



सत्यमेव जयते  
भारत सरकार



आधार

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

సమాధి సంఖ్య / Enrollment No. : 1171/27123/03509

29/01/2013

To  
Ankam Soudamini  
అంకం సౌదామిని  
D/O: Ankam Nagaraju  
4-17-91/10  
2nd lane, Velangini Nagar  
Near Medical Hostel  
Amaravathi Road  
Guntur  
Guntur, Guntur  
Andhra Pradesh - 522002  
7396980932



KL146535132DF

14653513



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**2014 8137 4271**

**ఆధార్ - సామాన్యని హక్కు**



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



అంకం సౌదామిని  
Ankam Soudamini

పుట్టిన సంవత్సరం/Year of Birth: 1994  
స్త్రీ / Female


**2014 8137 4271**



**ఆధార్ - సామాన్యని హక్కు**

# YODA DIAGNOSTICS

RECEPTION

 GPS Map Camera

Guntur, Andhra Pradesh, India

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

Lat 16.299239°

Long 80.451626°

10/02/24 08:37 AM GMT +05:30



Mrs Soudamini Ankam was pregnant. She said i am unable to do radiology and cardiology Tests (USG Abdomen, 2d echo, x-Ray) and consultations also.



|                      |                                  |                     |                       |
|----------------------|----------------------------------|---------------------|-----------------------|
| <b>Visit ID</b>      | : YGT53926                       | <b>UHID/MR No</b>   | : YGT.0000053756      |
| <b>Patient Name</b>  | : Mrs. SOUDAMINI ANKAM           | <b>Client Code</b>  | : YOD-DL-0021         |
| <b>Age/Gender</b>    | : 29 Y 0 M 0 D /F                | <b>Barcode No</b>   | : 10921494            |
| <b>DOB</b>           | :                                | <b>Registration</b> | : 10/Feb/2024 08:15AM |
| <b>Ref Doctor</b>    | : SELF                           | <b>Collected</b>    | : 10/Feb/2024 08:17AM |
| <b>Client Name</b>   | : MEDI WHEELS                    | <b>Received</b>     | : 10/Feb/2024 08:43AM |
| <b>Client Add</b>    | : F-701, Lado Sarai, Mehravli, N | <b>Reported</b>     | : 10/Feb/2024 10:38AM |
| <b>Hospital Name</b> | :                                |                     |                       |

**DEPARTMENT OF HAEMATOLOGY**

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

**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

**Sample Type : WHOLE BLOOD EDTA**

|                                |           |           |        |                      |
|--------------------------------|-----------|-----------|--------|----------------------|
| ERYTHROCYTE SEDIMENTATION RATE | <b>80</b> | 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.

Verified By :  
M VENKATA KRISHNA



Approved By :

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

|  |   |
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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.

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**Consultant Pathologist**



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**CBC(COMPLETE BLOOD COUNT)**


**Sample Type : WHOLE BLOOD EDTA**

|   |               |             |              |                            |
|---|---------------|-------------|--------------|----------------------------|
| HAEMOGLOBIN (HB)                          | 12.7          | g/dl        | 12.0 - 15.0  | Cyanide-free SLS method    |
| RBC COUNT(RED BLOOD CELL COUNT)           | 4.51          | million/cmm | 3.80 - 4.80  | Impedance                  |
| PCV/HAEMATOCRIT                           | 36.8          | %           | 36.0 - 46.0  | RBC pulse height detection |
| MCV                                       | <b>81.5</b>   | fL          | 83 - 101     | Automated/Calculated       |
| MCH                                       | 28.1          | pg          | 27 - 32      | Automated/Calculated       |
| MCHC                                      | 34.4          | g/dl        | 31.5 - 34.5  | Automated/Calculated       |
| RDW - CV                                  | 13.6          | %           | 11.0-16.0    | Automated Calculated       |
| RDW - SD                                  | 42.3          | fl          | 35.0-56.0    | Calculated                 |
| MPV                                       | 8.7           | fL          | 6.5 - 10.0   | Calculated                 |
| PDW                                       | 15.5          | fL          | 8.30-25.00   | Calculated                 |
| PCT                                       | 0.27          | %           | 0.15-0.62    | Calculated                 |
| TOTAL LEUCOCYTE COUNT                     | <b>11,090</b> | cells/ml    | 4000 - 11000 | Flow Cytometry             |
| <b>DLC (by Flow cytometry/Microscopy)</b> |               |             |              |                            |
| NEUTROPHIL                                | 71            | %           | 40 - 80      | Impedance                  |
| LYMPHOCYTE                                | 22            | %           | 20 - 40      | Impedance                  |
| EOSINOPHIL                                | 01            | %           | 01 - 06      | Impedance                  |
| MONOCYTE                                  | 06            | %           | 02 - 10      | Impedance                  |
| BASOPHIL                                  | 00            | %           | 0 - 1        | Impedance                  |
| PLATELET COUNT                            | 3.09          | Lakhs/cumm  | 1.50 - 4.10  | Impedance                  |

