

678860  
39 Years

MRS RATNASANTHI JAKKAMPUDI  
Female

10-Apr-24 9:32:19 AM

YODA LIFELINE DIAGNOSTICS

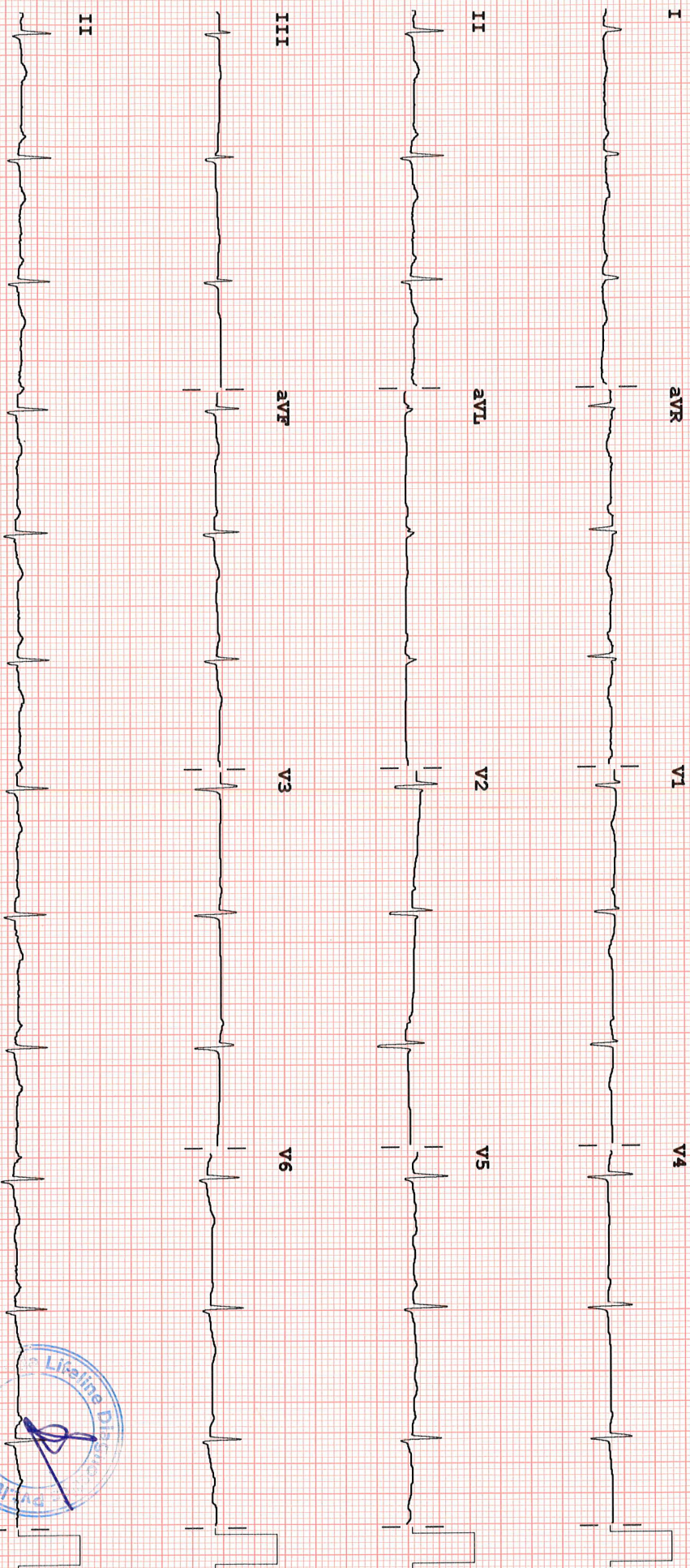
Rate 71 . Sinus rhythm.....normal P axis, V-rate 50- 99  
Low voltage, precordial leads.....Precordial leads <1.0mV  
PR 163 . RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2  
QRSD 81 . Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4  
QT 360  
QTc 392

--AXIS--  
P 39  
QRS 19  
T 42

- BORDERLINE ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

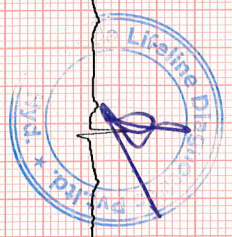
Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?



