



KAJA NAGA SATHYA SRINIVASA RAO 55Y MALE YGT56601 CHEST PA 24-Feb-24

YODA DIAGNOSTICS

Visit ID	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 12:04PM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**ULTRASOUND WHOLE ABDOMEN**

Clinical Details : General check-up.

LIVER : MILD Enlarged in size (16.0cm) and increased echo-texture. No focal lesion is seen. Intra hepatic biliary channels are not dilated.

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

Visualised common bile duct & portal vein appears normal.

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

SPLEEN : Normal in size (10.3cm) and echotexture. No focal lesion is seen.

RIGHT KIDNEY : measures 10.5x4.7 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.

LEFT KIDNEY : measures 11.4x5.8 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 : Mildly enlarged in size (volume-27 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:

- HEPATO MEGALY WITH GRADE III FATTY LIVER.
- GRADE I PROSTATOMEGALY.

suggested clinical correlation and further evaluation.

Verified By :

Kollipara Venkateswara Rao



Approved By :

Sushma Vuyyuru
Dr.SUSHMA VUYURU
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.

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Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 08:46AM
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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	40	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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BLOOD GROUP ABO & RH Typing

Sample Type : WHOLE BLOOD EDTA

ABO	AB			
Rh Typing	POSITIVE			

Method : Hemagglutination Tube method by forward and reverse grouping

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings. Advsiied cross matching before transfusion

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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	1.03	ng/ml	0.60 - 1.78	CLIA
T4	12.92	ug/dl	4.82-15.65	CLIA
TSH	3.37	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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LIVER FUNCTION TEST(LFT)

Sample Type : SERUM				
TOTAL BILIRUBIN	0.60	mg/dl	0.3 - 1.2	JENDRASSIK & GROFF
CONJUGATED BILIRUBIN	0.09	mg/dl	0 - 0.2	DPD
UNCONJUGATED BILIRUBIN	0.51	mg/dl		Calculated
AST (S.G.O.T)	32	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALT (S.G.P.T)	40	U/L	< 50	KINETIC WITHOUT P5P-IFCC
ALKALINE PHOSPHATASE	95	U/L	30 - 120	IFCC-AMP BUFFER
TOTAL PROTEINS	7.7	gm/dl	6.6 - 8.3	Biuret
ALBUMIN	4.2	gm/dl	3.5 - 5.2	BCG
GLOBULIN	3.5	gm/dl	2.0 - 3.5	Calculated
A/G RATIO	1.20			Calculated

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LIPID PROFILE
Sample Type : SERUM

TOTAL CHOLESTEROL	237	mg/dl	Refere Table Below	Cholesterol oxidase/peroxidase
H D L CHOLESTEROL	39	mg/dl	> 40	Enzymatic/ Immunoinhibiton
L D L CHOLESTEROL	157.4	mg/dl	Refere Table Below	Enzymatic Selective Protein
TRIGLYCERIDES	203	mg/dl	See Table	GPO
VLDL	40.6	mg/dl	< 35	Calculated
T. CHOLESTEROL/ HDL RATIO	6.08		Refere Table Below	Calculated
TRIGLYCEIDES/ HDL RATIO	5.21	Ratio	< 2.0	Calculated
NON HDL CHOLESTEROL	198	mg/dl	< 130	Calculated

Interpretation

NATIONAL CHOLESTEROL EDUCATION PROGRAMME (NCEP)	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, Lpa, Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- 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	1.36	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.

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HBA1C

Sample Type : WHOLE BLOOD EDTA


HBA1c RESULT	6.3	%	Normal Glucose tolerance (non-diabetic): <5.7% Pre-diabetic: 5.7-6.4% Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	134	mg/dl		

Note:
 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.
 HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control .

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BLOOD UREA NITROGEN (BUN)

Sample Type : Serum

SERUM UREA	17	mg/dL	13 - 43	Urease GLDH
Blood Urea Nitrogen (BUN)	7.9	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	100	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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DEPARTMENT OF BIOCHEMISTRY

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PPBS (POST PRANDIAL GLUCOSE)

Sample Type : FLOURIDE PLASMA

POST PRANDIAL PLASMA GLUCOSE	115	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
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- Alcoholism
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE	1.37	mg/dl	0.70 - 1.30	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	18	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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Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 09:32AM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : SERUM

SERUM URIC ACID	6.6	mg/dl	3.5 - 7.20	URICASE - PAP
-----------------	-----	-------	------------	---------------

Interpretation

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 :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS,DCP
 Consultant Pathologist

Visit ID	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:26AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 09:01 AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 09:32AM
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)	7.9	mg/dl	5 - 25	GLDH-UV
SERUM CREATININE	1.37	mg/dl	0.70 - 1.30	KINETIC-JAFFE
BUN/CREATININE RATIO	5.70	Ratio	6 - 25	Calculated

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist

Visit ID	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:12AM
Hospital Name	:		


