



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



దేవరకొండ లావణ్య  
Devarakonda Lavanya

పుట్టిన సంవత్సరం/Year of Birth: 1993  
స్త్రీ / Female



7137 1285 8088

అధార్ - సామాన్యని హక్కు

ID: 59449  
Mrs.LAVANYA  
Female 30Years  
Req. No. :

08-03-2024 10:45:52  
HR : 67 bpm  
P : 95 ms  
PR : 139 ms  
QRS : 80 ms  
QT/QTcBz : 403/426 ms  
P/QRS/T : 62/10/18 °  
RV5/SV1 : 0.875/1.303 mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:



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

Name: Mrs Lavanya  
Date: 18/03/24 Age: 30 years Sex: Female  
Address: Guntur



Routine Health checkup  
C/O Dyspepsia  
NO H/O HTN/DIAB/CA/D/PTB

TEMP: 37  
B.P: 100/70 mm/Hg  
PULSE: 69 bts  
WEIGHT: 58 kgs  
HEIGHT: 148 cms

1) Cap. PPBLOCK - DSR  
1 0 0 - (20)

2) Cap. J-POWER  
0 0 1 - (30)

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



Name: ..... Mrs. Levanya  
Date: 11/03/24 Age: 30 years Sex: Female  
Address: ..... Guntur



CMP:- 24/2/24



TEMP: .....  
B.P: 100/70 mm/Hg  
PULSE: 69 bts  
WEIGHT: 58 kgs  
HEIGHT: 148 cms

MFx 9yrs

P<sub>2</sub>L<sub>2</sub> -  $\left[ \begin{array}{l} \text{♀} \\ \text{♂} - 6yrs \end{array} \right]$  USG

No B/L tubectomy

MHT 4 days

26-28 days

← Normal flow  
← No clots  
← No dyspareunia

No fresh complaints

Advised  
↓  
Contraception

Adv

- Tab. Calcium o/d 1 tablet

**Dr. B. BHARATHI**  
M.S OBG  
Obstetrics and Gynecology  
REGD. No: APMC 96195

Visit ID	: YGT59449	UHID/MR No	: YGT.000059251
Patient Name	: Mrs. LAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10964091
DOB	:	Registration	: 08/Mar/2024 10:20AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 10:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Mar/2024 11:54AM
Hospital Name	:		

**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.

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	<b>30</b>	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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 Consultant Pathologist

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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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**DEPARTMENT OF HAEMATOLOGY**

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**CBC (COMPLETE BLOOD COUNT)**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN (HB)	13.4	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>4.86</b>	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	40.8	%	36.0 - 46.0	RBC pulse height detection
MCV	84.1	fL	83 - 101	Automated/Calculated
MCH	27.6	pg	27 - 32	Automated/Calculated
MCHC	32.8	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	11.8	%	11.0-16.0	Automated Calculated
RDW - SD	37	fl	35.0-56.0	Calculated
MPV	8.6	fL	6.5 - 10.0	Calculated
PDW	15.7	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,980	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.83	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	1.44	ng/ml	0.60 - 1.78	CLIA
T4	11.09	ug/dl	4.82-15.65	CLIA
TSH	1.73	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	0.46	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.37	mg/dl		Calculated
AST (S.G.O.T)	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	73	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.7	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.42			Calculated

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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	179	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	47	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	118.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	66	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	13.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.81		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.4	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	<b>132</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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**HBA1C**

<b>Sample Type : WHOLE BLOOD EDTA</b>				
HBA1c RESULT	5.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	111	mg/dl		

**Note:**  
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.  
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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**BLOOD UREA NITROGEN (BUN)**

<b>Sample Type : Serum</b>				
SERUM UREA	15	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV

**Increased In:**  
 Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

**Decreased In:**  
 Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

**Limitations:**  
 Urea levels increase with age and protein content of the diet.

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<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 10:48AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 08/Mar/2024 12:01PM
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**DEPARTMENT OF BIOCHEMISTRY**

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**FBS (GLUCOSE FASTING)**

**Sample Type : FLOURIDE PLASMA**

FASTING PLASMA GLUCOSE	92	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

Verified By :  
 M VENKATA KRISHNA



Approved By :

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



<b>Visit ID</b> : YGT59449	<b>UHID/MR No</b> : YGT.000059251
<b>Patient Name</b> : Mrs. LAVANYA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10964091
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 10:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 12:21PM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 12:44PM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 08/Mar/2024 01:04PM
<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	87	mg/dl	<140	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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59449	<b>UHID/MR No</b>	: YGT.0000059251
<b>Patient Name</b>	: Mrs. LAVANYA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 30 Y 0 M 0 D /F	<b>Barcode No</b>	: 10964091
<b>DOB</b>	:	<b>Registration</b>	: 08/Mar/2024 10:20AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 08/Mar/2024 10:30AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 08/Mar/2024 10:50AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 08/Mar/2024 12:01PM
<b>Hospital Name</b>	:		

**DEPARTMENT OF BIOCHEMISTRY**

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

<b>Sample Type : SERUM</b>				
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE

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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b> : YGT59449	<b>UHID/MR No</b> : YGT.0000059251
<b>Patient Name</b> : Mrs. LAVANYA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10964091
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 10:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 10:30AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 10:50AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 08/Mar/2024 12:01PM
<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	14	U/L	0 - 55.0	KINETIC-IFCC
-----	----	-----	----------	--------------

