

Name: Varikuti Yalamanamm
Date: 13/01/24 Age: 72 Sex: Female
Address: Guntur



Routine Health checkup

clo Paraesthesia of Both the
Lower Limbs

Generalised weakness

N/O Hypertension / Type 2 DM

HDAC - 6.5%

FBS - 118 mg/dl

PPBS - 181 mg/dl

1) Diabetic Diet / Low Fat
Food /
Low Salt Diet

2) cap. J-POWER

001 - (30)

Continue OHAZ Anti

- Hypertensive Medication

TEMP: 37.2
B.P: 130/70 mm/Hg
PULSE: 96 bps
WEIGHT: 85 kg
HEIGHT: 154 cm

VARIKUTI YALAMANDAMM

Female 72years

Req. No. :

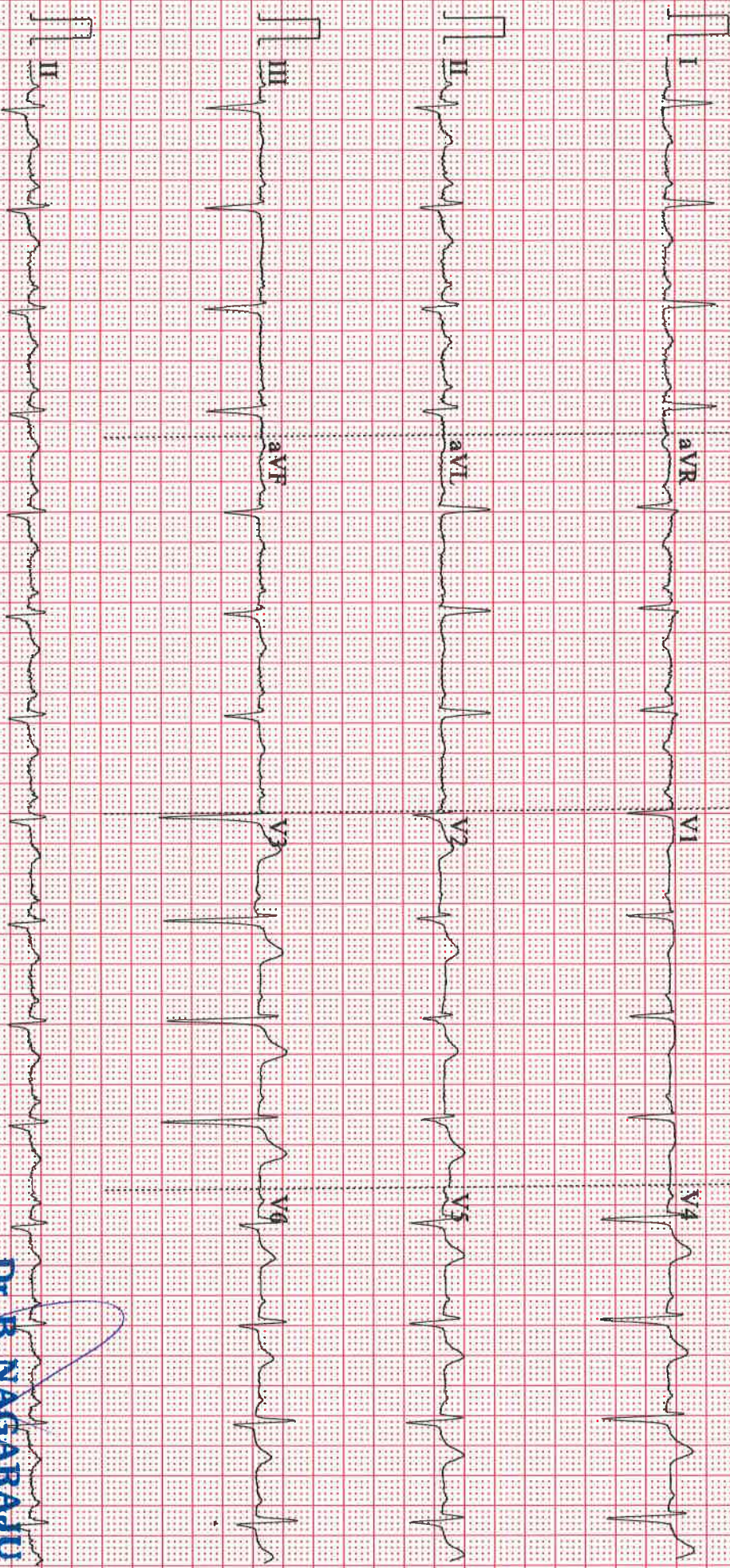
Diagnosis Information:

Sinus Rhythm

Normal ECG

HR	: 89	bpm
P	: 92	ms
PR	: 151	ms
QRS	: 91	ms
QT/QTcBz	: 347/423	ms
P/QRS/T	: 27/-28/40	°
RV5/SV1	: 0.318/0.699	mV

Report Confirmed by:



Dr. B. NAGARAJU

Regd. No. 70760 MBBS, M.D. DM

CONSULTANT CARDIOLOGIST

YODA DIAGNOSTICS-GUNTUR

Name: varikuti Valamanda mm
 Date: 13/01/24 Age: 72 Sex: Female
 Address: Guntur



P₃L₃ - NVD
DK tubectomy done

Post hysterectomy ^{Menopause}
 ↓
 20 yrs back
 ↓
 Post Menopausal bleeding
 ↓
 4 yrs back
 hysterectomy

TEMP: Ⓜ
 B.P: 130/70 mm/Hg
 PULSE: 96 bps
 WEIGHT: 85 kgs
 HEIGHT: 154 cm

no fresh complaints

Asu

- Tab. shelcal-iso
 OD x 1 month
 Mant.



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India



E-Aadhaar Letter

రిజిస్ట్రేషన్/Enrolment No.: 1027/28811/02589

Date: 29/08/2013

Varikuti Yalamandamma (వరికూటి యలమందమ్మ)
W/O: Varikuti Kotaiah, 37-1-402/35, dharavari thota 5th
line ongole, Ongole, Ongole, Prakasam
Andhra Pradesh, 523001

సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ అధింటికేషన్ ద్వారా పొందవచ్చు.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

మీ ఆధార్ సంఖ్య/Your Aadhaar No.:

7648 5905 0877



INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

ఆధార్ - ఆధార్ - సామాన్యమానవుడి హక్కు

Digitally signed by
Sandeep Bhardwaj
Date: 29/08/2013

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

- ఆధార్ దేశమంతటా చెల్లుతుంది.
- ఆధార్ ఆధార్ కొరకై, ఒకే సారి నమోదు చేసుకుంటే సరిపోతుంది.
- దయచేసి మీ లేటెస్ట్ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ అడ్రస్ నమోదు చేసుకోండి. దీనివలన మీరు విభిన్న ప్రయోజనాలను పొందే వీలుంటుంది.

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भारत सरकार
GOVERNMENT OF INDIA



వరికూటి యలమందమ్మ
Varikuti Yalamandamma
పుట్టిన సం./YoB:1952
స్త్రీ Female



7648 5905 0877

ఆధార్ - ఆధార్ - సామాన్యమానవుడి హక్కు



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:
W/O: వరికూటి కోటయ్య, 37-1-
402/35, ధరవారి తోట 5వ లైన్
ఒంగోలు, ఒంగోలు, ఒంగోలు,
ప్రకాశం
ఆంధ్ర ప్రదేశ్, 523001

Address:
W/O: Varikuti Kotaiah, 37-1-
402/35, dharavari thota 5th
line ongole, Ongole, Ongole,
Prakasam
Andhra Pradesh, 523001

Aadhaar - Aam Aadmi ka Adhikar

Visit ID	: YGT48963	UHID/MR No	: YGT.0000048804
Patient Name	: Mrs. VARIKUTI YALAMANDAMM	Client Code	: YOD-DL-0021
Age/Gender	: 72 Y 0 M 0 D /F	Barcode No	: 10881551
DOB	:	Registration	: 13/Jan/2024 08:20AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 01:22PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY



Verified By :
GOPI



Approved By :

Sushma
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

LIVER : Normal in size(14.8 cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Well distended. No evidence of calculi / wall thickening. 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 (8.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures (11.1 * 5.2cm) . 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 (11.0 * 4.3cm). 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.

