

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:39AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 12:56PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

Verified By :
GOPI



Approved By :


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

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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 9.7 x4.6 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.

L E F T K I D N E Y : measures 10.3 x4.9 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 - 7.3 x3.3 x4.8 cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 6 mm is normal.

Right ovary measures 3.4 x1.9 cm and left ovary measures 3.4 x2.3cm.
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:

- No obvious sonographic abnormality detected.

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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.

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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	25	mm/1st hr	0 - 15	Capillary Photometry
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COMMENTS:

ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).

Falsely decreased levels may indicate: Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	B			
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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CBC(COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	13.7	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	4.80	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	40.1	%	36.0 - 46.0	RBC pulse height detection
MCV	83.5	fL	83 - 101	Automated/Calculated
MCH	28.5	pg	27 - 32	Automated/Calculated
MCHC	34.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13	%	11.0-16.0	Automated Calculated
RDW - SD	41.5	fl	35.0-56.0	Calculated
MPV	9.9	fL	6.5 - 10.0	Calculated
PDW	16.5	fL	8.30-25.00	Calculated
PCT	0.29	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,020	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	64	%	40 - 80	Impedance
LYMPHOCYTE	27	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	07	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.94	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	1.60	ng/ml	0.60 - 1.78	CLIA
T4	12.94	ug/dl	4.82-15.65	CLIA
TSH	2.26	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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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.50	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.11	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.39	mg/dl		Calculated
AST (S.G.O.T)	22	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	20	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	79	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.8	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.4	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.83			Calculated

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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	211	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	67	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	133.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	51	mg/dl	Optimal < 150 Borderline High 150 - 199 High 200 - 499 Very High >= 500	GPO
VLDL	10.2	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	3.15		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	0.76	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	144	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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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	mg/dl		

Note:
 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	16	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.5	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	109	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	: 29/Mar/2024 12:52PM
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	112	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
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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).

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:47AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 09:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:23AM
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.

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
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Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 09:05AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 10:23AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	3.4	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.

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID : YGT63625	UHID/MR No : YGT.0000063419
Patient Name : Mrs. K SATYA MADHURI	Client Code : YOD-DL-0021
Age/Gender : 50 Y 0 M 0 D /F	Barcode No : 10994399
DOB :	Registration : 29/Mar/2024 08:39AM
Ref Doctor : SELF	Collected : 29/Mar/2024 08:47AM
Client Name : MEDI WHEELS	Received : 29/Mar/2024 09:05AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 29/Mar/2024 10:23AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

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

BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.70	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	10.60	Ratio	6 - 25	Calculated

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:39AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:03PM
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 : 2.3 cms
LEFT VENTRICLE : EDD : 4.5 cm IVS(d) : 0.6 cm LVEF : 55 %
ESD : 2.9 cm PW (d) : 0.7 cm FS : 28 %
No OBVIOUS RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9 cms
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

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 08:39AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 04:03PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E -0.6 m/sec, A -0.5 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : TRJV :1.2 m/sec, RVSP - 22mmHg

COLOUR FLOW MAPPING: MILD MR/ AR/ TR/ PAH


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO OBVIOUS RWMA
- * FAIR LV FUNCTION
- * MILD MR/ AR/ TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :
GOPI



Approved By :


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

Visit ID : YGT63625	UHID/MR No : YGT.0000063419
Patient Name : Mrs. K SATYA MADHURI	Client Code : YOD-DL-0021
Age/Gender : 50 Y 0 M 0 D /F	Barcode No : 10994399
DOB :	Registration : 29/Mar/2024 08:39AM
Ref Doctor : SELF	Collected : 29/Mar/2024 08:47AM
Client Name : MEDI WHEELS	Received : 29/Mar/2024 09:55AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 29/Mar/2024 10:26AM
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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	7.0		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	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 :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
DOB	:	Registration	: 29/Mar/2024 08:39AM
Ref Doctor	: SELF	Collected	: 29/Mar/2024 10:11AM
Client Name	: MEDI WHEELS	Received	: 29/Mar/2024 12:48PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:48PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR - CONVENTIONAL

PAP SMEAR

Lab Ref. No.: YLLD/ PAP-97/ 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 and intermediate squamous epithelial cells. Epithelial cells show normal nuclear-cytoplasmic ratio. No koilocytosis seen. No evidence of dysplasia/malignancy is seen in the smears examined.

