Visit ID	**: YOD516546**	UHID/MR No	: YOD.0000498416
Patient Name	**: Mr. RAJANALA SRINIVAS MURTHY**	Client Code	: 1409
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10751711
DOB	:	Registration	: 14/Oct/2023 08:34AM
Ref Doctor	: SELF	Collected	: 14/Oct/2023 08:59AM
Client Name	: MEDI WHEELS	Received	: 14/Oct/2023 10:33AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 14/Oct/2023 11:21AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	6	mm/1st hr	0 - 15	Capillary Photometry

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 :
Syed Hyder Ali

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 14/Oct/2023 05:16PM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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. Advsied cross matching before transfusion

Verified By :
Syed Hyder Ali

Approved By :

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MD , CONSULTANT PATHOLOGIST

yoda DIAGNOSTICS

MC-4891

Visit ID	**: YOD516546**	UHID/MR No	: YOD.0000498416
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.2	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	**5.81**	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	46.8	%	40.0 - 50.0	RBC pulse height detection
MCV	**80.6**	fL	83 - 101	Automated/Calculated
MCH	**26.2**	pg	27 - 32	Automated/Calculated
MCHC	32.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.8	%	11.0-16.0	Automated Calculated
RDW - SD	38.3	fl	35.0-56.0	Calculated
MPV	9.9	fL	6.5 - 10.0	Calculated
PDW	12.6	fL	8.30-25.00	Calculated
PCT	0.18	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,420	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	55.4	%	40 - 80	Impedance
LYMPHOCYTE	31.1	%	20 - 40	Impedance
EOSINOPHIL	**7.1**	%	01 - 06	Impedance
MONOCYTE	5.9	%	02 - 10	Impedance
BASOPHIL	0.5	%	0 - 1	Impedance
PLATELET COUNT	1.85	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.15	ng/ml	0.60 - 1.78	CLIA
T4	8.93	ug/dl	4.82-15.65	CLIA
TSH	2.42	ulU/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 propanolol 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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MD BIOCHEMISTRY

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.65	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.52	mg/dl		Calculated
S.G.O.T	22	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	19	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	102	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.7	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.56			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	171	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	106.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	116	mg/dl	See Table	GPO
VLDL	23.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.17		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**2.83**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	130	mg/dl	< 130	Calculated

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRIGLYCERIDE	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, 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.

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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL				
Sample Type : SERUM				
PROSTATE SPECIFIC ANTIGEN	0.804	ng/mL	< 4.0	CLIA

INTERPRETATION:
Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
25 HYDROXY VITAMIN D				
Sample Type : SERUM				
25 HYDROXY VITAMIN D	**24.0**	ng/ml	30 - 70	CLIA

INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-70 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

-Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
-Inadequate exposure to sunlight.
-Dietary deficiency.
-Vitamin D malabsorption.
-Severe Hepatocellular disease.
-Drugs like Anticonvulsants.
-Nephrotic syndrome.

INCREASED LEVELS:

-Vitamin D intoxication.

COMMENTS:

-Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydronxy vitamin D (5-8 hrs).
-The assay measures D3 (Cholecaciferol) metabolites of vitamin D.
-25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
-Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 ng/mL.
-It shows seasonal variation, with values being 40-50% lower in winter than in summer.
-Levels vary with age and are increased in pregnancy.
-This is the recommended test for evaluation of vitamin D intoxication.

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MC-4891

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	**6.5**	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	140	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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SURYADEEP PRATAP
Senior Biochemist

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
VITAMIN B12				
Sample Type : SERUM				
VITAMIN B12	535	pg/mL	120 - 914 pg/mL	CLIA

COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA NITROGEN (BUN)				
Sample Type : Serum				
SERUM UREA	23	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	10.8	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

Test Name	Result	Unit	Biological Ref. Range	Method
FBS (GLUCOSE FASTING)				
Sample Type : FLOURIDE PLASMA				
FASTING PLASMA GLUCOSE	98	mg/dl	70 - 100	HEXOKINASE

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 :
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Approved By :
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Senior Biochemist

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Ref Doctor	: SELF	Collected	: 14/Oct/2023 11:46AM
Client Name	: MEDI WHEELS	Received	: 14/Oct/2023 12:49PM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 14/Oct/2023 01:49PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
PPBS (POST PRANDIAL GLUCOSE)				
Sample Type : FLOURIDE PLASMA				
POST PRANDIAL PLASMA GLUCOSE	109	mg/dl	<140	HEXOKINASE

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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	0.67	mg/dl	0.67 - 1.17	KINETIC-JAFFE

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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Ref Doctor	: SELF	Collected	: 14/Oct/2023 08:59AM
Client Name	: MEDI WHEELS	Received	: 14/Oct/2023 09:54AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)				
Sample Type : SERUM				
GGT	23	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 :
Syed Hyder Ali

Approved By :

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

Visit ID	**: YOD516546**	UHID/MR No	: YOD.0000498416
Patient Name	**: Mr. RAJANALA SRINIVAS MURTHY**	Client Code	: 1409
Age/Gender	: 53 Y 0 M 0 D /M	Barcode No	: 10751711
DOB	:	Registration	: 14/Oct/2023 08:34AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
Sample Type : SERUM				
SERUM URIC ACID	5.0	mg/dl	3.5 - 7.20	URICASE - PAP

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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN/CREATININE RATIO				
Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	23.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.67	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	34.32	Ratio	6 - 25	Calculated

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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 : 4.4 cm IVS(d) :1.0 cm LVEF :60 %
ESD : 2.9 cm PW (d) :1.0 cm FS :30 %
No RWMA

IAS : Intact

IVS : Intact

AORTA : 3.3cms

PULMONARY ARTERY : Normal

PERICARDIUM : Normal

IVS/ SVC/ CS : Normal

Verified By :
Syed Hyder Ali

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 0.8 m/sec, A 0.6 m/sec.

AORTIC FLOW : 1.0m/sec

PULMONARY FLOW : 0.8m/sec

TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: NO MR / TR

IMPRESSION :

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

Verified By :
Syed Hyder Ali

Approved By :

Dr.D.Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		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)	POSITIVE(++)		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	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 :
Syed Hyder Ali

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method

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

Verified By :
Syed Hyder Ali

Approved By :

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST