

MANJULA B 35Y FEMALE YGT37005 CHEST PA 28-Oct-23

YODA DIAGNOSTICS

Visit ID	: YGT37005	UHID/MR No	: YGT.0000036859
Patient Name	: Mrs. MANJULA B	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /F	Barcode No	: 10775963
DOB	:	Registration	: 28/Oct/2023 08:20AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:29AM
Hospital Name	:		

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

LIVER : Normal in size (12.6 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (8.6 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.7 x 3.6 cm. 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 9.8 x 4.4 cm. 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 : Well distended. No evidence of calculi or wall thickening.

UTERUS : *Not seen - 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:**

- No obvious sonographic abnormality detected.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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

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 :**

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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**DEPARTMENT OF RADIOLOGY****ULTRASOUND OF BOTH BREASTS****RIGHT BREAST:**

Glandular parenchyma appears normal.  
No evidence of focal mass lesions.  
No evidence of ductal dilatation.  
Nipple and areolar region appears normal.  
Skin thickness is normal.

**LEFT BREAST:**

Glandular parenchyma appears normal.  
No evidence of focal mass lesions.  
No evidence of ductal dilatation.  
Nipple and areolar region appears normal.  
Skin thickness is normal.

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY DETECTED.

BIRADS 0 - Needs additional imaging  
BIRADS I - Normal  
BIRADS II - Benign  
BIRADS III - Probably benign  
BIRADS IV - Suspicious  
BIRADS V - Highly suspicious  
BIRADS VI - Known breast malignancy

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**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	<b>25</b>	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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**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

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

HAEMOGLOBIN (HB)	<b>11.8</b>	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.19	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	<b>33.9</b>	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>81</b>	fL	83 - 101	Automated/Calculated
MCH	28.2	pg	27 - 32	Automated/Calculated
MCHC	<b>34.8</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13	%	11.0-16.0	Automated Calculated
RDW - SD	39.9	fl	35.0-56.0	Calculated
MPV	8.6	fL	6.5 - 10.0	Calculated
PDW	15.5	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,790	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	55	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.28	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

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**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	0.88	ng/ml	0.60 - 1.78	CLIA
T4	9.32	ug/dl	4.82-15.65	CLIA
TSH	1.08	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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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.86	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.16	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.70	mg/dl		Calculated
S.G.O.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	13	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	96	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.45			Calculated

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	158	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	47	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	98.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	62	mg/dl	See Table	GPO
VLDL	<b>12.4</b>	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.36		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.32	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	111	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, 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.
  - 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

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c RESULT	5.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	108	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	23	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.8	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	95	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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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 11:10AM
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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	84	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 :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b> : YGT37005	<b>UHID/MR No</b> : YGT.0000036859
<b>Patient Name</b> : Mrs. MANJULA B	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 35 Y 0 M 0 D /F	<b>Barcode No</b> : 10775963
<b>DOB</b> :	<b>Registration</b> : 28/Oct/2023 08:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 28/Oct/2023 08:22AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 28/Oct/2023 08:51AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 10:01AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	0.65	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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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	16	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

**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 :  
Kollipara Venkateswara Rao



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 MBBS,DCP  
 Consultant Pathologist



<b>Visit ID</b>	: YGT37005	<b>UHID/MR No</b>	: YGT.0000036859
<b>Patient Name</b>	: Mrs. MANJULA B	<b>Client Code</b>	: 1409
<b>Age/Gender</b>	: 35 Y 0 M 0 D /F	<b>Barcode No</b>	: 10775963
<b>DOB</b>	:	<b>Registration</b>	: 28/Oct/2023 08:20AM
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 28/Oct/2023 08:51AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 28/Oct/2023 10:01AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**URIC ACID -SERUM**

**Sample Type : SERUM**

SERUM URIC ACID	3.0	mg/dl	2.6 - 6.0	URICASE - PAP
-----------------	-----	-------	-----------	---------------

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 :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
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 MBBS,DCP  
 Consultant Pathologist

<b>Visit ID</b> : YGT37005	<b>UHID/MR No</b> : YGT.0000036859
<b>Patient Name</b> : Mrs. MANJULA B	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 35 Y 0 M 0 D /F	<b>Barcode No</b> : 10775963
<b>DOB</b> :	<b>Registration</b> : 28/Oct/2023 08:20AM
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 10:01AM
<b>Hospital Name</b> :	

