



AMRUTHA SAI DIAGNOSTIC CENTRE

Cell : 868 898 4900, 9966 77 4621



email : amruthasailab@gmail.com

ISO.9001 : 2015 Certificate Number : Q91864141412

Name :- Mrs M Suhasini

Age/Sex :- 38 y/Female

Date :- 10-09-2022

Ref.by :- Mediwheel (BOB)

ID.No:- D3/2022, BOBE 15973, PKG-10000228, BC-54731

EMPLOYEE MEDICAL CHEK UP FORM

Physical Examination :-

Height :- 168 cms. Weight :- 60 kgs.

Abdomen (CMS) : 85cms Chest Expir(CMS):- 70
Chest Insp(CMS) : 75

Body mass index(BMI) :- 21.3

Pulse Rate :- 72 minute. (Regular / Abnormal)

Skin :- Normal Open Lesions :- Nil

Oral Hygeine : Healthy

Complaints if Any :- Nil

Family History :- Nil

Complaints if Any :- Nil

Systemic Examination (Abnormality - if Yes Please Explain) :-

CVS - Yes / No ✓
CNS - Yes/ No ✓
GI Tract - Yes/No ✓
Abdomen - Yes/ No ✓
Respiratory Tract - Yes/ No ✓

INVESTIGATIONS : (N= Normal, R= See Report)

Complete Blood Picture With ESR =	Normal	* ECG =	Normal
Complete Urine Examination =	Normal	* SGPT =	Normal
FBS, PLBS =	Normal	* Cholesterol =	Normal
Colour Vision =	Good	* Eye&ENT Examination =	Normal
USG =	Normal	* 2D ECHO =	Normal
Chest X-Ray =	Normal	* CUE =	Normal

Diagnosis (If Any) :-

RECOMMENDATIONS / IMPRESION :- Nil

[Signature]
 PHYSICIAN SIGNATURE, M.B.B.S,FCGP.
 PHYSICIAN & SURGEON
 Regd.No. 88543
 Authorised Doctor,
 For State Bank of Inida
 ANANTAPUR.

Under AP Govt. Regd. Diagnostic Centre R.No.98/2012-2013

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Patient Name : Mrs M Suhasini

Sex : Female Age : 38 Years

d.No : D3/22

Bill Date : 10-09-2022

Report Date : 10-09-2022

Ref. by : Mediwheel(BOB)

Address : ANANTAPUR.

LAB REPORT

Blood For :-

Bio-Chemistry Report

<u>Parameter</u>	<u>Findings</u>	<u>Reference Range</u>
Fasting Blood Sugar	: 70 mg/dl	65 - 110 mg/dl
Post Prandial Blood Sugar	: 136 mg/dl	80 - 160 mg/dl

Urine For :-

Fasting Urine Sugar : Absent
Post Prandial Urine Sugar : Absent

@ Suggested clinical Correlation, If there is need, kindly discuss.

S. Vijaya Lakshmi
Lab Incharge
S. Vijaya Lakshmi
M.Sc (Biochemistry)

Note:- Amrutha Sai Diagnostic Centre . (Fully Automated A/C Laboratory)
***** Since - 25 Years *****

Opp. Balaji Kalyana Mantapam, Near RTC Bus Stand, Reliance Mart Road,
Srenivasa Nagar, ANANTHAPURAM. CELL - 86 88 984900

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Patient Name : Mrs M Suhasini Sex : Female Age : 38 Years

d.No : D3/22 Bill Date : 10-09-2022 Report Date : 10-09-2022

Ref. by : Mediwheel(BOB) Address : ANANTAPUR.

XRAY-CHEST (PA) VIEW

- Trachea is central
- Both th lung fields appear normal.
- Hilar shadows are with in normal limits.
- Pulmonary vasculatures are normal.
- Cardia is normal in size.
- Both domes of the diaphragm are smooth.
- Both costophrenic recesses are clear.
- Visualized bonesand soft tissue showds appear normal.

IMPRESSION :- NORMAL X-RAY.

@ Suggested clinical Correlation, If there is need, kindly discuss.