**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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b>	: YGT59449	<b>UHID/MR No</b>	: YGT.0000059251
<b>Patient Name</b>	: Mrs. LAVANYA	<b>Client Code</b>	: YOD-DL-0021
<b>Age/Gender</b>	: 30 Y 0 M 0 D /F	<b>Barcode No</b>	: 10964091
<b>DOB</b>	:	<b>Registration</b>	: 08/Mar/2024 10:20AM
<b>Ref Doctor</b>	: SELF	<b>Collected</b>	: 08/Mar/2024 10:30AM
<b>Client Name</b>	: MEDI WHEELS	<b>Received</b>	: 08/Mar/2024 10:50AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	<b>Reported</b>	: 08/Mar/2024 12:01PM
<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	5.7	mg/dl	2.6 - 6.0	URICASE - PAP
-----------------	-----	-------	-----------	---------------

**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 :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b> : YGT59449	<b>UHID/MR No</b> : YGT.0000059251
<b>Patient Name</b> : Mrs. LAVANYA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10964091
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 10:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 10:30AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 10:50AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 08/Mar/2024 12:01PM
<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)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.00	Ratio	6 - 25	Calculated

Verified By :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59449	UHID/MR No	: YGT.0000059251
Patient Name	: Mrs.LAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10964091
DOB	:	Registration	: 08/Mar/2024 10:20AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 10:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Mar/2024 11:41AM
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) : 0.8 cm LVEF : 60 %  
ESD : 2.5 cm PW (d) : 0.8 cm FS : 30 %  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.4 cms  
PULMONARY ARTERY : Normal  
PERICARDIUM : Normal  
IVS/ SVC/ CS : Normal  
PULMONARY VEINS : Normal  
INTRA CARDIAC MASSES : No

Verified By :  
M VENKATA KRISHNA



Approved By :

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

Visit ID	: YGT59449	UHID/MR No	: YGT.000059251
Patient Name	: Mrs.LAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10964091
DOB	:	Registration	: 08/Mar/2024 10:20AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 10:20AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 08/Mar/2024 11:41AM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

DOPPLER STUDY :

MITRAL FLOW : E -0.6 m/sec, A - 0.4m/sec.  
AORTIC FLOW : 1.0m/sec  
PULMONARY FLOW : 0.8m/sec  
TRICUSPID FLOW : TRJV : 1.2 m/sec, RVSP -22 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR


IMPRESSION :

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

Verified By :  
M VENKATA KRISHNA



Approved By :

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

<b>Visit ID</b> : YGT59449	<b>UHID/MR No</b> : YGT.0000059251
<b>Patient Name</b> : Mrs. LAVANYA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10964091
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 10:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 10:30AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 11:18AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 08/Mar/2024 12:03PM
<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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.005		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	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



<b>Visit ID</b> : YGT59449	<b>UHID/MR No</b> : YGT.000059251
<b>Patient Name</b> : Mrs. LAVANYA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10964091
<b>DOB</b> :	<b>Registration</b> : 08/Mar/2024 10:20AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 08/Mar/2024 10:30AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 08/Mar/2024 11:05AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 09/Mar/2024 11:50AM
<b>Hospital Name</b> :	

**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

**PAP SMEAR**

Lab Ref. No.: YLLD/ PAP- 72/ 24

Date of Receiving: 08.032024

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show predominantly superficial and intermediate 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	: YGT59449	UHID/MR No	: YGT.0000059251
Patient Name	: Mrs. LAVANYA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10964091
DOB	:	Registration	: 08/Mar/2024 10:20AM
Ref Doctor	: SELF	Collected	: 08/Mar/2024 10:30AM
Client Name	: MEDI WHEELS	Received	: 08/Mar/2024 11:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Mar/2024 11:50AM
Hospital Name	:		


**DEPARTMENT OF CYTOPATHOLOGY**

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

Verified By :  
M VENKATA KRISHNA



Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist

DATE: 08/3/24

NAME: LAWANYA

AGE: 30 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>50</u>			<u>450</u>	<u>050</u>	<u>20</u>
ADD						

