

Visit ID	: YGT37004	UHID/MR No	: YGT.0000036858
Patient Name	: Mr. NAIK BANAVATHU PRATAP R	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10775962
DOB	:	Registration	: 28/Oct/2023 08:19AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:19AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 28/Oct/2023 10:23AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

LIVER : Normal in size (14.5 cm) and *shows increased echo-texture*. 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 : Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi.

SPLEEN : Normal in size (10.0 cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.5 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 10.3 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.

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

PROSTATE : Normal in size and echo-texture.

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

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- Grade II fatty liver.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

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

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 :
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Approved By :

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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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DEPARTMENT OF HAEMATOLOGY


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CBC (COMPLETE BLOOD COUNT)

Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	14.6	g/dl	13.0 - 17.0	Cyanide-free SLS method
RBC COUNT (RED BLOOD CELL COUNT)	5.26	million/cmm	4.50 - 5.50	Impedance
PCV/HAEMATOCRIT	42.1	%	40.0 - 50.0	RBC pulse height detection
MCV	80	fL	83 - 101	Automated/Calculated
MCH	27.6	pg	27 - 32	Automated/Calculated
MCHC	34.6	g/dl	31.5 - 34.5	Automated/Calculated
RDW - CV	12.1	%	11.0-16.0	Automated Calculated
RDW - SD	37.2	fl	35.0-56.0	Calculated
MPV	9.1	fL	6.5 - 10.0	Calculated
PDW	16.3	fL	8.30-25.00	Calculated
PCT	0.2	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT	6,470	cells/ml	4000 - 11000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	60	%	40 - 80	Impedance
LYMPHOCYTE	34	%	20 - 40	Impedance
EOSINOPHIL	01	%	01 - 06	Impedance
MONOCYTE	05	%	02 - 10	Impedance
BASOPHIL	0	%	0 - 1	Impedance
PLATELET COUNT	2.20	Lakhs/cumm	1.50 - 4.10	Impedance

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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

T3	1.09	ng/ml	0.60 - 1.78	CLIA
T4	10.20	ug/dl	4.82-15.65	CLIA
TSH	3.52	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

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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.79	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.13	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.66	mg/dl		Calculated
S.G.O.T	46	U/L	< 50	KINETIC WITHOUT P5P-IFCC
S.G.P.T	86	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	61	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.1	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	2.9	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.45			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	260	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	41	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	176.2	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	214	mg/dl	See Table	GPO
VLDL	42.8	mg/dl	15 - 30	Calculated
T. CHOLESTEROL/ HDL RATIO	6.34		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.22	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	219	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	0.68	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	24	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	11.2	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	213	mg/dl	70 - 100	HEXOKINASE
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INTERPRETATION:

Increased I n

- 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 I n

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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Ref Doctor : SELF	Collected : 28/Oct/2023 10:42AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 10:53AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 11:12AM
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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	321	mg/dl	<140	HEXOKINASE
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	0.89	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	56	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	5.7	mg/dl	3.5 - 7.20	URICASE - PAP
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Uric acid is the final product of purine metabolism in the human organism. Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and of patients receiving cytotoxic drugs.

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BUN/CREATININE RATIO

Sample Type : SERUM				
Blood Urea Nitrogen (BUN)	11.2	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	0.89	mg/dl	0.67 - 1.17	KINETIC-JAFFE
BUN/CREATININE RATIO	12.50	Ratio	6 - 25	Calculated

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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 : 2.7 cms
LEFT VENTRICLE : EDD : 4.6 cm IVS(d) : 0.9cm LVEF : 69 %
ESD : 2.8 cm PW (d) : 0.9cm FS : 39 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 3.3 cms
PULMONARY ARTERY : Normal
PERICARDIUM : Normal
IVS/ SVC/ CS : Normal
PULMONARY VEINS : Normal
INTRA CARDIAC MASSES : No

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID	: YGT37004	UHID/MR No	: YGT.0000036858
Patient Name	: Mr. NAIK BANAVATHU PRATAP R	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10775962
DOB	:	Registration	: 28/Oct/2023 08:19AM
Ref Doctor	: SELF	Collected	: 28/Oct/2023 08:19AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehrauli, N	Reported	: 28/Oct/2023 11:47AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E -0.8 m/sec, A - 1.3 m/sec.
AORTIC FLOW : 1.1 m/sec
PULMONARY FLOW : 1.0 m/sec
TRICUSPID FLOW : TRJV : 1.8 m/sec, RVSP - 28 mmHg


COLOUR FLOW MAPPING:**IMPRESSION :**

- * MILD CONCENTRIC LVH
- * NO RWMA OF LV
- * GOOD LV FUNCTION
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NO MR/ NO AR/ NO PR
- * NO TR/ NO PAH
- * NO PE / CLOT / VEGETATIONS.

Verified By :
Kollipara Venkateswara Rao



Approved By :


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

Visit ID : YGT37004	UHID/MR No : YGT.0000036858
Patient Name : Mr. NAIK BANAVATHU PRATAP R	Client Code : 1409
Age/Gender : 41 Y 0 M 0 D /M	Barcode No : 10775962
DOB :	Registration : 28/Oct/2023 08:19AM
Ref Doctor : SELF	Collected : 28/Oct/2023 08:27AM
Client Name : MEDI WHEELS	Received : 28/Oct/2023 08:52AM
Client Add : F-701, Lado Sarai, Mehravli, N	Reported : 28/Oct/2023 10:01AM
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	25 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		NEGATIVE	Glucose Oxidase
UROBILINOGEN	NEGATIVE	mg/dl	< 1.0	Ehrlichs Reaction
KETONE BODIES	NEGATIVE		NEGATIVE	Nitroprasside
BILIRUBIN - TOTAL	NEGATIVE		Negative	Azocoupling Reaction
BLOOD	NEGATIVE		NEGATIVE	Tetramethylbenzidine
LEUCOCYTE	NEGATIVE		Negative	Azocoupling reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization Reaction

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	cells/HPF	0-5	
EPITHELIAL CELLS	1-2	/hpf	0 - 15	
RBCs	NIL	Cells/HPF	Nil	
CRYSTALS	NIL	Nil	Nil	
CASTS	NIL	/HPF	Nil	
BUDDING YEAST	NIL		Nil	
BACTERIA	NIL		Nil	
OTHER	NIL			

 Verified By :
 Kollipara Venkateswara Rao


Approved By :


Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT37004	UHID/MR No	: YGT.0000036858
Patient Name	: Mr. NAIK BANAVATHU PRATAP R	Client Code	: 1409
Age/Gender	: 41 Y 0 M 0 D /M	Barcode No	: 10775962
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Hospital Name	:		

DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***



Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 1027/00265/62575

30/03/2012

To
Banavathu Prtag R Naik
బాణాపతు ప్రతాప్ ఆర్ నాయక్
S/O Prasad Naik
16-791
opposit mro office
seetharamapuram thanda
Piduguralla
Piduguralla, Guntur,
Andhra Pradesh - 522413
9248786607



