

Visit ID	: YGT15350	UHID/MR No	: YGT.0000015225
Patient Name	: Mr. PANTULA VIJAYA KRISHNA	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D / M	Barcode No	: 10526229
DOB	:	Registration	: 10/Jun/2023 07:48AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 07:48AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 01:19PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size 14.3cm and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size 10.21cm and echotexture. No focal lesion is seen.

RIGHT KIDNEY : Measures 10.7 x 4.4 cm. Normal in size with smooth contours. Parenchymal texture normal. Cortico-medullary differentiation well maintained. Collecting system does not show any dilatation or calculus. A 1.7 x 1.4 cm simple cortical cyst noted in mid pole of right kidney.

LEFT KIDNEY : Measures 11.3 x 6.2 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.

URINARY BLADDER : Empty.

PROSTATE : Mildly enlarged in size 36 cc and normal 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.

Verified By :
SHARMILA



Approved By :

Sushma Vuyyuru
Dr.SUSHMA VUYURU
MBBS;MD(Radio-Diagnosis)
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

IMPRESSION:

- SIMPLE RIGHT RENAL CORTICAL CYST.
- GRADE-I PROSTATOMEGALY.

suggested clinical correlation and follow up

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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

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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	25	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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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	NEGATIVE			

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. Advsiel cross matching before transfusion

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DEPARTMENT OF HAEMATOLOGY


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

HAEMOGLOBIN (HB)	13.8	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.49	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	38.2	%	40.0 - 50.0	RBC pulse height detection
MCV	85.1	fL	83 - 101	Automated/Calculated
MCH	30.7	pg	27 - 32	Automated/Calculated
MCHC	36.1	g/dl	32 - 35	Automated/Calculated
RDW - CV	13.7	%	11.0-16.0	Automated Calculated
RDW - SD	46.4	fl	35.0-56.0	Calculated
MPV	7.9	fL	6.5 - 10.0	Calculated
PDW	16.1	fL	8.30-25.00	Calculated
PCT	0.24	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,440	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	54	%	40 - 80	Impedance
LYMPHOCYTE	36	%	20 - 40	Impedance
EOSINOPHIL	04	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.05	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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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	0.77	ng/ml	0.60 - 1.78	CLIA
T4	7.88	ug/dl	4.82-15.65	CLIA
TSH	7.45	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.
- 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	0.78	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.12	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.66	mg/dl		Calculated
S.G.O.T	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	23	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	56	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.7	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.3	gm/dl		Calculated
A/G RATIO	1.91			Calculated

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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	267	mg/dl	See Table	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	42	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	145	mg/dl	See Table	Enzymatic Selective Protein
TRIGLYCERIDES	436	mg/dl	See Table	GPO
VLDL	NA	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	6.36		See Table	Calculated
TRIGLYCEIDES/ HDL RATIO	10.38	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	225	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	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

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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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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	5.7	%	Normal Glucose tolerance (non-diabetic): <5.6% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	117	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	15	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.0	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	85	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
- Extraprostatic 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	101	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
- Endocrine disorders

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.94	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	7.9	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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 Consultant Pathologist

Visit ID	: YGT15350	UHID/MR No	: YGT.0000015225
Patient Name	: Mr. PANTULA VIJAYA KRISHNA	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 10526229
DOB	:	Registration	: 10/Jun/2023 07:48AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 07:49AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 08:23AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 09:56AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	7.0	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.94	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	7.45	Ratio	6 - 25	Calculated

Verified By :
SHARMILA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT15350	UHID/MR No	: YGT.0000015225
Patient Name	: Mr. PANTULA VIJAYA KRISHNA	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 10526229
DOB	:	Registration	: 10/Jun/2023 07:48AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 07:48AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:06PM
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 : 3.1 cms
LEFT VENTRICLE : EDD : 0.9 cm IVS(d) : 1.0cm LVEF : 68%
ESD : 2.6 cm PW (d) : 4.2cm FS : 38%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.3 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
SHARMILA

Approved By :


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

Visit ID	: YGT15350	UHID/MR No	: YGT.0000015225
Patient Name	: Mr. PANTULA VIJAYA KRISHNA	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 10526229
DOB	:	Registration	: 10/Jun/2023 07:48AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 07:48AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:06PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 8.7m/sec, A - 5.1m/sec.
AORTIC FLOW : 1.0m/sec
PULMONARY FLOW : 1.0m/sec
TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :


- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA
- * GOOD LV FUNCTION
- * NORMAL LV FILLING PATTERN
- * NO MR/ AR/ PR
- * TRIVIAL TR/ NO PAH
- * NO PE/ CLOTS/ VEGETATION

CONSULTANT CARDIOLOGIST

Verified By :
SHARMILA



Approved By :


