

Ecu Number MC/22/001010 **Ecu.Date** 27/08/2022
Pat.Number 21051233 **PRAVEEN KUMAR VUYYALA** **Age** 34
Ctgry.Desc.
Height 176 Cm. **Weight** 92 Kg. **Ideal Weight** 70 Kg. **BMI** : 30 Kg / Mtr²
Past H/O FRACUTRE LEFT ARM.
Present H/O NO MEDICAL COMPLAINTS AT PRESENT.
Family H/O MOTHER : HYPERTENSIVE.
FATHER : DIABETES.
Habits NO HABITS.
Gen. Exam. G.C. FAIR **B.P** 120/70 mm Hg **Pulse** 90/MIN REG. **Other** SPO2 : 98 %
C.V.S. CLINICALLY NAD
R.S. CLINICALLY NAD
Abdomen : **Liver :** NP **Spleen :** NP
Skin NAD
C.N.S. NAD

OPHTHALMIC CHECK UP

| | RT | LT |
|-------------------------------|---------|---------|
| Ext-Exam | NORMAL | NORMAL |
| Vision Without Glasses | 6/6 N.5 | 6/6 N.5 |
| Vision With Glasses | N.A | N.A |
| Final Correction | N.A | N.A |
| Fundus | NORMAL | N.A |
| Colour Vision | NORMAL | |
| Advice | NIL | |

Dr. M L Verma

()



Patient Name : Mr. PRAVEEN KUMAR VUYVALA
 Gender / Age : Male / 34 Years 3 Months 20 Days
 MR No / Bill No. : 21051233 / 231028716
 Consultant : Dr. BAGH Doctor
 Location : OPD

Type : OPD
 Request No. : 66585
 Request Date : 27/08/2022 09:14 AM
 Collection Date : 27/08/2022 09:23 AM
 Approval Date : 27/08/2022 02:55 PM

CBC + ESR

| Test | Result | Units | Biological Ref. Range |
|--------------------------------------|-------------|----------|---|
| Haemoglobin. | | | |
| Haemoglobin | 16.6 | gm/dL | 13 - 17 |
| Red Blood Cell Count (T-RBC) | 5.57 | mill/cmm | 4.5 - 5.5 |
| Hematocrit (HCT) | 47.8 | % | 40 - 50 |
| Mean Corpuscular Volume (MCV) | 85.8 | fl | 83 - 101 |
| Mean Corpuscular Haemoglobin (MCH) | 29.8 | pg | 27 - 32 |
| MCH Concentration (MCHC) | 34.7 | % | 31.5 - 34.5 |
| Red Cell Distribution Width (RDW-CV) | 11.7 | % | 11.6 - 14 |
| Red Cell Distribution Width (RDW-SD) | 37.2 | fl | 39 - 46 |
| Total Leucocyte Count (TLC) | | | |
| Total Leucocyte Count (TLC) | 7.95 | thou/cmm | 4 - 10 |
| Differential Leucocyte Count | | | |
| Polymorphs | 54 | % | 40 - 80 |
| Lymphocytes | 39 | % | 20 - 40 |
| Eosinophils | 02 | % | 1 - 6 |
| Monocytes | 05 | % | 2 - 10 |
| Basophils | 00 | % | 0 - 2 |
| Polymorphs (Abs. Value) | 4.32 | thou/cmm | 2 - 7 |
| Lymphocytes (Abs. Value) | 3.12 | thou/cmm | 1 - 3 |
| Eosinophils (Abs. Value) | 0.12 | thou/cmm | 0.2 - 0.5 |
| Monocytes (Abs. Value) | 0.33 | thou/cmm | 0.2 - 1 |
| Basophils (Abs. Value) | 0.06 | thou/cmm | 0.02 - 0.1 |
| Immature Granulocytes | 0.3 | % | 1 - 3 : Borderline > 3 : Significant |
| Platelet Count | | | |
| Platelet Count | 301 | thou/cmm | 150 - 410 |
| Smear evaluation | Adequate | | |
| ESR | 22 | mm/1 hr | 0 - 10 |

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. PRAVEEN KUMAR VUYYALA
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CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Ves metic 20, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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Haematology

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|--------------------|---------------|--------------|------------------------------|
| <i>Blood Group</i> | | | |
| ABO system | O | | |
| Rh system. | Positive | | |

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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Fasting Plasma Glucose

| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Biological Ref. Range</u> |
|-----------------------------------|---------------|--------------|------------------------------|
| <i>Fasting Plasma Glucose</i> | | | |
| Fasting Plasma Glucose | 87 | mg/dL | 70 - 110 |
| Post Prandial 2 Hr.Plasma Glucose | 118 | mg/dL | 70 - 140 |