**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)	10.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.65	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	16.50	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

*Dr. Sumalatha*  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist



Visit ID	: YGT37005	UHID/MR No	: YGT.0000036859
Patient Name	: Mrs. MANJULA B	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /F	Barcode No	: 10775963
DOB	:	Registration	: 28/Oct/2023 08:20AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 12:39PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****DOPPLER STUDY :**

MITRAL FLOW : E - 1.7m/sec, A - 0.4m/sec.  
AORTIC FLOW : 1.0 m/sec  
PULMONARY FLOW : 0.7 m/sec  
TRICUSPID FLOW : TRJV : 1.6 m/sec, RVSP - 26 mmHg  
**COLOUR FLOW MAPPING: NORMAL**


**IMPRESSION :**

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NORMAL LV FILLING PATTERN
- \* NO MR/ NO AR/ NO PR
- \* NO TR/ NO PAH
- \* NO PE / CLOT / VEGETATIONS.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT37005	<b>UHID/MR No</b> : YGT.0000036859
<b>Patient Name</b> : Mrs. MANJULA B	<b>Client Code</b> : 1409
<b>Age/Gender</b> : 35 Y 0 M 0 D /F	<b>Barcode No</b> : 10775963
<b>DOB</b> :	<b>Registration</b> : 28/Oct/2023 08:20AM
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 28/Oct/2023 10:01AM
<b>Hospital Name</b> :	

**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	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

**CHEMICAL EXAMINATION**


pH	5.0		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	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	3-4	/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 :  
 Kollipara Venkateswara Rao


Approved By :

  
**Dr. Sumalatha**  
 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT37005	UHID/MR No	: YGT.0000036859
<b>Patient Name</b>	: Mrs. MANJULA B	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /F	Barcode No	: 10775963
DOB	:	Registration	: 28/Oct/2023 08:20AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 09:10AM
Client Name	: MEDI WHEELS	Received	: 28/Oct/2023 09:26AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 11:42AM
Hospital Name	:		

**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-142 / 23

Date of Receiving: 28-10-2023

SYSTEM: BETHESDA 2014

SPECIMEN: ONE CERVICAL SMEAR. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MICROSCOPY: Smears show predominantly superficial and intermediate 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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Visit ID	: YGT37005	UHID/MR No	: YGT.0000036859
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 11:42AM
Hospital Name	:		

**DEPARTMENT OF CYTOPATHOLOGY**


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



Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
**Dr. Sumalatha**  
MBBS, DCP  
Consultant Pathologist



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No. : 1027/00265/62574

30/03/2012

To  
**Banavathu Manjula**  
బాణావతు మంజుల  
W/O Pratap R Naik  
16-791  
opposit mro office  
seetharamapuram thanda  
Piduguralla  
Piduguralla, Guntur,  
Andhra Pradesh - 522413



UF179027209IN

17902720



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**2179 9301 5662**

**ఆధార్ - సామాన్యని హక్కు**



భారత ప్రభుత్వం

GOVERNMENT OF INDIA

బాణావతు మంజుల  
**Banavathu Manjula**



జన్మ సంవత్సరం/Year of Birth: 1988  
స్త్రీ / Female

**2179 9301 5662**



**ఆధార్ - సామాన్యని హక్కు**



Government of India



సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్లైన్ అప్లెటికేషన్ ద్వారా పొందవచ్చు.

**INFORMATION**

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది.
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయపడుతుంది.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరుబాహు: W/O ప్రతాప్ ఆర్ నాయక్,  
16-791,  
యమ్ ఆర్ ఓ ఆఫీసు ఎదురు,  
సీతారామపురిం తండా,  
పిడుగురాలాళ్ళ,  
పిడుగురాలాళ్ళ,  
గుంటూరు,  
ఆంధ్ర ప్రదేశ్,  
522413

Address: W/O Pratap R Naik, 16-791, opposit mro office, seetharamapuram thanda, Piduguralla, Piduguralla, Guntur, Andhra Pradesh, 522413



1947  
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



సీ.ఎ. ఛార్జ్ నెం. 1947,  
పిడుగురాల-566681

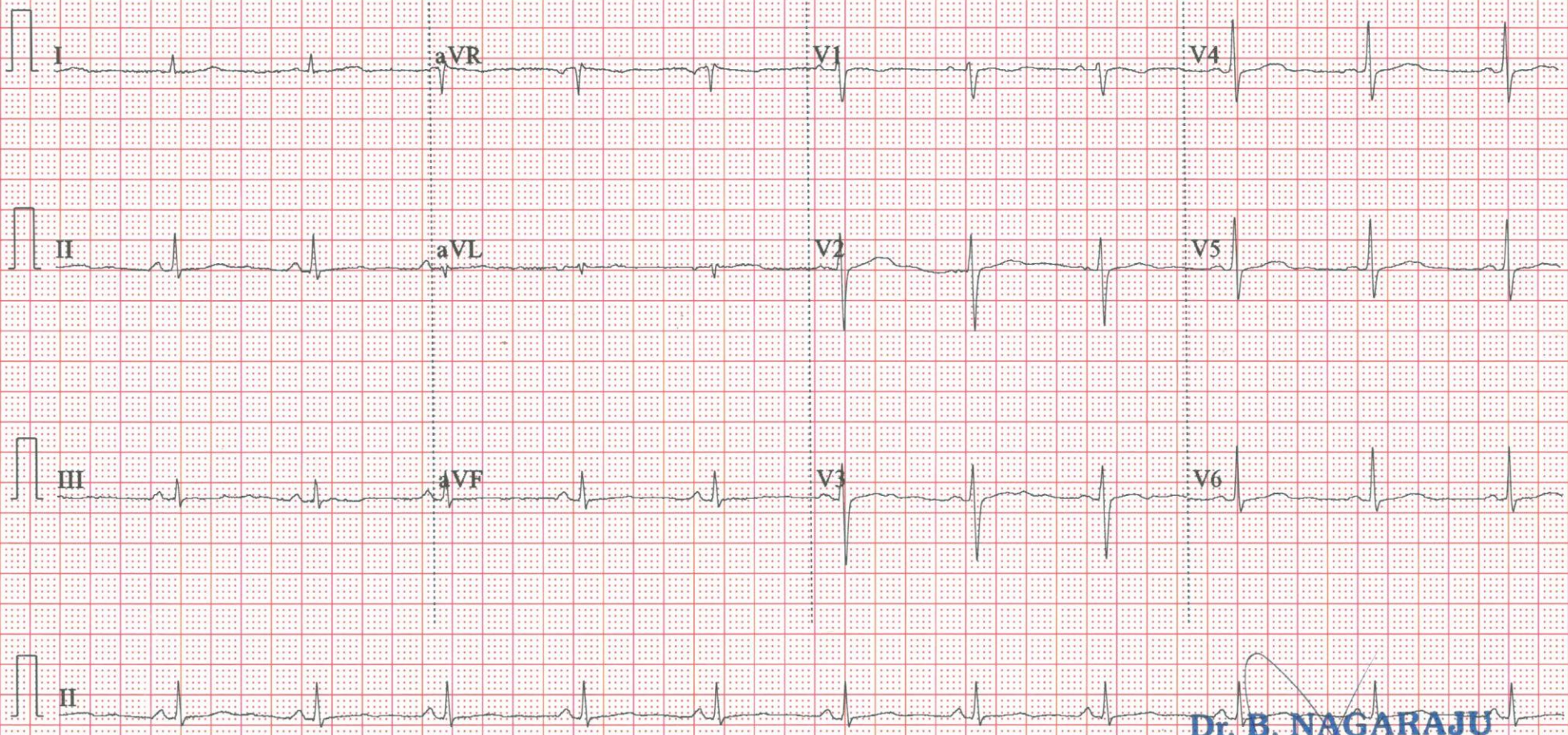


ID: 37005  
Mrs. Manjula B  
Female 35Years  
Req. No. :

28-10-2023 09:15:33  
HR : 67 bpm  
P : 93 ms  
PR : 139 ms  
QRS : 82 ms  
QT/QTcBz : 413/439 ms  
P/QRS/T : 75/57/32 °  
RV5/SV1 : 0.864/0.472 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



**Dr. B. NAGARAJU**  
Regd. No. 70760 MBBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR

Name: ..... Mrs. Mangula. B .....  
Date: 28/10/23 ..... Age: 35 years Sex: Female .....  
Address: ..... Guntur .....