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

UTERUS : Post hysterectomy status.

Both ovaries are suboptimal.

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

No free fluid is seen in pelvis.

IMPRESSION:

- GRADE I FATTY LIVER.

suggested clinical correlation.

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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 02:51PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEW****Findings:**

- Prominent bronchovascular markings noted in bilateral lung fields.
- Aortic arch calcifications noted.
- Osteophytes noted along thoracic vertebrae.

Soft tissues/ bony cage normal.

Trachea and Mediastinal structures are normal.

Heart size and configuration are normal.

Aorta and pulmonary vascularity are normal.

Lung parenchyma and CP angles are clear.

Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- Prominent bronchovascular markings noted in bilateral lung fields.
- Aortic arch calcifications noted.
- Osteophytes along thoracic vertebrae.

Suggested Clinical Correlation & Follow up.

Verified By :

GOPI



Approved By :

Sushma
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND OF BOTH BREASTS****FINDINGS:**

- A 4 * 2mm simple cyst noted at 2 'o clock position of left breast.

Glandular parenchyma appears normal.

No evidence of focal mass lesions.

Nipple and areolar region appears normal.

Skin thickness is normal.

Right breast appears normal.

IMPRESSION:

- CYST IN THE LEFT BREAST AS DESCRIBED ABOVE.(BIRADS II)

suggested clinical correlation.

Verified By :

GOPI



Approved By :

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Dr.SUSHMA VUYURU
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CONSULTANT RADIOLOGIST

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Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:52AM
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 13/Jan/2024 10:07AM
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	90	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.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 09:40AM
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	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. Advsiied cross matching before transfusion

Verified By :

GOPI



Approved By :



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 MBBS,DCP
 Consultant Pathologist

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Patient Name : Mrs. VARIKUTI YALAMANDAMM	Client Code : YOD-DL-0021
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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)	10.3	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.03	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	30.3	%	36.0 - 46.0	RBC pulse height detection
MCV	75.1	fL	83 - 101	Automated/Calculated
MCH	25.6	pg	27 - 32	Automated/Calculated
MCHC	34.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.9	%	11.0-16.0	Automated Calculated
RDW - SD	49.5	fl	35.0-56.0	Calculated
MPV	9.8	fL	6.5 - 10.0	Calculated
PDW	15.8	fL	8.30-25.00	Calculated
PCT	0.3	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	10,390	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	78	%	40 - 80	Impedance
LYMPHOCYTE	16	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.10	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 13/Jan/2024 10:55AM
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	0.78	ng/ml	0.60 - 1.78	CLIA
T4	9.38	ug/dl	4.82-15.65	CLIA
TSH	1.63	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

(Reference 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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

TOTAL BILIRUBIN	0.43	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
AST (S.G.O.T)	16	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	15	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	71	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.31			Calculated

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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	184	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	47	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	118.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	91	mg/dl	See Table	GPO
VLDL	18.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.91		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.94	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	137	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:

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

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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	6.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	140	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 :

GOPI



Approved By :



Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT48963	UHID/MR No	: YGT.0000048804
Patient Name	: Mrs. VARIKUTI YALAMANDAMM	Client Code	: YOD-DL-0021
Age/Gender	: 72 Y 0 M 0 D /F	Barcode No	: 10881551
DOB	:	Registration	: 13/Jan/2024 08:20AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:31AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:52AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 09:33AM
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	48	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	22.4	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 :

GOPI



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 MBBS, DCP
 Consultant Pathologist

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Age/Gender : 72 Y 0 M 0 D /F	Barcode No : 10881551
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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	118	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 :

GOPI



Approved By :



Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT48963	UHID/MR No : YGT.0000048804
Patient Name : Mrs. VARIKUTI YALAMANDAMM	Client Code : YOD-DL-0021
Age/Gender : 72 Y 0 M 0 D /F	Barcode No : 10881551
DOB :	Registration : 13/Jan/2024 08:20AM
Ref Doctor : SELF	Collected : 13/Jan/2024 10:12AM
Client Name : MEDI WHEELS	Received : 13/Jan/2024 10:41AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 11:10AM
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	181	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 :
GOPI



Approved By :


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 Consultant Pathologist

Visit ID : YGT48963	UHID/MR No : YGT.0000048804
Patient Name : Mrs. VARIKUTI YALAMANDAMM	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	0.73	mg/dl	0.60 - 1.1	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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

GGT	15	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 :

GOPI



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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	4.6	mg/dl	2.6 - 6.0	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 :

GOPI



Approved By :



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 MBBS,DCP
 Consultant Pathologist

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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)	22.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.73	mg/dl	0.60 - 1.1	KINETIC-JAFFE
BUN/CREATININE RATIO	30.70	Ratio	6 - 25	Calculated

Verified By :

GOPI



Approved By :

Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

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Patient Name	: Mrs. VARIKUTI YALAMANDAMM	Client Code	: YOD-DL-0021
Age/Gender	: 72 Y 0 M 0 D /F	Barcode No	: 10881551
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 12:54PM
Hospital Name	:		

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 : 4.0 cms
LEFT VENTRICLE : EDD : 4.5 cm IVS(d) : 1.2 cm LVEF : 69 %
ESD : 2.7 cm PW (d) : 1.0 cm FS : 39 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.0cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :

GOPI



Approved By :


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

Visit ID	: YGT48963	UHID/MR No	: YGT.0000048804
Patient Name	: Mrs. VARIKUTI YALAMANDAMM	Client Code	: YOD-DL-0021
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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 1.3m/sec, A -3.7 m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV : 0.6 m/sec, RVSP - 16mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :


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

Verified By :

GOPI



Approved By :


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DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID : YGT48963	UHID/MR No : YGT.0000048804
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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	15 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.5		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	2 - 4	cells/HPF	0-5	
EPITHELIAL CELLS	2 - 3	/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 :

GOPI



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT48963	UHID/MR No
Patient Name : Mrs. VARIKUTI YALAMANDAMM	Client Code
Age/Gender : 72 Y 0 M 0 D /F	Barcode No
DOB :	Registration
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Client Add : F-701, Lado Sarai, Mehravli, N	Reported
Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD PAP12 / 24

Date of Receiving: 13-1-2024

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show predominantly superficial, intermediate and a few parabasal squamous epithelial cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

IMPRESSION: NILM (Negative for intraepithelial lesion and malignancy).

ASCO/ CAP GUIDELINES :

	HPV Unknown	HPV Positive	HPV Negative
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping/ repeat co-testing @ 1 Year	Routine Screening
NILM without EC/TZ	HPV teting	Repeat co-testing @ 1 Year	Routine Screening
ASCUS	HPV teting	Colposcopy	Routine Screening
LSIL	Colposcopy	Colposcopy	Repeat cotesting @ 3 year
ASC - H	Colposcopy	Colposcopy	Colposcopy
HSIL	Immediate LEEP	Immediate LEEP	Immediate LEEP
AGC	EB & Endocervical Bx	EB & Endocervical Bx	EB & Endocervical Bx

SCREENING GUIDELINE : 21-29 Years - Cytology only every 3 years ; <21 & 65 yrs - Screening not recommended

Comments- Pap Test is a screening test for cervical cancer.
False negativity may be due to inherent limitation of this technique.

