

Name: Mr. Madhukapu Venkata
Date: 10/06/23 Age: 41 years Sex: Male
Address: Guntur



Routine Health checkup
ed swelling in both the
lower limbs
B/L knee joint pain

TEMP:
B.P: 130/80 mm/Hg
PULSE: 80 bts
WEIGHT: 76 kgs
HEIGHT: 178 cms

TSH - 6.09 μ IU/ml
FBS - 109 mg/dl
PPBS - 125 mg/dl

1) Low Salt Diet /
Low Fat Food

2) Tab. THYRONORM
25mcg

1-0-0 - (30)

3) Tab. DYTOR 10w

1-0-0 - (10)

Advice

HbA1c
Orthopaedics -
consultation

CONTACT US

Mr. MADATHAPU
NARENDRA
10526299

..... Female
41 years
..... cm / kg

HR 70/min

Intervals:

RR 854 ms

P 126 ms

PR 160 ms

QRS 80 ms

QT 386 ms

QTC 420 ms

Axis:

P 9°

QRS -5°

T 30°

SINUS RHYTHM

LEFTWARD AXIS

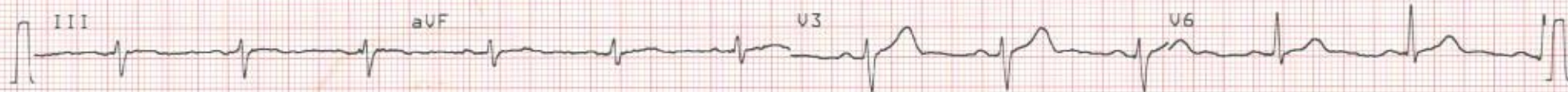
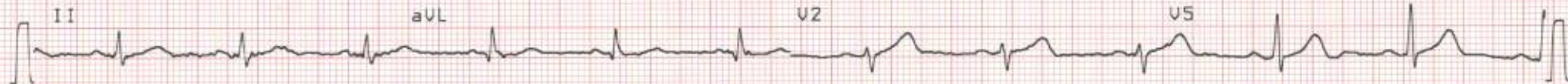
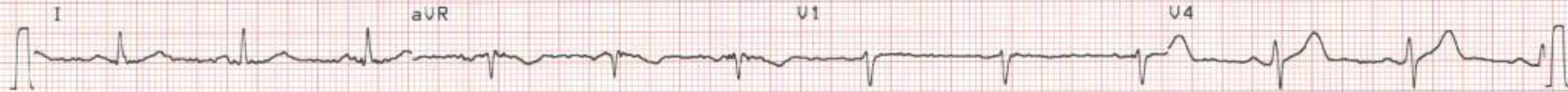
OTHERWISE NORMAL ECG

5.79

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25Hz F50 55F 585 Sa 10-JUN-23 11:01:07

Dr. B. NAGARAJU
Regd. No. 70780 MBBS, M.D., DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTICS-GUNTUR

AT-102 1.37 Clm

Visit ID	: YGT15358	UHID/MR No	: YGT.0000015233
Patient Name	: Mr. MADATHAPU NARENDRA	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10526299
DOB	:	Registration	: 10/Jun/2023 08:53AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:53AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 12:40PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : Normal in size 15.8 cm and echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

PANCREAS : Poor window.

SPLEEN : Normal in size 10.9 cm and echotexture. No focal lesion is seen.

RIGHT KIDNEY : Measures 11 x 5.4 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 11.1 x 4.7 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 : Well distended. No evidence of wall thickening / calculi.

PROSTATE : Normal in size 26 cc 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:

- No obvious sonological abnormality detected.

Suggested:- Clinical correlation & follow up

Verified By :
SHARMILA



Approved By :

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

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Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:24PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGYCHEST X-RAY (PA VIEW)FINDINGS:POOR INSPIRATORY FILM

Prominent pulmonary bronchovascular markings in bilateral lung fields.

Trachea is midline.

Mediastinal outline, and cardiac silhouette are normal.

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:

- Prominent pulmonary bronchovesicular markings in bilateral lung fields.

Suggested clinical correlation and follow up

Verified By :
SHARMILA



Approved By :


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

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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	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.