Verified By :  
 Kollipara Venkateswara Rao



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

Sample Type : SERUM

|     |       |        |             |      |
|-----|-------|--------|-------------|------|
| T3  | 1.69  | ng/ml  | 0.60 - 1.78 | CLIA |
| T4  | 13.55 | ug/dl  | 4.82-15.65  | CLIA |
| TSH | 1.21  | 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 :

M VENKATA KRISHNA



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*Dr. Sumalatha*

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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   | 0.12 | mg/dl | 0 - 0.2   | DPD                      |
| UNCONJUGATED BILIRUBIN | 0.51 | mg/dl |           | Calculated               |
| AST (S.G.O.T)          | 16   | U/L   | < 35      | KINETIC WITHOUT P5P-IFCC |
| ALT (S.G.P.T)          | 17   | U/L   | < 35      | KINETIC WITHOUT P5P-IFCC |
| ALKALINE PHOSPHATASE   | 119  | U/L   | 30 - 120  | IFCC-AMP BUFFER          |
| TOTAL PROTEINS         | 6.6  | gm/dl | 6.6 - 8.3 | Biuret                   |
| ALBUMIN                | 3.5  | gm/dl | 3.5 - 5.2 | BCG                      |
| GLOBULIN               | 3.1  | gm/dl | 2.0 - 3.5 | Calculated               |
| A/G RATIO              | 1.13 |       |           | Calculated               |

Verified By :  
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**LIPID PROFILE**

**Sample Type : SERUM**

|                           |      |       |                    |                                |
|---------------------------|------|-------|--------------------|--------------------------------|
| TOTAL CHOLESTEROL         | 173  | mg/dl | Refere Table Below | Cholesterol oxidase/peroxidase |
| H D L CHOLESTEROL         | 50   | mg/dl | > 40               | Enzymatic/ Immunoinhibiton     |
| L D L CHOLESTEROL         | 103  | mg/dl | Refere Table Below | Enzymatic Selective Protein    |
| TRIGLYCERIDES             | 98   | mg/dl | See Table          | GPO                            |
| VLDL                      | 19.6 | mg/dl | < 35               | Calculated                     |
| T. CHOLESTEROL/ HDL RATIO | 3.46 |       | Refere Table Below | Calculated                     |
| TRIGLYCEIDES/ HDL RATIO   | 1.96 | Ratio | < 2.0              | Calculated                     |
| NON HDL CHOLESTEROL       | 123  | 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, 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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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


|                        |     |       |   |      |
|------------------------|-----|-------|---|------|
| HBA1c RESULT           | 5.7 | %     | Normal Glucose tolerance<br>(non-diabetic): <5.7%<br>Pre-diabetic: 5.7-6.4%<br>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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**BLOOD UREA NITROGEN (BUN)**

**Sample Type : Serum**

|                           |     |       |         |             |
|---------------------------|-----|-------|---------|-------------|
| SERUM UREA                | 18  | mg/dL | 13 - 43 | Urease GLDH |
| Blood Urea Nitrogen (BUN) | 8.4 | 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 | 94 | 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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| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 10/Feb/2024 10:58AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

|                              |            |       |      |            |
|------------------------------|------------|-------|------|------------|
| POST PRANDIAL PLASMA GLUCOSE | <b>157</b> | mg/dl | <140 | 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

Verified By :  
M VENKATA KRISHNA



Approved By :

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

|  |   |
|--|---|
| <b>Visit ID</b> : YGT53926                         | <b>UHID/MR No</b> : YGT.0000053756        |
| <b>Patient Name</b> : Mrs. SOUDAMINI ANKAM         | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 29 Y 0 M 0 D /F                | <b>Barcode No</b> : 10921494              |
| <b>DOB</b> :                                       | <b>Registration</b> : 10/Feb/2024 08:15AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 10/Feb/2024 08:17AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 10/Feb/2024 08:44AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 10/Feb/2024 09:49AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**SERUM CREATININE**

**Sample Type : SERUM**

|                  |      |       |             |               |
|------------------|------|-------|-------------|---------------|
| SERUM CREATININE | 0.70 | 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).

