

Visit ID	: YGT43471	UHID/MR No	: YGT.0000043318
Patient Name	: Mrs. RACHANA MUKKAMALA	Client Code	: 1409
Age/Gender	: 31 Y 0 M 18 D /F	Barcode No	: 10833985
DOB	: 21/Nov/1992	Registration	: 09/Dec/2023 08:50AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:50AM
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DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN & PELVIS**

Clinical Details : General check-up.

LIVER : Normal in size (14.8 cm) with *increased echo-texture*. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. *Few echogenic calculi noted in the lumen of gall bladder, largest measuring 1.6 cm*. No evidence of wall thickening.

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

SPLEEN : Normal in size (8.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.2 x 4.0 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.

LEFT KIDNEY : measures 10.6 x 3.6 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.

URINARY BLADDER : Well distended. No evidence of calculi or wall thickening.

UTERUS : Anteverted, measures 9.3 x 4.7 x 5.6 cm, normal in size. *1.4 x 1.3 cm hypoechoic fibroid noted posterior in the subserosal position*. Endometrial thickness is 12 mm.

Right ovary measures 4.0 x 2.9 cm and left ovary measures 3.1 x 1.8 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.

Verified By :

GOPI



Approved By :

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

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DEPARTMENT OF RADIOLOGY

IMPRESSION:

- Grade I fatty liver.
- Cholelithiasis.
- Small uterine fibroid.

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DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

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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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	50	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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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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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

Test Name	Result	Unit	Biological Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA


HAEMOGLOBIN (HB)	11.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.19	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	34.4	%	36.0 - 46.0	RBC pulse height detection
MCV	82.2	fL	83 - 101	Automated/Calculated
MCH	27.9	pg	27 - 32	Automated/Calculated
MCHC	34.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.2	%	11.0-16.0	Automated Calculated
RDW - SD	41.5	fl	35.0-56.0	Calculated
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.22	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,130	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	61	%	40 - 80	Impedance
LYMPHOCYTE	32	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.50	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	0.98	ng/ml	0.60 - 1.78	CLIA
T4	10.64	ug/dl	4.82-15.65	CLIA
TSH	11.07	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	0.59	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.49	mg/dl		Calculated
S.G.O.T	15	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	19	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	78	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.9	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.44			Calculated

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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	185	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	120	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	120	mg/dl	See Table	GPO
VLDL	24.0	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.51		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.93	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	144	mg/dl	< 130	Calculated

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	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	5.5	%	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	19	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	8.9	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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Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 10:46AM
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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	122	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	0.62	mg/dl	0.51 - 0.95	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	28	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	5.8	mg/dl	2.6 - 6.0	URICASE - PAP
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Interpretation

Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	8.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.62	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	14.30	Ratio	6 - 25	Calculated

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT43471	UHID/MR No	: YGT.0000043318
Patient Name	: Mrs. RACHANA MUKKAMALA	Client Code	: 1409
Age/Gender	: 31 Y 0 M 18 D /F	Barcode No	: 10833985
DOB	: 21/Nov/1992	Registration	: 09/Dec/2023 08:50AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:50AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:23PM
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 : 3.0 cms
LEFT VENTRICLE : EDD : 4.5 cm IVS(d) : 0.9cm LVEF : 59%
ESD : 3.0 cm PW (d) : 0.9cm FS : 31%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.3cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :

GOPI



Approved By :


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

Visit ID	: YGT43471	UHID/MR No	: YGT.0000043318
Patient Name	: Mrs. RACHANA MUKKAMALA	Client Code	: 1409
Age/Gender	: 31 Y 0 M 18 D /F	Barcode No	: 10833985
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:23PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 2.1m/sec, A - 0.8m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 0.8m/sec
TRICUSPID FLOW : TRJV : 1.5m/sec, RVSP - 25mmHg

COLOUR FLOW MAPPING: NORMAL

IMPRESSION :


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

Verified By :

GOPI



Approved By :



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

Visit ID : YGT43471	UHID/MR No : YGT.0000043318
Patient Name : Mrs. RACHANA MUKKAMALA	Client Code : 1409
Age/Gender : 31 Y 0 M 18 D /F	Barcode No : 10833985
DOB : 21/Nov/1992	Registration : 09/Dec/2023 08:50AM
Ref Doctor : SELF	Collected : 09/Dec/2023 08:52AM
Client Name : MEDI WHEELS	Received : 09/Dec/2023 09:18AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Dec/2023 10:12AM
Hospital Name :	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		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 :

GOPI



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT43471	UHID/MR No : YGT.0000043318
Patient Name : Mrs. RACHANA MUKKAMALA	Client Code : 1409
Age/Gender : 31 Y 0 M 18 D /F	Barcode No : 10833985
DOB : 21/Nov/1992	Registration : 09/Dec/2023 08:50AM
Ref Doctor : SELF	Collected : 09/Dec/2023 08:52AM
Client Name : MEDI WHEELS	Received : 09/Dec/2023 09:18AM
Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 09/Dec/2023 02:25PM
Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ CPAP-167/ 23

Date of Receiving: 09-12-2023

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show squamous cells and few endocervical cells. Predominantly superficial, intermediate and a few squamous metaplastic epithelial cells seen with mild inflammatory 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	Colopsopy
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 :

GOPI



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT43471	UHID/MR No	: YGT.0000043318
Patient Name	: Mrs. RACHANA MUKKAMALA	Client Code	: 1409
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 02:25PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

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

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS,DCP
Consultant Pathologist



भारत सरकार
Government of India



आधार

భారత ప్రభుత్వం ప్రాధికార సంకేతం

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

సమోదు సంఖ్య/ Enrollment No. : 1027/00463/73374

10/10/2011

To
Mukkamala Rachana
ముక్కామల రచన
D/O Ranjit Kumar
Angalakuduru
Angalakudur, Guntur
Andhra Pradesh - 522211



UF298252995IN

29825299



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

8098 8533 1570

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



ముక్కామల రచన
Mukkamala Rachana

పుట్టిన సంవత్సరం/ Year of Birth: 1992
స్త్రీ / Female

8098 8533 1570



ఆధార్ - సామాన్యుని హక్కు



सत्यमेव जयते
Government of India



సమాచారం

- **ఆధార్** గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ అథెంటికేషన్ ద్వారా పొందవచ్చు.