INSTRUCTIONS \_\_\_\_\_

I.P.D. \_\_\_\_\_ D.V.   /  

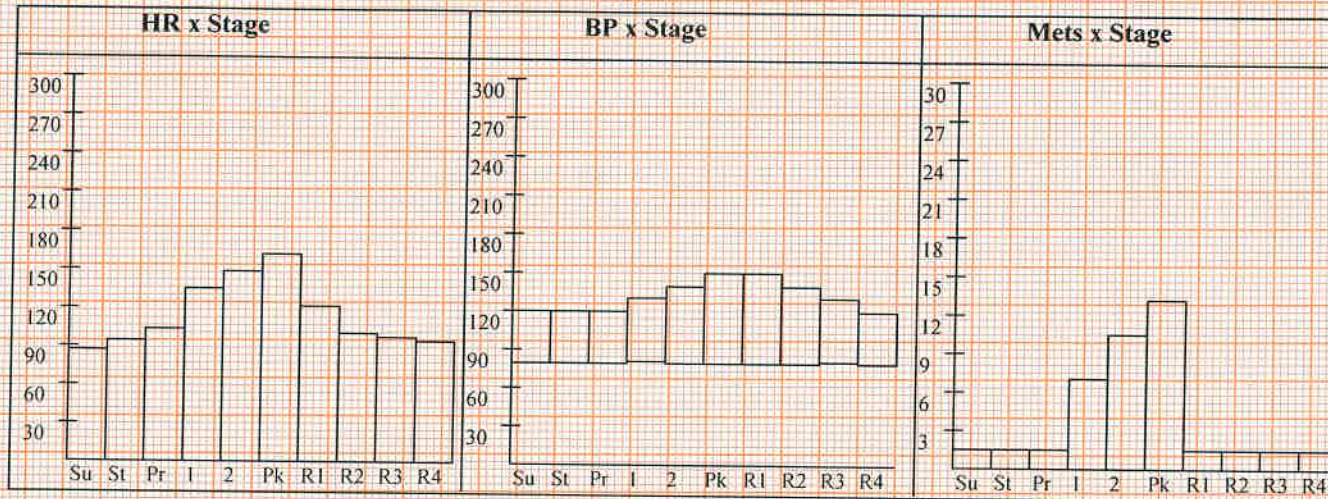
N.V. \_\_\_\_\_ CONSTANT USE   /

# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: MRS. LAVANYA**

**Date: 08-03-2024**

**Time: 12:04**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:53 achieving a work level of 8.8 METS.  
 Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 162bpm (83% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg  
 \* Significant ST-T Changes During Exercise & Recovery  
 \* Fair Exercise Tolerance  
 \* Test is Positive for Exercise Induced Ischemia.

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

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

Doctor: DR.B NAGARAJU

( Summary Report edited by User )

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name:** MRS. LAVANYA **Date:** 08-03-2024 **Time:** 12:04  
**Age:** 30 **Gender:** F **Height:** 148 cms **Weight:** 58 Kg **ID:** 59449  
**Clinical History:** NO  
**Medications:** NO

**Test Details:**  
**Protocol:** Bruce **Predicted Max HR:** 196 **Target HR:** 166 (85% of Pr. MHR)  
**Exercise Time:** 0:07:53 **Achieved Max HR:** 162 (83% of Pr. MHR)  
**Max BP:** 150/80 **Max BP x HR:** 24300 **Max Mets:** 8.8  
**Test Termination Criteria:**

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:13	1	0	0	87	120/80	10440	0.6 V2	0.2 aVL
Standing	00:09	1	0	0	94	120/80	11280	0.6 V2	0.2 V2
PreTest	00:27	1	1.6	0	104	120/80	12480	0.5 V2	0.1 II
Stage: 1	03:00	4.7	2.7	10	135	130/80	17550	0.5 V3	0.7 II
Stage: 2	03:00	7	4	12	148	140/80	20720	1.1 V3	0.9 V4
Peak Exercise	01:53	8.8	5.5	14	162	150/80	24300	1.1 V3	1.1 II
Recovery1	01:00	1	0	0	121	150/80	18150	1.2 V3	1.6 II
Recovery2	01:00	1	0	0	101	140/80	14140	0.7 II	1.3 II
Recovery3	01:00	1	0	0	97	130/80	12610	0.5 V2	0.4 II
Recovery4	00:33	1	0	0	94	120/80	11280	0.7 V2	0.3 II

# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 0:00:00

Stage Time: 00:13

**HR: 87 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

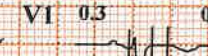
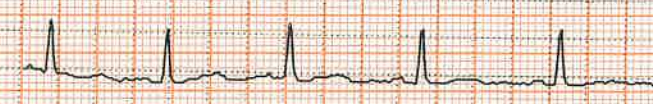
THR: 166 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



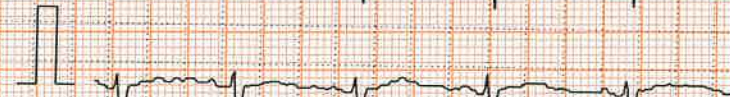
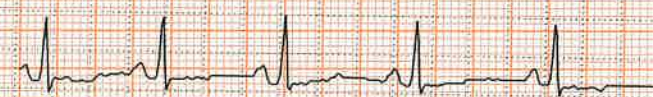
I