Routine health checkup  
c/o Dyspareunia

TEMP: (P) .....  
B.P: 90/60 mm/Hg .....  
PULSE: 72 bps .....  
WEIGHT: 46 kgs .....  
HEIGHT: 154 cm .....

1) Cap. PPBLOCK-ASR

1-0-0-(30)

2) Sgr. DIGECAINE

10ml BD-(1)

**Dr. KEERTHI KISHORE NAGALLA**  
Regd.No: 64905 MBBS, M.D. General Medicine  
CONSULTANT GENERAL PHYSICIAN  
YODA DIAGNOSTICS-GUNTUR



Name: Mrs. Mangula B.  
 Date: 28/10/23 Age: 35 years Sex: Female  
 Address: Guntur



TEMP: 37.8  
 B.P: 90/60 mmHg  
 PULSE: 72 bpm  
 WEIGHT: 46 kg  
 HEIGHT: 154 cm

? Gastroenteritis (+)

Post hysterectomy - 3 yrs back  
 (AUS)

Ch epigastric pain since 3 months  
 Feels on & off  
 Constipation (+)

Hb - Appendicitis  
 hernia/cholelithiasis  
 ↓

3 yrs back

Coax Malignancy (Mucous)  
 P/A - Soft  
 Non-tender

P/S - No PPL

Pt not allowed for P/L examination

Adv

- Tab. omeprazole 20mg TID x 5 days

- Tab. BUSCAPAN TID x 3 days

- Tab. esmoprostal-D OD x ~~12~~ 15 days
- Tab. calcium OD x 1 month

*Bharathi*  
Dr. B. BHARATHI  
M.S OBG  
Obstetrics and Gynecology  
REGD. No: APMC 96195

DATE: 28-10-23NAME: B. MANJULAAGE: 38/F ADDRESS: \_\_\_\_\_TYPE OF LENS: GLASS  CONTACTS CR  POLYCARBONATE COATINGS : ARC  HARD COAT TINT : White  SP2  PHOTO GREY BIFOCALS : KRYPTOK  EXECUTIVE "D"  PROGRESSIVE 

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	- 0.75			- 0.50	- 0.75	180°
ADD						

