

Visit ID	: YOD651237	UHID/MR No	: YOD.0000628364
Patient Name	: Mr. SRIDHAR ADAPALLY	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 10965341
DOB	:	Registration	: 09/Mar/2024 09:36AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 09:36AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 12:19PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

**Clinical Details :** General check-up.

**LIVER:** Normal in size (145mm) with **increased echo-texture**. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

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

**PANCREAS :** Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

**SPLEEN :** Normal in size (99mm) and echotexture. No focal lesion is seen.

**RIGHT KIDNEY :** measures 106x47mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**LEFT KIDNEY :** measures 106x47mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

**PROSTATE :** Normal in size (vol: 16cc) and echo-texture.

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

No free fluid is seen in peritoneal cavity.

**IMPRESSION:**

- **Grade - I fatty liver.**
- **No other significant sonological abnormality detected.**

Verified By :  
Syed Hyder Ali



Approved By :

  
Dr. S. SHRAVAN KUMAR  
(DNB)  
CONSULTANT RADIOLOGIST

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**DEPARTMENT OF RADIOLOGY****CHEST X-RAY (PA VIEW)****FINDINGS:**

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

***Mild bone widening with altered density seen in lateral aspect of left atrium - ? due to previous injury / ? paget's.***

**IMPRESSION:**

- No significant lung abnormality detected.

Suggested clinical correlation and follow up

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(DNB)  
CONSULTANT RADIOLOGIST

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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 09/Mar/2024 10:38AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Mar/2024 11:09AM
<b>Hospital Name</b> :	

**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	3	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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**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Mar/2024 02:25PM
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**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	O			
Rh Typing	NEGATIVE			

**Method : Hemagglutination Tube method by forward and reverse grouping**

**COMMENTS:**

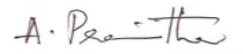
The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

**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)	15.5	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.06	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.2	%	40.0 - 50.0	RBC pulse height detection
MCV	91.2	fL	83 - 101	Automated/Calculated
MCH	30.6	pg	27 - 32	Automated/Calculated
MCHC	33.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.6	%	11.0-16.0	Automated Calculated
RDW - SD	45.5	fl	35.0-56.0	Calculated
MPV	<b>11.7</b>	fL	6.5 - 10.0	Calculated
PDW	16.8	fL	8.30-25.00	Calculated
PCT	0.178	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,900	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	69.9	%	40 - 80	Impedance
LYMPHOCYTE	21.5	%	20 - 40	Impedance
EOSINOPHIL	1	%	01 - 06	Impedance
MONOCYTE	7.4	%	02 - 10	Impedance
BASOPHIL	0.2	%	0 - 1	Impedance
PLATELET COUNT	1.50	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	1.28	ng/ml	0.60 - 1.78	CLIA
T4	8.88	ug/dl	4.82-15.65	CLIA
TSH	1.87	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

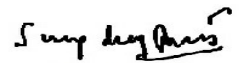
(References range recommended by the American Thyroid Association)

**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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 Syed Hyder Ali


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 SURYADEEP PRATAP  
 Senior Biochemist



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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.98	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	<b>0.21</b>	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.77	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	58	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.5	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.68			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	159	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	55	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	79.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	122	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	24.4	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	2.89		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.22</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	104	mg/dl	< 130	Calculated

**Interpretation**

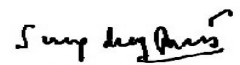
NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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, 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.
  - 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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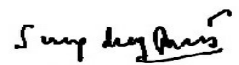
**PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**

<b>Sample Type : SERUM</b>				
PROSTATE SPECIFIC ANTIGEN	0.50	ng/mL	< 4.0	CLIA

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

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	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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Approved By :

*Suryadeep Pratap*  
 SURYADEEP PRATAP  
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**BLOOD UREA NITROGEN (BUN)**

