

UHD : 2000481328 Gastroenterology
MR. MD ALAUDDIN
02-06-1969 / 53 Yrs 4 Mth / Male
DR. ALLA SIDDHARTHA REDDY
Arrival Date : 13-10-2022 12:27

Cl₂-Gas ⊕ / Bloat ⊕ / Lt-UC pain ⊕ / Borborygmi ⊕ /

Bowels → ⊕ / No wt loss

HTN ⊕ / T₂DM ⊕ / Thyroid ⊕

all ⊕

Suff

March 22'

→ MHC

UGI → Ab

→ ~~UGI~~

Ammonia breath test → true

→ H₂ Breath test → neg

AI

MR - MD Alauddin
OUTPATIENT NURSING
SCREENING FORM (Adult)

(Patient Label)

OH ID - 2-481328

1. Vitals:

Temperature: 98.6 °F Respiration: 19 min Blood Pressure: 114/75 mm of Hg Pulse: 82 min
 SPO2: 99+ Weight: 59 kg Height: ~~163~~ 163.5 cms

Note: Redflag signs - shift to patient to ER in wheel chair/ stretcher

Bmi - ~~30.22~~ 22 kg/m²

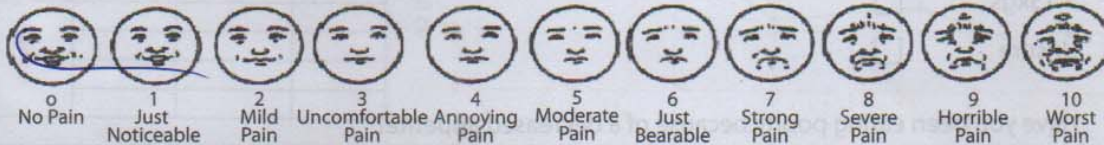
2. Allergies: Yes No Unknown

If Yes Food Medication Others Allergy (Red) Band Applied: Yes No

1. _____ 2. _____ 3. _____

3. Pain Screening

PAIN SCALE (Wong - Baker)



Pain Score 0/10 If Pain Score Above 3 Physician Informed

Location: _____ Duration: _____ Frequency: _____ Character: dtb

4. Fall Risk Screening (LV4)

- Do you feel Unsteady when standing or walking Mode? Do you worry about Falling?
- Have you fallen in the past year? Visually Challenged Hearing Challenged
- Gait or balance disturbance Patient on wheel chair or Ambulatory devices

Note: If yes for any of the above, complete the following interventions.

Interventions

- Escort or Assist patient by GDA
- Patient or attendant education on fall preventions and precautions
- Orange band applied
- Wheel chair or stretcher with brakes locked, side rails, low position

* This list is for guidance only and healthcare provider should use their clinical judgement if they suspect a patient as at risk of fall

5. Functional Screening:

Normal activity of daily living (ADL)

If there is abnormal ADL check one of the following

Washing Problem Toileting Problem

Dressing Problem Feeding Problem

Mobility Problem Others

Note: If yes for any of the above complete the following interventions

Intervention

Physician Informed

Referred to

6. Nutritional Screening

1. Have you lost weight within the last 3 months without trying?

No 0

Yes 1

If yes, how much weight have you lost?

1-5 kgs

5-10 kgs

10-15kgs

> 15kgs

Unsure

Intervention

Physician Informed

Referred to

2. Have you been eating poorly because of a decreased appetite?

No 0

Yes 1

TOTAL SCORE: (Add weight loss and appetite score) =

SCORE: 0 1 Not at risk

SCORE: 2 at risk (Intervention recommended)

7. Psychological (+ve)

Looks Depressed /Agitated /irritated

Emotional/Behavioral Problem (Uncooperative)