UF179025914IN

17902591



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3899 0865 1424

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
GOVERNMENT OF INDIA

బాణాపతు ప్రతాప్ ఆర్ నాయక్
Banavathu Prtag R Naik



పుట్టిన సంవత్సరం/Year of Birth: 1982
పురుషుడు / Male

3899 0865 1424



ఆధార్ - సామాన్యని హక్కు



Government of India



సమాచారం

- ఆధార్ గుర్తింపుకు ధృవీకరణ, పౌరసత్వానికి కాదు.
- గుర్తింపుకు ధృవీకరణ అన్లైన్ ఆఫ్లైన్ ద్వారా పొందవచ్చు.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ఆధార్ దేశమంతటా ఆమోదించబడుతుంది.
- ఆధార్ భవిష్యత్తులో ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలు అందజేయడంలో సహాయపడుతుంది.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: 16/791 ప్రతాప్ నాయక్,
16-791,
యమ్ ఆర్ ఓ అఫీసు వద్దను,
సీతారామపురం ఠాండా,
పిడుగురాలి,
పిడుగురాలి,
గుంటూరు,
ఆంధ్ర ప్రదేశ్,
522413

Address: S/O Prasad Naik, 16-791, opposit mro office, seetharamapuram thanda, Piduguralla, Piduguralla, Guntur, Andhra Pradesh, 522413

1947
1800 180 1847

help@uidai.gov.in

www.uidai.gov.in

పి.ఎ. బాక్స్ నెం. 1947,
బెంగళూరు-560001

ID: 37004

28-10-2023 09:36:01

Mr Naik Banavathu pratap R

Male 41Years

Req. No. :

HR : 88 bpm

P : 85 ms

PR : 121 ms

QRS : 80 ms

QT/QTcBz : 358/434 ms

P/QRS/T : 49/62/38 °

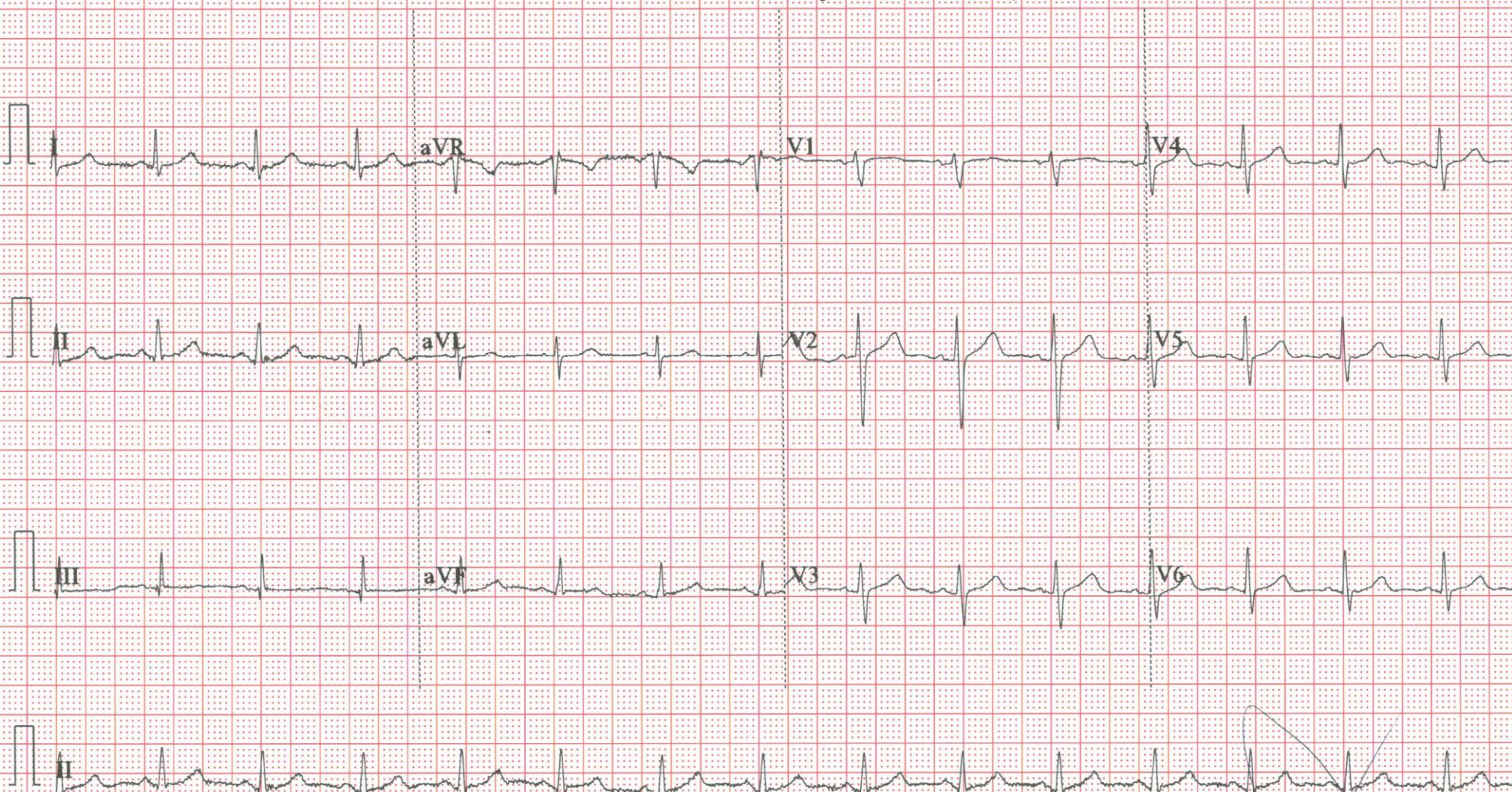
RV5/SV1 : 0.716/0.434 mV

Diagnosis Information:

Sinus Rhythm

Normal ECG

Report Confirmed by:



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

Name: Mr. Naik. Banavallu Pralap. R.
 Date: 28/10/23 Age: 41 years Sex: Male
 Address: Guntur



Routine Health checkup
 Clo Low Back ache
 Pain in both the
 lower limbs

LDL - 176 mg/dl
 TGL - 214 mg/dl
 FBS - 213 mg/dl
 PPBS - 321 mg/dl

Imp: De novo Type 2 DM

1) Diabetic Diet / Low Fat Diet

2) Tab. GLYCOMET - GPZ

—————
 (BBF) (BIA)



TEMP:
 B.P: 120/80 mm/Hg
 PULSE: 91 bts
 WEIGHT: 79 kgs
 HEIGHT: 164 cm

3) cap. JAKROSE - F

0-07 (30)

4) cap. J-POWER

0-07 (30)



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

DATE: 28-10-23NAME: NAIK BANAVATHU PRATHAPAGE: 41/4 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>Re</u>			<u>Re</u>		
ADD			<u>+2.0</u>			<u>both eyes</u>

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____



YODA
DIAGNOSTICS



Guntur, Andhra Pradesh, India

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

Lat 16.299196°

Long 80.451564°

28/10/23 08:20 AM GMT +05:30



Google

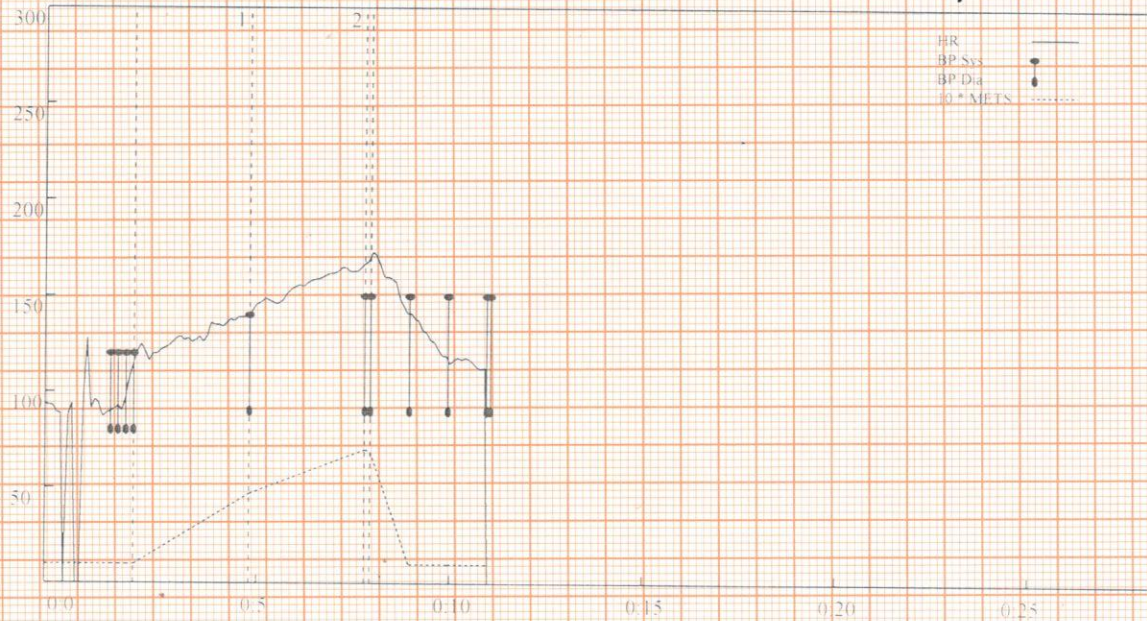
Yoda Diagnostic Guntur

Name: MR.NAIK BANAVANTHU PRATAP R

Date: 28-10-2023

Time: 10:55

Exercise Trend



Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:09 achieving a work level of 7 METS.
 Resting Heart Rate, initially 89 bpm rose to a max. heart rate of 167bpm (93% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/90 mmHg
 *NO SIGNIFICANT ST T CHANGES DURING EXERCISE & RECOVERY
 *FAIR EFFORT TOLERANCE
 *TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA

Ref. Doctor: DR SELF

Schiller Spandan OS-10 Version 2.0.14


DR. B. NAGARAJU
 Doctor: DR N. Reshmi, 10/7/60 MBBS
 CONSULTANT MBBS, M.D. DA
 YODA DIAGNOSTIC PARTS CUR
 YODA DIAGNOSTIC PARTS CUR

Yoda Diagnostic Guntur

Name: MR.NAIK BANAVANTHU PRATAP R

Date: 28-10-2023

Time: 10:55

Age: 41 Gender: M

Height: 164 cms

Weight: 79 Kg

ID: 37004

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 179

Target HR: 152

Exercise Time: 0:06:09

Achieved Max HR: 167 (93% of Predicted MHR)

Max BP: 150/90

Max BP x HR: 25050

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	01:42	1	0	0	89	120/80	10680	1 V2	0.8 V2
Standing	00:11	1	0	0	90	120/80	10800	1.3 V2	1.1 V2
HyperVentilation	00:11	1	0	0	93	120/80	11160	1.2 V2	0.9 V2
Pre-Test	00:13	1	1.6	0	97	120/80	11640	1.5 V2	0.8 II
Stage 1	03:00	4.7	2.7	10	139	140/90	19460	1.7 II	-1.8 aVR
Stage 2	03:00	7	4	12	163	150/90	24450	2 V2	-2.2 aVR
Peak Exercise	00:09	6.9	5.5	14	167	150/90	25050	1.2 aVR	1.8 V3
Recovery1	01:00	1	0	0	145	150/90	21750	-2.4 aVR	2.0 II
Recovery2	01:00	1	0	0	119	150/90	17850	2.5 II	2.0 II
Recovery3	01:00	1	0	0	112	150/90	16800	1.2 V2	-1 aVR

Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 01:42

HR: 89 bpm

Bruce Protocol

Stage: Supine

Speed: 0 km/h

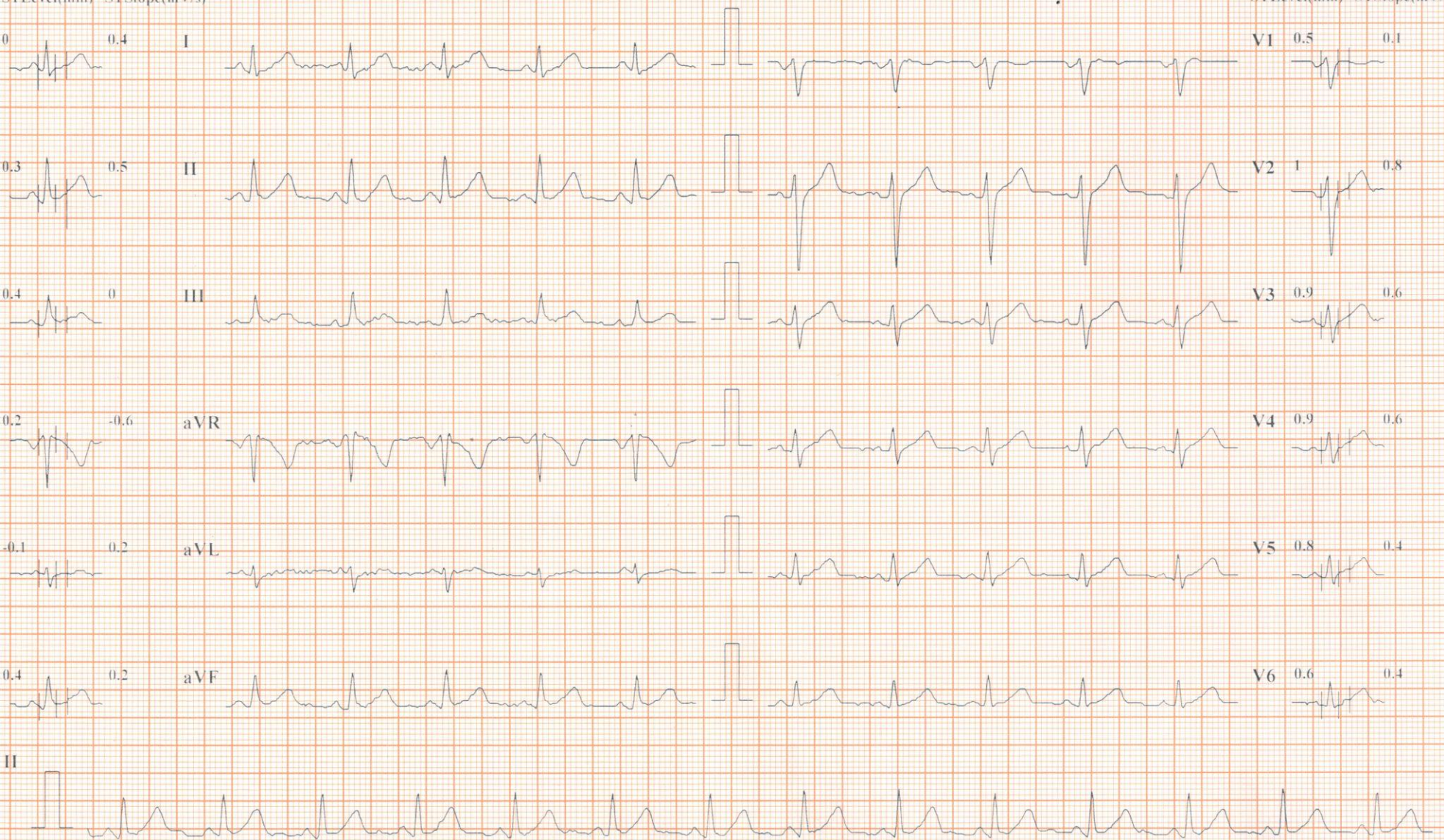
Slope: 0%

THR: 152 bpm

BP: 120/80 mmHg

STLevel(mm) - STSlope(mV/s)

STLevel(mm) - STSlope(mV/s)



Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 0:00:00

Stage Time: 00:11

HR: 90 bpm

Bruce Protocol

Stage: Standing

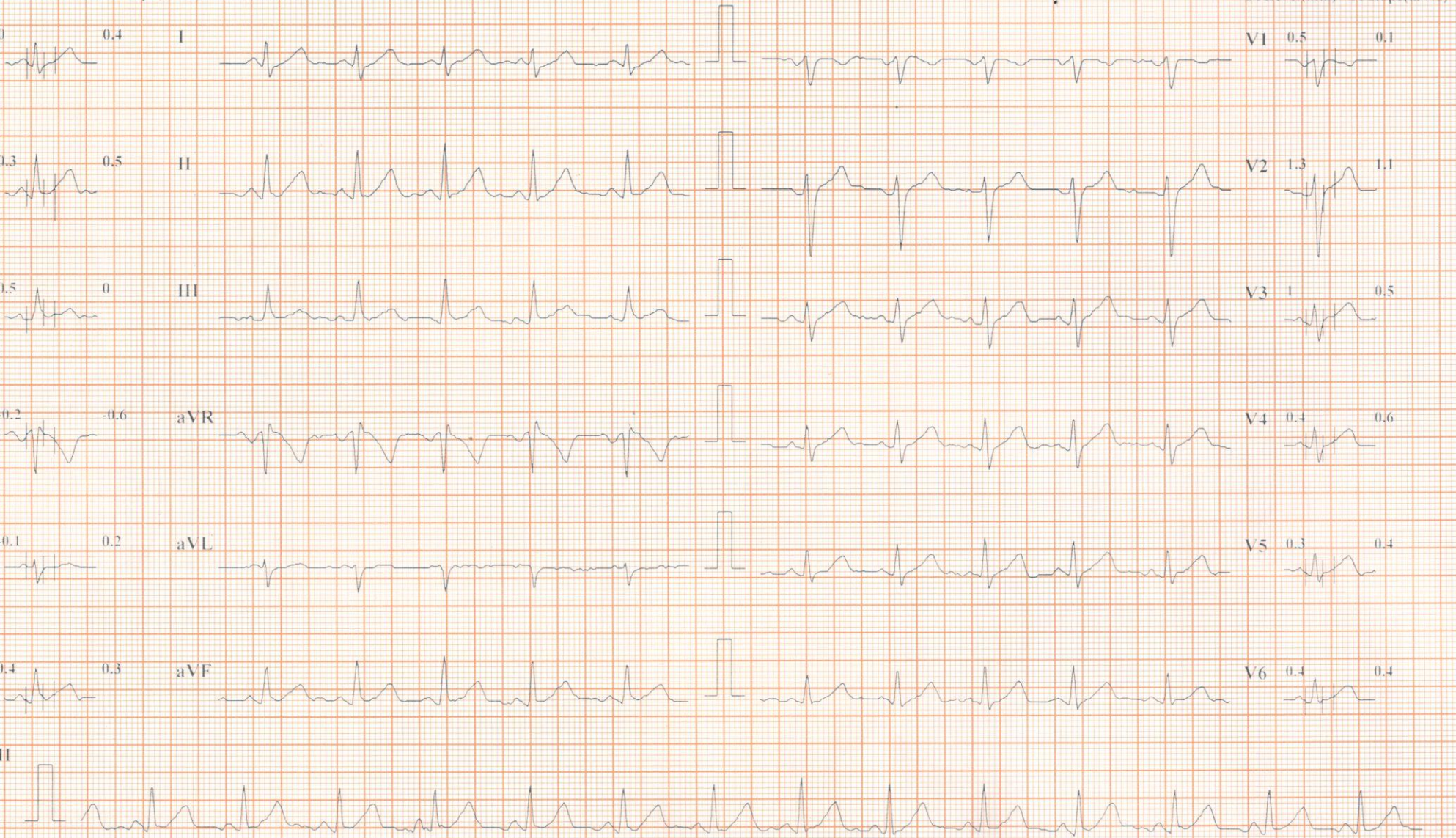
Speed: 0

Slope: 0 %

THR: 152 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time: 0:00:00

Stage Time: 00:11

HR: 93 bpm

Bruce Protocol

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 152 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.2 0.4

