

Visit ID	: YGT62412	UHID/MR No	: YGT.0000062213
Patient Name	: Mrs. SUJEETHA PRATHIPATI	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10986152
DOB	:	Registration	: 23/Mar/2024 08:36AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:36AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 12:50PM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Enlarged in size (18 cm) and increased 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 : Normal in size and echotexture. No focal lesion is seen.

RIGHT KIDNEY : 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 : 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 : Partially distended. No evidence of calculi or wall thickening.

UTERUS & OVARIES: Poor window .

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

No free fluid is seen in pelvis.

IMPRESSION:

- HEPATOMEGALY WITH GRADE I FATTY LIVER.
Suggested clinical correlation and further evaluation.

Verified By :
M VENKATA KRISHNA



Approved By :

Sushma
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
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	45	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: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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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. Advsiied cross matching before transfusion

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

HAEMOGLOBIN (HB)	11.1	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.01	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	35.0	%	36.0 - 46.0	RBC pulse height detection
MCV	69.8	fL	83 - 101	Automated/Calculated
MCH	22.1	pg	27 - 32	Automated/Calculated
MCHC	31.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.4	%	11.0-16.0	Automated Calculated
RDW - SD	43.3	fl	35.0-56.0	Calculated
MPV	8.2	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.19	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,460	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	66	%	40 - 80	Impedance
LYMPHOCYTE	28	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.29	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	1.01	ng/ml	0.60 - 1.78	CLIA
T4	10.60	ug/dl	4.82-15.65	CLIA
TSH	2.27	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	0.48	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
AST (S.G.O.T)	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.28			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	194	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	36	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	117.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	203	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	40.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.39		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.64	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	158	mg/dl	< 130	Calculated

Interpretation


NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	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	10.4	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	252	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	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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	259	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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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	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	28	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	4.3	mg/dl	2.6 - 6.0	URICASE - PAP
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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)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	16.00	Ratio	6 - 25	Calculated

Verified By :
M VENKATA KRISHNA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT62412	UHID/MR No : YGT.0000062213
Patient Name : Mrs. SUJEETHA PRATHIPATI	Client Code : YOD-DL-0021
Age/Gender : 38 Y 0 M 0 D /F	Barcode No : 10986152
DOB :	Registration : 23/Mar/2024 08:36AM
Ref Doctor : SELF	Collected : 23/Mar/2024 08:57AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:44AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 11:37AM
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	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		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	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	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	2 - 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 :
 M VENKATA KRISHNA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62412	UHID/MR No	: YGT.0000062213
Patient Name	: Mrs. SUJEETHA PRATHIPATI	Client Code	: YOD-DL-0021
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10986152
DOB	:	Registration	: 23/Mar/2024 08:36AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 11:19AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 11:59AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 03:14PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-92 / 24

Date of Receiving: 23-03-2024

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show predominantly superficial and intermediate parabasal 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 :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62412	UHID/MR No	: YGT.0000062213
Patient Name	: Mrs. SUJEETHA PRATHIPATI	Client Code	: YOD-DL-0021
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 03:14PM
Hospital Name	:		


DEPARTMENT OF CYTOPATHOLOGY

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

Verified By :
M VENKATA KRISHNA



Approved By :

