



EYE GLASS PRESCRIPTION

Name : Mrs. Vudugula samatha
Age : 43 Employee ID: 528109
Gender : F Date: 09/12/23

Vn
(unaided)
PGP

6/9	6/12
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Distance

	SPH	CYL	AXIS	BCVA
OD	0.50	±	-	6/6
OS	1.00	±	-	6/6

Add

1.25	1.25
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@ 38 cms

LENS TYPE

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

Remarks:

CV - normal



Signature

Name : Mrs. Vudugula Samatha
 Date : 09/12/2023 Age : 43 Sex : Male Female
 Address : Hyderabad

Rx

TEMP :
 B.P :
 PULSE :

H/Os came for general eye exam

No H/O DM and HTN

H/O using glasses but not brought

slit lamp examination

:- o/d nlul 2 normal

:- o/s nlul 2 normal

:- clm 2 normal



568109
43 Years

MRS VUNDUGULA SAMATHA
Female

09-Dec-23 11:30:21 AM

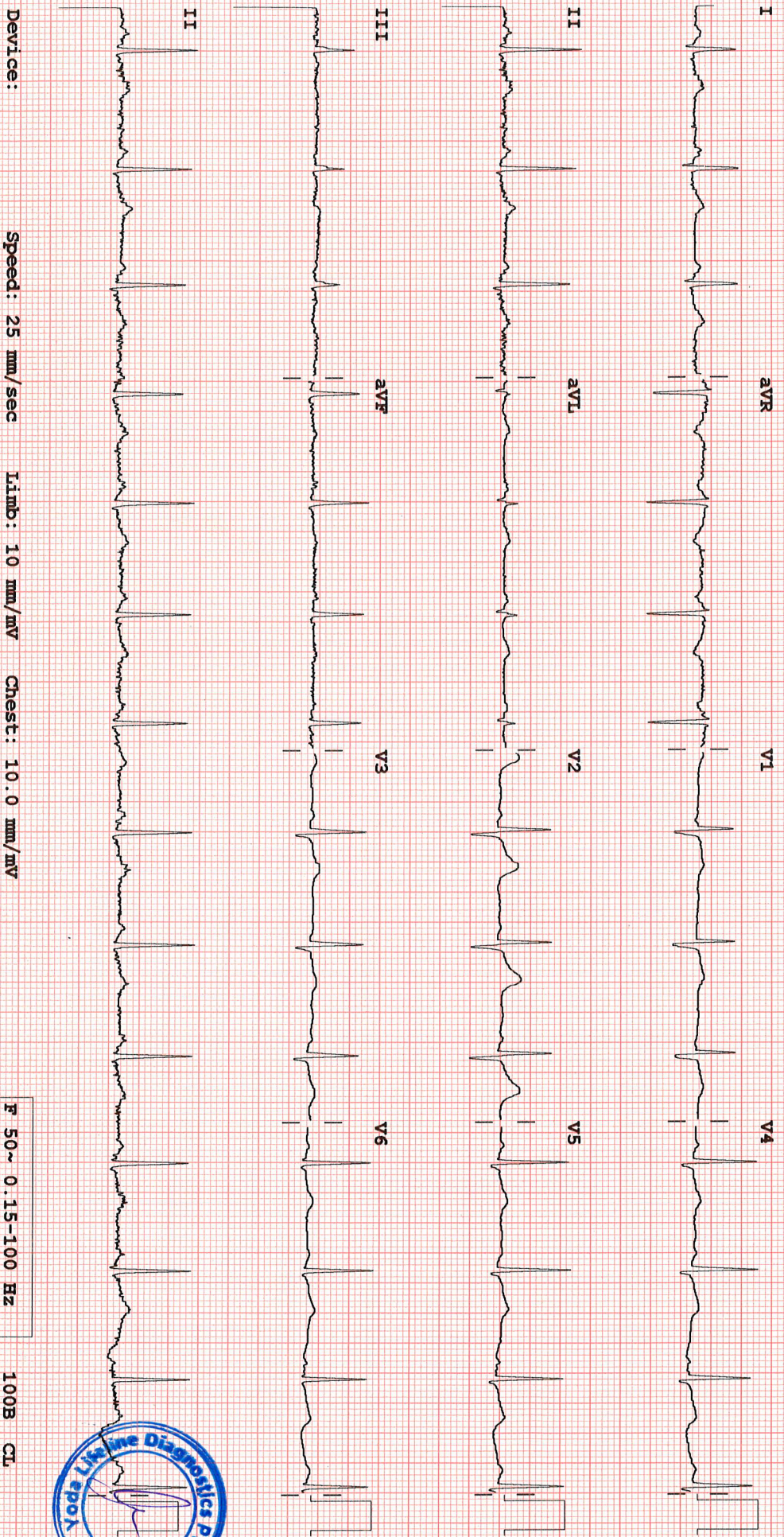
YODA LIFELINE DIAGNOSTICS

Rate	81	Sinus rhythm.....	normal P axis, V-rate	50-99
PR	119	Borderline short PR interval.....	PR int	<120ms
QRSD	80	Abnormal R-wave progression, early transition.....	QRS area	>0 in V2
QT	385			
QTc	447			
--AXIS--				
P	17			
QRS	55			
T	21			

12 Lead; Standard Placement

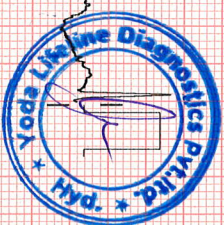
- OTHERWISE NORMAL ECG -

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?