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 Consultant Pathologist

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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 09:59AM
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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)	14.9	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	4.85	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	42.1	%	40.0 - 50.0	RBC pulse height detection
MCV	86.8	fL	83 - 101	Automated/Calculated
MCH	30.7	pg	27 - 32	Automated/Calculated
MCHC	35.4	g/dl	32 - 35	Automated/Calculated
RDW - CV	13.2	%	11.0-16.0	Automated Calculated
RDW - SD	45.1	fl	35.0-56.0	Calculated
MPV	9.0	fL	6.5 - 10.0	Calculated
PDW	16.3	fL	8.30-25.00	Calculated
PCT	0.18	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	4,930	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	48.4	%	40 - 80	Impedance
LYMPHOCYTE	39.8	%	20 - 40	Impedance
EOSINOPHIL	06	%	01 - 06	Impedance
MONOCYTE	5.9	%	02 - 10	Impedance
BASOPHIL	00	%	0 - 1	Impedance
PLATELET COUNT	2.01	Lakhs/cumm	1.50 - 4.10	Impedance

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Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 10/Jun/2023 11:18AM
Hospital Name :	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)
Sample Type : SERUM

T3	1.00	ng/ml	0.60 - 1.78	CLIA
T4	8.01	ug/dl	4.82-15.65	CLIA
TSH	6.09	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04


(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM				
TOTAL BILIRUBIN	1.33	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.26	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	1.07	mg/dl		Calculated
S.G.O.T	49	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	67	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	65	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	6.6	gm/dl	6.0 - 8.0	Biuret
ALBUMIN	4.4	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.2	gm/dl		Calculated
A/G RATIO	2.00			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	192	mg/dl	See Table	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	40	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	122.4	mg/dl	See Table	Enzymatic Selective Protein
TRIGLYCERIDES	148	mg/dl	See Table	GPO
VLDL	29.6	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.80		See Table	Calculated
TRIGLYCEIDES/ HDL RATIO	3.7	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	152	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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 11:56AM
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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	0.34	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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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : Serum

SERUM UREA	36	mg/dL	17 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	16.8	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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Test Name	Result	Unit	Biological. Ref. Range	Method
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FBS (GLUCOSE FASTING)

Sample Type : FLOURIDE PLASMA

FASTING PLASMA GLUCOSE	109	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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Ref Doctor : SELF	Collected : 10/Jun/2023 10:57AM
Client Name : MEDI WHEELS	Received : 10/Jun/2023 11:11AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 10/Jun/2023 11:41AM
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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	125	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

Test Name	Result	Unit	Biological. Ref. Range	Method
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.98	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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DEPARTMENT OF BIOCHEMISTRY

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GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)

Sample Type : SERUM

GGT	42	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	6.4	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 :
SHARMILA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT15358	UHID/MR No	: YGT.0000015233
Patient Name	: Mr. MADATHAPU NARENDRA	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10526299
DOB	:	Registration	: 10/Jun/2023 08:53AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:55AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 09:22AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 09:59AM
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)	16.8	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.98	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	17.16	Ratio	6 - 25	Calculated

Verified By :
SHARMILA



Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT15358	UHID/MR No	: YGT.0000015233
Patient Name	: Mr. MADATHAPU NARENDRA	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10526299
DOB	:	Registration	: 10/Jun/2023 08:53AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:53AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:10PM
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 : 3.8 cms
LEFT VENTRICLE : EDD : 3.0 cm IVS(d) : 0.9 cm LVEF : 60%
ESD : 3.3 cm PW (d) : 1.1 cm FS : 32%
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.0 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	: YGT15358	UHID/MR No	: YGT.0000015233
Patient Name	: Mr. MADATHAPU NARENDRA	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10526299
DOB	:	Registration	: 10/Jun/2023 08:53AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:53AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 10/Jun/2023 02:10PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY

DOPPLER STUDY :

MITRAL FLOW : E - 0.6m/sec, A - 0.3m/sec.
AORTIC FLOW : 6.0m/sec
PULMONARY FLOW : 4.0m/sec
TRICUSPID FLOW : NORMAL

COLOUR FLOW MAPPING:

IMPRESSION :


- * NORMAL SIZED CARDIAC CHAMBERS
- * NO RWMA
- * GOOD LV FUNCTION
- * NORMAL LV FILLING PATTERN
- * NO MR/ AR/ PR
- * NO TR/ 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 : YGT15358	UHID/MR No : YGT.0000015233
Patient Name : Mr. MADATHAPU NARENDRA	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10526299
DOB :	Registration : 10/Jun/2023 08:53AM
Ref Doctor : SELF	Collected : 10/Jun/2023 08:55AM
Client Name : MEDI WHEELS	Received : 10/Jun/2023 09:22AM
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	15 ML	ml		
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
SPECIFIC GRAVITY	1.005		1.003 - 1.035	Bromothymol Blue