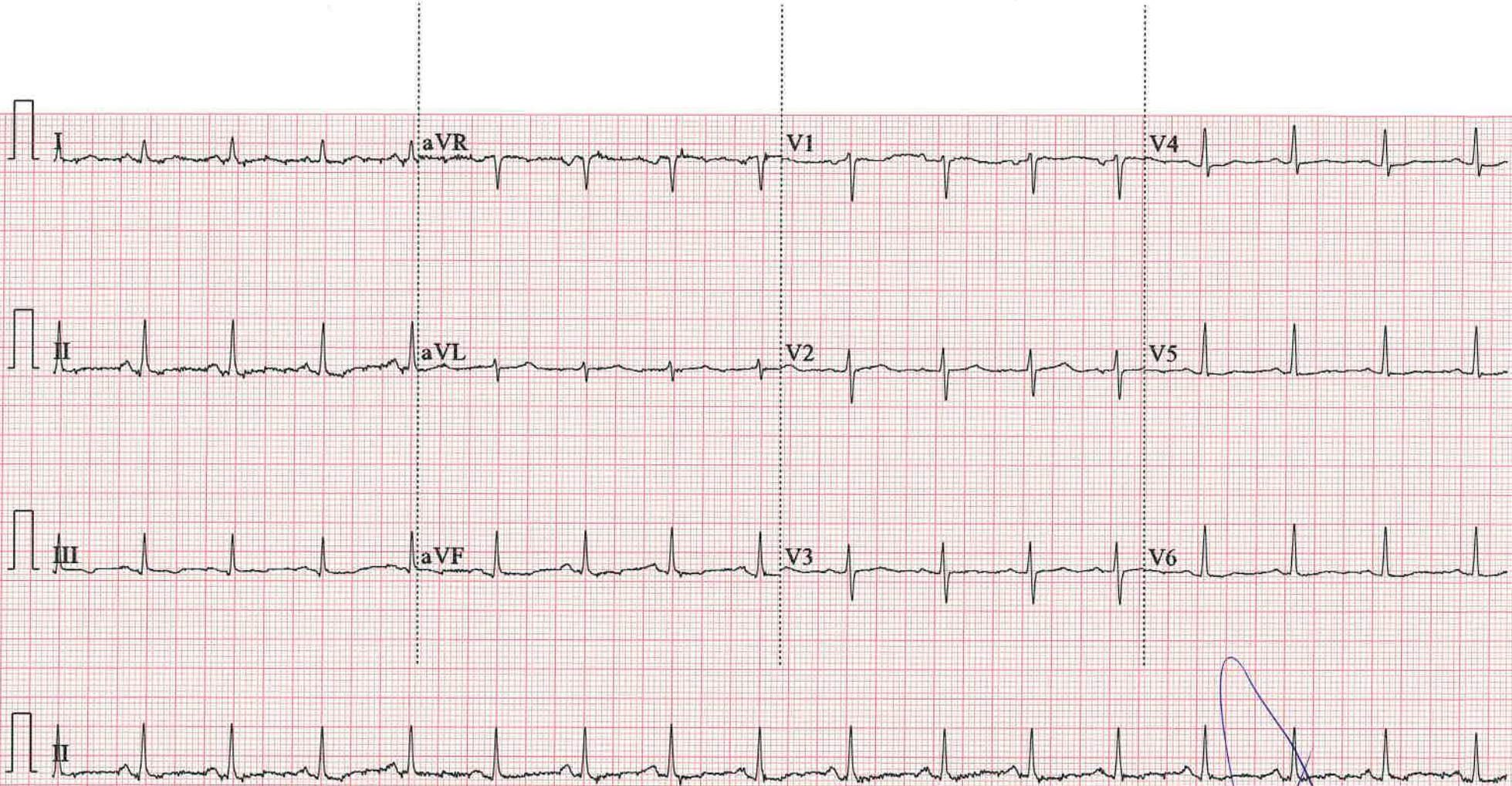

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

ID: 62412
SUJEETHA PRATHIPATI
Female 38Years
Req. No. :

23-03-2024 10:07:03
HR : 98 bpm
P : 94 ms
PR : 140 ms
QRS : 68 ms
QT/QTcBz : 339/434 ms
P/QRS/T : 54/66/8 °
RV5/SV1 : 0.851/0.665 mV

Diagnosis Information:
Sinus Rhythm
Low T Wave(II,III,aVF,V5,V6)

Report Confirmed by:



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




భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్ / Enrolment No.: 0221/00924/04237

To
ప్రతిపాటి సుజితా
Prathipati Sujeetha
C/O: P Surya Kumar,
d no-10-86-10,
old cinema hall center,
yerrabalem,
mangalagiri,
VTC: Mangalagiri,
PO: Mangalagiri,
Sub District: Mangalagiri,
District: Guntur,
State: Andhra Pradesh,
PIN Code: 522503,
Mobile: 9492092673



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
XXXX XXXX 5815
VID : 9159 9046 3834 1984

నా ఆధార్, నా గుర్తింపు




భారత ప్రభుత్వం
Government of India

Aadhaar no. Issued: 14/06/2011



ప్రతిపాటి సుజితా
Prathipati Sujeetha
జన్మ తేదీ/DOB: 12/06/1985
సెక్స్ / FEMALE



ఆధార్ అనేది గుర్తింపు మాత్రమే దాఖలు, పౌరత్వం లేదా ఛార్జ్ తీర్చిదిద్దడానికి కాదు. ఇది ఛార్జ్ తీర్చిదిద్దడానికి మార్గము ఉపయోగించాలి (ఆన్లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).