[Signature]
RADIOLOGIST SIGNATURE
Specialist in X-Ray and
Radio Diagnosis & C.T. Scan
Asst. Civil Surgeon
Govt. Medical College &
General Hospital
ANANTAPUR

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Care & Cure Hospitals

2D ECHOCARDIOGRAM – COLOUR DOPPLER STUDY

NAME: M. SUHASINI	AGE/GENDER: 38Y/FEMALE	DATE: 10-09-2022
REFERRED BY: AMRUTHA SAI DIAGNOSTIC	MR NO:	OP/IP NO:
ECHO DONE BY: DR.R.KATYAYINI	S.NO:	TAPE NO:

MITRAL VALUE :NORMAL
AORTIC VALUE :NORMAL
TRICUSPID VALUE :NORMAL
PULMONARY VALUE :NORMAL
RIGHT ATRIUM :NORMAL
RIGHT VENTRICLE :NORMAL
LEFT ATRIUM :NORMAL 2.6cm
LEFT VENTRICLE :NO RWMA

*EDD-4.0 cm IVSD- 0.8 cm EF - 60 %
*ESD-2.4 cm PWD- 0.8 cm FS - %
*EDV- MI ESV- MI EF - %

IAS :INTACT
IVS :INTACT
AORTA :2.2 CM
PULMONARY ARTERY :NORMAL
PERICARDIUM :NORMAL
INTRACARDIAC MASSES:NO
IVC/SVC/CS :IVC 1.1cm
PULMONARY VEINS :
OTHERS :


COLOUR FLOW MAPPING & DOPPLER MR:NO AR: NO TR:NO PR:
DOPPLER

MITRAL : E=0.7 m/sec A =0.5 m/sec EDT:136ms

TDI : E: A': S': E/E':
AORTIC : VMAX = 1.0 m/sec
PULMONARY : VMAX = 0.6 m/sec
TRICUSPID : RVSP mmHg
OTHERS :

ECHO DIAGNOSIS

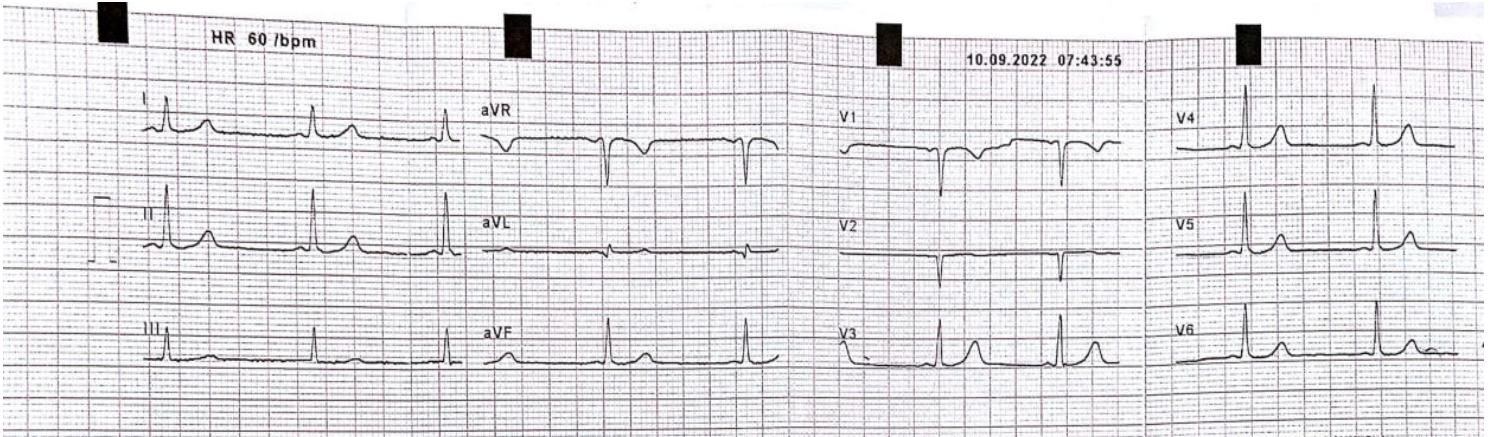
- 1 NO RWMA
- 2 NORMAL LV function
- 3 NO PE/CLOT/VEGETATION
- 4 LV EF 60%
- 5


CONSULTANT CARDIOLOGIST
Dr. R. KATYAYINI
MBBS, MD(Gen Med), DrNB(Cardiology)
Consultant International Cardiology
APMC Reg.No:77567

