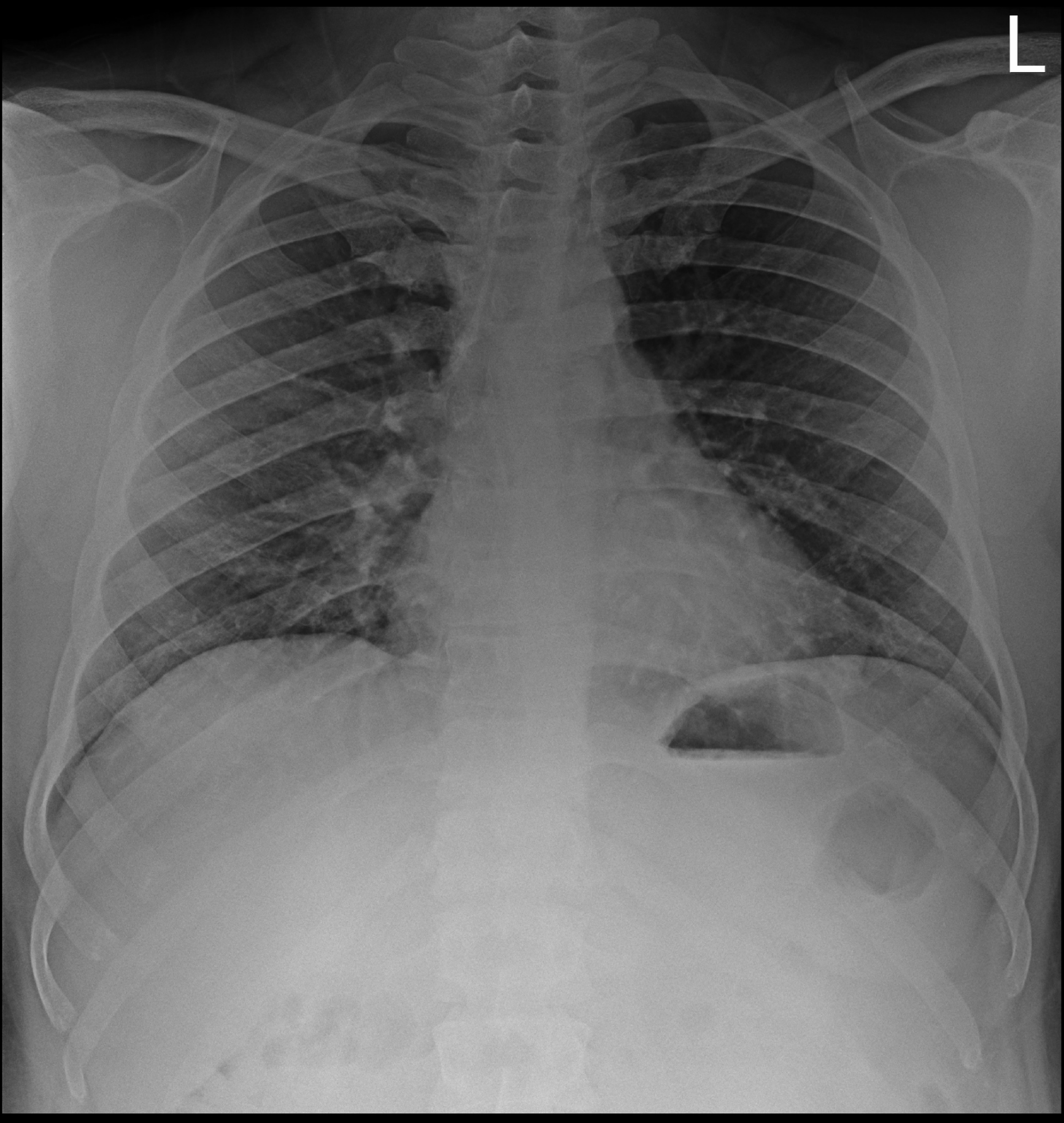

JAYAKAR PADMUTHAM 32Y MALE 10719333 CHEST PA 28-Sep-23

YODA DIAGNOSTICS

Visit ID	**: YGT31595**	UHID/MR No	: YGT.0000031460
Patient Name	**: Mr. JAYAKAR PADMUTHAM**	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10719333
DOB	:	Registration	: 28/Sep/2023 08:45AM
Ref Doctor	: SELF	Collected	: 28/Sep/2023 08:45AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 11:14AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

ULTRASOUND WHOLE ABDOMEN

LIVER : Normal in size (14.2 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 : *Partially distended.* No evidence of wall thickening / calculi.

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

SPLEEN : Normal in size (10.4 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.4 x 5.5 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.

LEFT KIDNEY : measures 10.5 x 5.9 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 : *Partially distended.*

PROSTATE : 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 RADIOLOGY

X-RAY CHEST PA VIEW

Findings:

Rotated film.

Prominent pulmonary bronchovascular markings noted in bilateral lung fields.

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 :

- Prominent pulmonary bronchovascular markings in bilateral lung fields.

  - Suggested Clinical Correlation & Follow up.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ESR (ERYTHROCYTE SEDIMENTATION RATE)				
Sample Type : WHOLE BLOOD EDTA				
ERYTHROCYTE SEDIMENTATION RATE	15	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.

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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

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 09:34AM
Hospital Name	:		

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CBC(COMPLETE BLOOD COUNT)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	14.8	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.34	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	42.5	%	40.0 - 50.0	RBC pulse height detection
MCV	**79.7**	fL	83 - 101	Automated/Calculated
MCH	27.7	pg	27 - 32	Automated/Calculated
MCHC	**34.8**	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	13.7	%	11.0-16.0	Automated Calculated
RDW - SD	41.9	fl	35.0-56.0	Calculated
MPV	8.3	fL	6.5 - 10.0	Calculated
PDW	15.6	fL	8.30-25.00	Calculated
PCT	0.27	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	7,050	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	53	%	40 - 80	Impedance
LYMPHOCYTE	39	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	06	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	3.25	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	1.30	ng/ml	0.60 - 1.78	CLIA
T4	12.86	ug/dl	4.82-15.65	CLIA
TSH	4.17	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 ulU/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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST(LFT)				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.57	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.44	mg/dl		Calculated
S.G.O.T	21	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	25	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	72	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.9	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.5	gm/dl		Calculated
A/G RATIO	1.26			Calculated

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	**234**	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	169.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	119	mg/dl	See Table	GPO
VLDL	23.8	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.71		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	**2.9**	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	**193**	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
HBA1C				
Sample Type : WHOLE BLOOD EDTA				
HBA1c RESULT	5.9	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	123	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD UREA NITROGEN (BUN)				
Sample Type : Serum				
SERUM UREA	19	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	8.9	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	100	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

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 01:15PM
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	72	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
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- Malnutrition
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
SERUM CREATININE				
Sample Type : SERUM				
SERUM CREATININE	0.95	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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
URIC ACID -SERUM				
Sample Type : SERUM				
SERUM URIC ACID	**7.6**	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)	8.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.95	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	9.30	Ratio	6 - 25	Calculated

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MBBS,DCP
Consultant Pathologist

Visit ID	**: YGT31595**	UHID/MR No	: YGT.0000031460
Patient Name	**: Mr. JAYAKAR PADMUTHAM**	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10719333
DOB	:	Registration	: 28/Sep/2023 08:45AM
Ref Doctor	: SELF	Collected	: 28/Sep/2023 08:45AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 12:40PM
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 : 3.5 cms

LEFT VENTRICLE : EDD : 4.9 cm IVS(d) : 0.8cm LVEF : 60%
ESD : 2.9 cm PW (d) : 0.8cm FS : 32%
No RWMA

IAS : Intact

IVS : Intact

AORTA : 3.2 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	**: YGT31595**	UHID/MR No	: YGT.0000031460
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Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 0.2m/sec, A -0.1 m/sec.

