

Name: Mr. SK. Sharif
 Date: 5/8/23 Age: 41 yrs Sex: male
 Address: Guntur



Routine Health checkup
 NO Complaints

TEMP: 98
 B.P: 130/90 mm
 PULSE: 100 bts
 WEIGHT: 83 kg
 HEIGHT: 180 cm

Imp: Denovo Type 2 DM +
 Dyslipidemia

Total cholesterol
 - 252 mg/dl
 LDL - 156 mg/dl
 FBS - 240 mg/dl
 PPBS - 409 mg/dl

1) Low salt Diet / Diabetic Diet
 Low Fat Diet

2) Tab. GLYCOMET-GP2

1 ——— | 1 — (20)
 (BRF) (BIF)

3) Tab. JAKROSE 10mg
 0 21 - (30)

Advice
 HbA1c

PIA always
with FBS
& PPRS Report

4/cap. JALK D3 60k
once a week x (8) wk

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

Mr. SHAIK SHARIF

HR 102/min

Axis:

SINUS TACHYCARDIA

OTHERWISE NORMAL ECG

10610571

Intervals:

P 39 °

QRS 19 °

T 25 °

5.79

UNCONFIRMED REPORT

Male

RR 589 ms

P 104 ms

PR 148 ms

QRS 72 ms

QT 320 ms

QTc 421 ms

P (II) 0.11 mV

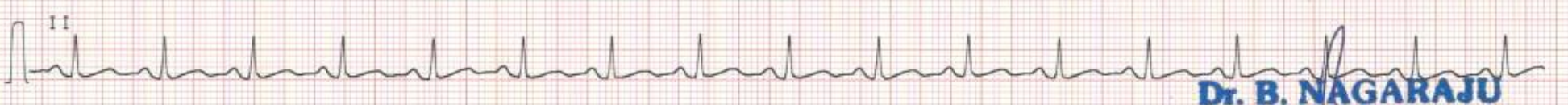
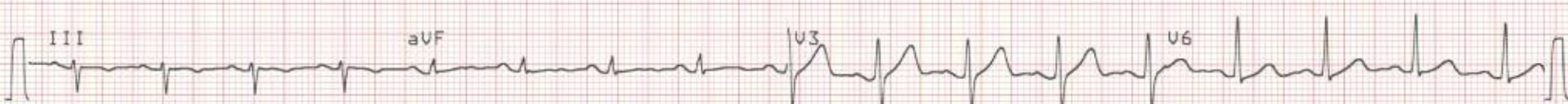
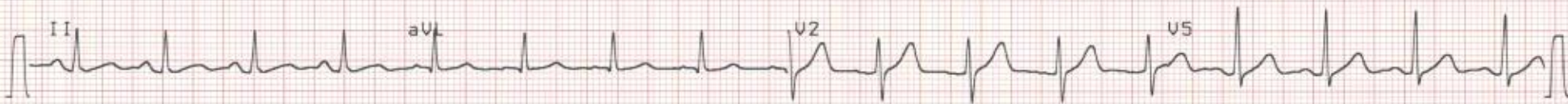
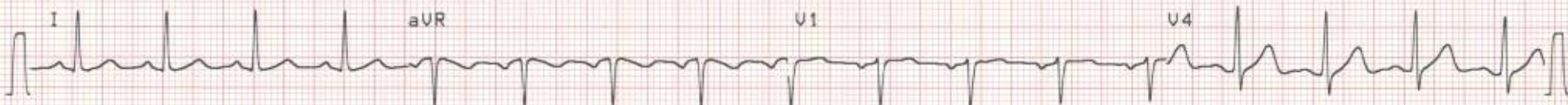
S (V1) -0.94 mV

R (V5) 1.25 mV

Sokol. 2.19 mV

10 mm/mV

10 mm/mV



10 mm/mV

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

DATE: 05-08-23NAME: Sharif ShaitAGE: 41/10 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	<u>-0.50</u>	<u>-0.50</u>	<u>90°</u>	<u>SV</u>	<u>-1.0</u>	<u>90</u>
ADD			<u>+1.50 Both eyes</u>			