#13-2-392-4, Care & Cure Circle, NTR Marg, Near RTC Bus-Stop, Ananthapuramu - 515001.
Ph:08554 - 220555, 278999 Cell: 74166 84286, e-mail: careandcureatp@gmail.com website:www.careandcurehospitals.com

HR 60/bpm

10.09.2022 07:43:55



25 mm/s, 10 mm/mV

LP 25 Hz AC 50 Hz

Sequential

AT-1-G2 (1070.006301) 1.2.1

SCHILLER Part No.2.157044M CE 0123

SCHILLER Part No.2.157044M CE 0123 N.86

SCHILLER Part No.2.157044M CE 0123

SCHILLER Part No.2.157044M CE 0123 N.86

10.09.2022 07:43:55

Abnormal ECG

Sinus rhythm
Normal electrical axis
QRS(T) contour abnormality
consistent with anteroseptal myocardial infarction
Unconfirmed report

HR 60 /bpm

Mrs. H. Subasini

38y/Ret

Date: 10/09/2022

Time: 07:45 AM

RR 1004 ms P axis 25°
P 82 ms QRS axis 56°
PR 106 ms T axis 22°
QRS 72 ms
QT 392 ms
QTc 391 ms (Bazett)
Sokolow 1.15 mV
Cornell 0.20 mV
Lewis -0.06 mV
Romhill -

Dr. V. Narayanappa,

PHYSICIAN & SURGEON
Regd. No. 88543
Authorised Doctor,
For State Bank of India
ANANTAPUR.

10.09.2022 07:43:55

Name

Patient ID
Date of Birth
Gender
Pacemaker
Height
M.B.B.S, FCGP.
Weight
BP
Medication
Remark

M. Subasini

AT-1 G2 (1070.006301) 1.2.1

AT-1 G2 (1070.006301) 1.2.1

SCHILLER Part No.2.157044M €€ 0123

SCHILLER Part No.2.157044M €€ 0123 N.BB

SCHILLER Part No.2.157044M €€ 0123

SCHILLER Part No.2.157044M €€ 0123 N.B



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Age/Gender	: 38 Years / Female	Collected On	: 10-Sep-2022 10:00 AM
Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 12:35 PM
Sample Type	: Serum	Client Code	: CMLAPF10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

25-Hydroxy Vitamin D

Test Name	Observed Values	Units	Biological Reference Intervals
* 25-OH VITAMIN (VIT D3) Method: E C L I A	<u>23.10</u>	ng/mL	Deficiency: <10 Insufficiency: 10-30 Sufficiency: 30-100 Toxicity: >100

INTERPRETATION::

Vitamin D is a nutrient that is essential for healthy bones and teeth. There are two forms of vitamin D that are important for nutrition: vitamin D2 and vitamin D3. Vitamin D2 mainly comes from fortified foods like breakfast cereals, milk, and other dairy items. Vitamin D3 is made by your own body when you are exposed to sunlight. It is also found in some foods, including eggs and fatty fish, such as salmon, tuna, and mackerel.

Vitamin D deficiency is due to:

- Not getting enough exposure to sunlight
- Not getting enough vitamin D in your diet
- Having trouble absorbing vitamin D in your food

A low result may also observed due to body is having trouble using the vitamin as it should, and may indicate kidney or liver disease.

A vitamin D deficiency is usually treated with supplements and/or dietary changes.

U Mehatha.M.Sc (PhD)
BIOCHEMIST



----- End Of The Report -----

Dr. Tamkinath Fatima, MD
CONSULTANT BIOCHEMIST



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7
10
20
31
12
1
1



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Req No. : SMN2220855
Sample Type : Serum
Client Name : AMRUTHA SAI DIAGNOSTIC CENTER

Vial ID : 1001312
Collected On : 10-Sep-2022 10:00 AM
Registered On : 11-Sep-2022 10:22 AM
Reported On : 11-Sep-2022 12:34 PM
Client Code : CMLAPF10

Vitamin - B12

Test Name	Observed Values	Units	Biological Reference Intervals
* Vitamin - B12 Method:ECLIA	369	pg/mL	211 - 946

INTREPRATATION:

