

Visit ID	: YGT63615	UHID/MR No	: YGT.0000063409
Patient Name	: Mrs. JCK JYOTI	Client Code	: YOD-DL-0021
Age/Gender	: 40 Y 0 M 0 D /F	Barcode No	: 10994321
DOB	:	Registration	: 29/Mar/2024 07:55AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 07:55AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 12:53PM
Hospital Name	:		

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

Clinical Details : General check-up.

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

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

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

S P L E E N : Normal in size and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 11.0 x5.2 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 11.8 x5.6 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.

U R I N A R Y B L A D D E R : Well distended. No evidence of calculi or wall thickening.

U T E R U S : Anteverted, measures - 8.3 x4.6 x5.2 cm, Bulky in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 9 mm is normal.

Right ovary measures 4.3 x2.4 cm and left ovary measures 3.1 x2.6 cm.
Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

IMPRESSION:

- BULKY UTERUS.

Verified By :

GOPI



Approved By :


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

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DEPARTMENT OF RADIOLOGY

Suggested clinical correlation and further evaluation.

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Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND OF BOTH BREASTS****FINDINGS:****Right:-**

5 x4 mm focal small simple cyst noted at 12 'O' clock position of right breast.

11x5 mm simple .cyst noted at 2" 0 clock position of right breast.

Glandular parenchyma appears normal.

Nipple and areolar region appears normal.

Skin thickness is normal.

Left :-

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:

* s/ o simple cysts noted at right breast.

Suggested: - Clinical correlation & follow up.

Verified By :

GOPI



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CONSULTANT RADIOLOGIST

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DOB	:	Registration	: 29/Mar/2024 07:55AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 07:58AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 08:12AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:22AM
Hospital Name	:		

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	20	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	A			
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)	9.4	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.09	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	30.3	%	36.0 - 46.0	RBC pulse height detection
MCV	59.6	fL	83 - 101	Automated/Calculated
MCH	18.5	pg	27 - 32	Automated/Calculated
MCHC	31.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	18.3	%	11.0-16.0	Automated Calculated
RDW - SD	40.9	fl	35.0-56.0	Calculated
MPV	10.4	fL	6.5 - 10.0	Calculated
PDW	15.3	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,200	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	63	%	40 - 80	Impedance
LYMPHOCYTE	29	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	1.90	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
T3	1.31	ng/ml	0.60 - 1.78	CLIA
T4	11.29	ug/dl	4.82-15.65	CLIA
TSH	1.95	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	0.45	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.35	mg/dl		Calculated
AST (S.G.O.T)	17	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	12	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	57	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.1	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.52			Calculated

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DEPARTMENT OF BIOCHEMISTRY

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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	141	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	84.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	83	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	16.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.53		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.08	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	101	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:				
1. 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				
2. 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.				
3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved				
4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement				

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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.2	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	131	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	15	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	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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DOB :	Registration : 29/Mar/2024 07:55AM
Ref Doctor : SELF	Collected : 29/Mar/2024 10:45AM
Client Name : MEDI WHEELS	Received : 29/Mar/2024 11:08AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 29/Mar/2024 11:48AM
Hospital Name :	

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	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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GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63615	UHID/MR No	: YGT.0000063409
Patient Name	: Mrs. JCK JYOTI	Client Code	: YOD-DL-0021
Age/Gender	: 40 Y 0 M 0 D /F	Barcode No	: 10994321
DOB	:	Registration	: 29/Mar/2024 07:55AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 07:58AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 08:33AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:22AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	17	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.

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DEPARTMENT OF BIOCHEMISTRY

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

URIC ACID -SERUM

Sample Type : SERUM				
SERUM URIC ACID	3.6	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.

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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)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.00	Ratio	6 - 25	Calculated

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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:06PM
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 : 3.6 cms
LEFT VENTRICLE : EDD : 3.8 cm IVS(d) : 1.1cm LVEF : 68%
ESD : 2.3 cm PW (d) : 1.0 cm FS : 38%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.2cms
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

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DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 0.8m/sec, A -0.6 m/sec.

AORTIC FLOW : 1.6m/sec

PULMONARY FLOW : 1.3m/sec

TRICUSPID FLOW : TRJV :1.0 m/sec, RVSP -20mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

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

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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	1.01			
SPECIFIC GRAVITY	6.5		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	NEGATIVE		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			

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DOB	:	Registration	: 29/Mar/2024 07:55AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 10:11AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 01:08PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 02:49PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-101 / 24

Date of Receiving: 29-03-2024

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION.

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

IMPRESSION: Inflammatory smear

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

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DEPARTMENT OF CYTOPATHOLOGY


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

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

Verified By :
GOPI



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Consultant Pathologist



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India



E-Aadhaar Letter

జన్యము/Enrolment No.: 1190/62182/00858

Date: 02/03/2014

Jck Jyoti (జనక జ్యోతి)

సమాచారం

W/O: Gurunath Krovi, 49-381, Bal Reddy Nagar,
Chintal, Qutbullapur, Tirumalagiri, Hyderabad,
Andhra Pradesh - 500054

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ ఆన్‌లైన్ అధింటికేషన్ ద్వారా పొందవచ్చు.
- ఇది ఎలక్ట్రానిక్ సర్టిఫైడ్ వాయిబడిన లేఖ.

మీ ఆధార్ సంఖ్య/ Your Aadhaar No.:

9983 9596 3037



ఆధార్-సామాన్యమానవుడి హక్కు

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Signature Not Verified
Digitally signed by Sandeep Bhardwaj
Date: 2014.03.02 20:30:29 IST

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

- ఆధార్ దేశమంతటా చెల్లుతుంది.
- ఆధార్ ఆధార్ కొరకై, ఒకే సారి నమోదు చేసుకుంటే సరిపోతుంది.
- దయచేసి మీ లేటిస్ట్ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఆడ్రస్ నమోదు చేసుకోండి దీనివలన మీరు విభిన్న ప్రయోజనాలను పొందే వీలుంటుంది.