V1



II



V2



III



V3



aVR



V4



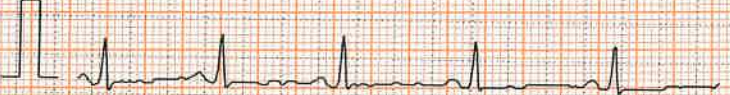
aVL



V5



aVF



V6

V5



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

ID: 59449

Date: 08-03-2024

Exec Time : 0:00:00

Stage Time: 00:09

**HR: 94 bpm**

Bruce Protocol

Stage: Standing

Speed: 0

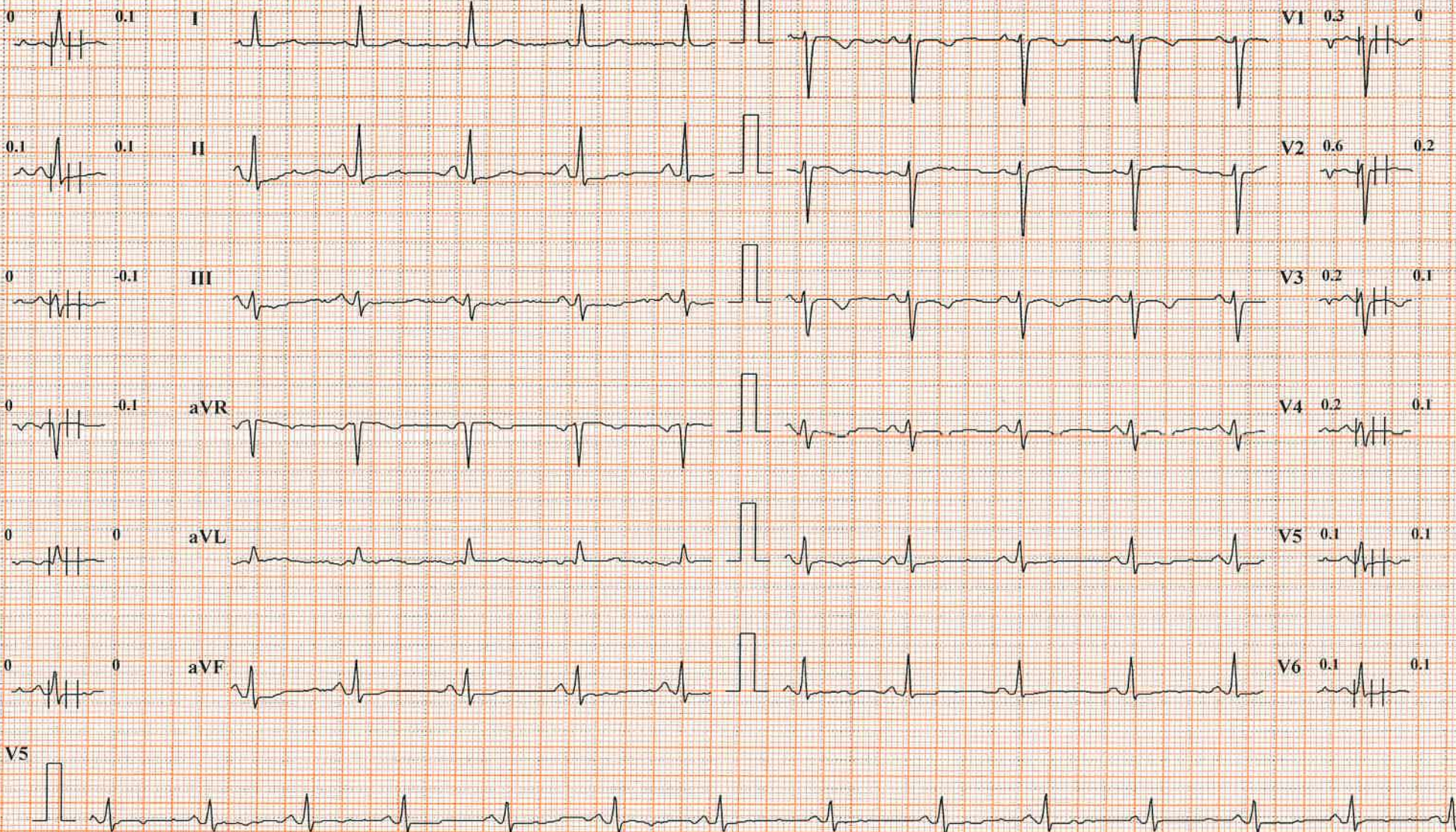
Slope: 0 %

THR: 166 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

MRS. LAVANYA (30 F)

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 135 bpm

STLevel(mm) STSlope(mV/s)

