

Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:53AM
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 & PELVIS**

Clinical Details : General check-up.

LIVER : Enlarged in size (18 cm) and increased 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.

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 : Empty.

UTERUS & OVARIES: Poor window.

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

No free fluid is seen in pelvis.

IMPRESSION:

- HEPATOMEGALY WITH GRADE I FATTY LIVER.
Suggested clinical correlation and further evaluation.

Verified By :
M VENKATA KRISHNA



Approved By :

Sushma Vuyyuru
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEW**

Findings: Rotated 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 :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:46AM
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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	75	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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DEPARTMENT OF HAEMATOLOGY

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

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

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

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DEPARTMENT OF HAEMATOLOGY


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

HAEMOGLOBIN (HB)	9.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.03	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	31.9	%	36.0 - 46.0	RBC pulse height detection
MCV	63.4	fL	83 - 101	Automated/Calculated
MCH	19.2	pg	27 - 32	Automated/Calculated
MCHC	30.3	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	18.3	%	11.0-16.0	Automated Calculated
RDW - SD	44.2	fl	35.0-56.0	Calculated
MPV	8.6	fL	6.5 - 10.0	Calculated
PDW	15.5	fL	8.30-25.00	Calculated
PCT	0.37	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	9,830	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	71	%	40 - 80	Impedance
LYMPHOCYTE	24	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	4.26	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	1.19	ng/ml	0.60 - 1.78	CLIA
T4	12.63	ug/dl	4.82-15.65	CLIA
TSH	1.65	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.49	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
AST (S.G.O.T)	12	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	83	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	8.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.8	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.16			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	187	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	121.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	133	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	26.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.79		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.41	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	148	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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	17	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	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	99	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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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	114	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
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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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Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:14AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:47AM
Hospital Name	:		

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
-----	----	-----	----------	--------------

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

Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:47AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	7.1	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

Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 09:14AM
Client Name	: MEDI WHEELS	Received	: 23/Mar/2024 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 10:47AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	11.30	Ratio	6 - 25	Calculated

Verified By :
M VENKATA KRISHNA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:53AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 03:10PM
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 : 3.2 cm IVS(d) : 1.0 cm LVEF :60 %
ESD : 2.0 cm PW (d) :1.1 cm FS : 30 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.1cms
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	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
Ref Doctor	: SELF	Collected	: 23/Mar/2024 08:53AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Mar/2024 03:10PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.7m/sec, A -1.0 m/sec.
AORTIC FLOW : 1.6m/sec
PULMONARY FLOW : 1.1m/sec
TRICUSPID FLOW : TRJV :1.1 m/sec, RVSP -21 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR


IMPRESSION :

- * MILD CONCENTRIC LVH
- * NO RWMA OF LV
- * GOOD LV SYSTOLIC FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NO MR/ AR/ 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

Visit ID : YGT62416	UHID/MR No : YGT.0000062217
Patient Name : Miss. SWETHA GARNEPUDI	Client Code : YOD-DL-0021
Age/Gender : 30 Y 0 M 0 D /F	Barcode No : 10986170
DOB :	Registration : 23/Mar/2024 08:53AM
Ref Doctor : SELF	Collected : 23/Mar/2024 09:14AM
Client Name : MEDI WHEELS	Received : 23/Mar/2024 09:41AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Mar/2024 11:37AM
Hospital Name :	

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	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	7.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	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 :
 M VENKATA KRISHNA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT62416	UHID/MR No	: YGT.0000062217
Patient Name	: Miss. SWETHA GARNEPUDI	Client Code	: YOD-DL-0021
Age/Gender	: 30 Y 0 M 0 D /F	Barcode No	: 10986170
DOB	:	Registration	: 23/Mar/2024 08:53AM
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
M VENKATA KRISHNA

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



భారత ప్రభుత్వం
Government of India



గర్నేపూడి స్వేతా
Garnepudi Swetha
పుట్టిన తేదీ/DOB: 20/09/1993
లింగం/FEMALE

6750 9189 2884

Vid: 9176 7397 0986 6358



నా ఆధార్, నా గుర్తింపు



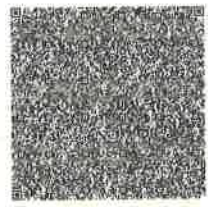
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

బహునామ:

D/O: రవిచంద్ర బాబు, 3-123, యం.సి.కాలనీ, దర్శి,
దర్శి ప్రకాశం,
ఆంధ్ర ప్రదేశ్ - 523247

Address:

D/O: Ravichandra Babu, 3-123,
S.C. CLONY, DARSI, Darsi, Prakasam,
Andhra Pradesh - 523247



