

Visit ID	: YGT43458	UHID/MR No	: YGT.0000043305
Patient Name	: Mrs. BALABATTINI BHARATHI	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10833918
DOB	:	Registration	: 09/Dec/2023 08:08AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 11:17AM
Hospital Name	:		

ULTRASOUND WHOLE ABDOMEN & PELVIS

Clinical Details : General check-up.

LIVER : Normal in size (12.2 cm) and echo-texture. *An 8 mm calcified granuloma noted in the right lobe of liver*. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

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

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

SPLEEN : Normal in size (7.2 cm) and echotexture. No focal lesion is seen.

RI GHT KI DNEY : measures 10.2 x 4.2 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.

LEFT KIDNEY : measures 10.9 x 4.1 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.

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

UTERUS : Not seen - Post hysterectomy status.

OVARIES : Not seen - Post operative status.

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

No free fluid is seen in pelvis.

IMPRESSION:

• Calcified granuloma in right lobe of liver.

Verified By : Kollipara Venkateswara Rao



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



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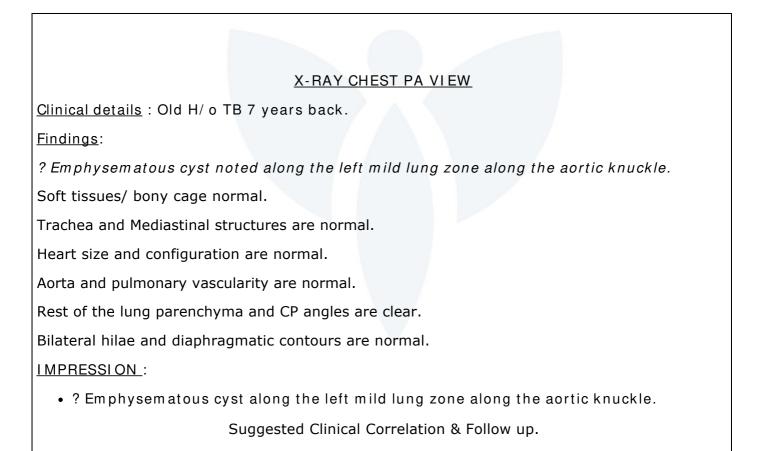
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Dr.SUSHMA VUYYURU MBBS;MD(Radio-Diagnosis) CONSULTANT RADIOLOGIST





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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 11:24AM
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Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:17AM
Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 08:25AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 10:10AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY						
Test Name	Result	Unit	Biological Ref. Range	Method		

ESR (ERYTHROCYTE SEDIMENTATION RATE)							
Sample Type : WHOLE BLOOD EDTA							
ERYTHROCYTE SEDIMENTATION RATE	55	mm/1st hr	0 - 15	Capillary Photometry			
COMMENTS: ESR is an acute phase reactant which indicates of a specific disease. It is used to monitor the co are found in cases of malignancy, hematologic c Increased levels may indicate: Chronic renal fail	ourse or res liseases, co ure (e.g., n	ponse to treatment o llagen disorders and ephritis, nephrosis), r	f certain diseases. E renal diseases. nalignant 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		

BLOOD GROUP ABO & RH Typing					
Sample Type : WHOLE BLOOD EDTA					
ABO	"B"				
Rh Typing	(+) POSITIVE				
Method : Hemagglutination Tube	method by forward and re	verse grouping)		
COMMENTS:					
The test will detect common blood	d grouping system A, B, O,	AB and Rhesus	(RhD). Unusual I	blood group	s 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. Advsied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY						
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CBC	C(COMPLE	TE BLOOD CO	DUNT)				
Sample Type : WHOLE BLOOD EDTA							
HAEMOGLOBIN (HB)	12.7	g/dl	12.0 - 15.0	Cyanide-free SLS method			
RBC COUNT(RED BLOOD CELL COUNT)	4.90	million/cmm	3.80 - 4.80	Impedance			
PCV/HAEMATOCRIT	37.6	%	36.0 - 46.0	RBC pulse height detection			
MCV	76.7	fL	83 - 101	Automated/Calculated			
МСН	25.8	pg	27 - 32	Automated/Calculated			
MCHC	33.7	g/dl	31.5 - 34.5	Automated/Calculated			
RDW - CV	13	%	11.0-16.0	Automated Calculated			
RDW - SD	38.3	fl	35.0-56.0	Calculated			
MPV	7.9	fL	6.5 - 10.0	Calculated			
PDW	15.6	fL	8.30-25.00	Calculated			
PCT	0.23	%	0.15-0.62	Calculated			
TOTAL LEUCOCYTE COUNT	8,230	cells/ml	4000 - 11000	Flow Cytometry			
DLC (by Flow cytometry/Microscopy)							
NEUTROPHIL	62	%	40 - 80	Impedance			
LYMPHOCYTE	32	%	20 - 40	Impedance			
EOSINOPHIL	01	%	01 - 06	Impedance			
MONOCYTE	05	%	02 - 10	Impedance			
BASOPHIL	00	%	0 - 1	Impedance			
PLATELET COUNT	2.92	Lakhs/cumm	1.50 - 4.10	Impedance			



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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

THYROID PROFILE (T3,T4,TSH)							
Sample Type : SERUM							
T3	0.80	ng/ml	0.60 - 1.78	CLIA			
T4	10.89	ug/dl	4.82-15.65	CLIA			
TSH	6.84	ulU/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 propanolol 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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Test Name	Result	Unit	Biological Ref. Range	Method	

LIVER FUNCTION TEST(LFT)						
Sample Type : SERUM						
TOTAL BILIRUBIN	0.59	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF		
CONJUGATED BILIRUBIN	0.14	mg/dl	0 - 0.2	DPD		
UNCONJUGATED BILIRUBIN	0.45	mg/dl		Calculated		
S.G.O.T	18	U/L	< 35	KINETIC WITHOUT P5P- IFCC		
S.G.P.T	9	U/L	< 35	KINETIC WITHOUT P5P- IFCC		
ALKALINE PHOSPHATASE	70	U/L	30 - 120	IFCC-AMP BUFFER		
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret		
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG		
GLOBULIN	2.8	gm/dl	2.0 - 3.5	Calculated		
A/G RATIO	1.57			Calculated		