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भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



జనక జ్యోతి
Jck Jyoti
పుట్టిన తేదీ/ DOB: 10/08/1983
స్త్రీ / FEMALE



చిరునామా:

W/O: గురునాథ్ క్రోవి, ౯-౩౮౧,
బాల్ రెడ్డి నగర్,
చింతల్, కుత్బుల్లపూర్, తిరుమలగిరి
హైదరాబాద్,
ఆంధ్ర ప్రదేశ్ - 500054

Address:

W/O: Gurunath Krovi, 49-381, Bal
Reddy Nagar, Chintal, Qutbullapur,
Tirumalagiri, Hyderabad,
Andhra Pradesh - 500054

9983 9596 3037

9983 9596 3037

ఆధార్-సామాన్యమానవుడి హక్కు

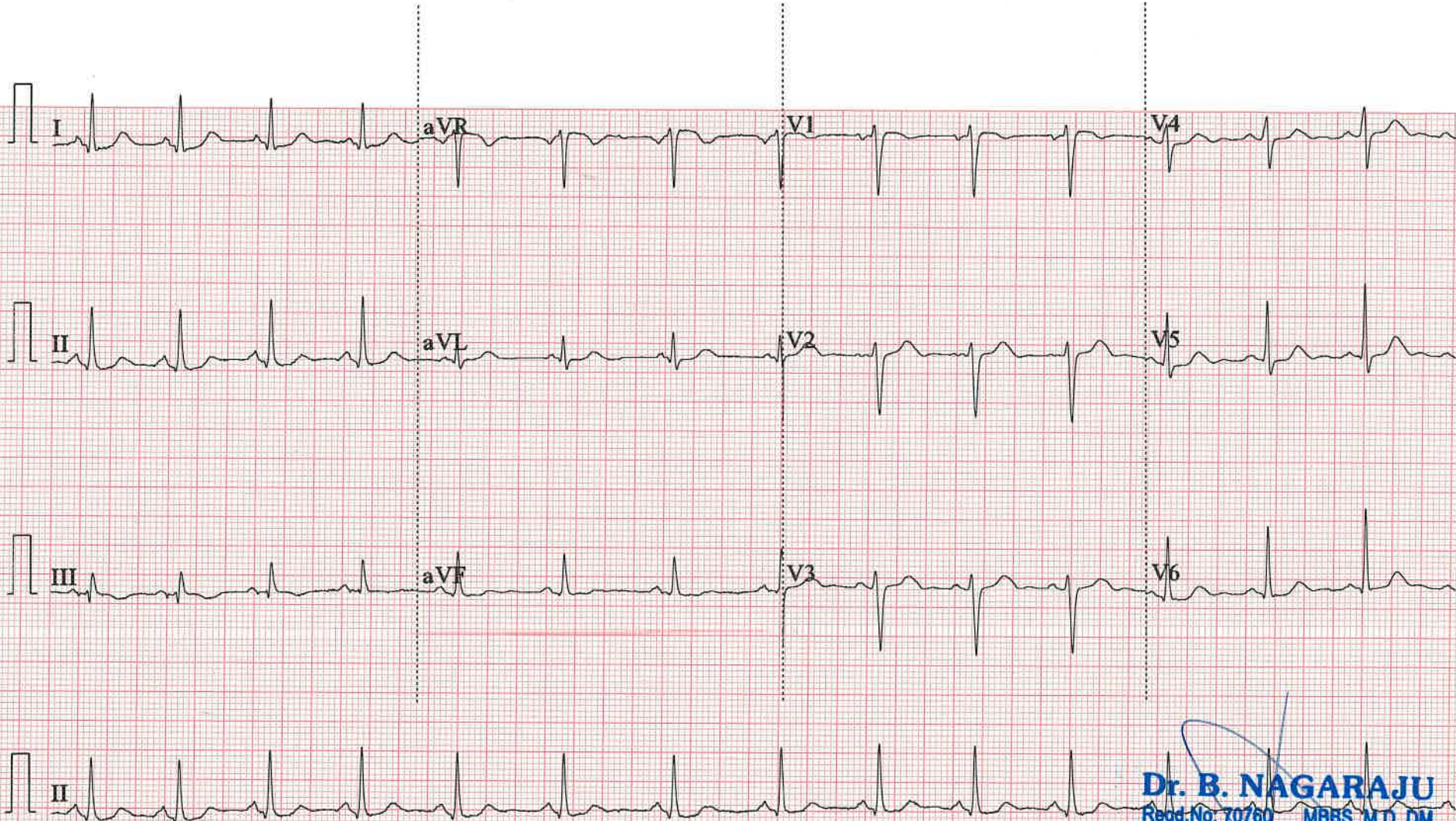
Aadhaar-Aam Admi ka Adhikar

ID: 63615
J C K Jyoti
Female 40Years
Req. No. :

29-03-2024 10:04:30
HR : 89 bpm
P : 92 ms
PR : 116 ms
QRS : 95 ms
QT/QTcBz : 351/428 ms
P/QRS/T : 34/52/10 °
RV5/SV1 : 1.073/1.025 mV

Diagnosis Information:
Sinus Arrhythmia
Larged PtfV1
Short PR Interval

Report Confirmed by:



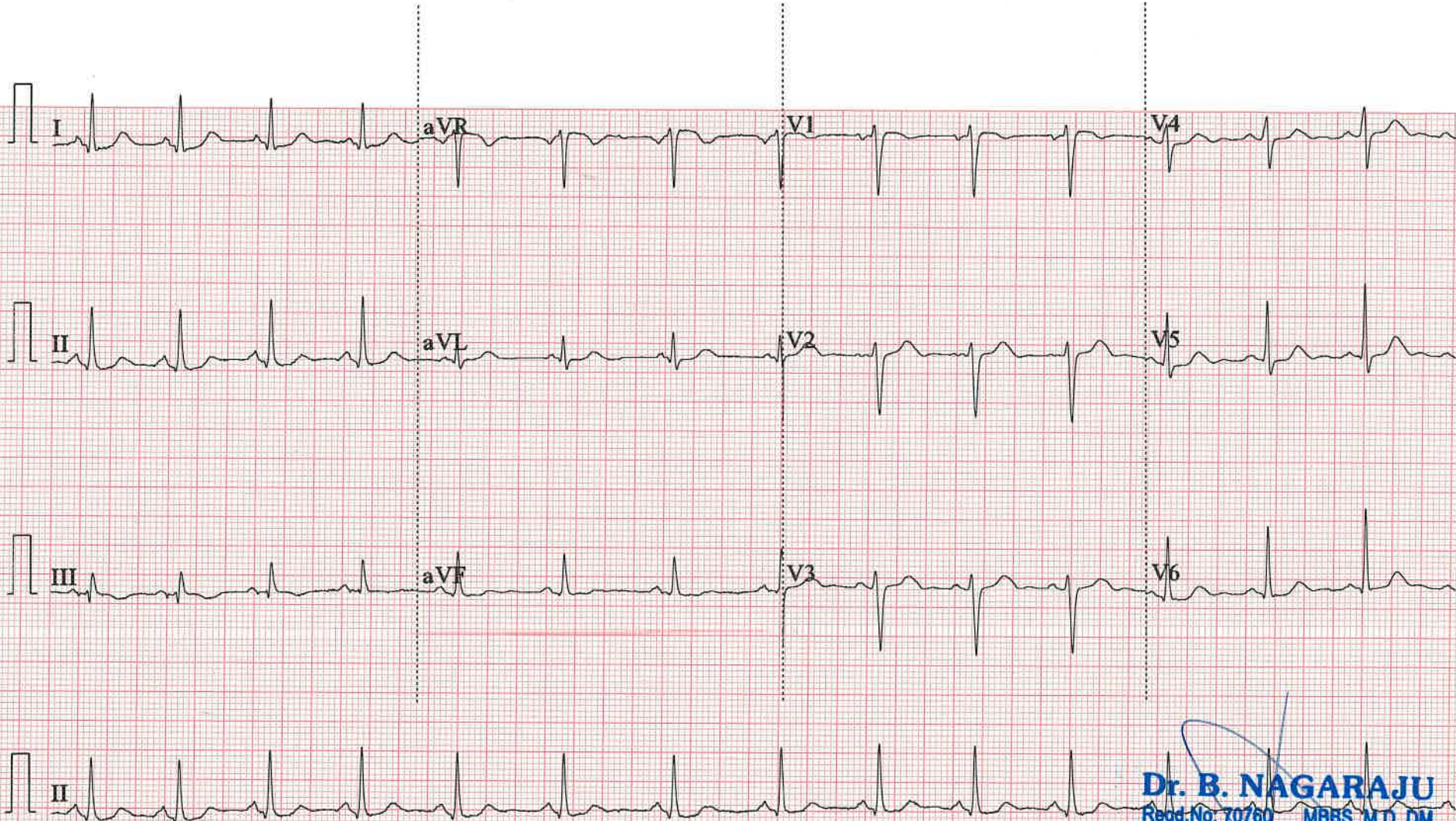
Dr. B. NAGARAJU
Regd.No. 70760 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

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Short PR Interval

Report Confirmed by:



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

Name: JCK. Tyoti
Date: 29/03/24 Age: 40 years Sex: Female
Address: Guntur



LMP:- 4/3/24

MFx 20 yrs

P₂L₂ \leq 2
- 14y6 Juv

No DIC tubectomy

MH:- 3 days $\left\{ \begin{array}{l} \text{Normal flow} \\ \text{Lob (+)} \\ \text{No dysmenorrhea} \end{array} \right.$
24 days

Hb- 9.4g/dl
HbA_{1c} - 6.2%

Waxy discharge per vagina (+)

PLA - soft

Non tender

PLS - Cervicitis (+)

DPV (+)

USG Bulky uterus

Adv

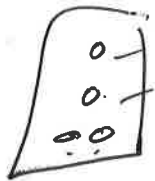
- ✓ - Tab. Pampin + Wit E ODX/Mnta
- Tab. Albendazole 400mg stat

TEMP: (2)
B.P: 114/49
PULSE: 68
WEIGHT: 69 kg
HEIGHT: 166 cm

Plv - Cervix as downward
uterus Plv, bulky, ~~no~~ Molar
Blk Adnexa free

no tenderness
Foul smell (+)

Adx



- Tab. AF Kit OD x 1 day
for husband, wife

- Tab. Pantop 40mg OD x 1 day

- Tab. Cansoft-CL x vaginally
3 nights

- high protein diet

Phasanti.

