

Visit ID	: YGT62402	UHID/MR No	: YGT.0000062203
Patient Name	: Mr. NARASIMHA REDDY KATAKILA	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
DOB	:	Registration	: 23/Mar/2024 08:24AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:24AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 02:00PM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : 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.

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 : Minimally distended. No evidence of wall thickening / calculi.

PROSTATE : 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 VUYURU  
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:** Roatated Film

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 :**

- Prminent Pulmonary bronchovascular markings in lung feilds.

Suggested Clinical Correlation & Follow up.

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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	10	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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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	A			
Rh Typing	NEGATIVE			

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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**DEPARTMENT OF HAEMATOLOGY**


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

HAEMOGLOBIN (HB)	16.0	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.48	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.4	%	40.0 - 50.0	RBC pulse height detection
MCV	84.7	fL	83 - 101	Automated/Calculated
MCH	29.2	pg	27 - 32	Automated/Calculated
MCHC	34.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.8	%	11.0-16.0	Automated Calculated
RDW - SD	44.9	fl	35.0-56.0	Calculated
MPV	9.3	fL	6.5 - 10.0	Calculated
PDW	16.4	fL	8.30-25.00	Calculated
PCT	0.22	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,810	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	50	%	40 - 80	Impedance
LYMPHOCYTE	40	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	09	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.39	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	1.32	ng/ml	0.60 - 1.78	CLIA
T4	10.84	ug/dl	4.82-15.65	CLIA
TSH	2.34	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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**DEPARTMENT OF BIOCHEMISTRY**

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**LIVER FUNCTION TEST(LFT)**

**Sample Type : SERUM**

TOTAL BILIRUBIN	0.69	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.55	mg/dl		Calculated
AST (S.G.O.T)	32	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	48	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	51	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.47			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE**
**Sample Type : SERUM**

TOTAL CHOLESTEROL	<b>221</b>	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	155	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	135	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	27.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.67		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	<b>3.46</b>	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>182</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	0.77	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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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	120	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	22	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.3	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	98	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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Approved By :

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



<b>Visit ID</b> : YGT62402	UHID/MR No
<b>Patient Name</b> : Mr. NARASIMHA REDDY KATAKILA	Client Code
Age/Gender : 46 Y 0 M 0 D /M	Barcode No
DOB :	Registration
Ref Doctor : SELF	Collected
Client Name : MEDI WHEELS	Received
Client Add : F-701, Lado Sarai, Mehrauli, N	Reported
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	<b>142</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



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 MBBS, DCP  
 Consultant Pathologist

<b>Visit ID</b>	: YGT62402	UHID/MR No	: YGT.0000062203
<b>Patient Name</b>	: Mr. NARASIMHA REDDY KATAKILA	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
DOB	:	Registration	: 23/Mar/2024 08:24AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:13AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:50AM
Hospital Name	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM CREATININE	0.96	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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Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

GGT	22	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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Approved By :

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 Consultant Pathologist

<b>Visit ID</b>	: YGT62402	UHID/MR No	: YGT.0000062203
<b>Patient Name</b>	: Mr. NARASIMHA REDDY KATAKILA	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
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**DEPARTMENT OF BIOCHEMISTRY**

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

**Sample Type : SERUM**

SERUM URIC ACID	5.8	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.

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<b>Visit ID</b>	: YGT62402	UHID/MR No	: YGT.0000062203
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**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)	10.3	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.96	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.70	Ratio	6 - 25	Calculated

Verified By :  
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 MBBS, DCP  
 Consultant Pathologist

Visit ID	: YGT62402	UHID/MR No	: YGT.0000062203
Patient Name	: Mr. NARASIMHA REDDY KATAKILA	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
DOB	:	Registration	: 23/Mar/2024 08:24AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:24AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 23/Mar/2024 02:40PM
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 : 3.5 cms  
LEFT VENTRICLE : EDD : 4.1 cm IVS(d) : 1.0cm LVEF : 75 %  
ESD : 2.3 cm PW (d) : 0.9 cm FS : 43 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 3.5cms  
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	: YGT62402	UHID/MR No	: YGT.0000062203
Patient Name	: Mr. NARASIMHA REDDY KATAKILA	Client Code	: YOD-DL-0021
Age/Gender	: 46 Y 0 M 0 D /M	Barcode No	: 10986132
DOB	:	Registration	: 23/Mar/2024 08:24AM
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Client Name	: MEDI WHEELS	Received	:
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Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