Vitamin B12 and folate are critical to normal DNA synthesis, which in turn affects erythrocyte maturation.3 Vitamin B12 is also necessary for myelin sheath formation and maintenance. The body uses its B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver so that very little is excreted. Clinical and laboratory findings for B12 deficiency include neurological abnormalities, decreased serum B12 levels, and increased excretion of methylmalonic acid. The impaired DNA synthesis associated with vitamin B12 deficiency causes macrocytic anemias. These anemias are characterized by abnormal maturation of erythrocyte precursors in the bone marrow, which results in the presence of megaloblasts and in decreased erythrocyte survival. Pernicious anemia is a macrocytic anemia caused by vitamin B12 deficiency that is due to lack of intrinsic factor. Low vitamin B12 intake, gastrectomy, diseases of the small intestine, malabsorption, and trans-cobalamin deficiency can also cause vitamin B12 deficiency.

U Mehatha.M.Sc (PhD)
BIOCHEMIST



End Of The Report

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Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 11:38 AM
Sample Type	: Serum	Client Code	: CMLAPF10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

LIPID PROFILE

Test Name	Observed Values	Units	Biological Reference Intervals
* TOTAL CHOLESTEROL Method:Enzymatic	138	mg/dL	Desirable : < 200 Borderline: 200 - 239 High Risk : > 240
* HDL - CHOLESTEROL Method:Homogeneous enzymatic	46.5	mg/dL	Desirable Level :>59 Optimal :40-59 Undesirable :<40
* TRIGLYCERIDES Method:Enzymatic	92	mg/dL	Desirable Level :<150 Border line :150-199 High :200-499 Very High :>499
* VLDL CHOLESTEROL	18.40	mg/dL	< 30
* LDL - CHOLESTEROL	73.10	mg/dL	Optimal :<100 near Optimal :100-129 Borderline High:130-159 High :160-189 Very High :>189
* CHOL / HDL Ratio	2.97	-	-
* HDL/LDL CHOLESTEROL RATIO	0.64	Ratio	-
* LDL / HDL RATIO	1.57	Ratio	Desirable level :0.5 3.0 Borderline Risk :3.0-6.0 High Risk :>6.0

INTREPRATATION:

A lipid profile that measures the amount of cholesterol and fats called triglycerides in the blood. These measurements give the doctor a quick snapshot of what's going on in blood. Cholesterol and triglycerides in the blood can clog arteries, making you more likely to develop heart disease.

U Mehatha.M.Sc (PhD)
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Name	: Mrs. M SUHASINI	Vial ID	: 1001315
Age/Gender	: 38 Years / Female	Collected On	: 10-Sep-2022 10:00 AM
Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 01:06 PM
Sample Type	: WB-EDTA	Client Code	: CMLAPF10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

Glycosylated Hemoglobin (GHb/HbA1c)

Test Name	Observed Values	Units	Biological Reference Intervals
* GLYCOSYLATED HAEMOGLOBIN (HbA1C) Method:HPLC	4.9	%	* Non-diabetic: <= 5.8 % Pre-diabetic: 5.8 - 6.5 % Diabetic: >= 6.5 %
* Approximate mean plasma glucose	93.93		

INTERPRETATION::

A hemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to hemoglobin. If HbA1c levels are high, it may be a sign of diabetes, a chronic condition that can cause serious health problems, including heart disease, kidney disease, and nerve damage.

Note: The HbA1c test is not used for gestational diabetes, a type of diabetes that only affects pregnant women, or for diagnosing diabetes in children.

References

American Diabetes Association. Standards of medical care in diabetes—2014. Diabetes Care. 2014 Jan;37 Suppl 1:S14-80.

U Mehatha.M.Sc (PhD)
BIOCHEMIST



----- End Of The Report -----

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Name : Mrs. M SUHASINI
Age/Gender : 38 Years / Female
Ref.By : SELF
Req No. : SMN2220855
Sample Type : WB-EDTA
Client Name : AMRUTHA SAI DIAGNOSTIC CENTER

Vial ID : 1001315
Collected On : 10-Sep-2022 10:00 AM
Registered On : 11-Sep-2022 10:22 AM
Reported On : 11-Sep-2022 01:19 PM
Client Code : CMLAPF10

Complete Blood Analysis (CBA)