I

V1 0.6 0.2

0.3 0.6

II

V2 1.2 0.9

0.2 0.1

III

V3 0.8 0.8

0.3 -0.8

aVR

V4 0.8 0.5

0 0.1

aVL

V5 0.3 0.3

0.3 0.2

aVF

V6 0.6 0.2

II

Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 139 bpm

Bruce Protocol

Stage: I

Speed: 2.7 kmph

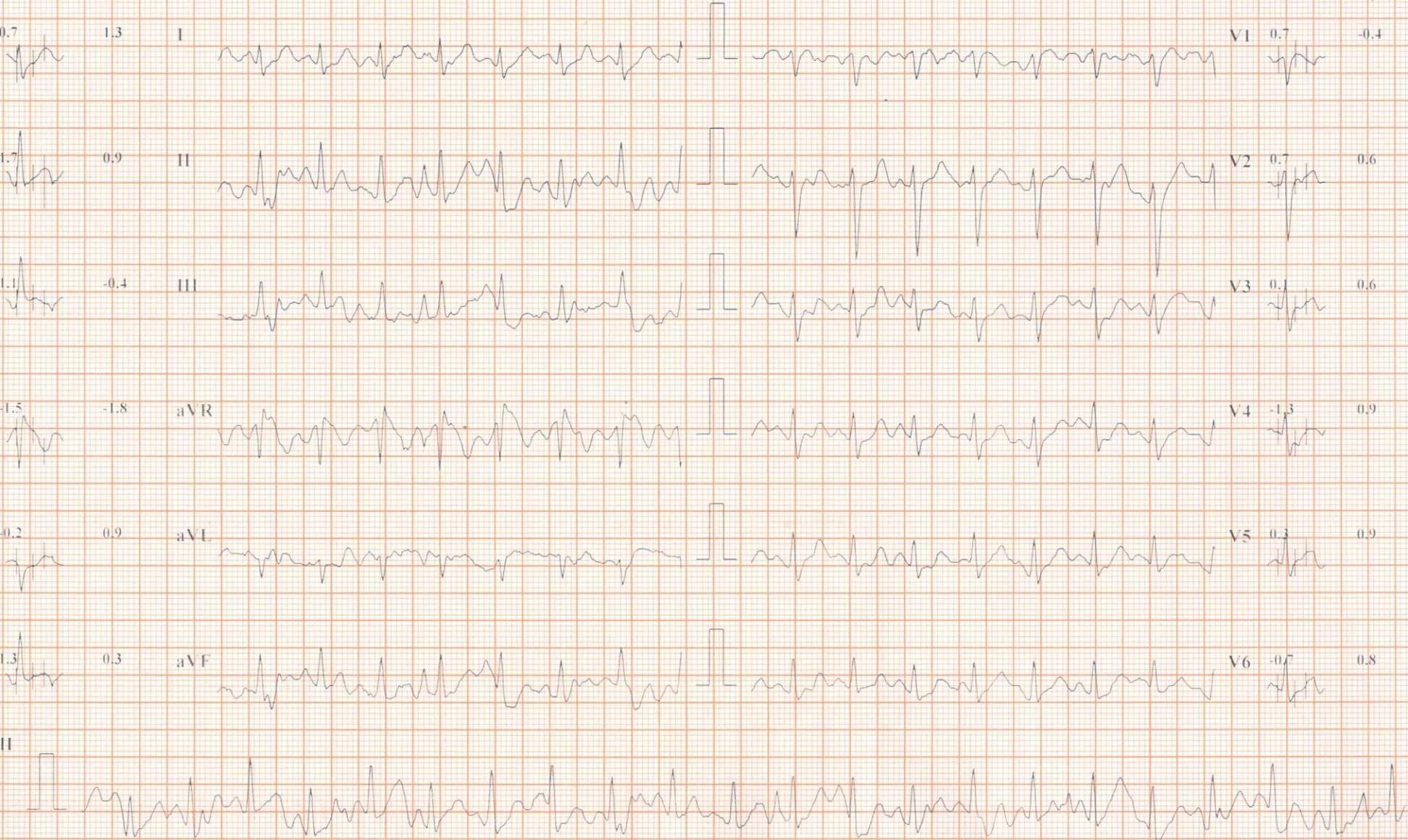
Slope: 10%

THR: 152 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 0:06:00

Stage Time: 03:00

HR: 163 bpm

Bruce Protocol

Stage: 2

Speed: 4 kmph