INSTRUCTIONS _____


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

N.V. _____ CONSTANT USE _____



ODA
LOGISTICS

TION

 GPS Map Camera

Guntur, Andhra Pradesh, India

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

Lat 16.299232°

Long 80.451596°

05/08/23 10:23 AM GMT +05:30



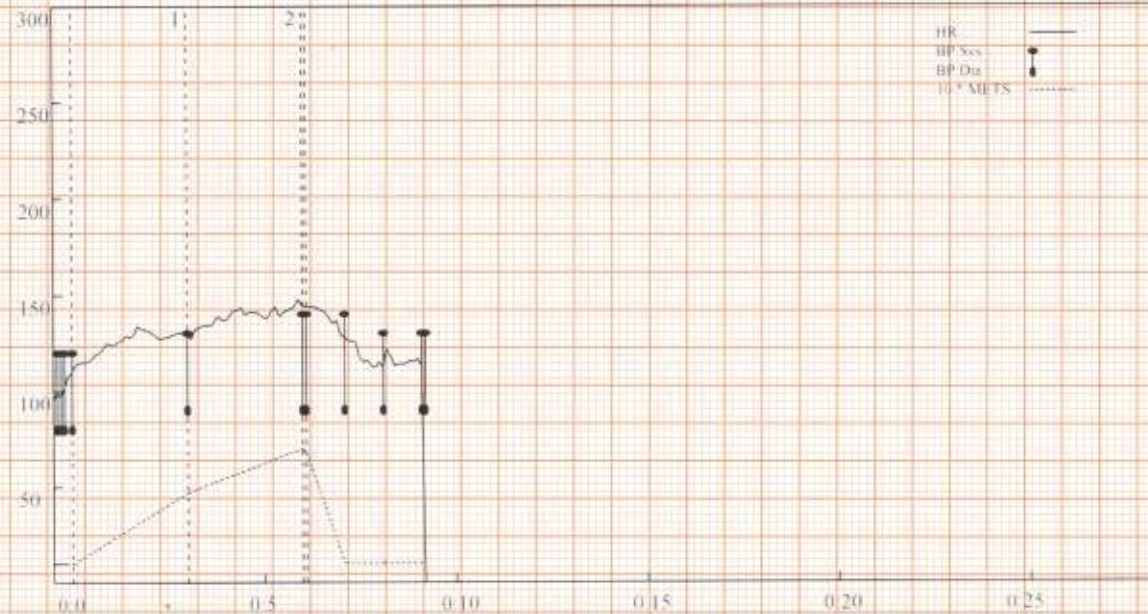
Google

Name: MR.SHARIF SHAIK

Date: 05-08-2023

Time: 12:14

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:05 achieving a work level of 7 METS.
 Resting Heart Rate, initially 95 bpm rose to a max. heart rate of 148bpm (83% 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

Dr. B. NAGARAJU
 Regd. No: 70700 M.B.B.S, M.D., DM
 Doctor: DR. NAGARAJU
 MICRO MED CHARTS
 (Summary Report) YODA DIAGNOSTIC GUNTUR

Yoda Diagnostic Guntur

Name: MR.SHARIF SHAIK Date: 05-08-2023 Time: 12:14
 Age: 41 Gender: M Height: 180 cms Weight: 83 Kg ID: 10610571
 Clinical History: NO
 Medications: NO

Test Details:

Protocol: Bruce Predicted Max HR: 179 Target HR: 152
 Exercise Time: 0:06:05 Achieved Max HR: 148 (83% of Predicted MHR)
 Max BP: 140/90 Max BP x HR: 20720 Max Mets: 7
 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	95	120/80	11400	2 V3	1.8 V3
Standing	00:07	1	0	0	99	120/80	11880	2.2 V3	1.7 V3
HyperVentilation	00:07	1	0	0	97	120/80	11640	1.9 V3	1.4 V3
PreTest	00:12	1	1.6	0	108	120/80	12960	1.9 V3	1.6 V3
Stage 1	03:00	4.7	2.7	10	131	130/90	17030	1.6 V3	1.9 V3
Stage 2	03:00	7	4	12	148	140/90	20720	2.2 aVR	2.1 V3
Peak Exercise	00:05	6.8	5.5	14	144	140/90	20160	3.1 V3	3.2 aVR
Recovery1	01:00	1	0	0	129	140/90	18060	1.5 V3	2.6 V3
Recovery2	01:00	1	0	0	115	130/90	14950	1.8 V3	1.8 V3
Recovery3	01:00	1	0	0	117	130/90	15210	1.3 V3	1.6 V3

Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:00:00

Stage Time: 00:06

HR: 95 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 152 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.3 0.2

I



V1 -0.2 -0.2

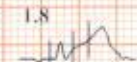


1.2 0.9

II

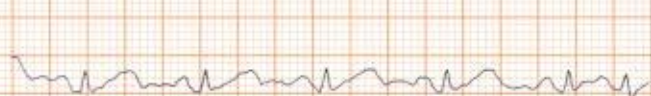


V2 1.8 0.6



0.8 0.7

III



V3 2 1.8



-0.7 -0.6

aVR



V4 1.6 1.6



-0.3 -0.2

aVL



V5 1 1.1



1 0.8

aVF



V6 0.8 0.6



II



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 99 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

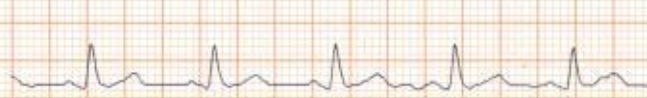
THR: 152 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.1 0.2 I

I



V1 0.3 0.1

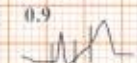


0.6 0.8 II

II

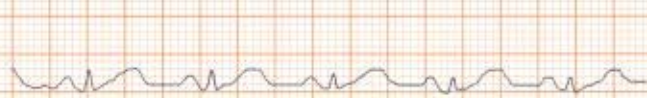


V2 0.9 0.9



0.5 0.6 III

III



V3 2.2 1.7



-0.3 -0.6 aVR

aVR



V4 1.7 1.3



-0.2 -0.2 aVL

aVL



V5 1.5 1.1



0.4 0.6 aVF

aVF



V6 0.8 0.7



II



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 97 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 152 bpm

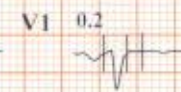
STLevel(mm) STSlope(mV/s)



I



II



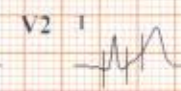
V1 0.2 0.1



II



III



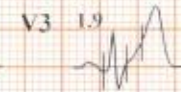
V2 1 0.9



III



aVR



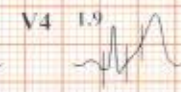
V3 1.9 1.4



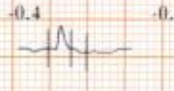
aVR



aVL



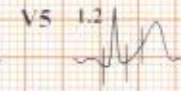
V4 1.9 1.4



aVL



aVF



V5 1.2 1.1



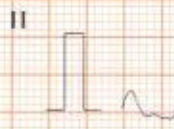
aVF



V6



V6 0.7 0.7



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 131 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

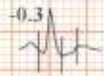
Slope: 10 %

THR: 152 bpm

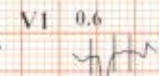
BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

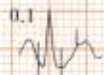
-0.3 0.6 I



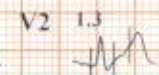
V1 0.6 0.1



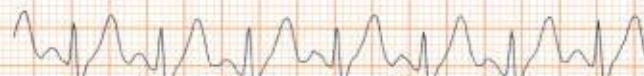
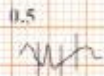
0.1 1.2 II



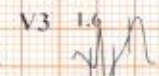
V2 1.3 1



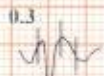
0.5 0.8 III



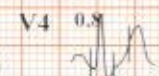
V3 1.6 1.9



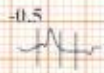
0.3 -1.1 aVR



V4 0.8 1.7



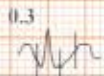
-0.5 -0.1 aVL



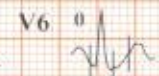
V5 0.7 1.4



0.3 1.1 aVF



V6 0 1



II



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 148 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 152 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

