

Visit ID	: YGT62396	UHID/MR No	: YGT.0000062197
Patient Name	: Mr. KAMINENI RAMARAO	Client Code	: YOD-DL-0021
Age/Gender	: 54 Y 0 M 0 D /M	Barcode No	: 10986120
DOB	:	Registration	: 23/Mar/2024 08:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 01:59PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY****ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

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.

R I G H T K I D N E Y : measures 10.6x3.6 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.

L E F T K I D N E Y : measures 11.0x3.8 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.

U R I N A R Y B L A D D E R : Well distended. No evidence of wall thickening / calculi.

P R O S T A T E : Normal in size 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:**

- GRADE I FATTY LIVER.

Suggested clinical correlation and further evaluation.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**



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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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Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 08:33AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:12AM
Hospital Name	:		

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**ESR (ERYTHROCYTE SEDIMENTATION RATE)**

**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	15	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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**DEPARTMENT OF HAEMATOLOGY**

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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	B			
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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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Mar/2024 09:51AM
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**DEPARTMENT OF HAEMATOLOGY**


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

HAEMOGLOBIN (HB)	14.2	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>6.04</b>	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	43.8	%	40.0 - 50.0	RBC pulse height detection
MCV	<b>72.4</b>	fL	83 - 101	Automated/Calculated
MCH	<b>23.5</b>	pg	27 - 32	Automated/Calculated
MCHC	32.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15	%	11.0-16.0	Automated Calculated
RDW - SD	41.3	fl	35.0-56.0	Calculated
MPV	8.1	fL	6.5 - 10.0	Calculated
PDW	15.5	fL	8.30-25.00	Calculated
PCT	0.18	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,750	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	58	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	03	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.17	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	1.34	ng/ml	0.60 - 1.78	CLIA
T4	9.69	ug/dl	4.82-15.65	CLIA
TSH	2.07	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	0.42	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.33	mg/dl		Calculated
AST (S.G.O.T)	20	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	16	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	93	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.26			Calculated

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

TOTAL CHOLESTEROL	171	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	32	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	98.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	<b>204</b>	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	<b>40.8</b>	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.34		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>6.38</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>139</b>	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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**PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL**

**Sample Type : SERUM**

PROSTATE SPECIFIC ANTIGEN	0.68	ng/mL	< 4.0	CLIA
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**INTERPRETATION:**

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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**25 HYDROXY VITAMIN D**

**Sample Type : SERUM**

25 HYDROXY VITAMIN D	48.0	ng/ml	30 - 70	CLIA
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**INTERPRETATION:**

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-70 ng/ml
Toxicity	> 100 ng/ml

**DECREASED LEVELS:**

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**INCREASED LEVELS:**

- Vitamin D intoxication.


**COMMENTS:**

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 ng/mL.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	<b>7.9</b>	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	180	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 .

Verified By :  
 Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT62396	UHID/MR No	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	Client Code	: YOD-DL-0021
Age/Gender	: 54 Y 0 M 0 D /M	Barcode No	: 10986120
DOB	:	Registration	: 23/Mar/2024 08:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:25AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 08:42AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 09:50AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**VITAMIN B12**

**Sample Type : SERUM**

VITAMIN B12	<b>1119</b>	pg/mL	120 - 914 pg/mL	CLIA
-------------	-------------	-------	-----------------	------

**COMMENTS:**

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

**LIMITATIONS:**


For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



<b>Visit ID</b>	: YGT62396	<b>UHID/MR No</b>	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 54 Y 0 M 0 D /M	<b>Barcode No</b>	: 10986120
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Mar/2024 08:42AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Mar/2024 09:50AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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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.