<b>Sample Type : Serum</b>				
SERUM UREA	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	mg/dl	5 - 25	GLDH-UV

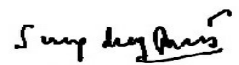
**Increased In:**  
 Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

**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.

 Verified By :  
 Syed Hyder Ali


Approved By :

  
 SURYADEEP PRATAP  
 Senior Biochemist

<b>Visit ID</b> : YOD651237	<b>UHID/MR No</b> : YOD.0000628364
<b>Patient Name</b> : Mr. SRIDHAR ADAPALLY	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 43 Y 0 M 0 D /M	<b>Barcode No</b> : 10965341
<b>DOB</b> :	<b>Registration</b> : 09/Mar/2024 09:36AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 09/Mar/2024 09:43AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 09/Mar/2024 10:33AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Mar/2024 11:31AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**FBS (GLUCOSE FASTING)**
**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	<b>114</b>	mg/dl	70 - 100	HEXOKINASE
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**INTERPRETATION:**
**Increased In**

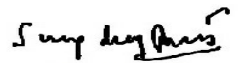
- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

**Decreased In**

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

 Verified By :  
 Syed Hyder Ali


Approved By :

  
 SURYADEEP PRATAP  
 Senior Biochemist



<b>Visit ID</b> : YOD651237	<b>UHID/MR No</b> : YOD.0000628364
<b>Patient Name</b> : Mr. SRIDHAR ADAPALLY	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 43 Y 0 M 0 D /M	<b>Barcode No</b> : 10965341
<b>DOB</b> :	<b>Registration</b> : 09/Mar/2024 09:36AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 09/Mar/2024 12:26PM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 09/Mar/2024 12:30PM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Mar/2024 01:58PM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**PPBS (POST PRANDIAL GLUCOSE)**
**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	125	mg/dl	<140	HEXOKINASE
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**INTERPRETATION:**
**Increased In**

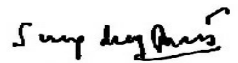
- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

**Decreased In**

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

 Verified By :  
 Syed Hyder Ali


Approved By :

  
 SURYADEEP PRATAP  
 Senior Biochemist

<b>Visit ID</b>	: YOD651237	<b>UHID/MR No</b>	: YOD.0000628364
<b>Patient Name</b>	: Mr. SRIDHAR ADAPALLY	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 43 Y 0 M 0 D /M	<b>Barcode No</b>	: 10965341
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 09/Mar/2024 10:33AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 09/Mar/2024 12:55PM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	0.96	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).

Verified By :  
Syed Hyder Ali



Approved By :

*Suryadeep Pratap*  
**SURYADEEP PRATAP**  
 Senior Biochemist

<b>Visit ID</b>	: YOD651237	<b>UHID/MR No</b>	: YOD.0000628364
<b>Patient Name</b>	: Mr. SRIDHAR ADAPALLY	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 43 Y 0 M 0 D /M	<b>Barcode No</b>	: 10965341
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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 09/Mar/2024 12:55PM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
GGT	<b>176</b>	U/L	0 - 55.0	KINETIC-IFCC

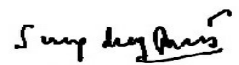
**INTERPRETATION:**

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.

Verified By :  
Syed Hyder Ali



Approved By :

  
**SURYADEEP PRATAP**  
 Senior Biochemist

<b>Visit ID</b> : YOD651237	<b>UHID/MR No</b> : YOD.0000628364
<b>Patient Name</b> : Mr. SRIDHAR ADAPALLY	<b>Client Code</b> : YOD-DL-0021
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<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**URIC ACID -SERUM**

<b>Sample Type : SERUM</b>				
SERUM URIC ACID	<b>11.8</b>	mg/dl	3.5 - 7.20	URICASE - PAP

**Interpretation**

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

 Verified By :  
 Syed Hyder Ali


Approved By :

