

675098
35 Years

MRS A AMRUTHA USHA
Female

05-Apr-24 9:22:43 AM
YODA LIFELINE DIAGNOSTICS

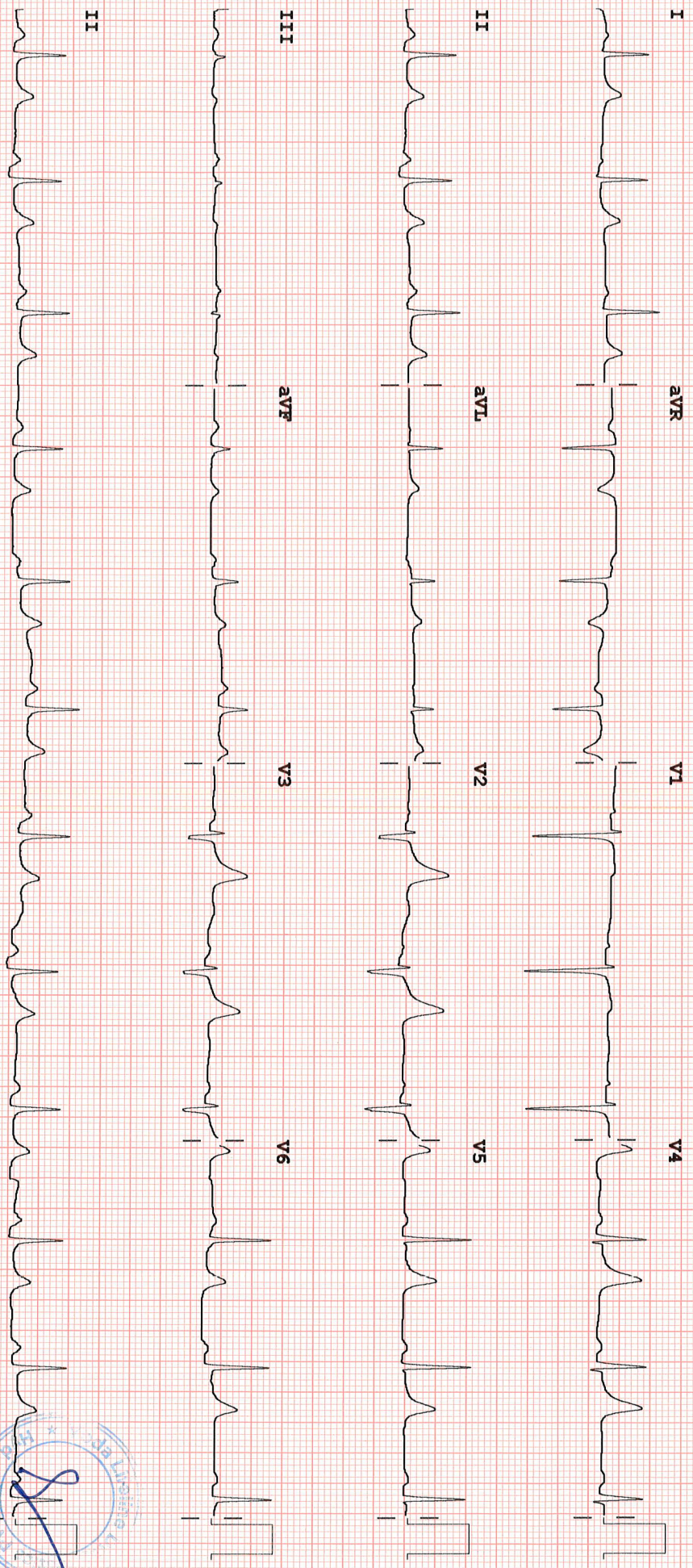
Rate 69 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 156
QRSD 82
QT 390
QTc 418

--AXIS--
P 61
QRS 38
T 28

- NORMAL ECG -

Unconfirmed Diagnosis



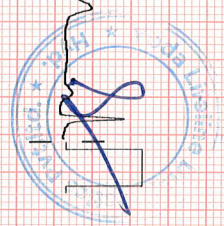
Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?