IMPRESSON: 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	Colopsocopy
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 :
GOPI



Approved By :

Dr. Sumalatha
Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Visit ID	: YGT63625	UHID/MR No	: YGT.0000063419
Patient Name	: Mrs. K SATYA MADHURI	Client Code	: YOD-DL-0021
Age/Gender	: 50 Y 0 M 0 D /F	Barcode No	: 10994399
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 29/Mar/2024 01:48PM
Hospital Name	:		

DEPARTMENT OF CYTOPATHOLOGY

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

Verified By :

GOPI



Approved By :



Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

ભારત સરકાર
Unique Identification Authority of India
Government of India

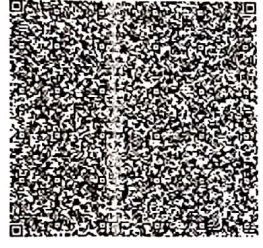
નામાંકન ક્રમ સંખ્યા/ Enrolment No.: 0648/000216/36481

Download Date: 31/05/2019

To
કાંતલાકપુ સત્ય માધુરી
Kamatakapu Satya Madhuri
C/O Ramalingeswara Rao
island polavaram (Mandal)
I. Polavaram
I.polavaram
East Godavari Andhra Pradesh - 533220
8886278274

Generation Date: 09/11/2018

Signature Not Verified
Digitally signed by AS
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2019.05.31 17:07:57
IST



QR Code with Photograph

તમારો આધાર નંબર / Your Aadhaar No.:

8446 8586 9093

VID : 9110 9048 8046 9151

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



કાંતલાકપુ સત્ય માધુરી
Kamatakapu Satya Madhuri
જન્મ તારીખ/DOB: 09/05/1973
સ્ત્રી/ FEMALE



8446 8586 9093

VID : 9110 9048 8046 9151

મારો આધાર, મારી ઓળખ



Government of India



સૂચના

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલા દસ્તાવેજ છે.

INFORMATION

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

- આધાર દેશભરમાં માન્ય છે.
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું :
C/O રામાલિંગેસવારા રાઓ, આઈલેંડ પોલાવરમ
(મંડળ), આઈ. પોલાવરમ, ઈસ્ટ ગોદાવરી,
આંધ્ર પ્રદેશ - 533220

Address:
C/O Ramalingeswara Rao, island
polavaram (Mandal), I. Polavaram, East
Godavari,
Andhra Pradesh - 533220



QR Code with Photograph

8446 8586 9093

VID : 9110 9048 8046 9151



help@uidai.gov.in

www.uidai.gov.in

ID: 63625
K.SATYA MADHURI
Male 50Years
Req. No. :

29-03-2024 10:52:03
HR : 76 bpm
P : 97 ms
PR : 140 ms
QRS : 75 ms
QT/QTcBz : 397/448 ms
P/QRS/T : 37/60/8 °
RV5/SV1 : 0.953/0.770 mV

Diagnosis Information:
Sinus Arrhythmia
T Wave Abnormality(II,III,aVF,V4,V5,V6)

Report Confirmed by:



Name: *K. Satya madhuri*
Date: *29/03/24* Age: *50 years* Sex: *Female*
Address: *Guntur*



LMP: 8/2/23

MF x 24yrs

P2L2A1 < 8] LSCS
↓ 8

flb p/c

B/L tubectomy

MHA 3-4 days *← normal flow*
26-30 days *NO clots*
NO dysmenorrhea

2 Months POA

NO fresh complaints

Adv

- Tab. calcium o.d x 1 month

TEMP:
B.P: *110/70* mm/Hg
PULSE: *81* /min
WEIGHT: *46* kg
HEIGHT: *143* cm

Dr. B. BHARATHI
M.S OBG
Obstetrics and Gynecology
REGD. No.

DATE: 29-03-24

NAME: SATHYA MADHUR

AGE: 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	+2.75			+2.75		
ADD				+2.25 below eye		

INSTRUCTIONS

I.P.D. D.V.

