





Mo. B. Sai KTOON 24/02/24 33/mg 632534 Has Rame for general sys erec No H/O . DM and HTN No H/o using glasses Slit lamp Gramin 2 Normal - ols what 2 Normal 2 Normal F- CVA



CONTACT US

O40 35353535
 helpdesk@yodalifeline.in
 www.yodadiagnostics.com
 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016



| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 |
|---------------|----------------------------------|--------------|-----------------------|
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 |
| DOB | : | Registration | : 24/Feb/2024 09:20AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:24AM |
| 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 NameResultUnitBiological Ref. RangeMethod | | | | | |

| ESR (ERYTHROCYTE SEDIMENTATION RATE) | | | | | | | |
|--|---|-----------|--------|------------|--|--|--|
| Sample Type : WHOLE BLOOD EDTA | | | | | | | |
| ERYTHROCYTE SEDIMENTATION RATE | 8 | 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 fail Hodgkin disease advanced Carcinomas), bacter | | | | | | | |

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 Approved By :

A. Peart

DR PRANITHA ANAPINDI MD , CONSULTANT PATHOLOGIST





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| Test Name | Test NameResultUnitBiological Ref. RangeMethod | | | | | | |

| BLOOD GROUP ABO & RH Typing | | | | | |
|-----------------------------------|--------------------------|----------------|----------------|-------------|--------------------|
| Sample Type : WHOLE BLOOD EDTA | | | | | |
| ABO | AB | | | | |
| Rh Typing | POSITIVE | | | | |
| Method : Hemagglutination Tube | method by forward and re | verse grouping | J | | |
| COMMENTS: | | | | | |
| The test will detect common blood | grouping system A, B, O, | AB and Rhesus | (RhD). Unusual | blood group | s 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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A. Paa -

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

| CBC | CBC(COMPLETE BLOOD COUNT) | | | | | |
|------------------------------------|---------------------------|-------------|--------------|----------------------------|--|--|
| Sample Type : WHOLE BLOOD EDTA | | | | | | |
| HAEMOGLOBIN (HB) | 14.6 | g/dl | 13.0 - 17.0 | Cyanide-free SLS method | | |
| RBC COUNT(RED BLOOD CELL COUNT) | 4.85 | million/cmm | 4.50 - 5.50 | Impedance | | |
| PCV/HAEMATOCRIT | 43.5 | % | 40.0 - 50.0 | RBC pulse height detection | | |
| MCV | 89.7 | fL | 83 - 101 | Automated/Calculated | | |
| MCH | 30.1 | pg | 27 - 32 | Automated/Calculated | | |
| MCHC | 33.6 | g/dl | 31.5 - 34.5 | Automated/Calculated | | |
| RDW - CV | 12 | % | 11.0-16.0 | Automated Calculated | | |
| RDW - SD | 39.6 | fl | 35.0-56.0 | Calculated | | |
| MPV | 8.9 | fL | 6.5 - 10.0 | Calculated | | |
| PDW | 9.1 | fL | 8.30-25.00 | Calculated | | |
| PCT | 0.34 | % | 0.15-0.62 | Calculated | | |
| TOTAL LEUCOCYTE COUNT | 8,180 | cells/ml | 4000 - 11000 | Flow Cytometry | | |
| DLC (by Flow cytometry/Microscopy) | | | | | | |
| NEUTROPHIL | 64.8 | % | 40 - 80 | Impedance | | |
| LYMPHOCYTE | 25.6 | % | 20 - 40 | Impedance | | |
| EOSINOPHIL | 3.3 | % | 01 - 06 | Impedance | | |
| MONOCYTE | 5.6 | % | 02 - 10 | Impedance | | |
| BASOPHIL | 0.7 | % | 0 - 1 | Impedance | | |
| PLATELET COUNT | 3.88 | Lakhs/cumm | 1.50 - 4.10 | Impedance | | |



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

| THYROID PROFILE (T3,T4,TSH) | | | | | | |
|------------------------------------|-------|--------|-------------|------|--|--|
| Sample Type : SERUM | | | | | | |
| Т3 | 1.25 | ng/ml | 0.60 - 1.78 | CLIA | | |
| T4 | 11.46 | ug/dl | 4.82-15.65 | CLIA | | |
| TSH | 1.64 | 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 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.



