

Visit ID : YGT45794	UHID/MR No : YGT.0000045641
Patient Name : Mrs. LEKKALA D.L VANDANAM	Client Code : 1409
Age/Gender : 39 Y 0 M 0 D /F	Barcode No : 10853510
DOB :	Registration : 23/Dec/2023 09:00AM
Ref Doctor : SELF	Collected : 23/Dec/2023 09:04AM
Client Name : MEDI WHEELS	Received : 23/Dec/2023 09:43AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 23/Dec/2023 12:01PM
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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)	10.9	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.23	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	32.1	%	36.0 - 46.0	RBC pulse height detection
MCV	75.8	fL	83 - 101	Automated/Calculated
MCH	25.8	pg	27 - 32	Automated/Calculated
MCHC	34.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.4	%	11.0-16.0	Automated Calculated
RDW - SD	47.2	fl	35.0-56.0	Calculated
MPV	9.2	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.18	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,320	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	54	%	40 - 80	Impedance
LYMPHOCYTE	40	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	1.93	Lakhs/cumm	1.50 - 4.10	Impedance

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

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 M VENKATA KRISHNA


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 Consultant Pathologist

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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	25	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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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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CUE (COMPLETE URINE EXAMINATION)
Sample Type : SPOT URINE
PHYSICAL EXAMINATION

TOTAL VOLUME	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.025		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


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

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	3-5	/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			

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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	91	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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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)
Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	106	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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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:

- 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 .
- 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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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.32	ng/ml	0.60 - 1.78	CLIA
T4	10.03	ug/dl	4.82-15.65	CLIA
TSH	1.58	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	181	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	43	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	123.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	71	mg/dl	See Table	GPO
VLDL	14.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.21		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	1.65	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	138	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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LIVER FUNCTION TEST(LFT)


Sample Type : SERUM				
TOTAL BILIRUBIN	0.35	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.08	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.27	mg/dl		Calculated
S.G.O.T	21	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	16	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	55	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.26			Calculated

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URIC ACID -SERUM**Sample Type : SERUM**


SERUM URIC ACID	4.2	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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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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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.54	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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 12:01PM
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DEPARTMENT OF BIOCHEMISTRY


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

BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	10.3	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.54	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	19.00	Ratio	6 - 25	Calculated

***** End Of Report *****Verified By :
M VENKATA KRISHNA

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:04AM
Client Name	: MEDI WHEELS	Received	: 23/Dec/2023 09:43AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 12:01PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)**Sample Type : SERUM**


GGT	20	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.

***** End Of Report *****Verified By :
M VENKATA KRISHNA

Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:31AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

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.

*** End Of Report ***

Verified By :
SUSHMA VUYYURU



Approved By :


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

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:24AM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size (14.1 cm) and *shows increased echo-texture*. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

GALL BLADDER : *Not seen - Post cholecystectomy status.*

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

SPLEEN : Normal in size (10.1 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.6 x 5.4 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 4.3 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 : Retroverted, measures 7.5 x 4.5 x 6.1 m. Endometrial thickness is 10 mm.

- *Increased vascularity noted.*
- *Myometrium shows altered echo-texture.*
- *11 x 8 mm hypoechoic fibroid noted in anterior myometrium.*
- *Cervix is mildly bulky.*

Right ovary measures 3.2 x 2.1 cm and left ovary measures 3.0 x 2.1 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.

Verified By :
SUSHMA VUYYURU



Approved By :


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

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 11:24AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

IMPRESSION:

- Grade I fatty liver.
 - Altered echotexture of uterine myometrium.
 - Small anterior myometrial uterine fibroid.
 - Cervicitis.
 - Mild pelvic inflammatory changes.
- Suggested follow up scan for further evaluation.