QR Code with Photo/Retrieval

6750 9189 2884

VID: 9176 7392 0986 6388



భారత విశిష్ట గుర్తింపు సంస్థ

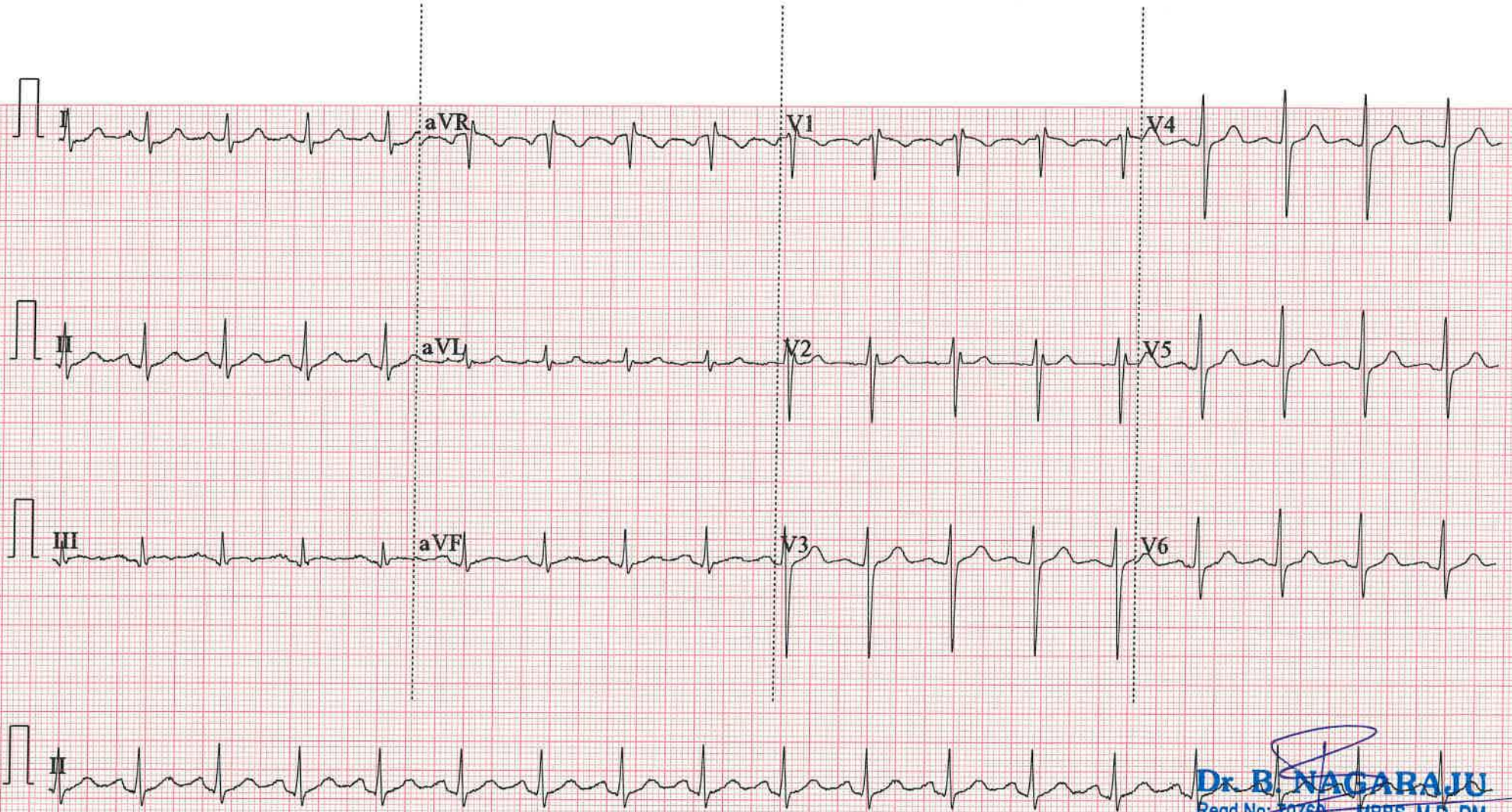
www.uidai.gov.in

ID: 62416
SWETHA GARNEPUDI
Female 30Years
Req. No. :

23-03-2024 11:26:49
HR : 106 bpm
P : 110 ms
PR : 169 ms
QRS : 94 ms
QT/QTcBz : 325/433 ms
P/QRS/T : 49/57/44 °
RV5/SV1 : 0.922/0.660 mV

Diagnosis Information:
Sinus Tachycardia
Larged PtfV1
Incomplete Right Bundle Branch Block

Report Confirmed by:



Dr. B. NAGARAJU
Regd. No: 20760 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

Name: Suella gannepudi
Date: 23/03/24 Age: 30 years Sex: Female
Address: Guntur



LMP's Mid January

Unmarried

MIH's 4-5 days
2-3 month
 heavy flow
 No clots
 No dysmenorrhea

TEMP: 37.2
B.P: 130/80 mm/Hg
PULSE: 108 bts
WEIGHT: 89 kg
HEIGHT: 160 cm

Irregular periods since 7 yrs

Unwanted hair (+)

H/o lapro-cystectomy (Ovarian) - 8 yrs back

Acantosis nigra (+)

Weight gain (+)

took OC pills

↓

(2 yrs)

