



**MEDICOVER  
HOSPITALS**

A UNIT OF SAHRUDAYA HEALTHCARE PVT LTD.

# Medicover Hospitals

VENKOJIPALAM VISAKHAPATNAM - 530017  
ANDHRA PRADESH - INDIA  
PHONE NO : 0891-6829999

**Dr. RAKESH P  
MD  
GENERAL PHYSICIAN**

NAME :	AGE
--------	-----

WT:

HT:

BP:

PR

**Medicover Unit - I**  
# 18-1-3, KGH Down, Maharanipeta,  
Jagadamba Junction, Visakhapatnam  
Andhrapradesh - 530 002.  
Ph: +91 96526 69351

**Medicover Unit -III**  
Sry. No.27, Plot No.05, BRTS Road,  
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**Medicover - MVP**  
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ANDHRA PRADESH -INDIA

PHONO NO : 0891-6829999

## OPHTHALMOLOGIST CONSULTATION

NAME:

AGE:

DATE :

vn < 6/6  
6/6

no of DM, H/W

AV < nb  
nb

luc < 0.3m  
0.3m

As wnc

In: seal

h

**Medicover Unit - I**

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Dr. BOTCHA LAKSHMI KONDAMMA  
(MS, OBG)  
Consultant Obstetrician And Gynaecologist

NAME:  AGE:

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ANDHRA PRADESH - INDIA



# MEDICOVER HOSPITALS

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## Lab Report

Patient Name	: Mrs. DEVU SUSHMA	Age /Gender	: 38Y(s)/Female
Bill No/ UMR No	: V4BC242968/V4U190768	Referred By	: Dr. CMO
Received Dt	: 11-Jun-24 09:18 am	Report Date	: 11-Jun-24 11:03 am
Lab No	: 120000646890		

<u>Parameters</u>	<u>Result</u>	<u>Biological Reference Intervals</u>
<b>LIPID PROFILE</b>		
TOTAL CHOLESTEROL	176	No risk : < 200 mg/dL Moderate risk : 200 - 239 High risk : > 240
HDL CHOLESTEROL	39	<40 Low >60 High
LDL CHOLESTEROL	105	Border line : 100 - 130 mg/dL High : > 130 mg/dL Desirable : < 100 mg/dL 100 - 130 mg/dL
VLDL	33	
SERUM TRYGLYCERIDES	163	Very High : > 500 mg/dL High : >= 200 - 499 mg/dL Border line High : >= 150 - 199 mg/dL
CHO/HDL RATIO	4.51	Normal : < 150 mg/dL Normal : < 4.0 Low risk : 4.0 - 6.0 High risk : > 6.0
LDL/HDL RATIO	2.69	
<b>FBS (FASTING BLOOD GLUCOSE)</b>		
FASTING BLOOD GLUCOSE	93	Normal : 70-99 mg/dL Impaired : 100-125 mg/dL Diabetic : >= 126 mg/dL
CREATININE	* 0.5	0.9 - 1.3 mg/dL
<b>GAMMA GT</b>		
GAMMA GLUTAMYL TRANSFERASE(GGT)	14	10 - 71 U/L
<b>LFT(LIVER FUNCTION TEST)</b>		
TOTAL BILIRUBIN	0.3	< 1.2 mg/dL
DIRECT BILIRUBIN	0.1	<= 0.20 mg/dL
INDIRECT BILIRUBIN	0.2	<= 1.0 mg/dL
SGPT (ALT)	10	<= 41 U/L
SGOT (AST)	15	<= 40 U/L
ALKALINE PHOSPHATASE (ALP)	73	40 - 129 U/L
TOTAL PROTEINS	6.7	1-2 years : 5.6-7.5 g/dL > 3 years : 6.0-8.0 g/dL Adults : 6.4-8.3 g/dL



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## Lab Report

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Bill No/ UMR No	: V4BC242968/V4U190768	Referred By	: Dr. CMO
Received Dt	: 11-Jun-24 09:17 am	Report Date	: 11-Jun-24 10:41 am
Lab No	: 240601522		