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

Verified By :
SUSHMA VUYYURU



Approved By :

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

Visit ID : YGT45794	UHID/MR No
Patient Name : Mrs. LEKKALA D.L VANDANAM	Client Code
Age/Gender : 39 Y 0 M 0 D /F	Barcode No
DOB :	Registration
Ref Doctor : SELF	Collected
Client Name : MEDI WHEELS	Received
Client Add : F-701, Lado Sarai, Mehravli, N	Reported
Hospital Name :	

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-188 / 23

Date of Receiving: 23-12-2023

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

MI CROSCOPY: Smears show squamous cells predominantly superficial and intermediate squamous epithelial cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

IMPRESSION: NILM (Negative for intraepithelial lesion and malignancy).

ASCO/ CAP GUIDELINES :

	HPV Unknown	HPV Positive	HPV Negative
Unsatisfactory	Repeat cytology after 2-4 mths	Colposcopy	Repeat cytology after 2-4 mths
NILM with EC/TZ	Routine screening	HPV genotyping/ repeat co-testing @ 1 Year	Routine Screening
NILM without EC/TZ	HPV teting	Repeat co-testing @ 1 Year	Routine Screening
ASCUS	HPV teting	Colposcopy	Routine Screening
LSIL	Colposcopy	Colposcopy	Repeat cotesting @ 3 year
ASC - H	Colposcopy	Colposcopy	Colposcopy
HSIL	Immediate LEEP	Immediate LEEP	Immediate LEEP
AGC	EB & Endocervical Bx	EB & Endocervical Bx	EB & Endocervical Bx

SCREENING GUIDELINE : 21-29 Years - Cytology only every 3 years ; <21 & 65 yrs - Screening not recommended

Comments- Pap Test is a screening test for cervical cancer.
False negativity may be due to inherent limitation of this technique.

Verified By :
Kollipara Venkateswara Rao



Approved By :

G. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:46AM
Client Name	: MEDI WHEELS	Received	: 23/Dec/2023 11:17AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 12:56PM
Hospital Name	:		


DEPARTMENT OF CYTOPATHOLOGY

*** End Of Report ***

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 01:54PM
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 : 3.9 cm IVS(d) : 0.9 cm LVEF : 81 %
ESD : 2.0 cm PW (d) : 0.6 cm FS : 49 %
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 :
B NAGARAJU

Approved By :


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

Visit ID	: YGT45794	UHID/MR No	: YGT.0000045641
Patient Name	: Mrs. LEKKALA D.L VANDANAM	Client Code	: 1409
Age/Gender	: 39 Y 0 M 0 D /F	Barcode No	: 10853510
DOB	:	Registration	: 23/Dec/2023 09:00AM
Ref Doctor	: SELF	Collected	: 23/Dec/2023 09:00AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 23/Dec/2023 01:54PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -1.3 m/sec, A - 0.6m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 1.0m/sec
TRICUSPID FLOW : TRJV : 1.9m/sec, RVSP - 29mmHg

COLOUR FLOW MAPPING: TRIVIAL MR

IMPRESSION :