By Hexokinase method on RXL Dade Dimesion

---- End of Report ----



Dr. Sejal Odedra
M.D.Pathology

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Complete Lipid Profile

| Test | Result | Units | Biological Ref. Range |
|---|------------|-------|-----------------------|
| Complete Lipid Profile | | | |
| Appearance | Clear | | |
| Triglycerides (By Lipase / Glycerol dehydrogenase on RXL Dade Dimension < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High) | 143 | mg/dL | 1 - 150 |
| Total Cholesterol (By enzymatic colorimetric method on RXL Dade Dimension <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High) | 202 | mg/dL | 1 - 200 |
| HDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 40 Low > 60 High) | 51 | mg/dL | 40 - 60 |
| Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High) | 151 | mg/dL | 1 - 130 |
| LDL Cholesterol (By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High) | 117 | mg/dL | 1 - 100 |
| VLDL Cholesterol (calculated) | 28.6 | mg/dL | 12 - 30 |
| LDL Ch. / HDL Ch. Ratio | 2.29 | | 2.1 - 3.5 |
| T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :) | 3.96 | | 3.5 - 5 |

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



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Renal Function Test (RFT)

| Test | Result | Units | Biological Ref. Range |
|---|--------------|-------|-----------------------|
| Urea (By Urease Kinetic method on RXL Dade Dimension) | 20 | mg/dL | 10 - 45 |
| Creatinine (By Modified Kinetic Jaffe Technique) | 0.99 | mg/dL | 0.9 - 1.3 |
| Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique) | More than 60 | | |
| Uric acid (By Uricase / Catalase method on RXL Siemens) | <u>7.9</u> | mg/dL | 3.4 - 7.2 |

---- End of Report ----

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Liver Function Test (LFT)

| Test | Result | Units | Biological Ref. Range |
|--|-------------|-------|-----------------------|
| Bilirubin | | | |
| Bilirubin - Total | 1.01 | mg/dL | 0 - 1 |
| Bilirubin - Direct | 0.16 | mg/dL | 0 - 0.3 |
| Bilirubin - Indirect | 0.85 | mg/dL | 0 - 0.7 |
| <i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i> | | | |
| Aspartate Aminotransferase (SGOT/AST) | 22 | U/L | 15 - 40 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alanine Aminotransferase (SGPT/ALT) | 51 | U/L | 16 - 63 |
| <i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i> | | | |
| Alkaline Phosphatase | 51 | U/L | 53 - 128 |
| <i>(By PNPP AMP method on RXL Dade Dimension.)</i> | | | |
| Gamma Glutamyl Transferase (GGT) | 55 | U/L | 15 - 85 |
| <i>(By IFCC method on RXL Dade Dimension.)</i> | | | |
| Total Protein | | | |
| Total Proteins | 7.42 | gm/dL | 6.4 - 8.2 |
| Albumin | 4.36 | gm/dL | 3.4 - 5 |
| Globulin | 3.06 | gm/dL | 3 - 3.2 |
| A : G Ratio | 1.42 | | 1.1 - 1.6 |
| <i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i> | | | |

---- End of Report ----

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Thyroid Hormone Study

| Test | Result | Units | Biological Ref. Range |
|------|--------|-------|-----------------------|
|------|--------|-------|-----------------------|

| | | | |
|-----------------------|------|-------|--|
| Triiodothyronine (T3) | 1.35 | ng/ml | |
|-----------------------|------|-------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4
 1-11 months : 0.1 - 2.45
 1-5 years : 0.1 - 2.7
 6-10 years : 0.9 - 2.4
 11-15 years : 0.8 - 2.1
 16-20 years : 0.8 - 2.1
 Adults (20 - 50 years) : 0.7 - 2.0
 Adults (> 50 years) : 0.4 - 1.8
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

| | | | |
|----------------|-------|--------|--|
| Thyroxine (T4) | 10.35 | mcg/dL | |
|----------------|-------|--------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6
 1-2 weeks : 9.8 - 16.6
 1 - 4 months : 7.2 - 14.4
 4 - 12 months : 7.8 - 16.5
 1-5 years : 7.3 - 15.0
 5 - 10 years : 6.4 - 13.3
 10 - 20 years : 5.6 - 11.7
 Adults / male : 4.6 - 10.5
 Adults / female : 5.5 - 11.0
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

| | | | |
|--------------------------------------|------|------------|--|
| Thyroid Stimulating Hormone (US-TSH) | 2.35 | microIU/ml | |
|--------------------------------------|------|------------|--|

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39
 2-20 weeks : 1.7 - 9.1
 5 months - 20 years : 0.7 - 6.4
 Adults (21 - 54 years) : 0.4 - 4.2
 Adults (> 55 years) : 0.5 - 8.9
 Pregnancy :
 1st trimester : 0.3 - 4.5
 2nd trimester : 0.5 - 4.6
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition))

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path). DCP.