CHEMICAL EXAMINATION


pH	5.0		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	2-3	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 :
 SHARMILA


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT15358	UHID/MR No	: YGT.0000015233
Patient Name	: Mr. MADATHAPU NARENDRA	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10526299
DOB	:	Registration	: 10/Jun/2023 08:53AM
Ref Doctor	: SELF	Collected	: 10/Jun/2023 08:55AM
Client Name	: MEDI WHEELS	Received	: 10/Jun/2023 09:22AM
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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*** End Of Report ***



Verified By :
SHARMILA



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

EYE GLASS PRESCRIPTION

Name : Narendra Goud
 Age : 41/4 Employee ID: Yg + 15358
 Gender : M Date: 10/6/23

Vn
 (unaided)
 PGP

6/6	6/6
-----	-----

Distance		SPH	CYL	AXIS	BCVA
	OD	+F	-0.25	90	6/6
	OS	+F	-0.25	110	6/6

Add

X1	6
----	---

@30cms.

LENS TYPE

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

Remarks: _____


 Signature

ODDA
ICS



RECEPTION



GPS Map Camera

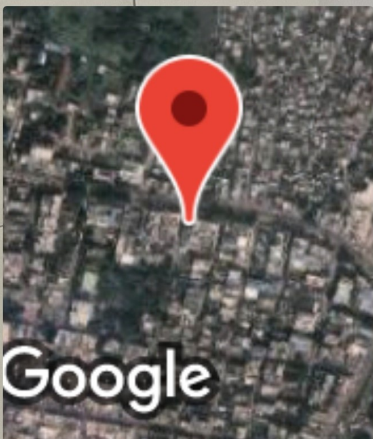
Guntur, Andhra Pradesh, India

13-5-1, Old Club Rd, Gunturvari Thota, Kothapeta, Guntur,
Andhra Pradesh 522001, India

