

Visit ID	: YGT55424	UHID/MR No	: YGT.0000055179
Patient Name	: Mr. MERUPO KISHORE KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 10933559
DOB	:	Registration	: 17/Feb/2024 01:20PM
Ref Doctor	: SELF	Collected	: 17/Feb/2024 01:20PM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 17/Feb/2024 05:17PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEW

Findings: Poor inspiratory 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.

Verified By :

GOPI



Approved By :

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

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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	<b>20</b>	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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**DEPARTMENT OF HAEMATOLOGY**

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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	A			
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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**CBC (COMPLETE BLOOD COUNT)**
**Sample Type : WHOLE BLOOD EDTA**


HAEMOGLOBIN (HB)	13.8	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>4.21</b>	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	<b>37.9</b>	%	40.0 - 50.0	RBC pulse height detection
MCV	90.1	fL	83 - 101	Automated/Calculated
MCH	<b>32.8</b>	pg	27 - 32	Automated/Calculated
MCHC	<b>36.4</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.9	%	11.0-16.0	Automated Calculated
RDW - SD	48.2	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.243	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,520	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	52	%	40 - 80	Impedance
LYMPHOCYTE	40	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.86	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.34	ng/ml	0.60 - 1.78	CLIA
T4	12.55	ug/dl	4.82-15.65	CLIA
TSH	3.86	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.

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**LIVER FUNCTION TEST(LFT)**

**Sample Type : SERUM**

TOTAL BILIRUBIN	0.63	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated
AST (S.G.O.T)	27	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	26	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	51	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.8	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.50			Calculated

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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>228</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	45	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	134.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>241</b>	mg/dl	See Table	GPO
VLDL	<b>48.2</b>	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.07		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>5.36</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>183</b>	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 .

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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

SERUM UREA	14	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.5	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	122	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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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.05	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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**URIC ACID -SERUM**

**Sample Type : SERUM**

SERUM URIC ACID	<b>9.2</b>	mg/dl	3.5 - 7.20	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**

<b>Sample Type : SERUM</b>				
Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.05	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	6.20	Ratio	6 - 25	Calculated

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 Consultant Pathologist

<b>Visit ID</b>	: YGT55424	UHID/MR No	: YGT.000055179
<b>Patient Name</b>	: Mr. MERUPO KISHORE KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /M	Barcode No	: 10933559
DOB	:	Registration	: 17/Feb/2024 01:20PM
Ref Doctor	: SELF	Collected	: 17/Feb/2024 01:20PM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 17/Feb/2024 05:06PM
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	: 2.7 cms
	EDD : 4.6 cm    IVS(d) : 0.8 cm    LVEF : 80 %
	ESD : 2.3 cm    PW (d) : 1.0 cm    FS : 49 %
	No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.5cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal
PULMONARY VEINS	: Normal

Verified By :

GOPI



Approved By :

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

Visit ID	: YGT55424	UHID/MR No	: YGT.000055179
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**DEPARTMENT OF RADIOLOGY****INTRA CARDIAC MASSES : No****DOPPLER STUDY :**

MITRAL FLOW : E -0.5 m/sec, A -0.3 m/sec.  
AORTIC FLOW : 1.3m/sec  
PULMONARY FLOW : 1.2m/sec  
TRICUSPID FLOW : TRJV :1.7 m/sec, RVSP -27 mmHg

**COLOUR FLOW MAPPING: NORMAL****IMPRESSION :**


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

Verified By :

GOPI



Approved By :

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



<b>Visit ID</b> : YGT55424	<b>UHID/MR No</b> : YGT.0000055179
<b>Patient Name</b> : Mr. MERUPO KISHORE KUMAR	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 38 Y 0 M 0 D /M	<b>Barcode No</b> : 10933559
<b>DOB</b> :	<b>Registration</b> : 17/Feb/2024 01:20PM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 17/Feb/2024 01:21PM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 17/Feb/2024 01:40PM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 17/Feb/2024 02:33PM
<b>Hospital Name</b> :	

**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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY CLOUDY			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue

**CHEMICAL EXAMINATION**

pH	6.5		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	DETECTED (+)		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