Verified By :

Kollipara Venkateswara Rao



Approved By :



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

<b>Visit ID</b> : YGT62396	<b>UHID/MR No</b> : YGT.0000062197
<b>Patient Name</b> : Mr. KAMINENI RAMARAO	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 54 Y 0 M 0 D /M	<b>Barcode No</b> : 10986120
<b>DOB</b> :	<b>Registration</b> : 23/Mar/2024 08:17AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 23/Mar/2024 08:25AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 23/Mar/2024 08:42AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Mar/2024 09:50AM
<b>Hospital Name</b> :	

**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	<b>159</b>	mg/dl	70 - 100	HEXOKINASE
------------------------	------------	-------	----------	------------

**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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT62396	<b>UHID/MR No</b> : YGT.0000062197
<b>Patient Name</b> : Mr. KAMINENI RAMARAO	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 54 Y 0 M 0 D /M	<b>Barcode No</b> : 10986120
<b>DOB</b> :	<b>Registration</b> : 23/Mar/2024 08:17AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 23/Mar/2024 10:16AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 23/Mar/2024 10:32AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Mar/2024 10:55AM
<b>Hospital Name</b> :	

**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	<b>218</b>	mg/dl	<140	HEXOKINASE
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INTERPRETATION:

- Increased In
- Diabetes Mellitus
  - Stress (e.g., emotion, burns, shock, anesthesia)
  - Acute pancreatitis
  - Chronic pancreatitis
  - Wernicke encephalopathy (vitamin B1 deficiency)
  - Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)
- Decreased In
- Pancreatic disorders
  - Extrapancreatic tumors
  - Endocrine disorders
  - Malnutrition
  - Hypothalamic lesions
  - Alcoholism
  - Endocrine disorders

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT62396	<b>UHID/MR No</b>	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 54 Y 0 M 0 D /M	<b>Barcode No</b>	: 10986120
<b>DOB</b>	:	<b>Registration</b>	: 23/Mar/2024 08:17AM
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<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**SERUM CREATININE**

**Sample Type : SERUM**

SERUM CREATININE	1.10	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).

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT62396	<b>UHID/MR No</b>	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 54 Y 0 M 0 D /M	<b>Barcode No</b>	: 10986120
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<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Mar/2024 09:50AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**

**Sample Type : SERUM**

GGT	31	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.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT62396	<b>UHID/MR No</b>	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 54 Y 0 M 0 D /M	<b>Barcode No</b>	: 10986120
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<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 23/Mar/2024 08:42AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 23/Mar/2024 09:50AM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**URIC ACID -SERUM**

**Sample Type : SERUM**

SERUM URIC ACID	5.3	mg/dl	3.5 - 7.20	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.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT62396	<b>UHID/MR No</b> : YGT.0000062197
<b>Patient Name</b> : Mr. KAMINENI RAMARAO	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 54 Y 0 M 0 D /M	<b>Barcode No</b> : 10986120
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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 23/Mar/2024 08:42AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Mar/2024 09:50AM
<b>Hospital Name</b> :	

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**BUN/CREATININE RATIO**

<b>Sample Type : SERUM</b>				
Blood Urea Nitrogen (BUN)	14.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.10	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	13.10	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



Visit ID	: YGT62396	UHID/MR No	: YGT.0000062197
Patient Name	: Mr. KAMINENI RAMARAO	Client Code	: YOD-DL-0021
Age/Gender	: 54 Y 0 M 0 D /M	Barcode No	: 10986120
DOB	:	Registration	: 23/Mar/2024 08:17AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:17AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 02:58PM
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 : 3.8 cms  
LEFT VENTRICLE : EDD : 4.0 cm IVS(d) : 1.0cm LVEF :58 %  
ESD : 2.2 cm PW (d) :1.2 cm FS :28 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.7cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT62396	UHID/MR No	: YGT.0000062197
Patient Name	: Mr. KAMINENI RAMARAO	Client Code	: YOD-DL-0021
Age/Gender	: 54 Y 0 M 0 D /M	Barcode No	: 10986120
DOB	:	Registration	: 23/Mar/2024 08:17AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 02:58PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

DOPPLER STUDY :

MITRAL FLOW : E -0.7 m/sec, A - 0.4m/sec.  
AORTIC FLOW : 1.2m/sec  
PULMONARY FLOW : 1.1m/sec  
TRICUSPID FLOW : TRJV : 0.9m/sec, RVSP - 19mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- \* S/ P PTCA
- \* MILD CONCENTRIC LVH
- \* NO OBVIOUS RWMA
- \* NORMAL LV SYSTOLIC FUNCTION
- \* NO MR/ AR/ PR/ TR/ PAH
- \* NO PE / CLOT / VEGETATIONS.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT62396	<b>UHID/MR No</b> : YGT.0000062197
<b>Patient Name</b> : Mr. KAMINENI RAMARAO	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 54 Y 0 M 0 D /M	<b>Barcode No</b> : 10986120
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<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	25 ML	ml		
COLOUR	PALE 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	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	Azocoupling 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	1-2	/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 :  
 Kollipara Venkateswara Rao


Approved By :

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

<b>Visit ID</b>	: YGT62396	<b>UHID/MR No</b>	: YGT.0000062197
<b>Patient Name</b>	: Mr. KAMINENI RAMARAO	<b>Client Code</b>	: YOD-DL-0021
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<b>Hospital Name</b>	:		

**DEPARTMENT OF CLINICAL PATHOLOGY**

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



Verified By :  
Kollipara Venkateswara Rao



Approved By :

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



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No.: 2052/11323/83698

To  
కామినేని రామరావు  
Kamineni Ramarao  
S/O Kotaiah  
flat no 3b kamineni estates 1st line rajendra nagar  
Guntur  
Pattabhipuram(guntur)  
Guntur Guntur  
Andhra Pradesh 522006  
9393609367

13/12/2012  
363344771



MA633447716FT



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**8073 9957 9181**

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం

Government of India



కామినేని రామరావు  
Kamineni Ramarao  
పుట్టిన తేదీ / DOB : 10/04/1969  
పురుషుడు / Male