DEPARTMENT OF RADIOLOGY**2D ECHO DOPPLER STUDY**

MITRAL VALVE : Normal
AORTIC VALVE : SCLEROTIC
TRICUSPID VALVE : Normal
PULMONARY VALVE : Normal
RIGHT ATRIUM : Normal
RIGHT VENTRICLE : Normal
LEFT ATRIUM : 3.6 cms
LEFT VENTRICLE : EDD : 5.5 cm IVS(d) : 1.1 cm LVEF : 60 %
ESD : 3.5 cm PW (d) : 1.3 cm FS : 30 %
No RWMA
IAS : Intact
IVS : Intact
AORTA : 2.9cms
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	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:25AM
Client Name	: MEDI WHEELS	Received	:
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 11:12AM
Hospital Name	:		

DEPARTMENT OF RADIOLOGY**DOPPLER STUDY :**

MITRAL FLOW : E - 0.6m/sec, A -0.4 m/sec.
AORTIC FLOW : 1.5m/sec
PULMONARY FLOW : 1.1m/sec
TRICUSPID FLOW : TRJV :1.7 m/sec, RVSP - 27mmHg
COLOUR FLOW MAPPING: MILD MR/ AR/ TR/ NO PAH


IMPRESSION :

- * CONCENTRIC LVH
- * NO RWMA OF LV
- * NORMAL LV FUNCTION
- * AV SCLEROSIS WITH MILD AR
- * MILD MR / MILD TR/ NO PAH/ NO PR
- * 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	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:26AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 09:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:34AM
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	30 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	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			

Verified By :
Kollipara Venkateswara Rao



Approved By :

Dr. Sumalatha
Dr. Sumalatha
 MBBS, DCP
 Consultant Pathologist


Visit ID	: YGT56601	UHID/MR No	: YGT.0000056423
Patient Name	: Mr. KAJA NAGA SATHYASRINIVASA RAO	Client Code	: YOD-DL-0021
Age/Gender	: 55 Y 0 M 0 D /M	Barcode No	: 10943492
DOB	:	Registration	: 24/Feb/2024 08:25AM
Ref Doctor	: SELF	Collected	: 24/Feb/2024 08:26AM
Client Name	: MEDI WHEELS	Received	: 24/Feb/2024 09:07AM
Client Add	: F-701, Lado Sarai, Mehravli, N	Reported	: 24/Feb/2024 10:34AM
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 :