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

Visit ID : YGT15350	UHID/MR No : YGT.0000015225
Patient Name : Mr. PANTULA VIJAYA KRISHNA	Client Code : 1409
Age/Gender : 35 Y 0 M 0 D /M	Barcode No : 10526229
DOB :	Registration : 10/Jun/2023 07:48AM
Ref Doctor : SELF	Collected : 10/Jun/2023 07:49AM
Client Name : MEDI WHEELS	Received : 10/Jun/2023 08:23AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 10/Jun/2023 10:23AM
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	1.010		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	Azo-coupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	by an azo-coupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	2-4	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 :
 SHARMILA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT15350	UHID/MR No	: YGT.0000015225
Patient Name	: Mr. PANTULA VIJAYA KRISHNA	Client Code	: 1409
Age/Gender	: 35 Y 0 M 0 D /M	Barcode No	: 10526229
DOB	:	Registration	: 10/Jun/2023 07:48AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 07:49AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 08:23AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 10:23AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
-----------	--------	------	------------------------	--------

***** End Of Report *****Verified By :
SHARMILA

Approved By :

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

Name: Mr. Pantula vijaya krishna
Date: 10/06/23 Age: 35/Male Sex: Male
Address: Guntur



Routine health checkup

NO COMPLAINTS

H/O Hypertension x 6 months

Imp: subclinical Hypothyroidism
Dyslipidaemia

TSH - 7.45 mIU/ml

Total cholesterol

- 267 mg/dl

LDL - 145 mg/dl

TGL - 436 mg/dl

1) Low salt Diet / Low Fat food

2) Daily Exercise

3) weight Reduction

4) Tab. THYRONORM 25mc

100 - (30)

CONTACT US

5) Tab. JAKROLE ~~1~~ F

0 0 1 - (30)

6) Tab. TELMA 20

1 0 0 - (30)



Dr. KEERTHI KISHORE NAGALLA
Regd.No: 64905 MBBS, M.D. General Medicine
CONSULTANT GENERAL PHYSICIAN
YODA DIAGNOSTICS-GUNTUR

MR. PANTULA VIJAYA
KRISHNA
10526229
..... Male
35 years
..... cm / kg

HR 68/min
Axis:
P 29°
QRS 17°
T 35°
Intervals:
RR 884 ms
P 94 ms
PR 184 ms
QRS 96 ms
QT 342 ms
QTc 364 ms
P (II) 0.08 mV
S (V1) -0.70 mV
R (V5) 0.69 mV
Sokol. 2.36 mV

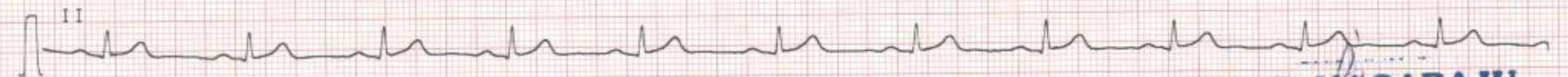
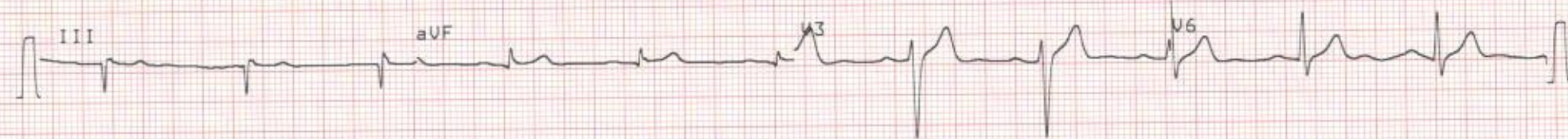
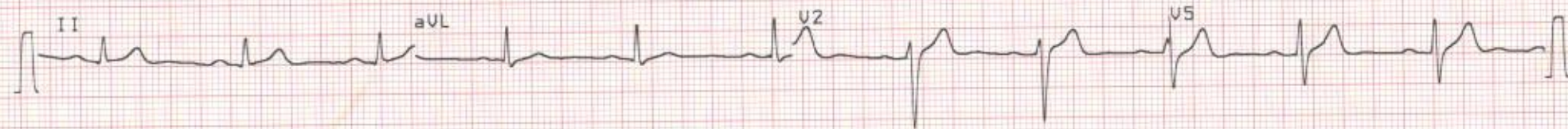
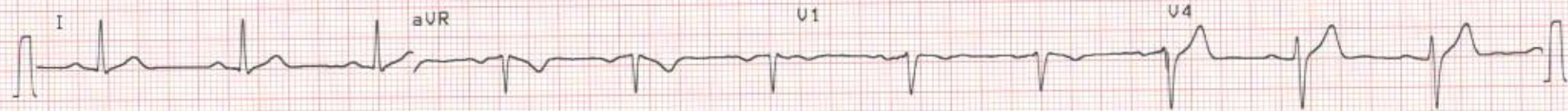
SINUS RHYTHM
QRS(T) CONTOUR ABNORMALITY
CONSIDER INFERIOR MYOCARDIAL DAMAGE