Altered mental status

Intervention

Physician Informed

Referred to

Note: If yes for any of the above complete the following interventions

8. Socio-Economic (+ve)

Living Alone Suspected Abuse Or Neglect

Unable To Assess

Cultural Or Religious concerns, If yes please specify None

Intervention

Physician Informed

Referred to

Note: If yes for any of the above complete the following interventions

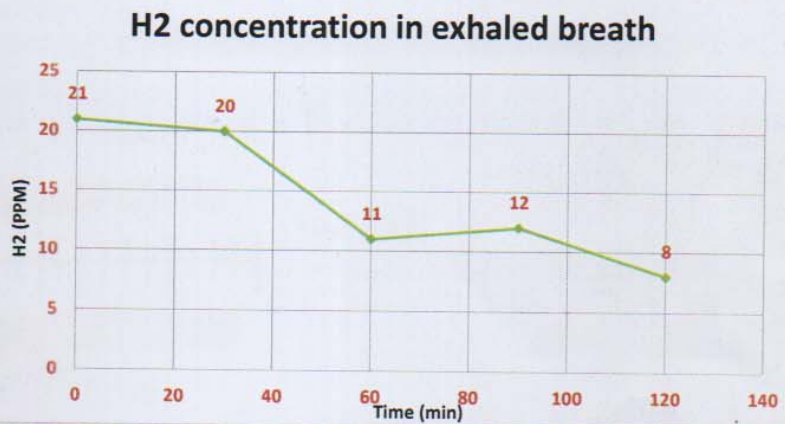
Nurse Name: Cornelia ID No.: 5029 Signature: [Signature]

Date: 13/10/22 Time: _____

UHID No:	2000481328	Date:	15-10-2022
Patient Name:	Mr.Md Alauddin	Age:	53 Yrs
Sex:	Male	Procedure:	Hydrogen Breath Test
Consultant:	Dr D Nageshwar Reddy	Dosage:	Glucose 75 gm
Operator:	Upendar.N	Ref by:	Dr.Alla Siddhartha Reddy

HYDROGEN BREATH TEST REPORT

	Sample	Sample Time in mins	H2 PPM
small intestine	Control	0	21
	1	30	20
	2	60	11
	3	90	12
	4	120	8
colon			



SUMMARY OF 2 HOURS RESULT

PEAK INCREASE VALUE FOR HYDROGEN GAS IS PRESENTED BELOW

PEAK HYDROGEN (H2) PRODUCTION:

NORMAL < 12PPM*


Indication: ? Small Intestine Bacterial Over Growth

Procedure: 75 gm of oral glucose with 400 ml of water given and serial estimation of H2 done at regular intervals using Lacto FAN2 Gastrolyzer.

Result: Baseline breath hydrogen levels are elevated. There is no significant rise in H2 level at 30,60,90&120 mins (> 12 ppm from baseline).

Impression: No evidence of Small Intestinal Bacterial Overgrowth.

Dr D Nageshwar Reddy


Dr. Neeraj Singla

Dr. Rakesh K



HELIC Ammonia Breath Test

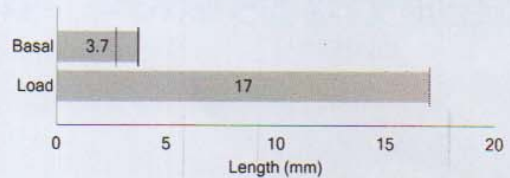
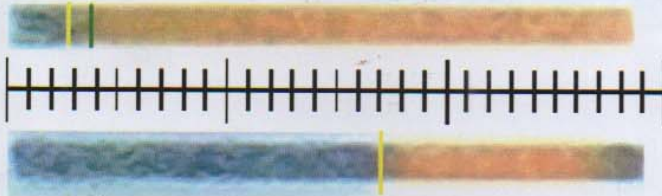
TEST REPORT

1. PATIENT DATA

Full name: **MR.MD ALAUDDIN**
ID: **2000481328**
Date of Birth: **6/2/1969 (age: 53)**
Gender: **M**