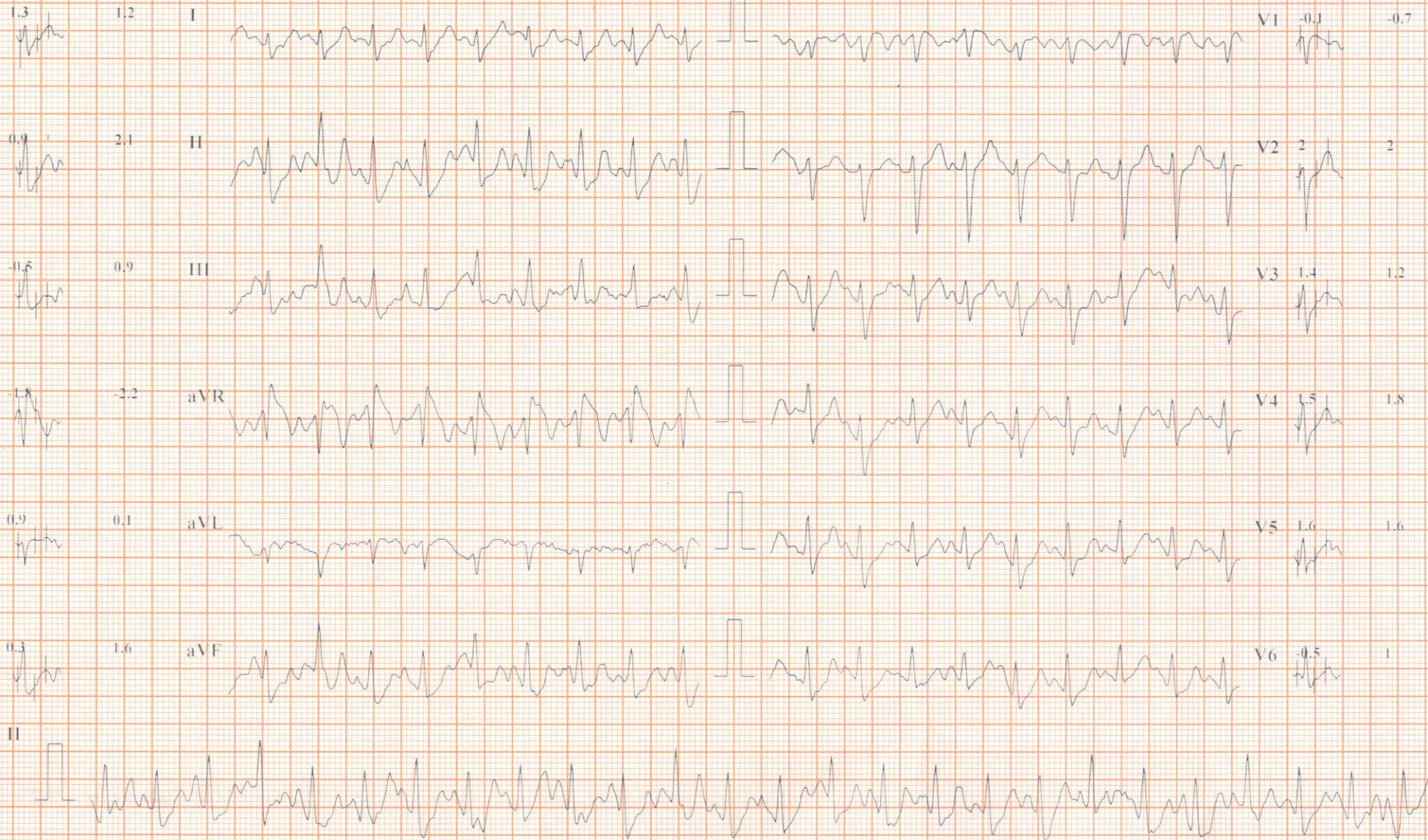
Slope: 12%

TfHR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

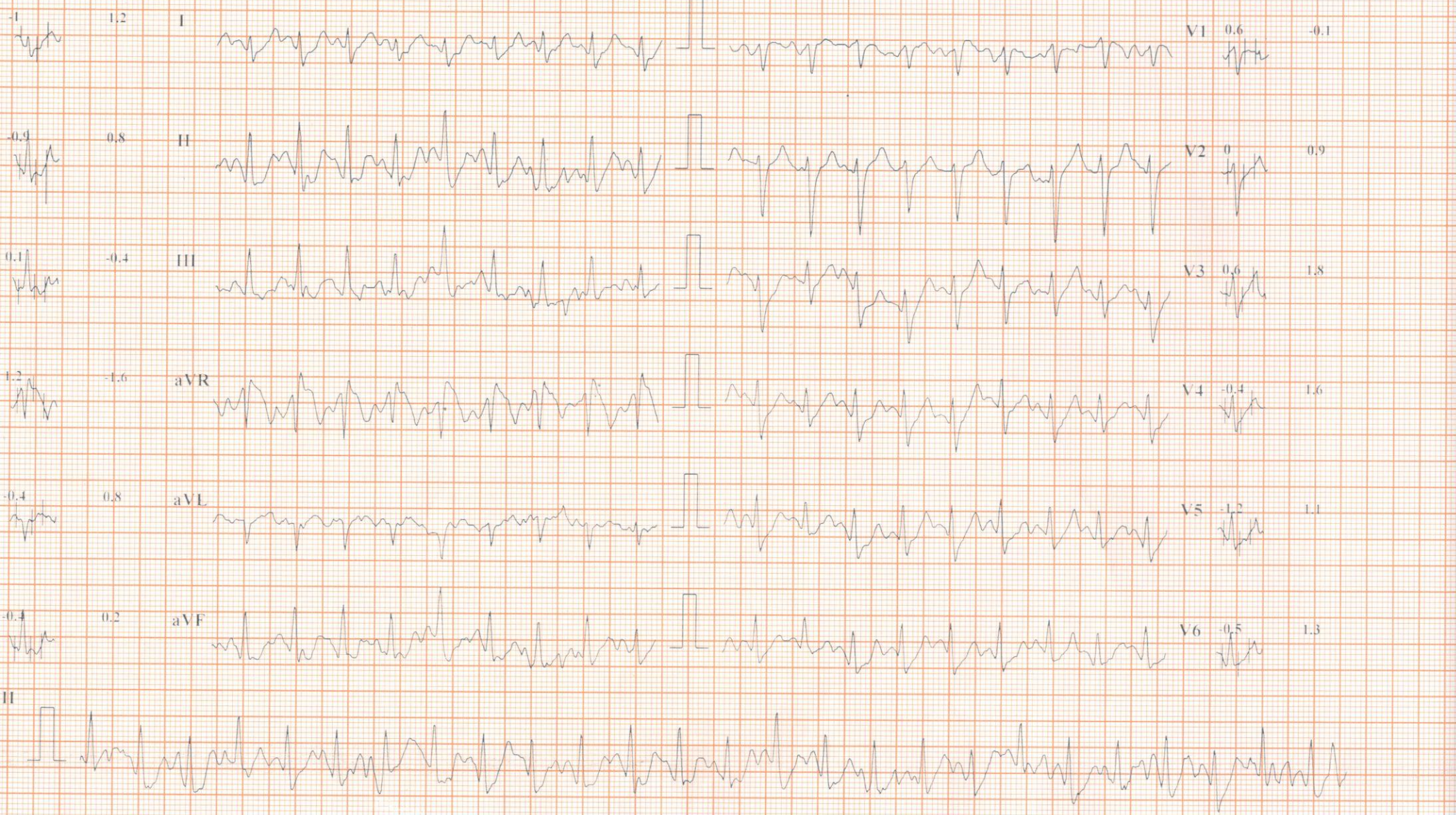
STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.NAIK BANAVANTHU PRATAP R

Bruce Protocol ID: 37004 Date: 28-10-2023 Exec Time : 0:06:09 Stage Time: 00:09
 Stage: 3 Peak Exercise Speed: 5.5 kmph Slope: 14 % IHR: 152 bpm
 BP: 150/90 mmHg
 STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 145 bpm

