



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 1027/00459/03787

03/08/2011

To
Karasala Bharathi Devi
కారసాల భారతి దేవి
D/O Karasala Anjaneyulu
16-33-16
balaji nagar
old guntur
Guntur
Kothapeta(Guntur),Guntur,
Andhra Pradesh - 522001



UF239328659IN

23932865



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3975 2711 1428

ఆధార్ - సామాన్యుని హక్కు



భారత ప్రభుత్వం
GOVERNMENT OF INDIA

కారసాల భారతి దేవి
Karasala Bharathi Devi

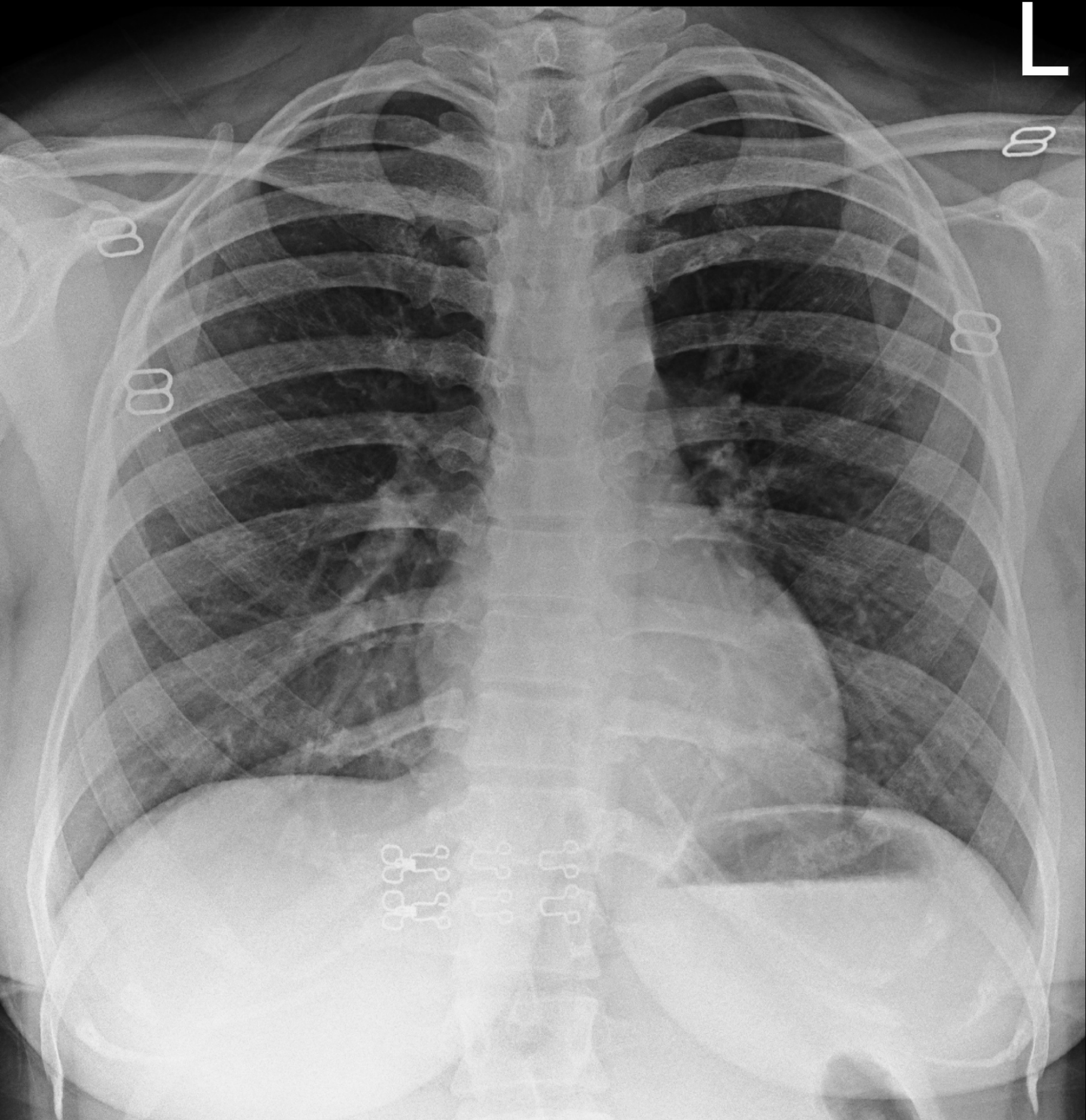


పుట్టిన సంవత్సరం/Year of Birth: 1990
స్త్రీ / Female

3975 2711 1428



ఆధార్ - సామాన్యుని హక్కు



DEVI KARASALA BHARATHI 33Y FEMALE YGT48962 CHEST PA 13-Jan-24

YODA DIAGNOSTICS

Name: Devi Karasala Bharathi
Date: 13/01/24 Age: 33 Sex: Female
Address: Guntur



Routine Health Checkup

NO COMPLAINTS

NO H/O HTN / DM / CAD / ATB

LDL-113mg/dl

- 1) Low Fat Diet
- 2) Daily Exercise

TEMP: 98
B.P: 100/70 mm/Hg
PULSE: 95 bps
WEIGHT: 61 kgs
HEIGHT: 151 cm



DEVI KARASALABHARATHI

Female 33 Years

Req. No. :

HR : 89 bpm

P : 99 ms

PR : 134 ms

QRS : 83 ms

QT/QTcBz : 340/415 ms

P/QRS/T : 75/76/58 °

RV5/SV1 : 0.659/0.542 mV

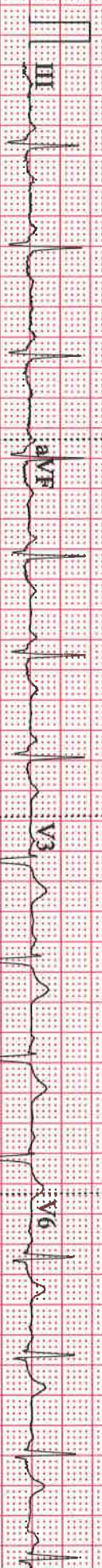
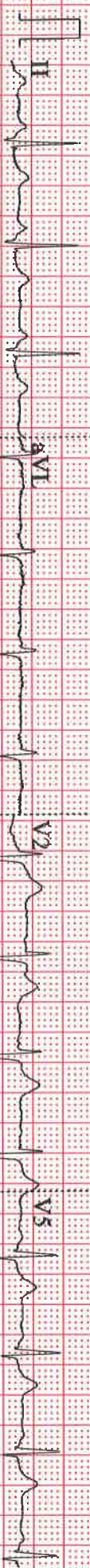
Diagnosis Information:

Sinus Rhythm

QS Wave in Lead V1

Poor r Wave Progression (V3)

Report Confirmed by:



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

Dr. B. NAGARAJU

Regd. No. 70760 MBBS, M.D. DM

CONSULTANT CARDIOLOGIST

YODA DIAGNOSTICS-GUNTUR

DATE: 13-01-24

NAME: DEVI KARALA BHARATHI

AGE: 33/F ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS
CR POLYCARBONATE
COATINGS : ARC HARD COAT
TINT : White SP2 PHOTO GREY
BIFOCALS : KRYPTOK EXECUTIVE
"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV		<u>0.75</u>	<u>180</u>	<u>0.75</u>		
ADD						

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

Visit ID	: YGT48962	UHID/MR No	: YGT.0000048803
Patient Name	: Mrs. DEVI KARASALA BHARATHI	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10881545
DOB	:	Registration	: 13/Jan/2024 08:16AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:16AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 13/Jan/2024 01:24PM
Hospital Name	:		

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

Clinical Details : General check-up.

LIVER : Normal in size(12.7cm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

GALL BLADDER : Partially 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.

SPLEEN : Normal in size(8.9cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures(9.9x3.8cm). 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(9.7x4.3cm). 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 : Anteverted, measures 8.8x3.9x5.8cm, normal in size. Myometrium shows normal echo-texture. No focal lesion is seen. Endometrial thickness 11mm is normal.

Right ovary measures 3.3x2.5cm and left ovary measures 3.0x2.3cm. 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:

Verified By :

GOPI



Approved By :

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

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DEPARTMENT OF RADIOLOGY

- No obvious sonographic abnormality detected.

suggested clinical correlation.

