Medicover Hospitals

VENKOJIPALAM VISAKHAPATNAM - 530017
ANDHRA PRADESH - INDIA
PHONE NO : 0891-6829999

MEDICOVER HOSPITALS
A UNIT OF SAHRUDAYA HEALTHCARE PVT LTD

Dr. MEGHANATH YENNI
M.B.B.S,D.N.B-GENERAL MEDICINE
CONSULTANT GENERAL MEDICINE

HbA1c: 11.6

FBS: 288

FBS | PPBS

Adv

Tab Dapafied VDM 500
1-0-1 (BBF) (30)

Tab Meotrop plus
1-0-1 (30)

Tab Dapride M1 forte
1-0-1 (B. din) (30)

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OPTHALMOLOGIST CONSULTATION

NAME:

AGE:

DATE :

H/o cont

AR -2.00 X 95°
-1.50 X 86°

SV 6/12 -1.00 X 90° 6/6
6/12 -1.00 X 90° 6/6

Add + 1.75 sph

[illegible] 0.2 W
0.2 W

[illegible]

Lab Report

Patient Name	: **Mr. KAMESWARA RAO TAMMINENI**	Age /Gender	: **45 Y(s)/Male**
Bill No/ UMR No	: **V4BC209648/V4U172209**	Referred By	: **Dr. CMO**
Received Dt	: **02-Mar-24 09:35 am**	Report Date	: **02-Mar-24 10:40 am**
Lab No	: **120000567938**		

Parameter	Result Values	Biological Reference
CBC(COMPLETE BLOOD COUNT)		
RBC		
HAEMOGLOBIN	15.2	**13.0 - 17.0 g/dl**
R B C COUNT	5.4	4.5 - 5.5 10^6/µL
PCV/HCT	45	**40 - 50 %**
MCV	85	83 - 101 fl
MCH	28	27 - 32 pg
MCHC	34	31.5 - 34.5 g/dL
RDW(cv)	* **14.3**	11.6 - 14.0 %
WBC		
TC (TOTAL LEUCOCYTE COUNT)	5600	**4000 - 11000 cells/cumm**
DIFFERENTIAL COUNT		
NEUTROPHILS	56	40 - 80 %
LYMPHOCYTES	38	20 - 40 %
MONOCYTES	04	02 - 10 %
EOSINOPHILS	02	00 - 06 %
BASOPHILS	00	00 - 01 %
PLATELET COUNT		
PLATELET COUNT	2.26	**1.50 - 4.50 Lakhs/cumm**
BLOOD GROUPING AND RH		
BLOOD GROUP	" AB "	
RH TYPE	POSITIVE	
ESR	10	0 - 10 mm/1st hour

*** End Of Report ***

Doctor Incharge

Dr.MUDUGANTI SRINIVAS
MBBS, MD
CONSULTANT PATHOLOGIST

Dr.SRUJANA
MBBS, MD PATHOLOGY
CONSULTANT PATHOLOGIST

Dr.MOHAMMAD SIMI IQBAL
M.B.B.S, M.D
CONSULTANT BIOCHEMIST

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Lab Report

Patient Name	: Mr. KAMESWARA RAO TAMMINENI	Age /Gender	: 45 Y(s)/Male
Bill No/ UMR No	: V4BC209648/V4U172209	Referred By	: Dr. CMO
Received Dt	: 02-Mar-24 09:35 am	Report Date	: 02-Mar-24 12:24 pm
Lab No	: 0		

Parameter	Result Values	Biological Reference
BUN(BLOOD UREA NITROGEN)	12.26	7.0 - 21.0 mg/dL
GAMMA GT		
GAMMA GLUTAMYL TRANSFERASE(GGT)	11.2	10 - 71 U/L
BUN(BLOOD UREA NITROGEN)	9.81	
PLBS (POST LUNCH BLOOD GLUCOSE)		
PLBS (POST LUNCH BLOOD GLUCOSE)	406	Normal : 70- 139 mg/dL Impaired : 140 - 199 mg/dL Diabetic : >= 200 mg/dL

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : MC0954

Test results related only to the item tested.