### Parameters

### Result

### Biological Reference Intervals

#### **CUE(COMPLETE URINE EXAMINATION)**

##### **CHEMISTRY TEST**

UROBILINOGEN	NIL	Negative
BILIRUBIN	Neqative	Negative
KETONE BODIES	Neqative	Negative
BLOOD	Neqative	Negative
PROTEIN	NIL	NIL
NITRITE	Neqative	Negative
LEUCOCYTES	Neqative	
GLUCOSE	NIL	NIL
SPECIFIC GRAVITY	1.020	1.005 - 1.030
PH	6.5	5.0 - 8.0

##### **MICROSCOPY MORPHOLOGY**

RBC	NIL	0 - 3 /HPF
<b>WBC (WHITE BLOOD CELL)</b>	* <b>3-5</b>	0 - 5 /HPF
<b>SQEP ( SQUAMOUS EPITHELIAL CELL)</b>	* <b>1-2</b>	0 - 5 /HPF
UNCC ( PATHOLOGICAL CAST)	NIL	0 - 0 /HPF
UNCX (UNCLASSIFIED CRYSTALS)	NIL	0 - 5 /HPF

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

### Doctor Incharge

**Dr.MUDUGANTI SRINIVAS**  
MBBS, MD  
CONSULTANT PATHOLOGIST

**Dr.SRUJANA**  
MBBS, MD PATHOLOGY  
CONSULTANT PATHOLOGIST

**Dr.MOHAMMAD SIMI IQBAL**  
M.B.B.S, M.D  
CONSULTANT BIOCHEMIST

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## Lab Report

Patient Name	: Mrs. DEVU SUSHMA	Age /Gender	: 38Y(s)/Female
Bill No/ UMR No	: V4BC242968/V4U190768	Referred By	: Dr. CMO
Received Dt	: 11-Jun-24 09:17 am	Report Date	: 11-Jun-24 10:25 am
Lab No	: 120000646889		

<u>Parameter</u>	<u>Result Values</u>	<u>Biological Reference</u>
<b>CBC(COMPLETE BLOOD COUNT)</b>		
<b>RBC</b>		
HAEMOGLOBIN	* 9.8	13.0 - 17.0 g/dl
R B C COUNT	* 4.1	4.5 - 5.5 10 <sup>6</sup> /μL
PCV/HCT	* 29	40 - 50 %
MCV	* 71	83 - 101 fl
MCH	* 24	27 - 32 pg
MCHC	33	31.5 - 34.5 g/dL
RDW(cv)	* 17.9	11.6 - 14.0 %
<b>WBC</b>		
TC (TOTAL LEUCOCYTE COUNT)	6600	4000 - 11000 cells/cumm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHILS	59	40 - 80 %
LYMPHOCYTES	33	20 - 40 %
MONOCYTES	05	02 - 10 %
EOSINOPHILS	03	00 - 06 %
BASOPHILS	00	00 - 01 %
<b>PLATELET COUNT</b>		
PLATELET COUNT	2.65	1.50 - 4.50 Lakhs/cumm
ESR	20	0 - 10 mm/1st hour

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

### Doctor Incharge

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Received Dt	: 11-Jun-24 09:18 am	Report Date	: 11-Jun-24 11:03 am
Lab No	: 120000646890		

<u>Parameters</u>	<u>Result</u>	<u>Biological Reference In Method</u>
SERUM ALBUMIN	4.3	NewBorn: 0-4 days : 2.8 - 4.4 g/dL Children: 4 days - 14 years : 3.8 - 5.4 g/dL 14-18 years : 3.2 - 4.5 g/dL Adults : 3.5- 5.2 g/dL
<b>GLOBULINS</b>	<b>* 2.4</b>	2.5 - 3.5 g/dL
A/G RATIO	1.8	1.2 - 2.5
<b>TOTAL PROTEIN</b>		
TOTAL PROTEINS	6.7	1-2 years : 5.6-7.5 g/dL > 3 years : 6.0-8.0 g/dL Adults : 6.4-8.3 g/dL
BUN(BLOOD UREA NITROGEN)	9.6	7.0 - 21.0 mg/dL
BUN(BLOOD UREA NITROGEN)	8.8	
<b>T3,T4 AND TSH</b>		
T3	1.31	0.8 - 2.0 ng/mL
T4	9.62	5.1 - 14.1 ug/dL
TSH(THYROID STIMULATING HORMONE)	1.96	0.270 - 4.20 uIU/mL
<b>PLBS (POST LUNCH BLOOD GLUCOSE )</b>		
PLBS (POST LUNCH BLOOD GLUCOSE)	100	Normal : 70- 139 mg/dL Impaired : 140 - 199 mg/dL Diabetic : >= 200 mg/dL
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>		
HBA1C	5.6	Non -Diabetic : <= 5.6 % Pre Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 % %

