



M RAMA RAO 55Y MALE YGT69222 CHEST PA 27-Apr-24

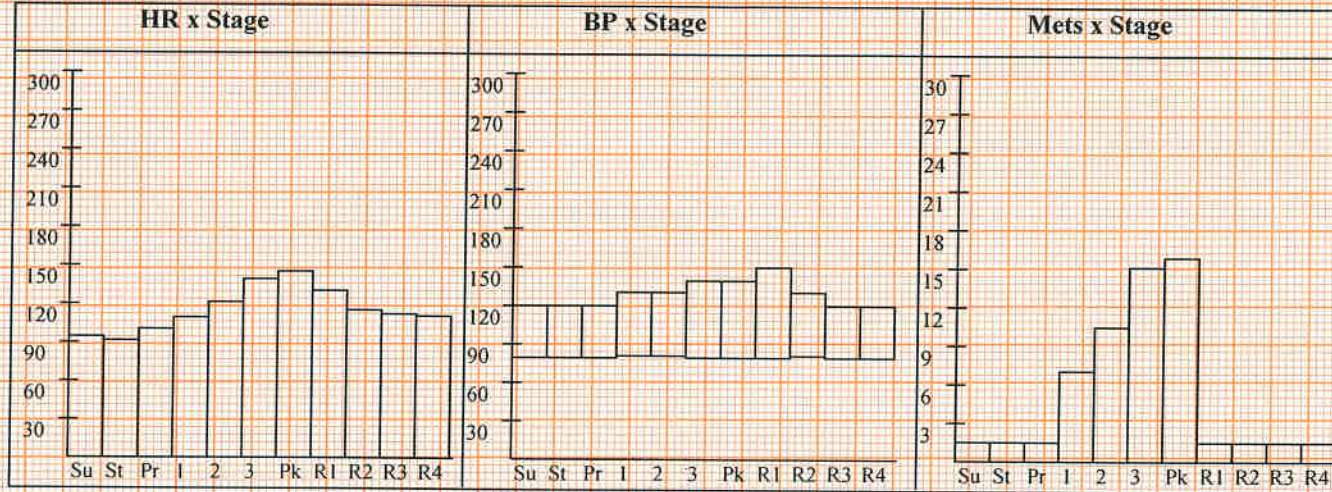
YODA DIAGNOSTICS

YODA DIAGNOSTICS CENTRE GUNTUR

Name: RAMARAO M

Date: 27-04-2024

Time: 10:26



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:09:28 achieving a work level of 10.6 METS.
- Resting Heart Rate, initially 95 bpm rose to a max. heart rate of 145bpm (85% of Predicted Maximum Heart Rate).
- Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
- * Good Exercise Tolerance
- * Test is Negative for Exercise Induced Ischemia.

Dr. B. NAGARAJU
 Regd.No: 70760 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

Ref. Doctor: SELF

Doctor: DR.B NAGARAJU

Schiller Cardiovit CS-10 Version:3.5

(Summary Report edited by User)

YODA DIAGNOSTICS CENTRE GUNTUR

Name: RAMARAO M **Date: 27-04-2024** **Time: 10:26**
Age: 55 **Gender: M** **Height: 155 cms** **Weight: 70 Kg** **ID: 69222**
Clinical History: NO
Medications: NO

Test Details:

Protocol: Bruce **Predicted Max HR: 171** **Target HR: 145 (85% of Pr. MHR)**
Exercise Time: 0:09:28 **Achieved Max HR: 145 (85% of Pr. MHR)**
Max BP: 150/80 **Max BP x HR: 21750** **Max Mets: 10.6**
Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:14	1	0	0	95	120/80	11400	2.2 V3	1.1 V3
Standing	00:09	1	0	0	92	120/80	11040	2.1 V3	0.9 V3
PreTest	00:20	1	1.6	0	100	120/80	12000	2 V3	1 V3
Stage: 1	03:00	4.7	2.7	10	109	130/80	14170	2 V3	1.1 II
Stage: 2	03:00	7	4	12	121	130/80	15730	1.6 V3	1.4 V4
Stage: 3	03:00	10.1	5.5	14	140	140/80	19600	1.6 V3	1.5 V3
Peak Exercise	00:28	10.6	6.8	16	145	140/80	20300	1.6 V3	2 V4
Recovery1	01:00	1	0	0	130	150/80	19500	2 V3	1.9 V3
Recovery2	01:00	1	0	0	115	130/80	14950	1.4 V3	1.5 V4
Recovery3	01:00	1	0	0	113	120/80	13560	0.5 V3	0.7 V3
Recovery4	00:26	1	0	0	111	120/80	13320	0.8 V3	0.8 V4

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:00:00

Stage Time: 00:14

HR: 95 bpm

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 145 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

