

Visit ID	: YGT63634	UHID/MR No	: YGT.0000063428
Patient Name	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
DOB	:	Registration	: 29/Mar/2024 09:15AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 09:15AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 02:28PM
Hospital Name	:		

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

Clinical Details : General check-up.

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

GALL BLADDER : Well distended. No evidence of calculi / wall thickening.  
Visualised common bile duct & portal vein appears normal.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 8.8 x 3.8 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.

L E F T K I D N E Y : measures 8.7 x 4.1 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 calculi or wall thickening.

U T E R U S : Anteverted, measures - 7.3 x4.3x4.5 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 8 mm is normal.

Right ovary measures 3.1 x2.2 cm and left ovary measures 2.6 x2.1 cm.  
Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

**IMPRESSION:**

- No obvious sonographic abnormality detected.

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

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**DEPARTMENT OF RADIOLOGY**

for clinical correlation.

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<b>Hospital Name</b> :	

**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: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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**BLOOD GROUP ABO & RH Typing**

**Sample Type : WHOLE BLOOD EDTA**

ABO	O			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

**COMMENTS:**


The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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**CBC (COMPLETE BLOOD COUNT)**


**Sample Type : WHOLE BLOOD EDTA**

HAEMOGLOBIN (HB)	12.0	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	<b>4.81</b>	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.0	%	36.0 - 46.0	RBC pulse height detection
MCV	<b>77</b>	fL	83 - 101	Automated/Calculated
MCH	<b>24.9</b>	pg	27 - 32	Automated/Calculated
MCHC	32.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.9	%	11.0-16.0	Automated Calculated
RDW - SD	40	fl	35.0-56.0	Calculated
MPV	8.5	fL	6.5 - 10.0	Calculated
PDW	15.8	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,610	cells/ml	4000 - 11000	Flow Cytometry
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	63	%	40 - 80	Impedance
LYMPHOCYTE	29	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.90	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	1.56	ng/ml	0.60 - 1.78	CLIA
T4	14.66	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**

Test Name	Result	Unit	Biological Ref. Range	Method
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**LIVER FUNCTION TEST(LFT)**

Sample Type : SERUM				
TOTAL BILIRUBIN	0.47	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.38	mg/dl		Calculated
AST (S.G.O.T)	27	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	25	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.79			Calculated

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**LIPID PROFILE**

**Sample Type : SERUM**

TOTAL CHOLESTEROL	172	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	42	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	114.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	78	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	15.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.10		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.86	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	130	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, Lpa, Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
  - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
  - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**


HBA1c RESULT	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	90	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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Ref Doctor	: SELF	Collected	: 29/Mar/2024 12:46PM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 01:08PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:35PM
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**DEPARTMENT OF BIOCHEMISTRY**

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**PPBS (POST PRANDIAL GLUCOSE)**

**Sample Type : FLOURIDE PLASMA**

POST PRANDIAL PLASMA GLUCOSE	99	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

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**SERUM CREATININE**

**Sample Type : SERUM**

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 :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT63634	<b>UHID/MR No</b> : YGT.0000063428
<b>Patient Name</b> : Mrs. ANUSHA PINNELA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10994458
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 09:15AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 29/Mar/2024 09:19AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 29/Mar/2024 09:45AM
<b>Client Add</b> : F-701, Lado Sarai, Mehrauli, N	<b>Reported</b> : 29/Mar/2024 10:24AM
<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	42	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 :  
Kollipara Venkateswara Rao



Approved By :

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



<b>Visit ID</b> : YGT63634	<b>UHID/MR No</b> : YGT.0000063428
<b>Patient Name</b> : Mrs. ANUSHA PINNELA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10994458
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 09:15AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 29/Mar/2024 09:19AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 29/Mar/2024 09:45AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 29/Mar/2024 10:24AM
<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	4.3	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 :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b> : YGT63634	<b>UHID/MR No</b> : YGT.0000063428
<b>Patient Name</b> : Mrs. ANUSHA PINNELA	<b>Client Code</b> : YOD-DL-0021
<b>Age/Gender</b> : 30 Y 0 M 0 D /F	<b>Barcode No</b> : 10994458
<b>DOB</b> :	<b>Registration</b> : 29/Mar/2024 09:15AM
<b>Ref Doctor</b> : SELF	<b>Collected</b> : 29/Mar/2024 09:19AM
<b>Client Name</b> : MEDI WHEELS	<b>Received</b> : 29/Mar/2024 09:45AM
<b>Client Add</b> : F-701, Lado Sarai, Mehravli, N	<b>Reported</b> : 29/Mar/2024 10:24AM
<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)	10.3	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	14.60	Ratio	6 - 25	Calculated

Verified By :  
Kollipara Venkateswara Rao



Approved By :