Lat 16.2985°

Long 80.454001°

10/06/23 01:46 PM GMT +05:30



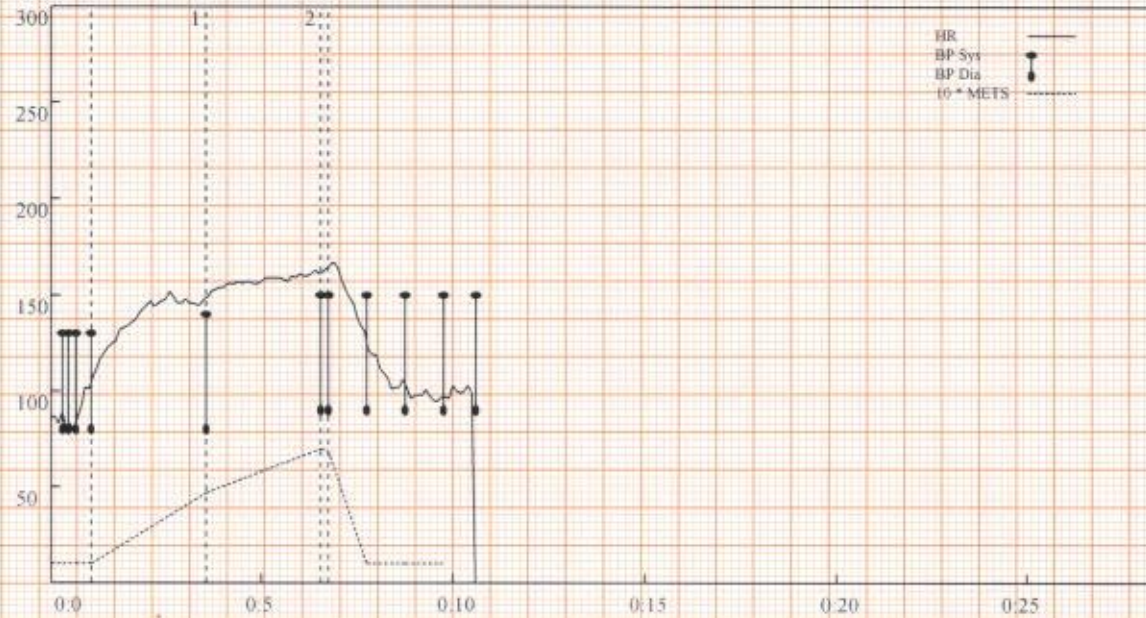
Yoda Diagnostic Guntur

Name: MR.NARENDRA MADATHAPU

Date: 10-06-2023

Time: 11:46

Exercise Trend




Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:11 achieving a work level of 7 METS.
Resting Heart Rate, initially 83 bpm rose to a max. heart rate of 163bpm (91% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 150/90 mmHg
*ST T CHANGES DURING EXERCISE & RECOVERY
*POOR EFFORT TOLERANCE
*TEST IS POSITIVE FOR EXERCISE INDUCED ISCHEMIA

Ref. Doctor: DR SELF

Schiller Spandan CS-10 Version:2.14


Dr. B. NAGARAJU
Regd No: 70760 MBB, M.D., DM
CONSULTANT CARDIOLOGIST
YODA DIAGNOSTIC GUNTUR

Yoda Diagnostic Guntur

Name: MR.NARENDRA MADATHAPU **Date:** 10-06-2023 **Time:** 11:46
Age: 41 **Gender:** M **Height:** 178 cms **Weight:** 96 Kg **ID:** 10526299
Clinical History: NO
Medications: NO

Test Details:

Protocol: Bruce **Predicted Max HR:** 179 **Target HR:** 152
Exercise Time: 0:06:11 **Achieved Max HR:** 163 (91% of Predicted MHR)
Max BP: 150/90 **Max BP x HR:** 24450 **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	00:19	1	0	0	83	130/80	10790	1.6 V4	1.1 V4
Standing	00:10	1	0	0	89	130/80	11570	1.2 V4	1.1 V3
HyperVentilation	00:11	1	0	0	83	130/80	10790	1.5 V4	1.1 V3
PreTest	00:24	1	1.6	0	102	130/80	13260	1.6 V5	1.2 V3
Stage: 1	03:00	4.7	2.7	10	145	140/80	20300	-2.1 II	2.4 V4
Stage: 2	03:00	7	4	12	163	150/90	24450	4.5 aVR	2.8 V5
Peak Exercise	00:11	6.9	5.5	14	162	150/90	24300	-8.5 aVR	2.6 V4
Recovery1	01:00	1	0	0	134	150/90	20100	3.2 V3	3.9 V4
Recovery2	01:00	1	0	0	102	150/90	15300	1.9 V3	2.2 V3
Recovery3	01:00	1	0	0	95	150/90	14250	1 V3	1.2 V3