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HbA1c (Glycosylated Hb)

| Test | Result | Units | Biological Ref. Range |
|------------------------------------|--------|-------|-----------------------|
| <i>HbA1c (Glycosylated Hb)</i> | | | |
| Glycosylated Heamoglobin (HbA1c) | 5.3 | % | |
| estimated Average Glucose (e AG) * | 105.41 | mg/dL | |

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.*** Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.**Guidelines for Interpretation:**Indicated Glycemic control of previous 2-3 months*

| HbA1c% | e AG (mg/dl) | Glycemic control |
|--------|--------------|--|
| > 8 | > 183 | Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances |
| 7 - 8 | 154 - 183 | Good |
| < 7 | < 154 | Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area. |
| 6 - 7 | 126 - 154 | Near Normal |
| < 6 | < 126 | Nondiabetic level) |

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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Urine Routine

| Test | Result | Units | Biological Ref. Range |
|--|---------------|-------|-----------------------|
| Physical Examination | | | |
| Quantity | 30 | mL | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | |
| Chemical Examination (By Reagent strip method) | | | |
| pH | 6.0 | | |
| Specific Gravity | 1.015 | | |
| Protein | Negative | gm/dL | Negative |
| Glucose | Negative | mg/dL | Negative |
| Ketones | Negative | | Negative |
| Bilirubin | Negative | | Negative |
| Urobilinogen | Negative | | Negative (upto 1) |
| Blood | Negative | | Negative |
| Bile Salt | Absent | | Absent |
| Leucocytes | Negative | | Negative |
| Bile Pigments | Absent | | Absent |
| Nitrite | Negative | | Negative |
| Microscopic Examination (After Centrifugation at 2000 rpm for 10 min) | | | |
| Red Blood Cells | Nil | /hpf | 0 - 2 |
| Leucocytes | Present (0-2) | /hpf | 0 - 5 |
| Epithelial Cells | Present (0-2) | /hpf | 0 - 5 |
| Casts | Nil | /lpf | Nil |
| Crystals | Nil | | Nil |
| Mucus | Absent | | Absent |
| Organism | Absent | | |

---- End of Report ----

Dr. Sejal Odedra
M.D.Pathology



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- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 21051233 Report Date : 27/08/2022
 Request No. : 190032624 27/08/2022 9.14 AM
 Patient Name : **PRAVEEN KUMAR VUYYALA**
 Gender / Age : Male / 34 Years 3 Months 20 Days

X-Ray Chest AP

Right basal small opacification is seen ?Sequele of an infection; rest of lungs are clear.
 Both costophrenic sinuses appear clear.
 Heart size is normal.
 Hilar shadows show no obvious abnormality.
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
 Consultant Radiologist





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Patient No. : 21051233 Report Date : 27/08/2022
Request No. : 190032635 27/08/2022 9.14 AM
Patient Name : PRAVEEN KUMAR VUYVALA
Gender / Age : Male / 34 Years 3 Months 20 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and shows increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.
Gall bladder is partly distended and shows two GB calculi larger measures 17 mm. Common bile duct measures 4 mm in diameter.
Pancreas shows no obvious abnormality. Tail obscured.
Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

| | RIGHT | LEFT |
|----------------|--------------|-------------|
| Renal length : | 99 mm. | 113 mm. |
| A.P. : | 49 mm. | 56 mm. |

Prostate appears normal in size and volume is ~ 20 cc.
Urinary bladder is well distended and appears normal.
No ascites.

COMMENT:

Fatty Liver.
GB calculi.

Kindly correlate clinically

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD
Consultant Radiologist



Patient No. : 21051233 Report Date : 27/08/2022
Request No. : 190032634 27/08/2022 9.14 AM
Patient Name : PRAVEEN KUMAR VUYVALA
Gender / Age : Male / 34 Years 3 Months 20 Days

Echo Color Doppler

MITRAL VALVE : NORMAL, NO MS, NO MR
AORTIC VALVE : TRILEAFLET, NO AS, NO AR
TRICUSPID VALVE : NORMAL, NO TR, NO PAH
PULMONARY VALVE : NORMAL, NO PR, NO PS
LEFT ATRIUM : NORMAL SIZE
AORTA : NORMAL
LEFT VENTRICLE : NORMAL LVEF -65 %, NO RWMA AT REST
RIGHT ATRIUM : NORMAL SIZE
RIGHT VENTRICLE : NORMAL SIZE
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NO EFFUSION
COLOUR/DOPPLER FLOW MAPPING : NO AR, MR, TR NO PAH

