

GUNTUPALLI APPA RAO 36Y MALE 10680921 CHEST PA 09-Sep-23

YODA DIAGNOSTICS



RECEPTION

 GPS Map Camera

Guntur, Andhra Pradesh, India

3-1-219/2, Old Club Rd, Gunturi Vari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India

Lat 16.299238°

Long 80.451613°

09/09/23 09:00 AM GMT +05:30



Visit ID	: YGT28428	UHID/MR No	: YGT.0000028294
Patient Name	: Mr. GUNTUPALLI APPARAO	Client Code	: 1409
Age/Gender	: 36 Y 0 M 0 D /M	Barcode No	: 10680921
DOB	:	Registration	: 09/Sep/2023 08:09AM
Ref Doctor	: SELF	Collected	: 09/Sep/2023 08:09AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Sep/2023 11:27AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

L I V E R : Normal in size (14.3 cm) and *shows increased echo-texture*. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualised common bile duct & portal vein appears normal.

GALL BLADDER : Well distended. No evidence of wall thickening / calculi.

PANCREAS : *Poor window*.

SPLEEN : Normal in size (9.3 cm) and echotexture. No focal lesion is seen.

R I G H T K I D N E Y : measures 9.6 x 4.2 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

L E F T K I D N E Y : measures 10.1 x 5.2 cm. Normal in size with smooth contours. Parenchymal texture normal. No focal lesion is seen. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus.

U R I N A R Y B L A D D E R : Partially distended.

P R O S T A T E : Normal in size and echo-texture.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified. Great vessels appear normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade I fatty liver.

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. SUSHMA VUYYURU
MBBS; MD (Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGYX-RAY CHEST PA VIEWFindings:

Soft tissues/ bony cage normal.
Trachea and Mediastinal structures are normal.
Heart size and configuration are normal.
Aorta and pulmonary vascularity are normal.
Lung parenchyma and CP angles are clear.
Bilateral hilae and diaphragmatic contours are normal.

IMPRESSION :

- No Significant Abnormality Detected.

Suggested Clinical Correlation & Follow up.

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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	10	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: Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	O			
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. Advsiied cross matching before transfusion

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CBC (COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	14.9	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.93	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	41.9	%	40.0 - 50.0	RBC pulse height detection
MCV	85	fL	83 - 101	Automated/Calculated
MCH	30.2	pg	27 - 32	Automated/Calculated
MCHC	35.5	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	11.9	%	11.0-16.0	Automated Calculated
RDW - SD	39.1	fl	35.0-56.0	Calculated
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	15.9	fL	8.30-25.00	Calculated
PCT	0.27	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	10,320	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	30	%	20 - 40	Impedance
EOSINOPHIL	05	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.00	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.17	ng/ml	0.60 - 1.78	CLIA
T4	10.08	ug/dl	4.82-15.65	CLIA
TSH	6.41	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- 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.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- 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 propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- 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.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- 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:


- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- 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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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.72	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.16	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.56	mg/dl		Calculated
S.G.O.T	31	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	48	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	71	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.4	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.1	gm/dl		Calculated
A/G RATIO	1.39			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	179	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	35	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	124.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	98	mg/dl	See Table	GPO
VLDL	19.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.11		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.8	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	144	mg/dl	< 130	Calculated

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
 - 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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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c RESULT	5.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	105	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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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	16	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.5	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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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	102	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased I n

- 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 I n

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

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	100	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
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.88	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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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	6.3	mg/dl	3.5 - 7.20	URICASE - PAP
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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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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.5	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.88	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	8.50	Ratio	6 - 25	Calculated

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DOB	:	Registration	: 09/Sep/2023 08:09AM
Ref Doctor	: SELF	Collected	: 09/Sep/2023 08:09AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 09/Sep/2023 10:08AM
Hospital Name	:		


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 : 2.7 cms
LEFT VENTRICLE : EDD : 4.6 cm IVS(d) : 0.8 cm LVEF : 71%
ESD : 2.7 cm PW (d) : 0.8 cm FS : 35 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.6 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. B. Nagaraju
MD (Internal Medicine)
DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID	: YGT28428	UHID/MR No	: YGT.0000028294
Patient Name	: Mr. GUNTUPALLI APPARAO	Client Code	: 1409
Age/Gender	: 36 Y 0 M 0 D /M	Barcode No	: 10680921
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DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.2 m/sec, A -0.7 m/sec.
AORTIC FLOW : 1.3 m/sec
PULMONARY FLOW : 1.2 m/sec
TRICUSPID FLOW : TRJV :1.7 m/sec, RVSP - 27 mmHg

COLOUR FLOW MAPPING: NORMAL


IMPRESSION :

- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NO MR/ NO AR/ NO PR
- * NO TR/ NO PAH
- * NO PE / CLOT / VEGETATION.

Verified By :
Kollipara Venkateswara Rao



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Dr. B. Nagaraju
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DN (CARDIOLOGY)
APNC Reg. No 70760

Visit ID : YGT28428	UHID/MR No : YGT.0000028294
Patient Name : Mr. GUNTUPALLI APPARAO	Client Code : 1409
Age/Gender : 36 Y 0 M 0 D /M	Barcode No : 10680921
DOB :	Registration : 09/Sep/2023 08:09AM
Ref Doctor : SELF	Collected : 09/Sep/2023 08:16AM
Client Name : MEDI WHEELS	Received : 09/Sep/2023 08:53AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 09/Sep/2023 09:37AM
Hospital Name :	

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	30 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.02		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	6.0		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	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	2-3	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 :
 Kollipara Venkateswara Rao


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT28428	UHID/MR No	: YGT.0000028294
Patient Name	: Mr. GUNTUPALLI APPARAO	Client Code	: 1409
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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*** End Of Report ***



Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

ID: 28294

09-09-2023 09:42:41

G Apparao

Male 36Years

Req. No. :

HR : 71 bpm

P : 97 ms

PR : 151 ms

QRS : 95 ms

QT/QTcBz : 352/384 ms

P/QRS/T : 50/0/15 °

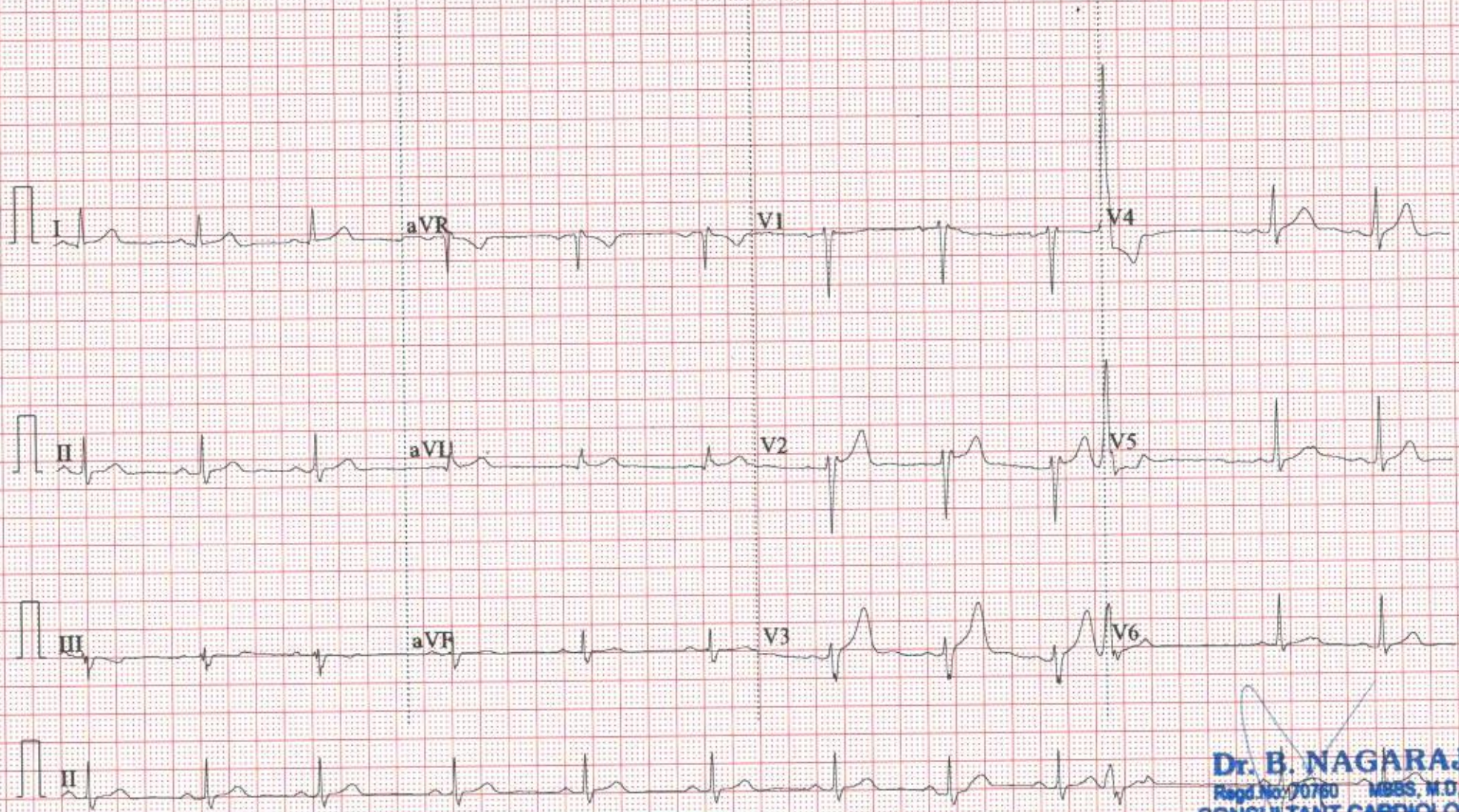
RV5/SVI : 1.158/1.076 mV

Diagnosis Information:

Sinus Arrhythmia

Premature Ventricular Contraction

Report Confirmed by:



Dr. B. NAGARAJU
Regd. No. 70760 MBBS, M.D. DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GHENT



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



గుంటుపల్లి అప్పారావు
Guntupalli Apparao

పుట్టిన సంవత్సరం/ Year of Birth: 1984
పురుషుడు / Male

4956 2135 5360



Name: Mr. Gantupalli Appareo
Date: 09/09/23 Age: 36 years Sex: male
Address: Guntur



Routine Health checkup

NO complaints

TEMP: 98
B.P: 100/70
PULSE: 76
WEIGHT: 73
HEIGHT: 1.75

TSH - 6.41 mIU/ml

LDL - 124 mg/dl

RIA month
with Lipid Profile
& Thyroid Profile

1) Low Fat Food

2) Daily Exercise

DATE: 09-09-23

NAME: Govati Patti Appa Rao Gan

AGE: 36/yr ADDRESS: _____

TYPE OF LENS: GLASS CONTACTS

CR POLYCARBONATE

COATINGS : ARC HARD COAT

TINT : White SP2 PHOTO GREY

BIFOCALS : KRYPTOK EXECUTIVE

"D" PROGRESSIVE

	R			L		
	SPH	CYL	AXIS	SPH	CYL	AXIS
DV	-1.75			-1.50	-0.50	160
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V.

N.V. _____ CONSTANT USE