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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

LIPID PROFILE							
Sample Type : SERUM							
TOTAL CHOLESTEROL	158	mg/dl	Refer	e Table E	Below	Cholesterol oxidase/peroxidase	
H D L CHOLESTEROL	46	mg/dl		> 40		Enzymatic/ Immunoinhibiton	
L D L CHOLESTEROL	96.6	mg/dl	Refer	Refere Table Below		Enzymatic Selective Protein	
TRIGLYCERIDES	77	mg/dl	S	See Table	;	GPO	
VLDL	15.4	mg/dl		15 - 30		Calculated	
T. CHOLESTEROL/ HDL RATIO	3.43		Refer	Refere Table Below		Calculated	
TRIGLYCEIDES/ HDL RATIO	1.67	Ratio	< 2.0			Calculated	
NON HDL CHOLESTEROL	112	mg/dl		< 130		Calculated	
Interpretation NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL			_DL ESTEROL	NON HE CHOLESTE	DL ROL	
Optimal	<200	<15) <	<100	<130		
Above Optimal	-	-	-	0-129	130 - 15		
Borderline High High	200-239			<u>130-159</u> <u>160 - 1</u> 160-189 <u>190 - 2</u>			
Ngn Very High	>=240	>=50		>=190 >=22			
REMARKS Cholesterol : H	IDL Ratio	>=50		_190	2-220	, <u> </u>	
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, 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

Verified By :

Kollipara Venkateswara Rao



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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

HBA1C					
Sample Type : WHOLE BLOOD EDTA					
HBA1c RESULT	5.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC	
ESTIMATED AVG. GLUCOSE	105	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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Test NameResultUnitBiological Ref. RangeMethod						

BLOOD UREA NITROGEN (BUN)					
Sample Type : Serum					
SERUM UREA	18	mg/dL	13 - 43	Urease GLDH	
Blood Urea Nitrogen (BUN)	8.4	mg/dl	5 - 25	GLDH-UV	
Increased In:	2				

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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DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Biological Ref. Range	Method	

	FBS (GLUC	OSE FASTING)				
Sample Type : FLOURIDE PLASMA						
FASTING PLASMA GLUCOSE	98	mg/dl	70 - 100	HEXOKINASE		
INTERPRETATION:						
Increased In						
Diabetes Mellitus						
 Stress (e.g., emotion, burns, shock, 	anesthesia)					
 Acute pancreatitis 						
 Chronic pancreatitis 						
 Wernicke encephalopathy (vitamin E 	1 deficiency)					
• Effect of drugs (e.g. corticosteroids,	estrogens, alcoho	l, phenytoin, thiazi	des)			
Decreased In						
Pancreatic disorders						
 Extrapancreatic tumors 						
Endocrine disorders						
Malnutrition						
 Hypothalamic lesions 						
 Alcoholism 						

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Ref Doctor	: SELF	Collected	: 09/Dec/2023 10:35AM
Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 10:46AM
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DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Biological Ref. Range	Method		

PPBS (POST PRANDIAL GLUCOSE)							
Sample Type : FLOURIDE PLASMA							
POST PRANDIAL PLASMA GLUCOSE	104	mg/dl	<140	HEXOKINASE			
INTERPRETATION:							
Increased In Diabetes Mellitus Stress (e.g., emotion, burns, shock, anesthes Acute pancreatitis Chronic pancreatitis Wernicke encephalopathy (vitamin B1 deficien Effect of drugs (e.g. corticosteroids, estrogens Decreased In	ncy)	ytoin, thiazides)					
 Pancreatic disorders Extrapancreatic tumors Endocrine disorders Malnutrition Hypothalamic lesions Alcoholism Endocrine disorders 							



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DEPARTMENT OF BIOCHEMISTRY							
Test Name	Test NameResultUnitBiological Ref. RangeMethod						

	SERUM CREATININE			
Sample Type : SERUM				
SERUM CREATININE	0.68	mg/dl	0.51 - 0.95	KINETIC-JAFFE
Increased In:				
 Diet: ingestion of creatinine (roast Impaired kidney function. 	: meat), Muscle disea	ise: gigantism, acro	omegaly,	
 Pregnancy: Normal value is 0.4-0. diagnostic evaluation. Creatinine secretion is inhibited by 		5.		clinician to further



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DE	PARTMENT O	F BIOCHEM	ISTRY	
Test Name	Result	Unit	Biological Ref. Range	Method

	GGT (GA	MMA GLUTAN	MYL TRANSP	EPTIDASE)	
Sample Type : SERUM					
GGT		18	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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	URIC AC	ID -SERUM		
Sample Type : SERUM				
SERUM URIC ACID	3.8	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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Dr. Sumalatha MBBS,DCP Consultant Pathologist

CONTACT US



Visit ID	: YGT43458	UHID/MR No	: YGT.0000043305
Patient Name	: Mrs. BALABATTINI BHARATHI	Client Code	: 1409
Age/Gender	: 38 Y 0 M 0 D /F	Barcode No	: 10833918
DOB	:	Registration	: 09/Dec/2023 08:08AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 08:17AM
Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 08:39AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 10:10AM
Hospital Name	:		

DEI	PARTMENT O	F BIOCHEMI	STRY	
Test Name	Result	Unit	Biological Ref. Range	Method

	BUN/CREAT	ININE RATIO		
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	8.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.68	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	12.30	Ratio	6 - 25	Calculated



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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:38PM
Hospital Name	:		

	2D ECHO DOPPLER STUDY
MITRAL VALVE	: Normal
AORTIC VALVE	: Normal
TRICUSPID VALVE	: Normal
PULMONARY VALVE	: Normal
RIGHT ATRIUM	: Normal
RIGHT VENTRICLE	: Normal
LEFT ATRIUM	: 2.7 cms
LEFT VENTRICLE	: EDD : 3.8 cm IVS(d) : 1.0cm LVEF :68 % ESD : 2.4 cm PW (d) : 0.8cm FS : 37% No RWMA
IAS	: Intact
IVS	: Intact
AORTA	: 2.7cms
PULMONARY ARTERY	: Normal
PERICARDIUM	: Normal
IVS/ SVC/ CS	: Normal
PULMONARY VEINS	: Normal
INTRA CARDIAC MASSES	S:No

Verified By : Kollipara Venkateswara Rao



Approved By :

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

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Hospital Name	:		

DOPPLER STUDY :	
MITRAL FLOW	: E - 1.4m/sec, A - 0.3m/sec.
AORTIC FLOW	: 1.0m/sec
PULMONARY FLOW	: 0.9m/sec
TRICUSPID FLOW	: TRJV : 1.9m/sec, RVSP - 29mmHg
COLOUR FLOW MAPPING	<u>G:</u> TRIVIAL TR
IMPRESSION :	
* NORMAL SIZED CARDI * NO RWMA OF LV * GOOD LV FUNCTION * NORMAL LV FILLING P * NO MR/ NO AR/ NO PR * TRI VIAL TR/ NO PAH * NO PE / CLOT / VEGET	ATTERN

Verified By : Kollipara Venkateswara Rao

Approved By :

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





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Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 08:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 10:11AM
Hospital Name	:		

DEPARTME	NT OF	CLINICAL	PATHOL	OGY
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Result

Test Name

Unit

Biological Ref. Range

Method

	CUE (COMPLETE UF	RINE EXAM	INATION)	
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION		1		
TOTAL VOLUME	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.010		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction
MICROSCOPIC EXAMINATION	· · ·			·

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		

Verified By :

Kollipara Venkateswara Rao



Approved By :

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Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 08:55AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 02:24PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-166 / 23

Date of Receiving:09-12-2023

SYSTEM: BETHESDA 2014

SPECIMEN: TWO CERVICAL SMEARS. FIXED IN ALCOHOL

ADEQUACY: SATISFACTORY FOR EVALUATION. DRYING ARTIFACTS SEEN.

MICROSCOPY: Smears show squamous cells and few endocervical cells. Predominantly superficial, intermediate and a few parabasal squamous epithelial cells seen withmoderately dense inflammatory cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

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

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	Colopscopy
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



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Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

*** End Of Report ***

Verified By : Kollipara Venkateswara Rao

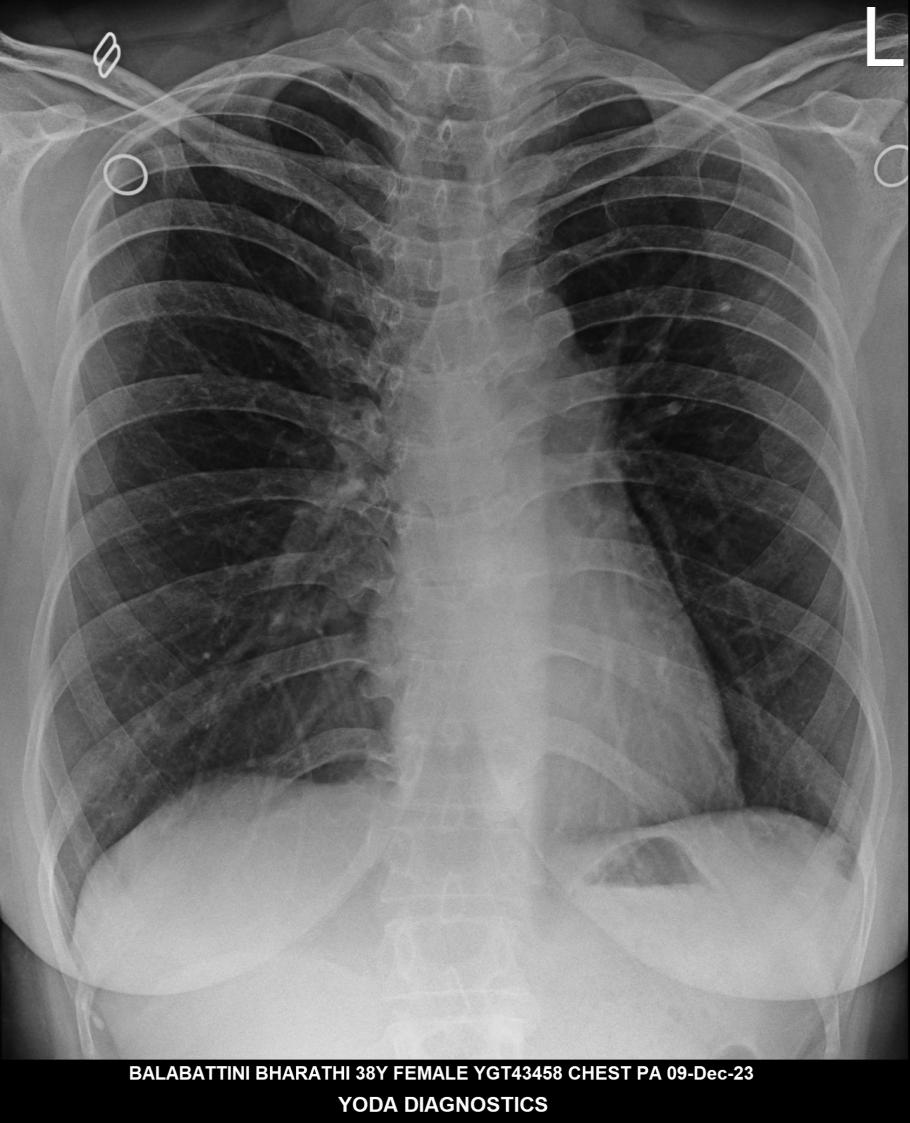


Approved By :

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Dr. Sumalatha MBBS,DCP Consultant Pathologist











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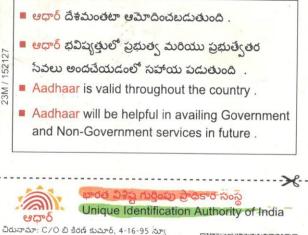
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గుర్తింపుకు ధృవీకరణ ఆస్ లైన్ అథెంటికేషన్ ద్వారా పొందవచ్చు.