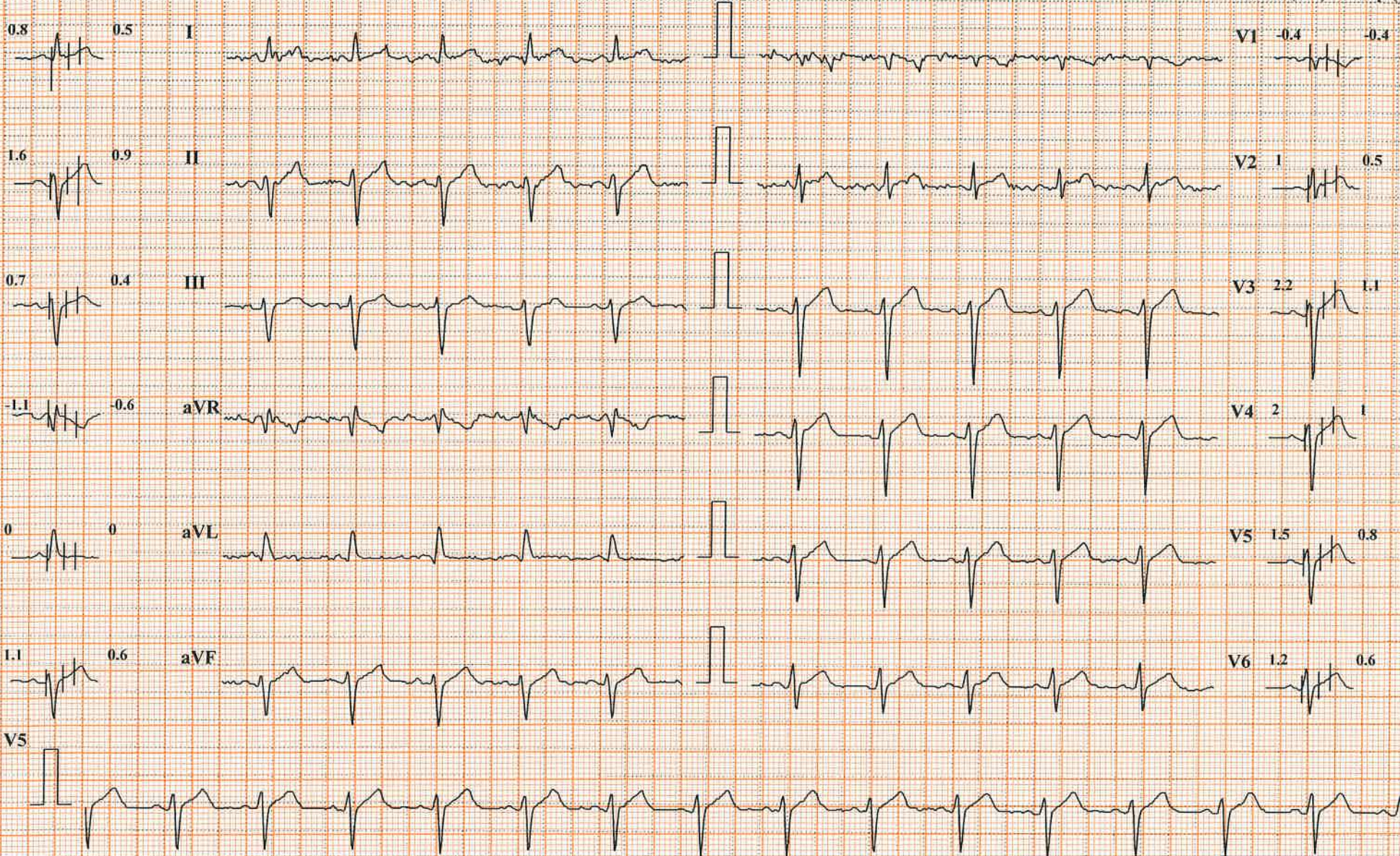


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms. J = R + 60 ms. Post J = J + 80 ms

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YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:00:00

Stage Time: 00:09

HR: 92 bpm

Stage: Standing

Speed: 0

Slope: 0 %

THR: 145 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

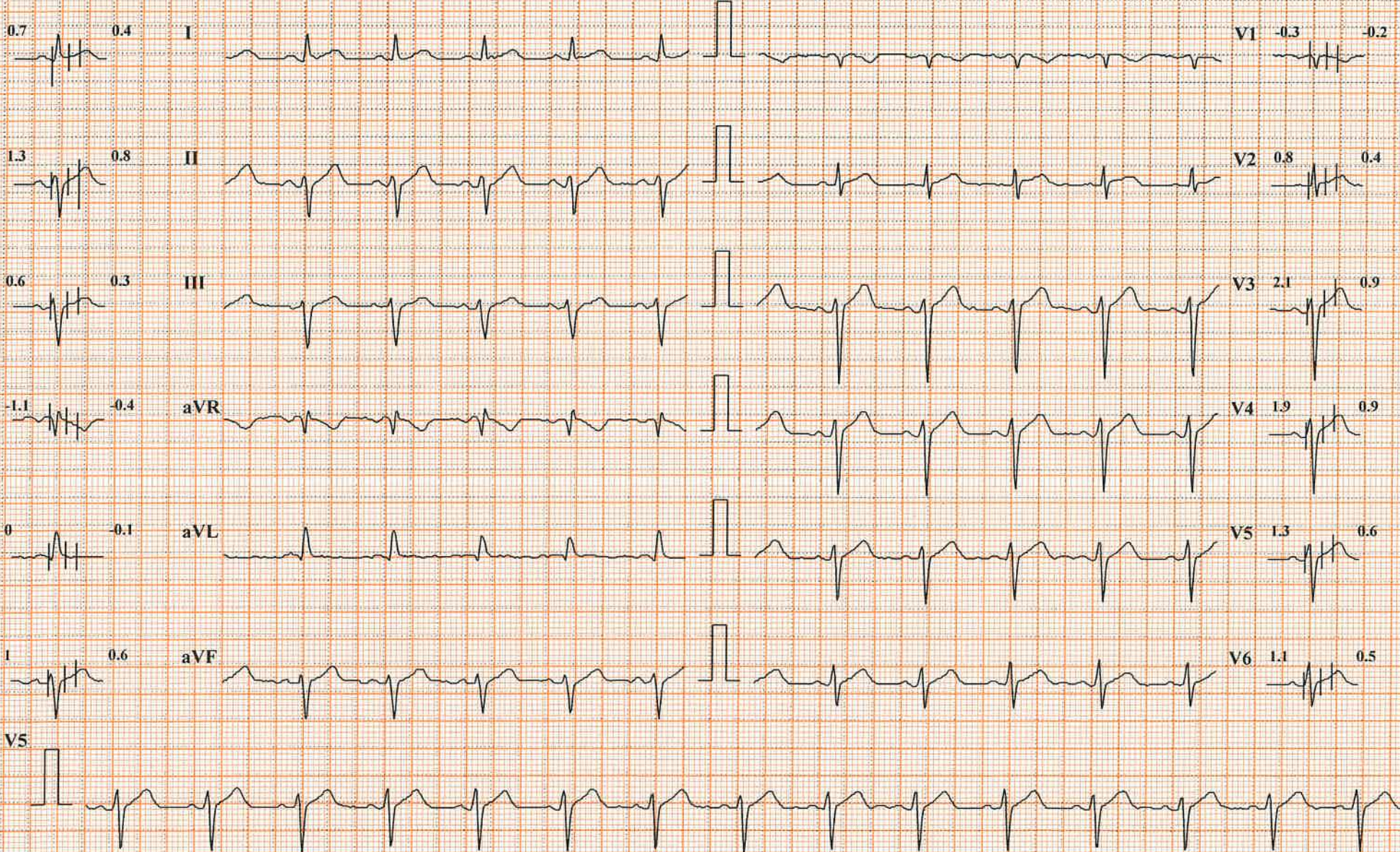


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 109 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)