**MICROSCOPIC EXAMINATION**


PUS CELLS	PLENTY	cells/HPF	0-5	
EPITHELIAL CELLS	3-5	/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 :

GOPI



Approved By :

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

<b>Visit ID</b>	: YGT55424	UHID/MR No	: YGT.0000055179
<b>Patient Name</b>	: Mr. MERUPO KISHORE KUMAR	Client Code	: YOD-DL-0021
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Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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\*\*\* End Of Report \*\*\*

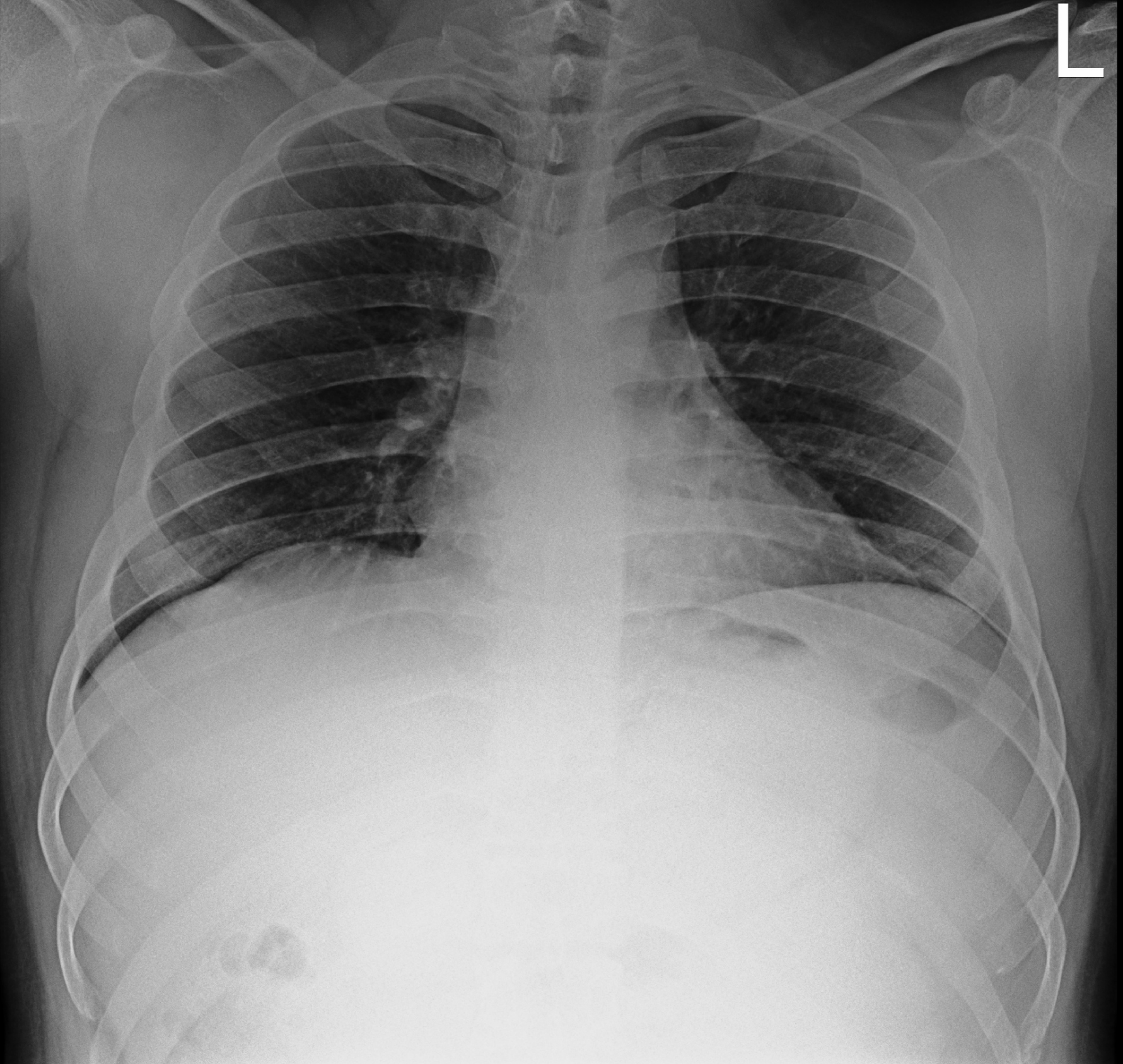
Verified By :