INFORMATION

Aadhaar is proof of identity, not of citizenship.

To establish identity, authenticate online.

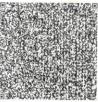


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help@uidai.gov.in

చిరునామా: C/O బి కిరణీ కుమార్, 4-16-95 స్కూ 22-159-వార్డ్16, 1ప ఫ్లోర్ భారపేట 2వ లైన్, గుంటూరు, గుంటూరు, గుంటూరు, ఆంధ్ర ప్రదేశ్, 522002 Address: C/O B Kiran Kumar, 4-16-95 new 22-159-ward16, 1st floor bharapeta 2nd line, guntur, Guntur, Guntur, Andhra Pradesh, 522002

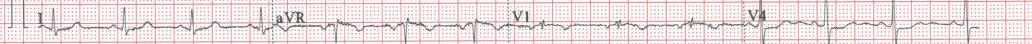
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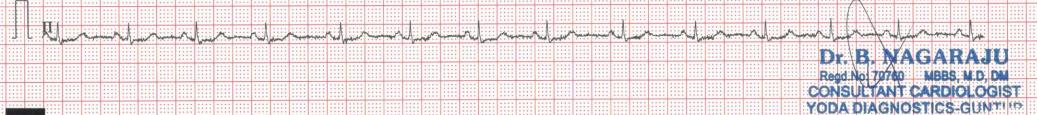
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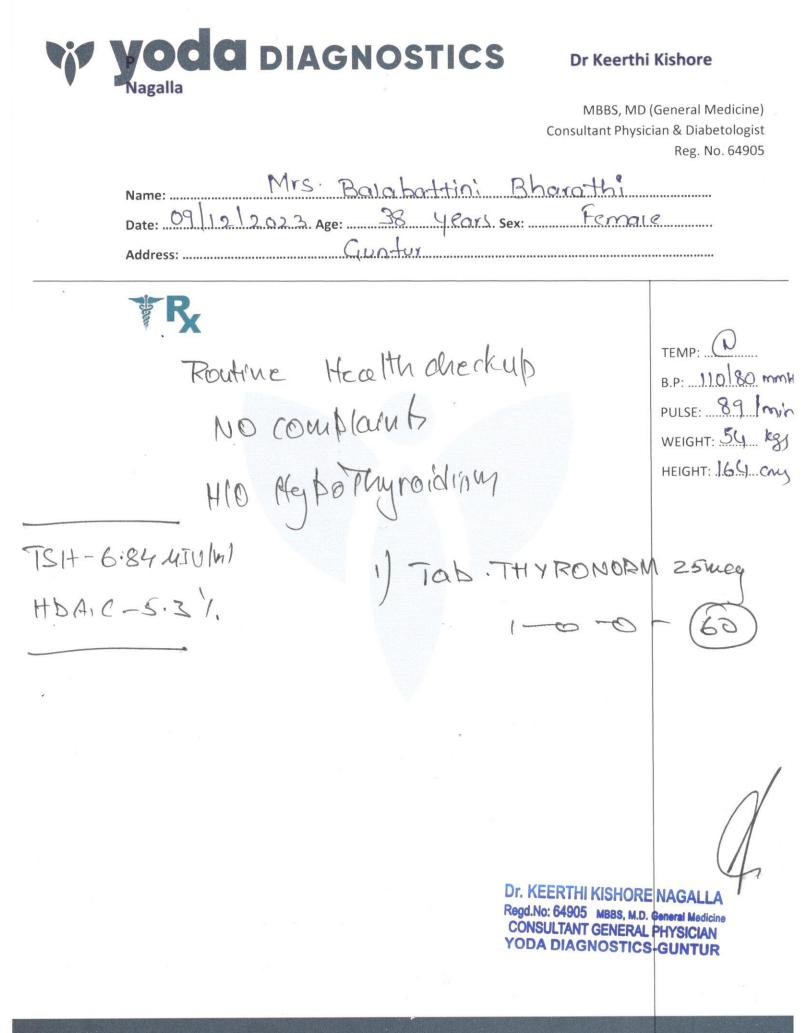








0.67~45Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92



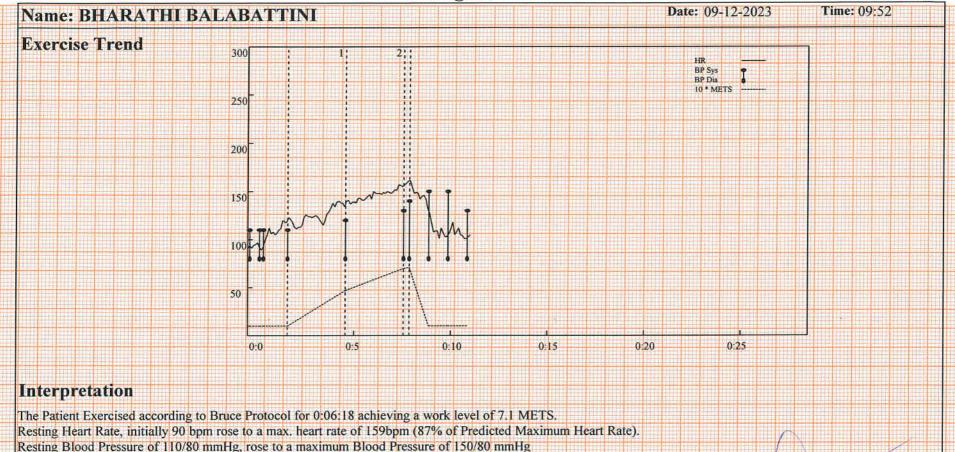
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□ lab.guntur@yodalifeline.in

www.yodadiagnostics.com

VI YODA DIAGNOSTICS Dr Bharathi MS, OBG **Consultant Gynecologist** Reg. No. 96195 Mrs. Balabattin; Bharath? Name: Date: 09/12/2023 Age: 38 years sex: Female Guntur Address: TEMP: B.P: 110180mmH PULSE: 89 min Ho hystrectory - Fyzs back No forth complaints WEIGHT: 54 Kg HEIGHT: 164 cmg Adu - Tab. coalcion op×1 whitz Pootein Paudeo Hos in Milk Cdaily Shard Dr. B. BHARATI MLS OBG **Obstetrics and Gynecology** REGD. No: APMC 96195