Yoda Diagnostic Guntur

MR.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:19

HR: 83 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

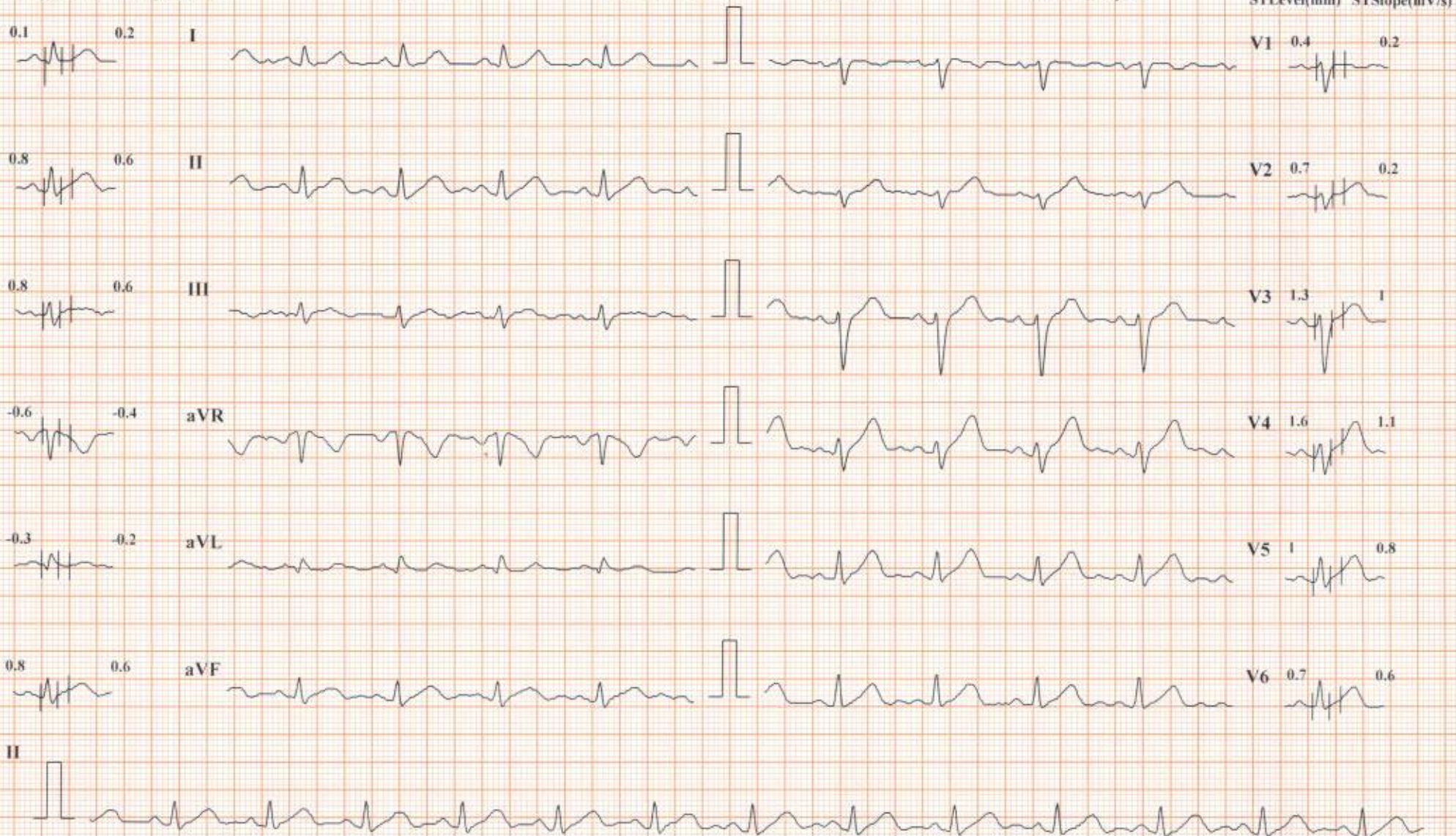
Speed: 0 km/h

Slope: 0%

THR: 152 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:10

HR: 89 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 152 bpm

STLevel(mm) STSlope(mV/s)



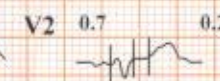
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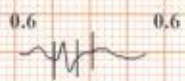
V1



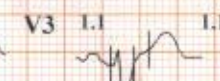
II



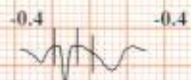
V2



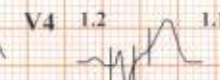
III



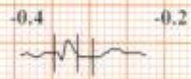
V3



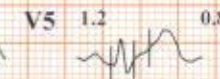
aVR



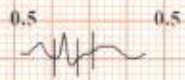
V4



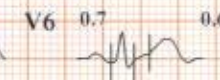
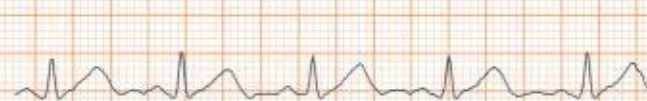
aVL



V5



aVF



V6



Yoda Diagnostic Guntur

MR.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 83 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

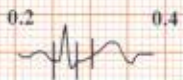
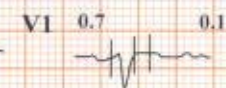
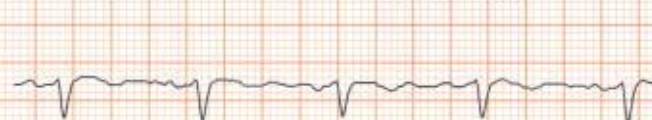
THR: 152 bpm

BP: 130/80 mmHg

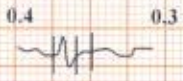
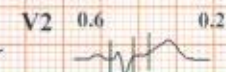
STLevel(mm) STSlope(mV/s)



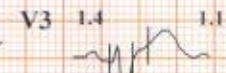
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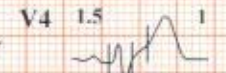
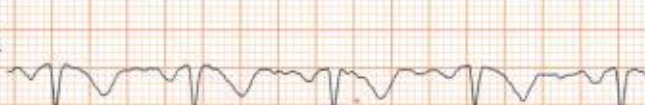
II