Test Name	Observed Values	Units	Biological Reference Intervals
* HAEMOGLOBIN Method:Colorimetric	<u>11.1</u>	gm%	12.0 - 15.0
* RBC Count	4.55	millions/cumm	4.50 - 5.50
* WBC Count	5870	cells/cumm	4000-11000
* PLATELET COUNT Method:Elec. Impedence	2.0	lakhs/cumm	1.5 - 4.5
* Packed Cell Volume(PCV) Method:Cum.RBC Pulse High detection	40.2	%	40 - 50
* MCV	88.3	fL	80 - 100
* MCH	<u>24.4</u>	pg	27 - 33
* M C H C Method:Calculated	<u>27.6</u>	g/dL	32.0 - 34.0
* MPV (MEAN PLATELET VOLUME)	<u>12.1</u>	pg	7.5 - 11.2
* RDW - CV	<u>14.7</u>	%	11.5 - 14.5
DIFFERENTIAL COUNT			
* NEUTROPHILS	50	%	50-75
* LYMPHOCYTES	40	%	20 - 40
* EOSINOPHILS	04	%	02 - 06
* MONOCYTES	06	%	02 - 08
* BASOPHILS	00	%	0 - 1
* ABSOLUTE NEUTROPHIL COUNT	2935	/ μ L	2000 - 7000
* ABSOLUTE LYMPHOCYTE COUNT	2348	cells/cumm	1000-3000
* ABSOLUTE EOSINOPHIL COUNT	234	cells/cumm	50-500
* ABSOLUTE MONOCYTE COUNT	352	cells/cumm	200 - 1000
PERIPHERAL SMEAR			
* RBC	Normocytic Mild Hypochromic		
* WBC	Within normal limit		
* PLATELETS	Adequate		
* ESR (ERYTHROCYTE SEDIMENTATION RATE) Method:Westergren Method	06	mm/hr	0 - 10



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Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 11:39 AM
Sample Type	: Serum	Client Code	: CMLAPF10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

Calcium

Test Name	Observed Values	Units	Biological Reference Intervals
* CALCIUM Method:Photometric assay	9.0	mg/dL	12-18 years: 8.4 - 10.2 18- 60 years: 8.6 - 10.0 60- 90 years: 8.8 - 10.2 > 90 years : 8.2 - 9.6

INTERPRETATION::

Calcium is one of the most important minerals in the body. Calcium needed for healthy bones and teeth. Calcium is also essential for proper functioning of the nerves, muscles, and heart.

Symptoms of high calcium levels include:

- Nausea and vomiting
- More frequent urination
- Increased thirst
- Constipation
- Abdominal pain
- Loss of appetite

Symptoms of low calcium levels include:

- Tingling in the lips, tongue, fingers, and feet
- Muscle cramps
- Muscle spasms
- Irregular heartbeat

U Mehatha.M.Sc (PhD)
BIOCHEMIST



End Of The Report

Dr.Tamkinath Fatima,MD
CONSULTANT BIOCHEMIST



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Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 11:40 AM
Sample Type	: Serum	Client Code	: CMLAPF10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

KIDNEY BASIC SCREEN

Test Name	Observed Values	Units	Biological Reference Intervals
* SERUM CREATININE Method:Jaffes	0.8	mg/dL	0.6 - 1.2
* UREA Method:Urease	20	mg/dL	Female <50yr:15-40 Female >50yr:21-43 Male <50yr:19-44 Male >50yr:18-55
* UREA NITROGEN (BUN) Method:Calculated	9.35	mg/dL	8 - 23
* BUN/Creatinine Ratio	11.68		
* URIC ACID Method:SPECTROPHOTOMETRY	5.0	mg/dL	Male:3.5 -7.2 Female:2.6 - 6.0
* SODIUM Method:ISE	140	mmol/L	136-145
* POTASSIUM Method:ISE	4.3	mmol/L	3.5 - 5.5
* CHLORIDE Method:ISE	100	mmol/L	95-105

INTERPRETATION::

kidney disease usually does not have signs or symptoms. Testing is the only way to know how your kidneys are doing. It is important to get checked for kidney disease if an individual having the key risk factors - diabetes, high blood pressure, heart disease, or a family history of kidney failure.