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

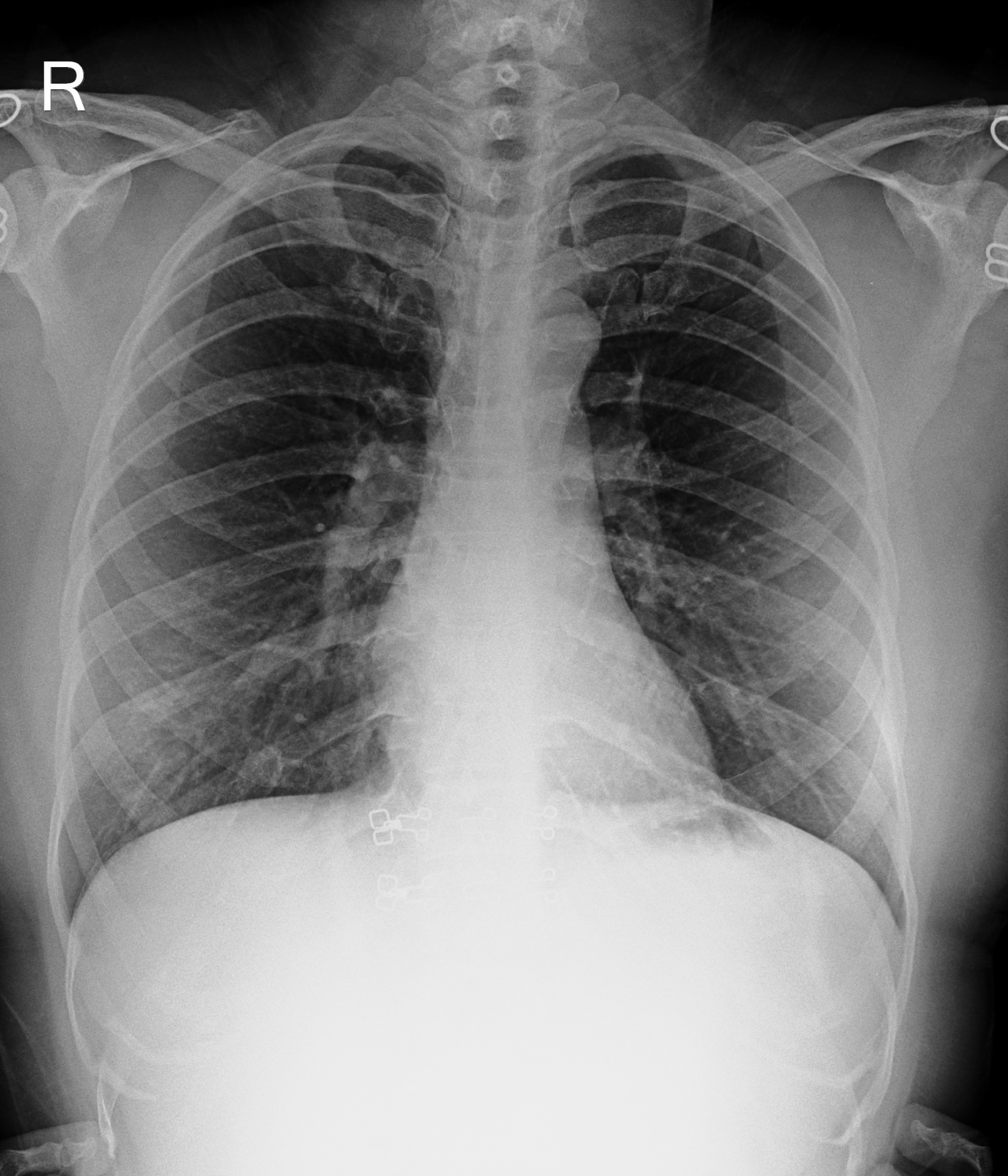
*** End Of Report ***

Verified By :
B NAGARAJU



Approved By :


