

Visit ID	: YGT24326	UHID/MR No	: YGT.0000024192
Patient Name	: Mr. VALLURI NARESH KUMAR	Client Code	: 1409
Age/Gender	: 39 Y 11 M 17 D /M	Barcode No	: 10621555
DOB	: 25/Aug/1983	Registration	: 12/Aug/2023 08:37AM
Ref Doctor	: SELF	Collected	: 12/Aug/2023 08:37AM
Client Name	: MEDI WHEELS	Received	:
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**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size (15.2 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 : *Partially distended*. No evidence of wall thickening / calculi.

PANCREAS : *Poor window*.

SPLEEN : Normal in size (10.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.6 x 4.9 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 8.9 x 4.8 cm. Normal in size with smooth contours. Parenchymal texture normal. *1.7 x 1.4 cm simple cortical cyst noted in lower pole of left kidney*. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

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

PROSTATE : Normal in size (vol : 24 cc) and echo-texture.

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

No free fluid is seen in peritoneal cavity.

**IMPRESSION:**

- Simple left renal cortical cyst.

Verified By :

GOPI



Approved By :

*Sushma Vuyyuru*  
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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Dr. SUSHMA VUYYURU  
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CONSULTANT RADIOLOGIST

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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>35</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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 Consultant Pathologist

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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	AB			
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. Advsieed cross matching before transfusion

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


HAEMOGLOBIN (HB)	14.3	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.70	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	41.3	%	40.0 - 50.0	RBC pulse height detection
MCV	87.8	fL	83 - 101	Automated/Calculated
MCH	30.4	pg	27 - 32	Automated/Calculated
MCHC	<b>34.6</b>	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	41.3	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.15	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,019	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	30	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	1.79	Lakhs/cumm	1.50 - 4.10	Impedance

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**THYROID PROFILE (T3,T4,TSH)**
**Sample Type : SERUM**

T3	1.03	ng/ml	0.60 - 1.78	CLIA
T4	9.84	ug/dl	4.82-15.65	CLIA
TSH	2.38	uIU/mL	0.30 - 5.60	CLIA

**INTERPRETATION:**

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.
- 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:


- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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	1.02	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.18	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.84	mg/dl		Calculated
S.G.O.T	21	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	16	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	68	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.6	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl		Calculated
A/G RATIO	1.45			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>241</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	53	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	170.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	87	mg/dl	See Table	GPO
VLDL	17.4	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.55		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.64	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>188</b>	mg/dl	< 130	Calculated

**Interpretation**

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

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


- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
  - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
  - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
  - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	5.6	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	114	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	31	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	14.5	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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Test Name	Result	Unit	Biological. Ref. Range	Method
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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	91	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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**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	97	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
- Extraprostatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.16	mg/dl	0.67 - 1.17	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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**URIC ACID -SERUM**

**Sample Type : SERUM**

SERUM URIC ACID	6.1	mg/dl	3.5 - 7.20	URICASE - PAP
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Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

Verified By :

GOPI



Approved By :



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



<b>Visit ID</b>	: YGT24326	UHID/MR No	: YGT.0000024192
<b>Patient Name</b>	: Mr. VALLURI NARESH KUMAR	Client Code	: 1409
Age/Gender	: 39 Y 11 M 17 D /M	Barcode No	: 10621555
DOB	: 25/Aug/1983	Registration	: 12/Aug/2023 08:37AM
Ref Doctor	: SELF	Collected	: 12/Aug/2023 08:39AM
Client Name	: MEDI WHEELS	Received	: 12/Aug/2023 09:04AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 10:00AM
Hospital Name	:		

**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)	14.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.16	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	12.40	Ratio	6 - 25	Calculated

Verified By :

GOPI



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 MBBS, DCP  
 Consultant Pathologist

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DOB	: 25/Aug/1983	Registration	: 12/Aug/2023 08:37AM
Ref Doctor	: SELF	Collected	: 12/Aug/2023 08:37AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 11:58AM
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	: 3.3 cms		
LEFT VENTRICLE	: EDD : 5.3 cm	IVS(d) : 0.8 cm	LVEF : 66 %
	ESD : 3.3 cm	PW (d) : 0.9 cm	FS : 37 %
	No RWMA		
IAS	: Intact		
IVS	: Intact		
AORTA	: 3.2 cms		
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	: YGT24326	UHID/MR No	: YGT.0000024192
Patient Name	: Mr. VALLURI NARESH KUMAR	Client Code	: 1409
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 12/Aug/2023 11:58AM
Hospital Name	:		

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

MITRAL FLOW : E : 0.6 m/sec, A : 0.4 m/sec.  
AORTIC FLOW : 1.3 m/sec  
PULMONARY FLOW : 0.8 m/sec  
TRICUSPID FLOW : TRJV : 2.5 m/sec, RVSP : 35 mmHg  
**COLOUR FLOW MAPPING:** Mild TR