N.V. CONSTANT USE

Name: Kurapati hemanth kumar
Date: 29/03/24 Age: 32 years Sex: male
Address: Guntur



Routine Health checkup
NO COMPLAINTS
NO HTO HTN / DM / CAD

TEMP: 37.2
B.P: 120/80 mmHg
PULSE: 76 /min
WEIGHT: 61 kg
HEIGHT: 120/80 cms

1) CAP. PPBLOCK - DSR

100 - 30

2) CAP. J-POWER

007 - 30

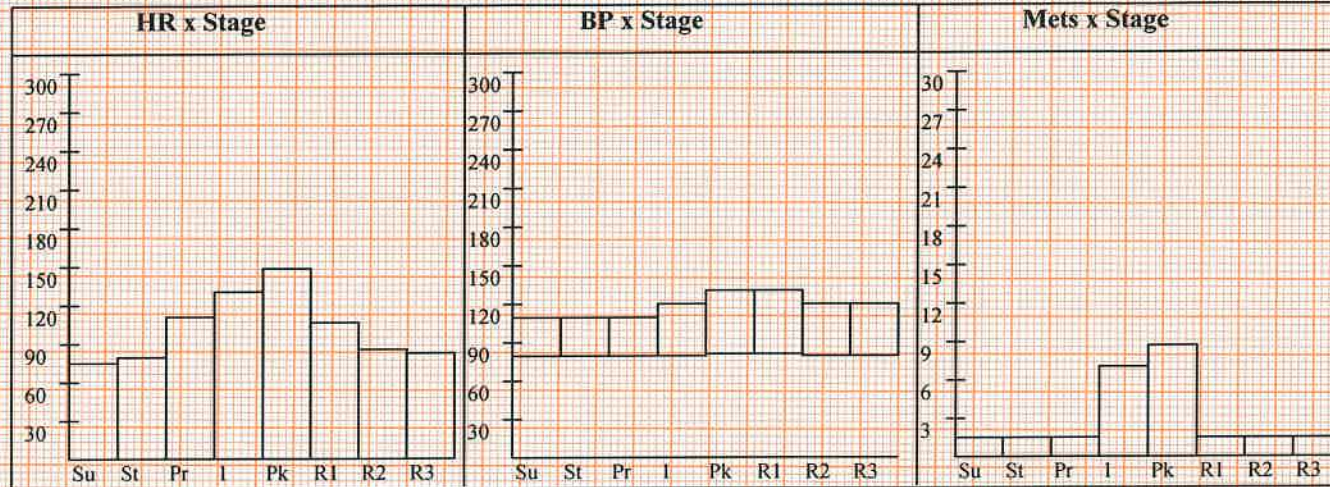
Dr. KEERTHI KISHORE NAGALLA
Regd.No: 64905 MBBS, M.D. General Medicine
CONSULTANT GENERAL PHYSICIAN
YODA DIAGNOSTICS-GUNTUR

YODA DIAGNOSTICS CENTRE GUNTUR

Name: K SATYA MADHURI


Date: 29-03-2024

Time: 14:41



Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:59 achieving a work level of 5.8 METS.
 Resting Heart Rate, initially 75 bpm rose to a max. heart rate of 149bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 130/80 mmHg
 * No Significant ST-T changes During Exercise & Recovery
 * Fair Exercise Tolerance
 * Test is Negative for Exercise Induced Ischemia.


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

Ref. Doctor: SELF

Doctor: DR.B NAGARAJU

YODA DIAGNOSTICS CENTRE GUNTUR

Name: K SATYA MADHURI

Date: 29-03-2024

Time: 14:41

Age: 50

Gender: F

Height: 143 cms

Weight: 46 Kg

ID: 63625

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 176

Target HR: 149 (85% of Pr. MHR)

Exercise Time: 0:04:59

Achieved Max HR: 149 (85% of Pr. MHR)

Max BP: 130/80

Max BP x HR: 19370

Max Mets: 5.8

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	00:07	1	0	0	75	110/80	8250	-0.2 V1	0.1 I
Standing	00:08	1	0	0	79	110/80	8690	0.2 V1	0.1 I
PreTest	00:32	1	1.6	0	111	110/80	12210	1.3 V4	0.8 II
Stage 1	03:00	4.7	2.7	10	130	120/80	15600	-1 V4	-0.3 V1
Peak Exercise	01:59	5.8	4	12	149	130/80	19370	-1.8 V5	0.6 V2
Recovery1	01:00	1	0	0	107	130/80	13910	0.7 V2	0.5 II
Recovery2	01:00	1	0	0	86	120/80	10320	0.4 V2	0.2 II
Recovery3	00:21	1	0	0	83	120/80	9960	-0.4 II	0.2 I