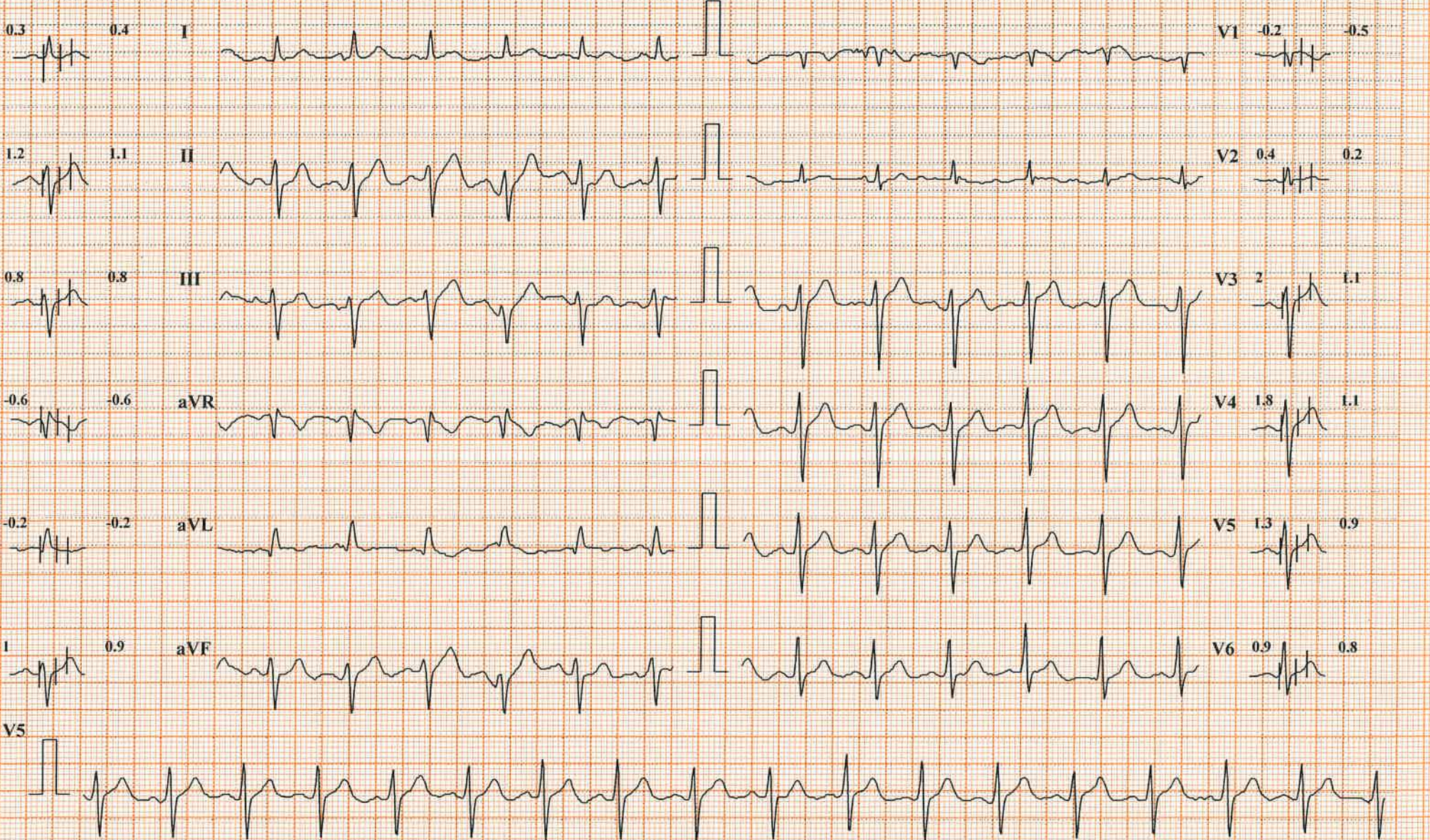


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 121 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 145 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

