

521485
55 Years

B RAVICHANDER
Male

18-Oct-23 8:57:45 AM
YODA LIFELINE DIAGNOSTICS

Rate 62 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 . Borderline ST elevation, anterior leads.....ST >0.15mV in V1-V4

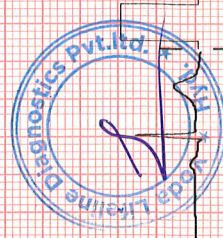
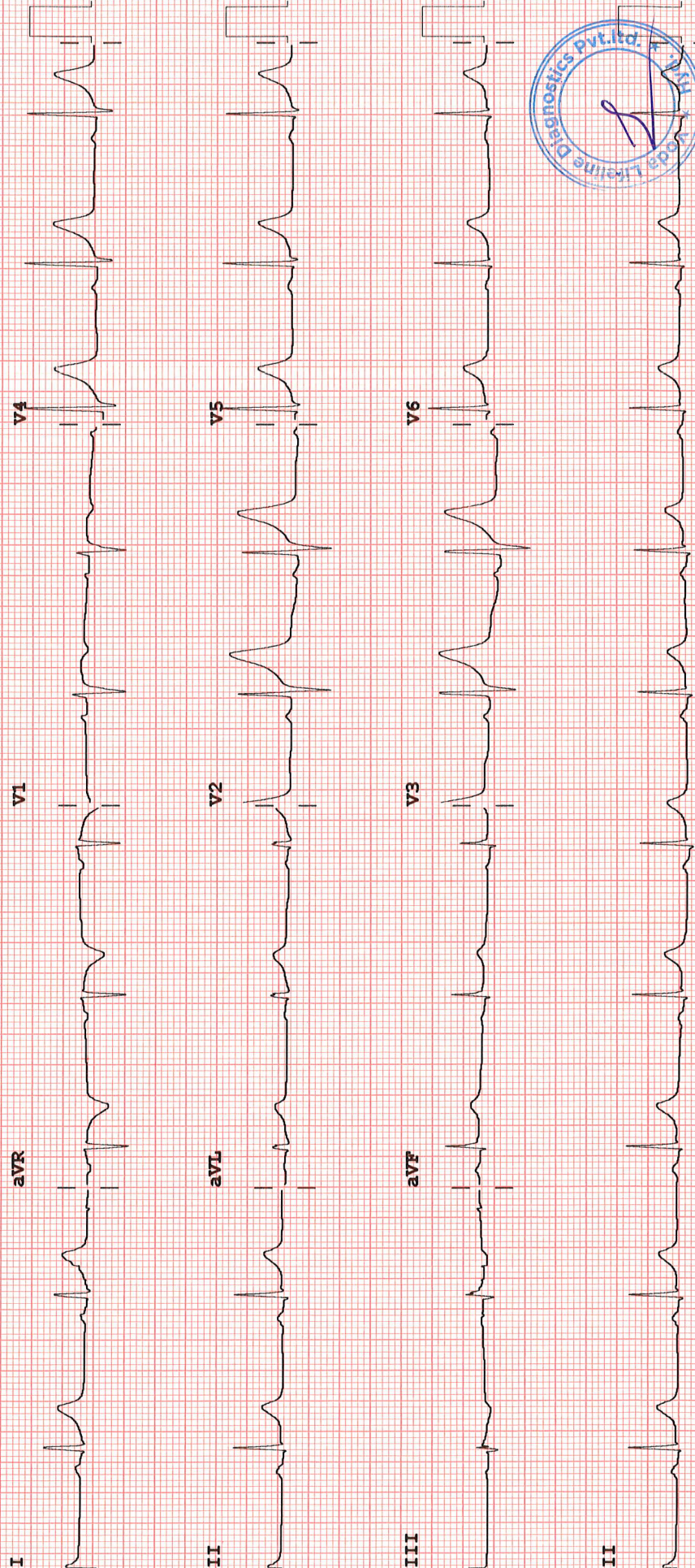
QRSD 83
 QT 390
 QTc 396

--AXIS--
 P 24
 QRS 39
 T 23

12 Lead; Standard Placement

Unconfirmed Diagnosis

- BORDERLINE ECG -



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

EYE GLASS PRESCRIPTION

Name : B. Ravichandey.
 Age : 55 Employee ID: 521485
 Gender : M Date: 18/10/23

~~Vn~~
 (unaided)
~~PGP~~

6/18P	6/18P
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Distance	OD	SPH	CYL	AXIS	BCVA
	OD	1.50	0.50	90°	6/6
	OS	1.50	0.50	90°	6/6

Add

2.75	2.75
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N6 @ 30cms

LENS TYPE

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

Remarks: CVN & Normal



Signature
Hyd

*B. Ravichandey

18/10/23

Age: 55/M

YODNO: 521485

Sub: came for regular check up.