Bruce Protocol

Stage: Recovery I

Speed: 0 kmph

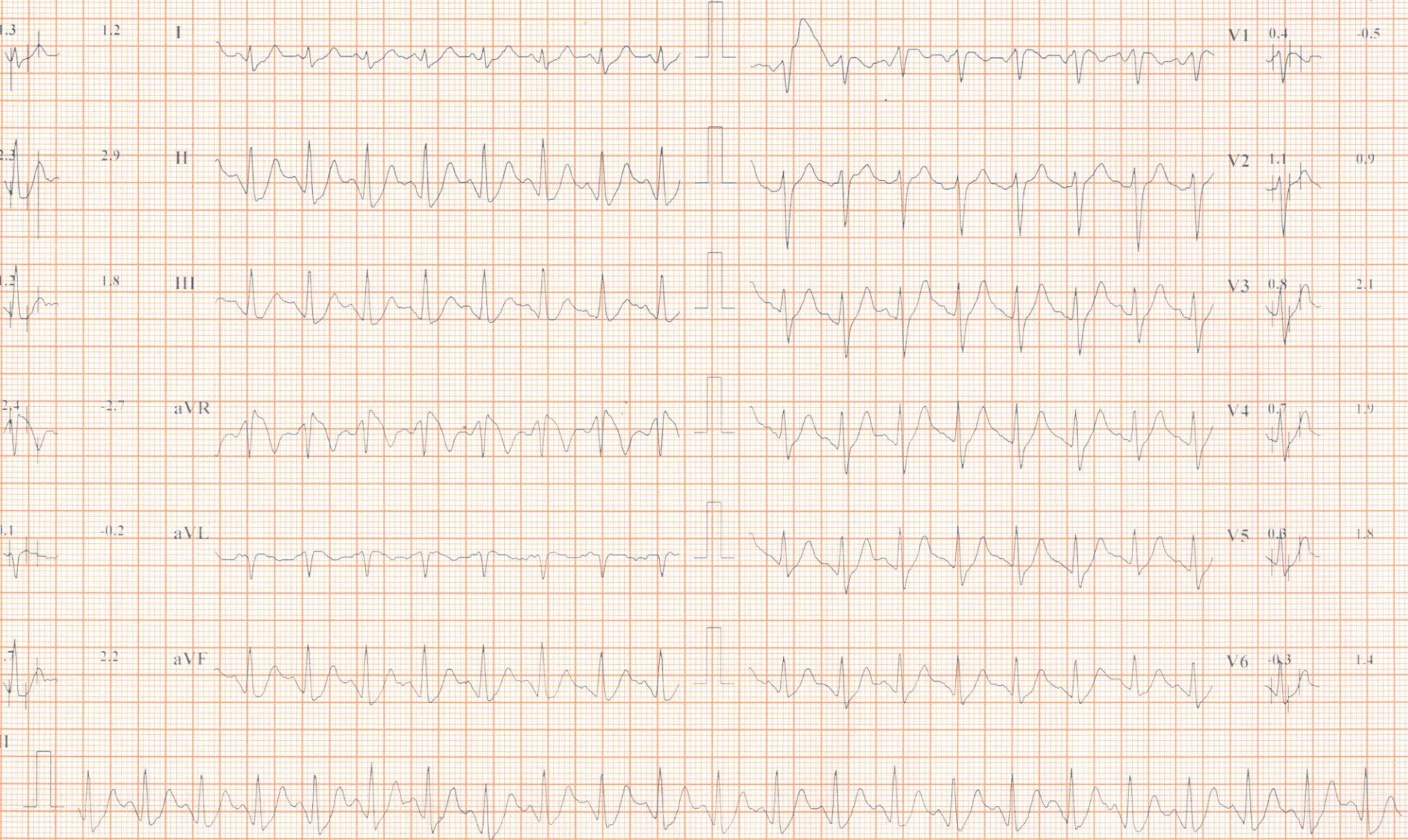
Slope: 0 %

THR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR.NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 119 bpm