Md. Simi Iqbal

Dr. MOHAMMAD SIMI IQBAL M.B.B.S, M.D

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Lab Report

Patient Name	: Mr. KAMESWARA RAO TAMMINENI	Age /Gender	: 45 Y(s)/Male
Bill No/ UMR No	: V4BC209648/V4U172209	Referred By	: Dr. CMO
Received Dt	: 02-Mar-24 09:35 am	Report Date	: 02-Mar-24 10:49 am
Lab No	: 120000567939		

Parameters	Result	Biological Reference Intervals
T3,T4 AND TSH		
T3	0.963	0.8 - 2.0 ng/mL
T4	6.75	5.1 - 14.1 ug/dL
TSH(THYROID STIMULATING HORMONE)	1.25	0.270 - 4.20 uIU/mL
PSA (PROSTATE SPECIFIC ANTIGEN).		
PROSTATE SPECIFIC ANTIGEN TOTAL (TPSA)	1.14	**0.21 - 6.77 ng/mL**
HBA1C (GLYCOSYLATED HAEMOGLOBIN)		
HBA1C	* **11.6**	Non -Diabetic : <= 5.6 % Pre Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 % %
LIPID PROFILE		
TOTAL CHOLESTEROL	166	No risk : < 200 mg/dL Moderate risk : 200 - 239 High risk : > 240
HDL CHOLESTEROL	40	<40 Low >60 High
LDL CHOLESTEROL	* **96**	Border line : 100 - 130 mg/dL High : > 130 mg/dL Desirable : < 100 mg/dL 100 - 130 mg/dL
VLDL	30	
SERUM TRYGLYCERIDES	148	Very High : > 500 mg/dL High : >= 200 - 499 mg/dL Border line High : >= 150 - 199 mg/dL Normal : < 150 mg/dL
CHO/HDL RATIO	4.15	Normal : < 4.0 Low risk : 4.0 - 6.0 High risk : > 6.0
LDL/HDL RATIO	2.4	
FBS (FASTING BLOOD GLUCOSE)		
FASTING BLOOD GLUCOSE	288	**Normal : 70-99 mg/dL** **Impaired : 100-125 mg/dL** **Diabetic : >= 126 mg/dL**
CREATININE	* **0.8**	0.9 - 1.3 mg/dL
LFT(LIVER FUNCTION TEST)		
TOTAL BILIRUBIN	0.6	< 1.2 mg/dL
DIRECT BILIRUBIN	0.2	<= 0.20 mg/dL
INDIRECT BILIRUBIN	0.4	<= 1.0 mg/dL
SGPT (ALT)	13	<= 41 U/L

Medicover Unit - I
18-1-3, KGH Down, Maharanipeta,
Jagadamba Junction, Visakhapatnam,
Andhrapradesh - 530 002.
Ph: +91 96526 69351

Medicover Unit - III
Sry. No. 27, Plot No. 05, BRTS Road,
Health City, Arilova, Chinagadili Mandal,
Visakhapatnam, Andhrapradesh - 530 040.
Ph: +91 0891-6677888

Medicover - MVP
1-1-83, Sector-6, Venkojipalem,
MVP Colony, Visakhapatnam,
Andhrapradesh-530017.
Ph: +91 8886655677

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Lab Report

Patient Name	: Mr. KAMESWARA RAO TAMMINENI	Age /Gender	: 45 Y(s)/Male
Bill No/ UMR No	: V4BC209648/V4U172209	Referred By	: Dr. CMO
Received Dt	: 02-Mar-24 09:35 am	Report Date	: 02-Mar-24 11:22 am
Lab No	: 120000567939		

Parameters	Result	Biological Reference In	Method
SGOT (AST)	16	<= 40 U/L	
ALKALINE PHOSPHATASE (ALP)	61	40 - 129 U/L	
TOTAL PROTEINS	7.0	1-2 years : 5.6-7.5 g/dL > 3 years : 6.0-8.0 g/dL Adults : 6.4-8.3 g/dL	
SERUM ALBUMIN	4.3	NewBorn: 0-4 days : 2.8 - 4.4 g/dL Children: 4 days - 14 years : 3.8 - 5.4 g/dL 14-18 years : 3.2 - 4.5 g/dL Adults : 3.5- 5.2 g/dL	
GLOBULINS	2.7	2.5 - 3.5 g/dL	
A/G RATIO	1.6	1.2 - 2.5	
SERUM URIC ACID	5.0	3.5 - 7.2 mg/dL	

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : MC0954

Test results related only to the item tested.