**IMPRESSION :**

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

Verified By :  
GOPI

Approved By :

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

<b>Visit ID</b> : YGT24326	<b>UHID/MR No</b> : YGT.0000024192
<b>Patient Name</b> : Mr. VALLURI NARESH KUMAR	<b>Client Code</b> : 1409
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<b>Ref Doctor</b> : SELF	<b>Collected</b> : 12/Aug/2023 08:39AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 12/Aug/2023 09:04AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 12/Aug/2023 11:54AM
<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	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue

**CHEMICAL EXAMINATION**

pH	6.0		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	Azo-coupling 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 :

GOPI



Approved By :

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

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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological. Ref. Range	Method
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\*\*\* End Of Report \*\*\*



Verified By :  
GOPI



Approved By :

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



भारत सरकार

Government of India



Issue Date: 06/03/2012



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NARESH KUMAR VALLURI

जन्म तिथि / DOB: 25/08/1983

पुरुष / MALE



0729 5388 3492



9729 5388 3492

मेरा आधार, मेरी पहचान





भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: S/O लक्ष्मी नारायणा वल्लुरी, एच. नं. 1-94-1,  
एनटीआर स्टीचू के पास, वेलुरु, गुंटूर, आंध्र प्रदेश,  
522619

Print Date: 20/04/2021

Address: S/O Lakshmi Narayana Valluri, H.  
No. 1-94-1, Near NTR Statue, Veluru,  
Guntur, Andhra Pradesh, 522619



9729 5388 3492



1947



help@uidai.gov.in



www.uidai.gov.in



Mr. V. NARESH KUMAR  
10621555  
Male  
39 years  
..... cm / ..... kg

HR 65/min  
Intervals:  
RR 923 ms  
P 88 ms  
PR 148 ms  
QRS 86 ms  
QT 346 ms  
QTc 360 ms

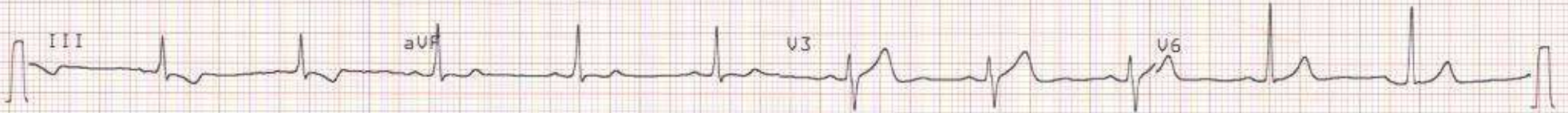
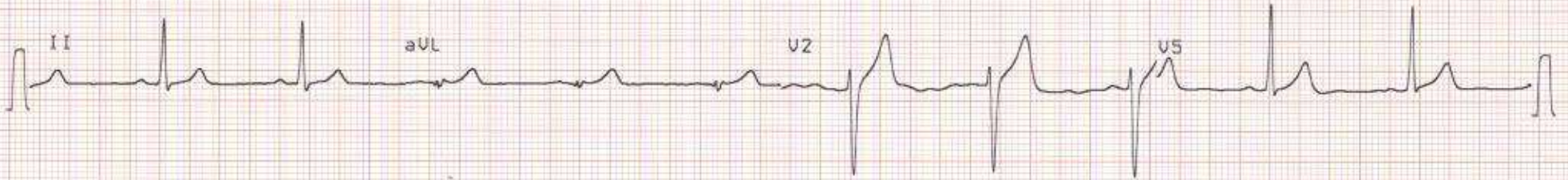
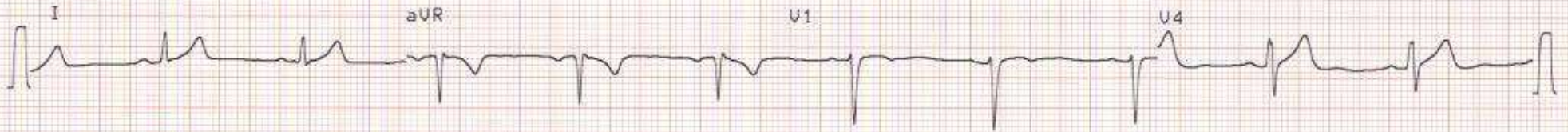
Axis:  
P 45°  
QRS 67°  
T 12°  
P (II) 0.09 mV  
S (V1) -1.30 mV  
R (V5) 1.70 mV  
Sokol. 3.39 mV

SINUS RHYTHM  
NORMAL ECG  
5.79

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

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



Name: Mr. Valluri Natesh Kumar  
Date: 12/08/23 Age: 39 years Sex: Male  
Address: Guntur