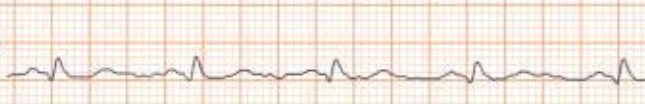
III



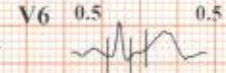
aVR



aVL



aVF



II



Yoda Diagnostic Guntur

MR.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 145 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 152 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 163 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

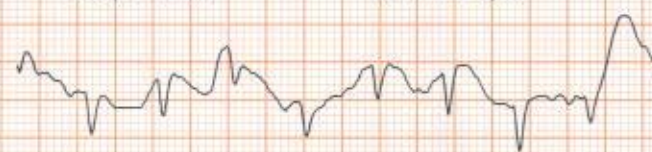
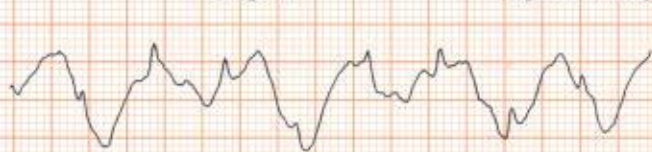
Slope: 12 %

THR: 152 bpm

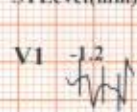
STLevel(mm) STSlope(mV/s)

-2.4 -0.4

I

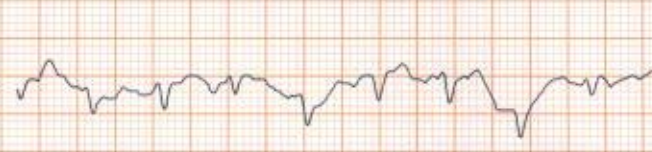
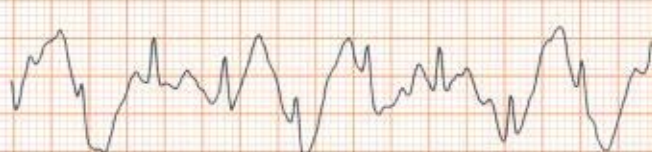


V1 -1.2 -0.7

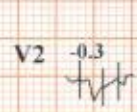


-3.8 1.2

II

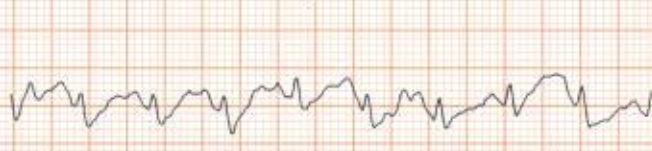


V2 -0.3 0.4

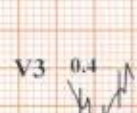


-1.2 1.5

III



V3 0.4 2.1

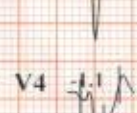


4.5 -0.2

aVR



V4 -1.1 2.6

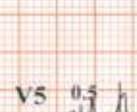


-0.7 -1

aVL



V5 0.5 2.8

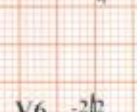


-2.5 1.4

aVF



V6 -2.2 0.8



II

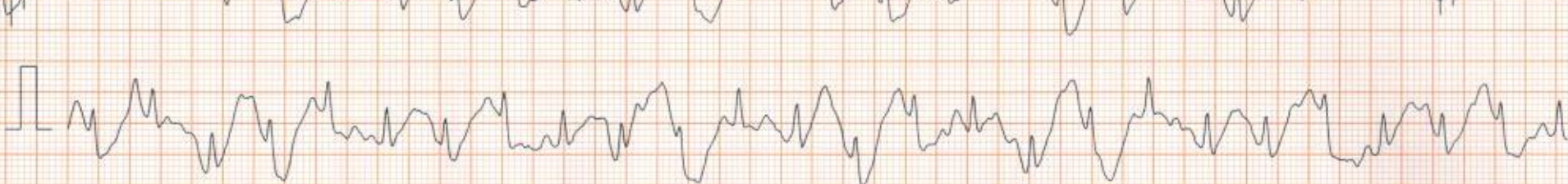


Chart Speed: 25 mm/sec

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.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 0:06:11