H/O using glasses \therefore Syn, PGP - 1 yr old.

Slit Lamp (O)

CRx
- Nil -

O/D \leftarrow WNL

GH
- Normal -

O/S \leftarrow WNL

colour vision \leftarrow 17/17 plate



DEPARTMENT OF RADIOLOGY

Patient Name	Mr. B RAVICHANDER	Visit ID	YOD521485	Registration Date	18-10-2023 08:37 AM
Age / Gender	55/MALE	UHID	YOD.0000503214	Collection Date	18-10-2023 08:37 AM
Ref Doctor	SELF	Hospital Name		Received Date	
Barcode	10762257	Sample Type		Reported Date	18-10-2023 09:32 AM

X-RAY CHEST 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.

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

Dr. ANNAREDDY SIVAKALA
MBBS, DNB, CONSULTANT
RADIOLOGIST



Yoda Diagnostics Pvt Ltd,

Door No: 6-3-862/A, Lal Bungalow add on, Ameerpet, Hyderabad - 500016 helpdesk@yodalifeline.in 040-35353535

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ULTRASOUND WHOLE ABDOMEN

Clinical Details : General check-up.

LIVER : Normal in size (132mm) and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated. Visualized common bile duct & portal vein appears normal.

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

PANCREAS : Normal in size and echotexture. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (103mm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 101x40mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

LEFT KIDNEY : measures 99x43mm. Normal in size and echotexture. Cortico-medullary differentiation well maintained. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

PROSTATE : Normal in size and echo-texture, volume : 22cc.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- **No obvious sonological abnormality detected.**

*** End Of Report ***

Suggested clinical correlation & follow up



Approved by

S. SHRAVAN KUMAR (DNB)
CONSULTANT
RADIOLOGIST



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Ref Doctor	: SELF	Collected	: 18/Oct/2023 08:44AM
Client Name	: MEDI WHEELS	Received	: 18/Oct/2023 09:41AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 18/Oct/2023 10:31AM
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	6	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 :
Anil Kumar Gourineni



Approved By :

A. Pranitha

DR PRANITHA ANAPINDI
MD , CONSULTANT PATHOLOGIST

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CBC (COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	13.7	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.99	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	41.0	%	40.0 - 50.0	RBC pulse height detection
MCV	82.2	fL	83 - 101	Automated/Calculated
MCH	27.5	pg	27 - 32	Automated/Calculated
MCHC	33.4	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.3	%	11.0-16.0	Automated Calculated
RDW - SD	36.6	fl	35.0-56.0	Calculated
MPV	10.1	fL	6.5 - 10.0	Calculated
PDW	11.7	fL	8.30-25.00	Calculated
PCT	0.26	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	5,890	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	47.4	%	40 - 80	Impedance
LYMPHOCYTE	44	%	20 - 40	Impedance
EOSINOPHIL	1.5	%	01 - 06	Impedance
MONOCYTE	6.6	%	02 - 10	Impedance
BASOPHIL	0.5	%	0 - 1	Impedance
PLATELET COUNT	2.54	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM				
T3	1.16	ng/ml	0.60 - 1.78	CLIA
T4	9.54	ug/dl	4.82-15.65	CLIA
TSH	2.97	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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SURYADEEP PRATAP
Senior Biochemist

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.44	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.07	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.37	mg/dl		Calculated
S.G.O.T	21	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	17	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	69	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.3	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.33			Calculated

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 Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

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LIPID PROFILE

Sample Type : SERUM				
TOTAL CHOLESTEROL	229	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	48	mg/dl	> 40	Enzymatic/ Immunoinhibitor
L D L CHOLESTEROL	153.8	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	136	mg/dl	See Table	GPO
VLDL	27.2	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.77		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	2.83	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	181	mg/dl	< 130	Calculated

Interpretation

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL	TRI GLYCERIDE	LDL CHOLESTEROL	NON HDL CHOLESTEROL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

REMARKS	Cholesterol : HDL Ratio
Low risk	3.3-4.4
Average risk	4.5-7.1
Moderate risk	7.2-11.0
High risk	>11.0

- Note:
- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol
 - NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
 - Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
 - Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

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PSA (PROSTATE SPECIFIC ANTIGEN) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.994	ng/mL	< 4.0	CLIA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (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.