Ref By: **Dr. Alla Siddhartha Reddy**

2. IMAGES AND GRAPHS



3. RESULTS

Basal Length: **3.7 mm**
Load Length: **17 mm**
Length Differential (dL): **13.3 mm**
Result Interpretation: **Positive(+)**

4. PARAMETERS

Reader SN: SN336
Ind. tubes LOT: 325
Manuf. Date: 3/22/2022
Expiry Date: 3/31/2024

Test #: **857**

Test Date: **10/15/2022 9:57 AM**

Operator's Signature _____

Dr. Duvvur Nageshwar Reddy

Dr. Rakesh Kalpala

DEPARTMENT OF INTERVENTION RADIOLOGY

USG Reporting

Patient Name	: MR. MD ALAUDDIN	IP ID	:
Age	: 53 Yrs 4 Mth	UHID	: 2000481328
Gender	: Male	Bill No.	: AGOP220761050
Ref. Doctor	: DR. ALLA SIDDHARTHA REDDY	Bill Date	: 13-10-2022 16:26:02
Ward	:	Room No.	:

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Measures 110 mm, normal in size and echotexture with smooth contour. No focal parenchymal lesion noted. Intrahepatic biliary and vascular radicles are normal.

PORTAL VEIN: Normal.

CBD: Normal.

GALLBLADDER: Partially distended.

SPLEEN: Measuring 75 mm, normal in size and normal echotexture.

PANCREAS: Visualized pancreas is normal in size and echotexture. No calcifications / calculi. No ductal dilatation. No evidence of peripancreatic fluid.

BOTH KIDNEYS: Both kidneys are normal in size and echogenecity. Corticomedullary differentiation well maintained. No hydronephrosis or calculi noted.

URINARY BLADDER: Well distended. Normal wall thickness. No calculi noted.

PROSTATE: Normal in size and echotexture. Vol - 12.4 cc.

No free fluid in the abdomen.

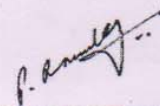
Herniation of omentum is noted through a defect of 12 mm at umbilical region. ✓

IMPRESSION:

- **Umbilical hernia with omentum as its content.**

For clinical correlation and further evaluation.

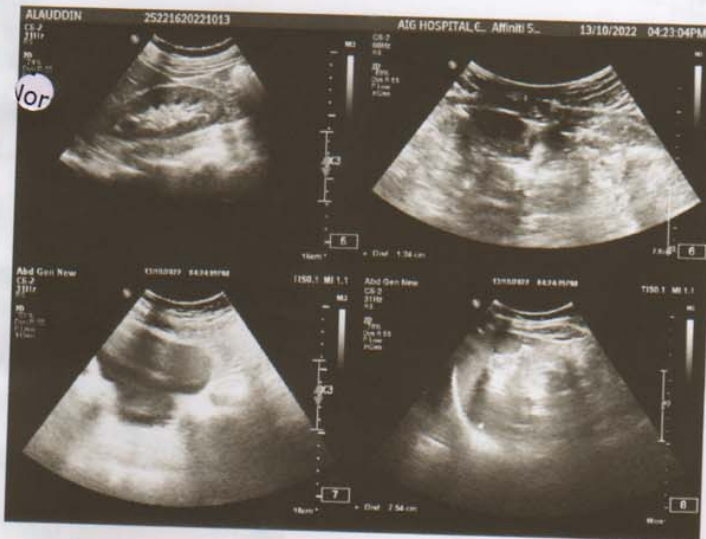
nar



DR. P ROHAN REDDY
CONSULTANT RADIOLOGIST

.....End of Report.....