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



R

LEKKALA D.L VANDANAM 39Y F YGT45794 CHEST PA 23-Dec-23

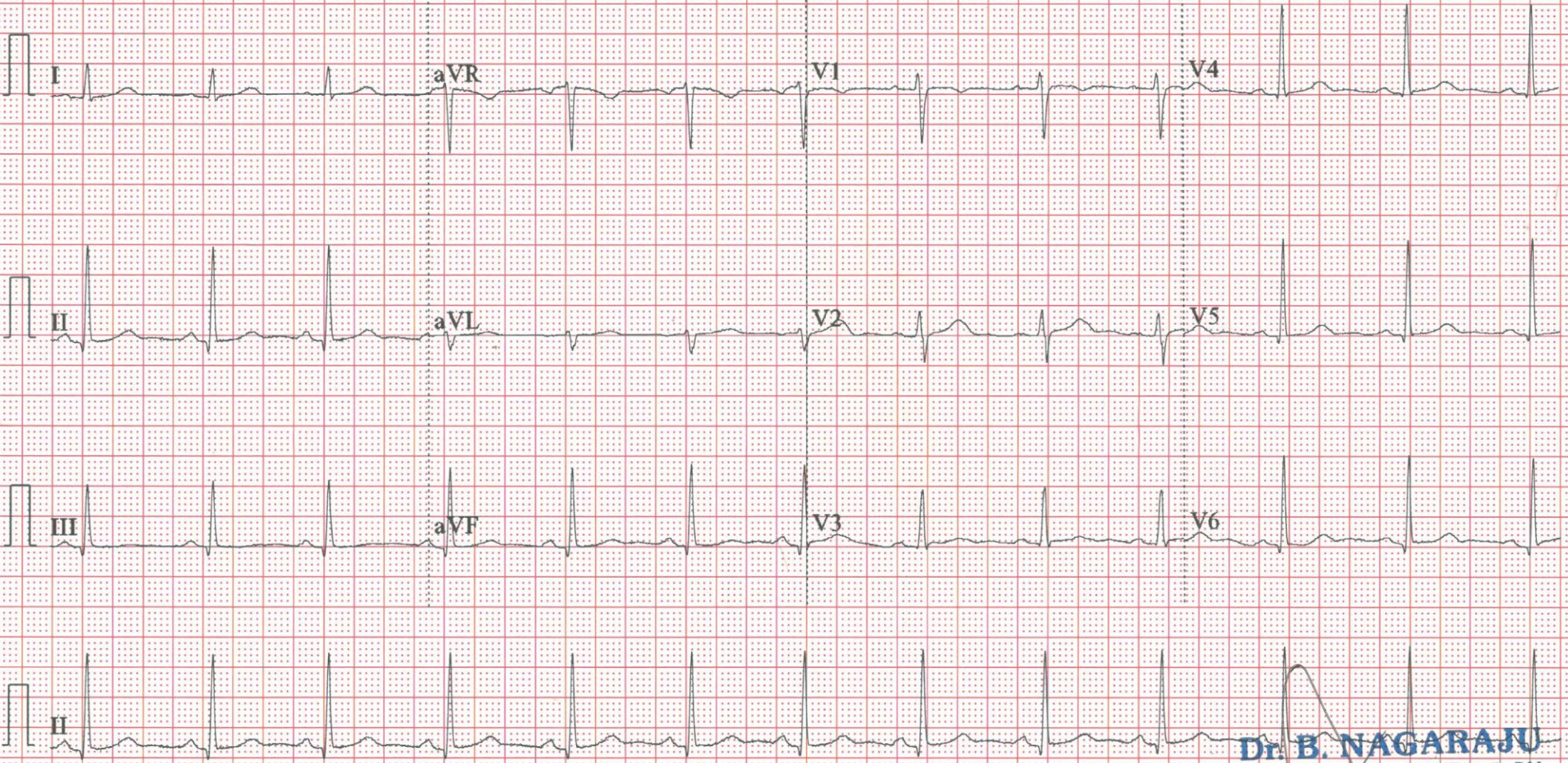
YODA DIAGNOSTICS

ID: 45794
Lekkala D L Vandanam
Female 39Years
Req. No. :

23-12-2023 10:19:37
HR : 75 bpm
P : 110 ms
PR : 158 ms
QRS : 81 ms
QT/QTcBz : 390/436 ms
P/QRST : 73/71/42 °
RV5/SV1 : 1.583/0.853 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



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



భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2052/80041/01522

To
తల్లూరి డి. లక్ష్మి, వందం
Lekkala D. L. Vandanam
C/O: Kishore Naidu
FLAT 203
BHAGYA LAKSHMI PETA
KALKI MURTHY TOWERS
Tadepalligudem
West Godavari Andhra Pradesh - 534102
9849435106