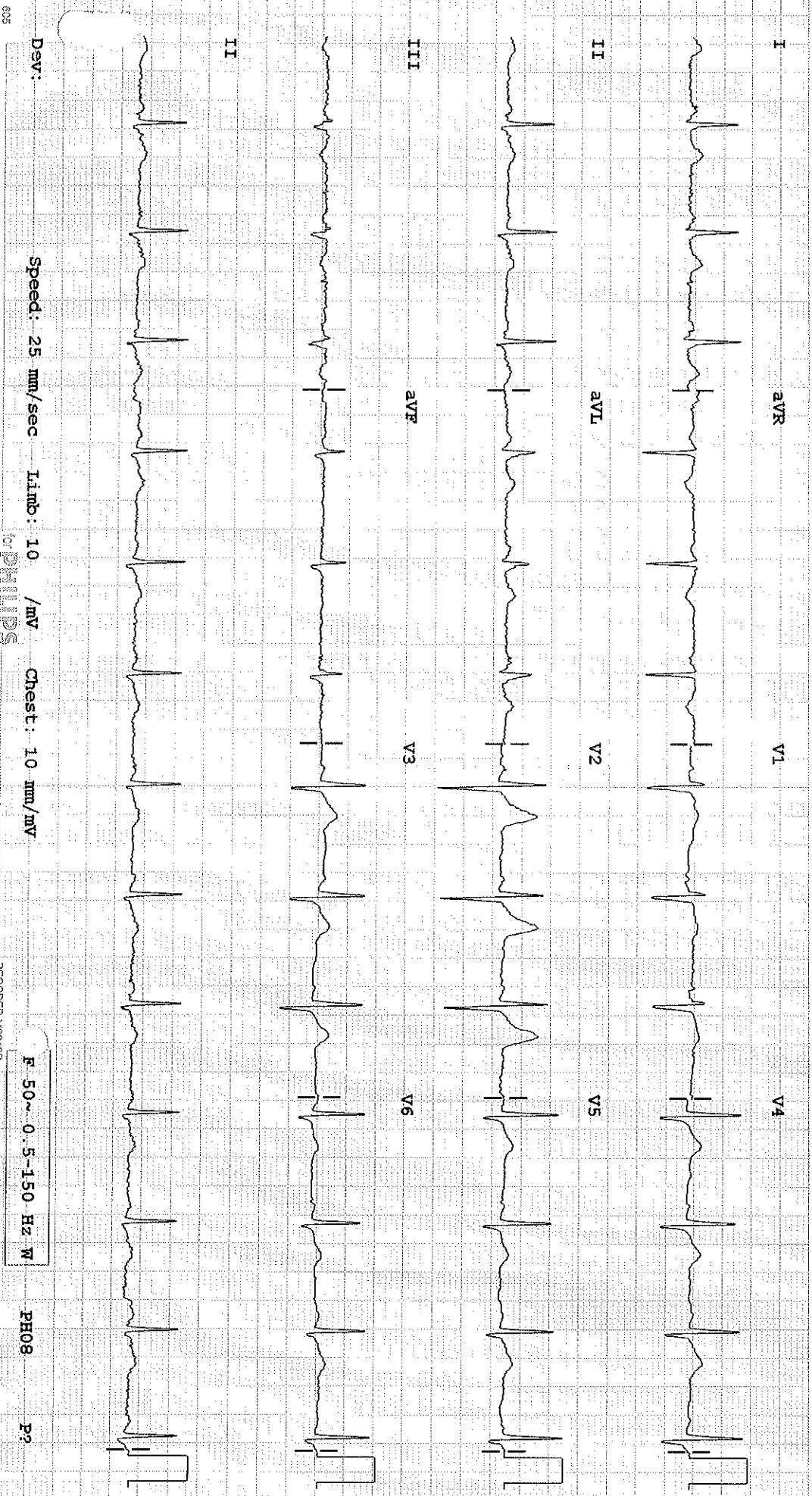
FINAL CONCLUSION:

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF - 65 %
3. NO RESTING RWMA
4. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
5. NORMAL RIGHT HEART SIZE AND RV PRESSURE
6. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

DR. KILLOL KANERIA MD,DM
INTERVENTIONAL CARDIOLOGIST

Doctor DR. M MITTAL

Rate 82
PR
QRSD 89
QT 356
QTc 416
--AXIS--
P
QRS 15
T 7



Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



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Dental assessment form

27/08/2022

Name: Praveen Kumar Vuyyala

Age/ Sex: 34 years/Male

Patient has come for an oral hygiene check up

On Examination:

- Stains+ Calculus+
- History of horizontal brushing
- Mild attrition, recession
- Fractured restoration with respect to 27

Provisional diagnosis:

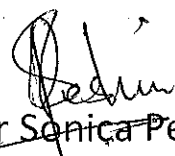
- Dentinal caries with respect to 27

Treatment plan:

- Re-restoration of 27

Advised:

- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.


Dr Sonica Peshin

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