5.79

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 SSF 585 Sa 10-JUN-23 12:20:33

Dr. B. NAGARAJU
Regd. No: 70700 MBBS, M.D., DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS CENTER

AT-102 1.37 Ctm

EYE GLASS PRESCRIPTION

Name : Vijaya Krishna
 Age : 35y Employee ID: YUT 1350
 Gender: M Date: 10/6/23

Vn
 (unaided)
 PGP

6/6P	6/6
------	-----

Distance

	SPH	CYL	AXIS	BCVA
OD	-3.75	-0.50	180	6/6
OS	-3.50	-0.50	140	6/6

Add

N/G

@30cm

LENS TYPE

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

Remarks: _____


 Signature



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of India
ಪಂಜಾಬ್ ವಿಘ್ನೇಶ್ ಕೃಷ್ಣಾ
ಒಳ ಸಂಖ್ಯೆ: 1706/1985
ಲಿಂಗ: MALE
7484 0472 8724
ಆರ್. ನಾ. ಸುರೇಂದ್ರ

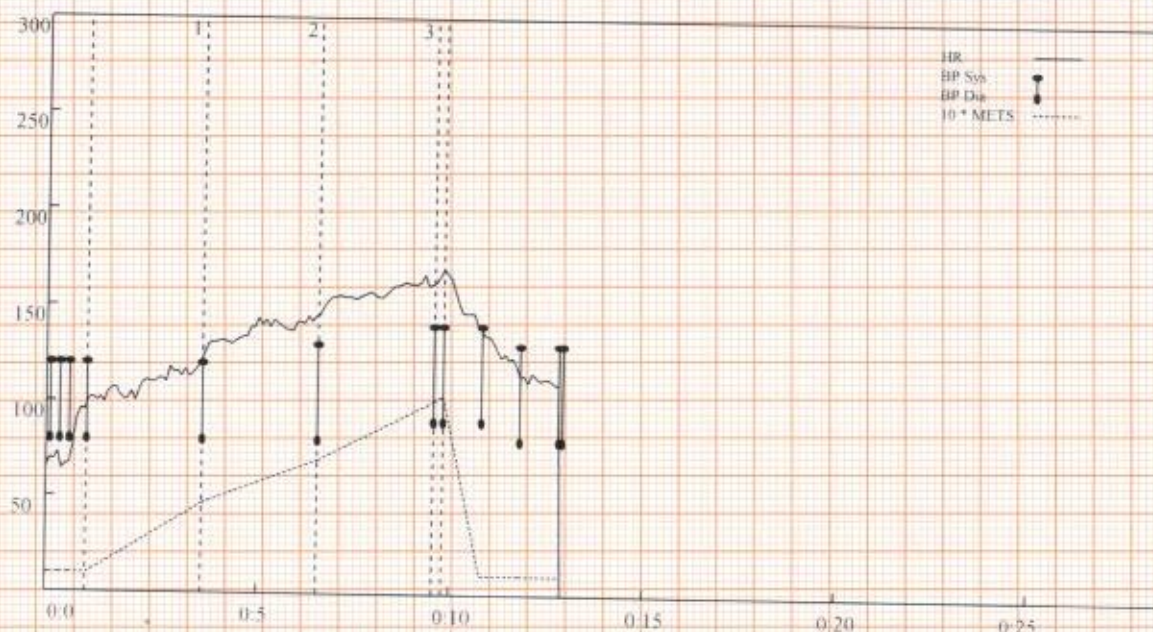
Yoda Diagnostic Guntur

Name: MR.VIJAYA KRISHNA PANTULA

Date: 10-06-2023

Time: 13:50

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:14 achieving a work level of 10.4 METS.
Resting Heart Rate, initially 65 bpm rose to a max. heart rate of 166bpm (90% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/90 mmHg
*NO SIGNIFICANT ST T CHANGES DURING EXERCISE & RECOVERY
*FAIR EFFORT TOLERANCE
*TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA

Ref. Doctor: DR SELF

Schiffers Spandan CS-10 Version 2.14

Dr. B. NAGARAJU
Regd.No: 70700 MBBS, M.D, DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS GUNTUR
Doctor: DR NAGARAJU

(Summary Report edited by User)

Yoda Diagnostic Guntur

Name: MR.VIJAYA KRISHNA PANTULA Date: 10-06-2023 Time: 13:50
 Age: 35 Gender: M Height: 175 cms Weight: 95 Kg ID: 10526229
 Clinical History: HTN+
 Medications: YES

Test Details:

Protocol: Bruce Predicted Max HR: 185 Target HR: 157
 Exercise Time: 0:09:14 Achieved Max HR: 166 (90% of Predicted MHR)
 Max BP: 140/90 Max BP x HR: 23240 Max Mets: 10.4
 Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:06	1	0	0	65	120/80	7800	1.8 V6	2.1 V3
Standing	00:16	1	0	0	69	120/80	8280	2.1 V2	1.2 V4
HyperVentilation	00:16	1	0	0	67	120/80	8040	2.3 V4	1.2 V4
PreTest	00:26	1	1.6	0	96	120/80	11520	3 V3	1.9 V4
Stage 1	03:00	4.7	2.7	10	117	120/80	14040	2.4 II	1.8 II
Stage 2	03:00	7	4	12	142	130/80	18460	-2.8 III	2.9 V4
Stage 3	03:00	10.1	5.5	14	161	140/90	22540	2.4 V3	-2.3 aVR
Peak Exercise	00:14	10.4	6.8	16	166	140/90	23240	1.7 V5	4.7 V4
Recovery1	01:00	1	0	0	140	140/90	19600	5.4 V4	3.8 V4
Recovery2	01:00	1	0	0	120	130/80	15600	3.9 V4	3.4 V3
Recovery3	01:00	1	0	0	110	130/80	14300	1.2 V2	2.6 V3

Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 65 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 157 bpm

BP: 120/80 mmHg

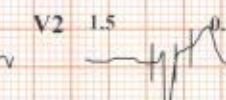
STLevel(mm) STSlope(mV/s)



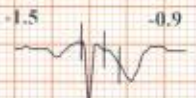
I



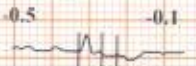
II



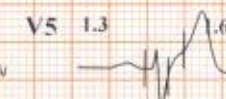
III



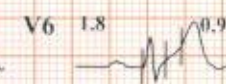
aVR



aVL



aVF



II



Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:16

HR: 69 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

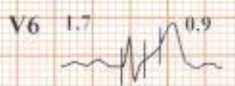
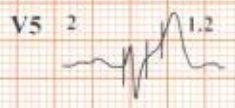
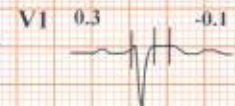
Speed: 0

Slope: 0 %

THR: 157 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:16

HR: 67 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

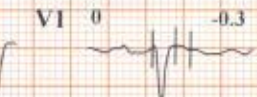
THR: 157 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



I



V1 0 -0.3



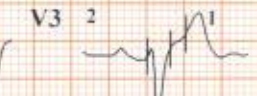
II



V2 2.2 0.9



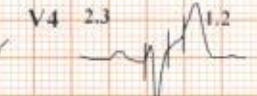
III



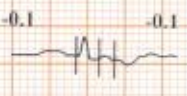
V3 2 1



aVR



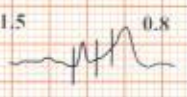
V4 2.3 1.2



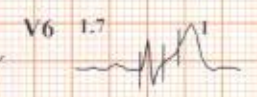
aVL



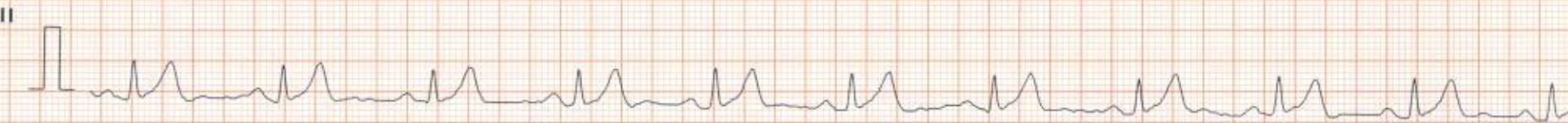
V5 2.3 1.1



aVF



V6 1.7 1



Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 117 bpm

STLevel(mm) - STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 157 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