Approved By :

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





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| | LIVER FUNCTION TEST(LFT) | | | | | |
|------------------------|--------------------------|-------|-----------|---------------------------------|--|--|
| Sample Type : SERUM | | | | | | |
| TOTAL BILIRUBIN | 0.59 | mg/dl | 0.3 - 1.2 | JENDRASSIK & GROFF | | |
| CONJUGATED BILIRUBIN | 0.10 | mg/dl | 0 - 0.2 | DPD | | |
| UNCONJUGATED BILIRUBIN | 0.49 | mg/dl | | Calculated | | |
| AST (S.G.O.T) | 42 | U/L | < 50 | KINETIC WITHOUT P5P- IFCC | | |
| ALT (S.G.P.T) | 54 | U/L | < 50 | KINETIC WITHOUT P5P- IFCC | | |
| ALKALINE PHOSPHATASE | 92 | U/L | 30 - 120 | IFCC-AMP BUFFER | | |
| TOTAL PROTEINS | 7.1 | gm/dl | 6.6 - 8.3 | Biuret | | |
| ALBUMIN | 4.7 | gm/dl | 3.5 - 5.2 | BCG | | |
| GLOBULIN | 2.4 | gm/dl | 2.0 - 3.5 | Calculated | | |
| A/G RATIO | 1.96 | | | Calculated | | |

Approved By :

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





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| Test Name | Test NameResultUnitBiological Ref. RangeMethod | | | | | |

| | LIPID F | PROFILE | | | |
|--|---------------------|---------|--------------------|-------------------------------|--------------------------------|
| Sample Type : SERUM | | | | | |
| TOTAL CHOLESTEROL | 177 | mg/dl | Refere Table | Below | Cholesterol oxidase/peroxidase |
| H D L CHOLESTEROL | 45 | mg/dl | > 40 | | Enzymatic/ Immunoinhibiton |
| L D L CHOLESTEROL | 84 | mg/dl | Refere Table | Below | Enzymatic Selective Protein |
| TRIGLYCERIDES | 240 | mg/dl | See Tab | le | GPO |
| VLDL | 48.0 | mg/dl | < 35 | | Calculated |
| T. CHOLESTEROL/ HDL RATIO | 3.93 | | Refere Table | Below | Calculated |
| TRIGLYCEIDES/ HDL RATIO | 5.33 | Ratio | < 2.0 | | Calculated |
| NON HDL CHOLESTEROL | 132 | mg/dl | < 130 | | Calculated |
| Interpretation NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP) | TOTAL CHOLESTERO | | LDL CHOLESTEROL | NON HD CHOLESTEF | |
| Optimal | <200 | <150 | <100 | <130 | - |
| Above Optimal | - | - | 100-129 | 130 - 159 | |
| Borderline High High | 200-239 >=240 | 200-499 | | <u>160 - 189</u> 190 - 219 | |
| Very High | - | >=500 | | >=220 | <u> </u> |
| REMARKSCholesterol : HELow risk3.3-4.4Average risk4.5-7.1Moderate risk7.2-11.0High risk>11.0 | DL Ratio | | | • | |

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 :

M Thirumalesh Reddy



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





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| DEPARTMENT OF BIOCHEMISTRY | | | | | |
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| Test Name | Result | Unit | Biological Ref. Range | Method | |

| HBA1C | | | | | | |
|--------------------------------|-----|-------|---|------|--|--|
| Sample Type : WHOLE BLOOD EDTA | | | | | | |
| HBA1c RESULT | 5.3 | % | Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5% | HPLC | | |
| ESTIMATED AVG. GLUCOSE | 105 | 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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| Test NameResultUnitBiological Ref. RangeMethod | | | | | | |

| BLOOD UREA NITROGEN (BUN) | | | | | |
|---------------------------|-----|-------|---------|-------------|--|
| Sample Type : Serum | | | | | |
| SERUM UREA | 19 | mg/dL | 13 - 43 | Urease GLDH | |
| Blood Urea Nitrogen (BUN) | 8.9 | mg/dl | 5 - 25 | GLDH-UV | |
| Increased In: | 2 | | | | |

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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| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:03AM |
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| Test Name | Test NameResultUnitBiological Ref. RangeMethod | | | | | |

| | FBS (GLUC | OSE FASTING) | | | | |
|---|---------------------|-----------------------|----------|------------|--|--|
| Sample Type : FLOURIDE PLASMA | | | | | | |
| FASTING PLASMA GLUCOSE | 92 | 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, alcoho | l, phenytoin, thiazio | les) | | | |
| Decreased In | | | | | | |
| Pancreatic disorders | | | | | | |
| Extrapancreatic tumors | | | | | | |
| Endocrine disorders | | | | | | |
| Malnutrition | | | | | | |
| Hypothalamic lesions | | | | | | |
| <i>.</i> | | | | | | |
| Alcoholism | | | | | | |