INFORMATION

- **Aadhaar** is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- **ఆధార్** దేశమంతటా ఆమోదించబడుతుంది.
- **ఆధార్** భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందచేయడంలో సహాయపడుతుంది.
- **Aadhaar** is valid throughout the country.
- **Aadhaar** will be helpful in availing Government and Non-Government services in future.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: D/O రంజిత్ కుమార్
అంగలకుదురు, గుంటూరు, ఆంధ్ర ప్రదేశ్
522211

Address: D/O Ranjit Kumar,
Angalakuduru, Angalakudur,
Guntur, Andhra Pradesh,
522211

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

పి.ఓ. బాక్స్ నెం. 1947,
బెంగుళూరు-560001

ID: 43471

09-12-2023 10:05:12

RACHANA MUKKAMALA

HR : 61 bpm

Diagnosis Information:

Female 31Years

P : 92 ms

Sinus Arrhythmia

Req. No. :

PR : 140 ms

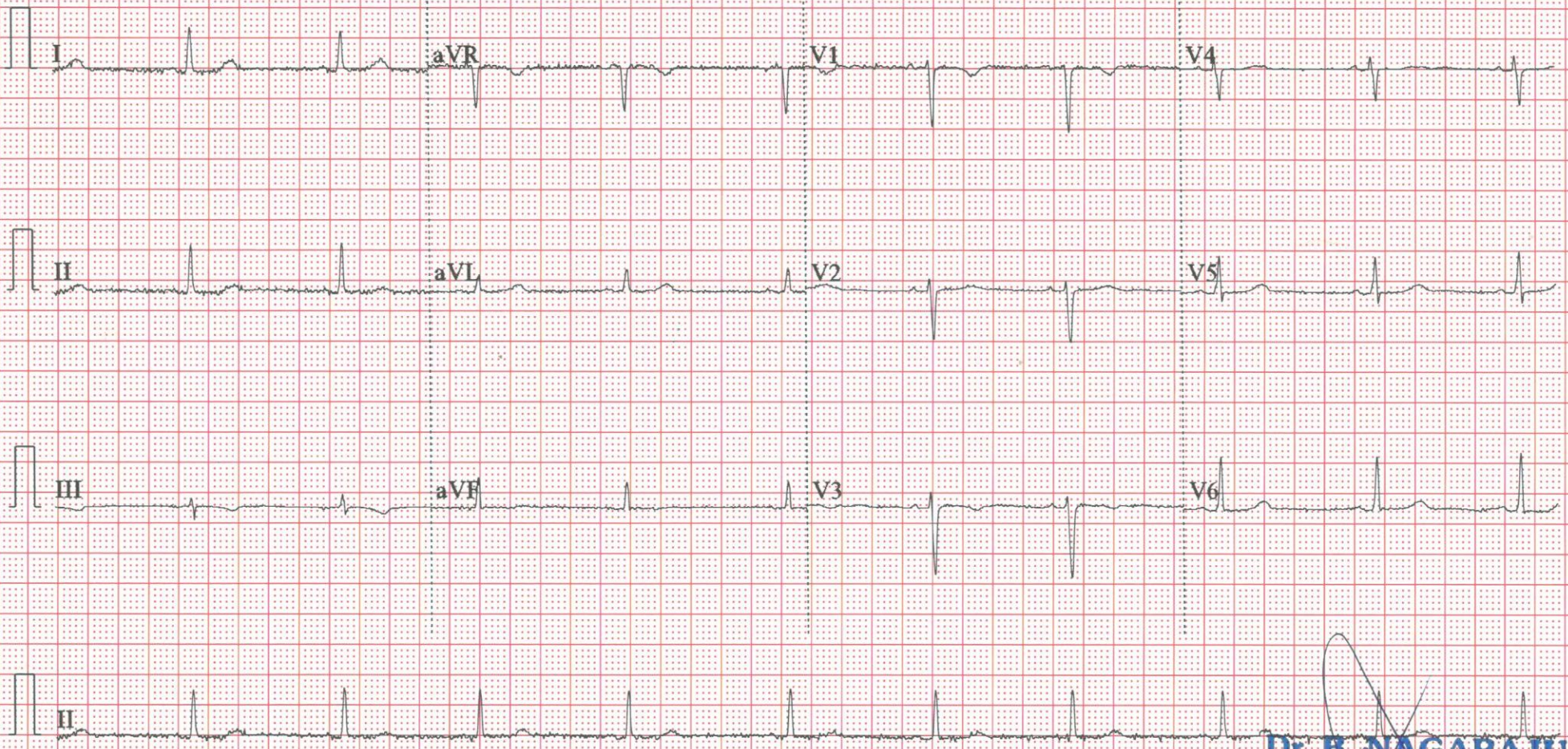
QRS : 72 ms

QT/QTcBz : 394/397 ms

P/QRST : 0/28/7 °

RV5/SV1 : 0.654/1.048 mV

Report Confirmed by:



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

Name: Mrs. Rachana Mukkamala
Date: 09/12/2023 Age: 31 years Sex: Female
Address: Guntur



Routine health checkup
NO COMPLAINTS
H/O Hypothyroidism

TEMP: N
B.P: 120/80 mmHg
PULSE: 56 /min
WEIGHT: 91 kgs
HEIGHT: 153 cms

USG - Abdomen

cholelithiasis
small uterine fibroid

TSH - 11.07 μ IU/ml

TO CONSULT

General Surgeon

1) TAB. THYRONORM 50mg

1 - 0 - 0 - (60)

2) TAB. JALIK D3 60k
ONCE A WEEK
x 8 weeks

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

Name: Mrs. Rachana Mukkamala
 Date: 09/12/2023 Age: 31 years Sex: Female
 Address: Guntur



CMP's - 20/12/23

MF x 8yrs

P2L2 $\left\{ \begin{array}{l} \delta \\ \text{LSCS} \\ \text{♀} \end{array} \right.$ (dit IHCP)

MH: 4 days - 5 days $\left\{ \begin{array}{l} \text{Normal flow} \\ \text{No clots} \\ \text{No dyspareunia} \end{array} \right.$
28 days

DPU (+)

Pt is not willing
 for PLV, PLS
 examination

9/12/23

TSH - 11.07 -

cholelithiasis
↓
surgeon opinion

Adv

Tab. Thyroxin 50mg

1-0-0

TEMP: ①
 B.P: 120/80 mmHg
 PULSE: 56 /min
 WEIGHT: 91 kgs
 HEIGHT: 153 cm

DATE: 09-12-23NAME: M. RACHANAAGE: 31/A 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>-3.25</u>	<u>-1.00</u>	<u>160</u>	<u>-2.00</u>	<u>-0.75</u>	<u>18</u>
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