<b>Visit ID</b>	: YOD678860	UHID/MR No	: YOD.0000654716
<b>Patient Name</b>	: Mrs. RATNASANTHI JAKKAMPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 11009931
DOB	:	Registration	: 10/Apr/2024 08:40AM
Ref Doctor	: SELF	Collected	: 10/Apr/2024 08:48AM
Client Name	: MEDI WHEELS	Received	: 10/Apr/2024 09:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Apr/2024 11:24AM
Hospital Name	:		

**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	15	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.

Verified By :

Anil Kumar Gourineni



Approved By :

  
**DR. ABDUL ALEEM MOHAMMED**  
 MD, DNB (PATHOLOGY)  
 Fellowship in Cytogenetics (USA)

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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	O			
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)	13.9	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>5.02</b>	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	42.7	%	36.0 - 46.0	RBC pulse height detection
MCV	85.1	fL	83 - 101	Automated/Calculated
MCH	27.8	pg	27 - 32	Automated/Calculated
MCHC	32.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.8	%	11.0-16.0	Automated Calculated
RDW - SD	41.6	fl	35.0-56.0	Calculated
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	16.2	fL	8.30-25.00	Calculated
PCT	0.238	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,860	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	58.8	%	40 - 80	Impedance
LYMPHOCYTE	35	%	20 - 40	Impedance
EOSINOPHIL	1.4	%	01 - 06	Impedance
MONOCYTE	4.4	%	02 - 10	Impedance
BASOPHIL	0.4	%	0 - 1	Impedance
PLATELET COUNT	2.64	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	1.11	ng/ml	0.60 - 1.78	CLIA
T4	12.35	ug/dl	4.82-15.65	CLIA
TSH	3.16	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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*Suryadeep Pratap*  
**SURYADEEP PRATAP**  
 Senior Biochemist

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Client Name : MEDI WHEELS	Received : 10/Apr/2024 09:13AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 10/Apr/2024 10:45AM
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**LIVER FUNCTION TEST(LFT)**

**Sample Type : SERUM**

TOTAL BILIRUBIN	0.51	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.41	mg/dl		Calculated
AST (S.G.O.T)	25	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	75	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.32			Calculated

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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	131	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	33	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	84	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	70	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	14.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.97		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>2.12</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	98	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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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	4.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	94	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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**Dr. S.K. DEEPTHI**  
 FFM, FDM  
 MD BIOCHEMISTRY

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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	92	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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Client Name	: MEDI WHEELS	Received	: 10/Apr/2024 12:47PM
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 10/Apr/2024 01:08PM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	97	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
- Extrapaneatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	0.78	mg/dl	0.60 - 1.10	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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**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	19	U/L	0 - 55.0	KINETIC-IFCC
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**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 :  
Anil Kumar Gourineni



Approved By :

*Suryadeep Pratap*  
SURYADEEP PRATAP  
Senior Biochemist

<b>Visit ID</b> : YOD678860	<b>UHID/MR No</b> : YOD.0000654716
<b>Patient Name</b> : Mrs. RATNASANTHI JAKKAMPUDI	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 39 Y 0 M 0 D /F	<b>Barcode No</b> : 11009931
<b>DOB</b> :	<b>Registration</b> : 10/Apr/2024 08:40AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 10/Apr/2024 08:48AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 10/Apr/2024 09:13AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 10/Apr/2024 10:45AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	5.6	mg/dl	2.6 - 6.0	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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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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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	0.78	mg/dl	0.60 - 1.10	KINETIC-JAFFE
BUN/CREATININE RATIO	8.38	Ratio	6 - 25	Calculated

Verified By :  
Anil Kumar Gourineni



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 : 3.2 cms  
LEFT VENTRICLE :  
EDD : 4.0 cm IVS(d) : 0.9 cm LVEF : 67 %  
ESD : 2.6 cm PW (d) : 0.9 cm FS : 33 %  
No RWMA

IAS : Intact  
IVS : Intact  
AORTA : 2.9 cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal

Verified By :  
Anil Kumar Gourineni



Approved By :

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

Visit ID	: YOD678860	UHID/MR No	: YOD.0000654716
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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E:0.8 m/sec, A :0.6 m/sec.

AORTIC FLOW : 1.0 m/sec

PULMONARY FLOW : 0.8 m/sec

TRICUSPID FLOW : TRJV :1.6 m/sec, RVSP:23 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR


IMPRESSION :

- \* NO RWMA OF LV
- \* NORMAL LV SYSTOLIC FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* TRIVIAL TR (RVSP:23mmHg)
- \* NO PE / CLOT / PAH

Verified By :  
Anil Kumar Gourineni



Approved By :

  
Dr. D. Madhav Kumar  
PGDDRM (U.K.)  
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**DEPARTMENT OF CLINICAL PATHOLOGY**


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

Anil Kumar Gourineni



Approved By :

  
**DR. ABDUL ALEEM MOHAMMED**  
 MD, DNB (PATHOLOGY)  
 Fellowship in Cytogenetics (USA)

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**DEPARTMENT OF CLINICAL PATHOLOGY**

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**CUE (COMPLETE URINE EXAMINATION)**


<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	20	ml		
COLOUR	Pale yellow			
APPEARANCE	Clear			
SPECIFIC GRAVITY	1.017		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	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/hpf	0 - 5	
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 :  
Anil Kumar Gourineni



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 Fellowship in Cytogenetics (USA)

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**DEPARTMENT OF CLINICAL PATHOLOGY**


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