

Visit ID	: YGT56602	UHID/MR No	: YGT.0000056424
Patient Name	: Mrs. SRIMAHALAKSHMI KAJA	Client Code	: YOD-DL-0021
Age/Gender	: 47 Y 0 M 0 D /F	Barcode No	: 10943493
DOB	:	Registration	: 24/Feb/2024 08:27AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:27AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 01:23PM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size (14.7 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 (9.8 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 9.7x5.1 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 10.4x4.4 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.

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

UTERUS : Anteverted, measures - 11.0x6.9x5.5 cm, Bulky in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 11 mm is normal.

- Approximately 16x15 cm well defined anechoic cystic lesion noted arising from the pelvic region (Likely from left ovary).
- The cystic lesion is seen extending superiorly above the umbilical level.
- The lesion is abutting and pushing the uterus towards right side.
- The lesion is compressing and displacing the bowel loops peripherally.
- The cyst shows few internal echos.-> Above F/ S/ O ovarian cyst (Likely serous cystadenoma) (Suggested CA-125 correlation).

Verified By :
Kollipara Venkateswara Rao



Approved By :

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

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DEPARTMENT OF RADIOLOGY

(Suggested CECT Abdomen for further evaluation)

Right ovary measures - 4.1x3.3 cm and left ovary measures -4.6x2.9 cm.

Great vessels appear normal.

IMPRESSION:

. GRADE I FATTY LIVER.

. BULKY UTERUS.

. ABDOMINO PELVIC CYSTIC MASS LESION WITH EXTENSIONS AND COMPRESSION AS DESCRIBED ABOVE. -> LIKELY SEROUS CYSTADENOMA OF LEFT OVARY.

SUGGESTED CA-125 CORRELATION.

SUGGESTED CECT ABDOMEN CORRELATION.

Suggested clinical correlation and further evaluation.

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

Prominent pulmonary bronchovascular markings noted in bilateral lung fields.
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 :

. Prominent pulmonary bronchovascular markings noted in bilateral lung fields.

Suggested Clinical Correlation & Follow up.

Verified By :
Kollipara Venkateswara Rao



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DEPARTMENT OF RADIOLOGY

ULTRASOUND OF BOTH BREASTS

FINDINGS:

Glandular parenchyma appears normal.
No evidence of focal mass lesions.
No evidence of ductal dilatation.
Nipple and areolar region appears normal.
Skin thickness is normal.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY DETECTED.
suggested clinical correlation and further evaluation.

Verified By :
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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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:33AM
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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	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.97	ng/ml	0.60 - 1.78	CLIA
T4	10.63	ug/dl	4.82-15.65	CLIA
TSH	4.7	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	0.42	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.08	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
AST (S.G.O.T)	16	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	10	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	70	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.64			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	255	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	51	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	173	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	155	mg/dl	See Table	GPO
VLDL	31.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	5.00		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	3.04	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	204	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220


REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

Note:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.8	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	120	mg/dl		

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate. HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	14	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.5	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	97	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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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Feb/2024 11:54AM
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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	105	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	0.81	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	7	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	3.5	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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 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT56602	UHID/MR No : YGT.0000056424
Patient Name : Mrs. SRIMAHALAKSHMI KAJA	Client Code : YOD-DL-0021
Age/Gender : 47 Y 0 M 0 D /F	Barcode No : 10943493
DOB :	Registration : 24/Feb/2024 08:27AM
Ref Doctor : SELF	Collected : 24/Feb/2024 08:32AM
Client Name : MEDI WHEELS	Received : 24/Feb/2024 09:00AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Feb/2024 09:32AM
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)	6.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.81	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	8.00	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:11AM
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 : 3.3 cms
LEFT VENTRICLE : EDD : 4.9 cm IVS(d) : 1.1 cm LVEF : 63 %
ESD : 3.2 cm PW (d) : 0.9 cm FS : 34 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

