

6236799
28 Years

MRS EMADI SHRAVYA
Female

10-Feb-24 11:54:52 AM

YODA LIFELINE DIAGNOSTICS

Rate 80 Sinus rhythm.....normal P axis, V-rate 50- 99

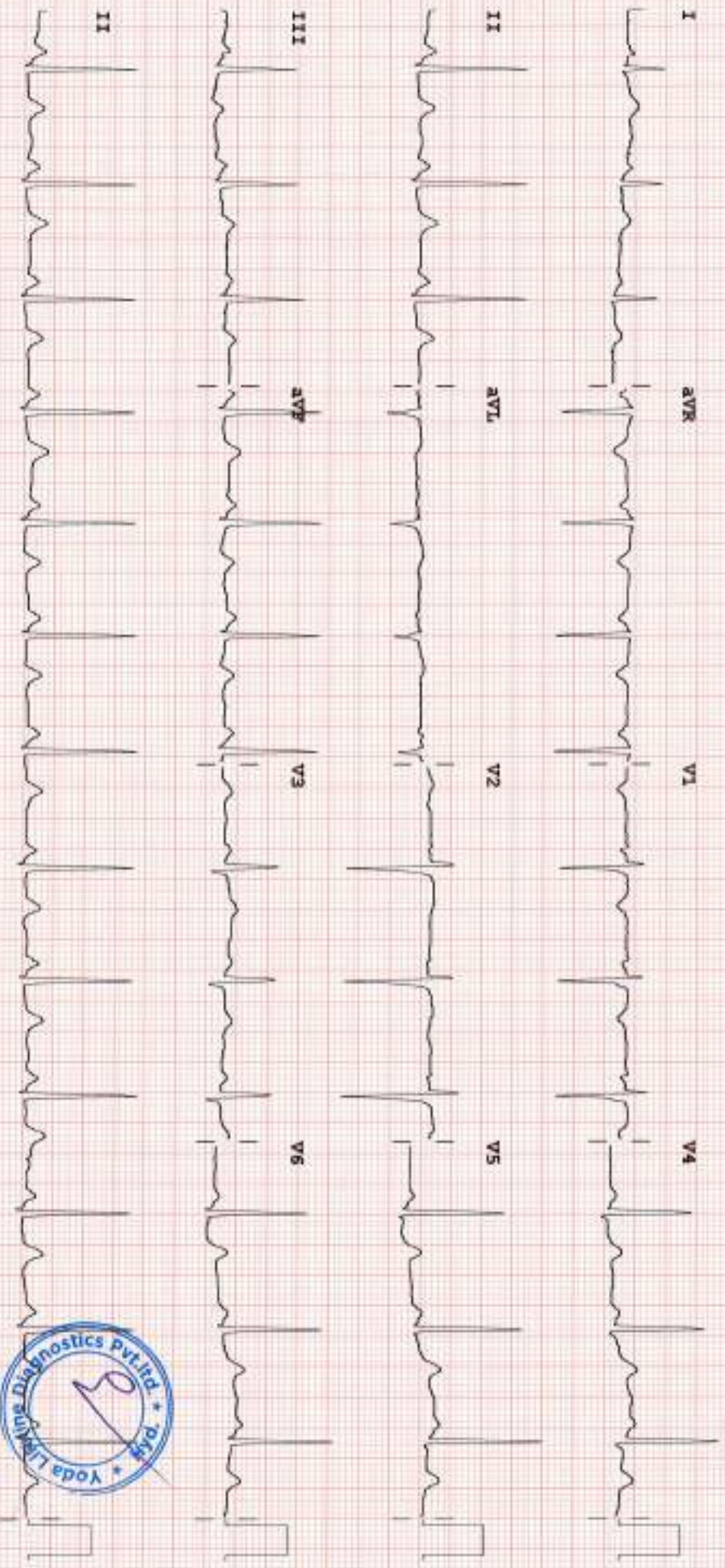
PR 126
QRSD 91
QT 376
QTc 434

--AXIS--
P 62
QRS 75
T 48

- NORMAL ECG -

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50-0.15-100 Hz

100B CL

P7

EYE GLASS PRESCRIPTION

Name : MRS Emmadi Sharanya
 Age : 28 Employee ID: 623299
 Gender: F Date: 10/08/24

Vn
 (unaided)
 PGP

6/6	6/6
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Distance	SPH	CYL	AXIS	BCVA
OD	P	—		6/6
OS	P	—		6/6

Add

N	G
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@ 38 cms

LENS TYPE

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

Remarks: CV - normal


 Signature

MRS Emmadi shravya

10/02/24

28/F

623799

Has come for general eye examination

No H/O DM and HTN

No H/O using glasses

slit lamp examination

i.o. O/D WNL < Normal

i.o. O/S WNL < Normal

i.o. CVN < Normal

(R)

Visit ID	: YOD623799	UHID/MR No	: YOD.0000601760
Patient Name	: Mrs. EMMADI SHRAVYA	Client Code	: YOD-DL-0021
Age/Gender	: 28 Y 0 M 0 D /F	Barcode No	: 10921659
DOB	:	Registration	: 10/Feb/2024 09:28AM
Ref Doctor	: SELF	Collected	: 10/Feb/2024 09:45AM
Client Name	: MEDI WHEELS	Received	: 10/Feb/2024 10:09AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 11:17AM
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	14	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 :
J. Krishna Kishore



Approved By :


DR PRANITHA ANAPINDI
 MD, CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 10:34AM
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DEPARTMENT OF HAEMATOLOGY