Stage Time: 00:11

HR: 162 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

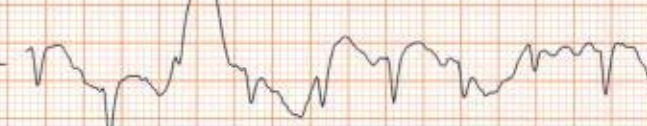
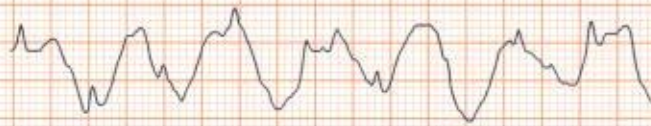
THR: 152 bpm

BP: 150/90 mmHg

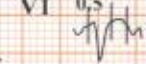
STLevel(mm) STSlope(mV/s)

6.2 1.4

I

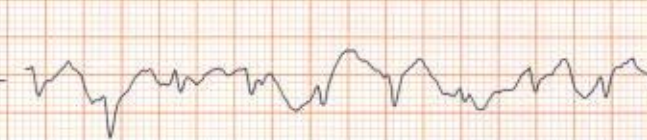


V1 0.5 -0.2

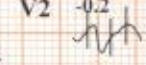


4.5 1.5

II



V2 -0.2 0.9

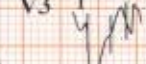


-1.8 0.1

III

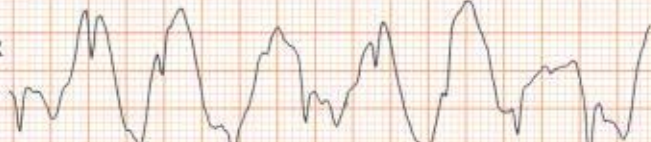


V3 1 1

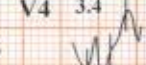


-8.5 -2.1

aVR

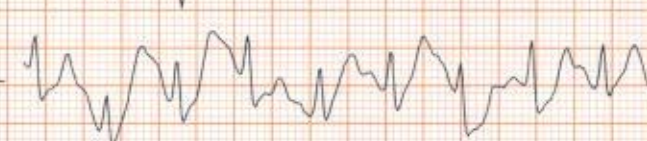
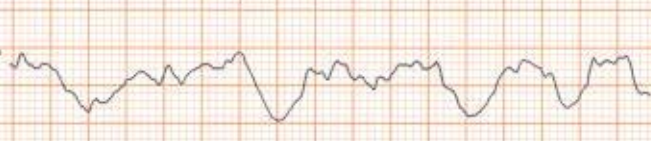


V4 3.4 2.6



4.1 0.6

aVL

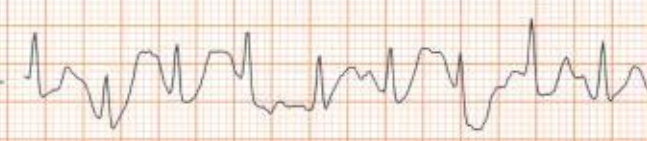
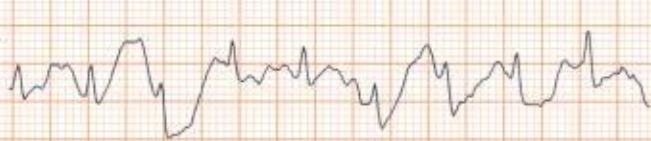


V5 0.8 2.6

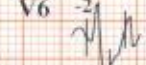


1.3 0.9

aVF



V6 -2.1 2.3



II



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.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 102 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

-1.1 0.1

I

V1

0.6

-0.1

-0.3 0.9

II

V2

0

0.4

0.6 0.9

III

V3

1.9

2.2

1.1 -0.4

aVR

V4

0.8

2.1

-0.8 -0.4

aVL

V5

0.6

1.6

0.2 1

aVF

V6

-0.1

1.1

II

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.NARENDRA MADATHAPU

Bruce Protocol

ID: 10526299

Date: 10-06-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 95 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 152 bpm

BP: 150/90 mmHg

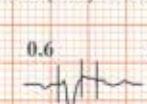
STLevel(mm) STSlope(mV/s)