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DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.6 m/sec, A - 0.5m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 0.9m/sec
TRICUSPID FLOW : TRJV :1.5 m/sec, RVSP -25 mmHg

COLOUR FLOW MAPPING: MILD TR/ NO PAH


IMPRESSION :

- * MILD CONCENTRIC LVH
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * NO MR/ NO AR/ NO PR
- * MILD TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :
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Ref Doctor : SELF	Collected : 24/Feb/2024 08:32AM
Client Name : MEDI WHEELS	Received : 24/Feb/2024 09:07AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 24/Feb/2024 10:34AM
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	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		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 :
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
Kollipara Venkateswara Rao

Approved By :

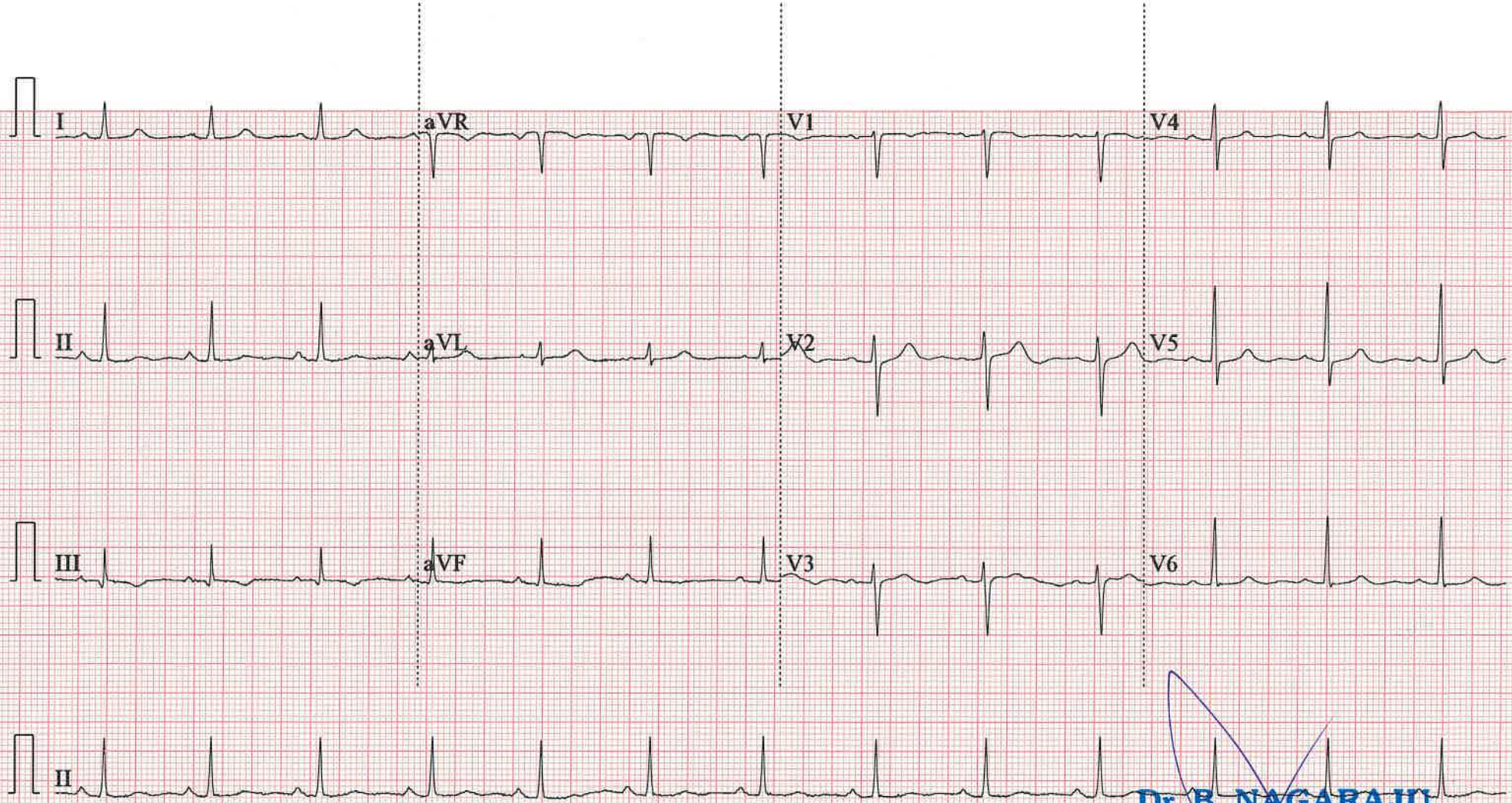

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

ID: 56602
SriMahalakshmi Kaja
Female 47Years
Req. No. :

24-02-2024 09:51:37
HR : 78 bpm
P : 91 ms
PR : 159 ms
QRS : 70 ms
QT/QTcBz : 365/416 ms
P/QRS/T : 58/56/0 °
RV5/SV1 : 1.358/0.753 mV

Diagnosis Information:
Sinus Rhythm
T Wave Abnormality(II,III,aVF)

Report Confirmed by:



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



భారత ప్రభుత్వం

Government of India

కాజ శ్రీ మహాలక్ష్మి

Kaja Sri Mahalakshmi