  
 SURYADEEP PRATAP  
 Senior Biochemist

<b>Visit ID</b>	: YOD651237	UHID/MR No	: YOD.0000628364
<b>Patient Name</b>	: Mr. SRIDHAR ADAPALLY	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 10965341
DOB	:	Registration	: 09/Mar/2024 09:36AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 09:43AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 12:55PM
Hospital Name	:		

**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)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.96	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	11.67	Ratio	6 - 25	Calculated

Verified By :  
Syed Hyder Ali



Approved By :

*Suryadeep Pratap*  
 SURYADEEP PRATAP  
 Senior Biochemist

Visit ID	: YOD651237	UHID/MR No	: YOD.0000628364
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Ref Doctor	: SELF	Collected	: 09/Mar/2024 09:36AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 12:29PM
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 : 3.7 cms  
LEFT VENTRICLE :  
EDD : 4.2 cm IVS(d) : 1.2 cm LVEF : 65 %  
ESD : 2.7 cm PW (d) : 1.2 cm FS : 33 %  
No RWMA

IAS : Intact  
IVS : Intact  
AORTA : 3.3cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal

Verified By :  
Syed Hyder Ali



Approved By :

  
Dr. D. Madhav Kumar  
PGDDRM (U.K.)  
MBBS, PGDCC (Dip. Cardiology)  
Cardiologist



Visit ID	: YOD651237	UHID/MR No	: YOD.0000628364
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Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

**DOPPLER STUDY :**

MITRAL FLOW : E 0.8 m/sec, A 0.4 m/sec.

AORTIC FLOW : 0.9m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : NORMAL

**COLOUR FLOW MAPPING: NO MR / TR****IMPRESSION :**

- \* MILD CONCENTRIC LVH+
- \* NO RWMA OF LV
- \* NORMAL LV SYSTOLIC FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR / TR
- \* NO PE / CLOT / PAH

Verified By :  
Syed Hyder Ali

Approved By :

  
Dr. D. Madhav Kumar  
PGDDRM (U.K.)  
MBBS, PGDCC (Dip. Cardiology)  
Cardiologist

<b>Visit ID</b>	: YOD651237	UHID/MR No	: YOD.0000628364
<b>Patient Name</b>	: Mr. SRIDHAR ADAPALLY	Client Code	: YOD-DL-0021
Age/Gender	: 43 Y 0 M 0 D /M	Barcode No	: 10965341
DOB	:	Registration	: 09/Mar/2024 09:36AM
Ref Doctor	: SELF	Collected	: 09/Mar/2024 09:43AM
Client Name	: MEDI WHEELS	Received	: 09/Mar/2024 10:46AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 11:47AM
Hospital Name	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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 Verified By :  
 Syed Hyder Ali


Approved By :


**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

<b>Visit ID</b>	: YOD651237	<b>UHID/MR No</b>	: YOD.0000628364
<b>Patient Name</b>	: Mr. SRIDHAR ADAPALLY	<b>Client Code</b>	: YOD-DL-0021
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<b>Hospital Name</b>	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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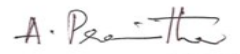
**CUE (COMPLETE URINE EXAMINATION)**

<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	20	ml		
COLOUR	Amber			
APPEARANCE	Clear			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
pH	5		4.6 - 8.0	Double Indicator
PROTEIN	Negative		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	Negative		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	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
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	Nil	Cells/HPF	Nil	
CRYSTALS	Nil	Nil	Nil	
CASTS	Nil	/HPF	Nil	
BUDDING YEAST	Nil		Nil	
BACTERIA	Nil		Nil	
OTHER	Nil			

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

 Verified By :  
 Syed Hyder Ali


Approved By :


**DR PRANITHA ANAPINDI**  
 MD , CONSULTANT PATHOLOGIST

<b>Visit ID</b>	: YOD651237	UHID/MR No	: YOD.0000628364
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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 MD , CONSULTANT PATHOLOGIST