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



VISION RADIOLOGY

ID	:	
ID	:	
No.	:	2000481328
Date	:	AGOP220761050
No.	:	13-10-2022 16:26:02
	:	

FN
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No calcifications / calculi. No
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LIV
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CBD:
GALLE
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PANCRE
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URINARY B
PROSTATE:

No free fluid in
Herniation of om

IMPRESSION:

- Umbilical I

For clinical correlati

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with all

ST

481328
53 Years

MD ALAUDDIN
Male

13/10/2022 16:39:18

AIG GACHIBOWLI (GACHIBOWLI, HYD>

Rate 64 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Incomplete right bundle branch block.....QRSd >112, terminal axis(90,270)
 . ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 152
 QRSd 114
 QT 439
 QTc 453

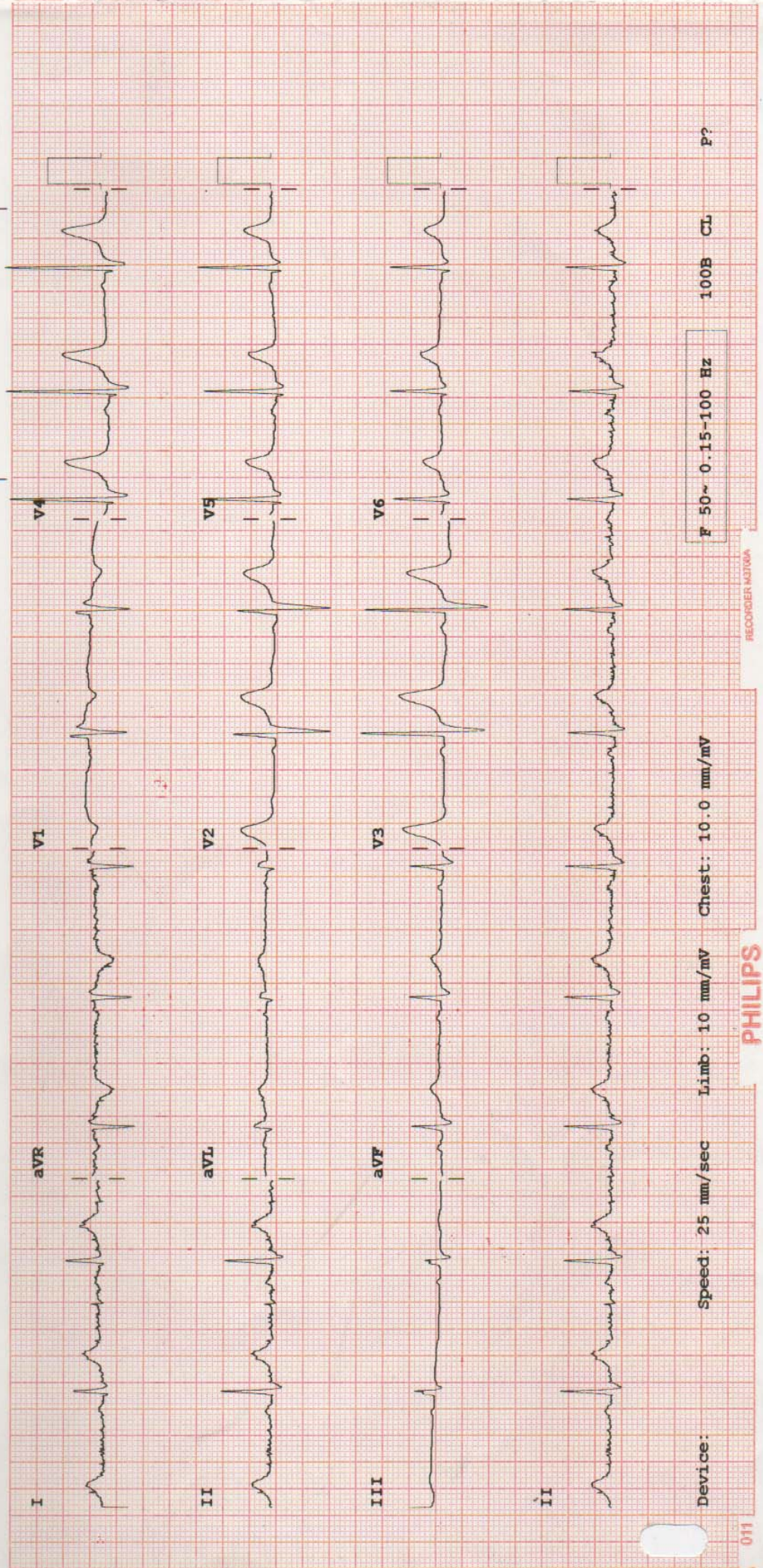
--AXIS--

P 36
 QRS 47
 T 32

12 Lead; Standard Placement

-- ABNORMAL ECG --

Unconfirmed Diagnosis



Device:

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

F 50~ 0.15-100 Hz

100B CL P?

Patient Name : MR. MD ALAUDDIN
Age / Gender : 53 Years / Male
UHID : 2000481328
Patient Type : OP
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
Sample ID : AG220912804
Sample Collected On : 14-10-2022 09:45
Sample Received On : 14-10-2022 10:17
Reported On : 14-10-2022 12:46

HAEMATOLOGY REPORT

Investigation	Result	Reference Range
ESR		
Erythrocyte Sedimentation Rate (ESR) Modified Westergren Method / Photometric Flow Kinetic Analysis	5	0-14 mm/hr
CBP (COMPLETE BLOOD PICTURE)		