DOPPLER STUDY :

MITRAL FLOW : E - 0.8m/sec, A -0.4 m/sec.  
AORTIC FLOW : 1.2m/sec  
PULMONARY FLOW : 0.8m/sec  
TRICUSPID FLOW : TRJV :1.9 m/sec, RVSP -29 mmHg  
COLOUR FLOW MAPPING: MILD TR/ MILD PAH


IMPRESSION :

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NO MR/ AR/ PR/ MILD TR/ MILD 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> : YGT62402	<b>UHID/MR No</b> : YGT.0000062203
<b>Patient Name</b> : Mr. NARASIMHA REDDY KATAKILA	<b>Client Code</b> : YOD-DL-0021
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<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 23/Mar/2024 11:18AM
<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	1.030		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		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	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 :

  
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 MBBS, DCP  
 Consultant Pathologist


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**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Biological Ref. Range	Method
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**\*\*\* End Of Report \*\*\***Verified By :  
Kollipara Venkateswara Rao

Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



భారత ప్రభుత్వం  
Government of India



నరసింహ రెడ్డి కె  
Narasimha Reddy K  
పుట్టిన తేదీ/DOB: 10/05/1977  
పురుషుడు/ MALE



7796 0342 7235

VID : 9111 1203 0424 5373



భారత విశిష్ట గుర్తీకరణ ప్రాధికార సంస్థ

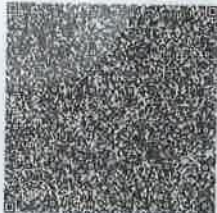
Unique Identification Authority of India

విరువారము:

S/O రామకృష్ణ రెడ్డి కటికాల, డోర్ నెం 20-4-369, 2వ లైన్  
సౌభాగ్య నగర్, కొరిటిపాడు, 3వ లైన్ వైతన్య పురి ఎదురుగా,  
గుంటూరు, గుంటూరు,  
ఆంధ్ర ప్రదేశ్ - 522007

**Address:**

S/O Ramakrishna Reddy Katikala, Door no  
20-4-369, 2nd Lane Soubhagya Nagar,  
Koritipadu, Opp 3rd Lane Chaitanya Puri,  
Guntur, Guntur,  
Andhra Pradesh - 522007