N.V. _____ CONSTANT USE _____

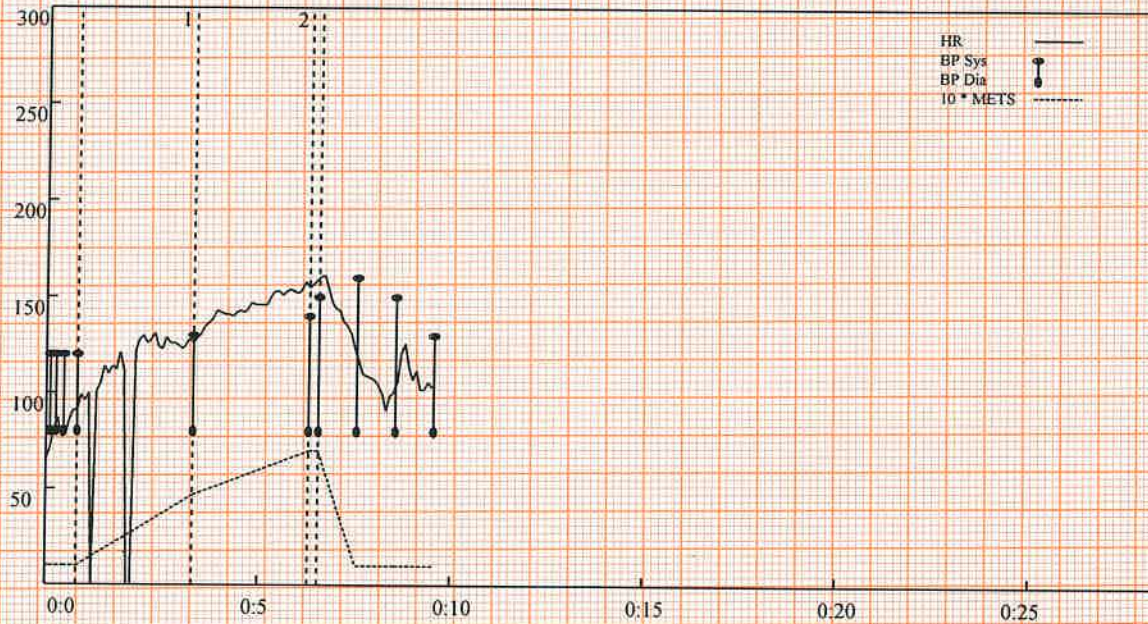
Yoda Diagnostic Guntur

Name: RACAHANA MUKKAMALA

Date: 09-12-2023

Time: 11:38

Exercise Trend



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:06:15 achieving a work level of 7 METS.
Resting Heart Rate, initially 65 bpm rose to a max. heart rate of 158bpm (84% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
 - * Fair Exercise tolerance
 - * Stress Test is Negative for Exercise Induced Ischemia

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

Ref. Doctor: DR SELF

Doctor: DR NAGARAJU

Yoda Diagnostic Guntur

Name: RACAHANA MUKKAMALA

Date: 09-12-2023

Time: 11:38

Age: 31

Gender: F

Height: 153 cms

Weight: 91 Kg

ID: 43471

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 189

Target HR: 160

Exercise Time: 0:06:15

Achieved Max HR: 158 (84% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 25280

Max Mets: 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	00:06	1	0	0	65	120/80	7800	0.5 V2	0.2 I
Standing	00:10	1	0	0	71	120/80	8520	0.7 V2	0.1 I
HyperVentilation	00:11	1	0	0	87	120/80	10440	1.1 aVR	0.3 aVR
PreTest	00:22	1	1.6	0	91	120/80	10920	3.3 aVR	3.4 V1
Stage: 1	03:00	4.7	2.7	10	128	130/80	16640	-1.7 V3	-0.6 aVR
Stage: 2	03:00	7	4	12	158	140/80	22120	-2 III	1 V6
Peak Exercise	00:15	7	5.5	14	157	150/80	23550	-0.8 V2	0.9 III
Recovery1	01:00	1	0	0	131	160/80	20960	1.4 V3	1.3 II
Recovery2	01:00	1	0	0	99	150/80	14850	0.9 V3	0.4 III
Recovery3	01:00	1	0	0	106	130/80	13780	0.9 V3	0.3 V3

Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 43471
Stage: Supine

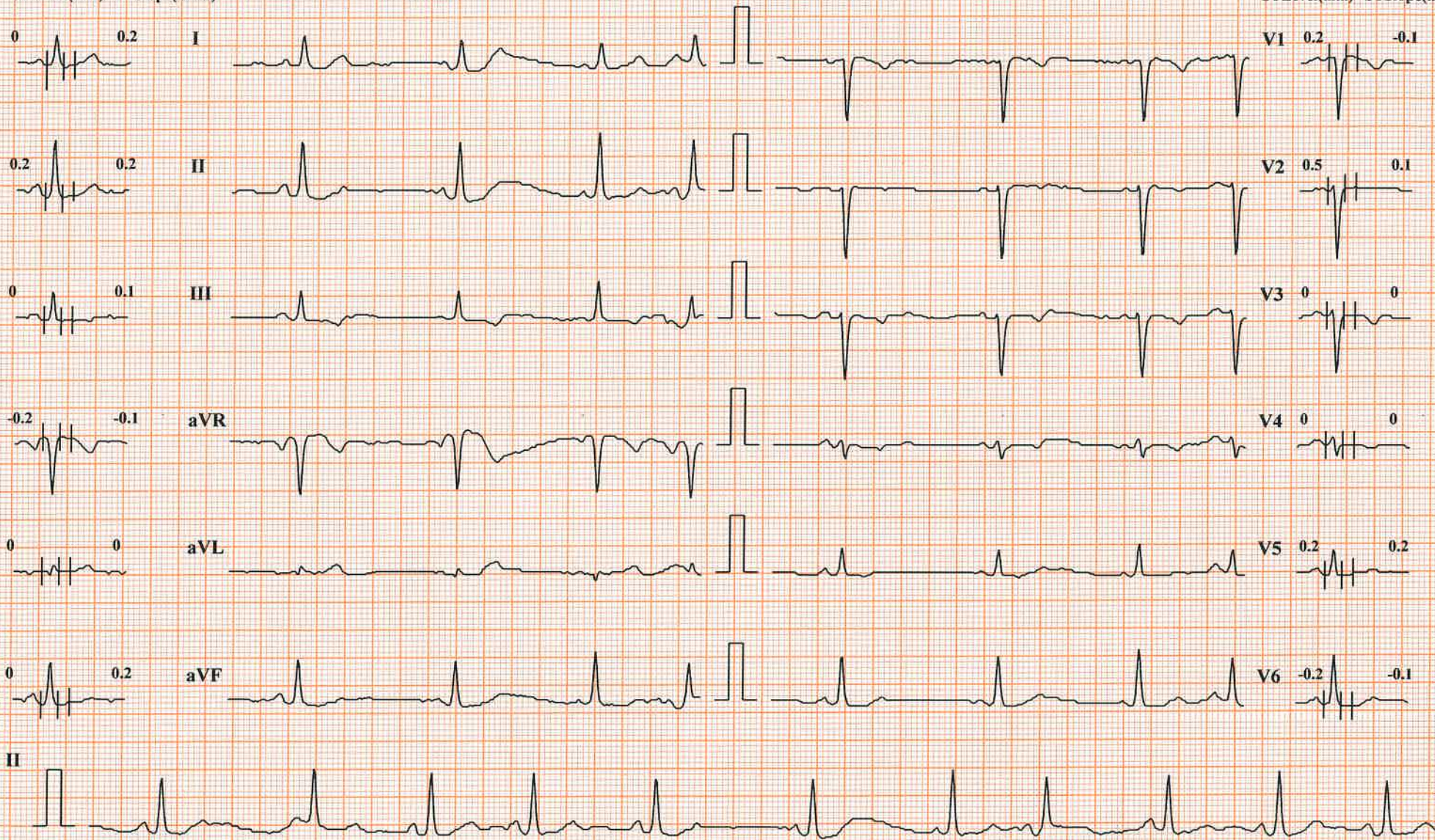
Date: 09-12-2023
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:06
THR: 160 bpm