AORTIC FLOW : 1.0 m/sec

PULMONARY FLOW : 0.9 m/sec

TRICUSPID FLOW : TRJV :2.5 m/sec, RVSP - 35 mmHg

COLOUR FLOW MAPPING: TRIVIAL TR

IMPRESSION :

* NORMAL SIZED CARDIAC CHAMBERS
* NO RWMA OF LV
* GOOD LV FUNCTION
* NORMAL LV FILIING PATTERN
* NO MR/ NO AR/ NO PR
* TRIVIAL TR/ MILD PAH
* NO PE / CLOT / VEGETATIONS.

Verified By :
Kollipara Venkateswara Rao

Approved By :

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

Visit ID	**: YGT31595**	UHID/MR No	: YGT.0000031460
Patient Name	**: Mr. JAYAKAR PADMUTHAM**	Client Code	: 1409
Age/Gender	: 32 Y 0 M 0 D /M	Barcode No	: 10719333
DOB	:	Registration	: 28/Sep/2023 08:45AM
Ref Doctor	: SELF	Collected	: 28/Sep/2023 08:57AM
Client Name	: MEDI WHEELS	Received	: 28/Sep/2023 09:11AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 10:29AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
CUE (COMPLETE URINE EXAMINATION)				
Sample Type : SPOT URINE				
PHYSICAL EXAMINATION				
TOTAL VOLUME	25 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.015		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	**: YGT31595**	UHID/MR No	: YGT.0000031460
Patient Name	**: Mr. JAYAKAR PADMUTHAM**	Client Code	: 1409
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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Sep/2023 10:29AM
Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method

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

Verified By :
Kollipara Venkateswara Rao

Approved By :

Dr. Sumalatha
MBBS,DCP
Consultant Pathologist

भारत सरकार

GOVERNMENT OF INDIA

పద్ముతం జయకర్

Padmutham Jayakar

DOB: 12-07-1988

Gender:Male

7843 6470 7280

आधार - आम आदमी का अधिकार

आधार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O: పద్ముతం చిన్నయ్య, హౌస్ నం 7-17-252, 1వ లైన్, శ్రీనగర్, గుంటూరు, గుంటూరు, గుంటూరు, గుంటూరు, ఆంధ్ర ప్రదేశ్, 522002

Address:
S/o: Padmutham Chinnaiah, House No 7-17-252, 1st Line, Srinagar, Guntur, Guntur, Guntur, Guntur, Andhra Pradesh, 522002

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

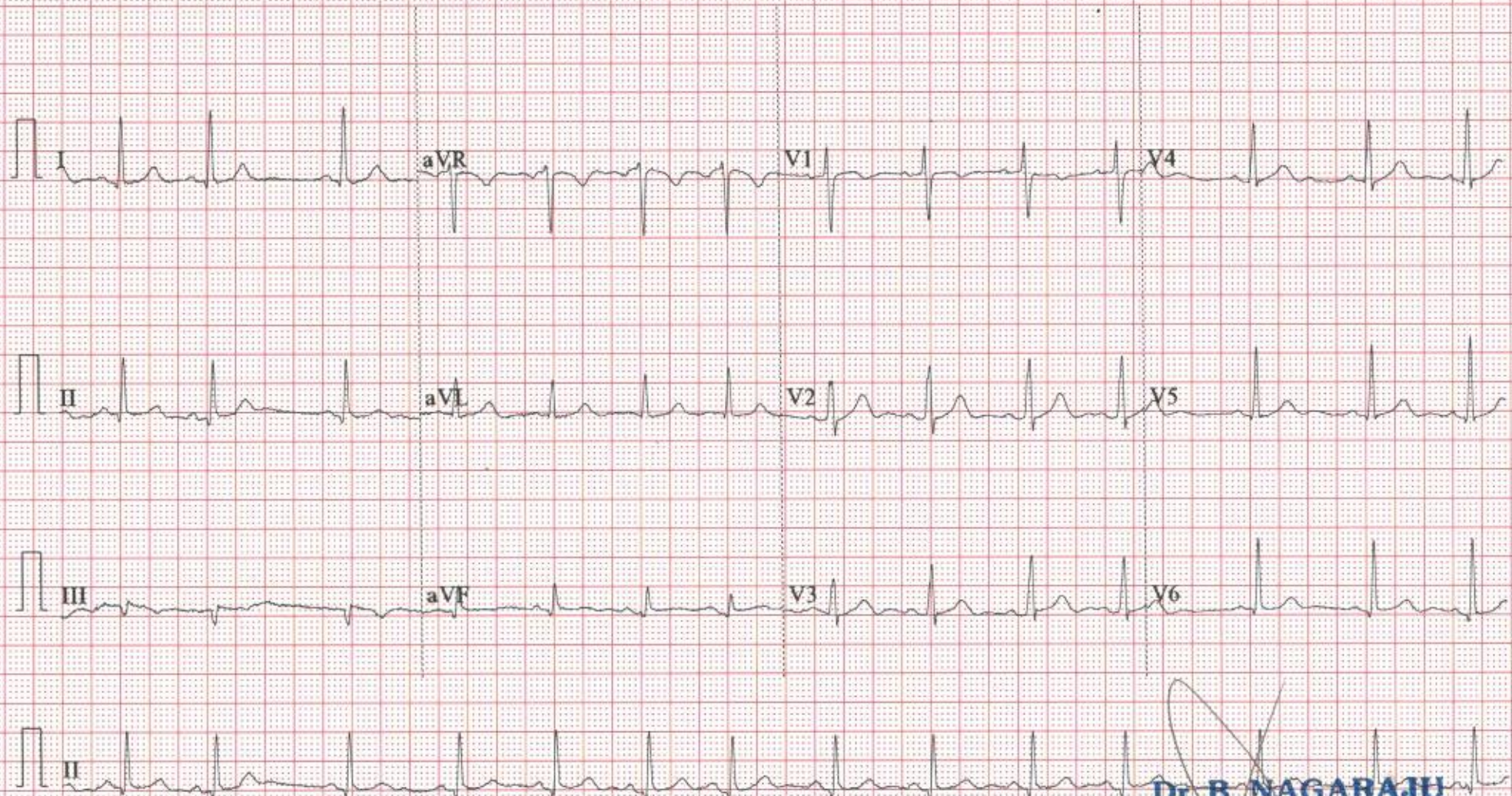
ID: 31595 28-09-2023 10:08:35

Jayakar Padmutham
Male 32Years
Req. No. :