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

Visit ID	: YGT63634	UHID/MR No	: YGT.0000063428
Patient Name	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
DOB	:	Registration	: 29/Mar/2024 09:15AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 09:15AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:14PM
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 : 2.9 cms  
LEFT VENTRICLE : EDD : 3.2 cm IVS(d) : 0.8cm LVEF : 74%  
ESD : 2.1 cm PW (d) : 1.0cm FS : 42%  
No RWMA  
IAS : Intact  
IVS : Intact  
AORTA : 2.4cms  
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	: YGT63634	UHID/MR No	: YGT.0000063428
Patient Name	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
DOB	:	Registration	: 29/Mar/2024 09:15AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 09:15AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:14PM
Hospital Name	:		

**DEPARTMENT OF RADIOLOGY**

DOPPLER STUDY :

MITRAL FLOW : E - 0.6m/sec, A - 0.4m/sec.  
AORTIC FLOW : 1.0m/sec  
PULMONARY FLOW : 0.9m/sec  
TRICUSPID FLOW : TRJV : 0.8m/sec, RVSP - 18mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- \* NORMAL SIZED CARDIAC CHAMBERS
- \* NO RWMA OF LV
- \* GOOD LV FUNCTION
- \* NO MR/ AR/ 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>	: YGT63634	UHID/MR No	: YGT.0000063428
<b>Patient Name</b>	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
<b>Age/Gender</b>	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
<b>DOB</b>	:	Registration	: 29/Mar/2024 09:15AM
<b>Ref Doctor</b>	: SELF	Collected	: 29/Mar/2024 09:19AM
<b>Client Name</b>	: MEDI WHEELS	Received	: 29/Mar/2024 10:52AM
<b>Client Add</b>	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/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)**

<b>Sample Type : SPOT URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		1.003 - 1.035	Bromothymol Blue
<b>CHEMICAL EXAMINATION</b>				
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
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	3-4	/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 :  
Kollipara Venkateswara Rao



Approved By :

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

<b>Visit ID</b>	: YGT63634	UHID/MR No	: YGT.0000063428
<b>Patient Name</b>	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
DOB	:	Registration	: 29/Mar/2024 09:15AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 10:12AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 01:08PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:51PM
Hospital Name	:		

**DEPARTMENT OF CYTOPATHOLOGY**

**PAP SMEAR - CONVENTIONAL**

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-99 / 24

Date of Receiving: 29-043-2024

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	Colopsocopy
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 :  
Kollipara Venkateswara Rao

Approved By :  
  
**Dr. Sumalatha**  
MBBS, DCP  
Consultant Pathologist



Visit ID	: YGT63634	UHID/MR No	: YGT.0000063428
Patient Name	: Mrs. ANUSHA PINNELA	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10994458
DOB	:	Registration	: 29/Mar/2024 09:15AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:51PM
Hospital Name	:		


**DEPARTMENT OF CYTOPATHOLOGY**

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

Verified By :  
Kollipara Venkateswara Rao



Approved By :

  
Dr. Sumalatha  
MBBS, DCP  
Consultant Pathologist



భారత ప్రభుత్వం

Government of India



పిన్నెల అనూష

Pinnela Anusha

పుట్టిన తేదీ / DOB : 10/08/1993

స్త్రీ / Female



7965 3685 9571

నా ఆధార్, నా గుర్తింపు

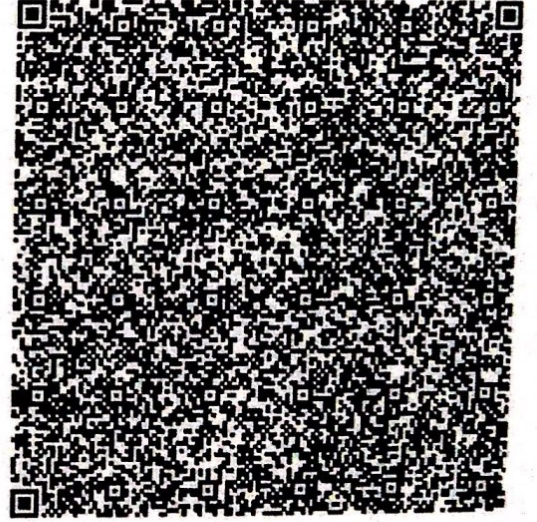




భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

Unique Identification Authority of India

చిరునామా: D/O బ్రహ్మాయ్య, సీతయ్య నగర్,  
వినుకొండ, గుంటూరు, ఆంధ్ర ప్రదేశ్, 522647



Address: D/O Brahmaiah, 29-2388,  
seethaiah nagar, Vinukonda, Vinukonda,  
Guntur, Andhra Pradesh, 522647

