

# Lotus Hospital

Fire Station Centre,  
CHINTALAPUDI,  
West Godavari (Dist.,)  
Cell: 96668 62159



సర్వో జనాః పూర్వాస్తో భవంతు

Dr. Lakshmi Prasad Bandi

దా॥ లక్ష్మి ప్రసాద్ బండి

M.D. (General Medicine), KMC, Manipal

Dip. Diabetology (Medvarsity Apollo)

APMC Regd.No. 61392

Review

45 days / 3 visits

8/6/24

D. Ramu

Age: 51 Y/M

Bp: 120/80 mmHg

P2DM

not on

Temp: —

PR: 102 bpm

Uncontrolled DM  
Uricaria

Spo<sub>2</sub>: 99.1

WT: 72.1 kg

① T. glycomet 500  
1-x-1 (60)

② T. Mogrek Ax 0.7 (10)

2/10/260

Q



# Lotus Diagnostics

AP Govt. Reg. No. 619/144

## LABORATORY REPORT

|         |                           |    |              |        |
|---------|---------------------------|----|--------------|--------|
| NAME:   | D. RAMU                   | /M | Time 11:00AM | 8/6/24 |
| REF DR: | B.LAKSHMI PRASAD MD (GEN) |    |              | 8/6/24 |

## BLOOD REPORT

| TEST DESCRIPTION    | METHOD     | RESULT | UNITS | REFERENCE RANGES |
|---------------------|------------|--------|-------|------------------|
| Fasting Blood Sugar | GOD/POD EP | 210    | mg/dL | (70-110)         |
| P.P.Blood Sugar     | GOD/POD EP | 260    | mg/dL | (80-160)         |

\*\*\* END OF REPORT \*\*\*

adw | HbA1C

Fire Station Centre, CHINTALAPUDI, West Godavari (Dist.,) Cell: 9493800600

TECHNICIAN

LAB IN CHARGE  
D. RAJU B.Sc M.L.T

# Lotus Diagnostics

## LABORATORY REPORT

AP Govt. Reg. No. 619/144

|             |                            |                |                        |
|-------------|----------------------------|----------------|------------------------|
| NAME<br>MRD | D.RAMU<br>B.LAKSHMI PRASAD | /M<br>MD (GEN) | Time 12:15PM<br>8/6/24 |
| TEST        |                            |                | 8/6/24                 |

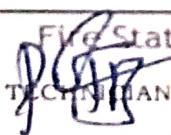
### BLOOD REPORT

| TEST DESCRIPTION   | METHOD | RESULT      | UNITS      | REFERENCE RANGES |
|--|--------|-------------|------------|------------------|
| G.Haemoglobin A 1c<br>Mean blood glucose levels over past 90 days from the Haemoglobin A 1c result |        | 10.2<br>246 | %<br>mg/dl |                  |

#### Reference Range

|               |                        |
|---------------|------------------------|
| Below 6.0 %   | Normal Value           |
| 6.0 % - 7.0 % | Good Control           |
| 7.0 % - 8.0 % | Fair Control           |
| 8.0 % - 10 %  | Unsatisfactory Control |
| Above 10 %    | Poor Control           |

Five Station Centre, CHINTALAPUDI, West Godavari (Dist.,) Cell: 9493800300

  
TECHNICIAN

LAB INCHARGE  
D. RAJU B.Sc M.L.T

Please Preserve this report. No duplicate report can be given.

ICD code

R73.03 - prediabetes

E11.65 - Type 2 diabetes with hyperglycemia

CPT code

99213

POS - II



|              |  |            |                       |
|--------------|--|------------|-----------------------|
| Patient Name | : Mrs.SK.SHARIFAA  | Patient Id | : 107186              |
| Age / Sex    | : 37 Years / FEMALE  | Reg Date   | : 20/06/2024          |
| Referred By  | : Dr. IMMADI PRASAD GARU M.B.B.S D.G.O C/O GEETHA NURSING HOME | Time       | : 20/06/2024 13:58:02 |

### ULTRASOUND SCANNING OF WHOLE ABDOMEN AND PELVIS

#### **Findings:**

**LIVER:** is normal in size and echopattern. No evidence of focal lesions.

No intrahepatic biliary radicle dilatation. Portal vein and CBD are normal.

**GALL BLADDER:** well distended. No evidence of focal lesions / calculi.

Wall thickness normal. No pericholecystic fluid collection seen.

**SPLEEN:** normal in size and echopattern. No evidence of focal lesions.

**PANCREAS:** normal in size and echopattern. No evidence of calcifications or focal lesions

Pancreatic duct is normal.

