

EYE GLASS PRESCRIPTION

Name : MR. Dinnapothula Naveen Kumar
 Age : 33 Employee ID: 623794
 Gender : M Date: 10/02/24

Vn
 (unaided)
 PGP

6/6	6/6
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Distance

	SPH	CYL	AXIS	BCVA
OD	P	~		6/6
OS	P	~		6/6

Add

2	6
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@ 33 cm

LENS TYPE

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

Remarks:

CV normal



Signature

Ms. Durnepathula Naveen Kumar

10/02/24

33/M

623794

Has come for general eye exam-

No H/O DM and HTN

No H/O using glasses

S/I/T lamp exam

• O/D L/L < Normal

• O/S L/L < Normal

• C/U < Normal



623794
33 Years

DUNNAPOTHULA NAVEEN KOMAR
Male

10-Feb-24 12:15:13 PM

YODA LIFELINE DIAGNOSTICS

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99
PR 148 . ST elev, probable normal early repol pattern.....ST elevation, age<55
QRSd 103
QT 374
QTc 404

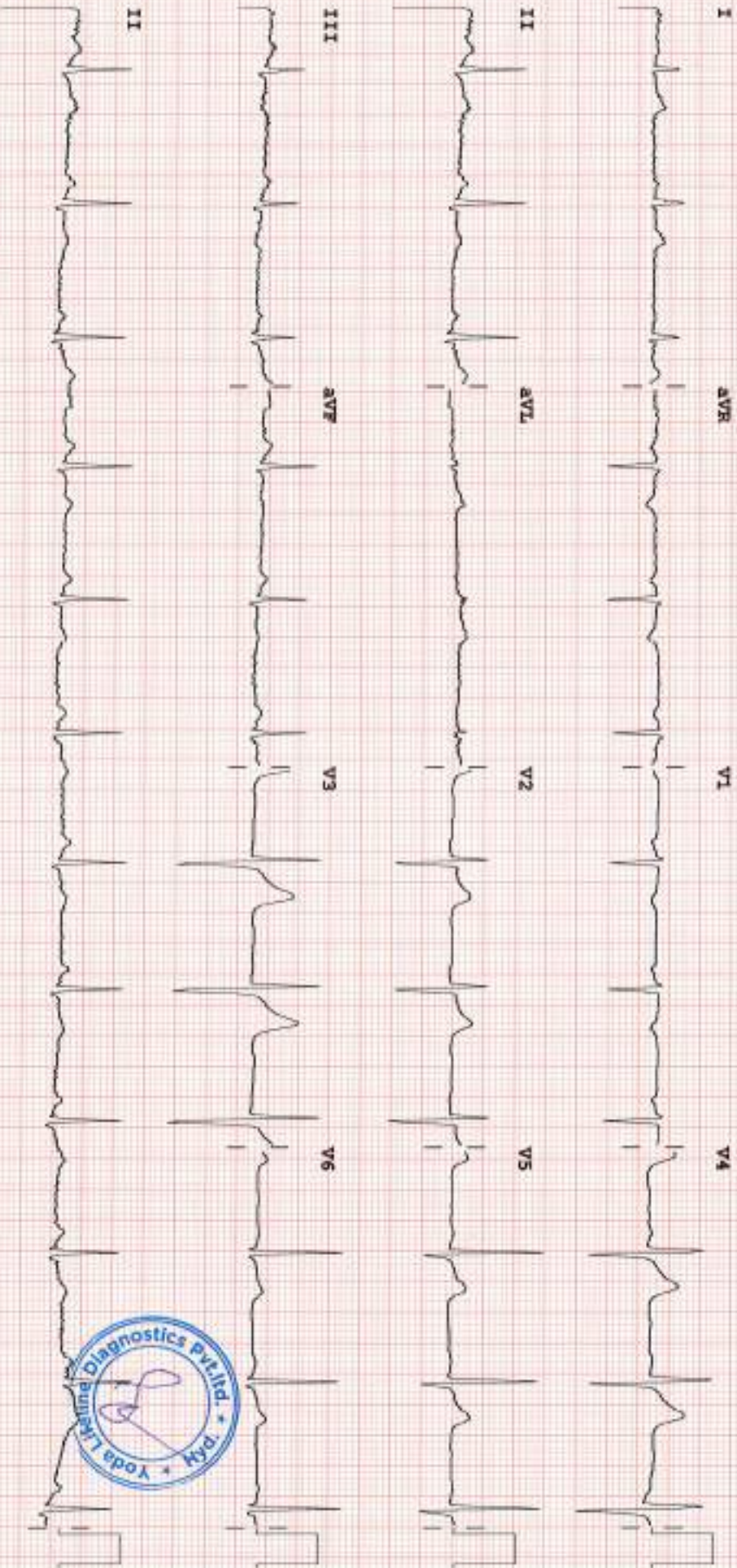
--AXIS--

P 80
QRS 41
T 18

- NORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Lab: 10 mm/mV

Chest: 10.0 mm/mV

P 50- 0.15-100 Hz

100B CL

P?



Visit ID	: YOD623794	UHID/MR No	: YOD.0000601756
Patient Name	: Mr. DUNNAPOTHULA NAVEEN KUMAR	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 0 M 0 D /M	Barcode No	: 10921647
DOB	:	Registration	: 10/Feb/2024 09:21AM
Ref Doctor	: SELF	Collected	: 10/Feb/2024 09:38AM
Client Name	: MEDI WHEELS	Received	: 10/Feb/2024 10:09AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 11:15AM
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	6	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 :
J. Krishna Kishore



Approved By :


DR PRANITHA ANAPINDI
 MD, CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

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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. Advsiied cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.85	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.5	%	40.0 - 50.0	RBC pulse height detection
MCV	76.1	fL	83 - 101	Automated/Calculated
MCH	23.9	pg	27 - 32	Automated/Calculated
MCHC	31.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	14.4	%	11.0-16.0	Automated Calculated
RDW - SD	40.6	fl	35.0-56.0	Calculated
MPV	10.0	fL	6.5 - 10.0	Calculated
PDW	13.1	fL	8.30-25.00	Calculated
PCT	0.33	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,640	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	46.6	%	40 - 80	Impedance
LYMPHOCYTE	45.9	%	20 - 40	Impedance
EOSINOPHIL	1.0	%	01 - 06	Impedance
MONOCYTE	5.5	%	02 - 10	Impedance
BASOPHIL	1.0	%	0 - 1	Impedance
PLATELET COUNT	3.30	Lakhs/cumm	1.50 - 4.10	Impedance

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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	0.50	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