U Mehatha.M.Sc (PhD)
BIOCHEMIST



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Vial ID : 1001312
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Registered On : 11-Sep-2022 10:22 AM
Reported On : 11-Sep-2022 12:33 PM
Client Code : CMLAPF10

THYROID PANEL-I

Test Name	Observed Values	Units	Biological Reference Intervals
* TOTAL TRIIODOTHYRONINE (T3) Method:ECLIA	1.59	ng/mL	0.82 - 2.0
* TOTAL THYROXINE (T4) Method:ECLIA	8.90	ug/dl	5.1 - 14.1
* THYROID STIMULATING HORMONE (TSH) Method:ECLIA	3.42	µIU/mL	Adults : 0.27 - 4.2 Pregnancy: 1st Trimester: 0.3 -4.5 2nd Trimester: 0.5-4.6 3rd Trimester:0.8 - 5.2

INTREPRATATION:

The determination of T3 is utilized in the diagnosis of T3hyperthyroidism,the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism, and the monitoring of TSH-suppression therapy.

The determination of TSH serves as the initial test in thyroid diagnostics.Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly,TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

U Mehatha.M.Sc (PhD)
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Sample Type	: Serum	Client Code	: CMLAPP10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

LIVER FUNCTION TEST (LFT)

Test Name	Observed Values	Units	Biological Reference Intervals
* TOTAL BILIRUBIN Method:Spectrophotometry	0.3	mg/dL	0.3 - 1.2
* DIRECT BILIRUBIN Method:Diazonium	0.1	mg/dL	0.0 - 0.2
* INDIRECT BILIRUBIN Method:Calculated	0.2	mg/dL	0.2 - 0.8
* SGOT / AST Method:Tris buffer without p5p	14	IU/L	Upto 32
* SGPT / ALT Method:Tris buffer without p5p	16	IU/L	Upto 33
* ALKALINE PHOSPHATE (ALP) Method:AMP BUFFER,IFCC Rate analysis	72	IU/L	20 - 120
* PROTEIN-TOTAL Method:Biurate	7.5	g/dL	6.00 - 8.00
* ALBUMIN Method:BCG	4.2	g/dL	3.5 - 5.2
* GLOBULIN Method:Calculated	3.30	g/dL	2.5 - 3.5
* A/G RATIO Method:Calculation	1.27	-	1.0 - 2.1
* GAMMA GLUTAMYL TRANSFERASE Method:Enzymatic colorimetric	12.9	U/L	Male : 8 - 61 Females : 5 - 36

U Mehatha.M.Sc (PhD)
BIOCHEMIST



Dr.Tamkinath Fatima,MD
CONSULTANT BIOCHEMIST

----- End Of The Report -----



Please Correlate With Clinical Findings If Necessary Discuss This is an Electronically Authenticated Report

Under AP Govt. Regd. Diagnostic Centre R.No.98/2012-2013

Genuineness is our gene



AMRUTHA SAI DIAGNOSTIC CENTRE

Cell : 868 898 4900, 9966 77 4621

email : amruthasailab@gmail.com

ISO.9001 : 2015 Certificate Number : Q91864141412




Name	: Mrs. M SUHASINI	Vial ID	: 1001313
Age/Gender	: 38 Years / Female	Collected On	: 10-Sep-2022 10:00 AM
Ref.By	: SELF	Registered On	: 11-Sep-2022 10:22 AM
Req No.	: SMN2220855	Reported On	: 11-Sep-2022 11:47 AM
Sample Type	: Urine	Client Code	: CMLAPP10
Client Name	: AMRUTHA SAI DIAGNOSTIC CENTER		

Complete Urine Analysis (CUE)

Test Name	Observed Values	Units	Biological Reference Intervals
PHYSICAL EXAMINATION			
* COLOUR	Pale Yellow	-	Pale Yellow/Amber
* APPEARANCE	Clear	-	Clear
* pH	5.5	-	5-8.5
* SPECIFIC GRAVITY	1.025	-	1.005 - 1.030
Method:DOUBLE INDICATOR/ION EXCHANGE			
CHEMICAL EXAMINATION			
* ALBUMIN URINE/PROTEIN URINE	Negative	-	Neative
* UROBILINOGEN	Negative	-	Negative
* KETONE BODIES	Negative	-	Negative
* BILE SALTS	Negative	-	Negative
Method:Hay's Sulphur			
* BILE PIGMENTS	Negative	-	
* BLOOD	Negative	-	Negative
* NITRITE	Negative	-	Negative
* GLUCOSE URINE	Negative	-	NEGATIVE
Method:BENEDISTS			
MICROSCOPIC EXAMINATION			
* PUS CELLS.	2-3	/HPF	0-5
* EPITHELIAL CELLS	1-2	/HPF	0-5
* RBCS	Nil	-	NIL
* CASTS	Nil	-	Absent
* CRYSTALS	Nil	-	Absent
* OTHERS	Nil	-	NIL