**Right kidney:** normal in size and echopattern.

**Pelvicalyceal system is dilated .**

-due to calculus of 8.4mm.

**calculi(4-5) largest 5.9mm noted.**

**Left kidney:** normal in size and echopattern.

Pelvicalyceal system is normal.

Corticomedullary differentiation well maintained.

**calculus sof 4.0mm in the mid pole.**

**Urinary bladder** well distended. Bladder walls are normal. No evidence of calculi.

**UTERUS :** normal in size with echotexture.

**Anterior intramural fibroid** meas 1.6x1.0cms . Endometrial echo normal.

**BOTH OVARY:** Could not be evaluated..

No evidence of free fluid in the pelvic or abdominal cavity.

Visualised bowel loops are normal in caliber & showing normal peristalsis.

#### **IMPRESSION :**

**RIGHT HYDROURETERONEPHROSIS .**

- Secondary to very proximal ureteric obstruction due to a calculus of 8.4mm.

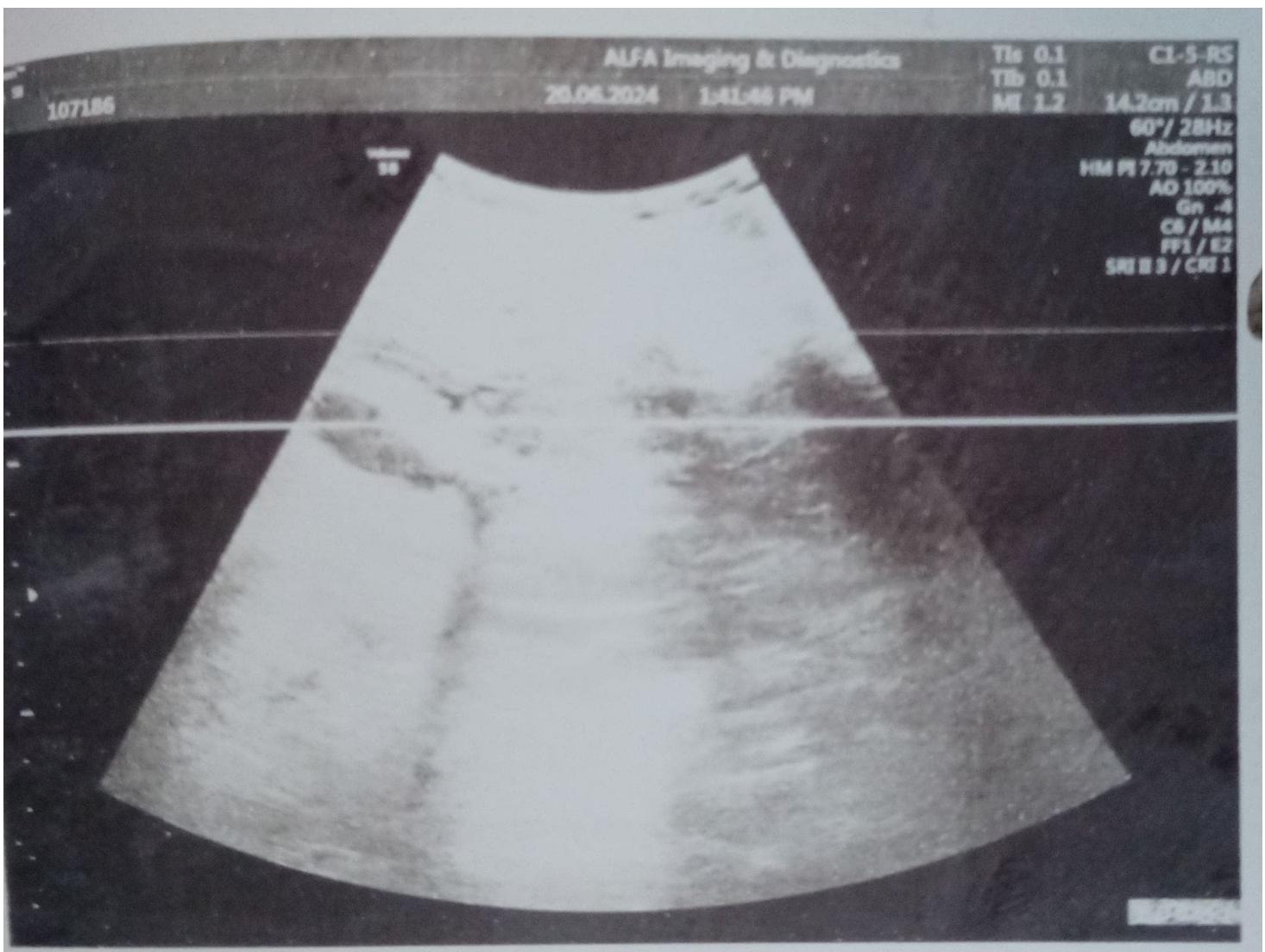
**BILATERAL RENAL CALCULI.**

**UTERINE FIBROID.**

**ADV:CTKUB**

DR.B.RAKESH  
MBBS,MD  
RADIOLOGIST

This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. This report is not valid for medico legal purpose.