**7965 3685 9571**



1947



help@uidai.gov.in

WWW

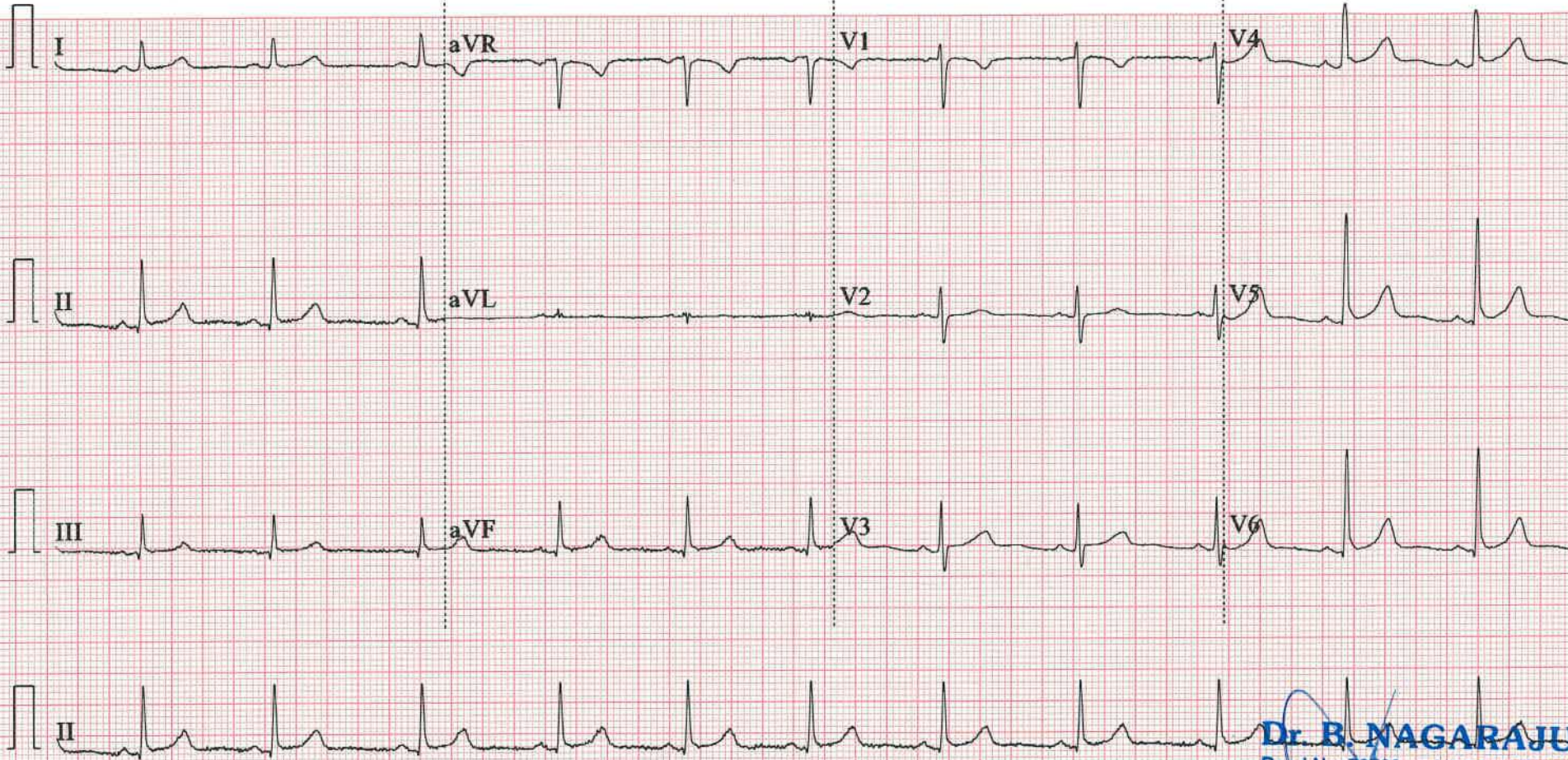
www.uidai.gov.in

ID: 63634  
ANUSHA PINNELA  
Female 30Years  
Req. No. :

29-03-2024 10:35:25  
HR : 70 bpm  
P : 96 ms  
PR : 135 ms  
QRS : 77 ms  
QT/QTcBz : 382/415 ms  
P/QRS/T : 16/61/59 °  
RV5/SV1 : 1.677/0.766 mV

Diagnosis Information:  
Sinus Arrhythmia  
Slight ST Elevation(V5,V6)

Report Confirmed by:



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

Name: Anusha pinnelo  
Date: 29/03/24 Age: 30 y Sex: Female  
Address: Guntur



LMP: 21/3/24

MFx 3y8s

P. - L. - B - 2y8 - NVD - Hosp

M/H 5 days → 28 days { Normal flow  
no clots  
no dysmenorrhea

No fresh complaints

Asu

- Tab. Secnia 00x1month

TEMP: 37.2  
B.P: 100/70 mm/Hg  
PULSE: 79  
WEIGHT: 48  
HEIGHT: 146

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

DATE: 29-03-24

NAME: ANUSHA

AGE: 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	-6.00	-0.75	20	-5.00	-1.00	160
ADD						

INSTRUCTIONS

I.P.D. D.V.

N.V. CONSTANT USE

Name: ..... *Anusha pinnele* .....  
Date: *29/03/24* ..... Age: *30 years* Sex: *Female* .....  
Address: ..... *Guntur* .....