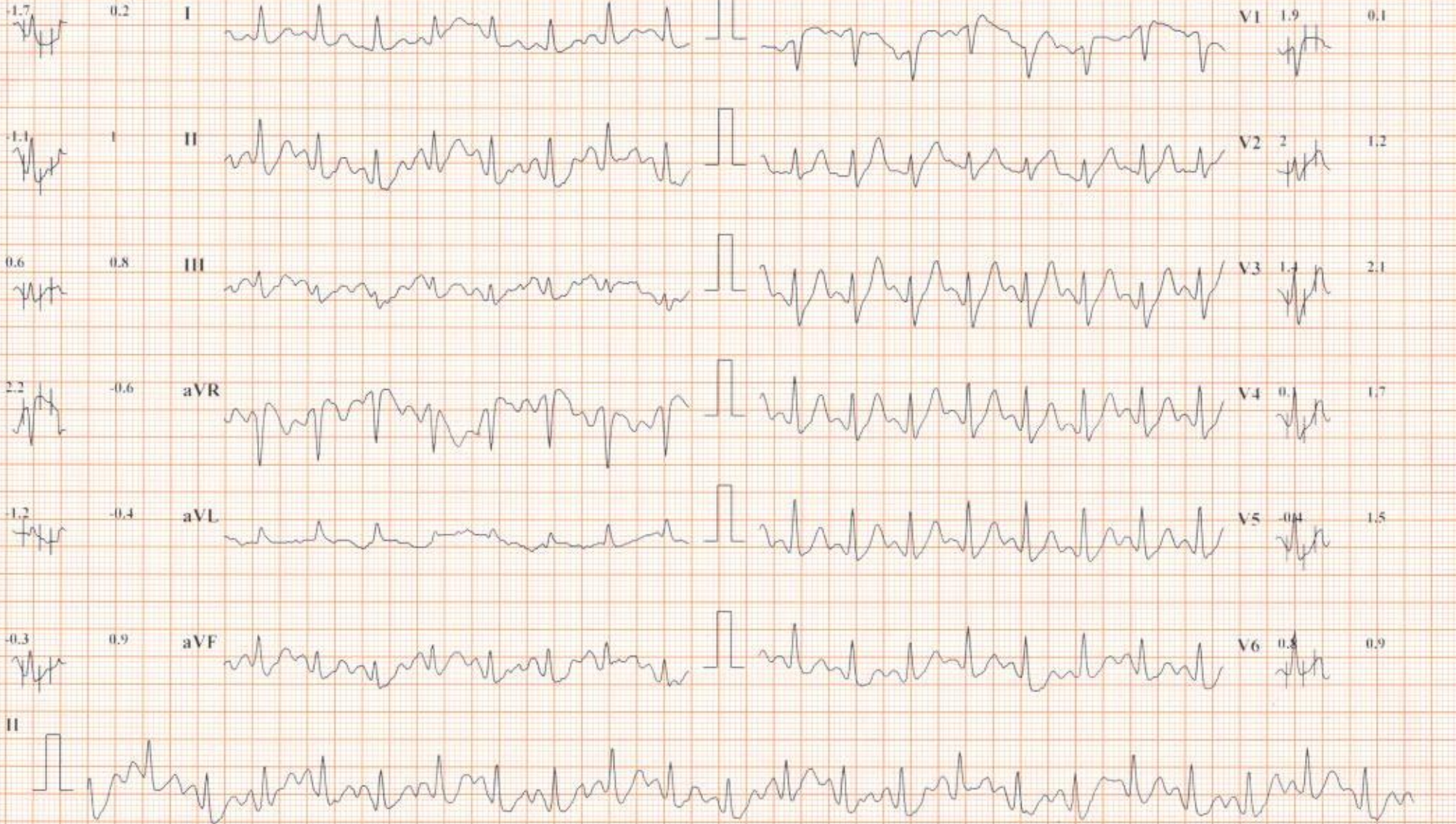


Chart Speed: 25 mm/sec

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 2.14

Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 0:06:05

Stage Time: 00:05

HR: 144 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

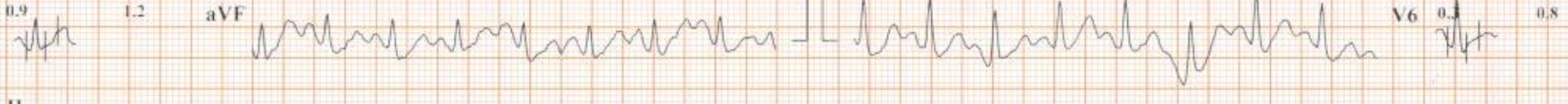
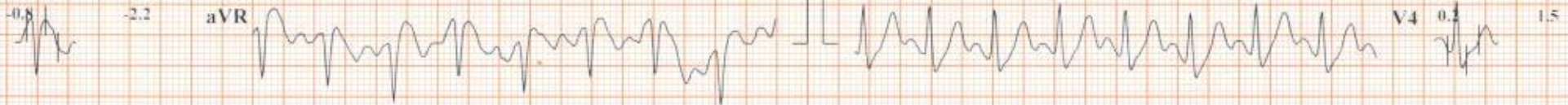
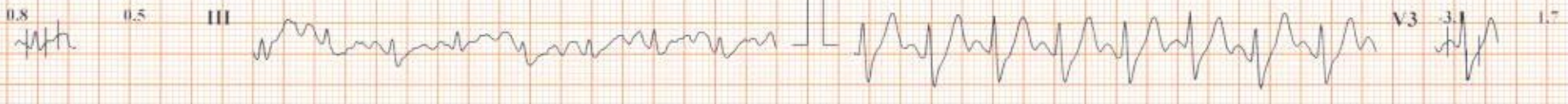