Verified By :

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Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:48AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:52AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 12:58PM
Hospital Name	:		


DEPARTMENT OF CYTOPATHOLOGY

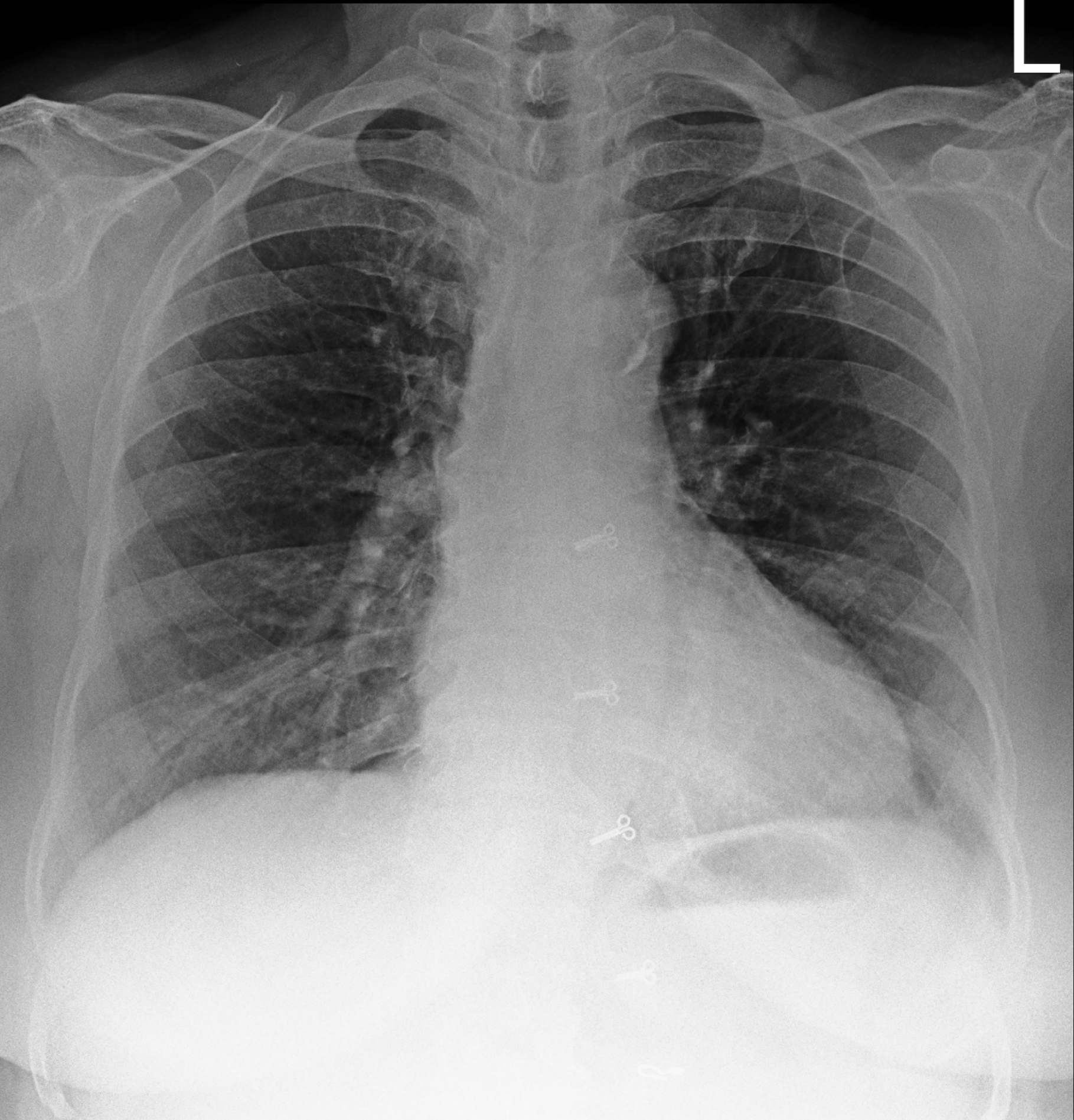
*** End Of Report ***

Verified By :
GOPI



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MBBS, DCP
Consultant Pathologist



VARIKUTI YALAMANDAMM 72Y FEMALE YGT48963 CHEST PA 13-Jan-24

YODA DIAGNOSTICS