HR	: 85	bpm
P	: 91	ms
PR	: 136	ms
QRS	: 79	ms
QT/QTcBz	: 352/421	ms
P/QRS/T	: 47/24/7	°
RV5/SV1	: 1.266/0.878	mV

Diagnosis Information:
Sinus Arrhythmia

Report Confirmed by:



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

[redacted] 0.67~45Hz AC50 25mm/s 10mm/mV 4*2.5s+1r V2.22 SEMIP V1.92

yoda DIAGNOSTICS

Dr Keerthi Kishore Nagalla
MBBS, MD (General Medicine)
Consultant Physician & Diabetologist
Reg. No. 64905

Name: Jayakar Padmutham

Date: 28/09/23 Age: 32 years Sex: M/c

Address: Guntur

℞

H/O: Post covid Illness

K/C/O: HTN
Alcohol ⊖ / smoking ⊖

C/O: chest pain ⊕
very after having food
Frequent episodes of Loose stools
Abdominal pain ⊕
very soon after having food.

dc
BP: 140/90 mmof Hg

Total cholesterol
234 mg/dL ↑

TEMP: (N)
B.P: 140/90 MM
PULSE: 98 bp
WEIGHT: 90 K
HEIGHT: 170 C

℞

1. Cap. PP BLOCK - OSR — p/o 1—0—0 — Before food
2. Cap. VSL3 — p/o 1—0—1 × 5days
3. Low salt diet
4. Avoid spicy, oily & fried foods.
5. Practice walking
6. Cap JALF D_3 60K IU — p/o weekly once × 8 weeks

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

DATE: 28-09-23

NAME: JAYAKAR PADMOTHAM

AGE: 32/M 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		-050	90		-050	90
ADD						

INSTRUCTIONS _____

I.P.D. _____ D.V. _____

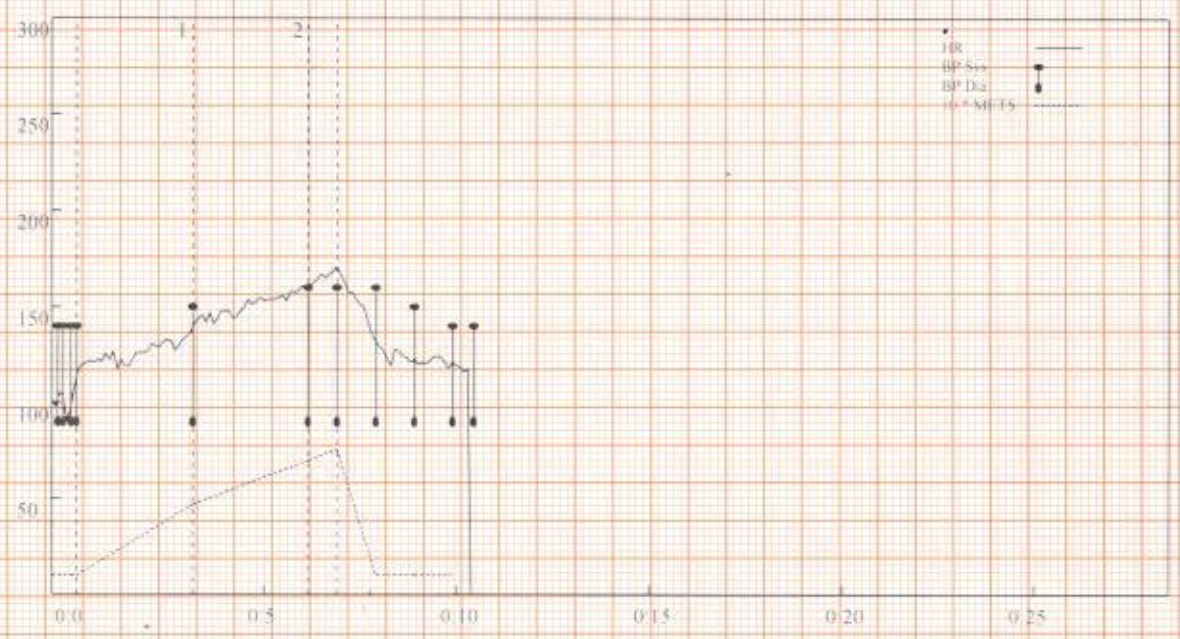
N.V. _____ CONSTANT USE _____

Covid RT-PCR
Flow Cytometry
Genomics
Biochemistry
Cytogenetics
PhonePe
GPS Map Camera
Guntur, Andhra Pradesh, India
7FX2+PJ8, Kothapeta, Guntur, Andhra Pradesh 522001, India
Lat 16.299246°
Long 80.451599°
28/09/23 08:52 AM GMT +05:30
Google

Yoda Diagnostic Guntur

Name: JAYAKAR PADMUTHAM **Date:** 28-09-2023 **Time:** 11:45

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:46 achieving a work level of 7.6 METS.
Resting Heart Rate, initially 102 bpm rose to a max. heart rate of 167bpm (89% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 160/90 mmHg
* No Significant ST-T Changes During Excercise and Recovery
* Good Excercise Tolerance
* Stress Test is Negative for Excercise Induced Ischemia

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

Ref. Doctor: DR SELF

Doctor: DR NAGARAJU

Schiller Spandan CS-10 Version 2.14

(Summary Report edited by User)

MICRO MED CHARTS

Yoda Diagnostic Guntur

Name: JAYAKAR PADMUTHAM **Date:** 28-09-2023 **Time:** 11:45

Age: 32 **Gender:** M **Height:** 170 cms **Weight:** 90 Kg **ID:** 31595

Clinical History: HTN+

Medications: TAB TELMA 20mg

Test Details:

Protocol: Bruce **Predicted Max HR:** 188 **Target HR:** 159

Exercise Time: 0:06:46 **Achieved Max HR:** 167 (89% of Predicted MHR)

Max BP: 160/90 **Max BP x HR:** 26720 **Max Mets:** 7.6

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	00:08	1	0	0	102	140/90	14280	1.1 V2	1.1 V2
Standing	00:09	1	0	0	98	140/90	13720	1.4 V4	1.1 V2
HyperVentilation	00:11	1	0	0	104	140/90	14560	1.3 V2	1.2 V2
PreTest	00:09	1	1.6	0	97	140/90	13580	1.2 V3	1 V2
Stage 1	03:00	4.7	2.7	10	135	150/90	20250	1.1 III	1.1 V3
Stage 2	03:00	7	4	12	161	160/90	25760	1.3 II	1.6 aVR
Peak Exercise	00:46	7.6	5.5	14	167	160/90	26720	2.1 III	2 aVR
Recovery1	01:00	1	0	0	142	160/90	22720	2.1 III	2.3 III
Recovery2	01:00	1	0	0	124	150/90	18600	2.1 V4	2.5 V3
Recovery3	01:00	1	0	0	121	140/90	16940	1.4 III	1.8 V2