Adh

- Regular exercises

- Tab. Noshor 200 x 1 month

- Tab. Medroxy progesterone
10mg BD x 5 days
1 — 0 — 1

Dr. B. BHARATHI
M.S OBG
Obstetrics and Gynecology
Bharathi 96195

DATE: 23-03-23

NAME: SWETHA GARNAPUDI

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>-2.00</u>	<u>-0.75</u>	<u>20</u>	<u>-1.75</u>		
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. ✓

N.V. _____ CONSTANT USE ✓

Name: Sweetha garipudi
Date: 23/03/24 Age: 30 years Sex: Female
Address: Guntur



Routine Health check up
NO COMPLAINTS
NO H/O HTN / DM / CAD / ATB

TEMP: 37
B.P: 130/90 mm/Hg
PULSE: 108 bts
WEIGHT: 89 kgs
HEIGHT: 160 cms

-DL - 121 mg/dl
HbA1c - 5.7 %

- 1) Low Fat Food
- 2) Daily Exercise
- 3) Weight Reduction
- 4) 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

CONTACT US

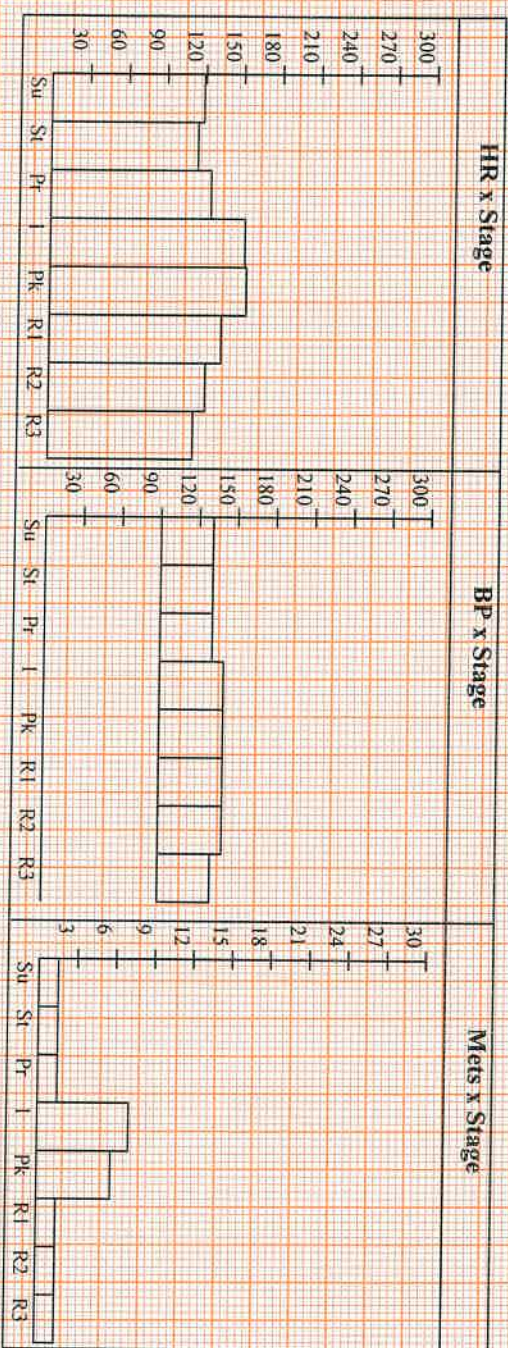


VODA AGNOSTICS



Guntur, Andhra Pradesh, India
3-1-222/1, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India
Lat 16.299238°
Long 80.451651°
23/03/24 09:02 AM GMT +05:30





Interpretation

The Patient Exercised according to Bruce Protocol for 0:03:14 achieving a work level of 4.7 METS.
 Resting Heart Rate, initially 118 bpm rose to a max. heart rate of 153bpm (78% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 140/90 mmHg.
 * No Significant ST-T Changes During Exercise & Recovery
 * Poor exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version 3.5

Dr. B. NAGARAJU
 Regd. No. 20760
 MBBS, M.D., DM
 CONSULTANT CARDIOLOGIST
 YODA DIAGNOSTICS-GUNTUR

Doctor: DR. B. NAGARAJU

(Summary Report edited by User)

VODA DIAGNOSTICS CENTRE GUNTUR

Name: **SYDEENA GARNEPUDI**

Date: 23-03-2024

Time: 13:37

Age: 30

Height: 160 cms

Weight: 89 Kg

ID: 62416

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 196

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

Exercise Time: 0:03:14

Achieved Max HR: 153 (78% of Pr. MHR)

Max BP: 140/90

Max BP x HR: 21420

Max Mets: 4.7

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	00:08	1	0	0	118	130/90	15340	0.8 V4	0.6 V2
Standing	00:15	1	0	0	114	130/90	14820	0.8 V4	0.7 II
Pre-Test	00:33	1	1.6	0	124	130/90	16120	0.6 V3	0.5 V2
Stage: 1	03:00	4.7	2.7	10	151	140/90	21140	0.9 V3	1.6 V4
Peak Exercise	00:14	3.8	4	12	153	140/90	21420	-0.4 V5	1.5 V5
Recovery1	01:00	1	0	0	134	140/90	18760	1.6 V4	1.8 V4
Recovery2	01:00	1	0	0	121	140/90	16940	1 V3	1.2 II
Recovery3	00:44	1	0	0	112	130/90	14560	-1 V2	1.1 II