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

8163 9820 8034

VID : 9173 9686 7402 3679

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



తల్లూరి డి. లక్ష్మి, వందం
Lekkala D. L. Vandanam
స్వచ్ఛ కేసు(DOB: 01/01/1984)
FEMALE

8163 9820 8034

VID : 9173 9686 7402 3679

నా ఆధార్, నా గుర్తింపు



విశిష్ట గుర్తింపు
Government of India



సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ కోడ్ / ఆన్లైన్ వ్యక్తిని వెబ్ / ఆన్లైన్ ప్రామాణికంను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్స్ ద్వారానే ప్రాయశఃపత్రం లభిస్తుంది.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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- ఆధార్ దేశవ్యాప్తంగా చెల్లుబాటు అవుతుంది.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందడానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ లు ఉండి ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్. ఆధార్ అనే ఉపయోగించండి - మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

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- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



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Unique Identification Authority of India



దిబ్బాకా నామా:
నివాసం/దేవాలు: కిషోర్ నాయుడు, ఫ్లాట్ 203, కల్కి మూర్తి
టౌవర్స్, భాగ్యలక్ష్మి పేట, తాడేపల్లిగూడెం, పశ్చిమ గోదావరి,
ఆంధ్ర ప్రదేశ్ - 534102

Address:
C/O: Kishore Naidu, FLAT 203, KALKI MURTHY
TOWERS, BHAGYA LAKSHMI PETA,
Tadepalligudem, West Godavari,
Andhra Pradesh - 534102



8163 9820 8034

VID : 9173 9686 7402 3679

Name: Mrs. Lekkala D. L. Varadhanam
Date: 23/12/23 Age: 39 yrs Sex: Female
Address: Guntur



Routine health checkup

O/O B/L Ankle pain

Paraesthesia in both lower

H/O Hypothyroidism

limbs

TEMP: 98

B.P: 110/80 mmHg

PULSE: 78 /min

WEIGHT: 71 kgs

HEIGHT: 163 cm

~~TT~~ TSH - 1.58 μ U/ml

LDL - 123 mg/dl

HbA1c - 5.7%

1) Tab. THYRONORM 25mg

0 0 0 - (30)

2) TAB. JAKROSE 10mg

0 0 0 - (30)

3) Tab. J-POWER

0 0 0 - (30)



Name: Mrs. Lekkala D. I. Vandhanam
 Date: 23/12/23 Age: 39 yrs Sex: female
 Address: Gundur



UMP - 4/12/23

MPX 14 yrs

A₃ - flb P&C

P₁ - L₂ - twin = ♀
 ♀ - 4 1/2 yrs] USG

No ^{H₂} B/L tubectomy

MHA - 14 days ← Normal flow
 35-40 days ← Clot (+)
 ← dyspnoea

DPV (+)

Low swelling (+)

Itching over perineal region
 Back ache (+)

USG shows

fibroid (11x8mm)
 in Anterior myometrium

Cervix mild bulky

K/C/O hypothyroid - Tab thyronorm 25mcg
 H₂ Cap-Cholesterols - 4 yrs back

PIA - Soft
 Non tender

Pls - Cervicitis (+)
 thick white DPL (+)

TEMP: N
 B.P: 110/80 mmHg
 PULSE: 78 min
 WEIGHT: 71 kgs
 HEIGHT: 163 cms

Plv - Cervix OS downwards
uterus Plv, NS, Mobile, firm
R/L Adnexa free
tenderness in R Adnexa
no tenderness in left Adnexa

