

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. PRERANA NERKAR	Visit ID	YOD556436	Registration Date	25-11-2023 12:19 PM
Age / Gender	36/FEMALE	UHID	YOD.0000536984	Collection Date	25-11-2023 12:19 PM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10816643	Sample Type		Reported Date	25-11-2023 01:08 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



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 helpdesk@yodalifeline.in 040-35353535

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Barcode	10816643	Sample Type		Reported Date	25-11-2023 02:30 PM

ULTRASOUND WHOLE ABDOMEN & PELVIS

Clinical Details : General check-up.

LIVER : Normal in size (135mm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (103mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 103x51mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 114x50mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

UTERUS : Anteverted, measures 65x57x47mm, mildly bulky in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (7.7mm).

Right ovary measures 25x26x26mm, vol-9.0cc and left ovary measures 25x26x27mm, vol-9.7cc.

Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

IMPRESSION:

- **Grade - I fatty liver.**
- **Mildly bulky uterus.**
- **No other significant abnormality detected.**

--- Adv : Ultrasound abdomen after 6 weeks.

*** End Of Report ***

Suggested clinical correlation & follow up



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EYE GLASS PRESCRIPTION

Name : MRS prejana nesika
 Age : 36 Employee ID: 556436
 Gender: F Date: 25/11/23

Vn
 (unaided)
 PGP

6/6	6/6
-----	-----

Distance		SPH	CYL	AXIS	BCVA
		OD		<u>R</u>	
OS		<u>R</u>		6/6	

Add

<u>N</u>	<u>6</u>
----------	----------

@ 30cms

- LENS TYPE**
- Single Vision Distance
 - Single Vision Near
 - Bifocal
 - Progressive
 - UV-Coating

Remarks: CV - normal



Signature

Name : Mrs. prexana Deskar
 Date : 25/11/23 Age : 36 Sex : Male Female
 Address : Hyderabad

Rx

TEMP :
 B.P :
 PULSE :

Has come for general eye exam
 No H/O DM and HTN
 No H/O using glasses

slit lamp Examination

∴ O/D WNL L Normal
 ∴ O/S WNL L Normal
 ∴ CV L Normal



Name : *Pre rana Venkae*

Date : *25/11/23* Age : *36 yr.* Sex : Male Female

Address :

Rx

No Complaints
Ear }
nose } NAD
throat }

TEMP :
B.P. :
PULSE :

M
Dr. A. MRUDULA SRINIVASU M
MBBS, DLS
Reg.No:67927
EAR, NOSE, THROAT
HEAD & NECK SURGEON



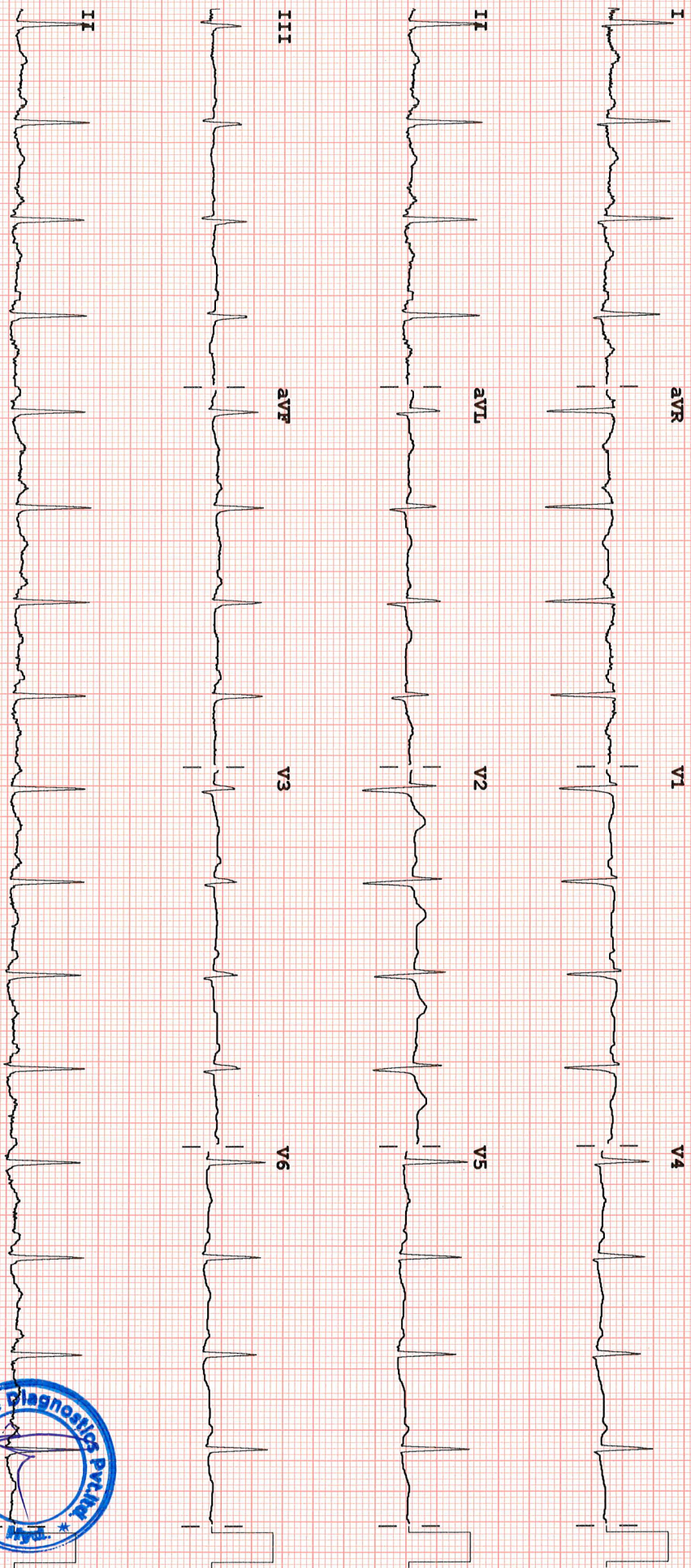
97 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline T wave abnormalities.....F/QRS ratio < 1/20 or flat T