SCHILLER

The Schiller Corporation

MICRO MED CHARTS

YODA DIAGNOSTICS CENTRE GUNTUR

SWETHA GARNEPUDI (30 F)

Bruce Protocol

ID: 62416

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:15

HR: 114 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 166 bpm

STLevel(mm) STSlope(mV/s)

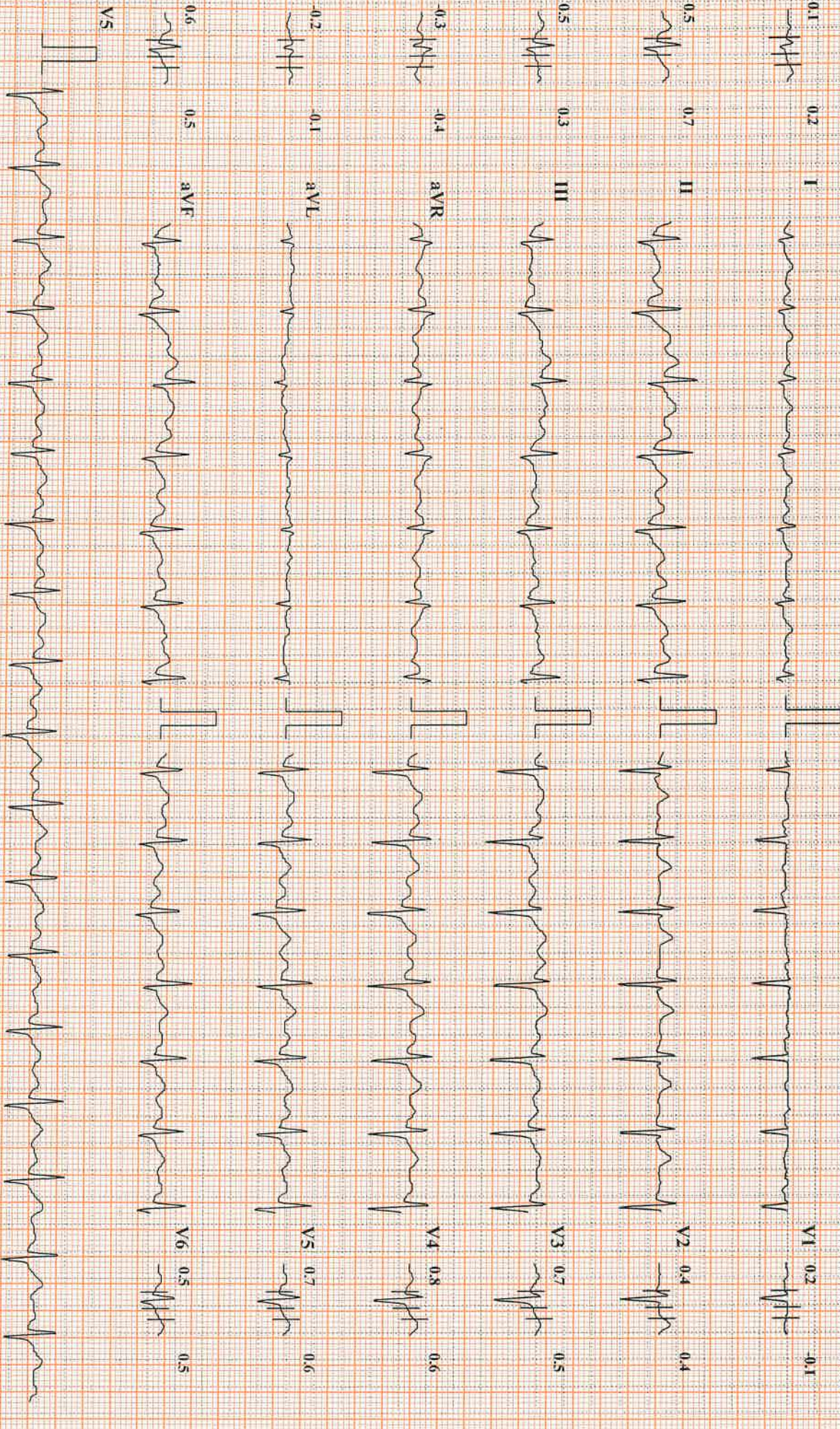


Chart Speed: 25 mm/sec

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

SWETHA GARNEPUDI (30 F)

