



**SAI
MAHESH**
Cardiac & Maternity Care

Dr. Gajjala Mahesh Reddy
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Consultant Interventional Cardiologist
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Dr. D. Krishna Sai Sushma
MS OBG., DNB OBG., FMAS., DMAS.,
Fellowship In ART (Infertility)
Consultant Obstetrician & Gynecologist
Reg.No. APMC 121638

Patient Name: V. Sivakumar Age: 35y Date: 23/3/24

B.P 118/80
Pulse 74/mnt
SpO2 98%

23/3/24

for routine
cardiac evaluation

ECG
Chest X-ray
TTE
TTE
TTE
TTE
TTE
TTE

ECG
Chest X-ray
TTE
TTE
TTE
TTE
TTE
TTE

MD

Life style modifications

Repeat lipid after

1 month

ASR HOSPITALS (India) Pvt. Ltd.
D.No. 10/10-560, 4th Cross
Lane Opp. to Venkateswara Heart Hospital
Reddy & Reddy Colony, TIRUPATI-517 501.
Ph: 0877-2227774, Cell: 97003 010111



| | | | | | |
|---------|--------------|-------|------------|------|---|
| Name: | V.SIVA KUMAR | Age: | 35 Yrs | SEX: | M |
| Ref BY: | INSURANCE | Date: | 23/03/2024 | | |

CHEST X RAY (PA VIEW)

Findings:

- Trachea is in midline.
- Both the lung fields are clear. No focal lesions.
- The costo-phrenic angles are clear.
- No hilar or mediastinal mass.
- Domes of diaphragm are normal in position and contour.
- The cardiac outlines are normal.
- Visualized bones and soft tissues are normal.

IMPRESSION:

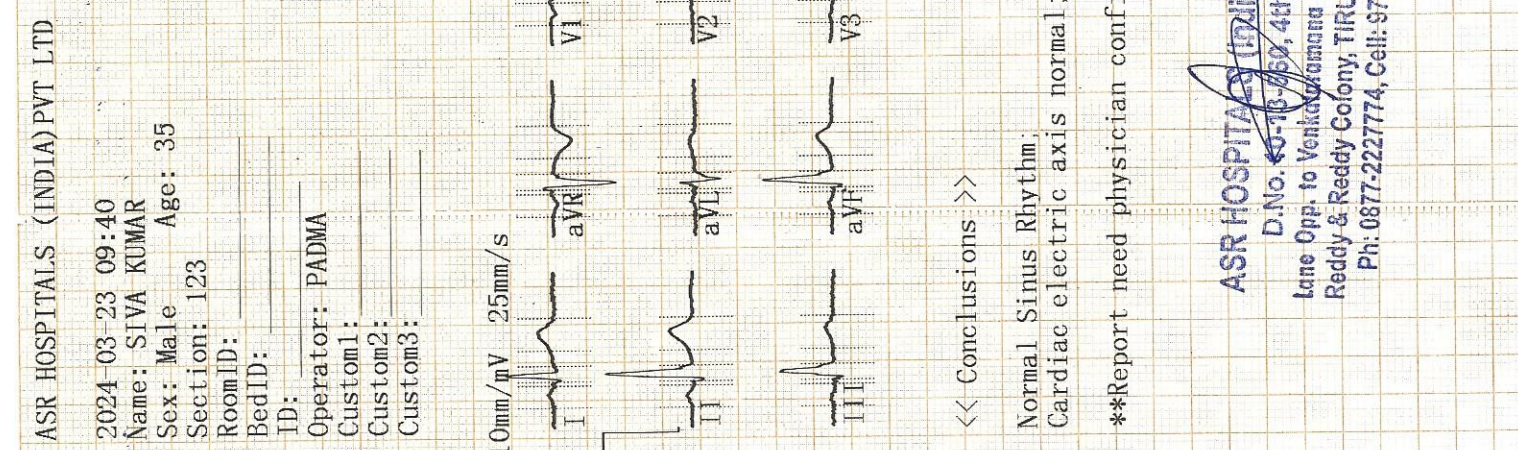
No obvious abnormality noted.