Routine Health checkup  
NO COMPLAINTS  
NO H/O HTN / DM / CAD

TEMP: *(N)* .....  
B.P: *100/70* mm/Hg .....  
PULSE: *79* bpm .....  
WEIGHT: *48* Kgs .....  
HEIGHT: *146* cm

*1 cap. J-POWER*

*0 - 0 - 1*

*(30)*

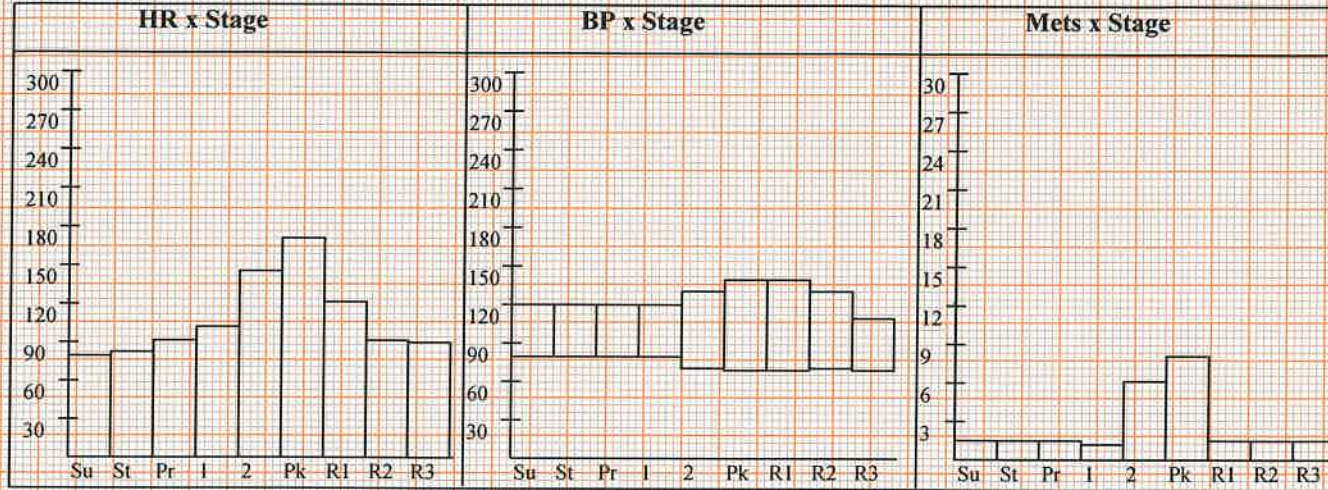
**Dr. KEERTHI KISHORE NAGALLA**  
Regd.No: 64905 MBBS, M.D. General Medicine  
CONSULTANT GENERAL PHYSICIAN  
YODA DIAGNOSTICS-GUNTUR

# YODA DIAGNOSTICS CENTRE GUNTUR

**Name: ANUSHA PINNELA**

**Date: 29-03-2024**

**Time: 13:55**



## Interpretation

The Patient Exercised according to Bruce Protocol for 0:00:00 achieving a work level of 5.4 METS.  
 Resting Heart Rate, initially 80 bpm rose to a max. heart rate of 171bpm (87% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/70 mmHg  
 \* No Significant ST-T changes During Exercise & Recovery  
 \* Good Exercise Tolerance  
 \* Test is Negative for Exercise Induced Ischemia.

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

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

( Summary Report edited by User )

## YODA DIAGNOSTICS CENTRE GUNTUR

**Name: ANUSHA PINNELA**

**Date: 29-03-2024**

**Time: 13:55**

**Age: 30**

**Gender: F**

**Height: 146 cms**

**Weight: 48 Kg**

**ID: 63634**

**Clinical History: NO**

**Medications: NO**

### Test Details:

**Protocol: Bruce**

**Predicted Max HR: 196**

**Target HR: 166 (85% of Pr. MHR)**

**Exercise Time: 0:00:00**

**Achieved Max HR: 171 (87% of Pr. MHR)**

**Max BP: 140/70**

**Max BP x HR: 23940**

**Max Mets: 5.4**

**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	00:06	1	0	0	80	120/80	9600	-0.8 II	-0.4 V2
Standing	00:10	1	0	0	82	120/80	9840	-0.5 II	0.3 II
PreTest	00:09	1	1.6	0	92	120/80	11040	-0.8 II	0.3 V2
Stage: 1	00:30	0.8	2.7	10	102	120/80	12240	0.4 V1	0.2 V2
Stage: 2	03:00	4.1	4	12	145	130/70	18850	-1 II	0.5 II
Peak Exercise	01:06	5.4	5.5	14	171	140/70	23940	1.1 V2	-0.9 II
Recovery1	01:00	1	0	0	122	140/70	17080	1.7 V2	1.6 II
Recovery2	01:00	1	0	0	91	130/70	11830	0.6 II	0.9 II
Recovery3	00:20	1	0	0	90	110/70	9900	0.4 V1	0.4 II

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:07

**HR: 84 bpm**

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 166 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5



# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 115 bpm**

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 166 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 0:03:30

Stage Time: 03:00

**HR: 145 bpm**

Stage: 2

Speed: 4 kmph

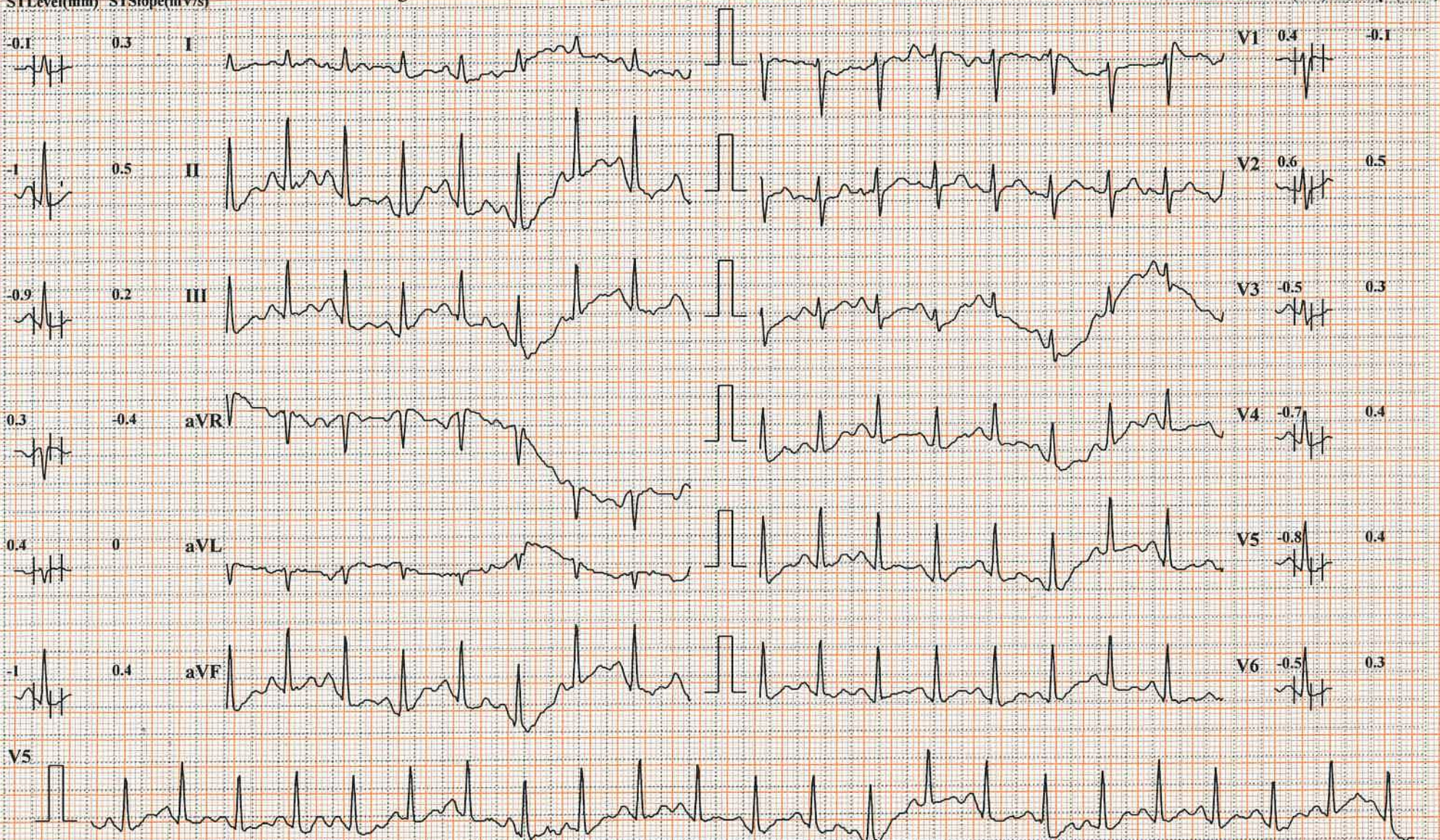
Slope: 12 %

THR: 166 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 0:04:36

Stage Time: 01:06

**HR: 171 bpm**

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 166 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