Bruce Protocol

ID: 62416

Date: 23-03-2024

Exec Time : 0:00:00

Stage Time: 00:08

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 166 bpm

HR: 118 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

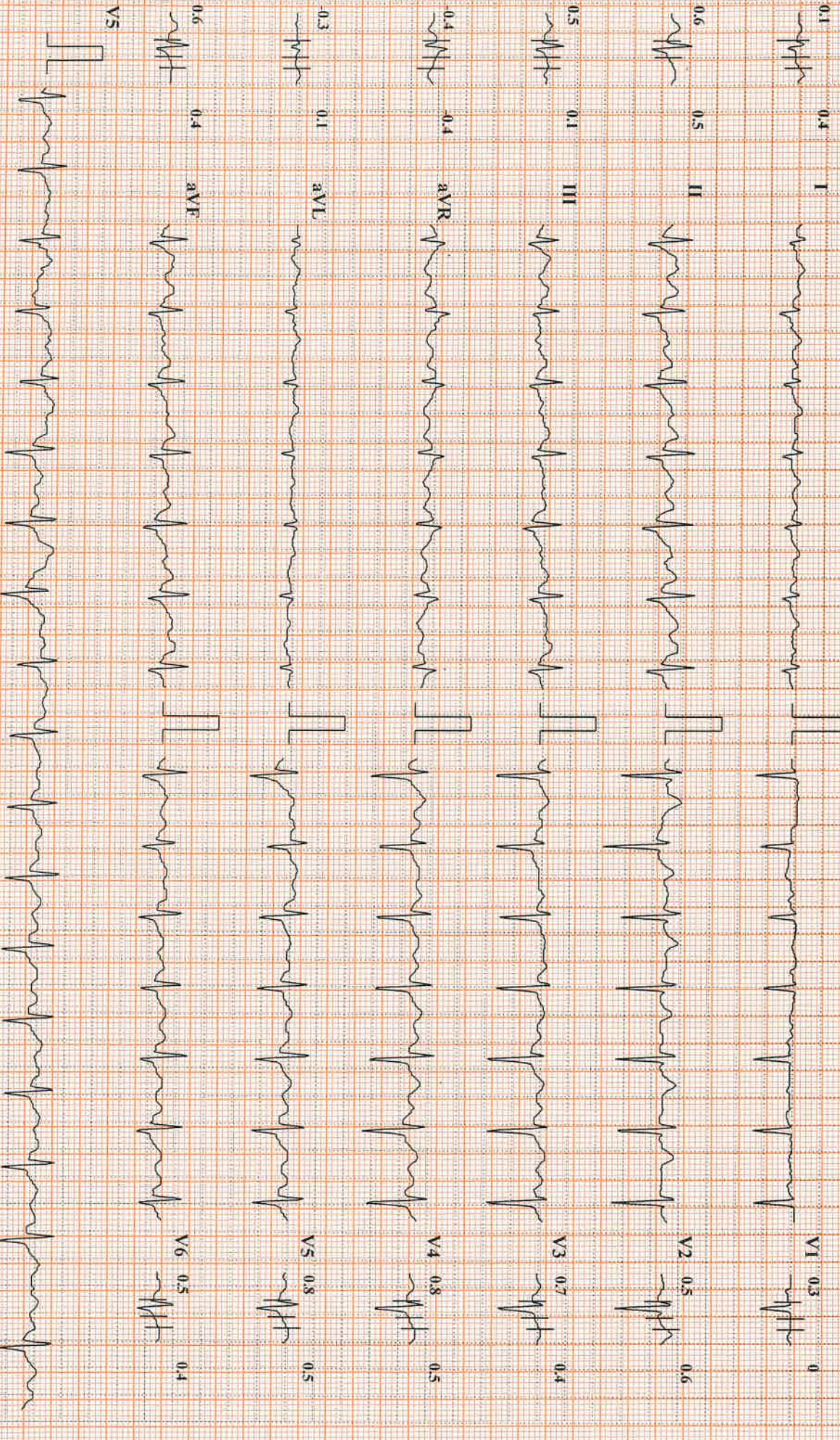


Chart Speed: 25 mm/sec

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

SWETHA GARNEPUDI (30 F)