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| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 01:29PM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 02:20PM |
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| Test Name | Result | Unit | Biological Ref. Range | Method | |

| PPBS (POST PRANDIAL GLUCOSE) | | | | | |
|---|-------|-------------------|------|------------|--|
| Sample Type : FLOURIDE PLASMA | | | | | |
| POST PRANDIAL PLASMA GLUCOSE | 100 | mg/dl | <140 | HEXOKINASE | |
| INTERPRETATION: | | | | | |
| Increased In Diabetes Mellitus Stress (e.g., emotion, burns, shock, anesthe Acute pancreatitis Chronic pancreatitis Wernicke encephalopathy (vitamin B1 deficie Effect of drugs (e.g. corticosteroids, estroge Decreased In | ency) | ytoin, thiazides) | | | |
| Pancreatic disordersExtrapancreatic tumors | | | | | |
| Endocrine disorders | | | | | |
| Malnutrition | | | | | |
| Hypothalamic lesions Alcoholism | | | | | |
| Endocrine disorders | | | | | |

Approved By :

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| SERUM CREATININE Sample Type : SERUM | | | | | |
|--|-------------------------|--------------------|-----------|------------------------|--|
| | | | | | |
| Increased In: | | | | | |
| Diet: ingestion of creatinine (roImpaired kidney function. | ast meat), Muscle disea | se: gigantism, acr | romegaly, | | |
| Decreased In: | | | | | |
| Pregnancy: Normal value is 0.4 diagnostic evaluation. Creatinine secretion is inhibited | | 2. | | e clinician to further | |





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| URIC ACID -SERUM | | | | | |
|---------------------|-----|-------|------------|---------------|--|
| Sample Type : SERUM | | | | | |
| SERUM URIC ACID | 7.6 | mg/dl | 3.5 - 7.20 | URICASE - PAP | |
| 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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| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:04AM |
| Hospital Name | : | | |

| DEPARTMENT OF BIOCHEMISTRY | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Test Name | Test NameResultUnitBiological Ref. RangeMethod | | | | | |

| BUN/CREATININE RATIO | | | | | |
|---------------------------|-------|-------|-------------|---------------|--|
| Sample Type : SERUM | | | | | |
| Blood Urea Nitrogen (BUN) | 8.9 | mg/dl | 5 - 25 | GLDH-UV | |
| SERUM CREATININE | 0.68 | mg/dl | 0.70 - 1.30 | KINETIC-JAFFE | |
| BUN/CREATININE RATIO | 13.00 | Ratio | 6 - 25 | Calculated | |

Approved By :







| I | | | |
|---------------|----------------------------------|--------------|-----------------------|
| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 |
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 |
| DOB | : | Registration | : 24/Feb/2024 09:20AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:20AM |
| Client Name | : MEDI WHEELS | Received | : |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 12:37PM |
| 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 | : 3.7 cms |
| LEFT VENTRICLE | : |
| | EDD:4.6 cm IVS(d):0.8 cm LVEF:68 % ESD:2.7 cm PW (d):0.8 cm FS :34 % No RWMA |
| IAS | : Intact |
| IVS | : Intact |
| AORTA | : 3.2cms |
| PULMONARY ARTERY | : Normal |
| PERICARDIUM | : Normal |
| IVS/ SVC/ CS | : Normal |

Verified By : M Thirumalesh Reddy



Approved By :

S. Madhan

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



| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 |
|---------------|----------------------------------|--------------|-----------------------|
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 |
| DOB | : | Registration | : 24/Feb/2024 09:20AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:20AM |
| Client Name | : MEDI WHEELS | Received | : |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 12:37PM |
| Hospital Name | : | | |

DEPARTMENT OF RADIOLOGY

| PULMONARY VEINS | : Normal |
|---|-------------------------------|
| INTRA CARDIAC MASSES | : No |
| | |
| | |
| DOPPLER STUDY : | |
| MITRAL FLOW | : E -0.6 m/sec, A -0.8 m/sec. |
| AORTIC FLOW | : 1.2m/sec |
| PULMONARY FLOW | : 0.9m/sec |
| COLOUR FLOW MAPPIN | <u>IG:</u> NOMR/AR/TR |
| IMPRESSION : | |
| * NORMAL SIZED CARE | DIAC CHAMBERS |
| * NO RWMA OF LV * GOOD LV FUNCTION | |
| * NORMAL LV FILLING | PATTERN |
| * NO MR / AR / TR * NO PE / CLOT / PAH | |
| | |
| | |
| | |

Verified By : M Thirumalesh Reddy Approved By :