EYE GLASS PRESCRIPTION

Name : Mrs. A. Amrutha vsha
 Age : 35 Employee ID: 675098
 Gender: F Date: 05/04/24

Vn
 (unaided)
 PGP

6/6P	6/6P
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Distance	SPH	CYL	AXIS	BCVA
	OD	P	2	
OS	P			6/6P

Add

N	6
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@ 38cms

LENS TYPE

- Single Vision Distance
- Single Vision Near
- Bifocal
- Progressive
- UV-Coating

Remarks: CV - Normal


 Signature

Name : Mrs. A. Anuratha vsha
 Date : 05/04/24 Age : 35 Sex : Male Female
 Address : Hyderabad

Rx

TEMP :
 B.P :
 PULSE :

Plas came for general eye examination

no H/O using glasses

H/O CKD + since 2 years old

H/O HTP since 4 years old

H/O B/E cat sr Done 2 years old

Slit lamp examination

→ O/D WNL L Normal (Lens - PCIOL)

→ O/S WNL L Normal (Lens - PCIOL)

→ CVN L normal



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. A AMRUTHA USHA	Visit ID	YOD675098	Barcode	11003910
Age / Gender	35 Y / FEMALE	UHID	YOD.0000651120	Collection Date	05-04-2024 08:48 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	05-04-2024 08:48 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	05-04-2024 10:55 AM

X-RAY CHEST PA VIEW

FINDINGS:

Trachea is midline.
Mediastinal outline, and cardiac silhouette are normal.
Bilateral lung fields show normal vascular pattern with no focal lesion.
Bilateral hila are normal in density.
Bilateral costo-phrenic angles and domes of diaphragms are normal.
The rib cage and visualized bones appear normal.

IMPRESSION:

- No significant abnormality detected.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by



Dr. ANNAREDDY SIVAKALA
MBBS, DNB , CONSULTANT
RADIOLOGIST

DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. A AMRUTHA USHA	Visit ID	YOD675098	Barcode	11003910
Age / Gender	35 Y / FEMALE	UHID	YOD.0000651120	Collection Date	05-04-2024 08:48 AM
Ref Doctor	Dr. SELF	Client Name	MEDI WHEELS	Registration Date	05-04-2024 08:48 AM
Hospital Name		Client Code	YOD-DL-0021	Received Date	
Sample Type		Client Add	F-701, Lado Sarai, Mehrauli, New Delhi	Reported Date	05-04-2024 11:33 AM

ULTRASOUND WHOLE ABDOMEN & PELVIS

Clinical Details : General check-up.

LIVER: Normal in size (134mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

GALL BLADDER: Partially distended. No evidence of calculi / wall thickening.

PANCREAS: Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN: Normal in size (91mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY: measures 91x32mm. Normal in size and raised echotexture with loss of cortico-medullary differentiation. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY: measures 85x36mm. Normal in size and raised echotexture with loss of cortico-medullary differentiation. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

UTERUS: Anteverted, measures 57x45x45mm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness is normal (5.4mm).

OVARIES: Both ovaries are normal in size & echotexture. No adnexal lesion seen.

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

No free fluid is seen in pelvis.

IMPRESSION: Follow up case of IgA nephropathy, present study shows

- Bilateral Grade - III renal parenchymal changes (Left > Right).

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. Prithvi Rani Gadadasu
MD, CONSULTANT
RADIOLOGIST



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 helpdesk@yodalifeline.in 040-35353535

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Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:55AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:03AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 10:57AM
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	24	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.

Verified By :
M Thirumalesh Reddy



Approved By :

A. Pranitha

**DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST**

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Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:03AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:04AM
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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

Verified By :
M Thirumalesh Reddy



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DEPARTMENT OF HAEMATOLOGY

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CBC (COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	10.0	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	3.60	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	32.9	%	36.0 - 46.0	RBC pulse height detection
MCV	91.2	fL	83 - 101	Automated/Calculated
MCH	27.9	pg	27 - 32	Automated/Calculated
MCHC	30.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	15.2	%	11.0-16.0	Automated Calculated
RDW - SD	49.7	fl	35.0-56.0	Calculated
MPV	10.1	fL	6.5 - 10.0	Calculated
PDW	16.4	fL	8.30-25.00	Calculated
PCT	0.239	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,280	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	77.5	%	40 - 80	Impedance
LYMPHOCYTE	15.2	%	20 - 40	Impedance
EOSINOPHIL	2.3	%	01 - 06	Impedance
MONOCYTE	4.8	%	02 - 10	Impedance
BASOPHIL	0.2	%	0 - 1	Impedance
PLATELET COUNT	2.34	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	0.71	ng/ml	0.60 - 1.78	CLIA
T4	8.76	ug/dl	4.82-15.65	CLIA
TSH	2.85	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.