SCHILLER

MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol | ID: 31595 | Date: 28-09-2023 | Exec Time : 0:00:00 | Stage Time: 00:08

Stage: Supine | Speed: 0 km/h | Slope: 0% | THR: 159 bpm

HR: 102 bpm

BP: 140/90 mmHg

Chart Speed: 25 mm/sec | Amplitude: 10mm/mV | Filter: 35 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

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595

Stage: Standing

Date: 28-09-2023

Speed: 0

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:09

THR: 159 bpm

HR: 98 bpm

BP: 140/90 mmHg

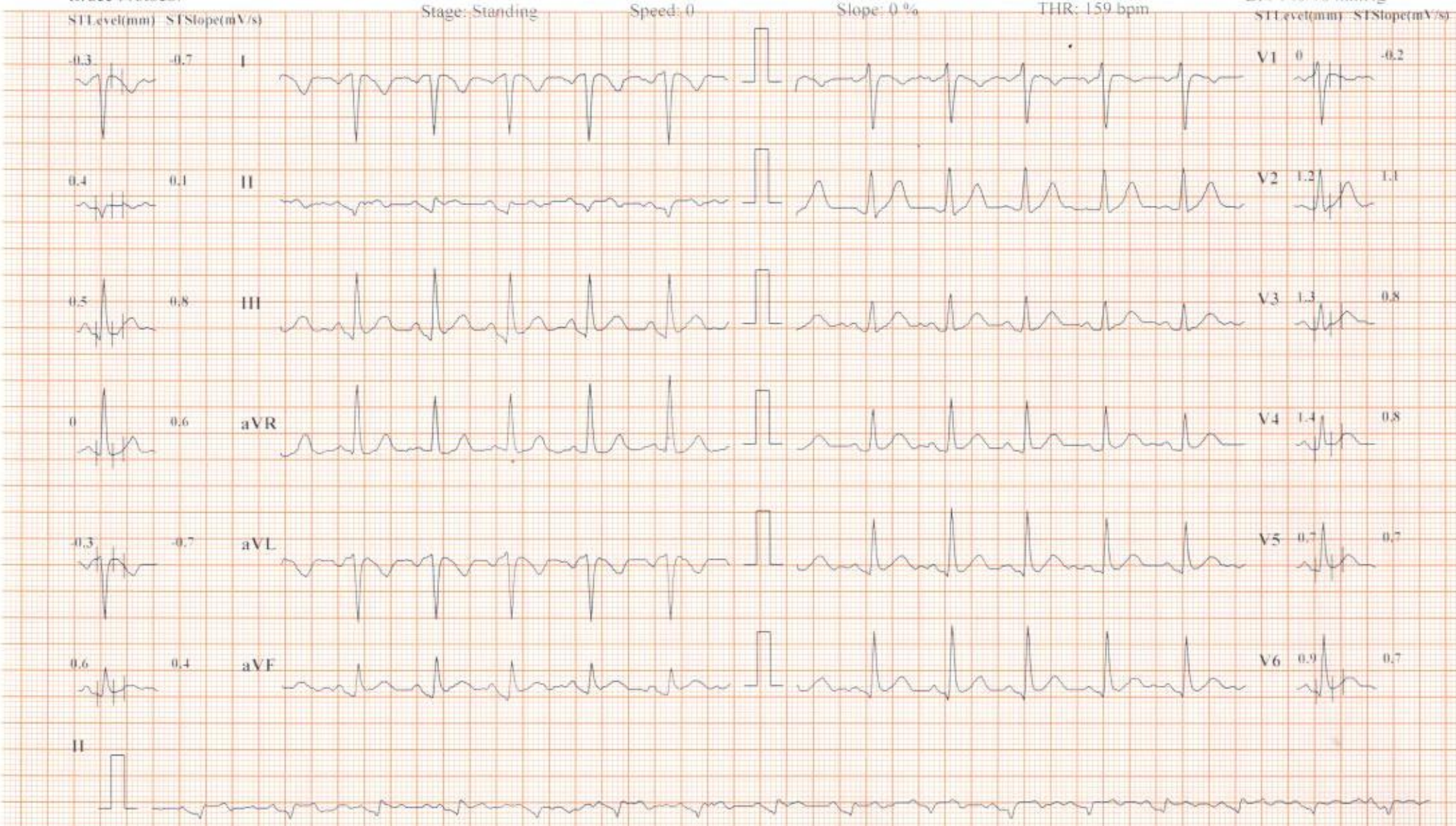


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms

Schiller Spandan CS-10 Version: 2.34

MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595

Stage: HyperVentilation

Date: 28-09-2023

Speed: 0

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:11

THR: 159 bpm

HR: 104 bpm

BP: 140/90 mmHg