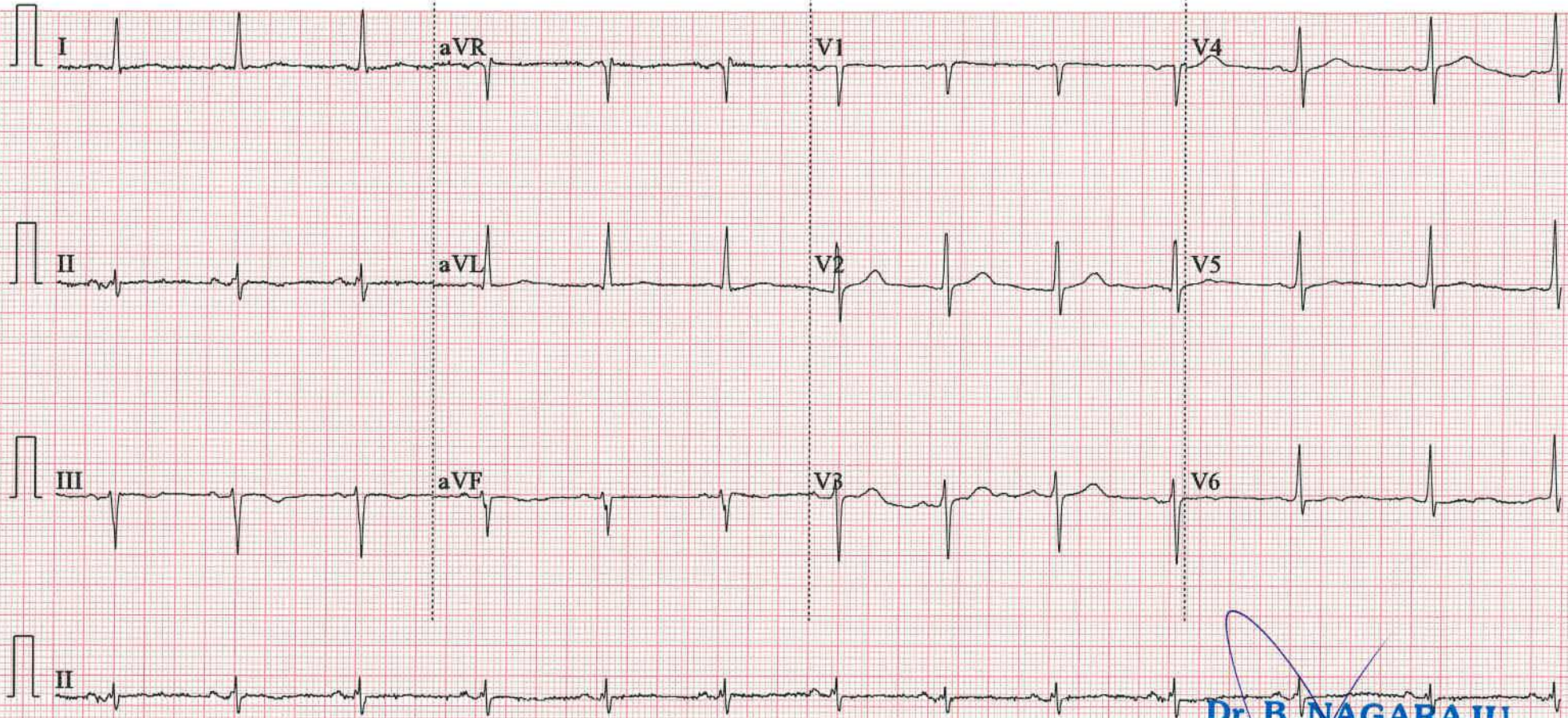

Dr. Sumalatha
MBBS, DCP
Consultant Pathologist

ID: 56601
Kaja Naga Sathya Srinivasa Rao
Male 55Years
Req. No. :

24-02-2024 09:48:02
HR : 75 bpm
P : 105 ms
PR : 149 ms
QRS : 78 ms
QT/QTcBz : 403/451 ms
P/QRS/T : 33/-26/-5 °
RV5/SV1 : 0.980/0.606 mV

Diagnosis Information:
Sinus Arrhythmia
QS Wave in lead V1
Low T Wave(LaVL,V6)

Report Confirmed by:



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



భారత ప్రభుత్వం

Government of India

కాజ నాగ సత్య శ్రీనివాస రావు

Kaja Naga Satya Srinivasa Rao

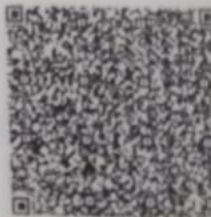
పుట్టిన తేదీ/DOB: 03/05/1968

పురుషుడు/ MALE



6396 0890 3567

VID : 9197 2141 4112 4629



నా ఆధార్, నా గుర్తింపు

DATE: 24.02.24

NAME: K.N.S. Srinivasa Rao

AGE: 55/4 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>P 1.75</u>			<u>P 2.25</u>		
ADD		<u>P.250</u>		<u>Both eye</u>		

INSTRUCTIONS _____

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

N.V. _____ CONSTANT USE _____

Name: Mr. Raja Naga Sathya Srinivasa Rao
Date: 24/02/2024 Age: 55 yrs Sex: Male
Address: Guntur



Routine Health checkup

CLD Low Back ache

NO H10 HTN / DM / CAD / PTB

LDL - 157 mg/dl

1) Low Fat Food

2) Tab. JAKROSE 10

0 - 1 - (30)

3) Tab. ACELO-MR

1 - 1 - (10)

