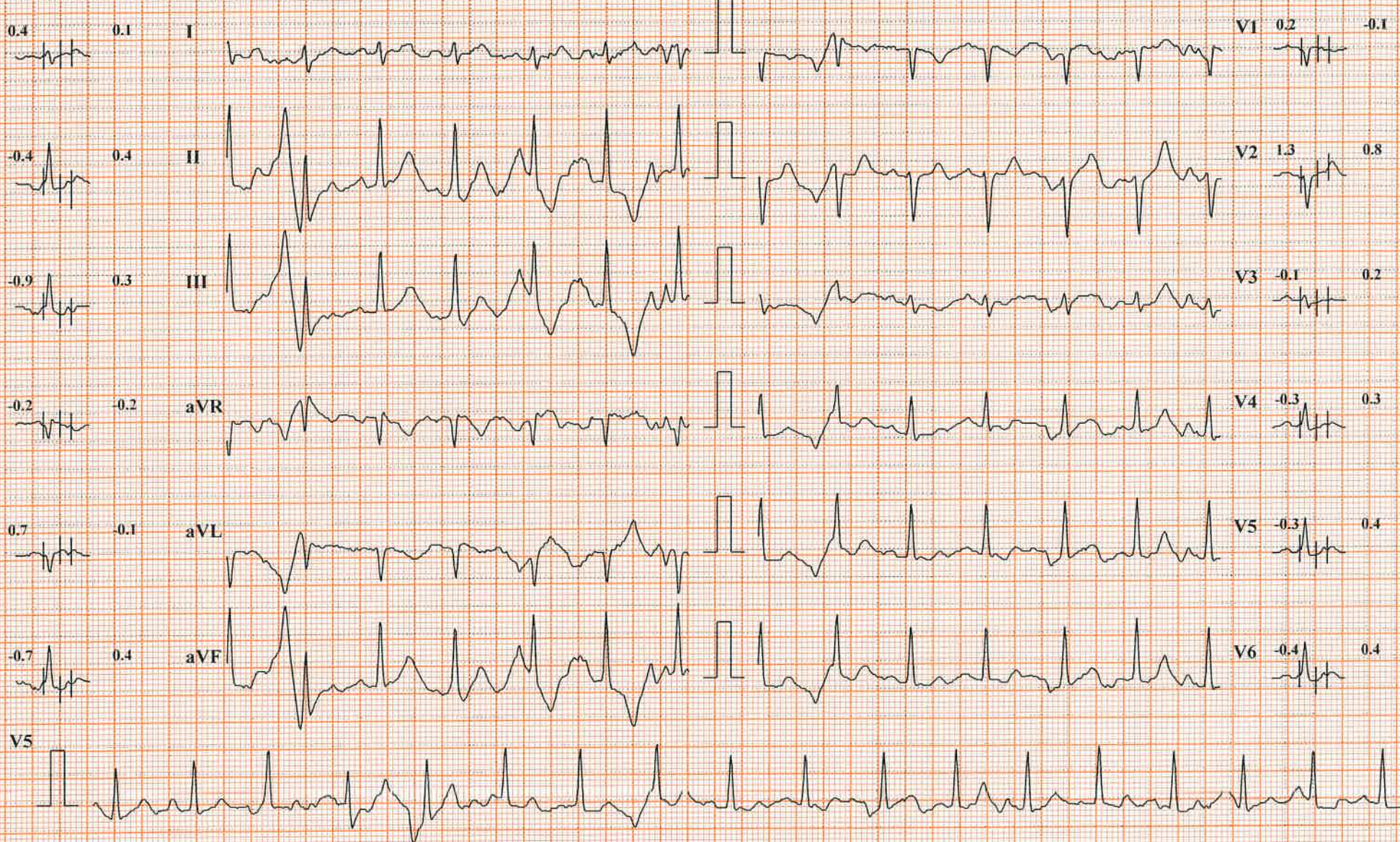


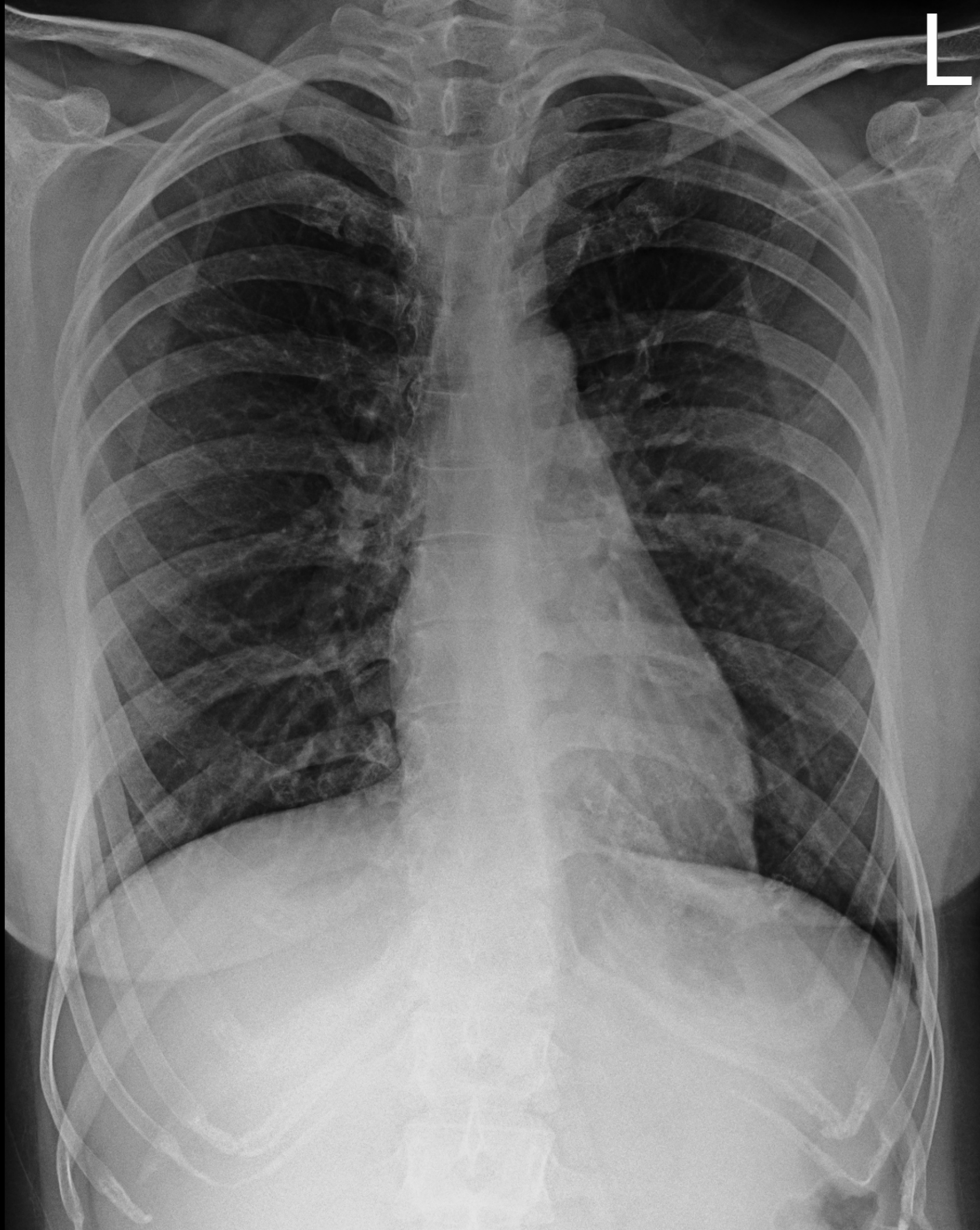
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms. J = R + 60 ms. Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5



SILPA MUPPALA 31Y FEMALE YGT56603 CHEST PA 24-Feb-24

YODA DIAGNOSTICS