HR: 65 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 0:00:00

Stage Time: 00:10

HR: 71 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

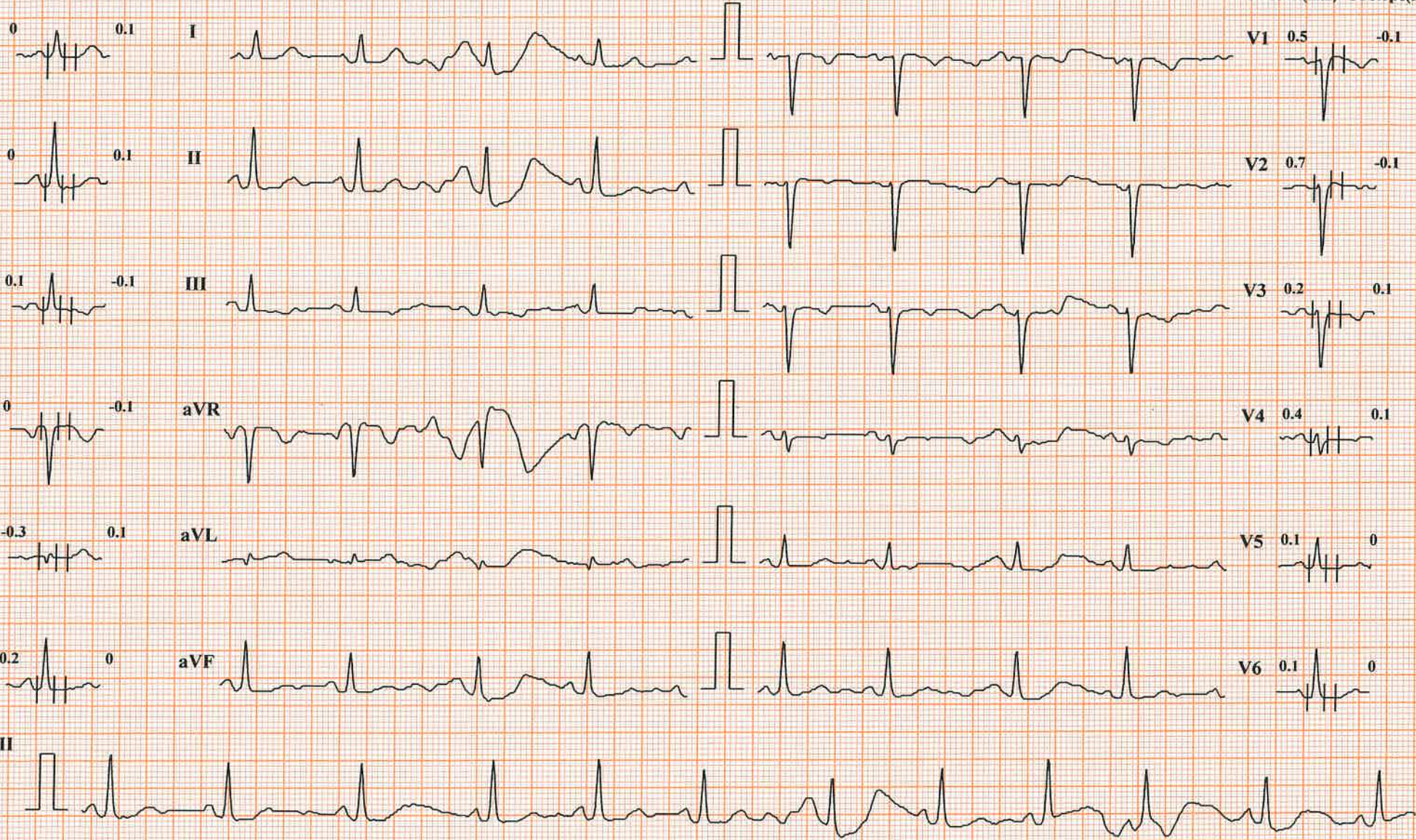
Speed: 0

Slope: 0 %

THR: 160 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 87 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

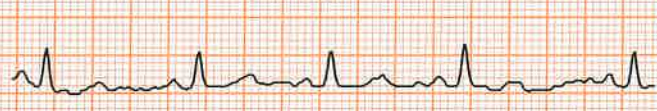
THR: 160 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