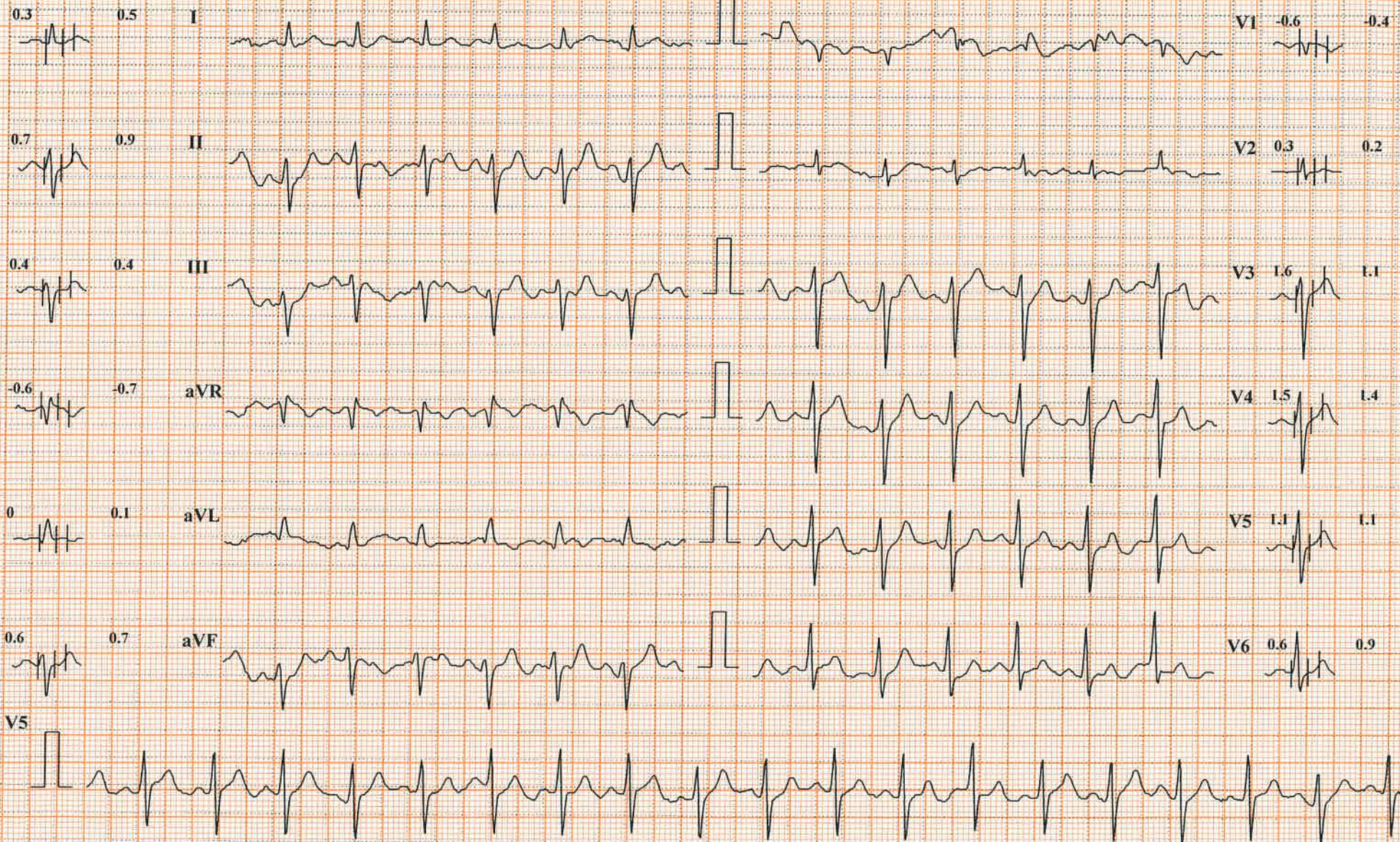


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:09:00

Stage Time: 03:00

HR: 140 bpm

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 145 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.2 0.5

I

V1 -0.1 -0.3

0.7 1.1

II

V2 0.1 0.4

0.5 0.6

III

V3 1.6 1.5

0.4 -0.7

aVR

V4 1.2 1.5

0.2 -0.1

aVL

V5 0.7 1.4

0.5 0.9

aVF

V6 0.2 1.1

V5

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 0:09:28

Stage Time: 00:28

HR: 145 bpm

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 145 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

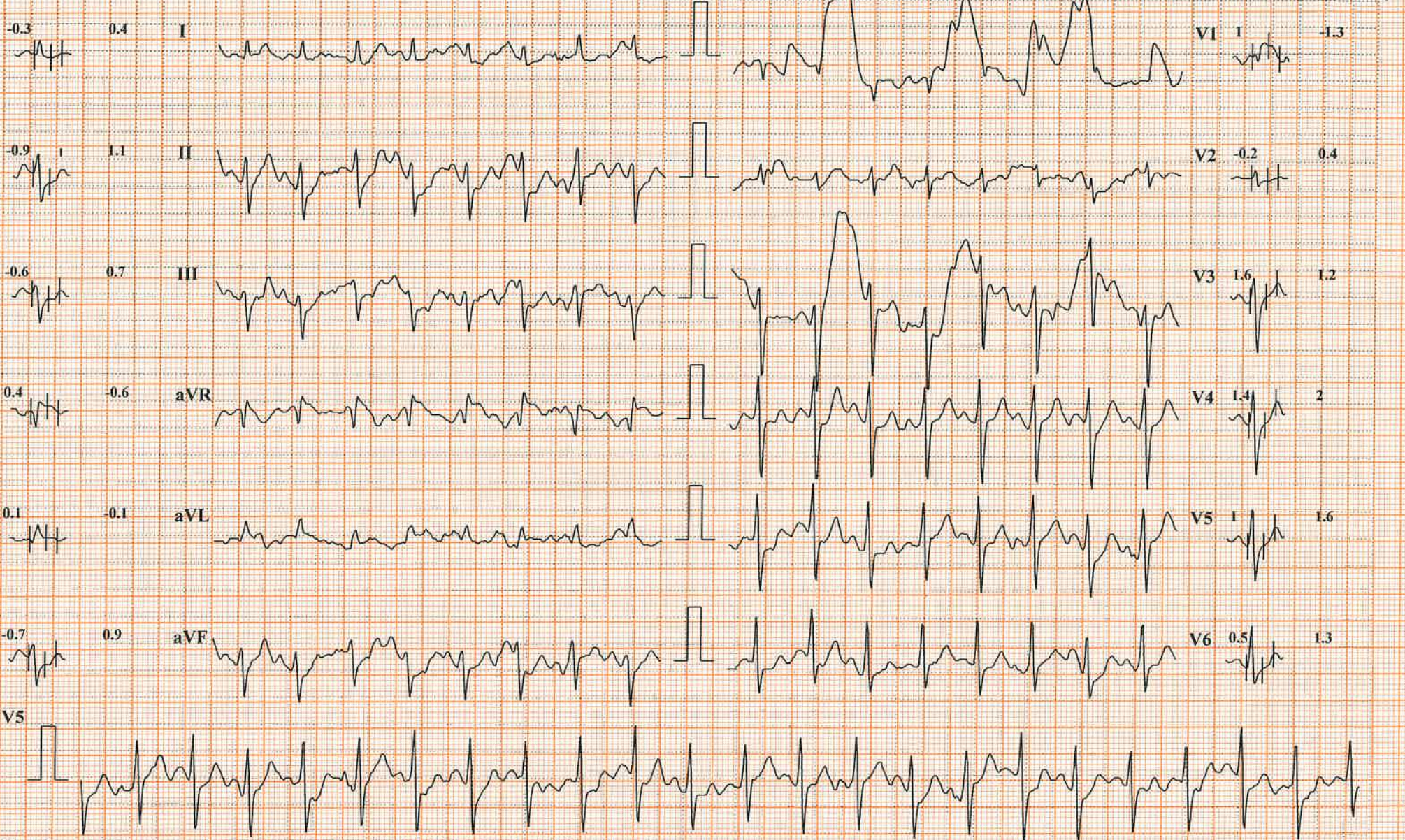


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 130 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)