Adv

✓ - Tab. Consoft-CL x vaginally
x 3 nights

✓ - Tab. Doxycycline 100mg BD x 14 days
1 — 0 — 1

✓ - Tab. Metrogyl 400mg BD x 14 days
1 — 0 — 1

- Tab. Cefixime 400mg stat

- Tab. Pantop 40mg OD x 14 days

- Tab. Lysio-D BD x 3 days
1 — 0 — 1

- Tab. Caliche OD x 1 Month

- Plv in opp after 2 weeks

Shankar

Dr. B. BHARATHI

M.S OBG
Obstetrics and G

husband

- Tab. AF Kit
1 — 0 — 1

- Tab. Pantop 40mg
OD

DATE: 23-12-23

NAME: LKALA VANDANAN

AGE: 39/M 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>+1.25</u>	<u>+0.50</u>	<u>150</u>	<u>+1.25</u>	<u>+0.25</u>	<u>180</u>
ADD						

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

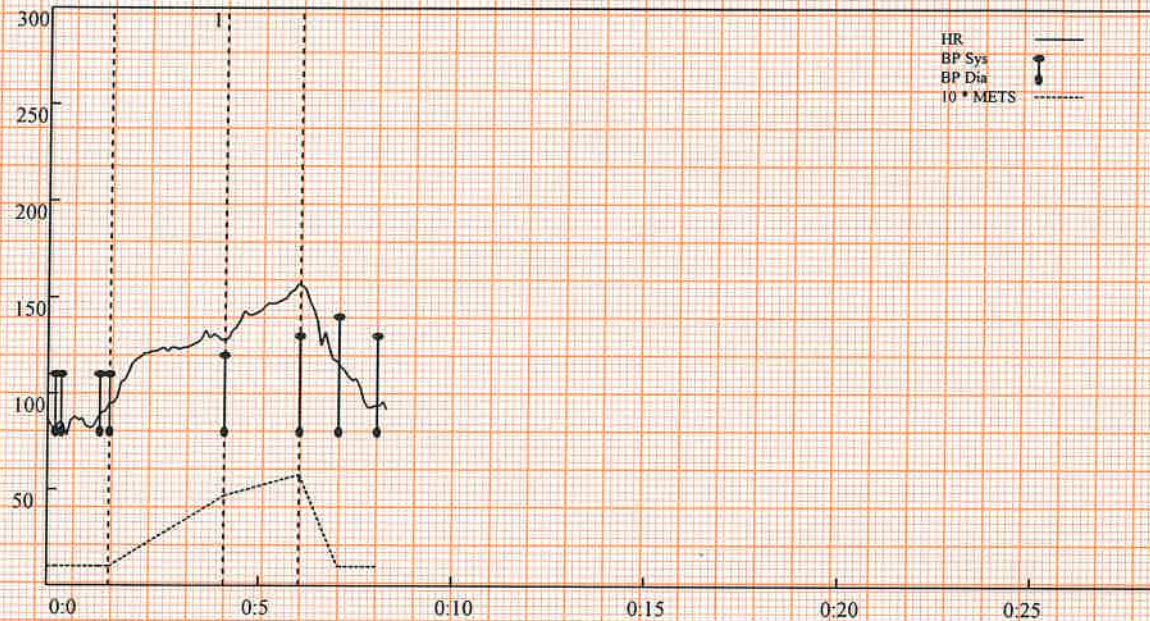
Yoda Diagnostic Guntur

Name: VANDANAM LEKKALA D L

Date: 23-12-2023

Time: 12:07

Exercise Trend



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:04:58 achieving a work level of 5.8 METS.
Resting Heart Rate, initially 83 bpm rose to a max. heart rate of 154bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 140/80 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
 - * Fair Exercise Tolerance
 - * Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version:2.14

