637568
38 Years

MR SANJAY KUMAR LABANIA
Male

24-Feb-24 11:24:31 AM
YODA LIFELINE DIAGNOSTICS

Rate 83 . Sinus rhythm.....normal P axis, V-rate 50- 99

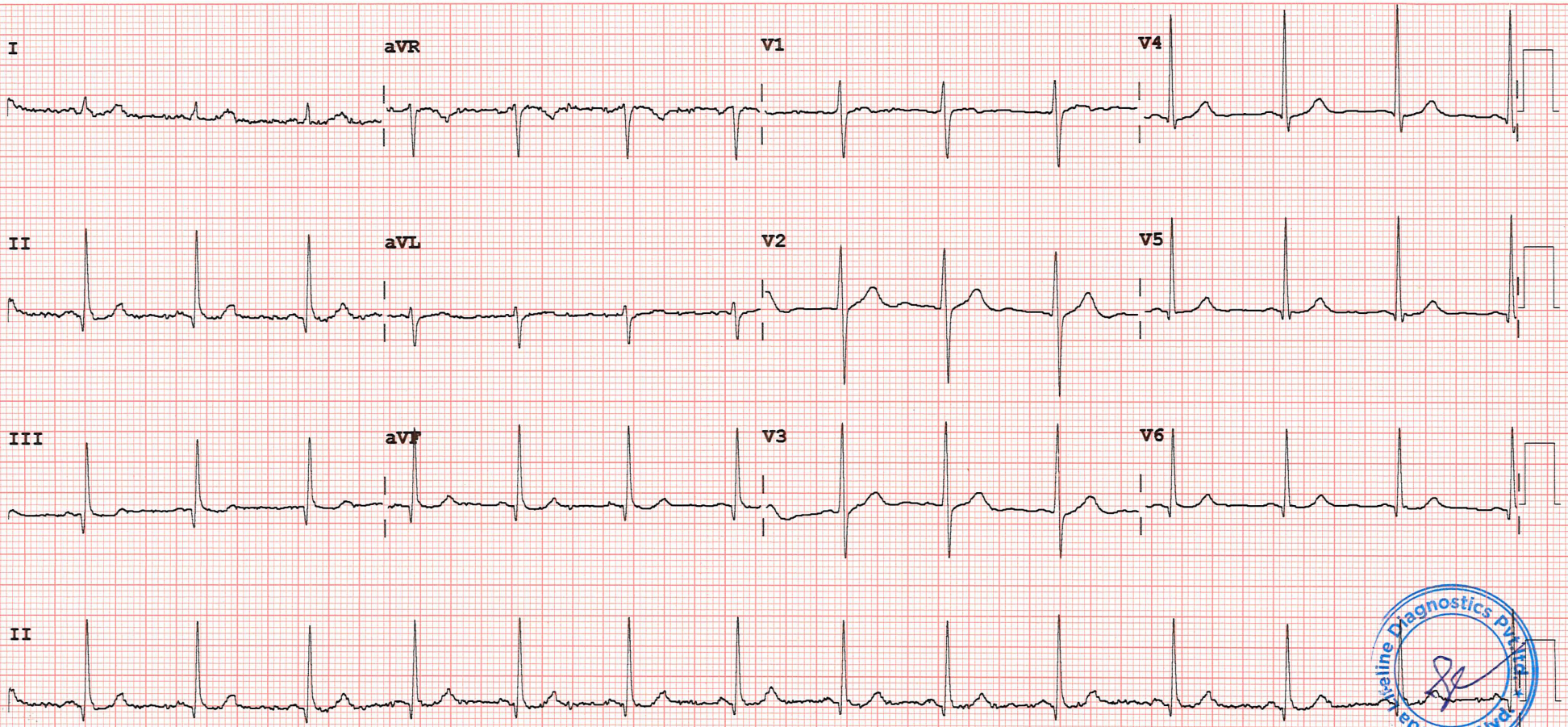
PR 120
QRSD 83
QT 334
QTc 393

--AXIS--
P 58
QRS 75
T 35

- NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis




Yoda Lifeline Diagnostics Pvt Ltd Hyd

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

YODA DIAGNOSTICS

# EYE GLASS PRESCRIPTION

Name : Mr. Sanjay Kumar Labania

Age : 38 Employee ID: 637568

Gender : M Date: 24/02/24

| Vn (unaided) PGP | | |
|---|---|---|
| | 3/60 | 3/60 |

**Distance**

| | SPH | CYL | AXIS | BCVA |
|---|---|---|---|---|
| OD | 7.50 | — | | 6/6p |
| OS | 7.50 | — | | 6/6p |

| Add | | |
|---|---|---|
| | N | 6 |

@ 38 cms

**LENS TYPE**

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

Remarks: CV Normal

Yoda Diagnostics Pvt. Ltd. Hyd.