USG

Hepatomegaly

C Grade III Fatty Liver

TO consult

Gastroenterologist

TEMP: 37.2

B.P.: 120/80 mmHg

PULSE: 76 /min

WEIGHT: 96 kg

HEIGHT: 171 cm

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





Guntur, Andhra Pradesh, India

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

Lat 16.299239°

Long 80.451624°

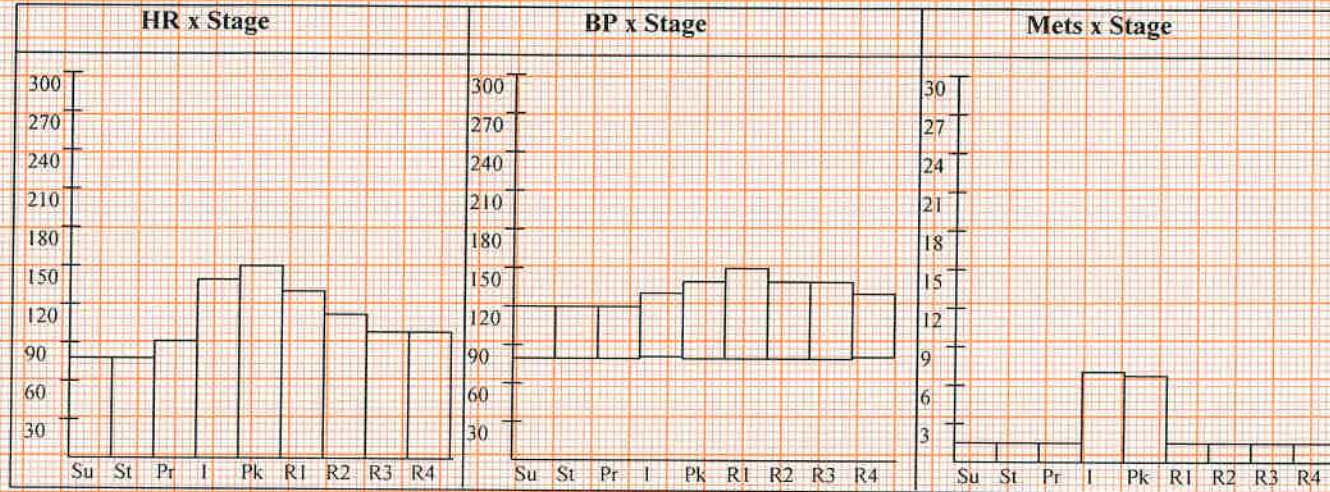
24/02/24 08:38 AM GMT +05:30

YODA DIAGNOSTICS CENTRE GUNTUR

Name: KAJA NAGA SATHYASRINIVASA RAO

Date: 24-02-2024

Time: 11:21



Interpretation

- The Patient Exercised according to Bruce Protocol for 0:03:51 achieving a work level of 4.7 METS.
- Resting Heart Rate, initially 78 bpm rose to a max. heart rate of 150bpm (88% of Predicted Maximum Heart Rate).
- Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
- * No Significant ST-T Changes During Exercise & Recovery
- * Fair Exercise Tolerance
- * Test is Negative for Exercise Induced Ischemia.

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

Ref. Doctor: SELF

Doctor: DR.B NAGARAJU

YODA DIAGNOSTICS CENTRE GUNTUR

Name: KAJA NAGA SATHYASRINIVASA RAO

Date: 24-02-2024

Time: 11:21

Age: 55

Gender: M

Height: 171 cms

Weight: 96 Kg

ID: 56601

Clinical History: HTN+

Medications: YES

Test Details:

Protocol: Bruce

Predicted Max HR: 171

Target HR: 145 (85% of Pr. MHR)

Exercise Time: 0:03:51

Achieved Max HR: 150 (88% of Pr. MHR)

Max BP: 150/80

Max BP x HR: 22500

Max Mets: 4.7

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	00:16	1	0	0	78	120/80	9360	0.6 V2	0.2 I
Standing	00:10	1	0	0	78	120/80	9360	0.7 V2	0.2 I
PreTest	00:28	1	1.6	0	92	120/80	11040	0.5 V2	0.1 I
Stage: 1	03:00	4.7	2.7	10	139	130/80	18070	0.6 V2	0.5 V4
Peak Exercise	00:51	4.5	4	12	150	140/80	21000	0.5 V2	0.5 II
Recovery1	01:00	1	0	0	131	150/80	19650	0.8 V2	-0.7 aVR
Recovery2	01:00	1	0	0	112	140/80	15680	0.9 V3	0.8 II
Recovery3	01:00	1	0	0	99	140/80	13860	0.6 V3	0.5 V4
Recovery4	00:20	1	0	0	99	130/80	12870	0.5 V3	0.4 II

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

Bruce Protocol

ID: 56601

Date: 24-02-2024

Exec Time : 0:00:00

Stage Time: 00:16

HR: 78 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 145 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

ID: 56601

Date: 24-02-2024

Exec Time : 0:00:00

Stage Time: 00:10

HR: 78 bpm

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0 %

THR: 145 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.3 0.2

I

V1 0.1 -0.1

0.1 0.2

II

V2 0.7 0.2

-0.1 0

III

V3 0.5 0.2

-0.2 -0.2

aVR

V4 0.3 0.1

0.2 0.2

aVL

V5 0.2 0.2

0.1 0.1

aVF

V6 0 0.1

V5

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 Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

Bruce Protocol

ID: 56601

Date: 24-02-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 138 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)

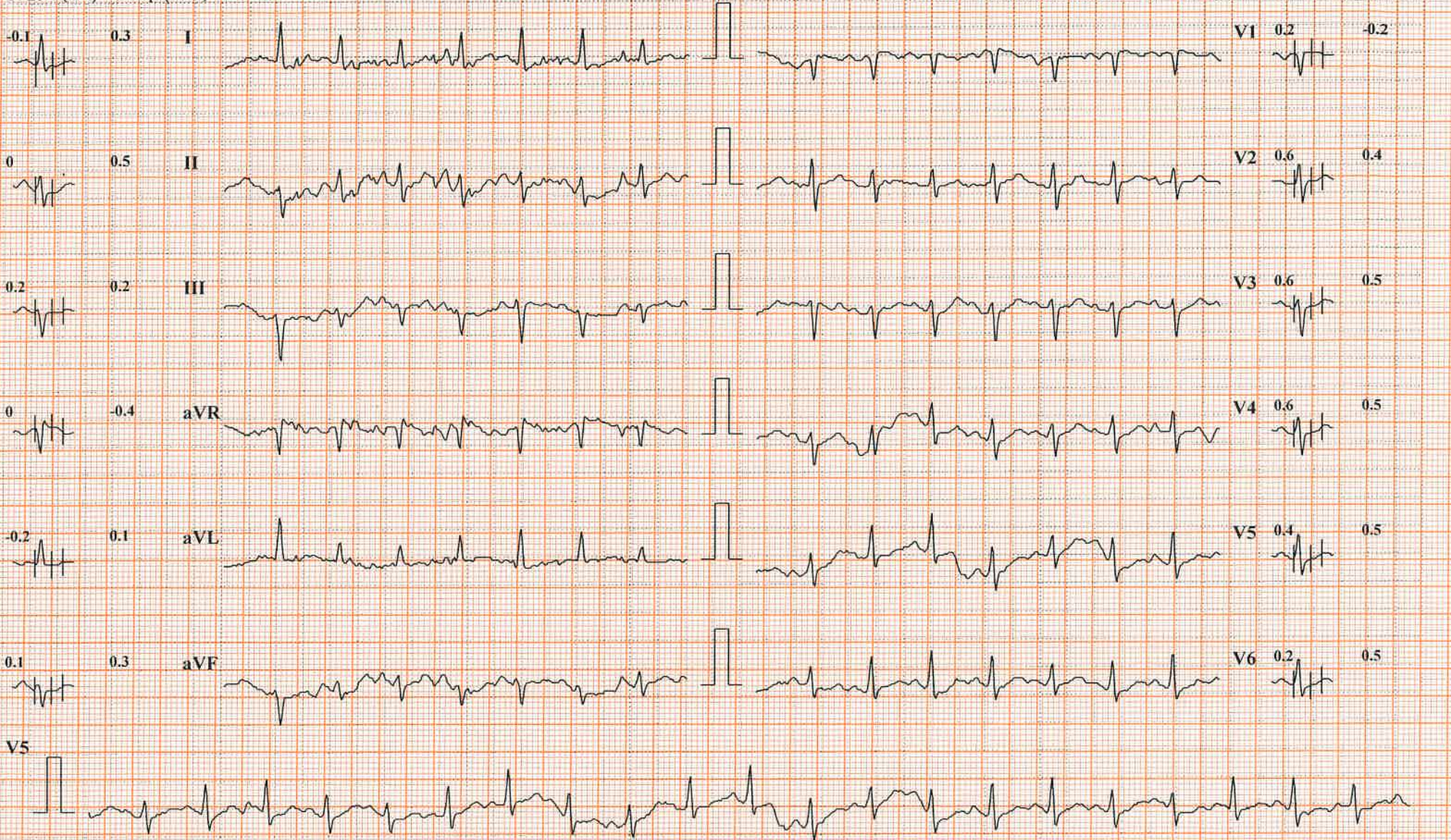


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

Bruce Protocol

ID: 56601

Date: 24-02-2024

Exec Time : 0:03:51

Stage Time: 00:51

HR: 150 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2 Peak Exercise

Speed: 4 kmph

Slope: 12 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)