AST (S.G.O.T)	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	140	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.55			Calculated

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DEPARTMENT OF BIOCHEMISTRY

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	28	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	13.1	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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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	105	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/Feb/2024 12:49PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 02:04PM
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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	110	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
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DEPARTMENT OF BIOCHEMISTRY

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.86	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).

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DEPARTMENT OF BIOCHEMISTRY

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	6.1	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.

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DEPARTMENT OF BIOCHEMISTRY

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	13.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.86	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	15.20	Ratio	6 - 25	Calculated

Verified By :
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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	: 3.4 cms
LEFT VENTRICLE	:
	EDD : 4.3 cm IVS(d) : 1.0 cm LVEF : 66 %
	ESD : 2.7 cm PW (d) : 1.0 cm FS : 33 %
	No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.6cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal

Verified By :
J. Krishna Kishore



Approved By :

Dr. E. Madhav Kumar
 Dr. E. Madhav Kumar
 PGDIPDM (D.P.)
 MBBS, FCIBCC (Dip. Cardiology)
 Cardiologist

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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.7 m/sec, A 0.4 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR
- * NO PE / CLOT / PAH

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Dr. E. Madhav Kumar
PGDHRM (D.P.)
MBBS, FCIBCC (Dip. Cardiology)
Cardiologist

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DEPARTMENT OF CLINICAL PATHOLOGY

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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	1.018		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	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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