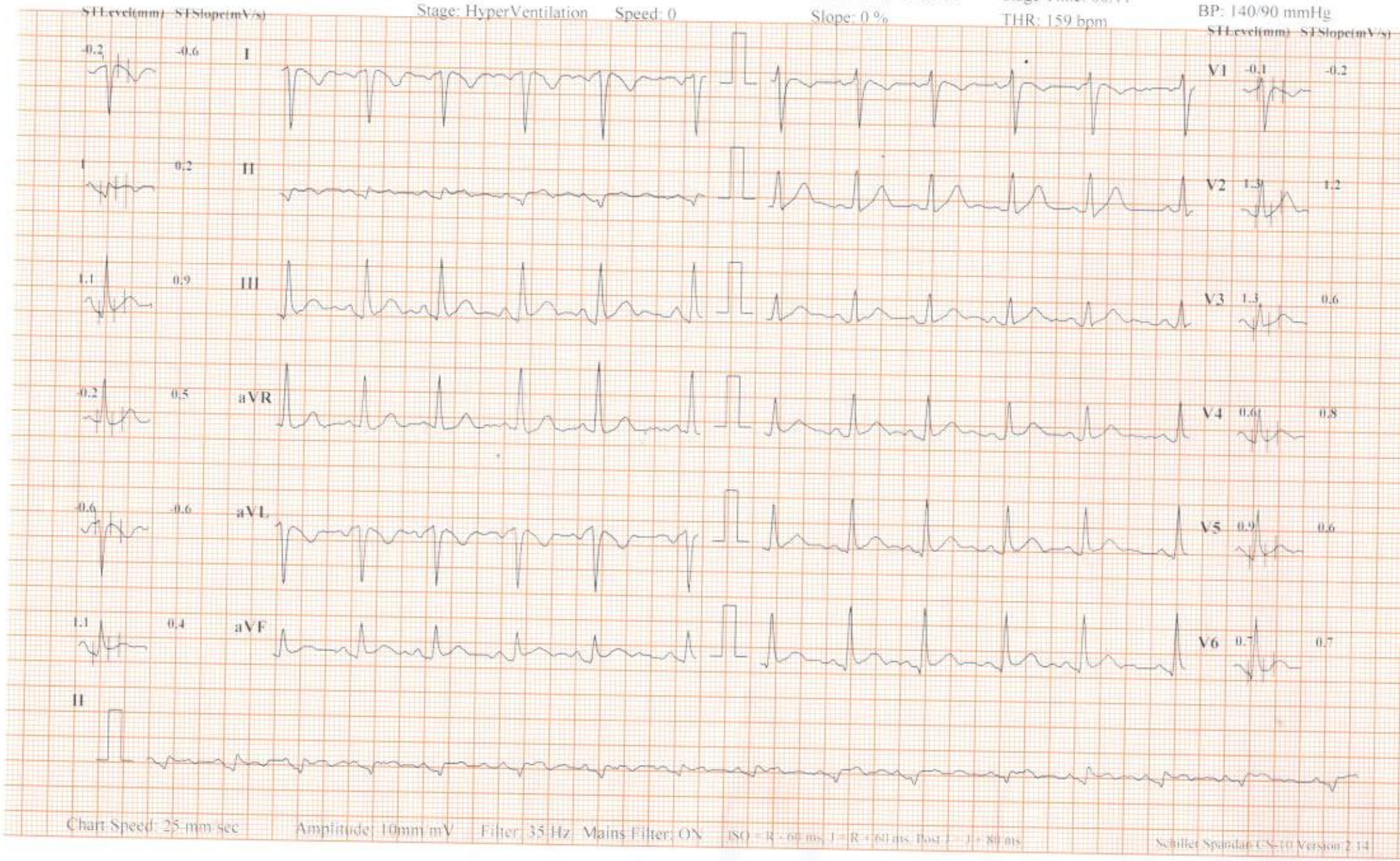


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Beat J = J + 80 ms

Schiller Spandau CS-10 Version 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595

Stage: 1

Date: 28-09-2023

Speed: 2.7 kmph

Exec Time : 0:03:00

Slope: 10 %

Stage Time: 03:00

THR: 159 bpm

HR: 135 bpm

BP: 150/90 mmHg

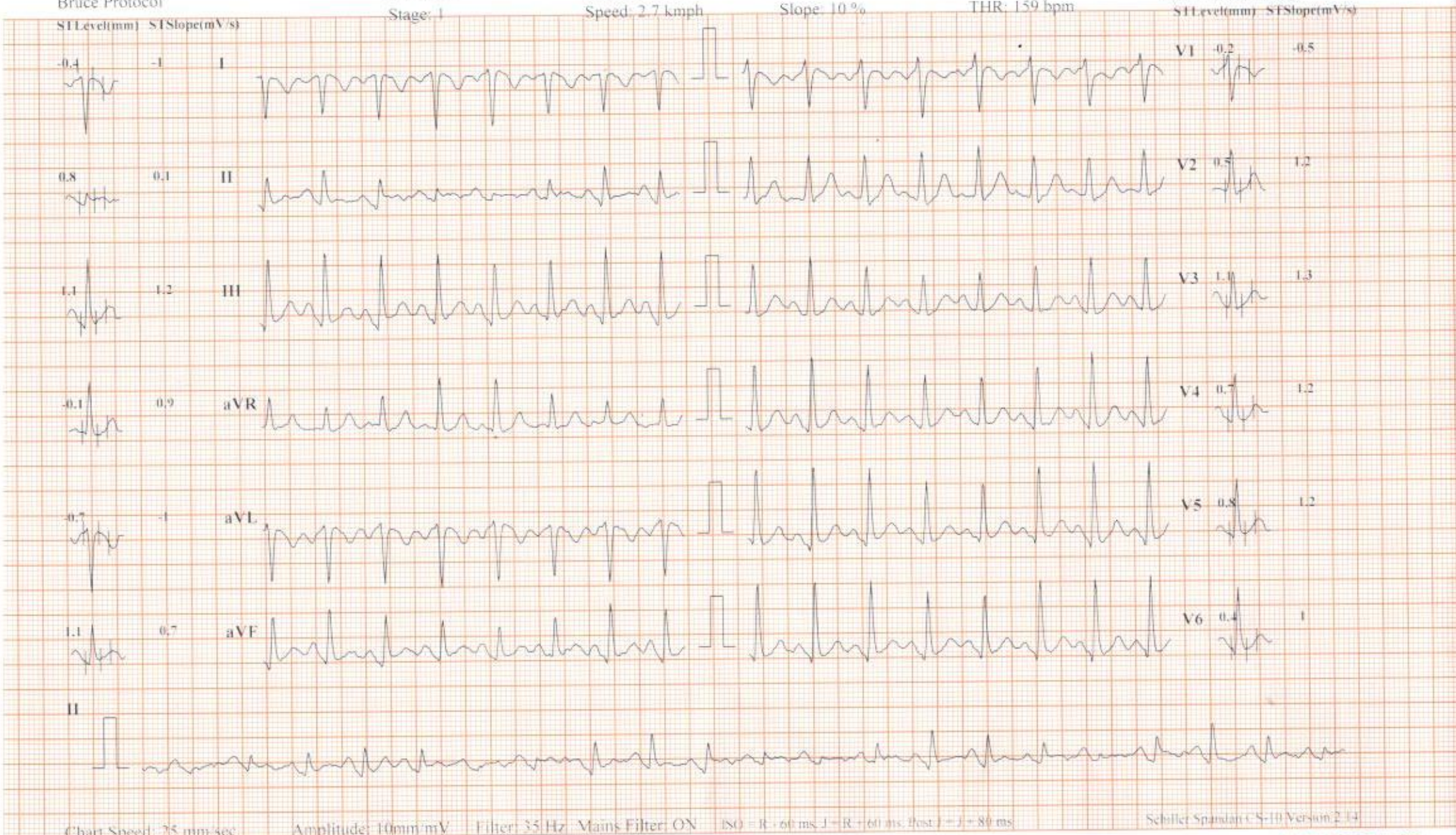


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO : R + 60 ms J = R + 60 ms Post J = J + 80 ms Schiller Spandan : S-10 Version 2.34

MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595 | Stage: 2 | Date: 28-09-2023 | Speed: 4 kmph | Exec Time : 0:06:00 | Slope: 12 % | Stage Time: 03:00 | THR: 159 bpm

HR: 161 bpm

BP: 160/90 mmHg

	ST Level(mm)	ST Slope(mV/s)
I	0.3	-1.4
II	1.3	-0.2
III	0.9	1.2
aVR	-1	1.6
aVL	-0.2	-1.4
aVF	1.1	0.6
V1	0.2	-0.6
V2	0.4	1.2
V3	1.1	1.4
V4	1.3	1.5
V5	0	1.4
V6	0.1	1.3