Signature

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

yoda DIAGNOSTICS

Mr. Sanjay Kumar Labania

24/02/24

38/M

637568

Has came for general eye exam

NO H/O DM and HTN

H/O using PGP since 2 years old

H/O High myopia since childhood

Slit lamp Exam

:- O/D WNL & Normal

:- O/S WNL & Normal

:- CVR & Normal

Need Posterior segment Evaluation

Yoda Diagnostics Pvt.ltd. Hyd. Yoda Lifeline

| | | | |
|---|---|---|---|
| **Visit ID** | **: YOD637568** | UHID/MR No | : YOD.0000615250 |
| **Patient Name** | **: Mr. SANJAY KUMAR LABANIA** | Client Code | : YOD-DL-0021 |
| Age/Gender | : 38 Y 0 M 0 D /M | Barcode No | : 10943621 |
| DOB | : | Registration | : 24/Feb/2024 09:40AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:45AM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 10:08AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 12:01PM |
| Hospital Name | : | | |

## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **ESR (ERYTHROCYTE SEDIMENTATION RATE)** | | | | |
| **Sample Type : WHOLE BLOOD EDTA** | | | | |
| ERYTHROCYTE SEDIMENTATION RATE | 7 | mm/1st hr | 0 - 15 | Capillary Photometry |

COMMENTS:
ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).
Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

Verified By :
S MD ISMAIL

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

| | | | |
|---|---|---|---|
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## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **BLOOD GROUP ABO & RH Typing** | | | | |
| **Sample Type : WHOLE BLOOD EDTA** | | | | |
| ABO | B | | | |
| Rh Typing | POSITIVE | | | |

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsied cross matching before transfusion

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## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **CBC(COMPLETE BLOOD COUNT)** | | | | |
| **Sample Type : WHOLE BLOOD EDTA** | | | | |
| HAEMOGLOBIN (HB) | **11.9** | g/dl | 13.0 - 17.0 | Cyanide-free SLS method |
| RBC COUNT(RED BLOOD CELL COUNT) | **5.69** | million/cmm | 4.50 - 5.50 | Impedance |
| PCV/HAEMATOCRIT | **37.7** | % | 40.0 - 50.0 | RBC pulse height detection |
| MCV | **66.3** | fL | 83 - 101 | Automated/Calculated |
| MCH | **20.9** | pg | 27 - 32 | Automated/Calculated |
| MCHC | 31.6 | g/dl | 31.5 - 34.5 | Automated/Calculated |
| RDW - CV | **17** | % | 11.0-16.0 | Automated Calculated |
| RDW - SD | 39 | fl | 35.0-56.0 | Calculated |
| TOTAL LEUCOCYTE COUNT | 4,910 | cells/ml | 4000 - 11000 | Flow Cytometry |
| **DLC (by Flow cytometry/Microscopy)** | | | | |
| NEUTROPHIL | 54.5 | % | 40 - 80 | Impedance |
| LYMPHOCYTE | 35.6 | % | 20 - 40 | Impedance |
| EOSINOPHIL | 2.4 | % | 01 - 06 | Impedance |
| MONOCYTE | 6.7 | % | 02 - 10 | Impedance |
| BASOPHIL | 0.8 | % | 0 - 1 | Impedance |
| PLATELET COUNT | 1.75 | Lakhs/cumm | 1.50 - 4.10 | Impedance |

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| DOB | : | Registration | : 24/Feb/2024 09:42AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:45AM |
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| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:19AM |
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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **THYROID PROFILE (T3,T4,TSH)** | | | | |
| **Sample Type : SERUM** | | | | |
| T3 | 1.05 | ng/ml | 0.60 - 1.78 | CLIA |
| T4 | 8.36 | ug/dl | 4.82-15.65 | CLIA |
| TSH | 1.45 | ulU/mL | 0.30 - 5.60 | CLIA |

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
9. REFERENCE RANGE :

| PREGNANCY | TSH in ulU/mL |
|---|---|
| 1st Trimester | 0.60 - 3.40 |
| 2nd Trimester | 0.37 - 3.60 |
| 3rd Trimester | 0.38 – 4.04 |

**( References range recommended by the American Thyroid Association)**

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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FFM, FDM
MD BIOCHEMISTRY