HEMOGLOBIN <i>Photometric / SLS Hemoglobin</i>	15.3	13.0 - 17.0 gm/dL
RBC <i>Electronic Impedance / Hydrodynamic Focusing</i>	5.4	4.5-5.5 millions/mm ³
PCV <i>Calculated</i>	45	40-50 %
MCV <i>VCS Technology / Calculated</i>	L 82	83 - 101 fl
MCH <i>Calculated</i>	28	27 - 32 pg
MCHC <i>Calculated</i>	34	31.5-34.5 gm/dL
RDW <i>VCS Technology / Calculated</i>	14	11.6 - 14 %
TOTAL WBC <i>Electrical Impedance</i>	6400	4000 - 10000 Cells/mm ³
DIFFERENTIAL COUNT		
NEUTROPHILS <i>VCS Technology / Microscopy</i>	44	40-80 %
LYMPHOCYTES <i>VCS Technology / Microscopy</i>	H 44	20 - 40 %
EOSINOPHILS <i>VCS Technology / Microscopy</i>	05	1-6 %
MONOCYTES <i>VCS Technology / Microscopy</i>	07	2-10 %
BASOPHILS <i>VCS Technology / Microscopy</i>	00	0-2 %
ABSOLUTE LEUCOCYTE COUNT		
Absolute Neutrophil Count <i>Calculated</i>	2816	2000-7000 Cells/mm ³
Absolute Lymphocyte Count <i>Calculated</i>	2816	1000-3000 Cells/mm ³
Absolute Eosinophil Count <i>Calculated</i>	320	20-500 Cells/mm ³
Absolute Monocyte Count <i>Calculated</i>	448	200-1000 Cells/mm ³
Absolute Basophil Count <i>Calculated</i>	L 0	20-100 Cells / mm ³
Neutrophil Lymphocyte Ratio <i>Calculated</i>	1.0	
PLATELET COUNT <i>Electronic Impedance / Peripheral smear microscopy</i>	280.0	150-410 10 ³ /mm ³
MPV <i>Electrical Impedance</i>	7.5	7.4-10.4 fL
PERIPHERAL SMEAR		

Patient Name : MR. MD ALAUDDIN
Age / Gender : 53 Years / Male
UHID : 2000481328
Patient Type : OP
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
Sample ID : AG220912804
Sample Collected On : 14-10-2022 09:45
Sample Received On : 14-10-2022 10:17
Reported On : 14-10-2022 12:46

RBC	Normocytic Normochromic
WBC	Relative Lymphocytosis
PLATELETS.	Adequate
ABNORMAL CELLS	Nil
HEMOPARASITES	Nil