Dr. B. BHARATHI

M.S OBG

Obstetrics and Gynecology

REGD. No: APMC 96195

DATE: 29/3/24

NAME: JCK JYOTI

AGE: 40/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>n</u>			<u>n</u>		
ADD		<u>+ 100</u>		<u>Both eyes</u>		

INSTRUCTIONS _____

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

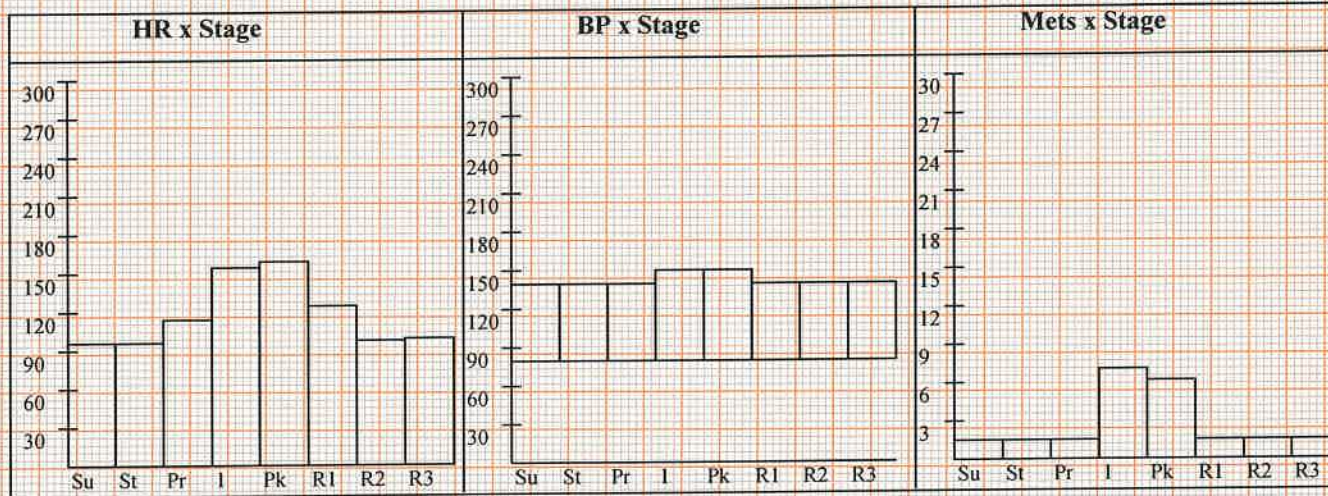
N.V. _____ CONSTANT USE _____

YODA DIAGNOSTICS CENTRE GUNTUR

Name: J C K JYOTI

Date: 29-03-2024

Time: 12:34



Interpretation

The Patient Exercised according to Bruce Protocol for 0:03:31 achieving a work level of 4.7 METS.
 Resting Heart Rate, initially 95 bpm rose to a max. heart rate of 159bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 140/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
 * No Significant ST-T Changes During Exercise & Recovery
 * Fair Exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.

Ref. Doctor: SELF

Schiller Cardiovit CS-10 Version:3.5

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

Doctor: DR.B NAGARAJU

(Summary Report edited by User)

YODA DIAGNOSTICS CENTRE GUNTUR

Name: J C K JYOTI		Date: 29-03-2024	Time: 12:34
Age: 40	Gender: F	Height: 166 cms	Weight: 69 Kg
Clinical History: NO		ID: 63615	
Medications: NO			

Test Details:

Protocol: Bruce	Predicted Max HR: 186	Target HR: 158 (85% of Pr. MHR)
Exercise Time: 0:03:31	Achieved Max HR: 159 (85% of Pr. MHR)	
Max BP: 150/80	Max BP x HR: 23850	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	00:06	1	0	0	95	140/80	13300	0.8 V2	0.4 II
Standing	00:13	1	0	0	96	140/80	13440	0.8 V2	0.6 V2
PreTest	00:29	1	1.6	0	114	140/80	15960	0.5 V2	0.4 II
Stage: I	03:00	4.7	2.7	10	153	150/80	22950	1 V2	1 V2
Peak Exercise	00:31	4.1	4	12	159	150/80	23850	-1.1 III	0.9 II
Recovery1	01:00	1	0	0	124	140/80	17360	1.1 V2	1.2 V2
Recovery2	01:00	1	0	0	97	140/80	13580	0.6 V2	0.8 II
Recovery3	00:22	1	0	0	99	140/80	13860	0.4 V2	0.6 V2

YODA DIAGNOSTICS CENTRE GUNTUR

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:06

HR: 95 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 158 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