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Lab Report

Patient Name	: **Mr. KAMESWARA RAO TAMMINENI**	Age /Gender	: **45 Y(s)/Male**
Bill No/ UMR No	: **V4BC209648/V4U172209**	Referred By	: **Dr. CMO**
Received Dt	: **02-Mar-24 09:35 am**	Report Date	: **02-Mar-24 11:40 am**
Lab No	: **240300208**		

Parameter	Result Values	Biological Reference
URINE ROUTINE		
CHEMICAL EXAMINATION		
ALBUMIN	NIL	**Negative**
SUGAR	2+	**Negative**
BLOOD	NIL	**Absent**
MICROSCOPIC EXAMINATION		
PUS CELLS	2-4	**/HPF**
RBC	NIL	**/HPF**
EPITHELIAL CELLS	1-2	**/HPF**
CRYSTALS	NIL	
CASTS	NIL	
OTHERS	NIL	

*** End Of Report ***

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DEPARTMENT OF RADIOLOGY

Patient Name	: Mr. KAMESWARA RAO TAMMINENI	**Age /Gender**	:45 Y(s)/Male
Bill No/ UMR No	: V4BC209648/V4U172209	**Referred By**	:Dr. CMO
Received Dt	: 02-Mar-24 09:01 am	**Report Date**	:02-Mar-24 11:20 am

USG ABDOMEN (MALE)

LIVER

Measuring 13.5 cm. Normal in size with increased echotexture.
There is no evidence of IHBR/EHBR dilatation seen.
The portal, hepatic vessels are normal. No S.O.L. noted.

GALL BLADDER

Normal in volume and wall thickness.
No evidence of intraluminal calculi/ masses seen.
C.B.D appears normal with no intraluminal mass/ calculi.

PANCREAS

Head, Body & Tail are identified with normal echopattern & smooth outlines. The pancreatic duct system appears normal. The peri pancreatic fat planes are well preserved.

SPLEEN

Measuring 9.0 cm in cranio caudal directions with normal homogenous echotexture.

RIGHT KIDNEY

Measuring 9.5 cm. Normal in location, size with echopattern
Cortico Medullary differentiation is normal
No evidence of mass / calculi / hydroureteronephrosis seen.

LEFT KIDNEY

Measuring 10.1 cm. Normal in location, size, echopattern.
Cortico Medullary differentiation is normal
No evidence of mass / calculi / hydroureteronephrosis seen.
No evidence of suprarenal / retroperitoneal mass noted.

URINARY BLADDER

Normal in volume and wall thickness.
No intraluminal mass / calculi noted.

PROSTATE

Measuring 20 cc. Normal in size and echopattern.

No evidence of ascites/ pleural effusion seen.
No detectable bowel pathology seen.

IMPRESSION

*** Grade I fatty changes of liver.**

*** End Of Report ***

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Sry. No.27, Plot No.05, BRTS Road,
Health City, Arilova, Chinnagadhili Mandal,
Visakhapatnam, Andhrapradesh - 530 040.
Ph : +91 0891 6677888

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MVP Colony, Visakhapatnam,
Andhrapradesh-530017.
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MEDICOVER HOSPITAL
VENKOJIPALEM,VISAKHAPATNAM

PATIENT ID : 172209
PATIENT NAME : MR KAMESWARA RAO TAMMINENI 45/M

Summary Report

Report time : 11:30 am
March 02, 2024 11:30 am

PROTOCOL : *BRUCE
PATIENT HEIGHT : 170 Cm PATIENT WEIGHT : 64.00 Kg
PATIENT ADD. :

Ref. By : DR MEGHANATH YENNI
(MD)

OBJECT OF TEST : Routine check up
RISK FACTOR :
ACTIVITY :
MEDICATION :
BRIEF HISTORY :
OTHER INVESTIGATION :
REASON FOR TERMINATION : ACHIVED THR
EXERCISE TOLERANCE :
EXERCISE INDUCED ARRHYTHMIA :
HAEMO RESPONSE :
CHRONO RESPONSE :
FINAL IMPRESSION : GOOD EXERCISE TOLERANCE
NORMAL BLOOD PRESSURE RESPONSE
NORMAL HEART RATE RESPONSE
NO ANGINA DURING TEST
TEST IS NEGATIVE