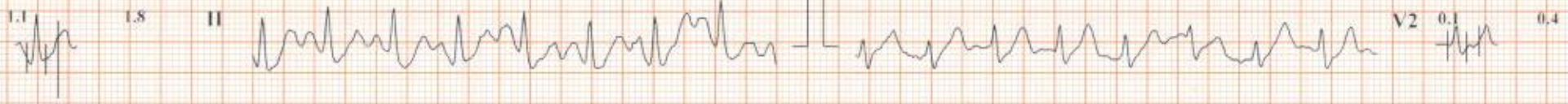
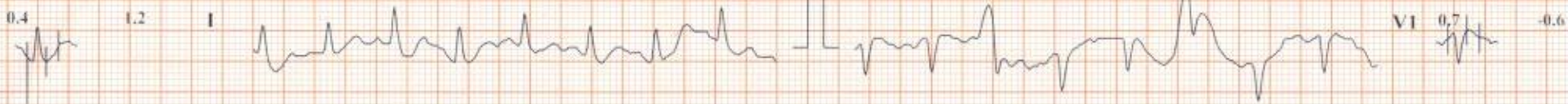
Speed: 5.5 kmph

Slope: 14 %

THR: 152 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 129 bpm

STLevel(mm) STSlope(mV/s)

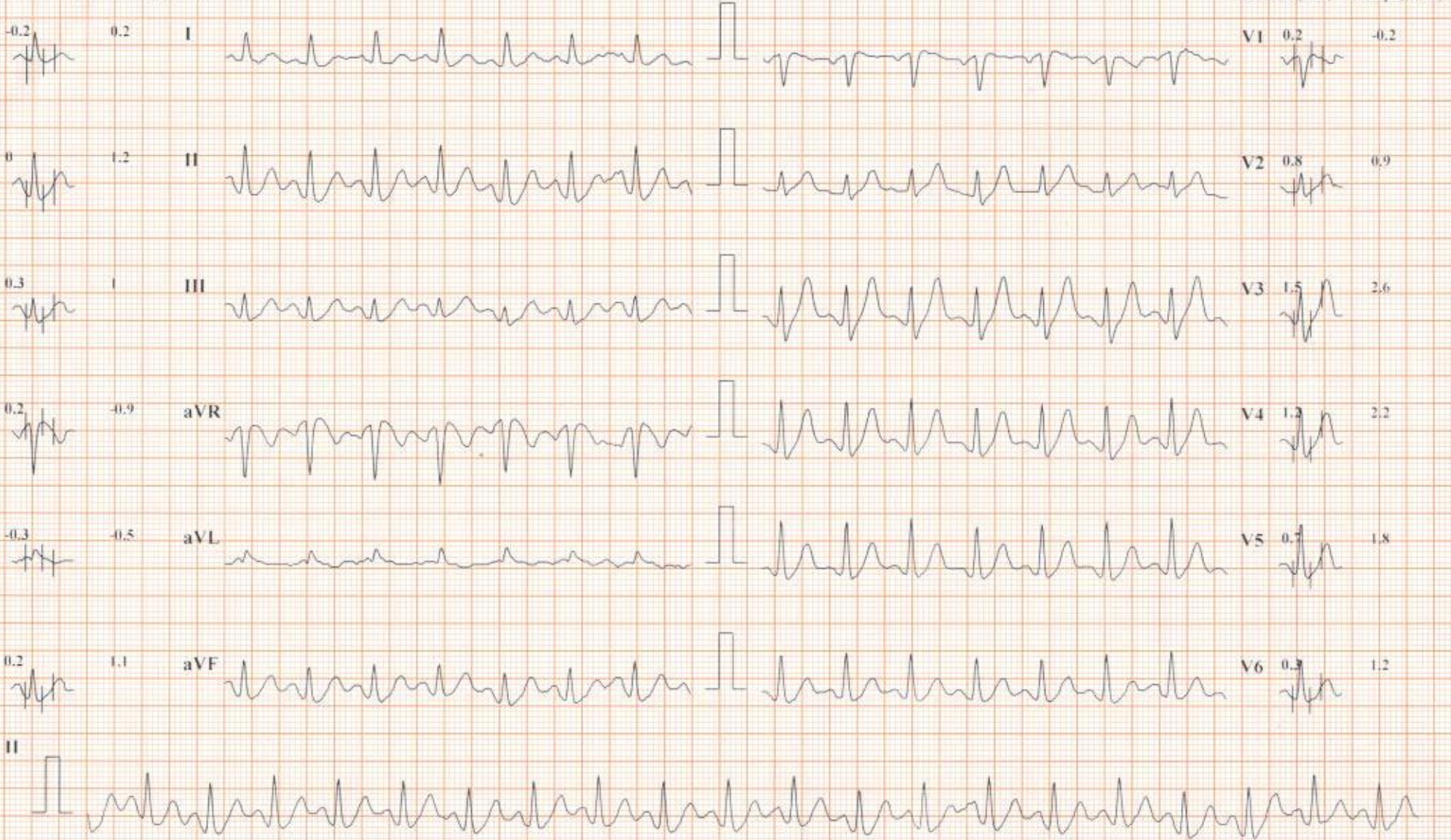
Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 140/90 mmHg
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 115 bpm

STLevel(mm) - STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 130/90 mmHg

STLevel(mm) - STSlope(mV/s)

0.4 0.3

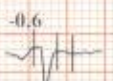
I



II



V1 -0.6 -0.1



0.1 1.1

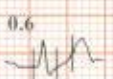
II



III

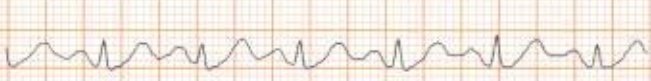


V2 0.6 0.9



0.2 0.8

III



aVR



V3 1.6 1.8



0.3 -0.8

aVR



aVL



V4 1 1.8



0.3 -0.2

aVL



aVF



V5 1 1.2



0.1 0.9

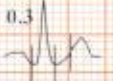
aVF



V6



0.3 0.8



II



Yoda Diagnostic Guntur

MR.SHARIF SHAIK

Bruce Protocol

ID: 10610571

Date: 05-08-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 117 bpm

STLevel(mm) - STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 152 bpm

BP: 130/90 mmHg

STLevel(mm) - STSlope(mV/s)

0.2 0.2

I

V1 0.6 0.2

0.3 0.8

II

V2 1 0.8

0.5 0.6

III

V3 1.3 1.6

0 -0.4

aVR

V4 0.5 1.3

-0.4 -0.1

aVL

V5 0.6 0.8

0.3 0.7

aVF

V6 0.4 0.7

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON (S) - R - 60 ms, J - R + 60 ms, Post J = J + 80 ms

Schiller Spandan CS-10 W/MRC MED CHARTS

Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
Patient Name	: Mr. SHAIK.SHARIF	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10610571
DOB	:	Registration	: 05/Aug/2023 09:08AM
Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:15AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

LIVER : Normal in size (14.6 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 (10.9 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.8 x 4.6 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 13 x 6.1 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 : Poor window.

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 II fatty liver.**

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
Patient Name	: Mr. SHAIK.SHARIF	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10610571
DOB	:	Registration	: 05/Aug/2023 09:08AM
Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:08AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:22AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**X-RAY CHEST PA VIEW****Findings:**

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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT23258	UHID/MR No	: YGT.0000023124
Patient Name : Mr. SHAIK.SHARIF	Client Code	: 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No	: 10610571
DOB :	Registration	: 05/Aug/2023 09:08AM
Ref Doctor : SELF	Collected	: 05/Aug/2023 09:15AM
Client Name : MEDI WHEELS	Received	: 05/Aug/2023 09:41AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:58AM
Hospital Name :		

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	15	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.