### ICD code

- > Right hydronephrosis - N13.2
- > Bilateral Renal calculi - N20.0
- > Uterine fibroid - D25.1 (intramural leiomyoma  
of uterus)

### CPT code

ultrasound, abdomen, complete - 76856



# Orange Imaging & Diagnostics

33-25-33B, Pushpa Hotel Road  
Opp. Dr. Brahmanandam hospital  
VIJAYAWADA-520 002. Ph.: 2436033  
Lab : 6644501

Patient Name: G. RAGHAVA RAO

Age: 63 Y Sex: MALE

Ref: Dr: G.RAJESH KUMAR M.S., M.Ch

Date: 04/12/2018

## MRI BRAIN PLAIN STUDY

Technique: T1, T2, FLAIR, DWI and axial, T2 coronals, T1 sagittals

### Findings:

Ventricular system including 4<sup>th</sup> ventricle is prominent.  
Extra ventricular CSF spaces are prominent.

No extra axial collections or mass lesions are seen.  
CP angle cisterns, cerebellar foliae are normal.

T2/ FLAIR hyperintense areas seen involving right cerebellum showing diffusion restriction and low ADC values -S/o. Acute infarct.

Chronic infarct seen involving left cerebellum, right peritrigonal region, bilateral capsuloganglionic regions.

Rest of the brain parenchyma shows normal signal intensity.

Basal ganglia and thalamus are normal.

Brainstem show normal signal intensity.  
No mass lesions seen in CP angle cisterns.

Bilateral internal auditory canals, 7<sup>th</sup> and 8<sup>th</sup> nerve complex are normal to the extent visualised.

Circle of Willis and basilar artery show normal signal voids.  
Dural venous sinuses are normal.

Visualised para nasal sinuses are normal.  
No inflammatory changes are seen in mastoid air cells.

### IMPRESSION:

- Multiple acute infarcts seen involving right cerebellum.
- Chronic infarct seen involving left cerebellum, right peritrigonal region, bilateral capsuloganglionic regions.
- Age related diffuse cerebral atrophy.

Dr. Jahnavi. Ch.  
MBBS, DMRD,  
Consultant Radiologist

Dr. T.V.S. Satyakalyana  
MDRS, DMRI, DMRD,  
Consultant Radiologist



# SURAKSHA HOSPITAL

E4 DEC 2018  
PAID

G. Raghava Rao 63y/M

**Dr. Rajesh Kumar Ghanta**

Consultant Neuro Surgeon  
M.S. (Gen Surg.) A.I.I.M.S., New Delhi  
M.Ch(Neuro Surg) P.G.I.M.E.R. Chandigarh

H/N  $\oplus$  (T-Telmiwock-H) on L

D.M  $\oplus$  (T-Gimp-M<sub>2</sub> SR) on

C/o vertigo x 2 months back  
 $\downarrow$   
subsided

Now c/o severe vertigo  
~~vertigo~~ | x1 day  
vertigo  
ataxia

H/o R cerebellar infarct (15/6/2018)  
CT brain done

B.P:- 150/90 mmHg

Adv  
MRI brain

MRI brain

(R) cerebellar  
infarct.

Adv  
Neurology opinion  
G.R.



# SURAKSHA HOSPITAL

**Dr. V.V.B. Choudary M.D., D.M.**  
Consultant Neurophysician

|              |                                 |       |              |
|--------------|---------------------------------|-------|--------------|
| Patient Name | : G.Raghava Rao                 | IP No | : IP005634   |
| Sex : Male   | : Age 63 years                  | DOA   | : 04/12/2018 |
| Consultant   | : Dr.V.V.B.Choudary, M.D., D.M. | DOD   | : 11/12/2018 |

## DISCHARGE SUMMARY

**Diagnosis** : POSTERIOR CIRCULATION STROKE, HTN, T2DM.

**Clinical Problem** : A 63 years old male presented with slurring of speech since 3 days.  
Ataxia+, vomiting+, vertigo.  
Numbness of left upper limb & lower limb.  
K/C/O HTN, T2DM since 10 years on medicine.  
S/P Hydrocelectomy 35years back. Ex alcoholic.