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



|  |   |
|--|---|
| <b>Visit ID</b> : YGT53926                         | <b>UHID/MR No</b> : YGT.0000053756        |
| <b>Patient Name</b> : Mrs. SOUDAMINI ANKAM         | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 29 Y 0 M 0 D /F                | <b>Barcode No</b> : 10921494              |
| <b>DOB</b> :                                       | <b>Registration</b> : 10/Feb/2024 08:15AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 10/Feb/2024 08:17AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 10/Feb/2024 08:43AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 10/Feb/2024 09:49AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

|     |    |     |          |              |
|-----|----|-----|----------|--------------|
| GGT | 14 | 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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|  |   |
|--|---|
| <b>Visit ID</b> : YGT53926                         | <b>UHID/MR No</b> : YGT.0000053756        |
| <b>Patient Name</b> : Mrs. SOUDAMINI ANKAM         | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 29 Y 0 M 0 D /F                | <b>Barcode No</b> : 10921494              |
| <b>DOB</b> :                                       | <b>Registration</b> : 10/Feb/2024 08:15AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 10/Feb/2024 08:17AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 10/Feb/2024 08:44AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehravli, N | <b>Reported</b> : 10/Feb/2024 09:49AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**URIC ACID -SERUM**

**Sample Type : SERUM**

|                 |     |       |           |               |
|-----------------|-----|-------|-----------|---------------|
| SERUM URIC ACID | 3.1 | mg/dl | 2.6 - 6.0 | 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.

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|  |   |
|--|---|
| <b>Visit ID</b> : YGT53926                         | <b>UHID/MR No</b> : YGT.0000053756        |
| <b>Patient Name</b> : Mrs. SOUDAMINI ANKAM         | <b>Client Code</b> : YOD-DL-0021          |
| <b>Age/Gender</b> : 29 Y 0 M 0 D /F                | <b>Barcode No</b> : 10921494              |
| <b>DOB</b> :                                       | <b>Registration</b> : 10/Feb/2024 08:15AM |
| <b>Ref Doctor</b> : SELF                           | <b>Collected</b> : 10/Feb/2024 08:17AM    |
| <b>Client Name</b> : MEDI WHEELS                   | <b>Received</b> : 10/Feb/2024 08:44AM     |
| <b>Client Add</b> : F-701, Lado Sarai, Mehrauli, N | <b>Reported</b> : 10/Feb/2024 09:49AM     |
| <b>Hospital Name</b> :                             |   |

**DEPARTMENT OF BIOCHEMISTRY**

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

**BUN/CREATININE RATIO**


**Sample Type : SERUM**

|                      |        |       |             |               |
|----------------------|--------|-------|-------------|---------------|
| SERUM CREATININE     | 0.70   | mg/dl | 0.70 - 1.30 | KINETIC-JAFFE |
| BUN/CREATININE RATIO | 120.00 | Ratio | 6 - 25      | Calculated    |

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Approved By :

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

Visit ID : YGT53926  
Patient Name : Mrs. SOUDAMINI ANKAM  
Age/Gender : 29 Y 0 M 0 D /F  
DOB :  
Ref Doctor : SELF  
Client Name : MEDI WHEELS  
Client Add : F-701, Lado Sarai, Mehrauli, N  
Hospital Name :

UHID/MR No : YGT.0000053756  
Client Code : YOD-DL-0021  
Barcode No : 10921494  
Registration : 10/Feb/2024 08:15AM  
Collected : 10/Feb/2024 08:17AM  
Received : 10/Feb/2024 08:44AM  
Reported : 10/Feb/2024 09:49AM

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

**CUE (COMPLETE URINE EXAMINATION)**

Sample Type : SPOT URINE

**PHYSICAL EXAMINATION**

|                  |             |    |               |                  |
|------------------|-------------|----|---------------|------------------|
| TOTAL VOLUME     | 25 ML       | ml |               |                  |
| COLOUR           | PALE YELLOW |    |               |                  |
| APPEARANCE       | CLEAR       |    |               |                  |
| SPECIFIC GRAVITY | 1.020       |    | 1.003 - 1.035 | Bromothymol Blue |

**CHEMICAL EXAMINATION**

|                   |          |       |           |                               |
|-------------------|----------|-------|-----------|-------------------------------|
| pH                | 5.5      |       | 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         | NEGATIVE |       | Negative  | Azocoupling reaction          |
| NITRITE           | NEGATIVE |       | NEGATIVE  | Diazotization Reaction        |

**MICROSCOPIC EXAMINATION**

|                  |     |           |        |  |
|------------------|-----|-----------|--------|--|
| PUS CELLS        | 1-2 | cells/HPF | 0-5    |  |
| EPITHELIAL CELLS | 3-4 | /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 |           |        |  |

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

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