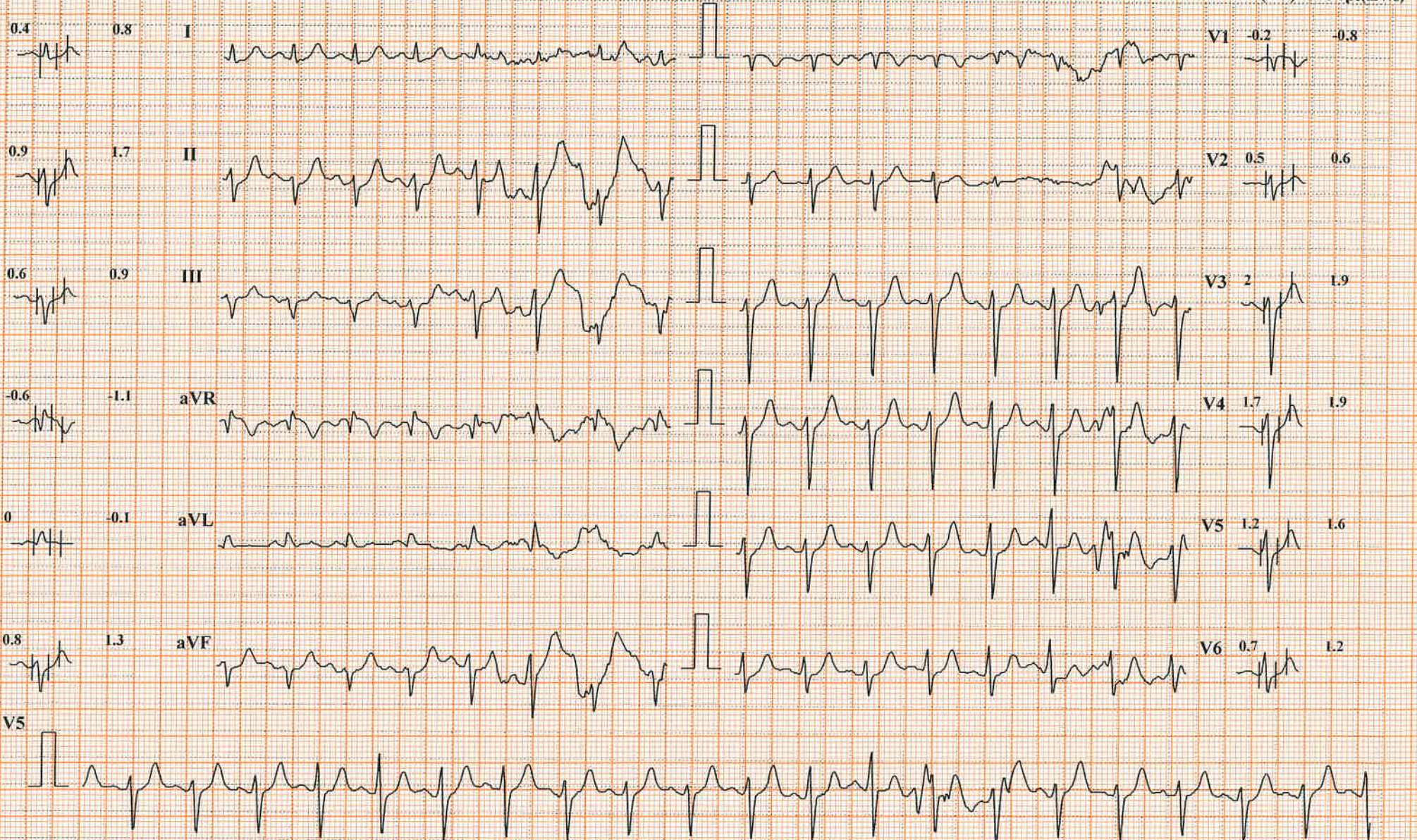


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms. J = R + 60 ms. Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