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

Doctor: DR NAGARAJU

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: VANDANAM LEKKALA D L					Date: 23-12-2023		Time: 12:07			
Age: 39		Gender: F		Height: 163 cms		Weight: 71 Kg		ID: 45794		
Clinical History: THYROID+										
Medications: YES										
Test Details:										
Protocol: Bruce			Predicted Max HR: 181			Target HR: 153				
Exercise Time: 0:04:58			Achieved Max HR: 154 (85% of Predicted MHR)				Max Mets: 5.8			
Max BP: 140/80			Max BP x HR: 21560							
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	00:12	1	0	0	83	110/80	9130	0.8 V4	0.5 II	
Standing	00:10	1	0	0	81	110/80	8910	1.1 V3	-0.6 aVR	
HyperVentilation	00:59	1	0	0	83	110/80	9130	0.9 II	0.5 II	
PreTest	00:14	1	1.6	0	90	110/80	9900	0.7 V3	0.5 V4	
Stage: 1	03:00	4.7	2.7	10	130	120/80	15600	1.5 V5	0.9 II	
Peak Exercise	01:58	5.8	4	12	154	130/80	20020	-1.7 II	1.6 II	
Recovery1	01:00	1	0	0	118	140/80	16520	0.8 V1	0.9 II	
Recovery2	01:00	1	0	0	93	130/80	12090	0.7 V2	0.7 II	

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:12

HR: 83 bpm

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 153 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