**On examination** : Patient Conscious & Coherent.  
Power Rt UL-LL: 5/5, Lt UL-LL: 4/5.  
BP: 140/80mm/Hg, PR: 80/min, RR: 22/min, CVS: S1S2+, RS: BAE+, P/A: Soft,  
SPO2: 99% (Room air), Temp-N.

**Investigations** : Reports Enclosed.

**Hospital Course** : Patient was admitted and evaluated. MRI Brain showed Multiple acute Infarcts seen involving right cerebellum, chronic infarct in left cerebellum, right paritrigonal region. Patient was treated with IV antibiotics, antacids, antihypertensives, antiplatelets, statins, antidiabetics, Fluids and other supportive care. Patient gradually Improved and stable at the time of discharge.

**Advice on Discharge** :

1. Tab. Pantoprazole 40mg OD (7AM)
2. Tab. Amlodipine 5mg OD (8AM)
3. Tab. Clopidogrel 75mg OD (2PM)
4. Tab. Atorvastatin 20mg H/S OD (9PM)
5. Tab. Gabantin 100mg BD (8AM-8PM)
6. Tab. Glimipred 500mg BD 1-½
7. Tab. Met XL 500mg BD (8AM-8PM)
8. Tab. Vertin 16mg TID (6AM-2PM-10PM)

**Review** : Review after 10 days (21/12/2018) with prior appointment.

**Dr.V.V.B.Choudary, M.D., D.M.**

Anjamma Street, Prajasakthi Nagar, Vijayawada-520 010. For Appointment : 0866-66 77 999, 66 77 991, 66 77 992, 2444 585

మా ప్రార్థన కురంత సురక్షితం...

Quality Health Care

## ICD codes

Multiple acute infarcts

for right cerebellum - I63.341

Chronic infarct in left cerebellum

right paritrigonal region - I63.343

Hypertension - I10

Type 2 diabetes mellitus - E11.9

CPT

MRI brain plain study - 70551



# Suraksha Hospital

Anjamma Street, Opp. Post Office, Prajasakthi Nagar, VIJAYAWADA -10.  
Ph's : 0866 - 6677999, 6674601-661, 2444545, 2444585, Cell : 98481 24796

Name : G. Raghava Rao

AGE / SEX : 63y M

Date : 6/12/18

OP / I.P.No. :

## ULTRA SONO GRAPHY REPORT

Real Time, B-Mode & Colour Doppler Examination of Adbomen

### MEASUREMENTS :

Liver : fatty

Commo Bileduct :

Spleen : enlarged

Main Portalvein :

Right Kidney : normal size

Aorta :

Left Kidney : echo, no calatus

Prostate : normal

Uterus :

Right Ovary :

Left Ovary :

### OBSERVATIONS :

AB normal wld  
pancreas no Ascts; No peritoneal  
effusion

### IMPRESSION

- fatty liver

- mild splenomegaly

## ICD codes

K76.0 - fatty liver

R16.1 - splenomegaly

## CPT

ultra sound abdomen - 76700 (real time,  
B-mode & colour Doppler examination.



9001:2015  
191864142348



Patient Name : D.KAVITHA  
Gender/Age : Female /27 Years  
Referred By : C/O.OMKAR DIAGNOSTICS

Patient Id : 24-16812  
Reg Date : 04-04-2024 09:42 AM  
Reported Date : 04-04-2024 10:25 AM

### DEPARTMENT OF ENDOCRINOLOGY

#### THYROID REPORT

| TEST DESCRIPTION                  | RESULT      | UNITS  | BIOLOGICAL REFERENCE RANGES |
|-----------------------------------|-------------|--------|-----------------------------|
| Tri Iodo Thyronine                | [T3] : 1.26 | ng/ml  | Adults: 0.80 - 2.0ng/ml     |
| Thyroxine                         | [T4] : 7.17 | μg/dl  | Adults: 5.1 - 14.1μg/dl     |
| Thyroid Stimulating Hormone [TSH] | : 12.54     | μIU/ml | Adults: 0.27 - 4.2μIU/ml    |

| Test          | Age Group     | Reference Ranges |
|---------------|---------------|------------------|
| T3            | 0-3 days      | : 0.96 - 2.92    |
|               | 4-30 days     | : 0.62 - 2.43    |
|               | 2-12 month    | : 0.81 - 2.81    |
|               | 2-6 years     | : 0.83 - 2.52    |
|               | 7-11 years    | : 0.92 - 2.19    |
|               | 12-19 years   | : 0.83 - 2.15    |
| Pregnancy     | :             |                  |
| 1st Trimester | : 0.81 - 1.90 |                  |
| 2nd Trimester | : 1.00 - 2.60 |                  |
| 3rd Trimester | : 1.00 - 2.60 |                  |