YODA DIAGNOSTICS CENTRE GUNTUR

K SATYA MADHURI (50 F)

Bruce Protocol

ID: 63625

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:07

HR: 75 bpm

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 149 bpm

BP: 110/80 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

K SATYA MADHURI (50 F)

Bruce Protocol

ID: 63625

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 79 bpm

Stage: Standing

Speed: 0

Slope: 0 %

THR: 149 bpm

BP: 110/80 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

K SATYA MADHURI (50 F)

Bruce Protocol

ID: 63625

Date: 29-03-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 130 bpm

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 149 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

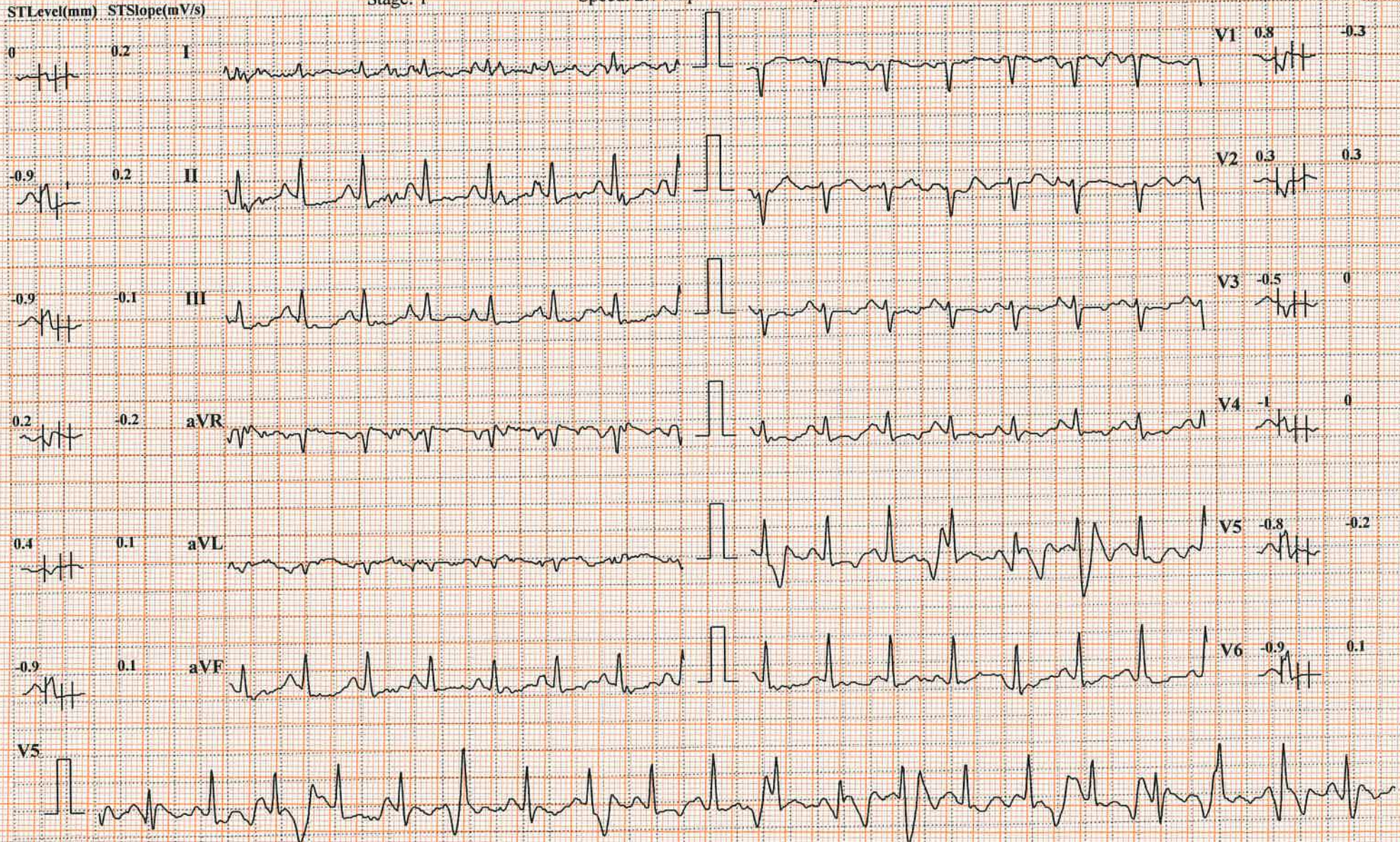


Chart Speed: 25 mm/sec

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

K SATYA MADHURI (50 F)