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

**Doctor Incharge**



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### DEPARTMENT OF RADIOLOGY

<b>Patient Name</b> : Mr. DEVU SUSHMA	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : V4BC242968/V4U190768	<b>Referred By</b> : Dr. CMO
<b>Received Dt</b> : 11-Jun-24 09:10 am	<b>Report Date</b> : 11-Jun-24 11:14 am

### USG ABDOMEN (FEMALE)

#### LIVER

Measuring 15.0cm. Enlarged in size with increased echotexture.  
There is no evidence of IHBR/EHBR dilatation seen.  
The portal and hepatic vessels are normal. No S.O.L. noted.

#### GALL BLADDER

Distended. Wall thickness is normal.  
No evidence of intraluminal calculi/ masses seen.  
Common bile duct appears normal with no intraluminal mass/ calculi.

#### PANCREAS

Head, Body & Tail are identified with normal echopattern & smooth outlines.  
The pancreatic duct system appears normal.  
The peri pancreatic fat planes are well preserved.

#### SPLEEN

Normal in size ( 11.9cm) and homogenous echotexture.

#### RIGHT KIDNEY

Measuring 11.0 x 4.1cm. Normal in size and echopattern.  
Cortico-Medullary differentiation maintained.  
No evidence of mass / calculi / hydroureteronephrosis seen.

#### LEFT KIDNEY

Measuring 11.4 x 4.4cm. Normal in size and echopattern.  
Cortico-Medullary differentiation maintained.  
No evidence of mass / calculi / hydroureteronephrosis seen.  
No evidence of suprarenal / retroperitoneal mass noted.

#### URINARY BLADDER

Distended. Wall thickness is normal.  
No intraluminal mass / calculi noted.

#### UTERUS

Measuring 8.5 x 4.8 x 5.5cm. Normal in size with normal myometrial echoanatomy.  
The Endometrium measuring 11mm in thickness with regular outlines and homogenous echopattern.

#### RIGHT OVARY

Measuring 3.2 x 1.6cm

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<b>Bill No/ UMR No</b> : V4BC242968/V4U190768	<b>Referred By</b> : Dr. CMO
<b>Received Dt</b> : 11-Jun-24 09:10 am	<b>Report Date</b> : 11-Jun-24 11:14 am

#### LEFT OVARY

Measuring 4.3 x 2.4cm

- Cyst / follicle of size 3.7 x 3.1cm noted in left ovary.

No evidence of ascites/ pleural effusion seen.

No detectable bowel pathology seen.

#### IMPRESSION

- \* Fatty hepatomegaly.
- \* Left ovarian cyst / follicle.
- Kindly correlate clinically.

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

**Dr. VULAPU CHENNAKRISHNA RAO, .**  
**MBBS, DNB**  
CONSULTANT RADIOLOGIST

PATIENT ID : 190768  
PATIENT NAME : MRS DEVU SUSHMA 38/F

PROTOCOL : BRUCE

PATIENT HEIGHT : 162 Cm

PATIENT ADD. :

PATIENT WEIGHT : 76.00 Kg

Ref. By : DR RAKESH P

( MD )

OBJECT OF TEST :  
RISK FACTOR :  
ACTIVITY :  
MEDICATION :  
BRIEF HISTORY :  
OTHER INVESTIGATION :  
REASON FOR TERMINATION : ACHIVED THR  
EXERCISE TOLERANCE :  
EXERCISE INDUCED ARRHYTHMIA :  
HAEMO RESPONSE :  
CHRONO RESPONSE :  
FINAL IMPRESSION : GOOD EXERCISE TOLERANCE  
TEST POSITIVE FOR STRESS INDUCED ISCHEMIA