Stage: I

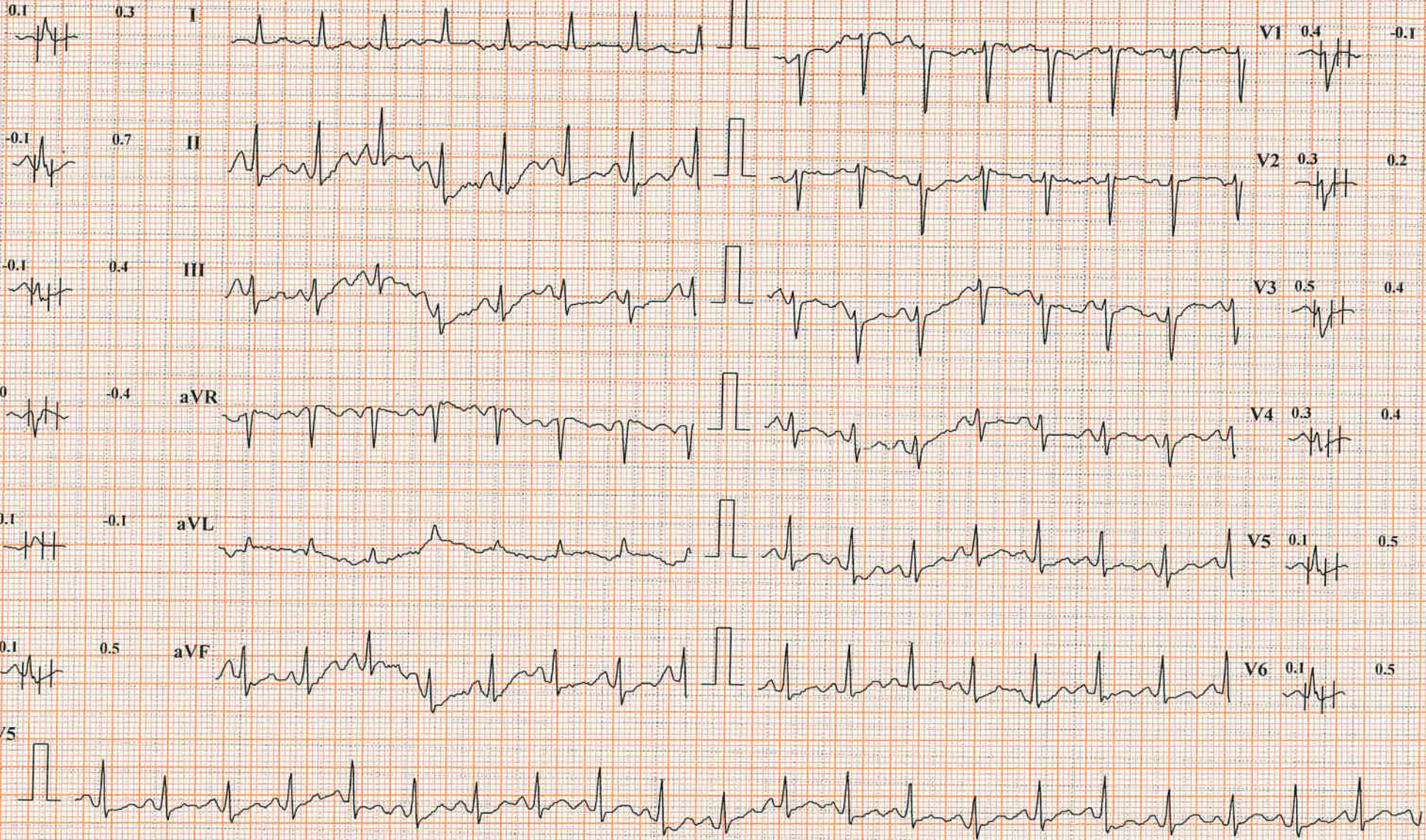
Speed: 2.7 kmph

Slope: 10 %

THR: 166 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

**HR: 148 bpm**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 0:06:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 2