S. Madhan

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





| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 |
|---------------|----------------------------------|--------------|-----------------------|
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 |
| DOB | : | Registration | : 24/Feb/2024 09:20AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:24AM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 11:24AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:53AM |
| Hospital Name | : | | |

| DEPARTMENT OF CLINICAL PATHOLOGY | | | | | | |
|----------------------------------|--|--|--|--|--|--|
| Test Name | Test NameResultUnitBiological Ref. RangeMethod | | | | | |



Approved By :

A. Pea-

DR PRANITHA ANAPINDI MD , CONSULTANT PATHOLOGIST





| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 |
|---------------|----------------------------------|--------------|-----------------------|
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 |
| DOB | : | Registration | : 24/Feb/2024 09:20AM |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:24AM |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 11:24AM |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:53AM |
| Hospital Name | : | | |

Result

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name

Unit

Biological Ref. Range

Method

| CU | E (COMPLETE U | RINE EXAMI | (NATION) | |
|--------------------------|---------------|------------|---------------|----------------------------------|
| Sample Type : SPOT URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| TOTAL VOLUME | 20 | ml | | |
| COLOUR | Pale yellow | | | |
| APPEARANCE | Clear | | | |
| SPECIFIC GRAVITY | 1.008 | | 1.003 - 1.035 | Bromothymol Blue |
| CHEMICAL EXAMINATION | | | | · |
| рН | 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 | |

*** End Of Report ***

Nil

Verified By : M Thirumalesh Reddy

OTHER



Approved By :

A. Pea

DR PRANITHA ANAPINDI MD, CONSULTANT PATHOLOGIST





| Visit ID | : YOD637534 | UHID/MR No | : YOD.0000615220 | |
|---------------|----------------------------------|--------------|-----------------------|--|
| Patient Name | : Mr. B SAI KIRAN | Client Code | : YOD-DL-0021 | |
| Age/Gender | : 33 Y 0 M 0 D /M | Barcode No | : 10943584 | |
| DOB | : | Registration | : 24/Feb/2024 09:20AM | |
| Ref Doctor | : SELF | Collected | : 24/Feb/2024 09:24AM | |
| Client Name | : MEDI WHEELS | Received | : 24/Feb/2024 11:24AM | |
| Client Add | : F-701, Lado Sarai, Mehravli, N | Reported | : 24/Feb/2024 11:53AM | |
| Hospital Name | : | | | |

| DEPARTMENT OF CLINICAL PATHOLOGY | | | | | | |
|----------------------------------|--------|------|------------------------------|--------|--|--|
| Test Name | Result | Unit | Biological Ref. Range | Method | | |



Approved By :

A. Pea-

DR PRANITHA ANAPINDI MD , CONSULTANT PATHOLOGIST



Quadra Strain Strai

yoda diagnostics

| DEPARTMENT OF RADIOLOGY | | | | | | | | | |
|-------------------------|-----------------|-------------|---|-------------------|---------------------|--|--|--|--|
| Patient Name | Mr. B SAI KIRAN | Visit ID | YOD637534 | Barcode | 10943584 | | | | |
| Age / Gender | 33/MALE | UHID | YOD.0000615220 | Registration Date | 24-02-2024 09:20 AM | | | | |
| Ref Doctor | SELF | Client Name | MEDI WHEELS | Collection Date | 24-02-2024 09:20 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 10:02 AM | | | | |

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. ANNAREDDY SIVAKALA MBBS, DNB , CONSULTANT RADIOLOGIST

YODA DIAGNOSTICS DEPARTMENT OF RADIOLOGY Visit ID Mr. B SAI KIRAN YOD637534 Barcode 10943584 Patient Name 33/MALE UHID YOD.0000615220 **Registration Date** 24-02-2024 09:20 AM Age / Gender MEDI WHEELS **Ref Doctor** SELF **Client Name Collection Date** 24-02-2024 09:20 AM **Hospital Name Client Code** YOD-DL-0021 **Received Date** F-701, Lado Sarai, Mehravli, New **Reported Date** Sample Type Client Add 24-02-2024 09:59 AM Delhi

ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER: Normal in size (136mm) with 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 wall thickening / calculi.

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

SPLEEN : Normal in size (98mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 87x42mm. 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 91x47mm. 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 wall thickening / calculi.

PROSTATE : Normal in size (vol: 7cc) and echo-texture.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified. Great vessels appear normal. No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade I fatty liver.
- No other significant sonological abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up





S. SHRAVAN KUMAR (DNB) CONSULTANT RADIOLOGIST