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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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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	103	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

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DOB : 23/Jan/1968	Registration : 18/Oct/2023 08:37AM
Ref Doctor : SELF	Collected : 18/Oct/2023 12:22PM
Client Name : MEDI WHEELS	Received : 18/Oct/2023 01:16PM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 18/Oct/2023 02:07PM
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	106	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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DEPARTMENT OF BIOCHEMISTRY

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.66	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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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	20	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.

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URIC ACID -SERUM

Sample Type : SERUM

SERUM URIC ACID	5.9	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 :
Anil Kumar Gourineni



Approved By :

S.K. Deepthi
Dr. S.K. DEEPTHI
 FFM, FDM
 MD BIOCHEMISTRY

Visit ID	: YOD521485	UHID/MR No	: YOD.0000503214
Patient Name	: Mr. B RAVICHANDER	Client Code	: 1409
Age/Gender	: 55 Y 8 M 24 D /M	Barcode No	: 10762257
DOB	: 23/Jan/1968	Registration	: 18/Oct/2023 08:37AM
Ref Doctor	: SELF	Collected	: 18/Oct/2023 08:44AM
Client Name	: MEDI WHEELS	Received	: 18/Oct/2023 09:28AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 18/Oct/2023 10:18AM
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)	8.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.66	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	13.45	Ratio	6 - 25	Calculated

Verified By :
Anil Kumar Gourineni



Approved By :


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 MD BIOCHEMISTRY

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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 18/Oct/2023 10:32AM
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 : 3.3 cms
LEFT VENTRICLE :
EDD : 3.8 cm IVS(d) : 1.0 cm LVEF : 68 %
ESD : 2.4 cm PW (d) : 1.0 cm FS : 34%
No RWMA

IAS : Intact
IVS : Intact
AORTA : 2.7 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal

Verified By :
Anil Kumar Gourineni



Approved By :


Dr. D. Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID	: YOD521485	UHID/MR No	: YOD.0000503214
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DEPARTMENT OF RADIOLOGY

PULMONARY VEINS : Normal

INTRA CARDIAC MASSES : No

DOPPLER STUDY :

MITRAL FLOW : E 0.9 m/sec, A 0.6 m/sec.

AORTIC FLOW : 1.0 m/sec

PULMONARY FLOW : 0.8 m/sec


TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING: NO MR / TRIMPRESSION :

- * NO RWMA OF LV
- * NORMAL LV SYSTOLIC FUNCTION
- * NORMAL LV FILLING PATTERN
- * NO MR / TR
- * NO PE / CLOT / PAH

Verified By :
Anil Kumar Gourineni

Approved By :


Dr. D. Madhav Kumar
PGDDRM (U.K.)
MBBS, PGDCC (Dip. Cardiology)
Cardiologist

Visit ID : YOD521485
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UHID/MR No : YOD.0000503214
Client Code : 1409
Barcode No : 10762257
Registration : 18/Oct/2023 08:37AM
Collected : 18/Oct/2023 08:44AM
Received : 18/Oct/2023 11:33AM
Reported : 18/Oct/2023 12:50PM

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	5.5		4.6 - 8.0	Double Indicator
PROTEIN	NEGATIVE		NEGATIVE	Protein - error of Indicators
GLUCOSE(U)	NEGATIVE		NEGATIVE	Glucose Oxidase
UROBILINOGEN	0.1	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	4-5	cells/HPF	0-5	
EPITHELIAL CELLS	2-3	/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 :
 Anil Kumar Gourineni



Approved By :



DR PRANITHA ANAPINDI
 MD , CONSULTANT PATHOLOGIST

Visit ID	: YOD521485	UHID/MR No	: YOD.0000503214
Patient Name	: Mr. B RAVICHANDER	Client Code	: 1409
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
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***** End Of Report *****Verified By :
Anil Kumar Gourineni

Approved By :

**DR PRANITHA ANAPINDI**
MD , CONSULTANT PATHOLOGIST