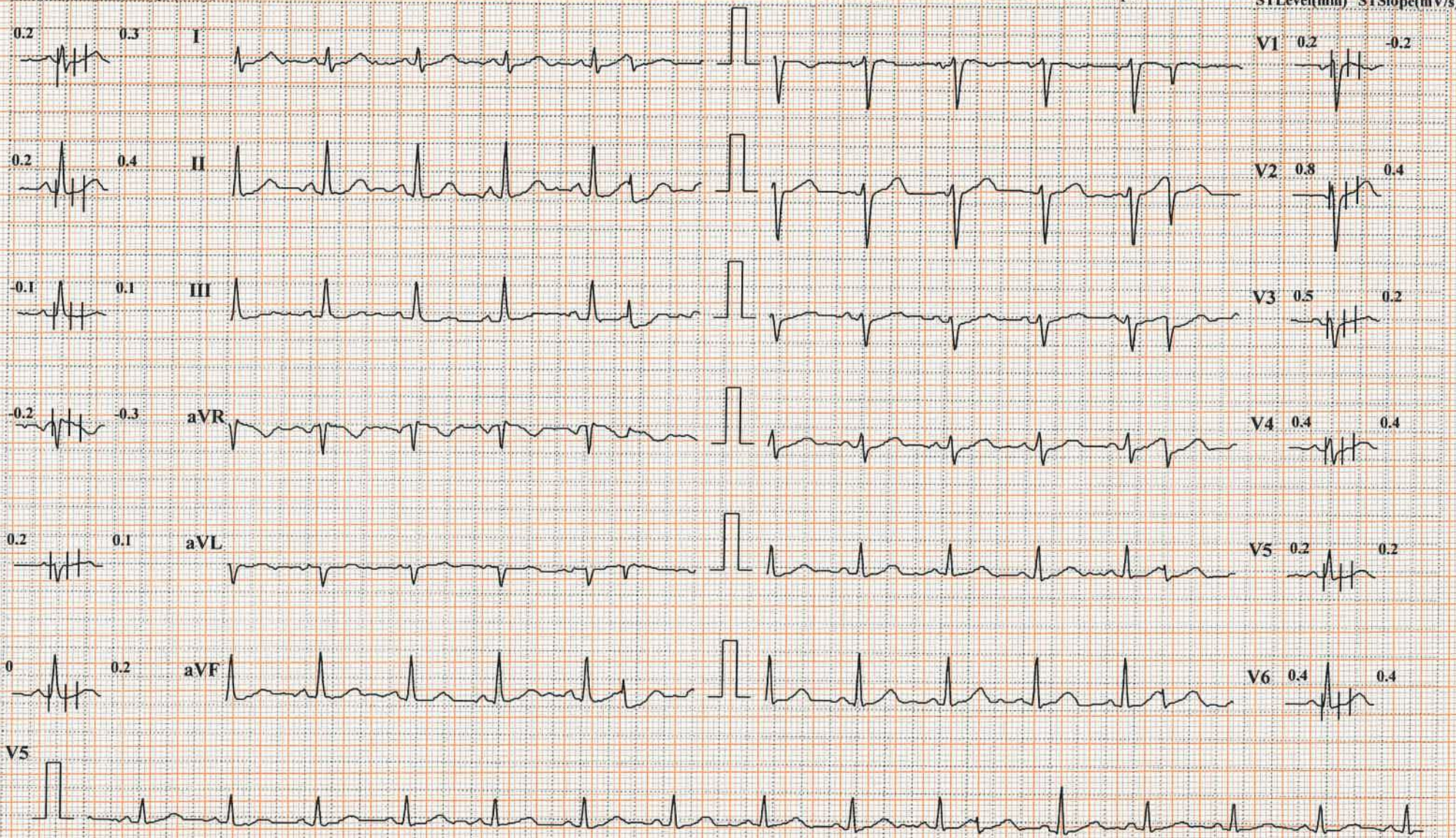


Chart Speed: 25 mm/sec

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

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:13

HR: 96 bpm

Stage: Standing

Speed: 0

Slope: 0 %

THR: 158 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version: 3.5

MICRO MED CHARTS

YODA DIAGNOSTICS CENTRE GUNTUR

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 153 bpm

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