• **RAMARAO M (55 M)**

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 115 bpm

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

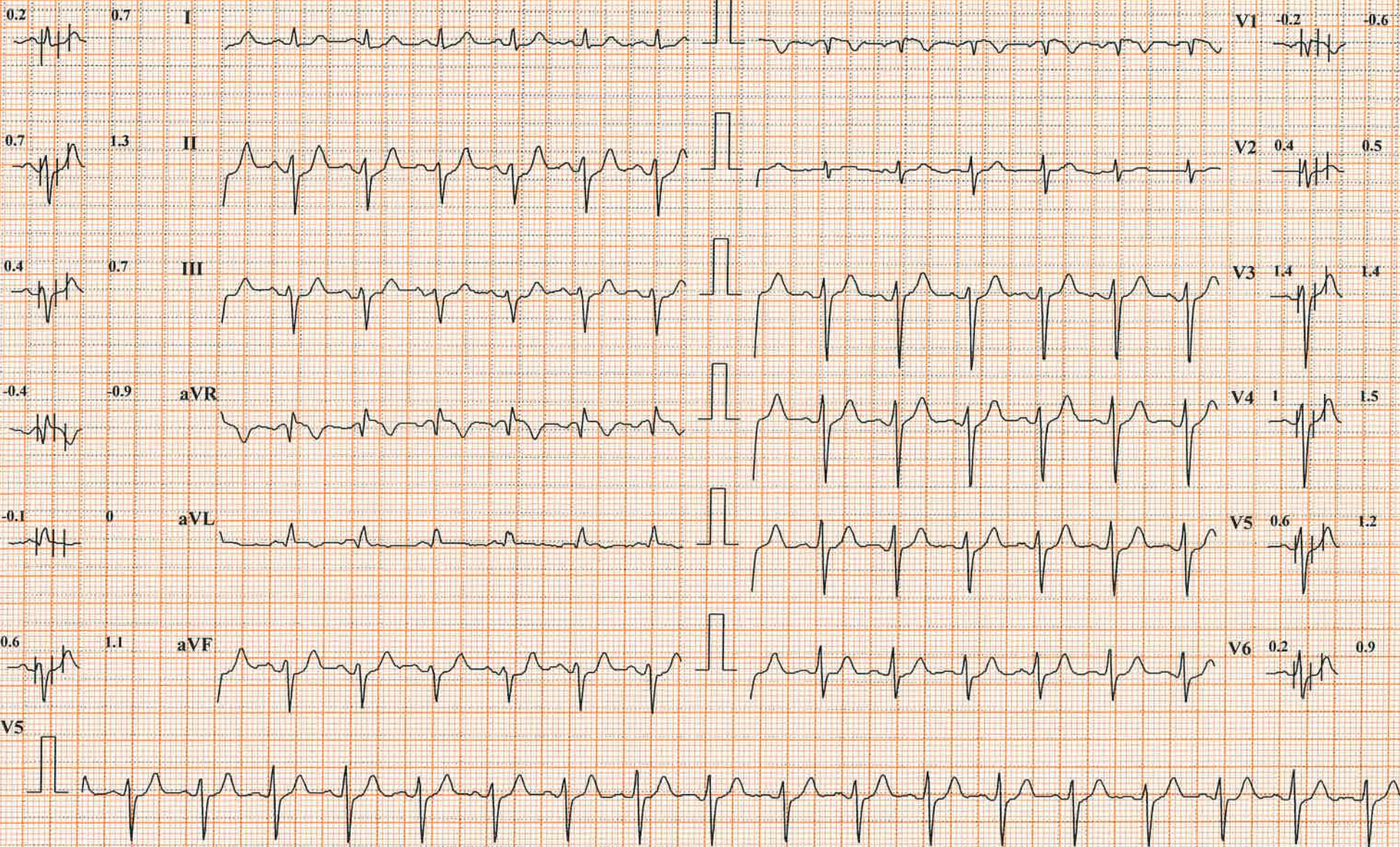


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

RAMARAO M (55 M)

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 113 bpm

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

• **RAMARAO M (55 M)**

Bruce Protocol

ID: 69222

Date: 27-04-2024

Exec Time : 00:00

Stage Time: 00:26

HR: 111 bpm

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0 0.3 I

V1 0 -0.2

0.2 0.6 II

V2 0.4 0.3

0.1 0.2 III

V3 0.8 0.7

-0.1 -0.4 aVR

V4 0.6 0.8

0 0.1 aVL

V5 0.3 0.5

0.1 0.4 aVF

V6 0.1 0.4

V5

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

Name: M. Rama Rao
Date: 27/04/24 Age: 55 years Sex: male
Address: Guntur



Routine health check up
NO COMPLAINT
NO H/O HTN / DM / CAD / PTB

LDL - 145 mg/dl
HbA1c - 6.9%
FBS - 123 mg/dl
PPBS - 136 mg/dl

1) Diabetic Diet / Low Salt Food
Low Fat Food

2) Tab. JAKROSE 10mg

0-0-1

30

3) cap. J-POWER

0-0-1

30

TEMP: (circled)

B.P: 120/80 mm/Hg

PULSE: 89 bpm

WEIGHT: 70 kg

HEIGHT: 155 cm

Dr. KEERTHI KISHORE NAGALLA
Regd.No: 64905 MBBS, M.D. General Medicine
CONSULTANT GENERAL PHYSICIAN
YODA DIAGNOSTICS-GUNTUR



Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 11:27AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY



Verified By :
HARISCHANDRA PRASAD N



Approved By :


Dr HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size and increased in echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 103.x4.3cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 10.1x4.9cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus. 2cms cortical cyst noted in left kidney.

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

PROSTATE : Normal in size (volume 12cc)and echo-texture.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade I FATTY LIVER.
- Left renal cortical cyst(2 cms)

Suggested clinical correlation and further evaluation.

Verified By :
HARISCHANDRA PRASAD N



Approved By :


Dr HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 11:27AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY



Verified By :
HARISCHANDRA PRASAD N



Approved By :


Dr HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:38AM
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 :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:12AM
Hospital Name	:		

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	AB			
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.

Verified By :
MANOJ



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:12AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)


Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	15.2	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.56	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.9	%	40.0 - 50.0	RBC pulse height detection
MCV	80.7	fL	83 - 101	Automated/Calculated
MCH	27.4	pg	27 - 32	Automated/Calculated
MCHC	34.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	39.1	fl	35.0-56.0	Calculated
MPV	7.2	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.23	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,450	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	47	%	40 - 80	Impedance
LYMPHOCYTE	41	%	20 - 40	Impedance
EOSINOPHIL	05	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.20	Lakhs/cumm	1.50 - 4.10	Impedance

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:57AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.27	ng/ml	0.60 - 1.78	CLIA
T4	10.77	ug/dl	4.82-15.65	CLIA
TSH	1.94	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



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT69222	UHID/MR No : YGT.0000069005
Patient Name : Mr. M RAMA RAO	Client Code : YOD-DL-0021
Age/Gender : 55 Y 0 M 0 D /M	Barcode No : 11033510
DOB :	Registration : 27/Apr/2024 08:25AM
Ref Doctor : SELF	Collected : 27/Apr/2024 08:27AM
Client Name : MEDI WHEELS	Received : 27/Apr/2024 08:43AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 27/Apr/2024 09:12AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIVER FUNCTION TEST(LFT)


Sample Type : SERUM

TOTAL BILIRUBIN	0.65	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.56	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	34	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.13			Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:12AM
Hospital Name	:		


DEPARTMENT OF BIOCHEMISTRY

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



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT69222	UHID/MR No : YGT.0000069005
Patient Name : Mr. M RAMA RAO	Client Code : YOD-DL-0021
Age/Gender : 55 Y 0 M 0 D /M	Barcode No : 11033510
DOB :	Registration : 27/Apr/2024 08:25AM
Ref Doctor : SELF	Collected : 27/Apr/2024 08:27AM
Client Name : MEDI WHEELS	Received : 27/Apr/2024 08:43AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 27/Apr/2024 09:12AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	207	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	36	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	145	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	129	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	25.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.75		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.58	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	171	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

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
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DEPARTMENT OF BIOCHEMISTRY

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



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:38AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.67	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.