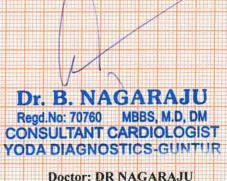
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N.V.			CONST	ANTUSE		



* Significant ST-T Changes During Excercise & Recovery

* Fair Excercise tolerance

* Stress Test is Positive for Excercise Induced Ischemia



Ref. Doctor: DR SELF Schiller Spandan CS-10 Version:2.14

(Summary Report edited by User)MED CHARTS

Name: BHAF	RATHI BALAI	BATTIN	t 👘						Date: 09-)	12-2023	Time: 09:52
Age: 38 Clinical History:	Gender: F THYROID+ /ES		Height: 1	64 cms		Weight:	54 Kg		ID: 43458		
Test Details:											
Protocol: Bruce		1	Predicted	Max HR:	182				Target HR	: 154	
Exercise Time:	0:06:18	1	Achieved	Max HR:	159 (87	% of Predict	ted MHR)			
Max BP:	150/80		Max BP x	HR: 238	350				Max Mets:	7.1	
Test Termination (Criteria:				+0 +0 +0						
Protocol Deta	ils:										
	Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	ST Level	ST Slope mV/S	
	Supine	00:07	1	0	0	90	110/80	9900	-1 V4	-0,2 aVR	
	Standing	00:29	1	0	0	.97	110/80	10670	-1.2 V2	0.3 V2	
	HyperVentilation	00:11	1	0	0	92	110/80	10120	-0.4 V4	0.4 V2	
	PreTest	01:14	Ī	1.6	0	118	110/80	12980	-4.8 VI	-4.4 V1	
	Stage: 1	03:00	4.7	2.7	10	138	120/80.	16560	2.3 V4	1.1 V2	
	Stage: 2	03:00	7	4	12	156	130/80	20280	2.7 aVR	-l aVR	
	Peak Exercise	00:18	7.1	5.5	14	159	140/80	22260	2.6 VI	-2.2 aVR	
	Recoveryl	01:00	I	0	0	142	150/80	21300	-1.2 11	1.9 V2	
	Recovery2	01:00	1	0	0	103	150/80	15450	-0.9 III	0.8 11	
Al Al Saine a child college a st	Recovery3	01:00	- 	0	0	101	130/80	13130	-1.2 III	0.9 V2	