Interpretation:

1. A quantitative automated hematology analyser is a screening device used to classify and enumerate the RBC, WBC, Hemoglobin, MCV, MCH, PCV, MPV and Platelet parameters for venous anticoagulated whole blood which are collectively called as complete blood counts.
2. CBP is a screening tool which helps in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders, and infections. This test is also useful in monitoring response to treatment.
3. As results are generated by a fully automated analyser, the differential count is computed from a total of several thousands of cells. The differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

Sample Type: EDTA Whole Blood

End of Report



Entered By : 10005203

DR. ANURADHA SEKARAN

Dr. Vishnuvardhan Kommu

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AIG Hospitals (a unit of Asian Institute of Gastroenterology) | CIN: U99999TG1994PTC018352

Patient Name : MR. MD ALAUDDIN
 Age / Gender : 53 Years / Male
 UHID : 2000481328
 Patient Type : OP
 Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
 Sample ID : AG220912807
 Sample Collected On : 14-10-2022 09:45
 Sample Received On : 14-10-2022 10:09
 Reported On : 14-10-2022 11:49

SEROLOGY REPORT

Investigation	Result	Reference Range
HBsAg (CLIA)		
HBsAg ENHANCED CHEMILUMINESCENCE (CLIA)	0.17 Negative	S/Co >1.0 Positive S/Co 0.9 - 0.99 Borderline S/Co < 0.9 Negative

Interpretation:

This test detects hepatitis B Surface Antigen(HBsAg).

The results from this test should be used and interpreted only in the context of the overall clinical picture. A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus (HBV). Levels of HBsAg may be undetectable both in early infection and late stage of infection. In rare cases HBsAg tests do not detect certain HBV mutant strains.

HBsAg may not be detected during "Window period" of acute HBV infection (i.e. after disappearance of HBsAg and prior to appearance of Anti-HBs). Testing for acute HBV infections should also include anti HBe-IgM.

Heterophilic antibodies in serum may give false Positive result. Results which are inconsistent with clinical observations indicate the need for additional testing by HBV DNA PCR.

A Positive Result indicates either acute or chronic Hepatitis B virus infection or chronic HBV carrier state

Sample Type: Serum

End of Report

J. Sadhana



Entered By : 10009838

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 AIG Hospitals (a unit of Asian Institute of Gastroenterology) CIN: U99999TG1994PTC018352

Dr. Y. V. Sadhana
 Sr. Consultant, Microbiologist
 MD, FRCPath(UK)

Patient Name : MR. MD ALAUDDIN
Age / Gender : 53 Years / Male
UHID : 2000481328
Patient Type : OP
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
Sample ID : AG220912803
Sample Collected On : 14-10-2022 09:45
Sample Received On : 14-10-2022 11:11
Reported On : 14-10-2022 12:14

CLINICAL PATHOLOGY REPORT

Investigation	Result	Reference Range
CUE (COMPLETE URINE EXAMINATION)		
PHYSICAL EXAMINATION (Manual)		
COLOUR <small>Visual Examination</small>	Pale - Yellow	Pale - Yellow
CLARITY <small>Visual Examination</small>	Clear	Clear
REACTION(pH) <small>STRIP</small>	Acidic	4.6-8.0
SPECIFIC GRAVITY <small>STRIP</small>	1.020	1.003-1.030
CHEMICAL EXAMINATION (Strip Method)		
PROTEIN <small>Protein error - principle / Heat Coagulation</small>	Nil	Nil
GLUCOSE <small>Glucose oxidase-peroxidase-chromogen / Benedict's</small>	Nil	Nil
BILIRUBIN <small>Diazonium salt test / Fauchets</small>	Not detected	Not detected
KETONE BODIES <small>Legal's test / Rotheras</small>	Absent	Absent
BLOOD <small>Benzidine test</small>	Negative	Negative
UROBILINOGEN <small>[Diazonium salt test / Ehrlich's]</small>	Normal	
NITRITE <small>Griess reaction</small>	Negative	Negative
MICROSCOPIC EXAMINATION		
LEUKOCYTES	1-2	<5 cells/HPF
R.B.C	Nil	Nil
EPITHELIAL CELLS	Occasional	<5 cells/HPF
CRYSTALS	Nil	Nil
CASTS	Nil	Nil