-0.5 0.1

I



V1 0.6 0.1

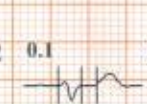


-0.5 0.1

II



V2 0.1 0



-0.1 0.1

III



V3 1 1.2



0.5 -0.2

aVR



V4 0.3 0.8



0 -0.1

aVL



V5 0.1 0.6



-0.3 0.2

aVF



V6 -0.4 0.4



II



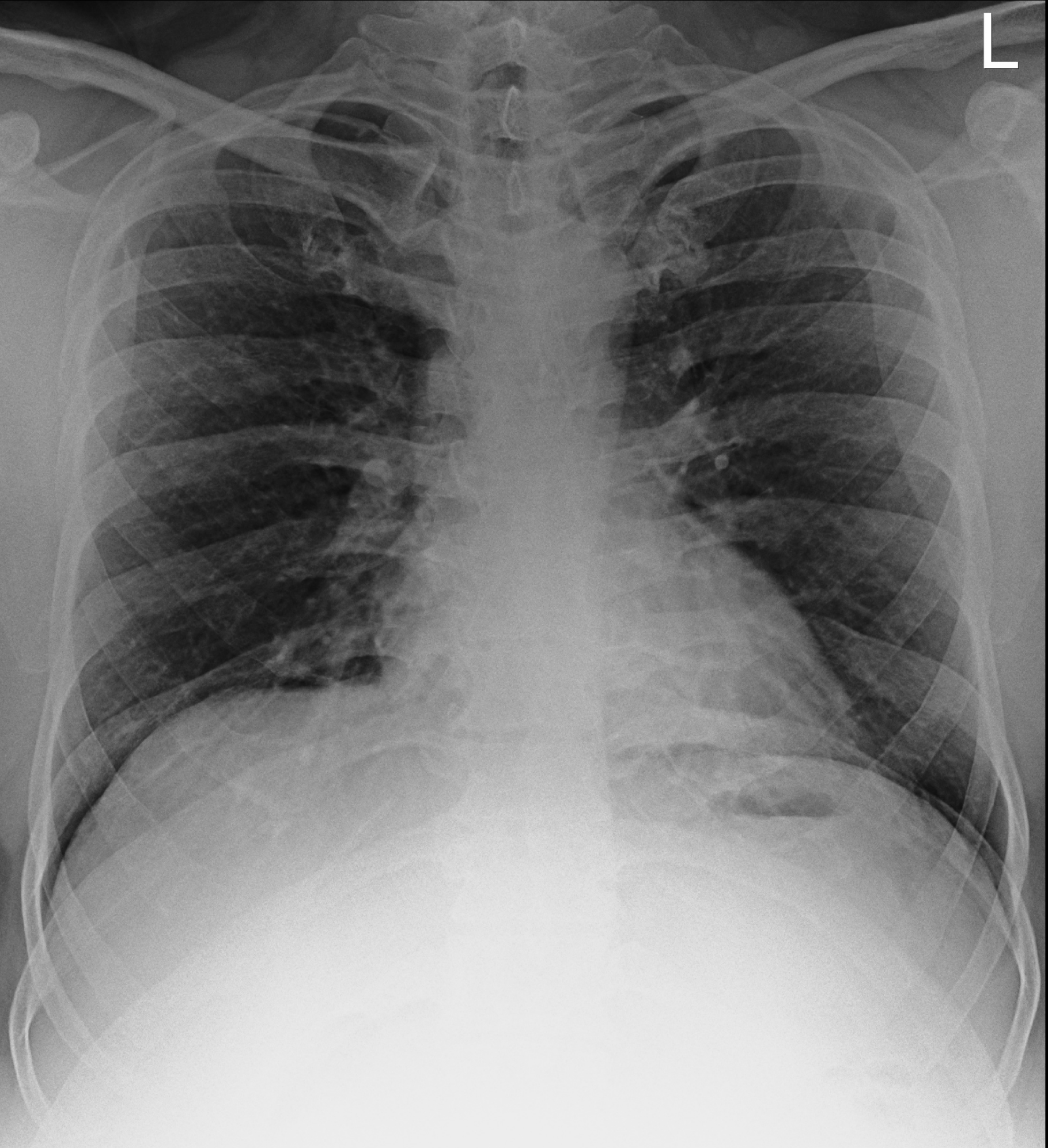
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandau CS-10 Version 2.14



MADATHAPU NARENDRA 41Y/M 10526299 CHEST PA 10-Jun-23

YODA DIAGNOSTICS