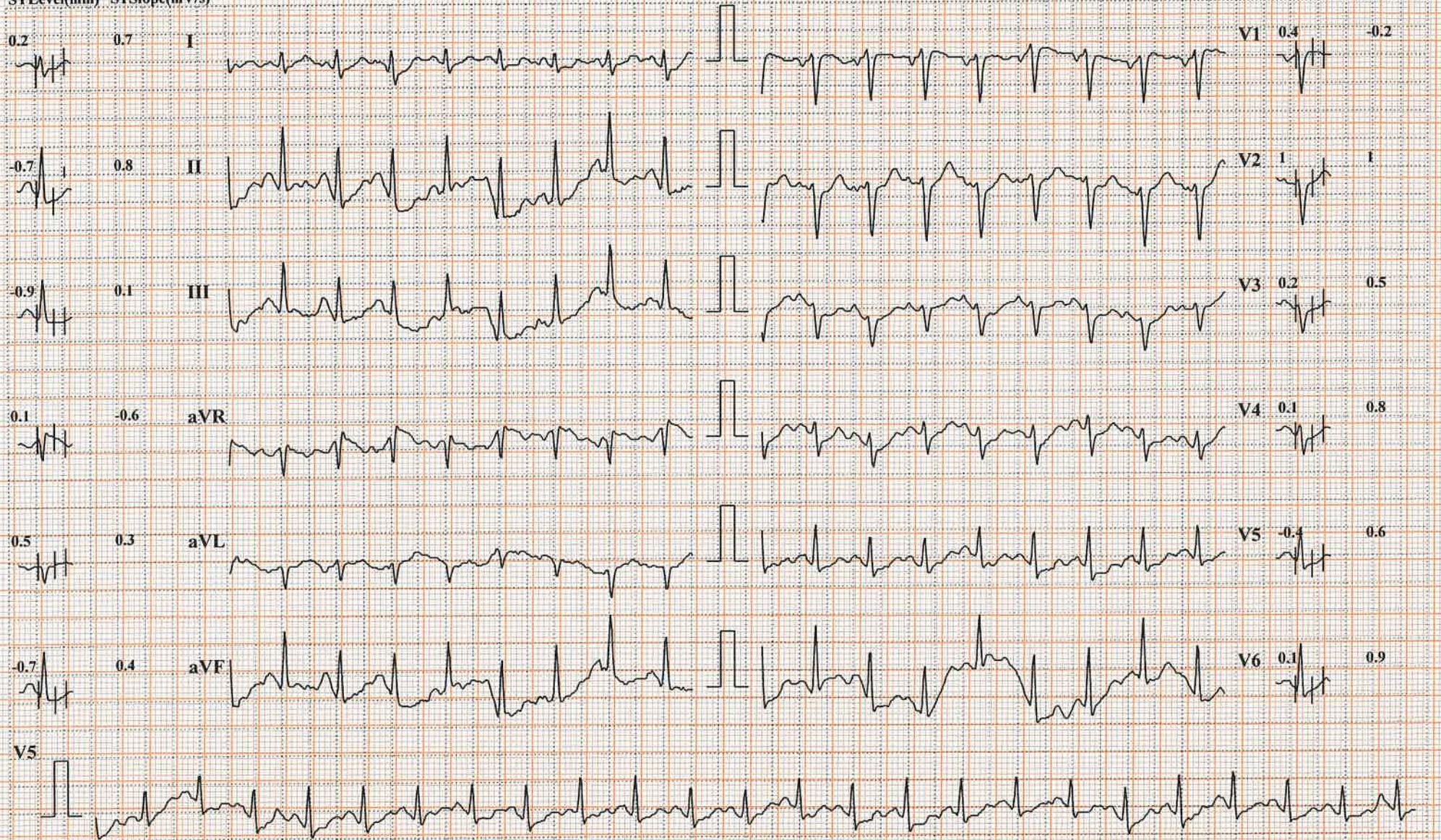


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 0:03:31

Stage Time: 00:31

HR: 159 bpm

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 158 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

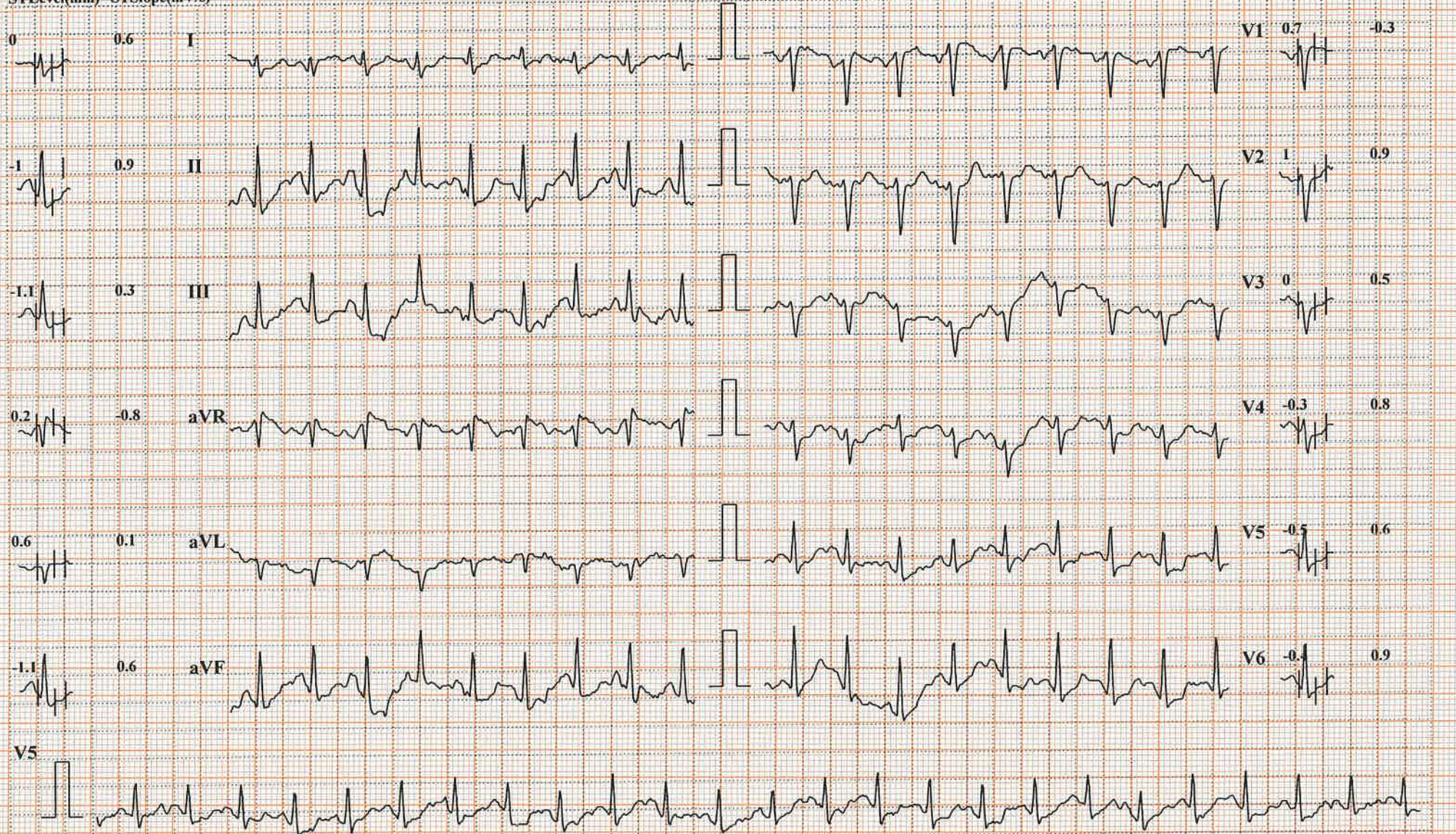


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit GS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 124 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