**DR.B.SRIKANTH**  
**MD.DM CARDIOLOGIST**

38 Years

DEVU SUSHMA  
Female

11/06/2024 09:19:02

MEDCOVER HOSPITALS MVP VZAG

WELLNESS

Rate 76 . SINUS RHYTHM.....normal P axis, V-rate 50- 99

PR 132  
QRSD 84  
QT 388  
QTc 437

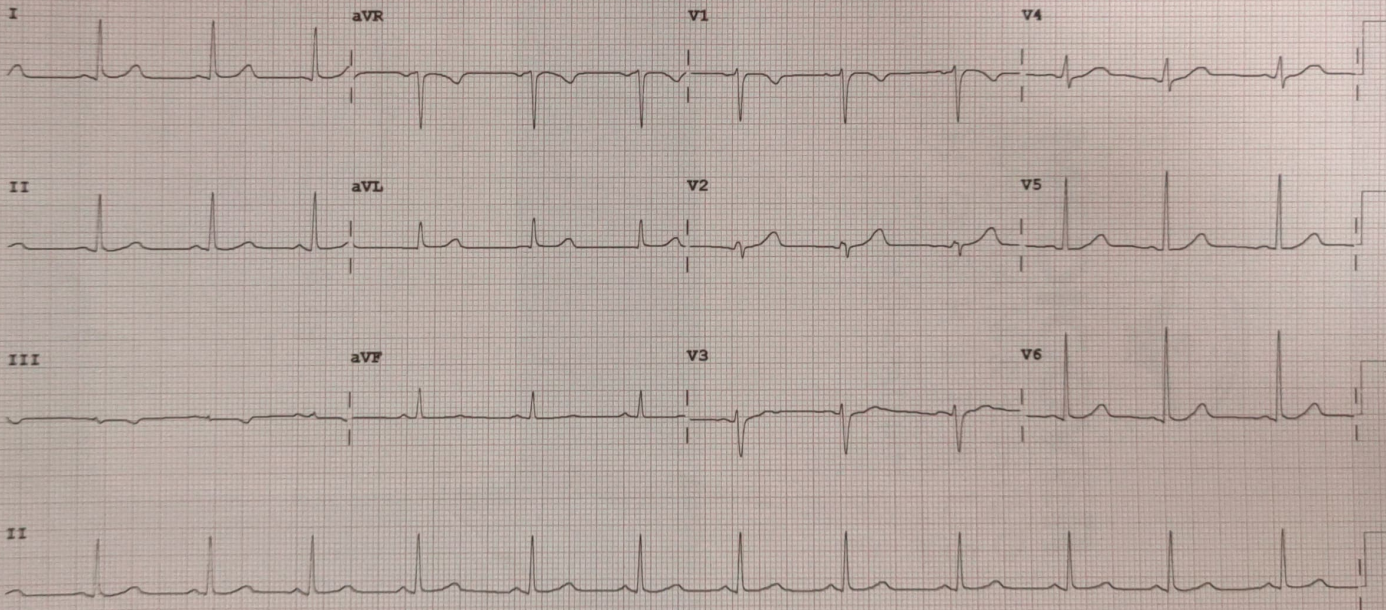
--AXIS--

P 61  
QRS 32  
T 12

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50- 0.50- 40 Hz W

PH090A CL?



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<b>Received Dt</b> : 11-Jun-24 09:10 am	<b>Report Date</b> : 11-Jun-24 01:59 pm

### X-RAY CHEST PA VIEW

#### FINDINGS

The cardiac size & configuration appear normal.

The Aorta and pulmonary vasculature appear normal.

There is no evidence of mediastinal widening.

Both the lungs and CP angles are clear.

The soft tissues and the bones of the rib cage displayed no abnormality.

#### IMPRESSION

\* Normal study.

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

Dr. VULAPU CHENNAKRISHNA RAO, .  
MBBS, DNB  
CONSULTANT RADIOLOGIST

1. This report is not valid for medico-legal purpose.

2. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

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