GOPI



Approved By :

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



**MERUPO KISHORE KUMAR 38Y MALE YGT55355 CHEST PA 17-Feb-24**

**YODA DIAGNOSTICS**

ID: 55356

MERUPO KISHORE KUMAR

Male 38Years

Req. No. :

17-02-2024 09:16:44

HR : 73 bpm

P : 92 ms

PR : 126 ms

QRS : 86 ms

QT/QTcBz : 363/402 ms

P/QRS/T : -1/13/6 °

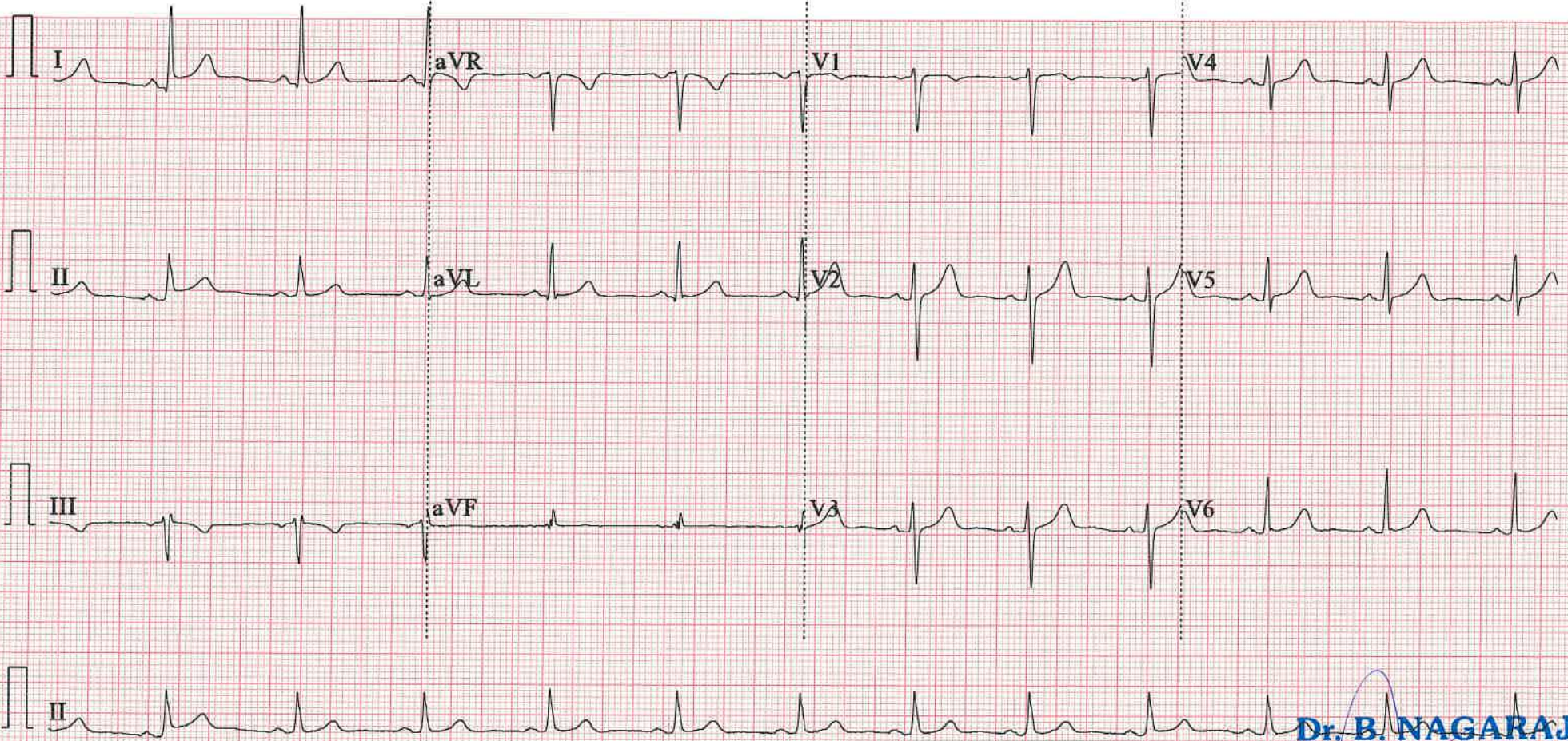
RV5/SV1 : 0.756/0.926 mV

Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

Report Confirmed by:



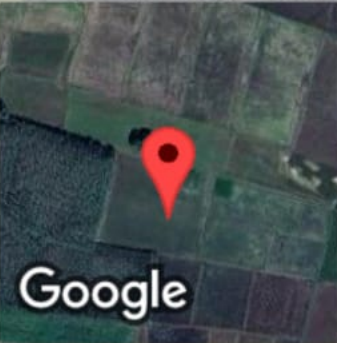
**Dr. B. NAGARAJU**  
Regd.No: 70760 MBBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR



**YODA**  
**DIAGNOSTICS**



 GPS Map Camera



Guntur, Andhra Pradesh, India  
Unnamed Road, Andhra Pradesh 522234, India  
Lat 16.220867°  
Long 80.220575°  
17/02/24 08:47 AM GMT +05:30

Google

DATE: 17-02-24

NAME: PERUPO RISHORE

AGE: 38/M 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	<u>M</u>			<u>DL</u>		
ADD						

INSTRUCTIONS: \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

రిజిస్ట్రేషన్/ Enrolment No.: XXXX/XXXXX/XXXXX

To

కిషోర్ కుమార్ మెరుపా

Kishore Kumar Merupo

S/O: Krupavaram

1-51

MAIN ROAD

UNAGATLA

NEAR COOPERATIVE SOCIETY

Unagatla

Unagatla

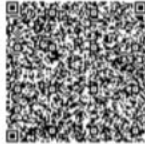
West Godavari Andhra Pradesh-534342

Download Date: 11/08/2018

Generation Date: 11/01/2014

Signature Not Verified

Digital Signature of  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 03  
Date: 2018.08.11 20:28:40  
IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6729 7780 7326

నా ఆధార్, నా గుర్తింపు

సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పాఠసన్మానికి కాదు!
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ అథెంటిఫికేషన్ ద్వారా పొందవచ్చు!
- ఇది ఎలెక్ట్రానిక్ వద్దతిలో వ్రాయబడిన లేఖ!

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- 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 .



భారత ప్రభుత్వం  
Government of India



కిషోర్ కుమార్ మెరుపా

Kishore Kumar Merupo

పుట్టిన తేదీ/DOB: 31/08/1985

పురుషుడు/ MALE



6729 7780 7326

నా ఆధార్, నా గుర్తింపు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

Address:

S/O: Krupavaram, 1-51, MAIN ROAD, NEAR COOPERATIVE SOCIETY, UNAGATLA, Unagatla, West Godavari, Andhra Pradesh, 534342

చిరునామా:

S/O: కృపావరం, 1-51, మెయిన్ రోడ్, నియర్ కొవరేటివ్ సొసైటీ, ఊనగట్ల, యునగట్ల, పశ్చిమ గోదావరి, ఆంధ్ర ప్రదేశ్, 534342

6729 7780 7326



19-47  
aadhaar@uidai.gov.in



www.uidai.gov.in

Name: ..... Mr. Merupu Kishore Kumar .....  
Date: 17/01/24 ..... Age: 38 years ..... Sex: Male .....  
Address: ..... Guntur .....



Routine Health checkup

NO COMPLAINTS

NO H/O HTN / DM / CAD / PTE

TEMP: ..... ⊙ .....  
B.P: 120/80 ..... mmHg  
PULSE: 87 ..... bpm  
WEIGHT: 81 ..... kg  
HEIGHT: 169 ..... cm

LDL - 134 mg/dl

USG - Abdomen

Ⓛ Moderate to Gross  
Hydronephrosis

Sr. Creat - 1.05 mg/dl

Consult

Urologist

1) Low Fat Diet

2) TAB. JAKROSE 1000

o o t

30

3) CAP. J-POWER

o o t

30