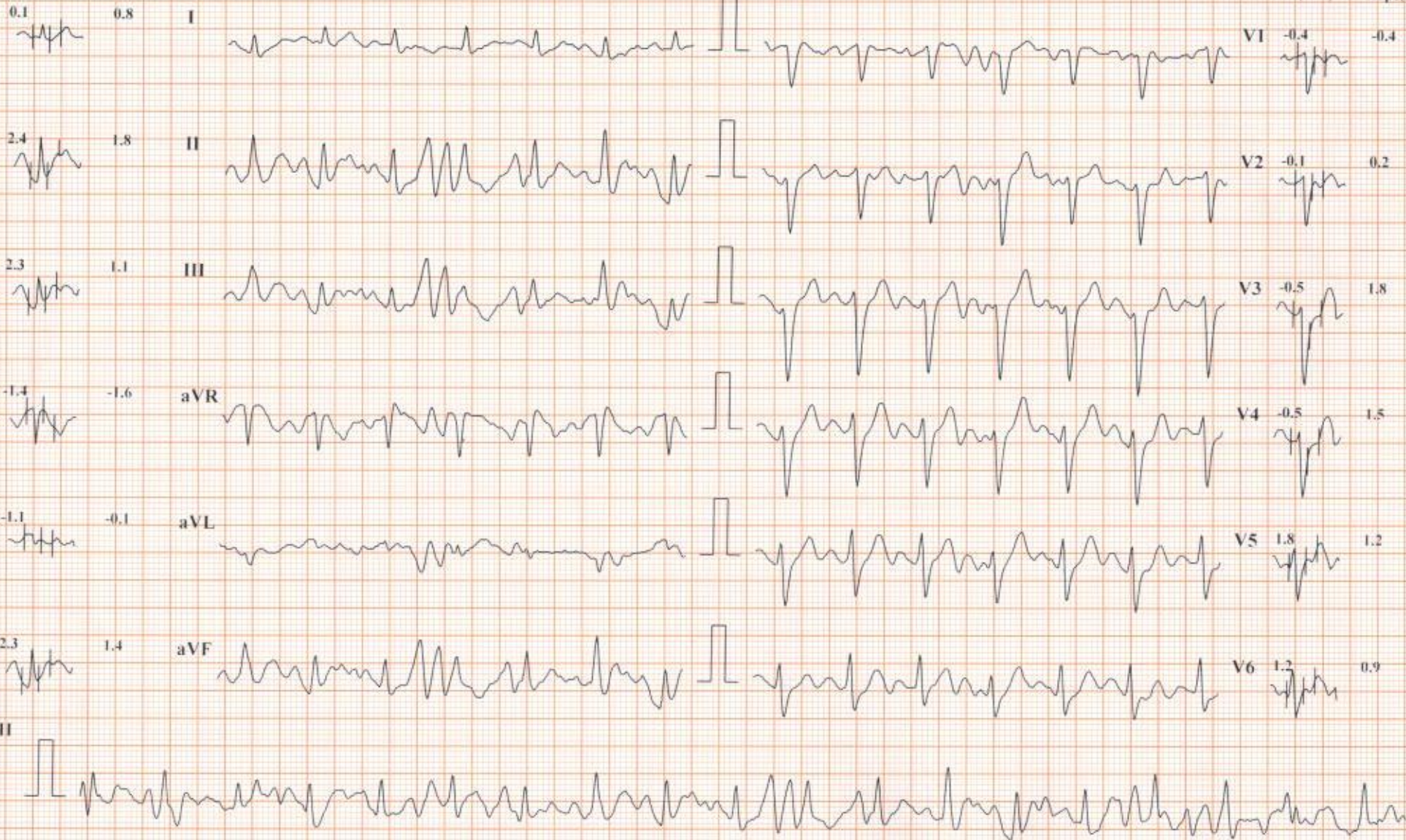


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, T = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR. VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 142 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12%

