Visit ID	**: YOD599152**	UHID/MR No	: YOD.0000578148
Patient Name	**: Mrs. KONGE DIVYA**	Client Code	: YOD-DL-0021
Age/Gender	: 34 Y 0 M 0 D /F	Barcode No	: 10881681
DOB	:	Registration	: 13/Jan/2024 09:44AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 09:56AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 10:20AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 11:32AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	**23**	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 :
Mamatha

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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. Advsied cross matching before transfusion

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MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.0	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.08	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	36.0	%	36.0 - 46.0	RBC pulse height detection
MCV	88.2	fL	83 - 101	Automated/Calculated
MCH	29.4	pg	27 - 32	Automated/Calculated
MCHC	33.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.4	%	11.0-16.0	Automated Calculated
RDW - SD	40.9	fl	35.0-56.0	Calculated
MPV	9.2	fL	6.5 - 10.0	Calculated
PDW	9.6	fL	8.30-25.00	Calculated
PCT	0.28	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,370	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	58.3	%	40 - 80	Impedance
LYMPHOCYTE	31.4	%	20 - 40	Impedance
EOSINOPHIL	2.9	%	01 - 06	Impedance
MONOCYTE	6.9	%	02 - 10	Impedance
BASOPHIL	0.5	%	0 - 1	Impedance
PLATELET COUNT	3.02	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.38	ng/ml	0.60 - 1.78	CLIA
T4	11.02	ug/dl	4.82-15.65	CLIA
TSH	3.16	ulU/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 propanolol 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 ulU/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 :
Mamatha

Approved By :
SURYADEEP PRATAP
Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.57	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.46	mg/dl		Calculated
AST (S.G.O.T)	20	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	17	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	64	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.40			Calculated

Verified By :
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	167	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	108.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	93	mg/dl	See Table	GPO
VLDL	18.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.18		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**2.33**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	127	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRIGLYCERIDE	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	5.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	108	mg/dl		

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions,targeting a goal of < 7.0 % may not be appropriate.
HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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.

Verified By :
Mamatha

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SURYADEEP PRATAP
Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	84	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	0.63	mg/dl	0.60 - 1.1	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).

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
Sample Type : SERUM				
SERUM URIC ACID	4.5	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN/CREATININE RATIO				
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.63	mg/dl	0.60 - 1.1	KINETIC-JAFFE
BUN/CREATININE RATIO	10.30	Ratio	6 - 25	Calculated

Verified By :
Mamatha

Approved By :

SURYADEEP PRATAP
Senior Biochemist

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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 : 3.0 cms

LEFT VENTRICLE :

EDD : 4.3 cm IVS(d) :0.9 cm LVEF :66 %
ESD : 2.7 cm PW (d) :0.9 cm FS :33 %
No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.2cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

Verified By :
Mamatha

Approved By :

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

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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.9 m/sec, A 1.0 m/sec.

AORTIC FLOW : 1.2m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : TRJV :2.3 m/sec, RVSP 27 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :

* NO RWMA OF LV
* NORMAL LV SYSTOLIC FUNCTION
* GRADE I LV DIASTOLIC DYSFUNCTION
* TRIVIAL TR
* NO PE / CLOT / PAH

Verified By :
Mamatha

Approved By :

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

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Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 01:56PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 02:15PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	HAZY			
SPECIFIC GRAVITY	1.002		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	0.1	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	POSITIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	POSITIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	12-15	cells/HPF	0-5	
EPITHELIAL CELLS	6-7	/hpf	0 - 15	
RBCs	1-2	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

Verified By :
Mamatha

Approved By :

DR PRANITHA ANAPINDI
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Ref Doctor	: SELF	Collected	: 13/Jan/2024 09:56AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 01:56PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 02:15PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method

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

Verified By :
Mamatha

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

YODA DIAGNOSTICS

EYE GLASS PRESCRIPTION

Name : Mr. Bandaru Balasai Krishna

Age : 32 Employee ID: 599049

Gender : M Date: 13/01/24

Vn (unaided) PGP		
	6/9	6/12

Distance

	SPH	CYL	AXIS	BCVA
OD	0.50	—	—	6/6
OS	0.75	—	—	6/6

Add		
	N	6

@ 38 cms

LENS TYPE

- ☑ Single Vision Distance
- ☐ Single Vision Near
- ☐ Bifocal
- ☐ Progressive
- ☐ UV-Coating

Remarks: CV - Normal

Yoda Lifeline Diagnostics Pvt. Ltd. Hyd.

Signature

040-35353535 www.yodadiagnostics.com helpdesk@yodalifeline.in
Door No 6-3-862/A, Lal Bungalow add-on, Ameerpet, Hyderabad, 500 016.
Our Branches at: KPHB PHASE III I MADINAGUDA I VIZAG

yoda DIAGNOSTICS

Mr. Bandari Balasai Krishna

13/01/2024

32/M

599049

Has came for general eye excn

No H/O DM and HTN

H/O PAP not brought

slit lamp excn

∴ O/D Lids ⇒ Normal

∴ O/S Lids ⇒ Normal

∴ CM ⇒ Normal

Yoda Diagnostics Pvt.ltd. * Hyd. * Yoda Lifeline

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. BANDARI BALASAI KRISHNA	Visit ID	YOD599049	Registration Date	13-01-2024 08:13 AM
Age / Gender	32/MALE	UHID	YOD.0000578057	Collection Date	01-01-0001 12:00 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10881544	Sample Type		Reported Date	13-01-2024 09:38 AM

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (123mm) and 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 (86mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 82x34mm. 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 95x48mm. 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 and echo-texture, volume : 14cc.

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

No free fluid is seen in peritoneal cavity.

Anterior abdominal wall defects measuring 18x13mm & 10x9mm noted just towards right of umbilicus and supra-umbilical regions respectively. Omentum herniating through the defects.

IMPRESSION:

- **Paraumbilical hernias.**
- **No other significant sonological abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up

Approved by

S. SHRAVAN KUMAR (DNB)
CONSULTANT RADIOLOGIST

yoda DIAGNOSTICS

DEPARTMENT OF RADIOLOGY

Patient Name	Mr. BANDARI BALASAI KRISHNA	Visit ID	YOD599049	Registration Date	13-01-2024 08:13 AM
Age / Gender	32/MALE	UHID	YOD.0000578057	Collection Date	01-01-0001 12:00 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10881544	Sample Type		Reported Date	13-01-2024 09:25 AM

X-RAY CHEST 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.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up

Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT RADIOLOGIST