

EYE GLASS PRESCRIPTION

Name : Moola Tejaswi
 Age : 22 Employee ID: Y01717148
 Gender : F Date: 24/06/23

Vn
(unaided)
PGP

6/36	6/24
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Distance

	SPH	CYL	AXIS	BCVA
OD	-7	-75	180	6/6
OS	-7	-50	180	6/6

Add

N	G
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Concave

LENS TYPE

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

Remarks: _____



Visit ID	: YGT17148	UHID/MR No	: YGT.0000017021
Patient Name	: Mrs. MORLA.TEJASWI	Client Code	: 1409
Age/Gender	: 22 Y 0 M 0 D /F	Barcode No	: 10547448
DOB	:	Registration	: 24/Jun/2023 10:37AM
Ref Doctor	: SELF	Collected	: 24/Jun/2023 10:38AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 11:17AM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size(15.6 cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Well distended. No evidence of calculi / wall thickening. Visualised common bile duct & portal vein appears normal.

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

SPLEEN : Enlarged in size(12.7cm) and normal echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures(11.9* 4.0cm). 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(12.1* 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.

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

UTERUS : GRAVID UTERUS . FEMUR LENGTH : 6.0 cm : 31w 4d.

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:

- SINGLE LIVE INTRAUTERINE FETUS CORRESPONDING TO 31 WEEKS 4 DAYS AS PER BIOMETRY.
- BORDERLINE SPLENOMEGALY.

Verified By :
SHARMILA



Approved By :

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

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DEPARTMENT OF RADIOLOGY

suggested clinical correlation and follow up study

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Client Name	: MEDI WHEELS	Received	: 24/Jun/2023 11:09AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 12:15PM
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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	40	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.


Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 11:58AM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	A			
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. Advdsied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY


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

HAEMOGLOBIN (HB)	12.4	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.75	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	36.8	%	36.0 - 46.0	RBC pulse height detection
MCV	77.4	fL	83 - 101	Automated/Calculated
MCH	26.1	pg	27 - 32	Automated/Calculated
MCHC	33.8	g/dl	32 - 35	Automated/Calculated
RDW - CV	20.8	%	11.0-16.0	Automated Calculated
RDW - SD	61.5	fl	35.0-56.0	Calculated
MPV	8.7	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.16	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	11,080	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	73.7	%	40 - 80	Impedance
LYMPHOCYTE	21.8	%	20 - 40	Impedance
EOSINOPHIL	1.4	%	01 - 06	Impedance
MONOCYTE	3.1	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	1.78	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	1.77	ng/ml	0.60 - 1.78	CLIA
T4	15.60	ug/dl	4.82-15.65	CLIA
TSH	2.41	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- 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.

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:

- 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	0.56	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.43	mg/dl		Calculated
S.G.O.T	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	13	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	65	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.2	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	3.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl		Calculated
A/G RATIO	1.14			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	257	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	67	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	165.6	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	122	mg/dl	See Table	GPO
VLDL	24.4	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.84		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.82	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	190	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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Client Name : MEDI WHEELS	Received : 24/Jun/2023 11:11AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Jun/2023 01:04PM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.5	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	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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Client Name : MEDI WHEELS	Received : 24/Jun/2023 11:12AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Jun/2023 11:37AM
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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	15	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	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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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Jun/2023 11:44AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	78	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 : 24/Jun/2023 01:02PM
Client Name : MEDI WHEELS	Received : 24/Jun/2023 01:42PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Jun/2023 01:57PM
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	104	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	0.44	mg/dl	0.51 - 0.95	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	23	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	4.1	mg/dl	2.6 - 6.0	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.

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Client Name	: MEDI WHEELS	Received	: 24/Jun/2023 11:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 11:37AM
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)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.44	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	15.93	Ratio	6 - 25	Calculated

Verified By :
SHARMILA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist


Visit ID	: YGT17148	UHID/MR No	: YGT.0000017021
Patient Name	: Mrs. MORLA.TEJASWI	Client Code	: 1409
Age/Gender	: 22 Y 0 M 0 D /F	Barcode No	: 10547448
DOB	:	Registration	: 24/Jun/2023 10:37AM
Ref Doctor	: SELF	Collected	: 24/Jun/2023 10:38AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 01:57PM
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 : 3.1 cms
LEFT VENTRICLE : EDD : 5.3 cm IVS(d) : 0.8 cm LVEF : 69%
ESD : 3.2 cm PW (d) : 0.9 cm FS : 39%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.8 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
SHARMILA

Approved By :