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V. \_\_\_\_\_

N.V. \_\_\_\_\_ CONSTANT USE \_\_\_\_\_

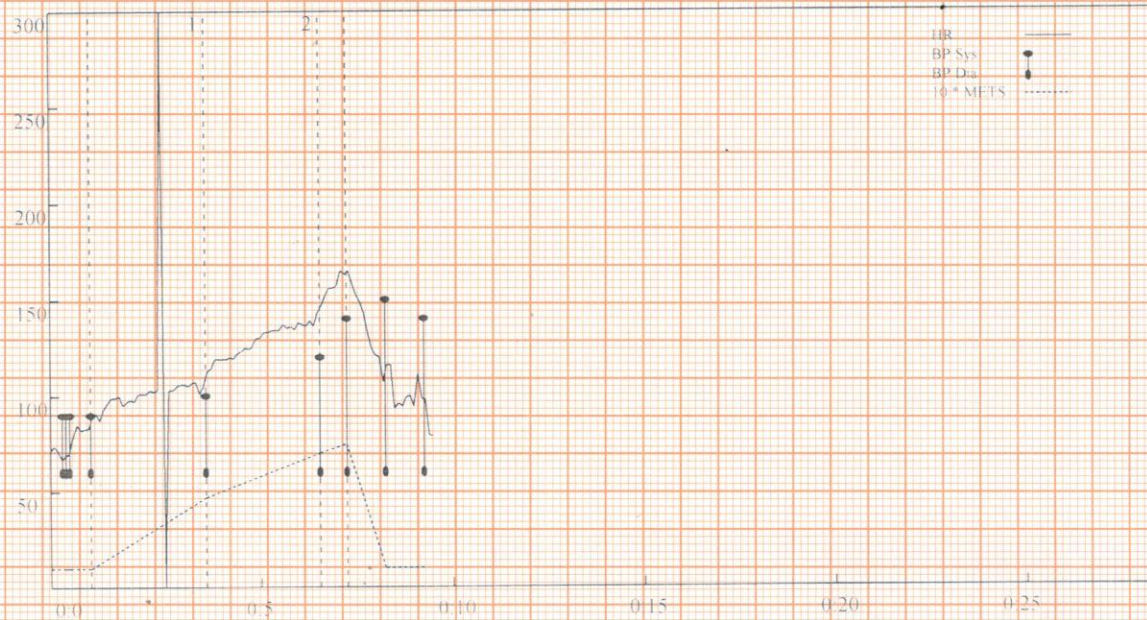
# Yoda Diagnostic Guntur

Name: MRS .MANJULA B

Date: 28-10-2023

Time: 11:19

## Exercise Trend



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:41 achieving a work level of 7.5 METS.  
Resting Heart Rate, initially 74 bpm rose to a max. heart rate of 165bpm (89% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 90/60 mmHg, rose to a maximum Blood Pressure of 150/60 mmHg  
\* No Significant ST-T Changes During Exercise & Recovery  
\* Good Exercise Tolerance  
\* Stress Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: DR SELF

Schiller Spandam CS-10 Version 2.11

**Dr. B. NAGARAJU**  
Regd.No: 70780 MBBS, M.D, DM  
CONSULTANT CARDIOLOGIST  
YODA DIAGNOSTICS-GUNTUR

Doctor: DR NAGARAJU

( Summary Report edited by User )

## Yoda Diagnostic Guntur

**Name: MRS .MANJULA B**

Date: 28-10-2023

Time: 11:19

Age: 35      Gender: F

Height: 154 cms

Weight: 46 Kg

ID: 37005

Clinical History: NO

Medications: NO

### Test Details:

Protocol: Bruce

Predicted Max HR: 185

Target HR: 157

Exercise Time: 0:06:41

Achieved Max HR: 165 (89% of Predicted MHR)

Max BP: 150/60

Max BP x HR: 24750

Max Mets: 7.5

Test Termination Criteria:

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:17	1	0	0	74	90/60	6660	0.6 aVR	0.4 II
Standing	00:07	1	0	0	67	90/60	6030	-1 aVR	-0.6 aVR
HyperVentilation	00:06	1	0	0	69	90/60	6210	2.2 aVR	0.5 V3
PreTest	00:32	1	1.6	0	83	90/60	7470	-6.8 aVR	4.6 aVR
Stage 1	03:00	4.7	2.7	10	101	100/60	10100	-3.4 aVR	1 V6
Stage 2	03:00	7	4	12	136	120/60	16320	9.9 aVR	2.6 aVR
Peak Exercise	00:41	7.5	5.5	14	165	140/60	28100	17.5 aVR	-1.1 V1
Recovery1	01:00	1	0	0	120	150/60	18000	2.2 V4	2.8 V4
Recovery2	01:00	1	0	0	111	140/60	15540	-2.3 II	1.2 V3