Verified By :

GOPI



Approved By :

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

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 02:18PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

Soft tissues/ bony cage normal.
Trachea and Mediastinal structures are normal.
Heart size and configuration are normal.
Aorta and pulmonary vascularity are normal.
Lung parenchyma and CP angles are clear.
Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

Verified By :
GOPI



Approved By :

Sushma
Dr.SUSHMA VUYURU
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CONSULTANT RADIOLOGIST

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported	: 13/Jan/2024 10:07AM
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	70	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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 MBBS, DCP
 Consultant Pathologist

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 09:40AM
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY

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

Sample Type : WHOLE BLOOD EDTA

ABO	A			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY


Test Name	Result	Unit	Biological Ref. Range	Method
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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)	4.14	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	29.3	%	36.0 - 46.0	RBC pulse height detection
MCV	70.8	fL	83 - 101	Automated/Calculated
MCH	24.2	pg	27 - 32	Automated/Calculated
MCHC	34.2	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	16.8	%	11.0-16.0	Automated Calculated
RDW - SD	46.3	fl	35.0-56.0	Calculated
MPV	8.6	fL	6.5 - 10.0	Calculated
PDW	15.5	fL	8.30-25.00	Calculated
PCT	0.29	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,150	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	56	%	40 - 80	Impedance
LYMPHOCYTE	39	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	04	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	3.33	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehrauli, N	Reported : 13/Jan/2024 10:55AM
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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	1.02	ng/ml	0.60 - 1.78	CLIA
T4	11.79	ug/dl	4.82-15.65	CLIA
TSH	3.27	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

(Reference range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.30	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.06	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.24	mg/dl		Calculated
AST (S.G.O.T)	20	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	19	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	56	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.2	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.5	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.67			Calculated

Verified By :
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 Consultant Pathologist

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Patient Name : Mrs. DEVI KARASALA BHARATHI	Client Code
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL	162	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	34	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	113	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	75	mg/dl	See Table	GPO
VLDL	15.0	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	4.76		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.21	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	128	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	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

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	19	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	8.9	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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DEPARTMENT OF BIOCHEMISTRY

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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	95	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 : 13/Jan/2024 10:53AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 13/Jan/2024 11:11AM
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

Verified By :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT48962	UHID/MR No	: YGT.0000048803
Patient Name	: Mrs. DEVI KARASALA BHARATHI	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10881545
DOB	:	Registration	: 13/Jan/2024 08:16AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:25AM
Client Name	: MEDI WHEELS	Received	: 13/Jan/2024 08:53AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 09:33AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.83	mg/dl	0.60 - 1.1	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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	5.1	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 :

GOPI



Approved By :



Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

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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)	8.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.83	mg/dl	0.60 - 1.1	KINETIC-JAFFE
BUN/CREATININE RATIO	10.60	Ratio	6 - 25	Calculated

Verified By :

GOPI



Approved By :

Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT48962	UHID/MR No	: YGT.0000048803
Patient Name	: Mrs. DEVI KARASALA BHARATHI	Client Code	: YOD-DL-0021
Age/Gender	: 33 Y 0 M 0 D /F	Barcode No	: 10881545
DOB	:	Registration	: 13/Jan/2024 08:16AM
Ref Doctor	: SELF	Collected	: 13/Jan/2024 08:16AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 13/Jan/2024 01:08PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -3.1 m/sec, A - 1.1m/sec.
AORTIC FLOW : 1.0m/sec
PULMONARY FLOW : 0.8m/sec
TRICUSPID FLOW : TRJV : 0.6m/sec, RVSP - 16mmHg
COLOUR FLOW MAPPING: TRIVIAL MR

IMPRESSION :


- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV SYSTOLIC FUNCTION
- * TRIVIAL MR/ NO AR/ NO PR
- * NO 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 : YGT48962	UHID/MR No : YGT.0000048803
Patient Name : Mrs. DEVI KARASALA BHARATHI	Client Code : YOD-DL-0021
Age/Gender : 33 Y 0 M 0 D /F	Barcode No : 10881545
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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	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION

pH	6.0		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	1 - 2	cells/HPF	0-5	
EPITHELIAL CELLS	2 - 4	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

Verified By :

GOPI



Approved By :


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 MBBS, DCP
 Consultant Pathologist

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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*** End Of Report ***



Verified By :
GOPI



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist



YODA AGNOSTICS



RECEPTION



GPS Map Camera



Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur, Andhra Pradesh 522001, India

Lat 16.299231°

Long 80.45161°

13/01/24 08:15 AM GMT +05:30