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

Visit ID	: YGT17148	UHID/MR No	: YGT.0000017021
Patient Name	: Mrs. MORLA.TEJASWI	Client Code	: 1409
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Ref Doctor	: SELF	Collected	: 24/Jun/2023 10:38AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 01:57PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.6m/sec, A - 0.4m/sec.
AORTIC FLOW : 1.3m/sec
PULMONARY FLOW : 1.2m/sec
TRICUSPID FLOW : TRJV : 2.3m/sec, RVSP - 32mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :


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

CONSULTANT CARDIOLOGIST

Verified By :
SHARMILA



Approved By :



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

Visit ID	: YGT17148	UHID/MR No	: YGT.0000017021
Patient Name	: Mrs. MORLA.TEJASWI	Client Code	: 1409
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Client Name	: MEDI WHEELS	Received	: 24/Jun/2023 11:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Jun/2023 12:16PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	30 ML	ml		
COLOUR	REDDISH YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	6.5		4.6 - 8.0	Double Indicator
PROTEIN	DETECTED (+)		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	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	4 - 5	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	PRESENT		Nil	
OTHER	NIL			

Verified By :
SHARMILA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT17148	UHID/MR No	: YGT.0000017021
Patient Name	: Mrs. MORLA.TEJASWI	Client Code	: 1409
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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 :
SHARMILA



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2906/04594/01130

To
మార్గ తేజస్వి
Morla Tejaswi
C/O: Morla Siva Nagaraju
2-174
Ramakrishnapuram
Ramakrishnapuram
Adavuladeevi
Adavuladeevi
Guntur Andhra Pradesh - 522262
6303267892

Signature valid

Digitally signed by
MORLA TEJASWI
ADAVULADEEVI
Date: 2022.07.07 12:09
UTC



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4572 0816 9757

VID : 9183 4321 9408 1602

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



Issue Date: 19/07/2011



మార్గ తేజస్వి
Morla Tejaswi
పుట్టిన తేదీ/DOB: 01/01/2000
లింగం / FEMALE

4572 0816 9757

VID : 9183 4321 9408 1602

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ కోడ్ / ఆఫ్లైన్ ఎక్స్ ఎం ఎల్ / ఆన్లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో వ్రాయబడిన లేఖ.

INFORMATION

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- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్ ఆధార్ అప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

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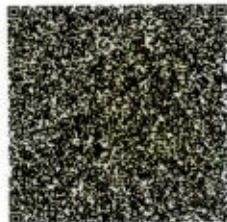


చిరునామా:

ప్రధాన: మోర్తా శివ నాగరాజు, 2-174, రామకృష్ణపురం,
రామకృష్ణపురం, అడవులదేవి, అడవులదేవి, గుంటూరు,
ఆంధ్ర ప్రదేశ్ - 522262

Address:

C/O: Morla Siva Nagaraju, 2-174,
Ramakrishnapuram, Ramakrishnapuram,
Adavuladeevi, Adavuladeevi, Guntur,
Andhra Pradesh - 522262



4572 0816 9757

VID : 9183 4321 9408 1602



1947



help@uidai.gov.in



www.uidai.gov.in

Download Date: 23/07/2022

Mrs. MORLA TEJASWI

HR 69/min

Axis:

SINUS RHYTHM

10547448

Intervals:

P 51 °

NORMAL ECG

Female

RR 869 ms

QRS 16 °

5.79

UNCONFIRMED REPORT

22 years

P 108 ms

T 36 °

cm / kg

PR 126 ms

P (II) 0.15 mV

QRS 92 ms

S (U1) -0.54 mV

QT 384 ms

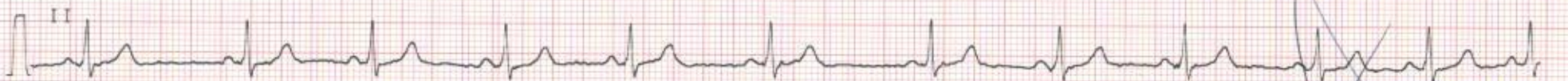
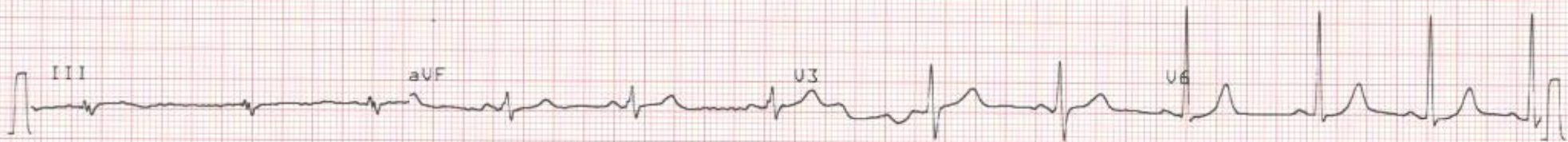
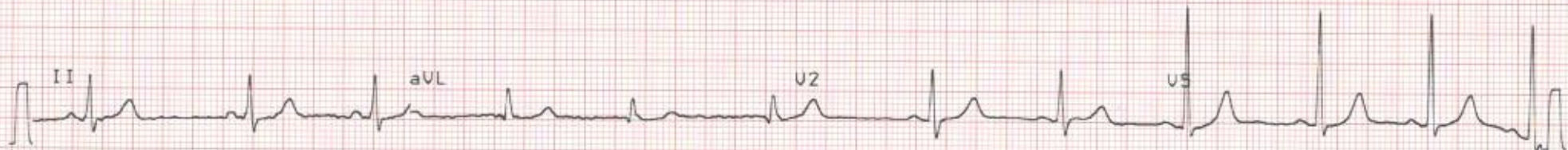
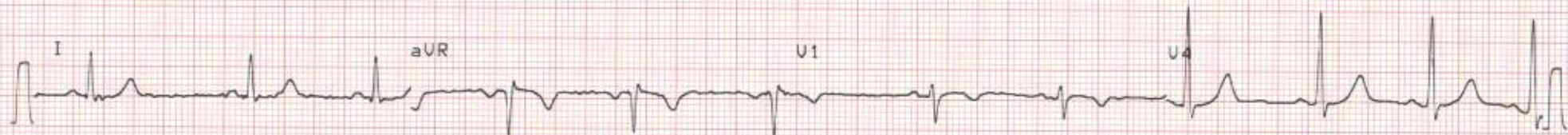
R (U5) 2.31 mV

QTc 413 ms

Sokol. 2.85 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 55F 585 3a 24-JUN-23 10:55:40

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

AT-102 1.37 Ctm

Name: M. Siva naga Raju
 Date: 24/06/23 Age: 34 years Sex: Male
 Address: Guntur



Routine Health check up
 no complaints

NO H/O HTN / DM / CAD / PTB

TEMP:
 B.P: 130/90 mmHg
 PULSE: 100 bpm
 WEIGHT: 72 kg
 HEIGHT: 164 cm

USG - Abdomen
 - (+) Renal cortical cyst

To consult
 Nephrologist

- 1) Low Fat Diet
- 2) cap. J-POWER
 0-0-1-30

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

CONTACT US

M. Tejaswi
22 years / Female

863987749
Bharathi
CSRI ANSALI HOSPITAL

LMP date: 10/11/22
EDD: 17/8/2023
MFX 5yrs

M/H: Regular

Bp: 100/60 mmHg

Pulse: 89 bpm

Weight: 76 Kgs

Height: 165 cm

P₁-L₁-O₁-4yrs-LSCS-dt oligohydramnios-Pvt hosp

A₁-2 Month-MTP kit-3yrs back-flb DRC

A₂-2 Month-MTP kit-2 1/2 yrs back-Not flb DRC

G₄-Present pregnancy
(Spontaneous)

G₄P₁L₁A₂ with 32wk 2d POG with previous

Normal bowel & bladder habits No H/O DM / HTN / Hypox / Asthma
LSCS - No fresh complaints

TIFFA - Intracardiac foci

Fetal echo - Normal SKG

PIA - 32wk
LL
Cephalic
Vt ⊕
FHS Hk
FM ⊕

Adv

- Tab. Iron OD
- Tab. Calcium OD
- Protein powder 2ts in milk
- Left lateral position
- Daily fetal movement count

Dr. B. BHARATHI

M.S. OBG
Obstetrics and Gynecology

REGD. No: APMC 96195
lab.guntur@yodafeline.in

CONTACT US

040 35353535

www.yodadiagnostics.com


lab.guntur@yodafeline.in

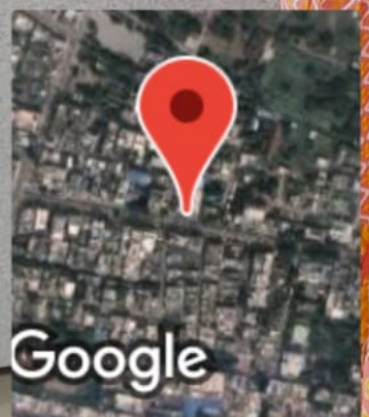
12-12-36/1, Opp Manasa Hospital, Old Club Road, Kothapet, Guntur - 522001



YODA
DIAGNOSTICS



 GPS Map Camera



Guntur, Andhra Pradesh, India
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta,
Guntur, Andhra Pradesh 522001, India
Lat 16.299222°
Long 80.451616°
24/06/23 10:47 AM GMT +05:30

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