MICRO MED CHARTS

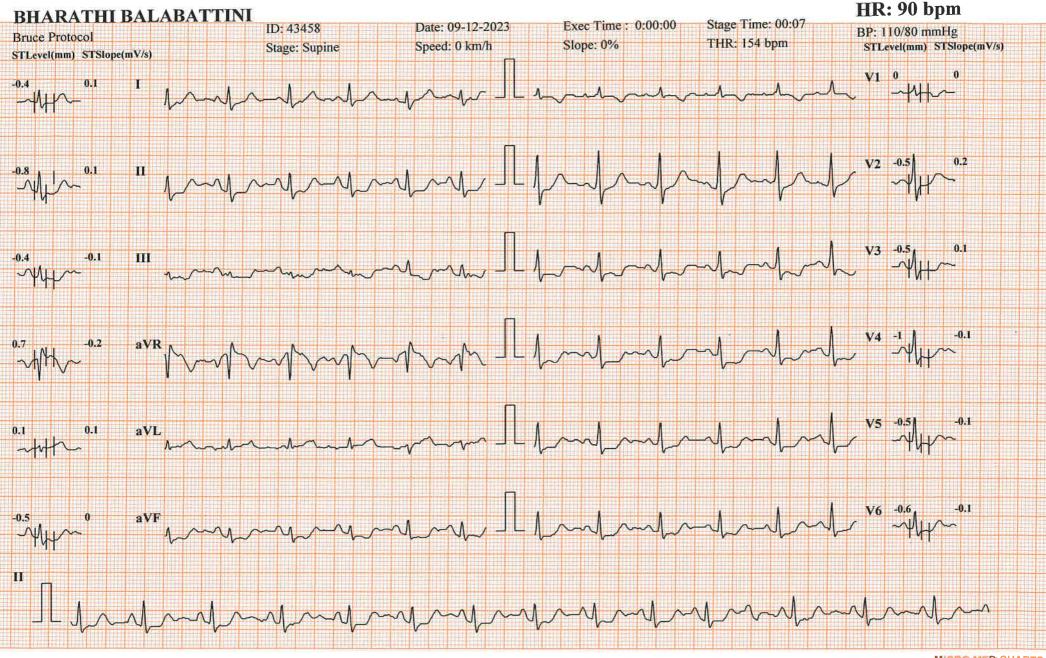


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-INVersion 2 DI CHARTS

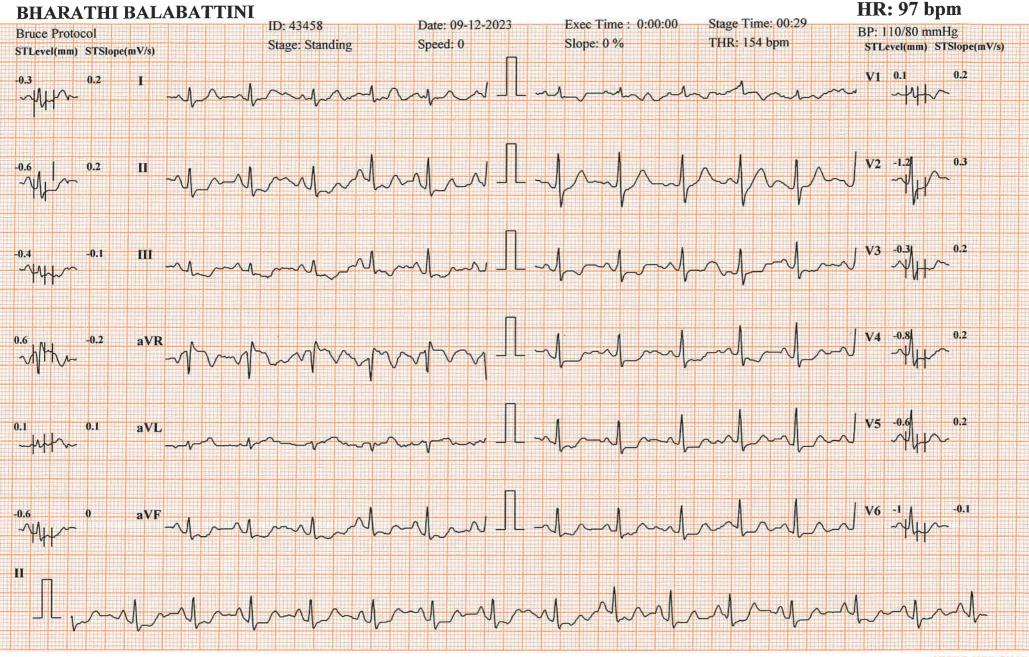


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 214 CHARTS

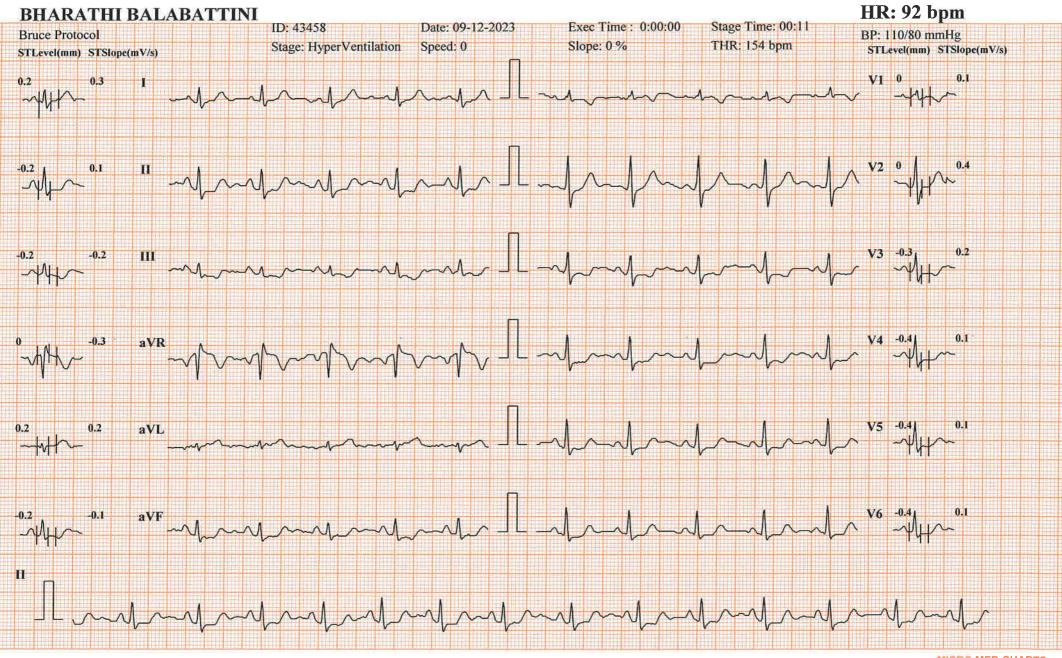


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 214 CHARTS