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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **LIVER FUNCTION TEST(LFT)** | | | | |
| **Sample Type : SERUM** | | | | |
| TOTAL BILIRUBIN | **1.58** | mg/dl | 0.3 - 1.2 | JENDRASSIK & GROFF |
| CONJUGATED BILIRUBIN | **0.29** | mg/dl | 0 - 0.2 | DPD |
| UNCONJUGATED BILIRUBIN | 1.29 | mg/dl | | Calculated |
| AST (S.G.O.T) | 28 | U/L | < 50 | KINETIC WITHOUT P5P-IFCC |
| ALT (S.G.P.T) | 42 | U/L | < 50 | KINETIC WITHOUT P5P-IFCC |
| ALKALINE PHOSPHATASE | 106 | U/L | 30 - 120 | IFCC-AMP BUFFER |
| TOTAL PROTEINS | 7.3 | gm/dl | 6.6 - 8.3 | Biuret |
| ALBUMIN | 4.8 | gm/dl | 3.5 - 5.2 | BCG |
| GLOBULIN | 2.5 | gm/dl | 2.0 - 3.5 | Calculated |
| A/G RATIO | 1.92 | | | Calculated |

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| Hospital Name | : | | |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **LIPID PROFILE** | | | | |
| **Sample Type : SERUM** | | | | |
| TOTAL CHOLESTEROL | 124 | mg/dl | Refere Table Below | Cholesterol oxidase/peroxidase |
| H D L CHOLESTEROL | 42 | mg/dl | > 40 | Enzymatic/ Immunoinhibiton |
| L D L CHOLESTEROL | 43.8 | mg/dl | Refere Table Below | Enzymatic Selective Protein |
| TRIGLYCERIDES | **191** | mg/dl | See Table | GPO |
| VLDL | **38.2** | mg/dl | < 35 | Calculated |
| T. CHOLESTEROL/ HDL RATIO | 2.95 | | Refere Table Below | Calculated |
| TRIGLYCEIDES/ HDL RATIO | **4.55** | Ratio | < 2.0 | Calculated |
| NON HDL CHOLESTEROL | 82 | mg/dl | < 130 | Calculated |

Interpretation

| NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP) | TOTAL CHOLESTEROL | TRIGLYCERIDE | LDL CHOLESTEROL | NON HDL CHOLESTEROL |
|---|---|---|---|---|
| Optimal | <200 | <150 | <100 | <130 |
| Above Optimal | - | - | 100-129 | 130 - 159 |
| Borderline High | 200-239 | 150-199 | 130-159 | 160 - 189 |
| High | >=240 | 200-499 | 160-189 | 190 - 219 |
| Very High | - | >=500 | >=190 | >=220 |

| REMARKS | Cholesterol : HDL Ratio |
|---|---|
| Low risk | 3.3-4.4 |
| Average risk | 4.5-7.1 |
| Moderate risk | 7.2-11.0 |
| High risk | >11.0 |

Note:
1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol
2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
3.Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
4. Additional testing for Apolipoprotein B, hsCRP, Lp(a ) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Verified By :
S MD ISMAIL

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FFM, FDM
MD BIOCHEMISTRY

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| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 10:19AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 10:49AM |
| Hospital Name | : | | |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **HBA1C** | | | | |
| **Sample Type : WHOLE BLOOD EDTA** | | | | |
| HBA1c RESULT | 5.1 | % | Normal Glucose tolerance (non-diabetic): <5.7%<br>Pre-diabetic: 5.7-6.4%<br>Diabetic Mellitus: >6.5% | HPLC |
| ESTIMATED AVG. GLUCOSE | 100 | 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 :
S MD ISMAIL

Approved By :

S K. Deepthi
Dr.S.K.DEEPTHI
FFM, FDM
MD BIOCHEMISTRY

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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **FBS (GLUCOSE FASTING)** | | | | |
| **Sample Type : FLOURIDE PLASMA** | | | | |
| FASTING PLASMA GLUCOSE | 85 | mg/dl | 70 - 100 | HEXOKINASE |

INTERPRETATION:
Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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| DOB | : | Registration | : 24/Feb/2024 09:40AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 12:01PM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 12:17PM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 01:06PM |
| Hospital Name | : | | |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **PPBS (POST PRANDIAL GLUCOSE)** | | | | |
| **Sample Type : FLOURIDE PLASMA** | | | | |
| POST PRANDIAL PLASMA GLUCOSE | 107 | mg/dl | <140 | HEXOKINASE |

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **SERUM CREATININE** | | | | |
| **Sample Type : SERUM** | | | | |
| SERUM CREATININE | 0.78 | mg/dl | 0.70 - 1.30 | KINETIC-JAFFE |

Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

Verified By :
S MD ISMAIL

Approved By :

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## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **SERUM UREA** | | | | |
| **Sample Type : SERUM** | | | | |
| SERUM UREA | 15 | mg/dL | 13 - 43 | Urease GLDH |

Interpretation

Determination of blood urea is the most widely used screening test for renal function. When used in conjunction with serum creatinine determinations it can aid in the differential diagnosis of the three types of azotemia: prerenal, renal and postrenal.
Elevations in blood urea concentration are seen in inadequate renal perfusion, shock, diminished blood volume (prerenal causes), chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis (renal causes) and urinary tract obstruction (postrenal causes). Transient elevations may also be seen during periods of high protein intake. Unpredictable levels occur with liver diseases.