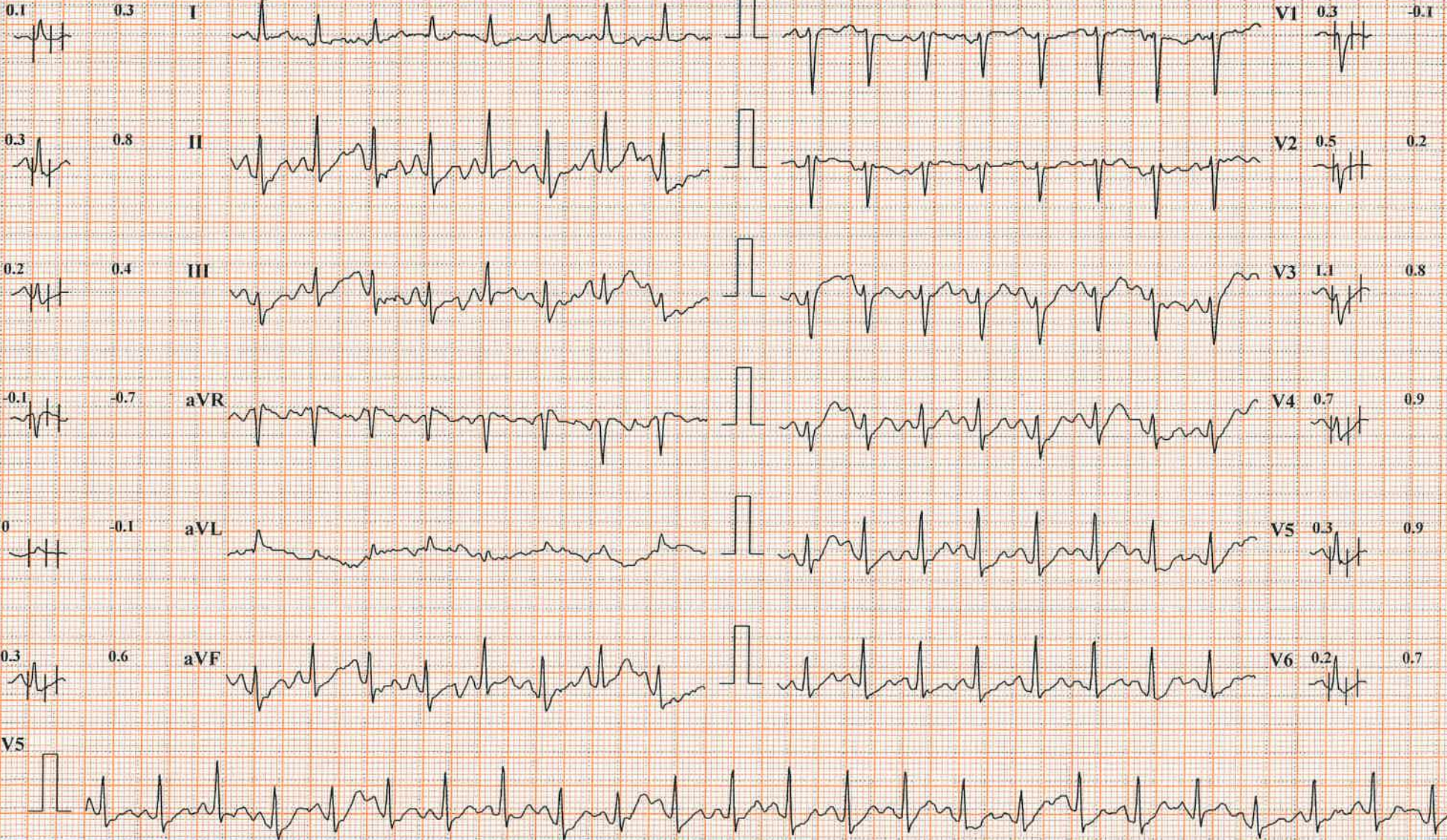
Speed: 4 kmph

Slope: 12 %

THR: 166 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 0:07:53

Stage Time: 01:53

**HR: 162 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

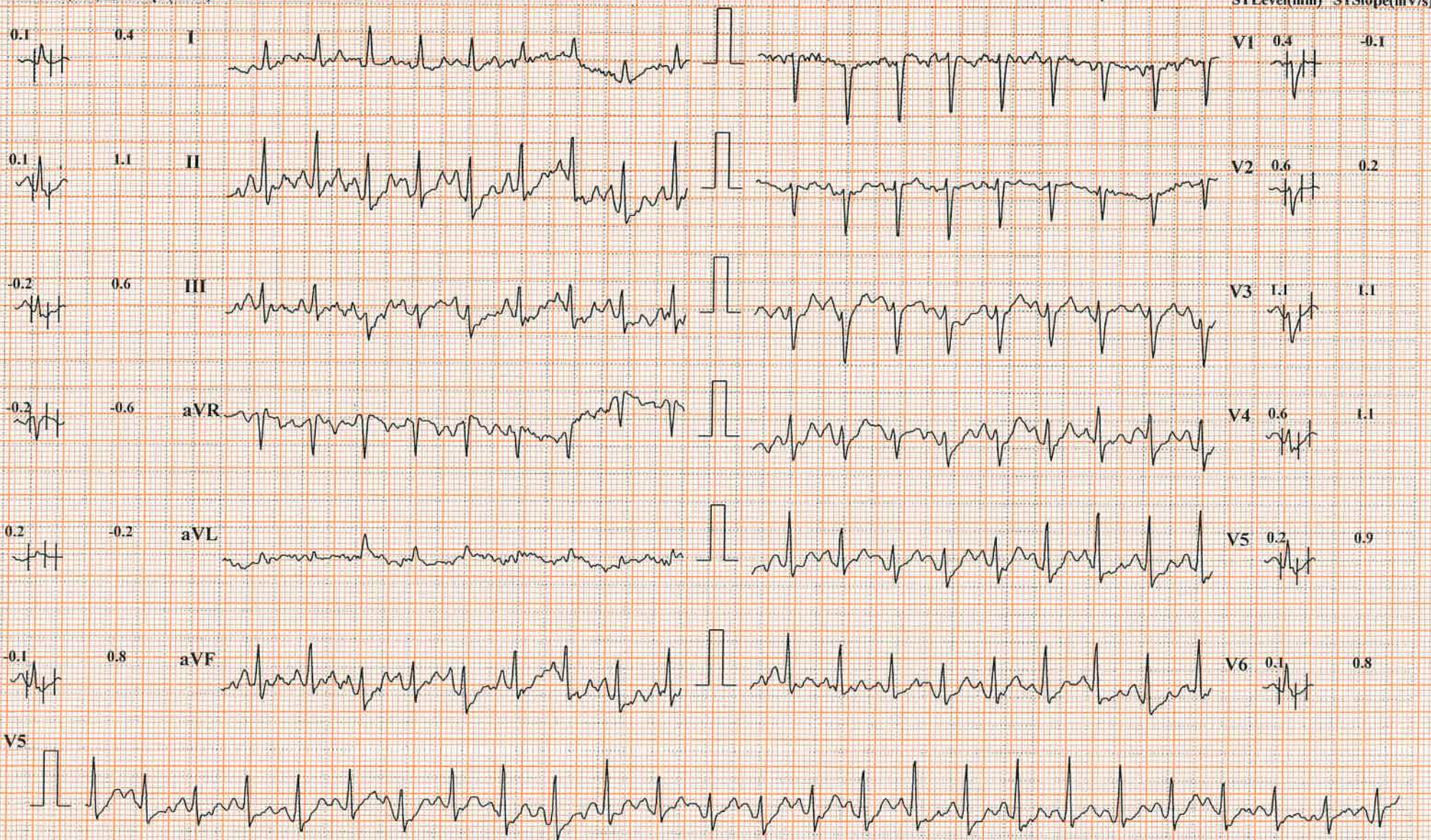
Speed: 5.5 kmph

Slope: 14 %

THR: 166 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 121 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