I



V1



II



V2



III



V3



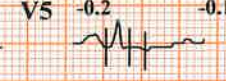
aVR



V4



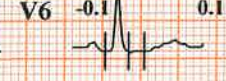
aVL



V5



aVF



V6



II

Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

HR: 128 bpm

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

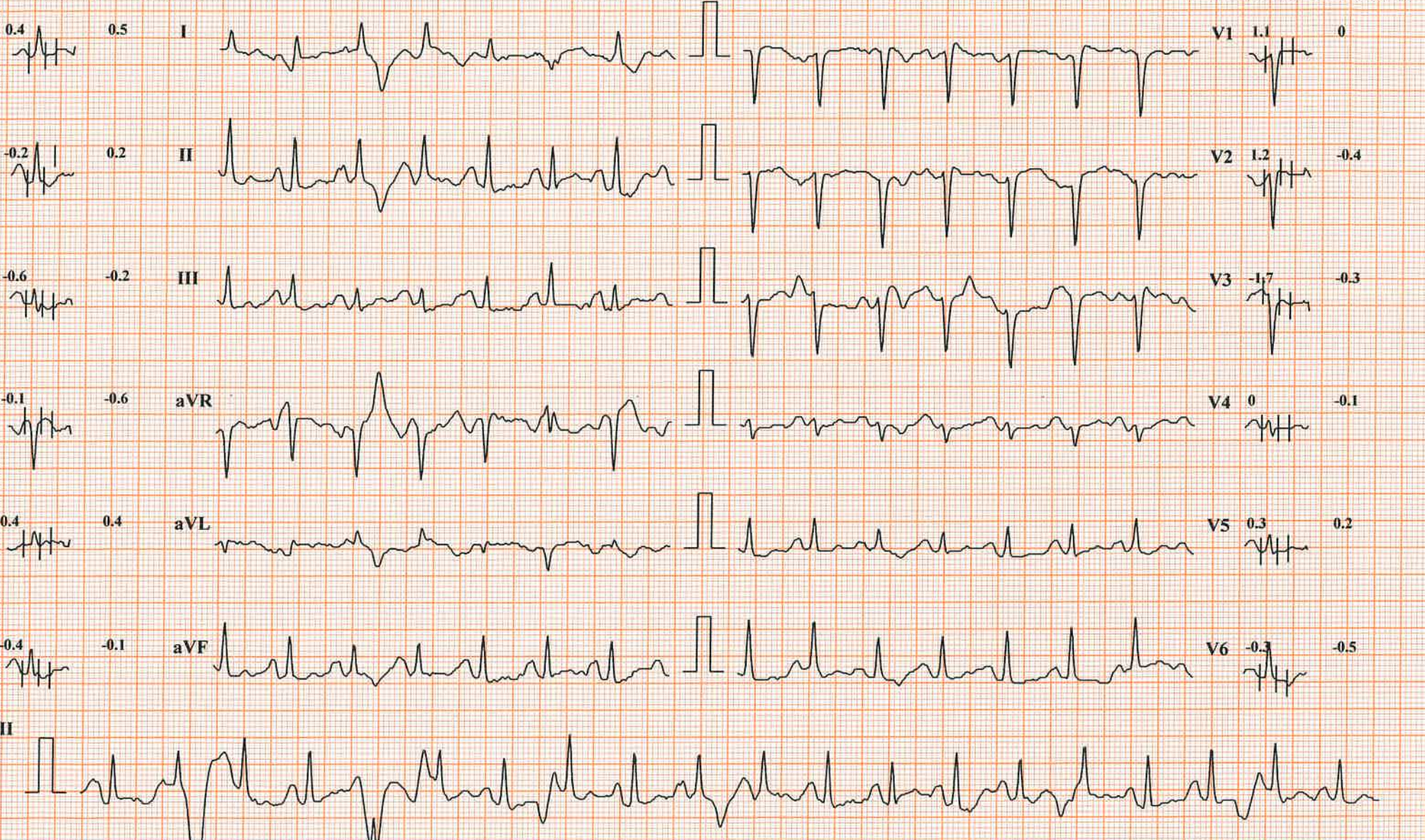
Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 160 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