Brice Protocol ID: 62416

Date: 23-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 166 bpm

HR: 151 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

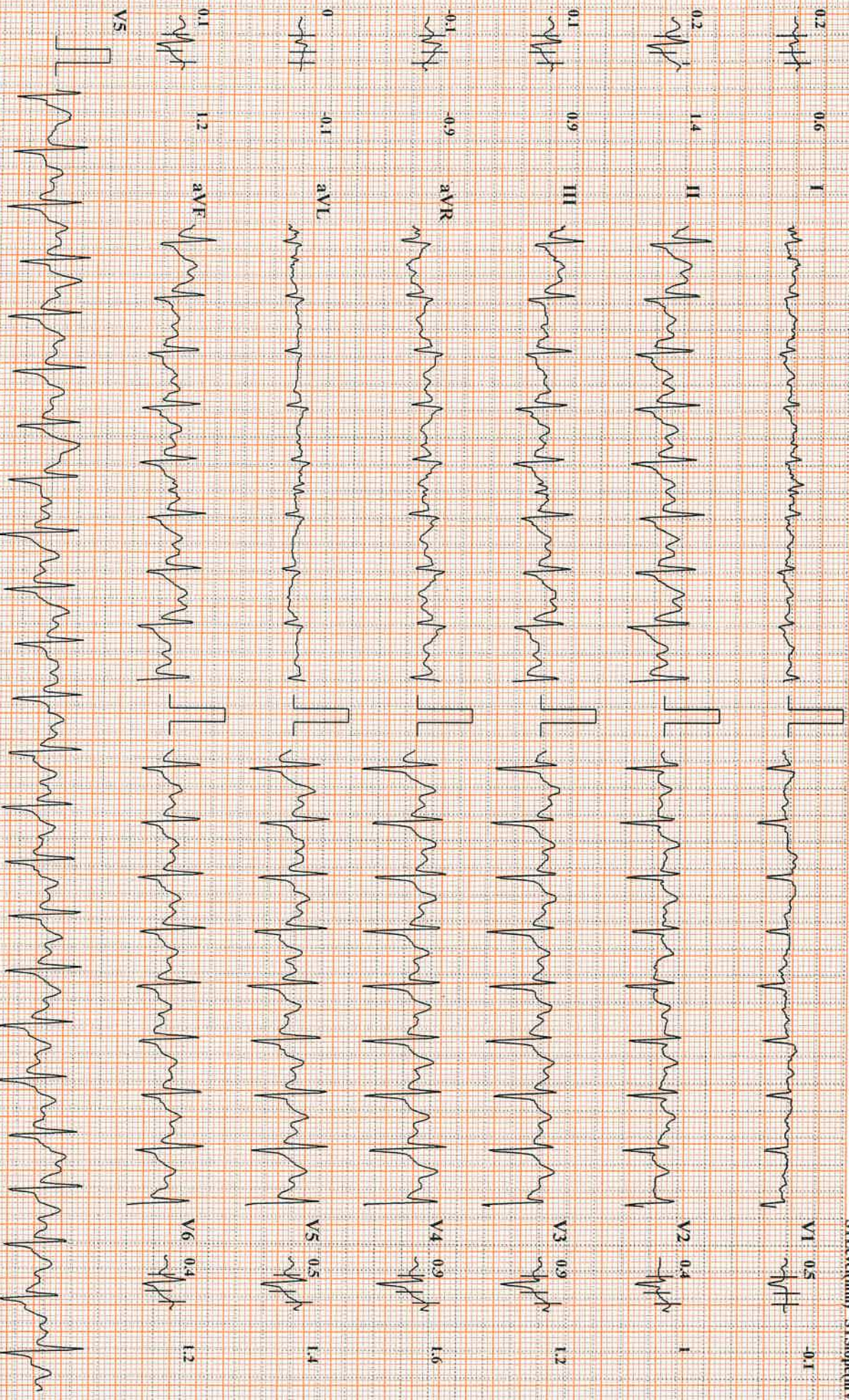


Chart Speed: 25 mm/sec

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

SWETHA GARNEPUDI (30 F)

Bruce Protocol

ID: 62416

Date: 23-03-2024

Exec Time : 0:03:14

Stage Time: 00:14

HR: 153 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 166 bpm

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

Schiffert Cardiovit GS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SWETHA GARNEPUDI (30 F)