XXXX XXXX 5815
VID : 9159 9046 3834 1984

నా ఆధార్, నా గుర్తింపు


సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు మాత్రమే దాఖలు, పౌరత్వం లేదా ఛార్జ్ తీర్చిదిద్దడానికి కాదు. ఇది ఛార్జ్ తీర్చిదిద్దడానికి మార్గము ఉపయోగించాలి (ఆన్లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్లైన్ XML యొక్క స్కానింగ్).
- ఈ ఆధార్ లేఖను UIDAI వెబ్సైటుపై ప్రమాణీకరణ చేయడానికి ఉపయోగించాలి. mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్ ద్వారా ఉపయోగించండి లేదా www.uidai.gov.inలో ఉపయోగించండి. మరల QR కోడ్ రద్దయినట్లయితే ఆధార్ కోడ్ రద్దయినట్లయితే ఆధార్ కోడ్ రద్దయినట్లయితే.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమూనా చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాను సరిదిద్దవలసివచ్చినట్లు ఆధార్ ను నవీకరించండి.
- వివిధ ప్రభుత్వ మరియు ప్రైవేట్ సేవలను అందుకోవడానికి/సేవలను పొందడానికి ఆధార్ మేకు సహాయపడుతుంది.
- మీ మొబైల్ నెంబర్ మరియు ఈ-మెయిల్ చిరునామా ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందడానికి mAadhaar యాప్ ద్వారా ఛార్జ్ తీర్చిదిద్దండి.
- ఆధార్/బయోమెట్రిక్స్ ఉపయోగించినప్పుడు దత్తంను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ సేవను ఉపయోగించండి.
- ఆధార్ ను కోరికపై సురక్షితమైనదిగా మార్చుకోవడానికి అనుమతి ఉంటుంది.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

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Unique Identification Authority of India

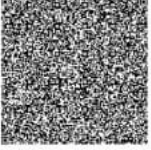
Aadhaar no. Issued: 14/06/2011



ప్రతిపాటి సుజితా
Prathipati Sujeetha
జన్మ తేదీ/DOB: 12/06/1985
సెక్స్ / FEMALE

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XXXX XXXX 5815
VID : 9159 9046 3834 1984

నా ఆధార్, నా గుర్తింపు



Name: Sujeetha Prathipati
Date: 23/03/24 Age: 38 years Sex: Female
Address: Guntur



CMP - 9/3/24

MFX 11yrs

P, L, - B-10yrs - esus - dlt - npl

MIA - 3-days

28 days - 30

Normal flow
No clots
No dyspareunia

K/c DM since 6yrs on

Medical treatment

HF migraine - on treatment

Adv

- Continue Diabetic treatment

TEMP: 37.2
B.P: 120/80 mm/Hg
PULSE: 100 b/s
WEIGHT: 83 kgs
HEIGHT: 154 cms

Dr. B. BHARATHI
M.S OBG

Obstetrics and Gynecology

DATE: 23-03-24

NAME: SUJEETHA PRATHI PATI

AGE: 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	<u>M</u>			<u>DC</u>		
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

N.V. _____ CONSTANT USE _____

Name: Sujeetha Prathipati
Date: 23/03/24 Age: 38 years Sex: Female
Address: Guntur



Routine Health check up

C/O DYABETINA

(RF) sided Headache

H/O Type 2 DM / Hypothyroidism

TSH - 2.27 μ U/ml

TGL - 203 mg/dl

LDL - 117 mg/dl

HbA1c - 10.4%

FRS - 259 mg/dl

1) Diabetic Diet / Low Fat Food

2) TAB. TRIUOX FORTEZ

1 ——— 1 — (20)

3) TAB. ICTAVEL-D

0 4 0 — (10)

4) CAP. J-POWER

0 0 7 — (30)

TEMP: (2)
B.P: 120/80 mm/Hg
PULSE: 100 bts
WEIGHT: 83 kg
HEIGHT: 154 cms

5) Cap. PP BLOCK - DSP
1-0-0 - (30)

8) Cap JACK DZ 60/K
once a week
x (8) wks,

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





YODA
DIAGNOSTICS

RECEPTION

 GPS Map Camera

Guntur, Andhra Pradesh, India
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India
Lat 16.299241°
Long 80.451644°
23/03/24 09:03 AM GMT +05:30