Routine Health checkup  
NO complaints


Total cholesterol  
— 241 mg/dl  
LDL — 170 mg/dl

- 1) Low Fat Food
- 2) Tab. NOVASTAT 10mg

o o 1

(30)

TEMP: 98  
B.P: 110/60 mmHg  
PULSE: 64 bpm  
WEIGHT: 85 kg  
HEIGHT: 1.80 cm



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

**CONTACT US**

DATE: 12-08-23

NAME: V. Naresa Kumar. Gaur

AGE: 39/40 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		-0.50	180		-0.50	180
ADD						


INSTRUCTIONS \_\_\_\_\_

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

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



 ODA  
LOGISTICS

 GPS Map Camera

**Guntur, Andhra Pradesh, India**

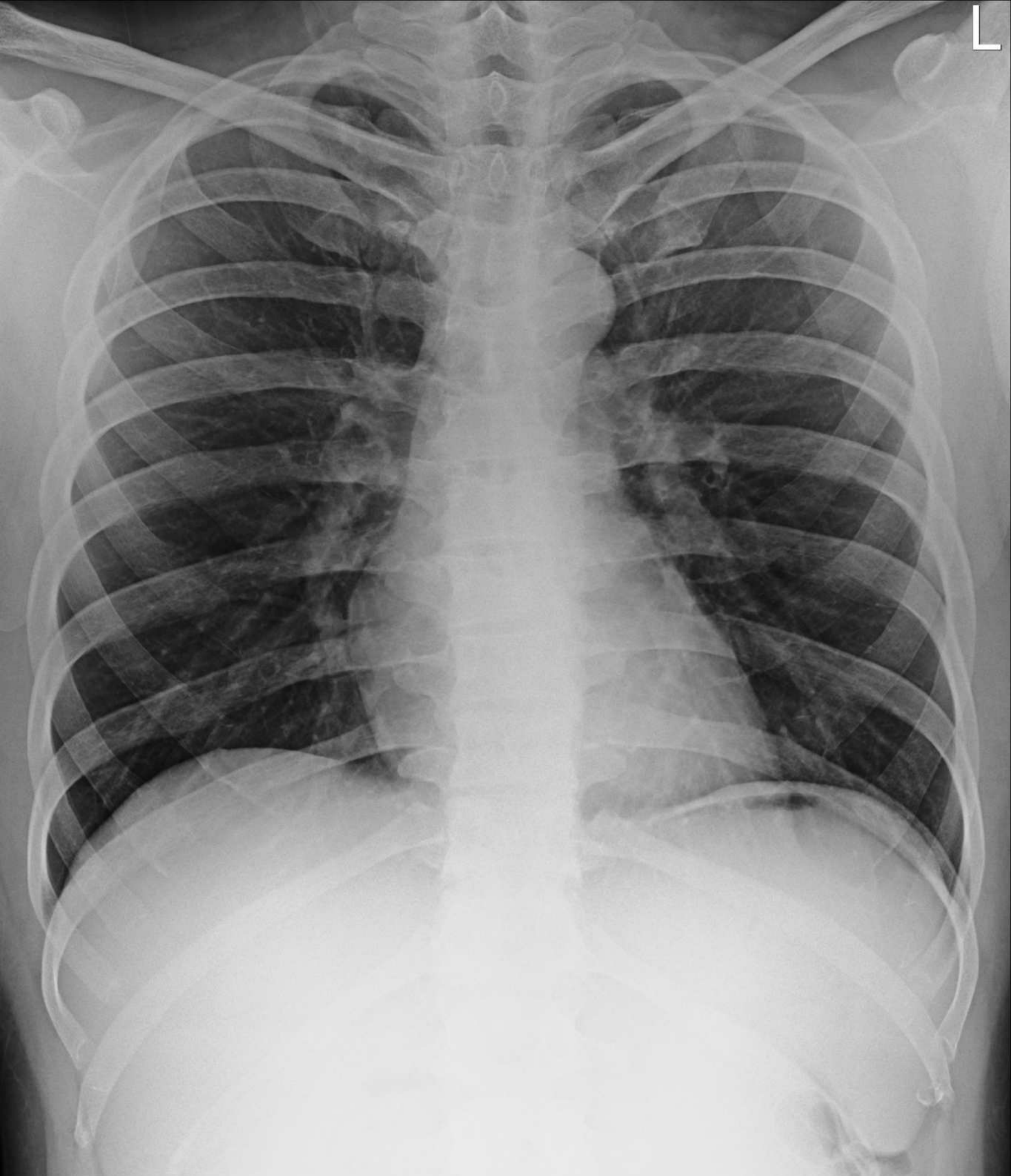
7FX2+PJ8, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299268°

Long 80.451639°

12/08/23 08:29 AM GMT +05:30





VALLURI. NARESH KUMAR 39Y MALE 10621555 CHEST PA 12-Aug-23

YODA DIAGNOSTICS