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 10:25AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	151	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 .

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	41	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	19.2	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 :

M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
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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	123	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 :

M VENKATA KRISHNA



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 10:51AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 11:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 11:34AM
Hospital Name	:		

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	136	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 :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.01	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 :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

GGT	34	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 :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
SERUM URIC ACID	6.5	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 :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT69222	UHID/MR No : YGT.0000069005
Patient Name : Mr. M RAMA RAO	Client Code : YOD-DL-0021
Age/Gender : 55 Y 0 M 0 D /M	Barcode No : 11033510
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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)	19.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.01	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	18.90	Ratio	6 - 25	Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 10:45AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY


2D ECHO DOPPLER STUDY

MITRAL VALVE : Normal
AORTIC VALVE : SCLEROSIS
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
LEFT ATRIUM : 3.6cms
LEFT VENTRICLE : EDD : 3.9cm IVS(d) : 1.3cm LVEF : 60%
ESD : 2.7cm PW (d) : 1.0cm FS : 31%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
B NAGARAJU



Approved By :


Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID	: YGT69222	UHID/MR No	: YGT.000069005
Patient Name	: Mr. M RAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E -0.5 m/sec, A - 0.8m/sec.
AORTIC FLOW : 1.0m/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV : 1.2m/sec, RVSP - 22mmHg

COLOUR FLOW MAPPING: MILD TR/NO PAH


IMPRESSION :

- * CONCENTRIC LVH
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NO MR/ NO AR/MILD TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS .

Verified By :
B NAGARAJU



Approved By :


Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
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Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:47AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:26AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	6.0		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	3-4	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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			

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
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DEPARTMENT OF CLINICAL PATHOLOGY


Test Name	Result	Unit	Biological Ref. Range	Method
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*** End Of Report ***

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 11:27AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER : Normal in size and increased in echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.3x4.3cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 10.1x4.9cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus. 2cms cortical cyst noted in left kidney.

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

PROSTATE : Normal in size (volume 12cc)and echo-texture.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade I FATTY LIVER.
- Left renal cortical cyst(2 cms)

Suggested clinical correlation and further evaluation.

Verified By :
HARISCHANDRA PRASAD N



Approved By :


Dr. HARISCHANDRA PRASAD N
MBBS, DNB
CONSULTANT RADIOLOGIST

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:38AM
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 :
M VENKATA KRISHNA



Approved By :



Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:12AM
Hospital Name	:		

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	AB			
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.

Verified By :
MANOJ



Approved By :



Dr. Sumalatha
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Consultant Pathologist

Visit ID : YGT69222	UHID/MR No : YGT.0000069005
Patient Name : Mr. MRAMA RAO	Client Code : YOD-DL-0021
Age/Gender : 55 Y 0 M 0 D /M	Barcode No : 11033510
DOB :	Registration : 27/Apr/2024 08:25AM
Ref Doctor : SELF	Collected : 27/Apr/2024 08:27AM
Client Name : MEDI WHEELS	Received : 27/Apr/2024 08:34AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 27/Apr/2024 09:12AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)


Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	15.2	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.56	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.9	%	40.0 - 50.0	RBC pulse height detection
MCV	80.7	fL	83 - 101	Automated/Calculated
MCH	27.4	pg	27 - 32	Automated/Calculated
MCHC	34.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	39.1	fl	35.0-56.0	Calculated
MPV	7.2	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.23	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,450	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	47	%	40 - 80	Impedance
LYMPHOCYTE	41	%	20 - 40	Impedance
EOSINOPHIL	05	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.20	Lakhs/cumm	1.50 - 4.10	Impedance

Verified By :
M VENKATA KRISHNA



Approved By :


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 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:57AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.27	ng/ml	0.60 - 1.78	CLIA
T4	10.77	ug/dl	4.82-15.65	CLIA
TSH	1.94	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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 :

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Approved By :



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MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIVER FUNCTION TEST(LFT)


Sample Type : SERUM

TOTAL BILIRUBIN	0.65	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.56	mg/dl		Calculated
AST (S.G.O.T)	26	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	34	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.13			Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


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 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
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Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	207	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	36	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	145	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	129	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	25.8	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.75		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.58	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	171	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:**
- 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, 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.
 - 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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Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
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Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:38AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.67	ng/mL	< 4.0	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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.

Verified By :
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Approved By :



Dr. Sumalatha
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Consultant Pathologist

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Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
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DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:34AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 10:25AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	151	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 .

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:12AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	41	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	19.2	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 :

M VENKATA KRISHNA



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
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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	123	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 :
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Approved By :

Dr. Sumalatha
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Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 10:51AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 11:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 11:34AM
Hospital Name	:		

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	136	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 :
Kollipara Venkateswara Rao



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT69222	UHID/MR No	: YGT.0000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.01	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 :
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 Consultant Pathologist

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Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

GGT	34	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 :
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Approved By :



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Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	6.5	mg/dl	3.5 - 7.20	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.

Verified By :
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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)	19.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.01	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	18.90	Ratio	6 - 25	Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 10:45AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

2D ECHO DOPPLER STUDY

MITRAL VALVE : Normal

AORTIC VALVE : SCLEROSIS

TRICUSPID VALVE : Normal

PULMONARY VALVE : Normal

RIGHT ATRIUM : Normal

RIGHT VENTRICLE : Normal

LEFT ATRIUM : 3.6cms

LEFT VENTRICLE : EDD : 3.9cm IVS(d) : 1.3cm LVEF : 60%
 ESD : 2.7cm PW (d) : 1.0cm FS : 31%
 No RWMA

IAS : Intact

IVS : Intact

AORTA : 2.9cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

PULMONARY VEINS : Normal


INTRA CARDIAC MASSES : No

DOPPLER STUDY :

Verified By :
B NAGARAJU



Approved By :


Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID	: YGT69222	UHID/MR No	: YGT.000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 10:45AM
Hospital Name	:		


DEPARTMENT OF RADIOLOGY

MITRAL FLOW : E -0.5 m/sec, A - 0.8m/sec.
AORTIC FLOW : 1.0m/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV : 1.2m/sec, RVSP - 22mmHg
COLOUR FLOW MAPPING: MILD TR/NO PAH
IMPRESSION :
* CONCENTRIC LVH
* NO RWMA OF LV
* GOOD LV FUNCTION
* GRADE I LV DIASTOLIC DYSFUNCTION
* NO MR/ NO AR/MILD TR/ NO PAH
* NO PE / CLOT / VEGETATIONS .