**8073 9957 9181**

నా ఆధార్, నా గుర్తింపు

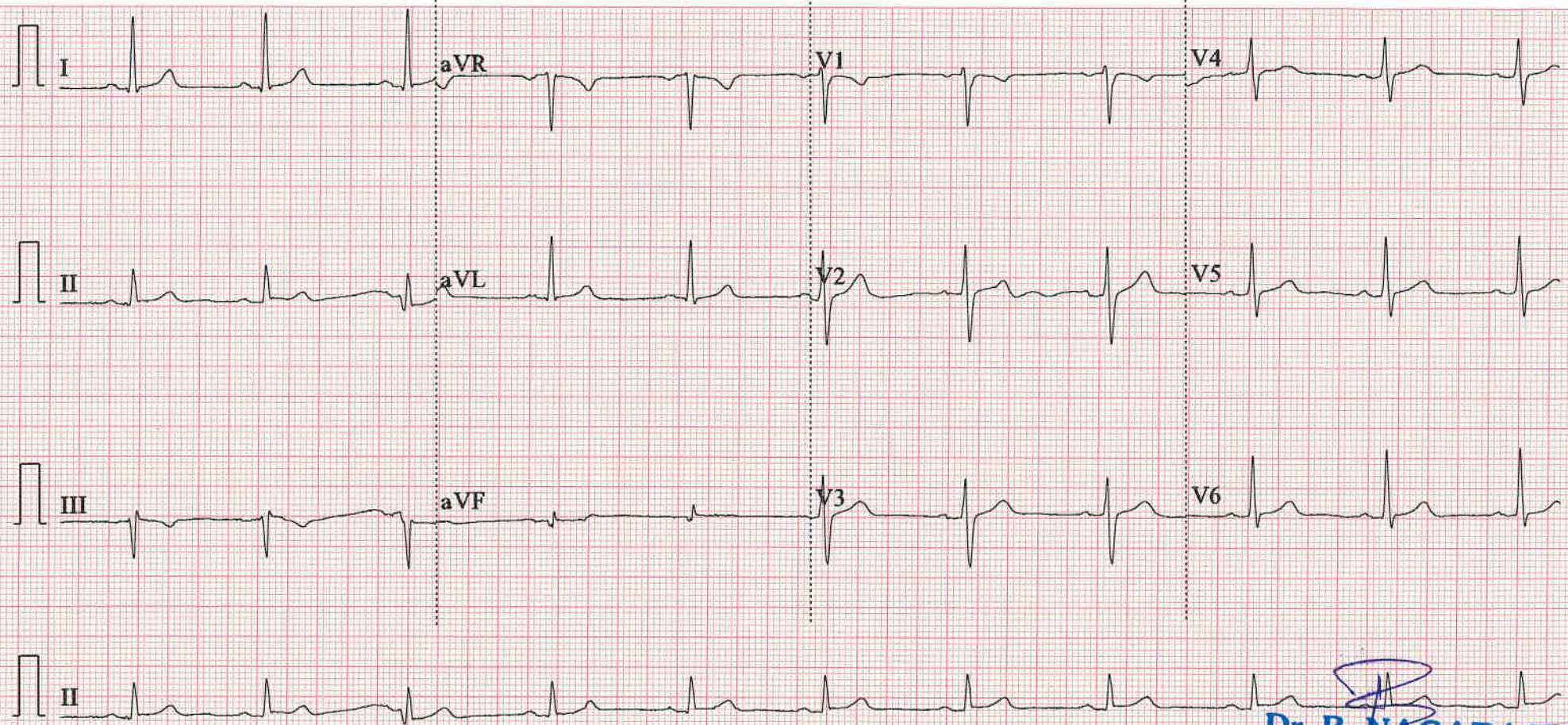


ID: 62396  
KAMINENI RAMARAO  
Male 54Years  
Req. No. :

23-03-2024 11:05:01  
HR : 64 bpm  
P : 104 ms  
PR : 144 ms  
QRS : 108 ms  
QT/QTcBz : 386/401 ms  
P/QRS/T : -44/-17/-23 °  
RV5/SV1 : 1.014/0.749 mV

Diagnosis Information:  
Coronary Sinus Rhythm  
Abnormal q and Q Wave(II,III,aVF)  
Inferior Myocardial Infarction  
Slight ST Depression(II,III,aVF)  
Slight ST Elevation(aVL,V4,V5,V6)  
Inverted T Wave(III,aVF)

Report Confirmed by:



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



DATE: 23-03-24

NAME: KANNIENI RANGRAO

AGE: 54/M 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>150</u>	<u>90</u>	<u>De</u>	<u>100</u>	<u>90</u>
ADD		<u>P</u>	<u>250</u>	<u>Both eyes</u>		

INSTRUCTIONS \_\_\_\_\_

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

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



Name: Kamineni Rama Rao  
Date: 23/03/24 Age: 54 years Sex: Female  
Address: Guntur



Routine Health check up

NO COMPLAINTS

H/O HTN (Type 2 DM / CAD - S/P TIA)

TEMP: 98.6  
B.P: 120/80 mm/Hg  
PULSE: 74 bpm  
WEIGHT: 79 kgs  
HEIGHT: 1.66 cms

HBAC - 7.9%

FBS - 159 mg/dl

PPBS - 218 mg/dl

1) Diabetic Diet / Low salt Diet /

2) ~~Tab. TRINOZOX~~ Tab. TRINOZOX  
FORTR 2

1 — 1 — 10  
(BBF) (BIF)

3) Cap. J-POWER  
0 — 0 — 30

4) Tab. ~~MONTANIL~~ BILAMONT-M  
0 — 0 — 10

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



**YODA**  
**DIAGNOSTICS**



GPS Map Camera



Guntur, Andhra Pradesh, India  
D.No: 12-12, 36/1, Old Club Rd, opp. Manasa hospital, Kothapeta,  
Guntur, Andhra Pradesh 522001, India  
Lat 16.299247°  
Long 80.451642°  
23/03/24 08:11 AM GMT +05:30