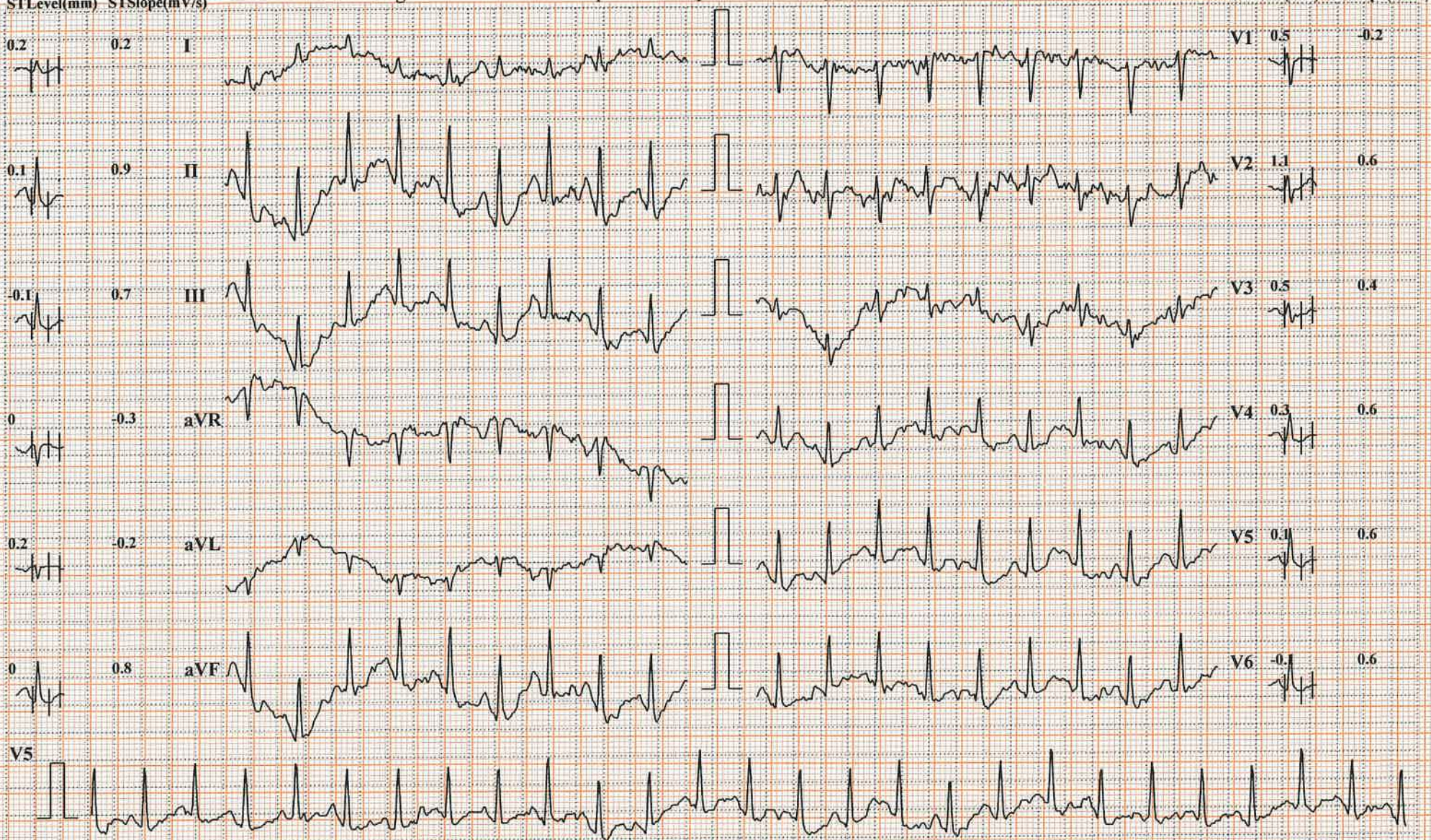


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 122 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