II

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 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

JAYAKAR PADMUTHAM

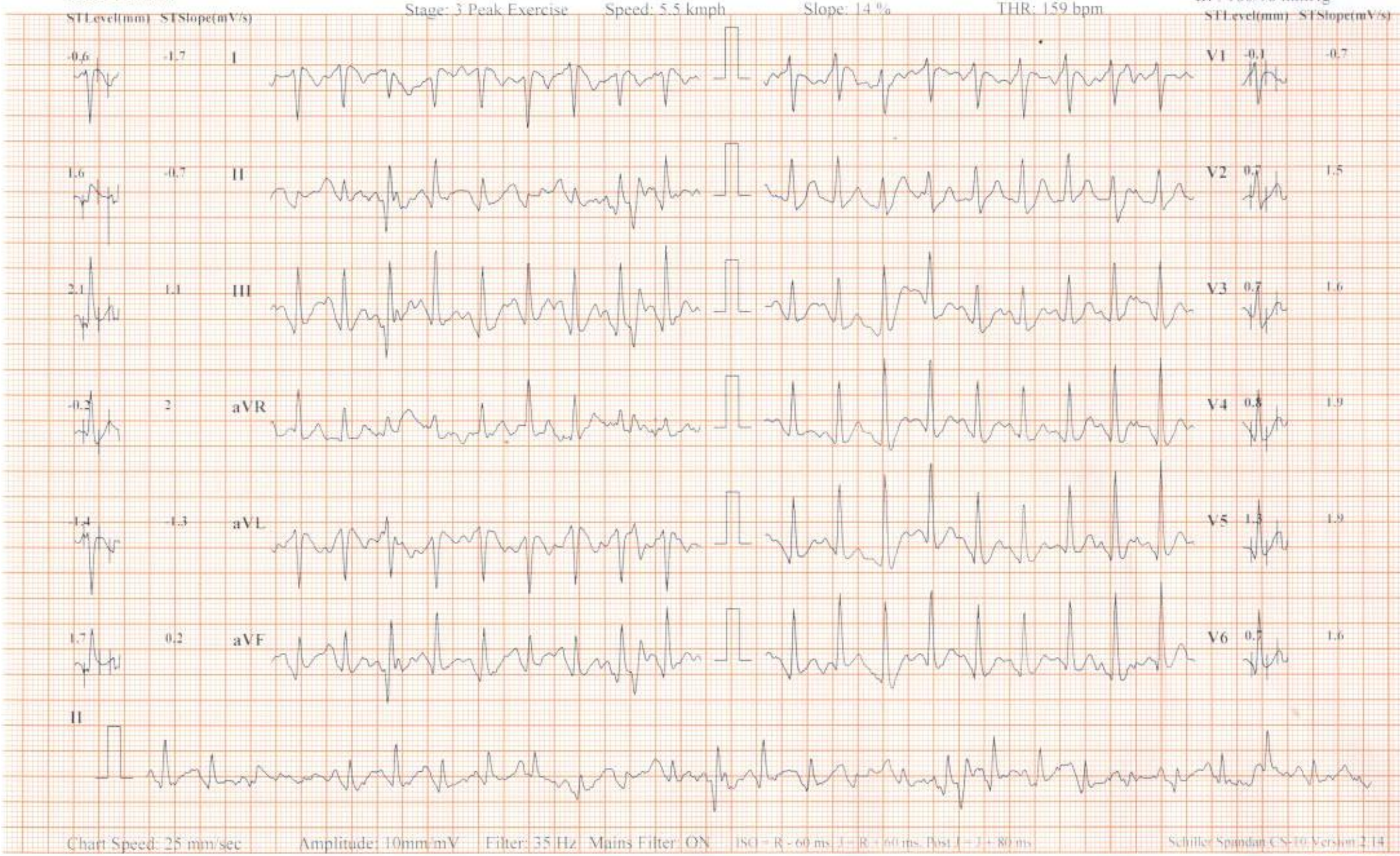
Bruce Protocol

ID: 31595 | Date: 28-09-2023 | Exec Time : 0:06:46 | Stage Time: 00:46

Stage: 3 Peak Exercise | Speed: 5.5 kmph | Slope: 14 % | THR: 159 bpm

HR: 167 bpm

BP: 160/90 mmHg



MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595
Stage: Recovery1

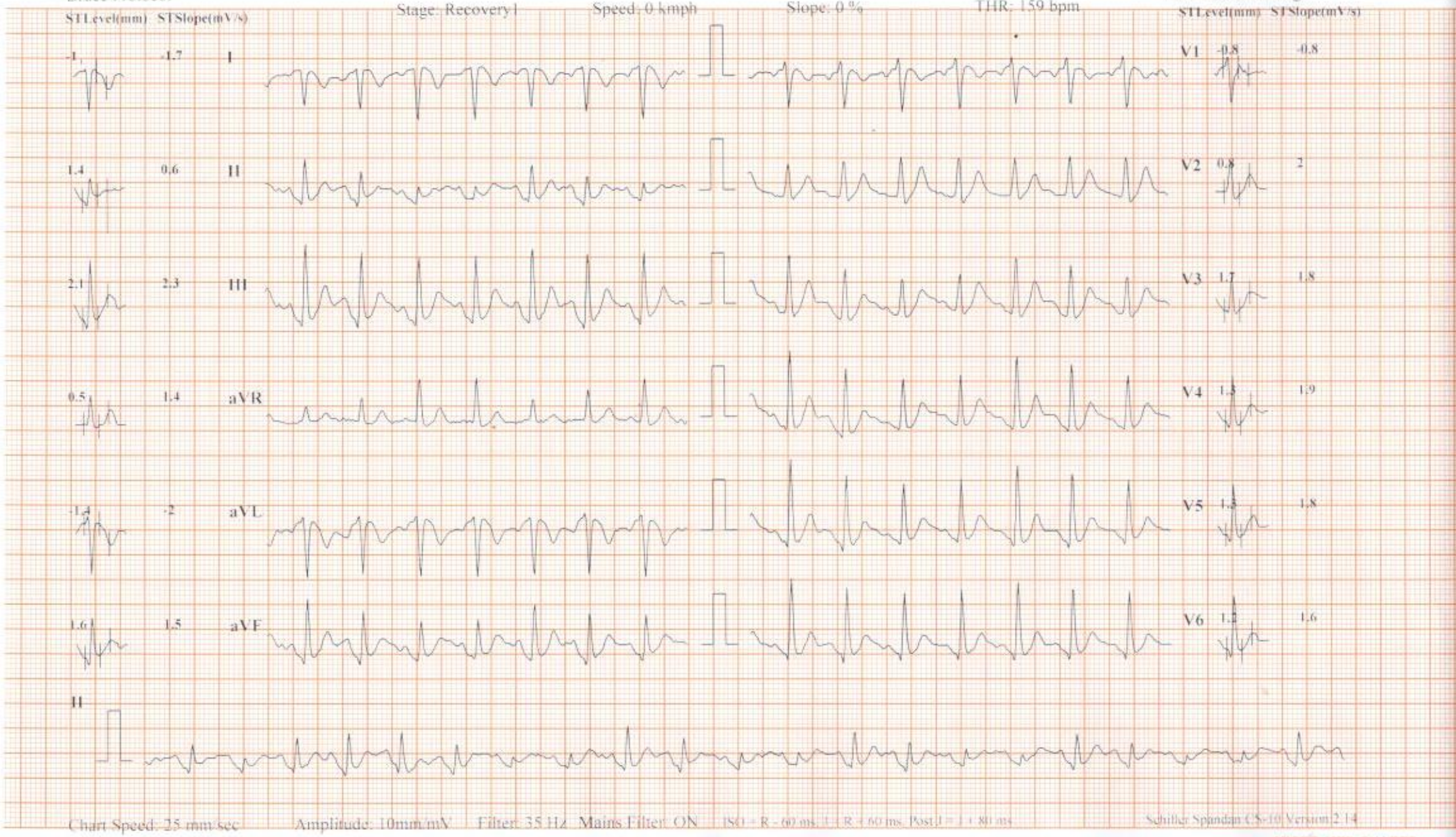
Date: 28-09-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 159 bpm