# Yoda Diagnostic Guntur

MRS .MANJULA B

ID: 37005

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:17

HR: 74 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

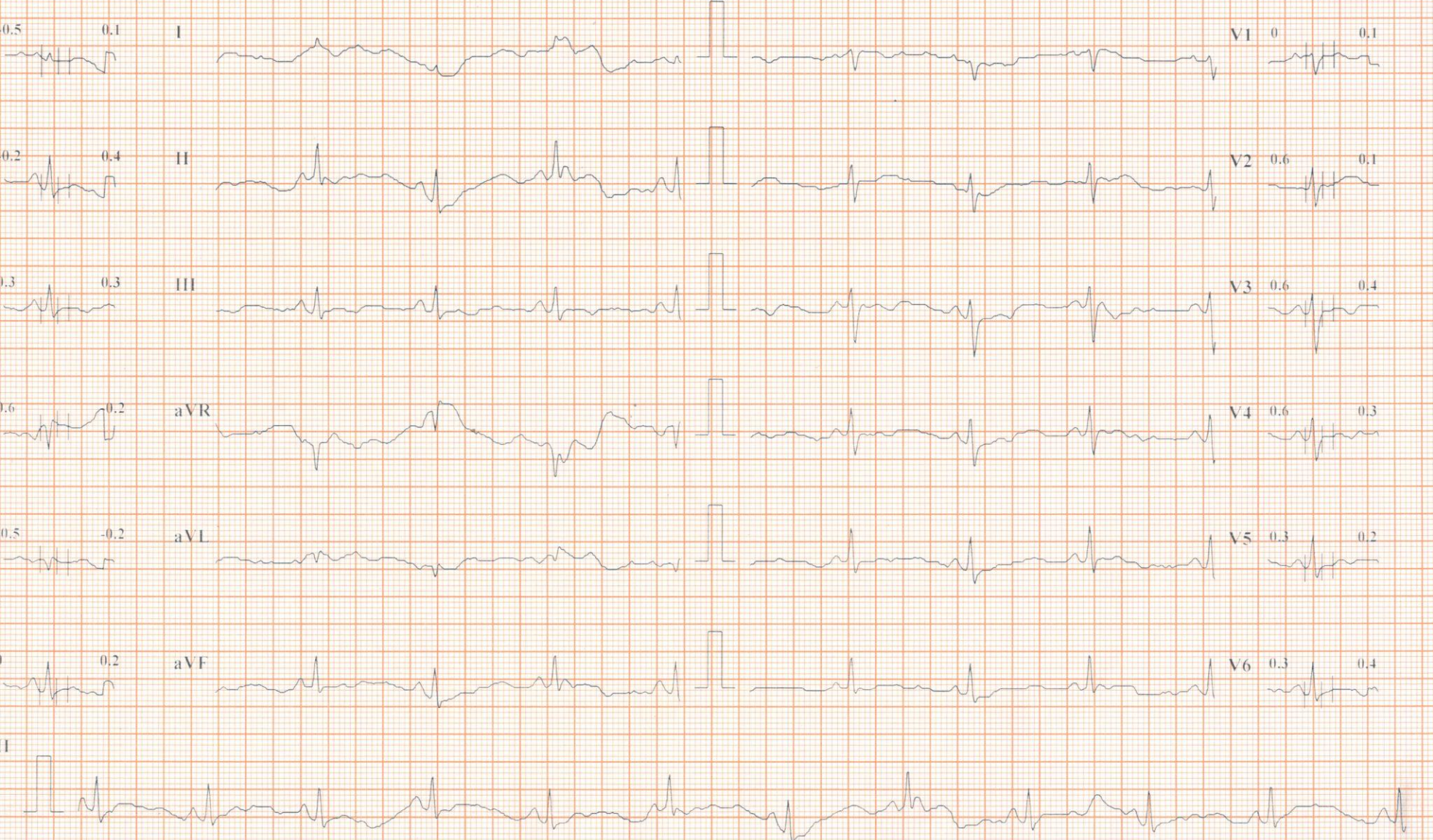
Slope: 0%

THR: 157 bpm

BP: 90/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





# Yoda Diagnostic Guntur

MRS .MANJULA B

Bruce Protocol

ID: 37005

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 67 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

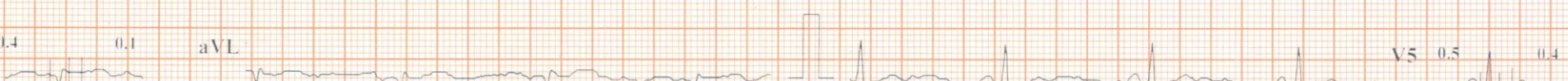
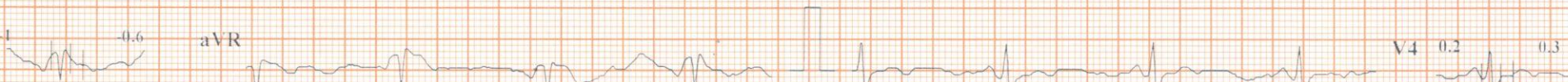
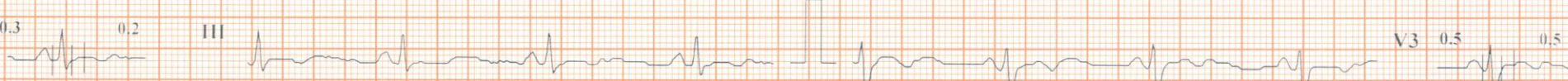
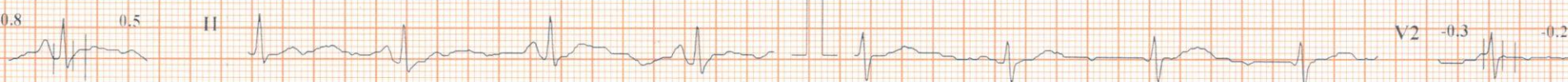
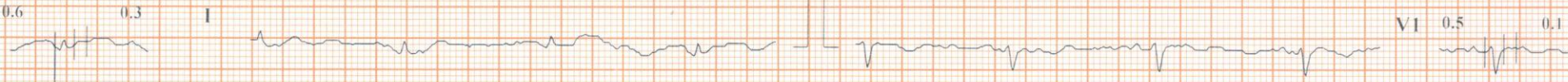
Speed: 0