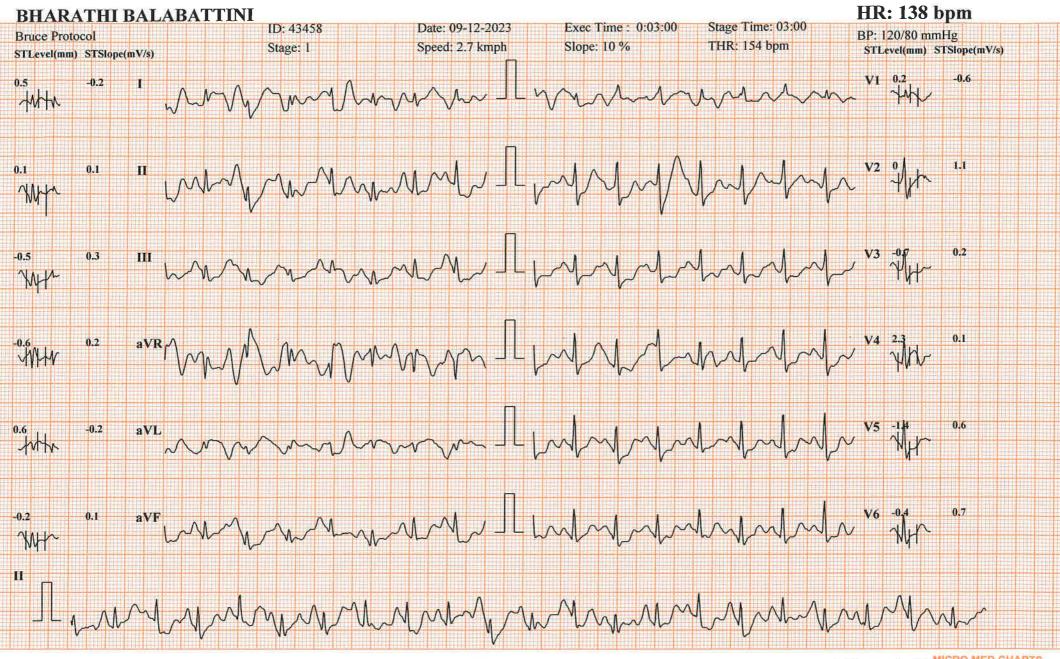


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version:2.14

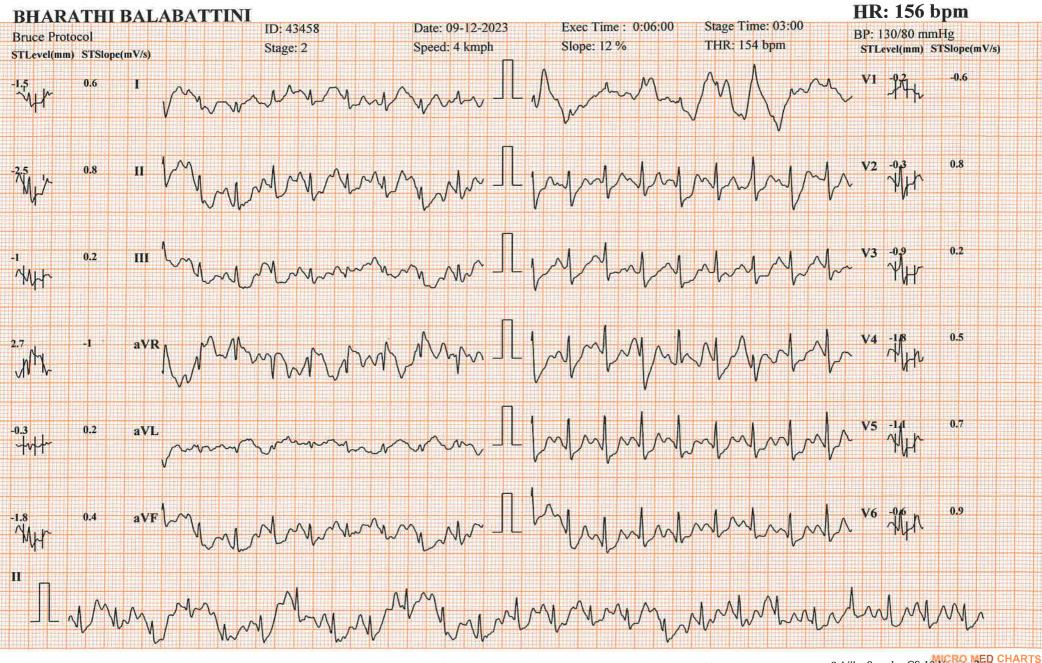


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version:2.14

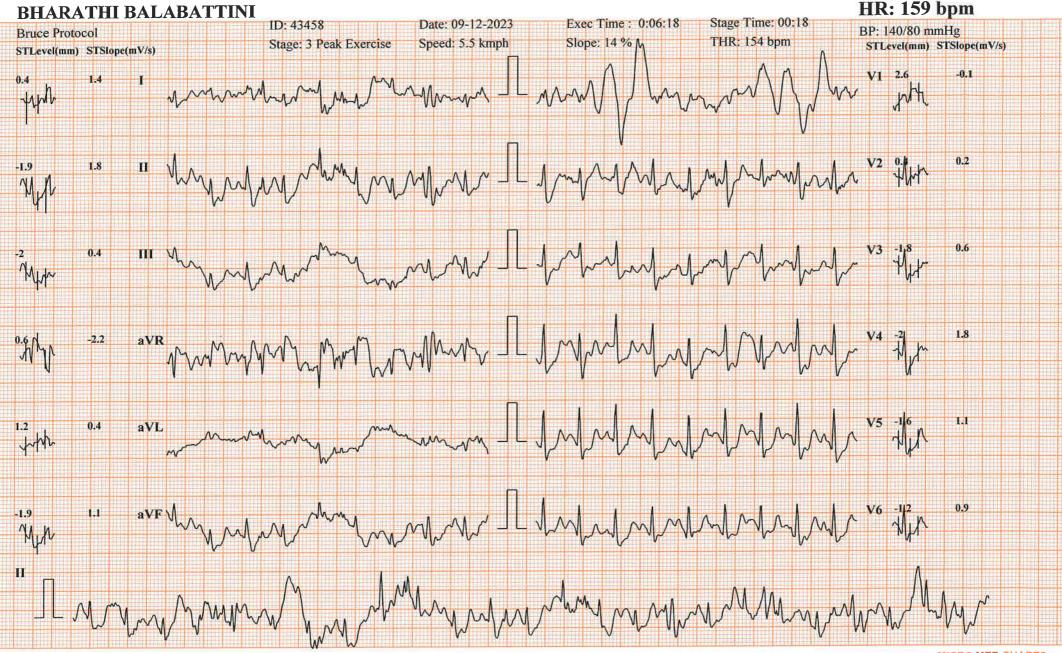
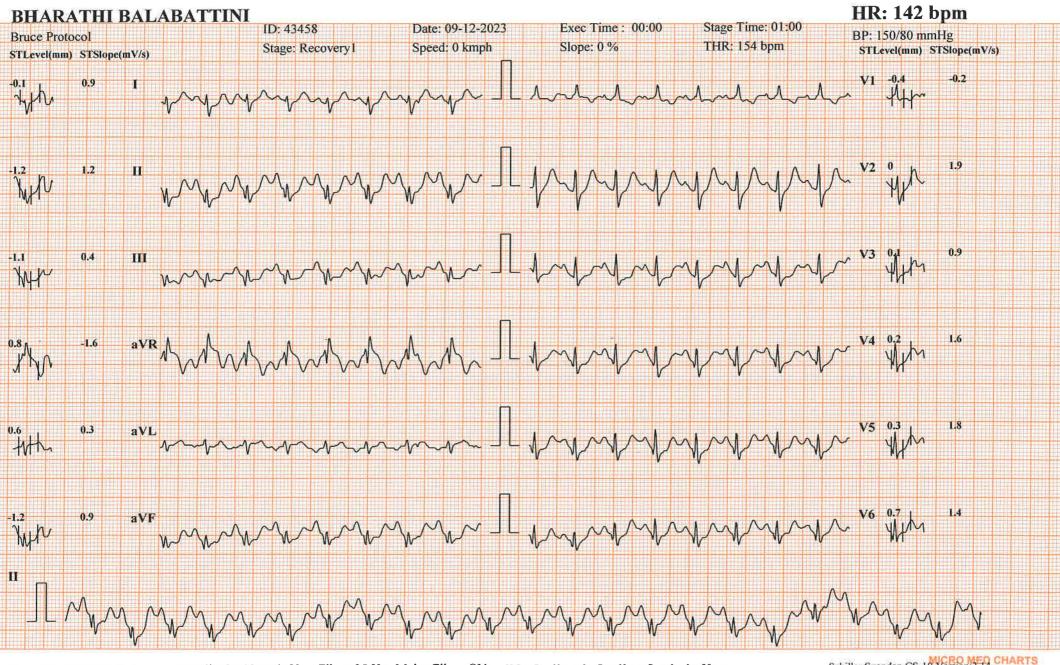