ID: 62416

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 134 bpm

Bruce Protocol

Stage: Recovery 1

Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

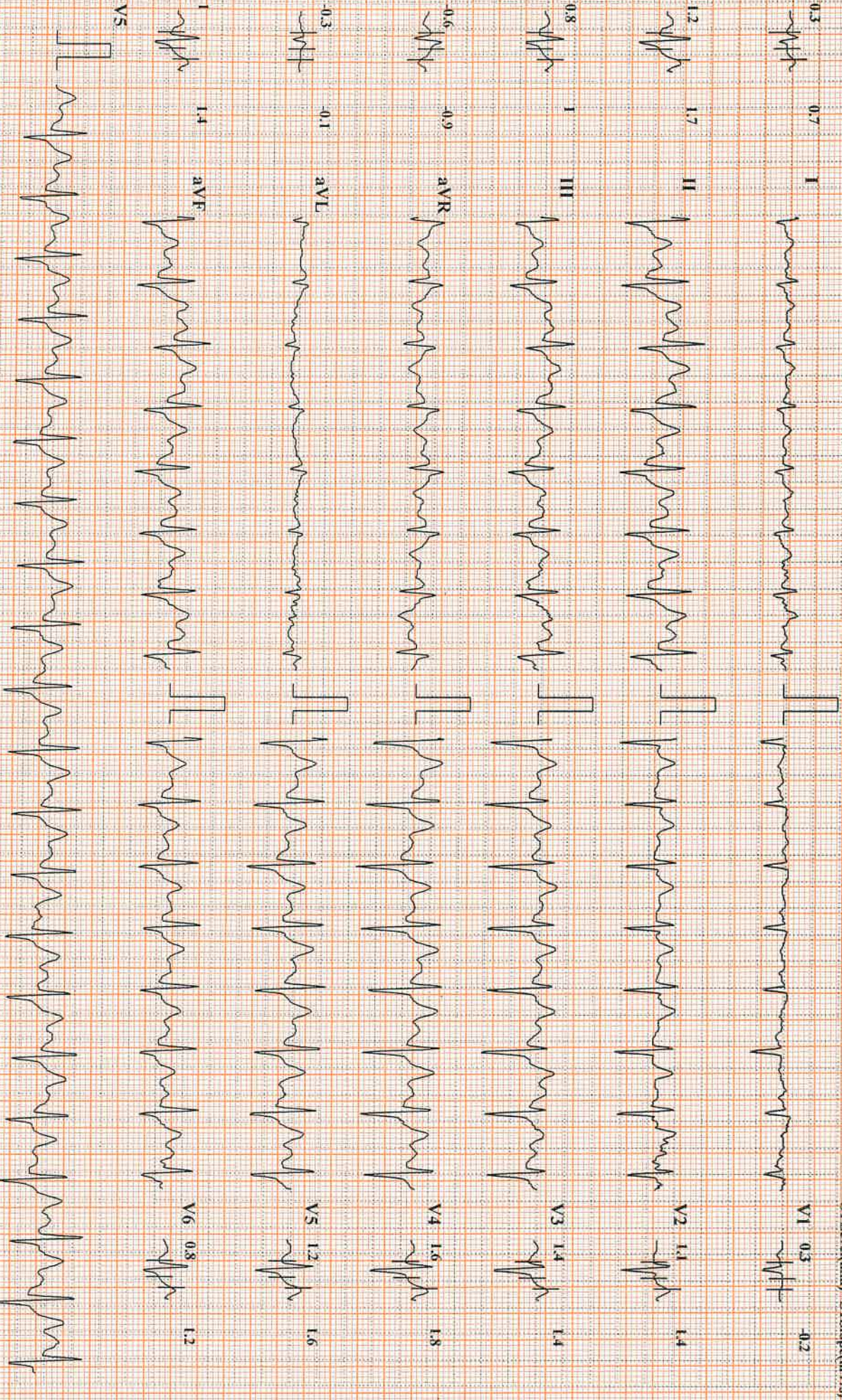


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SWETHA GARNEPUDI (30 F)

ID: 62416

Date: 23-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 121 bpm

Bp: 140/90 mmHg

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 166 bpm

STLevel(mm) STSlope(mV/s)