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DR. O.SRIDHAR BABU MD,RD.,

2024-03-23 09:40
 Name: SIVA KUMAR
 Sex: Male Age: 35
 Section: 123
 RoomID:
 BedID:
 ID:
 Operator: PADMA
 Custom1:
 Custom2:
 Custom3:

Data for reference only:
 HR [bpm] : 74
 PR Interval [ms] : 144
 P Duration [ms] : 120
 QRS Duration [ms] : 87
 T Duration [ms] : 178
 QT/QTc [ms] : 350/387
 P/QRS/T Axis [deg] : 69.3/73.5/54.9
 R(V5)/S(V1) [mV] : 1.27/0.95
 R(V5) S(V1) [mV] : 2.22



<< Conclusions >>
 Normal Sinus Rhythm.
 Cardiac electric axis normal.

Report need physician confirm

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 Reddy & Reddy Colony, TIRUPATI-517 501.
 Ph: 0877-2227774, Cell: 97003 010111

| | | | |
|--------------|-----------------------------|---------------|----------------------------|
| Patient Name | : MR. VEGURU SIVA KUMAR | Sample ID | : 004408324 |
| Age / Sex | : 35 YEARS / MALE | Collected On | : Mar 23, 2024, 01:11 p.m. |
| Patient ID | : 10709 | Received On | : Mar 23, 2024, 01:13 p.m. |
| Organization | : INSURANCE | Reported On | : Mar 23, 2024, 03:11 p.m. |
| Referral | : MEDIWHEEL FULL BODY CHECK | Report Status | : Final |

| Test Description | Value(s) | Reference Range | Unit(s) |
|--|----------|---|---------|
| HbA1c (Glycated Haemoglobin) | | | |
| HBA1C, GLYCATED HEMOGLOBIN WHOLE BLOOD-EDTA | 5.5 | Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50 | % |
| Method : HPLC | | | |
| Estimated Average Glucose WHOLE BLOOD-EDTA | 111.15 | Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180 | mg/dL |
| Method : Calculated | | | |

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

| | |
|------------------------|-------------|
| Good Control | Below 6.5% |
| Fair Control | 6.5% - 7.0% |
| Unsatisfactory Control | 7.0% - 8.0% |
| Poor Control | > 8.0% |