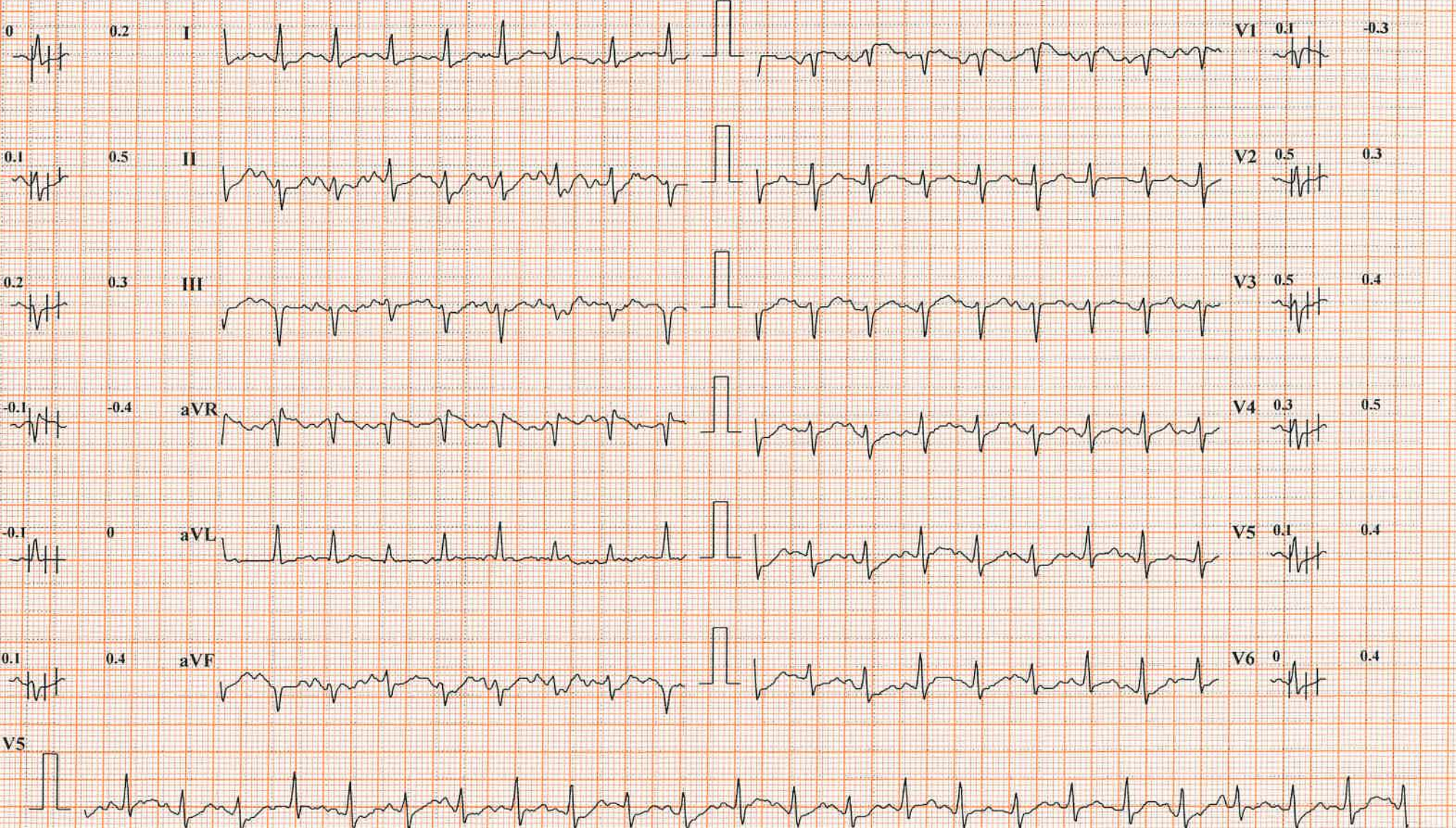


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version:3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

Bruce Protocol

ID: 56601

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 131 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

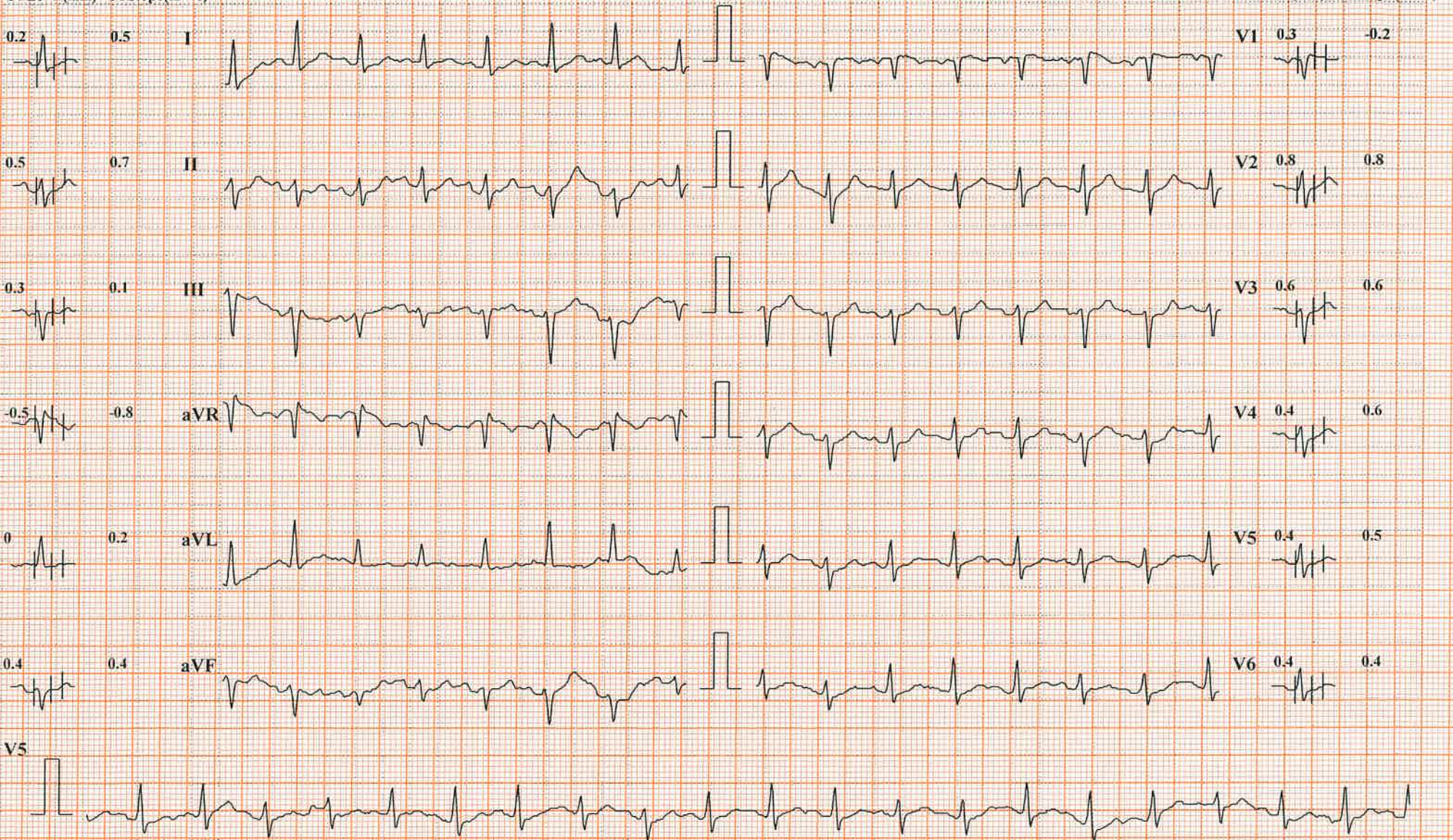
Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)



YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

ID: 56601

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 112 bpm

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



I



V1



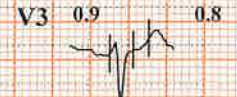
II



V2



III



V3



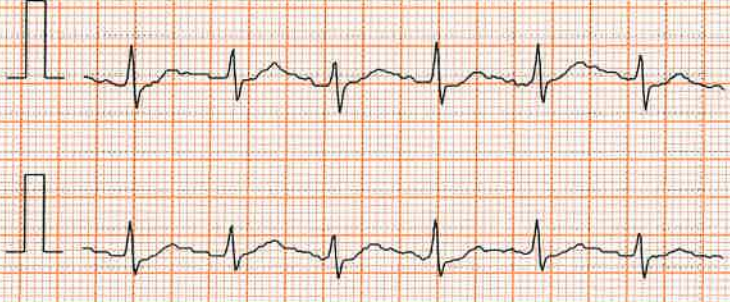
aVR



V4



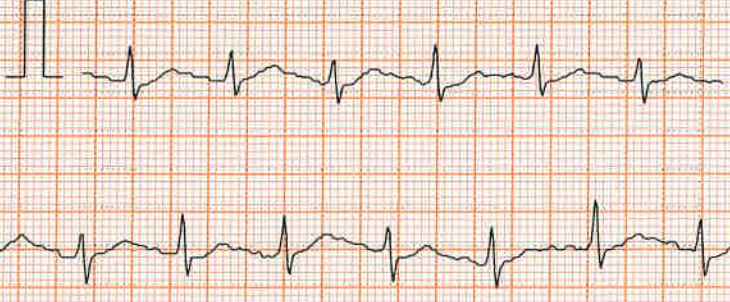
aVL



V5



aVF



V6



V5

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

ID: 56601

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 100 bpm