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID : YGT23258	UHID/MR No
Patient Name : Mr. SHAIK.SHARIF	Client Code
Age/Gender : 41 Y 0 M 0 D /M	Barcode No
DOB :	Registration
Ref Doctor : SELF	Collected
Client Name : MEDI WHEELS	Received
Client Add : F-701, Lado Sarai, Mehravli, N	Reported
Hospital Name :	

DEPARTMENT OF HAEMATOLOGY


Test Name	Result	Unit	Biological. Ref. Range	Method
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CBC(COMPLETE BLOOD COUNT)
Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB)	16.5	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.41	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	44.6	%	40.0 - 50.0	RBC pulse height detection
MCV	82.5	fL	83 - 101	Automated/Calculated
MCH	30.6	pg	27 - 32	Automated/Calculated
MCHC	37.0	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.8	%	11.0-16.0	Automated Calculated
RDW - SD	42.3	fl	35.0-56.0	Calculated
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	16.4	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,160	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	56	%	40 - 80	Impedance
LYMPHOCYTE	37	%	20 - 40	Impedance
EOSINOPHIL	02	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.21	Lakhs/cumm	1.50 - 4.10	Impedance

 Verified By :
 Kollipara Venkateswara Rao


Approved By :


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 Consultant Pathologist

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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	1.04	ng/ml	0.60 - 1.78	CLIA
T4	8.36	ug/dl	4.82-15.65	CLIA
TSH	1.70	uIU/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 propranolol 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 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:

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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Age/Gender : 41 Y 0 M 0 D /M	Barcode No
DOB :	Registration
Ref Doctor : SELF	Collected
Client Name : MEDI WHEELS	Received
Client Add : F-701, Lado Sarai, Mehravli, N	Reported
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM

TOTAL BILIRUBIN	0.96	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.21	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.75	mg/dl		Calculated
S.G.O.T	34	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	50	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	79	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.3	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.3	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.0	gm/dl		Calculated
A/G RATIO	1.43			Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

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 Consultant Pathologist

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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	252	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	50	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	156.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	228	mg/dl	See Table	GPO
VLDL	45.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.04		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	4.56	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	202	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:**
- 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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	2.48	ng/mL	< 4.0	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
Patient Name	: Mr. SHAIK.SHARIF	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10610571
DOB	:	Registration	: 05/Aug/2023 09:08AM
Ref Doctor	: SELF	Collected	: 05/Aug/2023 09:15AM
Client Name	: MEDI WHEELS	Received	: 05/Aug/2023 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 10:10AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	20	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	9.4	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.

Verified By :
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Patient Name : Mr. SHAIK.SHARIF	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10610571
DOB :	Registration : 05/Aug/2023 09:08AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	240	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
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

Verified By :
Kollipara Venkateswara Rao



Approved By :


Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID : YGT23258	UHID/MR No : YGT.0000023124
Patient Name : Mr. SHAIK.SHARIF	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10610571
DOB :	Registration : 05/Aug/2023 09:08AM
Ref Doctor : SELF	Collected : 05/Aug/2023 11:42AM
Client Name : MEDI WHEELS	Received : 05/Aug/2023 12:01PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 05/Aug/2023 12:29PM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	409	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

Verified By :
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Approved By :


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Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
Patient Name	: Mr. SHAIK.SHARIF	Client Code	: 1409
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Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Verified By :
Kollipara Venkateswara Rao



Approved By :

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 MBBS,DCP
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Patient Name : Mr. SHAIK.SHARIF	Client Code : 1409
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	53	U/L	0 - 55.0	KINETIC-IFCC
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
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 Consultant Pathologist

Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	4.9	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.

Verified By :
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Approved By :

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 MBBS,DCP
 Consultant Pathologist

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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)	9.4	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.94	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	10.00	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

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 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT23258	UHID/MR No	: YGT.0000023124
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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 05/Aug/2023 11:46AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E : 0.8 m/sec, A : 0.6 m/sec.
AORTIC FLOW : 1.0 m/sec
PULMONARY FLOW : 0.9 m/sec
TRICUSPID FLOW : TRJV : 1.9 m/sec, RVSP : 25 mmHg

COLOUR FLOW MAPPING: Trivial TR


IMPRESSION :

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

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT23258	UHID/MR No : YGT.0000023124
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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 05/Aug/2023 11:54AM
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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	20 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.020		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	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	Azocoupling 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			

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 Consultant Pathologist


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Hospital Name	:		