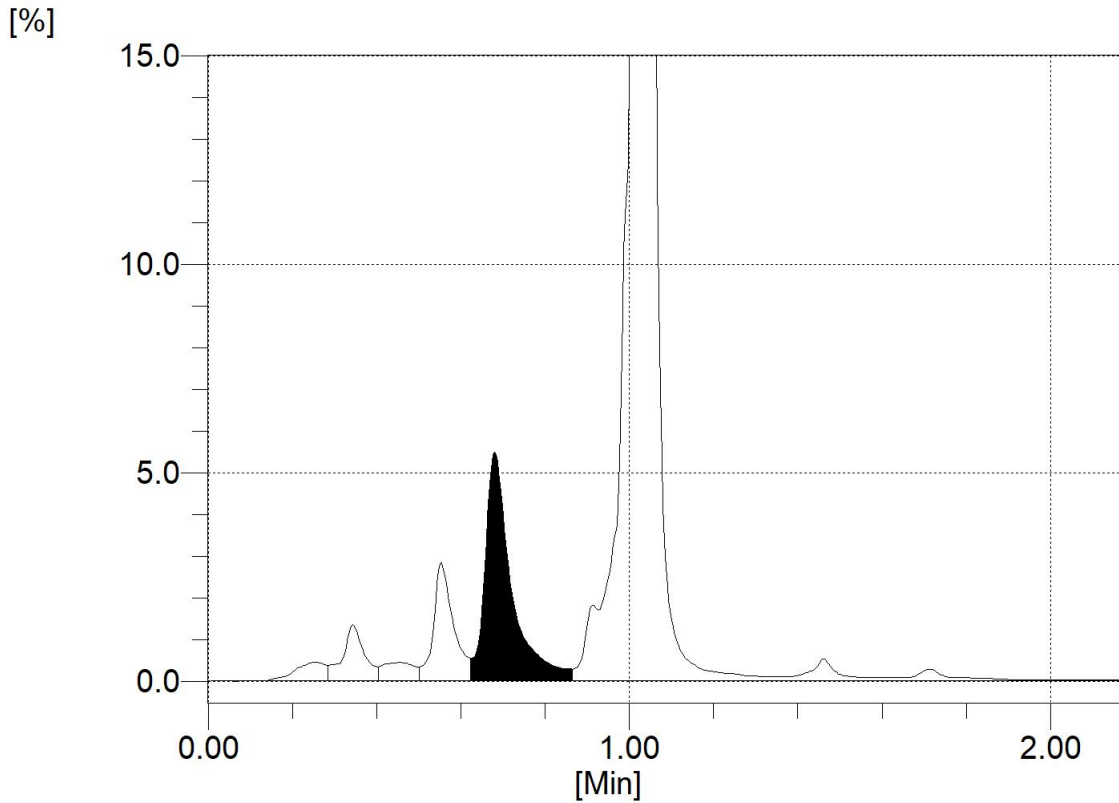
HPLC Graph



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****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology.
APMC/FMR/77347)



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Uric Acid, Serum

| | | | |
|-----------------------|-----|-----------|-------|
| Uric Acid | 5.0 | 3.5 - 7.2 | mg/dL |
| Method : Uricase, PAP | | | |

Comments:

- Causes of high uric acid in serum:
- Some genetic inborn errors.
- Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.
- Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.
- Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.
- Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Creatinine, Serum

| | | | |
|--------------------|------|-----------------------|-------|
| Creatinine, Serum | 0.82 | MALES ; 0.7 - 1.3 | mg/dL |
| Method : Enzymatic | | FEMALES ; 0.6 - 1.1 | |
| | | NEW BORNs ; 0.3 - 1.0 | |
| | | INFANTS ; 0.2 - 0.4 | |
| | | CHILD ; 0.3 - 0.7 | |

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

- Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.
- Bacterial infection of the kidneys (pyelonephritis)
- Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.
- Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.
- Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Blood Grouping ABO & Rh Typing

| | |
|----------------------------------|-----------------|
| Blood Group (ABO typing) | "B" |
| Method : Manual-Hemagglutination | |
| RhD Factor (Rh Typing) | Positive (+VE) |
| Method : Manual hemagglutination | |

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Thyroid Profile

| | | | |
|-----------------------------------|------|-------------|--------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.99 | 0.58 - 1.62 | ng/mL |
| Method : CLIA | | | |
| THYROXINE (T4, TOTAL) | 8.83 | 5.0 - 14.5 | ng/mL |
| Method : CLIA | | | |
| THYROID STIMULATING HORMONE (TSH) | 1.61 | 0.35 - 5.1 | mIU/mL |
| Method : CLIA | | | |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.05 - 4.73 |
| Second trimester | 0.30 - 4.79 |
| Third trimester | 0.50 - 6.02 |

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Complete Urine Analysis (CUE)

| | | |
|---------------------------|-------------|-------------|
| Colour | Pale Yellow | Pale Yellow |
| Transparency (Appearance) | Clear | Clear |

Chemical Examination (AUTOMATED URINEANALYSER)

| | | |
|-----------------------|----------|---------------|
| Reaction (pH) | 7.0 | 4.7 - 7.5 |
| Specific Gravity | 1.030 | 1.010 - 1.030 |
| Urine Glucose (sugar) | Negative | Negative |
| Urine Protein | Negative | Negative |
| Urine Bilirubin | Negative | Negative |
| Urine Ketones | Negative | Negative |
| Urobilinogen | Normal | Normal |
| Blood | Negative | Negative |
| Nitrite | Negative | Negative |
| Leucocyte Esterase | Negative | Negative |

Microscopic Examination Urine

| | | | |
|------------------|--------|--------|------|
| Pus Cells | 1-2 | 0 - 2 | /hpf |
| Epithelial Cells | 2-4 | 0 - 5 | /hpf |
| Red blood Cells | Absent | 0 - 2 | /hpf |
| Crystals | Absent | Absent | |
| Cast | Absent | Absent | |
| Bacteria | Absent | Absent | |

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| Glucose-Postprandial(PPBS) | | | |
| Blood Glucose-Postprandial Method : GOD-POD | 125.2 | 100 - 160 | mg/dL |

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