PR	139
QRSD	83
QT	337
QTc	428

--AXIS--
P 37
QRS 46
T 22
12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?



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Ref Doctor : SELF	Collected : 25/Nov/2023 12:23PM
Client Name : MEDI WHEELS	Received : 25/Nov/2023 12:53PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 25/Nov/2023 01:17PM
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 :

M Thirumalesh Reddy



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DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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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	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)	11.8	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.79	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.3	%	36.0 - 46.0	RBC pulse height detection
MCV	64.4	fL	83 - 101	Automated/Calculated
MCH	20.4	pg	27 - 32	Automated/Calculated
MCHC	31.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	19.2	%	11.0-16.0	Automated Calculated
RDW - SD	42	fl	35.0-56.0	Calculated
MPV	9.1	fL	6.5 - 10.0	Calculated
PDW	9.7	fL	8.30-25.00	Calculated
PCT	0.43	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	11,650	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	61.3	%	40 - 80	Impedance
LYMPHOCYTE	29.6	%	20 - 40	Impedance
EOSINOPHIL	3.1	%	01 - 06	Impedance
MONOCYTE	5.7	%	02 - 10	Impedance
BASOPHIL	0.3	%	0 - 1	Impedance
PLATELET COUNT	4.74	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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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM				
T3	1.15	ng/ml	0.60 - 1.78	CLIA
T4	8.30	ug/dl	4.82-15.65	CLIA
TSH	2.47	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

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

9. REFERENCE RANGE :

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

(References range recommended by the American Thyroid Association)

Comments:

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

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 FFM, FDM
 MD BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.81	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.71	mg/dl		Calculated
S.G.O.T	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	66	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.0	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.43			Calculated

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 25/Nov/2023 03:57PM
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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	233	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	46	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	148	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	447	mg/dl	See Table	GPO
VLDL	NA	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.07		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	9.72	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	187	mg/dl	< 130	Calculated

Interpretation

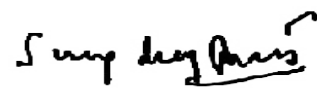
NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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 Thirumalesh Reddy


Approved By :


SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	134	mg/dl		

Note:
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	9	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	4.2	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.

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	98	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	: 25/Nov/2023 03:31PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 25/Nov/2023 04:22PM
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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	152	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
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SERUM CREATININE

Sample Type : SERUM				
SERUM CREATININE	0.59	mg/dl	0.51 - 0.95	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).

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 FFM, FDM
 MD BIOCHEMISTRY

Visit ID : YOD556436	UHID/MR No : YOD.0000536984
Patient Name : Mrs. PRERANA NERKAR	Client Code : 1409
Age/Gender : 36 Y 0 M 0 D /F	Barcode No : 10816643
DOB :	Registration : 25/Nov/2023 12:19PM
Ref Doctor : SELF	Collected : 25/Nov/2023 12:23PM
Client Name : MEDI WHEELS	Received : 25/Nov/2023 12:34PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 25/Nov/2023 03:21PM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	5.9	mg/dl	2.6 - 6.0	URICASE - PAP
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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 Thirumalesh Reddy



Approved By :

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

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	4.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.59	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	7.13	Ratio	6 - 25	Calculated

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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 : 2.7 cms
LEFT VENTRICLE :
EDD : 3.8 cm IVS(d) : 0.8 cm LVEF : 64 %
ESD : 2.4 cm PW (d) : 0.8 cm FS : 32 %
No RWMA

IAS : Intact
IVS : Intact
AORTA : 2.4cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal

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Approved By :


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

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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E -0.5 m/sec, A - 0.8m/sec.

AORTIC FLOW : 1.3m/sec

PULMONARY FLOW : 0.9m/sec

COLOUR FLOW MAPPING: TRIVIAL MR / TRIMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV SYSTOLIC FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * TRIVIAL MR / TR
- * NO PE / CLOT / PAH

Verified By :

M Thirumalesh Reddy



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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	25	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.005		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	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			

Verified By :
 M Thirumalesh Reddy



Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF CLINICAL PATHOLOGY

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***** End Of Report *****Verified By :
M Thirumalesh Reddy

Approved By :

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MD , CONSULTANT PATHOLOGIST