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CBC(COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.16	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.7	%	36.0 - 46.0	RBC pulse height detection
MCV	90.6	fL	83 - 101	Automated/Calculated
MCH	30.5	pg	27 - 32	Automated/Calculated
MCHC	33.7	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.3	%	11.0-16.0	Automated Calculated
RDW - SD	40.9	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	9.5	fL	8.30-25.00	Calculated
PCT	0.42	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,550	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	54.3	%	40 - 80	Impedance
LYMPHOCYTE	38	%	20 - 40	Impedance
EOSINOPHIL	1.6	%	01 - 06	Impedance
MONOCYTE	5.4	%	02 - 10	Impedance
BASOPHIL	0.7	%	0 - 1	Impedance
PLATELET COUNT	4.94	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 10/Feb/2024 11:44AM
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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	1.03	ng/ml	0.60 - 1.78	CLIA
T4	11.86	ug/dl	4.82-15.65	CLIA
TSH	1.02	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements from 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)

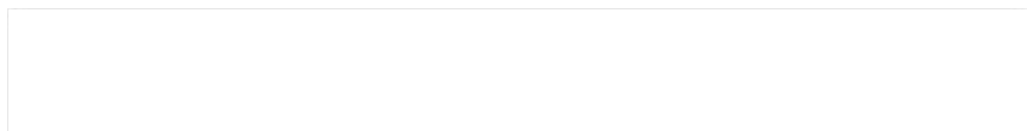
Comments:

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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DEPARTMENT OF BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.45	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.36	mg/dl		Calculated
AST (S.G.O.T)	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	16	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	87	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.61			Calculated

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 FFM, FDM
 MD BIOCHEMISTRY

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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE

Sample Type : SERUM				
TOTAL CHOLESTEROL	134	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	53	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	69	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	60	mg/dl	See Table	GPO
VLDL	12.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	2.53		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.13	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	81	mg/dl	< 130	Calculated

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

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

Note:

- 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

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DEPARTMENT OF BIOCHEMISTRY

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HBA1C

Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	4.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	94	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	25	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.7	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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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	85	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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Ref Doctor	: SELF	Collected	: 10/Feb/2024 12:09PM
Client Name	: MEDI WHEELS	Received	: 10/Feb/2024 12:49PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 02:04PM
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	92	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
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.59	mg/dl	0.60 - 1.10	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).

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM				
GGT	11	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.

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URIC ACID -SERUM

Sample Type : SERUM				
SERUM URIC ACID	4.6	mg/dl	2.6 - 6.0	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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	11.7	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.59	mg/dl	0.60 - 1.10	KINETIC-JAFFE
BUN/CREATININE RATIO	19.79	Ratio	6 - 25	Calculated

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Approved By :


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

Visit ID	: YOD623799	UHID/MR No	: YOD.0000601760
Patient Name	: Mrs. EMMADI SHRAVYA	Client Code	: YOD-DL-0021
Age/Gender	: 28 Y 0 M 0 D /F	Barcode No	: 10921659
DOB	:	Registration	: 10/Feb/2024 09:28AM
Ref Doctor	: SELF	Collected	: 10/Feb/2024 09:28AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 01:26PM
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	: 2.7 cms
LEFT VENTRICLE	:
	EDD : 4.8 cm IVS(d) : 0.8 cm LVEF : 66 %
	ESD : 2.2 cm PW (d) : 0.7 cm FS : 33 %
	No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.2cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal

Verified By :
J. Krishna Kishore



Approved By :

E. Madhav
 Dr. E. Madhav Kumar
 PGDHRM (D.P.)
 MBBS, FCIBCC (Dip. Cardiology)
 Cardiologist

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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal
 INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.8 m/sec, A 0.6 m/sec.
 AORTIC FLOW : 1.0m/sec
 PULMONARY FLOW : 0.8m/sec
 TRICUSPID FLOW : TRJV :2.1 m/sec, RVSP 26 mmHg

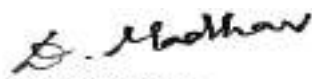
COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL TR
- * NO PE / CLOT / PAH

Verified By :
 J. Krishna Kishore



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 Cardiologist

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Ref Doctor	: SELF	Collected	: 10/Feb/2024 09:45AM
Client Name	: MEDI WHEELS	Received	: 10/Feb/2024 11:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Feb/2024 01:11PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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Verified By :
J. Krishna Kishore



Approved By :


DR PRANITHA ANAPINDI
 MD, CONSULTANT PATHOLOGIST

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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE

PHYSICAL EXAMINATION

TOTAL VOLUME	20 ML	ml		
COLOUR	YELLOW			
APPEARANCE	HAZY			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	5.0		4.6 - 8.0	Double Indicator
PROTEIN	POSITIVE (+)		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	POSITIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	10-15	/hpf	0 - 15	
RBCs	40-45	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

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

Verified By :
J. Krishna Kishore



Approved By :


DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF CLINICAL PATHOLOGY

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DR PRANITHA ANAPINDI
 MD, CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. EMMADI SHRAVYA	Visit ID	YOD623799	Registration Date	10-02-2024 09:28 AM
Age / Gender	28/FEMALE	UHID	YOD.0000601760	Collection Date	10-02-2024 09:28 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10921659	Sample Type		Reported Date	10-02-2024 11:08 AM

ULTRASOUND WHOLE ABDOMEN & PELVIS

Clinical Details : General check-up.

LIVER: Normal in size (110mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

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

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

SPLEEN: Normal in size (76mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 94x43mm. 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 97x41mm. 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 63x47x36mm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (5.6mm).

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

Right ovary measures 30x20mm and left ovary measures 31x19mm.

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

No free fluid is seen in pelvis.

IMPRESSION:

- No significant sonographic abnormality detected with in the scope of this study.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT
RADIOLOGIST



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