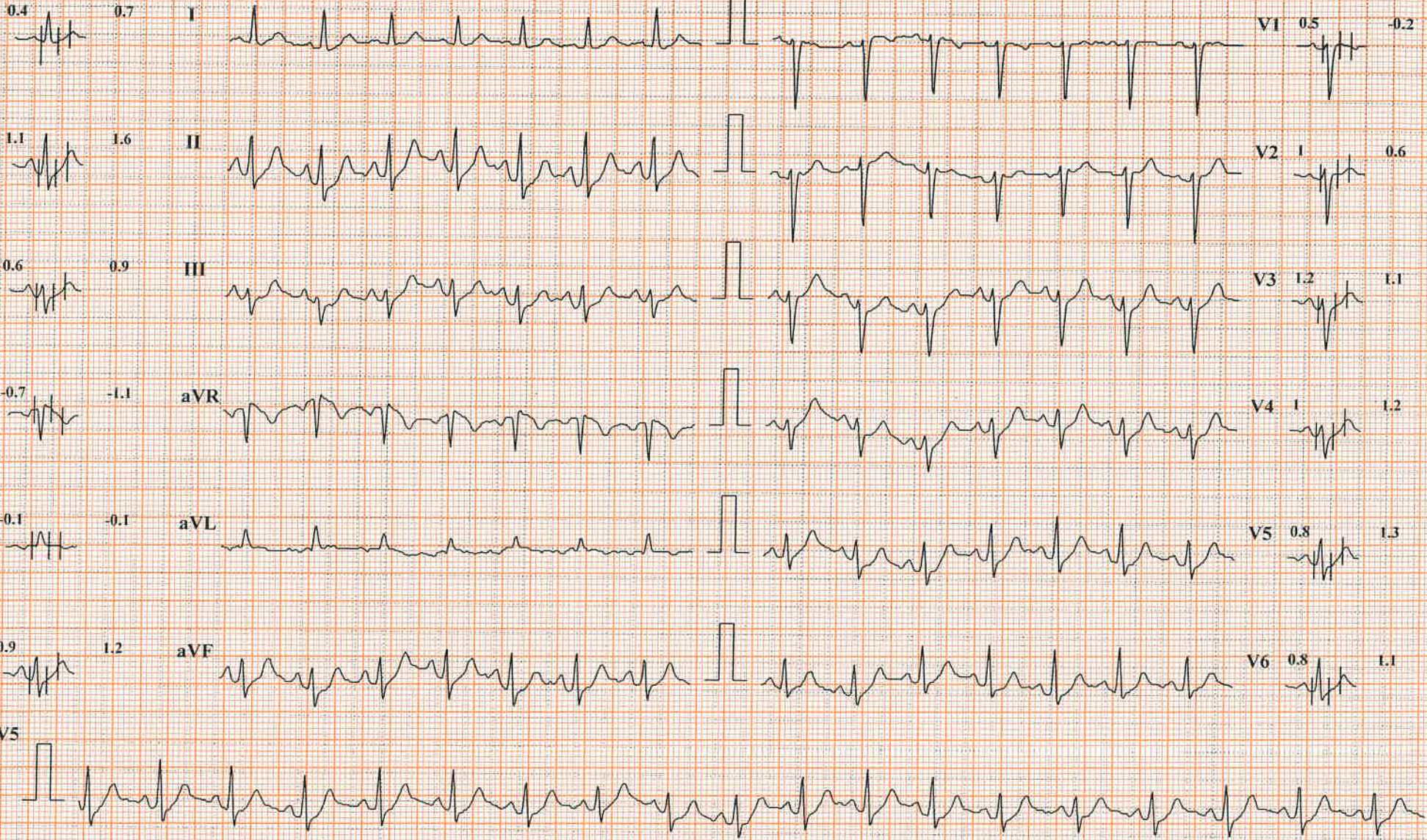
Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 101 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