Bruce Protocol

Stage: Recovery 2

Speed: 0 kmph

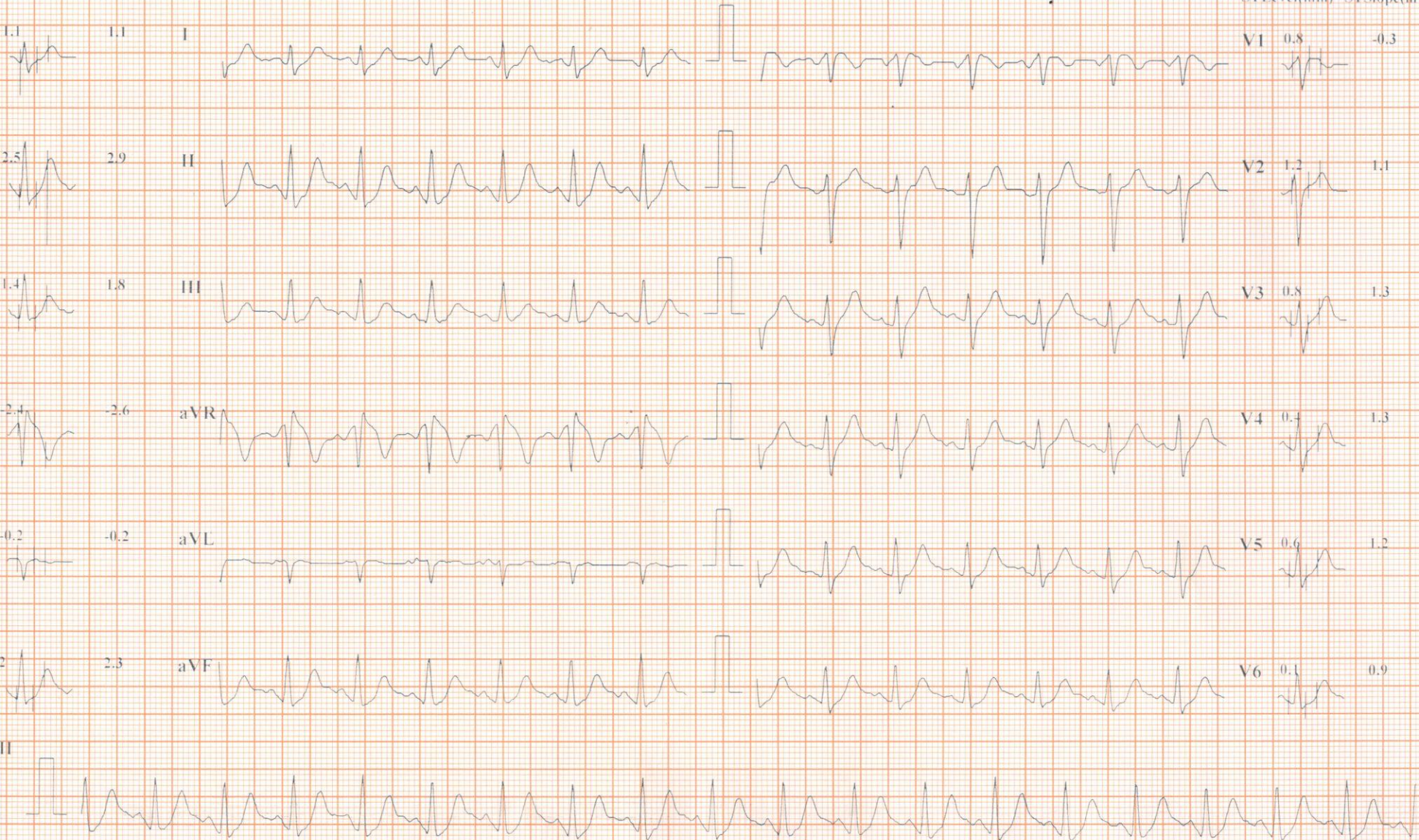
Slope: 0%

THR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Yoda Diagnostic Guntur

MR. NAIK BANAVANTHU PRATAP R

ID: 37004

Date: 28-10-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 112 bpm

Bruce Protocol

Stage: Recovery 3

Speed: 0 kmph

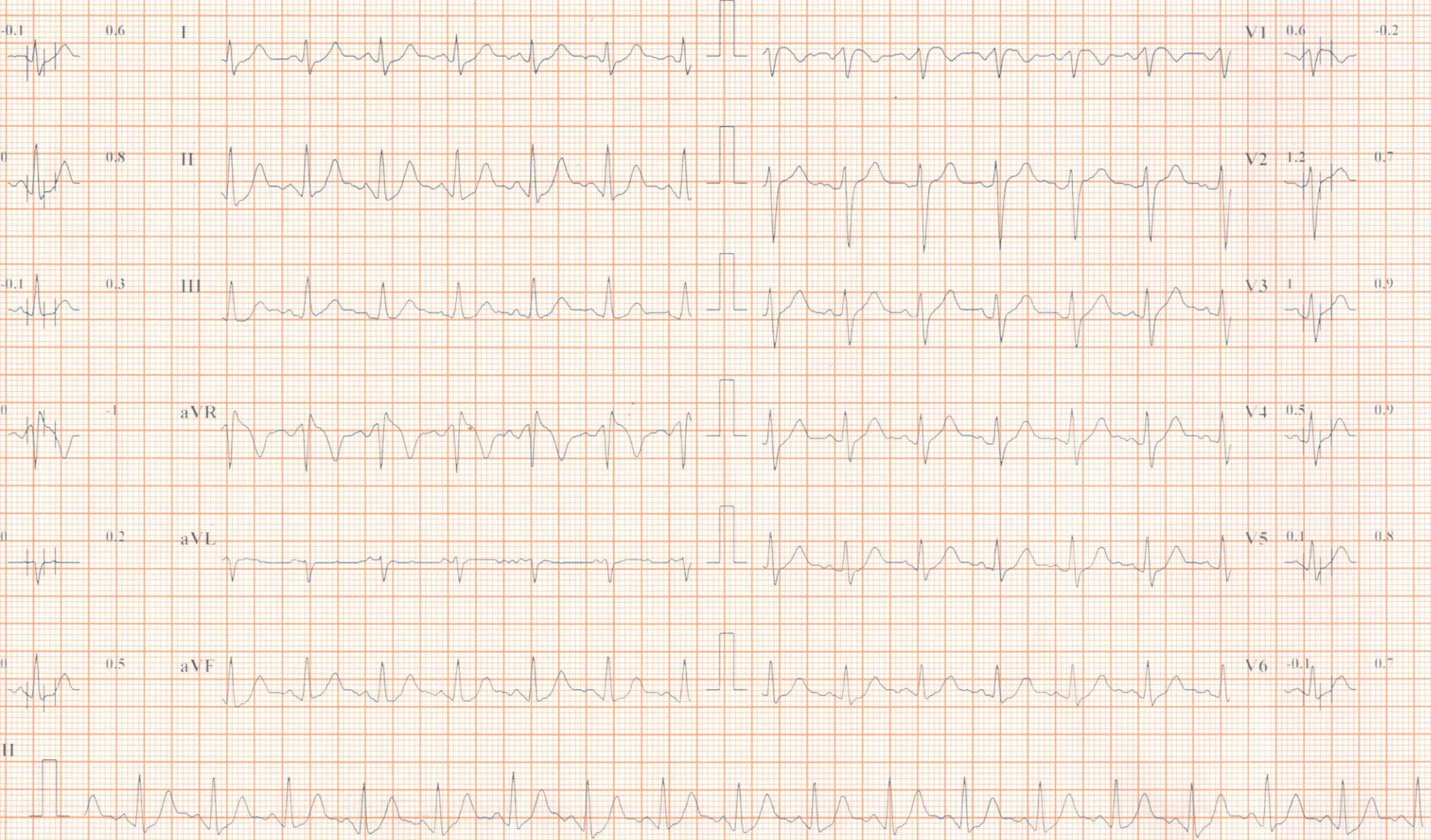
Slope: 0%

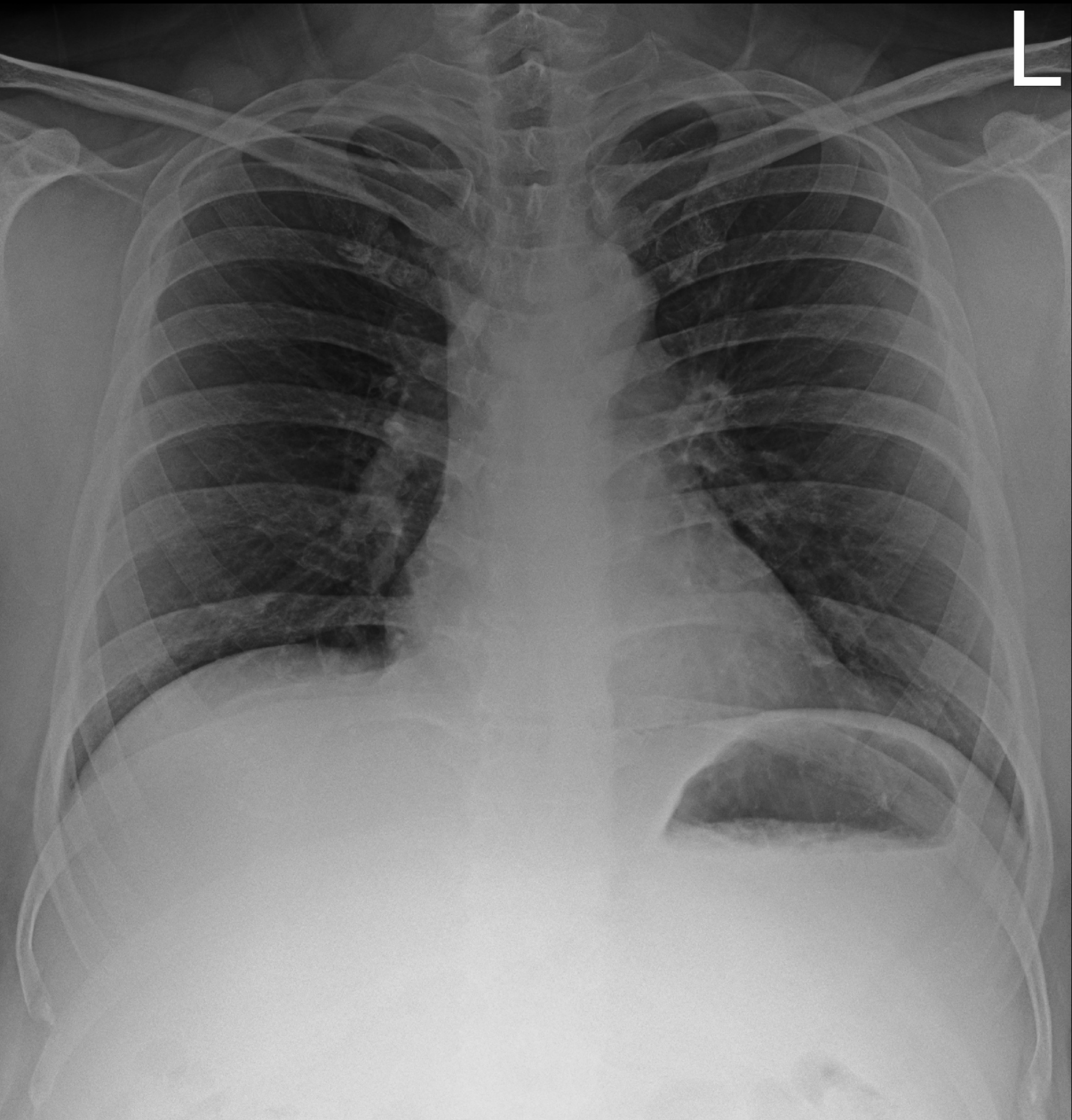
THR: 152 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)





NAIK BANAVANTHU PRATAP R 41Y MALE YGT37004 CHEST PA 28-Oct-23

YODA DIAGNOSTICS