Interpretation:

- Complete urine examination is a combination of physical, chemical and microscopic tests.
- Urine analysis is used to check overall health detect and manage a wide range of medical condition such as urinary tract infections, kidney disease, diabetes etc.
- The test detects and / or measure several substances in urine such as by-products of normal and abnormal metabolism, (protein, glucose, bilirubin etc.) cells, cellular fragments, crystals, casts, parasites and bacteria.

Sample Type: Urine

End of Report



Entered By : 10005203

Road, Gachibowli, Hyderabad, Telangana - 500 032

DR. ANURADHA

SEKARAN

Chief Pathologist

91404244222 info@aighospitals.com www.aighospitals.com

Dr. Vishnuvardhan Kommu

Pathologist

AIG Hospitals (a unit of Asian Institute of Gastroenterology) CIN: U99999TG1994PTC018352

Pathologist

Patient Name : MR. MD ALAUDDIN
Age / Gender : 53 Years / Male
UHID : 2000481328
Patient Type : OP
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
Sample ID : AG220912808
Sample Collected On : 14-10-2022 09:45
Sample Received On : 14-10-2022 11:52
Reported On : 14-10-2022 12:42

DEPARTMENT OF TRANSFUSION MEDICINE

Investigation

Result

***BLOOD GROUPING & TYPING**

ABO GROUP

A

Rh TYPING

POSITIVE

Interpretation

"A" POSITIVE

[Method: Forward & Reverse grouping done by Column Agglutination Technique (CAT)]

* The test marked with an * is not accredited by NABL

End of Report



Entered By : 10001181



Dr. Pragati Naik

Consultant Dept of TM

Wondrace Road, Gachibowli, Hyderabad, Telangana - 500 032 ☎ +91 40 4244 4222 ✉ info@aighospitals.com

AIG Hospitals (a unit of Asian Institute of Gastroenterology) CIN: U99999TG1994PTC018352

Patient Name : MR. MD ALAUDDIN	Bill Date : 13-10-2022 15:18
Age / Gender : 53 Years / Male	Sample ID : AG220912809
UHID : 2000481328	Sample Collected On : 14-10-2022 09:45
Patient Type : OP	Sample Received On : 14-10-2022 10:15
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY	Reported On : 14-10-2022 12:19

HORMONE REPORTS

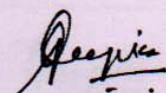
Investigation	Result	Unit	Biological Ref. Interval
TSH			
TSH CMIA	0.45	mIU/ml	0.35-4.94

Interpretation: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of thyroid hormone are altered throughout the stages of pregnancy.
Sample Type: Serum

End of Report



Entered By : 10010299



Dr. G. Deepika
MD Biochemistry

Sr. Consultant & HOD Biochemistry

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AIG Hospitals (a unit of Asian Institute of Gastroenterology) CIN: U99999TG1994PTC018352

Patient Name : MR. MD ALAUDDIN	Bill Date : 13-10-2022 15:18
Age / Gender : 53 Years / Male	Sample ID : AG220912806
UHID : 2000481328	Sample Collected On : 14-10-2022 09:45
Patient Type : OP	Sample Received On : 14-10-2022 10:15
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY	Reported On : 14-10-2022 11:47

BIOCHEMISTRY REPORT

Investigation	Result	Unit	Biological Ref. Interval
BLOOD UREA			
BLOOD UREA UREASE KINETIC	23	mg/dl	17-43

Interpretations: Urea is the end product of the protein metabolism. It is synthesized in the liver from the ammonia produced by the catabolism of amino acids. It is transported by the blood to the kidneys from where it is excreted. Increased levels are found in renal diseases, urinary obstructions, shock, congestive heart failure and burns. Decreased levels are found in liver failure and pregnancy.