పుట్టిన తేదీ / DOB : 16/05/1976

స్త్రీ / Female



6330 2629 7736

నా ఆధార్, నా గుర్తింపు

Name: Mrs. Sri mahalaxmi. Kaja
Date: 24/02/2024 Age: 47 yrs Sex: Female
Address: Gunur



MPX 25yrs

CMPs 15 days back

P₁-L₀-♀-TUD-NVD-14SP

P₂-L₁-♀-21yrs-WS

P₃-L₀-♀-8 knots-NVD

P₄-L₂-♀-8 knots-WS-18yrs

MIHs 8 days 24-30 days normal for U6H⊕ no dysmenorrhea since 2yrs

No spotting since 1 day

PIA - 20 wks
firm mass palpable

PLS - cervix healthy
No PPL

PLV - Cervix os upwards
uterus retroverted bulky
firm 15 cm mass round at ut

TEMP: Ⓝ

B.P: 140/100 mmHg

PULSE: 91/min

WEIGHT: 83 kgs

HEIGHT: 1.57 cms

Adnexa - Rt Adnexa free

No tenderness

Adv

- CA 125

- CECT Abdomen

- Tab. ^{Calcium} ~~with~~ ~~corneo~~ 00 x 1 month

- Review after reports

Bharathi

24/2/24

Dr. B. BHARATHI

M.S OBG

Obstetrics and Gynecology

REGD. No: APMC 96195

DATE: 24/2/24

NAME: SRIMAHALAKSHMI KAJA

AGE: 47 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>P</u> <u>1.50</u>			<u>P</u> <u>1.50</u>		
ADD			<u>P 2.25</u>			<u>both eyes</u>

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

Name: Mrs. Sri Mahalakshmi Kaja
Date: 24/02/2024 Age: 47 yrs Sex: Female
Address: Guntur



Routine Health checkup
C/O Headache
Giddiness

NO H/O HTN / DM / CAD / PTB

TEMP: 98
B.P: 140/100 mmHg
PULSE: 91 /min
WEIGHT: 83 kgs
HEIGHT: 159 cm

LDL - 173 mg/dl

1) Low salt Diet / Low Fat Diet

2) Daily Exercise

3) TAB. CILISTAR 10mg

1 - 0 - 0 - (30)

4) TAB. JAKROSE 10mg

0 - 0 - 7 - (30)