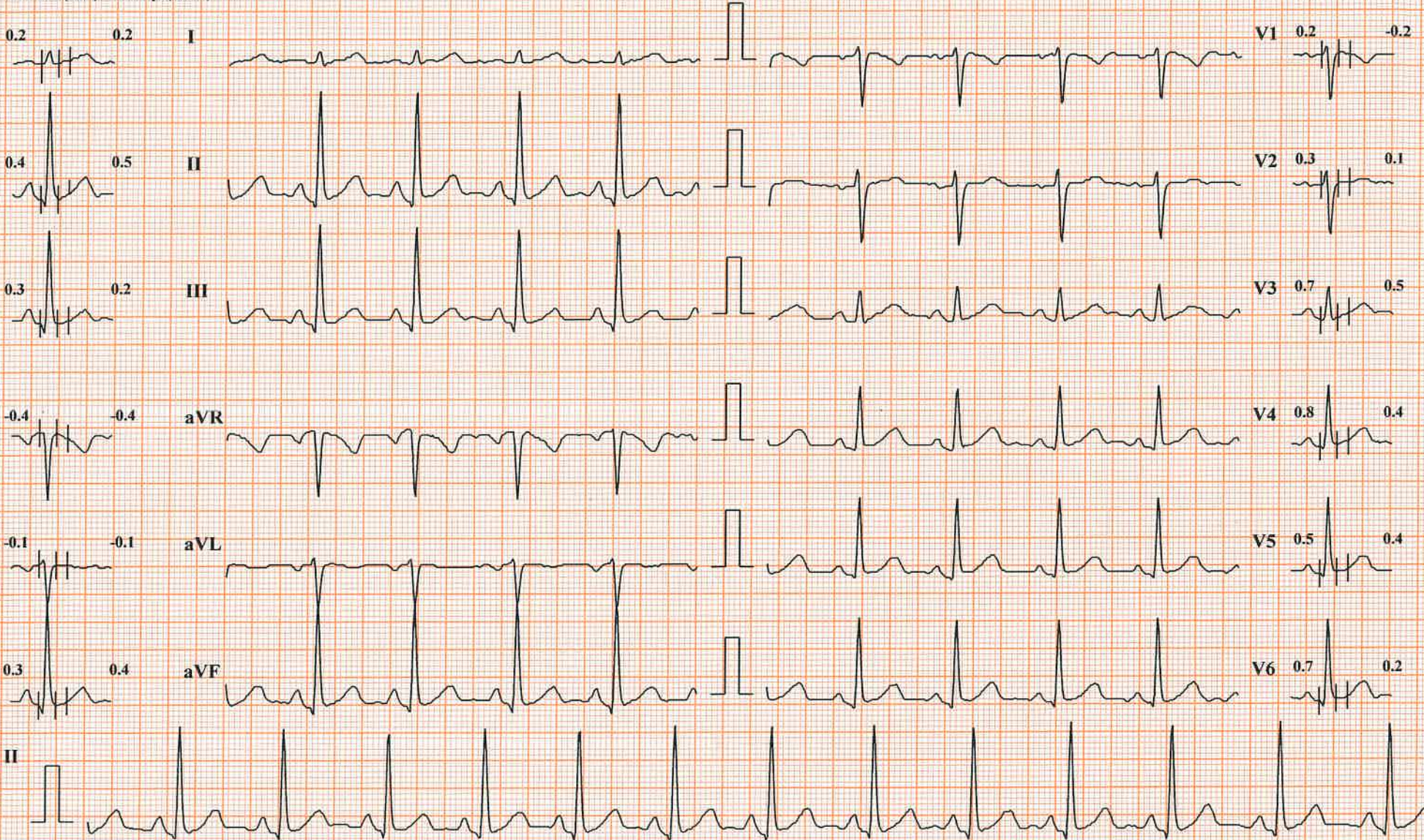


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:10

HR: 81 bpm

Stage: Standing

Speed: 0

Slope: 0 %

THR: 153 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.2 0.3

I

V1 0.1 -0.1

0.7 0.5

II

V2 0.4 0

0.4 0.2

III

V3 1.1 0.4

-0.5 -0.6

aVR

V4 0.9 0.4

-0.4 0.1

aVL

V5 0.8 0.3

0.6 0.4

aVF

V6 0.5 0.2

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:59

HR: 83 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 153 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.2

I

V1 -0.1 -0.2

0.9 0.5

II

V2 0.3 0.1

0.8 0.2

III

V3 0.7 0.4

-0.8 -0.5

aVR

V4 0.8 0.4

-0.4 0

aVL

V5 0.5 0.4

0.9 0.4

aVF

V6 0.6 0.3

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version 2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 130 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 0:04:58

Stage Time: 01:58

HR: 154 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 118 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandan CS-10 Version: 2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 93 bpm

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version: 2.14

Yoda Diagnostic Guntur

VANDANAM LEKKALA D L

Bruce Protocol

ID: 45794

Date: 23-12-2023

Exec Time : 00:00

Stage Time: 00:22

HR: 92 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.3

I

V1 0.1 -0.1

-0.2 0.6

II

V2 0.5 -0.1

-0.2 0.2

III

V3 0 0.4

0 -0.6

aVR

V4 -0.3 0.4

0.2 0.1

aVL

V5 -0.3 0.4

-0.1 0.4

aVF

V6 -0.3 0.4

II

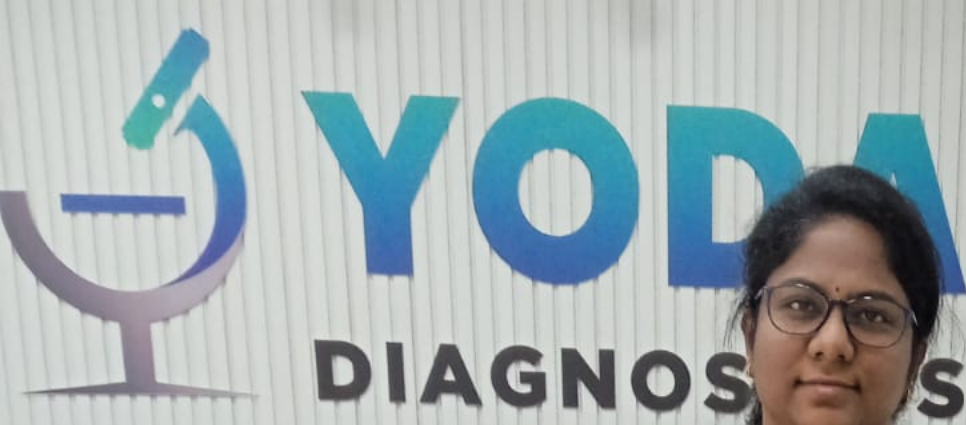
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan CS-10 Version:2.14



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 16.299213°
Long 80.451596°
23/12/23 09:02 AM GMT +05:30