Bruce Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

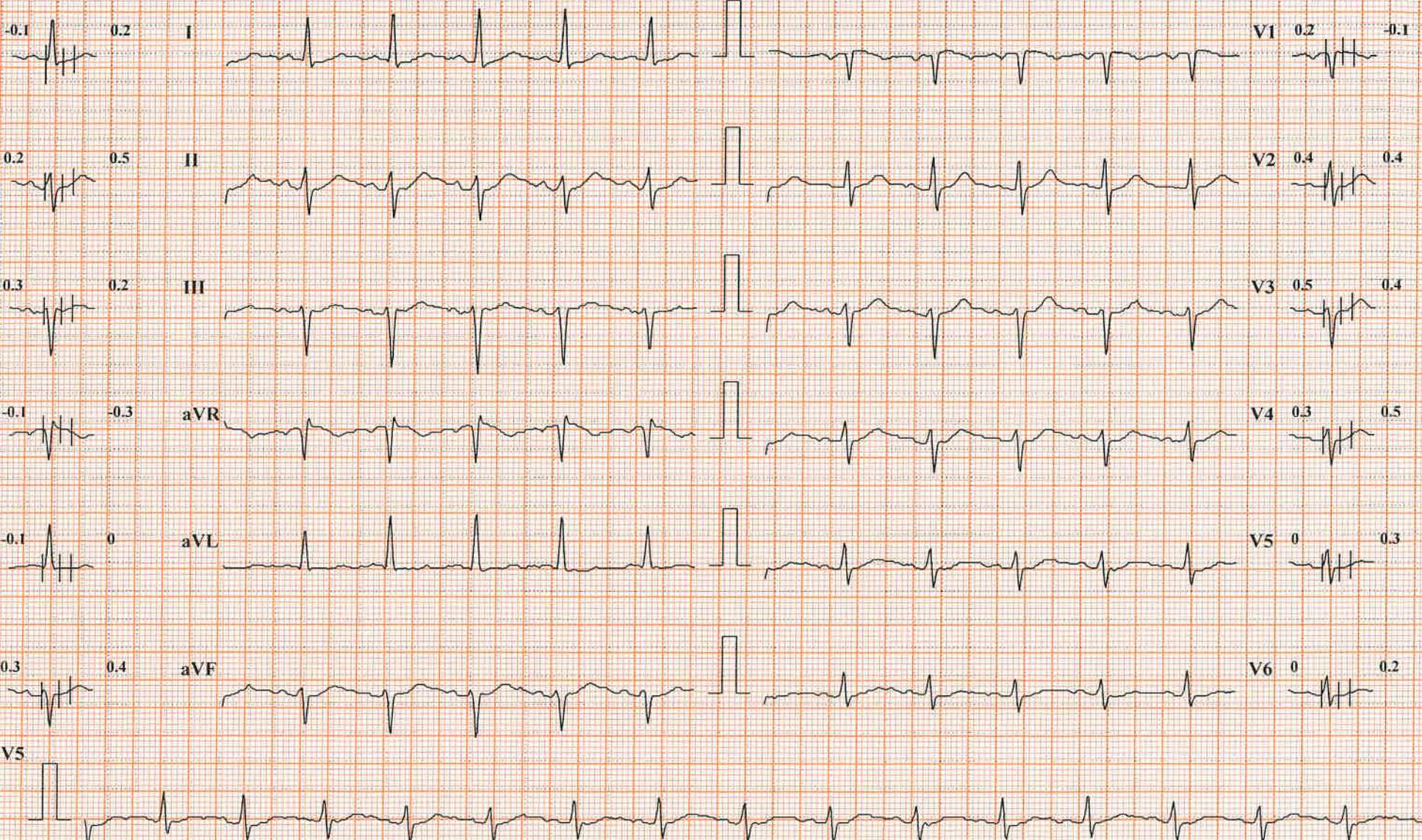


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

Schiller Cardiovit CS-10 Version 3.5

YODA DIAGNOSTICS CENTRE GUNTUR

KAJA NAGA SATHYASRINIVASA RAO (55 M)

Bruce Protocol

ID: 56601

Date: 24-02-2024

Exec Time : 00:00

Stage Time: 00:20

HR: 99 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 145 bpm

STLevel(mm) STSlope(mV/s)

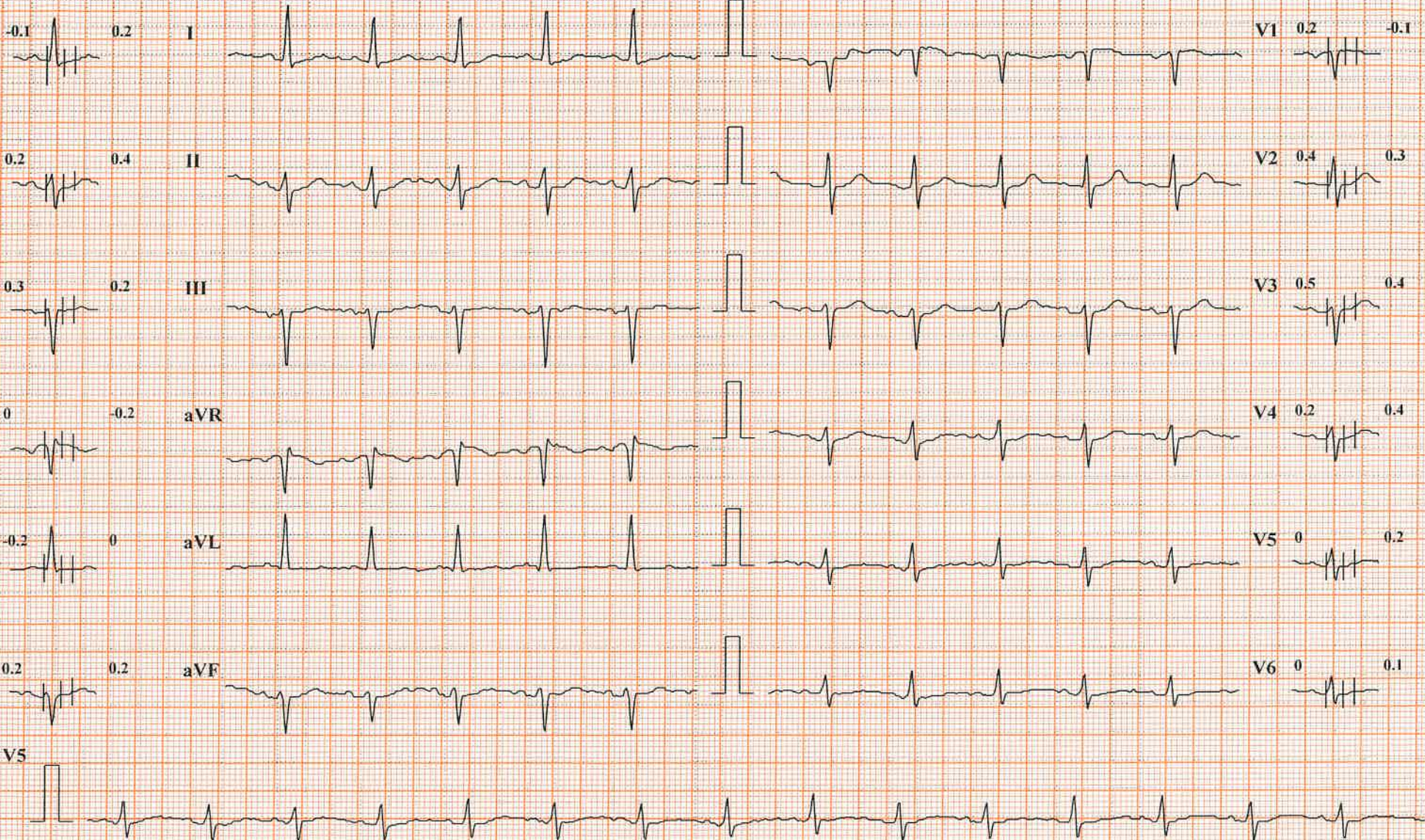


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version: 3.5