Method : Sulphosalicylic Acid/Rotheras method/Ehrlichs reagent/Hays Sulphur/Fouchets Method/Diazonium


M.Jagannath M.Sc
LAB-INCHARGE




Dr.C.Sunil MD
CONSULTANT PATHOLOGIST

----- End Of The Report -----



Please Correlate With Clinical Findings If Necessary Discuss This is an Electronically Authenticated Report

Under AP Govt. Regd. Diagnostic Centre R.No.98/2012-2013

Genuineness is our gene

1st Cross, Sai Nagar,
Near Surya Nagar Bus Stop,
ANANTAPURAMU - 515001.
Contact : +91 79893 30974



VASUNDHARA
DIAGNOSTICS
FETAL MEDICINE CENTRE

Patient Name : Mrs. M.Suhasini

Patient Id : 220910-036

Gender/Age : Female / 38 Y

Referred By : Amrutha Sai diagnostic center

Reg Date : 10-09-2022

ULTRASONOGRAPHY OF WHOLE ABDOMEN

- Liver** : Normal in size(12.9cm) with normal echotexture.
No focal lesions or dilated biliary radicles.
No IHBD / CBD dilatation. Portal vein is normal.
- Gall bladder** : Well distended . No calculi .No wall thickening.
- CBD** : Normal in course and calibre .Lumen echo free.
- Portal vein** : Normal in size and course. Lumen echo free .
- Spleen** : Normal in size(10.3cm) with normal echotexture. No focal lesions.
- Pancreas** : Head, body, visualized parts of tail are normal. No focal lesions
or peripancreatic collections are seen.
- Kidneys** : Right kidney: 9.0x4.0 cm, Left kidney: 9.5 x 4.5 cm.
Normal in size, shape and echotexture.Corticomedullary junction is made out.
No calculi or hydronephrosis on both sides.
- Urinary bladder** : Well distended. No calculi are seen.
- Uterus** : Anteverted ,**Bulky** in size measuring 8.4x4.5x5cm and normal in echotexture
No focal lesions. Cervix measuring 2.4cm.
Endometrial thickness measuring 5.9mm.
- Ovaries** : Right ovary measuring 2.5x1.7cm
Left ovary measuring 2x1.7 cm.
No focal lesions .No adnexal lesions .
- Others** : No evidence of ascites .Appendix not seen due to bowel gas.
No evidence of lymph node enlargement. No obvious inflammed bowel seen.
Gas filled bowel loops in abdomen
- Impression** : Mild bulky uterus

For clinical correlation please...

Dr.N.Vasundhara
MD/Radiology
Consultant in fetal medicine

focal lesion

100396 22-09-10-18

SIMACOM

10/09/2022 1:21:55 PM

Logout 200

1-4/11



Reveal

Full Data

20



Reveal

Full Data

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Reveal

Full Data

20



Reveal

Full Data

70



Sep 10, 2022 7:56:11 AM
Near Atc Bus Stand Road
Srinivas Nagar
Anantapuram
Andhra Pradesh