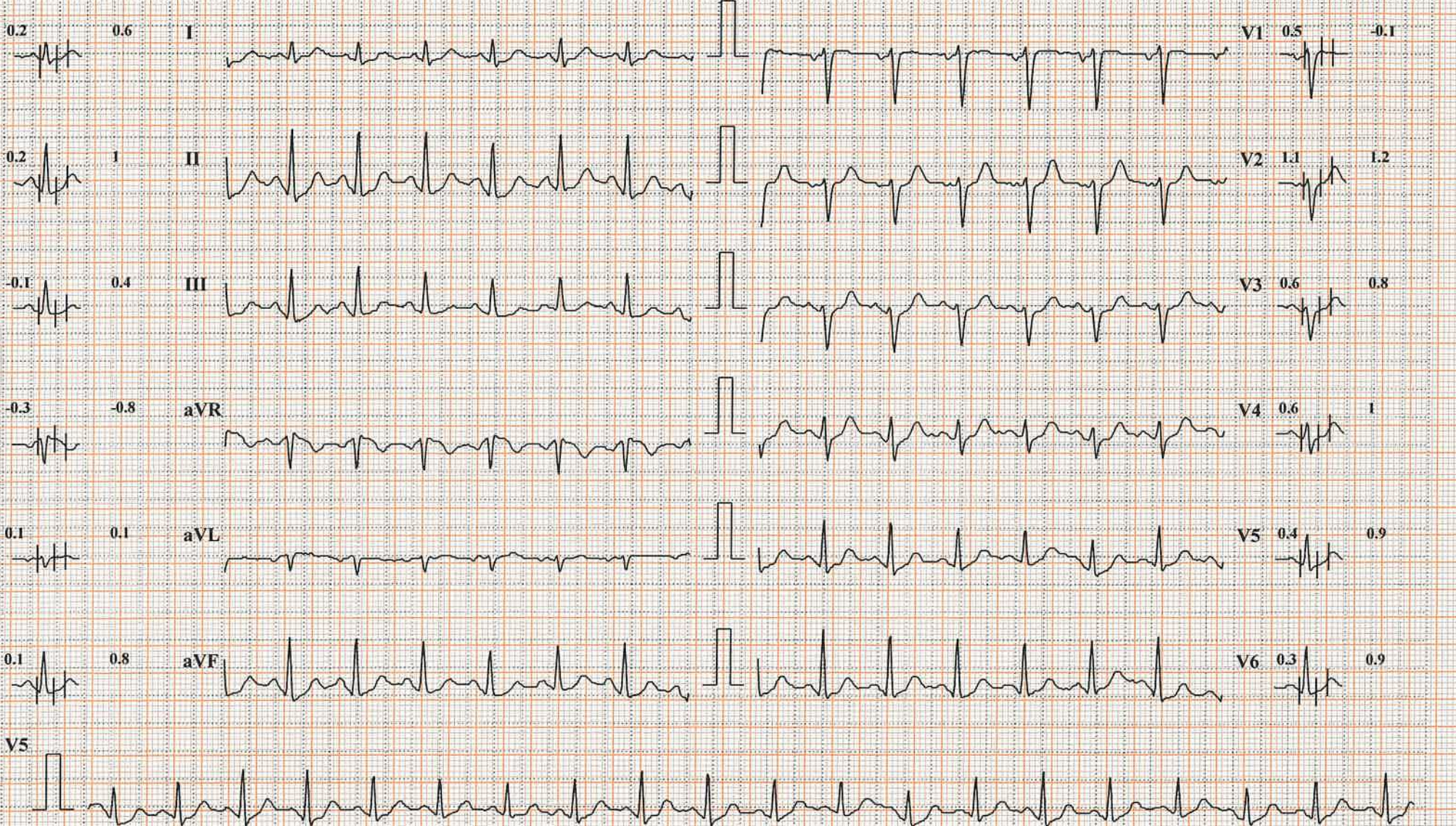


Chart Speed: 25 mm/sec

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

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 97 bpm

BP: 140/80 mmHg

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

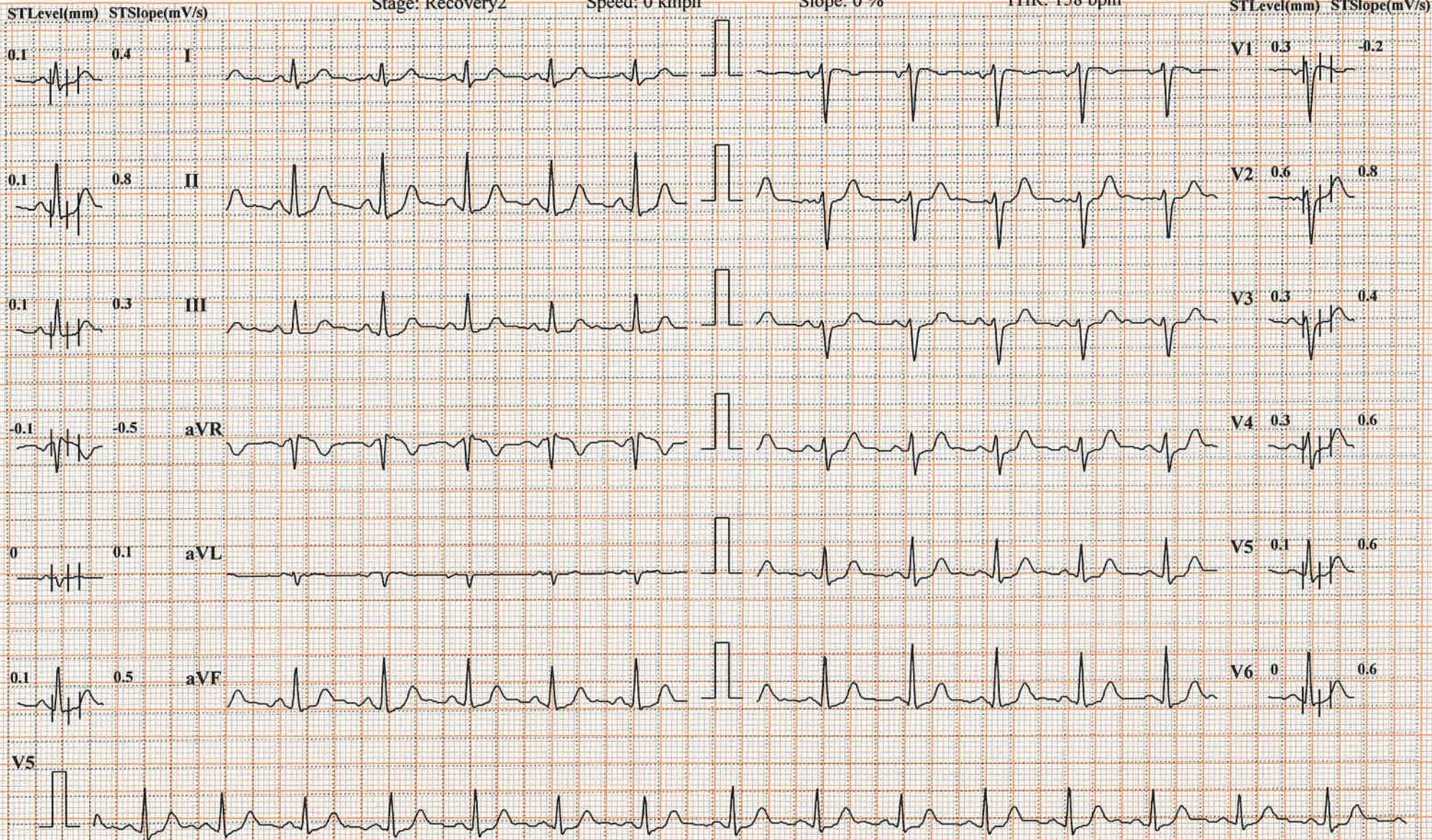