QR Code with Photograph

7796 0342 7235

VID: 9111 1203 0424 5373



భారత విశిష్ట గుర్తీకరణ సంస్థ

www.uidai.gov.in

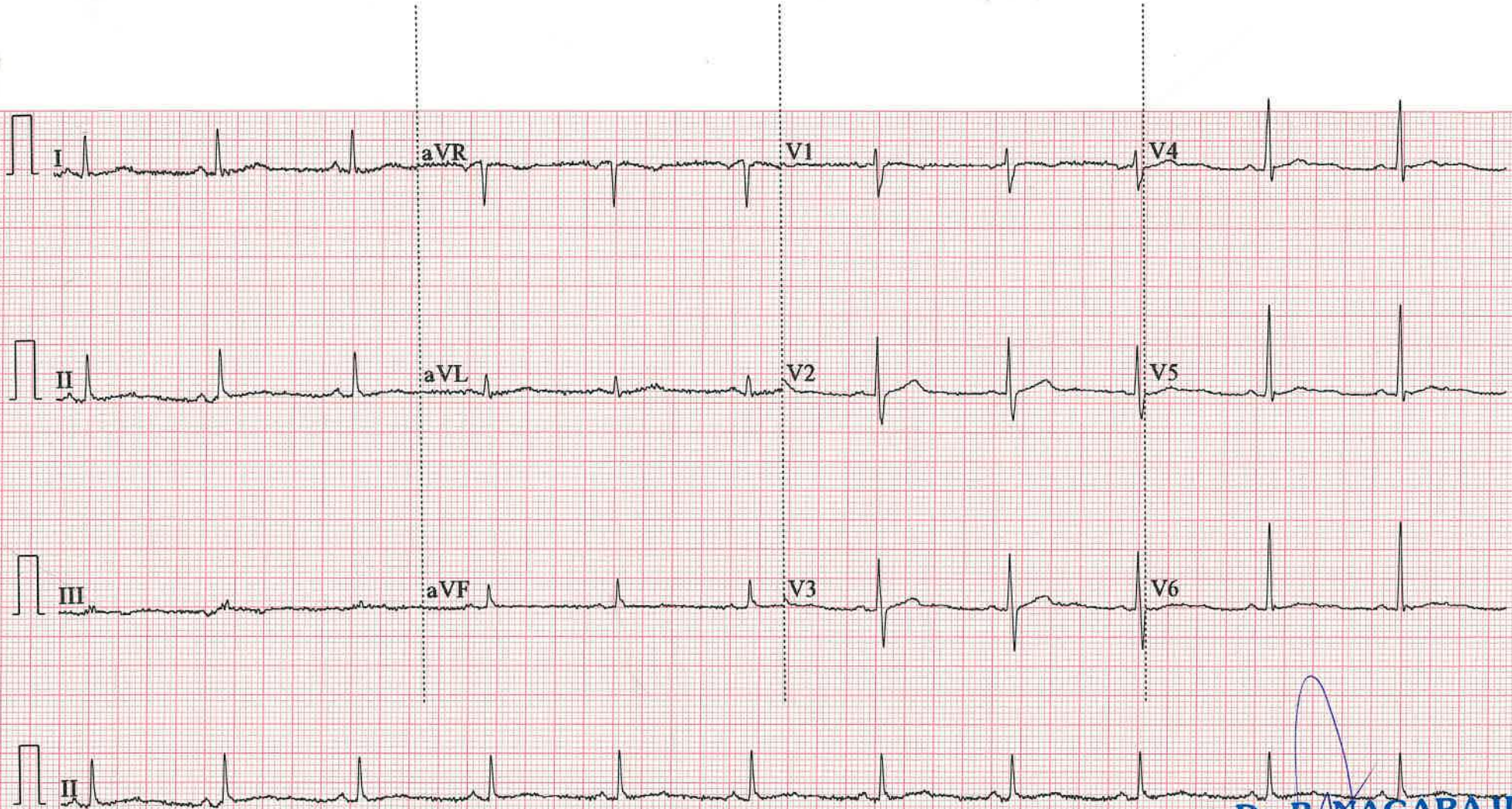


ID: 62402  
NARASIMHA REDDY  
Male 46Years  
Req. No. :

23-03-2024 10:28:01  
HR : 66 bpm  
P : 100 ms  
PR : 148 ms  
QRS : 81 ms  
QT/QTcBz : 389/408 ms  
P/QRS/T : 22/38/17 °  
RV5/SV1 : 1.512/0.504 mV

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

Report Confirmed by:



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



DATE: 23-03-24

NAME: NARASIMHAREDDY KATAKILA

AGE: 46/4 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>RL</u>		
ADD		<u>+</u>	<u>175</u>	<u>Both eyes</u>		

INSTRUCTIONS \_\_\_\_\_

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

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

Name: Naragimha Reddy kalakila  
Date: 23/03/24 Age: 46 years Sex: male  
Address: Guntur



Routine Health checkup

NO complaints

NO H/O HTN / DM / CAD / ATB

LDL - 155 mg/dl

HbA1c - 5.8%

1) Low Fat Food / Low Salt Diet

2) Daily Exercise

3) weight Reduction

4) Tab. NOVASTAT 10

0 → 4 → (30)

5) CAP - J-POWER

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

TEMP: (2)  
B.P: 140/80 mmHg  
PULSE: 82 612  
WEIGHT: 99 kg  
HEIGHT: 1.82 cm







Guntur, Andhra Pradesh, India  
3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,  
Andhra Pradesh 522001, India  
Lat 16.299233°  
Long 80.45164°  
23/03/24 08:59 AM GMT +05:30