ID: 63625

Date: 29-03-2024

Exec Time : 0:04:59

Stage Time: 01:59

HR: 149 bpm

Bruce Protocol

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 149 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

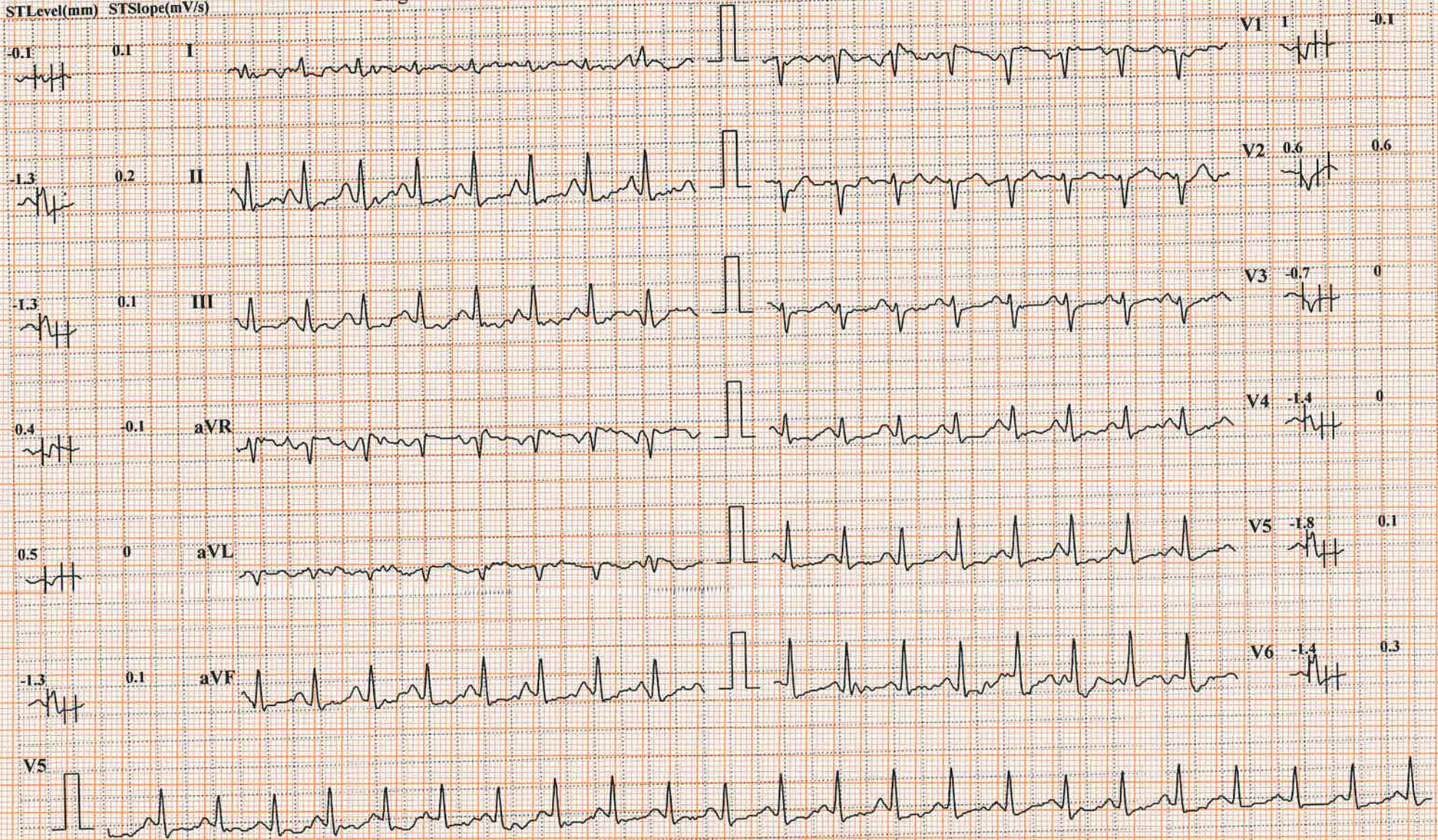


Chart Speed: 25 mm/sec

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

K SATYA MADHURI (50 F)