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

J C K JYOTI (40 F)

Bruce Protocol

ID: 63615

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:22

HR: 99 bpm

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

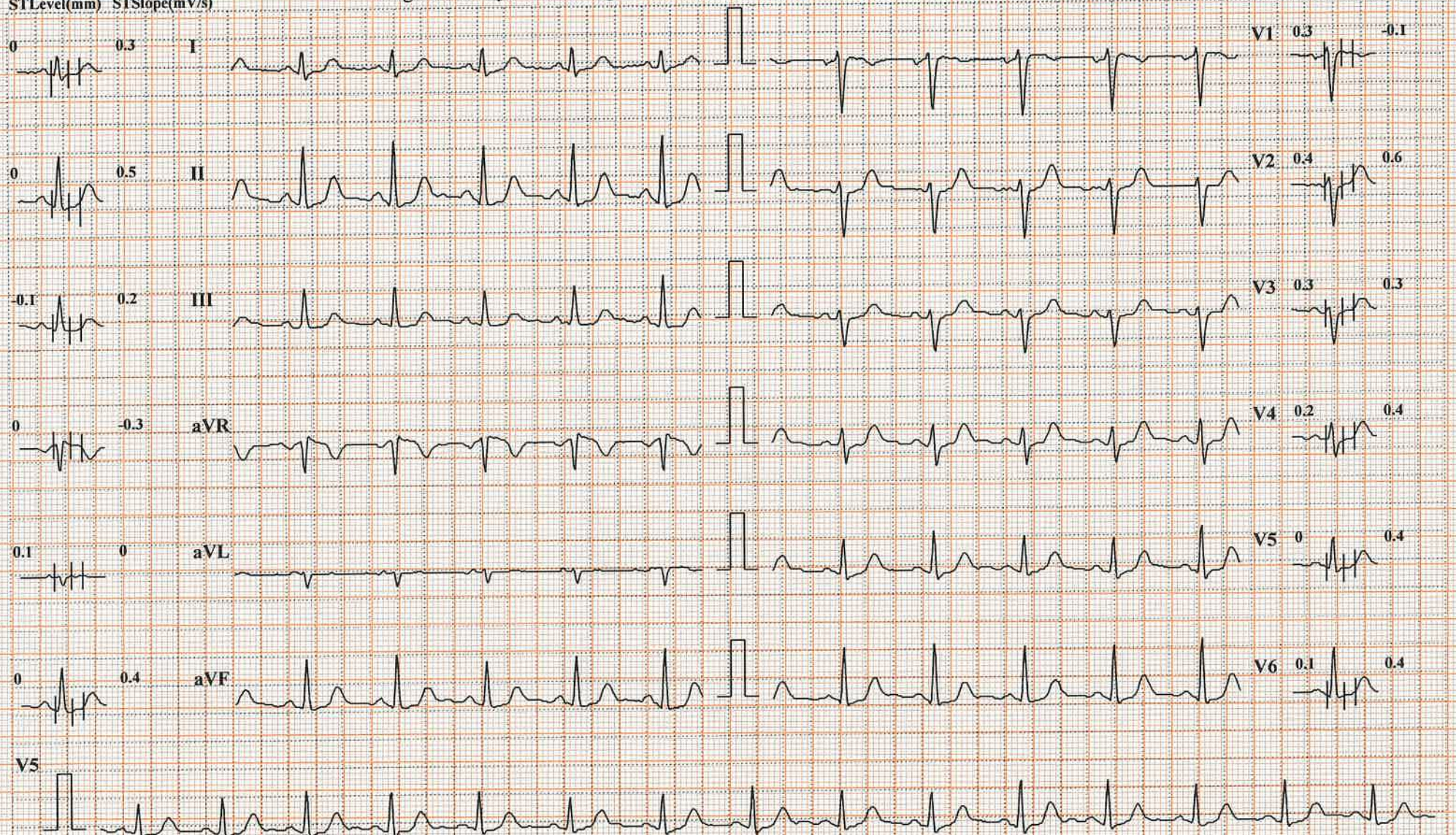


Chart Speed: 25 mm/sec

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