HR: 158 bpm

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time: 0:06:00

Stage Time: 03:00

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

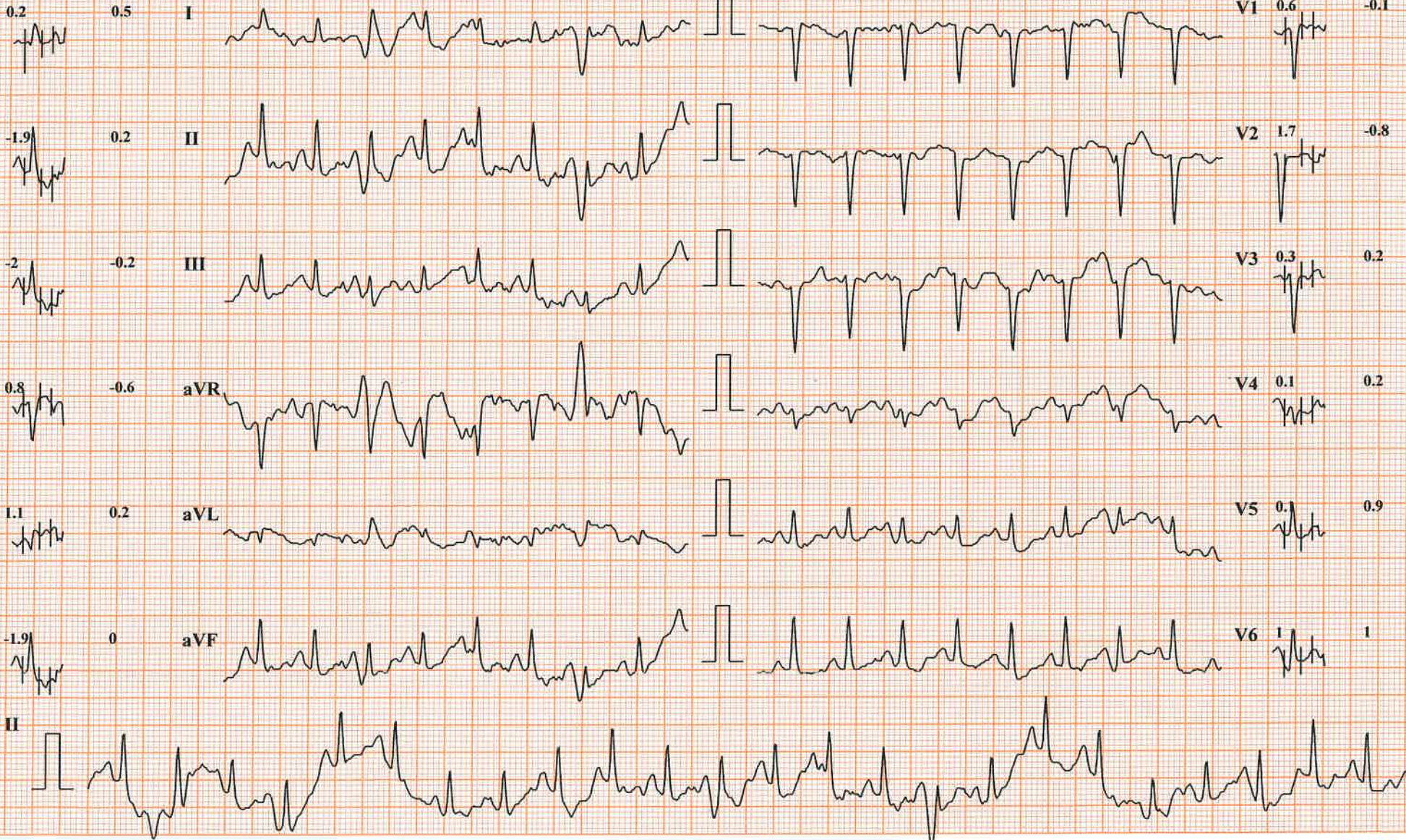
Stage: 2

Speed: 4 kmph

Slope: 12%

THR: 160 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

HR: 157 bpm

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 0:06:15

Stage Time: 00:15

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

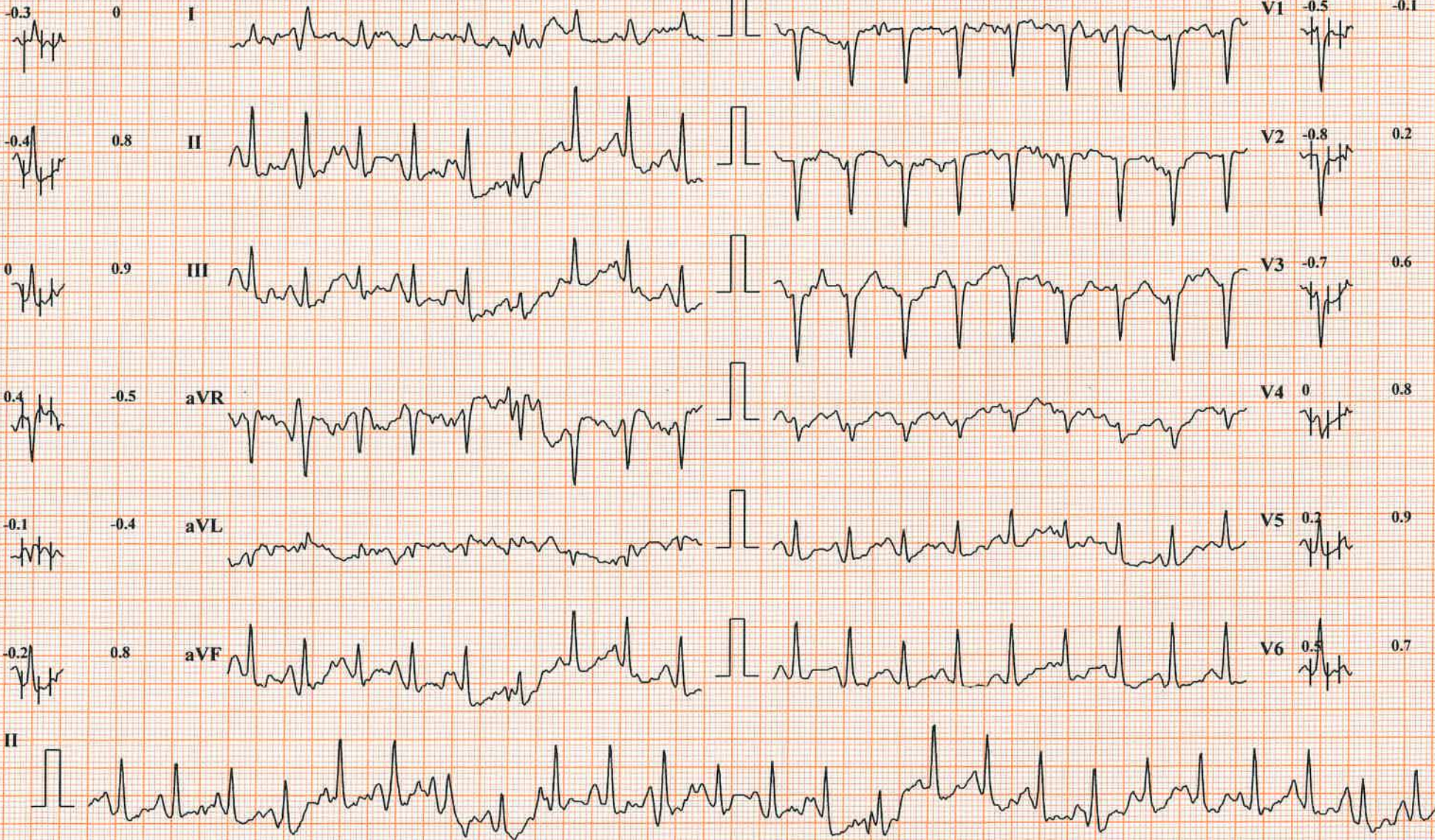
Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 160 bpm

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 131 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

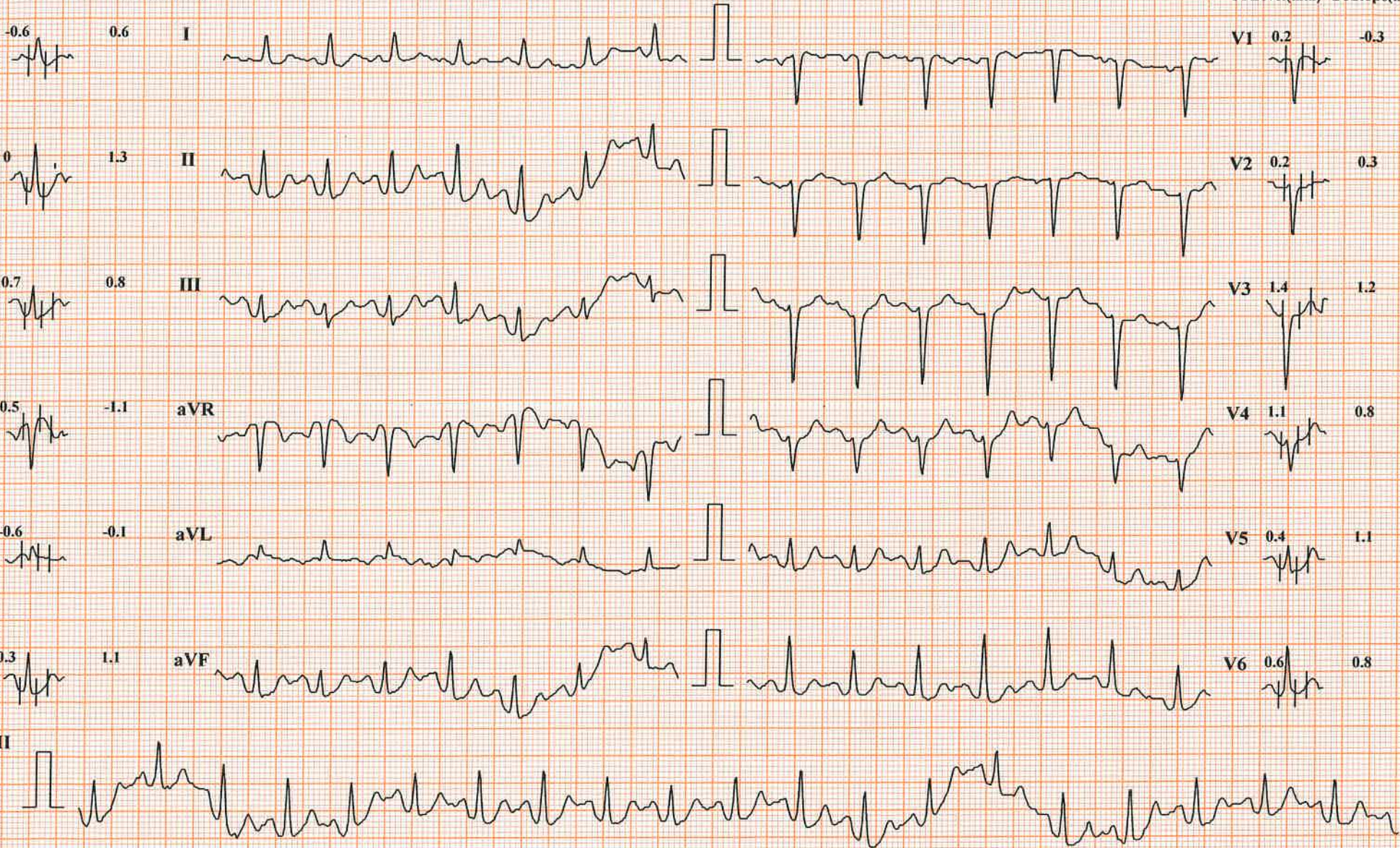
Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 99 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