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. VUDUGULA SAMATHA	Visit ID	YOD568109	Registration Date	09-12-2023 10:41 AM
Age / Gender	43/FEMALE	UHID	YOD.0000548221	Collection Date	09-12-2023 10:46 AM
Ref Doctor	SELF	Hospital Name		Received Date	09-12-2023 11:02 AM
Barcode	10834211	Sample Type		Reported Date	09-12-2023 01:18 PM

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

S. SHRAVAN KUMAR (DNB)
CONSULTANT RADIOLOGIST



Yoda Diagnostics Pvt Ltd,

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

Visit ID	: YOD568109	UHID/MR No	: YOD.0000548221
Patient Name	: Mrs. VUDUGULA SAMATHA	Client Code	: 1409
Age/Gender	: 43 Y 2 M 17 D /F	Barcode No	: 10834211
DOB	: 22/Sep/1980	Registration	: 09/Dec/2023 11:48AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 10:46AM
Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 11:14AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:16PM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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ESR (ERYTHROCYTE SEDIMENTATION RATE)

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.

Verified By :
M Thirumalesh Reddy



Approved By :



DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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Client Name : MEDI WHEELS	Received : 09/Dec/2023 11:14AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Dec/2023 03:49PM
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD GROUP ABO & RH Typing

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. Advsiad cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)

HAEMOGLOBIN (HB)	12.6	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.65	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	39.3	%	36.0 - 46.0	RBC pulse height detection
MCV	84.5	fL	83 - 101	Automated/Calculated
MCH	27.1	pg	27 - 32	Automated/Calculated
MCHC	32.1	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.5	%	11.0-16.0	Automated Calculated
RDW - SD	39.6	fl	35.0-56.0	Calculated
MPV	9.3	fL	6.5 - 10.0	Calculated
PDW	9.6	fL	8.30-25.00	Calculated
PCT	0.3	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	8,770	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	59	%	40 - 80	Impedance
LYMPHOCYTE	35	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.21	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)

T3	0.86	ng/ml	0.60 - 1.78	CLIA
T4	10.13	ug/dl	4.82-15.65	CLIA
TSH	1.32	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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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Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

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LIVER FUNCTION TEST(LFT)

TOTAL BILIRUBIN	0.49	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.40	mg/dl		Calculated
S.G.O.T	16	U/L	< 35	KINETIC WITHOUT P5P-IFCC
S.G.P.T	9	U/L	< 35	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	80	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	3.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.2	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.09			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE

TOTAL CHOLESTEROL	156	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	100.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	83	mg/dl	See Table	GPO
VLDL	16.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.00		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.13	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	117	mg/dl	< 130	Calculated

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	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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Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 11:02AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:51PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C				
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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

SERUM UREA	14	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV

Increased In:

Impaired kidney function, Reduced renal blood flow {CHF, Salt and water depletion, (vomiting, diarrhea, diuresis, sweating), Shock}, Any obstruction of urinary tract, Increased protein catabolism, AMI, Stress

Decreased In:

Diuresis (e.g. with over hydration), Severe liver damage, Late pregnancy, Infancy, Malnutrition, Diet (e.g., low-protein and high-carbohydrate, IV feedings only), Inherited hyperammonemias (urea is virtually absent in blood)

Limitations:

Urea levels increase with age and protein content of the diet.

Verified By :

M Thirumalesh Reddy



Approved By :

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 Reported : 09/Dec/2023 11:58AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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FBS (GLUCOSE FASTING)

FASTING PLASMA GLUCOSE	87	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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Ref Doctor : SELF	Collected : 09/Dec/2023 03:19PM
Client Name : MEDI WHEELS	Received : 09/Dec/2023 03:51PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Dec/2023 04:23PM
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	113	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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Approved By :



SURYADEEP PRATAP
Senior Biochemist

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SERUM CREATININE

SERUM CREATININE	0.63	mg/dl	0.51 - 0.95	KINETIC-JAFFE
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Increased In:

- Diet: ingestion of creatinine (roast meat), Muscle disease: gigantism, acromegaly,
- Impaired kidney function.

Decreased In:

- Pregnancy: Normal value is 0.4-0.6 mg/dL. A value >0.8 mg/dL is abnormal and should alert the clinician to further diagnostic evaluation.
- Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

GGT	14	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

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URIC ACID -SERUM				
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.

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Approved By :

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

Visit ID	: YOD568109	UHID/MR No	: YOD.0000548221
Patient Name	: Mrs. VUDUGULA SAMATHA	Client Code	: 1409
Age/Gender	: 43 Y 2 M 17 D /F	Barcode No	: 10834211
DOB	: 22/Sep/1980	Registration	: 09/Dec/2023 11:48AM
Ref Doctor	: SELF	Collected	: 09/Dec/2023 10:46AM
Client Name	: MEDI WHEELS	Received	: 09/Dec/2023 11:02AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Dec/2023 12:25PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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BUN/CREATININE RATIO

Blood Urea Nitrogen (BUN)	6.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.63	mg/dl	0.51 - 0.95	KINETIC-JAFFE
BUN/CREATININE RATIO	10.30	Ratio	6 - 25	Calculated

Verified By :

M Thirumalesh Reddy



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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 : 3.1 cms
LEFT VENTRICLE :
EDD : 3.9 cm IVS(d) :0.9 cm LVEF :64 %
ESD : 2.5 cm PW (d) :0.8 cm FS :32 %
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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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

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 : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TRIMPRESSION :

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

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 Received : 09/Dec/2023 01:21PM
 Reported : 09/Dec/2023 03:53PM

DEPARTMENT OF CLINICAL PATHOLOGY

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

PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue
CHEMICAL EXAMINATION				
pH	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	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	2-4	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/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			

*** End Of Report ***

Verified By :
 M Thirumalesh Reddy



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

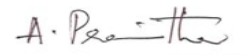
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