| Test          | Age Group     | Reference Ranges |
|---------------|---------------|------------------|
| T4            | 0-3 days      | : 5.37 - 22.4    |
|               | 4-30 days     | : 5.24 - 23.2    |
|               | 2-12 month    | : 5.37 - 14.8    |
|               | 2-6 years     | : 5.26 - 14.8    |
|               | 7-11 years    | : 5.70 - 14.1    |
|               | 12-19 years   | : 4.74 - 14.6    |
| Pregnancy     | :             |                  |
| 1st Trimester | : 6.40 - 15.2 |                  |
| 2nd Trimester | : 7.40 - 15.2 |                  |
| 3rd Trimester | : 7.70 - 13.8 |                  |

| Test          | Age Group    | Reference Range |
|---------------|--------------|-----------------|
| TSH           | 0-3 days     | : 5.17 - 14.6   |
|               | 4-30 days    | : 0.43 - 16.1   |
|               | 2-12 month   | : 0.62 - 8.05   |
|               | 2-6 years    | : 0.54 - 4.53   |
|               | 7-11 years   | : 0.66 - 4.14   |
|               | 12-19 years  | : 0.53 - 3.59   |
| Pregnancy     | :            |                 |
| 1st Trimester | : 0.30 - 4.5 |                 |
| 2nd Trimester | : 0.50 - 4.5 |                 |
| 3rd Trimester | : 0.80 - 5.2 |                 |

TECHNIQUE : ELECTRO CHEMILUMINISCENCE

LAB INCHARGE

DR.P.ANNAPURNA, MD,  
CONSULTANT PATHOLOGIST

G.RAMESH, MSc.(BIOCHEM)

Please preserve this report. No duplicate report can be given.

Report prepared by using eLab software. contact Mob:8712146561



**CREST  
LABS**

**ACCURATE DIAGNOSTICS**

Patient Name : MRS. D. KAVITHA

Age / Gender : 27 years / Female

Patient ID : 23977

Source : DIRECT

**Dr. Swathi Yarlagadda**

M.D., Pathology (KMC, Manipal)

Reg No. 81297

**LABORATORY REPORT**

Referral : Dr. J. Sambasiva Rao. M.S

Collection Time : 04/04/2024, 01:27 PM

Reporting Time : 04/04/2024, 03:28 PM

Sample ID :



**NAC with procedure**

**Cytology Number:**

Cyt 557/24

**Brief clinical details:-**

Jointre

**Procedure:-**

NAC of thyroid done

**Nature of the Specimen:-**

Aspirated blood mixed material

**Microscopic description:-**

Cellular smears show sheets and clusters of follicular epithelial cells with many showing oxyphilic changes. Moderate lymphoplasmacytic infiltration with focal lymphoid aggregates seen. Many lymphoepithelial and lymphohistiocytic tangle re seen. Background show scant colloid admixed with haemorrhage

**FINAL IMPRESSION:-**

Features suggestive of Lymphocytic / Hashimoto's thyroiditis ( Bethesda Category II )

Note:-

Suggest clinical correlation/ Slides will be preserved for three months only

Dr. Swathi Yarlagadda, M.D. (Manipal)  
Consultant Pathologist



# GOODWILL

## scanning centre

April 4, 2024

Patient: Female.  
Name: Siva Rao, MS.,

### ULTRASOUND SCAN OF NECK

#### **THYROID:**

**RIGHT LOBE:** - 49x16x15 mm

**LEFT LOBE :** - 54x17x16 mm

**Isthmus :** 4mm.

Enlarged thyroid gland show reduced echotexture.

- \* **Bilateral submandibular glands:** Normal in size & echotexture. No evidence of focal lesions.
- \* **Bilateral parotid glands:** Normal in size & echotexture. No evidence of focal lesions.
- \* Bilateral small lymphnodes noted along neck vessels—reactive.
- \* Great vessels of neck appear normal.

**IMPRESSION:** \* Diffuse goiter—thyroiditis.

-- For clinical correlation & follow up

Dr.D.Krishna  
MBBS, D

ICD code:

E06.3 - Hashimoto's thyroiditis

E04.0 - Nontoxic diffuse goiter.

CPT code

ultrasound, soft tissues of head & neck - 76536