Verified By :

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Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.41	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.07	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.34	mg/dl		Calculated
AST (S.G.O.T)	13	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	9	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	155	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.0	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.80			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	135	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	29	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	82	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	120	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	24.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.66		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.14	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	106	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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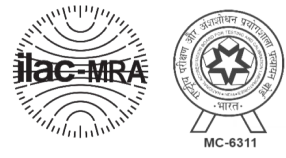
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HBA1C

Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	4.5	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	82	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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:52AM
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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	135	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	63.1	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	88	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 Name	: MEDI WHEELS	Received	: 05/Apr/2024 12:59PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 01:31PM
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	95	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

Verified By :

M Thirumalesh Reddy



Approved By :

Suryadeep Pratap
SURYADEEP PRATAP
 Senior Biochemist

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
Patient Name	: Mrs. A AMRUTHA USHA	Client Code	: YOD-DL-0021
Age/Gender	: 35 Y 0 M 0 D /F	Barcode No	: 11003910
DOB	:	Registration	: 05/Apr/2024 08:48AM
Ref Doctor	: SELF	Collected	: 05/Apr/2024 08:55AM
Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:06AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:52AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	4.90	mg/dl	0.60 - 1.10	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).

Verified By :
M Thirumalesh Reddy



Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
FFM, FDM
MD BIOCHEMISTRY

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:17AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	13	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.

Verified By :
M Thirumalesh Reddy



Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
FFM, FDM
MD BIOCHEMISTRY

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	5.4	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.

Verified By :

M Thirumalesh Reddy



Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
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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)	63.1	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	4.90	mg/dl	0.60 - 1.10	KINETIC-JAFFE
BUN/CREATININE RATIO	12.87	Ratio	6 - 25	Calculated

Verified By :
M Thirumalesh Reddy



Approved By :


Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
Patient Name	: Mrs. A AMRUTHA USHA	Client Code	: YOD-DL-0021
Age/Gender	: 35 Y 0 M 0 D /F	Barcode No	: 11003910
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 12:51PM
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 : 2.8 cms
LEFT VENTRICLE :
EDD : 4.0 cm IVS(d) :0.9 cm LVEF :65 %
ESD : 2.5 cm PW (d) :0.9 cm FS :33 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.4cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal

Verified By :
M Thirumalesh Reddy



Approved By :


Dr. D. Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

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Hospital Name	:		

DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 1.2 m/sec, A 0.6 m/sec.
AORTIC FLOW : 1.1m/sec
PULMONARY FLOW : 0.6m/sec
TRICUSPID FLOW : TRJV :2.0 m/sec, RVSP 25 mmHg

COLOUR FLOW MAPPING: TRIVIAL MR / MILD TR


IMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * TRIVIAL MR / MILD TR
- * NO PE / CLOT / PAH

Verified By :
M Thirumalesh Reddy



Approved By :


Dr.D.Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID	: YOD675098	UHID/MR No	: YOD.0000651120
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Client Name	: MEDI WHEELS	Received	: 05/Apr/2024 10:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 11:41AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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CUE (COMPLETE URINE EXAMINATION)

Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20	ml		
COLOUR	Pale yellow			
APPEARANCE	Clear			
SPECIFIC GRAVITY	1.013		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5		4.6 - 8.0	Double Indicator
PROTEIN	Positive(+)		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	Negative		NEGATIVE	Glucose Oxidase
UROBILINOGEN	Negative	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	0.10		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	Negative		Negative	Azocoupling Reaction
BLOOD	Positive		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	Negative		Negative	Azocoupling reaction
NITRITE	Negative		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/hpf	0 - 5	
RBCs	10-15	Cells/HPF	Nil	
CRYSTALS	Nil	Nil	Nil	
CASTS	Nil	/HPF	Nil	
BUDDING YEAST	Nil		Nil	
BACTERIA	Nil		Nil	
OTHER	Nil			

Verified By :
M Thirumalesh Reddy



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Apr/2024 05:25PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

Lab Ref. No.	: P 1569/ 24
Clinical details	: For screening.
Specimen type	: Conventional cytology(2 slides)
Specimen Adequacy	: Satisfactory for evaluation without endocervical cells.
Microscopy noted.	: Smear shows superficial and intermediate cells. Mild inflammation noted.
Organisms	: Not present.
Interpretation	: Negative for intraepithelial lesion / malignancy.
Note	: Advised clinical correlation.
Reference	: Bethesda system for reporting cervical cytology - 2014.

*** End Of Report ***

Verified By :
M Thirumalesh Reddy



Approved By :

Dr. VIKAS REDDY
Consultant Pathologist