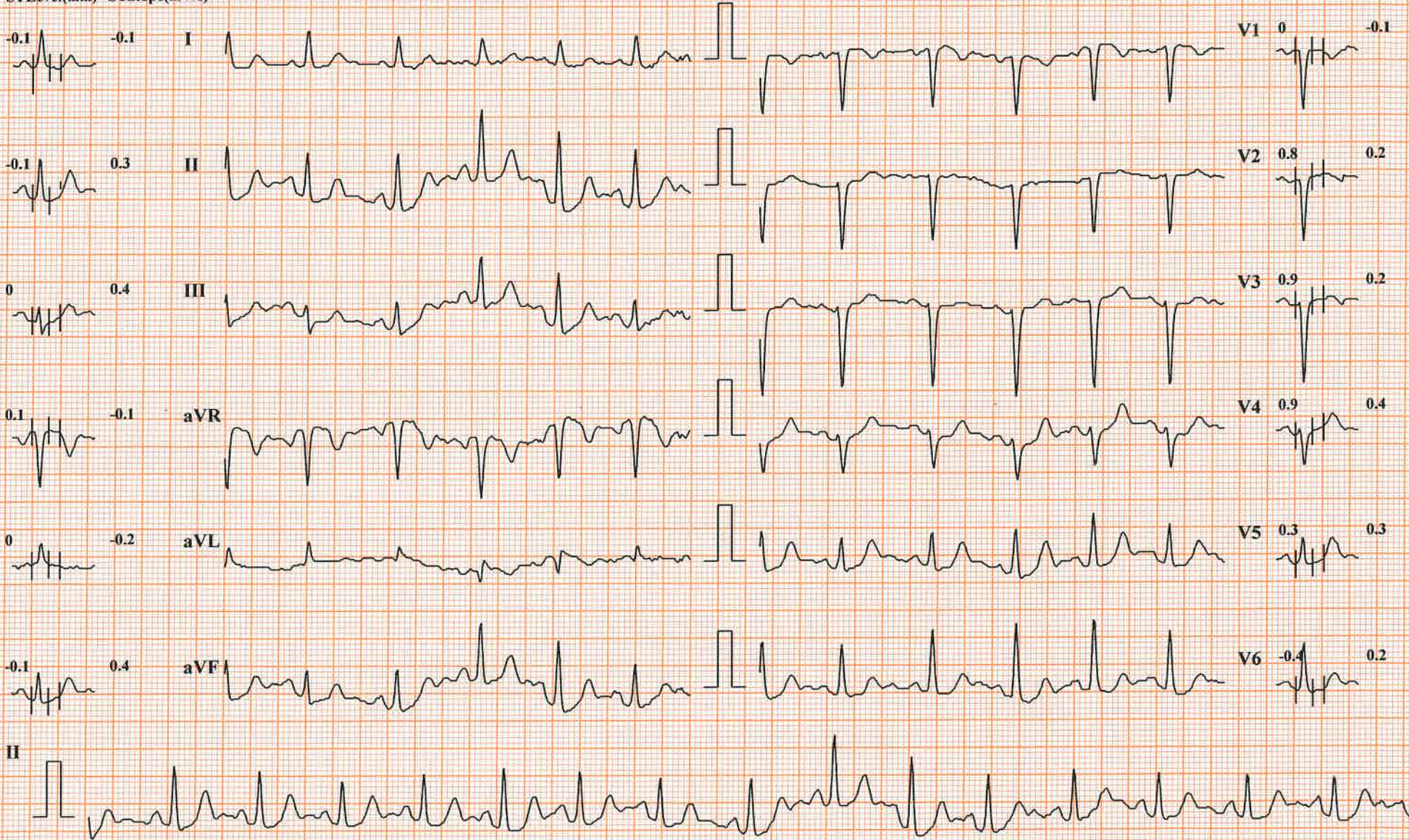
Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

RACAHANA MUKKAMALA

Bruce Protocol

ID: 43471

Date: 09-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 106 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