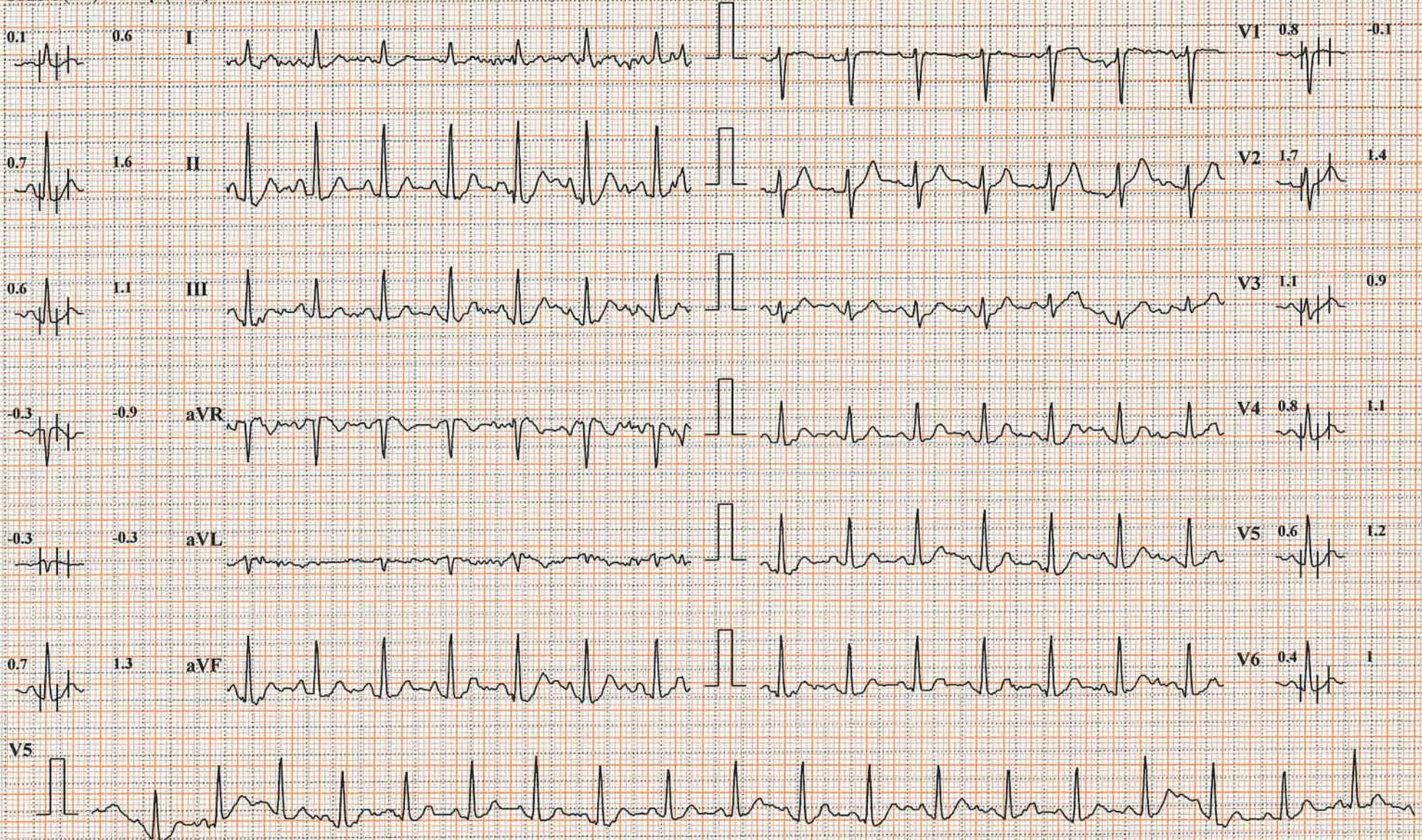


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

Bruce Protocol

ID: 63634

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 91 bpm**

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

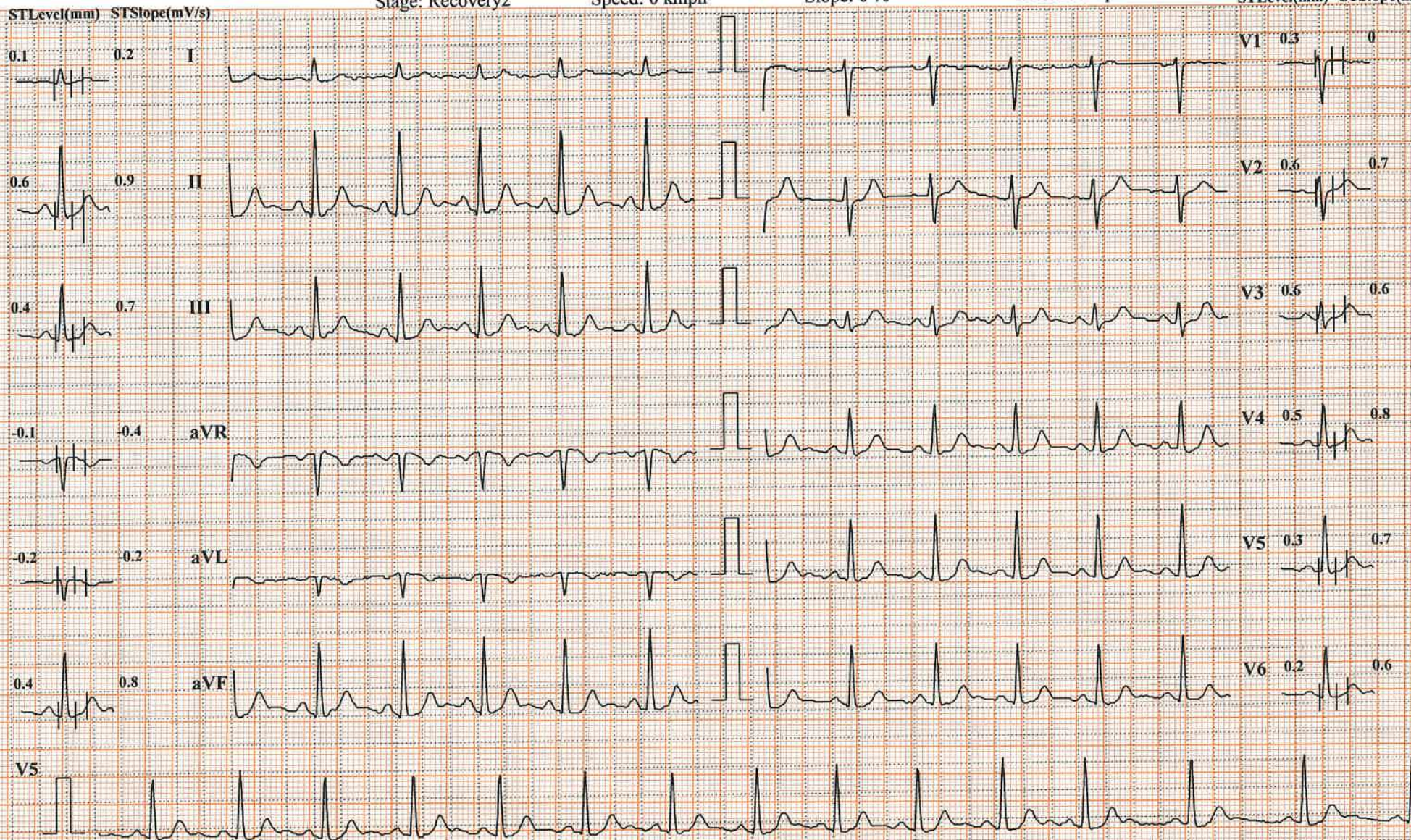


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version: 3.5