THR: 157 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

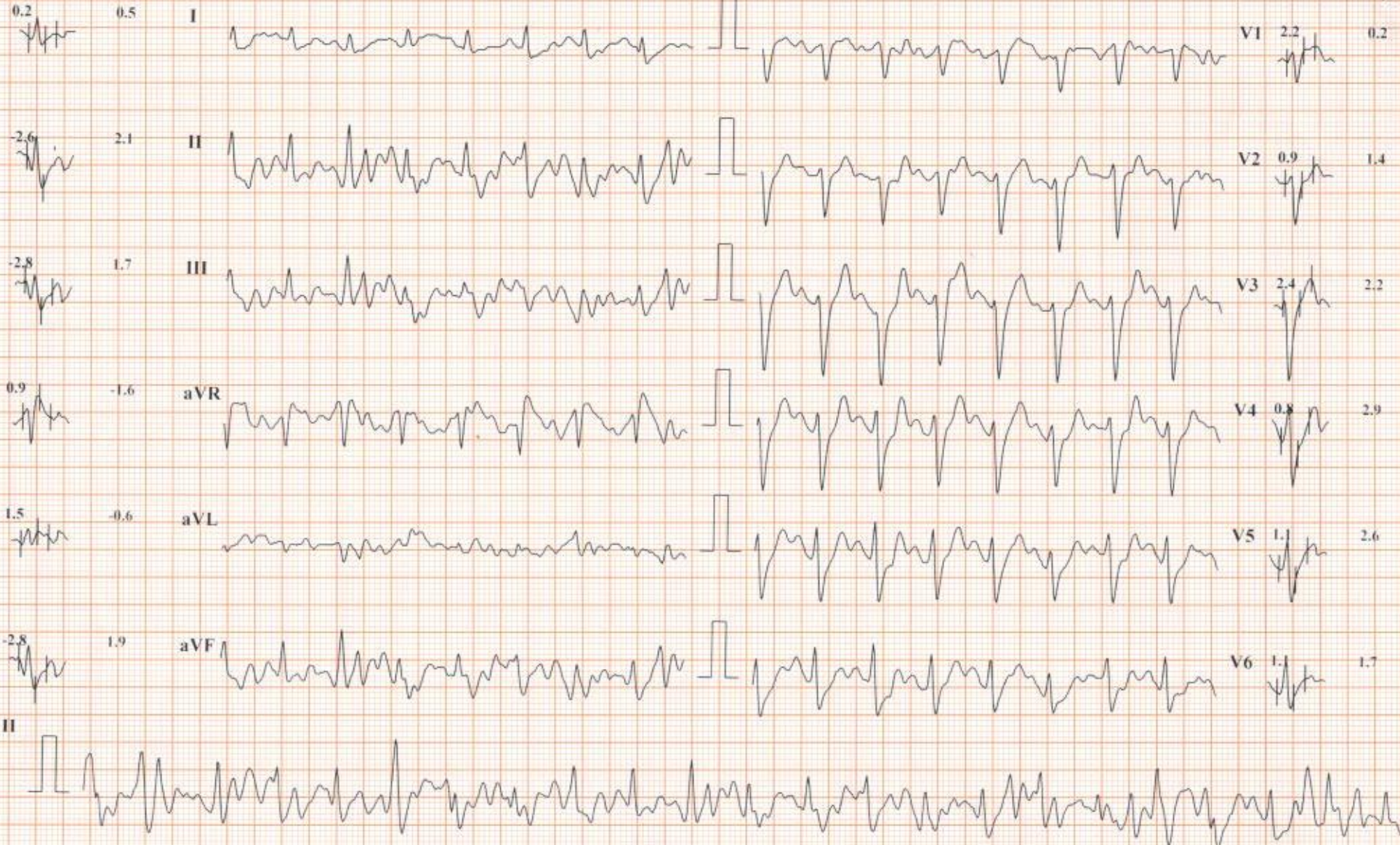


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR. VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:09:00