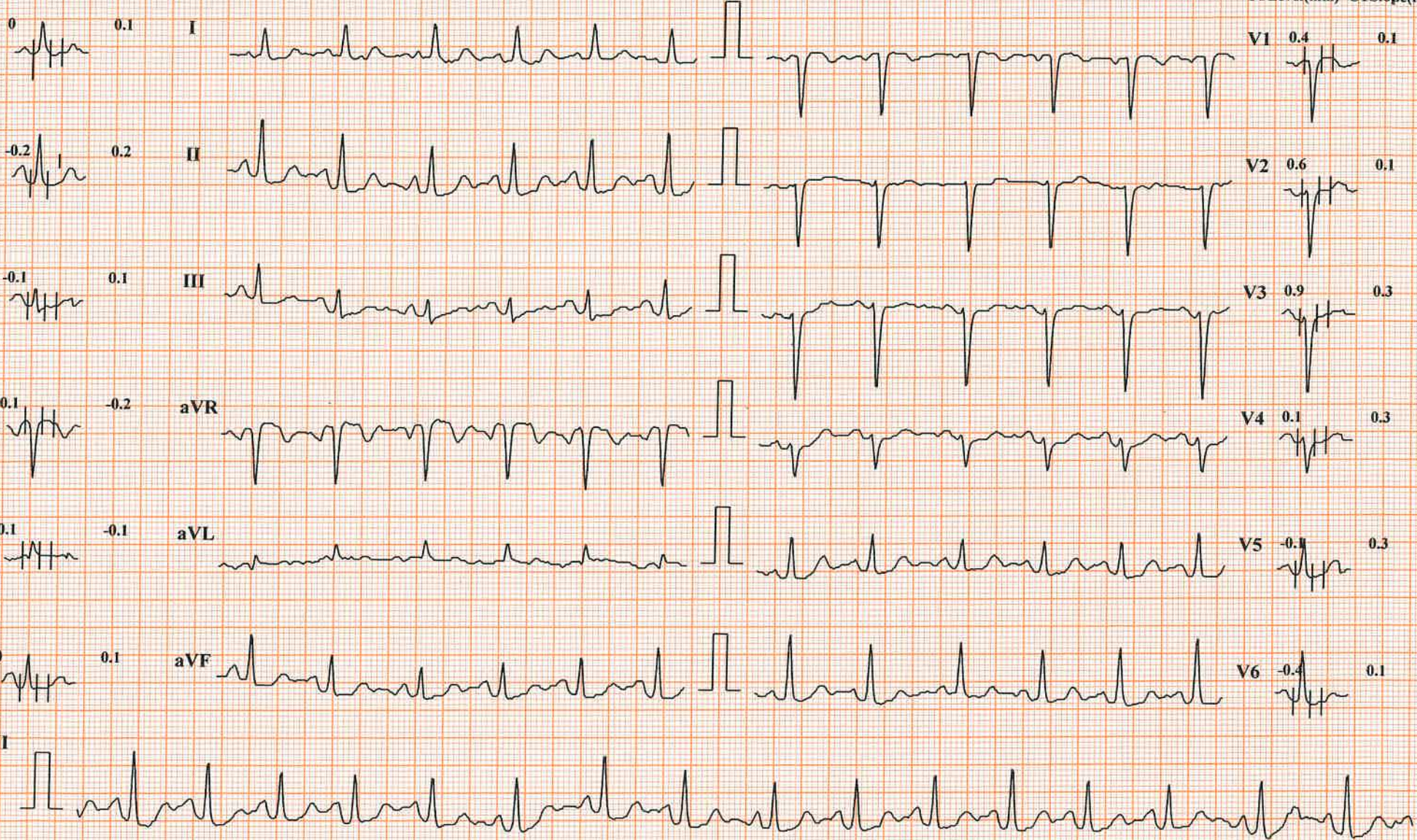
Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)





RECEPTION

 **GPS Map Camera**

Guntur, Andhra Pradesh, India

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

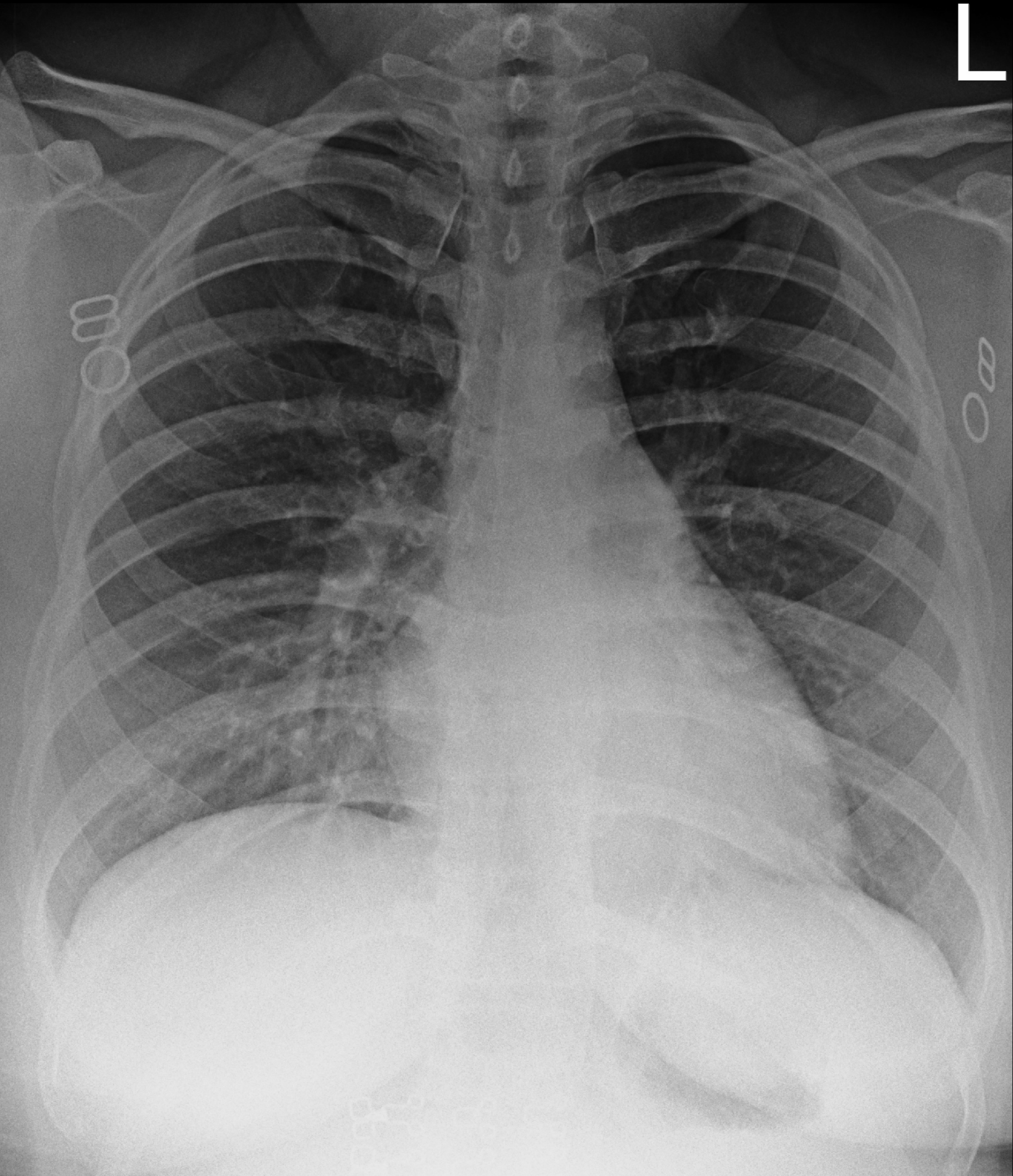
Lat 16.29914°

Long 80.451556°

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