आयकर विभाग

INCOME TAX DEPARTMENT

M SUHASINI

MEDARI NARAYANA

21/08/1984

Permanent Account Number

DNSPSS8152M

Signature

M. Subashini



भारत सरकार

GOVT. OF INDIA



M. Subashini

M



భారత ప్రభుత్వం
Government of India



యం సుభాసిని
M Subhasini
పుట్టిన తేదీ/DOB: 21/08/1984
సైక్స్/FEMALE

6828 3613 9246

VID : 9190797844044907



నా ఆదార్, నా గుర్తింపు

M. Subhasini

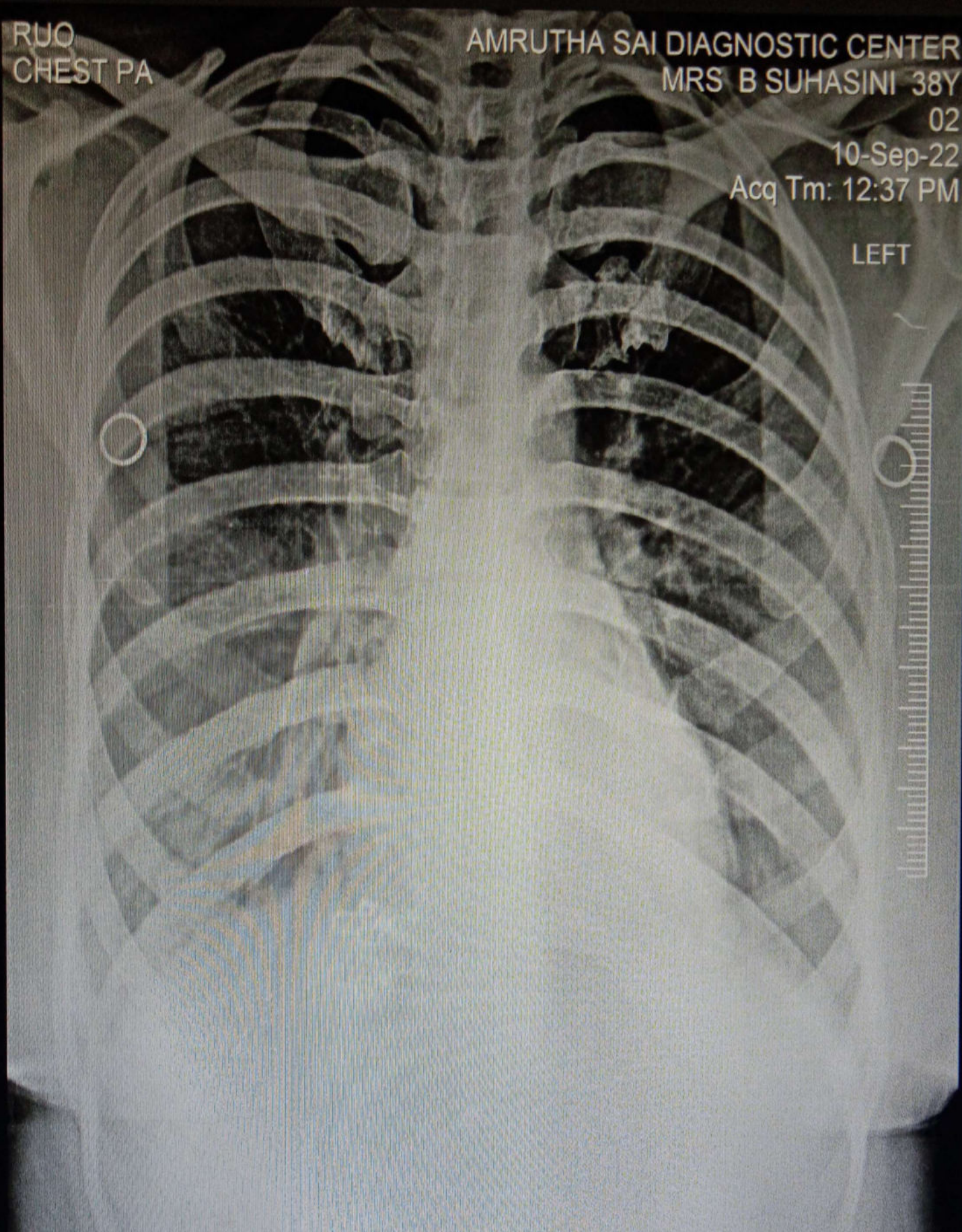
RJ0
CHEST PA

AMRUTHA SAI DIAGNOSTIC CENTER
MRS B SUHASINI 38Y

02
10-Sep-22

Acq Tm: 12:37 PM

LEFT



3520 X 4280

W: 4035 L: 2187

MRS B SUHASINI 38Y 02 CHEST PA 10-Sep-22 12:37 PM MEDWHEEL

AMRUTHA SAI DIAGNOSTIC CENTRE, OPP. BALAJI KALYANAMANDAPAM, SRINIVASA NAGAR, ANANTAPUR, 8688984900