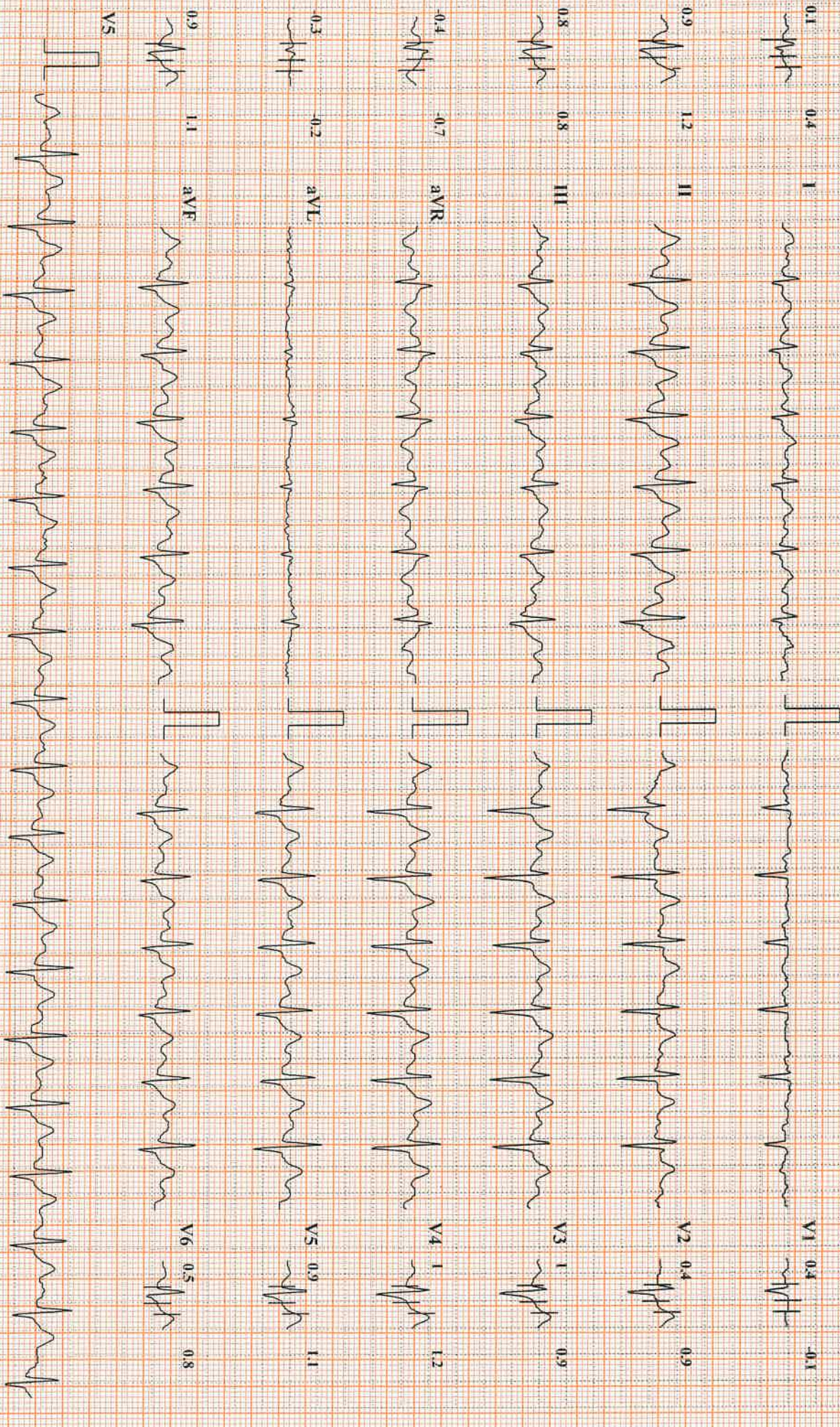


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller CardioIT CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

SVETITIA GARNEPUDI (30 F)

ID: 62415

Date: 23-03-2024

Exec Time: 00:00

Stage Time: 00:44

HR: 112 bpm

Bruce Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

BP: 130/90 mmHg

THR: 166 bpm

STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)

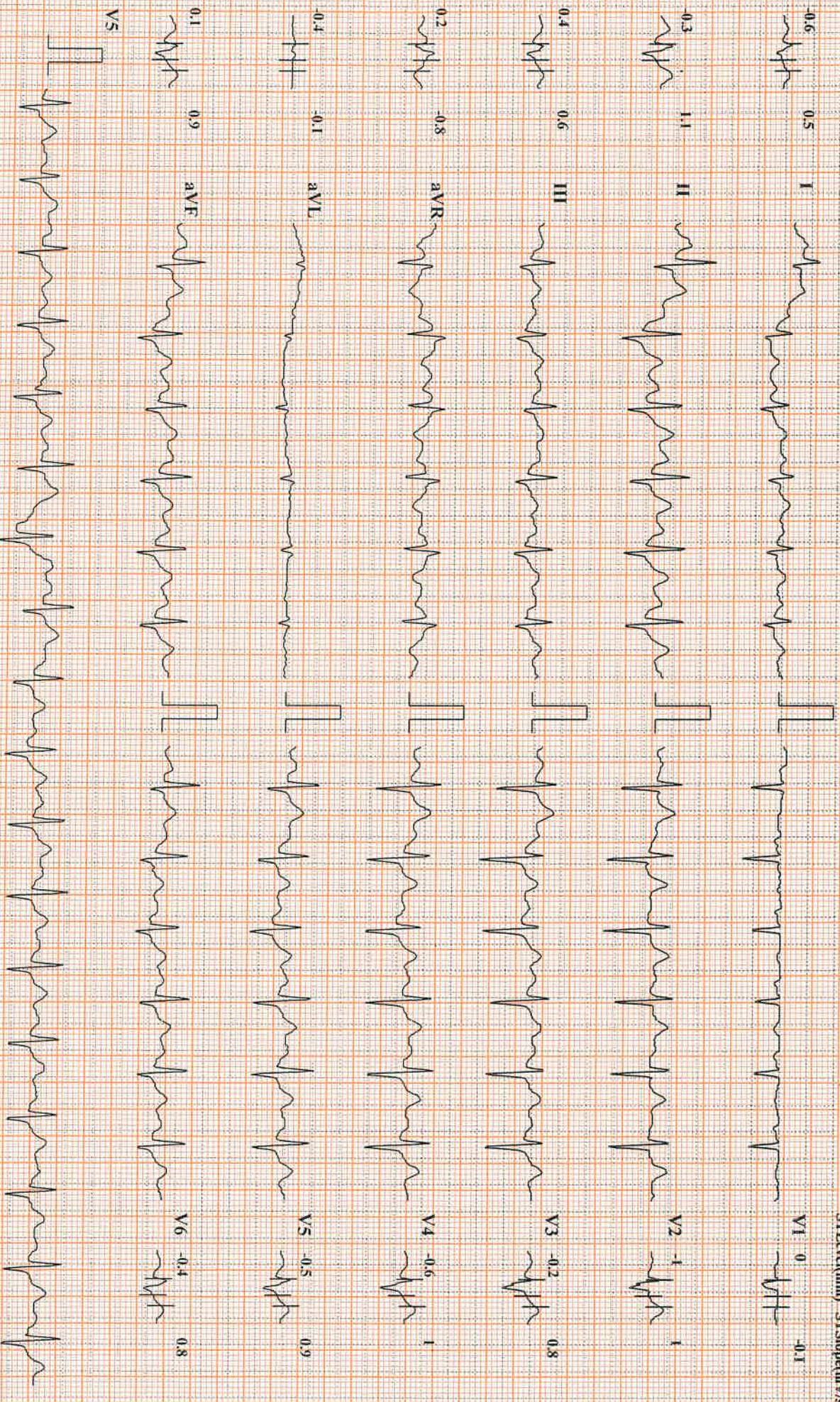


Chart Speed: 25 mm/sec

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