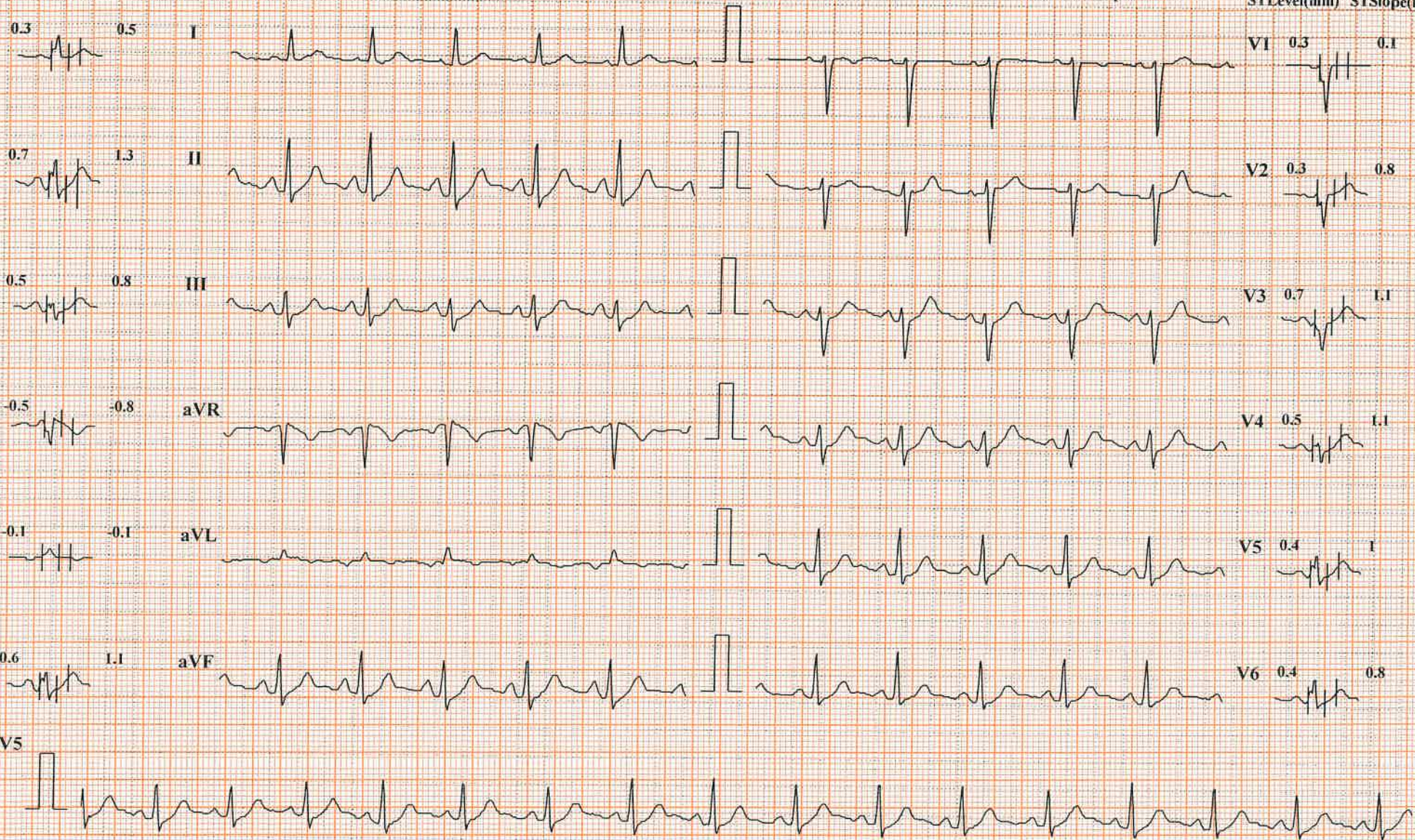
Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 97 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

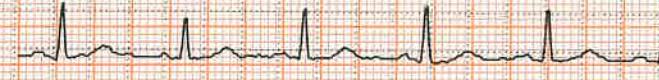
THR: 166 bpm

BP: 130/80 mmHg

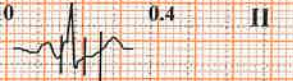
STLevel(mm) STSlope(mV/s)



I



II



III



aVR



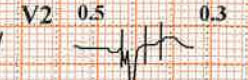
aVL



aVF



V1



V2



V3



V4



V5



V6

V5



# YODA DIAGNOSTICS CENTRE GUNTUR

**MRS. LAVANYA (30 F)**

Bruce Protocol

ID: 59449

Date: 08-03-2024

Exec Time : 00:00

Stage Time: 00:33

**HR: 94 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

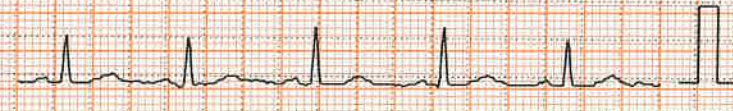
THR: 166 bpm

BP: 120/80 mmHg

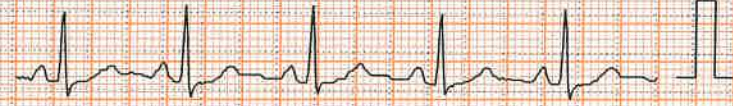
STLevel(mm) STSlope(mV/s)



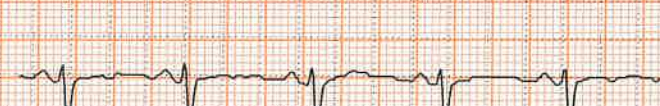
I



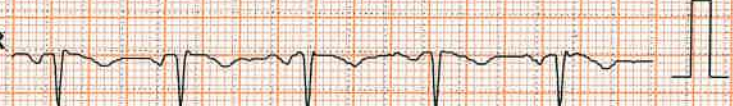
II



III



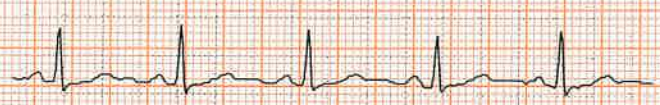
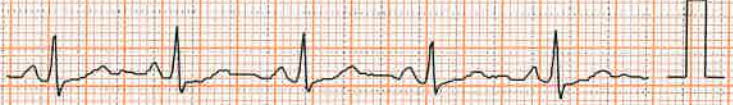
aVR



aVL



aVF



V5

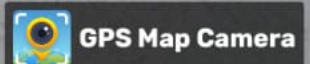




# YODA

## DIAGNOSTICS

RECEPTION



**Guntur, Andhra Pradesh, India**

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299238°

Long 80.451631°

08/03/24 11:11 AM GMT +05:30