Stage Time: 03:00

HR: 161 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14%

THR: 157 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

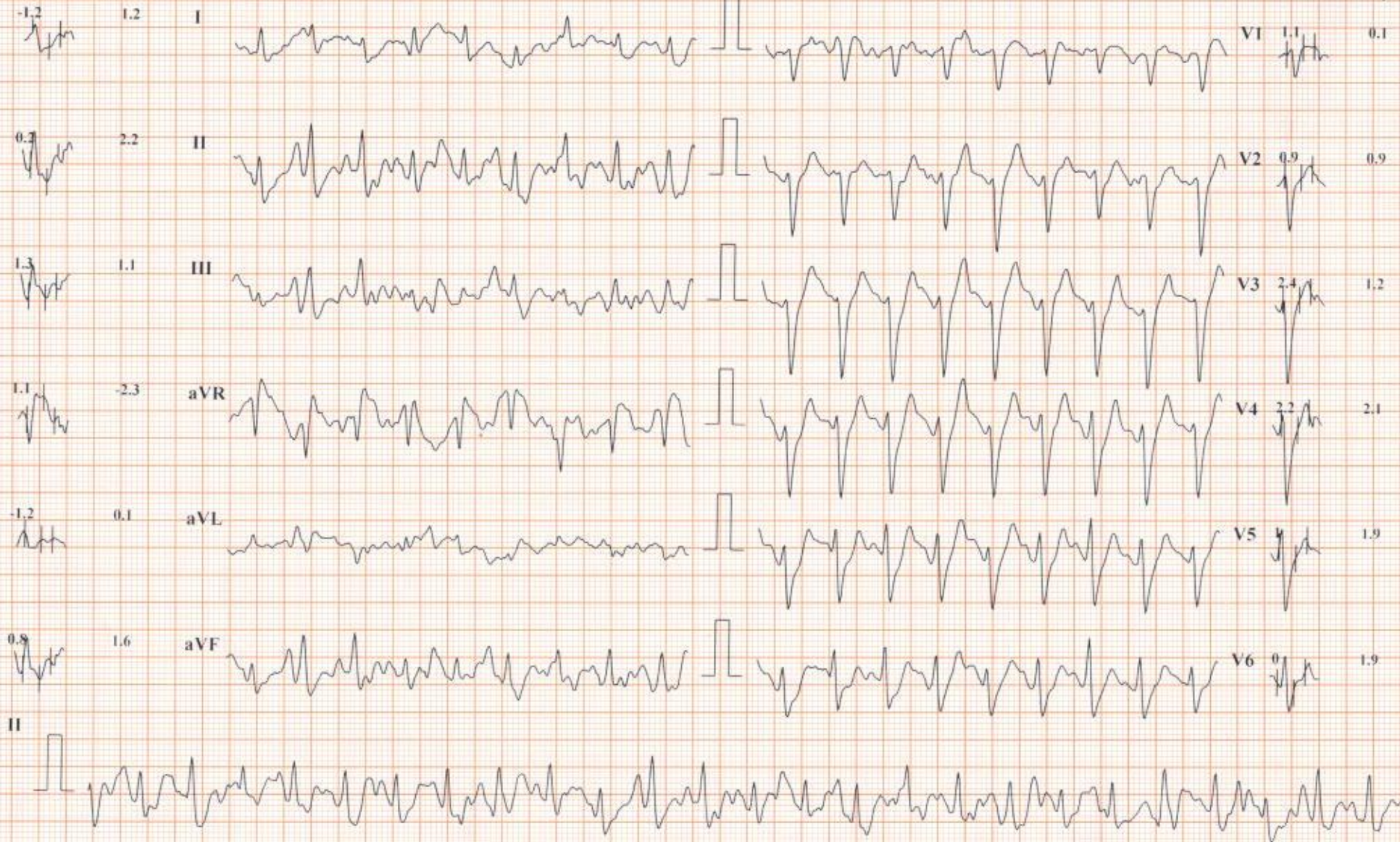


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz. Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 Version 2.11

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR. VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 0:09:14

Stage Time: 00:14

HR: 166 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 157 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiffner Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 140 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 157 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

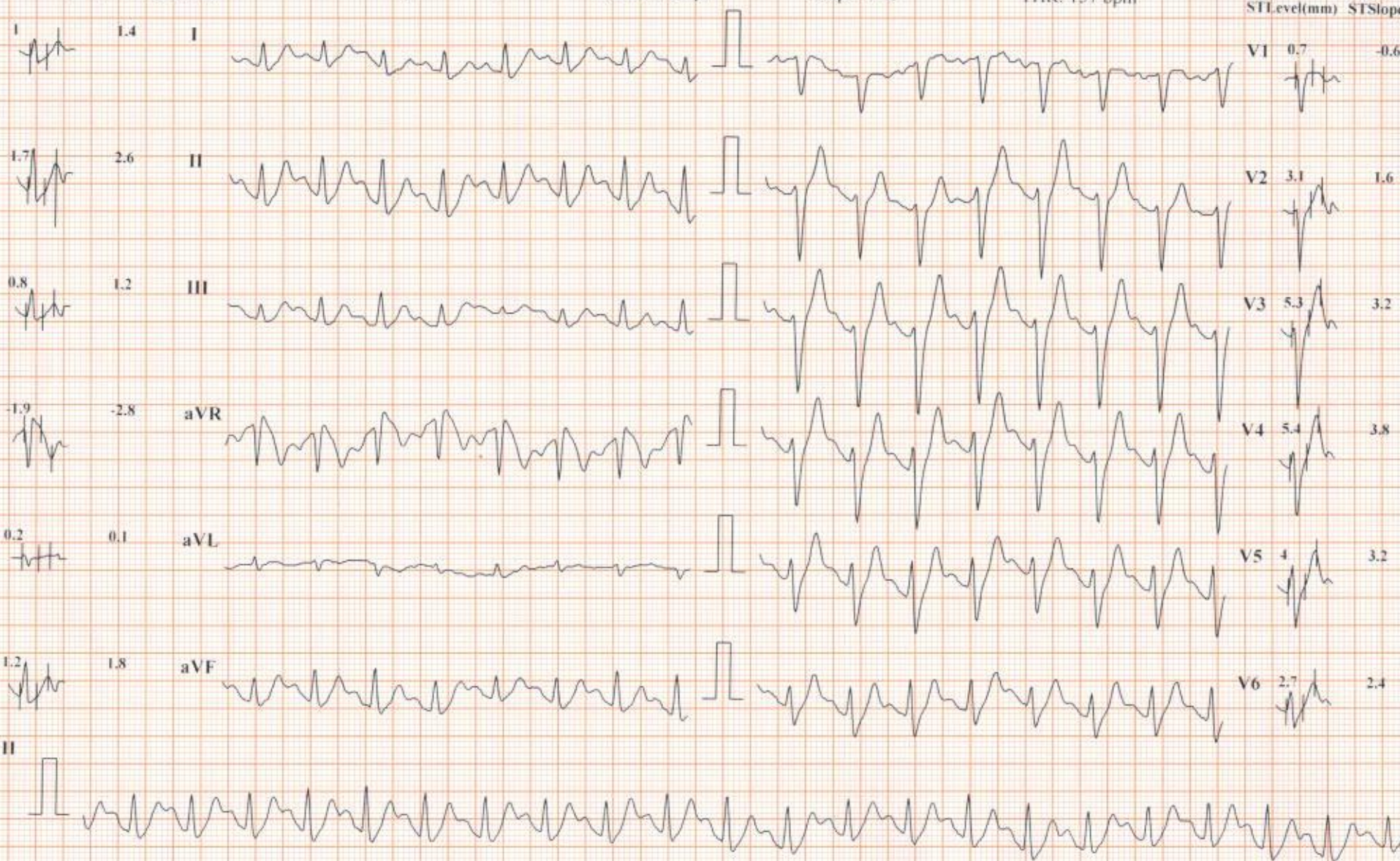


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60ms, L - R - 60ms, Post J - J + 80ms