HR: 142 bpm

BP: 160/90 mmHg



MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595 | Date: 28-09-2023 | Exec Time : 00:00 | Stage Time: 01:00

Stage: Recovery2 | Speed: 0 kmph | Slope: 0 % | THR: 159 bpm

HR: 124 bpm

BP: 150/90 mmHg

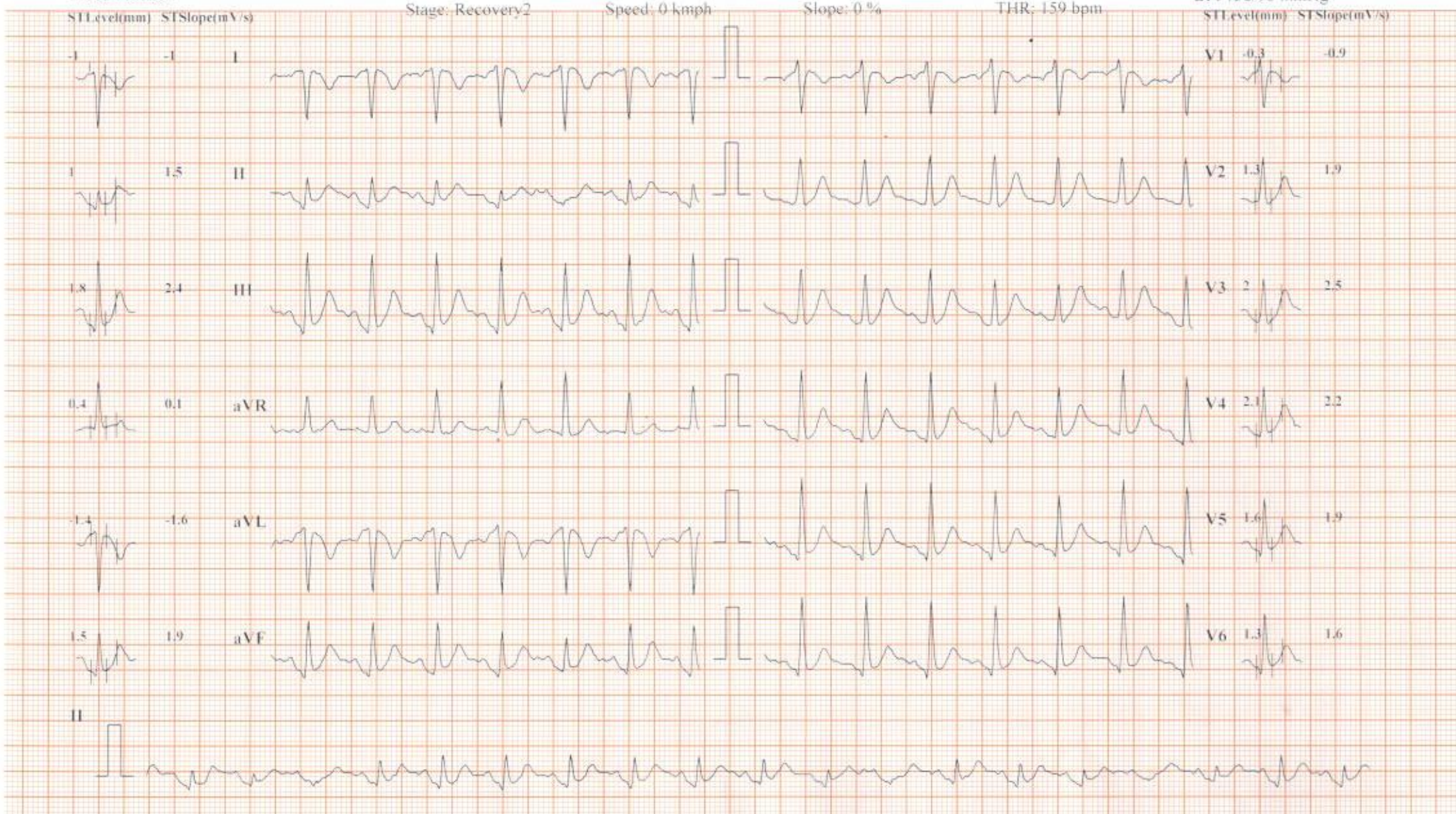


Chart Speed: 25 mm/sec | Amplitude: 10mm/mV | Filter: 35 Hz | Mains Filter: ON | ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms | Schiller Spandan CS-10 Version: 2.14

MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595
Stage: Recovery3

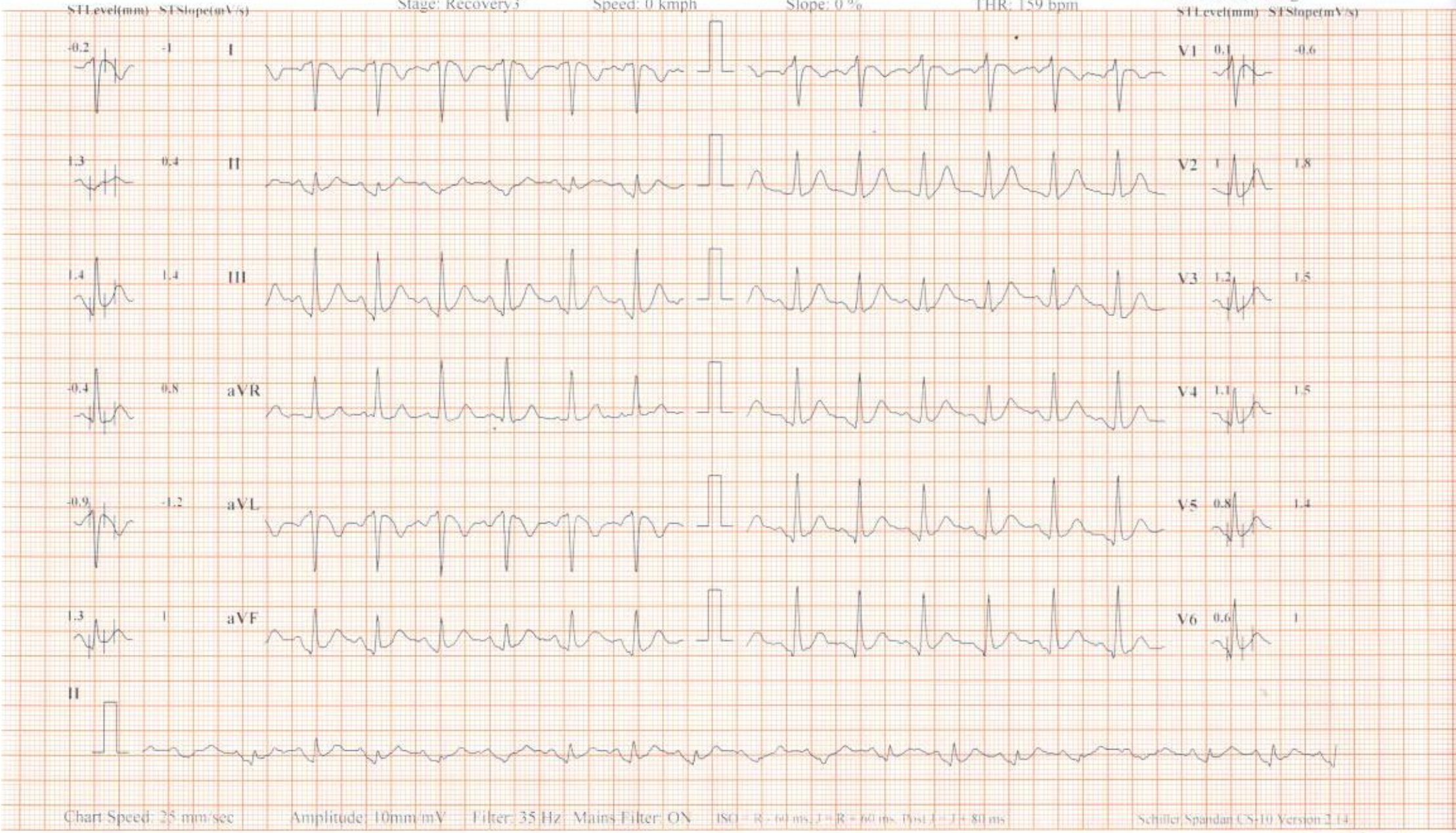
Date: 28-09-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 159 bpm

HR: 121 bpm

BP: 140/90 mmHg



MICRO MED CHARTS

Yoda Diagnostic Guntur

JAYAKAR PADMUTHAM

Bruce Protocol

ID: 31595

Stage: Recovery4

Date: 28-09-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:29

THR: 159 bpm

HR: 116 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

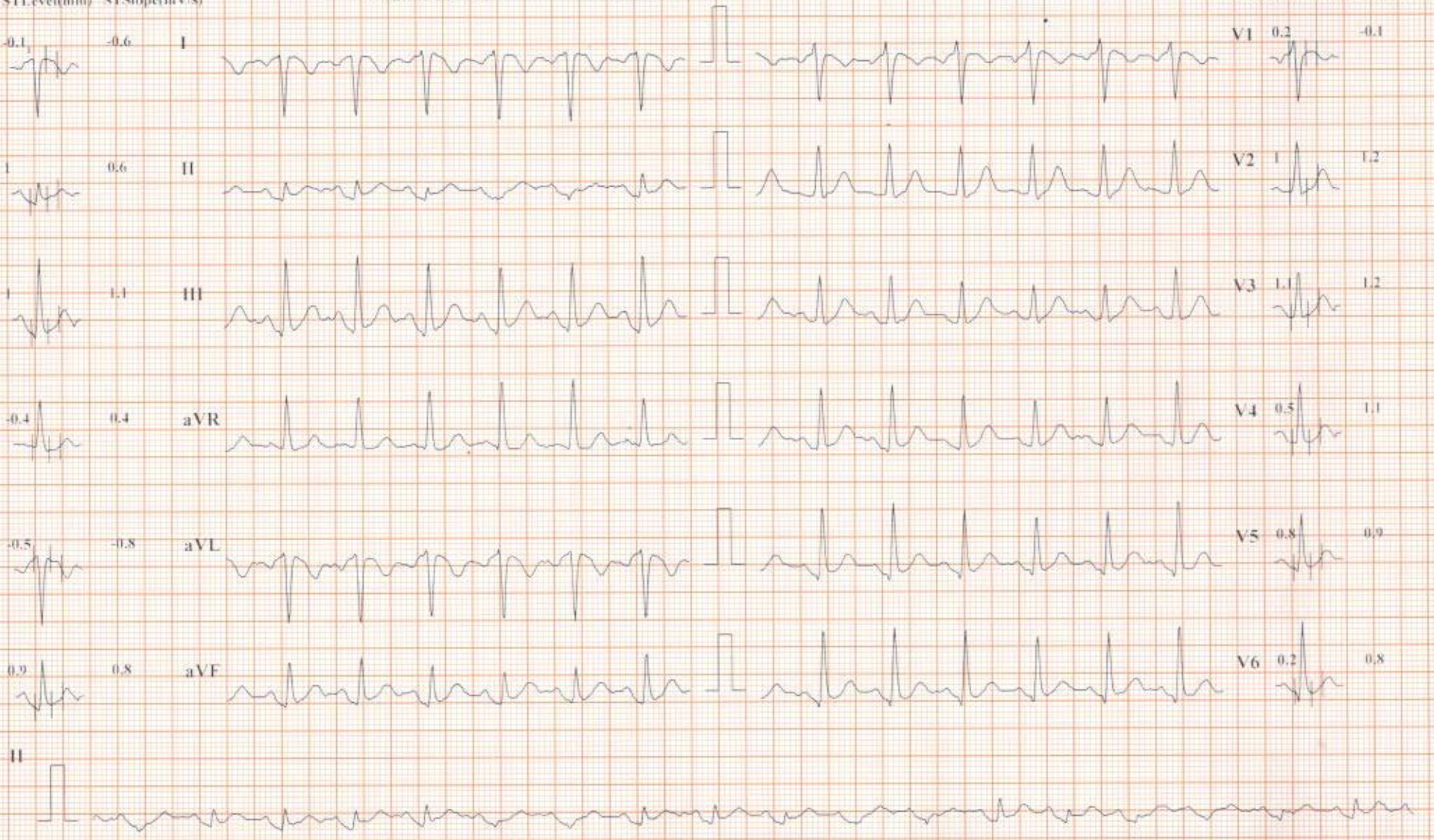


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandau CS-10 Version 2.18

MICRO MED CHARTS