

Satyanarayana
Yod414912

HR 66/min

Axis: P 24°
QRS -14°
T 5°

SINUS RHYTHM
LEFTWARD AXIS
QRS(T) CONTOUR ABNORMALITY
CONSIDER ANTEROSEPTAL MYOCARDIAL DAMAGE

UNCONFIRMED REPORT

50 years M / F
..... cm / kg

Intervals:
RR 907 ms
P 118 ms
PR 150 ms
QRS 94 ms
QT 378 ms
QTc 398 ms

P (II) 0.11 mV
S (VI) -0.79 mV
R (V5) 0.93 mV
Sokol. 1.89 mV

5.79

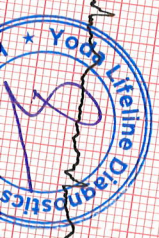
10 mm/mV
25 mm/s

10 mm/mV

SCHILLER

2.25-25Hz F32 S51 S53

13-10N-22 21



EYE GLASS PRESCRIPTION

Name : B. Satyanarayana
 Age : 50Y Employee ID: 444912
 Gender: M Date: 11/7/23

Vn
(unaided)
PGP

6/6	6/6
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Distance	SPH	CYL	AXIS	BCVA
OD		plano		6/6
OS			NAG	6/6

Add

+	+
2.00	2.00

N/G @ 30cms

LENS TYPE

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

Remarks: _____



Name: B. Satyanarayana

11/7/23

Age: 50Y | M

YODNO: 414912

Sub: came for regular checkup

Wearing reading glasses, pup-54x0ld.

CRx
- Nil.

Slit lamp (O)

OH

HTN⁺ & Rx 6 yrs.

Lids C Flat

conj C quiet

cornea C Clear

lens C calcification +

pupil C R/R/R

iris C Clear

ACD C Normal C I

A/S C WNL

Colour vision C 17/17 plates
(normal)



Visit ID	: YOD414912	UHID/MR No	: YOD.0000399627
Patient Name	: Mr. B SATYANARAYANA	Client Code	: 1409
Age/Gender	: 50 Y 0 M 0 D /M	Barcode No	: 10573934
DOB	:	Registration	: 11/Jul/2023 12:32PM
Ref Doctor	: SELF	Collected	: 11/Jul/2023 12:32PM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/Jul/2023 02:14PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**CHEST X-RAY (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.

Suggested clinical correlation and follow up

Verified By :
TIRUMALESH REDDY



Approved By :

Dr. G PRITHVI RANI MD
CONSULTANT RADIOLOGIST
Reg.No.: 94434

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 Registration : 11/Jul/2023 12:32PM
 Collected : 11/Jul/2023 12:46PM
 Received : 11/Jul/2023 01:41PM
 Reported : 11/Jul/2023 01:58PM

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	6	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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DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/Jul/2023 02:35PM
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	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. Advsieed 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)	15.7	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.64	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	47.0	%	40.0 - 50.0	RBC pulse height detection
MCV	83.3	fL	83 - 101	Automated/Calculated
MCH	27.8	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.9	%	11.0-16.0	Automated Calculated
RDW - SD	39.6	fl	35.0-56.0	Calculated
MPV	9.2	fL	6.5 - 10.0	Calculated
PDW	9.8	fL	8.30-25.00	Calculated
PCT	0.25	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,540	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	23	%	20 - 40	Impedance
EOSINOPHIL	06	%	01 - 06	Impedance
MONOCYTE	10	%	02 - 10	Impedance
BASOPHIL	01	%	0 - 1	Impedance
PLATELET COUNT	2.69	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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LIVER FUNCTION TEST(LFT)
Sample Type : SERUM

TOTAL BILIRUBIN	0.62	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.10	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated
S.G.O.T	35	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	47	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	50	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.9	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl		Calculated
A/G RATIO	1.56			Calculated

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Approved By :


 SURYADEEP PRATAP
 Senior Biochemist

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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	208	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	33	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	121	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	742	mg/dl	See Table	GPO
VLDL	NA	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	6.30		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	22.48	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	175	mg/dl	< 130	Calculated

As Triglycerides level are >400 mg/dL, Friedwald's equation is not suitable for the calculation of VLDL. The LDL estimation is assayed directly. Kindly correlate clinically.

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:

- 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, 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.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved

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Approved By :




Dr. G. MAHESHWAR REDDY
 MD
 HOD Biochemistry & Consultant
 Biochemical Genetics

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Test Name	Result	Unit	Biological. Ref. Range	Method
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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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HOD Biochemistry & Consultant
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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	6.1	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	128	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 .

Verified By :
 TIRUMALESH REDDY



Approved By :

Suryadeep Pratap
 SURYADEEP PRATAP
 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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FBS (GLUCOSE FASTING)
Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	107	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:
Increased In

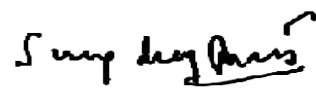
- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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SURYADEEP PRATAP
 Senior Biochemist

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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	110	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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 Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.85	mg/dl	0.67 - 1.17	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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SERUM UREA
Sample Type : SERUM

SERUM UREA	22	mg/dL	17 - 43	Urease GLDH
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Determination of blood urea is the most widely used screening test for renal function. When used in conjunction with serum creatinine determinations it can aid in the differential diagnosis of the three types of azotemia: prerenal, renal and postrenal. Elevations in blood urea concentration are seen in inadequate renal perfusion, shock, diminished blood volume (prerenal causes), chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis (renal causes) and urinary tract obstruction (postrenal causes). Transient elevations may also be seen during periods of high protein intake. Unpredictable levels occur with liver diseases.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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ELECTROLYTES SERUM

Sample Type : SERUM				
SERUM SODIUM	137	mEq/L	136-145	ISE
SERUM POTASSIUM	4.4	mEq/L	3.5 - 5.1	ISE
SERUM CHLORIDE	107	mEq/L	98 - 107	ISE

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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	1.025		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	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/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 :
 TIRUMALESH REDDY

Approved By :



A. Pranitha

DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

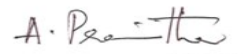
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 11/Jul/2023 02:36PM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
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***** End Of Report *****Verified By :
TIRUMALESH REDDY

Approved By :

**DR PRANITHA ANAPINDI**
MD , CONSULTANT PATHOLOGIST