Schiller Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 120 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 157 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller Spandan CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

MR.VIJAYA KRISHNA PANTULA

Bruce Protocol

ID: 10526229

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 110 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 157 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

-0.4 0.3

I

V1 0.1 0.2

0.7 1.2

II

V2 1.2 1.2

1.1 1

III

V3 0.7 2.6

0 -0.9

aVR

V4 0.5 2.4

-0.7 0.3

aVL

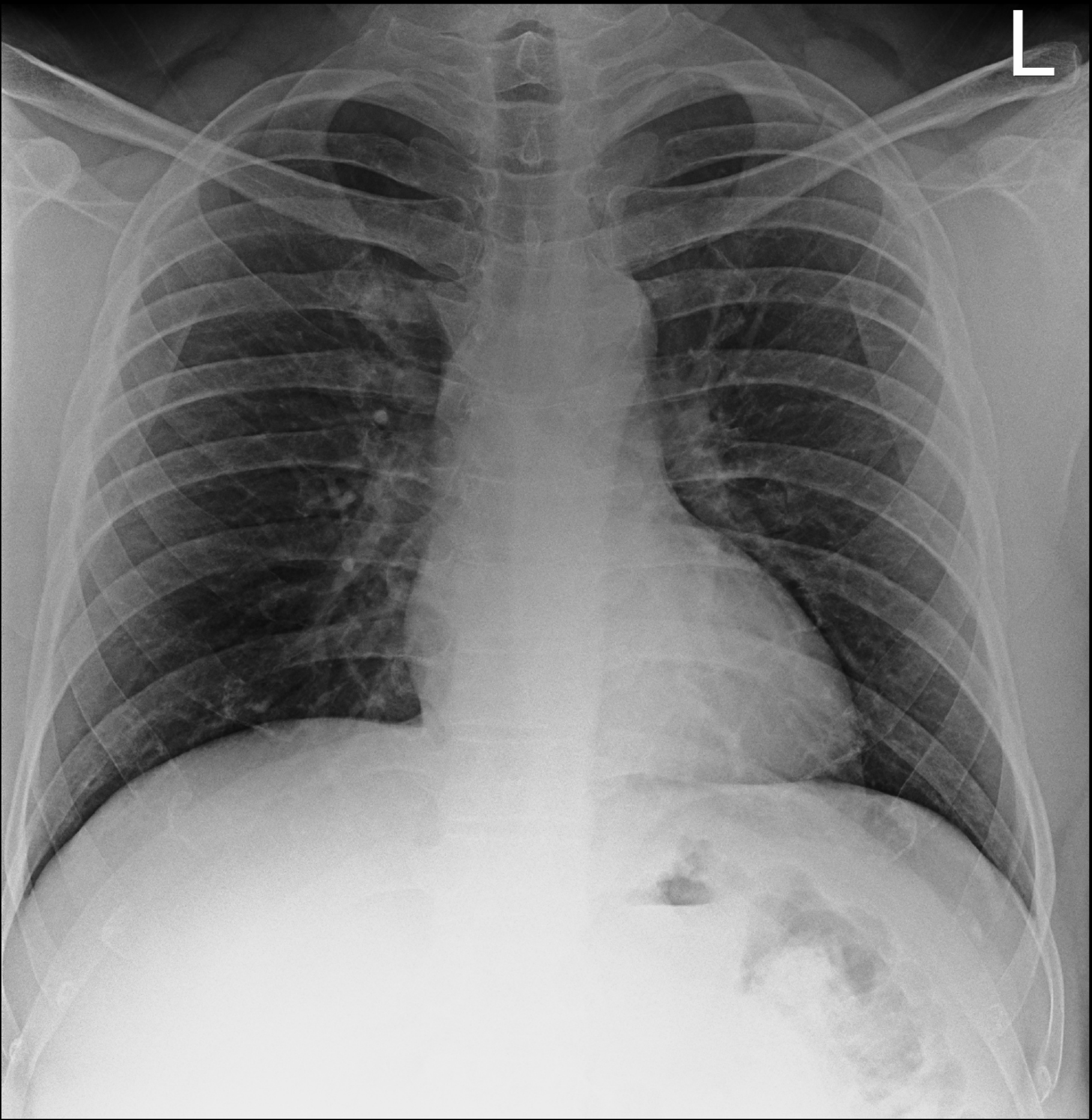
V5 0.3 1.8

0.8 1.1

aVF

V6 0.2 1

II



PANTULA VIJAY KRISHNA 39Y/M 10526229 CHEST PA 10-Jun-23

YODA DIAGNOSTICS