DR SRIKANTH
MD,DM

45 Years

T KAMESWARA RAO
Male

02/03/2024 09:07:05

MEDCOVER HOSPITALS MVP VIAG

WELLNESS

Rate	69	. SINUS RHYTHM.....normal P axis, V-rate 50- 99
		. ST ELEV, PROBABLE NORMAL EARLY REPOL PATTERN.....ST elevation, age<55
PR	144	. BASELINE WANDER IN LEAD(S) V3
QRSD	78	
QT	372	
QTc	399	

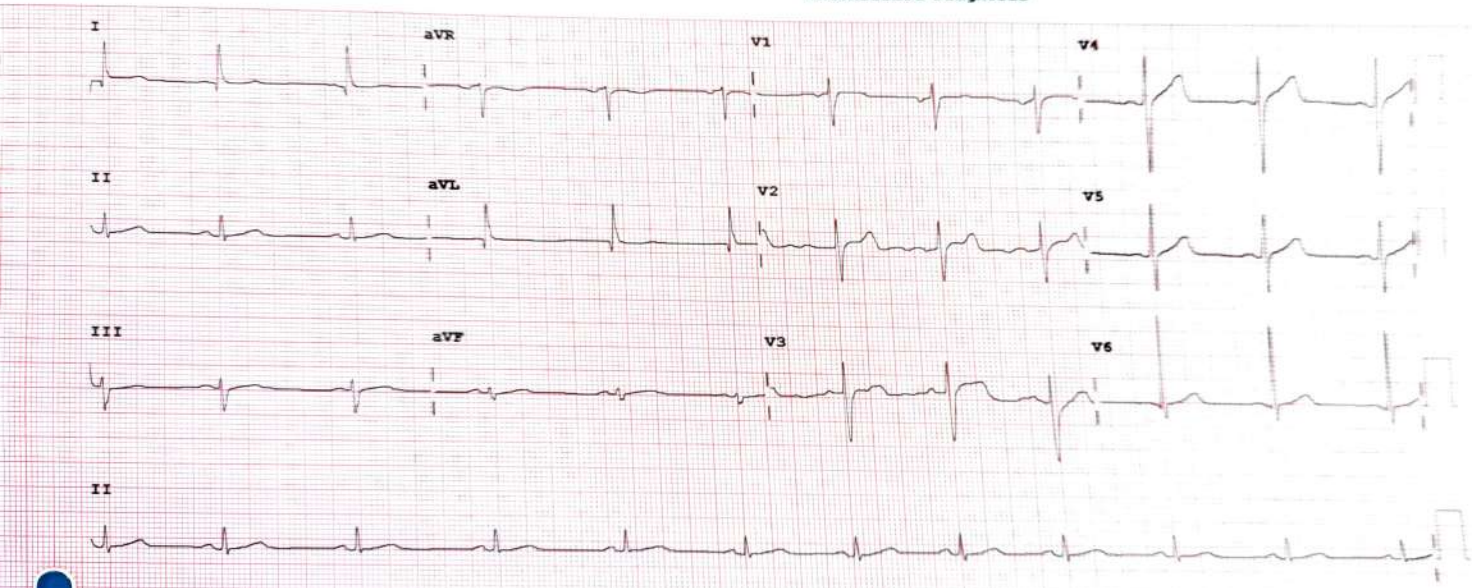
--AXIS--

P	69
QRS	-4
T	64

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

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

F 50~ 0.50~ 40 Hz W PH090A CL?

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DEPARTMENT OF RADIOLOGY

Patient Name	: Mr. KAMESWARA RAO TAMMINENI	**Age /Gender**	: 45 Y(s)/Male
Bill No/ UMR No	: V4BC209648/V4U172209	**Referred By**	: Dr. CMO
Received Dt	: 02-Mar-24 09:01 am	**Report Date**	: 02-Mar-24 01:36 pm

X-RAY CHEST PA VIEW

FINDINGS

The cardiac size & configuration appear normal.

The Aorta and pulmonary vasculature appear normal.

There is no evidence of mediastinal widening.

Both the lungs and CP angles are clear.

The soft tissues and the bones of the rib cage displayed no abnormality.

IMPRESSION

*** Normal study.**

*** End Of Report ***

Dr. VULAPU CHENNAKRISHNA RAO, .
MBBS, DNB
CONSULTANT RADIOLOGIST

1.This report is not valid for medico-legal purpose.
2. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.