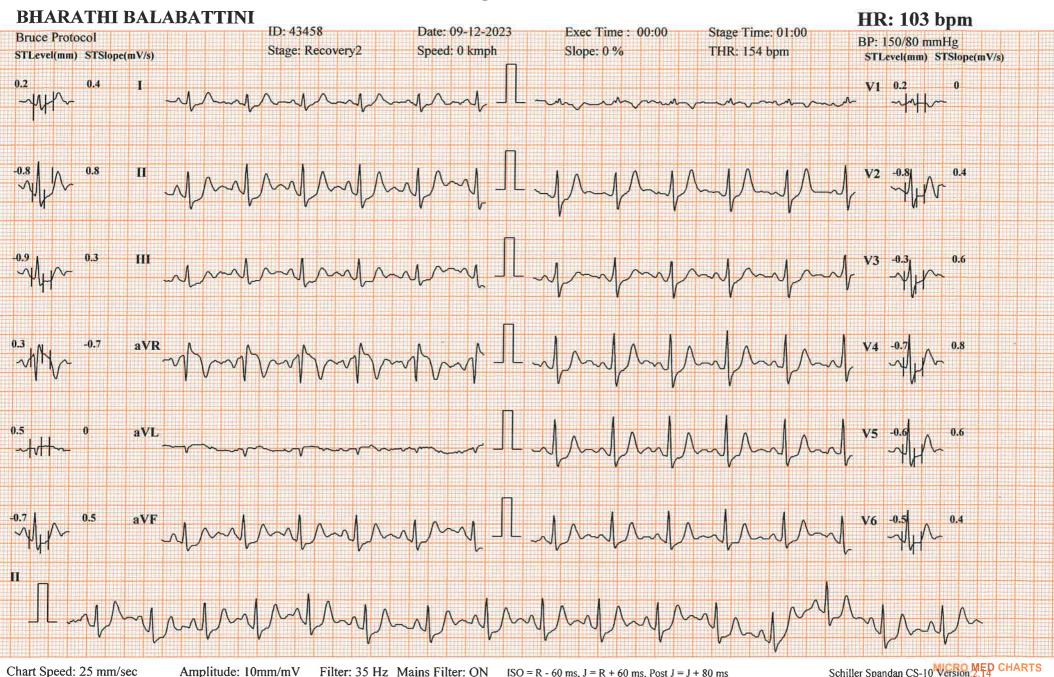
Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 2.14



ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 msChart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON

Schiller Spandan CS-10 Version:2.14



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

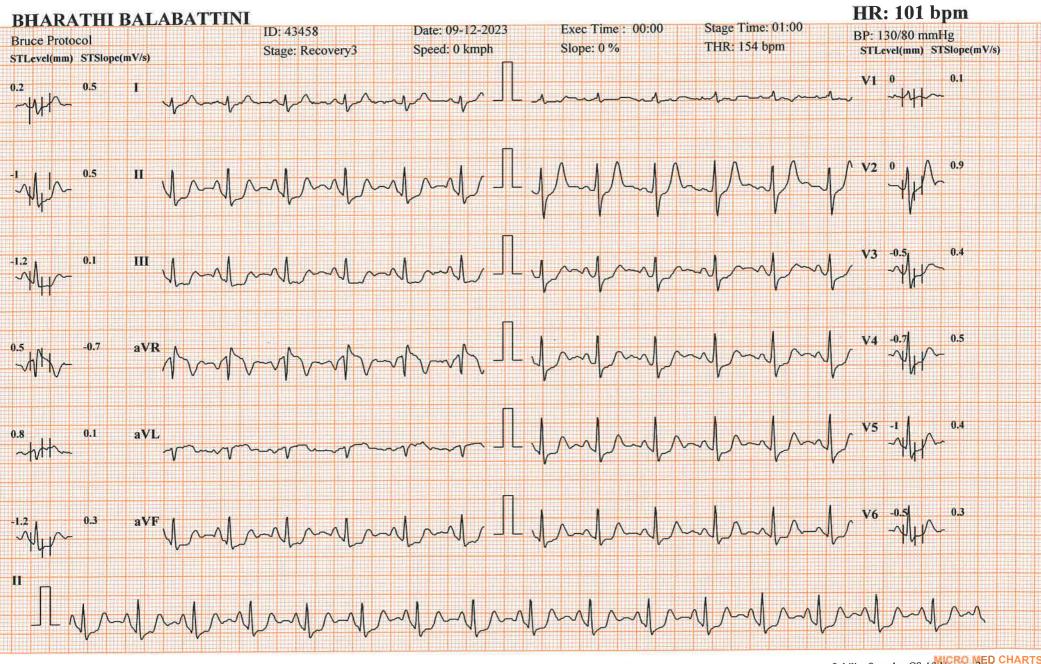


Chart Speed: 25 mm/sec Amplitude: 10mm/mV

V Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 214 CHARTS



Guntur, Andhra Pradesh, India 3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India Lat 16.29914° Long 80.451556° 09/12/23 09:07 AM GMT +05:30

👰 GPS Map Camera

JY.