Slope: 0 %

THR: 157 bpm

BP: 90/60 mmHg

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

ID: 37005

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 69 bpm

Bruce Protocol

Stage: HyperVentilation

Speed: 0

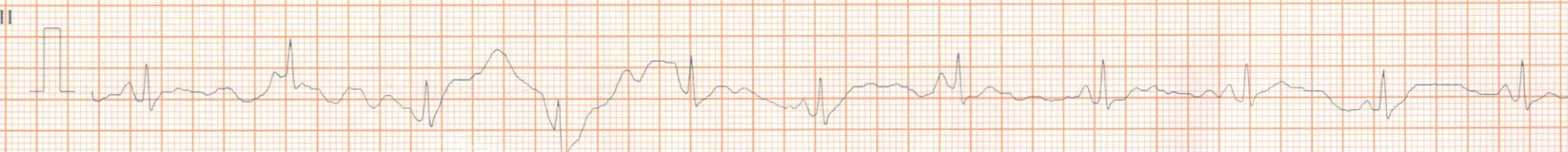
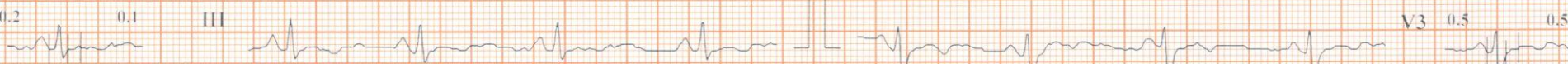
Slope: 0%

THR: 157 bpm

BP: 90/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

ID: 37005

Date: 28-10-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 101 bpm

Bruce Protocol

Stage: I

Speed: 2.7 kmph

Slope: 10%

TfHR: 157 bpm

BP: 100/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

ID: 37005

Date: 28-10-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 136 bpm

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 157 bpm

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

HR: 165 bpm

Bruce Protocol

ID: 37005

Date: 28-10-2023

Exec Time : 0:06:41

Stage Time: 00:41

BP: 140/60 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14%

TfHR: 157 bpm

STLevel(mm) STSlope(mV/s)

10.9 -0.3 I V1 0.6 -1.1

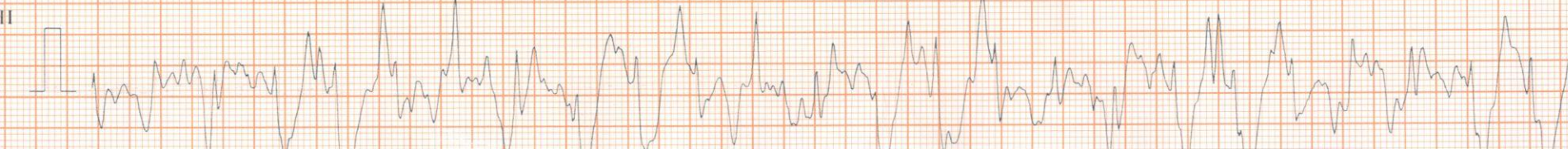
13.3 0.2 II V2 2.5 0.4

2.4 0.4 III V3 4.2 0.2

7.5 0.2 aVR V4 2.3 0.6

12 -0.3 aVL V5 3.1 1

7.2 0.2 aVF V6 3.4 0.1



# Yoda Diagnostic Guntur

**MRS .MANJULA B**

Bruce Protocol      ID: 37005      Date: 28-10-2023      Exec Time : 00:00      Stage Time: 01:00      HR: 120 bpm  
 Stage: Recovery I      Speed: 0 kmph      Slope: 0%      THR: 157 bpm      BP: 150/60 mmHg  
 STLevel(mm)    STSlope(mV/s)      STLevel(mm)    STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

Bruce Protocol

ID: 37005

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 111 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