Verified By :
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| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:19AM |
| Hospital Name | : | | |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **ELECTROLYTES SERUM** | | | | |
| **Sample Type : SERUM** | | | | |
| SERUM SODIUM | 136 | mEq/L | 136-145 | ISE |
| SERUM POTASSIUM | 4.2 | mEq/L | 3.5 - 5.1 | ISE |
| SERUM CHLORIDE | 104 | mEq/L | 98 - 107 | ISE |

### USEFUL FOR

Identifying a suspected imbalance in electrolytes or acid/base imbalance

CLINICAL INFORMATION

The electrolytes is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patients response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Electrolyte and acid-base imbalances can often be indicative of many acute and chronic illnesses. For this reason, the electrolyte panel is often used in the hospital and emergency settings to evaluate patients.

### INTERPRETATION

With an imbalance of a single electrolyte, such as sodium or potassium, repeat testing may be ordered of that particular electrolyte, can be used to monitor the imbalance until remedied. With an acid-base imbalance, blood gases may be ordered, which will measure the oxygen, carbon dioxide, and pH levels in the arterial blood. These tests assist in evaluating the acuteness of the imbalance and monitoring the response to treatment.
https://www.mayocliniclabs.com/test-catalog/overview/113632#Clinical-and-Interpretive

Verified By :
S MD ISMAIL

Approved By :

Dr.S.K.DEEPTHI
FFM, FDM
MD BIOCHEMISTRY

| | | | |
|---|---|---|---|
| **Visit ID** | **: YOD637568** | UHID/MR No | : YOD.0000615250 |
| **Patient Name** | **: Mr. SANJAY KUMAR LABANIA** | Client Code | : YOD-DL-0021 |
| Age/Gender | : 38 Y 0 M 0 D /M | Barcode No | : 10943621 |
| DOB | : | Registration | : 24/Feb/2024 09:40AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:45AM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 11:24AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 01:13PM |
| Hospital Name | : | | |

## DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|

Verified By :
S MD ISMAIL

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

| | | | |
|---|---|---|---|
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## DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|
| **CUE (COMPLETE URINE EXAMINATION)** | | | | |
| **Sample Type : SPOT URINE** | | | | |
| **PHYSICAL EXAMINATION** | | | | |
| TOTAL VOLUME | 20 | ml | | |
| COLOUR | Pale yellow | | | |
| APPEARANCE | Clear | | | |
| SPECIFIC GRAVITY | 1.003 | | 1.003 - 1.035 | Bromothymol Blue |
| **CHEMICAL EXAMINATION** | | | | |
| 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 |
| **MICROSCOPIC EXAMINATION** | | | | |
| PUS CELLS | 2-3 | 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 | | | |

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

Verified By :
S MD ISMAIL

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

| | | | |
|---|---|---|---|
| **Visit ID** | **: YOD637568** | UHID/MR No | : YOD.0000615250 |
| **Patient Name** | **: Mr. SANJAY KUMAR LABANIA** | Client Code | : YOD-DL-0021 |
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| DOB | : | Registration | : 24/Feb/2024 09:40AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:45AM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 11:24AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 01:13PM |
| Hospital Name | : | | |

## DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Biological Ref. Range | Method |
|---|---|---|---|---|

Verified By :
S MD ISMAIL

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

yoda DIAGNOSTICS

## DEPARTMENT OF RADIOLOGY

| | | | | | |
|---|---|---|---|---|---|
| Patient Name | Mr. SANJAY KUMAR LABANIA | Visit ID | YOD637568 | Barcode | 10943621 |
| Age / Gender | 38/MALE | UHID | YOD.0000615250 | Registration Date | 24-02-2024 09:35 AM |
| Ref Doctor | SELF | Client Name | MEDI WHEELS | Collection Date | 24-02-2024 09:35 AM |
| Hospital Name | | Client Code | YOD-DL-0021 | Received Date | |
| Sample Type | | Client Add | F-701, Lado Sarai, Mehravli, New Delhi | Reported Date | 24-02-2024 01:57 PM |

## X-RAY CHEST PA VIEW

**FINDINGS:**

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

Bilateral lung fields show normal vascular pattern with no focal lesion.

Bilateral hila are normal in density.

Bilateral costo-phrenic angles and domes of diaphragms are normal.

The rib cage and visualized bones appear normal.

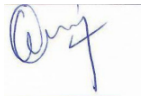
**IMPRESSION:**

- **No significant abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up

Approved by



Dr. G PRITHVI RANI
MD, CONSULTANT
RADIOLOGIST, FELLOW
NEURORADIOLOGY