ID: 63625

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 107 bpm

Bruce Protocol

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 149 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

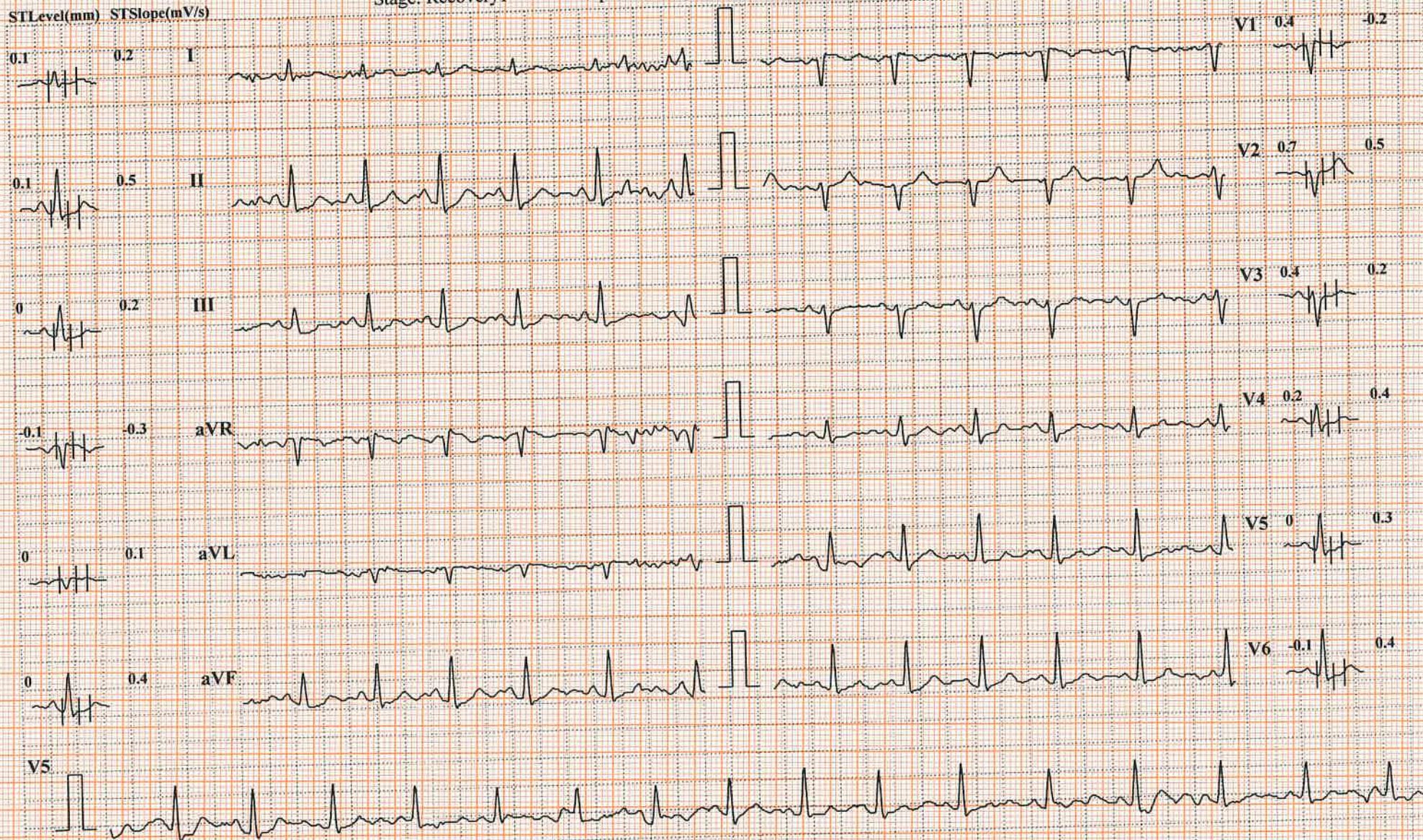


Chart Speed: 25 mm/sec

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

K SATYA MADHURI (50 F)

ID: 63625

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 86 bpm

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 149 bpm

BP: 120/80 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

K SATYA MADHURI (50 F)

ID: 63625

Date: 29-03-2024

Exec Time : 00:00

Stage Time: 00:21

HR: 83 bpm

Bruce Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 149 bpm

BP: 120/80 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