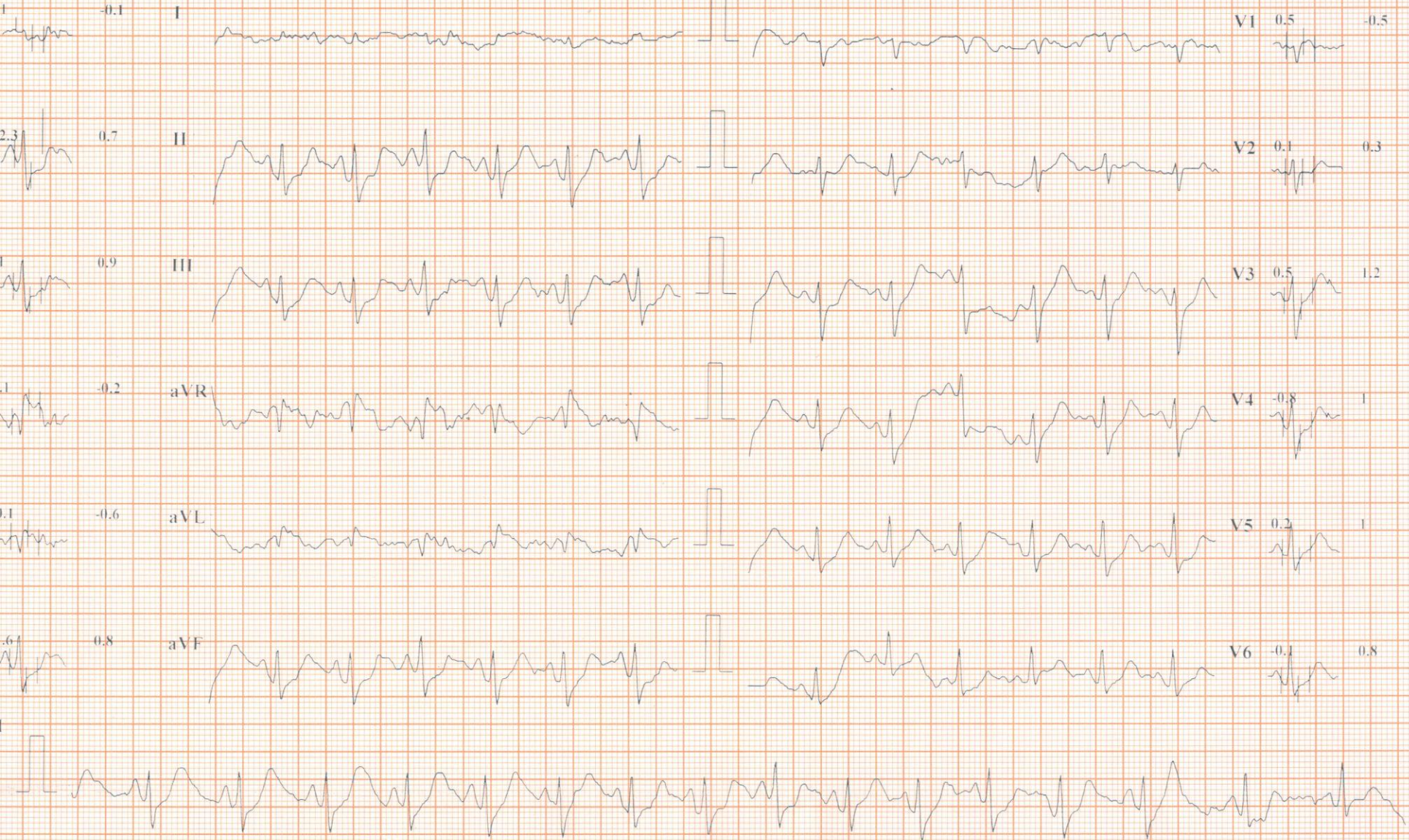
Speed: 0 kmph

Slope: 0 %

THR: 157 bpm

BP: 140/60 mmHg

STLevel(mm) STSlope(mV/s)



# Yoda Diagnostic Guntur

MRS .MANJULA B

ID: 37005

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 00:26

HR: 79 bpm

Bruce Protocol

Stage: Recovery 3

Speed: 0 kmph

Slope: 0 %

THR: 157 bpm

BP: 110/60 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