# YODA DIAGNOSTICS CENTRE GUNTUR

**ANUSHA PINNELA (30 F)**

ID: 63634

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:20

**HR: 90 bpm**

Bruce Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

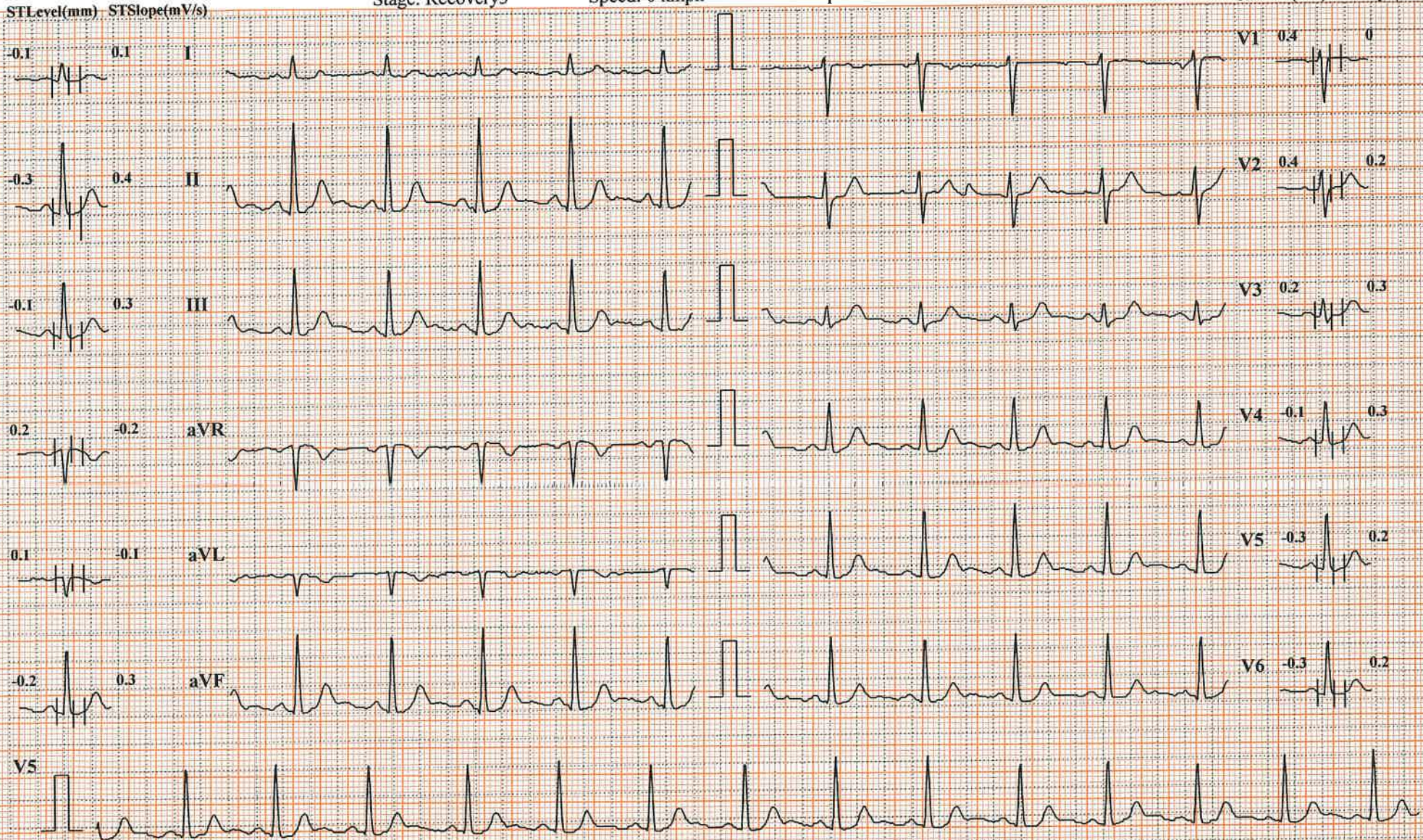


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.5