Advice

CA-125

ECT Abdomen



PTION



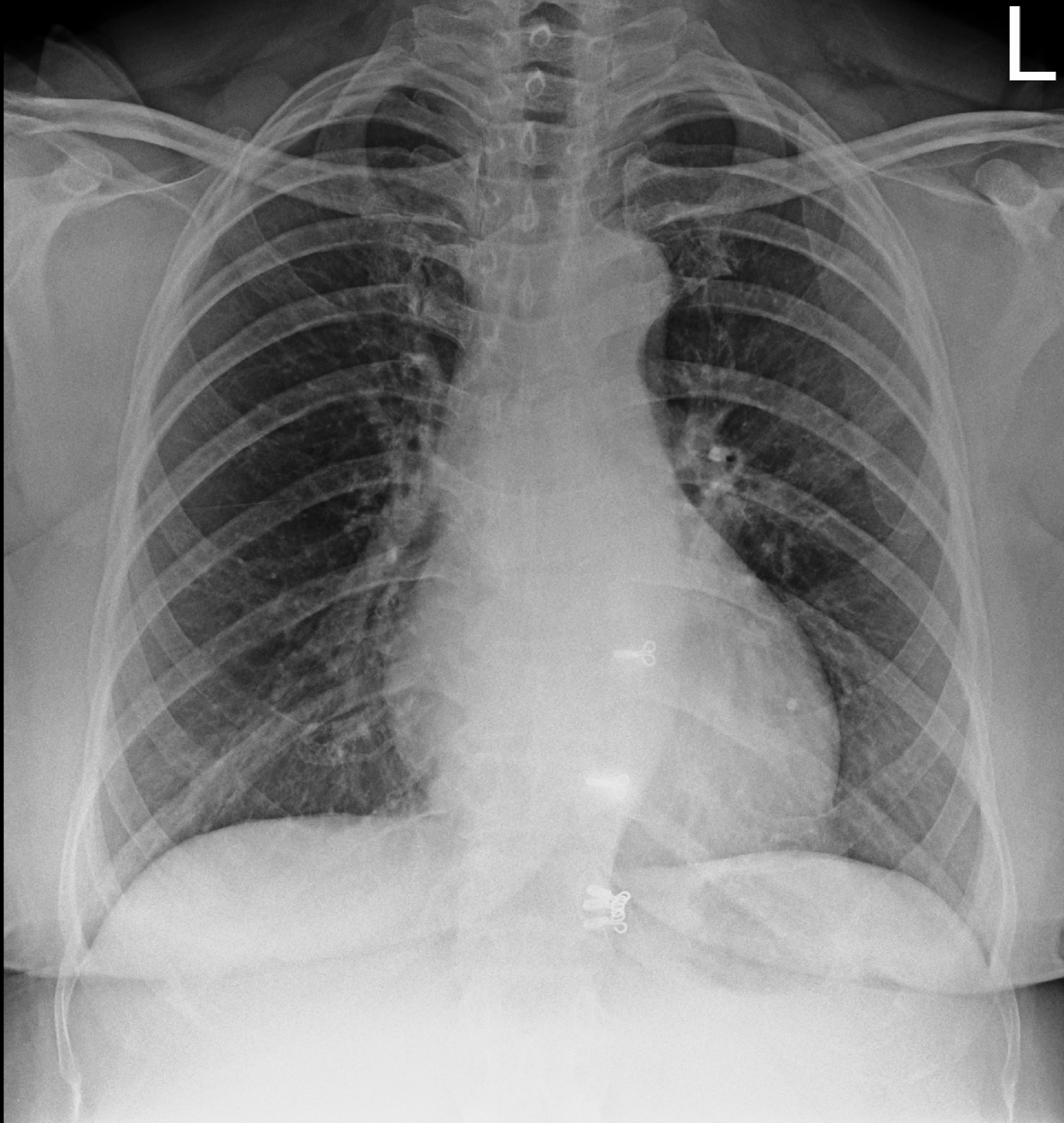
Guntur, Andhra Pradesh, India

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

Lat 16.299239°

Long 80.451624°

24/02/24 08:30 AM GMT +05:30



SRIMAHALAKSHMI KAJA 47Y FEMALE YGT56602 CHEST PA 24-Feb-24

YODA DIAGNOSTICS