CREATININE			
SERUM CREATININE Kinetic Jaffe's - IDMS Traceable	0.82	mg/dl	0.67-1.17

Interpretations: Creatinine is the catabolic product of creatinine phosphate which is used by the skeletal muscle. The daily production depends on muscular mass and it is excreted out of the body entirely by the kidneys. Elevated levels are found in renal dysfunction, reduced renal blood flow (shock, dehydration, congestive heart failure) diabetes acromegaly. Decreased levels are found in muscular dystrophy.

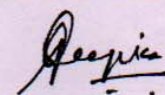
LFT			
TOTAL BILIRUBIN DPD	0.7	mg/dl	0.3-1.2
DIRECT BILIRUBIN DPD	0.1	mg/dl	0-0.2
INDIRECT BILIRUBIN Calculated	0.6	mg/dl	
SGPT (ALT) IFCC Ref.without P5P	26	U/L	Male : 0-50
SGOT (AST) IFCC Ref.without P5P	23	U/L	Male : 0-50
ALP AMP optimised to IFCC	79	U/L	43-115
TOTAL PROTEINS Biuret	7.4	gm/dL	6.6-8.3
ALBUMIN(SERUM) BCG	4.3	g/dl	3.5-5.2
GLOBULIN Calculated	3.1	gm/dL	2.3 - 3.5

Interpretation: Liver function tests are blood tests used to help diagnose and monitor liver disease or damage. Liver function tests can be used to: Screen for liver infections, such as hepatitis Monitor the progression of a disease, such as viral or alcoholic hepatitis, and determine how well a treatment is working Measure the severity of a disease, particularly scarring of the liver (cirrhosis) Monitor possible side effects of medications.
Sample Type: Serum

End of Report



Entered By : 10003726



Dr. G. Deepika
MD Biochemistry

Sr. Consultant & HOD Biochemistry

Patient Name : MR. MD ALAUDDIN
Age / Gender : 53 Years / Male
UHID : 2000481328
Patient Type : OP
Ref. Consultant : DR. ALLA SIDDHARTHA REDDY

Bill Date : 13-10-2022 15:18
Sample ID : AG220912806
Sample Collected On : 14-10-2022 09:45
Sample Received On : 14-10-2022 10:15
Reported On : 14-10-2022 11:47

BIOCHEMISTRY REPORT

Investigation	Result	Unit	Biological Ref. Interval
FBS			
FASTING BLOOD GLUCOSE <small>Hexokinase</small>	90	mg/dl	74-106
LIPID PROFILE			
Total Cholesterol <small>HO-POD</small>	189	mg/dL	< 200
HDL Cholesterol <small>ENZYMATIC COLORIMETRIC</small>	41	mg/dL	> 40
VLDL Cholesterol <small>CALCULATED</small>	22	mg/dL	2-30
Direct LDL Cholesterol <small>Calculated</small>	H 126	mg/dL	< 100
Non-HDL Cholesterol <small>Calculated</small>	H 148	mg/dL	< 130
Triglycerides <small>GPO POD</small>	111	mg/dL	< 150
Total Cholesterol / HDL Ratio <small>Calculated</small>	H 4.61		< 3.5
TG / HDL <small>Calculated</small>	H 2.7		< 2.0

For Adult

NCEP- ATP III Recommendations	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
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

HDL Cholesterol	
<40	Low
>60	High

For Adult & Children

	Total Cholesterol/HDL Ratio	TG/HDL
Optimal	<3.5	<2.0
Moderate	3.5-5.0	2-3.8
High	>5.0	>3.8

For Children