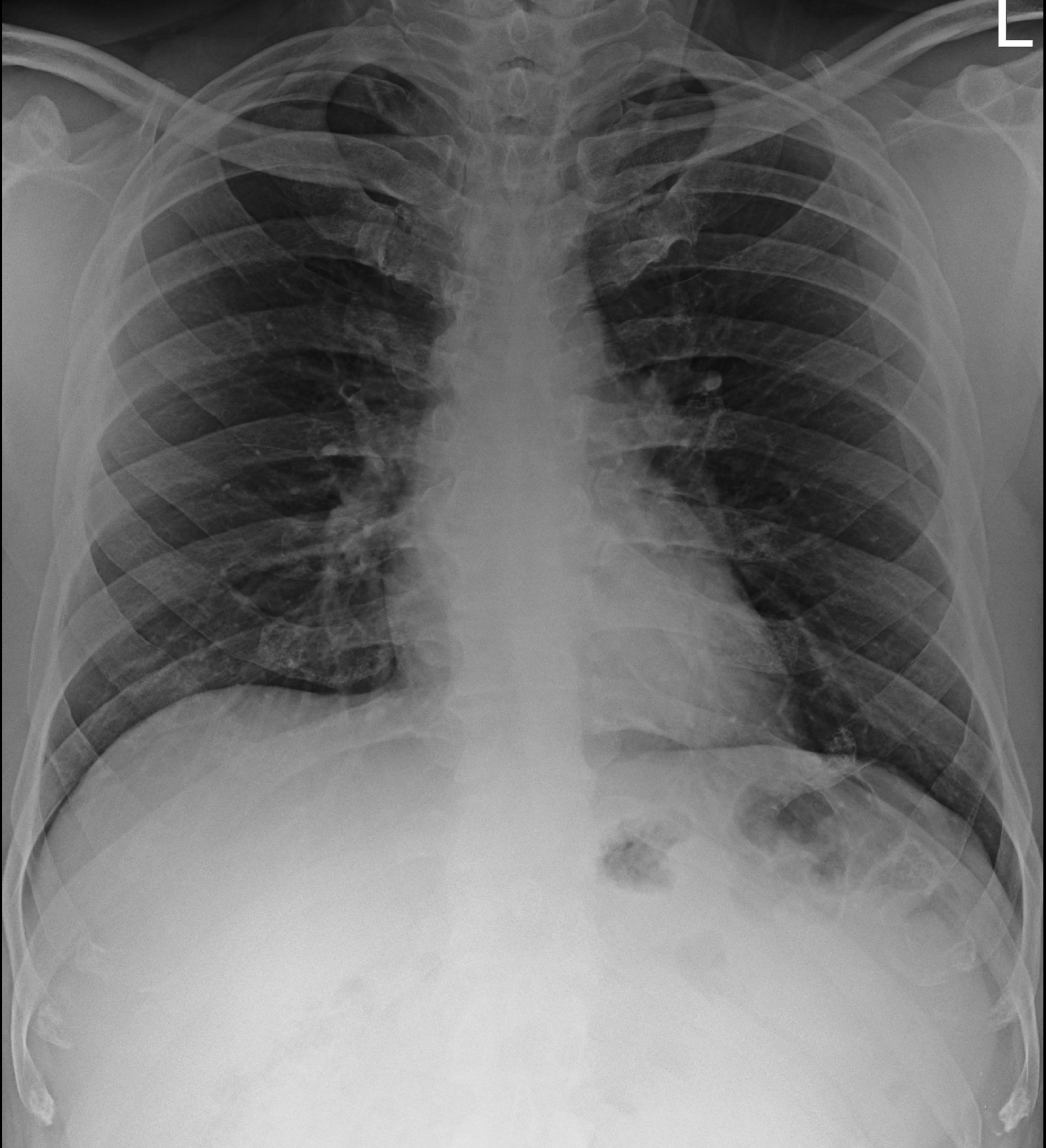
DEPARTMENT OF CLINICAL PATHOLOGY

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



SHAIK.SHARIF 41Y MALE 10610571 CHEST PA 05-Aug-23

YODA DIAGNOSTICS



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: S/O: షేక్ సాయి బాబా
25-17-32, శ్రీనివాసరావుపేట 7వ లైన్
గుంటూరు, గుంటూరు కలెక్టరేట్, గుంటూరు
ఆంధ్ర ప్రదేశ్, 522004

Address: S/O: Shaik Sai
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GOVERNMENT OF INDIA



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