Verified By :
B NAGARAJU



Approved By :


Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID	: YGT69222	UHID/MR No	: YGT.000069005
Patient Name	: Mr. MRAMA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 11033510
DOB	:	Registration	: 27/Apr/2024 08:25AM
Ref Doctor	: SELF	Collected	: 27/Apr/2024 08:27AM
Client Name	: MEDI WHEELS	Received	: 27/Apr/2024 08:47AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 27/Apr/2024 09:26AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

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

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.0		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	3-4	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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 :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

DATE: 27-04-24

NAME: M. RAMA RAO GARU

AGE: 55/4 ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS

CR POLYCARBONATE

COATINGS : ARC HARD COAT

TINT: : White SP2 PHOTO GREY

BIFOCALS : KRYPTOK EXECUTIVE

"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	<u>11</u>	<u>+</u> <u>1.0</u>	<u>180</u>	<u>+</u> <u>0.50</u>	<u>+</u> <u>1.0</u>	<u>180</u>
ADD			<u>+2.50 Both eyes</u>			

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

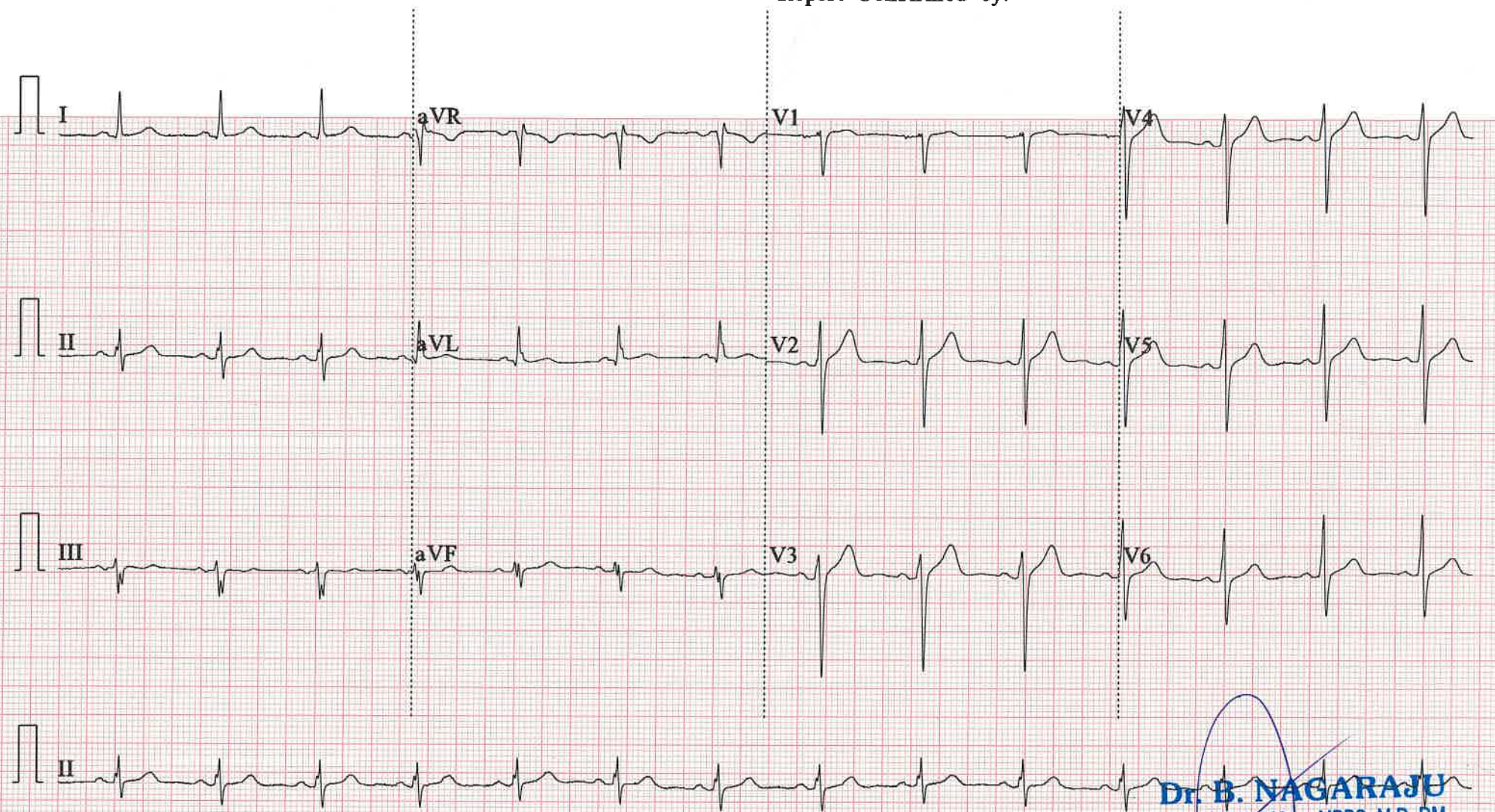
N.V. _____ CONSTANT USE _____

ID: 69222
M.RAMA RAO
Male 55Years
Req. No. :

27-04-2024 10:00:10
HR : 84 bpm
P : 93 ms
PR : 132 ms
QRS : 91 ms
QT/QTcBz : 349/414 ms
P/QRS/T : 18/8/43 °
RV5/SV1 : 0.941/0.674 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



Dr. B. NAGARAJU
Regd.No: 70760 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR